



FREE PENTECOSTAL FELLOWSHIP KENYA (FPFK)

ANTI FGM (MAASAI PROJECT)

END OF PROJECT (PHASE 2: 2012-2016) EVALUATION REPORT

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1.0 Executive Summary:

From 2006 to 2016, the Free Pentecostal Fellowship of Kenya (FPFK) run a project in 4 regions occupied by Maasai communities in Kenya to curb the practice of Female Genital Mutilation (FGM) and its effects among young girls, their families and the respective communities. The project activities included; mass awareness creation and advocacy activities about FGM and its physical, psychological, and emotional effects; capacity building for key stakeholders so that they could support the communities to address the issues of FGM in a sustainable way; partnering with local leaders and institutions in order to enhance collective efforts to curb the practice; and offering an Alternative Rites of passage for young girls as a culturally grounded ritual that could replace circumcision. The project also rescued girls from circumcision and, or early marriages, as well as created awareness on, or used the legal provisions of the government law prohibiting circumcision to ensure that communities knew the penalties of carrying out the practice. The 10 year project period was implemented in two phases and at the end of each phase an evaluation was carried out to assess the impact and performance of the project, its relevance, and capacity for sustainability beyond external funding as well as identify key lessons and implications for future interventions. This is a report of the evaluation that was carried out at the end of the 2nd phase of the project implementation in 2016.

The evaluation revealed that the key stakeholders including the girls as the ‘victims’, the parents, young men and women, church and local government leaders, chiefs, church parishioners and the circumcisers in the target communities were sufficiently aware of the dangers and negative effects of FGM on both individuals and the Masaai community in general. This awareness enabled the various groups to respond in ways that decreased the prevalence and impact of FGM in the respective regions. This was evidenced through; the extensive knowledge the groups had about the dangers of the practice; the numerous stories of rescue; refusal by girls to be circumcised and opting to continue with school; parents, including chiefs not circumcising their daughters; church leaders boldly preaching and teaching against FGM; perpetrators being arrested, as well as evidence of circumcisers who had stopped the practice and instead become ‘ambassadors’ against it. Impact of the project was also seen in the steady increase in numbers of girls who attended the ARP events symbolising their determination and confidence not to be circumcised, as well as young men (morans) beginning to marry uncircumcised girls. The project addressed an issue that is deeply rooted in the Maasai culture and has contributed to keeping them backward’ as a community in Kenya as implied by some of the stakeholders who participated in the evaluation. It also enhanced Maasai community (especially the girls) knowledge on human rights and the need for them to be upheld. Hence its relevance in enabling FPFK work towards its mission to provide holistic ministry to the people it serves. As a strategy, the local

churches were used as the entry point for the project work, the local pastors and church congregants played a key role in the project activities as Key Resource Persons. These were the backbone of the project's work; providing support on voluntary basis; in form of awareness creation among communities, rescuing girls, linking with local leaders and institutions to enhance collective efforts, as well as being 'watchdogs' and role models in the communities. These resource persons had their capacity built to provide ongoing support to the respective communities through Community Conversations and Church and Community Mobilisation Process (CCMP) interventions; to address issues of FGM, and facilitate dialogue, analysis and action on key issues as a way of enabling ownership and sustainability of the efforts. This strategy of investing capacity in local community members earned the project acceptance among the target groups, and was a sustainable investment for the work to continue beyond the project work.

While the project registered great success in its efforts against FGM and there is evidence to show this, it was difficult to assess the extent of this success. This was largely because no baseline had been conducted prior to the start of the project and the monitoring and documentation systems and processes did not capture the information effectively. Another limitation to the success of the project was the fact that key groups that are deemed to be custodians of the Maasai culture; the elders especially the male, did not actively participate in the activities. This implies that some of the underlying issues may not have been surfaced effectively and therefore not dealt with, so they could undermine future efforts. The capacity building in community facilitation processes; particularly in CCMP was also not completed so it limits the potential for the communities to use it for their further development.

As FPFK looks beyond the project into the future, it needs to continue strengthening the local capacity of the communities to continue handling the issues by building on what had been done through CCMP and CCC. It also needs to strengthen and institutionalise partnerships with key organizations so that the collective efforts to curbing FGM are harnessed and effective. As learning from this project, FPFK needs to strengthen its monitoring and documentation systems and processes in order to effectively capture its milestones, and know what needs to be improved or strengthened. Last but not least the evaluation revealed that there is an increase in the number of girls who are being rescued from circumcision and early marriage, and these need a 'safe haven' as relationships with their families are being restored or as they receive required support. However currently FPFK does not have a place put these girls, currently some are looked after by 'good samaritans' or put in schools like Il Bissil, or put up in rescue centres of other organizations. This may not be very sustainable if these places cannot provide the support anymore. So if possible FPFK could consider having a rescue centre as a place of transition and healing for these girls. However its purpose has to be clearly defined and its management well clarified so that it does not become an institution that burdens FPFK as an institution.

Following below, are details of the evaluation process, outcomes, implications and recommendations.

2.0 Introduction and background to the evaluation:

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 and these have been the areas where FPFK operates. FPFK vision is to expand its national outreach and continue to enrich the lives of its members and the neighbouring surrounding communities where it operates throughout the country both spiritually and physically. Its mission is to preach the word of God to all nations in preparation for the second coming of the Lord Jesus Christ by reaching out and establishing Churches which can meet the spiritual, economic and social needs of the people through Evangelism, Education, Training and Social-Economic activities based on Christian values. Its values are Love, Integrity, Obedience, Humility, Unity, Stewardship. FPFK has for many years since its foundation, implemented various mission and church development programs as well as social and humanitarian projects in partnership with the Pentecostal Foreign Mission in Norway (PYM). As a church, FPFK is divided into 14 different regions with about 500 congregations its work also includes managing its own enterprises and institutions including a Bible School, carrying out ministry and implementing projects that extend its mission.

During the period 2006 to 2016 one of the projects implemented by FPFK was the Anti-FGM project which focused on identifying strategies for effective elimination of the harmful traditional practice of girl circumcision and subsequent early and forced marriages. This project was carried out in areas predominantly occupied by the Maasai people where FGM is a deeply ingrained cultural practice. FPFK as an institution believes that whereas the culture of the Maasai people should be respected, there was need to address those aspects that not only violated girls and women rights but had also hindered the community from achieving development goals such as education for the girls and women. Concerns had also been raised regarding girls' individual rights, freedoms, and preferences which are violated due to forced circumcision and marriage at a tender age. The invasion of privacy of the girls by those who should socially protect them had also been raised and as a major concern. There were also issues related to psychological consequences and medical risks due to circumcision. Based on this situation FPFK implemented the FGM project with the purpose of mobilizing 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.

2.1 Project summary:

The project was implemented in Kajiado, Narok, Oloitokitok and TransMara areas of the Southern Rift Region of Kenya. It was implemented in two phases; phase 1 ran from 2006 to 2011. Phase 2 ran from 2012-2016. The project implementation strategies included the Community Conversations/dialogue and Church and Community Mobilisation Process (CCMP) approaches. The Church was used as an entry point into community as well as considered a sustainable institution to continue the dialogue. The projects ought to strengthen capacity of FGM resource groups, local church leadership and congregations to effectively advocate against FGM and early marriages. This was done through equipping a pool of resource persons and church representatives with knowledge and methodologies to influence change. It also aimed at strengthening networking and collaboration with strategic partners, conducting Alternative Rite of Passage events and advocacy activities. The project targeted young Maasai girls who are at the age of undergoing FGM as a rite of passage to adulthood and their parents and relatives. It also targeted church members, community leaders, teachers, national and local area leaders, circumcisers and the community in general.

Objectives for the 2nd phase of the project:

1. To empower the communities to use local resources to meet their needs
2. Identify and build relationships in operational areas for phase II of AFGM project
3. To strengthen networking and collaboration with all key stakeholders in the project area
4. Create awareness among the key AFGM stakeholders in the target areas
5. To improve means of communication and transport to the target villages- beyond them
6. To facilitate exchange learning visits to successful CCMP projects
7. Build capacity of FPFK leadership and facilitators at all levels – National, Regional and local levels
8. To strengthen Alternative Rite of Passage advocacy strategy
9. Distribute and facilitate enforcement of AFGM policy – needs translation...and link it with FPFK gender policy
10. Use of media for advocacy

The major activities for the 2nd phase (2012 -2016) included but were not limited to; the preparation of CC/CCMP curriculum/guide & Health flips including reproductive health; consolidation of the work in the current target areas including Rombo area – (Nasipa, Oldule, Kuku and Iltital), Loitokitok – (Embosel, Mbirikani, Oltepesi and Entonet), Trans/Mara – (Kapune, Nendege, Poroko and Osupuko), Kajiado – (Ilmarba, Enkaroni, Enkorien, Mailwa and Naretoi) Narok – (Nkareta, Ewaso-Ngiro, Olooroito, Olokurto), and strengthening networking and collaboration with key stakeholders.

At the end of the 2nd phase of project implementation FPFK carried out an end of phase final evaluation which aimed at assessing the impact of the project and determining the

way forward regarding project sustainability and management after external financial support. While the evaluation made reference to the 1st phase of the project, it focused mainly on the 2nd phase. Specifically the evaluation had three main objectives which included; assessing impact and performance; project design, relevance and sustainability and identify key lessons and implications for the way forward. The details of each aspect of the evaluation questions are highlighted below:

2.2 Specific objectives of the evaluation:

Impact and performance.

- a) To assess the extent to which the project objectives have been achieved and identify the factors that helped and or hindered anticipated achievements including those factors that were beyond the project control.
- b) To identify any significant changes, including unplanned ones that have occurred in the lives of individuals and communities reached by the project.
- c) Identify the roles of various stakeholders in project implementation including FPFK as an organisation, Project Steering Committee (PSC) and the local churches, and assess how they could have contributed to, or influenced the success of the project.
- d) Assess the cost effectiveness, allocation and use of resources in the project in relation implemented activities and timelines

Program design, relevance and sustainability

- a) To determine to what extent the design of the project could have influenced the achievement of the project objectives.
- b) Assess to what extent the project design- particularly the Church and Community Conversations/dialogue approach could have contributed to the sustainability of the project gains after external financial support has ended.
- c) Assess how the existence or absence of a baseline survey could have influenced the project implementation and achievements.
- d) Identify how relevant and effective the strategies and approaches that were used in facilitating anti-FGM campaigns were.
- e) Assess how effective the monitoring and learning system was, and how it influenced the project implementation processes and outcome.

Key lessons and implications:

- a) Identify key insights and lessons from assessing impact, performance and design of the project that can be used in future in facilitating effective management of projects by FPFK.
- b) Highlight recommendations to ensure that the project gains are sustained after the external financial support?

2.3Evaluation Methodology:

The evaluation took on a participatory and learning approach which considered the evaluation as an opportunity for the key participants to learn from their own, and others experiences. It also considered the fact that a large section of key participants would be semi-literate and therefore the use of questionnaires was excluded from the methodology. The methodology sought to collect both qualitative and quantitative data was collected to enable effective assessment of the project's work.

The key methodologies included the following:

1. A desk review of relevant literature including project documents, related policies, the end of phase 1 evaluation report, quarterly meeting reports as well as annual narrative and audit reports.
2. Field visits, conducting of interviews and facilitating focus group conversations for key stakeholders in sampled church centres within the operational areas of Kajiado, Oloitokitok, Narok, and Transmara.
3. Interviews with key project implementers i.e; project staff and cluster heads, a community development facilitator who had facilitated some project activities, as well as meetings with the FPFK National leadership.

The evaluation was carried out by an external consultant; - Doreen Kwarimpa- Atim, during the field visits she was accompanied by a resource person- Masas John who had facilitated some of the project activities and was conversant with the local community and FPFK as an institution. The field visits were carried out in June, while data analysis and report writing were done between August and October. The project coordinator and cluster heads provided support in identifying and mobilising participants for evaluation process. They included; parents, girls, women, men, teachers, pastors, Project steering committee (PSC), FPFK National leadership, reformed circumcisers, local chiefs, women Members of County Assembly (MCA), local Key Resource Persons (KRPs), and a journalist. The project staff also provided the background information and related documentation, transport, logistical and administrative support for the duration of the field work. In all the areas participants were The data was collated and analysed by the external consultant and developed into a report. It is the external evaluator's hope that this report provides a comprehensive overview of the project's experiences, work and impact; and that it provides information that will be of use for future interventions by FPFK.

2.4 Limitations of the evaluation:

- I. The evaluation process and methodology had a few limitations as highlighted below, but they did not affect the outcome significantly.
- II. It was not possible to visit all the project areas because of the vastness of the area, limited resources and time. The critical groups of people representing the various areas were therefore brought to a central place where the evaluator

interacted with them. Nonetheless this excluded interaction with those who could not travel easily for example older people and school girls from the Transmara, but those met in the other Kajiado and Oloitoktok areas were a good representation of this particular key stakeholders.

- III. Most of the key stakeholders of the project were not able to speak English, and even those who knew a bit were not comfortable with speaking it, and the evaluator could not speak kimasaa. Both the evaluator and the groups had to rely on a translator and more group conversations; which meant that opportunities to clarify issues particularly with individuals may have been missed in the process.
- IV. It was not possible to meet with representatives of organizations that had partnered with the project for example World Vision, therefore the data collected is only with regard to how the project benefited from the partnership without views from the partner organizations themselves. This did not affect the information because what was sought for was the projects experience through the partnership although it would have been important to hear from the other side to explore ways of strengthening the partnership.
- V. Last but not least, not having a baseline survey at the inception of the project and systematic documentation of activities particularly those carried out by the KRPs was a hindrance in establishing the extent of impact because there were no initial benchmarks set.

Following below are the evaluation findings and analysis on each of the objectives that it (the evaluation) set out to assess.

3) Assessment of project impact and performance:

3.1) Extent to which the project objectives were met, what helped or hindered:

In the 2nd phase of implementation the project set out to achieve 10 objectives. The evaluation outcome indicated that there was progress made on each of the objectives apart from objective 6 which was '*To facilitate exchange learning visits to successful CCMP projects*'. The project funding was greatly reduced so it was not possible to fulfill this objective as planned. The most significant achievements were in regard to objectives that were related to capacity building, networking and awareness creation on FGM among key stakeholders. While there was no verifiable baseline and outreach quantitative information to give an 'exact' picture of the extent of success, it was evident from the testimonies and sharing by a cross section of people who participated in the evaluation that there has been significant impact from the project. Activities to fulfil these objectives yielded great success and was largely evident in 5 key areas; i) communities are well aware of the dangers of AFGM, ii) there have been concerted efforts between the church, local leaders, various community members and civil society institutions to address FGM, iii) girls have been empowered to say 'no' to circumcision and they are therefore able to stay in school, and iv) there is some evidence of reduced

early marriages and school dropout; v) reduced mortality rate during child birth and vi) Parents are informed and able to support the girls in their choices of not being circumcised. This was well summarised by a group of 20 KRPs in Kajiado- Bissil as they shared what they see as success of the project in their area; *'Many girls are rejecting the cut; the knowledge about dangers of FGM has spread widely; there is no more stigmatization for those who have not undergone the process; there is no more celebration for a girls circumcision; circumcisers are doing it in fear; the cases of early marriages have reduced, enrolment of girls in schools is increasing and the number of parents who aren't having their daughters cut is increasing.'*



Figure 3: KRP focus group discussion in Bissil

The table below gives a quick overview of the project log frame and an indication of the extent to which each objective was achieved during the project period. Below the table are details on each of the objective and the achievements that were made on it. In the write up it was noted that objective 2 and 3 were quite similar hence they have been assessed as one objective.

Plans		Results			
Objectives	Planned Activities	Expected Output	Expected Outcome	Extent to which the objective was achieved (can be both qualitative and quantitative) indicators of achievements	Reasons for variation (if any)
1. To empower the communities to use local resources to meet their needs	Use curriculum and guide for CCC/CCMP to mobilize church and its community Train FPFK board, church leaders, PSC and KRP on CCMP skills	Curriculum and training guides developed 10 FPFK Board members, 200 church leaders, 50 local leaders and 130 KRPs and 8 PSC members trained in CCC and CCMP	CCC/CCMP curriculum in use. 10 FPFK Board members, 200 church leaders, 50 local leaders and 130 KRPs and 8 PSC members able to facilitate capacity building.	<ul style="list-style-type: none"> CCC/CCMP curriculum in use in all the target areas of TransMara, Narok, Kajiado, Loitokitok and Rombo 10 FPFK Board members, 200 church leaders, 50 local leaders and 130 KRPs and 8 PSC members able to facilitate capacity building. The CCMP training was done the 1st phase training and the knowledge and skills continued to be used in the second phase besides CCC methodology. The kind of capacity building given to the trained groups and are able to provide the same include facilitation skills, use of tool like the Bibles studies, needs identification and project planning. 	Monitoring of CCMP activities did not cover the project sites due to the shortage of funds. N/A - all the target groups were trained N/A - all the target groups were trained
2. Identify and build	Build relationship in each of the 4 operational units	Stakeholders in operational	Improved stakeholder	Only about 10% of the	They were were not

relationship in operational areas for phase II of AFGM project	per target area of TransMara, Narok, Kajiado, Loitokitok and Rombo . Stakeholder capacity building events held as a way of building relationships were about 4 church leadership capacity building, 2 project reviews that involved stakeholders participation and ARP meetings done once every year and involved all stakeholders in the 4 project target areas.	areas work together as a team in advocating against FGM and doing development activities	relationship in the project area Stakeholders work together in facilitating change	stakeholders did not attend stakeholder capacity building events. This could be up to about 60 people from NGOs, the Government, and the community leaders	available at the time of training
3. To strengthen networking and collaboration with all key stakeholders in the project area	Identify key stakeholders in the project area Facilitate collaboration and networking forum for relationship building	Number of key stakeholders in project operational areas clarified Successful networking forum achieved	Networking and collaboration areas and opportunities identified	See number 2 above About 80 key stakeholders attended the stakeholder networking and collaboration meetings at different times	See number 2 above
4. Create awareness among the key AFGM stakeholders in the target areas	Train the parents, young men, culture custodians and girls in the project areas on the effects of FGM	All school boys and girls trained in the project area All culture custodians and parents trained on the negative effects of FGM .	Decrease in the number of girls who undergo FGM Increase in the number of young men who refuse to marry circumcised girls. The % decrease of both girls and boys was about 25% from all the 4 operational centers.	The aveage number of the targted groups decreased by about 20-30 % increase in the number of girls not circumcised The aveage number of youth parents and cultural leaders who no longer support FGM increased by 20% approx. Up to about 600 boys and girls were trained in schools.	Facilitating change in cultural norms and tradition is slow and sometimes difficult
5. To improve means of communication and transport to the target villages	Provide adequate fares to each operational work unit	Due to inadequate funds to facilitate field visits in each operational target area were not visited as it was scheduled.	Planned activities are achieved according to schedule in the project areas that were reached- Travel to some the project sites were achieved as scheduled.	At least all the operational areas were not visited due to inadequate transport funds-	Transport capacity was inadequate to enable the resource persons to reach all the target communities
6. To facilitate	Plan for exchange learning visits with clear	Visits to planned areas	The participants understand	The key resource persons from different operrational areas met	Funds to facilitate

exchange learning visits to successful CCMP projects	learning objectives Implement the planned visits	implemented as scheduled Participants facilitated to learn	the way CCC/CCMP works and how the target communities are helped and empowered Participants acquire skills for community mobilization	and exchange ideas during their regular planning and training meetings. But the community representatives did not manage to go for exchange visits	community exchange visits were not adequate for the scheduled visits
7. Build capacity of FPFK leadership and facilitators at all levels – National, Regional and local levels	Prepare training schedule for each operations area Conduct training as per schedule	10 FPFK Board members, 200 church leaders, 50 local leaders and 130 KRPs and 8 PSC members trained	10 FPFK Board members, 200 church leaders, 50 local leaders and 130 KRPs and 8 PSC members able to facilitate capacity building. The leaders were trained on effective leadership, holistic ministry and project sustainability	All 10 FPFK Board members, 200 church leaders, 50 local leaders and 130 KRPs and 8 PSC members acquired skills in community mobilization, leadership and project planning.	N/A
8. To strengthen Alternative Rite of Passage advocacy strategy	Plan for ARP events Facilitate ARP graduation exercise	ARP forums conducted in November/December each year Adequate preparation of ARP graduation	ARP events in all operational areas achieved. All AFGM stakeholders attend and support the exercise. ARP events were 4 each year (covering the project target areas) and the total number of girls graduated was approximately 400.	ARP events in all operational areas achieved. All AFGM stakeholders attended and supported the exercise. All the parents of the girls graduating attended the graduation. The number of parents varied but were over 50 in each project target area.	N/A
9. Distribute and facilitate enforcement of AFGM policy and link it with FPFK gender policy	Produce enough copies of AFGM and gender policies Distribute the policy documents to all operational areas Facilitate implementation of the policies	Enough policy documents made available Copies of AFGM and gender policies distributed to all target areas	Adequate AFGM and gender policy documents available in all the target areas All the responsible persons are using the documents to enforce the policies	Adequate AFGM and gender policy documents were made available in all the target areas All the Key resource persons are using the documents to enforce the policies	N/A

10. Use of media advocacy	Plan for media advocacy campaigns at the national level	Program for media campaign prepared and used	Responses from the communities listening to the radio programs. There were at least 3 radio program per year and about 2 TV programs.	At least 30 % of the target communities responded that they listen to programs.	Those who cannot access the radio programs were not reached.
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Details on results achieved on each objective;

3.1.a) Obj.1:To empower the communities to use local resources to meet their needs:

The project used two key interventions to raise consciousness among the target communities on local resources and how to use them to meet their needs. These two interventions were Community Conversations (CC) and Church and Community Mobilisation Programme (CCMP). The CC facilitates small group community dialogue on issues that concern them and it works as a ‘traditional’ way of calling people into conversation, enables them to come to a shared understanding of their issues, carry out analysis about them and generate solutions. The CCMP is an intervention that enables the church to help understand her Biblical mandate in contributing to social responsibility and explores ways to mobilize locally available resources in order to meet community needs. The church is equipped with capacity to enable itfacilitate communities to “discover” who they are, and their potential, and to envision their destiny. Using the power of visioning, they determine how to achieve that destiny using local resources. The CCMP is done through 5 phases; each one building on the other; i) Relationship building; ii) Community description; iii) Information gathering; iv)Analysis; and v) Decision-making. Howeverthe project was not able to complete training the KRPs and leaders in all the phases of CCMP due to shortage of funds, it was only able to do the 1st phase.

Training in CC and CCMP was done for the PSC, KRPs, board of FPFK, local and church leaders. The training was designed as a training of trainers so that those trained could train others as well. CC training manuals to enable the KRPs to facilitate the interventions were also produced. The evaluation shows that despite the fact that the CCMP process was not completed, those who were trained have worked with both approaches to come up with processes that enable communities and individuals to mobilise and use own local resources to better their lives. KRPs especially those in Bissil and Transmara , plus the cluster heads made reference to the CC as an intervention that was easy to learn. There was evidence that through the use of CC/CCMP there was a certain level of change in attitude and communities had started using their own resources. For example in Ikelunyeti the pastor indicated that the trainings have enabled them adapt a holistic approach with the community; which has enabled them construct a Church with their own resources. Before this they had been worshiping in a school and under a tree. The Church members have also formed groups in which they collect revolving funds mostly for widows and orphans and they are able to hold fundraising events to address special community needs. Still in Ilkelunyeti there is a primary school that was built through joint efforts of the community and church members. Children in the area used to travel Over 12 kms to get to the nearest school. The cluster head encouraged the community to contribute animals to enable the

purchase of materials to build the school. The school was set up beginning with 3 classes and the cluster head volunteered as a teacher for one year. The school was later expanded still through the communities providing local materials and it is now registered with the government. In Transmara, the cluster head highlighted that women draw on each other's strength by forming groups to work in their gardens so that they can cover a large area a shorter time than usual. The same response has been achieved in Ilkelunyeti to enable circumcisers find alternative means of earning a living- they have formed a group to encourage one another use their strength and wisdom to support themselves and their families. They mentioned that as a group they collect firewood and fetch water for households that pay them, they also sell petrol, soda and milk. One of them stated; '*I now use my hands to do what is constructive; I do bead work for sale and that keeps me going*'. There are also women groups in Ikelunyeti that have been formed for self- help purposes to support one another to improve their livelihoods by doing small joint projects or saving and running revolving funds .It would appear that there are more examples of how the communities are using local resources after the training, but testimonies were shared in general terms and because there was no systematic monitoring and documentation of how the acquired knowledge had been applied, it was difficult to be precise about the extent to which change had taken place.

3.1.b) Obj. 2 and 3:Building relationships,strengthening networking and collaboration with key stakeholders :

The evaluation indicates that the project partnered with various stakeholders and established relationships to address FGM related issues in the project areas. These included local chiefs, police, schools, teachers, parents, women leaders, local NGOs, circumcisers, pastors, and community elders. The partnerships with these stakeholders were largely based on the specific roles they hold in the communities. For instance in all the areas visited, the KRPs highlighted that they work with local chiefs to whom they report cases of FGM. The local chiefs also assist the KRPs in mobilization of the community for sensitization events through calling chief Barazas. The Barazas are used as advocacy spaces where the KRPs are given opportunity to address issues of FGM, the chiefs also use the space to create awareness on the law on FGM. The local chiefs in Bissil and Oloitoktok stated that before the FPFK Anti FGM project trained them, they were largely unaware of the dangers of FGM as well as the implications of the law. After the trainings they shared that now they playing the role of '*ambassadors, motivators, role models and also increased their vigilance as law enforcers*'. An example of local chiefs acting as role models was given by one in Ikelunyeti whose 2 younger daughters were not circumcised. An example of vigilance on the law was given about a girl in Rombo whose dowry had already been paid and she was due to get married, but with the support of the local chiefs, she was rescued.

The KRPs has also established relationships with health centres and schools in dealing with issues of FGM; for example in Ikelunyeti the health centre has taken on reformed circumcisers as Traditional Birth Attendants (TBAs) to provide support to women

during child birth. The Ministry of Health and World Vision has provided training for these women to enhance their capacity in providing this support. From the sharing of the KRPs, cluster heads and project staff, there seems to be an understanding with specific health units in their areas of operation where they can take the girls who need medical attention. In severe cases the girls are referred to the national hospitals as was the case witnessed during the evaluation of a 10 year old in Bissil who had been married off to a 34 year old man. She had suffered physical and mental trauma and had to be taken to a hospital in Nairobi where she was admitted.

The project's partnership with schools is characterised by activities that include; sensitisation and awareness creation for the children, particularly girls, on the dangers of FGM. These sessions are facilitated largely by the KRPs who include teachers through securing permission from the school administration. In Ikelunyeti Primary School guidance and counselling sessions are arranged and facilitated for the girls at least once a term by a teacher who is a KRP. Some schools also serve as rescue centres for the girls who are escaping circumcision and/or early marriages. One school that stood out as a 'rescue' centre during evaluation is Il-Bissil Boarding and Primary School which has 520 pupils and out of these 96 girls have been rescued from circumcision and early marriage in 1 year. This has been largely due to the efforts of the new deputy head-teacher who is a strong advocate for AFGM, she works in liaison with the KRPs, the local chief and police to rescue the girls. They have also 'rescued' 4 boys from domestic abuse and child labour. Attempts are made to reconcile the children with their parents but if the situation is very bad the school allows the rescued girls to stay during the holidays. Currently about 80 of them stay at school during holiday time, while 20 who are in high school also come to the primary for safety during the holiday. The deputy head teacher has also supported some of the high school girls to get sponsors who pay their fees.

Some NGOs working in the project areas have also become strategic partners in the efforts against FGM. Among those mentioned most in the areas visited were World Vision and AMREF, in Oloitoktok they also mentioned Nalala Community Initiatives and Child Fund. The project has partnered with these NGOs during capacity building trainings where the project KRPs attend trainings organized by the NGOs and vice versa, they also play active roles as resource person during the Alternative Rights of Passage (ARP) activities. The project and some of these organizations have been involved in joint activities for example; World Vision constructed a dormitory for girls in Ikelunyeti Primary schooling order to provide a safe space for girls and lessen the risks for those who have to travel long distances to school. Only that by the time of the evaluation, no child had stayed in the dormitory yet despite the fact that it had existed for a year already. In the same area the KRPs and reformed circumcisers have the telephone contacts of a World Vision rescue centre which they call whenever there is need, as well as take girls for rescue. In Rombo, one NGO known as Kisanjani receives rescued girls who are taken there by the FPFK Church in the area. The Church gives a small contribution to keep the girls at the centre so that they are able to continue with school. In Bissil World Vision has entered into a 20 months partnership with a group of women

most of whom are project resource persons, to address FGM and teenage pregnancies. The key methodology used in this partnership is the community conversation because it enables discussions of sensitive issues. According to the KRPs World Vision appreciated it and requested for partnership with the group. As a result the group has since grown into a Community Based Organization called Tawanga

The local churches are some of the key institutions that the project has developed a very strong partnership with in the fight against FGM. The project is run by the FPFK Church but for it to be successful and sustainable; the local churches had to be brought on board. Pastors of the local churches have participated in the various trainings related to FGM and KRPs are largely Church members. The church is influential on people's behaviour, and it is said that the Masaai respect Church very much. The pastors use scripture to preach and teach the community members about FGM, in most cases the church acts as a rescue centre for girls running away from FGM practice. The churches also organise and host seminars, on FGM for youth and parents. They welcome and support uncircumcised girls and encourage young men to marry uncircumcised girls. The Churches are also the entry point for the ARP activities; it is through the churches that the information on the ARP events is shared both before and after it happens. Pastors and their wives are also trying to be role models by not circumcising their daughters. In some instances the Pastors' wives are also KRPs and they make use of their positions to advocate against FGM as one of them put it; *'I am able to access many forums and platforms, and every time I have the opportunity, I speak about the issue, for example in 2 weeks' time I will be speaking to a group of girls and boys and that will be a good opportunity for me.'* Partnerships have also been established with non- FPFK Churches that share the cause; for example in Oloitoktok the project has partnered with The Africa Inland Church in one of their AFGM programmes dubbed 'Why Wait'.

From the above it is evident that the project has made some progress in identifying key stakeholders and made strong effort to network and establish partnerships with them to address FGM. Significant impact has been created out of these partnerships. However the project has also experienced some challenges in trying to establish these partnerships or carry out activities with stakeholders; for instance all the key area KRPs mentioned that some NGOs give allowances to workshop participants while the project does not. This has sometimes caused the project to register low enthusiasm for its trainings and activities. An additional challenge related to working with NGOs is the fact that some of them do not have FGM in their priority areas of work or they insist on partnering based only on what they want out of the partnership as was highlighted in Bissil. It has also been difficult to partner effectively with male politicians and yet they are critical in the fight against FGM. According to the evaluation participants, the politicians are afraid to lose popularity which may happen if they talk against FGM. As one group in Oloitoktok put it; *'we are often betrayed by politicians especially the male, they are not supportive, and they bow to pressure from the community'*. The evaluation also revealed that among the stakeholders there are some with whom it has been difficult to establish a relationship and yet they are a critical group. These were the

elderly people- especially the male who are the ‘custodians’ of the Masaai culture and elderly women are also a strong influence. According to the participants this group of people is so deeply steeped into the cultural beliefs and ways of the Masaai that anything contrary for them is ‘a threat’ on the Maasai way of life. The absence of elders especially the men in these conversations was noted in all areas that were visited during the evaluation.

The evaluation noted that some of the relationships between the FPFK local churches and institutions in the local areas were formalised; for example the church in Rombo seems to have a ‘formalised’ relationship with the world vision rescue centre in Kisanjani where it contributes money for sustenance of the rescued girls. This did not seem to be the case for the other relationships with institutions; there seemed to be no formalised relationship between the project or FPFK as an institution and the stakeholder institution. The relationships seemed to rely more on the individual staff or KRP to initiate and sustain the partnership. For instance; in the school in Ikelunyeti, a teacher (who is also a KRP) noted that there was no formalised relationship between the school and the project, so most of the efforts to talk to parents and the girls are out of her individual efforts and good will of the head-teacher who provides the space. In Bissil the World Vision has partnered with a group of women most of who are KRPs from the local church, but the church does not seem to be formally involved in the partnership. Still in Bissil primary school, the girls are rescued by the KRP and kept in the school largely through the efforts of the KRP who happens to be the deputy head-teacher. When the holiday comes she has to look for means for the children’s upkeep. The hospitals/ health centres too seem to relate more with the individual KRPs rather than the project at institutional level. At the national level there was no indication of FPFK having a formal partnership with the institutions at national level. While this is working for now, and it is appreciated that relationship building takes time, in the long run it may not be sustainable, especially if the individuals who are currently involved move on to something else. Considering that building partnerships with key stakeholders was one of the project objectives, the project would have benefited from carrying out a baseline survey of the key stakeholder groups and institutions, then developed and implemented a networking strategy that was institutionally based.

3.1.d) Obj. 4: Create awareness among the key AFGM stakeholders in the target areas

The project key stakeholders included girls from 6 to 17 years of age as the direct beneficiaries affected by the circumcision ritual. *These are the primary and Secondary school girls who are taken through the circumcision.* However other categories of the communities were also targeted because of the strategic roles they play in the process. These included; the parents who have the decision making power as to whether a girl should be circumcised or not; the local leaders and chiefs whose main role is to uphold the law and influence community members; teachers because they spend a lot of time with the girls, the female ones are seen as role models, and they are able to protect the girls from circumcision whenever possible. It also targeted Church leaders particularly

those from FPFK churches and others as well because of the influence the church has on community; as one of those interviewed stated; “*the Maasai people have a lot of respect for the Church they do not question what church says and they will always try to obey what has been taught to them by Church leaders.*” The project also tried to reach Maasai elders as gate keepers of the traditions of the Maasai and the circumcisers themselves. Some awareness creation activities were done for the communities in general as well in order to target those who did not necessarily fall in the key target groups, but also to ensure that the message spread as far wide as possible.

The awareness creation was done through different activities for the different groups but most of them were through trainings and seminars in workshop contexts. The girls were targeted through the annual Alternative Rites of Passage (ARP) events, the schools and churches. This message from the ARP events was sustained through seminars in school done by KRPs who included teachers. This was quite evident in Ikelunyeti where one of the female teachers can be considered a ‘product’ of the project because she shared that she had attended a seminar on FGM as a young girl and she had been inspired by role models including the Project Leader to refuse circumcision and study hard. Now she had become a teacher and this had compelled her to offer continuous guidance and counselling for the girls, she also engages parents of the girls individually. Through these efforts, in 2015 she managed to convince the parents of two girls who got pregnant while in school, to allow them return to school after giving birth. In Bissil too, it was evident that a group of teachers regularly talk to the children about the dangers associated with circumcision. These awareness creation efforts and talks in both schools visited during the evaluation are strengthened by occasional visits from the cluster heads and project leader on routine supervision visits but also on different occasions. For instance during the evaluation, the day of the African Child was seen as an opportunity to further raise awareness on the issue of FGM, encourage and inspire the school going children and this was done at Bissil primary school. The Churches were also been places used to sensitise the girls, as one parent in Ikelunyeti put it; ‘*In the seminars and talks at church, girls are taught on the dangers of FGM and early marriage, parents who go to church encourage their children to go to church so that they can learn that FGM is a sin and also avoid peer pressure from those who advocate for it.*’

Awareness creation for the local leaders, chiefs, teachers and church leaders was mostly been done through seminars and workshops. During these events, the participants were equipped with information on how FGM is done, the immediate and long term health risks, as well as the legal implications for those who practice it or condone it. Real life case studies like the story of Nosotua and anatomy teaching models were used to enhance understanding and appreciation of the real issue. During the evaluation, a group of chiefs and local leaders from Oloitoktok stated that “*the project has got them talking about issues they would ever have talked about and yet they affect their communities and keep them backward*”. One local leader mentioned that he learnt about the anti- FGM government law from the project seminars and he was glad to have legal backing for his work. The project also relied on these groups of people to further create

awareness on FGM using their spheres of influence, for example the chiefs organized community barazas at which KRPs were invited to speak, this was highlighted as a strategy that had been used extensively in Bissil area. These baraza messages reached a wide cross section of community members including men, youth, women and children. The church leaders shared that they use the pulpit and church space to create awareness on FGM issues to the communities, they have gone further to use the backing of scripture to strengthen their message. The people most reached by the messages from the church are women and children because they are the largest number of people who attend church on a regular basis. In Narok, the pastor's wife who is also one of the key resource persons says she uses every opportunity availed to her to speak to members of the congregation and community, to spread the word against FGM. She mentioned that she has been successful in engaging youth on the issue during their activities where she is often invited to say something. The circumcisers were reached through one on one visits by the resource persons inviting them to attend training seminars that addressed issues of FGM and these efforts resulted in some of them reforming; as one of them (a reformed circumciser) put it; *"Mbirikani workshop was my turning point, it changed my heart and mind, I have become a change agent to myself first, then others, now I am an ambassador for the project on Anti FGM."*

The project also used commemoration days to sensitise communities on issues of FGM, some of these include the 16 days of activism; the day of the African Child as mentioned earlier to hold sensitisation events for communities. Women leaders would be invited to these events to give motivational talks to the girls, commemoration street marches were also done on such days. From the sharing of the various groups, it is evident that a lot of awareness creation has been done; the different community members who participated in the evaluation process including the girls, are well aware of the health risks from FGM and they were able to list them.



Figures 4 and 5: Commemorating the day of the African child during the evaluation

They were also clearly aware of the other consequences of practicing FGM including the legal and socio- economic consequences. This was evident in their responses when asked what they learnt from the awareness creation seminars; *"I learnt that that FGM causes death during child birth because of over bleeding, and can cause fistula too, I also*

know that there is now a law against it and there are penalties." said one participant. A senior chief from Transmara region shared that "*FGM has left the Maasai community backward because very few of our girls are educated and we are impoverished because of these circumcision ceremonies.*" According to the groups these awareness creation activities have yielded positive results; the chiefs in Oloitoktok said they have witnessed acceptance of uncircumcised girls in the communities; various stakeholders have come on board to fight FGM; they are seeing more morans accepting to marry uncircumcised girls; and girl child education has improved. The KRPs said they have witnessed pastors condemning FGM, an increase in the number of girls who have rejected circumcision and continued with school, and Traditional Birth Attendants (TBAs) no longer force girls to get circumcised when they are giving birth. Teachers mentioned reduced child marriages and school drop-out. All this is great evidence of the impact of awareness creation on FGM, however it is not possible to verify the extent of the impact because most of the information shared was generalised considering that there was no baseline to indicate the gaps in awareness and for which groups, and neither was there documented information showing who had been reached and how apart from the ARP.

As with the networking efforts, it was also noted by the evaluation participants in all the places visited that there are groups of people who are not as active in responding to, or supporting efforts of raising awareness about issues of FGM. These were mostly the elderly men and women, male politicians and clan leaders in a number of instances. In Narok, Oloitoktok and Bissil they mentioned that in some instances parents have also avoided sensitisation seminars and even out rightly opposed anti FGM efforts. In a way this undermined the possible impact of the awareness creation efforts particularly because the elders are the custodians of the Maasai culture and their refusal to be part of the conversation could have affected the possibility of having a sustainable response to FGM.

3.1.e) Obj 5 and 6; 'To improve means of communication and transport to the target villages' and facilitate exchange learning visits to successful CCMP projects'

These two objectives seem to have been quite difficult for the project to implement due to financial constraints. The project area is quite vast; the means of transport and communication is difficult. All the main cluster heads and KRPs from the project areas that participated in the evaluation highlighted the difficulties they experienced in trying to reach the targeted villages. This limited the areas they were able to reach. The project has only one vehicle which could not facilitate reaching all the areas effectively and there was no budgetary provision to acquire other means of transport. As a result the project relied mostly on telephone communication to pass and receive information from the KRPs and this was not sufficient too. With regard to facilitating exchange learning visits to CCMP projects, the project funding was reduced and as a result they could not be conducted. Therefore these two might have been objectives that were beyond achievement by the project, given the budget it was running.

3.1.f) Obj. 7: Build capacity of FPFK leadership and facilitators at – National, Regional and local levels.

The leadership of FPFK which included board members, church leaders, KRPs and the Project Steering Committee (PSC) were trained through various capacity building interventions to be 'champions' and 'ambassadors' in the AFGM campaigns, as well as trainers where need would arise. They were also trained in the first phase of CCMP skills. This leadership was trained because FPFK was the initiator and project implementing institution, and therefore it needed to own the project and have the capacity to sustain the impact among the communities. They were also seen as strategic groups to train; particularly the local church leaders because they interact with communities on a daily basis and as mentioned earlier, the church has a strong influence in community life. As one chief put it '*many Maasai go to church and they believe in what is said there, the clergy are people chosen by God to pass on the message of Anti FGM so they will listen. It may take time but it is possible*'. Consequently if the project implementers knew that if they 'bought' into the project's message they were likely to use their space and voice to influence the community. This was evident from the sharing of the pastor groups in Oloitoktok; "*after we were trained we took the initiative of training our church members on the same, we trained them and gave them Biblical references. We now encourage our youth to marry uncircumcised girls; we teach the members of our church not to circumcise their daughters and we don't circumcise our girls so as to be role models.*"



Figure 6: A focus group discussion of KRPs in Oloitoktok

Most of the KRPs are members of the FPFK local churches and they have used the skills and knowledge gained from the capacity building processes to sensitise communities, during church gatherings, community barazas, and visits to schools. They have therefore become a network amongst themselves that enables them to spread the information widely among the communities as well as respond to urgent emerging issues like rescuing girls from circumcision. Because they are from the local areas, they know the dynamics very well and they are easily accepted by the communities. These capacity building activities have enabled FPFK to have a pool of resource people who are knowledgeable on the issues related to FGM at all levels and can be relied on to continue sensitization and sustain the impact so far. However some of them expressed the need for continued meeting opportunities in order to strengthen advocacy efforts. This was expressed by a group of church leaders in Oloitoktok and Bissil saying that such fora keep the '*fire against FGM burning*' and we are able to encourage one another

even when faced with opposition.' It was however noted by the cluster heads and project leaders that some of those trained have dropped off from the group of resource persons. This therefore reduced the number of resource persons for the project. Although during the evaluation the various groups of people were able to share around their training and what they had learnt, there isn't much documented information that traces how those trained have worked with this new knowledge and the difference it has made. The KRPs do not have a system and practice to document their experiences as a result what happens on the ground may be missed. One of the cluster heads mentioned that they rely on the head office to monitor progress and this does not happen often so where there is no documentation, the experiences of change may be forgotten or not shared at all.

3.1.g) Objective 8: To strengthen Alternative Rite of Passage advocacy strategy

Female circumcision is a rite of passage into adulthood in the Maasai culture and therefore efforts against it are considered by some as an abomination. Efforts to stop female circumcision meant that the project needed to come up with an alternative appropriate ritual that symbolises rite of passage. The annual Alternative Rites of Passage (ARP) was the project attempt at addressing this issue, and therefore one of the key activities of the project. It brought together girls who are within the age bracket of circumcision (10 to 16 years) for 5 days to prepare them for womanhood in the Maasai context without them having to go through. During the week- long event, the girls were taught about the Maasai culture, their rights, as well as taught about FGM, the risks associated with it and the benefits that come from not being circumcised. A number of well-known and respected resource persons including medical personnel, church leaders, police and legal officers, women role models plus the KRPs would work together to equip the girls with the relevant knowledge and skills. A graduation ceremony symbolising the passage into womanhood was held at the end of every ARP, and the parents of the girls were invited to attend. During the parents presence the message about FGM was reiterated because they are the key decision makers about the girls' lives as well as the ongoing support structure the girls need to help them maintain their stand.

The church was also deeply involved in the ARP events; the PSC, local church leaders and congregations in the local areas also participated actively. Just like the parents, the church was a major support structure for the girls because it continuously reinforced the message to the parents and community (after the ARP). The church also offered follow up as well as shelter and rescue places for the girls who were escaping circumcision and were brought by KRPs as well and other people like women leaders (in Bissil). Advocacy efforts for the ARPs were done in the churches, in schools, with, and through NGOs like World Vision that shared in the cause. Through the churches the KRPs and local church leaders asked parents to allow their children to attend the ARP events, the teachers made calls for the children to attend and the NGO staff were invited to participate as a resource people and also bring their girls to the events. During the

ARP events public marches and a public event were held in the respective areas, this attracted the interest of the locals and was used as an advocacy space to pass on the AFGM messages. These advocacy and mobilisation efforts as well as the success of the ARPs caused a steady rise in numbers of attendees and great demand for ARP events. In 2015 the ARP graduation registered 400 new recruits as compared to about 250 in the previous years. KRPs and parents who met in Oloitoktok and Bissil were asking for more than one event to be held in the year or for the different regions to have their own. Impact of the ARP events as shared by the groups of parents, church leaders and KRPs included; "*many girls are aware of their rights, they have grown in confidence and assertiveness, refused to be circumcised and are reporting any attempts by their parents to have them circumcised, continuing with school, as well as morans marrying uncircumcised girls.*" The ARP events have also facilitated good working relationships between, local leadership, church leadership, and NGOs who are key stakeholders of the project.

3.1.h) Distribute and facilitate enforcement of AFGM policy

The AFGM policy was developed in 2012 as a guide to support AFGM campaigns by the FPFK. It provides a basis and the various strategies for the institutional response. It is a comprehensive document that provides general information on FGM at national, regional and country (Kenya) level, the dangers associated with FGM, as well as legal implications of carrying it out. The policy document also provides comprehensive information about the status of FGM in Kenya, including where it is most prevalent and therefore gives a basis for targeting the Maasai community. It was therefore a key document for those who were actively involved in addressing the issue of FGM through the project. As an intervention, the project was able to support internalisation of the policy by key stakeholders like the KRPs, local chiefs through trainings and it was distributed among the key stakeholders as planned. Some of the KRPs in Narok made reference to it as a key guiding document that has all the necessary information needed. However they noted that there are challenges in using it effectively because it is in English, it was not possible to translate it into the local dialect for easy accessibility by all, because some of the KRPs are not conversant with English.

3.1.i) Obj. 10: Use of media for advocacy:

The project effectively used the media as an effective tool in raising awareness on issues of FGM as well as whistle blowing. This was mainly through radio talk shows in which KRPs or Cluster heads addressed issues to do with FGM. For instance a transformed circumciser from Ikelunyeti now turned into a KRP shared that she had participated in a number of 'call in' talk shows on the 'Kimaasai' radio. During the talk shows she addressed the risks of FGM, responded to community questions particularly the 'myths' and misconceptions about a woman not being circumcised. She also shared her testimony of change and encouraged circumcisers to give up the practice and reform. The KRPs in Loitoktok shared that they had used the radio to air a story of a girl who

had been forcefully withdrawn from school and married off. This resulted in her being rescued. In another instance the funeral of a girl who had died after being circumcised while she was pregnant was aired on television as a way of raising awareness on the dangers of FGM. The story of a family that carried out circumcision and was apprehended by the law was also publicised on media, those who witnessed it said it had served as an example and deterrent to those who had plans. As a result the public cases of circumcision seemed to have reduced. The television stations that have supported the campaign most are Citizen Television and Radio Citizen. Examples of stories that they have aired and have caught the public attention are a rescue of a girl of 9 in Kajiado who had been married to a chief and she was attempting to commit suicide. She was taken back to school after rescue. There have also been some positive stories aired on the media to encourage girls to reject circumcision; an example was given of a television program that aired a 10 year old girl in Kajiado West reaching out to girls of 7 and 9 mainly sharing how she felt she was gaining from not being circumcised. The media including social media has also publicised the AFGM campaigns like the ARP events, and one dubbed; 'strength of a woman' this has helped to widen the coverage of those who receive the messages. While media reaches many people it was difficult to assess its impact because there was no documentation directly linking media activities to specific changes related to the issue of FGM.



Figures 7 and 8 A youth and female KRP making group presentations

3.2) Significant changes, that occurred in the lives of individuals and communities reached by the project:

The evaluation showed that the advocacy activities of the project, the trainings and seminars for various categories of people, have caused the Maasai communities in the respective project areas to acquire boldness to question an aspect of their culture that has not been very helpful over the years. One of the traditional elders in Narok passionately stated that; *'female circumcision and all that goes with it is keeping the Maasai backwards in comparison to other communities in Kenya because we lose our young girls from the complications of FGM, HIV is spreading, few Masaai youth are educated because they marry and get married very young, so they can't compete with others and that keeps us behind.'* This was a sentiment expressed by a number of the groups that participated in the evaluation including the church leaders, women political leaders in Narok. While it may not be easy to assess to what extent this questioning of the culture has happened particularly because there was no base line or specifically documented evidence, there were many statements attesting to this; for instance; *"I now know the dangers of circumcising girls, and I believe there is local support for stopping the practice and we need to continue educating the youth, I feel confident that I can conduct seminars myself."* One chief in Ikelunyeti noted. One of the KRPs recounted how difficult it had been to talk about the issue in the beginning, highlighting that such issues could not be discussed in public because they were 'embarrassing' and they question a very central aspect of the Masaai culture. He continued to highlight that over time FGM has become a topic for discussion in the chief's barazas, in the media, in schools and in the churches. This was further highlighted by all the church leaders groups that participated in the evaluation who shared that now they address the issue of FGM in church with boldness, previously they had had challenges. They said that they have also discovered scripture to back up their teachings and sermons on FGM, as well as learnt to use the law to strengthen their stance against FGM.

In addition, these communities have begun to appreciate education more as witnessed by more girls staying in school longer, strengthened efforts to rescue girls and keeping them in school, and some returning to school after they have given birth. It was also mentioned in Bissil and Loitoktok that boys are also staying in school longer which shows an increased interest in education within the communities. For instance in Bissil there were 4 boys who had been rescued from being forced to marry or do domestic work instead of being in school. They seemed to be very happy with the chance of continuing their education. There was also mention of an increase in morans agreeing to marry uncircumcised girls, parents including pastors and chiefs not circumcising their daughters which shows that the communities are beginning to come to terms with the fact that female circumcision is not what makes one a woman. Girls are now bold to come out as uncircumcised, as opposed to feeling inferior. It is difficult to assess the extent to which these changes have happened in the communities reached by the project, (because of lack of a baseline and documentation of progress) but it is clear that there has been a general shift in attitude and practice among them on an issue that is

one of the most significant rituals of the Maasai culture. Perhaps this is best captured through the words of one KRP group from Rombo; *"we were in the dark zone, but after the introduction of anti FGM, our eyes were opened and we got to know the truth, we are happy to be enlightened. People can come out and speak freely without any fear; girls are now going to school freely and the number has increased, there is reduction in early marriages, school drop outs have also decreased, FGM prevalence has reduced may be from 100 to 20% in some areas. We now freely work with the administration and all the protocols of the government, and some of the female circumcisers have reformed and become anti FGM activists."*

At individual level, one of the most significant changes noted from the evaluation was among the transformed circumcisers particularly those from Ikelunyeti who were able to recount their stories of change. Three of them gave their testimonies one highlighted that; *'I have peace of mind now that I don't shed blood or cause young girls to die. I have now become a change agent, people see and know that I have changed, they do not even ask me any more to circumcise their daughters.'* Another shared that *'I was touched by the Bible teaching, I also got to know the complications like cervical cancer, HIV and then the law, I don't want to go back to that life'.* A reformed circumciser from Transmara was one of the participants in the evaluation. She brought her tools and surrendered them to the church saying; *'when I got to know God I realised that this was not good, I saw the possibility of getting HIV and other infections. I am member of a church now and my own grandchildren are not circumcised. I am thankful for the church because it is a refuge for me now.'* The significant changes in their lives include the fact that they have now changed from being perpetrators to becoming anti- FGM activists and 'ambassadors' who talk in barazas, schools, during church seminars, and on radio if invited. They participate in rescue efforts for girls –in Ikelunyeti they link with World Vision which has a shelter for them, and inform the area chief for protection and law enforcement. All the reformed circumcisers have now found an alternative means of income which they say is more sustainable and fulfilling. As one from Ikelunyeti shared; *'I now use my hands to do what is constructive instead of shedding innocent blood, I use them to do bead work, with this I have been able to take my children through school.'* Another has a small business to sell soda, milk and petrol and she is 'glad not to be a burden' to others. The three from Ikelunyeti have joined a women's self-help group which provides labour for community members for example carrying of fire wood and water then they get paid for it. They also support one another to acquire much needed household items and have built for themselves shelter through a revolving fund and sharing tasks. The area MP has recognised their group and encouraged them to apply for The Women Entrepreneurial Fund (WEF) for local government support. The three also shared that they support the local hospital in helping women to give birth, they have been taken for training with the Ministry of Health and World Vision so they have enhanced their skills and gained more knowledge.

Another group of people who have experienced significant change in their lives as a result of the project are the girls who have been rescued or escaped from early marriage

or circumcision. These have got hope to continue with their education, 96 such girls are in Bissil primary school. 20 girls from the same area have been given a chance at high school through sponsors who support their studies. For those who are not able to go home for holiday, (both primary and secondary pupils), the school remains open for them. In some instances girls whose health has been badly affected are able to receive medical treatment through the project coordinator's or cluster head's linking with the health centres. A story was shared of Nosotwa who got a second lease of life after being rescued from her husband who had abused and beaten her when she was expecting. She had spent 6 months in hospital with near death complications. The project got her into a vocational school and a sewing machine which she uses to earn a living. During the evaluation a ten year 10 year old who had been rescued from marriage to a 38 year old needed surgery was able to get it through the help of the project coordinator. It was noted that such support structures are vital for the rescued girls however their sustainability is not guaranteed because the project does not have its own. In addition the project relationship with the school and health centres is not formalised, currently the rescued girls are in the school because of the commitment of the deputy head teacher and medical care is accessed through the initiative of the KRPs and project leader.

3.3) Roles of various stakeholders and how they could have influenced the success of the project.

FPFK as an organization hosted the project right from the national level to the local level. This was seen through instituting a Project Steering Committee; one of the members of the PSC is on the FPFK board to facilitate effective feedback and sharing about the project with the governing body. During the FPFK annual general meeting, the project was allocated time to share progress, successes, challenges and future plans. The AGM and board in turn gave feedback to the project staff. The administrative structures of FPFK also supported the project through the accounts office providing the required expertise to manage the project efficiently. Project reports; both financial and narrative were endorsed by the General Secretary of FPFK before sending them to the project funding partner- PYM. Therefore FPFK as an organization also served as a foundational link between the project and PYM which also often provided technical support. These linkages enabled the project to run smoothly because it was well anchored in FPFK as an institution and in its systems. This institutional anchorage also enabled the project to access and explore advocacy partnerships with government institutions both at local and national level because FPFK is respected by government.

The PSC which is an institutional structure by the FPFK for all projects consisted of 6 women and 2 men. Their key roles included playing an advisory role for the project ensuring that it was implemented within the framework and guidelines of FPFK as an institution and met its goals. They also served as resource persons particularly during the public advocacy and ARP events, they attended all capacity building trainings and thus were well equipped for this role. The PSC also provided programme and budget

oversight on the implementation of project activities through meeting quarterly to assess progress, scrutinise financial and narrative reports as well as monitor project activities. There were some difficult moments during the implementation of the project work with a backlash from the communities which involved project volunteers being threatened or beaten; during these moments the PSC visited the affected areas and provided moral support for encouragement. The PSC also offered support to staff during the coordination and planning of forums for anti-FGM public awareness campaigns and participated in the campaigns. On different occasions the PSC outsourced the support of a community development expert who is well versed with the Maasai culture and was able to provide much needed advice and the build capacity of the PSC and FPFK in CCMP. This ensured that the entire team was well equipped with relevant knowledge and skills. The PSC therefore played a key role as a policy organ as well as a support to programme related work. These roles ensured that the project worked towards meeting its goals and funding partner requirements as well as ensured that the resources were efficiently and effectively used.

The AFGM project was rooted in the local churches as institutions of FPFK. The local churches were the entry point for the project into the community and the local pastors were the first point of reference. The local pastors were sensitized on issues of FGM, and their capacity to create awareness in the communities and carry on advocacy activities was also built. According to those who participated in the evaluation, '*the church is respected by the Masaai community so their word is taken seriously, it is a place where all members of the community gather, and the pastors are looked at as role models in the community*'. The local churches opened up to provide space for awareness creation and advocacy activities through seminars that were conducted by the KRPs, pastors wives, project staff, women leaders, local chiefs who attend church and the pastors themselves. The pastors developed scripture that they used to conduct teachings that highlight that there is no biblical basis for female circumcision; in some cases they have even singled it out as a 'sin' because innocent blood is shed in the process. Some churches like the one in Rombo have acted as rescue centres where girls run first and they are later taken to schools that support them or to a KRP who is able to link them to a school. Pastors have come out as role models- not circumcising their daughters; they encourage young men to marry uncircumcised girls and are very willing to conduct a marriage ceremony of a girl who is not circumcised, something which was unheard of before. They also encouraged parents to allow their daughters to marry men of their choice. It was also through the churches that the KRPs, including the cluster heads were identified. These were largely well known and respected members of the churches and this made coordination and implementation of activities through the KRPs much easier than it would have been. The KRPs' main roles included; creating awareness in the communities on the effects of FGM, building their capacity to manage issues affecting them through CCC, equipping the girls with the capacity to say no to FGM by teaching them about their rights and the effects of FGM. These relationships within the local church also served as a point of reference and support for the pastors and KRPs, as well



Figure 9: Local chiefs in a focus group discussion

the local churches and working through the local people enabled the project to gain acceptability among the communities, it gave the project a 'local home' thus enhancing ownership and sustainability of the project work.

3.4) Cost effectiveness, allocation and use of resources in the project in relation implemented activities and timelines

The project had a 5 year budget forecast but prepared an annual budget which guided the activity implementation both in terms of scheduling the activities and allocating funds for each activity. The FPFK systems and procedures enabled effective planning, budgeting and expenditure of the resources; the overall budgeting was done by the project leader with support of the accountant and submitted to the funding partner for support. The management of the resources was largely the responsibility of the project leader with oversight from the PSC treasurer and controlled by the finance office of FPFK that is responsible for all project accounts. Quarterly, half year and annual meetings of the PSC, the field cluster heads and staff were used to plan and budget for the project, as well as ensure that the project was in compliance with the activity schedules and budgets or adjusted accordingly. The processes for requisition and accountability for expenditures were also in accordance to the FPFK systems; the cluster heads, project officer and project leader would raise requisitions which would be verified by the finance office in accordance with the activity and budget plan and approved by the General Secretary or the PSC Treasurer. With regard to accountability for funds used, the field activity implementer provided receipts and supporting documentation that was delivered by hand or sent via courier to the finance office. No new funds would be disbursed without satisfactory documentation. The FPFK finance office ensured compliance with financial and procurement policies and procedures as well as implemented internal financial controls. They also prepared financial reports and facilitated the project audit process. Working with these systems and processes ensured adherence to the project budget and activity schedule. The timely disbursement of funds from PYM and training that PYM provided to staff enabled meeting of project obligations and enhanced staff capacity to deliver on the

as provided a mechanism for accountability to one another. It was also a support mechanism for all of them because FGM is a very sensitive cultural issue and sometimes the local church leaders and KRPs were accused of turning their backs on their culture, in some instances they were even physically assaulted. At such times they supported and encouraged one another to

keep on fighting for the cause. In spite of this, the deep anchorage of the project in

expectations. Adherence to these systems enabled the project to work within the allocated budget framework.

With regard to efficiency in the use of the project funds, the evaluation noted that the use of volunteers; both the cluster heads and other KRPs meant that the project could reach a wide area without having to incur expenses on paying full time salaries. The accounts office states that; *'The staff and volunteers were from the areas within the clusters apart from them being conversant with the areas and therefore able to handle and minimize the challenges, it was cheaper and possible to run project activities at relatively low costs. The accountability was also easier because each volunteer was accountable for a specific cluster.'*

The project experienced hiccups in implementing the full CCMP as it is designed, largely because the funds to implement it effectively were not available and it also required a lot of time to carry out all the related trainings. When the project noted this, the 'community conversations strategy' which was easier for the KRPs to grasp and required a short training span of one week was designed. Manuals to support facilitation were also designed and in the long run it was cheaper and enabled achievement of key aspects of the project objectives- to engage communities in constructive dialogue.

It was noted from the audit and financial reports that the largest amount of the project funds (about 50%) went into the activity of seminars and trainings. Many of those who participated in the evaluation attested to benefiting greatly from the seminars, trainings and workshops. This is appreciated because the project's largest emphasis was on advocacy and awareness creation; however because of not having systematic monitoring and documentation of follow-up to assess impact of these activities, it is a little difficult to determine the extent to which these activities achieved their purpose.

The project also experienced some challenges that may have affected its efficiency but not to a large extent, and between the finance office and cluster heads the challenges were resolved. These include; incomplete transport reimbursement schedules during activities, partly due to the illiteracy levels among the target group- majorly women who do not know how to sign or own cell phones. The group leaders who are semi-literate or literate had to receive funds and sign on behalf of the rest of the members. This was verified later by the finance office through phone calls to the KRPs. In some instances it was difficult to get proper receipts because the size of businesses in the local areas is small hence do not have receipts or use cash sale without stamps. While this was a potential challenge with regard to proof of accountability, the finance office instituted a requirement in which KRPs and project staff had to ensure the suppliers signed a petty cash voucher indicating the description of payment, date and amount. Hence creativity also enabled adherence to good financial practices and promoted transparency.

As indicated earlier, there were instances in which the project leader or even cluster heads had to incur unplanned for costs which also did not have a budget line. For instance paying medical bills of girls who developed complications as was the case encountered during the evaluation-of the 10 year old who had been married to a 38 year old man. She had developed health complications, had to undergo surgery and was admitted in hospital for about a week. Also as earlier mentioned, the rescued girls in Bissil primary school were mainly supported by the head teacher particularly during the holiday. The project budget did not have provisions for such expenses although when the need arose, adjustments were made in order to address them or in some instances the cluster heads and project leader met them. This implies that there was need for great creativity and flexibility to ensure that these costs did not infringe on other activities. However this is not very sustainable especially in the future when the project will not be funded externally. In addition there is also a possibility of the rescued numbers of girls rising to a point that would overwhelm the school in Bissil beyond what the Ministry of Education provides for the school. Hence the need for the project to have established formal partnerships with key institutions; in this case the Ministry of Education and key health centers or even established its own center for rescued girls who have nowhere to go or are still in the process of being reconciled to their families.

4) Program design, relevance and sustainability

4.1)How the project design may have influenced achievement of the project objectives:

The project was designed in appreciation of, and in response to the local context demands. The key implementers (staff and cluster heads) belonged to the Maasai community; lived and worked in the areas for which they were responsible. This enabled a certain level of acceptance by the communities even when the issue was very sensitive culturally. As one of the cluster heads put it; *the Maasai generally do not believe in the non- Maasai very much, they tend to feel threatened by 'foreigners'. But when they see me involved in the anti-FGM struggle, they see me as a child of the soil, they probably say to each other; he is our person so he knows our issues. I use our language and our examples, and this earns me trust among them'*. As people from the same area, they understood the local situation very well and were therefore able to challenge the local people within the accepted confines of the culture without offending them. This was highlighted by another cluster head; *'You can't force a Maasai to change, we know our behaviours, culture and possible side effects of forcing something on us. As local Maasai we know how to tackle the heart and this causes change. If you see they are hard, you do not hit harder, you explore other ways of talking about the issue or leave it for another time.'* This 'localisation' of the project was further strengthened by having all the KRPs coming from within the respective project areas. This made building of relationships with the key stakeholders like the local leaders, chiefs and relevant NGOs easier than it would

have been if they were from elsewhere. They also knew the strategic people to link with. For instance, one KRP in Bissil noted that being from the local area seemed to make rescue efforts of girls easier because they know the local villages very well. They are also able to contact local police to support them when rescue is needed. '*We are well known by the police, they are only a phone call away when rescue has to be done especially at night and they accompany us all the way.*' Implementing the project activities on the ground and follow-up was easier because the KRPs were from the same area and they had a strong telephone communication network amongst them that enabled coordination and quick response when it was needed.

Knowledge and skills on FGM issues were cascaded down through training for the project staff and KRPs. Planning for the activities was done with the PSC, staff and volunteer cluster heads, then communicated to the KRPs through the cluster heads. Each staff member and cluster head was responsible for a specific project area. The cluster heads would schedule activities for each quarter with the KRPs, and the KRPs would implement activities based on the respective plans. The KRPs were relied on to reach a wider group of people on regular basis in their respective areas through specific activities and using available avenues. The cluster heads would follow-up on activity implementation and sometimes implement activities with the KRPs. Each cluster head and KRPs defined their local strategy of implementing activities; for instance the groups in Transmara would meet as group and carry out their activities altogether by visiting the same place at the same time. This had been influenced by a realization of the cluster head that some of the KRPs would pledge to do certain activities and then not fulfil them, but she also said the team felt secure and motivated when they worked as a group. In other areas, the KRPs would share responsibilities and then they would work in smaller groups. The cluster heads and KRPs carried out this work on voluntary basis therefore the costs for them to do it were minimal on the project budget, but with a large outreach. This design had the potential to use minimal resources for wide spread impact that was well contextualised because it was the local people implementing it themselves. However the fact that most of the work on the ground was largely dependent on voluntary support, it was difficult to really hold the KRPs accountable or expect them to carry out all the planned activities. Some KRPs said they would have to leave their work or what sustains them for a living in order to do project work and they could not do this on a sustained basis. One cluster head shared that they had hoped to meet once a month but this had been impossible due to lack of means to meet. This meant that some of the work would not be done. This therefore could have affected their level of involvement and hence the effectiveness with which activities were carried out. In addition, some of the trained KRPs quit actively volunteering for the project, and monitoring a large group of people located in a vast area can also be difficult. One of the cluster heads shared that she waits for the head office team to monitor her work and that of the KRPs and this is not very often. So with a large group of volunteers who were not consistently followed-up, and with limited documentation from them and the project in general, it is difficult to assess the extent of the work of the KRPs.

The project was also designed to achieve ownership at local institutional level; as seen from using the local FPFK churches as the entry point for the projects work. As earlier mentioned, the churches acted as an advocacy and awareness creation institution, a contact point for ARP events and follow-up, of girls who had participated in the ARP events and their parents it was also a rescue place. The local pastors' capacity to address issues of FGM and advocate against it was also built through seminars, exposure and trainings. In addition to maximising ownership by the churches, the project also invested in local leaders and chiefs by training them on issues of FGM, using the local institutional spaces like barazas and schools as advocacy spaces. There were also efforts to build local partnerships with NGOs that were operating in the specific areas by inviting them to participate in the trainings conducted by the project. However as earlier mentioned, most of these relationships were not formalised at the level of the institutions. It was largely based on an individual KRP or cluster head's capacity to develop and sustain the partnerships. This could affect the sustainability of some of these initiatives.

4.2) Extent to which CCC and CCMP contributed to the sustainability of the project gains.

The Community Conversations was a dialogical methodology that was rooted in the Maasai traditional way of calling people into conversation about sensitive issues. It involved meeting with a few people and the starting point was relationship building, then it moved into identifying and exploring the particular concern in the local context, then drawing an action plan for the people to implement. This would be followed by a time of reflection on the experience. It was largely used for community entry to start conversations and catalyse action for change. For instance in Bissil a group of AFGM activists who included KRPs mentioned that they had been using CC to facilitate conversations around FGM in the community. The World Vision area office had seen the difference it had made and at the time of the evaluation it had just contracted them to use the approach in dealing with teen age pregnancy in the area. The partnership is expected to last 20 months and is targeting communities, schools and specific groups of men and women. One of the chiefs from Kilgoris mentioned that CC had been used to address issues of alcoholism in their area and they were seeing some change. There were not many other specific examples to show how the CC has caused change or to what extent it was used, most of the references to it were generalised. But from the examples given, it seems to have the potential to break barriers and gets people talking about, and acting on issues that concern them without heavy financial investment. Alongside the CC was the CCMP, the two methodologies are quite similar in approach, except that CCMP by design is supposed to be initiated and facilitated by the Church. The Church is seen as the 'salt and light' to the community in the context of holistic ministry. The project was able to train FPFK leadership, the PSC and the local church leaders, project staff, cluster heads and some KRPs in the project areas through the first phase of CCMP. This was mainly envisioning them on the biblical mandate of the church

for holistic ministry into the community. One of the key resource persons in this process highlighted that although there had not been systematic and planned monitoring of those who had been trained, there was some evidence that they had internalised CCMP and were working with aspects of it both as individuals and in groups. This was particularly in the areas of understanding the foundational scriptures, the value of relationship building, and local resource mobilisation. This was well expressed by one cluster head; *through CCMP, the church and community now work together, they used to be separate. The Church has understood that it needs to move out and address issues in the community and CCMP has helped it to open the eyes of the community, now the church even has more members.* Some stories from a few evaluation participants also show this; for instance in Kilgoris AFGM activists have formed self-help groups that provide labour in farms; in Ikelunyeti they do the same and more while in Narok women groups have started table banking. In some communities like Ikelunyeti the response to using local resources has enabled them put up their own church and a latrine. One KRP shared that CCMP had influenced the way she understands her mandate as a church member. The foundational Biblical references like the church being ‘salt and light’ were used to challenge FGM practices within the church. This internalisation and capacity to contextualise scripture is further seen through church leaders’ actions to use more biblical references to back up the church response to FGM.

However as earlier mentioned, the CCMP was not implemented in full due to lack of sufficient funds and the length of time that it requires (36 months with frequent and systematic monitoring) to implement. According to an expert in CCMP; *the second phase would have enabled the church to enter the community systematically and collect information on community issues and generated community ways to deal with them. They would have seen more.* While the initial cost of CCMP may be expensive, it is a very effective tool for enabling communities to read into their situations, where they are, where they want to go and how they will get there hence facilitating sustainable community empowerment. Once well grasped, internalised and implemented by the church, it does not have ongoing heavy financial implications and yet creates sustainable community development.

From the above, there is evidence that the communities have attempted to work with what they learnt from the two approaches and that both have the potential to make a big difference in the communities even when external funding stops. However, it is important to note that; no planned reflection, learning and documentation has been done around the experience so far. It is therefore difficult to assess the extent to which the groups and individuals are conversant with either of the two or both. It is also difficult to assess the collective impact, identify the successes and challenges, and what needs to be strengthened. In addition, the lack of reflection and learning around the two methodologies it makes it difficult to know which one is most effective or explore the possibility of how the two can work side by side. In either instance though, it is clear that there is potential for the two to be adapted and sustained by the communities without external financial if they are well mastered by those using them.

4.3)How the existence or absence of a baseline survey could have influenced project implementation and achievements.

The project area was well defined in the project document targeting three regions out of the vast Maasai area in Kenya. A generalised situation analysis indicated good knowledge of the area. It also acknowledged some of the enabling and hindering factors which included appreciation of the role of the church in Maasai communities; the need for the interventions to be cognisant of the Maasai culture. This could be attributed partly to the fact that the key implementers are from the area and therefore know what the issues are. In addition;this was the 2nd phase of the project and the end of phase one evaluation highlighted specific key areas to address or strengthen. These included; continuing work in the current project areas; increasing efforts to reach parents and boys; introducing CC/CCMP for sustainability of the project; strengthening relationships with non-church actors like local chiefs, politicians and NGOs. These recommendations and contributions of key implementers therefore provided a suitable basis for some of the project interventions and key actors for this 2nd phase of the project. A significant number of the project objectives of the 2nd phase were therefore framed around the key issues identified and interventions were designed around the same. The evaluation shows that there has been achievement on most of the project objectives to a certain extent, however the absence of a baseline survey made it difficult to assess to what extent they had been achieved. Without a baseline survey the opportunity to ascertain the initial extent of a particular situation and the change created by the project was missed. For instance; one of the most successful aspects of the AFGM campaign was awareness creation on the dangers of FGM, but because there was no baseline information on how many and what kind of people were ‘ignorant’ about it and to what extent, it is difficult to know the number of those who were influenced as well as the level of change in their knowledge levels. Lack of a baseline survey could have also limited the opportunity to identify the ‘non-obvious’ and possible underlying issues, plus causal relationships between key issues related to the project. For example while there is a valid understanding about FGM being a treasured cultural ritual, it is possible that there are deeper issues in relation to this that may be hindering efforts against it. A baseline survey could have surfaced them or confirmed that they do not exist and appropriate interventions explored. For instance; it was noted that some groups of people; particularly the elderly men and women did not participate in the campaigns perhaps a baseline survey would have indicated what their real concerns were and these could have been addressed in the process. These scenarios show that the lack of a baseline survey could have influenced the design of project interventions with regard to their appropriateness, methodology, target groups and depth. In addition, not having a baseline could have also affected the development of monitoring and evaluation benchmarks for the project mostly because there was no indication of the initial situation.

4.4) Relevance and effectiveness of the strategies and approaches facilitating anti-FGM campaigns.

The project used a number of strategies and approaches for the anti FGM campaigns. These included the CC and CCMP mentioned above that were designed to enable the local communities identify and discuss their issues and come up with a solution. The extent to which these were successful was highlighted above in objective 2.b. The other strategies used by the project include; extensive and comprehensive awareness creation to groups of people who were critical to the project's success. Among these were girls, their parents, KRPs, church and local leaders. These awareness creation interventions were designed to illustrate the effects of FGM on women's health, and how it is affecting the Maasai as an ethnic group. The emphasis on these two issues seemed to have been very effective in getting the targeted groups of people to respond. Many of the chiefs and local leaders referred to the project as an experience that had enabled them to learn something new, One of the chiefs in from Kilgoris said that the project had enlightened him and got them talking of FGM in public- something which was once unspoken of. In Ikelunyeti the men's group noted that the economic angle to FGM had not been made a significant part of the conversations and sensitisation processes, and yet according to them; '*that is the language we understand, many of us sometimes become impoverished by the celebrations but we don't talk about it.*' The parents saw the value in not circumcising their daughters and allowing them to continue with school. Awareness creation also highlighted the existence of the anti FGM law that had been passed by the government. It was made clear to the communities that if caught breaking the law they would face the penalties. And in some instances the KRPs, cluster heads and project personnel reported cases which were dealt with and these served as an example for others. The awareness creation around the law empowered both the community members and the local chiefs to get actively involved in the campaigns. They felt they had a framework or tool to use as one of them from Kilgoris put it; '*this project has helped us know more about the law and as a leader I now find my job easy because I have the law to back me and I now use it to ensure that circumcision of girls is eliminated.*' This resulted in fewer open cases of circumcision; those who continued resorted to doing it in secret, and when the chiefs get to know about it they act accordingly. The campaigns also used the concept of role models who included young and older women who were successful and had not been circumcised, these women role models had a big part to play in ARP events they also had role models of morans who were willing to marry uncircumcised girls, chiefs and church leaders who had not circumcised their daughters. This role model concept challenged myths around uncircumcised girls bringing misfortune and it inspired young girls to take a bold stand not to be circumcised; two girls in kelunyeti primary school shared their determination not to be circumcised so that they can be fulfil their dreams of being a lawyer and a doctor. They said they are well aware of the dangers of circumcision and were counting on their teachers to support them.

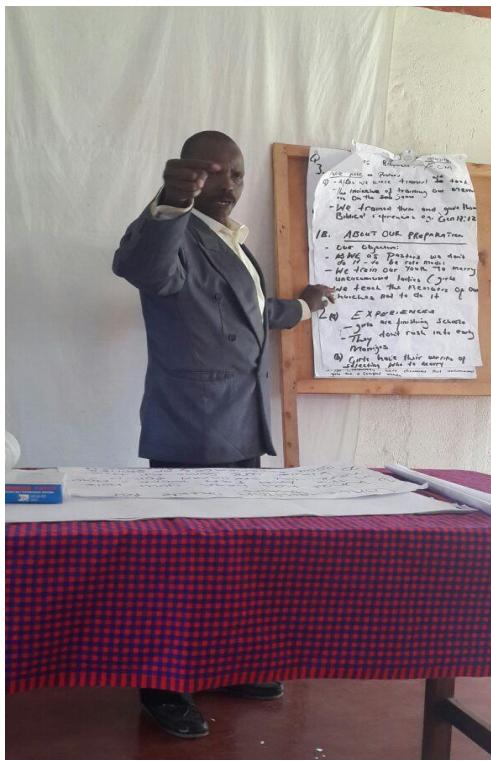


Fig. 10: A pastor presenting on behalf of his group

Another strategy that was that of building a pool of local resource people through trainings and sensitizations that were done in such a way that those who were trained became 'ambassadors' of the message, in some instances even carrying out training themselves. They worked on voluntary basis to spread the information in schools, during chiefs' barazas, and in churches. The KRPs being from the local areas implied that they could spread the information easily without incurring costs but could also use any given opportunity. Among the resource people were also reformed circumcisers who also joined the campaigns and participated actively in the ARP events. Having a large pool of resources persons enabled the project to spread its campaign wide without incurring too much financial burden. It also

enhanced acceptance and ownership because the resource persons were reaching out to their own people. However it was noted that elders were

difficult to mobilise for sensitisation interventions and hence very few of them had joined the campaign. There seemed to be no strategy to reach them, especially the male as a specific group that are the custodians of the culture. In addition, some chiefs were not cooperating fully, and those who participated in the evaluation also shared that as a cultural issue that was deeply ingrained in the lives of the Maasai, it needed a long time to eliminate.

The strategy of building relationships with strategic institutions like the police, schools, and like-minded organizations enabled collaborative efforts towards achieving some of the project objectives. As earlier mentioned schools were used as places for sensitization, teachers too were taken on as resource persons and this sustained the message to the young boys and girls. Some of the schools like Bissil primary took on rescued girls and a few boys thus providing for them a safe place. The local police supported rescue efforts of the girls by the KRPs, but also in collaboration with the local chiefs they arrested those who were breaking the law. Although it was noted that sometimes out of corruption the culprits would be released, it was still a strategic relationship for the project. World Vision was the organization that the project seemed to have partnered with most; in all the areas visited it was referred to by the evaluation participants. This partnership enhanced skills of the KRPs through trainings and workshops that they attended; there was also knowledge exchange in these instances. In Ikelunyeti they built a dormitory for one of the schools while in Rombo they took on rescued girls. However as earlier mentioned the potential for these partnerships to grow and remain sustainable, was limited by the fact that they seemed to be initiated

and managed by an individual rather than institution to institution. In the event that the individual leaves, the partnership could collapse, but it is also means that the partnership is only defined around specific activities and not strategic purpose.

Having the ARP events organized within the cultural context of the Maasai culture and supported by the local churches ensured acceptance and ownership by the local community that accepted the message. This was seen through the steady annual increase in the number of girls who participated and parents who sent their children to attend the events. The KRPs highlighted that through these ARP events the number of girls who took a bold stand not to be circumcised had increased and that the churches were providing continuous support and motivation to both the girls and their parents. However, it is still difficult to ascertain the level of acceptance and ownership especially among those who don't attend church because there was no monitoring done to this effect and it was quite a new concept in the cultural context.

Rescuing girls from circumcision or early marriage was also a strategy that the campaign used to offer the girls a better future. Rescue efforts were mainly carried out by KRPs and cluster heads. In some instances girls were saved from near death experiences, child labour situations or permanent health complications. Those rescued and put in Bissil primary school for example, recounted stories of what they lives were like; one of them who had just been rescued from a marriage stated – *'I was given as a wife to this man, my work was to fetch water, look after animals, I was made to build a house and smear it, I also had to look after the family donkey.'* The rescued girls were given hope for a new life although they were kept in the school partly because of the activism of the deputy head teacher. Most of them had nowhere to go during the holiday and in many instances no relatives to support them. So the school was bearing the responsibility and the sustainability of this was not certain.

Last but not least, the project also used the media to publicise project activities like road shows, critical stories around FGM both positive and negative on both television and radio. These served as evidence based case studies and they got communities discussing real issues on FGM in a way enhanced awareness creation and advocacy efforts.

4.5) Effectiveness of the monitoring and learning system, and its influence on the project implementation processes

The project document had a well-defined framework for monitoring its progress as outlined in the goals, objectives, activities and indicators. It also had a logframe to enable it monitor progress on achievement of the project objectives. The PSC, project staff and cluster heads met quarterly to share reports and experiences from the field activities as well as review general progress on the project's activities. During these meetings they were able to identify successes, challenges, explore how to resolve them and draw plans for the next quarter. These meetings provided opportunity for the project to respond to emerging issues and adjust accordingly. They also kept the key

implementers and policy makers sufficiently informed about the project activities and experiences. Annual reports that were shared with the funding partner also served as documentation of progress and experiences of the project.

The KRPs were critical in the monitoring chain because they were on the ground, therefore the cluster heads depended on their reports. However, the frequency of their meetings with the cluster heads was not very consistent and it varied from area to area, in Kilgoris they shared that their meetings were not as frequent as they wanted because the KRPs could not afford to make it. The cluster heads were volunteers and sometimes their own work would not allow them sufficient time to physically monitor the work of the KRPs. The KRPs also did the work on voluntary basis and were therefore not obliged to implement or document all their activities. Most of the KRPs were not able to read and write so it was difficult for them to document their experiences and this meant that they would only share information with the cluster heads verbally in meetings or by phone. This was prone to the information being forgotten, not being accurate or key experiences being missed out. From the evaluation visits it was clear that certain activities or incidents had taken place but they had not been documented. So the project may have missed out on tracking some of its milestones. Sometimes the reports would be late and this affected comprehensive assessment of results. As one cluster head mentioned; '*we make plans at project level but those on the ground are not necessarily implemented because of the long distances, or sometimes the KRPs have their own obligations, and it is not always easy to get reports from them and those that come are sometimes late.*' A review of the quarterly meeting reports revealed that most of the reporting was done generally without much specificity except in very unique cases. There was no indication of systematic reporting, review or monitoring in line with progress on each the objectives. This limited the project's possibility to monitor and document its performance both quantitatively and qualitatively in terms of achieving individual objectives and comprehensively. The CCMP facilitator also noted that it was difficult to track progress because there was no systematised way of doing it. The lack of baseline information also limited project assessment of the impact and change it had created both quantitatively and qualitatively because there was no documentation of the initial points of entry. The project had carried out an end of phase 1 evaluation which gave recommendations on what needed to be strengthened. These were incorporated into the 2nd phase, but there was no specific information directly indicating how these had been strengthened for example how many more parents had been reached, how they had been reached and what change had resulted from reaching them in relation to the ones reached in phase 1. So this shows that while a logical framework, and forums for monitoring the project's progress existed, they were no systemic processes and activities to collect information, analyse and learn from it. This therefore affected the project's opportunity to document milestones and learning.

5. Key insights, lessons and implications:

Key insights and lessons from the project that can be used in facilitating effective management of projects by FPFK:

- 1) Working with, and through people who belong to the specific project area especially in addressing a situation that is culturally sensitive, enabled effective contextualisation of interventions and facilitates openness to dialogue. This was highlighted by the KRPs and cluster leaders who noted that even though there was opposition to their message because it seemed to threaten the Maasai culture, they were listened to because they were Maasai. They also knew how best to communicate to particular groups of people and enhance dialogue without being conflictual. In addition they knew the areas they were working in so they were able to establish helpful relationships including with the police when the need arose.
- 2) Community led and facilitated mobilisation and dialogue processes like CCMP and CCC enabled identification of issues, analysis around them and generation of solutions in the local situation. This in turn enhanced community creativity, ownership and sustainability of the solutions. This was seen from the few but remarkable testimonies that were given of changes that had taken place in communities and among groups as a result of the two processes even when CCMP had not been completed.
- 3) Comprehensive awareness creation that involved key stakeholders and was based on well researched information, including case studies, information on the law and policies, plus various aspects of how FGM affects women and the Maasai community in general, enhanced acceptance of the issue and collective effort in dealing with it. As was evidenced through the level of knowledge and conviction to work towards eliminating FGM among those reached including the girls, local leaders, law enforcement, the church, parents, women leaders and the communities in general. It also provided the possibility for sustainability as was expressed by a group of church leaders from Narok; *'If the support from FPFK headquarters stops; our signs of hope for sustainability are that work will continue because it is the work of the ministry, we trust the local government will continue to fight according to the law, the church will continue to support itself through organizing seminars, which will be supported by local mobilization of resources by the churches.'*
- 4) Anchoring the project in the local churches provided a form of institutionalisation for the AFGM work, enhanced ownership of the project among the communities and provided opportunity for sustainability of the efforts. As earlier mentioned the Maasai believe in the church and its messages and will therefore do their best to live according to its expectations as well as be part of initiatives by the church. In addition, the local church is an institution whose life and influence in the communities goes beyond boundaries of projects and even have the possibility of raising resources internally and externally hence can continue to support the AFGM efforts if well capacitated.

5) Addressing a deep cultural issue like FGM effectively requires a long time, good understanding of the culture, deep conviction on the part of the change agents and a multi-pronged approach. The project personnel and KRP's understanding of the Maasai culture enabled them come up with methodology and activities that did not threaten the essence of the ritual. This was seen through the use of CCMP/CCC, as well as having events like ARPs so as not to be seen as doing away with the 'Rights of passage ritual'. The key implementers were deeply convicted about the cause and were therefore willing to volunteer themselves as well as endure threats and even physical harm sometimes. The multi-pronged approach which involved sensitisation, rescuing of girls, use of the law, religious appeal, media and public advocacy activities, ensured that key aspects of issues influencing the project were addressed.

On the other hand, the failure to get the elderly, particularly the men who are considered to be the custodians of the culture and women who strongly believe in circumcision as a mark of Maasai womanhood, could have limited the capacity of the interventions to enable addressing some of the underlying issues. This may affect the effectiveness of the sustainability of the work, especially if funding stops or for some reason the motivation to address FGM goes down among key activists.

6) The lack of baseline information and systematic monitoring and documentation of the project experiences limited the opportunity to see the extent of the impact created by the project because there were no initial benchmarks (both quantitative and qualitative) on any of the objectives. It could have also led to developing some objectives that were beyond the project's achievement given the circumstances of vastness of the area and limited funding and personnel. In addition the reports did not capture much information in this regard implying that the project could have missed out on capturing some of its milestones.

6. Recommendations:

Overall, the project evaluation shows that FPFK, through the project has made effective inroads into addressing the issue of FGM among the Maasai. However because it is an issue that is deeply ingrained in the culture; it is not easy to achieve effective and sustainable change in a short period of time. It is therefore important that FPFK explores new funding options in order to strengthen and consolidate what has been done. Working with the insights above and looking ahead, if FPFK is able to continue the work on AFGM, the following recommendations could be considered:

1) Continue to strengthen localisation of the project interventions by strengthening what has been done so far. Specifically this will include reflecting on, and reviewing the current level of internalisation and application of the CCMP and CCC by those who were trained and are playing a key role in implementing on the ground. Based on this review the project can determine how it wants to work with the two methodologies, identify the gaps and develop a strategy that will strengthen their capacity and enhance

sustainability. It may also include instituting systems and processes for holding those who are trained especially the KRPs, more accountable in terms of the work they do so that progress is monitored and documented more effectively and efficiently. It may also include building the KRPs capacity in continuing with sensitisation efforts because the message needs to continue to be passed on. There may also be need to consider a way to motivate the KRPs whenever they carry out key activities in order to enhance their commitment and accountability. CCMP and CCC were seen as potential methodologies that can enhance sustainability of action against FGM as well as dealing with other community issues and therefore investing in them would provide opportunity for the work to be less dependent on external funding. The process of strengthening localisation will be further enhanced by translating the AFGM policy into the local dialect and ensuring that there are sufficient copies among the stakeholders.

- 2) Partnerships and networking efforts, particularly those between the project and institutions need to be formalised beyond individuals so that the relationship is institutional. This will enable sustainability of the partnerships and interventions beyond the project's life, facilitate shared responsibility among institutions, as well as provide opportunity to explore ways of further strengthening the relationships.
- 3) Considering that FGM is a deeply entrenched cultural ritual, it will be important for future interventions to explore ways of bringing the 'custodians' of the Maasai culture, particularly the male elders and old women into the conversations. This will enable surfacing of the non-obvious underlying issues and exploring ways of addressing them. Women leaders felt that strategies to target and include young men should also be introduced because they are sometimes the perpetrators.
- 4) In case there is opportunity to build on the work already done, it will be helpful to carry out a baseline that will enable the project establish key benchmarks in regard to various aspects of the project. In addition, developing a systematic monitoring and learning framework based on the baseline will further enhance effective assessment and documentation of project progress and milestones.
- 5) Although it may prove to be expensive, it may be helpful to establishing a temporary rescue and counselling centre for those escaping or forced to go through FGM. The women leaders highlighted that the psychological effects of FGM go a long way into people's lives, even into adulthood. They therefore felt that the church needs to provide such a centre that supports women's healing. Alternatively, the local churches can explore how to provide space for healing through weekly or monthly activities. This may be cheaper, but it will need to be supported by establishing strong linkages with organizations that have rescue centres where the girls can go during the transition.



Figure 11: Discussion with the Project leader and lead resource persons of Oloitoktok and Rombo.