



**Final Evaluation of the EU funded “Abandonment of Female Genital Mutilation (FGM) and Empowerment of Families Joint Programme (ENPI/2011/278-885)”**

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Letter of Contract No. 2015/366028

**Final Evaluation Report**

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## I. List of Acronyms

CSOs	Civil Society Organisations
DHS	Demographic and Health Survey
EUD	European Union Delegation
FGM	Female Genital Mutilation
GoE	Government of Egypt
MOHP	Ministry of Health and Population
MTR	Mid-Term Review
NCCM	National Council For Childhood and Motherhood
NCW	National Council For Women
NPC	National Population Council
OECD	Organisation for Economic Co-operation and Development
UNDP	United Nations Development Programme
WHO	World Health Organization



## II. Executive Summary

### 2.1 Introduction

The Government of Egypt (GoE) and the European Union (EU) signed a 17 Million EUR Financing Agreement “**Promotion and Protection of Human Rights and Civil Society**” (ENPI/2008/019-607) in 2009. The purpose of the agreement was to protect and promote human rights and civil society in Egypt. The programme was the first medium-sized bilateral cooperation agreement between the EU and the government of Egypt directly supporting human rights.

Since December 2011, the EU has been contributing to the United Nations Development Programme (UNDP) Joint Programme for the Abandonment of FGM and Empowerment of Families. The programme was initially launched by UNDP and the GoE in 2009. This support is the fourth pillar of the Financing Agreement between the European Union and the Arab Republic of Egypt focusing on the promotion and protection of human rights and civil society in Egypt.

The programme implements key interventions related to FGM such as the community initiatives started in the first phase of the project (awareness on FGM, functional literacy classes etc.); the programme introduced FGM under a broader umbrella of family rights and empowerment. The programme maintains momentum at grassroots level while mainstreamed within an existing health and education rights based package.

### 2.2 Evaluation Methodology

The methodological framework adopted in the implementation of the final evaluation can be summarised as follows;

1. A **participative approach** and a focus on **participation and collective construction of knowledge**, based on the recognition of the actors involved in social and development processes not only as “sources of information” but also as bearers of important perspectives for the construction of relevant knowledge on both social dynamics and development processes and initiatives.
2. This evaluation is **qualitative** in nature. However, the analysis will include drawing **quantitative** data as presented in the project’s progress reports and data base (if available).
3. The **capitalisation of existing knowledge and information**, based both on the analysis of available documentary sources and on the consultation of key informants and researchers.

### 2.3 Evaluation Findings

#### 2.3.1 Relevance

The National Programme for Female Genital Mutilation (FGM) and Family Empowerment was signed in September 2009 by the Ministry of Family and Population and the United Nations Development Programme. The Programme aims to create a sustainable political, legal and social environment that enables families and local communities to move towards elimination of FGM along with all other forms of domestic violence.

The project is highly relevant in its cause, programmatic outreach and in view of achievements in reducing violence against women and girls. The project is very timely, although it should have been addressed earlier due to the high prevalence of FGM in Egypt, in responding to local and central needs to combat FGM and reduce prevalence.

“FGM Abandonment” remained relevant despite the changing political situations in Egypt between 2012 and 2016. The project builds on earlier efforts to combat FGM in Egypt and attempts to institutionalise all FGM activities under one government umbrella, the National Population Council.

The project rationale of selecting a government partner is appropriate and relevant in theory to ensure national ownership. The project thoroughly considered national priorities, UN priorities and EU Human Rights principles. The project has also successfully, through its management model, created linkages between the different funding opportunities to ensure that the objectives are unified.

In terms of coherence, the project has encountered some setbacks. Some of the activities are not clearly linked to the expected outputs or their target. Although the activities are relevant, they are not



coherent with the intended outputs. The project has outputs and targets, but not intended outcomes. The monitoring of the project is focused on process monitoring.

### 2.3.2 Effectiveness

At its inception, the programme developed 5 outputs. Following the launch of the National Strategy to Combat FGM in June 2015, reflected in the addendum No° 3 to the Contribution Agreement (signed in December 2015), , outputs 2 and 3 were replaced by outputs 6 and 7. The table below provides an overview of the progress towards the selected outputs up to the end of December 2016. It is important to point out that the project did not develop adequate measurement indicators. Hence the below assessment is based on the activities implemented by the project.

Output	Progress at the end of 2016
1) The National Population Council (NPC) has the capacity to mobilize and support line ministries, the medical community, regional universities, NGOs and other civil society entities, media and civil servants to plan and implement strategies aimed at abandoning FGM.	Not achieved and not on track
2) Line ministries mainstream anti-FGM discourse in their programmes and curricula and help empower families by providing comprehensive health, social and education service packages.	Partially Achieved
3) Strengthening and expanding the operational and regulatory environment to promote the abandonment of FGM and other forms of family violence, while also implementing a holistic approach that empowers families by improving health and education services at the local level.	Achieved
4) Effective national and sub-national monitoring and evaluation systems are in place that can measure change and successes with respect to the abolishment of FGM. This includes monitoring and follow-up mechanisms in existing NPC branches at the governorate level and further strengthening networking schemes between civil society and NGOs at the local level.	Not achieved and not on track
5) Advocacy and communication strategy is strengthened to support national and local campaigns for the abandonment of FGM, as well as focusing on democratic family values against all forms of domestic violence and basic civil rights.	On track/achieved
6) National Policies Legislations and International Conventions that confirm FGM abandonment and law enforcement of FGM criminalisation are executed against perpetrators and collaborators performing practice shall be accountable (Output 2 until December 2015).	On Track/delayed
7) FGM Abandonment and Family Empowerment Advocacy and Media Strategies implemented through local initiatives on the ground and different media channels to accelerate anti-FGM public opinion among younger generations (Output 3 until December 2015).	On Track/delayed
8) Monitoring and evaluation system mainstreamed.	Not achieved

### ➤ Overall Effectiveness

The project is an effective and visible contribution providing significant input and change for girls across the country. The project developed a holistic implementation strategy, learning on the go and adapting to a changing context and political situations. The project showed resilience with the changing political environment in Egypt and continued to adapt messages when possible.





The project has two main issues affecting its overall operation: the first is the confusion between the NPC (as a government structure) and the Project Management Unit as a project-based parallel unit with little engagement between the two. The second problem is mainly related to the monitoring and evaluation system of the project and its design from the beginning. The way the outputs are formulated can be misleading at times. For example, the governorate level interventions do not seem to fit well under output 3. Indicators are not always SMART, and they are missing a baseline. The formulation of the indicators appears more like activities as opposed to attempts to measure change. The NPC/PMU confusion seems to have also been reflected in the work with NGOs at the field level; capacity building for the NGOs seems to be confused with capacity building of project staff based inside the NGOs. This requires re-addressing to mainstream the messages. It is difficult to assess whether the capacity of the civil society organisations at the local level has been enhanced to enable them to design and implement approaches to combat FGM.

The project successfully created connections at the local level with relevant stakeholders including medical doctors and religious leaders to support the project efforts.

The project started working in 5 villages nominated by the governors in each governorate. In the second phase, additional villages were selected by the NGOs in Upper Egypt. In total the project operated in 160 villages in 10 governorates. The main criterion for selection was the willingness of the community to accept a project that is focused on fighting FGM. Other criteria included a high level of education in the village and an acceptable socio-economic situation. The evaluation believes combatting FGM is a tough fight and the selection criteria of the villages are not rational or coherent with the intended objectives of the project. By working in communities in which the concept of combatting FGM is accepted, the project is inaccurately presenting some of the achievements.

Since the launch of the programme and through the EU funding, the programme succeeded in lobbying and advocating with religious leaders to receive religious rulings (*Fatwa*) against FGM. The project also synthesized medical doctors and focused on increasing their awareness regarding the harmful impact of FGM. In addition, the project engaged with the Ministry of Health and Population (MOHP) department of supervision of private practices to ensure that they are part of the fight against FGM as most cases of FGM occur in private clinics.

In addition to the above, the programme managed to engage the government through working with judges and prosecutors to bring to light cases of FGM as well as lobby the government to amend the Penal Code against FGM. According to the project team, the changes in the legal context regarding FGM indicate that the GoE is keen to address this crime and is clearly against the practice.

The project conducted a mid-term review (MTR) in November 2014. The MTR was conducted by Dr. Nivine Kabbash, an Egyptian independent consultant. In general, it appears that the project's mid-term review and Demographic and Health Survey 2015 (DHS) results indicate that there is a change in the trends of FGM in Egypt and that the rates are declining. The adoption of the national strategy is also a positive step towards the Government of Egypt acknowledging its role and showing buy-in. However, this is not to be confused with ownership, as the project remains the driving force against FGM and not the responsible government bodies. The absence of one entity with a clear role in the fight against FGM in a country as centralised as Egypt decreases effectiveness and potential sustainability.

Other achievements include the obvious high and accurate knowledge and awareness amongst communities regarding the negative consequences of FGM. The environment is more geared against FGM in Egyptian villages in which the project operates. The continuity and consistency of interventions and messages that are spearheaded by UNDP and the PMU inside the NPC is one of the major reasons for the success and the achievements of the project. The project is also commended for spreading awareness among marginalised groups such as orphans and people with special needs.

### **2.3.3 Efficiency**

The project has a budget of EUR 3.8 million and was initially planned to be concluded in 2015. The project was extended to end in June 2017. The no-cost extension indicates that the difficult political



circumstances resulted in the inability of the project to meet many of its intended activities over the years. It is worth pointing out that the project received 3 addenda including no-cost extensions. The last request for a 4<sup>th</sup> addendum (also no-cost) was presented by the project and is expected to cover project activities until December 2017. This allowed for the availability of additional funds to maintain the same human resources while project activities have been reduced. The efficiency of the project has thus been affected by the imbalance in the originally envisaged ratio of administrative to technical interventions. Changes in political conditions affected the rate of implementation of the project and some of its activities.

In addition to the financial aspect of the project and its implementation rate, the management structure of the project is also an important cornerstone affecting efficiency. The PMU model creates a parallel structure inside the NPC that is playing the role of NPC instead of providing technical support to NPC and inter alia the government to assume its responsibilities *vis à vis* combatting FGM. This model is recreated in parallel in the field with project staff working inside NGOs with no linkages to empower the NGOs themselves. Despite this situation, communication between EU and UNDP is rather good and consistent. It is worth pointing out that the main reason for the efficiency and effectiveness of the PMU as a management tool is the calibre and dedication of the project staff in the PMU as well as the consistency of their involvement in the fight against FGM since 2003. At the local level the management model is cost efficient but affects effectiveness. As mentioned, the project is not institutionalised inside government structures (although housed inside NPC) or inside NGOs at the local level.

The third and last issue affecting project efficiency is the lack of an adequate monitoring and evaluation system for the project. M&E systems and documentation of the project are very weak. The project has outputs and activities. Indicators are not SMART and there is no consistent way to measure progress. Outputs delivered have generally been delivered in a cost-efficient way.

#### **2.3.4 Impact**

The project has reached a good milestone and has successfully ensured that the government developed a clear and positive stance regarding the fight against FGM. This includes the development of laws and lobbying done by the prosecution and MoHP to ensure adequate development of penalties to combat FGM in addition to the support provided by the government regarding the airing of media messages and public announcements to combat FGM.

Another obvious change effected by the project is the change in mind-set of men and women at the local level as observed during the evaluation. Both men and women spoke coherently about the negative effects of FGM and recounted openly the stories of their lives. This kind of change is not likely to be reversible.

Although the project cannot fully take credit for the overall decrease in FGM prevalence for girls aged 15 between 2008 and 2015 from 82% to 61%, the project could be assumed to have contributed to this decrease albeit indirectly as the decrease in the prevalence is associated with the work of the PMU supported by the project.

The project has also successfully developed new coalitions of stakeholders concerned with combatting FGM in Egypt (doctors, youth, teachers, law enforcement). These new coalitions will help promote the work of the project in the future.

#### **2.3.5 Sustainability**

The development of the national strategy which was launched in June 2015 is a positive step towards the sustainability of the project. However, the strategy needs further clarification particularly regarding the monitoring of the implementation as well as the implementation of surveillance systems to ensure constant monitoring of the situation and the development of response strategies.

A second aspect of potential sustainability is synthesising new groups of stakeholders such as forensic doctors, prosecutors and judges regarding FGM. This will enhance the application of laws to combat the crime at national level.



In order to increase the potential of sustainability, it is important to ensure better use of media products, better exit strategies at local level and strengthening of support to government structures to ensure their ability to assume their roles.

## 2.4 Lessons learned

- The project has shown resilience and ability to adapt to changing circumstances as a result of a deep understanding of the context.
- The EU and UNDP have been instrumental in keeping the issue of FGM as a priority on the national agenda. This is due to the consistency and the regular building of coalitions and stakeholder groups to support the work of the project.
- The role that the media has played in supporting the project efforts during difficult times is also an important lesson learned.

## 2.5 Recommendations

- Future projects should guarantee the development of a logical framework in order to ensure the development of objectives, outputs and SMART outcome and output indicators.
- Ensure that project management is not confused with the project's intention to build capacity within existing national structures.
- Focus on providing technical assistance and support to GoE to carry out its responsibilities.
- In future projects, it is important to develop clear rational field interventions and develop appropriate strategies to ensure increased impact at field level.
- Develop a targeting strategy to ensure that targeted villages are those with the highest FGM prevalence.



### III. Introduction

#### 3.1 Female Genital Mutilation (FGM) in Egypt

The term Female Genital Mutilation (FGM) refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or other non-medical reasons. Female genital mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. According to the World Health Organization (WHO), the procedure has no health benefits for girls and women. Procedures can cause severe bleeding and problems urinating, and later cysts, infections and infertility as well as complications in childbirth and an increased risk of new-born deaths. More than 125 million girls and women alive today have been cut in the 29 countries in Africa and Middle East in which FGM is concentrated. FGM is mostly carried out on young girls sometime between infancy and the age of 15. FGM is a violation of the human rights of girls and women.<sup>1</sup>

The Demographic and Health Survey in Egypt in 2000 showed that 97% of married women included in the survey had experienced female genital mutilations (FGM). Another study by the Egyptian Ministry of Health and Population in 2003 reported that over 94% of married women had been exposed to genital mutilations and 69% of those women agreed to the procedure being carried out on their daughters. Further, a pilot study by the Health Insurance Organisation showed that 41% of female students in primary, preparatory and secondary schools had undergone genital mutilations.<sup>2</sup>

In June of 2008, the Egyptian Parliament agreed to criminalise FGM/C in the Penal Code, establishing a minimum custodial sentence of three months and a maximum of two years, or an alternative minimum penalty of 1,000 Egyptian pounds (LE) and a maximum of LE 5,000. To date, no one has been convicted under this law. Also, the new Child Law included the formation of Child Protection Committees (CPC) at different national levels with duties to identify, support and monitor children at risk of neglect and abuse, including girls at risk of circumcision. Furthermore, to assist in the enforcement of legislation, Egypt hosted in 2008 a regional meeting entitled 'Cairo Declaration+5'. This conference is a follow-up to the 2003 meeting that also took place in Cairo and resulted in an important legal document on FGM entitled 'The Cairo Declaration for the Elimination of Female Genital Mutilation'. The main objectives of the conference were to follow up on the recommendations of the previous conference and to launch an international campaign aimed at rekindling world-wide attention on FGM. The Egyptian Ministry of Health (MoH) issued in 2007 a ministerial decree (271) closing a loophole in the previous 1996 decree by banning everyone, including health professionals, from performing FGM in governmental or non-governmental hospitals/clinics.

In 2007, Grand Mufti Ali Gomaa's issued a 'Fatwa' condemning FGM and the Azhar Supreme Council for Islamic Research issued a statement explaining that FGM has no basis in the core Islamic Sharia or any of its partial provisions. In September 2012, the Egyptian gynaecologists and obstetricians union launched a statement declaring that FGM is not a medical procedure and is not included in any medical curriculum other than as a practice that should be prevented and, consequently, the law does not offer protection to physicians who practice it.

With support from international donors, the Government of Egypt through the Ministry of Health (MoH) and the National Council on Motherhood and Childhood (NCCM) has been trying to fight the practice of FGM in Egypt. Concerted efforts have been carried out by international organisations in collaboration with the GoE since 2003.

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<sup>1</sup> <http://egypt.unfpa.org/node/22544>

<sup>2</sup> [http://www.who.int/reproductivehealth/topics/fgm/fgm\\_prevalence\\_egypt/en/](http://www.who.int/reproductivehealth/topics/fgm/fgm_prevalence_egypt/en/)



## 3.2 Programme Description “Abandonment of Female Genital Mutilation and Empowerment of Families Joint Programme”

The Government of Egypt (GoE) and the European Union (EU) signed a EUR 17 Million Financing Agreement “**Promotion and Protection of Human Rights and Civil Society**” (ENPI/2008/019-607) in 2009. The purpose of the agreement was to support the protection and promotion of human rights and civil society in Egypt. The programme was the first medium-sized bilateral cooperation agreement between the EU and the government of Egypt directly supporting human rights.

The financing agreement provided support in four distinct areas:

1. Family and Child Rights Programme
2. Securing Rights and Improving Livelihoods of Women
3. Integrating Human Rights in Higher Education
4. Abandonment of Female Genital Mutilation and Family Empowerment

The joint programme was signed between the Egyptian Government and the United Nations Development Programme (UNDP) in September 2009. The EU Delegation started supporting this programme by signing a Contribution Agreement with UNDP in December 2011 with a contribution of EUR 3 000 000 (representing 95% of the total budget of the Joint Programme). The project was awarded several no-cost extensions. The first Addendum extending the project was signed in September 2013; Addendum number 2 was signed in December 2014. Addendum n° 2 extended the project until December 2015 when Addendum n° 3 was approved. Addenda 1 and 2 were no-cost extensions whereas addendum n° 3 saw a change in the expected outputs of the project. In addition, Addendum n° 3 increased the project budget by EUR 800 000 and extended the project until June 2017. According to the EU, UNDP has presented a 4<sup>th</sup> Addendum to the project. If approved, the project will continue until December 2017. It is worth pointing out that this external evaluation was commissioned prior to the approval of Addendum n° 3.

Starting in 2003, UNDP led the national efforts to combat FGM in Egypt by supporting the establishment of a programme management unit (PMU) tasked with raising awareness about FGM within the National Council of Childhood and Motherhood in Egypt. The design of the programme has always encompassed two dimensions; namely working at policy level and at the grass roots level to build a national coalition to combat FGM.

The programme implements key interventions related to FGM such as the community initiatives started in the first phase of the project (awareness about FGM, functional literacy classes etc.). The programme introduced FGM under a broader umbrella of family rights and empowerment. The programme maintains momentum at grass roots level while mainstreamed within an existing health and education rights based package.

The support of the EU to the project came at a time of turbulent political events in Egypt. At the time FGM took centre stage in the political debate and discourse. During these turbulent times the project played a role in continuing to rally support to combat FGM and prosecute some of those responsible for FGM in Egypt. To add a layer of complexity, structural administrative changes in the form of changes of government and affiliations of NPC between the National Council for Childhood and Motherhood (NCCM) and Ministry of Population and later Ministry of Health all had an impact on the project.

The advocacy work of the project has supported the issuance of a law that prohibits the practice of FGM and criminalises it. During the life of the project three court cases were tried and perpetrators, doctors and parents performing FGM received sentences. The first case in 2013/2014 was supported and advocated by the project.

The project was successful in creating a national discourse encompassing religious institutions, members of the judiciary and police and other relevant stakeholders to support the abandonment of FGM in Egypt. This has helped the project stand up against calls to practice FGM during the reign of the Muslim Brotherhood which at times supported the dispatch of medical caravans to practice FGM in some villages of Upper Egypt.



The various stages and challenges encountered by the project during the time of the Muslim Brotherhood and the efforts to rally the media, judiciary and key stakeholders are all important milestones.

The project has also launched a national strategy to combat FGM (2016-2020). This is a commendable step that will help the NPC continue to fight against FGM in Egypt. It would be important to consider plans by the NPC and other relevant stakeholders on the process for implementing and measuring the National Strategy and provide concrete recommendations as to how it can be turned into measurable action plans.

The Abandonment of FGM & Empowerment of Families Joint Programme Project aims to continue addressing FGM within the context of a larger Family Empowerment Package which includes:

- Formulation, dissemination and capacity building for a comprehensive socio-cultural family rights and RH counselling package that includes early marriage, maternal child care & family planning, nutrition, preference for son, etc.
- A Domestic & Violence Against Children Package within the context of the Child Law Amendments passed in June 2008 and all legislations focusing on women and family rights.
- An advocacy component to keep momentum of family rights and FGM on the agenda of policy, decision makers and media personnel at both local and central levels. This component will incorporate the following activities: Produce and air audio-visual materials
- The project also aims to continue supporting an ongoing enlightened dialogue that supports the dilution of conservative trends at governorate level, thus the project will implement a series of religious socio-cultural forums in 10 governorates and Cairo.

The project has five outputs:

- 1) The National Population Council (NPC) has the capacity to mobilise and support line ministries, the medical community, regional universities, NGOs and other civil society entities, media and civil servants to plan and implement strategies aimed at abandoning FGM.
- 2) Line ministries mainstream the anti-FGM discourse in their programmes and curricula and help empower families by providing comprehensive health, social, and education service packages.
- 3) Strengthening and expanding the operational and regulatory environment to promote the abandonment of FGM and other forms of family violence, while also implementing a holistic approach that empowers families by improving health and education services at the local level.
- 4) Effective national and sub-national monitoring and evaluation systems are in place that can measure change and successes with respect to the abolishment of FGM. These include monitoring and follow-up mechanisms in existing NPC branches at the governorate level and further strengthening networking schemes between civil society and NGOs at the local level.
- 5) Advocacy and communication strategy is strengthened to support national and local campaigns for the abandonment of FGM, as well as focusing on democratic family values against all forms of domestic violence and basic civil rights.

The project was officially concluded at the end of December 2015 and hence, as per EU rules and regulations, it requires an external evaluation. A 4<sup>th</sup> request for an extension (a new addendum) was submitted by UNDP but has not yet been approved. If approved, the project will be extended until December 2017. Due to delays in receiving government approvals, the evaluation was postponed for almost 12 months. Hence this evaluation covers the project since its inception and until December 2016.

The project Addendum n°3 signed in December 2015 brought with it changes in the project's expected outputs. The new outputs replaced existing outputs as follows:

Output 6: National Policies Legislations and International Conventions that confirm FGM abandonment and law enforcement of FGM criminalisation are executed against perpetrators and collaborators performing the practice shall be accountable. (Previously Output 2)

Output 7: FGM Abandonment and Family Empowerment Advocacy and Media Strategies implemented through local initiatives on the ground and different media channels to accelerate anti-FGM public opinion among younger generations (previously Output 3)



Output 8: Monitoring and evaluation system mainstreamed (previously Output 4)

This evaluation considers the achievement of these outputs as well as those previously selected by the project.

## IV. Evaluation Methodology

### 4.1 Proceeding of Evaluation

A final evaluation is a unique opportunity to **reflect on planning and implementation as well as monitoring of an operation** and to have a look into programme achievements in relation to planning parameters. It provides the chance **to materialise a learning process**, which is likely to be already inherent within the ongoing project and through its implementing partners.

Any sort of evaluation is only as successful and useful insofar as input can be gathered and reflected upon from and with the implementing partners' side. As the final evaluation mission is limited in time, only snapshot insights can be gained by the evaluator through observations and interviewing beneficiaries and other relevant stakeholders, which need to be enriched by longer-term reflections from the operational side. Combined with the study of relevant documents and information collection through meetings with stakeholders, a triangulation of information can proceed to achieving evaluation findings and conclusions.

The risk of potential bias of evaluators or participating stakeholders has been envisaged through constant cross-checking of gathered information through various sources.

The evaluation has been carried out in a **process of three phases** with an initial inception phase shaping the further proceeding into the field and the synthesis phase.

The final evaluation process is framed by initial and concluding meetings in Cairo with a briefing/kick-off and debriefing character, the latter including the presentation and discussion of the initial evaluation findings with the EU Delegation in Cairo. An initial internal debriefing was conducted between the evaluator and EUD, followed by a stakeholders meeting at which government and UNDP were present alongside EUD.

Even though the evaluation process has been undertaken in a participatory way, it has been always guaranteed that evaluation results are based on findings that have undergone triangulation and cross-checking through various sources and were not influenced by individual personal statements.

It may be stated that this evaluation report presents the outcome of an independent and impartial proceeding, ensuring ownership of the evaluation in the hands of the Evaluation Team.

The **inception phase** consisted of document study as well as of meetings via EUD, UNDP and the NPC. These meetings were initially held in December 2015 and January 2016. As a result of delays in receiving the appropriate permissions from the GoE, the field work and subsequent implementation of the evaluation activities were postponed until February 2017. Following the conclusion of the inception phase in 2016, an inception report was submitted prior to the commencement of the field work.

The **field phase** took place from February 12<sup>th</sup> to February 25<sup>th</sup>, 2016 with inter-country visits to 7 out of 10 governorates where the project operates in addition to meetings held in Cairo with government stakeholders.

The evaluator pre-selected locations and stakeholders to be interviewed during the evaluation mission. The field mission to the governorates was significantly supported and coordinated by NPC in close collaboration and coordination.

The project is implemented in 120 villages in 10 governorates in Egypt as follows: Aswan, Minya, Beni Sueif, Sohag, Qena, Assiut, Fayoum, Qalibobia, El Gharbia and Port Said. Due to the time allocated for the field work, it was difficult to visit all 10 governorates. The evaluation pre-selected 7 governorates in addition to Cairo. The rationale for the selection of these governorates is presented in the table below:



	<b>Governorate</b>	<b>Rationale For Selection</b>
1	Aswan	Frontier governorate where customs and traditions of Nubians can also be examined and impact of the project measured. In this location one theatre play combatting FGM was developed
2/3	Sohag/Assiut	Middle Upper Egypt Assiut was identified as the poorest governorate in Egypt
4	Menia	Many development initiatives and witnessed convoys promoting FGM under the Muslim Brotherhood. Visit will help capture the impact of the project during these difficult times
5/6	Qaliobia/Gharbia	Delta Region – will allow comparison with other areas in Egypt.
7	Port Said	Canal Region - will allow comparison and drawing of lessons learned in variation in implementation by region (if applicable)

The evaluation visited 2 villages in **in each governorate**. Meetings were held all relevant stakeholders in each district/village where the project operates. In each village the following key stakeholders were interviewed:

1. Partner NGO staff
2. Community leaders
3. Beneficiaries of project interventions (Women – Men – Girls – Boys)
4. Medical doctors (where appropriate)

In addition to the governorate meetings, 5 days of meetings in Cairo were also part of the field data collection. Meetings at the central level in Cairo included, but were not limited to:

1. Meetings with relevant members of the judiciary who were involved with the project
2. Meetings with religious leaders
3. Meetings with UN agencies
4. Separate meetings with NPC and UNDP
5. Meetings with EU delegation as deemed relevant

## 4.2. General methodological principles

The methodological framework adopted in the implementation of the evaluation can be summarised as follows;

1. A **participative approach** and a focus on **participation and collective construction of knowledge**, based on the recognition of the actors involved in social and development processes not only as “sources of information”, but also as bearers of important perspectives for the construction of relevant knowledge on both social dynamics and development processes and initiatives.
2. This evaluation is **qualitative** in nature. However, the analysis will include drawing **quantitative** data as presented in the project’s progress reports and database (if available).
3. The **capitalisation of existing knowledge and information**, based both on the analysis of available documentary sources and on the consultation of key informants and researchers.

## 4.3. The Main Activities

The evaluation was conducted in stages as follows:

The **consultation of key informants**, both during the inception phase of the evaluation at the central level (as a mean for identifying relevant issues and relevant sources of information) and in the following phases as a source of information on both projects/programmes and the dynamics related to working on issues pertaining to FGM in Egypt.





The **analysis of documents** during all phases of the study, both on the EU initiatives and on the dynamics linked to FGM and combatting FGM in Egypt.

Collection and compilation of all **project progress reports and M&E documents** to develop an overview of project achievements and challenges and review the resilience of the project during the various stages of transition that have gripped Egypt since 2011.

Field visits to conduct “**in-depth**” analysis of the project activities at the community level. **Seven (7) governorates** in which the project operates were visited. These visits included holding in-depth interviews and focus group discussions to gather information about the project and its implementation strategies; successes and challenges; and lessons for future engagement.

An **initial presentation of key findings** to the EU Delegation (de-briefing), followed by another presentation with NPC and UNDP. The purpose of the initial stakeholders’ meeting was to validate the initial findings and continue the discussion on recommendations for future programming targeting the abandonment of FGM in Egypt.

Triangulate all findings and **develop the evaluation report** documenting key achievements and challenges encountered by the project; providing an overview of lessons learned and providing recommendations for future programming.

**Preliminary findings** were provided to EUD immediately after conclusion of the field mission through the development of an *Aide Memoire*.

The evaluation of the “Abandonment of FGM and Family Empowerment” Programme is rated according to the **OECD criteria** of relevance, effectiveness and efficiency, and draws the **EU added value** into consideration.

Furthermore **relevant cross-cutting issues** such as gender, good governance and human rights have been additionally verified, analysed and assessed to allow a qualified statement about their integration and impact within the programme, as well as to enable the identification of lessons learned and recommendations.

## 4.4 Limitations of Evaluation

The final evaluation process experienced several constraints:

- **Availability of all required stakeholders** could not be guaranteed from the evaluation team’s side; however maximum efforts were undertaken to ensure relevant contact, also through Skype and phone conversations when meetings in person could not be arranged on the spot. However, some relevant key actors who received training such as judges and prosecutors could still not be interviewed. It was pointed out that this was due to security reasons.



## V. Findings of Evaluation

### 5.1 Findings according to OECD Evaluation Criteria as specified in the ToR of the FWC<sup>3</sup>

#### 5.1.1 Relevance

##### ❖ Validity & Appropriateness

The National Programme for Female Genital Mutilation (FGM) and Family Empowerment was signed in September 2009 by the Ministry of Family and Population and the United Nations Development Programme. The Programme aims at creating a sustainable political, legal and social environment that enables families and local communities towards elimination of FGM along with all other forms of domestic violence.

Programme activities were planned in line with Egypt's envisaged international commitments as signatory of all human rights agreements, with special focus on eliminating all forms of violence against women and children. Implementation of the joint programme activities started under the umbrella of the National Council for Childhood and Motherhood since 2003 and until 2011 when the Minister of Health announced that the Programme had been moved to the **National Population Council's** (NPC) programmes for family rights and reproductive health, with high expectations for having the programmatic vision mainstreamed and sponsored by government regular services in the sectors of health and education.

The National Population Council receives support from many bilateral donor organisations including the Netherlands, USAID and GIZ, besides various United Nations agencies such as the United Nations Development Programme and the United Nations Population Fund, United Nations Children's Fund (UNICEF) and the United Nations for Women (calling for gender equality and women's empowerment). The EU in turn has recently become a major partner in the programme starting from November 2011.

FGM Abandonment builds on previous efforts by the United Nations Development Programme (UNDP) in combatting FGM in Egypt since the beginning of the 1990s. Combatting FGM in Egypt has been a national priority for a few decades. Through initial efforts by NCCM and support from international donors, GoE has implemented the FGM Free Village programme amongst others that have all aimed to combat FGM and empower Egyptian families. The project continues to be relevant as it targets raising awareness about the harmful practice of FGM. Awareness raising is conducted in a holistic manner to target different stakeholders at national and local levels to build a critical mass against FGM in Egypt.

The overall objective of the Programme is to promote initiatives calling for the elimination of FGM through strengthening partnerships and coordination mechanisms with all parties involved, as well as supporting mechanisms for monitoring the phenomenon at national and local levels, expanding community and media outreach and advocacy to enable the family and to safeguard members' rights against all forms of violence.

The project is **highly relevant in its cause, programmatic outreach** and in view of achievements for reducing violence against women and girls. The project is very timely (almost late) in responding to local and central needs to combat FGM and reduce the prevalence. The project responds to a need by the Egyptian government to reduce the prevalence of FGM in Egypt in line with the country's international obligations.

"FGM Abandonment" was particularly **relevant considering the changing political situations** in Egypt between 2012 and 2016. The change in the political orientation of the GoE following the events of January 2011 led to the ascension to power of the Muslim Brotherhood conservative regime in Egypt. Between 2012 and 2013, while the MB controlled the presidency and the parliament, the

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<sup>3</sup> The ToR for this FWC is available in the Annexes section.



government was not supporting efforts to combat FGM in Egypt. Several stakeholders at the national and local levels interviewed during the course of this final evaluation explained that during this time medical convoys promoting FGM were organised by CSOs in rural villages to promote FGM and provide FGM services free of charge to local populations.

According to stakeholders, the project served as a valid point of support to combat these convoys and stop a return to this widespread practice. Stakeholders explained that the project served to meet their needs during this difficult time as they could count on support from other national bodies to respond to these convoys and other religious-induced informal fatwas.

Following the ousting of the MB and the institutionalisation of a relatively secular government in Egypt following the events of the summer of 2013, the project remained relevant as it continued to address the required steps to continue the fight against FGM. The project's multi-faceted approach of working at both policy and advocacy levels as well as at an operational level makes it relevant to the priorities of the country. In addition, in recent years the project has focused on shedding light on the phenomenon of "Medicalisation" of FGM which means the increased role of medical service providers including doctors in the practice of FGM.

The project encompasses two key interventions; one focused on advocacy and raising awareness and the second on the provision of services. The project logic builds on meeting some of the needs of local populations as a cornerstone to building credibility and support to local communities. This makes the project additionally relevant to the target beneficiaries as it aims to fulfil basic needs through the provision of medical supplies to local medical units that help these units provide better services to the population in the target villages. In addition, the health and social awareness raising sessions support the local population to make informed decisions about their lives. The project further provides the necessary scientific material to health promoters and CSOs to enable them to provide adequate information to the beneficiaries to better understand the health hazards associated with FGM and promote the abandonment of the phenomenon.

The project is in line with EU policies and approaches regarding the promotion of human rights. The EU has expressed a strong commitment to eliminating female genital mutilation. The European Commission Communication from 2012 on eliminating FGM sets out a list of measures to combat FGM which is considered a crime in all EU countries. The project encompasses relevant dimensions that support EU policies as it supports non-governmental organisations working to combat FGM at the grass roots level. The project is also in line with the European Parliament Resolution on ending FGM.<sup>4</sup>

The EU has participated actively in international cooperation to promote the elimination of FGM for many years. At global level, the EU has contributed to developing strong commitments compelling all countries to prohibit, punish and undertake appropriate action to change the social norms underpinning FGM. For example, it supported the UNGA Resolution on the elimination of FGM<sup>30</sup> and teamed up in 2012 with the African group in the UN Human Rights Council to give further strength to achieving the commitments in the Resolution.

The European Union also promotes enhanced international protection of women and girls at risk of FGM worldwide in its relations with non-EU countries and in international fora. The EU's action on FGM outside Europe is backed up by specific EU policy commitments and guidance (EU guidelines on violence against women, EU Strategic Framework and Action Plan on Human Rights and Democracy, Human Rights Countries Strategies where FGM is prioritised in relevant countries). Prevention of FGM is also included as an issue for cooperation in the framework of the *Cotonou Agreement*, the most comprehensive partnership agreement between the EU and 79 African, Caribbean and Pacific countries. Furthermore, the root causes of FGM are addressed through the EU's support to broader development objectives for gender equality and women's empowerment, in particular girls' and women's education, their human rights and their sexual and reproductive health. From 2006 to 2012, 17 projects addressing FGM in 18 countries benefited from EU funding of about EUR 8 million, supporting the efforts of civil society organisations and governments, as well as UN organisations, especially UNICEF. Overall, there is a positive trend towards gradually abandoning FGM in the 28 countries most affected. To date, 42 countries have passed laws specifically condemning FGM.

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<sup>4</sup> <http://www.europarl.europa.eu/sides/getDoc.do?type=TA&language=EN&reference=P7-TA-2012-261>



The build-up of strong engagement by the governments concerned has been crucial in this regard. Regional organisations, particularly the African Union (AU), have played a key role. AU's Protocol on the rights of women, ratified by 33 countries, stipulates that all necessary legislative and other measures have to be taken to eradicate FGM, including the raising of public awareness, prohibition through legislative measures backed by sanctions, and support to victims.

According to the Communication from The Commission of the European Parliament and the Council in 2013 entitled *Towards the Elimination of Female Genital Mutilation*, "The EU will continue to take action to promote FGM being abandoned, guided by documented good practices about what works best to achieve progress."<sup>5</sup> The communication by the Commission proposes to capitalise on recent advances in the global consensus on the need to strengthen the world community's resolve to end FGM. Linking FGM to girls' and women's empowerment and education, to their sexual and reproductive health, and to the prevention of early, child and forced marriage has been shown to facilitate abandonment.<sup>6</sup>

The project is part of the financing agreement (FA) signed between the EU and the GoE for the protection and promotion of human rights and civil society in Egypt. The FA focuses on several interventions in the human rights sector with close support for CSOs. Concerning FGM, the expected results of the action were: i) to develop and implement a national anti-FGM framework with the involvement of relevant stakeholders; and ii) to decrease FGM practice. The design of the project is well suited to the achievement of the first expected result as outlined in the FA. The project also developed some specific expected results to monitor and measure the second result focusing on the decrease in the prevalence of FGM. However, the design of the project (as will be discussed in the following section) lacked the necessary monitoring mechanisms to ensure that the second expected result is achieved.

#### ❖ **Design & Coherence**

The design of the project builds on previously implemented national projects supported by bi-lateral donors to combat FGM in Egypt. The project started in 2011 with 5 expected outputs. The project has an overall goal but is designed at the output level without a clear and well-developed logical framework. The project expected outputs were amended in 2015 and 3 outputs were changed to reflect the developments in the fight against FGM; namely the adoption of the national strategy to combat FGM in Egypt. The project adopted 3 objectives directly from the National Strategy and replaced existing outputs. The relative limited attention afforded to the design of the project and the absence of a clear logical framework with clear objectives, outcomes, outputs and activities has negatively affected the coherence of the project. Some expected outputs were not supported by activities and some activities carried out under the project do not always fit well towards the achievement of the project expected outputs.

Some of the activities carried out by the project are not clearly linked to the expected outputs or their target. For example, support to schools and awareness-raising at the community/grass root levels although relevant, does not seem to respond to an expected output. Support to CSOs at the local level is lacking as it does not encompass a strong element of capacity building and institutional strengthening at the local level. Furthermore, the absence of a coherent logical framework made the project predominantly focused on process monitoring of activities. However, how these activities contribute generally to the project expected outcomes is less clear and is hardly monitored or assessed.

The project rationale of selecting a government partner is appropriate and relevant in theory to ensure national ownership. The project thoroughly considered national priorities, UN priorities and many EU approaches. The project has also, through its management model, successfully created linkages between the different funding opportunities to ensure that the objectives are unified.

However, the partnership with government appears to have been confused with the capacity building component expected from the project's Output 1. In terms of design, two key issues affected the

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<sup>5</sup> [http://ec.europa.eu/justice/gender-equality/files/gender\\_based\\_violence/131125\\_fgm\\_communication\\_en.pdf](http://ec.europa.eu/justice/gender-equality/files/gender_based_violence/131125_fgm_communication_en.pdf)

<sup>6</sup> [http://ec.europa.eu/justice/gender-equality/files/gender\\_based\\_violence/131125\\_fgm\\_communication\\_en.pdf](http://ec.europa.eu/justice/gender-equality/files/gender_based_violence/131125_fgm_communication_en.pdf)



project's coherence. The first is the lack of activities targeting the institutionalisation of FGM abandonment within national institutions, thus reducing national ownership of the responsibility to combat the phenomenon. At the moment, the fight against FGM is carried out through international funds and implementation by international organisations. While the government provides facilitation and supports these efforts, the GoE does not directly initiate activities to combat FGM. The design of the project calls for the development of the capacity of NPC to enable them to support the abandonment of FGM. However, the project contribution towards this output was the creation of a Project Monitoring Unit (PMU) made up of project staff housed initially inside NCCM and then moved to NCP when the jurisdiction of FGM was moved to MoH as a health issue and not necessarily a human rights issue.

The second key design issue affecting the coherence and relevance of the project is the limited attention afforded to developing appropriate monitoring and evaluation systems to support the management and impact of the project. The project is functioning as a national programme to combat FGM; however, it is neither institutionalised within government nor is it focusing on monitoring progress and building case studies and evidence based models to enable the scale up of interventions. The absence of an M&E system is a serious shortcoming of the project. When this matter was discussed with project management, they explained that they rely on the Demographic and Health Survey (DHS) implemented by an independent research consultancy firm to determine the impact of the interventions. There is an obvious lack of coherence in this logic. Project M&E is different to monitoring the progress of efforts to combat FGM at the national level. They are not mutually exclusive but they are two different instruments and the objective of each does not meet that of the other.

### 5.1.2 Effectiveness

#### ❖ Overview of Progress until December 2016

The project progress since its inception and until December 2016 is difficult to measure or assess based on evidence due to the absence of measurement indicators set by the project. The latest project narrative report available is until December 2016. Accordingly, the following assessment of progress towards expected outputs is based on review of project progress reports and discussions with stakeholders during the evaluation. The table below gives an overview of the progress of each output. Details of progress are presented after.

Output	Progress at the end of 2016
1) The National Population Council (NPC) has the capacity to mobilize and support line ministries, the medical community, regional universities, NGOs and other civil society entities, media and civil servants to plan and implement strategies aimed at abandoning FGM.	Not achieved and not on track
2) Line ministries mainstream anti-FGM discourse in their programmes and curricula and help empower families by providing comprehensive health, social and education service packages.	Partially Achieved
3) Strengthening and expanding the operational and regulatory environment to promote the abandonment of FGM and other forms of family violence, while also implementing a holistic approach that empowers families by improving health and education services at the local level.	Achieved
4) Effective national and sub-national monitoring and evaluation systems are in place that can measure change and successes with respect to the abolishment of FGM. This includes monitoring and follow-up mechanisms in existing NPC branches at the governorate level and further strengthening networking schemes between civil society and NGOs at the local level.	Not achieved and not on track
5) Advocacy and communication strategy is strengthened to support national and local campaigns for the abandonment of FGM, as well as	On track/achieved



focusing on democratic family values against all forms of domestic violence and basic civil rights.	
6) National Policies Legislations and International Conventions that confirm FGM abandonment and law enforcement of FGM criminalisation are executed against perpetrators and collaborators performing the practice shall be accountable. (Replaced Output 2 as of January 2016)	On track/delayed
7) FGM Abandonment and Family Empowerment Advocacy and Media Strategies implemented through local initiatives on the ground and different media channels to accelerate anti-FGM public opinion among younger generations (Replaced Output 3 as of January 2016)	On Track/delayed
8) Monitoring and evaluation system mainstreamed. (Replaced Output 4 as of January 2016).	Not achieved

➤ **Output 1: The National Population Council (NPC) has the capacity to mobilize and support line ministries, the medical community, regional universities, NGOs and other civil society entities, media and civil servants to plan and implement strategies aimed at abandoning FGM.**

A review of project progress reports indicates that the focus of this output has been on hiring staff and paying salaries. This is hardly the purpose of an output. Expected outputs of projects are usually affiliated to specific activities that contribute to the overall goal of a project. Project administrative and management elements do not traditionally show within the expected outputs of the project. The evaluation recognizes that initially the project was functioning from within NCCM; however, there are no signs to indicate that possible work was intended to take place with NCP.

According to the project’s mid-term evaluation, the knowledge of NPC staff, especially field offices that are located in Upper Egypt, are relatively limited regarding FGM/C, girls’ rights and family empowerment issues. The National Programme for Combating FGM/C and Empowerment of Families has enhanced its collaboration with the National Council for Population to enhance the knowledge and skills of NPC offices throughout the 27 Governorates on FGM and related issues. The aim was also to ensure that all NPC staff members have positive attitudes towards combating FGM/C and that they are supportive to the cause as equally as the taskforce of the national Programme. The programme conducted six comprehensive workshops for NPC Offices along a period of 7 months. The objectives of the capacity building were as follows:

1. Improving their skills of NPC offices in expanding the outreach of their programmes to reach vulnerable families, thus those who have girls at an early age to raise their awareness about girls’ rights and to enhance community knowledge on risks and ills of FGM/C, early marriage and violence against children
2. Building the capacity of the NPC workers and specialists from different governorates on family empowerment and reproductive health.
3. Coming up with an M&E system to measure the impact of implementation on the target communities (depending on the results based management)

Joint meetings were conducted between the Project Management Unit (PMU) and the NPC key officials to align programmes in the direction of including FGM as one of the national issues that NPC is supporting and advocating for at different levels and through different channels. This materialized in the new strategy of Combating FGM/C as well as the strategy of the development of NPC produced in 2014. It is worth mentioning that NPC launched a strategy in 2015 on “Stopping Early Marriage” which reflects the shift in the trend of the NPC policies and programmes towards a rights based approach and towards promoting the rights of girls and families in general.

Some of the researchers mention the importance of developing coordination mechanisms with NPC in order to include the programme in the agenda of the meetings of NPC governorate offices (often referred to as regional offices). There is wide room to enhance collaboration with the NPC and to



utilize its resources in the different governorates including local databases, training halls, printers, etc. that are not being fully utilized. Both the NPC and the National Programme for combating FGM/C indicated that they will consider harmonizing efforts during the coming year.

However, this evaluation has found that no concentrated efforts were made to engage NPC governorate and regional branches in the activities of the project, thus missing an opportunity to institutionalise the project and increase the potential for sustainability.

Nonetheless, it is important to recognize that the project has survived through major political changes that may have affected its ability to implement intended project activities. The project lived through 3 regime changes (SCAF – Muslim Brotherhood – Current) as well as 7 cabinet reshuffles and 3 NPC rapporteurs.

➤ **Output 2: Line ministries mainstream an anti-FGM discourse in their programmes and curricula and help empower families by providing comprehensive health, social and education service packages. (Implemented until end of December 2015)**

This output is considered partially achieved. The project has successfully developed and launched the National Strategy to Combat FGM in Egypt. The Strategy is well designed, with clear objectives and an action plan. The GoE's endorsement of the strategy is a positive step towards this output. It is worth pointing out that the strategy does not have a well-developed monitoring system. The development of such a system will support efforts to increase the achievement of this output in the long run. It is expected that once the strategy is fully implemented, line ministries will be able to mainstream an anti-FGM discourse. At the moment, there are discussions about including FGM in the curricula of medical faculties. In addition, some school lessons cover issues pertaining to family violence in general.

➤ **Output 3: Strengthening and expanding the operational and regulatory environment to promote the abandonment of FGM and other forms of family violence, while also implementing a holistic approach that empowers families by improving health and education services at the local level. (Implemented until end of December 2015)**

This output is deemed to be achieved. This is perhaps the output with the most visible achievements. The project implemented many activities and training with the aim of expanding and amending the operations and regulatory environment, both legal and religious, towards ending FGM. Training for judges and district attorneys supported the building of a base of support for efforts to combat FGM and strengthen law enforcement in this regard. The project also provided support to constitutional court and support for the development of stricter laws to combat the crime of FGM. Advocacy with the parliament's health committee, advocacy with the media and religious leaders have all contributed to creating a critical mass against FGM and other forms of family violence. The project has also provided support to mainstreaming of messages in medical school curricula and forming a coalition of doctors against FGM. The holistic approach adopted by the project by working both at the central and local levels has contributing to changing mind-sets as well as laws governing the issue.

Under this output, the bulk of the NGO activities were carried out by the project. The logic or theory of change of the project is that empowering families at the local level should be carried out in parallel with improving the regulatory environment. Hence the project works in 120 villages across Egypt to raise awareness against this harmful practice as well as provide some services (health and education) to communities to meet their basic needs.

It is important to point out that the field work component is not clearly articulated in the project framework. However, NGOs, media, government and beneficiaries at the field level believe that the project had a direct impact in raising awareness and empowering families to make positive decisions. Interviews with medical supervision departments at the field level indicate that the Directorate of Health is well aware of the problem and is attempting to take positive steps to combat this phenomenon.



- **Output 4: Effective national and sub-national monitoring and evaluation systems are in place that can measure change and successes with respect to the abolishment of FGM. This includes monitoring and follow-up mechanisms in existing NPC branches at the governorate level and further strengthening networking schemes between civil society and NGOs at the local level.** **Output 8: Monitoring and evaluation system mainstreamed. (Replaced Output 4 as of January 2016).**

These outputs (whether 4 or 8) are not achieved and not even on track. Monitoring and Evaluation in general is one of the major weaknesses of the project. The project has neither adequate project monitoring systems nor is it contributing to establishing M&E systems to monitor progress related to the decrease in FGM prevalence across the nation. The project has to date relied on the results of either the DHS or Survey of Young People in Egypt (SYPE) results. The project mainly relies on the results of the DHS to monitor achievements in the reduction of incidences of FGM in Egypt.

There is missing logic in this approach due to the different time lines between the project and the times when either of these two national studies were conducted. Recent statistics show a decrease in the number of incidences of FGM. The project attributes these successes to its efforts as the only Joint Programme addressing FGM in Egypt. While this might be true, in the absence of baseline data at the beginning of the project (December 2011), it is difficult to create linkages between this cycle of project intervention and the decrease in the prevalence of FGM. Moreover, the output clearly indicates a role for NPC branches in monitoring activities which has not been achieved by the project to date.

Output 8, which is taken directly from the National Strategy, is also not achieved or on track. There is a clear need to mainstream monitoring into all project interventions. Furthermore, **according to project progress report of 2016** “EU Project Evaluation was postponed to early 2017 to receive all approvals and coordinate with the Ministry of International Cooperation.” This evaluation is not relevant to this output. It is evident that confusion between project monitoring activities, monitoring of FGM prevalence and external M&E activities requires unpacking to ensure that all relevant activities are taking place.

- **Output 5: Advocacy and communication strategy is strengthened to support national and local campaigns for the abandonment of FGM, as well as focusing on democratic family values against all forms of domestic violence and basic civil rights.**

This output is deemed achieved. The project conducted many activities towards this output including (but not limited to):

#### **In 2015**

- Printing Posters and Booklets produced by the Family Rights Media Platform on FGM Abandonment, Early Marriage and Gender Disparities among boys and girls (in collaboration with UNICEF).
- Supporting Popular TV Talk shows (*El Ashera, Hona el Assema, El Sitat Mayearfoush Yekdebou* etc.) to highlight the first FGM case and discuss revisiting the law to change the penalty for FGM from a misdemeanour to a crime as guided by the Ministry of Justice.
- Series of Newspaper articles and reports on FGM Abandonment highlighting the First Legal Case, follow up on implementation of the court sentence against the doctor perpetrator, in addition to the socio-cultural interviews with families that decided to abandon FGM based on the programme work and media hype created against the practice.
- Increased media coverage on progress of FGM abandonment in international press including Le Figaro, The Guardian and The New York Times. The international press focused on showing the change in attitude toward FGM among young girls versus their families, the legal implication of First FGM Case etc.





- 3 Caricature training sessions for secondary school students from selected villages highlighting social issues related to family violence including early marriage, FGM, and domestic violence (More than 200 students from Aswan, Qena and Minya Governorates).
- Launching Enough FGM Media Campaign (1 month in Jan/Feb. 2015 and in May/June 2015) on all popular satellite Egyptian TV channels featuring Egyptian Families that abandoned the practice in addition to short drama showing the detriments of the practice on young girls. (Media Map in Annex 10 and excerpts from spots).
- Airing Radio capsules on package on family violence issues with a stress on FGM during the Month of Ramadan when listenership is very high.
- Producing 3 billboards for the "Enough FGM" media campaign in Aswan governorate. It is worth noting that the billboards were provided for free by Aswan Governorate.
- Producing "Afwah wa Araneb" TV spots on Population Programme to support NPC to raise population problem on political agenda as guided by Presidential Speeches.

➤ **Output 6: National Policies Legislations and International Conventions that confirm FGM abandonment and law enforcement of FGM criminalisation are executed against perpetrators and collaborators performing the practice shall be accountable (Replaced Output 2 as of January 2016)**

Output 6 has been incorporated in Addendum N°3 in the Contribution Agreement to replace Output 2. This output was incorporated to accommodate Output 1 of the National FGM Abandonment Strategy (2016-2020) which is concerned with effectuating FGM laws, decrees, and legislation enhancing pushing through FGM cases and furthermore, punishing perpetrators.

Output 6 targets networking with legal entities including General Prosecutor's Office, Ministry of Justice, Forensic Medicine, Ministry of Health and Population Supervision Department on Private Clinics and Facilities, Ministry of Interior, Medical Syndicate and civil society to encourage community leaders and public to report FGM cases. According to the project team, Output 6 was implemented in collaboration with a parallel project funded by UNFPA. Discussions with the project team indicate that this "collaboration" does not go beyond managing the financial arrangements associated with certain activities. The PMU of the EU funded project continues to implement the activities of projects funded by other donors. In the case of the UNFPA funded project, the PMU provides all the technical and administrative support while the payment for the actual activities (training, communication, correspondence) is done through the funds provided to NPC directly from UNFPA. This issue affects effectiveness and efficiency as will be discussed in the following sections.

The output is on track at the time of the evaluation. It is important to point out that the project confuses the National Strategy intended outputs (which run until 2020) with the outputs of the project which are expected to be achieved by the end of 2017 (when the project ends). Hence, although this output is on track, whether it will be achieved remains to be seen.

In line with the National Strategy Outputs/Outcomes and revised Contribution Agreement with UNDP (3<sup>rd</sup> addendum) the FGM Abandonment Legal Task force was established with Legal Representatives of the General Prosecutor, Ministry of Justice, Forensic Medicine, Ministry of Health and Population Supervision on Clinics Department, Ministry of Interior. The Legal Task Force in 2016 achieved the following breakthroughs pertaining to accelerating FGM Legal Actions:

- Defining Gaps of 2008 FGM Law through case study of Soheir el Batei's and Hager's cases witnessed in Egyptian Courts 2016.
- 2 Consultation Meetings to discuss prospects of revisiting 2008 Law and furthermore, suggest and draft law strengthening punishment for FGM Crime and transferring the crime from a misdemeanour to a felony. The task force submitted the Legal Proposal to the Minister of Health & Population in June 2016 and a draft law for strengthening FGM punishment.



- Minister of Health & Population submitted the Draft Law to the Cabinet of Ministers. A meeting was held between the Minister of Health and Population and Minister of Justice to finalise the Draft Law prior to its official submission to parliament.
- Simultaneously, the FGM Abandonment & Family Empowerment Programme, NPC, and NCW delivered a presentation to the hearing committee of the Health and Population Committee in the Parliament in which the programme presented the rationale and legal proposal of the FGM Legal Task Force. The proposal found consensus among parliamentary members of the Committee, and the programme responded to the suggestions of one parliamentarian who propagated leaving a loophole for practitioners, while other parliament members supported the Programme Proposal.
- On 31 August 2016 the Egyptian Parliament passed a proposed law strengthening punishment of FGM crime and transferring it from a degree of misdemeanour to a felony degree. Additionally, the law punishes all partners in the crime, including perpetrators, family members, or anyone affiliated with the crime.
- Legal Task Force consultation meetings were held in September and November 2016 in which operational steps were identified including training of Ministry of Health and Population (MoHP) Supervision Department for Doctors and Forensic Medicine Sector of Ministry of Justice. In addition, Regulatory Notes were issued for doctors, district attorneys and Ministry of Interior officers. The notes stipulated a detailed explanation of the new law and the operational steps required by each entity for implementation of the Law.

Additional activities under this output include:

- Mainstreaming a legal circular for private doctors confirming action taken against perpetrators under the FGM criminalisation law.
- Legal circular from MoHP Supervision on clinics' Dept. mainstreamed to doctors in all governorates.
- Regulatory note circulated on the 2016 FGM Law from the General Prosecutor to District Attorneys nationwide.

Training of doctors in the Supervision Department for Private Health Facilities in the Ministry of Health and Population on the legal process required against FGM practitioners. One day Training of 56 Doctors from MoHP Supervision Department (this department is responsible for licensing of private clinics, hospitals and all private health related facilities) from 9 governorates including Cairo, Giza, Qalubia, Menoufia, North and South Sinai, Ismailia, Suez, and Port Said. The Training presented the new FGM law and gave doctors the networking mechanisms with the legal community to enhance reporting of FGM cases.

Mainstreaming FGM Abandonment Curricula with the National Centre for Judicial Studies (NCJS).

- Integrating FGM Abandonment content within Preparatory courses for newly appointed district attorneys and young judges. In 2016, the programme supported 8 training sessions targeting 480 district attorneys and 150 judges focusing on FGM detriments from a socio-cultural, religious, medical and legal perspective that encourages punishing practitioners and perpetrators under the FGM Law.
- Legal Task Force shall finalise unified curricula for the Centre for Judiciary Studies in 2017/2108.

➤ **Output 7: FGM Abandonment and Family Empowerment Advocacy and Media Strategies implemented through local initiatives on the ground and different media channels to accelerate anti-FGM public opinion among younger generations (Replaced Output 3 as of January 2016)**

This output is focused on media and advocacy (similar to output 5) so it is not clear why it would replace output 3 (focused on the regulatory environment and strengthening of law implementation) whereas output 5 remains. There seems to be a slight redundancy in the way this output is formulated.

Despite this, in 2016 (since the adoption of this output), the activities are on track albeit slightly delayed. The output is deemed "slightly" delayed because of the delays in developing governorate



level media strategies at the district level. At present the project works at the national and village levels with no interventions at the district level. This output falls in line with the National Strategy Output/Outcome 2 that addresses advocacy schemes at the local level and furthermore media strategies to instigate and accelerate public opinion on the FGM abandonment issue. The output aims to expand advocacy at governorate level from village to district level through mainstreaming FGM Abandonment within Advocacy Programmes of Primary Health Care and Educational Services Outlets. The media strategies include producing and airing FGM abandonment media campaigns, intensifying public opinion channels including leading newspapers and social media outlets, thus enhancing the public's momentum against FGM as a crime that violates the rights of women and girls. The activities of output 7 are completely coordinated with the national partners through the National Strategy Task Force meetings which were held in September and in November 2016.

Implemented activities towards this output include:

- Operational meeting with Head of Preventive Sector at MoHP to finalise messages of awareness material for dissemination through vaccine sessions in the Primary Health Clinics and preliminary training plan developed.
- Posters and materials finalised for dissemination to MoHP PHC clinics. 3 Pre-Test Sessions held for literates, illiterates, men and women.
- Doctors Against FGM Working Group established for developing Anti-FGM medical curriculum.
- One consultation meeting was held with the Doctors against FGM task force in which an operational guide was developed for incorporating FGM abandonment in the curriculum of medical schools.
- Disseminating a manual on FGM for youth and peer-to-peer education (Implemented in collaboration with UNICEF and NPC Project NGOs)
- Revision of Legal Section of Y-Peer Training Kit to incorporate new FGM Law 2016
- Dissemination of Y-Peer Training kits for Youth Advocates in 10 governorates via: 17 training courses (20 youth/training) from 10 governorates including Beni-Suef, Minya, Assiut, Sohag, Qena, Aswan, Fayoum, Qalubia, Gharbia, and Port Said).
- Training Kit "Gamalha Fi Kamalha" includes Q&As on all perspectives of FGM crime – Social, Medical, Religious and Legal. The kit is developed from the perspective of youth using their common language and addressing the inquiries from their perspective.
- Broadcasting "Enough FGM" Media Campaign during the high season when most FGM cases occur. The project coordinated with the Egyptian TV Union and the Minister of Health's Office to mobilize national resources to air FGM Abandonment Campaign within priority campaigns of MoHP, so the project aired the "Enough FGM" Media Campaign.

#### ❖ **Effectiveness of Implementation Strategies**

The project has an effective and visible contribution, providing a significant input and change for girls in the villages where it operates. The project developed a holistic implementation strategy; learning on the go and adapting to changing context and political situations. The project showed resilience with the changing political environment in Egypt and continued to adapt messages when possible.

The project has two main issues affecting its overall operation: the first is the overlap in roles between the NPC (as a government structure) and the Project Management Unit (PMU) as a project-based parallel unit with little engagement between the two.

The NPC/PMU confusion seems to have also been reflected in the work with NGOs at the field level; capacity building for the NGOs seems to be confused with the capacity building of project staff based inside the NGOs. This requires re-addressing to mainstream the messages. It is difficult to assess whether the capacity of the civil society organisations at the local level has been enhanced to enable them to design and implement approaches to combat FGM.



This confusion between the two structures goes beyond the absence of adequate capacity building for structures within the GoE that is mandated to fight FGM. The presence of the PMU inside the premises of NPC allows other donors (such as the UN) to support projects targeting NPC and implemented by the EU funded PMU. In other words, funding provided by the EU directly (through the provision of staff time and effort) allows the implementation of complementary non-EU funded projects/programmes concerned with FGM. This particular juxtaposition of staff responsibilities is not adequately reported through project progress reports, thus reducing the apparent impact of the EU on the fight against FGM in Egypt.

In addition, it also affects the time allocated for the EU funded project. PMU staff members are paid by the EU while they are engaged in other non-EU funded activities; albeit relevant and complementary to the project.

The second challenge is mainly related to the monitoring and evaluation system of the project and its design from the beginning. The way the outputs are formulated can be misleading at times. (For example the governorate level interventions do not seem to fit well under output 3). Indicators are not always SMART, and they are missing a baseline. The formulation of the indicators appears more like activities as opposed to attempts to measure change. As previously discussed above there is confusion between the outputs/objectives of the National Strategy which is supposed to end in 2020 and the expected outputs of the project which are supposed to be achieved by the end of 2017. Hence, this shows erroneous lower implementation and achievement rates based on inaccurate and ineffective selection of outputs. Furthermore, the current outputs encompass two very similar outputs focused on media and advocacy.

The project started by working in 5 villages nominated by the governors in each governorate of Upper Egypt. Five additional villages were selected by the NGOs in Upper Egypt. In Lower Egypt the project worked with 5 villages in each governorate targeted by the project until December 2016 when the number of villages was increased to 10 in targeted governorates. In total the project worked in 160 villages in 10 governorates. The main criterion for selection was the willingness of the community to accept a project focusing on combatting FGM. Other criteria included a high level of education in the village and an acceptable socio-economic situation. The evaluation believes combatting FGM is a tough fight and the selection criteria of the villages are not rational or coherent with the intended objectives of the project. By working in communities in which the concept of combatting FGM is accepted, the project is inaccurately presenting some of the achievements. The project successfully created linkages at the local level with relevant stakeholders including medical doctors and religious leaders to support the project efforts. However, these efforts are rather limited in scope and are not institutionalised. Hence the potential for replication and scale up is rather limited.

Since the launch of the programme and through the EU funding, the programme succeeded in lobbying and advocating with religious leaders to receive religious rulings (*Fatwa*) against FGM. The project also synthesized medical doctors and focused on increasing their awareness regarding the harmful impact of FGM. In addition, the project engaged with the Ministry of Health and Population (MoHP) department of supervision of private practices to ensure that they are part of the fight against FGM as most cases of FGM occur at private clinics.

In addition to the above, the programme managed to engage the government through working with judges and prosecutors to bring to light cases of FGM as well as lobby the government to amend the Penal Code against FGM. According to the project team, the changes in the legal context regarding FGM indicate that the GoE is keen to address this crime and is clearly against the practice.

In general, it appears that the project's mid-term evaluation and DHS results indicate that there is a change in the trends of FGM in Egypt and that the rates are declining. The adoption of the National strategy is also a positive step towards the Government of Egypt acknowledging its role and showing buy-in. However, this is not to be confused with ownership as the project remains to be the driving force against FGM and not the responsible government bodies. The absence of one entity with a clear role in the fight against FGM in a country as centralised as Egypt decreases effectiveness and potential sustainability.



Other achievements include the obvious high and accurate knowledge and awareness amongst communities regarding the negative consequences of FGM. The environment is more geared against FGM in Egyptian villages in which the project operates. The continuity and consistency of interventions and messages that are spearheaded by UNDP and the PMU inside the NPC is one of the major reasons for the success and the achievements of the project. The project is also commended for spreading awareness among marginalised groups such as orphans and people with special needs.

### ❖ **Implementation Challenges**

As discussed elsewhere in this report the political environment and fluidity of the situation has been a double-edged sword for the project. On the one hand, it forced the project to re-adapt its strategy and continuously synthesize new government officials about the project and solicit buy-in and support. On the other hand, due to the changes in the nature of the regime (3 during the life of the project thus far) issues of women's and children rights including combatting FGM were placed at the forefront of the national agenda. This was a challenge but also an opportunity for the project to raise the bar and build on previously trained and developed critical national mass to support efforts to stop attempts at regression in women's and children's rights.

The changes in the political situation in the country at times affected the rate of implementation of some key project activities. For example, the approval of the change in project budget was delayed by the Egyptian Ministry of Foreign Affairs (MoFA) for 6 months in 2016. In addition, receiving clearances to hold this evaluation were delayed, resulting in a 12 month delay in the start date of the evaluation. These challenges were not addressed by the project.

Other challenges experienced by the project involve the initial village selection for local level activities; to ensure government support the selection was left at the discretion of governors. Selection criteria of activities and the focus on increasing coordination also make the adoption of some activities rather simplistic. For example, in an attempt to increase collaboration, the project supported UNICEF development of a peer training manual and activity. The content and style of training is rather "old fashioned" and focuses on lecturing as a way of acquiring knowledge. This requires review to ensure the value of the intervention is not lost.

It was also noted that in mid-2016, the GoE asked the project to cease its activities in the sensitive and frontier governorates of Aswan, Fayoum and Port Said. In order to not lose the investments made by the project in the preceding years, the PMU decided to continue working within these governorates without engaging NGOs. The PMU implements the activities in these governorates directly and with support from line-ministries. The village level activities in these governorates are funded by UNFPA and managed by the PMU. Project staff explained that the financial model of the UNFPA funded project directly funds the NPC (government structure) enabling the project to continue to fund activities in these governorates as it is seen as direct government funding and not a "non-government" source.

Several NGOs explained that there were delays in providing payments, leading to delays in the implementation of some activities and creating gaps in implementation. The project team explained that they try to avoid this as much as possible. However, between the EU and UNDP regulations of disbursement, delays are rather inevitable at times. Other challenges cited by NGOs include absence of value added to the NGO itself. The management of the project is focused on including project staff within the NGO which manages only the administrative aspects of the project and not the technical. It was also pointed out that the interventions are very short (3 months). It would be better to ask CSOs to provide 1 year plans to reduce administrative work and increase effectiveness. Review of project documentation shows that this issue was raised during the mid-term evaluation and was not addressed by the project.



### 5.1.3 Efficiency

#### ❖ **Financial Management**

The EU Delegation started supporting this programme by signing a Contribution Agreement with UNDP in December 2011 with a contribution of EUR 3 000 000 (representing 95% of the total budget of the Joint Programme). The project was awarded several no-cost extensions. The first Addendum extending the project was signed in September 2013; Addendum n° 2 was signed in December 2014. Addendum n°2 extended the project until December 2015 when Addendum n°3 was approved. Addenda 1 and 2 were no-cost extensions whereas addendum n°3 saw a change in the project's expected outputs. In addition, Addendum n°3 increased the project budget by EUR 800 000. Addendum 3 extended the project until June 2017. According to the EU, UNDP has presented a 4<sup>th</sup> Addendum to the project. If approved, the project will continue until December 2017.

The no-cost extensions indicate that the difficult political circumstances resulted in the inability of the project to meet many of its intended activities over the years. In addition, the project faced several implementation challenges that affected its ability to meet its outputs in an efficient and timely fashion. For example, the implementation of the project was stopped from end December 2015/January 2016 until August 2016 because the MoFA did not give its clearance to addendum n°3. This addendum increased the project budget by EUR 800 000, extended the duration of the action, and amended the expected outputs. During that time, the project was paying the salaries of the PMU but most of the activities could not be implemented.

The efficiency of the project has thus been affected by the imbalance in the originally envisaged ratio of administrative to technical interventions. Changes in political conditions affected the rate of implementation of the project and some of its activities.

#### ❖ **Human Resource Management**

In addition to the financial aspect of the project and its burn-rate, the management structure of the project is also an important cornerstone negatively affecting efficiency. The PMU model creates a parallel structure inside the NPC that is playing the role of NPC instead of providing technical support to NPC and *inter alia* the government to assume its responsibilities *vis à vis* combatting FGM. This model is recreated in parallel in the field with project staff working inside NGOs with no linkages to empower the NGOs themselves. This makes it very difficult for the staff to understand their roles within the project. UNDP has a project manager responsible for the project and is responsible for financial oversight; however, the technical know-how is mainly within the PMU which is housed inside the NPC thus adding to the confusion of roles. Furthermore, the reporting and M&E systems are weak and not reflective of the activities implemented by the project, which suggests a weakness in the oversight of the project. The subtle role that UNDP plays in supporting the project affects both the effectiveness and efficiency of the project. With limited interventions from UNDP in the strategic directions of the project, the PMU (which confuses its role with the NPC) does not have sufficient independence to assume the role of a serious and equal interlocutor with the GoE. This necessary assertiveness along with other quality issues such as M&E and follow-up on MTR results appear to be lacking. Last but not least, PMU staff members are paid by UNDP but their contracts are issued by NPC. Hence the PMU (which should be representing UNDP and the EU-funded project) is not independent. The staff members are not able to engage with government as they feel they are NPC staff. PMU staff believes that this way allows them access to other government entities such as the judiciary, prosecution, universities, and other key government counterparts. The PMU team believes that a different arrangement would make it difficult for the project to engage with government entities.

The evaluation recognises that this is a smart approach to overcoming fear of "foreign funding". Yet this FA falls under the umbrella of bilateral cooperation between the EU and GoE. Accordingly, scepticism about the rationale or the source of the funding should not be present. Hence the perceived value added of this arrangement is void. In reality it is of no use to the project and reduces the ability of the PMU to implement project activities. This arrangement could have been unnecessary had the project activated and ensured the effective and efficient work of a steering committee for the project encompassing all relevant line-ministries.



Whereas UNDP involvement in the project ensures consistent financial support to addressing FGM in Egypt, beyond this important value added there is no evidence to suggest that the expertise and technical support of the UN are reflected in the work of the project. In other words, project staff members (PMU) are not incorporated in any capacity building activities that UN staff usually enjoys such as management skills, M&E, financial training and others. Hence, the role of UNDP is at best ambiguous. The weakness of the project's M&E system indicates little or no involvement of UNDP in the process of implementation and monitoring of project activities. UNDP coordinates the funds of different donors working on issues related to FGM in Egypt; however, the same PMU staff members implement these activities, making it difficult to ensure the efficiency or to identify the impact of EU contribution to eradicating FGM in Egypt.

Despite this situation, communication between EU and UNDP is rather good and consistent. It is worth pointing out that the main reason for the efficiency and effectiveness of the PMU as a management tool is the calibre and dedication of the project staff in the PMU as well as the consistency of their involvement in the fight against FGM since 2003. At the local level the management model is cost efficient but affects effectiveness. As mentioned, the project is not institutionalised inside government structures (although housed inside NPC) or inside NGOs at the local level.

#### ❖ **Efficiency of M&E Systems**

The third and last issue affecting project efficiency is the lack of an adequate monitoring and evaluation system for the project. M&E systems and documentation of the project are very weak. The project has outputs and activities. Indicators are not SMART and there is no consistent way to measure progress. Outputs delivered have generally been delivered in a cost-efficient way.

Findings of the mid-term evaluation indicate the project was suffering from a weak M&E system. The findings, with which the final evaluation concurs, indicate that *“The fieldwork team collects data on a regular basis, monthly, quarterly, and annually based on the activities to be monitored which are then compiled in one annual report. The program is making effort in conducting multi-up operations on different levels, all working hard to collect data led by a qualified and efficient team. Though, the extensive data collected periodically from the local community are not being employed optimally. One of the main reasons for properly employing data is that it is collected on the level of activities and are measured based on specific indicators where analytical relationships can be tracked to measure performance progress towards planned milestones and objectives. The council is currently seeking to develop the monitoring plan of indicators at the field level. The findings are to be reported to decision makers on regular basis, which can have a positive impact on the political support for the program. The program has succeeded in using local findings in the media product that reflects the reality of the situation, whether in the form of cartoon info graphic film, video film, books or talk shows.*

*Regarding the flow of information from the top to bottom approach of the managerial pyramid, more than 60% of the NGOs requested that the information to be shared on regular basis and not only at the time of formulating the program plan and updating the annual plan. For example, many NGOs need access to FGM researches or educational and cultural videos that could be used with the target communities.*

*The evaluation finding indicate that the program has a mechanism for reporting findings, however, there is great potential in improving the mechanism of design of the report, its content, the reporting period or the quality of analysis and not only listing the implemented activities.”*

The finale evaluation concludes that there is nothing to suggest that the project has considered the findings of the mid-term evaluation to improve the M&E of the project or reporting against the indicators. This is considered a missed opportunity as it would have enhanced the performance of the various interventions.

#### **5.1.4 Impact**

The project has reached a good milestone and has successfully ensured that the government developed a clear and positive stance regarding the fight against FGM. This includes the development of laws and lobbying done by the prosecution and MoHP to ensure adequate development of penalties



to combat FGM in addition to the support provided by the government regarding the airing of media messages and public announcements to combat FGM.

Another obvious change effected by the project is a change in the mind-set of men and women at the local level as observed during the evaluation. Both men and women spoke coherently about the negative effects of FGM and openly recounted the stories of their lives. This kind of change is not likely to be reversible.

Although the project cannot fully take credit for the overall decrease in FGM prevalence for girls aged 15 between 2008 and 2015 from 82% to 61%, the project could be assumed to have contributed to this decrease albeit indirectly as the decrease in the prevalence is associated with the work of the PMU supported by the project.

The project has also successfully developed new coalitions of stakeholders concerned with combatting FGM in Egypt (doctors, youth, teachers, law enforcement). These new coalitions will help to promote the work of the project in the future.

### 5.1.5 Sustainability

The development of the national strategy is a positive step towards the sustainability of the project. However, the strategy needs further clarification, particularly regarding the monitoring of the implementation as well as the implementation of surveillance systems to ensure constant monitoring of the situation and the development of response strategies.

It is difficult to identify which government entity is responsible for ending FGM in Egypt or for implementing the National Strategy. The presence of the strategy is a positive step; however, it is not sufficient to ensure the continuation of the actions already implemented. As discussed elsewhere in the report, this is partially due to the duality of the project's management structure (PMU adopting the role of a National Programme). This issue was discussed with the programme staff who explained that at the moment the challenges that the implementation of the National Strategy could encounter are the absence of funds and qualified personnel within existing government structures.

The evaluation findings support these reasons and add three critical aspects to them. The first is the lack of national ownership of the process of implementing the National Strategy. At the moment, the PMU (performing the role of NPC) is the entity leading the implementation of the National Strategy without providing the adequate capacity building to the necessary government entities including the NPC itself. The second key challenge is the absence of capacity and resources within NPC and other government entities to ensure the effective implementation of the strategy. Third and most important, the strategy lacks the appropriate indicators necessary to ensure effective implementation and follow-up. The absence of resources is also a key issue that requires further advocacy work. At the moment, the fight against FGM in Egypt is spearheaded and funded through international cooperation agreements. There is no regular government spending on this issue. Thus, the potential for sustainability is also rather limited. According to the project team, GoE contribution has increased by allowing the airing of promotional media messages against FGM free of charge on national television channels.

In addition to the launch of the National Strategy, a second aspect of potential sustainability is the synthesising of new groups of stakeholders, such as forensic doctors, prosecutors and judges regarding FGM. This will enhance the application of laws to combat the crime at national level. However, there is not enough evidence to suggest that the project has developed adequate plans to continue to engage these new stakeholders in the fight against FGM in Egypt. Beyond synthesising and without a detailed action plan with concrete and measurable indicators, the impact of these stakeholders will not go beyond raising awareness of new groups.

In order to increase the potential for sustainability, it is important to ensure better use of media products, better exit strategies at the local level and strengthening of support to government structures to ensure their ability to assume their roles. Additional measures for sustainability could include ensuring clear roles and responsibilities for the implementation of the national strategy and increased GoE spending on the issue.





## 5.2 Findings in view of EU Added Value

Abandonment of FGM and Family Empowerment started at a crucial time when a lot of changes were taking place in Egypt. The value of the project between 2011 and 2013 cannot be overstated as it served as a key element to combat Salafi and fundamentalist voices promoting the regression of many of the achievements in women and children's laws and practices hard earned by activities and enshrined in national laws prior to the events of January 2011. Support to such a project and understanding of the turmoil and the challenges that it faced presents as such EU added value.

The EU added value is composed of EU visibility through placement of the EU logo, knowledge and information transfer on EU involvement such as funding, but also a mechanism to spread EU values and policies.

- The **partnership between the European Union and UNDP** is well recognised by UN and EU. According to UNDP and EU, the relationship between the two entities has gone through phases of coordination and support. UNDP recognises the role that the EU plays in supporting such an important topic and continues to provide support to national and international entities involved in combatting this phenomenon.
- Many stakeholders met on the ground in the different governorates, both by governmental and non-governmental institutions appreciated the relatively low key involvement of EU and its visibility in this national issue. However, some also **wished for stronger EU engagement**. This in view of technical and scientific support. It has even been stated that there seems to be a misconception from the EU side to act rather sensitively not to get too strongly involved.
- The presence of the EU Delegation at the opening and closing of public events such as workshops, conferences and large meetings is regarded as a “soft touch”, trying to avoid too obvious interference.
- Rarely, but still strikingly enough **some implementing partners and beneficiaries did not hold any notion of the funding or of EU added value**.
- It is important to point out that the EU funding allows the presence of **a national programme to combat FGM**. The EU provides funding for the PMU which is acting as the National Programme. PMU staff members provide support to other projects and complementary programmes that all support combating FGM.
- Overall, the **EU added value** - from a contents oriented focus – was **not very pertinent**. Stakeholders regarded the implication or representation of EU policies as rather limited to non-existent.

## 5.3 Cross-cutting Issues

### 5.3.1 Gender

Discrimination based on gender or sex denies mostly women and girls opportunities for development and the realisation of their basic rights and deprives the world of the proven and multiple benefits for all offered by gender equality. While gender discrimination can affect boys and men in many ways, it disproportionately affects girls and women in the MENA region as in other parts of the world, denying them access to education, health care, participation in governance and decision-making, and protection from violence and abuse. The impacts of discrimination extend beyond individuals to their families, communities and societies at large, preventing them from developing to their full potential. The Sustainable Development Goals cannot be achieved in the absence of equal outcomes for girls and boys. “Abandonment of FGM and Family Empowerment” has an **inclusive approach for gender** and **contributes to gender equality** in the targeted communities; it has been its inherent predominant base and pattern of intervention.

The project initially addressed the crime of FGM through a child rights lens. This was in line with promoting gender equality and empowerment of girls and women. The focus eventually shifted to address FGM from a medical lens. The linkages between both were not enhanced. The benefits of inter-connectedness between health rights and girls' empowerment and rights were not clearly established.

“Abandonment of FGM and Family Empowerment” is not a health project and not necessarily a “rights” programme. The focus of the project was on developing awareness about a harmful practice and supporting national efforts to combat the crime. Sound development practices indicate that it is



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**imperative to include men in the development of programmes supporting girls/women to ensure ownership and buy-in from communities**, which was respected on a large scale.

The project recognised that men often have an important and strong role to play when it comes to family decisions, including FGM of girls. Hence, raising awareness of the harmful practice among men and elaborating the impact FGM could have on marital life in the long run has contributed effectively to changing mind-sets of individuals regarding the necessity of this tradition.

### 5.3.3 Human Rights

The focus on gender within "Abandonment of FGM and Empowerment of Families" can be considered directly linked to the **enforcement and advancement of child and women rights** as embodied in the United Nations Charter and other international conventions focused on the topic. The project focus on rights as stated in the FA does not seem to have been integrated into the various messages and approaches developed by the project.

Several activities tried to incorporate human rights in the interventions but they were not fully integrated. The focus was more on the legal and societal norms as opposed to rights. Media campaigns focused on changes in the role of women and on the positive role of fathers to protect their daughters as opposed to the rights of the child in the freedom from bodily harm and violence.



## VI. Lessons Learned & Recommendations

### 6.1 Lessons learned

- The project has shown resilience and the ability to adapt to changing circumstances as a result of a deep understanding of the context.
- The EU and UNDP have been instrumental in keeping the issue of FGM as a priority on the national agenda. This is due to the consistency and the regular building of coalitions and stakeholder groups to support the work of the project.
- The media played a major role in supporting the project efforts during times of great difficulty. Providing consistent education and engagement of media ensures the presence of dissenting voices at times of political turmoil.

### 6.2 Recommendations

#### General Recommendations for future projects

- Future projects should ensure the development of a logical framework to ensure the development of objectives, outputs and SMART outcome and output indicators.
- In future projects it is important to develop a clear rationale for field interventions and develop appropriate strategies to ensure increased impact at the field level.
- Institutionalise the work of FGM within existing government structures to ensure increased national ownership and budgeting of activities – this will increase the potential for sustainability. Focus on providing technical assistance and support to GoE to carry out its responsibilities.
- Develop a targeting strategy to ensure that targeted villages are those with the highest FGM prevalence
- Focus on developing adequate and coherent interventions to implement the national strategy with clear monitoring systems in place.
- Develop stronger partnership with the government by institutionalising the work of the project within strong government bodies to ensure sustainability and increased national ownership of the various interventions.
- Work with government institutions to design approaches to raise awareness regarding the laws as well as design means to implement the laws and legislations related to combatting FGM in Egypt.
- Build strong partnerships between the project partners at the local level; in particular link the work of the NPC at local levels with NGOs and government institutions at the governorate levels.
- Increase synergy between the different donors to increase the efficiency of the project. Increase coordination between the different UN agencies and EU supporting the fight against FGM in Egypt. This could be done by operationalising the work of a steering committee tasked with combatting FGM encompassing relevant line ministries and supporting the work of the various donors.
- Ensure the development of adequate plans for the implementation of the National Strategy with SMART indicators and clear division of roles and responsibilities. The implementation of the national strategy should encompass advocacy to increase government spending on implementing the strategy.

#### Operational Recommendations

- Review project management structure to ensure direct EU-GoE dialogue as well as increasing the ownership of EUD regarding the implementation process.
- Ensure that project management is not confused with building the capacity of existing national structures. In particular, the PMU established through project funds should not be engaged in activities with other donors.



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- UNDP should ensure that project staff is solely dedicated to the work of the project and not engaged in other activities or replacing NPC staff.
  - M&E is a core function of development processes; ensure enough staff, time and resources are allocated for this function within the project.
  - Review abandonment messages to ensure that they reflect rights-based principles.
  - Develop clear ToRs for the PMU within projects with stronger involvement of EUD in project oversight to ensure that EU visibility goes beyond the use of branding.
  - Ensure the independence of the project PMU to allow it to implement activities in a timely fashion while enjoying the support and knowledge of both UNDP and EU.
  - Review selection criteria and modality of implementing the Y-Peer model for raising awareness.



## VII. Annexes

### Annex 1: List of Documents Received and Reviewed from EU

1	Annual Work Plan 2013
2	Annual Work Plan 2014
3	Annual Work Plan 2014 with achieved activities
4	Progress Report 13 December 2011 – 13 December 2012
5	Narrative Progress Report 18 December 2013- 30 June 2014
6	Progress Report 1 July 2014 – 31 December 2014
7	National Strategy to Combat FGM 2016-2020 (Arabic Document)
8	Power Point Presentation of the National Strategy (English)
9	The National Program for Combating Female Genital Mutilation and Family Empowerment: Mid-term Evaluation report (November 2014)
10	Description of Action: UNDP Abandonment of FGM and Empowerment of Families Joint Program (Add 2)
11	Signed Addendum 2 (September 30 <sup>th</sup> , 2013)
12	Addendum No 2: Special Conditions and Budget (December 2014)
13	Addendum 3: Contribution Agreement to “Abandonment o FGM and Empowerment of Families Joint Program” (December 15, 2015)
14	Financing Agreement between the European Union and the Arab Republic of Egypt: Promotion and Protection of Human Rights and Civil Society in Egypt. ENPI/2008/019-607
15	Signed Grant Agreement 15 December 2011
16	UNDP Request for extension (21 August 2012)
17	UNDP request for no cost extension (6 November 2014)
18	UNDP Request for extension (16 November 2015)
19	Narrative Progress report 31 December 2014-18 December 2015
20	Financial Report 17 December 2015
21	Narrative Progress Report 18 December 2015 – 17 December 2016
22	Financial Report 17 December 2016
23	The Implementation plan of the National Strategy to Combat FGM 2016-2017 (Arabic Document)
24	Factors and Determinants of Circumcision of Daughters Aged 0-17 Years: A Secondary Analysis of Egypt Demographic and Health Surveys (2005 – 2014)
25	General Prosecutor Office – Memorandum regarding the increased penalty for the crime of FGM 2016 – (Arabic Document)
26	Ministry of Health – Memorandum regarding the increased penalty for the crime of FGM 2016 – (Arabic Document)
27	Report of the Constitutional and Legislative Committee on the proposed amendments to the FGM law. Egyptian Parliament 2016. (Arabic Document)
28	Law no (78) 2016 to Amend the Egyptian Penal Code to increase the penalty of those performing FGM. (Arabic Document)
29	Ministry of Justice – Dar El-Iftaa declaration against FGM
30	Communication from the Commission to the European Parliament and the Council; Towards the elimination of female genital mutilation (Brussels 2013)
31	European Parliament resolution of 14 June 2012 on ending female genital mutilation (2012/2684(RSP))



## Annex 2: Work Plan

Activity	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Document review								
Cairo Based meetings								
Travel to 7 governorates								
Initial data analysis and stakeholders debrief								
Report Writing								
Report Finalization								



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## **Annex 3: Final Evaluation Agenda**



Date	Time	Activity	Place	Person	Responsibility
Sunday 12 Feb. 2017	10 am to 5 pm	<ul style="list-style-type: none"> <li>Meeting with NPC Rapporteur</li> <li>Briefing with Project Management Unit at the National Population Council</li> <li>Meeting with Dr. Atef el Shitany – Previous NPC Rapporteur &amp; Head of Population and FP Sector - MOHP</li> <li>Briefing with UNDP on the Joint Programme (FGM Abandonment and Family Empowerment)</li> </ul>	NPC	<ul style="list-style-type: none"> <li>Dr. Tarek Tawfik – NPC Rapporteur</li> <li>UNDP Team</li> <li>PMU</li> </ul>	Ahmed Shahin
Monday 13 Feb. 2017	9 am	Field Visit to Gharbia Governorate (Y Peer Training and Meeting with Beneficiaries)	Travel from NPC Gharbia Governorate	<ul style="list-style-type: none"> <li>Youth</li> </ul>	Magdy Helmy Iman Siddiq
Tuesday 14 Feb. 2017	11:00	Meeting with Dr. Abdel Hamid Atteya – Head of the Egyptian Medical Fellowship for Ob/Gyn. And Reproductive Health – Mainstreaming FGM Abandonment within Medical School Curriculums.	NPC	Dr. Abdel Hamid Atteya – Director of the Egyptian Fellowship for Ob/Gyn. – Ministry of Health and Population	Dr. Vivian Fouad
	1:30 p.m	Meeting with the Supervision Department for Private Health Facilities in the Ministry of Health and Population	MOHP	Dr. Mamdouh el Hadi – Head of Supervision Dept. - MHOP	Dr. Vivian Fouad
Wednesday 15 Feb. 2017	11:00 a.m.	Meeting with Counselor Abdel Aziz Salman – Assistant Head of the Constitutional Court for Discussing FGM case for refuting the law constitutionally and court hearing which	Constitutional Court	Counselor Abdel Aziz Salman – Assistant Head of the Constitutional Court	Dr. Vivian Fouad





		confirmed the law.			
	1:30 p.m	Meeting with Dr. Mohamed Wesam – Secretary General of Dar el Ifta – FGM Abandonment Shift in Islamic Public Opinion.	Dar el Ifta	Dr. Mohamed Wesam	

Date	Time	Activity	Place	Person	Responsibility
	3:30 p.m.	Meeting with Counselor Wael Shebl Public Prosecutor of Southern Cairo for discussing Legal Actions and Strategies on the FGM Criminalization Law.	Public Prosecution Southern Cairo	Counselor Wael Shebl – Public Prosecutor of Southern Cairo District	
Thursday 16 Feb. 2017	9:00 a.m.	Travel to Qalubia from NPC Field Visit to Villages in Qalubia Governorate for Meeting with Beneficiaries	Qalubia	Village Meeting Project Beneficiaries	Dr. Magdy Helmy Dr. Iman Siddiq FGM Project
Friday Morning	17 4:00 p.m.	Meeting with Media Representatives (Press – Social Media – TV – Intellectuals – writers etc )	NPC	Media Representatives from Journalists – Producers etc.	Dr. Vivian Fouad Communication



		– Shift achieved in the Egyptian Public Opinion on FGM Abandonment and Family Rights Issues.			& Training Coordinator - Project
Friday 17 Feb. 2017		Travel to Port Said Governorate Overnight at Batrous Hotel / Port Said	Port Said Governorate		
Saturday 18 Feb. 2017	9:00 a.m.  12:00 p.m.  4:00 p.m.	<ul style="list-style-type: none"> <li>• Field Visit to Village</li> <li>• Field Visit to Village</li> <li>• Travel to Cairo</li> </ul>	.....  .....	Meeting with Beneficiaries.  Y Peer Education session	Dr. Magdy Helmy
Sunday 19 Feb. 2017	8:00 a.m.  12:00 p.m.  6:00 p.m.	Travel to Minya Governorate <ul style="list-style-type: none"> <li>• Field Visit to Village</li> <li>• Meeting with representatives of local media personnel</li> </ul>	Minya Governorate  .....  Horass Hotel	Meeting with Beneficiaries  media personnel	Dr. Magdy Helmy
Evening		• Overnight at Horass Hotel / Minya			
Monday 20 Feb. 2017	9:00 a.m.  12:00 p.m.	<ul style="list-style-type: none"> <li>• Travel to Asiut Governorate</li> <li>• Field Visit to Village</li> <li>• Meetings with Community Leaders and</li> </ul>		Meeting with Beneficiaries	Dr. Magdy Helmy



Date	Time	Activity	Place	Person	Responsibility
	6:00 p.m.	FGM team from the 2 NGOs of Asiat			
Evening		Overnight at Watania Hotel / Asiat			
Tuesday 21 Feb. 2017	9:00 a.m.  2:00 p.m.	<ul style="list-style-type: none"> <li>• Field Visit to Village</li> <li>• Travel to Sohag Governorate</li> </ul>	Asiat Governorate .....	Meeting with Beneficiaries	Dr. Magdy Helmy
Evening		Overnight at Nile Hotel / Sohag			
Wednesday 22 Feb. 2017	9:00 a.m.  3:00 p.m.	<ul style="list-style-type: none"> <li>• Field Visit to Village</li> <li>• Travel to Aswan Governorate</li> </ul>	.....	Meeting with Beneficiaries	Dr. Magdy Helmy
Evening		Overnight at .....Hotel / Aswan			Dr. Magdy Helmy



Thursday 23 Feb. 2017	10:00 a.m.  4:00 p.m.  6:00 p.m.  10:00 p.m	<ul style="list-style-type: none"> <li>• Field Visit to Villages</li> <li>• Meeting with Aswan Governorate Secretary General</li> <li>• Stage show on FGM Detriments from Rights Based Perspective</li> <li>• Overnight at .....Hotel / Aswan</li> </ul>	<p>.....</p> <p>Governorate in Secretary General Aswan Governorate</p> <p>Culture Palace Aswan</p>	<p>Meeting with Beneficiaries,</p> <p>Local Play Prepared by the Ministry of Culture</p>	<p>Mr. Akmal Gamal FGM Project Field Coordinator</p>
Friday 24 Feb. 2017		* Debrief NPC in Aswan	Aswan Airport		
Saturday 25 Feb		Travel to Cairo	Aswan Airport		
Sunday 26 February 2017	12:30 p.m.	- EU Debriefing	EU	<p>PMU team</p> <p>UNDP team</p> <p>EU team</p>	<p>Mona Amin Project Coordinator</p>



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**Annex 4: TOR: Final Evaluation of the EU funded  
“Abandonment of Female Genital Mutilation (FGM) and  
Empowerment of Families Joint Programme  
(ENPI/2011/278-885)”**

## SPECIFIC TERMS OF REFERENCE

### Request for Services No. 2015/366028 Version 1

#### Final Evaluation of the EU funded “Abandonment of Female Genital Mutilation (FGM) and Empowerment of Families' Joint Programme (ENPI/2011/278-885)”

#### FWC BENEFICIARIES 2013 - LOT nr. 7: Governance and Home Affairs EuropeAid/132633/C/SER/multi

### 1. BACKGROUND

The Government of Egypt and the European Union (EU) signed on 23/12/2009 a Financing Agreement for the programme “Promotion and Protection of Human Rights and Civil Society in Egypt” (ENPI/2008/019-607). The programme is the first medium-size EU-funded bilateral cooperation with Egypt addressing human rights. It is of strategic importance to the EU-Egypt cooperation since it affects the capacities of concerned national institutions and avails support to vulnerable population segments. The main objective is to support: (1) the capacity building of national concerned institutions and CSOs, (2) the implementation of national strategies to promote human rights in line with human rights instruments to which the Government of Egypt (GoE) is party.

The programme consists of four components, focusing on women rights, child rights and environmental rights. Six national partners are benefitting from support under this programme, namely the National Council for Human Rights (NCHR), the National Council for Women (NCW), the National Council for Childhood and Motherhood (NCCM), the National Population Council, the Ministry of Higher Education and the Egyptian Environmental Affairs Authority (EEAA). Two of its interventions have ended implementation, namely the support to NCW and to EEAA. UNDP and UNWOMEN are implementing partners for three contracts, which are not directly contracted with the beneficiary.

The recently signed addendum n°3 to the FA extends the operational implementation period by an additional 36 months, and respectively the period of execution to 132 months. The FA operational implementation period currently ends on 23 December 2015, upon extension it will end on 23 June 2018. An external evaluation of the overall implementation of the FA is scheduled to take place at the end of 2015. The present assignment, however, focuses solely on the final evaluation of the FGM project (please see below). Its findings will be used to inform the evaluation of the “Promotion and Protection of Human Rights and Civil Society in Egypt” programme.

The projects under the FA which are currently on-going are the following:

1. *Family and Child Rights Programme (FCR) – (ENPI/2010/235-331):*  
This project started in April 2010 focusing on two key issues: the protection of children from violence in schools and the protection of the rights of children with disabilities. It is implemented by NCCM and is expected to finish December 2015.
2. *Securing Rights and Improving Livelihoods of Women (SRILW) – (ENPI/2012/308-768):*  
This project started in December 2012 and is expected to finish at the end of 2015. It is implemented by UNWOMEN and supports initiatives to access citizenship rights (Issuance of National IDs to women), to empower women economically, and to ensure an environment that is safe from violence.
3. *Integrating Human Rights in Higher Education (ENPI/2012/302-887):*

The project, implemented through UNDP, aims to strengthen the capacity of the higher education system to promote a culture of human rights among university students in Egypt. The signature of the contract in December 2012 came amidst a period of high political instability and volatile security conditions in the country. The security conditions at Egyptian universities and the perceived sensitivity of addressing human rights has stopped the project from being implemented.

4. *“Abandonment of Female Genital Mutilation (FGM) and Empowerment of Families' Joint Programme” – (ENPI/2011/278-885):*

This joint programme was signed between the Egyptian Government and the United Nations Development Programme (UNDP) in September 2009. The EU Delegation started supporting this programme by signing a Contribution Agreement with UNDP in December 2011 with a contribution of 3,000,000 EUR (representing 95% of the total budget). The project will end December 2015. The project has been implemented in 120 villages in 10 governorates (Aswan, Minya, Beny Suef, Sohag, Qena, Assiut, Fayoum, Kaliobia, El Gharbia and Port Said).

There are 5 outputs linked to this project:

- 1) The National Population Council (NPC) has the capacity to mobilise and support line ministries, the medical community, regional universities, NGOs and other civil society entities, media and civil servants to plan and implement strategies aimed at abandoning FGM.
- 2) Line ministries mainstream anti-FGM discourse in their programs and curricula and help empower families by providing comprehensive health, social, and education service packages.
- 3) Strengthening and expanding the operational and regulatory environment to promote the abandonment of FGM and other forms of family violence, while also implementing a holistic approach that empowers families by improving health and education services at the local level.
- 4) Effective national and sub-national monitoring and evaluation systems are in place that can measure change and successes with respect to the abolishment of FGM. This includes monitoring and follow-up mechanisms in existing NPC branches at the governorate level and further strengthening networking schemes between civil society and NGOs at the local level.
- 5) Advocacy and communication strategy is strengthened to support national and local campaigns for the abandonment of FGM, as well as focusing on democratic family values against all forms of domestic violence and basic civil rights.

## **2. DESCRIPTION OF THE ASSIGNMENT**

These terms of reference relate to the final evaluation of the project *“Abandonment of Female Genital Mutilation (FGM) and Empowerment of Families' Joint Programme”*.

### **➤ Global objective**

The final evaluation will provide the decision-makers in the EU Delegation, the Government of Egypt, UNDP and other relevant actors and stakeholders with sufficient information to:

- a. make an overall independent assessment about the past performance of the programme, paying particularly attention to the impact of the project actions against its objectives;

- b. Identify key lessons and to propose practical recommendations for follow-up actions.

➤ **Specific objective(s)**

The final evaluation will assess the efficiency, effectiveness, sustainability and anticipated impact of the supported actions and the prospects for the sustainability of the benefits, as well as their relevance to the projects main objectives. The expert will provide practical recommendations for the follow up actions and lessons learned.

The consultant is required to use his/her professional judgement and experience to review all relevant factors and to bring these to the attention of the EU Delegation, the Government of Egypt, UNDP and, if necessary, other stakeholders.

➤ **Requested services**

For the evaluation of the project as indicated above the European Union Delegation to Egypt requires the following services, without being limited to:

- Collect, compile all the information from relevant sources and relate the findings to the coherent and realistic conclusions and recommendations.
- Review the progress of the project i.e achievements and present status of the implementation of the project with clear indications on the extent to which outputs are being achieved.
- Assess whether the costs of the project are justified by the benefits.
- Assess the impact of the project and its supported actions to date, as well as their future anticipated impact, particularly at both community and district level.
- Assess the project management and organisation in terms of its efficiency, effectiveness and sustainability.
- Examine stakeholder participation in the management/implementation of the project, and the level of local ownership.
- Assess the quality of operational work planning and risk management.
- Assess the quality of information management and reporting, and the extent to which key stakeholders are kept adequately informed of project activities (including beneficiaries/target groups).
- Review the efficiency (input delivery, cost control and activity management), effectiveness (delivery of outputs and progress towards achieving the purpose) of the supported actions and prospects for the sustainability of benefits as well as their relevance. Comparison should be made against what was planned. Gender issues should be specifically monitored..

All tasks of the consultant shall be performed in a participatory manner to ensure that the views of all stakeholders and beneficiaries are obtained and synthesised.

➤ **Required outputs**

The evaluation mission will deliver, without being limited to:

- A verification of the **relevance** of the project in addressing the existing and anticipated institutional, political, economic and social problems (if any);



- An appraisal of the project **efficiency and effectiveness**, especially with regards to **sustainability and cost-effectiveness** of the project results on stakeholders at present;
- An evaluation of the anticipated **impact** of the programme;
- **Lessons learned** from the project and formulation of recommendations for any future support to the sector.

The methodology for this assignment will be spelled out in the inception report and will follow the European Commission's monitoring policy: [http://ec.europa.eu/europeaid/monitoring-projects-and-programmes\\_en](http://ec.europa.eu/europeaid/monitoring-projects-and-programmes_en)

➤ **Language of the Specific Contract**

The language of the Contract and all required outputs shall be English.

➤ **Subcontracting**

No subcontracting is foreseen under this Specific Contract.

### 3. EXPERTS PROFILE

➤ **Number of requested experts per category and number of man-days per expert or per category**

The assignment will be carried out by one Evaluation Expert, Category I, for a total of 24 man/days.

➤ **Profile per expert:**

- A Master degree in a field directly related to these ToR (e.g. social sciences, law, anthropology, etc.) or 3 years on top of the 12 years of general professional experience in development-related work.
- At least 12 years of general professional experience in development-related work.
- Substantive and proven experience in the field of monitoring and evaluating development projects funded through international cooperation programmes.
- Demonstrable knowledge of, and experience with, EU rules and procedures, Project Cycle Management and EU led project/programme evaluation will be an asset.
- Experience in managing, monitoring or evaluating projects in the field of human rights, gender or previous experience with similar projects in the region will be an asset.
- Strong analytical skills.
- Excellent command of the English language, both orally and written.
- Knowledge of Arabic will be an asset.

### 4. LOCATION AND DURATION

The assignment will be divided in two phases: Phase I (desk phase) and Phase II (field phase).

➤ **Expected start date:** 2<sup>nd</sup> November 2015

➤ **Foreseen finishing period:** 15<sup>th</sup> December 2015

➤ **Total duration of assignment:** 180 days

➤ **Location(s) of assignment:**

All activities will be implemented in Egypt. Travel to the various project locations will be required. The final list for the visit of the various project sites will be established at the beginning of the assignment with the support of the GoE and UNDP.

<b>Timetable and Description of Activities</b>	<b>Expert Cat. I Working Days</b>
<b>Phase I – Desk review:</b>  Review of key documentation to be provided by the EU Delegation.	<b>2</b>
<b>Total Phase I</b>	<b>2</b>
<b>Phase II – Field phase:</b>  <ul style="list-style-type: none"> <li>• Commencement of the assignment as described in the ToR. Briefing with the EU Delegation, GoE and UNDP in Cairo. Preparation and submission of inception report.</li> <li>• Field trips to various project locations.</li> <li>• Presentation of the findings to the EU Delegation, GoE, UNDP and other stakeholders in a seminar.</li> <li>• Debriefing with the EU Delegation.</li> </ul>	<b>19</b>
Compilation and submission of final evaluation report.	<b>3</b>
<b>Total Phase II</b>	<b>22</b>
<b>TOTAL DAYS</b>	<b>24</b>

## 5. REPORTING

The expert will produce the following reports:

**Inception report:** The inception report will present the proposed work plan and methodology for the final evaluation. It shall be submitted in electronic version (by email, no longer than 10 pages) within 3 working days after the end of phase I. The EU Delegation will provide feedback within a maximum of 3 working days of the receipt.

**Aide Memoire:** The expert will submit for discussion an Aide Memoire upon conclusion of the field phase. It will be presented by the expert at a seminar on the last day of the field phase, detailing the activities performed, outcomes achieved and outputs produced. The purpose of the seminar is to present the draft final evaluation results to the EU Delegation, the Government of Egypt, UNDP and other stakeholders and beneficiaries, to check the factual basis of the evaluation, and to discuss the draft findings, conclusions and recommendations. The expert should ensure there are sufficient copies

of the Aide Memoire for all seminar attendees. He/she should also prepare a “power point” presentation of the draft final evaluation report.

**Draft Final report** (of maximum 50 pages, excluding annexes) will be presented by the expert within 7 working days after the debriefing.

The EU Delegation will provide comments within 15 calendar days.

A **Final report** will be submitted by the latest 3 working days after receipt of the consolidated comments from the EU Delegation. The final report must incorporate the comments received and should have the following structure:

- Table of contents and list of abbreviations
- Executive summary
- Background
- Methodology
- Main Findings and Analysis
- Conclusions
- Recommendations
- Annexes

In addition, the **executive summary of the final report shall be translated into Arabic** and submitted to the EU Delegation within 15 calendar days.

In preparing the final report, a particular attention should be paid on ensuring the sustainability and dissemination of project results. The Contractor must also comply with the latest Communication and Visibility Manual for EU External Action (see [http://ec.europa.eu/europeaid/work/visibility/index\\_en.htm](http://ec.europa.eu/europeaid/work/visibility/index_en.htm)). The compliance with this shall be made an output of the contract and the contractor shall include in its reporting what has been accomplished.

The Contractor shall ensure the capitalisation and sharing of knowledge related to the implementation of the project. It concerns observations of technical and pedagogical value, which are interesting for other professionals, and which do not infringe with the obligations of article 14 of the General Conditions of the Contract. To share such information, the Contractor shall use the capacity4dev.eu web platform.

The final evaluation report shall clearly indicate the number of the letter of contract and carry the following disclaimer: *“This report has been prepared with the financial assistance of the European Union. The views expressed herein are those of the consultants and therefore in no way reflect the official opinion of the European Union”*.

➤ **Language**

All reports will be prepared in English.

➤ **Number of report(s) copies**

The reports will be presented in five (5) hard copies as well as in an electronic format.

## **6. INCIDENTAL EXPENDITURE**

This Contract foresees the following incidental expenditure:

(1) Travel costs: 1 flight for non-resident experts. A round trip flight to Egypt indicatively costs 600 EUR from Europe. For other destinations the more direct route and economic air fare rates are applicable.

(2) Per diem: According to contractual provisions. Per diems are payable only for non-resident experts. If the original place of residence is Greater Cairo, he/she will not be entitled to per diems, except for the overnight stays spent outside Greater Cairo. The calculation of the number of per diem is based on the requirements stated in this ToR that the expert will perform home based work during the inception phase (desk review) and the preparation of the final evaluation report.

(3) Inter-city Travel: The budget of the reimbursable costs should include a provision for inter-city transport in order to undertake the field phase of the assignment as described above. The indicative cost for renting a car during field missions, including vehicle operating costs, is 100 EUR per day.

(4) Translation of the executive summary of the final report into Arabic (30 pages): Translation from English to Arabic indicatively costs 7.50 EUR per page.

(5) Working days/Hours: The days and hours of work of the expert in Egypt shall not be more than five paid days per week (Sunday – Thursday) with not less than eight hours per day. Local holidays are not working days. Any change will require a prior approval from the EU Delegation.

## **7. MONITORING AND EVALUATION**

### **➤ Definition of indicators**

Not applicable.