

**Evaluation Report for the Anti Female Genital  
Mutilation Maasai (FGM) Project**

**An FPFK Advocacy programme for the Maasai of  
Southern Rift Region of Kenya**

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## **List of abbreviations**

FGM	Female Genital Mutilation
EM	Early Marriages
AFGM	Anti Female Genital Mutilation
FPFK	Free Pentecostal Fellowship of Kenya
UN	United Nations
NGOs	Non Governmental Organization
KRP	Key Resource Persons
ACK	Anglican Church of Kenya
AIC	African Inland Church

## **Executive summary of conclusions and recommendations**

### **Introduction and background**

Phase one project commenced in 2007 and is expected to phase out in 2011. This project plans to address various needs now apparent due to continued practice of FGM. Whereas the culture of the target group should be respected, there is need to address those aspects that hinder the community from realizing significant development goals such as education for the girls and women. Concern is also raised in regard to girls' individual rights, freedoms, and preferences which are violated due to forced circumcision and marriage at a tender age. There is also the pertinent issue of invasion of privacy of the girls by those who should socially protect them. Issues related to psychological consequences as well as medical risks are to be addressed by the project with a view to mobilize FPFK churches in Maasailand to be more proactive in formulating home grown solutions to the problem of FGM. Morbidity and mortality is frequently associated with FGM. The same applies to maternal morbidity and mortality.

The purpose of this project 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 will target 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.

In the last two years, several challenges have been experienced by the project especially with regard to the budget, and the large scope. Increasing operation costs are affecting implementation of activities. The most significant costs include motor vehicle i.e. fuel and maintenance, food and accommodation for personnel. The budget allocation for production is therefore a great challenge working on squeezed budget especially in comparison with activities and large scope.

### **Purpose of this evaluation**

This is a mid term evaluation aimed at providing the project communities, donors and partners with an understanding of the extent of the projects' achievements so far - about one year from its start. The evaluation will assess the impact and changes that the program has brought about in facilitating the desired change among the target Maasai girls, boys and the parents in Southern Kenya regarding the elimination of Female Genital Mutilation (FGM). The evaluation shall also identify the changes in policies and practices affecting girl children as a result of the project and how the methods used to bring about these changes have been effective.

The focus of the evaluation will include examining specific target area which includes:

- Evaluating the process of project implementation including the structure – the decision making lines, how the national office participates in project management

and how delegation of work is handled. Include how other NGOs are cooperation in AFGM advocacy

- Analyzing the current project stakeholders and how that can be strengthened to facilitate ownership
- Assessing the activities of the Project steering committee and how the partners are participating in the implementation of project activities.
- Assessing project approach and methodology including the effectiveness and efficiency in resource utilization
- Analysing the effectiveness on how the project activities were carried out seminars, community/public meetings and staff training. Include recommendations on how the project activities can be strengthened and made useful and sustainable to the target groups
- Assessing impact of the project in the society/community including impact the attitudes towards FGM/EM among men and women
- Assess in what way the project goals and activities are being achieved. This includes in what way the project activities will remain and continue in the communities at the end of financial support
- Analyzing the possibility of the local church, a community, and/or the Government authorities to take over the project activities at the end of the support.
- Do a cost benefit analysis on project staff salaries and field visits costs

The outcomes of the evaluation will be used to facilitate learning among the stakeholders and as a basis for planning for the coming phases of the project. It is hoped that the evaluation findings, recommendation and the lessons learned will be used by the project staff and the management.

### **Objective of the evaluation**

Review of the project objectives was accomplished as per evaluation schedule. The objectives which were reviewed during the evaluation are summarized below as follows:

- To review status versus planned outputs (achieved)
- To assess relevance of program objectives and challenges in realizing them;
- To assess to what extent the AFGM strategies were used in program implementation. -
  - knowledge dissemination and capacity building;
  - Advocacy and awareness raising.
- To establish the impacts of the program interventions on the respective beneficiaries by assessing what changes the program has had in the following five dimensions of change:
  - Changes in the target groups – girl children and the parents/communities;
  - Changes in the capacity of the civil society, the Government departments and communities to support children’s rights
- To review and advice on possible replicability of good practices in Anti Female Genital Mutilation among the Maasai girls and other communities in Kenya
- To document the unanticipated results (positive and negative) of the programme and possible instigative measures in place.
- To review overall impact versus financial input within the Programme (‘value for money ‘component)

### **Evaluation methodology**

The evaluation was carried out by first interviewing the National office staff and the FPFK board. The objective of these interviews was to establish whether or not the every body in responsible position understand the project purpose and objectives and how they are involved in facilitating the achievements of the goals. The project's Steering Committee (PSC) was also interviewed as representatives from the target AFGM project area. The scope of evaluation covered the four Maasai Districts of Loitokitok, Kajiado, Narok and TransMara. *It is observed that this vast area need adequate resources if a lasting effectiveness is to be achieved in the process of stopping FGM.*

Interviews and group discussions with some of the children and other key stakeholders was also done during the field visits to the four project sites of Loitokitok, Kajiado, Narok and TransMara. The key stakeholders who were interviewed include the chiefs, the politicians, community leaders and members, parents, cooperating agencies, church leaders and members. School teachers were also interviewed in order to establish the effect of FGM in girl child education.

### **Limitations during the evaluation**

The constraints faced during the evaluation exercise were mainly faced during the field visits. The time available for the field visits was a bit short for the interviews to be completed with the desired depth as expected. This was due to the fact that the evaluation team had to cover long distance to the AFGM centres and at the same time conduct the interviews.

### **Conclusions and recommendations**

Based on the findings, challenges, lessons learned and the limitations during the evaluation concludes that the objectives of AFGM project so far - just one year from the start of the project have been achieved by over 40%. It is observed that this has been due to FPFK leadership (Boards) support and the hard working and committed project coordinator. In our opinion she has been able to facilitate team work among PSC and the KRPs. Our recommendations based on the findings, lessons learned and challenges faced are summarized below as follows:

- ❖ The leadership and the staffs of FPFK understand and support the Anti Female Genital Mutilation (AFGM/EM) project activities. *This is considered to be a big strength and we recommend that more FPFK leaders especially pastors need to be encouraged to provide support by first becoming models and putting AFGM activities as part of their missional mandate.*
- ❖ The area of coverage is large considering the amount of community education that needs to be done before the anticipated change is achieved. *Based on this it is recommended that there is a need to increase both the budget and means of travel in order to enable the key resource persons to reach the communities more frequently.*
- ❖ It is observed that there is need for the stakeholders to prepare a document that describes an acceptable and sustainable '**alternative rite of passage procedure**' for the Maasai people. *It is recommended that this need to be done jointly by representatives from the four church centres of Kajiado, Loitokitok, Narok and TransMara.*

- ❖ The evaluation learned that there is a good collaboration between the key stakeholders of the project which include the Government (chiefs), other NGOs, politicians (Counsellors and MPs) and the model community members. *We recommend that efforts should be made to strengthen this enabling associative strength in order to sustain AFGM activities even beyond the project plan period.*
- ❖ It is further observed that due to possible influx of girls who escape the cut and run to the church for rescue or help, *it is recommended that the church needs to establish a temporary ‘counselling, rehabilitation and resource centre’ to help the girls attend school and learn life skills that will enable them to find means of livelihood.*
- ❖ Due to much work that is involved in child rights advocacy, *it is recommended that there is need to increase the capacity of PSC and the key resource persons – through training and exposure visits to other communities.*
- ❖ In our evaluation exercise, it was noted that the use of media is very effective in facilitating faster change in Maasai community. *It is therefore recommended that radio programmes need to be used in the next phase of Anti – FGM advocacy activities. This may require buying and distributing radios in strategic places within the programme area and developing effective anti-FGM programmes in partnership with the Kenya Broadcasting Service (KBC).*
- ❖ *The evaluation recommends that the Free Pentecostal Fellowship of Kenya needs to consider a more inclusive strategy for ministry that is responsive to both physical and spiritual needs of the people. The strategy is called ‘church and community mobilization process (CCMP)’. A presentation on this strategy will help in facilitating a clear understanding of what it entails.*
- ❖ *Based on the findings the evaluation recommends that the team leader need a part time driver and a secretary in her office. This will help her to coordinate the FGM advocacy activities effectively.*

### **Way Forward**

Besides all other recommendations outlined above it is recommended that the immediate areas that need to be addressed should focus the following key areas:

1. Facilitate implementation of all the recommendations as outlined as summarized in the report.
2. Review the current Anti FGM proposal to reflect the challenges and the lessons learned through the evaluation
3. FPFK needs to engage a person to prepare a) *‘Alternative Rite of Passage’* procedure manual and b) a position paper on *‘the management of change with special attention to how the church intends to respond to the special needs of the rescued girls’*
4. It is also recommended that FPFK need to facilitate the mainstreaming of Anti FGM advocacy among the Maasai and other communities that practice FGM where the church has been and will be established. *This may be done by developing a church policy document on gender equity and advocacy against harmful traditional practices like FGM*

# **Evaluation of Anti FGM/EM project among the Maasai of Southern Rift Region of Kenya**

**May/June 2009.**

## **1:0 Introduction and background**

The Free Pentecostal Fellowship of Kenya (FPFK) organization was founded by the Norwegian and the Swedish Missionaries in 1950s and 60s respectfully. The Norwegian Missionaries started work in Thessalia and spread to Nyanza and Rift Valley provinces of Kenya. The Swedish Missionaries started work in parts of Central Rift Valley, Central Kenya, Nairobi and Southern Kenya. Missionaries from both countries operated independent of each other for many years under the parent names of the sending Missions. Churches started by Missionaries from Norway were referred to as Norwegian Pentecostal Mission (NPM) while those started by Swedish missionaries operated as Evangelical Free Mission (EFM)

In areas where church work was started mission stations were built by the missionaries for coordination purposes. Missionaries in these stations remained accountable to the sending churches in Scandinavia and often there was little work related cooperation between and among missionaries and the new found local churches.

There were no formal organizational structures that would bring the missionaries and the local churches together. Several forums however emerged gradually providing opportunities to build relationships. Basic organizational structures began to take shape leading to cooperation between missionaries from both Norway and Sweden as well as with the local founded churches. Several initiatives towards formalizing operations of the church continued opening the space for local leadership to participate in the development of the organization. The church then embarked on an organizational development (OD) immediately to facilitate and streamline the total church operations.

## **Nationalisation**

Towards the 1990s, missionaries from the two Scandinavian countries started coming together with a view to nationalize the work of the church in Kenya. The initiative was more of an external decision than local. FPFK nationals did not agitate for the departure of the missionaries or the nationalization of the church. While the efforts to unite missionaries from both sides continued, operations continued remained independent of each other. During the start of 1990s saw increased efforts to nationalize the work of the church. The church became fully nationalized in 1997 with election of the national board to spearhead the running of FPFK.

## **1:2 AFGM Project Description**

The purpose of Anti-Female Genital Mutilation (AFGM) project 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 will target 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. The Maasai live in clusters (Manyatta) which comprise of a man and several wives and children. The community is polygamous and the more wives the more the respect one is accorded. To be able to marry more women means one is wealthy since you cannot marry without bride price paid in form of cattle.

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 a prerequisite for marriage. FGM and marriage are culturally linked and take place respectively. 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.

The practice of marrying off young girls denies them opportunity to continue with education. This is evidenced by extremely low number of girls formally completing primary school education in Maasailand. 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. 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.

Traditionally, FGM is supposed to be a rite of passage. The practice of FGM is central to the Maasai culture. Circumcision marks a significant change in the life of an initiate. It is literary moving from childhood into adulthood. Blood is shed as a sign of transition. Initiates are now expected to behave as adults and even to change their relations and companions. Therefore, FGM should be addressed in the context of the Maasai culture and not as an offshoot.

The purpose of this project 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 will target 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.

This project plans to address various needs now apparent due to continued practice of FGM. Whereas the culture of the target group should be respected, there is need to address those aspects that hinder the community from realizing significant development goals such as education for the girls and women. Concern is also raised in regard to girls' individual rights, freedoms, and preferences which are violated due to forced circumcision and marriage at a tender age. There is also the pertinent issue of invasion of privacy of the girls by those who should socially protect them. Issues related to psychological consequences as well as medical risks are to be addressed by the project with a view to mobilize FPFK churches in Maasailand to be more proactive in formulating home grown solutions to the problem of FGM.

Morbidity and mortality is frequently associated with FGM. The same applies to maternal morbidity and mortality.

### **1:3 Project goals/objectives**

The objectives of the project are summarized as follows:

1. Eliminate / stop further practice of FGM among the Maasai.
2. Develop a platform for advocacy for the rights of Maasai girls and women
3. Build local knowledge and capacity regarding risks associated with FGM
4. Develop a statement / strategy with alternative but culturally relevant rites of passage for FPFK churches in the Southern region.
5. This project plans to explore possibilities available to FPFK in order to eliminate the practice of FGM among the Maasai of Southern Kenya.
6. The project hopes to develop relevant methods/models/strategies that could be deployed to eliminate the practice of FGM among the target groups
7. The findings will form a basis for formulating a project aimed at stopping FGM among the Maasai of Southern Kenya.
8. Best practices/models learned by the project will be replicated in other communities also practicing FGM in Kenya.

### **1:4 Purpose of this evaluation**

This is a mid term evaluation aimed at providing the project communities, donors and partners with an understanding of the extent of the projects' achievements so far - about one year from its start. The evaluation will assess the impact and changes that the program has brought about in facilitating the desired change among the target Maasai girls, boys and the parents in Southern Rift Region of Kenya regarding the elimination of Female Genital Mutilation (FGM). The evaluation will also identify the changes in policies and practices affecting girl children as a result of the project and how the methods used to bring about these changes have been effective.

The outcomes of the evaluation will be used to facilitate learning among the stakeholders and as a basis for planning for the coming phases of the project. The report will be prepared in a manner that will encourage the use of the findings, recommendations and lessons-learned by the project staff and the management.

The recommendations of the evaluation will enable the donors to see and understand how the funds haven been used and will inform the project management's decisions on how to include these experiences in its new planning period, 2009-2011.

### 1:5 Objectives of the evaluation

Based on the background above and the evaluation objectives the specific areas which were assessed during this evaluation are summarized as follows:

- The status versus planned outputs (achieved)
- The relevance of program objectives were assessed and the challenges faced in realizing them;
- The extent to which AFGM strategies were used in program implementation were assessed based on:-
  - knowledge dissemination and capacity building;
  - Advocacy and awareness raising.
- The impact of the program interventions on respective beneficiaries were also reviewed by assessing what changes the program has had in the following five dimensions of change:
  - Changes in the target groups – girl children and the parents/communities;
  - Changes in the capacity of the civil society, the Government departments and communities to support children’s rights
- Possible replicability of good practices in Anti Female Genital Mutilation among the Maasai girls and other communities in Kenya was also reviewed
- Unanticipated results (positive and or negative) of the programme and possible instigative measures in place were identified and recorded as part of the evaluation findings.
- Overall impact versus financial input within the Programme (‘value for money ‘component) was reviewed

### 1:6 Evaluation Methodology

The evaluation was undertaken between 22<sup>nd</sup> May 2009 and 15<sup>th</sup> June 2009 as it was scheduled. It was carried out by a consultant assisted his two associates, PSC members and the project resource persons at the field centres. The evaluation was carried out in three levels – the document review, interviews at the National office and the field interviews as shown follows:-

The evaluation will be undertaken between 22<sup>nd</sup> May and 15<sup>th</sup> June 2009 as follows:

Date(s)	Activity
22 <sup>nd</sup> to 24 <sup>th</sup> May	a) Finalize evaluation planning with the team b) Finalization of logistic issues. c) Review some of the project documents
25 <sup>th</sup> May ‘09	Interview the Project Steering Committee (PSC) and review financial project documents at the national office Nairobi
26 <sup>th</sup> May ‘09	Interview Board members and National Office staffs & complete desk review in Nairobi
27 <sup>th</sup> May to 8 <sup>th</sup> June ‘09	Interviews with the key resource persons, church & community members, girls, parents and a sample District leaders in target church field centres of the 4 Districts
9 <sup>th</sup> to 10 <sup>th</sup> June ‘09	Complete writing 1 <sup>st</sup> evaluation draft report and send it for comments/inputs by the Board/FPFK staff

11 <sup>th</sup> to 12 <sup>th</sup> June '09	Finalize the evaluation report and send it to FPFK
13 <sup>th</sup> June '09	Present the report to project leaders and FPFK Board.

## **2:0 Evaluation Findings**

Below is a summary of the findings and conclusions analysed information based on the purpose and the project objectives. The evaluation started by reviewing evaluation planning with the team and finalizing the logistics for the field visits. Documents were reviewed for about three and half days. FPFK National Board, Project Steering Committee members and National office staff were interviewed for about three days. The visits to FPFK centres took us four days to Narok, TransMara, Bissil and Loitokitok and Rombo.

## **2:1 Implementation process**

The Anti Female Genital Mutilation was designed to achieve specific objectives aimed at stopping this traditional and harmful practice among the Maasai of Southern Rift Region of Kenya. The objectives include plans to Eliminate / stop further practice of FGM among the Maasai, Develop a platform for advocacy for the rights of Maasai girls and women, Build local knowledge and capacity regarding risks associated with FGM, Develop a strategy with alternative but culturally relevant rites of passage for FPFK churches in the Southern region. It was also hoped that the project will develop relevant methods/models/strategies that could be deployed to eliminate the practice of FGM among the target groups. This meant that the outcomes will form a basis for replicating the learning and best practices elsewhere among the Maasai communities.

Based on project objectives outlined above, the evaluation team established that the project has already achieved over 40% of the planned objectives so far. This process has been made possible by the fact that there has been maximum support and encouragement to the project staffs by the National Board of FPFK in Nairobi. The findings are summarized below for further clarification.

## **2:2 Project supervision**

### **a) Management and leadership**

Interviews were first conducted at the National office Nairobi. The aim of this was to ascertain the extent to which the FPFK leadership understand the purpose of the AFGM project and how they are providing the needed leadership support. The evaluation established that FPFK has a National Board whose mandate is to oversee all the organizational operations. This includes the supervision of all the projects like the HIV/AIDs and the Anti Female Genital Mutilations (AFGM). AFGM project has receives the required support at the National and at the community levels. The National Office support includes the coordination roles of the project coordinator/team leader who supervises the project and advises the Board regarding the project operations.

The structure of the 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 facilitating the activities in the communities. The PSC also has a

monitoring role in the running of the project activities. The project team leader is the secretary to the PSC. All other project personnel report to the project leader.

All decisions regarding the running of the project are made by the PSC. Such decisions are 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 then has responsibility to brief the FPFK General Secretary and the PSC.

*The evaluation team established that with the maximum support of the National Board the project's coordinator has been very effective in supervising AFGM/EM activities in the 4 centres of Kajiado, Loitokitok, Narok and TransMara District centres. The Projects coordinator works with the Projects Steering Committee (PSC) in facilitating community AFGM activities in the communities. It is observed that so far about one year since the beginning the project has achieved over 40% of planned activities.*

**b) The AFGM campaigns at the village/community level**

AFGM/EM at the community level is implemented by Key Resource persons (KRP) whose main activities is to work with PSC members in arranging for public awareness creation forums and seminars on AFGM. The strategies used in facilitating the campaigns include seminars, workshops, Barazas, women group meetings and awareness creation in school. Church forums facilitated with the help of the local church pastors and elders are also used to reach the AFGM stakeholders. The tools used during the campaigns include drama/skits, testimonies in churches, poems, songs

*The evaluation team established that the leadership and the management of the project has been good and very helpful to the beneficiaries of the projects*

**Recommendation**

*It is recommended that the capacity of the key resource persons need to be strengthened through training on child rights, the concept of advocacy and community mobilization skills.*

**3:0 Relevance of program objectives and challenges in realizing them**

The evaluation assessed the relevance of project objectives and challenges in seeking to realize them. The evaluation established that the objectives as set out are relevant and achievable, though in the long run due to the challenges that are culturally based sometimes conflict of interest by the local leaders. Awareness creation on the need for change has been achieved in over 50% of the objectives as listed below. This was verified during the field visits to the 4 project centres in Narok, Kajiado, Loitokitok and TransMara Districts.

The objectives of Anti FGM/EM project are as summarized here below.

- a) Eliminate / stop further practice of FGM among the Maasai.
- b) Develop a platform for advocacy for the rights of Maasai girls and women
- c) Build local knowledge and capacity regarding risks associated with FGM

- d) Develop a statement / strategy with alternative but culturally relevant rites of passage for FPFK churches in the Southern region.
- e) This project plans to explore possibilities available to FPFK in order to eliminate the practice of FGM among the Maasai of Southern Kenya.
- f) The project hopes to develop relevant methods/models/strategies that could be deployed to eliminate the practice of FGM among the target groups
- g) The findings will form a basis for formulating a project aimed at stopping FGM among the Maasai of Southern Kenya.
- h) Best practices/models learned by the project will be replicated in other communities also practicing FGM in Kenya.

*It is observed that the project has already achieved significant results within a short time – one year since the start of the project. This is due to the commitment and hard working project coordinator, the PSC and the key resource persons. This team has received the needed support from the National Board who have been involved in major decision making regarding the running of the project and day to day support of the General Secretary.*

### **Recommendations**

***Based on the findings above it recommended that the capacity of PSC need to be strengthened by training them on child rights, the concept of advocacy, community mobilization and how to facilitate effective planning for AFGM operations. Other important topics which may need to be covered include relationship building and the roles and responsibilities of AFGM stakeholders.***

### **3:1 Review of status versus planned outputs (achieved)**

The PSC meets once every month to review the activities of the ending month and plan for the coming month. In this meeting any adjustments on the budgetary activities is done based on how the month under review has performed. The implementation of project activities is therefore done by the PSC and the key recourse persons who are assigned the work of community sensitization and capacity building.

The evaluation reviewed the current status verses outputs achieved so far and established that about half (50%) of the project objectives have been accomplished so far within the one year of project implementation. The evaluation established that the so far this process has been effective except the fact that there were challenges faced during the year. The challenges include the fact that the distances where the target groups are located are extensive with no reliable means. Travelling in public vehicles is tough both for the coordinator and the PSC/key resource persons. A new project car was purchased and delivered recently at end of the period under review. The evaluation learned also that the cost of accommodation/meals for the key resource persons and PSC members while in the field has been a big challenge as well. The budget is certainly inadequate and this has slowed the implementation of some of the planned activities. In order to facilitate an effective implementation of activities at the village/community level it is suggested that the budget needs to be increased with specific major activities as summarized below for each of the FPFK centres of Kajiado, Loitokitok, Rombo, Narok and TransMara. The total additional cost of the village/community sensitization activities will be Ks 2,840,000 as summarized below

**Suggested summary of additional budget per operational centre**

<b>Budget Item/activity</b>	<b>Quantity per event/unit</b>	<b>Total</b>
Travel/Transportation	500/- per person per month for 15 people	75,000/-
Meals/accommodation	For 15 KRP twice pm @ 500/-	75,000/-
Training materials per quarter	4 flip chart paper 2 boxes assorted felt pens 2 masking tapes	30,000/-
Community meetings	2 meetings (barazas)	160,000/-
School awareness creation	2 visits per month	140,000/-
Local church activities for the youth and all church members	2 activities per month	160,000/-
Women group meetings	2 per month	100,000/-
<b>Total</b>		<b>740,000</b>

***i) Knowledge dissemination and capacity building;***

Knowledge dissemination and capacity building regarding the disadvantages of FGM has been implemented consistently. The evaluation established that this has been done in two levels – the training of staffs and awareness creation and seminars conducted at the target community level. It is observed that due to this capacity building a significant number of the target Maasai community members have been sensitized regarding the ills of FGM

***ii) Advocacy and awareness raising.***

The advocacy and awareness raising has been achieved over 50% within the 4 project centres. Systematic plans are prepared by the PSC and the coordinator regarding all intended awareness raising and training events in each project area. The key resource persons are responsible to carry out the implementation of the planned activities with the support of the PSC and the Coordinator.

*The evaluation established that so far the communities have been sensitized and now know the disadvantages of FGM among their girls. Positive change has been achieved as follows:*

***It is recommended that the PSC and the key resource persons need to be trained further in order to strengthen their capacity to facilitate advocacy against FGM. The training needs may need to focus advocacy, relationship building between the children and the parents, Roles and responsibilities of the AFGM stakeholders, collaboration and net working and the role of the administration and children’s department in facilitating the rights of the children especially girl child.***

**4:0 Project sustainability**

The evaluation reviewed possible replicability of good practices in Anti Female Genital Mutilation among the Maasai girls and in other communities in Kenya. FPFK is using the local church as a strategy for sustaining Anti FGM changes both among the Maasai of Southern Region of Kenya and among other communities where their churches have been planted. In our opinion this is a viable strategy that can sustain AFGM changes even beyond the project plan period. It is community and church based in its approach and therefore sustainable. Besides using the local church as

strategy for sustaining the process and the positive change for the rights of the girl child, it is to be noted that this is a **‘the Right Based Approach’**. This means that there is a need to ensure that the Government of Kenya and other interest groups of NGOs and churches need to enforce both the human and specifically child right laws as expected. The project team will be expected to work very closely in collaboration and networking with the responsible Government departments and other interest groups. Political good will be key in facilitating effective implementation of anti FGM Project

*a) The evaluation established that this is the best practice and the only sustainable method which can be replicated in any community where there is a local church. It is observed this participatory strategy of sensitizing the church and communities is a viable method which can be sustained and replicated in other communities and churches.*

*b) The evaluation also learned that it is important to ensure that the responsible persons – project coordinators and other staff must be passionately committed to ensuring that child rights are very high in project priorities.*

*c) The evaluation learned that in all the 4 centres the chiefs and counsellors are models of change and they are being emulated by the communities who have started to accept the new found style of respecting the rights of the girl child.*

### **Recommendations**

***It is recommended that church based strategy that is participatory need to be strengthened In order to sustain the project gains even beyond the external financial support. We believe that this can also facilitate good AFGM practices even among other communities struggling with FGM problem***

### **5:0 Feasible current and future project impact**

The evaluation established that there is already significant impact of the project interventions on the respective beneficiaries as evidenced by changes among the target groups (children, parents and the community in general) and changes in the capacity of the society, the government departments and communities that indicate support for the desired change regarding the practice of FGM among the Maasai. The administration is fully supporting to the project implementation. The District Officers and the chiefs are part of the key resource persons in the AFGM campaigns.

The changes among the children, parents and the communities are quite significant as summarized in the filed report below. There are a number of girls who have ran away to escape the cut like Nosotua who is currently at Uzima Centre Embakasi and some who have been taken to Narok child rescue centre.

*In all the 4 church centres of operations the provincial administration and the children’s department are actively involved in Anti-FGM/EM campaigns. These include all the chiefs and counsellors representing the local authorities/Government.*

*The evaluation learned that in all the 4 centres the chiefs and counsellors are models of change and they are being emulated by the communities who have started to accept the new found style of respecting the rights of the girl child.*

### **Recommendations**

*It is recommended that these key models need to be used in future as facilitators in the AFGM.*

*It is also recommended that relationship need to be strengthened among the key stakeholders in order to enhance the efforts for the AFGM advocacy.*

### **6:0 Financial Management**

The evaluation established that the overall impact compared to financial input is commensurate considering the fact that the project has been operational for the last one year only. As mentioned above the evaluation observed that over 40% of the objectives have been achieved in this short time. This translates to about the same percentage regarding the awareness creation done among the Maasai communities in the 4 project centres. However the evaluation noted the expansive project area and constraining costs of travel for the PSC members and the key resource persons while facilitating AFGM activities may slow down the implementation of the project activities in the target communities.

The opinion the value for the donor money was achieved as the project and the staff capacity building took about 70% of the budget. The rest of the money was spend on personnel and other administrative costs as per the audited financial report of December 2008.

### **Recommendations**

*It is recommended that the management needs to increase the project budget in order to facilitate capacity building for the PSC and the KRP and to strengthen the coordination of the project activities. The total amount in the 4 FPFK project centres total to Ksh.2, 840,000 (Ksh 710,000 per centre)*

### **7:0 Participation by stakeholders**

The evaluation noted and recorded the harmonious participation of some the key stakeholders in the programme area. The cooperating NGOs and other church denominations that have been collaborating with FPFK in facilitating AFGM include SCILO, AIC, ACK, Maranatha and Church of God. SCILO is a child right organization and therefore seeks to work hand in hand with FPFK in supporting and facilitating the activities of AFGM project. The denominations listed above have voluntarily joint Free Pentecostal Church of Kenya in finding ways and means of stopping and completely eradication FGM among the Maasai of Southern Rift Region of Kenya. It is observed that FPFK needs to facilitate a more systematic networking and collaboration with key project stakeholders. This will also entail establishing a data base for Anti FGM advocacy programme.

### **Recommendations**

*It is recommended that the project need to strengthen the participation of all the key stakeholders. This can be done by training the stakeholders to understand their roles and responsibilities and on other topics like teamwork, community mobilization and child rights and protection.*

### **8:0 Unanticipated positive and negative results of the programme**

The evaluation established that there are some unanticipated negative results especially in Narok FPFK (slow implementation of activities due to the reorganization of church activities). Some children in Loitokitok are taken across the boarder to Tanzania among the Chaga people where they undergo FGM without the knowledge of the key resource persons. This was recorded also in TransMara where they go the Kisii community for circumcision of the girls.

The unanticipated positive results were evident in all the 4 operational centres. *These include a high participation of the Government of Kenya (GoK) especially the provincial administration in Trans Mara, Kajiado and Loitokitok), the key resource persons are now models of change – they do not circumcise their girl children, rescued girl children now have hope of completing their education like Nosotua who is currently learning at Uzima FPFK centre at Embakasi Nairobi*

### **Recommendations**

*It is recommended that all the key stakeholders need to find ways of stopping the cross border dealings around the area of Rombo and in Kilgoris.*

*It is also recommended that a resource, rehabilitation and guidance and counselling centres need to be planned for by FPFK. These should be temporary stop over centres aimed at enabling the girls to attend and complete school.*

### **9:0 Report from the field Visits**

The evaluation team visited the 4 field project centres of FPFK namely, Narok, TransMara, Bissil and Loitokitok and Rombo. During the visit a total of 56 respondents were interviewed – Narok 7, Trans Mara 19, Loitokitok 8, Rombo 7 and Bissil 15 people. The evaluation established that in all centres visited the key resource persons and stakeholders who were interviewed demonstrated that they understand the purpose and the objectives of Anti – Female Genital Mutilation (AFGM).

Based on the AFGM objectives each group reported that they planned for anti - FGM activities aimed at facilitating awareness creation regarding the disadvantages of FGM practices. In the 4 centres these sensitization activities were basically the same and they included activities such as meetings with the children in schools, holding public awareness meetings with the help of the chiefs, facilitating seminars/workshops and discussions regarding the ‘*alternative rite of passage*’ for the girls. Mountain climbing in Kilgoris was part of the activities aimed at helping the community bury the old harmful tradition of FGM and validate the girls as adults who are accepted in the community. Church leaders and the parents awareness creation meetings were also included in the activities which were planned. These were the strategies used in facilitating the AFGM advocacy campaigns.

The facilitators (key resource persons and PSC members used various mobilization tools in facilitating AFGM campaigns. The tools used were poems, songs, drama/skits, pictures and sometimes cinemas. It is observed that these tools were very effective as shown below for each centre.

The evaluation established that the results achieved so far can be summarized as shown below.

<b>Narok</b>	
<b>Results so far</b>	<b>Challenges faced</b>
<p>Approximately 60% of the girls within the church community have stopped FGM</p> <p>The community members who still practice FGM do so privately –in hiding</p> <p>40% of the parents in church community have now known the disadvantages of FGM and are now discouraging their girls from this practice</p> <p>Up to 60 % of the men within the church community are very supportive to AFGM campaigns</p> <p>About 60% of the entire church community support the AFGM advocacy campaigns.</p> <p>In Ololulun’ga local church all girls do not undergo FGM</p> <p>In Narok Town about 40% of the girls have refused to undergo FGM</p> <p>In Olmaram church with 80 members 40% have stopped FGM</p>	<ul style="list-style-type: none"> <li>❖ A situation where on parent is a believer there is a clash in values/culture</li> <li>❖ There is a possible division in the families as they may not all believe the same</li> <li>❖ The church will have no resources to support the runaway girls.</li> <li>❖ The cultural/traditional beliefs are a hindrance to change</li> <li>❖ Peer pressure including pressure from the grandparents</li> <li>❖ There is a heavy negative political interference – clash between personal and public interests</li> <li>❖ Instance where the girls themselves want to be circumcised</li> <li>❖ Eloping and circumcising girls</li> </ul>
<b>Lessons learned</b>	
<ul style="list-style-type: none"> <li>✓ It is observed that if boys refused to marry the circumcised girls FGM will stop</li> <li>✓ The pastors and their wives need to be models in order to facilitate change</li> <li>✓ Most parents fear the risk of alienation by the community if they allow their girls to be circumcised</li> <li>✓ AFGM is a process and should be done systematically</li> <li>✓ People need to understand that AFGM is increasingly gaining support</li> </ul>	
<b>Recommendation</b>	
<ol style="list-style-type: none"> <li>1. Encourage the use of pictures and cinemas they have a big impact</li> <li>2. Report the girls who escape to the administration for rescue and support Use of the Media is one of the most effective strategy</li> <li>3. The church needs to establish a rehabilitation, counselling and resource centre</li> <li>4. Pastors need to be models of AFGM practices</li> </ol>	
<b>TransMara</b>	
<b>Results so far</b>	<b>Challenges</b>
<ul style="list-style-type: none"> <li>▪ 10 girls who were expected to undergo FGM had stopped by the time of evaluation</li> <li>▪ 4 girls escaped to a rescue centre at Narok as a result of project intervention</li> <li>▪ Out of 37 candidates who were FGM candidates only 7 were circumcised!</li> </ul>	<ul style="list-style-type: none"> <li>⇒ Night/hidden FGM practices</li> <li>⇒ Resistance from some people/relatives of the girls</li> <li>⇒ Fear of alienation from the age set</li> <li>⇒ Teasing/mockery by those who have undergone FGM</li> <li>⇒ Relationship is strained among those</li> </ul>

▪	for and those against FGM ⇒ Leaders in the community and the church who are not model of change
<b>Lessons learned</b>	
<ol style="list-style-type: none"> <li>1. FGM makes the girl children to stop school</li> <li>2. FGM encourages early marriages</li> <li>3. FGM is dangerous and sometimes it kills</li> <li>4. FGM makes deliveries difficult among those who have undergone the practice</li> <li>5. Some of the leaders accept FGM</li> <li>6. Possible division among families</li> <li>7. FGM affects performance in school</li> </ol> <p><b>Recommendations</b></p> <ol style="list-style-type: none"> <li>a) Review strategies for effective AFGM advocacy</li> <li>b) It is helpful to have a systematic campaign strategy</li> <li>c) Use of pictures and cinemas has a big impact</li> <li>d) Use of the Media is one of the most effective strategy</li> <li>e) The church needs to establish a rehabilitation, counselling and resource centre</li> <li>f) Pastors need to be models of AFGM practices</li> <li>g) Report the girls who escape to the administration for rescue and support</li> </ol>	
<b>Loitokitok/Rombo</b>	
<b>Results so far</b>	<b>Challenges faced</b>
<p>The impact of the project intervention in Loitokitok and Rombo church and communities are summarized as follows:</p> <ul style="list-style-type: none"> <li>❖ 80% of children in 10 schools with have accepted to change and leave the practice of FGM</li> <li>❖ About 5% of the church members from have decided to stop FGM</li> <li>❖ In Loitokitok out of 200 church members about 90% have stopped FGM practice</li> <li>❖ 90% of the ACK church members in Loitokitok have accepted to stop FGM practice</li> <li>❖ 20% of Ntilal church members have accepted to stop FGM</li> </ul>	<p>The challenges faced during the implementation of the AFGM activities were:</p> <ul style="list-style-type: none"> <li>❖ There is no rescue guidance, rehabilitation and resource centre for the girls who escape the FGM</li> <li>❖ Lack of transport and communication to the target areas for the resource persons.</li> <li>❖ Anti FGM campaigns are rather slow a change process.</li> <li>❖ Some of the pastors have not fully accepted to stop FGM practices</li> <li>❖ The benefits accrued from FGM to the girls family are very attractive to the community and therefore they do not want to leave them</li> <li>❖ Fear of alienation from the community forces the families to circumcise their girls</li> <li>❖ Ignorance regarding the disadvantages of FGM among the Maasai is a great hindrance.</li> </ul>
<b>Lessons Learned</b>	

- a) AFGM can reduce the death rate among the young girls
- b) Anti Female Genital Mutilation reduces early marriages associated to FGM
- c) Girls who do not undergo FGM have an opportunity to complete school
- d) Its also observed that girls are willing to change – they just need protection and support
- e) Community development will be achieved if the people stop FGM
- f) Girls who do not undergo FGM have emotional and psychological stability and freedom of participation

### **Recommendations**

Based on the above challenges and findings it is recommended that:

- ❖ A clear and acceptable Alternative Rite of Passage needs to be prepared and used
- ❖ A rescue, rehabilitation and resource centre for girls who escape from FGM practice need to be established immediately as the number will continue to increase
- ❖ It is helpful to strengthen the capacity of the resource persons through training and exposure on AFGM and child rights
- ❖ *It is suggested that ARP procedure need to include the following:*
  - a) *Identification of girls for ARP*
  - b) *Training – the curriculum could include child rights, health component/medical issues, Biblical principles on moral standing, clarifying gender roles and responsibilities in families, guidance and counselling and identification and use of personal talents/gifting etc.*
  - c) *Public declaration of girls identity and acceptance to be adults*
  - d) *Prayer and blessings by the church ministers*
  - e) *Graduation – certificates and gifts by the guest and friends, boys, and community models of change.(including girls who have excel academically).These need to be documented ad shared yearly with an aim of making improvements*

### **Bissil FPFK centre**

<b>Results so far</b>	<b>Challenges faced</b>
<ul style="list-style-type: none"> <li>⇒ 10% of the community have accepted to sop practicing FGM</li> <li>⇒ 80% of the girls in Bissil have accepted not to undergo FGM</li> <li>⇒ Out of 100 members of Bissil FPFK church have accepted to stop FGM</li> <li>⇒ In Nosim PEFA church with 50 church members women have agreed to stop FGM but the men still fear alienation from the rest of the community and 25% of the youth have agreed to stop the practice.</li> <li>⇒ In Meto FPFK local church with 70 members 30% have accepted to change and stop FGM while 25% of the 30 youth members have also</li> </ul>	<p>The challenges faced by the mobilization team include the following:</p> <ul style="list-style-type: none"> <li>⇒ The deep seated cultural beliefs regarding FGM is a great hindrance to AFGM</li> <li>⇒ Fear of alienation from the Maasai community makes it difficult for people to accept change readily</li> <li>⇒ Fear of losing identity</li> <li>⇒ Inadequate resources to be able the resource persons to reach the target communities</li> <li>⇒ Ignorance among the target communities makes it slow to achieve the objectives as planned.</li> <li>⇒ There no many role models yet</li> </ul>

<p>agreed to stop the practice.</p> <p>⇒ In Maparasha FPFK church there are 120 members and about 25% have agreed to do away with FGM</p> <p>⇒ In AIC Bissil there are 200 members and 90% have agreed to stop FGM</p> <p>⇒ In Bissil Faith Evangelical church with 125 members 92% have stopped FGM</p> <p>⇒ 5% of IIngosvani AIC with 35 members have changed and stopped FGM</p> <p>⇒ At Ngatatae FPFK local church with 60 members about 25% have resolved to stop FGM</p> <p>⇒ Only 5% of Mailitisa FPFK local church with 35 have accepted to stop FGM</p>	
<p style="text-align: center;"><b>Lessons Learned</b></p> <p>a) People have learned that even where there seem not to be a way change can be achieved.</p> <p>b) A girl needs to be protected as she is a potential mother of children</p> <p>c) Female genital mutilation has no benefit at all – only harm!</p> <p>d) Working together as stakeholders enables the community to achieve great things</p> <p>e) The Maasai people are discovering that change is inevitable and that their culture is already melting away.</p> <p style="text-align: center;"><b>Recommendations</b></p> <p>Based on the issues raised above, it is recommended that:</p> <p>⇒ It is important to have one purpose as a team of facilitators</p> <p>⇒ It is important to work as a team with other stakeholders</p> <p>⇒ There is need for more contact resource persons in order to reach more people</p> <p>⇒ Networking and collaboration with key stakeholders is very helpful – with other church groups, NGOs and Government departments</p> <p>⇒ There is need to provide a counselling, rehabilitation and resource centre for the girls who are rescued from FGM. This will reduce the burden of many responsibilities in the local church.</p>	

### **10:0 Lessons learned**

Based on the findings, challenges and limitations during the evaluation exercise, both interviewees and the evaluation team said that they learned valuable lessons since the inception of this project. Some of the lessons learned are summarized below as follows:

The interviewees said that they have learned valuable lessons by being involved in this advocacy against traditional harmful practices. Below is a summary of the lessons learned: They said they now known:

- That is important to empower people to know their rights and capacities.

- Appreciate that they have a responsibility to provide leadership to the communities where the church has been established.
- That the church can bring hope to the surrounding communities
- That there is need to expand project platform for advocacy by ensuring that there is more discussions with the key stakeholders of AFGM.
- That the church should lead in AFGM/EM as part of its missional goals
- That when people are moved by compassion they take action towards improvement
- The board has now learned to take risk so as to achieve worthwhile purposes for and on behalf of God
- That harmful traditional practice has now reduced in the FPFK church target areas.
- That the responsibility of the church goes beyond preaching – it is expected to respond to both spiritual and social concerns of the target communities.
- That it is important involve other stakeholders who are genuinely interested in stopping FGM/EM

### **11:0 Conclusions and recommendations**

Based on the findings, challenges, lessons learned and the limitations during the evaluation concludes that the objectives of AFGM project so far - just one year from the start of the project have been achieved by over 40%. It is observed that this has been due to FPFK leadership (Boards) support and the hard working and committed project coordinator. In our opinion she has been able to facilitate team work among PSC and the KRPs. Our recommendations based on the findings, lessons learned and challenges faced are summarized below as follows:

- ❖ The leadership and the staffs of FPFK understand and support the Anti Female Genital Mutilation (AFGM/EM) project activities. *This is considered to be a big strength and we recommend that more FPFK leaders especially pastors need to be encouraged to provide support by first becoming models and putting AFGM activities as part of their missional mandate.*
- ❖ The area of coverage is large considering the amount of community education that needs to be done before the anticipated change is achieved. *Based on this it is recommended that there is a need to increase both the budget and means of travel in order to enable the key resource persons to reach the communities more frequently.*
- ❖ It is observed that there is need for the stakeholders to prepare a document that describes an acceptable and sustainable ‘**alternative rite of passage procedure**’ for the Maasai people. *It is recommended that this need to be done jointly by representatives from the four church centres of Kajiado, Loitokitok, Narok and TransMara.*
- ❖ The evaluation learned that there is a good collaboration between the key stakeholders of the project which include the Government (chiefs), other NGOs, politicians (Counsellors and MPs) and the model community members. *We recommend that efforts should be made to strengthen this enabling associative strength in order to sustain AFGM activities even beyond the project plan period.*
- ❖ It is further observed that due to possible influx of girls who escape the cut and run to the church for rescue or help, *it is recommended that the church needs to establish a temporary ‘counselling, rehabilitation and resource centre’ to help*

*the girls attend school and learn life skills that will enable them to find means of livelihood.*

- ❖ *Due to much work that is involved in child rights advocacy, it is recommended that there is need to increase the capacity of PSC and the key resource persons – through training and exposure visits to other communities.*
- ❖ *In our evaluation exercise, it was noted that the use of media is very effective in facilitating faster change in Maasai community. It is therefore recommended that radio programmes need to be used in the next phase of Anti – FGM advocacy activities. This may require buying and distributing radios in strategic places within the programme area and developing effective anti-FGM programmes in partnership with the Kenya Broadcasting Service (KBC).*
- ❖ *The evaluation recommends that the Free Pentecostal Fellowship of Kenya needs to consider a more inclusive strategy for ministry that is responsive to both physical and spiritual needs of the people. **The strategy is called ‘church and community mobilization process (CCMP)’.** A presentation on this strategy will help in facilitating a clear understanding of what it entails.*
- ❖ *Based on the findings the evaluation recommends that the team leader need a part time driver and a secretary in her office. This will help her to coordinate the FGM advocacy activities effectively.*

### **Way Forward**

Besides all other recommendations outlined above it is recommended that the immediate areas that need to be addressed should focus the following key areas:

5. Facilitate implementation of all the recommendations as outlined as summarized in the report.
6. Review the current Anti FGM proposal to reflect the challenges and the lessons learned through the evaluation
7. FPFK needs to engage a person to prepare a) *‘Alternative Rite of Passage’* procedure manual and b) a position paper on *‘the management of change with special attention to how the church intends to respond to the special needs of the rescued girls’*
8. It is also recommended that FPFK need to facilitate the mainstreaming of Anti FGM advocacy among the Maasai and other communities that practice FGM where the church has been and will be established. *This may be done by developing a church policy document on gender equity and advocacy against harmful traditional practices like FGM*

### **12:0 Annexes:**

#### **Annex 1: Terms of Reference (ToR) for the Evaluation**

##### **Background of FGM program in Kenya**

There are many communities that practice female genital mutilation (FGM) in Kenya. The leading communities include the Maasai of Southern Kenya and the Somali in the North Eastern region. Others are the Abagusii of South Nyanza, Kalenjin in the Rift Valley, Meru and Borana in the Eastern region.

Kenya is in the East African region of the African continent. Its current population is about 30 million. The country’s neighbors are Somalia to the East, Ethiopia, and Sudan to the North, Uganda to the West and Tanzania to the South. Kenya is also

endowed with a beautiful coastline along the Indian Ocean. The coastline forms part of the main entry point into the country through the port city of Mombasa.

Generally Kenyans are warm and welcoming. They are hardworking and determined to change their life situations. As a developing country, Kenya is faced with numerous challenges such as accelerating economic growth which has been on a downward trend particularly in the past 20 years of KANU prior to 2003 when the National Rainbow Coalition (NARC) won elections. Whereas the economy has been reported as growing at more than 3% since 2003, gains are yet to translate to the mainly poor populations in urban slums and in rural areas. Sustained efforts are needed to spur more growth in the economy. The Anti Female Genital Mutilation (AFGM) project started late 2007 just before the elections of December. But first four months of 2008 were rather slow in the implementation of project activities. This was due to the post election violence that resulted from disputed presidential results. The Grant Coalition Government was formed in order to bring about peace and stability. The Government has since been very helpful in facilitating Anti Female Genital Mutilation and the responsible Government Ministries have are trying to enforce the laws that relate to child rights and protection.

Currently the key challenges facing the country include poverty estimated to affect more than 60% of the population. Provision of affordable health care is another huddle for the government. The health situation has been worsened by the HIV/Aids pandemic which has claimed more than 2.5 million lives since 1984. Currently, more than 1.3 Million people are living with HIV and more than 1 million children have been orphaned by Aids.

### **1:2 AFGM Project Description**

The purpose of Anti-Female Genital Mutilation (AFGM) project 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 will target 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. The Maasai live in clusters (Manyatta) which comprise of a man and several wives and children. The community is polygamous and the more wives the more the respect one is accorded. To be able to marry more women means one is wealthy since you cannot marry without bride price paid in form of cattle.

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 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. 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.

The practice of marrying off young girls denies them opportunity to continue with education. This is evidenced by extremely low number of girls formally completing primary school education in Maasailand. 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. 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.

Traditionally, FGM is supposed to be a rite of passage. The practice of FGM is central to the Maasai culture. Circumcision marks a significant change in the life of an initiate. It is literary moving from childhood into adulthood. Blood is shed as a sign of transition. Initiates are now expected to behave as adults and even to change their relations and companions. Therefore, FGM should be addressed in the context of the Maasai culture and not as an offshoot.

The purpose of this FGM project 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 will target 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.

This project plans to address various needs now apparent due to continued practice of FGM. Whereas the culture of the target group should be respected, there is need to address those aspects that hinder the community from realizing significant development goals such as education for the girls and women. Concern is also raised in regard to girls' individual rights, freedoms, and preferences which are violated due to forced circumcision and marriage at a tender age. There is also the pertinent issue of invasion of privacy of the girls by those who should socially protect them. Issues related to psychological consequences as well as medical risks are to be addressed by the project with a view to mobilize FPFK churches in Maasailand to be more proactive in formulating home grown solutions to the problem of FGM. Morbidity and mortality is frequently associated with FGM. The same applies to maternal morbidity and mortality.

### **Project objectives**

The objectives of the anti Female Genital Mutilation (FGM) are summarized below as follows:

9. Eliminate / stop further practice of FGM among the Maasai.
10. Develop a platform for advocacy for the rights of Maasai girls and women
11. Build local knowledge and capacity regarding risks associated with FGM

12. Develop a statement / strategy with alternative but culturally relevant rites of passage for FPFK churches in the Southern region.
13. This project plans to explore possibilities available to FPFK in order to eliminate the practice of FGM among the Maasai of Southern Kenya.
14. The project hopes to develop relevant methods/models/strategies that could be deployed to eliminate the practice of FGM among the target groups
15. The findings will form a basis for formulating a project aimed at stopping FGM among the Maasai of Southern Kenya.
16. Best practices/models learned by the project will be replicated in other communities also practicing FGM in Kenya.

### **Purpose of this evaluation**

This evaluation is a mid term activity which will provide the project, donors and partners with an understanding of the extent of the achievement of the projects' objectives so far - about one year from its start. The evaluation will aim to see the impact and changes that the program has brought about in facilitating the desired change among the target groups especially Maasai girls, boys and the parents in Southern Kenya. The evaluation shall also identify the changes in policies and practices affecting girl children as a result of the project and how the methods used to bring about these changes have been effective.

Evaluation results will be used for assessing progress in relation to project goals and objectives during phase one in order to effectively plan for the rest of the project phases.

The recommendations of the evaluation will enable the donors to see and understand how the funds have been used and will inform the project management's decisions on how to include these experiences in its new planning period, 2009-2011.

### **Objective of the evaluation**

The objectives of the evaluation are the following:

- To review status versus planned outputs (achieved)
- To assess relevance of program objectives and challenges in realizing them;
- To assess to what extent the AFGM strategies were used in program implementation.
  - knowledge dissemination and capacity building;
  - Advocacy and awareness raising.
- To establish the impacts of the program interventions on the respective beneficiaries by assessing what changes the program has had in the following five dimensions of change:
  - Changes in the target groups – girl children and the parents/communities;
  - Changes in the capacity of the civil society, the Government departments and communities to support children's rights
- To review and advice on possible replicability of good practices in Anti Female Genital Mutilation among the Maasai girls and other communities in Kenya
- To review behavioural changes that can be attributed to the programme including all arms of government involved in line with existing socio-economic, religious and cultural issues/behavioural patterns.
- To document the unanticipated results (positive and negative) of the programme and possible instigative measures in place.

- To review overall impact versus financial input within the Programme ('value for money' component)

### **Evaluation Methodology**

The evaluation will be undertaken between 22<sup>nd</sup> May 2009 and 15<sup>th</sup> June 2009. It will be carried out by a consultant assisted his two associates, PSC members and the project resource persons at the field centres. The evaluation will be carried out as follows:-

- ❑ Project documents will be reviewed to establish the project status before interviews with the relevant groups associated with the project. The programmes files to be reviewed include mission Strategy/Country plan for FPFK, Project proposal document, Financial and Narrative reports and Minutes of the PSC Meetings
- ❑ Interviews will be carried out with National, Regional church leaders and the community/community resource persons.
- ❑ Interviews will be carried out in sampled out FPFK church centres in targeted Districts of Kajiado, Oloitokitok, Narok, and Transmara. Beneficiaries associated with the FGM program that includes key resource persons, girls, parents and community/church members and other stakeholders will also be interviewed.

### **The evaluation team**

The evaluation will be carried out by a team of consultants which include one man and two ladies. This team will be assisted by the project staff and the community contact persons. The following is the criteria for the main evaluator and his team members.

#### **The main evaluator**

- 1) Has a Minimum of Masters Degree in Social Sciences, with a minimum of five years work experience in development and evaluations work.
- 2) Has an experience in carrying out evaluations, research or situation assessments.
- 3) Has an experience in Child Rights Programming
- 4) Aply articulates international, regional and national Human Rights/Child Rights

#### **The 1<sup>st</sup> Associate evaluator**

- 1) Has two Diplomas in community development/social work from University of Nairobi and minimum of five years work experience in development work.
- 2) Has an experience in Child Rights Programming
- 3) Can articulates international, regional and national Human Rights/Child Rights
- 4) Has an experience in carrying out evaluations, research or situation assessments.

#### **The 2<sup>nd</sup> Associate evaluator**

- 1) Has a degree in Development Studies from Egerton University Njoro with over five years work experience in development and evaluations work.
- 2) Has an experience in carrying out evaluations, research or situation assessments.
- 3) Has an experience in Child Rights Programming
- 4) Can articulates international, regional and national Human Rights/Child Rights

*The evaluation report was reviewed by Mary Kishoyian who is a development and micro enterprise specialist.*

### **Evaluation scope and focus**

The Maasai of the Southern Rift Valley region of Kenya are the primary beneficiaries of the project efforts. The individual and group interviews will be carried out in the

selected targeted districts of Kajiado, Oloitokitok, Narok, and Transmara. Interviews will focus the primary beneficiaries which specifically include girls and women as the main target groups for the project. Girls are viewed as an important target group since they have gone through FGM and would therefore be key change agents once sensitized on the risks. Women could be key change agents in efforts to stop FGM. In the targeted areas, women have been known to support the practice as part of the traditional rites of passage intended to be a sign of maturity for girls. Hence, there is great need to address women's traditional perceptions of FGM.

Men are key and a special target in the process of facilitating anti/FGM advocacy and they need to be interviewed as part of community leadership. There is need to change the men's traditional world view on FGM. Men are traditionally oriented to believe that girls should go through FGM prior to marriage for the reason that it is a sign of maturity and that no bad omen or misfortune could befall the family when this ritual is fulfilled. In cases of illness or other difficulties affecting the family, chances are to associate such misfortunes with the woman having avoided FGM.

Another category of interviewees are the Faith Based Organizations like the churches within the programme area. This approach has been found to be effective in advocating for change of risky behaviors and attitudes as well as other dangerous cultural practices.

Schools in the target areas will also provide appropriate platforms for advocacy campaigns for the rights of girls and women. Interviewees will be conducted among the members of the school community. Teachers are normally opposed to the practice of FGM since experience shows that girls now believe they are mature for marriage and would not need to concentrate further in school as they could be married any time.

### **Evaluation report**

An outline for the final evaluation report will be as outlined below:

- Executive summary of conclusions and recommendations
- Introduction with background to the project and the evaluation
- Description of methodologies and approach, scope and limitations
- Analysis of information based on evaluation objectives.
- Lessons learned
- Conclusions and recommendations

In addition to the final text the report will contain:

- Complete table of contents including annexes
- List of abbreviations used

Annexes:

- ToR
- Work plan / itinerary
- List of interviewees
- References /documentation

A draft version of this report shall be shared with the Project Leader as well as with relevant staff from the field centres by 10<sup>th</sup> June 2009. Feedback shall be incorporated into the final version of the report.

**Expected outcomes of the evaluation**

- An evaluation report of the AFGM in target districts of Kajiado, Oloitokitok, Narok, and Transmara
- The communities and FPFK leadership will learn more about the important focus of FGM project
- Clear recommendations for way forward regarding the strategies to be used in the next phase

**Evaluation work plans:**

The evaluation will be undertaken between 22<sup>nd</sup> May and 15<sup>th</sup> June 2009 as follows:

<b>Date(s)</b>	<b>Activity</b>
22 <sup>nd</sup> to 24 <sup>th</sup> May	d) Finalize evaluation planning with the team e) Finalization of logistic issues. f) Review some of the project documents
25 <sup>th</sup> May '09	Interview the Project Steering Committee (PSC) and review financial project documents at the national office Nairobi
26 <sup>th</sup> May '09	Interview Board members and National Office staffs & complete desk review in Nairobi
27 <sup>th</sup> May to 8 <sup>th</sup> June '09	Interviews with the key resource persons, church & community members, girls, parents and a sample District leaders in target church field centres of the 4 Districts
9 <sup>th</sup> to 10 <sup>th</sup> June '09	Complete writing 1 <sup>st</sup> evaluation draft report and send it for comments/inputs by the Board/FPFK staff
11 <sup>th</sup> to 12 <sup>th</sup> June '09	Finalize the evaluation report and send it to FPFK
13 <sup>th</sup> June '09	Present the report to project leaders and FPFK Board.

**Evaluation schedule/itinerary**

<b>Activity</b>	<b>Date/Time</b>	<b>Responsible persons</b>
Interviews with Project Steering Committee PSC	25/05/09	Lanoi Parmuat-PSC Evaluation Team
Interview with FPFK Board, the National Treasurer and the FPFK Accountant	26/05/09	LanoiParmuat-PSC Evaluation Team General Secretary
Review of project documents	27/05/09	Evaluation Team Lanoi Parmuat
Review of project documents cont.	28/05/09	Evaluation Team Lanoi Parmuat
Travel and interview project's key contact persons at Narok and travel to Kilgoris	29/05/09 - 30/06/09	Lanoi Parmuat-PSC Evaluation Team
Interview project's key contact persons at Kilgoris TransMara	31/05/09 - 1/06/09	Lanoi Parmuat-PSC Evaluation Team
Travel back to Nairobi and rest	2/06/09	Lanoi Parmuat-PSC Evaluation Team

Travel and Interview project's key contact persons at Bissil Kajiado & travel to Loitokitok	3/06/09 – 4/06/09	Lanoi Parmuat-PSC Evaluation Team
Interview project's key contact persons at Loitokitok & travel back to Nairobi	5/06/09 – 6/06/09	Lanoi Parmuat-PC Evaluation Team
Preparation of the draft report	7/06/09 – 8/06/09	Evaluation Team

### **Cost of evaluation**

The cost of evaluation shall be Ksh..... broken down as follows:

<b>Item</b>	<b>Cost</b>
1. Meals and accommodation (Nairobi) - 4 days	FPFK
2. Travel - 9 days	FPFK
3. Meals & accommodation	FPFK
4. Consultancy fee: <input type="checkbox"/> Evaluation & <input type="checkbox"/> Report writing - 2 days	\$ 395 per day

### **Annex 3: List of interviewees**

#### **Board members**

- 1) Rev. David Kiragu Gitau – FPFK National Overseer
- 2) Rev. Moses Odongo – Osoro – Board Member
- 3) Missionary David Ford – Board Member
- 4) Rev William Kipkirui Rotich – Vice National Overseer
- 5) Rev. Zachary Oduri Odiang'a – Vice National Treasurer
- 6) Rev Michael Onyango Otiang – Board Member
- 7) Rev Solomon Mutava Mwalili – National Treasurer
- 8) Kimursi John Kitur – General Secretary
- 9) Rev John Kisota Parteiye Board Member

#### **Members of the Project Steering Committee (PSC)**

- 1) Lanoi Parmuat - Project Coordinator
- 2) Judith Leshinka – Kajiado
- 3) Peter Sayianka – Rombo
- 4) Florence Solonka – Narok
- 5) Lydia Letuati – TransMara
- 6) Peris Nkancha – Loitokitok
- 7) John Parteiye – Loitokitok
- 8) William Rotich - Kericho

#### **National Office officials**

Kimursi John Kitur – General Secretary  
National Treasurer – Rev. Solomon Mwalili  
Paul Kin'gori FPFK Accountant

### List of interviewees in the community

Church Centre	Key Resource Persons interviewed	Designation/position
<b>FPFK Narok</b>	1. Jackson Solonka	Pastor Narok FPFK
	2. Florence Solonka	PSC member
	3. Mary Mwanik	KRP member
	4. Isaac Kishoiyan	Pastor /KRP member
	5. Joseph Kamwaro	Naningoi church/KRP member
	6. Evelyn Nampaso	KRP member
	7. Rebecca Kishoiyan	KRP member
<b>FPFK TransMara</b>	1. Janet Lemerian	Secretary KRP/teacher
	2. Elias Leparan	Student
	3. Benson Letoris	Evangelist/KRP member
	4. Faith Naeku	Student/KRP member
	5. Leah Stefano	KRP member
	6. Kelvin Lemerian	Pastor/ KRP member
	7. Agnes Oloiptip	Farmer/KRP member
	8. Lucy Benson	Treasurer/KRP member
	9. Josphine Kitana	KRP member
	10. Leah Sindi	KRP member
	11. Evelyn Ksara	KRP member
	12. Elizabeth Suke	KRP member
	13. Philip Oloiptip Shankil	Pastor/Teacher KRP member
	14. Lydia Letuati Shankil	PSC/Teacher
	15. Wilson Shankil	Manager WV Nyamusi ADP
	16. Eunice Wambua	DO Kilgoris
	17. Daniel	Counselor
	18. Samson Ndalaiyo	Chief Poroko
	19. Charles Sinderea	District Overseer Church of God
<b>Loitokitok</b>	1. Elizabeth Senei	ACK Chair lady
	2. David Oripo	Secretary and child right rep – GoK
	3. Jane Lekoni	Coordinator G & Counselling
	4. Patrick Nauri	HT – member
	5. Gideon Masandare	Pastor AIC/ SCILO Board member and KRP member
	6. Isaac Samani	Chief
	7. Lois Leiteitei	KRP member
	8. Peris Nkancha	PSC member
<b>Rombo</b>	1. Peter Sayanka	PSC member
	2. Jacob Panda	Pastor KRP member
	3. Joyce Joshua	KRP member
	4. Mary Jacob Musungu	KRP member – Ntilal
	5. Mary Parsyanga	KRP member
	6. Milka Saruni	KRP member
	7. Jackson Ntoyai	KRP member

<b>Bissil</b>	1. Joseoh Saruni	Pastor
	2. Joseph Kioi	Pastor PEFA (Nosim) KRP Member
	3. Daniel Kikwa	KRP member
	4. James Sandeto	Pastor Maparasha
	5. Moses Mpoke	Assistant Chief Kumba
	6. Simon Karaine	Pastor FEFC KRP – member
	7. David Kandai	KRP member
	8. Caroline Mperre	KRP member
	9. Jane Saruni	KRP member/counsellor
	10. Ronald Musokoto	Chief
	11. Jackson Mungoya	Chief
	12. Joyce Naisangau	KRP member
	13. Veronoca Saisa	KRP member
	14. Jenifer Kereto	KRP Member
	15. John Sapaya	Pastor AIC
	16. Judith Leshinka	PSC/Chairlady
	17. Daniel Mamai	Chief KRP (Lolngosua)

### **References /documentation**

Mission Strategy/Country plan for FPFK  
Project proposal document  
Project Financial and Narrative reports  
Minutes of the PSC Meetings