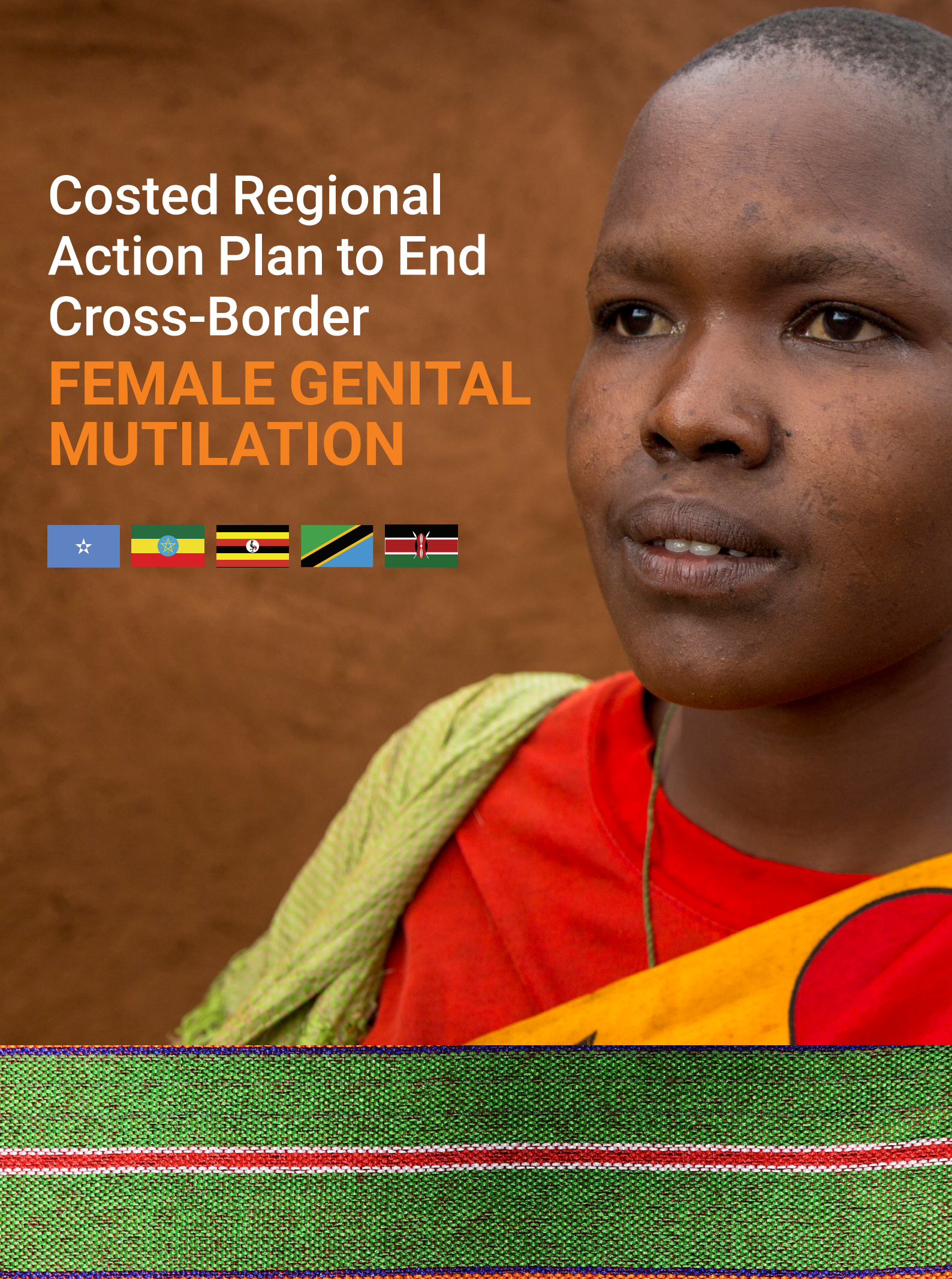


Costed Regional Action Plan to End Cross-Border **FEMALE GENITAL MUTILATION**





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ACRONYMS AND TERMINOLOGY

Acronyms

CBO	Community-Based Organization
CSO	Civil Society Organization
EAC	East African Community
EALA	East African Legislative Assembly
EDHS	Ethiopian Demographic Health Survey
FBO	Faith-Based Organization
FGM	Female Genital Mutilation
ICC	Inter-Agency Coordinating Committee
IGAD	Intergovernmental Authority On Development
JPFGM	Joint Programme On Ending Female Genital Mutilation
M&E	Monitoring And Evaluation
MP	Member Of Parliament
NGO	Non-Governmental Organization
SADC	Southern African Development Community
SOP	Standard Operating Procedure
TBD	To Be Determined
TWG	Technical Working Group
UNICEF	United Nations Children’s Fund

Terminology

Case management	Case management is a structured method for providing help to a survivor whereby the survivor is informed of all the options available to them and the issues and problems facing a survivor are identified and followed up in a coordinated way, and emotional support is provided to the survivor throughout the process
Service providers	Health personnel, law enforcement agencies and the social service sector
Safe and protective spaces	Places where women and girls can go to at any time to feel safe and empowered and to access information, education, recreational activities, support and other services

ACKNOWLEDGEMENTS

This cross-border action plan to end FGM is the product of a participatory and inclusive process involving state and non-state stakeholders, civil society organizations and development partners. The plan is informed by the views of those involved in the implementation of anti-FGM programmes.

We wish to acknowledge the leadership of the ministers from the Federal Democratic Republic of Ethiopia, the Republic of Kenya, the Federal Republic of Somalia, the United Republic of Tanzania and the Republic of Uganda for their leadership in the plan formulation process.

Furthermore, we acknowledge the technical support from Grace Uwizeye, Rohin Onyango and Caleb Opon and the contributions drawn from the Governments, UNFPA, UNICEF, the private sector, development partners and civil society organizations, who worked tirelessly to develop this plan.

Finally, we wish to express our deep appreciation to UNFPA for their financial support for the review of the action plan. The successful implementation of this plan will contribute immensely to the eradication of all forms of FGM in our society.

FOREWORD

Over the last decade, African member states have made significant progress towards ending female genital mutilation (FGM). The six aspirations of the Africa We Want Agenda and the African Union's Saleema Initiative to end FGM exemplify African member states' commitment to ending FGM by 2030.

We have witnessed a positive shift in attitudes and behaviour among FGM-practising countries in Africa and this has contributed to the reduction in prevalence rates. The majority of African countries have put in place laws that criminalize FGM, supported by national action plans and/or strategies to ensure their enforcement.

Despite these positive developments towards the elimination of FGM, the COVID-19 pandemic and subsequent preventive measures have slowed down the implementation of prevention and response programmes, which may affect our ability to achieve the target of ending FGM by 2030. However, COVID-19 has shown us that we need to deploy bold, innovative strategies to prevent FGM and protect the girls and women at risk of undergoing FGM.

At the 32nd African Union Heads of State and Government summit, member states adopted the Decision "Galvanizing Political Commitment Towards the Elimination of Female Genital Mutilation in Africa" and endorsed an African Union, continent-wide social marketing campaign dubbed the "Saleema Initiative". The member states committed to accelerating the abandonment of FGM and recognized the need to tackle cross-border FGM to ensure that the practice is eliminated.

Cross-border FGM has emerged as a new trend, and this has contributed to perpetuating the practice. It is estimated that more than 70 per cent of women and girls from Ethiopia, Somalia, Tanzania and Uganda who have undergone FGM travelled to Kenya for this purpose. This accounts for prevalence rates that are higher than the national averages. Consequently, cross-border FGM needs to be stopped urgently.

The Saleema Initiative recognizes that to meet the target of zero FGM by 2030 there is a need to address cross-border FGM. On 17 April 2019, a regional interministerial meeting on ending cross-border FGM was held in Kenya, at which a declaration to end cross-border FGM in Ethiopia, Kenya, Somalia, Tanzania and Uganda was adopted. This declaration called for the preparation and implementation of a regional action plan on ending cross-border FGM in these five countries.

The action plan is the first ever mechanism for proactively addressing cross-border FGM in the region. The action plan is a welcome development and indicative of growing regional commitments to end FGM.

The action plan is anchored in international and regional human rights instruments, particularly Sustainable Development Goal 5, the Protocol to the African Charter on the Rights of Women in Africa and the Saleema Initiative. Addressing cross-border FGM will also accelerate progress towards achieving other SDGs that focus on promoting education, the elimination of child marriage, gender-based violence, gender inequality and poverty elimination.

The adoption of the plan will no doubt contribute to a reduction in the prevalence of FGM and enhance collaboration and coordination among state and non-state actors in ending cross-border FGM. The plan will also strengthen prevention, protection and prosecution programmes for ending cross-border FGM. The plan also sets out a regional mechanism that will support regional and national efforts and support research on FGM to address gaps and inform programming.

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United Republic of Tanzania
Ministry of Health, Community
Development, Gender, Elders and Children
Minister, Hon. Dr Dorothy O.Gwajima



Republic of Uganda
Ministry of Gender, Labour and Social
Development
Minister of State for Gender and Culture
Affairs, Hon. Mutuuza Peace Regis (MP)



SECTION 1: INTRODUCTION

The costed regional Action Plan to End Cross-border Female Genital Mutilation (FGM) was developed following a regional interministerial meeting on ending cross-border FGM held in Mombasa, Kenya, in April 2019. The meeting brought together government representatives, and representatives of United Nations agencies and civil society organizations (CSOs) from five countries: Ethiopia, Kenya, Somalia, Tanzania and Uganda. A regional technical working group (TWG) was formed and tasked with developing a regional declaration and an action plan on ending cross-border FGM.

The action plan aims to implement the Decision on Galvanizing Political Commitment Towards the Elimination of Female Genital Mutilation in Africa of the 32nd Ordinary Session of the African Union Heads of State and Government Summit, February 2019, in line with the Saleema Initiative, a continent-wide effort to accelerate action to end the practice of FGM; the African Union's Agenda 2063; and the Sustainable Development Goals and other international and regional human rights instruments that address FGM.

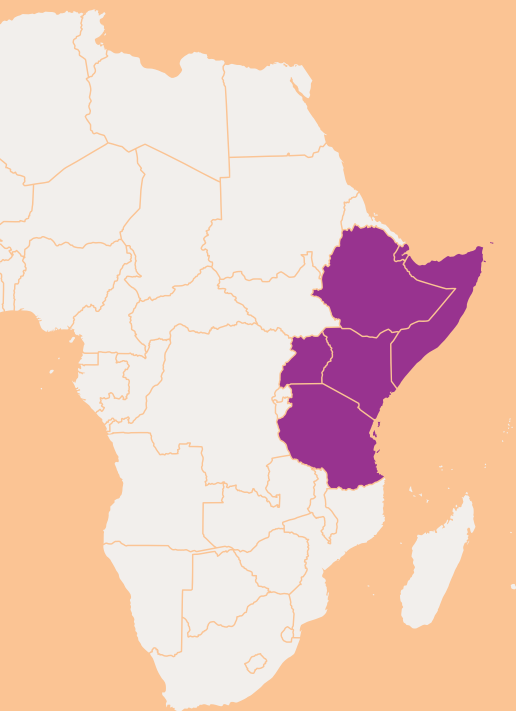
The plan sets out a comprehensive programme of action aimed at strengthening work to urgently implement regional human rights instruments that call for the total elimination of FGM. To achieve this, it includes a number of unique and critical objectives that make it worthy of particular attention at the national level.

The plan constitutes a framework at the regional level for State and non-State actors to enhance prevention, protection and prosecution programmes for ending cross-border FGM. It also sets out a regional mechanism that will support regional and national efforts.





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The plan identifies approaches to transform social norms on FGM, and to address and engage the entire community in each of the four identified border areas in member countries:

The Maasai community in the Kuria and Taveta region at the Kenya–Tanzania border

The Borana community in Moyale subcounty at the Kenya–Ethiopia border

The Pokot community in the Karamoja region at the Kenya–Uganda border

The Somali community in the Mandera border region at the border between north-eastern Kenya and Somalia.

The plan sets out the following:

- I. Background to the initiative
- II. Why ending cross-border FGM is important in the region
- III. How the regional action plan aligns with regional and international human rights treaties and mechanisms
- IV. Overview of the four strategic focus areas of the regional action plan
- V. Stakeholder analysis
- VI. Monitoring and evaluation framework
- VII. Budget.

1.1 Background to the initiative

FGM is a harmful practice that involves altering or injuring the female genitalia for non-medical reasons. FGM is recognized internationally as a violation of the rights of women and girls. According to the United Nations Children's Fund (UNICEF),¹ globally at least 200 million women and girls have been subjected to FGM in 31 countries. More than half live in only three countries: Indonesia, Egypt and Ethiopia. FGM is a global issue: it is practised in parts of Asia, Europe, Australia, North America, the Middle East, South America and Africa.

Possibly because FGM has been addressed as a health issue, people are increasingly turning to health-care providers to perform the procedure in the hope that this will reduce the risk of complications. However, the same complications, which can result in long-term health and psychological consequences and sexual dysfunction, are a risk regardless of who performs the procedure. FGM can never be "safe"; even when the procedure is carried out in a sterile environment by a health-care professional, serious health consequences can arise immediately and later in life. Medicalized FGM gives a false sense of security. All forms of FGM, including medicalized FGM, are associated with serious risks, and there is no medical justification for FGM. Advocating any form of cutting of or harm to the genitals of girls and women, and suggesting that medical personnel should perform it is unacceptable from public health and human rights perspectives. Trained health professionals who perform FGM are violating girls' and women's rights to life, physical integrity and health. They are also violating the fundamental medical ethic to "do no harm".²

In October 2018, during an international conference on FGM,³ the representatives of gender ministries from Kenya, Tanzania and Uganda, together with their UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation counterparts, officially held discussions and agreed, based on the empirical evidence, to set up a tripartite initiative to end cross-border FGM in Kenya, Tanzania and Uganda. However, subsequent discussions in Kenya, between the Ministry of Gender, UNFPA and UNICEF, concluded that it would be imperative to have Somalia and Ethiopia on board.

In February 2019, at the 32nd African Union Heads of State and Government summit, member states adopted the Decision "Galvanizing Political Commitment towards the Elimination of Female Genital Mutilation in Africa" and endorsed an African Union, continent-wide social marketing campaign on ending FGM (the Saleema Initiative), which also focuses on addressing the cross-border practice of FGM.

In April 2019, a regional interministerial meeting on ending cross-border FGM was held in Mombasa, Kenya. This meeting was attended by representatives from five countries – Ethiopia, Kenya, Somalia, Tanzania and Uganda – and United Nations entities and non-governmental organizations (NGOs). The ministers adopted a declaration to end cross-border FGM in Ethiopia, Kenya, Somalia, Tanzania and Uganda. The declaration set out important recommendations, outlined below:

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

2 <https://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions#performed%20by%20a%20skilled%20health%20worker>.

3 UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation (2019), *Accelerating Change: Annual Report 2018*. Available at <https://www.unfpa.org/sites/default/files/pub-pdf/19-152-UNJP-FGM-AR2018-Aug2019.pdf>.

- I. Strengthen regional coordination in the areas of developing legislation and policy frameworks, cooperation, communication and advocacy, and evidence, research and data gathering.

 - II. Enact and harmonize national laws and policy frameworks on FGM in line with goals of the African Union, the East African Community (EAC) and the Intergovernmental Authority on Development (IGAD).

 - III. Facilitate cross-border information exchange on trends and good practices, establishing standard operating procedures (SOPs) for girls and women at risk, law enforcement and community dialogue.

 - IV. Develop and implement multisectoral costed plans of action at the national level that integrate cross-border dimensions on the elimination of FGM with clear outcomes, targets, budget lines and monitoring frameworks.

 - V. Implement advocacy and communication programmes at the regional, national and community levels, and mobilize religious leaders, traditional leaders, community leaders, women and girls, men and boys, and other relevant stakeholders to take collective action, to accelerate the elimination of FGM.

 - VI. Generate and use research-based evidence at both national and regional levels, considering the cross-border implications of FGM.

 - VII. Allocate sufficient human and financial resources to the implementation of action plans to end FGM that integrate cross-border dimensions.

 - VIII. Develop programmes to address emerging forms of and trends in FGM practices, such as medicalization, changes in the types of FGM practised and the age at which FGM is carried out, and religious misinterpretations.

 - IX. Implement the regional action plan and convene rotational annual technical meetings and, every two years, ministerial meetings to assess progress and promote mutual accountability for eliminating FGM.
-

1.2 Purpose of the regional action plan on ending cross-border female genital mutilation, 2019–2024

For over 30 years, Governments have invested in legal and policy frameworks to address cross-border FGM practice. The prevailing regional legal rights framework under the African Union strongly addresses FGM and imposes State obligations against the practice. The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa calls for the eradication of FGM in Article 5. The African Union's Agenda 2063 on the "Africa We Want" underscores the need for the elimination of harmful practices under aspiration 6, priority 6.1.2, which calls for the eradication of all forms of gender-based violence including FGM. Through the guidance of the African Union, countries have adopted policies and laws that prohibit the practice of FGM. These laws have created an environment within which it is a criminal offence to carry out FGM. At the national level, Ethiopia, Kenya, Tanzania and Uganda have put in place laws and policies to address FGM,⁴ but the practice continues to pose a great threat to girls and women in the region.

Ending FGM is critical for achieving the Sustainable Development Goals. Goal 5.3 calls for the total elimination of harmful practices including FGM. The global target of eliminating FGM by 2030 will be achieved only if efforts to address the problem are intensified, especially across borders. These efforts were reinforced at the 32nd Ordinary Session of the Assembly of the African Union, when Heads of State and Government adopted the Decision on Galvanizing Political Commitment Towards the Elimination of Female Genital Mutilation in Africa.⁵ In addition to developing interventions to eliminate FGM, the decision also calls on States to include interventions that address cross-border FGM.

This regional action plan provides a broad framework for the regional level to assist Governments in accelerating the implementation of existing international, regional and national commitments on ending FGM. Formulating the plan has provided an opportunity for the region to identify broad priorities, initiate strategic actions and determine responsibilities among different actors. It also ensures that anti-FGM campaign activities are seen not as standalone efforts but rather as an integral part of the African Union's discussions, in line with the African Union initiative on eliminating FGM (Saleema Initiative).

The development of the plan has also been a substantive step towards the multisectoral approach of bringing together different actors in the campaign to protect girls and women from FGM at the regional level, as well as creating a supporting mechanism for regional and national efforts to end FGM. The plan will be used to guide member states on strategies and actions to take in preventing and addressing/responding to cross-border FGM.

⁴ UNFPA (2019), *Beyond the Crossing: Female Genital Mutilation across Borders – Ethiopia, Kenya, Somalia, Tanzania, Uganda* (New York, UNFPA). Available at <https://www.unfpa.org/publications/beyond-crossing-female-genital-mutilation-across-borders>.

⁵ African Union (2019), "The African Union Launches a Continental Initiative to End Female Genital Mutilation and Save 50 million Girls at Risk". Available at <https://au.int/en/pressreleases/20190211/african-union-launches-continental-initiative-end-female-genital-mutilation>.

1.3 Action plan development and finalization

The development of the regional action plan is the result of a collaborative process between government representatives, CSOs and United Nations agencies (UNFPA and UNICEF). Current initiatives were mapped to ensure linkages and synergies and to avoid duplication, and situation analysis on FGM was conducted. The findings of these exercises were used to guide the drafting of the regional action plan.

Significant consultation exercises on addressing cross-border FGM have been carried out with government representatives, United Nations agencies and CSOs. Those consultations and the resulting outcomes documents, which identified priority activities, also informed the development of the regional action plan.

More recently, in April 2019, during an interministerial meeting on ending cross-border FGM, government representatives from Ethiopia, Kenya, Somalia, Tanzania and Uganda established a regional TWG on addressing cross-border FGM. The group was tasked with developing a regional action plan on ending cross-border FGM. The members were selected based on existing work on ending FGM in the region. To encourage national ownership of regional processes, the regional TWG presented the draft action plan to all participants at the meeting for review and adoption. To ensure high-level support, a declaration was adopted and signed by all key ministers at the regional interministerial meeting from the five countries with a mandate on ending cross-border FGM. The declaration calls on the five countries to intensify interventions that focus on four key pillars: legislation and policy; coordination and collaboration; communication and advocacy; and evidence, research and data gathering. The declaration also encourages Governments to support the development and implementation of the regional action plan through allocating financial resources.

The members of the regional TWG from Kenya were tasked with finalizing the regional action plan. In August 2019, the working group held a four-day meeting to finalize the plan. During this meeting, the group re-affirmed their commitment to ending cross-border FGM and worked on the following:



- I.** Refining outcomes, outputs and high-level interventions
- II.** Refining the time frame for each high-impact intervention
- III.** Mapping the institutions responsible for the implementation of the high-impact interventions
- IV.** Outlining risks and assumptions that could influence each of the pillars
- V.** Agreeing on the action plan's time frame (2019–2024)
- VI.** Defining a minimum set of indicators at the outcome and output levels required for the Monitoring and evaluation (M&E) of the action plan
- VII.** Breaking down high-impact interventions into sub-activities for costing purposes.

In October 2019, a regional meeting was held in Kenya with representatives of the Governments, UNFPA and UNICEF from Ethiopia, Kenya and Tanzania. The representatives reviewed and provided feedback on the action plan, the monitoring and evaluation framework, and the budget.

The plan was shared with government representatives and United Nations agencies from the five countries to provide final comments and feedback, all of were integrated into the final plan.



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SECTION 2: WHY ENDING CROSS-BORDER FEMALE GENITAL MUTILATION IN THE REGION IS IMPORTANT

The five target countries alone account for approximately 25 per cent (48.5 million)⁶ of the girls and women who have undergone FGM globally. Studies have shown that the prevalence of FGM among women aged 15–49 in Kenya is 21 per cent, in Somalia is 98 per cent, in Ethiopia is 65 per cent, in Tanzania is 10 per cent and in Uganda is 0.3 per cent.

2.1 Ethiopia

According to the 2016 Ethiopian Demographic Health Survey (EDHS),⁷ the prevalence of FGM among women and girls aged 15 to 49 is 65 per cent. The practice is most prevalent among the ethnic groups of the Afar and Somali regions (98 per cent and 99 per cent, respectively), followed by the Welayta and Hadiya regions (92 per cent for both). In addition, 54 per cent of urban women have experienced FGM compared with 68 per cent in rural areas. The 2016 EDHS shows a decreasing trend in FGM

6

7 Central Statistical Agency (CSA) and ICF (2016), *Ethiopia Demographic and Health Survey 2016* (Addis Ababa, CSA; Rockville, Maryland, ICF). Available at

nationwide, with prevalence among 15- to 49-year-olds down to 65 per cent from 74 per cent in the same age group in 2005.

The Ethiopian Criminal Code makes it a criminal offence to perform or procure FGM.⁸ In 2014, the Government of Ethiopia committed to ending the practice by 2025 and has been working on discouraging it through the implementation of the National Strategy and Action Plan on Harmful Traditional Practices against Women and Children and a communication strategy for social norm change. The Government also established the National Alliance to End Child Marriage and FGM, which mandates the coordination of all national efforts to end child marriage and FGM.

2.2 Kenya

In Kenya, it is estimated that 21 per cent of girls and women aged 15–49 years have undergone FGM, a decrease from 27.1 per cent in 2008/09 and 32.2 per cent in 2003.⁹ According to a UNFPA report, about 813,159 girls were at risk of undergoing FGM between 2015 and 2030.¹⁰ There are places in the country where almost every woman and girl undergoes FGM as a rite of passage. In some communities, the prevalence remains very high, especially among the Somali (94 per cent), Samburu (86 per cent), Kisii (84 per cent) and Maasai (78 per cent) communities. The prevalence is more common among women who live in rural areas, at 25.9 per cent, than among women who live in urban areas, at 13.8 per cent. The Kenyan Government has progressively put in place several laws and policies to eliminate FGM. In 2001, the Government put in place the Children's Act, which specifies the punishment for those who facilitate or practise FGM. While FGM declined somewhat in Kenya after the introduction of this act, the prevalence remained high, with one in four women still being cut. This led the Government to introduce a more comprehensive law, the Prohibition of Female Genital Mutilation Act (2011),¹¹ which provides for more severe punishments for offenders.

2.3 Somalia

FGM remains almost universal among the girls and women in Somalia. According to the Somalia Health and Demographic Survey (SHDS) 2020,¹² it is estimated that 98 per cent of girls and women aged 15–49 years have undergone FGM. Recent estimates also indicate that 2,174,336 girls were at risk of FGM between 2015 and 2030.¹³

There is currently no national legislation in Somalia that expressly criminalizes and punishes the practice of FGM.¹⁴ However, Article 15 of the current Constitution,

8 Ethiopia (2005), Criminal Code, Proclamation No. 414/2004. Available at <https://www.refworld.org/docid/49216b572.html>.

9 Kenya National Bureau of Statistics (KNBS) and ICF (2015), *Kenya Demographic and Health Survey 2014* (Calverton, Maryland, KNBS). Available at <https://dhsprogram.com/pubs/pdf/fr308/fr308.pdf>.

10 UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation (2019), *Accelerating Change: Annual Report 2018 – Country Profiles*. Available at https://www.unfpa.org/sites/default/files/fgm-annual-report/FGM_Annual_Report_2018_Profiles_EN.pdf.

11 Kenya (2011), Laws of Kenya, Prohibition of Female Genital Mutilation Act, No. 32 of 2011. Available at http://kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/ProhibitionofFemaleGenitalMutilationAct_No32of2011.pdf.

12 Directorate of National Statistics, Federal Government of Somalia (2020), *The Somalia Health and Demographic Survey 2020*. Available at https://somalia.unfpa.org/sites/default/files/pub-pdf/FINAL%20SHDS%20Report%202020_V7_0.pdf.

13 UNFPA Somalia (2021), "Female Genital Mutilation". Available at <https://somalia.unfpa.org/en/topics/female-genital-mutilation-5>.

14 28 Too Many (2018), Somalia: *The Law and FGM* (London, 28 Too Many). Available at [https://www.28toomany.org/static/media/uploads/Law%20Reports/somalia_law_report_\(july_2018\).pdf](https://www.28toomany.org/static/media/uploads/Law%20Reports/somalia_law_report_(july_2018).pdf).

Constitution 2012, states that the circumcision of girls is a cruel and degrading customary practice and is tantamount to torture. The circumcision of girls is prohibited. Cross-border FGM takes place, as many Somalis live in the border regions with Ethiopia and Kenya, where anti-FGM laws are enforced. Families move across borders into Somalia where there is no national legislation banning FGM, to avoid prosecution.

2.4 Tanzania

The Tanzanian Demographic and Health Survey and Malaria Indicator Survey 2015–2016 shows that the prevalence of FGM among women aged 15–49 years is 10 per cent, a decline from 18 per cent in 1996.¹⁵ The prevalence in rural areas is more than double that in urban areas. The Manyara and Dodoma regions have the highest percentages of circumcised women (58 per cent and 47 per cent, respectively). The practice varies with religion, with reported prevalence rates of 20 per cent among Christian and 15 per cent among Muslim women. Section 169A of the Sexual Offences Special Provisions Act of 1998 prohibits FGM in Tanzania.¹⁶ Punishment is imprisonment of between 5 and 15 years or a fine of up to 300,000 Tanzanian shillings (approximately US\$250) or both.

2.5 Uganda

The prevalence of FGM among women aged 15–49 in Uganda is 0.3 per cent. The practice is mostly carried out by the Sabiny and Pokot communities. Girls are normally cut at age 10 or older and FGM is performed by older women called “surgeons”.¹⁷ The Government of Uganda passed the first specific law on FGM in 2010: the Prohibition of Female Genital Mutilation Act 2010.¹⁸ The law is a comprehensive piece of legislation that sets out the offences of and punishments for FGM in Uganda. In some countries where FGM has become illegal, the practice has been pushed underground and across borders, allowing those involved in the practice to avoid prosecution.

2.6 Cross-border female genital mutilation is becoming a new trend among the five countries

A recent study carried out by the Kenya Anti-FGM Board in collaboration with UNFPA¹⁹ shows that cross-border FGM has emerged as a new trend among practising communities for avoiding prosecution. The border areas of these five countries have a higher prevalence rate than the national averages. Kenya has become an FGM destination for communities from all five member countries. This is the case

15 United Republic of Tanzania (2016), *Tanzania Demographic and Health Survey and Malaria Indicator Survey 2015–2016: Final Report*. Available at <https://dhsprogram.com/pubs/pdf/fr321/fr321.pdf>.

16 <https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/67094/63635/F532037758/TZA67094.pdf>.

17 28 Too Many (2018), *Uganda: The law and FGM* (London, 28 Too Many). Available at [https://www.28toomany.org/static/media/uploads/Law Reports/uganda_law_report_v1_\(may_2018\).pdf](https://www.28toomany.org/static/media/uploads/Law Reports/uganda_law_report_v1_(may_2018).pdf).

18 Uganda (2010), *Prohibition of Female Genital Mutilation Act 2010*. Available at https://www.ilo.org/wcmsp5/groups/public/--ed_protect/--protrav/--ilo_aids/documents/legaldocument/wcms_172631.pdf.

19 UNFPA (2019), *Beyond the Crossing: Female Genital Mutilation across Borders – Ethiopia, Kenya, Somalia, Tanzania, Uganda* (New York, UNFPA). Available at <https://www.unfpa.org/publications/beyond-crossing-female-genital-mutilation-across-borders>.

especially for the border areas of Kenya with Uganda, Kenya with Ethiopia, and Kenya with Tanzania. The report demonstrates the influence of border communities – both those who supply the service and those who demand it – on the prevalence of FGM. The findings show approximately 71 per cent of respondents from Uganda, 14 per cent from Somalia, 60 per cent from Ethiopia and 17 per cent from Tanzania travelled to Kenya to undergo FGM. Specifically, approximately 4 per cent of surveyed women indicated that they had visited Kenya only once, 8 per cent had always visited Kenya for FGM and 30 per cent stated that they had visited Kenya occasionally for FGM. By country, 54 per cent of surveyed women from Ethiopia, 50 per cent from Somalia and 22 per cent from Uganda had visited Kenya at least three times for FGM. Approximately 77 per cent of surveyed women from Uganda, 50 per cent from Somalia, 46 per cent from Ethiopia and 100 per cent from Tanzania had visited Kenya once or twice for FGM. This shows that survey respondents who visited Kenya more than once for FGM may be involved in arranging repeated FGM procedures in Kenya for their relatives and friends. The main factors that contribute to sustaining cross-border FGM include the following:

The ethnic groups or communities that live on both sides of the borders share a common culture and customs. There are often strong family ties on both sides of the borders, which facilitate easy crossing for “family functions”. A baseline study commissioned by the Kenya Anti-FGM Board and UNICEF²⁰ shows that approximately 67 per cent of all persons brought to Kenya to undergo FGM are close relatives of the surveyed women, 47 per cent of which are daughters, 30 per cent are sisters and 30 per cent are nieces, while approximately 33 per cent comprise friends and other relatives.

- Those involved fear arrest in their native country and feel that neighbouring countries have limited ability to prosecute. Moreover, the borders are “porous” and remote, with weak administrative structures to enforce FGM and many other national laws.
- National legislation is not harmonized in the region and insufficient resources are allocated.
- People cross to neighbouring communities in search of circumcisers and looking for high-quality and affordable FGM services.
- People cross over to Kenya seeking health workers to perform FGM. Health workers are trusted and are considered more careful, knowledgeable and hygienic, and able to provide more options in cases of complications.²¹

The lack of a regional monitoring and data collection mechanism on cross-border FGM limits the awareness and understanding of the situation and evidence-based programming.

²⁰ UNICEF (2017), *Baseline Study Report: Female Genital Mutilation/Cutting and Child Marriage among the Rendille, Maasai, Pokot, Samburu and Somali Communities in Kenya* (Nairobi, Kenya, UNICEF). Available at https://www.unicef.org/kenya/media/856/file/Baseline%20Study%20Report%20on%20Female%20Genital%20Mutilation_Cutting%20and%20Child%20Marriage.pdf.

²¹ UNFPA (2019), *Beyond the Crossing: Female Genital Mutilation across Borders – Ethiopia, Kenya, Somalia, Tanzania, Uganda* (New York, UNFPA). Available at <https://www.unfpa.org/publications/beyond-crossing-female-genital-mutilation-across-borders>.



SECTION 3: INTERNATIONAL AND REGIONAL HUMAN RIGHTS NORMS

3.1 How the regional action plan fits within regional and international human rights treaties and mechanisms

Regional and international human rights treaties and mechanisms relevant to the costed regional Action Plan to End Cross-border Female Genital Mutilation are outlined below:

- I. **The Declaration to End Cross-border Female Genital Mutilation, adopted at a regional interministerial meeting held in April 2019:** government representatives agreed to strengthen coordination and cooperation to eliminate FGM with a particular focus on the cross-border dimensions of FGM.
- II. **The Loita Declaration:** cultural leaders from the Loita clan of Kenya and Tanzania affirmed their commitments to end FGM through collaboration and cooperation with the Governments of Kenya and Tanzania to protect women and girls through raising community awareness and promoting girl child education.
- III. **The International Conference on Female Genital Mutilation 2018:** under the theme “Galvanizing Political Action to Accelerate the Elimination of Female Genital Mutilation by 2030”, this conference called on States to implement interventions on the elimination of FGM and that address cross-border FGM.
- IV. **Decision on Galvanizing Political Commitment Towards the Elimination of Female Genital Mutilation in Africa (Assembly/AU/Dec.737 (XXXII)), adopted by Heads of State and Government at the 32nd Ordinary Session of the Assembly of the African Union:** this decision calls on member states to implement the Saleema Initiative, with a focus on changing social norms and cultural dimensions, including by addressing the “cross border practice of FGM”. In addition, it calls on member states to galvanise political action to enforce strong legislation, increase the allocation of financial resources and strengthen partnerships to end FGM.
- V. **The International Conference of the Great Lakes Region Protocol on the Prevention and Suppression of Sexual Violence against Women and Children:** this commits member states to prevent, criminalize and punish acts of sexual violence in peace times and in times of war in accordance with national laws and international criminal law.

- VI. **The East African Community Gender Policy 2018.** this was developed to provide guidance on institutionalizing gender strategies in the EAC integration process in addition to ensuring that the rights of women and men, and boys and girls are promoted, protected and realized on an equal basis.
- VII. **The Southern African Development Community (SADC) Protocol on Gender and Development:** this provides for the empowerment of women, the elimination of discrimination and the promotion of gender equality and equity through gender-responsive legislation, policies, programmes and projects. The protocol harmonizes the implementation of various instruments ratified by SADC members at regional and international levels on gender equality and equity including the Sustainable Development Goals, the African Union's Agenda 2063, and the Beijing Declaration and Platform for Action.
- VIII. **The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo Protocol):** this calls on States to put in place legal measures to eliminate FGM, to conduct community awareness-raising and education activities, to protect girls and women from FGM, and to provide support to victims of FGM.
- IX. **The African Charter on the Rights and Welfare of the Child (ACRWC):** this calls on States to take all appropriate measures to eliminate harmful social and cultural practices affecting the welfare, dignity, normal growth and development of the child.
- X. **The Convention on the Rights of the Child:** this imposes the obligation to protect children from all forms of physical or mental violence, injury or abuse while in the care of parent(s), legal guardian(s) or any other person who is responsible for the care of the child. The convention also obliges State parties to take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.
- XI. **The Convention on the Elimination of All Forms of Discrimination Against Women:** State parties are required to "take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices, which constitute discrimination against women".
- XII. **African Union Resolution 2011:** this calls upon the United Nations General Assembly to adopt a resolution banning FGM worldwide.
- XIII. **United Nations Resolutions A/RES/67/146 (2012), A/RES/69/150 (2014) and A/RES/71/168 (2016):** these call on all States to intensify global efforts to eliminate all forms of FGM.
- XIV. **Goal 5.3 of the Sustainable Development Goals:** this requires Governments to eliminate harmful practices including FGM by 2030.



SECTION 4: THE COSTED REGIONAL ACTION PLAN

4.1 Overview of the four strategic focus areas of the regional action plan

The prevalence of cross-border FGM is high in the region. This points to a structural deficiency and inadequate cross-border collaboration, which this action plan seeks to address.

The plan is embedded in the Declaration to End Cross-border Female Genital Mutilation, adopted in April 2019 at a regional interministerial meeting on ending FGM. This declaration calls for collective action among the five member states to ensure that girls and women are protected.

On the basis of consultations, existing commitments and activities carried out, the regional action plan identifies four strategic pillars that are crucial for ending cross-border FGM.

4.2 Outcomes

4.2.1 Pillar 1: improved legislation and policy frameworks

Pillar 1 will involve working through the EAC and IGAD and increasing resource allocation from Governments. The pillar will focus on the following:

- I. Mapping the policies and laws related to cross-border FGM and best practices
- II. Enforcing existing policies and laws related to the elimination of cross-border FGM
- III. Developing a strong coordination mechanism to monitor and evaluate existing policies and laws on cross-border FGM to inform harmonization
- IV. Harmonizing FGM legislation and policies with the EAC Child Policy (2016), the EAC Minimum Package of Services and the Framework on Psychosocial Care and Support for Vulnerable Children and Youth (relevant to Kenya, Tanzania and Uganda)
- V. Organizing exchange visits for policymakers and decision makers, so they can learn about policies and laws and their application in relation to ending cross-border FGM
- VI. Increasing and sustaining funding to eliminate cross-border FGM and linking with other sectors.

4.2.2 Pillar 2: coordination and collaboration

Pillar 2 will involve intercountry agreements on handling cross-border FGM case management, which will facilitate the following:

- I. Collaboration with and coordination among State and non-State actors such as religious leaders, elders, clan leaders, women, men, girls, community-based organizations (CBOs) and faith-based organizations (FBOs) to end cross-border FGM
- II. National and local government prevention and response mechanisms to eliminate FGM trickling down to the local governance structures, where community consensus and action to end cross-border FGM are critical
- III. Ensuring the multisectoral approach to ending FGM that coordinates legal, health, police and education efforts is suited to the multiple aspects of ending cross-border FGM
- IV. Strengthening the multisectoral approach with community ownership of programmes for continuity and sustainability
- V. Strengthening coordinated cross-border community surveillance, policing and follow-up of FGM cases
- VI. Providing integrated services at the border areas, linked to health, education and economic empowerment
- VII. Collaborating with government border security agencies
- VIII. Enhancing joint public declarations mobilizing communities from the same ethnic groups across the different borders
- IX. Following up on and supporting joint commitments and action plans within the cross-border areas/communities.

4.2.3 Pillar 3: communication and advocacy

Pillar 3 will address the following:

- I. Communication through radio, TV and social media addressing cross-border FGM
- II. Transmitting messages on ending cross-border FGM in local languages using community radio and other channels
- III. Raising community awareness and providing education on ending cross-border FGM
- IV. Advocating for increased funds for the campaign to eliminate cross-border FGM.

4.2.4 Pillar 4: evidence, research and data gathering

Pillar 4 focuses on building capacity for data generation and utilization, to gain a better understanding of the drivers of FGM and what makes an effective anti-FGM programme in border areas. It will involve the following:

- I. Conducting periodic consultative forums for stakeholders to share and learn best practices in the implementation of policies and laws related to ending cross-border FGM
- II. Improving data collection on anti-FGM programming in border areas
- III. Scaling up community care, social norms and change programmes to address the root causes of FGM in border areas.

4.3 Expected outputs

- I. The strengthening of regional legal and policy frameworks through the work of regional bodies such as IGAD and the EAC to end cross-border FGM.
- II. The adoption and implementation by Governments of multisectoral prevention and response strategies to end FGM in border areas.
- III. Intercountry agreements being reached on the collaboration between and coordination of relevant sectors on ending cross-border FGM.
- IV. An improvement in cross-border FGM case management to enable women and girls at risk of FGM to be tracked and the provision of services to survivors.
- V. The development and implementation of country-specific communication and advocacy strategies on cross-border FGM prevention and responses.
- VI. An increase in the capacity of national Governments, academia and statistical offices for data generation and utilization to end FGM in border areas.
- VII. An increase in knowledge on the drivers of FGM in border areas and effective programmes to end the practice including in border areas.

4.4 Assumptions

Achieving these outcomes and outputs is based on the assumptions that:

- I. Changing Governments will not affect the implementation of anti-FGM campaigns
- II. Diplomatic relations/ties will be upheld
- III. Conflict of laws in the countries' jurisdictions will be resolved to support harmonization and implementation
- IV. The existing security situation within the region will be sustained
- V. A coordinated implementation structure is in place
- VI. Cooperation and coordination will be adequate
- VII. Programming will be inclusive
- VIII. Changing national priorities will not affect anti-FGM campaigns
- IX. Contingency plans for the humanitarian situation will support the implementation of the action plan and its communication strategy
- X. The existing communication infrastructure will enhance the implementation of the communication strategy
- XI. Media houses are interested in disseminating anti-FGM messages from a human rights perspective
- XII. FGM-related content will be incorporated into national education curricula
- XIII. Research into emerging trends will inform programming and implementation
- XIV. Turnover among staff who have received capacity-building support will be minimal.



SECTION 5: **COORDINATION MECHANISMS**

5.1 Stakeholder analysis

As mentioned above, this action plan is a multisectoral plan that engages different sectors at both national and regional levels. The stakeholders comprise citizens acting individually and/or collectively, together with the organizations and associations that represent them, government institutions, NGOs, academic and research institutes, the media, religious groups and regional human rights institutions. The plan has to be taken up, implemented, monitored, reviewed and improved on by the multiple stakeholders. The roles and responsibilities of the various stakeholders are outlined in Table 1.

Table 1: Roles and responsibilities of stakeholders

Stakeholders responsible	Roles and responsibilities
Gender/women's ministries	<p>Taking the lead in coordinating the various ministries that are key in the implementation of the plan at national and regional levels</p> <p>Conducting monitoring and evaluation exercises</p>
Line ministries such as health, education, interior, justice, information and labour ministries	<p>Ensuring that the coordination and collaboration mechanisms put in place are implemented effectively, to ensure that girls and women are protected from undergoing FGM and that perpetrators are prosecuted</p> <p>Ensuring that laws and policies on ending cross-border FGM are adopted, implemented and enforced</p>
Members of Parliament at national and regional levels	<p>Ensuring that laws related to ending FGM are harmonized, including with provisions on cross-border FGM</p> <p>Enacting and ratifying the 2016 EAC prohibition of FGM bill</p> <p>Allocating resources to anti-FGM activities including cross-border activities</p>
CSOs	<p>Implementing interventions on ending cross-border FGM – raising awareness, education, monitoring and accountability</p>
Academic and research institutions	<p>Carrying out research on FGM and advising on challenges, knowledge and resource gaps and the best interventions for preventing and responding to cross-border FGM</p>
Development partners	<p>Providing technical and financial support for the plan</p>
Religious leaders	<p>Supporting and engaging in the implementation of the plan</p>



SECTION 6: **MONITORING AND EVALUATION FRAMEWORK**

The monitoring and evaluation framework is designed to be owned and implemented by different stakeholders. It highlights mechanisms for performance management, the utilization of evidence for decision-making, communication and information-sharing among the five countries.

The framework also provides a robust approach for the routine monitoring and evaluation of the plan. The results have been defined at high levels (key results areas, objectives and outcomes). It is expected that each relevant stakeholder will define their lower-level results to be monitored and evaluated and develop (or revise) a detailed, logical framework accordingly. The plan's monitoring and evaluation framework can be found in Annex 3.



SECTION 7:

BUDGET

To integrate the budgeting process into the action plan, the high-impact interventions identified and agreed on are broken down into actionable activities to be implemented. Using a costing template adapted from a World Health Organization (WHO)/World Bank template,²² this section presents the results of a budgeting (costing) exercise aided by the TWG when it convened in Nakuru, Kenya, from 13 to 15 August 2019. Through breakaway sessions based on the pillars of the action plan, the working group identified the activities that needed to be costed to achieve the outcome results. This was followed by a validation meeting held from 13 to 17 October 2019 in Maanzoni, Kenya, with representation from the five countries, development partners and NGOs.

7.1 Methodology, assumptions, risks and sources

7.1.1 Methodology

Using the detailed structure of the action plan, based on outcomes, outputs and indicators, a results-based approach to costing was adopted that took into consideration all the activities that were proposed at the Nakuru and Maanzoni meetings. Thus, the high-impact interventions and the specific activities that will drive them were costed using an activity-based, bottom-up costing methodology.

Across the four pillars, the resources required to implement the action plan fall into three main categories: research, training sessions/meetings and services. The last category is targeted specifically at vulnerable girls and women with the aim of reducing the high national prevalence levels noted. Training sessions/meetings are expected to take the form of workshops and to include monitoring and supervisory/coordination activities. Research will involve both primary and secondary studies to fill knowledge and resource gaps.

Costing data were collected during the Nakuru meeting through interviews and discussions with various stakeholders from the five Governments, development partners and NGOs involved in ending FGM as well as other relevant experts. Secondary information gathered from documented interventions carried out by UNFPA and UNICEF on the borders of Tanzania, Kenya and Uganda also provided useful insights.

7.1.2 Research

The costs of procuring research services were calculated using current government rates in the five countries, and unit costs provided by participating development

²² WHO, UNICEF, the World Bank, UNFPA, the Partnership for Maternal, Newborn and Child Health and the Norwegian Government (2008), *Final Reports of Technical Review of Costing Tools*. Available at <https://www.who.int/pmnch/topics/economics/costoolsreviewpack.pdf>.

partners. Research activities have been broken down into primary and secondary studies aimed at generating data to support critical policy and operational decisions related to all four pillars of the action plan. Primary studies have been costed as ballpark amounts depending on research design, purpose and period. Desk reviews were costed using current government rates.

It is assumed that research findings will be published and disseminated. Costing these activities involves considering four key variables: (1) the number of pages of the publication, (2) the number of copies to be printed, (3) the cost of designing the report, and (4) the costs of printing and distributing per page both in print and electronically. Broad estimates were given for this activity, but these will need to be reviewed and revised depending on the target group.

7.1.3 Training and meetings

Training sessions and meetings form the core of activities under Pillars 1 to 3 and also touch on Pillar 4. These activities are primarily designed to prevent FGM so that not a single girl or woman is subjected to it. The costing focus is on enhancing prevention services through a review of laws, policies and advocacy/messaging, and deterring demand for FGM through the legal enforcement of justice services that punish perpetrators. Reviewing and improving government anti-FGM policies, advocacy and knowledge-sharing among all partners were costed as forming the foundation of the programme. For each activity, government rates in all five countries together with rates used by UNICEF and UNFPA were multiplied by the number of units involved in any given activity. Common unit costs include daily subsistence allowances (DSAs), conference packages and travel allowances.

7.1.4 Services

Services were grouped into three main categories – prevention, care and treatment – and target vulnerable women and girls. All three categories involve community mobilization and mass sensitization. The costing focused on prevention services that require the training and deployment of multi-agency teams at cross-border areas. These services will be covered in the training sessions and meetings mentioned above. In terms of demand for training, 100 foster care families will be selected in each cross-border area and trained every quarter on preventing FGM. Costing data were based on UNICEF experiences and activities at the Tanzania–Kenya border and costs comprise travel reimbursement, and refreshment and meal allowances. Treatment is considered the provision of medical services to FGM victims and to require an enumeration of hospitals and health-care staff in the areas, and a consideration of the psychosocial support services available. However, this is beyond the scope of the costing task at this stage.

7.2 Assumptions

The action plan is a five-year programme that commenced in 2019 and will end in 2024. In the first year, an accurate budget (10 per cent variance) for implementing the key activities is presented. The budgets for second, third, fourth and fifth years are indicative. It is assumed that a review will be conducted at the end of the first year (and every programme year) and indicatively costed years adjusted accordingly.

Other key assumptions are as follows:

- I. Base year for unit costs: 2019
- II. Currency adopted for the costing: US\$
- III. Expected annual inflation rate for US\$: 5 per cent (assumed to remain constant for the duration of the programme)
- IV. Existing structures (especially for training sessions/meetings), budget processes and channels for services will be used
- V. Government personnel, in country experts and national resources will be used
- VI. Technical support from development partners will be used
- VII. Regional activities will be rotated among participating countries to promote ownership.

7.3 Risks

Potential risks that may impede the successful implementation of the action plan include the following:

- I. Failure by any of the five Governments to factor into their budgeting processes adequate resources for ending FGM in their countries and the region
- II. The inability of participating partners to deliver on their respective prevention mandates even if they are sufficiently resourced
- III. Limited skills among personnel within the multi-agency groups especially at the border areas (focal points)
- IV. A lack of robust primary information, particularly in the targeted cross-border areas, contributing to misaligned interventions
- V. A lack of political will in the context of conflicting social norms among the five countries and further entrenched in the most remote programme areas
- VI. The absence of an inbuilt strategy in the action plan to mitigate some of the risks identified, for example:
 - VI.I. Inadequacy/lack of a resource (both human and financial) mobilization strategy, which is required to operationalize the plan
 - VI.II. The failure to strengthen existing human resource capacity gaps through training and/or recruitment

7.4 Sources

The data that informed costing came from consultations with various stakeholders, mainly at the Nakuru and Maanzoni meetings and at other scheduled meetings. The organizations consulted were the Anti-FGM Board; the Ministry of Public Service, Youth and Gender Affairs in Kenya; and both government organizations and NGOs from Ethiopia, Somalia, Tanzania and Uganda. Experts from UNICEF and UNFPA in Kenya, Tanzania and Uganda were also consulted.

7.5 Summary of costed action plan to end female genital mutilation, 2019–2024

Table 2 provides a summary of costing for the action plan by pillar and year. Details of the costed activities are provided in Annex 2.

Table 2: Summary of costed action plan

Pillar of action plan		Year 1 (US\$)	Year 2 (US\$)	Year 3 (US\$)	Year 4 (US\$)	Year 5 (US\$)	Total (US\$)
1	Improved legislation and policy frameworks in Ethiopia, Kenya, Somalia, Tanzania and Uganda	1,594,000	346,000	1,274,000	346,000	796,000	4,356,000
2	Coordination and collaboration	948,000	283,000	283,000	283,000	283,000	2,078,000
3	Communication and advocacy	1,669,000	744,000	744,000	744,000	744,000	4,645,000
4	Evidence, research and data gathering	1,282,000	250,000	0	250,000	600,000	2,382,000
Grand total		5,493,000	1,623,000	2,301,000	1,623,000	2,423,000	13,461,000



ANNEX 1:

REGIONAL ACTION PLAN TO END CROSS-BORDER FEMALE GENITAL MUTILATION, 2019–2024

Goal: to enhance cross-border collaboration between Ethiopia, Kenya, Somalia, Tanzania and Uganda to end FGM by 2030

Pillar 1: improved legislation and policy frameworks in Ethiopia, Kenya, Somalia, Tanzania and Uganda

Outcome 1: improved legislative and policy frameworks and an enabling environment for ending cross-border FGM in five member countries by 2024

Outputs	Indicators	High-impact interventions
Output 1.1: the strengthening of regional legal and policy frameworks through the work of regional bodies to end cross-border FGM	Existence and implementation of legislation and policy on ending FGM, including in border areas	Review and enact national laws to end cross-border FGM and implement existing legislation in extraterritorial jurisdictions
	Number of cross-border FGM-related arrests, cases reported to court and prosecuted	Support advocacy campaigns for the enactment of the comprehensive anti-FGM bill (Somalia)
	Percentage of law enforcement personnel trained	Engage IGAD and EAC in harmonizing national laws to end cross-border FGM in Ethiopia and Somalia
		Advocate for the adoption of the EAC prohibition of FGM bill
		Advocate for an accountability mechanism for duty bearers to end cross-border FGM with regional human rights treaty bodies and mechanisms
Output 1.2: the adoption and implementation by Governments of a multisectoral prevention and response plan or programme to end FGM in border areas	Existence of a national multisectoral action plan to end FGM including cross-border FGM and that is aligned to Governments' fiscal years	Develop and/or review national and subnational action plans that include interventions on addressing cross-border FGM
	Existence of costed national and subnational multisectoral action plans to end FGM including cross-border FGM	Conduct a regional baseline study on resource allocations to provide concrete recommendations or a roadmap to enhance FGM prevention and responses including in border areas

Time frame	Institutions/organizations responsible	Risks and assumptions
5 years	Lead: Gender/women's ministries	That changing regimes/priorities will not affect anti-FGM campaigns
5 years	Support: Ministry of Religion in Somalia, legislative bodies, the EAC, the gender section of IGAD, African Union, development partners, CSOs, Ministries of Foreign Affairs, Ministry of EAC	That diplomatic relations/ties will be upheld
1 year		That conflicting laws ²³ in the countries' jurisdictions will converge to support harmonization and implementation
1 year		That the existing security situation within the region will be sustained
Continuous		
1 year	Lead: Gender/women's ministries, ministries of finance	That a coordinated implementation structure is in place
Continuous	Support: Treasuries, national assemblies, local governments, non-State FGM actors (CBOs, FBOs, private sector), EAC, gender section of IGAD, African Union development partners	

Pillar 2: coordination and collaboration

Outcome 2: increased efficiency and effectiveness of coordination and collaboration among national Governments to end cross-border FGM in five member countries by 2024

Outputs	Indicators	High-impact interventions
<p>Output 2.1: intercountry agreements being reached on collaboration between and coordination of relevant actors and sectors on ending cross-border FGM</p>	<p>Number of countries with established coordinating mechanism or body for ending cross-border FGM</p> <p>Number of intercountry agreements²⁴ on cross-border FGM adopted and implemented</p> <p>Number of joint interventions addressing FGM in cross-border areas carried out</p>	<p>Establish a regional interministerial task force on ending cross-border FGM</p> <p>Support and strengthen the capacity of existing intercountry mechanisms in border areas for cross-border collaboration and coordination to ensure FGM prevention and responses</p> <p>Establish anti-FGM focal points from the communities at the cross-border areas in each country</p> <p>Provide capacity-building support for FGM focal points on prevention and response mechanisms in border areas</p> <p>Conduct cross-border community engagement activities with a focus on shifting the negative social norms driving FGM</p> <p>Conduct annual regional technical meetings to assess progress towards fulfilling commitments and implementing interventions to end cross-border FGM</p> <p>Organize biannual ministerial consultations to review cross-border FGM-related data and use it to inform and improve programmes</p> <p>Strengthen the capacity of service providers to prevent and address FGM in border areas</p>

²⁴ Intercountry agreements: SOPs and case and information-sharing management protocols.

²⁵ Programming should take into account language barriers, cultural barriers, gender, age, disability, religious limitations, Pastoralist communities, community ownership.

Time frame	Institutions/organizations responsible	Risks and assumptions
6 months	Lead: Gender/women’s ministries	That diplomatic relations/ties will be upheld
6 months	Support: Relevant ministries, county/local governments, CSOs	That cooperation and coordination will be adequate
Continuous		That programming will be inclusive ²⁵
Continuous		That the existing security situation within the region will be sustained
Continuous		That changing priorities will not affect anti-FGM campaigns
Continuous		
Continuous		
Continuous		

Pillar 2: coordination and collaboration

Outcome 2: increased efficiency and effectiveness of coordination and collaboration among national Governments to end cross-border FGM in five member countries by 2024

Outputs	Indicators	High-impact interventions
<p>Output 2.2: an improvement in cross-border FGM case management to enable women and girls at risk of FGM to be tracked and the provision of services to survivors</p>	<p>Number of women and girls who have received health services related to FGM in border areas</p> <p>Number of women and girls who have received social and legal services related to cross-border FGM</p> <p>Number of safe spaces established in border areas</p> <p>Percentage of women and girls who report different opinions on the practice of FGM within their household</p>	<p>Develop intercountry multisectoral SOPs for cross-border FGM case management</p> <p>Intensify cross-border FGM surveillance mechanisms and guidelines to prevent and respond to cross-border FGM</p> <p>Strengthen the capacity of frontline case management FGM workers/service providers in practising cross-border communities</p> <p>Map out and strengthen the capacity of service providers addressing cases of FGM in border areas</p> <p>Establish/enhance community-based safe and protective spaces and shelters to respond to the needs and concerns of survivors of FGM and women and girls at risk of FGM</p>

Time frame	Institutions/organizations responsible	Risks and assumptions
1 year	Lead: Gender/women’s ministries Support: Relevant ministries, county/local governments, CSOs, services providers	As above
Continuous		
Continuous		
Continuous		
3 years		

Pillar 3: communication and advocacy

Outcome 3: increased communication and advocacy to enhance cross-border FGM prevention and responses among populations in five member countries by 2024

Outputs	Indicators	High-impact interventions
<p>Output 3.1: the development and implementation of country-specific communication and advocacy strategies on cross-border FGM prevention and responses</p>	<p>Existence and implementation of country-specific communication and advocacy strategies on FGM</p> <p>Percentage of community members who have participated in a public declaration on abandoning the practice of cross-border FGM</p> <p>Percentage of respondents who believe that people in their community (considered an ethnic community, including those on the other side of the border) approve of abandoning the practice of FGM</p>	<p>Develop country-specific communication and advocacy strategies²⁶ on FGM and its cross-border component</p> <p>Raise awareness and conduct advocacy activities on existing FGM laws and policies among the five countries, especially on dealing with FGM perpetrators across borders</p> <p>Develop and share key messages on FGM prevention for cross-border communities</p> <p>Promote dialogue among cross-border communities to share best practices on ending cross-border FGM</p> <p>Support the inclusion of FGM prevention and responses into national education curricula such as comprehensive sexuality education (CSE)</p> <p>Engage children and young people in championing campaigns on cross-border FGM prevention and responses through youth networks/clubs</p> <p>Engage the mainstream media (community radio) and social media in raising awareness on ending cross-border FGM</p>

²⁶ Break down and standardize these strategies and interventions across the five member countries and cater for gender-responsive budgeting, and unpack and

Time frame	Institutions/organizations responsible	Risks and assumptions
1 year	Lead: Gender/women’s ministries Support: Relevant ministries (ministries of education), county/local governments, CSOs, youth networks, religious leaders, opinion shapers, the media	That the existing security situation within the region will be sustained
Continuous		That contingency plans for the humanitarian situation will support the implementation of the communication strategy
1 year		That existing communication infrastructure will enhance the implementation of the communication strategy
Continuous		That media houses are interested in disseminating anti-FGM messages from a human rights perspective
2 years		That FGM content will be incorporated into national education curricula
Continuous		
Continuous		

train personnel on the importance of the issue (conduct research on model templates for use).

Pillar 4: evidence, research and data gathering**Outcome 4: increased capacity to generate and utilize evidence on cross-border FGM among the Governments in the five member countries, academia and statistical offices by 2024**

Output	Indicators	High-impact interventions
Output 4.1: an increase in the capacity of national Governments, academia and statistical offices for data generation and utilization to end FGM in border areas	Number of countries with the capacity to collect national data on cross-border FGM (or number of staff/relevant personnel trained in cross-border FGM data management)	Conduct a data and research gap analysis to inform resource mobilization, etc.
	Number of cross-border FGM policy briefs developed to encourage Governments to adopt successful approaches in ending FGM	Develop resource mobilization plans for cross-border FGM data/research at the national and regional levels
	Existence of resource mobilization plan to conduct research on cross-border FGM	Track resource allocation and utilization
		Strengthen capacity of institutions and human resources for data collection/ interpretation and to influence policy on ending cross-border FGM
		Harmonize anti- FGM indicators in all target countries
		Engage academia and Governments in providing incentives towards FGM research
Output 4.2: an increase in knowledge on the drivers of FGM and effective programmes to end FGM including cross-border FGM	Number of national studies carried out on FGM including in border areas	Strengthen routine and periodic data collection systems to capture FGM-related information including in border areas
	Proportion of funds allocated to cross-border FGM research	Share best practices on ending FGM in border areas

Time frame	Institutions/organizations responsible	Risks and assumptions
Continuous	Lead: Gender/women’s ministries	That emerging trends in research will inform programming and implementation
Continuous	Support: Relevant ministries, research and academia, development partners	That the existing security situation within the region will be sustained
Continuous	Relevant ministries, research and academia, development partners	That turnover among staff who have received capacity-building support will be minimal
Continuous	Relevant ministries, research and academia, development partners	That the reorganization of Governments will not affect the prioritization of anti-FGM campaigns
Continuous	Relevant ministries, research and academia, development partners	That the reorganization of Governments will not affect the prioritization of anti-FGM campaigns
Continuous	Relevant ministries, research and academia, development partners	That the reorganization of Governments will not affect the prioritization of anti-FGM campaigns
Continuous	Lead: Gender/women’s ministries	
Continuous	Support: Relevant ministries, research and academia, development partners, CSOs, service providers	

ANNEX 2: BUDGET

Breakdown of action plan costs by pillar for year 1, in thousands of US dollars

Pillar 1 of action plan: improved legislation and policy frameworks in Ethiopia, Kenya, Somalia, Tanzania and Uganda

Outcome 1: improved legislative and policy frameworks and an enabling environment for ending cross-border FGM in five member countries by 2024

Outputs	Indicators	Activities
<p>Output 1.1: the strengthening of regional legal and policy frameworks</p>	<p>Existence of laws and policies on ending FGM</p> <p>Implementation of legislation and policy on ending FGM in border areas</p> <p>Number of FGM cases prosecuted</p>	<p>Assess regional legal and policy frameworks including status of implementation of international commitments as reflected in national laws and policies: assessment will be both country specific and regional. This activity includes publication and dissemination</p>

Narrative	Year 1	Year 2	Year 3	Year 4	Year 5
Desk research: country-specific research in year 1; one lead researcher					
Kenya: 20 days @ \$350 per day	7				
Uganda: 20 days @ \$250 per day	5				
Tanzania: 20 days @ \$350 per day	7				
Ethiopia: 20 days @ \$300 per day	6				
Somalia: 20 days @ \$250 per day	5				
Subtotal 1	30				
Country-level validation meeting: DSA and transport for one day in year 1					
Kenya: 30 pax @ \$200 per person	6				
Uganda: 30 pax @ \$200 per person	6				
Tanzania: 30 pax @ \$223 per person + \$150 per person travel Dar to Dodoma return 30 pax	6.7 4.5				
Ethiopia: 50 pax @ \$200 per person	10				
Somalia: 50 pax @ \$200 per person	10				
Subtotal 2	43.2				

Pillar 1 of action plan: improved legislation and policy frameworks in Ethiopia, Kenya, Somalia, Tanzania and Uganda

Outcome 1: improved legislative and policy frameworks and an enabling environment for ending cross-border FGM in five member countries by 2024

Outputs	Indicators	Activities
		<p>Strengthen State-led coordination in all five countries and support the establishment of FGM coordination mechanisms in countries that lack them (technical working groups)</p>

Narrative	Year 1	Year 2	Year 3	Year 4	Year 5
Conference package (food, hall hire, projector, stationery)					
Kenya: 30 pax @ \$100 per person	3				
Uganda: 30 pax @ \$90 per person	2.7				
Tanzania: 30 pax @ \$40 per person	1.2				
Ethiopia: 50 pax @ \$85 per person	4.3				
Somalia: 30 pax @ \$100 per person	3				
Subtotal 3	14.2				
Contingency: 10% of subtotals 1, 2 and 3	8.7				
Publication: 3,000 copies @ \$10 per copy	30				
Dissemination during country-specific parliamentary sessions and justice sector meetings: 500 copies per country amounting to \$50,000 for five countries	50				
Total	174.3				

Pillar 1 of action plan: improved legislation and policy frameworks in Ethiopia, Kenya, Somalia , Tanzania and Uganda

Outcome 1: improved legislative and policy frameworks and an enabling environment for ending cross-border FGM in five member countries by 2024

Outputs	Indicators	Activities
		<p>Conduct multisectoral annual technical and biennial ministerial meetings at the border at regional level (merge with ministerial meeting)</p> <p>Include sector-specific annual coordination meetings under Pillar 2</p> <hr/> <p>Conduct consultative meetings with IGAD and the EAC on the harmonization of national laws of FGM in the Horn of Africa (Eritrea and Djibouti)</p> <hr/> <p>Assess promising cross-border initiatives and interventions for ending FGM in Ethiopia, Kenya, Somalia, Tanzania and Uganda</p>
		<p>Conduct advocacy activities on the formulation (Somalia and part of Ethiopia-Afar and Somali region) related to FGM laws and policies</p> <p>Conduct policy advocacy activities on popularizing the roadmap on ending FGM (in all countries involved in the initiative)</p> <p>Review religious thought on FGM</p>

Narrative	Year 1	Year 2	Year 3	Year 4	Year 5
Annual technical meetings: rotating from one country to the next each year (includes DSA, transport and accommodation for 2 days, inclusive of travel @ \$1,460 per person per day for two days)	73	73	73	73	73
Biennial ministerial meeting: 10 participants per country for three days @ \$1,460 per person per day Location: next meeting Uganda (includes travel, hotel and conference package rate for Kenya/Uganda)			219		219
Total	73	73	292	73	292
High-level meeting including accommodation, etc., for three days: five participants from each of the nine IGAD member countries @ \$1,460 per person per day in year 1	197				
Midterm review in year 3 (same rates as for high-level meeting apply)			197		
Total	197		197		
Assessment of cross-border initiatives Link with UNFPA study Desk and field research on effectiveness of current initiatives: five countries @ \$12,000 per country in year 1	60				
Total	60				
Continuous policy dialogue and meetings in/ on Somalia and Ethiopia: meetings and media engagement @ \$100,000 per year	100	100	100	100	100
Total	100	100	100	100	100

Pillar 1 of action plan: improved legislation and policy frameworks in Ethiopia, Kenya, Somalia, Tanzania and Uganda

Outcome 1: improved legislative and policy frameworks and an enabling environment for ending cross-border FGM in five member countries by 2024

Outputs	Indicators	Activities
		<p>Carry out consultative forums with the East African Legislative Assembly (EALA) on the status of the anti-FGM bill</p> <p>Develop an accelerated roadmap informed by the policy and legal environment pertaining to FGM in Somalia to identify key entry points</p> <p>Conduct capacity-building activities for State and non-State actors on international and regional commitments on FGM, with a view to implementing laws and policies related to FGM</p>

Narrative	Year 1	Year 2	Year 3	Year 4	Year 5
Meeting with EALA-Members of Parliament (MPs) (including DSA, travel and accommodation): 25 pax (five MPs per country) @ \$840 per person per day for two days in year 1	42				
In-country dialogue with EALA members on status of the bill – general purpose and legal committees: \$25,000 per country (Kenya, Tanzania and Uganda)	75				
Track progress on impact of EALA in-country dialogue (follow-up meetings) in year 3 (see rates for meeting with EALA MPs above)			42		
Total	117		42		
Somalia: to be determined (TBD)					
Country-level capacity-building meeting for 1 day in year 1 (including DSA, transport, conference package)					
Kenya: 30 pax @ (\$200 + \$100) per person	9				
Uganda: 30 pax @ (\$200 + \$90) per person	8.7				
Tanzania: 30 pax @ (\$223 + \$40) per person	7.9				
30 pax @ \$150 per person for travel from Dar to Dodoma return	4.5				
Ethiopia: 50 pax @ (\$200 + \$85) per person	14.3				
Somalia: TBD					
Total	44.4				

Pillar 1 of action plan: improved legislation and policy frameworks in Ethiopia, Kenya, Somalia, Tanzania and Uganda

Outcome 1: improved legislative and policy frameworks and an enabling environment for ending cross-border FGM in five member countries by 2024

Outputs	Indicators	Activities
		<p>Ensure that FGM and cross-border FGM are reported through the periodic human rights treaty report mechanisms (Universal Periodic Review, Committee on the Elimination of All Forms of Discrimination Against Women, Committee on the Rights of the Child, International Covenant on Economic, Social and Cultural Rights, including reporting under the Maputo Protocol)</p> <p>Recommendation: countries should map out their next review cycle and budget accordingly</p> <p>At country level, ensure multisectoral accountability for the interministerial declaration on ending cross-border FGM</p> <p>Strengthen the capacity of the national Human Rights Commissions to monitor accountability for national commitments on ending FGM</p> <p>See details under 1.9 “Conduct capacity-building activities for State and non-State actors”</p>
<p>Output 1.2: the adoption and implementation by Governments of a multisectoral prevention and response plan or programme to end FGM in border areas</p>	<p>Existence of a national action plan to end FGM</p>	<p>Develop country-specific costed action plans</p> <p>See details under Pillar 3</p>

Narrative	Year 1	Year 2	Year 3	Year 4	Year 5
Technical support - no cost					
Total					

Pillar 1 of action plan: improved legislation and policy frameworks in Ethiopia, Kenya, Somalia, Tanzania and Uganda

Outcome 1: improved legislative and policy frameworks and an enabling environment for ending cross-border FGM in five member countries by 2024

Outputs	Indicators	Activities
		<p>Develop country-specific resource mobilization strategies (also covered under Pillar 3 under advocacy)</p> <hr/> <p>Review and regularly track resource allocations for prevention and response to FGM, including cross-border FGM, and document best practices arising from the review process. As part of the planning and budgeting cycle, ensure that budget analysis is performed and financing for FGM prevention and responses is monitored</p>

Narrative	Year 1	Year 2	Year 3	Year 4	Year 5
TWG of three experts from each country, NGOs and development partners (25 pax in total) for three days in year 1					
Kenya: 5 pax @ \$300 per person per day	4.5				
Uganda: 5 pax @ \$290 per person per day	4.4				
Tanzania 5 pax @ \$263 per person per day	3.9				
\$150 per person travel Dar to Dodoma return 5 pax	2.3				
Ethiopia: 5 pax @ \$285 per person per day	4.3				
Somalia: TBD					
Subtotal	19.4				
Total	19.4				
Country-specific desk review: refer to figures above for one lead researcher for 20 days					
Kenya: \$350 per day	7				
Uganda: \$250 per day	5				
Tanzania: \$350 per day	7				
Ethiopia: \$300 per day	6				
Somalia: TBD					
Subtotal	25				
Total	25				

Narrative: How can the action plan be used as a guide?

Pillar 2 of action plan: coordination and collaboration

Outcome 2: increased efficiency and effectiveness of coordination and collaboration among national Governments to end cross-border FGM in five member countries by 2024

Outputs	Indicators	Activities
<p>Output 2.1: intercountry agreements being reached on collaboration between and coordination of relevant sectors</p>	<p>Number of countries with established coordinating mechanisms</p> <p>Number of intercountry agreements²⁷ on FGM adopted and implemented</p>	<p>Support and strengthen capacity of existing intercountry mechanisms in border areas for cross-border collaboration and coordination to ensure FGM prevention and responses</p> <p>Border commission Kenya and Ethiopia</p> <p>Crime commission Kenya and Tanzania</p>

²⁷ Intercountry agreements: SOPs, and case and information-sharing management protocols.

Narrative	Year 1	Year 2	Year 3	Year 4	Year 5
Meeting of ministry leads and experts from each country, NGOs and development partners: 30 pax for three days in year 1					
Meetings and training sessions (five countries): 30 pax (Refer to DSA figures above) (State and non-State actors e.g. police, chiefs, local government institutions, resident commissioners, intelligence officers, CSOs)					
Border meetings and training					
Kenya–Tanzania border (DSA, travel and accommodation, plus conference package)					
Kenya: 15 pax @ \$300 per person per day for three days	13.5				
Tanzania: 15 pax @ \$300 per person per day for three days	13.5				
Subtotal	27				
Kenya–Uganda border (DSA, travel and accommodation, plus conference package)					
Kenya: 15 pax @ \$300 per person per day for three days	13.5				
Uganda: 15 pax @ \$300 per person per day for three days	13.5				
Subtotal	27				
Kenya–Ethiopia border (DSA, travel and accommodation, plus conference package)					
Kenya: 15 pax @ \$300 per person per day for three days	13.5				
Ethiopia: 15 pax @ \$300 per person per day for three days	13.5				
Subtotal	27				

Pillar 2 of action plan: coordination and collaboration

Outcome 2: increased efficiency and effectiveness of coordination and collaboration among national Governments to end cross-border FGM in five member countries by 2024

Outputs	Indicators	Activities
		<p>Conduct inaugural meeting of the technical team (validate the terms of reference and develop a work plan)</p> <p>Conduct annual meetings of the technical team (refer to declaration)</p>
<p>Output 2.2: an improvement in cross-border FGM case management to enable FGM prevention and the provision of services to FGM survivors</p>	<p>Number of women and girls who have received health services related to FGM</p> <p>Number of women and girls who have received social and legal services related to FGM</p>	<p>Review/develop protocols/frameworks on FGM-related protection, prevention and care services, and the management of cases involving two countries</p> <p>Include FGM case pathway across borders</p>

Narrative	Year 1	Year 2	Year 3	Year 4	Year 5
Kenya–Somalia border: TBD					
Total	81				
Composition of technical team assumed to be 11 members comprising two from each country and a rotating Chair plus nine other team members					
Three-day meeting (four days including travel days) for 20 pax in year 1					
Refer to DSA rates above					
Kenya DSA and conference rates applied: 20 pax @ (\$200 + \$100) per person per day for four days	24				
Total	24				
Five participants per country (refer to above DSAs) for three days (including travel days)					
Kenya DSA and conference rates applied: 25 pax @ (\$200 + \$100) per person per day for three days	22.5	22.5	22.5	22.5	22.5
Total	22.5	22.5	22.5	22.5	22.5
All five countries' activities:					
plenary conference					
developing protocols (involving all sectors related to child protection)					
20 pax per country (State and non-State actors)					
Five-day meeting					
Kenya DSA and conference rates applied: 20 pax @ (\$200 + \$100) per person per day for five days	30				
Tanzania DSA and conference rates and travel to Dodoma applied: 20 pax @ (\$223 + \$150 + \$40) per person per day for five days	41.3				
Uganda DSA and conference rates applied: 20 pax @ (\$200 + \$90) per person per day for five days	29				
Ethiopia DSA and conference rates applied: 20 pax @ (\$200 + \$85) per person per day for five days	28.5				

Pillar 2 of action plan: coordination and collaboration

Outcome 2: increased efficiency and effectiveness of coordination and collaboration among national Governments to end cross-border FGM in five member countries by 2024

Outputs	Indicators	Activities

Narrative	Year 1	Year 2	Year 3	Year 4	Year 5
Somalia: TBD					
Subtotal	128.8				
Training sessions and dissemination activities at the border					
Refer to DSA rates above					
Technical persons and service providers (30 pax in total; 15 from each country) for four-day meeting (inclusive of travel days) on a quarterly basis (i.e. 16 days in total a year)					
Kenya–Tanzania border	144				
Kenya DSA, travel and accommodation, plus conference package applied:					
Kenya: 15 pax @ \$300 per person per day					
Tanzania: 15 pax @ \$300 per person per day					
Kenya–Uganda border	144				
Kenya DSA, travel and accommodation, plus conference package applied					
Kenya: 15 pax @ \$300 per person per day					
Uganda: 15 pax @ \$300 per person per day					
Kenya–Ethiopia border	144				
Kenya DSA, travel and accommodation, plus conference package applied					
Kenya: 15 pax @ \$300 per person per day					
Ethiopia: 15 pax @ \$300 per person per day					
Kenya–Somalia border: TBD					
Subtotal	432				
Total	560.8				

Pillar 2 of action plan: coordination and collaboration

Outcome 2: increased efficiency and effectiveness of coordination and collaboration among national Governments to end cross-border FGM in five member countries by 2024

Outputs	Indicators	Activities
		<p>Intercountry case conferencing²⁸ (meeting) at the border – multisector</p> <p>Intercountry meetings to develop case management protocols for cross-border FGM and/or adapt existing case management protocol (link to first activity under Output 2.1)</p> <p>Strengthen existing surveillance mechanisms and guidelines to prevent and respond to FGM and cross-border FGM</p> <p>Map existing safe spaces and shelters³⁰ depending on the context</p> <p>Establish and enhance capacity of existing safe spaces/shelters to respond to the needs and concerns of survivors of FGM and women and girls at risk of FGM</p>

²⁸ Define case conferencing.

²⁹ Relay timely information to the Government.

³⁰ Define what safe spaces and shelters are.

Narrative	Year 1	Year 2	Year 3	Year 4	Year 5
Quarterly meetings and training, 30 pax: linked and consolidated with Pillar 2, first activity under Output 2.1 above	216				
Total	216				
Surveillance mechanisms ²⁹ Facilitation: airtime Data collection tools: mapping technologies Mapping girls at risk Meetings: refreshments and meals Verify public declarations using verification tool (Ethiopia verification tool for reference)					
Costing: 50 pax per country \$20 000 per country per year	100	100	100	100	100
Linked to Pillar 2, first activity under Output 2.2					

Pillar 2 of action plan: coordination and collaboration

Outcome 2: increased efficiency and effectiveness of coordination and collaboration among national Governments to end cross-border FGM in five member countries by 2024

Outputs	Indicators	Activities
		<p>Strengthen alternative family care arrangements</p>

Narrative	Year 1	Year 2	Year 3	Year 4	Year 5
Training: four times a year annually for two days					
Each cross-border region will identify 100 foster care families					
Refreshments and meals provided for 2 days training: \$40 per foster care family					
Transport reimbursement: \$10 per foster care family					
Total costs: \$50 per foster care family					
Tanzania–Kenya border: 100 families @ \$50 per family per day	40	40	40	40	40
Kenya–Uganda border: 100 families @ \$50 per family per day	40	40	40	40	40
Kenya–Ethiopia border: 100 families @ \$50 per family per day	40	40	40	40	40
Kenya–Somalia border: 100 families @ \$50 per family per day	40	40	40	40	40
Total	260	260	260	260	260

Pillar 3 of action plan: communication and advocacy

Outcome 3: increased communication and advocacy to enhance cross-border FGM prevention and responses among popu

Output result	Indicator	Activities
<p>Output 3.1: the development and implementation of regional communication strategy on cross-border FGM prevention and responses</p>	<p>Existence and implementation of country-specific communication and advocacy strategies on FGM</p>	<p>Review/assess the five countries' communication and advocacy strategies and make recommendations</p> <p>Develop a communication strategy for each country</p>

Validations and Governments in five member countries by 2024

Narrative	Year 1	Year 2	Year 3	Year 4	Year 5
Desk research: country-specific research in year 1; one lead researcher					
Kenya: 20 days @ \$350 per day	7				
Uganda: 20 days @ \$250 per day	5				
Tanzania: 20 days @ \$350 per day	7				
Ethiopia: 20 days @ \$300 per day	6				
Somalia: TBD					
Subtotal 1	25				
Country-level validation meeting: DSA and transport for one day in year 1					
Kenya: 30 pax @ \$200 per person	6				
Uganda: 30 pax @ \$200 per person	6				
Tanzania: 30 pax @ \$223 per person	6.7				
30 pax @ \$150 per person travel Dar to Dodoma return	4.5				
Ethiopia: 50 pax @ \$200 per person	10				
Somalia TBD					
Subtotal 2	33.2				
Conference package (food, hall hire, projector, stationery)					
Kenya: 30 pax @ \$100 per person	3				
Uganda: 30 pax @ \$90 per person	2.7				

Pillar 3 of action plan: communication and advocacy

Outcome 3: increased communication and advocacy to enhance cross-border FGM prevention and responses among popu

Output result	Indicator	Activities
		<p>Carry out community dialogue and awareness-raising activities across border regions</p> <p>Use community dialogue, radio, culture days, sports, work with traditional musicians, billboards and brochures aimed at girls at risk to promote laws on FGM and provide contact details of support services</p> <p>(The costs of these activities will be shared by the border countries)</p>

Locations and Governments in five member countries by 2024

Narrative	Year 1	Year 2	Year 3	Year 4	Year 5
Tanzania: 30 pax @ \$40 per person	1.2				
Ethiopia: 50 pax @ \$85 per person	4.3				
Somalia: TBD					
Subtotal 3	11.2				
Contingency: 10% of subtotals 1, 2 and 3	6.9				
Total	76.3				
<p>Activities planned for 1,000 pax @ \$3 per person per day for 2 days, four times a year</p> <p>Number of locations per country: 28 for Tanzania; one for other border regions (number of locations identified for other border regions not identified)</p>					
Kenya–Tanzania border: 1,000 pax @ \$3 per day per person at 28 locations	672	672	672	672	672
Kenya–Uganda border: 1,000 pax @ \$3 per day per person	24	24	24	24	24
Kenya–Ethiopia border: 1,000 pax @ \$3 per day per person	24	24	24	24	24
Kenya–Somalia border: 1,000 pax @ \$3 per day per person	24	24	24	24	24
Total	744	744	744	744	744

Pillar 3 of action plan: communication and advocacy

Outcome 3: increased communication and advocacy to enhance cross-border FGM prevention and responses among popu

Output result	Indicator	Activities
		<p>Develop regional campaign messages as part of the communications strategy</p> <p>Facilitate regional cross-border dialogue forums to share best practices</p> <p>Refer to the second activity under Pillar 3, Output 3.1</p> <p>Hold regional children’s conference on ending FGM Opinions from children will inform guidelines for developing a comprehensive community strategy that caters for all categories in general and for then formulating smaller targeted strategies (pamphlets, etc.) that are specific to particular categories</p>

ations and Governments in five member countries by 2024

Narrative	Year 1	Year 2	Year 3	Year 4	Year 5
Linked to and costed under the first activity of Pillar 3, Output 3.1	76.3				
Country-specific strategies to be developed					
Meeting of all five countries to review and consolidate					
Refer to the first activity of Pillar 3, Output 3.1					
Total	76.3				
Assumed to be held among border communities annually	744	744	744	744	744
Refer the second activity under Pillar 3, Output 3.1					
Total	744	744	744	744	744
Country-specific activities to collect views from children (included in the first activity under Output 3.1): 30 children @ \$50 per child per day for two days; and five coordinators					
Kenya: five coordinators @ \$300 per coordinator + 30 children @ \$50 per day for 2 days	4.5				
Uganda: five coordinators @ \$290 per coordinator + 30 children @ \$50 per day for 2 days	4.5				
Tanzania: five coordinators @ \$263 + \$150 travel from Dar to Dodoma return per coordinator + 30 children @ \$50 per day for 2 days	5.1				
Ethiopia: five coordinators @ \$285 per coordinator + 30 children @ \$50 per day for 2 days	4.4				
Somalia: TBD					
Subtotal	18.5				

Pillar 3 of action plan: communication and advocacy

Outcome 3: increased communication and advocacy to enhance cross-border FGM prevention and responses among popu

Output result	Indicator	Activities
		<p>Regional youth conference on ending FGM – opinions from young people will inform guidelines</p> <p>Provide incentives for various target groups (young people, children, etc.), e.g. using essays, for them to become actively engaged and tailor advocacy messaging to each target group</p> <p>Undertake capacity-building forums/ training sessions and ensure consistency of messaging (determine frequency of review, work with other actors and assess integration and media performance on integrating the FGM issue) for media practitioners at the regional level on FGM reporting</p>

Calculations and Governments in five member countries by 2024

Narrative	Year 1	Year 2	Year 3	Year 4	Year 5
Big launch: four days inclusive of travel					
One launch per country, each with 200 children and caregivers @ \$150 per child/caregiver for food, transport and accommodation					
1,000 pax @ \$150 per person per day for four days	600				
Launch cost	20				
Subtotal	620				
Total	638.5				
Can be done at the same meeting as that for activity 1.5 above					
Regional meeting in one venue					
20 young people per country (i.e. 100 in total) including person with disabilities					
Kenya DSA and conference package applies: 5 days inclusive of travel @ \$300 per day per person for five days	150				
Total	150				
Identify media personnel with the widest reach in the programme areas, nationally and regionally: 10 from each country (50 in total), media houses and other communication channels for regional capacity-building					
Four days inclusive days of travel					
Kenya DSA and conference package applies: four days @ \$300 per day per person for 50 participants	60				
Total	60				

Pillar 4 of action plan: evidence, research and data gathering

Outcome 4: increased capacity to generate and utilize evidence on cross-border FGM among the Governments in the five

Outputs	Indicators	Activities
<p>Output 4.1: an increase in the capacity of national Governments, academia and statistical offices for data generation and utilization to end FGM</p>	<p>Number of staff/relevant personnel trained in FGM data management</p> <p>Number of FGM policy briefs developed and implemented</p>	<p>Develop and mobilize resources to support regional FGM research</p> <p>Capacity-building through regional workshops with relevant sectors, e.g. the police, and health and social services sectors, on how to develop prevention and response to FGM plans (by collecting, analysing, interpreting and using routinely collected data)</p> <hr/> <p>Undertake an endline survey on prevalence rates</p>

member countries, academia and statistical offices by 2024

Narrative	Year 1	Year 2	Year 3	Year 4	Year 5
For country-specific assessment, refer to desk research costs under Pillar 1	100				
Resource mobilization plan: Five countries @ \$20,000 per country	100				
Capacity-building at border points: 30 participants at each border point (15 from each country); four training sessions per year for four days each, inclusive of travel					
Kenya–Tanzania border (Kenya DSA, travel and accommodation, plus conference package applied) Kenya: 15 pax @ \$300 per person per day Tanzania: 15 pax @ \$300 per person per day	144				
Kenya–Uganda border (Kenya DSA, travel and accommodation, plus conference package applied) Kenya: 15 pax @ \$300 per person per day Uganda: 15 pax @ \$300 per person per day	144				
Kenya–Ethiopia border (Kenya DSA, travel and accommodation, plus conference package applied) Kenya: 15 pax @ \$300 per person per day Ethiopia: 15 pax @ \$300 per person per day	144				
Kenya–Somalia border: TBD					
Total	432				
Endline survey in all five countries focusing on the border areas @ \$120,000 per country in year 5					600
Total					600

Pillar 4 of action plan: evidence, research and data gathering

Outcome 4: increased capacity to generate and utilize evidence on cross-border FGM among the Governments in the five

Outputs	Indicators	Activities
		<p>Support broad-based research and coordination with national Governments, academia and statistical offices (including by strengthening research synergies by holding learning and review events)</p> <p>Conduct social norm change research and studies in Mali and Ethiopia using ongoing Joint Programme on the Elimination of Female Genital Mutilation (JPFGM) social norms documentation to inform the process</p> <p>Conduct training on quantitative and qualitative research and data management targeted at human resources</p> <p>Broaden evidence, research and data to include capacity-building and longitudinal research necessary for a sociological approach to ending FGM rather than the medical approach often adopted</p> <p>Document and leverage on transformative cultural processes through engagement with cultural ambassadors and champions</p> <p>Design/modify a standard to measure social norm change – refer to the JPFGM pilot tool</p> <p>Develop a tool to monitor, document and report vulnerable women and girls</p> <p>Develop an early warning mechanism for real-time information, interventions and programming</p> <p>Analyse and capture communities reporting extreme reductions in FGM prevalence rates</p> <hr/> <p>Provide tools and, where possible, leverage (including using software) for data management – national child helplines (116, coordinated by Child Helpline International), Children Protection Information Management System (CPIMS), National Gender Based Violence Database (NGBVD), etc.</p> <p>Provide Technical Assistance to institutions on research and data management for prevention and response on FGM programming – link with UNICEF-UNFPA JPFGM and any other initiatives national bureaus of statistics of all five countries</p>

member countries, academia and statistical offices by 2024

Narrative	Year 1	Year 2	Year 3	Year 4	Year 5
Seed research money for five countries @ \$100,000 per country	500				
Total	500				
Five countries @ \$50,000 per country	250				
Total	250				

Pillar 4 of action plan: evidence, research and data gathering

Outcome 4: increased capacity to generate and utilize evidence on cross-border FGM among the Governments in the five

Outputs	Indicators	Activities
<p>Output 4.2: an increase in knowledge on the drivers of FGM and effective programmes to end FGM</p>	<p>Existence of a prioritized FGM research agenda</p> <p>Proportion of funds allocated to FGM research</p>	<p>Organize cluster-based learning events and twinning and benchmarking activities across countries</p>

member countries, academia and statistical offices by 2024

Narrative	Year 1	Year 2	Year 3	Year 4	Year 5
Five countries @ \$50,000 per country every 2 years		250		250	
Total		250		250	

ANNEX 3:

MONITORING AND EVALUATION FRAMEWORK

SECTION 1: INTRODUCTION

1.1 Background

- This multi-country M&E framework is aligned with the regional action plan associated with the “End Female Genital Mutilation (FGM)” initiative that was established to guide member states on strategies and actions to take in addressing cross-border FGM. The five member states are Ethiopia, Kenya, Somalia, Tanzania and Uganda. The M&E framework therefore provides mechanisms for performance management, utilization of evidence for decision-making, communication and information-sharing among the five countries.
- Key to note is that this framework sets out the plan’s core indicators, and therefore all stakeholders at both regional and national levels are encouraged to use this framework in defining the minimum set of indicators required for monitoring and evaluating the attainment of the objectives of the regional action plan.
- This M&E framework draws on the regional Action Plan to End Cross-border Female Genital Mutilation. It further leverages on the four key results areas defined by the regional interministerial action plan, which seeks to address structural deficiencies and inadequate cross-border collaboration. To this end, stakeholders will establish a common knowledge and information management system on core indicators. This system will also enhance the production of M&E products (data, information and evidence) upon which decisions on efficient resource allocation or prioritization will be made, with the overall effect of enhancing the achievement of desired results at both regional and national levels.
- The framework also provides a robust approach for the routine M&E of the regional Action Plan to End Cross-border Female Genital Mutilation. Critical surveys and evaluations will be undertaken to measure progress towards the outcomes and the impact of the action plan. All stakeholders are urged to espouse and implement this M&E framework, and to effectively align, communicate and execute operational, tactical and strategic actions to realize

a vision that identifies the measurable contribution they commit to making to end FGM.

1.2 Objectives of the monitoring and evaluation framework

- The purpose of this M&E framework is to facilitate the tracking of progress towards the regional action plan's results and the generation of data, information and evidence to inform operational, tactical and strategic decisions at regional and national levels.
- The specific objectives of the framework are:
 - I. To outline data and information requirements and assign responsibilities for the effective tracking of regional action plan implementation at regional and national levels
 - II. To define data and information management protocols and assign responsibilities for data collection, flow, analysis and reporting by different stakeholders at regional and national levels
 - III. To describe feedback mechanisms and the utilization of evidence for decision-making among stakeholders at regional and national levels.

1.3 Guiding principles of the monitoring and evaluation framework

- This M&E framework is closely linked to the overarching Decision on Galvanising Political Commitment Towards the Elimination of Female Genital Mutilation in Africa, adopted at the 32nd African Union Heads of State and Government summit. This decision underscores the continent-wide social marketing campaign that focuses on addressing the cross-border practice of FGM. The application of the framework will be directed by the following principles:
 - I. **Coordination and collaboration:** given the disparities in FGM prevalence rates among women across the five member states, all agencies (both State and non-State) at regional and national levels will collaborate in a synchronized and harmonized manner to attain the intended results of the regional Action Plan to End Cross-border Female Genital Mutilation.
 - II. **Calibration of action plan indicators and data collection instruments:** in a bid to coordinate systematic strategies to end FGM across borders, the regional Action Plan to End Cross-border Female Genital Mutilation indicators, data collection instruments and protocols, and methodology have been standardized to allow comparability of the action plan's outputs and outcomes across countries in the region.

- III. **Data demand and use:** the data and evidence collected will be made available and accessible by building flexible, responsive and resilient M&E systems to support results- and evidence-based management practices on ending FGM across borders.
- IV. **Knowledge and information sharing:** building a body of knowledge on region-specific social and ethnic drivers of FGM and cross-border FGM will be crucial to informing programming and policy development in the five countries. Information dissemination mechanisms will be utilized to promote the creation and use of knowledge and information for improved decision-making and measured risk-taking.

1.4 Process of developing the monitoring and evaluation framework

- This framework was developed through a wide-ranging participatory and consultative approach, in line with the regional nature of the response to FGM needed. All five target countries participated actively in the development of the M&E framework as part of the regional Action Plan to End Cross-border Female Genital Mutilation at the country level by contextualising and expressing the national-level needs, gaps and challenges that need to be addressed and at the regional level by reviewing the integrated plans, strategies, monitoring frameworks, actions and costings in the regional Action Plan to End Cross-border Female Genital Mutilation document.

SECTION 2: CORE ACTION PLAN INDICATORS

2.1 Introduction

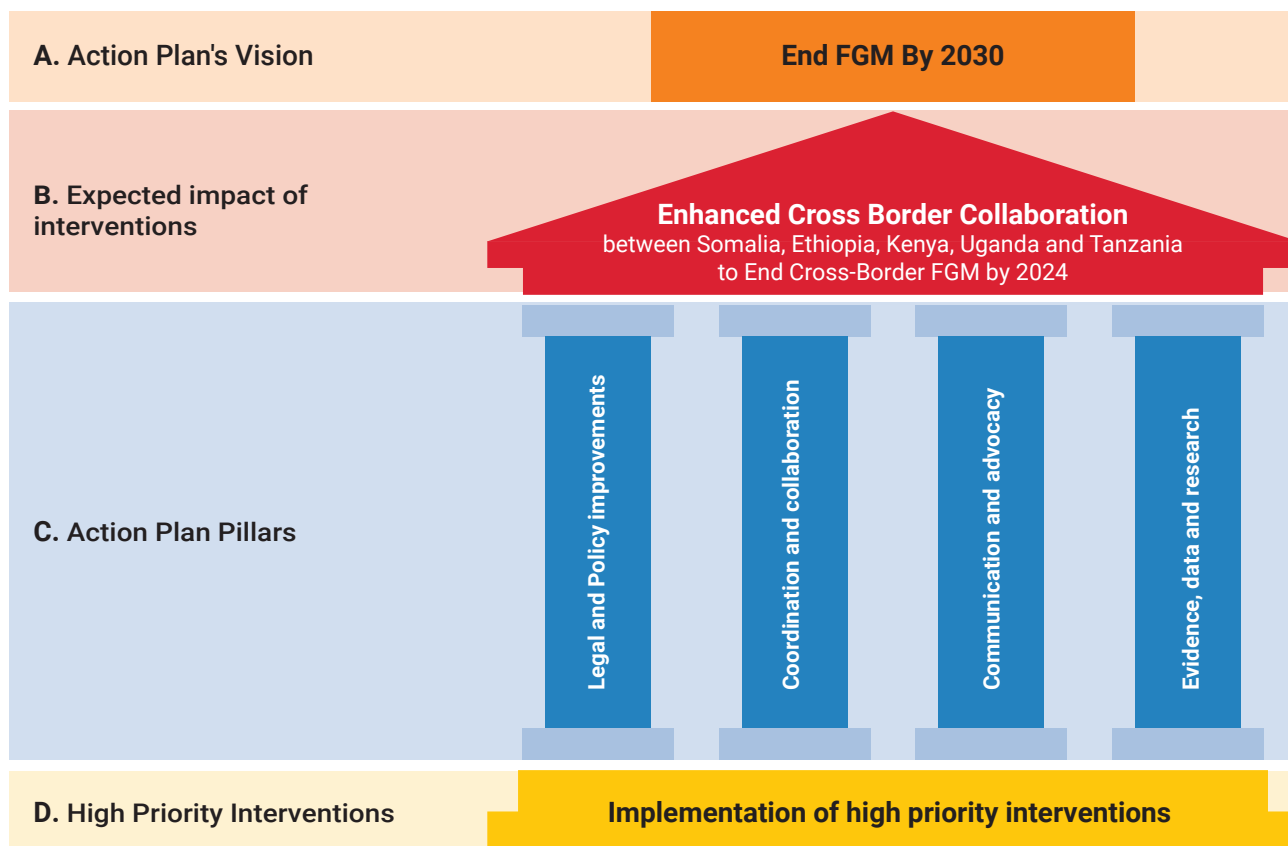
- This section outlines the core indicators and benchmarks to be used in monitoring, tracking and evaluating the results chain of the regional action plan. The indicators measure the level of implementation and provide the information needed to help determine progress towards the action plan's goal: to enhance cross-border collaboration between Ethiopia, Kenya, Somalia, Tanzania and Uganda to end cross-border FGM by 2024. Nevertheless, through the development of county-specific plans for implementing the regional Action Plan to End Cross-border Female Genital Mutilation, member countries and other stakeholders can derive and select additional indicators to meet their information requirements.

2.2 Action plan impact-level results and indicators

- The regional action plan, anchored on four pillars, aims to achieve the following four outcome-level results by 2024:
 - I. Improved legislative and policy frameworks and an enabling environment for ending cross-border FGM in Ethiopia, Kenya, Somalia, Tanzania and Uganda by 2024.
 - II. Increased efficiency and effectiveness of coordination and collaboration among national Governments to end cross-border FGM in five member countries by 2024.
 - III. Increased communication and advocacy to enhance cross-border FGM prevention and responses among populations and Governments in the five member countries by 2024.
 - IV. Increased capacity to generate and utilize evidence on cross-border FGM among the Governments in the five member countries, academia and statistical offices by 2024.

Figure 1: Regional action plan conceptual framework

Key elements if the Action Plan Framework



- A conceptual framework is presented in Figure 1 showing how the five member countries will adapt this action plan to address cross-border FGM with an emphasis on four key pillars: legislation and policy; coordination and collaboration; communication and advocacy; and evidence, research and data gathering.

Table 3 shows the indicators that will be used to track progress towards achieving the four outcome-level results of the regional action plan, the sources of data, the timelines and the institutions responsible for reporting. All outcome indicators are aligned with the sectoral indicators and can be consolidated with sector statistics to ensure that the action plan contributes to national and regional results.

Table 3: Action plan outcome indicators

Objectives (desired outcomes)	Outcome indicators	Data sources	Institutions responsible
Outcome 1: Improved legislative and policy framework and an enabling environment for ending cross-border FGM in Ethiopia, Kenya, Somalia, Tanzania and Uganda by 2024	Proportion of FGM-related legal and policy instruments amended, developed or enacted between 2019 and 2024	Survey/ evaluation reports	TBD
	Percentage of cross-border FGM-related cases reported and prosecuted between 2019 and 2024		
	Number of member countries implementing comprehensive legal and policy frameworks to address cross-border FGM by 2024		
Outcome 2: Increased efficiency and effectiveness of coordination and collaboration among national Governments to end cross-border FGM in five member countries by 2024	Existence of cross-border FGM coordination mechanisms	Terms of reference for coordination mechanisms	TBD
	Mechanism in place to receive, analyse and act on cross-border FGM feedback from member states		
	Level of participation of cross-border anti-FGM stakeholders (public and private) in coordination mechanism		
	Percentage of respondents who have participated in a public declaration on abandoning cross-border FGM		

Objectives (desired outcomes)	Outcome indicators	Data sources	Institutions responsible
<p>Outcome 3: Increased communication and advocacy to enhance cross-border FGM prevention and responses among populations and Governments in five member countries by 2024</p>	<p>Proportion of population that can articulate issues on cross-border FGM in target countries</p> <p>Proportion of media briefs and advocacy messages published on cross-border FGM by 2024</p> <p>Proportions of communities that have made public declarations to end cross-border FGM between 2019 and 2024</p>	<p>Survey/ evaluation reports</p>	<p>TBD</p>
<p>Outcome 4: Increased capacity to generate and utilize evidence on cross-border FGM among the Governments in the five member states, academia and statistical offices by 2024</p>	<p>Protocols or procedural documents for cross-border FGM research</p> <p>Proportion of operational funding for cross-border FGM-related research</p> <p>Proportion of research reports disseminated to inform policy, planning and programming to end cross-border FGM</p>	<p>Survey/ evaluation reports</p>	<p>TBD</p>

2.3 Indicators for regional action plan pillars

2.3.1 Pillar 1: improved legislation and policy frameworks in Ethiopia, Kenya, Somalia, Tanzania and Uganda

- This pillar focuses on addressing cross-border FGM through interventions aimed at strengthening regional and policy frameworks at the multisectoral and intergovernmental levels. Under this results area, implementation of the regional action plan will be augmented by the following strategic and operational documents: (1) the EAC Gender Policy;³¹ (2) Article 124 of the East African Community Treaty on cross-border crime;³² (3) Agenda 2063: the Africa We Want;³³ (4) Sustainable Development Goal (SDG) 5 and target 5.3;³⁴ (5) The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW);³⁵ (6) the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (Maputo Protocol);³⁶ (7) Pan-African Parliament Action Plan and EAC prohibition of FGM bill (2016). These documents contain detailed indicators and targets that can supplement the action plan's indicators.
- This section outlines two regional action plan priority outputs and four indicators for measuring the achievement of results and progress towards the implementation of high-priority interventions under this results area. The expected priority outputs under Outcome 1 are as follows:
 - I. **Output 1.1:** the strengthening of regional legal and policy frameworks.
 - II. **Output 1.2:** the adoption and implementation by Governments of a multisectoral prevention and response plan to end FGM in border areas.

Table 4 outlines the indicators, high-priority interventions, sources of data, time frames and institutions responsible for reporting for each priority result.

31 EAC (2018), *East African Community Gender Policy* (Arusha, EAC Secretariat). Available at <http://fawe.org/girlsadvocacy/wp-content/uploads/2018/12/EAC-Gender-Policy.pdf>.

32 EAC (2007), *Treaty for the Establishment of the East African Community* (Arusha, EAC Secretariat).

33 African Union (2015), *Agenda 2063: The Africa We Want* (African Union Commission).

34 <https://sdgs.un.org/goals>

35 <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CEDAW.aspx>

36 <https://au.int/en/treaties/protocol-african-charter-human-and-peoples-rights-rights-women-africa>

Table 4: Indicators for Pillar 1: improved legislative and policy frameworks**Outcome 1: improved legislative and policy frameworks and an enabling environment for ending cross-border FGM in five member countries by 2024**

Results	Output indicators	Data sources	High-priority interventions	Institutions responsible
Output 1.1: the strengthening of regional legal and policy frameworks	Existence and implementation of legislation and policy on ending FGM in border areas		Review and enact (harmonize ³⁷) national laws to end cross-border FGM and implement existing legislation in extraterritorial jurisdictions	Lead: Gender/women's ministries
	Number of cross-border FGM-related arrests, and cases reported to court and prosecuted		Engage the Intergovernmental Authority on Development (IGAD) and EAC on the harmonization of national laws to end cross-border FGM in Ethiopia and Somalia	Support: Ministry of Religion in Somalia
	Number of law enforcement agencies trained in cross-border FGM		Advocate for the adoption of the EAC prohibition of FGM bill	Legislative bodies, the EAC, the gender section of IGAD, African Union, development partners, CSOs
			Support advocacy campaigns for the enactment of comprehensive anti-FGM bill (Somalia)	Ministry of Foreign Affairs
			Advocate for an accountability mechanism for duty bearers to end cross-border FGM with regional human rights treaty bodies and mechanisms	Ministry of EAC

³⁷ Harmonize: the domestication of regional instruments that address cross-border FGM.

Outcome 1: improved legislative and policy frameworks and an enabling environment for ending cross-border FGM in five member countries by 2024

Results	Output indicators	Data sources	High-priority interventions	Institutions responsible
Output 1.2: the adoption or implementation by Governments of a multisectoral prevention and response plan to end FGM in border areas	Existence of costed national and subnational FGM action plans		Develop costed national and subnational action plans that include interventions on addressing cross-border FGM	Lead: Gender/women's ministries
			Conduct a regional baseline study on resource allocations for cross-border FGM prevention and responses	Support: Treasuries, national assemblies, local governments, non-State FGM actors (CBOs, faith-based organizations, private sector), EAC, gender section of IGAD, African Union, development partners

2.3.2 Pillar 2: enhanced coordination and collaboration with national Governments to end cross-border female genital mutilation

- This pillar aims to ensure that member countries coordinate and collaborate to end FGM within the region. The focus of this results area is to put the region on a path to ending FGM, by 2030, by enhancing coordination and collaboration among the national Governments of the five member states to end FGM within their borders. This section outlines three regional action plan priority outputs and seven indicators for measuring the achievement of results and progress towards implementing the high-priority interventions under this results area. The expected priority outputs under Pillar 2 are as follows:
 - I. **Output 2.1:** intercountry agreements being reached and concluded on the collaboration and coordination of relevant sectors.
 - II. **Output 2.2:** an improvement in cross-border FGM case management to enable women and girls at risk of FGM to be tracked and the provision of services to FGM survivors.
- Table 5 outlines the indicators, high-priority interventions, sources of data, time frames and institutions responsible for reporting and indicator performance measurement for each priority result.

Table 5: Indicators for Pillar 2: coordination and collaboration**Outcome 2: increased efficiency and effectiveness of coordination and collaboration among national Governments to end FGM in five member countries by 2024**

Results	Output indicators	Data sources	High-priority interventions	Institutions responsible
Output 2.1: intercountry agreements being reached and concluded on collaboration and coordination of relevant actors and sectors	Number of countries with established coordinating mechanism, body or institution for ending cross-border FGM	Meeting reports	Establish a regional interministerial task force on ending cross-border FGM	Lead: Gender/women's ministries Support: Relevant ministries, county/local governments, CSOs
	Number of intercountry agreements ³⁸ on cross-border FGM adopted and implemented		Support and strengthen the capacity of existing intercountry mechanisms in border areas for cross-border collaboration and coordination to ensure FGM prevention and responses	
			Establish anti-FGM focal points from the communities at the cross-border areas from each country	
			Provide capacity-building support for FGM focal points	
			Conduct cross-border community engagement activities with a focus on shifting the negative social norms driving FGM	
			Conduct annual regional technical meetings to assess progress towards fulfilling commitments and implementing interventions on ending cross-border FGM	
			Organize biannual ministerial consultations to review FGM-related data and use it to inform and improve programmes	

³⁸ Intercountry agreements: standard operating procedures, and case and information-sharing management protocols.

Outcome 2: increased efficiency and effectiveness of coordination and collaboration among national Governments to end FGM in five member countries by 2024

Results	Output indicators	Data sources	High-priority interventions	Institutions responsible
<p>Output 2.2: an improvement in cross-border FGM case management to enable women and girls at risk of FGM to be tracked and the provision of services to FGM survivors</p>	Number of women and girls who have received health services related to cross-border FGM		Develop intercountry multisectoral standard operating procedures for case management for cross-border FGM	Lead: Gender/women’s ministries
	Number of women and girls who have received social and legal services related to FGM		Intensify cross-border FGM surveillance mechanisms and guidelines to prevent and respond to cross-border FGM	Support: Relevant ministries, county/local governments, CSOs
	Number of safe spaces established in border areas		Strengthen the capacity of frontline case management FGM workers/service providers in practising cross-border communities	
	Percentage of women and girls who report different opinions on the practice of FGM within their household		Map out and strengthen the capacity of service providers addressing cases of FGM in border areas	
			Establish/enhance community-based safe and protective spaces and shelters to respond to the needs and concerns of survivors of FGM and women and girls at risk of FGM	
<p>Output 2.3: an improvement in the provision of services to FGM survivors</p>	<p>Number of women and girls who are accessing cross-border FGM-related services</p>		Strengthen the capacity of service providers – baseline to inform the level of capacity	Lead: Gender/women’s ministries
			Establish/enhance community-based safe spaces for girls and women at risk	Support: Relevant ministries, county/local governments, CSOs

2.3.3 Pillar 3: communication and advocacy

This pillar is geared towards increasing communication and advocacy on cross-border FGM prevention and responses, to ensure that member countries coordinate and collaborate to end FGM within the region. This results area prioritizes effective knowledge and information management, including learning, as a key capability needed to end cross-border FGM in the region by 2030. This is anticipated to be achieved by managing the development and implementation of a regional communication strategy. This section presents one regional action plan priority output and three indicators for measuring the achievement of results and progress towards the implementation of high-priority interventions under this results area. The expected priority output under Pillar 2 is as follows:

Output 3.1: the development and implementation of country-specific communication and advocacy strategies on cross-border FGM prevention and responses.

Table 6 outlines the indicators, high-priority interventions, sources of data, time frames and institutions responsible for indicator performance measurement for this priority result.

Table 6: Indicators for Pillar 3: communication and advocacy

Outcome 3: increased communication and advocacy to enhance cross-border FGM prevention and responses among populations and Governments in five member countries by 2024

Result	Output indicators	Data sources	High-priority interventions	Institutions responsible
<p>Output 3.1: the development and implementation of a regional communication strategy on cross-border FGM prevention and responses</p>	Existence and implementation of country-specific communication and advocacy strategies on cross-border FGM		Develop country-specific communication and advocacy strategies	Lead: Gender/women’s ministries
	Percentage of community members who have participated in a public declaration on abandoning the practice of cross-border FGM		Raise awareness and conduct advocacy activities on existing FGM laws and policies among the five countries, especially on dealing with FGM perpetrators across borders	Support: Relevant ministries (ministries of education), county/ local governments, CSOs, youth networks, religious leaders, opinion shapers, the media
	Percentage of respondents who believe that people in their community (considered an ethnic community, including those on the other side of the border) approve of abandoning the practice of FGM		Develop and share strong advocacy and communication messages for cross-border communities	
			Leverage on best practices and influential community, religious and political leaders and women’s organizations operating at the border areas	
			Support the inclusion of CSE and FGM in national curricula	
			Engage children and young people in cross-border FGM prevention and responses	
			Engage the mainstream media (community radio) and social media	

Pillar 4: evidence, research and data gathering

This pillar aims to build the capacity of national Governments, academia and statistical offices to generate and use evidence and data for addressing cross-border FGM. This results area prioritizes the adoption of evidence-based decision-making as a practice that guides the management of actions as part of anti-FGM programmes and policies led by stakeholders within member states. This is anticipated to be achieved by managing the development and implementation of a regional communication strategy. This section outlines two regional action plan priority outputs and five indicators for measuring the achievement of results and progress towards the implementation of high-priority interventions under this results area. The expected priority outputs under Pillar 4 are as follows:

Output 4.1: an increase in the capacity of national Governments, academia and statistical offices for data generation and utilization to end FGM.

Output 4.2: an increase in knowledge on the drivers and effective programmes to end FGM.

Table 7 outlines the indicators, high-priority interventions, sources of data, time frames and institutions responsible for reporting on indicator performance for each priority result.

Table 7: Indicators for Pillar 4: evidence, research and data gathering**Outcome 4: national Governments, academia, and statistical offices have better capacity to generate and use evidence and data to address cross-border FGM**

Result	Output indicators	Data sources	High-priority interventions	Institutions responsible
Output 4.1: an increase in the capacity of national Governments, academia and statistical offices for data generation and utilization to end FGM	Number of staff/ relevant personnel trained in cross-border FGM data management		Conduct a data and research gap analysis to inform resource mobilization, etc.	Lead: Gender/women's ministries
	Number of cross-border FGM policy briefs developed and implemented		Develop resource mobilization plans for FGM data/research at the national and regional levels	Support: Relevant ministries, research and academia, development partners
	Existence of resource mobilization plan to conduct research on cross-border FGM		Track resource allocation and utilization	
			Strengthen staff capacity for data collection/interpretation and influencing policy on ending cross-border FGM (county-/community-specific data)	
			Harmonize anti-FGM indicators in all target countries	
Output 4.2: an increase in knowledge on the drivers and effective programmes to end FGM	Existence of prioritized cross-border FGM research agenda		Strengthen routine data collection system to capture FGM-related information	Lead: Gender/women's ministries
	Proportion of funds allocated to cross-border FGM research		Document good practices on successful cross-border FGM programmes for sharing in the region	Support: Relevant ministries, research and academia, development partners, CSOs

SECTION 3:

ROUTINE DATA COLLECTION AND REPORTING

3.1 Introduction

- This section details the overall common data and information architecture to be put in place to manage the regional Action Plan to End Cross-border Female Genital Mutilation M&E framework. It also details the M&E system through which data will be collected and the data flow channels within the context of national and regional structures and multisectoral prevention and responses to FGM.

3.2 Monitoring and evaluation system architecture

- A common regional FGM M&E system, including a database, will be established to ensure that data, evidence and information is generated, managed and shared in a coordinated manner. To support policymaking, improve policy analysis work, foster effective sector management by ministries, and enhance transparency and accountability, the regional FGM M&E system will capture data on the core indicators outlined in the framework, from routine programmatic data from relevant ministries, the community, and the private and public sectors, and non-routine data from evaluations, surveys and monitoring. This will be an effective M&E system, with a web-based dashboard designed to allow availability and accessibility of FGM data at both regional and national levels. Results monitoring will be conducted to monitor the effects of high-priority interventions by assessing the perceptions (opinions and reactions) and responses (behavioural change) of the project outputs' target populations. Such monitoring will help the project teams to understand the level of acceptance (or adoption) of project outputs or interventions among the target population or by partner institutions.
- Through the establishment of an effective web-based M&E system, the member states, Ethiopia, Kenya, Somalia, Tanzania and Uganda, will increase their capabilities in three development management practice domains (see Table 8).

Table 8: M&E system dimensions and management domains

Development management practice domains	Proposed subdimensions of the M&E system
Results-based management	Participatory establishment of high-quality M&E plan/procedures
	Clarify and specify selected indicators along action plan results chain
	Establish simple, high-quality tools and techniques for data collection
	Ensure timely data collection
	Clarify roles and responsibilities of different actors in the M&E system
	Ensure existence of high-quality baseline information
	Ensure existence/functionality of decentralized M&E units
	Ensure recruitment of qualified and competent M&E personnel to manage M&E system
	Existence of appropriate financial resources as per approved M&E plan
Knowledge and information management	Ensure timely information provided on inputs, outputs and outcomes indicators
	Ensure that indicators meet data quality standards
	Consolidate outputs and outcomes data with national statistics
	Ensure availability of high-quality information on action plan relevance and efficiency
	Translate best practices and lessons learned into meaningful data for performance assessment and improvement
	Assess all risks and assumptions in the logical framework

Development management practice domains

Proposed subdimensions of the M&E system

Development management practice domains	Proposed subdimensions of the M&E system
Evidence-based decision-making	Ensure timely generation of M&E mandatory reports, evaluation reports and other study reports
	Make web-based M&E dashboard available and accessible to institutions and stakeholders with relevant rights to view, extract or perform analyses in line with needs and mandates
	Ensure existence of M&E data communication tools
	Ensure technical user-friendliness of M&E data for all users
	Carry out routine M&E studies
	Integrate new information needs following strategic and operational reviews
	Build the capacity of users of M&E systems to access and translate information

Source: Ba (2019)³⁹

- All other FGM data collection systems will be automated and linked, to ensure interoperability with this FGM M&E system. The use of online reporting⁴⁰ and other data transmission technology will be employed to ensure that routine M&E data are up to date and fully automated. The M&E system will consolidate all the data and produce mandatory M&E reports. This M&E system including database will be available at both regional and national levels.

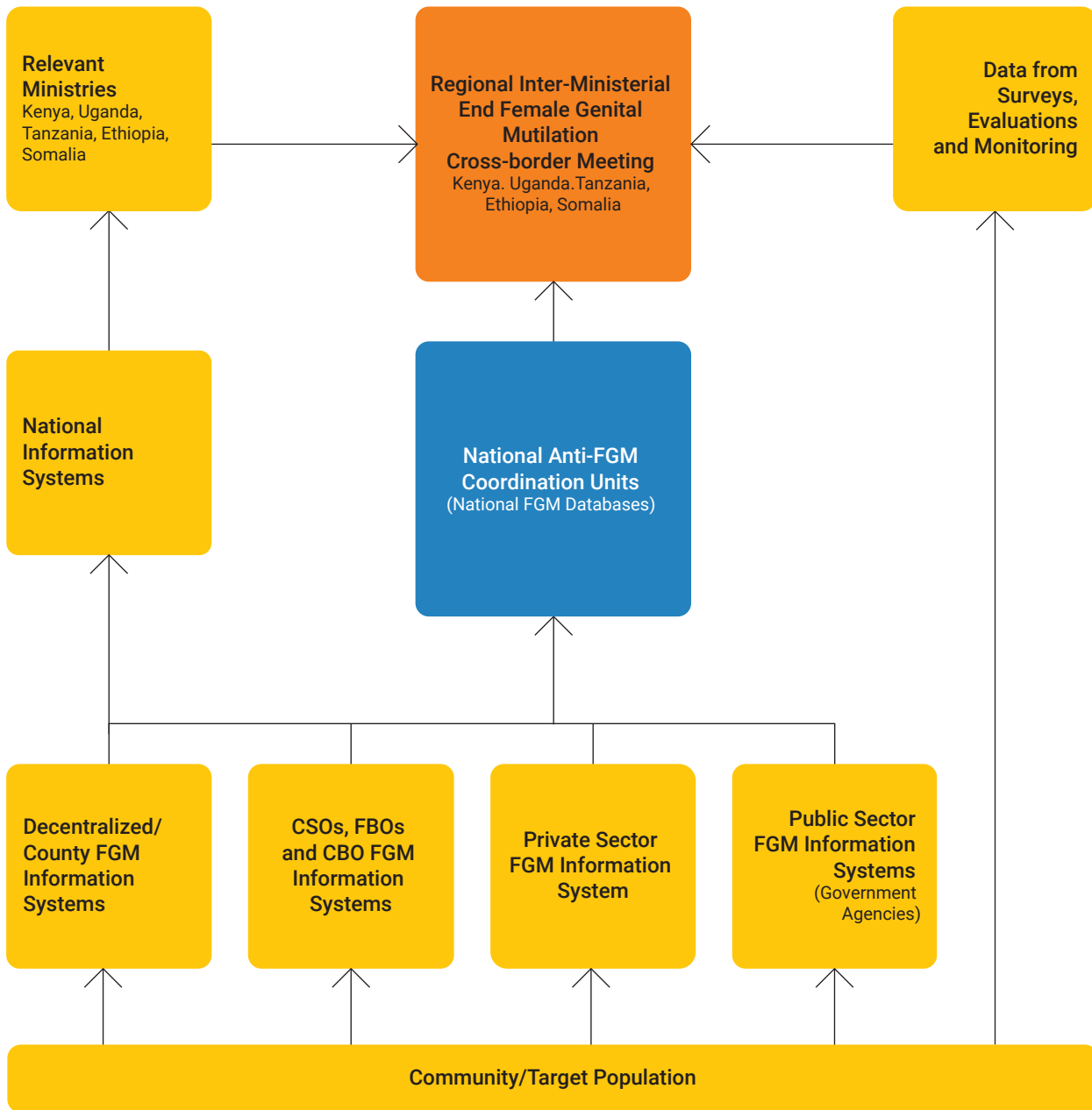
3.3 Unified monitoring and evaluation information system

- The unified regional FGM M&E information system will receive data from several national and sectoral M&E systems that are used to report on selected regional action plan M&E system as outlined in the M&E framework. Figure 2 illustrates the unified response information management system.

³⁹ Ba, A. (2019), *Development Program Monitoring and Evaluation System Effectiveness* (Paris, Editions Management & Societe).

⁴⁰ The proposed FGM M&E information system can leverage on the "Data for All" online database developed by the JPFPM: UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation (2018), *Performance Analysis for Phase II: UNFPA-UNICEF Joint Programme on Female Genital Mutilation*. Available at https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA-UNICEF-Phase2Performance_2018_web_0.pdf.

Figure 2: Unified FGM response information management system (FBO, faith-based organization)



Monitoring and evaluation subsystems

- The various M&E subsystems that will provide data to the unified FGM response information system are outlined in Table 9.

Table 9: Roles and responsibilities of institutions in relation to the information management system

Institutions	Roles	Frequency	Reporting tools
CBOs	Report FGM activities implemented	Quarterly	FGM response reporting tool
Private sector organizations, associations and CBOs	Implement FGM-related activities in line with their mandates Submit reports quarterly through private sector FGM response reporting tool	Quarterly	Private sector reporting tool
National anti-FGM coordination boards	Validate the data in the private sector database and link it to the regional FGM M&E system Support supervision and data quality assurance (DQA) for the public sector	Continuous	DQA reports, evaluation reports for private sector
Decentralized FGM coordination units	Validate the data in the private sector database and relay it to the national health information systems and national anti-FGM coordination units Support supervision and DQA for the public sector	Quarterly	DQA reports
Public sector institutions	Develop anti-FGM plans in accordance with performance contracting guidelines and the regional action plan, and submit plans to national anti-FGM coordination units (or equivalent) Report quarterly through the public sector FGM response reporting tool	Quarterly	Public sector reporting tool

SECTION 4: SURVEYS AND EVALUATIONS

4.1 Introduction

- This section outlines the surveys, evaluations and other studies that will provide data for regional End Cross-border Female Genital Mutilation Acton Plan's outcomes and impact indicators and the time periods in which they will be undertaken.

4.2 Surveys

- Surveys and surveillance studies will be undertaken to assess the impact and outcomes of the regional action plan on ending cross-border FGM and changes emanating from the implementation of the high-priority interventions specified in this M&E framework. The surveys will inform realignments based on operational, tactical and strategic information gathered on the FGM situation. All surveys will have sufficient sample sizes and adopt robust research designs and methodologies to enable county- and cross-border-level analyses. In addition, routine data on the FGM situation in border areas will be collected.

4.3 Evaluations

To assess the effeteness, impact and sustainability of anti-FGM policies and programmes, formative, outcome, midterm and end-term evaluations of the regional action plan will be conducted. Outcome evaluations will also be conducted to measure whether, and to what extent, the programme's inputs and services are addressing FGM-related concerns.

4.3.1 Formative evaluation

This evaluation will occur during action plan implementation to improve performance and assess compliance.

4.3.2 Outcome evaluation

Outcome evaluation will be conducted to measure the programme's effects on the target population by assessing the progress towards achieving the outcomes that the programme is designed to address. It will assess the extent to which the anti-FGM programmes implemented by various stakeholders achieve their outcome-oriented objectives. It will focus on outputs and outcomes (including unintended effects) to assess programme effectiveness, but may also be used to assess programme processes, to understand how outcomes are produced. An important element of outcome evaluation is measuring the short-term and intermediate changes in the target populations.

4.3.3 Midterm evaluation

This evaluation will be conducted by an external evaluator. It will assess the relevance, effectiveness and efficiency of the action plan. A detailed evaluation protocol will be established

SECTION 5: STRATEGIC INFORMATION MANAGEMENT

5.1 Introduction

- This section outlines the M&E information products and services that will be developed and the dissemination that will be undertaken to inform decision-making and learning. A wide range of information products will be produced at different points to meet the information needs of various stakeholders. These include:
 - I. Mandatory M&E reports
 - II. Annual and semi-annual consolidated M&E reports
 - III. Evaluation and survey reports.

5.2 Monitoring and evaluation data use

To support effective knowledge and information management practice, including learning, the M&E framework sets clear approaches and methods to capture and capitalize on the programme's best practices and lessons learned, and create relevant tools and organize events to share those findings with the various actors interested in the results. The M&E system will also produce high-quality information on inputs, outputs and outcomes, and on performance and risk management, to ensure that stakeholders adopt effective results-based management practice. This, in turn, will contribute significantly to improved anti-FGM policy and programme design. To support improved operational, tactical and strategic decision-making on FGM interventions, the M&E system will yield information and data to enable evidence-based decision-making.

- The M&E data, evidence and information products generated will be used at various levels:
 - I. **Implementing organizations:** the first level of M&E data will be used by the organizations responsible for implementing the action plan. The entities at this level include subnational anti-FGM management teams, CSOs, and private and public sector organizations. Implementing organizations with relevant rights to view and extract data, in line with their needs and mandates, will have access to the web-based M&E dashboard. These organizations will review and analyse the data, identify programming bottlenecks and make adjustments to improve performance. The findings from their reports will also inform the development of routine mandatory M&E reports.
 - II. **Subnational FGM monitoring committees:** semi-annual consolidated M&E reports will be used by subnational FGM monitoring committees to review progress towards action plan implementation and make recommendations to

national anti-FGM coordination units (or equivalent). The findings from the reports will also inform the development of annual national M&E reports.

- III. **National FGM monitoring committees:** all M&E products at the national level will be reviewed by these committees to assess progress towards action plan implementation, identify bottlenecks and challenges, and devise possible solutions. The committee will advise the regional ministerial meeting on ending FGM on the steps to be taken to improve the implementation of the FGM response. National FGM monitoring committees will develop and package this information into country FGM profile reports and annual national M&E reports.
- IV. **Regional FGM monitoring committee (ministerial meeting on ending FGM):** based on feedback from national FGM monitoring committees (units), the regional FGM monitoring unit will identify what works, what does not work and innovative solutions that can be put in place to advance performance. This information will be packaged into regional FGM response progress reports.

5.3 Feedback mechanisms

Feedback will be provided at various stages of FGM coordination and implementation to improve the delivery of FGM programmes and policies. The platforms and processes for providing feedback and for ensuring that the M&E system operates well and is well maintained will be as follows:

- I. **Supportive supervision at subnational levels:** subnational FGM coordination units will provide feedback to implementers during support supervision visits as informed by routine mandatory M&E reports submitted by implementing organizations. This supportive supervision will assist in addressing programming bottlenecks identified in the mandatory M&E reports.
- II. **National anti-FGM inter-agency coordinating committees (ICCs):** national ICCs in each of the member countries will be formed to include development partners, implementing partners and relevant government agencies as a platform to provide feedback to stakeholders on the successes and challenges of implementing the regional action plan on ending FGM, including emerging issues and possible solutions. The subnational and national FGM coordinating units will present reports on FGM during these committee meetings.
- III. **Supportive supervision at national levels:** national FGM coordination units will provide feedback to implementers during support supervision visits as informed by routine mandatory M&E reports submitted by implementing organizations. This supportive supervision will assist in addressing programming bottlenecks identified in the regional FGM response progress reports, mandatory M&E reports and annual M&E reports.
- IV. **Regional FGM ICC:** a regional ICC with representatives from each of the five member countries will be formed to include development partners, implementing partners and relevant government agencies as a platform to provide feedback to stakeholders on the successes and challenges of

implementing the regional action plan on ending FGM, including emerging issues and possible solutions. The national FGM coordinating units will present reports on FGM during these committee meetings.

SECTION 6: MONITORING AND EVALUATION COORDINATION

6.1 Introduction

- This section details the key institutional arrangements and technical structures for stakeholder coordination on M&E at the regional, national and subnational levels. These structures are aligned to the overall regional Action Plan to End Cross-border Female Genital Mutilation.

6.2 Institutional arrangements for coordinating monitoring and evaluation

- The institutions that will play a key role in coordinating the implementation of this M&E framework are outlined in Table 11.

Table 11: Roles and responsibilities of institutions implementing M&E framework

Institution	M&E roles and responsibilities
Regional M&E unit	<p>Ensure that the unified regional cross-border FGM M&E system (including web-based M&E dashboard) is set up, operationalized, maintained and resourced</p> <p>Develop the overall operational guidelines for the M&E framework for the regional cross-border action plan on ending FGM</p> <p>Ensure effective coordination of the M&E of the regional action plan on ending cross-border FGM at regional and national levels</p> <p>Ensure roll-out of the regional end cross-border FGM action plan M&E framework</p> <p>Develop, in collaboration with Governments and sectors, harmonized community, private sector and public sector reporting systems</p> <p>Build the M&E capacity of countries to enable them to operationalize the regional end cross-border FGM action plan M&E framework</p> <p>Lead the regional end FGM action plan monitoring committee</p> <p>Coordinate regional-level surveys, evaluations and statistical modelling, and facilitate dissemination of findings to countries and other stakeholders</p> <p>Ensure that national end FGM action plan monitoring committees are established and operationalized by developing guidelines</p>
National anti-FGM coordination units	<p>Ensure roll-out of the regional end cross-border FGM action plan M&E framework at national and subnational levels.</p> <p>Develop the overall operational guidelines for the subnational FGM action plan M&E framework.</p> <p>Ensure effective coordination of national FGM action plan M&E at regional and national levels</p> <p>Develop, in collaboration with Governments and sectors, harmonized community, private sector and public sector reporting systems</p> <p>Build the M&E capacity of subnational agencies to enable them to operationalize the regional or national end FGM action plan M&E framework</p> <p>Lead the national end FGM action plan monitoring committee</p> <p>Coordinate national-level surveys, evaluations and statistical modelling, and facilitate dissemination of findings to countries and other stakeholders</p> <p>Ensure that subnational end FGM action plan monitoring committees are established and operationalized by developing guidelines</p>

Institution	M&E roles and responsibilities
Relevant national ministries	<p>Ensure effective roll-out and overall management of national sectoral FGM response M&E systems</p> <p>Provide technical support to subnational agencies in data collection, reporting and analysis for cross-border FGM response M&E system</p> <p>Review cross-border FGM data and provide feedback to subnational agencies</p> <p>Ensure data quality standards are met</p> <p>Lead M&E FGM response subcommittees</p>

6.3 Technical coordination mechanisms

- Technical coordination mechanisms for M&E will involve action plan on ending FGM monitoring committees and ICCs at the regional, national and subnational levels. The roles and structures of these committees are outlined in Table 12.

Table 12: Roles and structures of action plan monitoring committees

M&E technical coordination unit	Technical roles	Membership
Regional cross-border end FGM action plan monitoring committee	<p>Advise on the roll-out of regional end cross-border FGM action plan</p> <p>Review M&E data/reports to assess FGM action plan implementation progress, and identify what works, what does not work and the innovative solutions that could be put in place to advance performance</p> <p>Review strategic information to be disseminated to the ICCs, countries and other stakeholders</p> <p>Make recommendations from time to time on adjustments to regional end cross-border FGM action plan informed by evidence</p> <p>Establish linkages with national-level end FGM action plan monitoring committees</p>	<p>Experts drawn from regional/national institutions across all sectors and partners. The committee shall establish subcommittees for each regional action plan pillar/results area. The regional interministerial meeting will coordinate (or designate) and provide secretarial support to this committee</p>

M&E technical coordination unit	Technical roles	Membership
National cross-border FGM monitoring committee	<p>Advise on the roll-out of regional end cross-border FGM action plan at national level</p> <p>Review M&E data/reports to assess end cross-border FGM action plan implementation progress, identify bottlenecks and challenges, and devise possible solutions. The committee will advise the regional interministerial meeting on ending FGM on steps to be taken to improve the implementation of the FGM response</p> <p>Review strategic information to be disseminated to the ICCs, countries and other stakeholders</p> <p>Advise on adjustments to regional end cross-border FGM action plan from time to time informed by national evidence</p> <p>Facilitate decisions on FGM response at national levels</p> <p>Establish linkages with subnational-level end FGM action plan monitoring committees</p>	<p>Experts drawn from national institutions across all sectors and partners and key affected population representatives from the country. The committee will be convened by national anti-FGM coordination units (or equivalent)</p>
ICCs at regional and national levels	<p>Review overall progress in implementing regional end cross-border FGM action plan</p> <p>Identify successes and challenges in implementing cross-border FGM responses</p> <p>Receive and review M&E reports for the region and countries</p> <p>Build consensus on emerging issues and adjustments that need to be made to the FGM plan based on evidence</p> <p>Promote the mutual accountability of all stakeholders</p>	<p>ICCs will provide a forum for stakeholders and partners to periodically review progress in implementing the regional end cross-border FGM action plan within a multisectoral context</p>

ANNEX 4:

REGIONAL ACTION PLAN RESULTS FRAMEWORK

FGM indicators

Outcome results

1	Proportion of FGM-related legal and policy instruments amended, developed or enacted between 2019 and 2024
	Percentage of cross-border FGM-related cases reported and prosecuted between 2019 and 2024
	Number of member countries implementing comprehensive legal and policy frameworks to address cross-border FGM by 2024
2	Existence of cross-border FGM coordination mechanisms
	Mechanism in place to receive, analyse and act on cross-border FGM feedback from member states
	Level of participation of cross-border anti-FGM stakeholders (public and private) in coordination mechanism
	Percentage of respondents who have participated in a public declaration on abandoning cross-border FGM
3	Proportion of population that can articulate issues on cross-border FGM in targets countries
	Proportion of media briefs and advocacy messages published on cross-border FGM by 2024
	Proportions of communities that have made public declarations to end cross-border FGM between 2019 and 2024
4	Protocols or procedural documents for cross-border FGM research
	Proportion of operational funding for cross-border FGM-related research
	Proportion of research reports disseminated to inform policy, planning and programming to end cross-border FGM

Pillar 1: improved legislation and policy frameworks in Ethiopia, Kenya, Somalia, Tanzania and Uganda

5	P1.1: Existence and implementation of legislation and policy on ending FGM in border areas
6	P1.2: Number of cross-border FGM-related arrests, and cases reported to court and prosecuted
7	P1.3: Number of law enforcement agencies trained in cross-border FGM
8	P1.4: Existence of costed national and subnational FGM action plans

FGM indicators

Pillar 2: enhanced coordination and collaboration with national Governments to end cross-border FGM

9	P2.1: Number of countries with established coordinating mechanism, body or institution for ending cross-border FGM
10	P2.2: Number of intercountry agreements on cross-border FGM adopted and implemented
11	P2.3: Number of women and girls who have received health services related to cross-border FGM
12	P2.4: Number of women and girls who have received social and legal services related to FGM
13	P2.5: Number of safe spaces established in border areas
14	P2.6: Percentage of women and girls who report different opinions on the practice of FGM within their household
15	P2.7: Number of women and girls accessing cross-border FGM-related services

Pillar 3: communication and advocacy

16	P3.1: Existence and implementation of country-specific communication and advocacy strategies on cross-border FGM
17	P3.2: Percentage of community members who have participated in a public declaration on abandoning cross-border FGM
18	P3.3: Percentage of respondents who believe that people in their community (considered an ethnic community, including those on the other side of the border) approve of abandoning the practice of FGM

Pillar 4: evidence, research and data gathering

19	P4.1: Number of staff/relevant personnel trained in cross-border FGM data management
20	P4.2: Number of cross-border FGM policy briefs developed and implemented
21	P4.3: Existence of resource mobilization plan to conduct research on cross-border FGM
22	P4.4: Existence of prioritized cross-border FGM research agenda
23	P4.5: Proportion of funds allocated to cross-border FGM research





