# Free Pentecostal Fellowship of Kenya (FPFK)

Final Mid-Term Evaluation for Anti-FGM Projection	ect
among the Maasai of the Southern Rift Region of	f
Kenya	

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Project Area: Kajiado, Loitokitok, Rombo, Transmara, and Narok

Submitted: Den norsekePinsevenerYremisjon (PYM)/BN

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### **Executive summary**

Female Genital Mutilation (FGM) is a traditional practice that has defied change since time immemorial among the Maasai. The Maasai have been known to conserve their culture when most of their neighbouring communities have currently, no trace of their traditional livelihoods. Girls' circumcision that is now referred to as Female Genital Mutilation is an important prerequisite for marriage among the Maasai people. This hitherto, highly cherished cultural practice has had huge social, economic and medical burden to girls and women in the community. This has for instance led to low enrollment of girls as young girls are married off early and as a result denies them opportunity to continue with education. The girls and women also experience various health complications during the operations and will giving birth when they grow old.

It is against this background that FPFK with sponsorship from Pentecostal Foreign Mission of Norway (PYM) launched an anti-FGM project among the Maasai people of southern Rift of Kenya. The project was launched in 2007 and is expected to end in 2016. The Anti-FGM project focuses strategies for effective elimination of harmful traditional practice of girl's circumcision and subsequent early and forced marriages. The project notes, that whereas the culture of the Maasai people should be respected, there is need to address those aspects that not only violate girls and women rights but have also hindered the community from achieving development goals such as education for the girls and women. This anti FGM project has in the last 8 years been implemented by FPFK church and is the subject of this evaluation.

The period for this evaluation is 2007 to 2014. The main objective of this evaluation was to assess achievements and impact of the Anti-FGM project for the last 8 years and to identify gaps that can be given attention during the project transition period of 2014 to 2016. In this regard, the project management enlisted the services of consultants to carry out the Mid Term Evaluation in order to assess the project impact from inception to date. This evaluation was aimed at seeking to consolidate the project gains so far and to determine the way forward regarding project sustainability and management. The evaluation was carried out from June 16<sup>th</sup> to July 15<sup>th</sup> 2014. The evaluation covered all the areas where the Anti-FGM project has been implemented. In Kajiado the evaluation team conducted interviews in Naretoi, Bissil, Loitokitok and Rombo clusters. In Transmara interviews were carried out at Poroko and in Narok the team visited Ewaso Nyiro cluster. This evaluation primarily utilized a qualitative mixed method

approach to collect data from respondents. These methods include: a desk review of secondary data from project documents, 9 Focus Group Discussion, 17 Key Informant Interviews and 25 In-depth Interviews who were purposively employed for this evaluation.

The evaluation findings showed that the project management team is working with efficiency in order to achieve the project goals and targets. Indeed, despite the financial constrains due to the expansive project areas covered, the project funds are prudently directed towards the implementation of project activities. At the time of the evaluation, the various strategies that had been set out to advocate against the practice of FGM had already been successfully rolled out. These strategies include: community advocacy meetings, training of Key Resource Persons, Alternate Rites of Passage ceremonies, and church and community convention meetings.

The findings further indicated that the anti FGM project has already achieved several milestones in its effort to fight FGM in the community. Some of the key achievements are: helped popularize the FPFK church, created awareness of the risks of FGM in the community, improved girl-child school enrollment, trained Key resource persons for community mobilization and advocacy, rescued and supported girls who have abandoned the practice, reduced diseased burden among girls and women and created linkages with other stakeholders in order to pool resources for the fight among others.

Despite these commendable strides, the project faces the following challenges that are threatening to slow down the anti FGM campaigns in the area. Some of the main challenges include: Clashing in cultural values and beliefs between the Christian and non-believing groups in the community over the importance of FGM, local churches sometimes have no resources to support girls who have resisted parents intention to circumcise them, cases of FGM that are done in secrecy, fear of young girls and boy for alienation from the age group and community, and some of the community and religious leaders who are not keen to embrace the change.

In conclusion the evaluation findings indicate that the project has hitherto registered significant achievements in the fight against FGM in Maasailand as a result is facing serious resistance from cultural diehards- who have refused change. To overcome this and in order to safeguard some of the gains made, the evaluation team observes that the struggle to eliminate this practice in the community has reached a critical and important stage that all stakeholders should not look back but to continue the struggle. The team concludes that culture is a people's

way of life and to change it requires persistence, innovation and unfailing resolve on the part of change agents, in this FPFK church and Pentecostal Foreign Mission of Norway (PYM) to be able to eliminate the practice.

To sustain the project beyond the funding period therefore, the FPFK church should take anti FGM campaign as one of its flagship projects of providing social and spiritual needs of its membership. The church should therefore devise ways of fund raising and building church capacity to persistently mobilize community and other stakeholders so as to persuade the community into abandoning the practice.

# **List of Acronyms**

AFGM Anti Female Genital mutilation

ARP Alternative Rite of Passage

FBO Faith Based Organization

FGDs Focus Group Discussions

FPFK Free Pentecostal Fellowship in Kenya

GoK Government of Kenya

IDIs In depth Interviews

KII Key Informant Interviews

KRP Key Resource Person

NGO Non Governmental Organization

PSC Project Steering Committee

FGM Female Genital Mutilation

# **Background Information on the Project**

#### 1.0 Introduction

Female Genital Mutilation (FGM) is a traditional practice that has defied change since time immemorial among the Maasai. The Maasai have been known to conserve their culture when most of their neighbouring communities have no trace of their traditional livelihoods. Girls' circumcision that is now referred to as FGM is an important prerequisite for marriage among the Maasai people. Indeed, the practice of FGM is central to the Maasai's way of life. Circumcision is significant in the transition of an initiate from childhood to adulthood. Initiates are expected to behave as adults and even to change their relations and companions after circumcision. Typically, once breasts begin to appear, a girl is supposed to be circumcised and immediately given out for marriage to a man of her parent's choice. The family receiving the girl normally makes arrangements for marriage prior to circumcision by presenting gifts to her family. Once circumcision is done, full bride price mainly in form of cattle is paid to her family and she is taken to her new home.

This practice encourages the parents and or families of the young girls to marry them off to the men of parents' choice. This certainly denies the girls an opportunity to continue and complete their education. This is evidenced by extremely low number of girls formally completing primary school education in most areas of Maasai land. Far too many girls are forced into marriage with old men who already have several wives. These early and forced marriages infringe on girls' personal rights and freedoms thus denying them individual choice to pursue education or marry men of their choice.

It is against this background that FPFK with sponsorship from Pentecostal Foreign Mission of Norway (PYM) launched an anti-FGM project among the Maasai people of southern Rift of Kenya. The project was launched in 2007 and is expected to end in 2016. The Anti-FGM project focuses strategies for effective elimination of harmful traditional practice of girl's circumcision and subsequent early and forced marriages. The project notes, that whereas the culture of the Maasai people should be respected, there is need to address those aspects that not only violate girls and women rights but have also hindered the community from achieving development goals such as education for the girls and women. The invasion of privacy of the girls by those who should socially protect them has also been identified as an area to be addressed by the project. Issues related to psychological consequences as well as medical risks due to girl's circumcision

were proposed for attention as well by the project. FPFK local churches in Maasailand were identified as key entry points in the elimination of this harmful practice.

The purpose of this project therefore, is to mobilize local churches in the Southern region of Kenya to advocate for the rights of Maasai girls and women with a view to stop the practice of FGM and subsequent early and forced marriages. The Free Pentecostal Fellowship in Kenya has for many years implemented various mission and church development programs as well as social and humanitarian projects in partnership with the Pentecostal Foreign Mission in Norway (PYM). The project targets the districts of Kajiado, Narok, and Transmara in Southern Rift Valley region of Kenya. It is estimated that the population of the Maasai in this region is more than 500,000 people. The region is vast and is endowed with natural game habitats which are home to the world famous Maasai Mara and Amboseli game parks.

#### 1.1 Project Objectives

At the end of the project period the project aims to achieve the following objectives

- To have advocated for the rights of Maasai girls and women in schools, community forums, leaders forums and church forums.
- To have created awareness regarding risks associated with FGM and early marriages for girls in the community
- To have reviewed and documented strategies that can be used by FPFK to eliminate the practice of FGM among the Maasai of Southern Kenya.
- To document best practices/models learned during the project implementation so as to be replicated in other communities that FGM in Kenya.

#### 1.2 Target group

The project's primary target is young Maasai girls who undergo FGM as a rite of passage to adulthood. The project also targets the parents, relatives and community members. The girls are the direct beneficiaries of the project while the indirect beneficiaries include parents and the community in general. Girls are viewed as important target group since they go through FGM and it is hoped that once sensitized on the risks of the practice can act as change agents. Other identified agents of change who were targeted for sensitization include: Men, Faith Based Organizations and schools as platforms for advocacy campaigns on the right of girls and women.

# 1.3 Project Goals

The following is a summary list of the goals that the project intends to achieve at the end of the project period.

- 1. To develop a platform for advocacy initiatives for the rights of Maasai girls and women
- 2. To build local knowledge and capacity regarding risks associated with FGM
- 3. To eliminate / stop further practice of FGM as a Rite of Passage among the Maasai.
- 4. To explore possibilities available to FPFK in order to eliminate the practice of FGM among the Maasai of Southern Kenya.
- 5. To develop relevant methods/models/strategies that could be deployed to eliminate the practice of FGM among the target groups
- 6. To document best practices/models learned by the project that will be replicated in other communities that practice FGM in Kenya.

#### 1.4 Project area characteristics and Population profile

The Maasai live in clusters (Manyatta) which comprise of a man and several wives and children. The community despite of the pressure from modernization, still the Maasai still cherish polygamy and the more wives one has, the more the respect one is accorded. To be able to marry more women means that one must be wealthy, since you cannot marry without bride price that is paid in form of cattle. Marrying out girls is therefore, a big asset to the community and particularly to the father of the girl and is attached to the people's norms and cultural values.

Female Genital Mutilation (FGM) is a traditional practice that has defied change since time immemorial among the Maasai. The Maasai have been known to conserve their culture when most of their neighboring communities have no trace of their traditional values and livelihoods. Girls' circumcision that is now referred to as FGM is a prerequisite for marriage. FGM and marriage are culturally linked and take place respectively.

The practice of marrying off young girls denies them opportunity to continue with education. This is evidenced by low number of girls formally completing primary school education in Maasai land. Many girls are forced into marriage with old men who already have several wives. These early and forced marriages infringe on girls' personal rights and freedoms thus denying them individual choice to pursue education or marry men of their choice. FGM should hence, be viewed as a development problem and an obstacle in the efforts geared towards achieving gender parity as envisaged in the UN Millennium goals.

### 1.5 Project target areas

The Anti-FGM project areas include Kajiado, Narok, Loitokitok and TransMara areas of the Southern Rift Region of Kenya. The specific operational areas for the project are listed below:

- 1. Kajiado (Ilmarba, Enkaroni, Enkorien, Mailwa and Naretoi)
- 2. Rombo area (Nasipa, Oldule, Kuku and Iltilal)
- 3. Loitokitok (Embosel, Mbirikani, Oltepesi and Entonet)
- 4. Trans/Mara (Kapune, Nendege, Poroko and Osupuko)
- 5. Narok (Nkareta, Ewaso-Ngiro. Olooroito, Olokurto)

# 1.6 Project plan period

The project intervention period was designed to begin in 2007 and to end 2016. The aim of the project is to facilitate change among the Maasai communities to stop Female Genital Mutilation and early and forced marriages among the girls who are of school going age.

#### A. Mid Term Evaluation

#### 2.0 Introduction

The period for this evaluation is 2007 to 2014. The main objective of this evaluation was to assess achievements and impact of the Anti-FGM project for the last 8 years and to identify gaps that can be given attention during the project transition period of 2014 to 2016. In this regard, the project management enlisted the services of external and internal consultancy services. This evaluation aimed to consolidate the project gains so far and to determine the way forward regarding project sustainability and management. The evaluation was carried out from June 16<sup>th</sup> to 16<sup>th</sup> July 2014.

#### 2.1 Purpose of the Evaluation

The purpose of this evaluation was to assess the impact of the Anti-FGM project among the Maasai girls and communities in the Southern Rift Region of Kenya since its inception to 2014 and recommend the way forward with regard to the sustainability of the project beyond the project period of 2007 to 2016.

### 2.3 Specific objectives

The specific objectives this evaluation was:

a) To investigate the extent to which the project goals have been achieved so far by 2014 and use the gaps in determining commitments of the project during and after the transition period.

- b) To establish the project impact at the time of the Mid Term in order to determine priority areas of focus during the intervening transition period of 2014 to 2016.
- c) To establish how the project gains will be sustained after the external financial support stops in 2016.
- d) Assess the value for money as at the time of mid term evaluation.
- e) Establish the challenges faced and how they might be mitigated during the next phase and in future.
- f) To draw lessons which be used in future in facilitating effective management of projects under the auspices of FPFK.

#### 2.4 Methodology

In preparation for the Mid-Term evaluation an internal project self assessment was done early May 2014 in order to involve a larger number of project stakeholders in collecting information which will form part of the Mid Term evaluation data. The data collected was analyzed and used as secondary data to form part of the overall evaluation data and outcomes. The Mid Term Evaluation was carried out by three evaluators consultants assisted by the project staff and resource persons at the project target areas. The evaluation was carried out using the following data collection methods:

#### 2.4.1 Desk Review of Secondary data sources:

Before the commencement of field work the lead research reviewed all the relevant literature on the project conception and implementation. This exercise proofed useful for the evaluation in two ways. First, it ensured that the evaluation data collections tools had appropriate research questions that would meet the evaluation goals. Second, this review provided documentary data on the project implementation and progress that would be included in the evaluation. The review documents included: Program files, documented narratives about the project, financial and field program reports and partner narratives and financial reports.

#### 2.4.2 Group discussions/Focus group discussions

Focus group discussions (FGDs) to discuss and share the wider community views on the implementation of the anti FGM project activities in the community were conducted. A

total of 9 group discussions/focus group discussions were held with various target groups that were of interest to the study. The group discussions were facilitated by a moderator who guided the interviews and the notes were taken by a note taker. Each interview session lasted for about an hour. An interview guide (Annex 1) was use to interview the session participants.

#### 2.4.3 Key Informant interviews (KII)

The key informant interviews were conducted to give deeper insights on this issue with key persons who have privileged positions and contacts on the implementation of the project. A total of 17 (7 women and 10 men) key informant Interviews were conducted with persons who are in a position to provide specialized information about the project implementation in the community. These included: interviews with National and Regional FPFK church leaders and the local church pastors. Other Key informant interviews were conducted with project national officials, community resource persons, FPFK church leadership representatives, Local Government officers, NGOs/CBOs and community members in selected church centres. The interviews lasted between 30 minutes to about an hour. The interviewee use a pre determined interview guide (Annex 2).

#### 2.4.4 In depth Interviews (IDIs)

To complement the information collected from the project document and literature reviews, key IDIs were conducted with purposively selected community members, using an interview guide (Annex 3). A total of 25 (13 men and 12 women) In-depth interviews were held face to face with community members in the project areas visited.

#### 2.5 Scope of Evaluation

The evaluation covered all the areas where the Anti-FGM project has been implemented. In Kajiado the evaluation team conducted interviews in Naretoi, Bissil, Loitokitok and Rombo clusters. In Transmara interviews were carried out at Poroko and in Narok the team visited Ewaso Nyiro cluster. The evaluation was designed to assess the project impact on the lives of the girls and women at the time of Mid Term Evaluation and establish progress so far in the implementation of the project goals and its impact in the lives of the general community. The impact of the project on the lives and attitude of the boys who are expected to marry the girls

will also be investigated. Assessment of the value for money spent and challenges faced and how they have been handled were also key concerns in this evaluation.

#### 2.6 Evaluation Results

The evaluation was carried as scheduled in the evaluation work plan. The areas visited include Naretoi and Bissil Kajiado, Loitokitok and Rombo, Narok and TransMara clusters in the Southern Rift Region of Kenya. Below is the summary of the findings and the conclusions made in the whole exercise. A summary of the implementation of the project in six cluster areas is attached in **annex 4** of this report. These cluster areas are: Naretoi, Bissil, Ilkelunyeti, Loitokitok, Rombo and TransMara clusters. In the report below we present findings based on the findings from the information the evaluation team gathered through secondary data sources and respondents interviewed during the evaluation.

# 2.7 Implementation of the project

#### 2.7.1 Project Management and leadership

The evaluation team noted that as indicated in the Project Document, the FPFK National Board has mandate to oversee all the organizational operations that are useful in the provision of the needed support and leadership to the project. This includes the supervision of all the project activities. The evaluation findings indicated that the FGM project received the required support at the National and at the community levels. The National Office support includes the coordination roles of the project team leader who supervises the project and advises the Board regarding the project operations. The structure of the Anti-FGM and Early Marriage (AFGM/EM) project consist of a project steering committee (PSC) appointed by the FPFK National Board. The PSC is responsible for recruiting project resource persons and oversees the Anti-FGM activities in the communities. The PSC also has the role of monitoring the implementation of project activities.

All decisions regarding the running of the project are made by the PSC. Such decisions are then communicated to the National Board of the FPFK through the project team leader who coordinates all project operations in consultations with the General Secretary. Once all levels are sufficiently briefed, reports are then sent to FPFK partners abroad by the project leader. Partners peruse the reports and send feedback to the project leader. The project leader has responsibility to brief the FPFK National Board one the partners give the feedbacks of the project reports. The

evaluation team is of the opinion that the project management team is working with expected efficiency.

## 2.7.2 Financial Management

The evaluation established that the financial inputs of the project compared to level of positive change already achieved are commensurate. Over 85% of the objectives have been achieved during the period under evaluation. This matches the reported increased level of awareness created so far in the 4 community target areas of TransMara, Narok, Kajiado and Loitokitok although for fear of alienation and stigma most of the community members are yet to come out boldly to declare denounce FGM practice.

The evaluation team noted also that the expansive project area and constraining costs of travel for the PSC members and the key resource persons while facilitating AFGM activities has slowed down the implementation of the project activities in the target communities and therefore has affected the level of achievement.

In our opinion therefore, the value for the *direct project cost* could be estimated to be over 70 % in achieving the project goals. This was the money spent on coordinating the anti-FGM awareness creation meetings in schools, churches and public meetings/barazas. The rest of the money was spend on personnel and other administrative costs

#### 2.7.3 Project Ownership by FPFK

The evaluation team noted that the Anti FGM project is one of the strategies for responding to social needs of communities by the Free Pentecostal Church of Kenya (FPFK). FPFK organization is on the forefront to spear head the project activities at all levels up to the congregational levels. The local churches are very supportive and participate in the implementation of anti-FGM project activities as part of the church ministry mandate to respond to the social needs of the communities. This indeed is ensuring that the church owns the project goals and the implementation process which is also the basis of ministry sustainability.

The projects and the owner organization benefit from each other as the church has only one purpose of which all projects contribute as part of the overall church mission. Anti-FGM project has been discussed extensively in the FPFK leadership forums and it is recommended to be mainstreamed in all church projects and ministries. The future of the project is therefore leaning on the fact that the church is doing a holistic ministry and FPFK recognizes and gives Anti-FGM

its rightful position in the ministry. This will entail capacity building initiatives which will be carried out on short and long term basis for church leaders linked to the Inuka Kanisa Initiative, addressing children rights and FGM issues at the local church levels and leadership. The General Secretary Rev Walter has been interviewed and he is of the opinion that in FPFK strategic thinking and planning and Anti-FGM project and other church projects will need to be in cooperated accordingly

#### How the evaluation contributed to learning

The midterm evaluation contributed to the learning at all levels of the church leadership as outlined below

#### a) National level of FPFK

The leadership of FPFK at the Head Office learned that consistency and patience in implementing project associated with the cultural value change is slow and needs unwavering commitment. They also learned that the church is an important and best suited institution to facilitate change as it is a permanent structure that allows for process based change. It is also important that Anti-FGM need to be mainstreamed and made part of the organizational mandate for the ministry. The leaders observed also that working with committed partners like PYM is very helpful as it understand the process of change especially the culture based change.

#### b) Staff and Key Resource person level

In this category the evaluation enabled the staffs and the field resource person to learn the importance of patience in facilitating developmental change. They learned that for a project like Anti-FGM to succeed it needs commitment and consistency during the implementation with the involvement of all the key stakeholders like the community leaders, the parents of the girls and the administration including the law enforcement officers. Going at the pace of the community is of critical importance from the beginning to the end.

# c) The community

The community has learned that it is important to account for the resources used in facilitating important change and people's own development. They also learned that change is inevitable and therefore there is need to anticipate useful and helpful change.

# 2.7.4 Strategies used to advocate against FGM

It was observed that the resource persons and other advocates against FGM used various strategies in creating awareness and educating the communities regarding the risks associated with FGM and early marriages among girls in Maasailand. The strategies used during the campaign include community sensitization in public meetings/barazas, Anti FGM forums in schools among the teachers and pupils, churches, specific girls and boy's awareness meetings, women meetings, Alternative Rites of Passage and chief Barazas.

The evaluation team observed that field facilitators used various strategies to educate the communities and the girls to know the bad effects of FGM. The resource persons used seminars, school meetings, public meetings, church forums and women and youth meetings planned to facilitate awareness creation and community education on the negative effects of FGM. The interviewees said alternative rites of passage activities carried out at the end of each year were also very effective forums for educating the target communities and girls on the effects of FGM. The use of CCC and CCMP methodologies which are basically participatory strategies or tools for engaging the communities and mobilizing them to come together in order to identify their needs and together find the solutions which best addresses the issues raised have also been used. It depends on the user – one may prefer Church and Community Conversation (CCC) and another Church and community Mobilization Process (CCMP)

The comparison between the two methodologies

Church and Community	Church and Community Mobilization	
Conversation	Process	
Used to engage the church and the	Used to engage the church and the	
community to seek for solutions	community to seek for solutions together for	
together for their common issues.	their common issues	
Has 5 strategies	Has 5 main stages	
• Identification of concerns	• Church mobilization	
• Exploration of concerns	Church & Community Mobilization	
Making decision	Community description	
Taking action	2. Data gathering	
Review/reflection	3. Information analysis	
	4. Decision making	
Takes 1 to 2 weeks	Takes up to 30 months	

The activities carried out during Alternative Rite of Passage (ARP) events are summarized as follows:

**Girls Training:** The girls are trained on specific values and practices that include child rights, Christian values, effects and disadvantages of FGM, roles of a responsible mother among other things.

**Passage to adulthood:** Like in the previous evaluation report, during the girls graduation ceremony the schedule include prayers, speeches of aimed at recognizing and accepting the girls to adulthood. The fact that this is done in public with many stakeholders invited makes the whole exercise legitimate and acceptable. The graduation schedule is made very participatory and includes parents awareness creation, girls marching to public places announcing the that they are now moving from childhood to adulthood, prayers, preaching, speeches, girls declaration that FGM is completely banished in their lives and then final prayer to close the occasion.

The **Alternative Rite of Passage** has also been one of the effective strategies for advocating against FGM. During the ARP forums facilitators and the stakeholders have an opportunity to counsel the girls on the medical, psychological and physical negative effects of girl's circumcision.

It is important to note that during the ARP graduation administrative officers have the opportunity to sensitize the communities on the legal implications of breaking the law on FGM. This include emphasis that the communities should put on the importance of maintaining child rights especially the need to ensure the children attend the school.

The evaluation team observed that the practice of FGM is directly affecting Maasai girls and women but the Project is building the capacity of the targeted community to be able to participate in making important decisions on matters that affect their lives in general. The Project through a strategy called **Church and community conversation (CCC)/church and community mobilization process (CCMP),** has trained many young men and women to participate in community conversation so as to determine the future and destiny of the community. Several of these meetings were held in all the project areas. The training package included training on gender roles and responsibilities. Gender is given maximum attention in order to build the capacity of both men and women to participate in their own development. The combined use of the above strategies, the evaluation team observed, has helped to increase in the number of girls who successfully complete their education hence providing equal opportunities of livelihood for men and women in the region.

# 2.8 Project achievements

The evaluation results showed that all the project intervention areas have achieved significant progress in attaining the goals of the project in the last eight years of its operation. Based on the findings from all the clusters, it could be estimated that over 70 % of the goals have been achieved despite of the constraints from the hard line adherence to the cultural norms and values related to female circumcision by the target Maasai communities. The matrix below indicates a summary of the level of achievements associated to each project goal summarized below as follows:

Goal	Achievements by 2014	Comments/contributing factor to the observed change/results
Eliminate / stop further practice of FGM among the Maasai.	Estimated to be over 70%	Law enforcement and the administration officers, the church, and the NGOs in at project sites and are key stakeholders in the Ant-FGM campaigns
Develop a platform for advocacy for the rights of Maasai girls and women	Over 80% has been achieved	Laws against FGM and Anti FGM policy have been enacted and are being enforced
Build local knowledge and capacity regarding risks associated with FGM	90% awareness regarding the negative effects of FGM has been achieved in the target areas	The key resource persons, the church leadership and CSOs and NGOs contributed in facilitating community sensitization
Develop a statement / strategy with alternative but culturally relevant rites of passage for FPFK churches in the Southern region.	80% achieved as an alternative rite of passage guideline has been prepared and being used.	This is reviewed every end of the year in order to improve it and make it culturally sensitive and useful
The project hopes to develop relevant methods/models/strategies that could be deployed to eliminate the practice of FGM among the target groups	80% of the people within the target areas use Community Conversation methodology in sensitizing the people	Other new strategies are being introduced like borrowing from the participatory community policing used by the Government policing agencies
Best practices/models learned by the project will be replicated in other communities also practicing FGM in Kenya.	Over 80% of the best practices are being replicated in the new areas like Naretoi in Kajiado County	Other Kenyan communities will be using the strategies used among the Maasai of Southern Rift Region of Kenya

Data from primary sources (KIIs, IDIs, and FGDs) and secondary sources project document reviews, showed that the Anti FGM project has had a number of benefits to both the FPFK church and local Maasai community as summarized below.

**Popularized the FPFK church:** The implementation of the project has enabled the FPFK church to gain a foothold among the Maasai people and as a result the church has been able to increase its membership in the region, this was aptly captured by a pastor at Poroko cluster in Transmara, who said thus:

"The Anti FGM project has made the FPFK church to be well known among the Maasai people. This is in addition to the many benefits that the project has brought into the community. People in the region associate the project to FPFK and this is a positive development for the church given that we came at a time when the Catholic and Seventh Day Adventists had already arrived in the area" Pastor Poroko, Transmara.

At the time the project began the main churches in Maasailand were the Catholic Church, Seventh Day Adventists church and other Pentecostal churches but the involvement of FPFK in the anti FGM project has helped the profile of the church in Kajiado and Narok Counties.

**Raised awareness of the risks of FGM:** The evaluation results showed that the project has helped to raise awareness of the risks posed by FGM to the initiates. Interviewees in all the places visited for this evaluation reported that the Anti FGM project has raised the level of awareness of the dangers of FGM practice to young girls and women in the community.

Training of Key Resource Persons: Before the commencement of the project advocacy campaigns, the project recruited and trained Key Resource persons, who are currently used in as the voices of the project to the community. The training of Key Resource Persons on such issues as the risks associated with FGM, culture and development, alternative rites of passage, cultural change and human rights, was reported by most respondents as a significant milestone in the fight against FGM in the community. In addition, the KRPs were trained on the risks of FGM and sensitized on advocacy and community mobilization skill. These skills have proofed to be a useful tool for the effective implementation of the project goals in all the intervention areas. In the coming project transition period the project will focus on building the capacity of the KRP and local church leaders in order to facilitate the process of project ownership at the congregational local church level.

**Reduced disease burden among girls and women:** The study findings showed that the anti-FGM campaigns that have been undertaken in the project targeted areas have so far resulted to reduced disease burden to girls and women. Diseases like HIV/AIDs, complications associated with child birth and even deaths are on the decline.

Improved school enrolment for both girls and boys: The evaluation team observed that because of the project anti FGM activities such as advocacy, training on harmful cultural practices, the Alterative Rites of Passage ceremonies organized, sensitization of young girls and boys on the dangers of FGM, and rescuing and supporting young girls who have abandoned FGM to continue with schooling, more girls and even boys are enrolling in schools.

**Reduced early girl marriages:** The evaluation team noted that the Anti FGM activities in the area have led to reduced cases of early girl marriages. The Maasai community view FGM as a rite of passage from childhood to adulthood and that once initiated the girls were free to get married since they are now regarded as mature for marriage. Reduced cases of early marriages increase time for girls to attend school and therefore improve their academic performance

**Community development:** Increased enrolment in schools reduced early marriages for girls and the reported reduced disease burden on young girls and women was reported by most interviewee that it has had a positive impact on the community development.

*Traditional circumcisers have abandoned the practice:* The project evaluators observed that the continued anti FGM messages that target the local community has let some traditional circumcisers abandoning the practice. Despite this positive development the evaluation also noted that the project is encountering difficult to convince some of circumcisers into abandoning the practice since it is their main source of earning money.

Rescued girls and helped then to school/role models: Although the evaluation noted that the project has had to rescue and support those girls who have abandoned the practice. As a result we now have girl role models in the targeted areas but this is constrained by limited budgetary allocation for this purpose to find a temporary and safe place for girls to escape the cut and go to school at the same time. It is the opinion of the evaluation teams that there should be partnership between the project and the Government boarding primary schools so as to sustain both the health of the rescued girls and facilitate the continuation of their education. One of the strategies to facilitate the education of girls is therefore to provide boarding facilities. This will enable

them to be stable and learn uninterrupted. It is our opinion that if the Kenya Government provides such boarding facilities for the pastoralist traditional Maasai people that will assist the girls from being circumcised and their education interfered with.

Build linkages with other stake holders: The anti FGM project has also been useful in bringing together other stake holders in the area who are currently working to eliminate the practice. Specifically, the Anti FGM project staffs have collaborated well with the government and other non-state actors such as World Vision and Compassion International to fight FGM. The evaluation team observed that links are important in building local allies in the fight against FGM, since the practice is cultural and therefore require an integrated approach in order to achieve behavioral changes.

#### 2.9 Challenges faced in the implementation of the project

In all the field visits to the target communities, the evaluation team observed that the resource persons and the other anti-FGM advocates faced many challenges that slowed down the anti FGM campaigns in the area. Some of the challenges include: Clashing in cultural values and beliefs between the Christian and non-believing groups in the community regarding whether or not girls circumcision is good, local churches have no resources to support girls who have resisted parents intention to circumcise them, due to increased campaign against FGM supported by the law enforcement officer some parents have now doing FGM in secrecy, the young girls and boys fear alienation from the age group and community in general if they accept to abandon FGM, and some of the community and religious leaders do not embrace the change.

For instance, the evaluation team established that a few of the pastors in FPFK local churches are yet to accept to stop FGM practices. The benefits accrued from FGM to the girl's family during the FGM ceremonies are very attractive to be ignored especially where the families are found to be poor. They are tempted to accept FGM in order to receive the cows etc. Ignorance regarding the negative effects of FGM among the Maasai is also a great hindrance towards the desired change. Some of the commonly reported challenges from the key resource persons and the respondents include:

➤ Resistance from community members: Some community members have openly resisted the anti FGM project activities claiming that that is an encroachment of their culture. The anti FGM behavior is aptly capture by a member of PSC, who said thus:

"So far we are making progress in sensitizing community members on the risks of FGM to girls and women and the response is good. As a result more girls are coming out to refuse the cut. Boys are now accepting the fact that uncircumcised girls can be married by them. Let me tell you FGM practice as part of the Maasai way of life has been strong to the extent that people are willing to ignore what we say (advocates) in order to keep their culture. "Project Steering Committee (**PSC**) **Member**)

- Lack of Rescue centres: The project has no rescue centres of its own to cater for the girls who escape from FGM which is encouraged by their parents. It is recommended that partnership between the Government and the project need to be encouraged so as to find a boarding primary school that can support the girls to complete their education.
- > Support for role models: The project has inadequate financial resources to support those girls who have abandoned the practice and therefore facing hostility and rejection by their parents and community members.
- ➤ Wide area to be covered by project: Maasai land is expansive and characterized by poor road and communication networks and therefore this weighs heavily on administrative cost for running the project.
- ➤ Some pastors following the church anti FGM policy: Some church pastors may be for fear of losing church members have not openly come out to condemn the practice. Silence by some church groups regarding whether or not FGM is bad or good practice is also one of the challenges faced and has contributed to the slow change as well. These church groups feel talking negatively about FGM issues will make them to risk losing the church members.
- ➤ Practice done in secrecy: Because of sustained Anti FGM project activities in the area, some local people have changed tact and are now doing it in secrecy in order to avoid government and church scrutiny
- Economic value of FGM: FGM is of economic value to the girl's parents and circumcisers and as such without providing or empowering them, it is difficult for them to abandon the practice
- Few facilitators: Despite the training of KRPs by the project they are still few when you look at the area to be covered and the content of works to be done.

# 2.10 Lessons learned from the implementation of the project

The evaluation results showed that the anti FGM project has important lessons that can be used to enhance the capacity of effective implementation of the project goals in the coming days. These include:

- ➤ Cultural change is a process: Most of the respondents reported that to change a people's way of life, there is need for persistence and need for more time for people to see the need for behavioral change.
- Embracing a culture sensitive communication strategy for the Anti FGM project: Need for an effective communication strategy that is sensitive to the Maasai social structure and organization. This strategy should be able to come up with appropriate messaging for young girls and boys, women and men.
- ➤ Project Financing: In future the project needs to strengthen its financial base and build its capacity to raise funds in order to do an effective and successful anti –FGM advocacy strategy in Maasailand which is expansive and has one of the poorest infrastructural developments in the country.
- Further research: There is need for further research on how best to deal with the persistence of FGM among the Maasai community in addition to what the government and other non-state actors such as FPFK are already doing.
- ➤ Importance of working with government: Reports from KRPs emphasized the importance of working with the Government community agencies in the region to fight FGM.
- > Training and advocacy: Persistent training and awareness creation helps to enlighten people towards positive change
- ➤ Women involvement in the campaign: Involving women more in ANTI-FGM campaign will increase the pace of change in the community
- ➤ It is helpful to establish action teams to facilitate the advocacy campaigns.
- ➤ Role of the church in the anti FGM project in the area: The project has helped the people to search the scripture to establish if FGM is discussed in the Bible.
- ➤ It is important to educate the girl and boy child in the community.
- That in among the Maasai young girls feel that they are mature after circumcision and therefore they are free to be married and constitute their own families

- ➤ Community leaders: The evaluators observed that some local leaders and even religious leaders have not openly supported the anti FGM activities as they fear community resentment.
- ➤ Girls education: The evaluation observed that FGM when stopped enables the girls to complete their education

#### 2.11 Sustainability of the Anti FGM project.

For the anti FGM project to be sustainable beyond 2014 and especially after donor financing in 2016 the evaluation respondents suggested both short term and long term strategies that can be used to ensure that the project goals are achieved sustainably. Short term interventions are strategies that can be done between now and 2016, while long term strategies are those after 2017.

#### The short term strategies are:

- Alternative Rite of Passage need to be strengthened and promoted in order to increase the number of those who are against the practice in the community. The project plans to focus on completing the guide document and enable the target communities to internalize and use the new ARP. This will require careful preparation and helping the communities to buy into it.
- ➤ Temporary places need to be established where girls can be facilitated to learn and complete their education.
- ➤ More outreach and advocacy so as to increase the number of people that are sensitized on the risks of FGM and ensure the communities know and obey the FGM Act 2011 and FPFK policy on FGM.

#### The long term strategies include:

- The Anti-FGM project leaders and staff will seek to strengthen the learning interaction and sharing information with the other FPFK project leaders and church workers. It is envisioned that this will strengthen integration of FGM with other FPFK projects work and therefore strengthen the process of mainstreaming FGM activities into the church programmes. This integration will assist in also strengthen and the ownership of the work and thereby assist in combating some of the challenges faced during the implementation of the project activities.
- ➤ Raising project funds through mobilizing congregation to give financial contributions to an anti FGM kit that can be used to fund project activities

- Linkage with other stakeholders: the FBFK church should link with other stakeholders so as to design the best way of fund raising and running the anti FGM activities in the community
- > Upscale the Programme to cover all areas inhabited by the Maasai people
- ➤ The leaders need to be trained more on areas such as human rights, Anti FGM policies, Anti FGM laws and development in general.
- ➤ More research need to be done to establish reasons for the persistence of the practice among the Maasai of Kenya

# **FPFK Leadership**

Through interview with members of FPFK Board and the project steering committee members it is evident that they understand the objectives of this program as profiled in their statements of objectives captured Elimination of harmful traditional practice of female circumcision, forced and early marriages among girls in Kajiado, Loitokitok, Narok and Transmara and the church leadership. Sensitize and educate the community of legislative instruments/laws on children, women and human rights and the penalty of those practicing FGMAdvocate for, introduce and support alternative rite of passage (in the place of FGM) among girls in the practicing communities and rescue those under threat of the practice.

# Contribution of the Church Leadership to the Success of the Program

The evaluation findings show greater level of commitment and contribution made by the church leadership to the program since its inception. From interviews conducted with members of the Board and review of established policies including gender and ant-FGM, the following findings are deduced.

- The executive board served as an oversight decision making organ of the program. The board has a representation in the project steering committee made up of 4 members (2 male and 2 female). The project leader is an ex-official member of PSC and chair.
- The steering committee meet at least 4 times a year or more times depending on issues brought to its attention and the urgency of the decisions to be made. The steering committee handled important decision making issues during the implementation of the project including procurement, program monitoring, review meetings and debrief the national board on the project progress in various occasion when that was needed through the project leader.
- Steering committee through the project leader shares project plans and activity schedules with the GS office for information and strategic decisions/approval.

- HIV&AIDS, Gender and anti-FGM policies were established and approved by the church Board during the project period giving the church a stronger platform to continue this program from a strong advocacy point of view, enshrined in its own policies.

# **Church Leadership Perspectives on the Program Achievements**

The church leadership acknowledges that there have been tremendous achievements realised at the community level attributed to this program. The following achievements were shared.

- Increased level of awareness on the harmful effects of FGM among communities living in the 4 project sites.
- A significant number (over 10 rescued with the support of the law enforcement agencies and an estimated average of over 700 who have been left to continue with their education by their parents) of girls have been rescued from undergoing the practice as a result of coordinated project mechanism that involves the community, the church and government protection instruments/authorities.
- Cases of FGM have gone down significantly to about 60% with the contribution of this project intervention (through rescue, alternative rite of passage, dissemination of the law on FGM as well as general awareness on the harmful effects of the practice. Despite this notable achievement, lack a baseline survey for comparison of the specific level of achievement was a limitation.
- Profiled the harmful effects of FGM through media coverage, project manuals and other publications that served as a tool for advocacy against the practice. This was anchored in the Church Anti-FGM policy and others.
- Increased number of church leaders able to speak openly/publicly about FGM without fear, despite some sensitivity and fear of losing congregants or fear of reprisals.
- The role of FPFK in addressing this emotive issue (FGM) is well profiled as well as experience gained in managing FGM program activities has been strengthened over time.

# Strengths of FPFK in the implementation of the project

The findings of this evaluation show that FPFK has had capacity and still has the capacity to implement an FGM program. While underscoring the strength of FPFK and how this has contributed to the achievement of the FGM program this far, the following was noted as her key strengths.

- The church structure has vibrant presence from national to the local community level in which congregants' are mobilized and reached through the project. This has increased community trust and provided entry points to communities in delivering the program objectives.
- The FPFK constitution and other policies developed and implemented during this program period like anti-FGM policy, gender and HIV&AIDS policies in place continue to shape and anchor the church strong position on gender based violence against women

- and girls; providing a clear platform for lobby and advocacy against FGM to its leadership and the project staff.
- The existing policies are strongly linked with Government legislative instruments mainly the FGM act, 2011, Sexual and Gender Based Violence, 2008 and human rights conventions.
- Church leaders have been the anchor of the project, influencing trust and moral authority to pursue its objective through the church; although this has not been fully realised due to fear and unwavering support by some of the local church leadership.
- The church has continued to provide financial and human resources required for the implementation of this program; thanks to its established cordial relationship with PYM and local community resource persons.

## FPFK Leadership and Perceived Suitability of Program Implementation Strategies

FPFK leadership affirms the suitability of the program strategies in influencing achievement of the program objectives.

Based on the findings, the following strategies have been employed:

- Awareness raising through community education on risks associated with FGM, early and forced marriages.
- Anti-FGM campaigns through public forums and sensitization through various platforms including chiefs Barazas, schools, churches and organised community groups.
- Training and capacity development community resource persons, women and youth, pastors.
- Use church and community conversation (CCC)/church and community mobilization process (CCMP), using key resource persons drawn from the community for purpose of ownership.
- Alternative Rite of Passage (with specified guidelines)

The church leaders reported their conviction that these remain important strategies for a successful FGM program. However, they noted the need to make the alternative rites of passage more culturally acceptable to the local communities, an issue that could call for a review of the current program guidelines on the ARP.

#### **Program Challenges**

Despite notable program achievements, strengths and strategies implemented by FPFK, the findings of this evaluation shows there are a number of challenges which could have affected performance of this program. The challenges are derived from the interviews with the leadership and inferred from the other sources including reviews of program documents, policies and interview with direct beneficiaries.

- FPFK policies in place require harmonization to give a stronger position of the church on FGM from a unified perspective, linked to its gender development and practice within the church and mainstreamed all through the program and structures. At present, FGM is a standalone project and not strongly linked with the platform of gender development initiatives of the church including the structures/resource like women and youth leadership.
- As a standalone program, the linkages with other projects/programs (e.g HIV, Women Micro-finance etc) have not been explored from an integrated or mainstreaming approach. The independence of the program is however, by design, parallel of the church structure which calls for a more integrated approach in a resource constrained realities.
- Capacity strengthening among church leaders was not been sustained throughout the project, hence leaving some of the leaders in the project sites with limited capacity to manage the cultural dynamics of the practice. This could have made them shy away from addressing the issue. Some are still not convinced to embrace the practice as yet.
- The level of engagement on Gender Based Violence (GBV) and FGM with other key stakeholders is still low and needs to be strengthened for purpose of learning, profile the program best practice and leverage resources including rescue centers for the girls.
- Monitoring and evaluation need to be reviewed and strengthened in order to facilitate effective project management. If addressed, this could potentially strengthen advocacy against the practice of FGM as there will be standards for tracking down the implementation of activities as planned.
- The program implementation structure is good. However, the program implementation and coordination mechanism lacks centrality for ease of coordination and strategic decisions that touches on this program alongside others implemented by FPFK from an integrated approach.
- Induction of the supervisory board was not adequately provided for at the inception of the program. The selection criteria and acceptance of mandate by defined roles/by signature of commitment is required to ensure checks and accountability on project progress.
- Limited involvement of the community (women) circumcisers and mainly through an alternative livelihoods approach continues to derail progress in the fight against FGM and risk reversing the gains.
- Sustainability strategy was not mainstreamed in the program planning and implementation plan from conceptual stage with most of the activities and achievement realized so far being largely unsustainable. However, knowledge and information gained

by the community members including girls, resource persons and church leaders is sustainable.

# **Program Sustainability**

The following are critical aspects recommended for sustainability of this program.

- Align program work to take advantage of the existing church structure through more interaction and involvement of church leaders, with defined role of the church and the project staff to promote value addition from national, regional and local leadership.
- Provide capacity strengthening in terms of knowledge and information on FGM, fundraising and coordination from national to the local platforms.
- Harmonised FPFK existing policies touching on FGM issues gender, HIV&AIDS and anti-FGM by the church for clarity of position and direction of its leadership on the matter. This needs to be based on the current existing laws on FGM in Kenya.
- Mainstream FGM in the church sermons from a right based approach and legislate it to have pastors address the issue and other rights issues.
- Expand awareness (through the church structure) to have FGM issues discussed and supported by other non-FGM practicing communities/regions for purpose of cross-cultural learning and interaction against the practice.
- Strengthen monitoring and evaluation, documenting and sharing with national, regional and international stakeholder and donors on best practices for profiling and resource mobilization
- Review and adjust program implementation plan that prioritize areas of focus and strategies which seek to cut administration costs (costs of travel for the PSC members, staff and the key resource persons). This could also be linked to the church structure which could offer more opportunity for mainstreaming of FGM, human resource and other admin costs.
- Target younger generation in and out of school (youth in and out of schools, and pupils) likely to help in sensitizing and convincing the elderly members of the community to stop the practice. Role models could be brought forward to inspire the girls, youth and influence positive attitude towards those not circumcised.
- Male involvement is critical to the success of this project and needs more attention.
   However, care must be taken to ensure the gender power relations are managed in favor of women.
- Invest more in fundraising initiatives from the church, embassies, national and international donors to diversify funding opportunities for this program.

- Inclusion of livelihoods options for women circumcisers' and others under privileged families who consider early marriage of their girls to access dowry as a source of livelihood.
- Capacity building for the PSC on leadership and technical aspect of the project will add value to their contribution in coordination and influencing the program strategies.
- There is need for FPFK to improve on various program PSCs interaction as this is currently limited to specific programs. Competence sharing and networking opportunities could be considered for such PSCs on annual or bi-annual levels.

Provide for capacity building initiatives on short and long term for church leaders linked to the Inuka Kanisa Initiatve, addressing children rights and FGM issues. The future of the project is therefore leaning on the fact that the church is doing a holistic ministry and FPFK recognizes and gives Anti-FGM its rightful position in the ministry. This will entail capacity building initiatives which will be carried out on short and long term basis for church leaders linked to the Inuka Kanisa Initiative, addressing children rights and FGM issues at the local church levels and leadership. The General Secretary Rev Walter has been interviewed and he is of the opinion that in FPFK strategic thinking and planning Anti-FGM project and other church projects will need to be in cooperated accordingly

#### **B.** Conclusions

In conclusion the evaluation findings showed that the project management team is working with efficiency in order to achieve the project goals and targets. Indeed, despite the financial constrains due to the expansive project area to be covered, the project funds are prudently directed towards the implementation of project activities. At the time of the evaluation, the various strategies that had been set out to advocate for FGM had already been successfully rolled out. These strategies include: community advocacy meetings, training of Key Resource Persons, Alternate Rites of Passage ceremonies, and church and community convention meetings.

The findings further indicated that the anti FGM project as already achieved several milestones in its effort to fight FGM in the community. Some of the key achievements are: helped popularize the FPFK church, created awareness of the risks of FGM in the community, improved girl-child school enrollment, trained Key resource persons for community mobilization and advocacy, rescued and supported girls who have abandoned the practice, reduced diseased burden among girls and women and created linkages with other stakeholders in order to pool resources for the fight among others.

Despite these commendable strides, the project faces the following challenges that are threatening to slow down the anti FGM campaigns in the area. Some of the main challenges include: Clashing in cultural values and beliefs between the Christian and non-believing groups in the community, local churches sometimes have no resources to support girls who have resisted parents intention to circumcise them, cases of FGM that are done in secrecy, fear of young girls and boy for alienation from the age group and community, and some of the community and religious leaders who are not keen to embrace the change.

The evaluation findings further revealed, that the project has hitherto registered significant achievements in the fight against FGM in Maasailand as a result is facing serious resistance from cultural diehards- who have refused change. To overcome this and in order to safeguard some of the gains made, the evaluation team observes that the struggle to eliminate this practice in the community has reached a critical and important stage that all stakeholders should not look back but to continue the struggle. The team concludes that culture is a people's way of life and to change it requires persistence, innovation and unfailing resolve on the part of change agents, in this FPFK church and Pentecostal Foreign Mission of Norway (PYM) to be able to eliminate the practice.

To sustain the project beyond the funding period therefore, the evaluation concludes, that the FPFK church should take anti FGM campaign as one of its flagship projects of providing social and spiritual needs of its membership. The church should therefore devise ways of fund raising and building church capacity to persistently mobilize community and other stakeholders so as to persuade the community into abandoning the practice. For instance, in order to sustain the project gains and increase level of community improvement and standard of living, the project need to increase awareness creation especially focusing of the laws that prohibit FGM practices in the county. The other important activities that need attention include ensuring that the elderly people in the community who are the custodians of the culture need to be involved by using community conversation methodology that will engage them in useful discussions about the modern trends and changes in the world and nationally. The communities need to be trained on human rights with emphasis on girl's child protection and rights and also the Anti FGM Laws in Kenya.

From the evaluation findings specific to the church leadership, the following conclusions are made.

- The program has made significant progress in contributing towards the fight of FGM in the project sites. However, more needs to be done to stem out the practice.
- The role of the church is relevant, visible and still needed in shaping the discussion and ending the practice of FGM.
- The program activities have continued to respond not only to the mission of the church, but to the needs of the communities in the project areas in pursuit to stop FGM.
- Program resources have been used for the intended purpose and in an efficient manner. However, there is room to reduce administrative cost associated with the running of this program.
- The church remains committed, inspired by the achievement and more challenged to eliminate the practice of FGM in these communities.
- With limited resources, FPFK remained challenged to undertake various resource mobilization strategies to diversity this program financial sources.
- FPFK enjoys expansive and progressive policies on gender and FGM which if well harmonized will continue to support the implementation of this and other similar programs.
- Capacity building process for church leaders could be linked with the on-going "Inuka Kanisa Initiative" to ensure such efforts are mainstreamed at national level but also devolved to regional and local structures of the church.

#### C. Recommendations

Based on the evaluation findings it is recommended that:

- a) In the next phase the project need to focus more on building the capacity of the church to own process of change and sustain it.
- b) Awareness creation needs to be increased and sustained in the next phase of the project.
- c) The community leaders need to be trained and encouraged to support the campaign against FGM
- d) It is important that the project recognizes and works at the context based cultural opportunities and challenges in the implementation of anti FGM activities
- e) It is helpful to identify model girls, women and leaders and use them to enhance the advocacy process
- f) The capacity of the church need to be strengthened to facilitate village campaigns using the church members and therefore in the coming project transition period the project will

- focus on building the capacity of the KRP and local church leaders in order to facilitate the process of project ownership at the congregational local church level.
- g) Provide education support for the girls who desire to complete their education where need be for special cases.
- h) There is need to carry out more research on such areas as the reasons for the persistence of the practice, what appropriate communication strategy and role and contribution of the church and other stakeholders. This will enable the project to have evidence based action
- i) Expand the coverage of the intervention subject to availability of funds: Currently, the anti FGM project clusters covers a small area that is inhabited by the Maasai community, there is need to up scale the project so as to cover the whole of Maasai inhabited areas.
- j) As part of strategic positioning of FPFK to be more effective the program work will need to be mainstreamed and the relevant policies employed in order to achieve the corporate church mission. The future project focus of the project will consistently appear in the strategic Church plans for instance the gender policy and capacity building through *Inuka* process
- k) A plan of action will be prepared to facilitate a systematic and a participatory follow up on the recommendations of the project evaluation.
- 1) The recommendations of this midterm evaluation need to be used to inform the preparation of the plans for 2015 and the entire transition remaining period.

# End

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#### E: Annexes

## **Annex 1: Interview Guide for Focus Group Discussions**

- 1. What are the objectives of the Anti-FGM project
- 2. Have you participated in the campaign against the practice, How?
- 3. Describe the local people's knowledge of risks associated with FGM

**Probe:** knowledge of men, boys, girls, women, pastors, leaders...

4. Are you familiar with the Anti FGM project activities in this community?

**Probe:** How it was implemented i.e campaigns, project activities, meetings, rescue missions

- 5. Describe the amount of FGM before the Anti FGM project was initiated in this community and now?
- 6. What has the FPFK church achieved by implementing this project in your community?

**Probe:** project goals, achievement

- 7. Do the local FPFK pastors help in the advocacy against FGM in the community?
- 8. What challenge to the anti FGM advocates faced in this community?

**Probe:** equipment, human resource, infrastructure

- 9. What lessons have been learnt in the implementation of Anti FGM activities in this community
- 10. What can be done to sustain the project beyond the project cycle?

**Probe:** Sustainability

11. Suggestions for the future

#### **Annex 2: Interview guide for Key Informant Interviews**

- 1. What are the objectives of the Anti-FGM project
- 2. Have you participated in the campaign against the practice, How? In what capacity?
- 3. Describe the local people's knowledge of risks associated with FGM

**Probe:** knowledge of men, boys, girls, women, pastors, leaders...

4. Are you familiar with the Anti FGM project activities in this community?

**Probe:** How it was implemented i.e campaigns, project activities, meetings, rescue missions

- 5. Describe the amount of FGM before the Anti FGM project was initiated in this community and now?
- 6. What has the FPFK church achieved by implementing this project in your community? **Probe:** project goals, achievement
- 7. Do the local FPFK pastors help in the advocacy against FGM in the community?
- 8. What challenge to the anti FGM advocates faced in this community?

Probe: equipment, human resource, infrastructure

- 9. What lessons have been learnt in the implementation of Anti FGM activities in this community
- 10. What can be done to sustain the project beyond the project cycle?

**Probe:** Sustainability

11. Suggestions for the future

#### **Annex 3: Interview guide for In-depth Interviews**

- 1. What are the objectives of the Anti-FGM project
- 2. Have you participated in the campaign against the practice, How?
- 3. Describe the local people's knowledge of risks associated with FGM

**Probe:** knowledge of men, boys, girls, women, pastors, leaders...

Are you familiar with the Anti FGM project activities in this community?
 Probe: How it was implemented i.e campaigns, project activities, meetings, rescue missions

- 5. Describe the amount of FGM before the Anti FGM project was initiated in this community and now?
- 6. What has the FPFK church achieved by implementing this project in your community? **Probe:** project goals, achievement
- 7. Do the local FPFK pastors help in the advocacy against FGM in the community?
- 8. What challenge to the anti FGM advocates faced in this community?

9.

**Probe:** equipment, human resource, infrastructure

- 10. What lessons have been learnt in the implementation of Anti FGM activities in this community
- 11. What can be done to sustain the project beyond the project cycle?

**Probe:** Sustainability

12. Suggestions for the future

## **Annex 4: Findings from project sites/clusters in the evaluation**

## a) Naretoi cluster

The community resource persons, pastors, teachers and the administration officers who were interviewed said that there has been a significant positive change associated with Anti-FGM campaign in cluster. The extent to which the communities have embraced change and have started to stop girls' circumcision was affirmed the respondents who said that the situation is currently has changed compared to the initial status as summarized in the table below for Naretoi project cluster:

Table 1: Level of change at Naretoi project cluster - Kajiado

% of the community members practicing FGM before Project started		% of community members practicing FGM after 8 years of project intervention		
		15% have embraced change and		
community members	achieved so far. 5 girls were	have stopped circumcise their girls		
practiced FGM	rescued from the cut and are	completely. About 80% still		
	now in school with others	practice FGM but in hiding.		

Before the start of the project 100% of the communities in Naretoi cluster area practiced FGM. But by the time of the evaluation the situation had change to the level illustrated in table 1above which shows that 95% of the community members in Naretoi have been sensitized on the

negative effects of female genital mutilation (FGM). This has been done by the selected resource persons/facilitators who campaigned against the practice in schools, churches, public meetings and in special women and youth forums. The Government policing agencies account for a big percentage in deterring the practice as they enforce the Ant FGM laws. The church members especially women have been at the forefront in influencing their counter parts to see the important of stopping FGM. It is helpful to note that Christian families are models of the desired change and their girls are not circumcised. The reason they respondents gave for the slow change is the value the Maasai place on their cultural values which they said has guided their common identity since time immemorial. Part of awareness creation and education of the community about the negative effects and disadvantages of FGM and Early and forced marriages for the young girls was carried out during the alternative rites of passage activities carried out at the end of each year.

### a) Girls Training

The girls are trained on specific values and practices that include child rights, Christian values, effects and disadvantages of FGM, roles of a responsible mother among other things. The importance and value of education is promoted during ARP meetings by different people who are invited to do so.

# Challenges faced during the campaigns against FGM at Naretoi Cluster area

The evaluation team learned that the challenges faced by the Anti-FGM campaigners were heavy and therefore could be the reason for the slow pace of change. The interviewees said that the main challenges faced as they went round advocating against FGM include the fear of being cursed for breaking the cultural practice, risk isolation and rejection by the community, lack of support from the leaders especially the politicians. Ignorance among the members of the community regarding the law against FGM makes the about 80% of the community members to continue practicing the vice. Regarding the intervention by the Government policing agencies, the community thinks that the law enforcement is interference as the chiefs have issued a warning that anyone found circumcising girls will be arrested and charged.

Silence by some church groups regarding whether or not FGM is bad or good practice is also one of the challenges faced and has contributed to the slow change as well. These church groups feel talking negatively about FGM issues will make them to risk losing the church members.

The interviewees said the other challenges faced in facilitating advocacy against female genital mutilation include the fact that it is difficult to change the cultural mindset of a people. The Maasai believe that the circumcision of girls and boys is part of their heritage and needs to be recognized, perpetuated, cherished and maintained.

# Participation of Community leaders in Advocacy against FGM

The evaluation established that all the leaders in Naretoi know and support anti-FGM activities in the area. The chief of Kikuro location testified that he is a model of change as he no longer circumcises his girls and he has made sure that anyone who is caught doing so will be arrested and charged in the court of law. His sub-chiefs, teachers and other leaders including the pastors participate and support Anti-FGM campaigns. It was intriguing to learn that on 23/5/2014, seven chiefs and 200 local community leaders met and passed a resolution that FGM must be stopped

immediately in Kikuro location. On May 22<sup>nd</sup> 2014, one thousand five hundred (1,500) leaders and elders of the community met at Nkorika and made a declaration that female genital mutilation must be stopped completely as the Government has outlawed the practice! The observation of the evaluation team is that the this expression of displeasure by a section of the community is an indicator that awareness on the negative effects of FGM is now about 100% among the target communities in Kajiado County and that the campaign needs to be sustained so as to stop the vice completely. This has been reinforced by the fact that the Government has reacted to it and has declared that any body found practicing FGM will be charged in the court of law.

It is recommended that the resource persons and the administration personnel in Kajiado County need to be encouraged to press forward in enforcing the law against the circumcision of the young girls.

### The impact of Anti-FGM project so far

Because of the sustained campaign against FGM and early marriages for young girls, there has been a notable impact on the lives of the young girls. Most of the girls are now able to attend and complete their education; the costs of financing the ceremonies have been reduced to minimum and the health of the girls is now guaranteed.

## **Lessons learned by Anti-FGM facilitators**

The facilitators and the target community have learned that:

- FGM increases poverty among the families
- FGM when stopped enables the girls to complete their education
- When FGM is stopped health and psychological risks are reduced to minimum
- People change positively when they see the benefits of eliminating FGM among the girls.
- Educating the communities opens their mind and enables them to be more objective in dealing with issues in their lives

#### Sustainability of AFGM project activities

The respondents said that in order to sustain advocacy against FGM and early marriages, there is a need to involve the community in deciding on the process of change. They recommended that a selected team of elders from different villages need to be constituted and with the support of the Government policing agencies establish a clear road map of sustainable positive change. The church need to be centrally positioned to facilitate sustainable change in the community as its presence and mission support the vision of Anti-FGM project over a long period of time.

#### Recommendations

Based on the findings outlined above, it is recommended that:

- More time and resources need to be availed in order to enhance and sustained the process of change and stop FGM completely.
- In the next phase of advocacy against FGM and early marriages, sensitizations need to be intensified on the negative effects of FGM and early marriages focusing on the older custodians of the culture as well as boys and girls in schools and the communities in general.
- It is important that the project recognizes and works at the community pace of change

- It is helpful to identify model girls, women and leaders and use them to enhance the advocacy process
- The capacity of the church need to be strengthened to facilitate village campaigns using the church members
- Provide bursary for the girls who desire to complete their education once they have refused FGM

#### **Bissil cluster**

In this cluster the evaluation team interviewed community resource persons, pastors, teachers and the administration personnel who said that there has been a significant change towards the elimination of FGM in the area. Regarding the extent to which the communities have embraced change and have started to stop girls' circumcision the interviewees confirmed that in Bissil cluster the following has taken place since the inception of the project:

Table 2: Status of change in Bissil project cluster

FGM before project		project	Sensitization level 2014.		Status of FGM 2014				
100%	of	community	Over 100% of the community are aware	20%	still	practice			
members practiced FGM		cticed FGM	of the negative effects of FGM	FGM but hiding		ding			

Table 2 above shows that before AFGM project started 100% of the community members in Bissil practiced FGM and married off their young girls before completing their education. But with 100% awareness creation on the negative effects of FGM the circumcision of girls has dropped to 20% by the time of evaluation. This is a significant change which the respondents said is due to massive awareness creation that helped the community members to be knowledgeable about the negative effects of FGM and early marriages. The evaluation learned that this was also due to the participation and support of Anti-FGM activities by the administration officers who are also Christians and models of change. The Christian families in the community are also models of the desired change. It is therefore helpful to also note that the changes have been caused a proactive membership which has participated in the campaigns against FGM. The commitment of the resource persons and the church leadership in the campaign was key in facilitating the anticipated change. This also explains the reason for the 80% reduction in the cluster by 2014.

## Campaign strategies used

The field facilitators used various strategies to educate the communities and the girls to know the bad effects of FGM. The resource persons used seminars, school meetings, public meetings, church forums and women and youth meetings planned to facilitate awareness creation and community education on the negative effects of FGM. The interviewees said alternative rites of passage activities carried out at the end of each year were also very effective forums for educating the target communities and girls on the effects of FGM. The activities carried out during ARP events are summarized as follows:

## a) Girls Training

The girls are trained on specific values and practices that include child rights, Christian values, effects and disadvantages of FGM, roles of a responsible mother among other things.

## b) Passage to adulthood

Like in the previous evaluation report, during the girls graduation ceremony the schedule include prayers, speeches of aimed at recognizing and accepting the girls to adulthood. The fact that this is done in public with many stakeholders invited makes the whole exercise legitimate and acceptable. The graduation schedule is made very participatory and includes parents awareness creation, girls marching to public places announcing the that they are now moving from childhood to adulthood, prayers, preaching, speeches, girls declaration that FGM is completely banished in their lives and then final prayer to close the occasion.

## Challenges faced during the campaigns against FGM in Bissil Cluster

The evaluation established that during the advocacy campaigns against FGM and early marriages, there were many challenges faced by the Anti-FGM campaigners. This accounts for the slow pace of change among the community members who have been sensitized to know the negative effects of FGM and early marriages among the young girls. The interviewees said that the main challenges faced as they went round advocating against FGM include fear of being cursed for breaking the cultural practice of the community, risk being hated, isolated and rejected by the community. Lack of support from the political leaders was also mentioned as a big hindrance to the accomplishment the campaign objectives. Ignorance on Anti-FGM laws was a big issue in the early part of the project but most of the target communities have now known that there is law prohibiting FGM practice. Regarding the intervention by the Government policing agencies, the community thinks that the law enforcement is interference as the chiefs have issued a warning that anyone found circumcising girls will be arrested and charged.

Another major challenge is the fact that out of 30 facilitators in the campaign team 18 have dropped out and currently 12 are still active in advocating against FGM and early marriages! They resources persons mentioned that they have been struggling to travel to the campaign sites as they have no money for fare. This they said has slowed down the operation very significantly.

They also pointed out that some of the other church groups or denominations within the cluster have continued to be silent about the need to campaign against FGM and early marriages. This indeed is a big challenge that pulls back the efforts being made by the facilitators. These church denominations feel that talking negatively about FGM issues to their congregations will make them to run away from the church, something they cannot afford.

### Participation of Community leaders in Advocacy against FGM

Except a few of the church leaders and the administration personnel the evaluation team established that all the leaders in Bissil know the negative effects of FGM and therefore support anti-FGM activities in the area fully. Six chiefs out of 24 are actively involved in the campaign against FGM and early and forced marriages in Bissil especially at Kumpa location. They have rescued 5 girls from FGM and I from early marriage. The chiefs in this cluster are serious as demonstrated by the fact that they took a firm step by arresting the parents and the circumciser when 2 girls who had been circumcised died! The parents and the circumciser could only come out on a Ksh 1,000,000 bond!

The church leaders especially those from FPFK are participating fully in facilitating the campaigns and supporting the efforts of rescuing the girls who are in danger of being circumcise or want to be married off. They also supported the road show campaign against FGM that

started in Nairobi and went up to Kajiado. This enabled the bystanders to ask "what is FGM' and the responses were given explaining the negative effects of FGM including possible death of the girls, risk of contracting diseases, medical problems and finally possibility of missing to attend school. Most of the church leaders in 8 churches in Kumpa location and 22 in greater Bissil participate and support Anti-FGM advocacy campaigns.

It is recommended that all the leaders who are supportive need to be trained more on the human rights violation with special emphasis on child right and protection and women rights including administration personnel in Kajiado County.

### The impact of Anti-FGM project so far

The project impact on the lives of the girls and the communities has been realized because of the sustained campaign against FGM and early marriages for young girls. Most of the girls are now able to attend and complete their education; the costs of financing the ceremonies have been reduced to minimum and the health of the girls is now guaranteed. The girls feel accepted and not stigmatised due to the fact that they are not circumcised. The respondents reported also that the benefits of abandoning FGM were big and they include the fact that most of the communities become enlightened, the girls get a chance to complete their education, the health of the girl is guaranteed, poverty in the families brought about by expensive ceremonies when girls are being circumcised are reduced to minimum.

### **Project sustainability**

In order to sustain the project gains and increase level of community improvement and standard of living, the interviewees said that the project need to increase awareness creation especially focusing of the laws that prohibit FGM practices in the county. The other important activities that need attention include ensuring that the elderly people in the community who are the custodians of the culture need to be involved by using community conversation methodology that will engage them in useful discussions about the modern trends and changes in the world and nationally. The communities need to be trained on human rights with emphasis on girls child protection and rights and also the Anti FGM Laws in Kenya.

## **Lessons learned by Anti-FGM facilitators**

The facilitators and the target community have learned that:

- This very destructive and disadvantageous to break the law of the land
- FGM increases poverty among the families
- FGM when stopped enables the girls to complete their education
- When FGM is stopped health and psychological risks are reduced to minimum
- People change positively when they see the benefits of eliminating FGM among the girls.
- When you disobey the Anti FGM law you risk losing your resources and assets in having to pay the huge bonds
- It is wise not oppose the Government which enforces the laws of Kenya.
- © Corruptions among the leaders can perpetuate problems in the community.

#### Recommendations

Based on the findings outlined above, it is recommended that:

- a) Because FGM is rooted in the culture of the Maasai change need to be given more time than that allocated to the project currently. This will allow the facilitators and the communities to have more time to adjust to the new and alternative way of facilitating the alternative rite of passage and community development.
- b) Bissil team needs to be trained and revitalized so as to be effective in the next phase of the project.
- c) New strategies for advocating against FGM in the next phase sensitizations need to be intensified on the negative effects of FGM and early marriages focusing on the older custodians of the culture as well as boys and girls in schools and the communities in general.
- d) There is need to ensure follow up systems are prepared to facilitate effective implementation of project activities both during and after the transition period.
- e) It is helpful to identify model girls, women and leaders and use them to enhance the advocacy process
- f) Like in other clusters, the capacity of the local church need to be strengthened to facilitate village campaigns using the church members
- g) Provide bursary for the girls who desire to complete their education once they have refused FGM

# b) Ilkelunyeti cluster

Ilkelunyeti is one of the Anti-FGM clusters started in 2012. Like in other clusters the objectives of the project were to seek to eliminate FGM and early marriages among the community members in the area. The evaluation team visited the area though with a lot of constraints because of the transport challenges – there are no vehicles going from Masimba to the cluster area. But we managed to arrive there safe and we started to interview the pastors and some of the community members. The respondents in this centre gave us some valuable information summarized here below as follows:

The community said female genital mutilation as a traditional rie of passage has been by every family because it is their culture and defines the the way they do things. Before the start of the project 100% of the community members practiced FGM and marrying off the girls after circumcision. But since the project started 41% still practice the vice but in hiding lest they get caught by the law enforcement officers. 10 to 25% have stopped the circumcision of the girls completely. Tt is therefore the opinion of the evaluation team that this is a significant change within the last 3 to 4 years of project work. As at the time of the evaluation the respondents said that sensitization of the community is now about 90% out of which 70% now know the negative effects of FGM. The interviewees reported that 2 girls from Merrueshi and 4 from Samuli have been rescued from the being circumcised while 3 were rescued from early marriage. Out of 97 girls in Ilkelunyeti primary school 80% have abandoned FGM and 20% still do it but hiding.

Regarding the participation of church members in the campaign against FGM all the 12 pastors participate and support the efforts to stop the practice in the entire community. They are also the models as each one of them does not circumcise his girls.

Strategies used in campaigning against FGM and early marriage of girls

The respondents from ilkelunyeti cluster sadi that in their campaign against FGM/EM, they used awareness creation in schools, churches, public meetings and special groups forums like women and youth meetings. The law against FGM was used to sensitize the communities to know the legal implication of FGM practice including its serious consequences. Teachers according to MrStanelyNairi, the deputy Head Teacher Ilkelunyeti Primary school said the teachers work with Nkaseremak Women groups in facilitating Anti-FGM awareness creation. World Vision, one of the NGO existing in the community is also very supportive in facilitating the anti-FGM campaigns.

## Challenges faced

The challenges faced in Ilkelunyeti cluster are summarized as follows:

- a) Unsupportive members of other church denomonations and the administration in facilitating Anti-FGM campaign has been a challenge as well in Ikelunyeti cluster.
- b) Parents encourage their girls to get circumcised because they themselves went through the same thing as a traditional rite of passage..
- c) The said the Bible seems to be silent regarding women circumcision therefore there is no need to discourage the people not to follow their tradition.
- d) At Ilkelunyeti 50% of the pastors oppose the Anti-FGM campaign, 15% are silent about it and 35% support the advocacy against girls circumcision
- e) The older people believe strongly about the FGM and therefore are resistant to the change.
- f) FGM is done privately during the holidays and therefore the teachers are avoided as they could otherwise advise against it.

### **Project Impact so far at Ilkelunyeti**

The results recorded at Ilkelunyeti cluster include the following as at the time of the evaluations.

- a) The transformed circumcisers are now the facilitators of the desired change and also the models of the desired change.
- b) The church is now respected and can facilitate change in this cluster

## **Lessons learned**

The respondents said that they have learned valuable lessons in facilitating cultural change that seeks to eliminate FGM among the Maasai people. The lessons earned include the following:

- 1. A facilitator needs to be becourageous in influencing people to change their world view of a traditional practice like FGM.
- 2. Humility and patience is required in working with people to see the need for change for better living standard.
- 3. Effective planning in facilitating desired change is important and necessary
- 4. Young girls feel that they are mature after the circumcision and therefore they are free to be married and constitute their own families
- 5. The facilitators have learned that many people do not want to bee seen like they support the advocacy as they do not want publicity about it.

## Recommendations

Based on the findings above, the evaluation team recommends that:

c) In the next phase the project need to focus more on building the capacity of the church to own process of change and sustain it.

- d) Awareness creation needs to be increased and sustained in the next phase of the project.
- e) The community leaders need to be trained and encourgaed to support the campaign against FGM

## d) Loitokitok Region

The project started in 2007 with clear objectives to seek to eliminate female genital mutilation. FPFK spend quality time building the capacity of the leaders and facilitators of Anti-FGM activities. After about two years the chiefs, (about 58 in number in Loitokitok District) increased their participation and support for the advocacy against FGM. About 95% of the community members in the region have accepted that FGM is a retrogressive practice which should be stopped. About 100% of the community members have been sensitized and about 30% have stopped the vice completely. Those who are still practicing do so in hiding and this show that there is a sustained change achieved although slow. 90% of the community members in Loitokitok Region know the negative effects of FGM and Early marriages

## **Strategies used during the campaign**

The interviewees said that they used various forums in their campaign against FGM. They reported that school meetings, chief's public meetings, church meetings and women and youth forums were used in facilitating the exercise. Alternative Rite of passage events at the end of each year were effective in educating the communities and the girls regarding the effects of FGM and early marriages. Radio broadcast and community policing have also assisted in facilitating the campaign against FGM practice.

## Challenges faced in Loitokitok Region

It has been challenging to seek to support the girls who are threatened with FGM and find no ready place to keep them when they are rescued from the cut. The facilitators have tried to take them into their homes but this has been difficult because of the challenge to provide food and support of their educational needs. The church respondents said that over 70% of the church members are silent regarding the issue of FGM and early marriages although they no longer practice the vice. 10% of the community members still do FGM but hiding lest they get arrested by the administration officers from the Government.

#### Participation and support of leaders in fighting FGM practice.

As at the time of the evaluation the evaluation team learned that 15% of the leaders actively participate and support the campaign against FGM while 75% are silent regarding the practice. This is because since the law was passed that outlawed the vice, many community members do not risk to be arrested and charged.

#### The outcomes of FGM project so far.

The people who were interviewed said that there has been a marked positive change since the project implemented its Anti-FGM activities. Some of the key impact outcomes are summarized as follows:

- 1. Many young girls now get a chance to attend and complete their education as FGM and early marriages have reduced to the minimum.
- 2. The people feel they can now expect skilled people in their community as they children taking different courses complete their education.

- 3. There is now equal opportunities for girls and boys to attend school
- 4. The Girls and boys now know their rights and they implement them by going to school and advising their parents on the benefits of education.
- 5. The school enrolment has increased as a result of awareness creation on the importance of education
- 6. The standard of living in the community has since improved as a result of awareness creation brought about by the project.
- 7. The health of the girl child in now guaranteed

## **Project sustainability**

The people who were interviewed regarding how the project will be sustained once the partners stop their financial support gave the following areas that need attention and emphasis.

- The leaders need to be trained more on areas such as human rights, Anti FGM policies, Anti FGM laws and development in general.
- Temporary places need to be established where girls can be facilitated to learn and complete their education.

# Lessons learned in facilitating Anti-FGM campaigns

The respondents said they had learned valuable lessons as the facilitated change against FGM practice in Loitokitok region. The lessons learned include:

- There is need to always work with the Government community policing agencies in the region
- Persistent training and awareness creation helps to enlighten people towards positive change
- Involving women more in ANTI-FGM campaign will increase the pace of change in the community
- Tt is helpful to establish action teams to facilitate the advocacy campaigns.
- The project has helped the people to search the scripture to establish if FGM is discussed in the Bible.
- The It is important to educate the girl and boy child in the community.

#### Recommendations

In the next phase of the project it recommended that:

- 1. The church and the community should be facilitated to own the project and its activities.
- 2. In the future the project should target the elderly, men, parents and boys in its campaign
- 3. All categories in the community should be trained on human rights, Anti-FGM laws and policies
- 4. In future use the media and radio more.

## e) Rombo cluster

Rombo cluster with a population of about 30,000 people is the area adjoingLoitokitok Region. In this area the people interviewed said that before the start of the project 90% of the community members practiced FGM and early and forced marriage for young girls. The evaluation established that at those who practice FGM had reduced by 20% to 70% of the community members. At the time of evaluation the sensitization level was already 95% and therefore most of the members of the community know the negative effects of FGM and early marriage for

young girls. The boys who are the prospective husbands have also changed and they have accepted to change and stop marrying circumcised girls. At the time of the evaluation about 10 girls had been rescued from early and forced marriage

# Participation and support from the leaders

All the church leaders in FPFK participate and support the Anti-FGM campaign but church leaders from other 9 church groups are rather silent on the issue of FGM.

## Strategies used in facilitating Anti-FGM campagins

The people interviewed reported that school meetings, chief's public meetings, church meetings and women and youth forums were used in facilitating the exercise. Alternative Rite of passage events at the end of each year were effective in educating the communities and the girls regarding the effects of FGM and early marriages. Radio broadcast and community policing have also assisted in facilitating the campaign against FGM practice.

## Project impact so far.

In Rombo cluster there are no early marriages any more as a result of project intervention. Girls now complete their education and the health risks including diseases associated with FGM have been reduced significantly.

## Challenges faced in Rombo while facilitating campaigns against FGM

Due the efforts made by the chiefs in seeking to sop FGM they have been hated by part of the community in some places. The field facilitators have also been cursed by the elders for interfering with the culture which is respected and cherished. Those who have accepted to change have been isolated and stigmatized. All these challenges have served as checks and have slowed down the advocacy processes in the cluster. The field facilitators said the project sites are very far and that has been a great challenge with regard with transportation. The big reason for not circumcising young girls is that those not circumcised are considered to be children even if physically they are adults.

### **Project sustainability**

Rombo cluster have some recommendations to facilitate project sustainability. The factors that need consideration were discussed and are summarized as following:

- a) Since the project focus is a culture based change there is a need for more years to be given so as to complete the implementation
- b) The project need to build capacity for church leaders to and to ensure the project is owned by the local church and community.
- c) The project need to network with others with like minded that can be used to sustain the project gains after the external support ends
- d) There is need for the project to collaborate more with the administration
- e) It is important to enforce the Anti-FGM law across board not selectively where politicians are not subjected to the same.
- f) Educate the community members on Anti-FGM laws
- g) Use the media to improve Anti-FGM campaign activities.

#### Lessons learned

The lessons learned during the implementation of Ant-FGM project activities include the following:

- 1) The facilitators got an opportunity to learn culture.
- 2) The community members now have knowledge of negative effects of FGM and early marriages
- 3) The filed facilitators have learned how to facilitate change and community improvement
- 4) Not all things in the culture some are helpful
- 5) A peoples culture is very strong and need patience and understanding from the facilitators and other stakeholders
- 6) When people stop FGM wastage of resources during the celebrations
- 7) Sometimes people fight as they oppose or defend the challenge.

**END**