

Synthesis Report Maturity Model

FINAL SYNTHESIS REPORT

Development of maturity model for harmful
practices policies and assessment tools

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Acknowledgement

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For more information about the tool, please contact Joseph Mabirizi(jmabirizi@unicef.org)

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List of acronyms

Goals	
AU	African Union
CM	Child Marriage
CSO	Civil Society Organization
FGM	Female Genital Mutilation
GPECM	Global Programme to End Child Marriage
JPFGM	Joint Programme on the Elimination of Female Genital Mutilation
NAP	National Action Plan
NGO	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
PCD	Policy Coherence for Development
PPM	Public Policy Management
RAAAP	Rapid Assessment, Analysis and Action Planning
SDG	Sustainable Development Goals
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund

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1. Introduction

This document aims to provide feedback:

- i) on the application of the Maturity Model for Harmful Practices and Policies user-guides,
- ii) after the successful completion of the maturity model by 12 countries, and
- iii) from 8 country consultations.

It concludes with lessons learned, recommendations and a proposed way forward.

A [Detailed User guide](#) and [Summary User guide](#) were developed and shared and include details on the genesis, rationale, purpose, theoretical background and process of undertaking the rapid assessment. (See below table of contents for this).

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2. Purpose and vision of the Maturity Model for Harmful Practices Policies¹

1. What is the purpose of the maturity model?

The maturity model and assessment tools for harmful practices and policies aim to provide well-articulated benchmarks to measure and monitor changes by level of maturity based on a public policy management approach, and to provide a roadmap for improvement towards the achievement of the elimination targets by 2030.

2. What is the situation the maturity model wishes to address?

Globally, millions of girls and boys have experienced some form of violence, exploitation or harmful practice having a debilitating impact on their development. The situation of children already vulnerable and at risk is exacerbated by the socio-economic impact of the COVID-19 pandemic resulting in further children being exposed to harmful cultural practices, such as child marriage and female genital mutilation (FGM). According to UNICEF, approximately 650 million girls and women around the world today have been married as children, and more than 200 million have been subjected to FGM. These harmful practices are ending childhoods and driving girls out of school and leaving them more vulnerable to domestic violence and a lifetime of poverty.²

3. What is a maturity model?

The maturity model is a **measurement framework** which helps countries to understand their performance capacities in relation to the Sustainable Development Goals commitments (5.3) to eliminate harmful practices by 2030.

The maturity model enables Government, CSOs and partners to assess the state of Government programmes, approaches and systems for elimination and prevention of FGM and Child Marriage; identify priorities or critical investments, and build consensus around the priority interventions.

It **evaluates progress** towards this goal and implies that progress takes place through several intermediate states on the way to maturity. The model **provides a framework for prioritizing system investment**; it sets benchmarks or milestones, and helps to identify what 'good systems' look like.

The maturity model approach has also been used to measure Child Protection Systems Strengthening, supply chain and administrative data systems.³

4. How does the model work?

The model is structured around a number of defined Operational/Functional areas (known as Intermediate Outcomes) and different Sub-domains which are defined by different levels of maturity. The sub-domains serve as benchmarks to indicate the level of gradual progression or advancement made within that Intermediate Outcome.

Intermediate outcomes for Maturity Model on Harmful Practices Policies

Governance and Coordination Structures	Assesses the effectiveness of government structures, including coordination across government departments, between centralizations levels, and between formal and informal actors.
Policy and Legislation	Assesses the effectiveness of the legal and regulatory framework, as well as specific policies related to prevention and elimination of harmful practices
Engagement and Participation	Assesses the extent to which key stakeholders, including children and women, are involved in planning interventions for the prevention and response to harmful practices
Financing and human resources	Assesses the sources, adequacy and availability of funds and human resources to support elimination of harmful practices
Access to services	Assesses the availability and access to prevention and response FGM services for women and children most-at-risk
Data, monitoring and evaluation	Assesses the effectiveness of data collection and monitoring and evaluation systems, whether it is being done nationally into the situation for children and women at risk of harmful practices, and into programmes addressing

For the accelerated scale-up to achieve the SDG 2030 elimination targets, the harmful practices system has to be strengthened within all the elements of the Intermediate Outcomes and Sub-domains. The benchmarks for each level of maturity have been defined and require certain priorities, processes and results to be achieved for each sub-domain. These are defined recognizing that the harmful practices systems evolve through different stages or levels. The harmful practices benchmarks elaborate the characteristics of each of the sub-domains through the course of four levels:

5. How are the priority actions identified?

Through a consultative process the maturity model questions are completed through a rapid assessment tool. This automatically identifies which are the priority areas for intervention based on the level of maturity. Once this has been completed a validation meeting is required to ensure the information collected is accurate and there is consensus among key stakeholders. This serves to inform the prioritized action plan. The model has been designed so that a user-friendly dashboard is produced indicating the level of maturity against the Intermediate Outcomes and component Sub-domains.

1. Weak - Building 2. Average - Enhancing 3. Good -Integrating 4. Excellent - Mature





3. Rapid assessment, completion of benchmarking tool and development of country reports and action plans for 12 countries

Twelve countries⁴ participated in the benchmarking and rapid assessment process identified mainly by those participating in the Global Programme to End Child Marriage (GPECM), the United Nations Population Fund (UNFPA) United Nations Children's Fund (UNICEF) Joint Programme on the Elimination of Female Genital Mutilation (JPFGM), and/or where there are incidents of harmful practices.⁵ Lebanon was invited to complete the model first and provided practical feedback which was integrated into the model prior to rolling it out to the remaining 11 countries.

3.1 Preliminary consultation with key technical stakeholders on purpose and design of model:

Initial consultations on the proposed Intermediate Outcomes and Sub-Domains (see user guides folder for further explanation) took place with various officials at UNICEF, UNFPA and the African Union (AU) to explain the purpose and rationale behind a maturity model, and solicit feedback on way forward.⁶ Lessons learned from UNICEF colleagues in Supply Division and the Child Protection Systems Strengthening unit which both developed maturity models, were also incorporated.

3.2 Design of the model:

With the 6 intermediate outcomes and 20 sub-domains there are 48 questions in the maturity model. After incorporating feedback from the initial consultations, these were designed to limit ambiguity and to give countries a clear benchmark by which they can assess their status in terms of eliminating harmful practices. The model is unique in that it allows opportunity to standardize ratings across all participating countries, while allowing a country-specific rapid assessment.

The Excel model is based on a combination of previous assessment tools including the Rapid Assessment, Analysis and Action Planning Process for Orphaned and Vulnerable Children (RAAAP), the Orphaned and Vulnerable Children Policy and Planning Effort Index, and maturity models for

Child Protection Systems Strengthening, Supply Chain and Data Management (See Inception Report and User guides for further details). The model includes:

- An instruction sheet.
- Six Intermediate Outcome Sheets (i.e. Governance and Coordination etc) with 20 sub-domains and 48 questions.
- Two sheets with total summary and visualization graphs.
- Explanation of the levels or phases of each intermediate outcome ranging from 1 to 4. This is an important explanation to guide the ratings and is listed in Annexure 2.

3.3 Sensitization of country offices:

To ensure there was a clear understanding of the rapid assessment tool, the consultant met virtually with the respective teams explaining the purpose, methodology and the workings of the model itself. A briefing PowerPoint presentation was shared and adapted for the meeting and timelines confirmed.⁷ Offices were requested to complete the model and return it within a time limited period so that the consultant could write up the country reports based on the country-level ratings and status updates.

A detailed desk review took place from each country which helped to inform the country reports. Technical support was provided remotely whenever clarifications or questions were raised.

3.4 Development of country reports:

Detailed individual country reports (on average around 30 pages) were drafted for each country and included a brief summative situation analysis, explanation of the theory and design of the model, narrative summary of each of the intermediate outcomes and sub-domains, an action plan, detailed desk review and visualization graphs of the rating summary. Despite the consultancy period taking place over UNICEF's busiest period (last quarter of the year) most country offices provided excellent detailed inputs into the model, which facilitated ease of analysis and consolidation.

Where there were gaps the consultant was able to glean information from desk review documents.

The 12 country reports are available here.

3.5 Summary of country ratings:

Based on the ratings for the 48 questions the overall average rating out of 4 for all the 12 countries was 2.4. The Intermediate Outcomes⁸ were rated as follows:

Governance and coordination: 2.6.

Policy and legislation: 2.5.

Engagement and participation: 2.6.

Financing and human resources: 1.6.

Access to Services: 2.5.

Data collection, monitoring and evaluation: 2.3.

The ratings were led by the country-level UNICEF technical focal person for harmful practices who in some cases consulted with UNFPA, Civil Society Organizations (CSOs) as well as government.

As the model was a prototyping stage it was determined

that it was important to ensure the model is first workable prior to consulting outside UNICEF but given the close working relationships in place, countries were free to include who they felt appropriate. (See detailed visualization of ratings by each of the Intermediate Outcomes, and Sub-Domains in Annexure 1 below).

3.6 Development of country action plan:

Following each question there was a column where countries were asked to identify what key immediate-, medium- and long-term actions are needed to improve the country's rating related to the particular question. These were consolidated in separate action plans and are included in the country reports. The assumption is that where there is a low rating the actions have higher priority than actions with mature or higher ratings. With various countries having expired or close to expiring National Action Plans for the Elimination of Harmful Practices, the action planning process can potentially provide a uniform methodology to support development of new action plans.

Name of Country	Overall Ratings for Maturity Model
Bangladesh	1.8
Burkina Faso	2.8
Ethiopia	3.0
Ghana	2.9
India	2.2
Lebanon	2.0
Mozambique	2.3
Nepal	2.7
The Niger	2.2
Sierra Leone	2.0
Uganda	2.4
Zambia	3.0



4. Country-level consultation process and feedback

4.1 Consultation process and participants:

Consultations took place with eight out of the 12 countries to share feedback on the model, and to brainstorm on the utility and possible uses of the model to accelerate action for the 2030 harmful practice elimination goals.⁹ The invitation was originally intended only for UNICEF's internal staff, but countries were able to invite whoever they wished. As a result, participants mainly included UNICEF internal staff, but did at times include UNFPA, and CSOs. In some instances, some external participants were unable to participate due to competing priorities.

The consultant was informed that in many instances the government counterparts had been consulted bi-laterally and were informed of the plans to develop the model, and on the whole were very positive.

During the consultation the genesis and purpose of the model was explained, together with the design and what it aims to capture, and feedback was given on the preliminary findings and analysis for each country including the action plan.

Name of Country

Overall Ratings for Maturity Model

	UNICEF Internal Staff	UNFPA	CSOs	Government
Bangladesh	NA	NA	NA	NA
Burkina Faso	5	5	-	-
Ethiopia	2	-	-	-
Ghana	2	-	-	-
India	NA	NA	NA	NA
Lebanon	5	1	4	-
Mozambique	6	1	-	-
Nepal	NA	NA	NA	NA
The Niger	9	-	-	-
Sierra Leone	5	-	-	-
Uganda	NA	NA	NA	NA
Zambia	4	-	-	-

4.2 Feedback from consultations process:

A consultative session took place using an interactive Miro Dashboard which posed two important questions:

1. What do you like and wish for from the model: How can the maturity model be used to augment the global partnership implementation to accelerate achievement of the SDG HP elimination goals?
2. In your country what are the key next steps for this model to be mainstreamed and used in your work?

See **Annexure 3** for detailed feedback from countries as well as copies of the consultative Miro boards.

What participants liked about the model:

Overall, participants were positive about the maturity model citing that it is an easy tool to complete and follow yet comprehensive with a multi-sectoral focus in terms of its focus to eliminate harmful practices. Some of the positives cited are:

- **Bigger picture:** The matrix of intermediate outcomes and contributory benchmarks or sub-domains help to understand the bigger inter-related picture.
- **Identifies strengths and weaknesses:** It objectively shows strengths and weaknesses of the existing system yet does not stop there with the action planning tool in place. It hence gives opportunity to identify the gaps and actions to address these gaps. It also gives an opportunity for in-depth reflection.
- **Evidence based advocacy tool:** It is a strong advocacy tool as it critically identifies where existing gaps and opportunities are, while giving an evidence-based methodology to succinctly summarize the key priorities or issues and recommended actions.
- **Good visualization:** The visualization graphs and action points can potentially be used for high-level advocacy and are easy to understand.
- **Investment case:** It provides a robust methodology to identify where critical investments are necessary to effect change.
- **Strengthens measurement and centred around accountability:** The model helps to operationalize

the African Union Accountability Framework and helps countries to have a measurement framework in place which can track progress, or the lack thereof. It also shows the level of government commitment including to financial allocation.

- **Standardization:** It provides opportunity to compare and learn from other countries in terms of initiatives that are having a positive impact to eliminate harmful practices.
- What participants wish for from the model:** Participants were asked what they wished for from the model, and how the model can help accelerate achievement of the SDG HP elimination goals. Summative feedback included:
- **Measurement tool:** The model can serve to help regularly track progress against agreed upon targets especially in countries where there is a heavy reliance on population-based surveys. It was recommended that the tool is completed bi-annually with a formal engagement process taking place annually to revisit the tool, update the ratings and the priority actions. Further exploration and consultation with the Global Partnerships (on child marriage and abandonment of FGM) can help to identify how the tool can be mainstreamed.
 - **Inform national strategic development:** It was felt that the model has significant potential to inform the design of country-level National Action Plans for the Elimination of Harmful Practices. In many countries these NAPs are expiring or have already expired, and while some have engaged in mid-term evaluations, many have not. The model can serve to undertake a rapid assessment of the situation and identify and prioritize gaps through a consultative process that engenders strong ownership.
 - **A shortened simplified version needed:** Some countries requested a simplified version with a two-page summary and action points. This can be revisited to extract user-friendly information which can be used for advocacy and investment appeals.
 - **Consultation sessions and ownership:** Countries unanimously felt that further consultation is needed with UNFPA, CSOs and government to bring them fully

on board. It was left undecided if government should be engaged at the ratings stage or the action planning stage (or both). Some countries wished for government to fully own and lead the entire process, and others recommended that the model itself is owned by UNICEF and government engages only in the action planning process due to concerns of bias or political interference in the ratings.

- **Separation of harmful practices:** In some contexts significant progress has been made in terms of eliminating child marriage, and limited progress with FGM. It was suggested to consider dividing the model into two models to allow for in-depth analysis of each of the harmful practices.
- **South-South support and triangulation:** The model was appreciated for its standardized template or matrix used in 12 countries, which offers opportunity to triangulate best practice interventions in other countries, and bring together countries. Countries would like to engage and learn from other countries in terms of how to improve their work, and thought the model is a good tool to help forge further links.
- **Investment case:** The model should be used to bring donors and development partners on board to prioritize funding in key areas as identified in the model.

Key next steps for this model to be mainstreamed and used:

Participants had varied answers in terms of next steps for the model to be mainstreamed and used in their work. Although there was often context specific points there were some salient points that were consistent with most countries:

- African union should be fully on board and consulted including at political levels to ensure their buy-in and ownership in terms of holding countries accountable.
- Internally UNICEF and UNFPA should move the model beyond the technical level to governance level at Deputy representative/Representative level. Should also be presented at Programme Coordination Meetings given intersectoral nature.
- A global/regional webinar will be useful to reach consensus and learn from other countries in terms

of utility of model, and how to mainstream with the partnership frameworks and national planning processes.

- Country-level validation is important –a country level workshop will be helpful to give opportunity to sensitive stakeholders on the model and content, and potential usages. Should work out how the AU, CSOs, donors and government can be brought on board and at which stages.
- The level of government involvement and at which stage is likely to be context specific. Some countries recommended to meet bi-laterally with government and to populate the model, and others recommended to only include a small group of CSOs and UNFPA but to inform the government and then involve them at the action planning stage.
- Challenges exist to close the gaps between the GPECM and national strategic approaches, the model can potentially be used to bring these together.
- Dedicated resources will be required to take this forward at country level given limited capacities and resources.

5. Lessons learned and recommended way forward

5.1 Lessons learned

- The initial scope of the work required a 2–3-page country-level summary for each country. However once the country-level Excel maturity model had been populated and the rich information extracted, consolidated and analysed it was evident this was too short. As a result relatively extensive country reports were written and shared, and were overall positively received. It is however possible to redact this further into 2–3-page country summary reports, which can potentially be used for advocacy purposes.
- The maturity model has 48 questions within 6 intermediate outcomes, and 20 sub-domains. Considerable effort was made to limit ambiguity and ensure clarity to ease the technical burden on country offices to complete the tool. Their completion of the tool itself was critical as a prerequisite not only for technical accuracy but also for strong ownership and buy-in. While the consultant could have drafted the inputs into the model, this would likely have undermined the buy-in and commitment to role it forward. Once the countries had completed the model, they had an in-depth understanding of the issues and appreciated the potential of how the model can be used to accelerate action to the achievement of the SDG goals.
- The scope of the work was designed with the intention of reducing transaction costs on in-country technical focal persons, while still including their active participation. The initial sensitization consultation meeting, followed by remote technical support to complete the model itself, and culminating in the final consultation feedback session (for eight countries) provided iterative opportunities for the countries to prototype the model. This was in line with the theory of the human-centred design model captured in the inception report, and helped to ensure the model is relevant and useful to the specific country contexts.
- Remote working modalities worked well in the assignment and ensured there was regular and meaningful participation in the consultation meetings. However, there are limits to remote working and some face-to-face engagement would have been welcomed particularly through regional meetings.

5.2 Recommended way forward

A. Validation of the maturity model: This is an important stage and will vary from country to country. Some countries cited that the model was user-friendly but given the paucity of capacities and resources it was not feasible for government to be significantly involved. In Lebanon for instance, the protracted humanitarian crisis and failed state status of the Government undermines significant government involvement in the process. A country-by-country approach may be necessary to determine level of government engagement.

The primary aim of validation is for all stakeholders including government, CSOs, and development partners to endorse and utilize the model as a tool to eliminate harmful practices. It is recommended to initially facilitate a webinar, or to consult with key countries bilaterally, to agree on the proposed way forward for validation in each country context.

It is recommended that a **two-day validation workshop** be facilitated in each country with the first day focusing on the validation/completion of the model, and the second day focusing on validating the identified actions. Cognizant that reaching consensus with a zero draft of the model could take significantly longer than two days, it is recommended that the model is initially drafted by UNICEF and inputted by a small technical working group consisting of UNICEF, UNFPA, a key CSO and possibly one lead Ministry technical focal person. This will require giving stakeholders approximately two weeks to complete their inputs (although technically inputting to the model is a two- or three-hour exercise). For the first day of the workshop the focus would be on finalizing the ratings and inputs (including status updates, and identification of immediate, medium- and long-term goals). The second day would focus on reaching consensus on the prioritized actions. A brainstorming session could also be facilitated on how the model can be further operationalized.

It should be possible for technical support to be given either remotely, in country or in a hybrid manner. If technical support is given directly this will require facilitating the workshop and bringing all stakeholders together to reach consensus. Given there are 12 countries this could be quite time-consuming and involve significant travel. Alternatively, UNICEF technical focal persons can be trained by a technical

expert at a face-to-face meeting (at a central regional location) or online to facilitate the workshop and validation process.

B. Mainstreaming of model into global partnership implementation and national strategic planning:

With some of the country National Strategic Action Plans for the Elimination of Harmful Practices expiring or close to expiration, the model can serve to identify the key gaps and priorities to accelerate action to the SDG goals. The model can also potentially be utilized to strengthen the evidence base to serve either as an indicator in the GPECM/JPFPGM monitoring and evaluation frameworks.

C. Move Excel-based model to a dashboard:

Ideally the model will inform multi-year annual work planning for the Global Partnership frameworks/Joint Programme, and/or the strategic national action plans. To achieve this the model should also be as nimble and agile as possible allowing an online dashboard for all stakeholders to view. To achieve this it is recommended that the model moves from an Excel-based model to a dashboard with IT coding. Towards this the consultant had technical consultations with the supply chain manager who was the technical lead for the development of the UNICEF supply chain model (See meeting notes with Manuel Celestino Lavayen) as well as one of the IT experts who helped to create the supply chain model dashboard (See meeting notes with Michael Gearney). Ownership of the model dashboard application and Terms of Reference creation needs to be internally adopted by either the UNICEF ICT division, or the Supply Division. Once this is clarified it is recommended to go out for tender to contract an IT firm who can code the Excel model into a dashboard. (See detailed meeting notes above with modalities for taking this forward).

Additionally, UNICEF could consider advocating that key components of the model are mainstreamed into UNICEF's internal annual SMQ/CSIs reporting formats, similar to how the Child Protection Systems Strengthening (CPSS) questions have been integrated.

D. Create advocacy user-friendly tools:

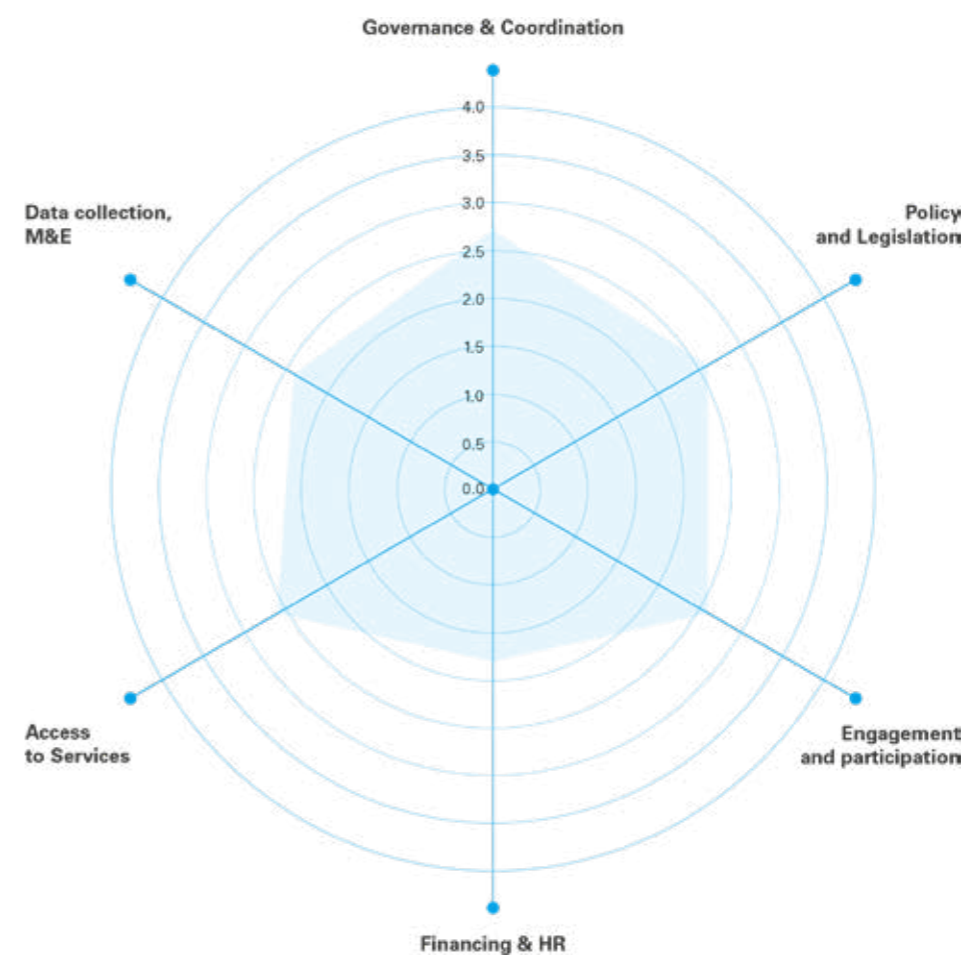
The information generated from the model can easily be redacted into advocacy briefs including one or two visualization graphs or tables, top five priority actions and explanatory narrative. It would be worth meeting with the African Union to see what format they would find useful in terms of their country-level monitoring visits.

Technical support to Countries: Many countries are struggling with significant capacity challenges at country level including in UNICEF offices. Ongoing technical and capacity support is most likely necessary both internally to some UNICEF offices, and most likely to the core group established to take this process forward.

Annex 1: Data visualization of countries (Rating out of 4)¹⁰

Intermediate Outcome areas	Bangladesh	Burkina Faso	Ethiopia	Ghana	India	Lebanon	Mozambique	Nepal	Niger	Sierra Leone	Uganda	Zambia	Average
Governance & Coordination	2	3.2	3.5	3.3	2.4	2.1	2.6	2.7	2.1	2.6	3.2	2.8	2.7
Policy and Legislation	1	3	3.7	3.6	2.1	1.5	3	3.5	2	1.9	2.7	3.4	2.6
Engagement and participation	2.3	2.5	2.8	2.4	2.3	2.5	3.2	2.5	3.1	2.4	2.3	2.8	2.6
Financing & HR	1.7	2.6	2.4	1.7	2	1.1	1.5	1.7	1.4	1.2	1.8	2.2	1.8
Access to Services	2.3	2.9	3.3	3.1	2.3	2.7	2	2.7	2.3	2.1	2.3	3.3	2.6
Data collection, M&E	1.7	2.8	2.4	3.1	2.1	1.9	1.8	2.9	2.2	2	2.2	3.3	2.4
Average	1.8	2.8	3	2.9	2.2	2	2.3	2.7	2.2	2	2.4	3	2.4

12 country Intermediate Outcome Summary



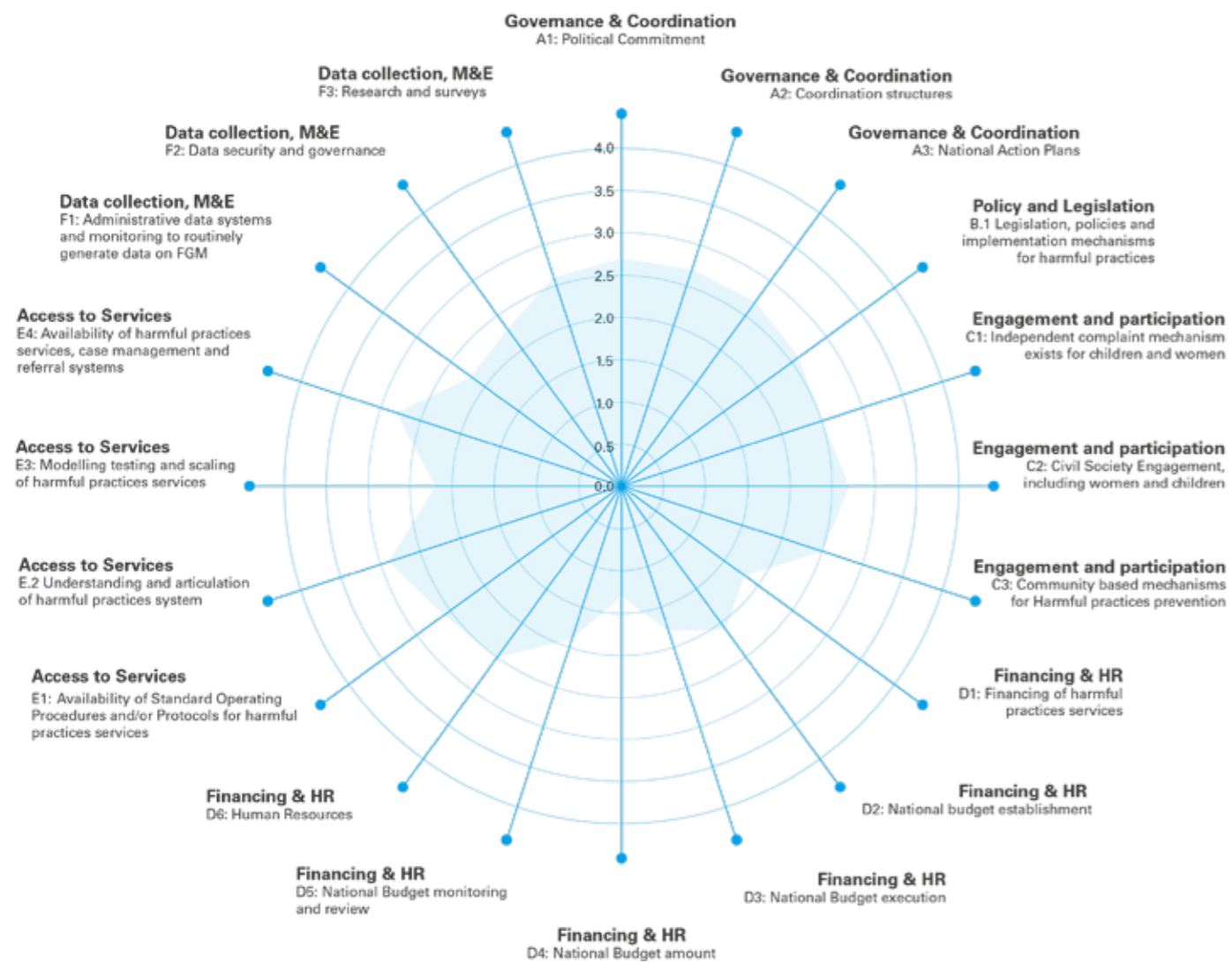
Summary Ratings for 12 Countries Maturity Model for HP (Out of 4)

Intermediate Outcome areas	Bangladesh	Burkina Faso	Ethiopia	Ghana	India	Lebanon	Mozambique	Nepal	Niger	Sierra Leone	Uganda	Zambia	Average
Political Commitment	1.7	3	3.3	3.3	2.7	1.3	2.7	3	2.7	2.7	3	3.3	2.7
Coordination structures	2	3	3.5	3.2	1.8	2.8	2.7	2.5	2.7	2.3	3.2	3.2	2.7
National Action Plans	2.4	3.6	3.8	3.4	2.8	2.2	2.4	2.6	1	2.8	3.4	1.8	2.7
Legislation, policies and implementation mechanisms for harmful practices	1	3	3.7	3.6	2.1	1.5	3	3.5	2	1.9	2.7	3.4	2.6
Independent complaint mechanism exists for children and women	2	2	2	2	2	2	4	3	4	3	2	2	2.5
Civil Society engagement, including women and children	2.3	3.4	3.4	2.7	2	2.9	3.1	2.6	3.3	1.6	2.4	2.9	2.7
Community based mechanisms for harmful practices prevention	2	2	3	2.5	3	2.5	2.5	2	2	2.5	2.5	3.5	2.5
Financing of harmful practices services	1.8	2.4	3.1	2	2.2	1.2	1.8	1.4	1.4	1.4	1.8	1.4	1.8
National budget establishment	1.8	3.4	2.4	2.4	2	1.2	2.2	1.8	1.6	1.2	2	2.6	2.1
National Budget execution	1.5	2.5	3	1	2	1	1	2	1.5	1	2	3	1.8

- = Governance & Coordination
- = Policy and Legislation
- = Engagement and participation
- = Financing & HR
- = Access to Services
- = Data collection, M&E

Intermediate Outcome areas	Bangladesh	Burkina Faso	Ethiopia	Ghana	India	Lebanon	Mozambique	Nepal	Niger	Sierra Leone	Uganda	Zambia	Average
National Budget amount	2	2	2	1	2	1	1	1	1	1	1	1	1.3
National Budget monitoring and review	1.5	2.5	1.5	2	2	1	1.5	2.5	1.5	1.5	2	3	1.9
Human Resources	2.3	3.3	3.3	2	2.3	3.7	1	2.7	2.7	1.3	2.3	3.3	2.5
Availability of Standard Operating Procedures and/or Protocols for harmful practices services	2	3	3	3	2	4	2	2	2	2	2	4	2.6
Understanding and articulation of harmful practices system	2.5	3.5	4	3.5	2.5	2.5	2.5	3	2.5	2	3	3	2.9
Modelling testing and scaling of harmful practices services	2	2	3	3	2	1	1	3	2	2	2	3	2.2
Availability of harmful practices services, case management and referral systems	2.5	3.3	3.3	3	2.8	3.3	2.5	2.8	2.5	2.3	2.3	3	2.8
Administrative data systems and monitoring to routinely generate data on FGM	2	2.5	2.2	2.2	1.2	2.8	2.3	1.7	2.5	2	2.7	2.8	2.2
Data security and governance	1	4	2	3	2	1	1	4	1	2	2	4	2.3
Research and surveys	2	2	3	4	3	2	2	3	3	2	2	3	2.6

Summary Ratings for 12 Countries Maturity Model for HP (Out of 4)



Aggregate Ratings (1-4) for Harmful Practices in 12 countries



Annexure 2: Explanation of ratings guide by Intermediate Outcome from 1 to 4

Governance & Coordination

● Level 1: Weak - Building

There is limited political commitment including no formal public declaration to eliminate harmful practices; there is no multi-sectoral coordination mechanism, and if there is a mechanism it is ad hoc and largely conveyed by CSOs; there is no plan of action in place, or discussions are ad hoc.

● Level 2: Average - Enhancing

There is a degree of political commitment but not a formal public declaration; there is a multi-sectoral coordination mechanism in place, but this does not meet routinely, and there is a plan of action in place, but there are no clearly defined targets or milestones.

● Level 3: Good - Integrating

The country has strong political commitment to eliminate harmful practices with a high-level declaration spelling out its commitments, there is a national multi-sectoral coordination structure in place with an institutionally mandated lead, but this does not meet as often as required, and while there is a Plan of Action with clearly defined targets these are not aligned fully to national statistics frameworks.

● Level 4: Excellent - Mature

The country has strong political commitment to eliminate harmful practices with a high-level declaration spelling out its commitments, there is a national multi-sectoral coordination structure in place with an institutionally mandated lead, which meets routinely, and there is a Plan of Action with clearly defined targets aligned to national statistics frameworks.

Policy and Legislation

● Level 1: Weak - Building

There are likely to be no policies or enacted laws in place which protect women and girls, including the most-at-risk from harmful practices, though there may be a draft available or some preliminary ad hoc discussions but not nationally driven.

● Level 2: Average - Enhancing

There are some limited laws and policies in place which provide some measure of protection for women and girls, including the most-at-risk, from harmful practices, but these laws provide inadequate protective measures especially as they are not operationalized, and there are limited enforcement measures in place.

● Level 3: Good - Integrating

There are laws and policies in place which specifically protect women and girls, including the most-at-risk, from harmful practices. However the laws are largely not operationalized with limited implementation mechanisms and lack enforcement measures especially at sub-national levels. There is likely to be limited monitoring or review of existing laws to ensure in line with international human rights standards.

● Level 4: Excellent - Mature

There are enacted laws and policies which specifically protect women and girls, including the most-at-risk, from harmful practices. These are operationalized through implementing mechanisms and enforcement measures at national and sub-national levels, and routine monitoring and review mechanisms are in place to ensure these laws are in line with international human rights standards.

Engagement and participation

● Level 1: Weak - Building

There is no complaints mechanism (independent or otherwise) for children or women; civil society organizations are not engaged in strengthening political commitment, planning and budgeting processes, or monitoring and reporting around harmful practices; there are no engagement forums for women, youth and children around harmful practices and there are no community-based protection mechanisms in place which engage with women and children at risk of harmful practices.

● Level 2: Average - Enhancing

Local service providers have complaints procedures in place; CSOs are engaged to a limited extent in strengthening political commitment, planning and budgeting processes, and monitoring and reporting around harmful practices; engagement forums through efforts of NGOs or local partners have been established to ensure women and children can discuss issues and provide feedback to service providers, and community-based protection mechanisms are more widely available but continue to be led and supported by partners and NGOs.

● Level 3: Good - Integrating

There is an independent complaints mechanisms accessible for women and children but no stipulated timeframe for reply; civil society are to a large extent engaged in strengthening political commitment, planning and budgeting processes, and monitoring and reporting around harmful practices; there are engagement forums for women, youth and children with government support but coverage is limited, and there are community-based protection mechanisms in place also engaging with women and children but these are weak.

● Level 4: Excellent - Mature

There is an independent complaints mechanisms that accepts complaints by or on behalf of women refused or receiving harmful practices services which replies within a stipulated timeframe; civil society are extensively engaged in strengthening political commitment, planning and budgeting processes, and monitoring and reporting around harmful practices; there are engagement forums for women, youth and children with government support, and there are community-based protection mechanisms in place also engaging with women and children. The effectiveness of these mechanisms is monitored through fully functional accountability mechanisms.

Financing & HR

● Level 1: Weak - Building

Harmful practices services are mostly funded by donors or provided by CSOs, with minimal direct government funding support. There are no reviews of allocations of funding and if so it's on an ad hoc basis and largely led by CSOs and donors. There is very limited capacity-building of key stakeholders on harmful practices, and if so it is led by CSOs.

● Level 2: Average - Enhancing

There are limited budgetary commitments for harmful practices, which are mainly met by development partners. There is some tracking and review of budget allocations for harmful practices but this is ad hoc and not systematic. There is some formal training on preventing and responding to risk factors of harmful practices but it is led by NGOs and ad hoc.

● Level 3: Good - Integrating

Financial resources have been allocated by government and partners, with government meeting at least 50 per cent of the costs; the funding is realized mostly on time and is accessible to the relevant sectoral Ministry(s), with regular reviews of allocation taking place. Routine capacity-building is provided to key stakeholders on harmful practices but there is limited coverage especially at sub-national levels.

● Level 4: Excellent - Mature

Adequate financial resources have been allocated by government and partners, with government meeting the majority of the costs; the funding is realized on time and is accessible to the relevant sectoral Ministry(s), with regular reviews of allocation taking place. Routine-capacity building is provided to key stakeholders with supportive supervision services on harmful practices with significant sustained coverage.

Access to Services

● Level 1: Weak - Building

There are no Standard Operating Procedures (SOPs) or protocols for harmful practices, awareness on harmful practices is limited and awareness-raising is largely ad hoc and led by CSOs; there may be some harmful practices services available but they are also ad-hoc and do not address all protection concerns, and there is no effort to ensure user-friendly and gender-responsive.

● Level 2: Average - Enhancing

There are defined SOPs or protocols for eliminating harmful practices but implementation is ad hoc at best often constrained by lack of resources; there are awareness-raising activities on harmful practices but these are largely ad hoc and run by CSOs; there are some prevention and response activities in place but mainly around standalone response services, and no focus on ensuring they're gender-responsive.

● Level 3: Good - Integrating

There are clearly defined SOPs or protocols for elimination of harmful practices; there are formal awareness-raising activities to articulate harmful practices systems but with limited coverage; there is access to prevention and responsive services such as case management and referrals, but this is not to scale although efforts may be underway.

● Level 4: Excellent - Mature

There are clearly defined and gender-responsive SOPs or protocols for elimination of harmful practices, which are regularly reviewed and revised to adapt to emerging situation. There is an excellent awareness of harmful practices among policymakers, with government-led and funded national-level scale-up prevention and response-related services including integrated case management and referral services, which are accessible at national and sub-national levels, and are user-friendly and gender-responsive.

Data collection, M&E

● Level 1: Weak - Building

There are no data collection plans and mechanisms in place to generate data on harmful practices on a regular basis; there is no legislation on data collection, transfer or sharing of data, or policies or procedures to ensure safety of those involved; and there are also no population-based surveys capturing information on harmful practices.

● Level 2: Average - Enhancing

Core administrative data systems that capture harmful practices exist at national level, but administrative data gathered by different sources is very limited; there is legislation in place but it does not cover essential elements and standards of quality data collection and record keeping, and harmful practices are captured through population-based surveys but not through repeated cross-sectional surveys (i.e. analysis from a new sample population at successive time points).

● Level 3: Good - Integrating

There are administrative data systems as part of a broader national statistics system which generates data on harmful practices but this is not gender or age disaggregated and the information is not routinely collated; there are data security and governance mechanisms such as legislation in place which ensure confidentiality but there are limits as it does not cover all the essential elements; and harmful practices issues are captured through population, longitudinal and/or cross-sectional surveys and inform design of prevention and response service interventions, but the studies/surveys are dated.

● Level 4: Excellent - Mature

There are administrative data systems as part of a broader national statistics system which at regular intervals generates gender and age disaggregated data on harmful practices and includes information on hard-to-reach populations; data is regularly used for policy, planning and monitoring of programmes; there are data security and governance mechanisms such as legislation in place which ensure confidentiality; and harmful practices issues are routinely captured through population, longitudinal and/or cross-sectional surveys and inform design of prevention and response service interventions. There is also centralized coordination of the data by the national statistics offices with relevant ministries and agencies.

- As related to child marriage to start with MOSA.
- Mapping the relevant partners.
- Need to do a risk analysis.
- Adaption and contextualization.
- Impliquer les communautés.
- L'étape qui doit accompagner le model, estr de crrer les conditions d'une mise en pratique qui puisse convaincre les futurs utilisateurs internes a UNICEF et externeaire.
- Souvent si l'intervention est mise en oeuvre par deux types de partenaires(Gvnt-ONG), l'évaluation necessiterai une analyse croisée pour une évaluation de qualité.
- Workshop with platform ending child marriage to present the tools, have monthly meeting.Can share to see if interested.
- Then exercise to fill it in. Three months try to fill it.
- To be eventually owned by the government so that we speed up legal reform.
- Dedicated allocation of funds.
- Clear module of engagement.
- Pour que ce model soit intégré il est necessaire non seulement de faire sa vulgarisation auprès des parties prenantes et egalement que le gouvernement à travers les ministères sectoprielle puisse participer au processus.
- Le modele doit intégrer tous les cadre de coordination des actions pour une un souci de redealibité.
- Platform includes government, AU, donors, and CSOs. Can share the tools. Also try to fill in.
- Fill in tool together,good opportunity as currently writing action plan for ending CM.
- TWG set up at Gender Division (coordination on Gender and NSECM). Presentation should be made to this TWG.
- Presentation to TWG and secondly to larger coordination mechanism.
- Agree when drafting strategy can agree on timelines.
- Steps: PCM.
- Share UNFPA and allow to give inputs.
- Inform TWG on what is happeneing.
- Share draft document.
- At what point to bring in or involve communities at community level?
- Present at PCM in UNICEF.
- Need to also bring on board UNFPA.
- Share with UNFPA, FCDO, other interested partners.
- Secretariat has challenges, idea to close gaps between GPECM and national strategies and approaches.
- Could support action plans, but given major challenges with national action plans see it as more useful internally.
- To bring government on board. Can include strengthening coordination secretariat as an action point and tide to funding.
- Findings and action plan should be shared with government, NGOs, CSOs.
- The internal consensus within the United Nations first then consultations with the government.
- Llikely to become part of GPECM but less institutionalised.
- Sit with key line ministries to validate before proper validation with wider developement group.

Annexure 4: Technical consultations

N.	Name	Title/Function
0	Michael Gearney	Project Officer IT, UNICEF Supply Division
1	Eri Dwivedi,	Planning and monitoring manager, CP programme group, UNICEF
2	Manuel Celestino Lavayen	Supply Chain Manager, Supply Chain Strengthening Centre UNICEF
3	Nankali Maksud	Senior CP Advisor, UNICEF HQ
4	Joseph Mabirizi	CP Specialist, UNICEF HQ
5	Nena Thendu	Technical Coordinator of the Harmful Practices Unit, African Union Commission
6	Aniruddha Kulkarni	UNICEF Child Protection Systems Strengthening focal person
7	Harriet Akullu	UNICEF HQ
8	Robert Kasanene,	UNFPA seconded to AU
9	Richard Wamimbi Wotti	Technical Officer, Campaign to End Child Marriage Ending Harmful Practices Unit;
10	Bridget Job-Johnson	UNICEF Bangladesh Chief CP
11	Tahmina Huq	UNICEF Bangladesh
12	Karim Sankara	UNICEF Burkina Faso
13	Lacina Zerbo	UNICEF Burkina Faso
14	Dalomi Bahan	UNFPA Burkina Faso
15	Emmanuel Tago	UNFPA Burkina Faso
16	Marite Charlotte Lucia Decker	UNICEF Burkina Faso
17	Yacouba Belem	UNICEF Burkina Faso
18	Haithar Ahmed	UNICEF Ethiopia
19	Zemzem Shikur	UNICEF Ethiopia
20	Fikereselam Terefa	UNICEF Ethiopia
21	Miho Yoshikawa	UNICEF, CP Specialist Ghana
22	Sumin Han	UNICEF, CP Officer Ghana
23	Tannistha Datta	UNICEF India
24	Mary Thomsa	UNICEF India
25	Padmanav Dutta	UNICEF India
26	Jackline Atwi	UNICEF Lebanon
27	Farah Hammoud	UNICEF Lebanon
28	Dicamillo	UNFPA Lebanon
29	Taghrid Abdallah	ICRC Lebanon
30	Fatima Ardat	UNICEF Lebanon
31	Chantal Chastonay	DRC Lebanon
32	Maria Semaan	UNICEF Lebanon
33	Aline Abdo	AND Lebanon
34	Mira Faddoul	KAFA Lebanon
35	Gaia Segola	UNICEF, CP Specialist Mozambique
36	Patricia Grundberg	UNFPA, Youth Advisor Mozambique

N.	Name	Title/Function
37	Carla Mendonca	UNICEF SPRING Mozambique
38	Ruben Cossa	UNICEF, CP Officer Mozambique
39	Ana Rosa Durao	UNICEF, CP Specialist Mozambique
40	Tapfumanei Kusemwa	UNICEF, Social Policy Specialist Mozambique
41	Ricardo Jorge Moreira Goulao Santos	UNICEF, Consultant Mozambique
42	Dan Rono	UNICEF Nepal
43	Abdou Ali	UNICEF, C4D Specialist Niger
44	Salmey Bebert	UNICEF, CP Specialist Niger
45	Soyata Ousmane	UNICEF, CP Officer Niger
46	Djafarou Oumarou Guye	UNICEF, CP Officer Niger
47	Ramatou Madougou	UNICEF, Education Specialist Niger
48	Moussa Mounkaila	UNICEF, Child Protection Officer Niger
49	Jacque Ayeda Laurant	UNICEF Niger
50	Kadre Seini	UNICEF, Child Protection Officer Niger
51	Thi Minh Phuong Ngo	UNICEF, Chief Social Policy Niger
52	Emma Vincent	UNICEF, CP Specialist Sierra Leone
53	Alimamy Kargbo	UNICEF, PF4C Sierra Leone
54	Lilit Umroyan	UNICEF, Child CP Sierra Leone
55	Tapuwa Mutseyekwa	UNICEF, Communication Specialist Sierra Leone
56	Maekelech Gidey	UNICEF, Education Specialist Sierra Leone
57	Augustin Wassago	UNICEF Uganda
58	Maryam Enyiazu	UNICEF Uganda, CP Chief
59	Barnabas Mwansa	UNICEF Zambia
60	Edwin Mumba	UNICEF Zambia
61	Theresa Kabeka-Mwansa	UNICEF Zambia
62	Arisa Oba	UNICEF Zambia
63	Robert Banda	UNICEF Zambia

Endnotes

- 1 As obtained from summary and detailed user-guides referred to above.
- 2 United Nations Children's Fund, 'Child Marriage on the Rise in Horn of Africa as Drought Crisis Intensifies', press release, 28 June 2022, <www.unicef.org/press-releases/child-marriage-rise-horn-africa-drought-crisis-intensifies>.
- 3 See CPSS dashboard: <<https://infogram.com/dashboard-on-the-maturity-of-cps-1h7z2l8k3y7rx6o?live>>.
- 4 These included Bangladesh, Burkina Faso, Ethiopia, Ghana, India, Lebanon, Mozambique, Nepal, the Niger, Sierra Leone, Uganda and Zambia.
- 5 Harmful practices for the purpose of this model was defined as children being exposed to either child marriage and/or female genital mutilation .
- 6 Interview notes are accessible from [here](#) .Also see **Annexure 4** for list of all persons consulted.
- 7 See link to [Detailed Briefing Powerpoint](#) and the [Summary Briefing Powerpoint](#) (the latter was used to allow time to focus going through the model itself).
- 8 Intermediate Outcomes are also known as Operational or Functional Areas.
- 9 Consultation PowerPoints for each country, and minutes from each of the eight countries who participated in the consultations are captured and available [here](#).
- 10 Consultation PowerPoints for each country, and minutes from each of the eight countries who participated in the consultations are captured and available [here](#).

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Synthesis Report Maturity Model

FINAL SYNTHESIS REPORT

Development of maturity model for harmful practices policies and assessment tools