

Y Global and
Forum for Women and Development (FOKUS)

Mid-Term Review of Project
Practice Reduction and Awareness on Female
Genital Mutilation (FGM)

YWCA Kenya



Sopiato from AIC, Kajiado (foto: Nora Ingdal)

FINAL REPORT

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Executive Summary with conclusions and recommendations

This report presents the outcome of a Mid-Term Review by Nordic Consulting Group of the project “Practice Reduction and Awareness of Female Genital Mutilation (FGM)” implemented by YWCA Kenya in three districts Meru, Kisii and Kajiado. Y Global in Norway has along with Forum for Women and Development (FOKUS) funded the project since 2006.

An external team for the Review was put together by a team leader familiar with evaluations, Y Global and FOKUS, a Kenyan team member specialised in children’s rights appointed by YWCA Kenya and a professional volunteer appointed by Y Global. According to the Terms of Reference, the main purpose of the review is to assess to which extent the project is on the track of achieving its stated goal. On a secondary level, the goal is to promote learning among the cooperating partners.

The project budget for three years (2006-8) was 3,1 million NOK (620.000 USD). Due to a delay in the start-up, the review focuses on the project implementation period from June 2006 until August 2008. FOKUS has approved to extend the project until the end of 2009.

The review was undertaken using methodological tools like literature review, desk study of project documents, in-depth interviews and focus group discussions with 130 beneficiaries, local community leaders, local and national authorities and organisations working on FGM in Kenya.

Despite the fact that Female Genital Mutilation/Cutting (FGM/C) has been illegal in Kenya for the last six years, it is still widely practised. A majority of Kenya’s numerous ethnic groups practice different forms of FGM/C. The Kenyan government estimates that 32 percent of all women between the ages of 15 and 49 in more than half the country’s districts have undergone FGM. The FGM prevalence rates in the YWCA project districts range from 95-97% in Kisii and Maasai communities to around 50% in Meru. In recent years, a medicalisation trend has been observed, especially in Kisii; health workers and nurses conduct the FGM/c secretly and the age of the girls has been lowered.

Reasons behind the practice vary from group to group, but in general it is believed to increase a girl's chances of marriage, prevent promiscuity, and promote morality. Among the Maasai it is claimed that “circumcised” women have easy child birth. Fear of being ridiculed among peer encourages FGM practicing tribes to continue. Women and girls who are not “circumcised” are referred to as children among the peoples of Abagusii, Ameru and Maasai.

YWCA Kenya’s project has entangled five main components; training of trainers, training girls and graduating them in ‘alternative rites of passage’ (ARP), information and media work, construction of rescue shelters, and income-generation for former circumcisers. Out of a total budget of 3,1 million, at least 40% has been channelled to the shelters, 31% to training and ARPs and 15% to salaries.

A. Conclusions and recommendations for YWCA Kenya (see Annex IV matrix of recommendations)

Overall conclusion 1: YWCA Kenya’s holistic approach to development is a strength for working with behavioural changes against FGM/C. The organisation’s Christian values and relationship with churches are comparative advantages as opposed to many civil society or human rights organisations that do not have grass roots anchoring and a membership base. YWCA’s members; the youth, women, and elders act as important role models standing up against FGM/C.

Recommendation 1: YWCA Kenya is encouraged to mainstream FGM as a cross-cutting issue in all of its programmes in districts with high FGM prevalence.

Conclusion 2: Two years into the project is too early to assess the effects, however the team found some tangible results; a number of much empowered girls, a few former circumcisers acting as good role models, and some local Chiefs speaking out in their own communities. Due to the lack of a baseline before starting up the project in 2006, it is impossible to establish with certainty how much of the behavioural change can be ascribed to YWCA Kenya's intervention, and how much is due to Kenyan authorities' legal measures, or efforts by other NGOs or churches.

Recommendation 2: The review team supports YWCA Kenya's plan for conducting a baseline survey in year 2009, but this should not be done alone. YWCA should engage the stakeholders in the National Committee against FGM working in Meru, Kisii and Kajiado, and search for partners with research competence on FGM (like for example the Population Council and UNICEF).

Conclusion 3: Despite some good results, there is a need to ensure that results are documented and sustained through joint concerted efforts with other stakeholders at local and national level. At the time of the evaluation YWCA Kenya was not taking part in the National Committee against FGM.

Recommendation 3: YWCA Kenya is encouraged to better document its results by documenting its methods and strategies and distribute it via the National Committee. This will increase the visibility of project. YWCA should also keep records of ARP participants' contact information within the project period (in order to facilitate access to the target group if an impact evaluation would be conducted by the end of the project period), conduct regular follow-up of ARP-girls, refresher training and counselling.

Conclusion 4: The ARPs were not found to be sufficiently adapted to the local, ethnic contexts, especially in Kisii, mainly due to the medicalisation trend and young age of the girls.

Recommendation 4: The team recommends YWCA Kenya to reflect on whether ARP is the most appropriate approach in the specific cultural setting and jointly explore alternative strategies in consultation with other FGM actors in the area.

Conclusion 5: A strength concerning the trainings on FGM was that YWCA Kenya had targeted men and boys separately. The weakness was that the trainings had been a one-off event, and had not been followed up by YWCA Kenya.

Recommendation 5: The team supports YWCA Kenya's 2009-plan of producing a training manual, but asks that YWCA Kenya capitalise on existing manuals from cooperating partners such as UNICEF, Population Council. Hand-outs should be given to the trainees and YWCA Kenya needs to conduct refresher trainings for the TOTs. YWCA Kenya should continue to use local languages and local trainers as facilitators (esp. among the Masaai)

Conclusion 6: Using income generation for circumcisers has many challenges to ensure that abandonment of practice actually takes place.

Recommendation 6: YWCA Kenya should focus the training of former circumcisers on attitude change in addition to economic empowerment and integrate them with community action, e.g. in women and prayer groups. YWCA Kenya need to talk with other anti-FGM stakeholders and discuss which approaches and methods are found to be most efficient when 'converting' circumcisers.

Conclusion 7: On an institutional level, the team concludes that there is an established organisational culture of transparency and accountability in YWCA Kenya. Although there are weaknesses in the outdated financial guidelines, lack of computerised accounting system and weak ICT, YWCA is openly sharing these weaknesses with donors in order to improve them.

Recommendation 7: YWCA Kenya needs to continue the process of improving its administrative and financial system and capacity to run projects which includes documentation and filing at central and branch level, set-up a more robust and efficient accounting system (preferably computerised), and upgrade internet access in YWCA to all programme and finance staff, and to all branches. For purpose of visibility, YWCA should also improve its website.

Conclusion 8: The project management has been weak with regards to a holistic planning of the project; often activities are found in the budget, but not well elaborated in the proposal and vice versa. The rescue shelters had budget lines but there were no feasibility/needs assessment conducted before the start up. The budget was unrealistic, and coupled with an increase in construction costs this caused considerable delays in the project and 'drained' the YWCA Kenya branches of energy. The additional efforts channelled into the shelters have affected the organisation's capacity to implement the training and awareness activities. None of the two shelters were completed by the time of the review. For the third shelter, the team found a great need for further discussions and consultations with the local communities before building can start.

Recommendation 8: Make comprehensive utilisation plans for the shelters, including a Cost Analysis (running costs, sustainability) and dialogue with the local community on their needs when defining the use of the centres. YWCA Kenya should seriously consider delaying the construction of the Kajjado shelter, at least until further studies and consultations with the local communities have been done. If consultation is not done, the team recommends cancelling the shelter component.

Conclusion 9: There have been no internal meetings among the YWCA Kenya staff working on the FGM project to share progress and reflect weaknesses/strengths in project. This was a felt need among the staff in the three branches.

Recommendation 9: Organise reflection workshops involving key FGM project staff (not only branch managers) possibly with external FGM experts by sharing experiences and lessons learnt for working with FGM. This will enhance the skills of project staff. By including external experts, the staff will be updated on new FGM knowledge.

B. Conclusions and recommendations for Y Global

Conclusion 10: The value-added of Y Global vis-à-vis the donor FOKUS is high, both monetary and technical; Y Global is a very cost-efficient and prudent partner for FOKUS. For the fiscal year of 2007, 7,7% of the total budget of Y Global went to administration costs. Y Global's extensive use of professional volunteers adds to the technical value.

Recommendation 10: Y Global is encouraged to continue its regular communication, close follow-up, and physical monitoring. Volunteers from the Y Global Africa committee are encouraged to be involved provided they have a relevant professional background. There must be at least one, preferably two project visits by Y Global annually.

Conclusion 11: Y Global has upgraded and professionalized its project management tools like contracts, reporting formats, and monitoring checklists. It has also greatly enhanced YWCA's capacity by supporting it with funds from Oslo YWCA.

Recommendation 11: Continue supporting capacity-building efforts of YWCA and share tools if YWCA wants to use the same formats.

Conclusion 12: Y Global has not developed a competence on FGM/C and has not networked or exchanged information/experiences with other Norwegian partners working on FGM.

Recommendation 12: Step-up collaboration with organisations in Norway that have competence on FGM/C, such as the Women's Front which is an active member of FOKUS, or faith-based NGOs like Norwegian Church Aid, which works on FGM/C in Kenya with support from Norad.

C. Conclusions and recommendations for FOKUS

Conclusion 13: Violence against women and the battle against FGM/C are key themes for the FOKUS' TV-campaign of 2005, and East Africa is a prioritised geographic area. YWCA Kenya's FGM project is therefore highly relevant to FOKUS.

Recommendation 13: Ensure that YWCA Kenya is included in the networking between FOKUS organisations working on FGM and consider facilitating a workshop/seminar on FGM in East Africa where FOKUS partners like Women's Front and IAC (and perhaps the Network against Female Genitally Mutilation (NAFGEM) in Tanzania) can link up with its Kenyan counterparts.

Conclusion 14: FOKUS is in a process of moving from supporting individual projects to programmes. Programmes will be established on thematic or geographic levels. In Kenya, the National Committee for Eradication FGM has recently been revitalised with YWCA Kenya taking on an active role among the church-based organisations.

Recommendation 14: Rather than developing separate FOKUS programmes on FGM in East Africa, FOKUS could encourage Y Global/YWCA Kenya to align their project with the National Committee against FGM in Kenya. By facilitating a networking programme between FOKUS partners as mentioned above the partners will learn from each other and hopefully develop their programmes.

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Abbreviations

ADRA	Adventist Development and Relief Agency
AIC	Africa Inland Church
ARP	Alternative Rites of Passage
CEDAW	Convention on the Elimination of All forms of Discrimination Against Women
DC	District Commissioner
DEO	District Education Office
DO	District Officer
DOP	Director of Programmes (YWCA)
DHS	Demographic and Health Survey
FAWE	Forum for African Women Educationalists
FGC	Female Genital Cutting
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
FOKUS	Forum for Women and Development (Norway)
GGP	Gender and Governance Programme
GTZ	The Deutsche Gesellschaft für Technische Zusammenarbeit
IAC	Inter African Committee on Traditional Practices Affecting Health of Women & Children
IEC	Information Education Communication
IGD	Inter-generational dialogue
INGO	International Non-Governmental Organisation
KHDS	Kenyan Health Demographic Survey
M&E	Monitoring and evaluation
MoGCA	Ministry of Gender and Childrens Affairs
MoH	Ministry of Health
MTR	Mid-Term Review
MYWO	Maendeleo Ya Wanawake Organisation
NCKK	National Council of Churches in Kenya
NGO	Non-Governmental Organisation
PATH	Programme for Appropriate Technology
RBA	Right-Based Approach
RT	Review Team
SCR1325	UN Security Council Resolution 1325
TOR	Terms of Reference
TOT	Training of Trainers
UNICEF	United Nations
USAID	United States Agency for International Development
WHO	World Health Organization
Y Global	YWCA-YMCA (KFUK-KFUM) Global Norway
YWCA	Young Women's Christian Association
YMCA	Young Men's Christian Association

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1. Background

1.1 Introduction

1. This report presents the outcome of a Mid-Term Review of the project “Practice Reduction and Awareness on Female Genital Mutilation” implemented by Young Women’s Christian Association (YWCA) Kenya in three geographical areas, Kisii, Meru and Kajiado.
2. The project has been supported by funds raised by Forum for Women and Development (FOKUS) TV-campaign in 2005. Being a FOKUS member organisation YWCA-YMCA Global (hereafter Y Global) has been the Norwegian partner for YWCA Kenya.¹
3. The budget for three years (2006-8), has been 3,1 million NOK (620.000 USD). Due to the delay in the start-up, the review focuses on the project implementation period from June 2006 until August 2008. A one year application has been sent to FOKUS for year 2009 while Y Global hopes to extend the project until 2011.²
4. The MTR was commissioned by Y Global and jointly planned with YWCA Kenya. FOKUS was consulted in the process. An external team of consultants; Nora Ingdal from Nordic Consulting Group (NCG) in Oslo and Joyce Umbima from Emkay East Africa LTD were commissioned to carry out the review. Anders Tysse Landmark, a volunteer and resource person with Y Global’s Africa Committee, was selected by Y Global to be part of the team to ensure that the knowledge generated by the review is captured and brought back to Y Global in Norway.
5. The Review Team (RT) was assisted by three translators recruited from the local communities (Meru, Kisii, and Kajiado) where the project was implemented.

1.2 Purpose and scope

6. As per Terms of Reference (TOR, Annex I) the purpose of the review entailed the following: to assess if the project is on the right track to achieve its goals, by promoting learning among cooperating partners YWCA and Y Global and other relevant parties like national and local authorities and stakeholders, NGOs and FOKUS.
7. The scope of the review included an assessment of the following aspects:
 - Relevance of the project;
 - To the target groups (communities, girls, boys, parents, circumcisers etc)
 - To governmental plans and national efforts in Kenya
 - To YWCA’s mission and vision
 - Effectiveness of approaches, methods, tools, collaboration, and information-sharing with other stakeholders, including the Government of Kenya, civil society, and target group.

¹ The YWCA Committee (KFUK Utvalget) is the member of FOKUS while the project follow-up is conducted by Y Global.

² Due to the restructuring of FOKUS from projects to programmes, FOKUS accepted only one-year applications for 2009, while keeping the door open for three-year applications starting in 2010.

- Efficiency; utilisation of resources, funding, staffing, and personnel, Organisational Development (OD), location, and space.
- Sustainability; Continuity of project beyond funding period and potential replication of approaches and methodology by others.
- Risks; mapping of possible obstacles that might prevent the intended results, continuous monitoring, and management of risks.
- Partnership cooperation between Y Global and YWCA Kenya; value-added of Y Global, communication and reporting between the partners.

1.3 Methodology

8. The Mid-Term Review was carried out partly in Norway and Kenya during the period of October – November 2008 with 43 working days divided between the two consultants. The team member from Y Global worked without remuneration.

9. The review was undertaken using methodological tools like literature review, desk study of project documents, in-depth interviews and focus group discussions with 130 beneficiaries, local community leaders, local and national authorities and organisations working on FGM in Kenya.

10. The main purpose of the desk study was to obtain as much information as possible in order to establish a base of what has been achieved in the project from mid-2006 to mid- 2008. The desk study also reviewed secondary literature from academic and practitioners' research and studies on FGM in Kenya as well as information from governmental and non-governmental agencies working in the same field.

11. In-depth interviews using semi-structured interview guides with direct beneficiaries:

- 47 YWCA Kenya board members and staff in Nairobi, Meru, Kisii and Kajiado
- 2 former circumcisers in Meru
- 3 female trainees
- 5 community leaders (head teachers, pastors)

12. Focus Group Discussions (FGDs) have been important tools for generating knowledge and information about how the training courses and the awareness campaigns have worked

- 6 FGDs with girls/young women ranging from the age of 6 to 20 in three project districts
- 2 FGDs with in total 15 boys/young men aged between 15-20 years in Kisii and Meru
- 2 FGDs with in total 25 former circumcisers in Kisii and Kajiado
- 2 focus group meetings with 20 YWCA staff and board, inception and debrief.

13. Consultations with national and local stakeholders working on FGM were conducted with the purpose of listening to their lessons learnt; which approaches have worked for fighting FGM/C – and which have not, and why have they not worked. The review team sought to assess the relevance of the YWCA's project intervention by learning about other actors' approaches. Based on which organisations were active in the three geographic project areas, the following were interviewed:

- ADRA in Kisii
- Methodist Church in Meru
- Africa Inland Church (AIC) and Pentecostal Church in Kajiado
- Forum for African Women Educationalists (FAWE) which established a Centre of Excellency and Rescue for girls in Kajiado (and other places).

14. On the national level, in-depth interviews were conducted with UNICEF, Population Council,,UNIFEM, SIDA and the Embassy of Norway

15. Authorities were consulted and interviewed on both national and local level; the Ministry of Gender and Children Affairs and the National Committee for the Eradication of FGM, and in-depth interviews were held with representatives of the the office of the President:

- District Officer 1 in Kisii
- Chiefs and Sub-Chiefs in Meru and Kajiado

1.4 Assessment Matrix

16. Based on the TOR, the below matrix was developed for assessing the project according to five main criteria; relevance, effectiveness, efficiency, sustainability and partnership.

Criteria	Review themes	Selected indicators	Methods
Relevance	Relevance to target groups Consistency with national govt Action Plan ag FGM Consistency with YWCA Kenya's mission and objectives Relevance to donor (FOKUS)	Target groups' involvement in designing project activities Media's interest in project Degree of alignment towards national action plan Frequency of YWCA Kenya networking with stakeholders	FGDs/interviews target group In-depth interviews YWCA Kenya staff & board Review nat'l plans, YWCA Kenya and FOKUS programmes & strategies
Effectiveness	Achievement of outcomes; Quality of services provided Implementation arrangements; tools' effectiveness in pushing behavioural change M&E Unintended consequences	Extent to which objectives been achieved Degree of satisfaction in target groups Degree of networking/coop. other anti-FGM stakeholders Deviations btw plans and reports	FGDs In-depth interviews selected target groups Consultations Natl Committee & other stakeholders Project plans and reports
Efficiency	YWCA Kenya's own contribution Local contribution Financial management, adm/finance routines, audits, internal control procedures Programme management; communication, archives	Human resources sufficient/qualified Administrative costs Transaction costs YWCA/Y Global Timely transfers of funding	Review documentation, annual budgets, expenditures Interviews YWCA Kenya's financial staff External Audit reports (project audits & consolidated accounts) Interview external auditor
Sustainability	Continuity of project beyond funding period Replication of approaches and methodology by other stakeholders	Local ownership to project Degree of commitment towards project by local stakeholders (chiefs, pastors, Potential replications of YWCA Kenya project model	FGDs /interviews target group Interviews chiefs, pastors, local NGOs and stakeholders
Partnership Y Global & YWCA Kenya	Mutual understanding Shared values Communication Exchange of knowledge & building of capacity Value-added of Y Global	Frequency & quality of communication Degree of shared values reflected in project docs Y Global's commitment to building capacity of YWCA Kenya Commitment to information-sharing & adhering to deadlines	Review correspondence In-depth interviews Y Global, YWCA Kenya staff and board Review Y Global's cap-building schemes Review timeline of submission of reports

1.5 Limitations

17. There are a few limitations to this study; first of all, YWCA did not conduct any baseline survey or assessment of status quo before the project started. This implies that the team did not have a solid base for the analysis of what have been the contributions of the project, and what might be results of other organizations or initiatives.

18. Secondly, key FGM actors in the civil society like *Maendeleo ya Wanawake*(MYWO) were not available for interviews neither at local nor national level, and health workers in the local districts were not consulted, mainly due to the fact that YWCA has not worked systematically with them. This is recognized as a weakness of the study since it is well known that in certain areas like Kisii a majority of girl children the FGM/C is performed by health workers and nurses.

19. Finally, standard methodological limitations apply also to a brief study like this report: most of the information stems from interviews and focus groups – people expressing their views and opinions about YWCA and FGM – in other words qualitative perceptions.

1.6 Overview of report

20. The report is divided in six chapters in addition the Executive Summary with main conclusions and recommendations; the first chapter sets the background for the study, the scope and methodology utilised (for more detailed overview of the conceptual framework and interview guide, see Annex 3). Chapter two provided a Context Analysis of FGM in Kenya; reasons for the practice, government and NGOs/CSOs efforts for combating the tradition and lessons learnt by the same actors. Chapter three has a brief overview of the main actors involved in this project, YWCA, Y Global and the donor Forum for Women and Development (FOKUS), and main components of the project. Chapter four assesses the achievement of results in the project and identifies gaps, while chapter five assesses the institutional capacity and competence of YWCA Kenya for implementing this project. Chapter six gives an overall assessment of the project in terms of the main criteria provided in the TOR: relevance, efficiency, effectiveness, sustainability, risks and value-added of Y Global as partner. A list of references is attached immediately after the report. Four annexes are included; Terms of Reference, List of Interviewees, Review tools and a Matrix summing up all the recommendations and with a space for the managements in YWCA Kenya and Y Global to respond to. Boxes of Human interest stories are scattered around the report.

2. Context analysis

2.1 Female Genital Mutilation

21. Despite the fact that Female Genital Mutilation/Cutting (FGM/C) is illegal in Kenya, it is still widely practised. A majority of Kenya's numerous ethnic groups practice different forms of FGM/C. The Kenyan government estimates that 32 percent of all women between the ages of 15 and 49 in more than half the country's districts have undergone FGM (KHDS, 2003); while experts are warning that the numbers might be higher in the next KHDS survey which might include girls under the age of 15 years.

22. This report will use the terms FGM/C or 'female circumcision' depending on the context. Although it is very clear that FGM/C cannot be equalled to male 'circumcision', in interviews and focus groups discussions people would usually refer to the practice as 'circumcision' and thus we use the term when quoting informants.³

23. The FGM prevalence rate is highest among the Somali, Kisii, and Kuria and Maasai communities. It is estimated to be from 90-97%. Other tribes which practice FGM such as Taita Taveta are 62%, Kalenjin 48%, Embu 44%, and Meru 42%.

24. The age at which FGM/C is performed differ from tribe to tribe with Taita Taveta doing it at birth while the rest of other tribes do it between the ages 4 - 35 years. The average age is however 12- 15 for most tribes. Among Meru and Maasai the age of circumcision is between 12-15 years while that of Abagusii has dropped for 12-15 brackets to now as low as 4 years (Njue, 2001).

25. The specific form that FGM/C takes can vary widely from one community to another, and it is also changing. WHO classifies FGM in four major types of FGM (WHO, 1997):

- Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, rarely, the prepuce (the fold of skin surrounding the clitoris) as well.
- Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina).
- Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, and sometimes outer, labia, with or without removal of the clitoris.
- Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.⁴

26. The three tribes (Meru, Abagusii, and Maasai) which are found in the YWCA Kenya project areas mainly practice type one, two and three.

³ There is much debate on which terms to use; the term *female genital mutilation* has been criticised for increasing the stigma associated with female genital surgery, mothers who 'mutilate' their daughters and some groups have proposed substituting the word "cutting" for "mutilation."

⁴ WHO is currently reviewing the 1997 classification of types of FGM/C6 in collaboration with UNICEF, the United Nations Population Fund (UNFPA), source UNICEF (2005), *Changing a harmful social convention: Female genital mutilation*. Innocenti Research Center.

2.2 Reasons for practising FGM

27. According to research conducted by Population Council, and Path in collaboration with MYWO the reasons given for practicing FGM/C vary from tribe to tribe (Mohamud et al, 2006). Generally, the practice is believed to increase a girl's chances of marriage, prevent promiscuity, and promote morality. The Somali, Borana, Orma, Wardey claim it is based on Islamic beliefs. Among the Maasai it is claimed that "circumcised" women have easy child birth.

28. Fear of being ridiculed among peer encourages FGM practicing tribes to continue. For example women and girls who are not "circumcised" are referred to as children among Abagusii, Meru and Maasai. In most cases they are not allowed to sit or eat with girls who are cut.

29. Women who refuse to cut their daughters are considered to be irresponsible, immoral and imitators of Western culture. Among Abagusii, the traditionalist felt that those cut in the hospital were not properly initiated, as they did not feel the pain of becoming a woman (Njue, 2004).

30. The girls on the other hand fear being called children and denied the opportunity to have sex with older men. This was common among the Maasai Samburu, and Pokoti whom circumcision immediately followed marriage to older man. The wedding was highly celebrated by the community. In Kuria in a study done by GTZ and Ministry of Health, most of the respondents supported FGM/C because it was believed it brought honour to the family and kept the tribe culture and identity together. On the other hand girls looked forward to it, as rite of passage was celebrated communally with lot gifts given to the girls (GTZ, 2005).

31. A common statement heard among the Kisii community is "when you cut a girl, you know she will remain pure until she gets married, and that after marriage, she will be faithful. ... But when you leave a girl uncut, she sleeps with any man in the community." (Njue, 2004)

2.3 Government Efforts to Eradicate FGM

32. There have been several efforts by the government to eradicate FGM since pre-independence times, when the British colonial government passed legislation to reduce the severity of the cut. In 1958 the colonial government tabled a bill to regulate the age at which girls should be circumcised and to hold parents accountable by forcing those girls who choose to be circumcised to seek parental consent before any operation was performed. This bill was withdrawn after opposition from communities practicing FGM. The only legislation until recently that could be used for protection of girls and women from FGM was the Chief's Act of 1912.

33. The post independent Kenya government has taken the fight against FGM further through the use of the Presidential decree, the UN Human Rights instruments, and information dissemination on implication FGM on the reproductive health of women. According to the National Aids Control Council (NACC), 1.3 of 32 million Kenyans (5.9%) are currently living with HIV/Aids. With the advent of HIV/Aids, the government went a step further to include HIV information in the school curriculum. FGM is taught as one of the cultural practice that encourages the spread of HIV and Aids since traditionally one knife was used for all initiates.

34. The link between FGM/C and HIV has caused some confusion. The Ministry of Health has recently initiated a campaign of encouraging more *men* to be circumcised in the Nyanza Province because researchers have found that male circumcision reduces the risk of HIV infection among

men. With FGM, however, it has been documented that the HIV-virus has been spread because traditional circumcisers have been using the same knives on many girls. As most people in Kenya are still referring to FGM/C as 'circumcision' although it is a very different procedure than the removal of the foreskin of males' genital organ, this has contributed to some degree of confusion as to the link between HIV and FGM/C.

35. The government has tried to spread the anti-FGM message through public fora like the Chiefs' *barazaa*, special UN days like World Population Day, 16 days of Activism, the Women day, the day of the African child, to pass information on the government policy and position on FGM and in Kenya's 10 years development plan often referred to as "Vision 20/30".

36. The government has also used legislation to make it illegal for anybody to perform FGM. In 2002, Kenya passed the Children's Act, which protects children from harmful cultural rites and specifically states, "No person shall subject a child to female circumcision, early marriage or other cultural rites, customs or traditional practices that are likely to negatively affect the child's life, health, social welfare, dignity or physical or psychological development."⁵ Any person found circumcising a girl under the age of 18 years is liable to be charged and imprisoned for one year or fined 50,000 Kenya shillings (US \$710), or both. Under the Penal Code, anybody causing bodily harm to any one is liable for prosecution (Children Legal Action Network, 2008).

37. The government prohibits FGM/C operations in government-controlled hospitals and clinics. In 1982, the Director of Medical Services instructed all hospitals to stop the practice, stating that he would prosecute medical professionals performing FGM/C under the Medical Practitioners and Dentists Act and the Nurses, Midwives and Health Visitors Act.

38. In 1998, the government set out a National Committee under the Ministry of Health. Although the committee has been less active, it has recently been re-activated under the Ministry of Gender and Children Affairs. The committee has now a revised a Plan of Action in close cooperation with INGO, UNICEF, UNFPA, and UNIFEM, bilateral donors and CSOs.

39. Finally, Kenya is a signatory to the African Union's Maputo protocol, which requires parties to use legislative measures to prohibit and condemn all forms of FGM.

40. Despite all the legal instruments, the government recognises that changing a deep-rooted culture takes time. The law is rarely enforced against practitioners, or parents forcing their daughters to undergo the procedure. Thus, the government has now decided to engage in a partnership with a broad range of stakeholders as mentioned above to continuously address the obstacles that prevent change in behaviour.

2.4 Faith-based and CSOs efforts to eradicate FGM

41. There are several organizations engaged in the campaign against FGM. These range from Community-Based organization, faith based institution, to International Non Governmental Organizations. Some of these CSOs are active in the campaign to stop and eradicate FGM are Maendeleo Ya Wanawake (MYWO), GTZ, PATH, World Vision, Seventh day Adventist church (ADRA), FULDA, Plan International, International, Samaritan's Purse, Save the Children (Canada), Methodist Church of East Africa, Anglican Church of Kenya (ACK), Tigania Cultural centre, African

Inland Church, The Catholic Church, ActionAid International, Kenya Federation of Women Lawyers (FIDA), Coalition of Women Against Violence, YWCA Kenya and probably even more organisations (Population Council/UNFPA, Situational Analysis, 2007).

42. The CSOs have used different approaches to discourage FGM practice. Some of the well document ones are: lobbying for policy and legislative change, organizing Alternative Rite of Passage, Using HIV and Aids as an entry point to persuade the communities to stop the use of one knife for all initiates. Creating awareness on Reproductive Health complication which may occur as result of FGM, Providing Alternative livelihoods to circumcisers to encourage them to abandon FGM as source of income, and building of Rescue Centres for Girls against FGM

2.5 Lessons learnt

43. The main lesson learnt by government, organisations, and churches that work to prevent FGM is that policy and legislation on its own is not enough means of eradicating the practice. A range of other methods have been tried:

44. Alternative Rite of Passage: in the Central province MYWO implemented a highly successful alternative rites programme for nearly a decade from the mid-nineties until now. However with the new laws such as Children Act, the rite of passage ceremonies were reduced to a private family affair, defeating the need for a public ceremony.

45. Medical approach versus human rights approach: When education campaigns on FGM are linked to prevention of the spread of HIV infections, the circumcisers and parents reverted to using one razorblade per child and even gloves which are readily available to defeat the logic of HIV infections. Many of the CSOs have focused on raising awareness to the traditional practitioner of FGM and school going children on obstetric complication relating to FGM. On the other hand other agencies such as FIDA, UNIFEM and UNICEF, link FGM to the violation of women reproductive right as it involves the removal of healthy female sexual organs. This approach although good has simply pushed the practice to hospital, as health workers have not been targeted (Njue, 2004).

46. Providing alternative livelihoods to circumcisers: Income generating projects for ex-circumcisers although well intended have not stopped the practice. As long as there is demand the circumcisers have gone under ground and perform the operation at night.

47. Rescue Centres for girls against FGM: CSOs who have attempted to provide rescue centres which also act as boarding facilities for girls who have run away from FGM. Education for girls becomes central to rescue centre. Success stories of FAWE's centres of Excellency go hand in hand with girls' education. The centres have worked well where FGM is immediately followed with early forced marriages and girls need immediate shelter.

48. The shelter approach has not worked where the age of circumcision is low and FGM is not related to early forced marriage or denial of girls' right to education. Most rescue centre were best applied in semi arid areas where access to school for girls is minimal.

3. Overview of project and partners

3.1 FGM Project

49. Y Global has cooperated with both YMCA and YWCA Kenya for several years. The first joint project between Y Global and YWCA Kenya was under the Young Women's Empowerment Fund (YWEF) which was funded by FOKUS' TV-campaign funds from 1989. The project was limited in size, around 10,000 USD. However, based on the fund, YWCA Kenya in Meru developed the first simple proposal on how to combat FGM in 2003. The project was also encouraged by the Norwegian Embassy in Nairobi which attempted to facilitate a meeting between YWCA Kenya and the Ministry of Health.⁶ The proposal covered only Meru and contained concrete, measurable results.

50. As the FGM proposal was expanded to two other branches, Kisii and Nairobi, the focus broadened, and ambitious goals were set. The project proposal was approved in April 2005 for three years with a total amount of 3.1 million NOK (620,000 USD) from FOKUS, Forum for Women and Development, but the project was started up one year later in mid-2006.⁷

51. The overall development goal of the project is to reduce practice of FGM in Kenya. While the expected outcome (as originally planned by the end of 2008) has been **“the target groups are relevantly skilled and strongly informed about FGM and are able to resist and actively fight the practice.”**

52. Project goals (for whole project period 2006-8):

- Wide spread media coverage on specific action taken by community, Government and opinion leaders.
- Widespread community and government support and involvement in discouraging the practices.
- More informed community members to advocate on issues associated with the FGM such as violence against Women and the Girl Child, rights of education for the Girl Child, forced marriages and harmful practices such as 'Female Cut'.
- Adoption of Alternate Rites of Passage.

53. Project target group and size:

- Girls targeted for FGM (i.e. 6-18 year age group)
- Circumcisers
- Parents and guardians
- Opinion Leaders (Traditional Leaders, Government Officials, Church Leaders, School Authorities).

54. **Geographic location:** The project country is Kenya, and the project is implemented in high prevalence areas covered by YWCA Kenya: Meru branch (East area), Nairobi branch (Kajiado area) and Kisii branch (Western area).



⁶ Application to FOKUS, April 2005.

⁷ The six-month delay in the project was related to delays in reporting on the YWEF project

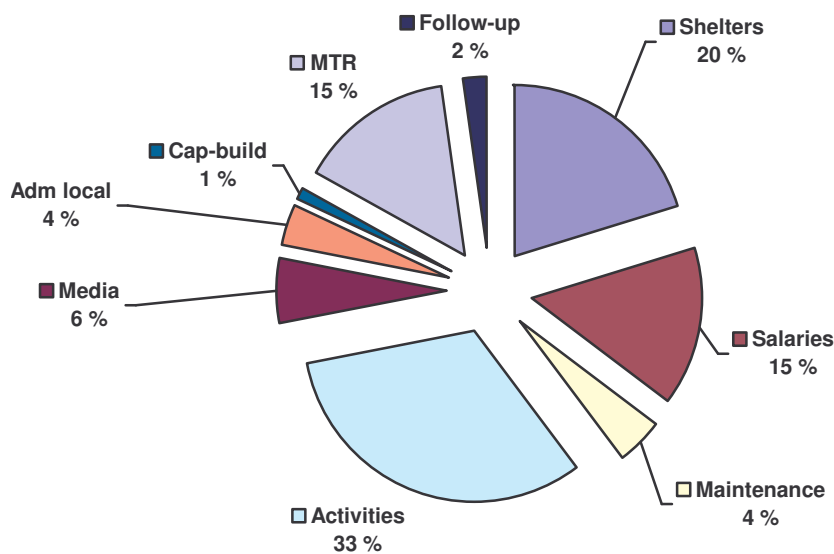
55. Methods: According to the YWCA Kenya plans submitted to FOKUS, an agreement was made with the local authorities enabling YWCA Kenya to conduct campaigns whenever the district officer or chiefs calls for a meeting with the local populations. Some women would be given special education within the issue to be able to function as agents of change in their local society. Posters, T-shirts, caps and skirts will be produced with writings and messages that can spread information on the issue. The project was also planned to offer alternative rites of passage to the girls and alternative means of income to the circumcisers. Media was planned to be used strategically in order to reach a wider audience.

56. Total project budgets and costs:⁸

- Budget applied for 2006 – NOK 1.299.494
- Budget applied for 2007 – NOK 934.500
- Budget applied for 2008 - NOK 954.787

57. A breakdown of the 2008 budget (see figure below) shows that 33% of budget was planned to be directed towards activities and 20% for construction of shelters. Salaries, local administration and maintenance was planned to account for 23% of the budget, and the mid-term review take up 15% of the budget.

Figure 1: Planned budget distribution in percentage for FGM project



3.2 YWCA Kenya

58. The Young Women's Christian Association (YWCA) of Kenya is the oldest women's organization in the country, founded in 1912. The Kenya YWCA is an affiliate of the World YWCA, a global network of women leading social and economic change in 125 countries worldwide. It advocates for peace, justice, health, human dignity, freedom and care of the environment, and has been at the forefront of raising the status of women since it was founded in 1855. The World YWCA develops women's leadership to find local solutions to the global inequalities women face. Each year, it reaches more than 25 million women and girls through work in 22,000 communities.⁹

⁸ Total project costs include Y Global's admin share.

⁹ Source: www.worldywca.info

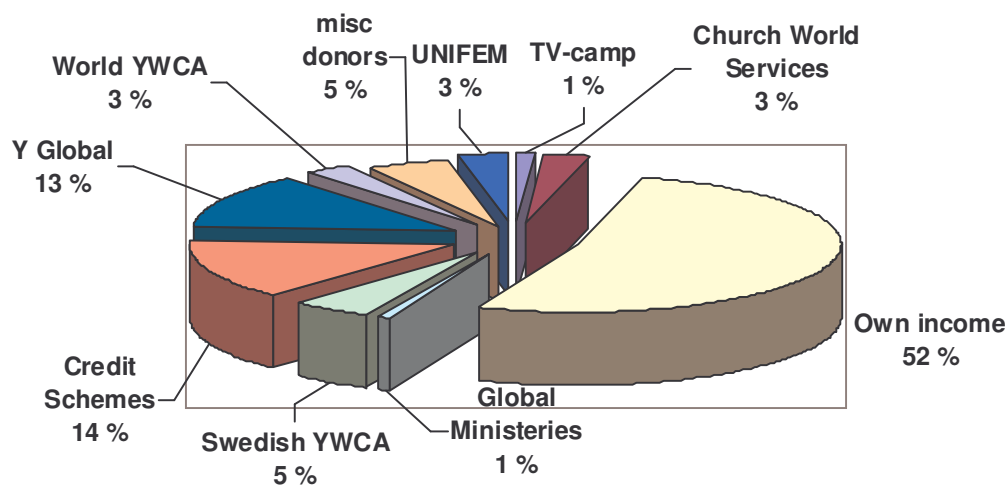
59. According to its own statistics, YWCA Kenya has an estimated 20,000 members distributed among seven branches; Mombasa branch is the largest with 3400 members, followed by Meru and Kisii with around 3300 members each. Nairobi branch is the smallest with 1900 members.

60. The seven branches cover geographical areas and communities where women's and girls' advancement has been most suppressed by discriminatory cultures and practices. YWCA Kenya has over the past years brought girls and women of various ethnic groups, different denominations and diverse social backgrounds together in an effort to promote their status and live fulfilled lives, through five thematic areas for programme focus:

- a) **HIV/AIDS** (Prevention, Management, Care and Support)
- b) Women and Girls **Social Empowerment** (Leadership Development)
- c) Women and Girls **Economic Empowerment** (Skills training, Micro-Credit, Income Generating Activities, ICT for development, Loan Committees, Microfinance partnerships)
- d) **Health** (Reproductive Health, Anti-FGM, Primary Health Care, Water and Sanitation)
- e) **Justice**, Peace and Human Rights (Civic Education, Gender and Governance, Peace Building and Conflict Management, Anti-FGM, Advocacy)

61. YWCA Kenya has an annual turnover of around 100 million shilling (approx 7,5 million NOK) and around 100 employees. The largest programmes for the 2006/7 accounts are the Credit Schemes, Women and Youth Empowerment, HIV/AIDS and FGM.

Figure 2: Distribution of income for YWCA Kenya¹⁰



62. As seen in figure above, around half of the total income in the fiscal year 2006/7 comes from YWCA Kenya's own income from services it provide (hostels, cafeteria, holiday and conference centre), or rental of halls and properties. The membership fees constitute less than one percent of the own income.

63. With regards to the distribution of donors' support, the funding from Y Global and FOKUS for the FGM constituted the largest single donors to YWCA Kenya with 13% of the total budget and Swedish YWCA/YMCA as the second largest donor.

¹⁰ Based on Consolidated Accounts for year ended 31 March 2007 and 31 March 2008.

64. For networking and cooperation, YWCA Kenya's main focus is on the church-based networks, like the National Council of Churches in Kenya (NCCK). Through the Gender & Governance Programme (GGP) it has linked up with a range of other civil society organisations. YWCA Kenya is also in collaboration with the largest 5 youth organisations in Kenya, namely; YMCA, KGGA, KRCS, PA and KSA in a network known as PACOYEK to mitigate the impact of HIV and AIDS among the youth.

3.3 Y Global

65. Y Global was established in May 2004 as a merger of all international operations within the YMCA and YWCA in Norway, of which Delta international was the largest. Y Global dates back to institutions and operations that have worked for more than 50 years in Norway. From initially working with sponsorship programmes and 'children adoption' in the South, Y Global has shifted to a development and partnership agenda in the co-operations with YWCAs and YMCAs in the South.

66. Y Global is an independent Christian, ecumenical, humanitarian organisation, responsible for international programmes and partnership co-operation in diaconal activities in the YWCA-YMCA of Norway and YWCA-YMCA Guides and Scouts of Norway. The two organisations have the direct ownership of Y Global, and have around 30.000 members.

3.4 FOKUS

67. The umbrella organisation of FOKUS was established immediately after UN Conference on Women in Beijing in 1995 to facilitate women's organisations' access to funding. FOKUS' vision is that of a just world "Women united change the world" where the organizing of women serves as the foundation for equal societies without oppression. While FOKUS' main goal is to "work for an improvement of women's social, economic and political situation internationally, with an emphasis on the countries in the South."¹¹

68. FOKUS has 72 women's organisations in Norway as members, and manages funds for project cooperation and partnerships between Norwegian women's organisations and women's organisations in the South and the East. Currently 35 organisations have projects funded; 15 under the TV-campaign funds from 2005 and 20 organisations under the Norad Cooperation Agreement.¹² The main themes funded under the TV-campaign were violence against women during or after conflict and war, trafficking of women, FGM and violence in close relationships (domestic violence).

69. FOKUS also receives funding for its information work, and for the last years have received funding from Norad for competence building of both the Secretariat and member organisations, including partners in the South.¹³

70. In 2007, Norad took the initiative for evaluating FOKUS' organisational performance (as it has done with all other major Norwegian NGOs). The results of the evaluation showed that FOKUS needs to professionalise itself in a number of areas, amongst others:

- Move from a project and activity oriented fund management to a programme approach and better result-focus in planning, reporting and evaluation systems

¹¹ FOKUS Strategy 2007-2012, page 4

¹² Information from www.fokuskvinner.no

¹³ Information from Aasen (2007), *Organisational Performance Review of FOKUS*, December 2007, Norad

- Develop a Rights-Based Approach, and train member organisations in RBA
- Develop knowledge about their partners and under what conditions they work.

FOKUS has agreed to implement a number of the recommendations in the Review and is now in the process of employing more staff and introducing organisational and administrative change.

71. Year 2009 is limbo year for FOKUS as it is working to develop and negotiate a new Framework Plan with Norad for the next strategy period. Thus, Y Global and other members have sent one-year applications for 2009. As of years 2009 and onwards FOKUS has indicated that it will narrow down both the thematic areas and the geographic scope of countries it works in.

72. For thematic priorities, FOKUS wants to work on three main areas:

- Women's rights
- Violence against women
- Women's political and economic participation.

73. With regards to the geographic areas, FOKUS wants to concentrate its work in Africa, Asia, and Latin-America and thus phasing out projects in Eastern and Southern Europe. Y Global and YWCA Kenya's FGM project in East Africa is clearly within the FOKUS priority areas.

4. Results assessment

74. When assessing the degree of achievements of the planned outputs, the team reviewed project applications and reports from 2005 until 2008 to establish a base of what had been achieved according to the reports. One immediate challenge found was that throughout the three years different terms have been used to label the same type of activities. For example, in the first plan (2005) the project refers to 'educating women for agents of change', in the next years' plans, this has been changed to 'training of trainers' (TOTs).¹⁴

75. The inconsistency in terminology led the team to synthesise the main planned outputs based on the plans and reports for years 2006-8 into five main categories:

- Training: 450 TOTs
- Alternative Rites of Passage: 435 girls
- Information and media campaigns; documentaries, TV: 2400 persons planned to be reached
- Rescue shelters in 3 districts for girls forced to flee FGM
- Alternative means of income and training of 90 circumcisers (30 in each districts)

76. The achieved results will be presented according to the above categories, and in chapter 5 the results will be assessed according to relevance, effectiveness, efficiency, and sustainability.

4.1 Training

77. According to the first project plan¹⁵, the concept was to educate selected women to act as 'agents of change' in their local communities 30 people from each of the five target group (girls, boys, opinion leaders, parents, and former circumcisers) would undergo education to become agents of change (later the term was changed to community trainers, and TOT) in three districts. 30 persons per branch * 3 branches * 5 groups = 450 trainers.

78. Based on the desk studies, in-depth interviews and focus-group discussions (FGDs), three levels of trainings were found:

a) Training of Trainers (TOTs) in all three districts, one training seminar in Meru and Kisii and two trainings in Kajiado. Meru has trained 120 community-based trainers in 2007-8, Nairobi branch has trained around 100 in total, and in Kisii branch 120 participants took part in the training in 2006.¹⁶ These were one-off training events.

b) Residential training for girls as a preparation for the ARP (see below on ARP). A large number of girls had been trained. The team was unable to establish exact numbers due to incomplete files in YWCA Kenya. The trained girls were, found to be active peer-educators, confident, empowered.

¹⁴ Application for project support 2007, page 3, 17 August 2006

¹⁵ Application for project support 2006, 1st February 2005.

¹⁶ Based on YWCA records of participants from all the five target groups who took part in 'training of trainers' (TOTs), information from YWCA 12.12.08.

c) Site training; church leaders, head masters, chiefs, elders, parents, young men and boys, former circumcisers.

79. Total numbers of participants in the trainings were found to be around 360 according to YWCA, a bit lower than planned (450 participants).

80. Assessing the effect of the trainings on the participants in terms of how the training has affected them and how they were able or unable to benefit from the training in their own lives, is not a straightforward task due to the limitations in this study by not looking at external factors contributing to change in people's lives. However based on the interviews and focus groups, the team found several opinion leaders well informed about the harmful effects of FGM. The knowledge seemed to be internalised and analysed in their context. A chief in Kajiado (Maasai) was vehemently opposed to FGM due to his own logic:

For us, we have to compete with the other tribes to take part in shaping the new Kenya. Our girls loose out because when they are circumcised they don't get education and they get married early. How can we excel in that way?

81. This chief had been trained by YWCA Kenya and he was an active churchgoer in the local Baptist church. It is therefore not possible to establish what triggered the change in his attitude; the church or YWCA Kenya, or other external factors. What we know for certain is that YWCA Kenya's intervention played into an ongoing process of change in his life.

82. A younger man who took part in the same focus group discussion (FGD) for men in Kajiado shared how his change of mind set took place;

First I heard the message that we need to stop circumcising the girls on the radio. Then I heard it from the chief. When I was invited to attend a meeting in Nairobi with YWCA Kenya, I had it in my mind to stop. When I came back, I faced a very hard time, my parents were against me, and my wife also was totally against me. My daughter was about coming of age, and I didn't want her to undergo that tradition, but it was not easy for me to prevent it. I know it's against the Biblical teaching.

The problem is with the old traditions. I am sympathising with the young generation, they have the knowledge and go to church. But when we come to our homes we face stiff resistance and we have no chance. I wish elders can do peer-training - elders can be role models for other elderly people, we need them to spread the change.

83. According to the boys and men interviewed in Kajiado and Meru the training had been very relevant to them. They highly appreciated the fact that the training had been tailor-made to their groups as men and boys, and not mixed them with women.

84. With regards to the contents of the training, the team verified schedules for the training programmes, but no standardised training material was found however, every region had different approaches to the training. We were informed that YWCA Kenya used videos from experienced NGOs like MYWO in the trainings. A training manual is planned to be developed in the next phase of the project.

Strengths

85. Targeting men and opinion leaders has been a very important aspect of YWCA Kenya's approach. The concept of using boys, men, opinion leaders (chiefs, pastors, elders etc) as peer-

educators is an excellent approach and highly relevant to sustain change of attitudes and behaviour. The team found that some of the opinion leaders had raised the issue of FGM in public forums like the *barazas*. Using visual effects like videos have also been effective for the male target group.

Gaps identified

86. In all the branches YWCA Kenya had organised one-off training without any further field follow up, no refresher courses and no hand out of training materials. The team therefore questions the use of the term 'training of trainers' as none of the trainees interviewed were found to qualify as fully fledged "trainers." The programme for developing actual trainers needs to ensure more emphasis on mentoring, training, and giving refresher courses.

87. Another gap was weak filing and documentation of results. During the fieldwork the team was not able to locate a complete set of lists of participants in the trainings in the different branches, but the information was sent to the RT later.¹⁷

88. In studies related to what triggers behavioural change among communities that practice FGM, great emphasis is placed on continuously and systematically training communities in order to sustain the process of changing behaviour towards FGM "if organization are to engage in programming that leads to social change or that challenges social norms, they need to ensure that they can work in sustained manner with communities. That is they need to make a commitment to accompany the communities in social change process" (Population Council Frontiers/Care and USAIDS, 2004).

4.2 Alternative rites of passage

89. YWCA Kenya introduced the idea of Alternative Rites of Passage (ARP) as a component in the project and budget after the project had been started up in 2006 and was not included in the original application to FOKUS.

90. The concept and reasons for introducing ARP is not well elaborated in YWCA Kenya's plans; however when probed, verbal reference was eluded to a module borrowed a Kenyan women's organisation, *Maendeleo ya Wanawake* (MYWO) by the Programme and Training Director.

91. MYWO was among the first organisations that introduced ARPs in Kenya in cooperation with PATH (Programme for Appropriate Technologies in Health) in the early 1990s based on the following assumptions:

"In several ethnic groups in Kenya, circumcision has been part of a ritualized, communally organised process to mark a girl's coming of age and prepare her for marriage. We realised that the cutting itself is only a physical symbol of this transition, so PATH and MYWO designed a programme that preserved the social meaning of the ritual while eliminating the genital mutilation.

The ARP built on existing rites of passage, promoting the positive aspect of the cultural practise and passing on traditional wisdom while educating girls about sexuality, HIV/AIDS, relationships and family life" (Mohamud et al, 2006:76)

¹⁷ YWCA files lists of participants in trainings with the financial reports that are forwarded to the Accounting Departments. Copies are kept ad-hoc, however not systematically filed on paper or electronically.

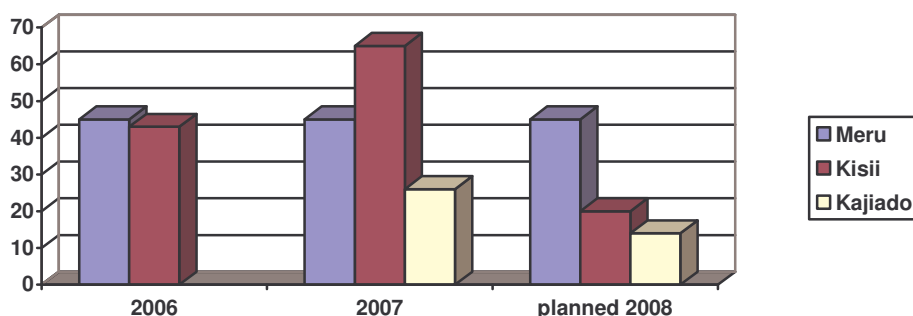
92. MYWO organised the first ARP in 1996 and in six years 7000 girls underwent the rites. According to MYWO, it would place girls in a class of their own, secluded, and thoroughly educate them on matters relating to adulthood and maturity. When they are ready, the girls graduate and are considered adults.

93. YWCA Kenya has organised such alternative rites in all three geographic districts. Predating the ARP, the girls are taken away on one-week long seminars where they are taught basics in life. Kisii and Meru has organised ARPs in December 2006 and 2007, while Kajiado has organised ARP three times. In Meru, the team found reports on the ARP and the methodology utilised, amongst other things, Meru used an elderly lady to teach the girls about the old traditions of why circumcision was performed.¹⁸

94. When interviewing the girls themselves who had undergone the ARP we found that they mentioned the t-shirts they had been given. Moraa from Kisii told us;

“I went to church with my T-Shirt on. Other girls saw the writing in Ekegusii and asked to me explain to them why FGM is bad .I was real happy to tell them about our training with YWCA Kenya and the graduation during the ARP. We need more material information so that we can educate other girls”

Table 1: Number of girls passing ARPs



95. As seen in figure above, the number of girls who underwent ARPs increased from in total 90 in 2006 to around 130 in 2007. For 2008 the numbers decreased again due to shifts in the project budget of reducing activities and increasing funds for the construction of shelters.

96. In Kisii, YWCA Kenya has conducted ARP jointly with other collaborating NGOs like ADRA and FULDA. YWCA Kisii has trained 108 girls between the years 2006-2007, and intends to pass 20 girls in 2008. ¹⁹ In Kajiado, YWCA has enjoyed a great cooperation with the school belonging to the Africa Inland Church (AIC) for two of the ceremonies, while the third ceremony was conducted by YWCA Kenya alone. In Meru, there has been no joint cooperation on organising ARP with other stakeholders. Churches and local communities are involved in ARPs in all three areas to varying degrees.

¹⁸ Meru Branch; numbers of FGM project, November 2008. 45 girls are planned to be graduated in December 2008.

¹⁹ YWCA Kisii organised the ARPs in cooperation with ADRA and FULDA.

97. The cost of undertaking public ARP ceremonies are relatively high for communities to sustain after NGOs who initiate this type of project leave or the funding life of the projects ends. Many of the MYWO projects suffered this fate when the funding ended. YWCA Kenya need to learn from this and plan with the communities accordingly.

98. According to an evaluation of the Alternative Rites of Passage from 2001 (Askew, 2001), the contribution that an alternative rite intervention can make depends on the socio-cultural context in which FGM/C is practiced. The successful replication of this approach in other situations will require a good understanding of the role of public ceremonies (as opposed to familial) in that culture, as well as careful consideration of which ritual format can be most appropriately. Education and awareness campaigns and a patient respect and understanding of the community's customary beliefs are the only key to total eradication of the practice.

99. One of the cooperating partners of YWCA Kenya in Kisii, ADRA, reflected on the challenges of ARP in the Kisii area; ADRA wanted to have the celebrations for a girl being initiated but without the cut. Like YWCA Kenya, ADRA picked the concept from MYWO and has been doing in since 2000 in many districts:

The biggest challenge is the age factor. You are giving passage to five- six years old!! Because parents decide, they reduce the girls age, parents has to do it as early as possible. How are you preparing a five-year old for marriage? Look at the Kisii songs – oringa mukawe – this lady belongs to the circumcised, now you are ready! You have been initiated. Because we have been so keen to save the girl we have told parents to bring the girls – even if they are 5-6 years old.²⁰

100. Due to the above challenges ADRA has decided to change the name from ARP to Girl Child Empowerment where the focus is on training the girls to be able to carry the abuse of not being cut by strengthening their self-confidence.

Gaps identified

101. YWCA Kenya does not describe in detail how it has organised the ARPs nor does it elaborate the contextual analysis of ARPs in the three different ethnic and cultural settings. Although documentation of the ARP has been done in terms of filming the procedure, written documentation elaborating the process was not found. When discussing with the field staff of YWCA Kenya, the team did not find a uniform understanding of the concept of ARPs.

102. According to other sources on FGM and ARPs in Kenya, the best solutions to combating FGM lies in understanding the communities, the roots of the ritual and proposing alternatives. From there thorough education and sensitization of the people can begin.²¹ For the YWCA Kenya project, the team did not find detailed socio-cultural analysis of the suitability of applying ARP in the three communities where FGM is practiced in Kajiado, Meru and Kisii. When the analysis is there, the implications of the analysis have not been taken in terms of changing activities and plans of the project.

103. For example, among the Maasai the traditional FGM takes places within family, while the ARPs organised by YWCA Kenya are conducted in a secluded place in the presence of family members, trainers, and YWCA Kenya staff. How does that influence on the relevance and effectiveness of using

²⁰ Interview with ADRA programme manager in Kisii.

²¹ Quote from MYWO Kenya homepages, <http://mywokenya.org/research.html>

ARP in such settings? The Maasai girls at AIC schools (FAWE Centre of Excellency) interviewed mentioned the fact that for many of them their families had not taken part in the ARPs organised by the school, and thus nobody would know that they had undergone alternative rites and thus this might not be a strong factor for preventing their families to force them to circumcise.

For Anti-FGM Work To Succeed, Men Must Be Involved!

Godfred is 60 years old, married with four kids (2 boys and 2 girls). In his village, he is the chairman of the Methodist Church congregation, which has around 80 members. We asked him if his congregation has raised the issue of FGM. He replies:

- A lot! Our congregation has different subgroups; for women, for men and young people. Sensitising among our members started within the Women's group. Led by the groups' chairwoman they had internal discussions. Then the women invited the girls and talked to them in depths about effects of FGM because it is not an issue to discuss open in the church. For FGM not to succeed, men must be involved. In the Men's group, the men of the congregation talked among themselves, led by individuals who had been trained.

How were they trained?

In three ways; First, MCK has been active in this field for many years. Second, the Government has focused on opinion leaders locally, and third, by the YWCA Kenya. The best training was done by YWCA Kenya. They include good elements in their education – video, illustrations. A few of our leaders learnt a lot from them. We were “well fed”. Seeing the process of circumcision visually made us feeling bad about FGM.

Did you know about the YWCA Kenya before this project began? Yes, through an earlier water supply project

Is FGM still common in this area? It has been reduced a lot.

You have mentioned that also men have discussed the issue of FGM. What about young boys?

The church has had separate seminars also for boys. YWCA Kenya has recently invited boys to separate meetings.

Have other organisations done training similar to YWCA Kenya?

Other trainers we have experienced have not had so good results – they just talk, but don't involve people. They don't seem to have so organised seminars. YWCA Kenya has clearly defined target groups and addresses these separately. The church seminars are typically involving all members of the congregation, with less dialogue.

How do you find that local chiefs address the issue of FGM?

The chiefs are responding very well. Last year, a secret FGM was exposed, and the guilty was put to jail. This was widely spread through the newspapers.

Are the other churches in the area addressing FGM as well?

Yes, but the Catholic Church is the last to raise it. Two years ago a group of church leaders formed a network and agreed to arrange an annual Joint Service for all congregations. The Service will be held for the third time in December, now it's easier for church leaders to cooperate on FGM.

How have you found the Health Authorities' effort to stop FGM?

Their campaigns have had little effect. But when the church goes in, results are better. We know our people, and communicate directly with them. Parents who are found to have circumcised their girls are excommunicated temporarily, from three to six months.

With such a good effort from the church side, is there really a need for projects run by the YWCA Kenya?

There is still a great need, because through the YWCA Kenya you get information, training, support, empowerment. It takes you through a process.



4.3 Information, media and advocacy

104. Regarding the component related to spread of information, media work, and advocacy, the planned outputs have included elements like 'production of information material' to 'widespread information campaigns' (2005). The team found the following main results:

105. **T-shirts as tools for communicating a visible message:** more than four thousand t-shirts and caps were produced and distributed in local languages in the three districts. The process of developing the messages was participatory and done in the training seminars. Representatives for each of the five target groups were trained, and towards the end of the training, YWCA Kenya's facilitators asked them to work in groups to come up with culturally accepted slogans. Then based on discussions on which slogans would carry the message in the best way, one was chosen to be printed on the t-shirts:

Kwabeire omoiseke otanachiri (you are now a girl without a cut, Kiisi)

Taana na Mugambo (circumcise with words, Meru)²²

Emabung'ata matapal emuratare oo ntoyie (let us all stand against FGM, Maasai)

106. Many informants shared stories of how they had attracted attention in their local communities, churches, schools or in the family, by wearing the t-shirts, sometimes positive – other times there were negative comments. For the t-shirt bearers, often called anti-FGM ambassadors, the main thing was to raise a debate – and thus public awareness. YWCA Kenya also produced caps with similar messages,

107. The information, education, and communication (IEC) material used by YWCA Kenya was borrowed from MYWO, including videos like 'Silent and Sacred', 'Girls Education', 'Whom do I turn to'.²³ The use of visual training aids seems to have been particularly successful among the men and opinion leaders. Seeing how an actual FGM is performed had left a deep and irreversible impression on some of the men interviewed during the review.

When I saw the video of how girls are circumcised I vomited – I had to run out. After that I decided, there is no room for diplomacy - people need to see it with their own eyes in order to start fighting it. Diplomacy at times fails – we need to use force now to promote the message!

Do you want to scare and frighten the girls to resist it?

Yes, it's better to use force. I am strict with the family – I am the first born in my family who take a strong force against it. Children have rights! The girl has to look for anybody who can support her.²⁴

108. Some of the former circumcisers interviewed also appreciated the visual aids. As some of them were illiterate they claimed that it gave them better information than verbal communications alone. They also appreciated the fact that the facilitators were, for the most part, women who spoke their language. This facilitated their exchange.

²² The term '*Ntanira na Mugambo*' circumcises through words was first developed by PATH who worked in Meru from 1996 by creating alternative rites of passage.

²³ Information from Report from Meru Branch on ARP 17-21 December 2006.

²⁴ Interview with young man associated with YWCA in Kisii.

109. Related to the planned information outputs, a private company Development through Media (DTM) was contracted to produce a 25 minute documentary on VHS for broadcast on YWCA Kenya's FGM work. This was reported by YWCA Kenya already in 2007²⁵, but in November 2008 the documentary is still not completed. According to the Programme Director, a first version has been produced, but this was not found good enough by YWCA Kenya and returned to the DTM.

110. The project has used media extensively for attracting attention to the activities. Especially in Meru, the ARP has been covered by national television and in many newspapers. The Kisii branch has used local FM radio stations for spreading their messages.

111. It should be noted that Meru is one of the geographic areas where the number of girls undergoing FGM has been greatly reduced, probably due to the concerted efforts of MYWO, PATH and a range of other organisations. The *Njuri Ncheke* (tribal court) of elders called for the alternative rite of passage to replace female circumcision already in 1996. The Njuri Ncheke is also known for banning FGM among the Ameru community in 1954.

112. **Strengths** of the information material are the participatory process by which anti-FGM slogans printed on t-shirts and caps were developed. Five target groups (girls, boys, opinion leaders, parents and ex-circumcisers) were involved in the process.

Gaps identified

113. The project is not very visible; there has been no production of written information like posters, pamphlets, and/or training manuals. The review team does not promote spending huge resources on lavish information material, but a few posters and pamphlets promoting an anti-FGM message would have helped reinforce behavioural changes. YWCA Kenya refers to the production of t-shirts as a 'media and information campaign'. However the RT would encourage YWCA Kenya to plan more carefully how to intervene with the media strategically, on both national and local level.

114. The lack of visibility and printed information material (coupled with the lack of networking with other anti-FGM stakeholders) seems to have contributed to the fact that YWCA Kenya's FGM project was not known by National Committee on FGM²⁶ and key actors within the FGM field such as the Population Council or UNICEF. Also, YWCA Kenya's FGM project is not mentioned in the UNFPA/Population Council's Situation Analysis on FGM.²⁷

4.4 Rescue Shelters

115. The component of rescue shelters was included in the original proposal for "girls who are in danger of being forced to circumcision" with a brief explanation "shelters will be similar in all three branches, the matron will stay in the shelter, and they will contain an office, counselling room and conference room".²⁸

116. The process of building the "shelters" have been long with prolonged delays and unrealistic budgeting and estimates. In the original plans the idea was that the shelters should be ready already

²⁵ Semi-annual report on FGM project by YWCA Kenya, August 2007.

²⁶ The committee had been inactive for some years and was revitalised in the 2007 Mombasa stakeholders meeting.

²⁷ Population Council/UNFPA (2007) under auspices of Ministry of Gender, Sports, Culture and Social Services, Department of Gender and Social Services, *Contributing towards Efforts to abandon FGM/C in Kenya – A Situational Analysis*. Nairobi, Kenya

²⁸ Application 2006, page 5 and 7.

in the first year of the project (2006). However in end-2008 none of the “shelters” are ready yet. Based on the review team’s observation, the following was found about the status of the shelters:

117. Meru YWCA Branch: exterior of the rescue shelters is complete, ceiling interior finished, some of bathrooms almost complete, unfinished kitchen, cantina. Training hall expected to be used in December 2008 for the upcoming ARPs. The rest of the interior is planned to be finished within April 2009. However no funds set aside for furnishing the house.

118. Kisii YWCA Branch: Exterior of the shelter is done, unfinished interior, not clear when it will be completed. The branch had bought beds and mattresses for the shelter, but not remaining needs for fully furnishing the house. Kisii has combined the shelter with offices for the YWCA Kisii branch. The office part of the building is almost complete.



The building in Kisii includes both offices for YWCA and a planned rescue shelter

119. Nairobi YWCA Branch had no land but they have identified a piece of land in Kajjido worth Kshs.600,000. However there are many unresolved issues that need to be sorted out before YWCA Nairobi is ready to start constructing.

120. During discussions with key YWCA Kenya staff both in head office and the branch offices, it became clear that the organization has not planned properly for how to use the so-called rescue shelters. The buildings are not ‘shelters’ in the sense that a shelter is usually a basic structure for temporary refuge, but these houses are built in solid materials. The utilization, community participation, needs assessment, relevance, sustainability of the shelters had not been fully elaborated by YWCA Kenya. As mentioned when discussing the relevance of the ARP in the different socio-cultural settings this also applies to the shelters. In Kisii where it is known that the age of girls being forced to undergo the FGM has gone down to 4 years, this might impede the young girls’ ability to escape and seek shelter. YWCA Kenya had not conducted any feasibility study to assess whether a rescue shelter is a priority for fighting FGM in for example in Kisii area.

121. In the Maasai setting where girls are fleeing from forced FGM, there is a high relevance of the concept of a rescue shelter. But here YWCA Kenya has not purchased land nor started the building process. In the AIC school where YWCA Kenya has enjoyed excellent cooperation training the girls, it was clear that the girls who ran away to this school were motivated by the fact that this rescue shelter was located next to a primary school. While as the potential location identified by YWCA Kenya is one a few kilometres away from the nearest school. Listening to experiences of other NGOs running rescue shelters for runaway girls in Kenya would be very useful for YWCA as there are numerous challenges related to sustainability, how to provide the girls with a relevant offer and services once they are brought to the shelter – and finally how to reintegrate them into society again.

122. It seems that YWCA Kenya has also changed their mind regarding the size of the houses. The initial plans were small and more shelter-like, but in the plans for 2007 YWCA Kenya informed Y Global that it has planned to make the shelters larger²⁹, but without calculating thoroughly the extra costs. There has been an increased price of cement in the period, but this does not explain a doubling of the costs.

²⁹ Annual report submitted to FOKUS 16.4.07

Gaps identified

123. YWCA Kenya had not undertaken a feasibility study on where or under what circumstances rescue shelter would work best. In places like Kisii where the girls are circumcised at an early age of (sometimes as young as 4-5 years) the rescue centres approach was found less relevant. In Meru, the team found that there were existing YWCA hostels which were empty during the school holidays. These could have been used as temporary shelters for girls during the circumcision period as this community did not necessary link circumcision to early marriage.

124. From our analysis and interaction with other actors we learnt that the rescue shelters worked well where FGM/C is immediately followed with early forced marriages and girls need immediate shelter. While the shelter approach has been less efficient where the age of circumcision is low and FGM/C is not related to early forced marriage or denial of girls' right to education.

125. Other gaps found with regards to the rescue shelters:

- There have been no technical committees actively engaging in the construction process by overseeing the contractual agreement, and cost-control.
- Both shelters Meru/Kisii have constructed bathrooms that might damage the rest of the rooms.
- Weak strategic planning with regards to use of rescue shelters.
- No comprehensive plan for use of the centres and an unclear strategy on short- versus long-term hosting of girls.
- Sustainability of catering for runaway girls' needs,
- Issue of reunification between girls and their families (if possible) not elaborated.

126. Human interest story of one girl's struggle against FGM in Maasai area.

One girl's struggle against FGM

Anna Mukami [not her real name] is 15 years old Maasai girl in primary school class three. Under normal circumstances Anna should be completing her first year in high school. However because of the low value attached to girls' education, Anna was sent to baby sit for her sister's children in Namanga when she was seven years old. Her sister enrolled her in class one when she was ten years.

Anna sister, Mary, was circumcised at the age of twelve and married off to an old man in Namanga. Anna was safe from FGM, until her parents sent for her to return home in Magadi. She was informed that her mother was very sick and she needed someone to look after her. Anna left Namanga to attend to her mother although she was suspicious of this message. As soon Anna arrived at home she was met with a cousin who informed her that, they were plans to be circumcised together at their home. They were in the same age group and parents were happy for both of them to be circumcised at the same time.

Anna recalled her elder sister story. She was removed from school, circumcised, and married. The man abused her continuously. This led to their separation. Her sister is now single mother raising her two daughters on her own. She is a hand craft hawker at Namanga Kenya/Tanzania border and regrets that she did not go school like some of her Kikuyu friends who are able to talk to tourists in English.

Mary wanted Anna to go school and do better than she had done. She told Anna to run if anyone mentioned FGM to her. Without any money in her pocket to return her to Namanga, Anna walked through the bushes at night when nobody could see her and hide at day time until she reached a church in a village. She asked for the pastor and was shown his house.

It was the pastor who took her to the District Commissioner (DC) and he ordered the police to raid the village and save all the girls who were being prepared for circumcision. The DC instructed the education officer to ensure the admission of Anna at the AIC rescue centre.

Anna's home (manyatta) was raided because FGM and early forced marriage is outlawed under the Children Act 2002. The father escaped the police raid but the mother was arrested and charged. Since then, her mother has refused to talk to her. Anna misses her mother but she is lucky to have a sister like Mary who supports her and offers a home to go during the school holidays.

Anna's story can illustrate some points found during the review:

- Girls who run away risk being excommunicated from the family unless there are mechanisms in place for counselling and reuniting the girls with parents
- FGM among the Maasai is a family affair and not a community affair
- Parents have a greater say when the girls should be circumcised
- Arranged early marriage is common as it immediately follows circumcision.
- Many of the girls who run away were motivated by their quest for education. Anna was sent to AIC because of the educational facilities there.
- The government officers play a critical role of assisting girls who are running away from FGM and early marriage. They are in a position to enforce the law.
- The church in Kajiado has played an important role in the campaign against FGM.

4.5 Former Circumcisers

127. Central in the YWCA Kenya project is a component targeting the women who traditionally used to perform the cut; traditional birth attendants and women leaders. YWCA Kenya consistently refer to them as 'circumcisers', while this MTR will refer to them as 'former' or 'ex-circumcisers' as the review team assumes that they are not performing the FGM/C anymore.

128. YWCA Kenya's entry point for identifying the former circumcisers was found to range from YWCA Kenya's water & sanitation and micro-credit programmes to churches. Ex-circumcisers interviewed in Kisii had started a savings groups and had been given loans of 20,000 shillings in order to buy maize, sorghum etc. for selling on. YWCA Kenya has established groups of former circumcisers in all districts, around ten in each group, sometime less.

129. Results achieved; In Meru, the team verified that a group of 25 former circumcisers have been trained in account-keeping and how to set-up small businesses. The group has been given an amount of 195,000 shilling divided between them. Some of the former circumcisers have also asked to have literacy courses. In Kisii, the team met with a group of 10 former circumcisers which had been trained in one workshop in 2006, and later given small loans and training in account-keeping.³⁰ In Kajiado 10 former circumcisers took part in the training in 2006,³¹ for 2007 YWCA Kenya managed to get a few more reaching 15. Irrespective of the exact numbers of former circumcisers, there is no doubt that it has been quite challenging for YWCA Kenya to recruit former circumcisers to their programmes.

130. There are not many studies conducted on what approaches works when it comes to 'converting' former circumcisers, however the Population Council in Mali conducted a study in 1998. The purpose of the study was to assess the Information Education Communication (IEC) methods used to sensitize and "convert" traditional female circumcisers. The goal was to raise awareness of the harmful effects of FGM/C among the practitioners and to persuade them to "give up the knife," that is to abandon their practice. The study concluded that handing out IEC material and providing economic incentives alone did not yield results. The former circumcisers must be integrated into multi-sectoral programmes that focus on changing their attitudes while at the same time providing them with basic

³⁰ Kisii branch (2006), FGM TOT Training Held At Marsh Park Hotel Kisii From 19– 23.09 2006.

³¹ Nairobi branch (2006) Report from FGM Training Workshop at ACK Guesthouse, Sept 2006.

services and alternative sources of income. This study confirms that YWCA Kenya's multi-sectoral approach could be a very important starting point for further developing this aspect of the programme. However that requires YWCA Kenya to mainstream FGM awareness in its different sectoral programmes.

Gaps identified

131. The main challenge with this component of the programme is to monitor that the enrolled circumcisers have actually abandoned the tradition. YWCA Kenya is acutely aware of this challenge, but has so far relied on reports from one or two leaders in the savings groups and not tried to systematically monitor how the former circumcisers are doing.

132. Related to the FGDs the team had with some of the former circumcisers, the team was not convinced that there had been a "change of heart" in some of the groups. The main motivation seemed to be financial, which is fair enough, but it does not guarantee that they have abandoned their (former) work.

133. In some settings, the heightened awareness of the negative health consequences of FGM has led to increased demand for and supply of genital cutting by official health personnel. The earlier mentioned 2001 Population Council study of the Abagusii/Kisii communities found that young girls as young as 4-5 years are likely to be taken by their mothers to be cut by a healthcare professional. Although cutting by medical professionals undoubtedly reduced some of the immediate risks of FGM, the WHO, and other international entities have advocated strongly against this "medicalisation" of FGM, citing the performance of needless procedures on children as a violation of medical ethics. Medicalisation is also occurring outside of health facilities. The report states that circumcisers sometimes in Kenya purchase antiseptics and tetanus toxoid to prevent infection.

134. YWCA Kenya is fully aware of these facts as they are referred to in their reports, especially the 2009 proposal. However YWCA Kenya has not taken any steps to include the health workers as target groups or cooperating with local health authorities to end the practice.



Women in Kajiado and Kisii who have stated their opposition to the FGM tradition and now take part in YWCA savings groups.

135. Human interest story of a woman who abandoned the trait of FGM/C and how it affected her life.

New life as a non-circumciser

Flora is 42 years and a single mother of 2 boys from a village near N'churu in Meru. She is from a humble background. She completed her school until 4th grade, and was sent to her grandmother who was a circumciser. Flora stayed with her and learned the trade. She started to perform cuts when she was 23 years. We asked her if she can still remember her first 'circumcision'.

- Yes, it was a 14 year girl. She could not continue with her education, so she had to marry. The girl was the first to be circumcised by me in that village. The girl is still alive and lives with her husband.

What did you use for performing the cut?

Wembe (razorblade), my grandmother used a specialised knife (*kirunva*), but she taught me to use the razors.

How much did you cut the girls?

3 parts – side – middle – side [Flora shows with her hands how she used to cut with three movements how she cut the external labia's on each side and the clitoris]

After the cut we would dispose off the cuts. Before we started the work I used to identify a suitable place in the homestead. We would dig a hole and bury the disposed flesh.

How many girls have you cut?

Laughing... I don't know, there were so many.

Has any girls bled to death under your cutting

I had a 'good hand', every girl healed well. Some would bleed to death, especially if they were pregnant when the cut was performed [not clear here if that happened to her, she seemed uncomfortable with the topic]

Are you still doing it?

No! We used to do it secretly, but then we stopped doing it because some of the girls went for training with YWCA Kenya, they started to refuse the tradition. Some girls joined the campaign, they laughed at us circumcisers, abused us. This disrupted our exercise and our business.

Are you angry at YWCA Kenya for destroying your business?

To begin with I was very annoyed. YWCA Kenya called us for a meeting, we were angry. We did not know what YWCA Kenya had in mind for us. Then we found that YWCA Kenya was planning to help us start a savings group, gave us loans. For me – this business (pointing her finger at the little shop) was started because YWCA Kenya gave me a loan of 10.000 shilling, and my father sold two cows to help me start up.

How is your status now – as compared to earlier when you were a circumciser?

My life can be divided in before and after – very big difference. Before, my life was a real struggle, every day I would be waiting for a girl to come and be circumcised. If nobody came I would have no income and food for my children.

I am illiterate; I don't know how to read or write, and not how to keep accounts. We have formed a group and the leader in our group keeps track of how much I have paid on to my loan. We actually want to learn how to read and write – and we have asked the YWCA Kenya to help us with that.

Before: The locally brewed beer would be prepared for the *mutanis* (circumcisers), I used to drink a lot of that beer, so I would spend the money I had earned. Mutanis are very poor. I didn't like my life.

Did you feel the pain of the girls that you were cutting?

Yes, in the beginning I would feel for them, but after a while it became a habit. When YWCA Kenya started teaching us we got back to our senses. You have to remember that during the ceremony we would drink and dance [to forget?]. YWCA Kenya also helped me to stop drinking. My image was greatly improved. I joined a church and cleaned up. Now I take care of my hygiene so I can go to church.

Would you want your son to marry a 'circumcised' or uncircumcised (mukenye) girl?

I would encourage him to marry an uncircumcised girl because uncircumcised girls are more ambitious, they go to school, get education, and have better prospects than circumcised girls.

4.6 Other issues

136. One lessons learnt for UNICEF and UNFPA is to abandon the medical approach and go for human-rights based programming approach and other culturally sensitive approaches because they have found that too much focus on a medical approach leads to 'medicalisation' of FGM, implying that parents take their children to hospitals or have nurses and health workers performing the cut because it reduces the medical risks.³²

137. As mentioned above, UNFPA and UNICEF address the issue of FGM/C not only because of its harmful impact on the reproductive and sexual health of women, but because of its violation of women and girls' fundamental human rights. The rights-based approach affirms that well-being, bodily integrity and health are influenced by the way a human being is valued, respected and given the choice to decide one's direction in life without discrimination, coercion or neglect. In a bid to accelerate the abandonment process UNFPA and UNICEF have combined the right-based based approach with culturally sensitive approaches to sustain behaviour change towards FGM/C practice. Both agencies recognize that since FGM/C has a strong cultural value in many contexts, it is imperative to initiate dialogues with communities on the preservation of positive cultural values, whilst a policy of abandonment is pursued.

138. Religious-based approach; most of the churches in Kenya have been preaching against FGM for decades but in spite of the deep devoutness the priests do not have enough power over the souls. "Yes, they are Christian in church and then they do the opposite anyway", said one of the interviewees in this study; "They believe the girls will run with many men if they are not circumcised."

139. Policy and legislation; although Kenya has passed legislation targeting FGM in the Children's Act, it is rarely applied and upheld. Experts consider policy and legislation important as means of eradicating the practice and are now working for having Kenya adopt a specific FGM law. YWCA Kenya has not included this aspect in their programme.

140. One issue that came up during the review team's field survey was the selection of geographical areas to work in. YWCA Kenya has not focused on Nairobi although recent academic studies have pointed to the weak interventions in the capital (Population Council, 2007) while the prevalence rate of FGM is relatively high. YWCA Kenya with its headquarters in Nairobi and with a branch in Nairobi could play a more active role there.

³² UNICEF/UNFPA Proposal 2008-2012 to donors

5. Institutional assessment

142. The institutional assessment is based on a model that include seven interlinked variables that define the internal functioning of the organisation; Strategy, Structure, Systems, Style, Staff, Skills, and Shared values,³³ adapted to the purpose of this Mid-Term Review which is to assess YWCA Kenya's organisation and routines vis-à-vis the implementation of the FGM project. The scope of the review does not allow for a full institutional assessment along the seven variables, but assesses the institutional parts most relevant to the project.

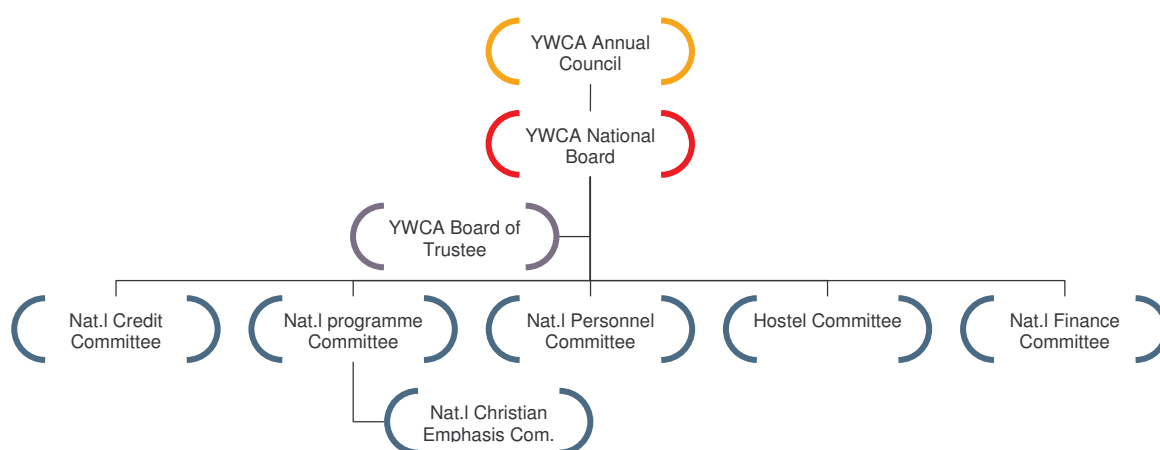
143. For Strategy, YWCA Kenya has a well-established identity as a faith-based NGO known for its work to empower women. YWCA Kenya is registered under the NGO Coordination Act as non-profit, voluntary-based NGO. YWCA Kenya has a clear mission and vision which is consistent with the project's goal and objectives. It has five strategic programmes as listed in section 3.1 of the report. There are no specific strategies developed for each of the five strategic programmes.

144. The National Board has been capacitated in 2008 due to additional funding from Y Global (Oslo YWCA Fund). During a Planning Workshop in Mombasa in 2008, it developed an annual work plan for the whole organisation and conducted a SWOT analysis of strengths, weaknesses, opportunities, and threats of YWCA Kenya concerning its basis, leadership, voluntaries and programmes.³⁴

5.1 Internal governance

145. For assessing the structure and systems, the first step is to look at the organisational structure. The below reflects the overall organisational structure of YWCA Kenya, where the highest decision-making body of the organisation is the Annual Council.

Figure 3: YWCA Kenya Organisational Chart³⁵



146. The Annual Council (AC) consists of delegates from all the branches, six members from each branch. The AC reviews the annual report, elects national office bearers, namely National

³³ Often referred to as McKinsey's 7 S, see www.valuebasedmanagement.net/methods_7S.html

³⁴ Report on National Board Planning Workshop, 11-16 May 2008, Sun n' Sand Beach Hotel – Baraza Hall

³⁵ Provided by YWCA Kenya

Chairperson, Vice National Chairperson, honorary treasurer, vice-treasurer and ratifies the appointment of the Patron. Furthermore the AC appoints auditors, financial advisors and ratifies the appointments of Board of Trustees.

147. The National Board (NB) consists of representatives from the seven branches who are elected at the branch general meetings (AGMs) and ratified by AC. The NB is assisted by the management team headed by the executive director and staff. The staffs are recruited based on skills and competence required as per the job specification. All staff recruitment is approved by the Personnel Committee. The branch managers run the branches on behalf of the branch committees and they are semi-autonomous.³⁶

148. The NB also appoints the National General Secretary who is an ex-official of the board and secretary to the board. The NB is supported by specialized committees which report to them. Currently these committees are, as seen in Figure 1:

- The National Credit committee
- The National Programme committee,
- The National Personnel committee,
- The Hostel Committee,
- The National Finance committee.

In addition to the above, according to the Review Team's meeting with the Board, a development committee which is a technical committee on construction was established in 1996 by the Board of Trustees.³⁷

149. The Board of Trustees, which reports directly to the National Board, is responsible for overseeing the immovable properties of the whole YWCA of Kenya. The Board of Trustees is chaired by the Archbishop of the Anglican Church in Kenya (ACK). The National Council of Churches in Kenya (NCCCK) and ACK are mandatory representatives. Members of the Board of Trustees serve for five years with eligibility to serve for another 5 years. All committees are supposed to meet on a quarterly basis.

150. Being a youth organisation, both the national and the branch boards of YWCA Kenya are made up of at least 30% young women aged between 18-30 years according to the Constitution. However, the majority of board members are senior female managers and professionals. Thus, YWCA Kenya aspires to recruit younger (19-35 years) professionals. On an accumulated level, YWCA Kenya has 75 Y Teen Groups. Mobilising the youth groups in especially Meru and Kisii has been an important success criterion for the FGM project. In the Nairobi branch, it seems that the Youth Groups have not been involved in the FGM-project since it is located in Kajjado, and most the youth work of the Nairobi branch is based in Nairobi itself. In Kisii and Meru however, the RT interviewed several active young boys and girls who were spreading the anti-FGM message to their peers in schools and youth groups by using drama, poetry, and sketches.

151. For a project such as the FGM project, well-functioning boards at both national and branch level is important to integrate the project in the overall strategies of the organisation, and to contribute to a long-term sustainability of the FGM actions in YWCA Kenya. The overall finding is that the YWCA Kenya has a good formal structure for its work, with branch executive committees in place, and regular board meetings taking place at national and regional level, although it was outside the scope of this study to review all minutes from board meetings.

³⁶ YWCA Application for funding to FOKUS, 2009.

³⁷ Information provided orally during the Inception meeting with YWCA National Board and staff.

Gaps identified

152. Based on the team's findings and assessment of the level of governance of the FGM project, there are two main gaps identified. First of all, we found that both the National Board and the Branch boards have not been sufficiently involved in strategic discussions concerning the planning and running of rescue shelters as both costs related to the shelters have risen compared to the initial budgets, and also as running the shelters may – depending on their actual use – represent possible substantial costs for the responsible YWCA branches, a more thorough and strategic approach to the centres at governing level might have been recommended.

153. The second gap is the lack of a technical committee at the branch level to closely monitor the construction of the rescue shelters. YWCA Kenya has had a development committee at the National Office since 1996. This is the technical committee responsible for property development. According to YWCA, the experts who serve in this committee were involved in the design and development of the BQs for the shelters. This information was thereafter shared with concerned branches. However, the committee was not involved in the daily monitoring during the process of construction.

154. Although the YWCA has procurement policies the team did not find sufficient documentation for showing that these policies were followed when selecting the entrepreneurs for building the shelters. YWCA Kenya's Board is required to monitor that the organisation adheres to its own procurement policies this was however found to be weak (see more below in section 5.3).

155. Finally, a more general comment to the role of the governance board is that it could increasingly take on the role of fund-raising and lifting the organisation's vision on a more strategic level. The board should not be tied down with administration, programme, and personnel recruitment. A more strategic approach would benefit the five different programmes of YWCA Kenya by identifying where there are gaps and overlaps.

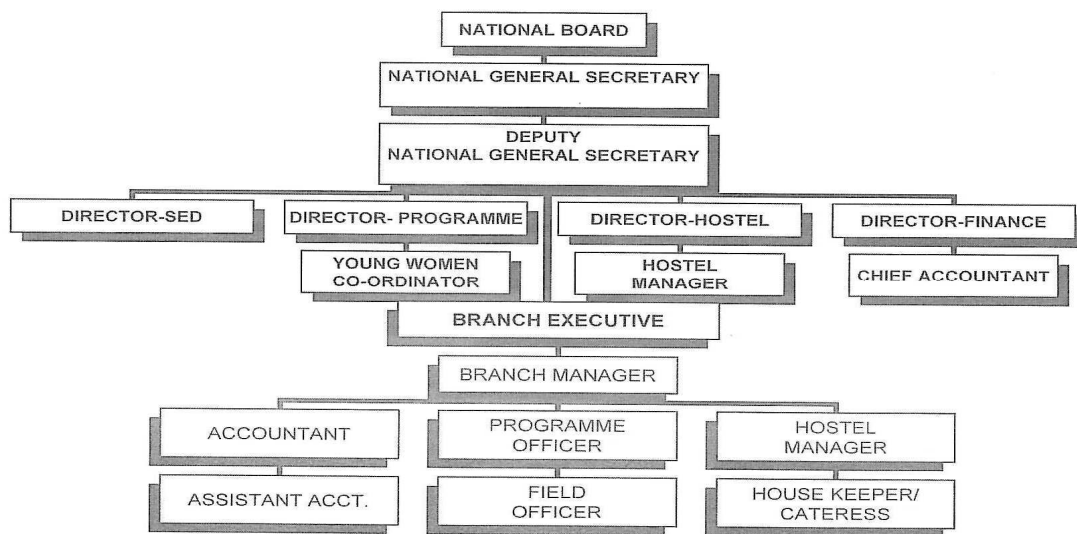
5.2 Programme management

156. For the project management, it is the Director of Programmes (DOP) who is in charge of the day-to-day running of the project in the national headquarters, while in the branches it is the three branch managers that run the projects in cooperation with their programme/field officers.³⁸

157. According to the Figure 4 below, the branch managers are administratively answerable to the National General Secretary. This is a cumbersome and bureaucratic procedure, and the RT found that is working differently in practice; they work in close consultation on a day to day basis with the branch chairperson on behalf of branch executive committee, and in programme development and implementation there is a direct consultation between the branch managers and the director for programme and training. Based on the reports from the branches, the DOP compiles the reports and plans before submitting it to their partner Y Global.

³⁸ There are discrepancies between the titles in Figure 4 and what is found on the ground; for example, none of the three branches visited have 'programme officers' as envisioned in the Organogram, but 'field officers'. Likewise, the branches visited have 'assistant accountants', not 'accountants' as seen in the Figure 4. According to YWCA this is due to the fact that the different branches of Kenya YWCA are at different levels of institutional development; Mombasa is more advanced in both institution and programme development and thus fit fully in the chart unlike other branches who are yet to fit fully in the chart. The review team would recommend that organisational charts be based on the actual structures and not the ideal ones.

Figure 4: YWCA Kenya Organogram³⁹



158. Assessing the management of the project in terms of progress and deviation reporting, the Director has done a good job in trying to tie ends together and compile reports on the FGM project. However, the team questions the effectiveness and efficiency of having this key position with the Director of Programmes as she is in charge the overall strategic running of the programmes, networking, fund-raising and representing YWCA Kenya in project meetings with donors. For 2009, YWCA has planned to introduce an additional position in the YWCA head office as a focal point for the internal project communication. This strengthening of the project management is needed.

159. Frequent meetings are arranged at staff level for branch managers for discussing all projects, mainly in Nairobi at head quarters. According to the staff working on the FGM project, there has not been separate exchange of knowledge and experiences for the FGM project.

160. Regarding assessing the two S's of *Staff and Skills*, according to the application to FOKUS (2009), YWCA Kenya has a rich history and experience dealing with grassroots communities across the nation. YWCA Kenya has implemented various programmes that have built the capacities of its staff and members invaluable. YWCA Kenya has a pool of competent personnel from the field worker level to the executive director. It is due to the available skills and expertise that they have managed to improve the strength and capacity of YWCA Kenya as a reliable and solid organization. Most of the staff is trained community development workers and the administration has staff with financial management skills. YWCA key areas have been economic empowerment, SME, trainings and some health work, including HIV-AIDS.

161. With regards to the staff's technical capacity, knowledge, and skills on a highly complex issue like FGM, the review team found that when the project was started up, there was weak knowledge on FGM (except in Meru). This has gradually developed throughout the project implementation period.

³⁹ Provided by YWCA Kenya

162. According to the 2009 application, “YWCA Kenya has a pool of highly qualified consultants who have decades of experience in programme work and immense experience in FGM issues. Together with YWCA staff they are involved in activities such as surveys (baseline), training workshops (facilitation), evaluation, and other activities as may be necessary from time to time.” (YWCA Application to FOKUS, 2009) The team was unable to validate these statements. It rather found that YWCA Kenya has developed its knowledge on FGM as the project has progressed, but it is not very strong yet as YWCA Kenya has been unable to document how it has worked with combating FGM/C; which approaches it has utilised in the different communities, lessons learnt and linking the context with the operational work.

163. Based on interviews with YWCA Kenya staff in the branches and review of correspondence, our finding is that communication between the YWCA Kenya head office and the branches seem to be functioning relatively well; the branch manager and assistant accountants were informed – the degree of how informed they were varied from branch to branch – about the whole FGM project, its different components and the budgets for the respective branches.

Gaps identified

164. Knowledge development on FGM is needed for the staff working on the project to enhance their technical capacity of the issue. As the different staff in Meru, Kisii and Kajiado have different knowledge, it would enhance the overall knowledge level in the organisation if the staff (and volunteers) be brought together in a workshop or at least meet regularly.

165. For monitoring and evaluation (M&E) of the FGM project, the RT found that the head office is monitoring by visits to the branches, but the monitoring is infrequent, irregular, and based on needs that develop – not a regular and systematic monitoring system. Y Global has developed a checklist and a reporting format for project monitoring visits to make sure all aspects of project monitoring is covered including: project agreement, project progression, achievement of results, finance, audit, management, staffing and capacity building needs. YWCA Kenya could possibly benefit from using the same formats for its monitoring and evaluation of the branches performance.

166. There are great differences between the branches’ capacities and competencies for reporting. Meru branch for example has undoubtedly the best competence in reporting analytically on progress of the FGM projects and the other branches could benefit from this experience. A more systematic monitoring of gaps and needs in the branches would make it easier for external partners and donors (like Y Global) to chip in with support.

167. Another gap identified is that the insufficient ICT systems are affecting the performance of the project at both national and branch level and vis-à-vis the partner in Norway. YWCA has 100 employees (2007 figures), but there is one email address for the whole organisation. When FGM project staff wants to communicate on issues related to the project they utilise their private email addresses, there are no ‘ywca’- email accounts for the staff. Better access to ICT would simplify regular exchange of information, monitoring and reporting, as well as integrate the branches in the use of a computerised accounting system.

168. We also find that the systems for filing documents are relatively weak, both at national and branch level. This makes it more difficult to keep control of all files related to a project, thus complicating monitoring and reporting. One example of this: At the national office, the lists of participants were not filed in the FGM project file, but in the accounting files.

5.3 Financial management

169. Assessing the financial management systems of the YWCA Kenya, the starting point is written financial and administrative rules and regulations. The organisation has an undated Financial Regulations and Procedure Manual.⁴⁰ The manual has a standard set-up including issues of budgeting, internal control, payments and audits. The guidelines are weak with regards to procurement policies, as there is no process described for competitive tendering.⁴¹ YWCA has a Policy Document guiding the work of the Procurement and Audit Committees.

170. Despite the existence of a Financial Manual, the RT did not find evidence of YWCA Kenya's own application of procurement policies for the selection of bidders of the FGM rescue shelters. The weak procurement policies on one hand and on the other hand weak monitoring of the branches from the head office to ensure its application probably explain that.

171. With regards to internal control routines, the team found that for the FGM project this seems to have worked well in terms of separation of duties for the control of the transferral of funds and the person who does the procurement.

172. Regarding audits, YWCA Kenya has an external auditor, Carr Stanyer Gitau & Co, which has worked for the organisation for several years. The auditor audits all YWCA Kenya's accounts, both and national and branch levels. The auditor has several clients in the NGO field. Ms Beth N. Mwisya, one of the company's partners, informed us that the company has also assisted in facilitating accounting at branch level. In doing this, a different department, the Accountancy Department, has been used, to ensure the principle of independence for the auditors.⁴²

173. Due to the fact that Norway and Kenya has different fiscal years; Norwegian fiscal year 1.1 until 31.12, and Kenya 1.4 to 31.2, YWCA Kenya orders a separate project audit for the FGM project in order to meet with the requirements of the donor, FOKUS. For year 2006, Y Global asked only for the separate project audit.

174. However due to increased focus (from donor and within Y Global) about the need for seeing the FGM project expenses in relationship to the organisation's overall economy, Y Global started requesting copies of the consolidated accounts for YWCA Kenya as of 2007 and submits them to FOKUS. This is a very transparent and commendable policy. The external audit reports for the three branches supported by Y Global and FOKUS have not been shared with Y Global, but could probably be if requested.

175. With regards to expenditure tracking, due to the lack of computerised accounting system, tracking the expenditure is all done manually and it was not easy to try and categorise according to type of expenditures. The team reviewed all the accounts at the three branch levels and the respective external audit reports and found varying degrees of quality, competence, and capacity among the branches. One of the assistant accountants (that's what YWCA Kenya calls the branch accountant) has been with YWCA in Kisii for eight years, while in another the accountant has been there only 3 months, so naturally the level will differ.

⁴⁰ YWCA, Financial Regulations & Procedure Manual. According to YWCA approved in 1998.

⁴¹ Point 5.1 states "in the event of purchase of large amounts the Department Head will strive to obtain quotations." This is insufficient both in defining what is 'large amounts' and the process of obtaining tenders/quotations.

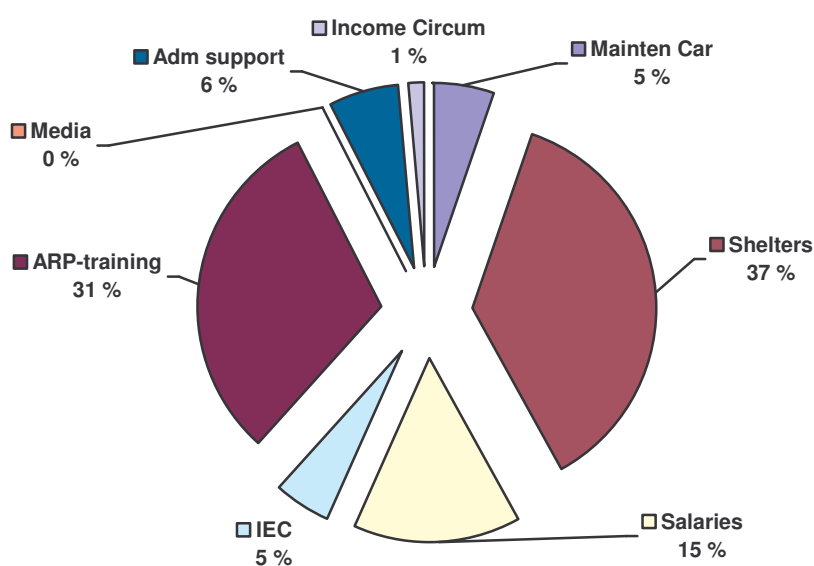
⁴² Interview with Carr Stanyer Gitau and Co.

176. As mentioned in section 5.1, the National Board oversees the economy of the organisation, with the National Finance Committee having a special role, and a similar structure applies at branch level. The National Finance Committee which meets twice a year is a forum for deliberating annual budgets every March, and audited accounts and management letters in September every year. Due to limitations of time and the scope of this review, the team was not in a position to assess how strong the board’s monitoring is. The team was informed that an internal audit is supposed to be performed by the Honorary Treasurer in the board, but this has not materialised into a written report in the last year due to preparation and hosting of the World Council 2007.

177. The Head of Finance and Chief of Accounting in Nairobi monitor the financial performance of the branches infrequently, i.e. there is no regular monitoring. In order to compensate for turnover of staff and ensure staff development, YWCA Kenya organises staff retreat for capacity-building twice a year. To strengthen the staff capacity in financial management, training sessions were organised in PASTEL and Value-Added Tax, while computerization of the accounts have been planned for more than one year, but has been delayed due to a long-term sickness leave.

178. When assessing how well the project has kept within the budgets, there is only one major deviation between what was planned and what has been spent; the rescue shelters. As seen in Figure 1, under section 3.1, the shelters were planned to constitute around 20% of the budget and activities 33%. The below distribution of costs, shows that at least 37% of the total budget has been spent on constructing the shelters (the number might be higher when accounts for 2008 are finalised). The extra funding for the shelters has been taken from the media component (planned 6%) and some from the training activities. Throughout the assessment, the team found that for year 2008 funds have been channelled into completing the shelters at the costs of budget originally ear-marked for activities.

Figure 5: FGM expenditures⁴³



⁴³ Based on YWCA’s consolidated accounts for year ended March 2007, audited project account for year 2007 and mid-term financial report 2008.

Gaps identified

179. Policies for the financial monitoring of the accounts are in place, but it is not clear how well this is operationalised. The board depends on information from the head office, the branches, and the external auditors. If irregularities are not commented upon by the auditor, it's difficult for the board to monitor. For example, original invoices of the FGM project had been brought to Norway as required by Y Global. This was not commented by the external auditor. YWCA Kenya had requested them back, but this had not taken place. During the review process the file of the original invoices were brought back to YWCA's national office.

180. The team found very different financial practices in the branches; one had opened a separate bank account for the FGM project, others had not. One did monthly reconciliations of their accounts, others did not (this has not been commented by the external auditor).

181. The Management Letter for 2007 was partly responded to by YWCA Kenya. Outstanding accumulated issues mentioned in the Management Letter of 2007 for the YWCA headquarters that need to be addressed by YWCA are; revalue and update fixed assets register, computerisation of the accounts, vehicle logbook for one particular vehicle, monthly bank reconciliations must be reviewed an independent official for control purposes. For 2008, the Management Letter was reviewed in the Finance Committee of the National Board.⁴⁴ There were not detailed records of the response to the management letter in the minutes from the NB although some key issues mentioned in the Management Letter of 2007 were waiting to be rectified.⁴⁵

182. Summing up on the financial management, the team finds that there is an established organisational culture of transparency and accountability. Despite that there are many weaknesses, as pointed out above; there is a commitment from YWCA Kenya's side to improve their administrative, financial and documentation system. It is crucial that Y Global continue to monitor the issues mentioned by the external auditor in the management letters.

5.4 Partnership cooperation

183. The partnership between Y Global and YWCA Kenya is not limited to the FGM project. It includes youth exchange programmes, and the two organisations have made joint advocacy efforts within their global movement, the World YWCA. The cooperation between the two partners started in 2003, and was initially a result of a Norwegian principle of establishing partnerships with YWCA in countries where there was an existing YMCA partnership. Since then, YWCA Kenya has become an important partner for Y Global, whereas the partnership actions with YMCA Kenya have been scaled down. Earlier, the basis for the cooperation between Y Global and its partners was a general partnership agreement. This basis is no longer used, as partnership elements are integrated in the project agreements that are agreed upon. So is also the case with the FGM project.⁴⁶

184. An important basis for the partnership is the written agreement with outlines in details the obligations and rights of each of the partners⁴⁷ Attached to the Agreement is the annual budget and a Schedule of important deadlines (the 'project wheel') that both partners have to adhere. Y Global usually takes the opportunity to discuss the agreement during project monitoring visits in Kenya to

⁴⁴ Report of The National Finance Committee To The National Board Meeting, 25th October 2008

⁴⁵ Draft Management Letter to the Board of YWCA Kenya, dated 28th November 2008.

⁴⁶ 2008 Agreement on Partner Cooperation between YWCA Kenya and Y Global, points 2-4

⁴⁷ Y Global revised the Standard Agreements with partners and it took effect form 1.1.2008.

ensure that YWCA is aware of the importance of meeting deadlines vis-à-vis the donor. In the start-up of the project, there were major misunderstandings related to the lack of reporting on the YWEF project which led the project to be delayed almost six months.

185. The relationship between the partners is characterised by frequent communication, compared to partnerships in some other organisations. For the FGM project, Y Global has visited YWCA Kenya twice annually. This has been possible due to the location of the organisation: Africa Alliance of YMCAs has its main office in Nairobi, and Y Global visits to the Africa Alliance can thus easily be combined with YWCA Kenya meetings. There is evidence of a frank and open dialogue on difficult issues related to the FGM project, particularly the issue of rising costs for the construction of shelters.

186. The RT found that the process of developing a new project proposal for 2009 has been very thorough, and that this process started at a sufficiently early stage to allow for a good elaboration of the final proposal. The RT reviewed extensive correspondence between the partners in order to come up with a strong proposal for 2009.

187. Y Global has paid close attention to the financial management of the project, and learnt some lessons. During the start-up in 2006, Y Global transferred a large amount in late 2006 and found that YWCA Kenya was unable to utilise the fund before 31st December, and thus – according to regulations from the donor – funds had to be returned. This led to revision of Y Global's routines for transfers. For 2008 it has transferred the fund in three instalments (20-40-40 percentage); the first one as early as possible, and before funds are received from FOKUS (January/February) and before YWCA Kenya has sent its audited accounts. The second (40%) as soon as Y Global has received the annual reports; and the third (40%) as soon as Y Global has received the mid-year reports.

188. It should be noted that by paying 20% upfront in the year, before audited accounts have been received from the partner, Y Global takes a risk (that not many other Norwegian NGOs with funding from the government takes). If accounts – on principal level, are not approved by the donor, the NGO will have to cover the first payment from its fund. On the other hand, the benefits of transferring to YWCA Kenya are huge: the partner is able to start up with funds early in the year as opposed to having to wait until they have completed audited accounts sometimes in March/April.

Gaps identified:

189. No major gaps were found in the partnership cooperation between the two partners. The only issue that could be commented – but the team is not certain that it is a gap – is to allow for a slightly more two-way exchange of visits, including inviting FGM project staff from YWCA Kenya to meet with FOKUS and discuss with other FOKUS partners that work on FGM/C.

190. The RT was greatly impressed by the strong mutual understanding and commitment towards the partnership as witnessed in both the frequency and openness in the communication.

6. Overall assessment

In the following chapter we provide an assessment of the achievements and non-achievements of results described in the preceding chapters according to the assessment criteria (see matrix in 1.5).

6.1 Relevance

191. Assessing to which extent the project is suitable to the priorities of the target groups a major finding is that the project is highly relevant to the target groups of girls, boys, parents, opinion leaders and former circumcisers. Although there is still a stiff (but often hidden) resistance to FGM in many communities, particularly in Kisii and Kajiado more than in Meru, anti-FGM activists who have started the process of attitude and behaviour change against this harmful tradition are greatly appreciative of YWCA Kenya efforts within the field.

192. The project is also highly relevant to the Kenyan government's Action Plan for the eradication of FGM, the Maputo Protocols and governmental policies like 'Vision 2030'.

193. Finally the project is relevant to the work of YWCA Kenya as it falls within the organisation's mission and vision and core programmes like Human Rights, Economic Empowerment, and HIV-AIDS. FGM was initially not within YWCA Kenya staff's core competencies (perhaps with the exception of a few staff in Meru), but the knowledge and experience has grown. It could be argued that organisations such as YWCA Kenya need to be careful not to spread itself on too many themes (HIV-AIDS, Peace-building, micro-finance, leadership training, youth empowerment etc). However in a country where one third of the girls and women suffer from human rights violations like FGM/C, it must be considered a national issue and concern – like HIV-AIDS (although HIV affects less people than FGM). This team would strongly argue for the need for YWCA Kenya to mainstream FGM/C as a cross-cutting issue in all its programmes where FGM/C exists.

194. The main weakness found related to the relevance is the lack of a proper and thorough context analysis in the early phases of the project. The lack of a situational analysis regards to ongoing initiatives in Kenya was pointed out by FOKUS the grant letter in April 2005.⁴⁸ However this weakness was not addressed in the latter phase of the implementation.

195. In the early proposals, there was also no logic framework outlining how the different project components were interlinked; for example, there was no logic link between the building of rescue shelters and the planned outcomes. A thorough analysis of *how* the rescue shelters would contribute to the overall goal of reducing FGM might have shed light on gaps pointed out in this report. Instead it was taken for granted that building rescue shelters would lead to a reduction of FGM/C.

6.2 Effectiveness

196. Assessing the effectiveness of the approaches and methods utilised by YWCA Kenya in order to promote behavioural change, the team found that the main project components; training, ARP, media and information seem to have been relatively effective. However it should be kept in mind that no baseline survey was conducted in the areas of intervention by YWCA Kenya, so the findings are mainly based on selected qualitative inputs from locals in the target areas.

⁴⁸ Grant Letter, 29.04.05 (*in Norwegian*), "FOKUS asks that the organisation identify other ongoing initiatives that are implemented by other actors in the same field in order to fill gaps and complement each other"

197. The approach of ARP seems to be working well in areas like Meru where local organisations (like MYWO/PATH) have been conducted ARPs for the last 10-12 years. However both relevance and effectiveness of the approach is questioned in the Western part of Kenya (Kisii) where girls attending the ARPs are as young as 5-6 years. YWCA Kenya is challenged to explore other tools to complement the ARPs in Kisii, in line with what ADRA is doing. Inter-Generational Dialogues (IGD) and value-based/religious-based approaches could be additional tools to use, as they have been found to effectively change people's attitudes towards FGM (Khasakhala, 2008).

198. Regarding the component of targeting the former circumcisers, the extent of effectiveness vary; one focus group discussion with former circumcisers revealed that the group felt that they had lost status in society after abandoning the cutting and going into savings groups. The same group complained that they were not making enough money in their current work of selling maize etc. Clear perceptions of economic incentives for joining the savings groups were felt by the review team, more economic interests than an actual change of heart.

199. In Mali, a study found that when circumcisers had been provided with economic support they left the cutting to a daughter, aunt or other female relatives who took over the FGM-business, while they joined a savings group (Population Council, 1998). While in-depth interviews with former circumcisers in another geographic area, a different perception was felt by the review team; here the women shared how miserable lives as circumcisers had been, uncertainties of making a living, low status, drinking problems and low hygiene. Their status had greatly improved after they stopped FGM and established a 'decent' income for them.

200. The team believes that the explanation for the completely different experiences with former circumcisers is linked to the approach and training methodology used by YWCA Kenya in the three geographical areas. YWCA Kenya's trainers, contacts, and networking with government vary from district to district – in addition to external factors like local traditions, opinion leaders etc.

201. An unintended consequence of the expansion of the budget for the shelters was that it reduced the effects of the training and awareness activities. As discussed below under efficiency, the fact that almost 40% of the total budget has been spent on construction has meant that YWCA Kenya has hardly organised any trainings or awareness activities during the first six months of 2008. Media and information work for example has not been targeted at all in 2008.

202. Finally, there has been weak networking and collaboration with other governmental and stakeholders at the national level. Although there has been collaboration with governmental, civil society and other stakeholders at the branch levels, YWCA Kenya has not been informed or active in the National Committee for the eradication of FGM. The lack of collaboration at national level has reduced the potential stronger effects of the project due to unexplored synergy effects locally.

6.3 Efficiency

203. Assessing to which extent the project has chosen the least costly resources for implementing activities, the team found that some tools, most notably the T-shirts and borrowing visual aids from other organisations, are highly cost effective and efficient ways of communicating the anti-FGM message. YWCA Kenya in itself is not a lavish organisation; salaries are kept on a medium level compared to other local organisations. There is lots of volunteer work donated by its thousands of members. Y Global's use of professional volunteers and low administration costs (7.7%) has also

contributed to ensuring that as much as possible of the funding goes to activities, and not transaction costs.

204. The main weakness related to the project's efficiency is the construction of the two shelters in Meru and Kisii, which has suffered from inadequate planning; unrealistic budgeting and unforeseen external factors (increase in construction costs). The lack of a proper feasibility study and business plan has led to great delays and unnecessary costs and waste of human and financial resources.

205. On the positive side of it, YWCA Kenya's ability to fund-raise locally for the planned ARPs in Kisii and organising it jointly with ADRA and FULDA increases the efficiency of the ARP.

6.4 Sustainability

206. Assessing the project's sustainability in terms of to which degree will the project be able to continue beyond the funding period, the team found that there are potentials for sustainability if the rescue shelters are properly utilised. Conducting a broad, participatory feasibility study of the best way of utilising the shelters in the local communities, taking into consideration the particular ethnic and religious contexts surrounding FGM in Meru and Kisii. If necessary, the shelters could be turned into community centres addressing a range of violations against women, including FGM.

207. If the issue of utilisation of the shelters are not carefully considered, the team is concerned that running costs and catering for the rescued girls' needs might overwhelm YWCA Kenya. Regarding Kajjado, as pointed out in the discussion above, the team is concerned that such a shelter might not be sustainable nor relevant unless it is attached to an educational institution and thus, the team does not recommend to commence with the building unless these issues have been sorted out.

208. Another concern related to sustainability is the use of the ARP as it might be beyond the capacity of YWCA to continue the alternatives rites of passage without external funding unless they find more cost-efficient ways of organising them. The team noted that in Kisii YWCA Kenya is coordinating with other NGOs in order to save costs.

209. For the sustainability of YWCA Kenya's approach and methodology of working with FGM in the three local communities, there are valuable elements in the approach – particularly the inclusion of working with churches and men – that might be replicable by other stakeholders. If a model is replicated by like-minded actors, the team would argue that the concept is sustainable.

6.5 Risks

207. There are many risks in this project, especially with regards to the shelters, and the team concludes that they have not been fully acknowledged in YWCA's planning. For the 2009 proposal which was submitted to FOKUS, there is a much better reflection and discussion of potential risks.

208. The team found that the main obstacles that might prevent the intended results in this project is people's inherent resistance to changing age-old traditions and because FGM/C is illegal, the tradition continues underground with all the negative consequences of that (medicalisation) and difficulties in monitoring.

6.6 Value-added of Y Global

209. Y Global's value-added vis-à-vis the donor FOKUS is high both monetary and technical. The partnership between Y Global and its sister organisation YWCA Kenya include youth exchange programmes, and joint advocacy efforts in addition to the FGM project. There is frequent communication and the team found a frank and open dialogue, also on difficult issues such as the challenges surrounding the shelter construction.

210. Furthermore Y Global is a very cost-efficient and prudent partner for FOKUS. For the fiscal year of 2007, 7,7% of the total expenditures of Y Global went to administration costs. This is low compared to other Norwegian NGOs which often incur up to 20% administration costs.

211. Another value-added of Y Global for the donor is that the organisation has conducted frequent monitoring visits (2 in 2007, 2 in 2008) and is highly committed to developing YWCA Kenya's institutional capacity. By transferring funds to YWCA from its own funds (YWCA's Oslo Fund⁴⁹) Y Global has enabled YWCA Kenya to develop their own organisation.

212. The team would also like to highlight Y Global's responsiveness to the post-election crisis in Kenya in January 2008 by visiting YWCA Kenya during the difficult days. While Norwegian authorities warned its citizens about travelling to Kenya, Y Global decided it was important to show solidarity and get a first-hand impression about events. The visit boosted YWCA Kenya's morale and helped them address issues of thousands of internally displaced (IDPs) and peace-building. YWCA Kenya ended up not working directly with IDPs, but their ability to mobilise their members gave the impetus for initiating peace-building efforts in the projects in the hardest hit areas (later funded by SIDA).

213. The only gap found with regards to Y Global's value-added vis-à-vis FOKUS is that the organisation has not utilised its competence on FGM into the project. Y Global has not networked nor exchanged information/experiences with other Norwegian partners working on FGM like the Women's Front, Norwegian Church Aid, Norwegian People's Aid, and others.

6.7 Conclusions

214. YWCA Kenya's holistic approach to development is strength for working with FGM. The organisation's Christian values and relationship with churches are comparative advantages as opposed to many civil society organisations that do not have grass roots anchoring and a membership base. YWCA Kenya's members, the youth, women, and elders act as role models standing up against FGM.

215. Although it was difficult to see many results only two years into the project, the process of reducing FGM has started: the team found empowered girls, a few former circumcisers acting as good role models, and some local Chiefs speaking out in their own communities. Again, as mentioned in different places in this report, it is impossible to ascribe with certainty how much of the change can be traced back to YWCA Kenya's interventions, and how much is influence from Kenyan authorities, Chiefs Act, and others.

⁴⁹ The funds collected are income from the sale of Disen Gård which used to be owned by YWCA Norway. Y Global handles the funds on behalf of YWCA and announces the funds every year with the deadline of 15th November for YWCA national associations.

216. Despite some good results, there is a great need to ensure that results are sustained through joint concerted efforts with other stakeholders at local and national level. Stand-alone FGM projects in poor communities have lower success rates if not integrated with basic needs provision and national lobbying and awareness-work.

217. Another main conclusion is that using income generation for circumcisers has many challenges to ensure that abandonment of practice actually takes place. A strong focus on attitude and behavioural change is needed.

218. Finally, on an institutional level, the team concludes that YWCA Kenya's weak documentation system has impeded some of the effects and potentials for how YWCA Kenya can further develop. The internal capacity-building process in YWCA Kenya has started and is well underway, but it needs to be further supported – a process that Y Global seems to be committed to.

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Annex I: Terms of Reference

Review of the project “Practice Reduction and Awareness on Female Genital Mutilation-FGM” with Kenya YWCA

1. Background

KFUK-KFUM Global (hereafter Y Global) and Young Women’s Christian Association (YWCA Kenya) share mutual values as members of the global movement of YMCA and YWCAs. Since 2006 the two partners have cooperated on the project “Practice Reduction and Awareness on Female Genital Mutilation” funded by the Norwegian TV-campaign in 2005. The TV-campaign was organised by Forum for Women and Development in Norway (FOKUS) where Y Global is an active member.

Female Genital Mutilation (FGM) is an extensive problem in many African countries, including Kenya. It is estimated that somewhere between 50-60% of the women in Kenya have undergone FGM. The custom has long lasting traditions, and few can really explain its origin. Law in Kenya banned FGM in 2002, after severe pressure from the Catholic Church, but the law has not yet been upheld to any extent. The budget for the three year project is 3,1 million NOK (620.000 USD).

An external mid-term review (MTR) has been jointly planned by Y Global and YWCA Kenya, including the drafting of the TOR and selection of consultants, which have been done in a participatory process. The review will be carried out by a team of external consultants; one Norwegian and one Kenyan, and with a volunteer member from Y Global’s Africa Committee.

2. The project

The project is aimed at reaching girls and women through school visits in both rural and urban areas, as FGM is done within both zones. An agreement has been made with the local politicians enabling YWCA to conduct campaigns whenever the district officer or chiefs calls for a meeting with the local populations. Some women will be given special education within the issue to be able to function as agents of change in their local society. Posters, T-shirts, caps and skirts will be produced with writings and messages that can spread information on the issue. The project also offers alternative rites of passage to the girls and alternative means of income to the circumcisers. Media will be used strategically in order to reach a wider audience. Kenya YWCA has already made an agreement with other organization on use of their information material, such as videos and explanatory posters in addition Kenya YWCA plans to develop own more updated and functional info-material.

Overall development goal

Reduce practice of FGM in Kenya

Project goals:

- Wide spread media coverage on specific action taken by community, Government and opinion leaders.
- Widespread community and government support and involvement in discouraging the practices.
- More informed community members to advocate on issues associated with the FGM such as violence against Women and the Girl Child, rights of education for the Girl Child, forced marriages and harmful practices such as ‘Female Cut’.
- Adoption of Alternate Rites of Passage.

Project target group and size:

- Girls targeted for FGM (i.e. 6-18 year age group)
- Circumcisers
- Parents and guardians
- Opinion Leaders (Traditional Leaders, Government Officials, Church Leaders, School Authorities).

Geographic location:

The project country is Kenya, and the project will be implemented in high prevalence areas covered by YWCA of Kenya: Meru branch (East area), Nairobi branch (Kajiado area) and Kisii branch (West area).

Partnership with Y Global

Y Global was established in May 2004 as a merger of all international operations within the YMCA and YWCA in Norway, of which Delta international was the largest. KFUK-KFUM Global dates back to institutions and operations that have working for more than 50 years. From initially working with sponsorship programmes and ‘children adoption’ in the South, there is now a very clear development and partnership agenda in the co-operations with YWCAs and YMCAs in the South.

Y Global is an independent Christian, ecumenical, humanitarian organisation, responsible for international programmes and partnership co-operation in diaconal activities in the Norwegian YWCA-YMCA and in the Norwegian YWCA-YMCA scouts movement. The two organisations have the direct ownership of Y Global, and have around 30.000 members.

Founded in 1912, the Young Women’s Christian Association (YWCA) of Kenya is the oldest women’s organization in the country. The Kenya YWCA, an affiliate of World YWCA, has an estimated 20,000 membership distributed among the branches as follows:

1. Mombasa Branch	3431
2. Meru Branch	3325
3. Kisumu Branch	2949
4. Siaya Branch	3160
5. Nairobi Branch	1952
6. Kisii Branch	3287
7. Tana River Branch	3004
TOTAL	<u>21,108 members</u>

The seven branches cover geographical areas and communities where women’s and girls’ advancement has been most suppressed by discriminatory cultures and practices. YWCA has over the past years succeeded in bringing girls and women of various ethnic groups, different denominations and diverse social backgrounds together in an effort to promote their status and live fulfilled lives, through her five thematic areas for programme focus:

- HIV/AIDS (Prevention, Management, Care and Support)
- Women and Girls Social Empowerment (Leadership Development)
- Women and Girls Economic Empowerment (Skills training, Micro-Credit, Income Generating Activities, ICT for development, Loan Committees, Microfinance partnerships)
- Health (Reproductive Health, Anti-FGM, Primary Health Care, Water and Sanitation)
- Justice, Peace and Human Rights (Civic Education, Gender and Governance, Peace Building and Conflict Management, Anti-FGM, Advocacy)

The cooperation between Y Global and YWCA Kenya since 2006 has encompassed different projects like leadership training, youth exchanges, and summer camps.

Financial support

The current project “FGM” has been supported since 2006 and will last until 2008. Since then, the total project costs⁵⁰ are:

Budget applied for 2006 – NOK 1.299.494

Budget applied for 2007 – NOK 934.500

Budget applied for 2008 - NOK 954.787

3. Purpose, context and intended use

The project “Practice Reduction and Awareness on Female Genital Mutilation -FGM” has been running for two years, and towards the end of the project period - something which provides a good platform for assessing which direction the programme is heading. It is intended for the planned MTR to be a formative evaluation/review that focuses on determining progress to date in the project and how to improve the project

⁵⁰ Total project costs include Y Global’s admin share.

performance while it is ongoing. Moreover it will also serve as a quality assurance for the Norwegian and international partners as well as give an overview of the organisation and its activities. It shall provide a brief mapping of the organisation, including the number of employees, the various projects and activities carried out.

The main purpose of the Midterm review can be defined as follows:

to assess if the project is on the right track to achieve its goals by promoting learning among cooperating partners YWCA and Y Global in addition to other relevant parties like local authorities, NGOs and FOKUS.

The review will have a participatory focus and the report will be published and shared with relevant stakeholders. The report will be written in English. The main findings will be shared in two seminars; one in Kenya where all main stakeholders, including representatives of the target group will be invited, and one in Norway.

4. Scope of work

The scope of the review includes to:

- a) Provide an overview of all activities of YWCA with in-depth assessment of the activities that are funded over FOKUS project (Female Genital Mutilation -FGM) and show how FOKUS-Project is operating compared to other projects/activities under YWCA of Kenya.
- b) Assess the project according to relevance, effectiveness, efficiency, and sustainability.
- c) Assess Kenya YWCA's capacity to implement projects, professionally, administratively and financially and provide recommendations for potential capacity building initiatives to support strengthening the capacity of YWCA Kenya, especially the implementing branches of Kisii, Meru and Nairobi.
- d) Provide recommendations for cooperating partners and other relevant partners on how to improve the project's performance towards achieving the set objectives by the end of the project in 2008.

• Relevance:

- Is the project a priority for national authorities' plans, relevance to MDG, Convention on Children's Rights, including the rights of the girl child, PRSP, Women's Rights including CEDAW and other national plans for children's rights and women's rights.

- To what extent are the objectives of the programme still valid? Are the activities and outputs of the programme consistent with the overall goal and the attainment of its objectives?

- Are the activities and outputs of the programme consistent with the intended impacts and effects?

• **Effectiveness:** assess to which extent the objectives (e.g. alternative rites of passage) are likely to be achieved towards the end of the project in 2008? How effective were the implementation methodology/ies and strategies e.g. alternative rites of passage? What kind of methodologies/intervention strategies were the most effective and why? What were the major factors influencing the achievement or non-achievement of the objectives? What were the strengths and weaknesses of Kenya YWCA's capacity to achieve the goals set? Identify potential capacity building needs of Kenya YWCA in this regard.

• **Efficiency;** assess to which extent the activities have been cost-efficient, has the aid used the least costly resources possible in order to achieve the desired results. Were objectives achieved on time? Was the programme or project implemented in the most efficient way compared to alternatives?

• **Sustainability** – is concerned with measuring whether the benefits of an activity are likely to continue after funding has been withdrawn. What were the major factors which influenced the achievement or non-achievement of sustainability of the programme or project? Is the project financially sustainable? How will the Kenya YWCA manage if funds are withdrawn? What are the potentials for running self-sustainable programmes? Assess the techniques employed by the professional staff working with the children and consider the potential replicability of these.

- **Risk management;** what are the major risks to this project and how has the project management dealt with it and tried to prevent negative effects of the risks.
- **Audit:** the consultant will go through the institutional audit reports for the Kenya YWCA from 2006 and 2007 and do an assessment of financial management routines, narrative and financial reporting. Also, a randomized check will be done of financial routines, ex. Check a sample of supporting documents and vouchers for expenses that belong to the project. This will be combined with getting the project's external auditor feedback and opinion on the financial routines for project's bookkeeping.
- **Anti-corruption measures** – What is done to prevent corruption?
- **Gender issues:** knowledge and understanding of women's rights, gender equality, gender-based violence, including violence against girls related to conflict and the particular needs for women in a situation of war and conflict.
- **Partnership between Kenya YWCA and Y Global** with focus on:
 - The extent of mutual understanding and communication between the two partners,
 - How does Kenya YWCA perceive the professional and administrative follow-up from Y Global? Are requirements and criteria for funding understood?
 - In which areas of the partnership are there room for strengthening?
 - Are there any added value in the partnership between Kenya YWCA and Y Global and if so what kind of added value and in what area?

5. Approach and Methodology

There shall be two levels of planning teams to oversee the evaluation process i.e. one at Y-Global Norway and YWCA of Kenya

KENYA YWCA

The management of the Kenya YWCA is fully committed to supporting the Review Team and shall be involved at all stages from the inception to the development of a plan of action. In order to ensure that the intervention is strongly supported by adequate skill and experience, two independent and external consultants have been identified who has appropriate experience in programme implementation, administration and evaluation. The consultants will work with a management team comprising of the Programmes and Training Director and the three Branch Secretaries from the implementing branches of Kisii, Meru and Nairobi.

The evaluation team will collect data through desk studies, interviews, Focused Group Discussions and field visits. Their findings will be presented a draft report written in English that will be shared electronically.

Y-GLOBAL

A reference group will be established in Norway by Y Global consisting of people from Y Global's African group, the international director on Y Global and others. The reference group will comment on the drafting of the TOR, take part in the presentation of the draft report, and give their comments and input to the draft report.

Together with Y Global other partners will also contribute to the review process as discussion partners and they will be committed to the follow-up of the MTR. The project advisors/coordinators of other organisations will be networking members (through email correspondence since they are not in Norway) of the Reference Group.

6. Implementation of the review

The external review team will be asked to present an inception report which outlines the methodology and it is expected that a range of tools like desk studies, focus groups and individual interviews will be utilised. Y Global and Kenya YWCA are committed to provide all project documentation and project accounts for the team.

Division of responsibility; Y Global and Kenya YWCA will be jointly responsible for the consultants' team, but the focal point of contact is Y Global's Project Manager. The contract will be between the Y Global and the Norwegian team leader that will contract the Kenyan team member within an agreed upon budget frame.

Timetable for preparation, field work and finalization of report; the preparation for the MTR will commence in September 2008, the field survey will be carried out in October or November and a draft report should be submitted to Y Global and Kenya YWCA no later than November 25th 2008. The cooperating partners will be given 2 weeks to comment and the final report should be ready by December 10th, 2008.

Budget will be negotiated with the consultants.

7. Reporting

The report should be well-structured and include the following points Background, Methodology, Obstacles, Overview of all Kenya YWCA's activities, including the project "Practice Reduction and Awareness on Female Genital Mutilation" Partner and project SWOT, Findings, Assessments, Conclusions and Recommendations. The report should be no longer than 40 pages, excluding annexes.

The report should contain an Executive Summary of no more than 5 pages with main findings, conclusion on lessons learned and recommendation(s). The final report should be submitted in electronic form (Data CD) and 4 (four) bound copies in English.

Annex II: List of Interviewees

Name	Organisation	Title
Norway		
Kjetil Østnor	Y Global	International director
Trond Ørnholt	Y Global	Finance and administrative manager
Anita Sæbø	FOKUS	Programme adviser
Suad Farrah		Midwife in Norway, FGM-activist
Agnete Strøm*	Women's Front	Activist
Aud Talle*	University of Oslo	Professor, FGM-expert
Nairobi		
Mwajuma Alice Abok	YWCA Kenya	National General Secretary
Pauline Aninga	YWCA Kenya	National programme chairperson
Zipporah Mbaya	YWCA Kenya	National chairperson
Grace Okello	YWCA Kenya	Director, Training and Programme
Edna Alaro	YWCA Kenya	Director, Finance
Richard Kalwande	YWCA Kenya	Chief Accountant
Caroline Maneno- Oketch	YWCA Kenya	Deputy National General Secretary
Mariam Mwaka	YWCA Kenya HQ	Director, Hostels and Restaurants
Thomas Okoth	YWCA Kenya	Director, Small Enterprise Development
Judith Ayieko	YWCA Kenya, Kisumu Branch	Branch Manager
Deborah Olwal - Modi	YWCA Kenya	Asst. Emergency Resp. Humanitarian Coordinator
Hope Muli	YWCA Kenya	Programme coordinator Humanitarian Emergency response
Angela Oweggi	YWCA Kenya	Hostels Manager 1
Peter Musioka	YWCA Kenya	Accountant 1
Reu Ngeny	YWCA Kenya HQ	IT-manager
Dr James Nyikal, MBS*	Ministry of Gender, Children and Social Development	Permanent Secretary
Siv Cathrine Moe	Norwegian Embassy	First Secretary
Anna Brandt	Swedish Embassy	Ambassador
Josephine Mwangi-Mweki	Swedish Embassy /SIDA	Programme Officer, Civil Society
Ursula Sore-Bahati	UNIFEM	Gender and Governance Programme
Zainab Ahmad	UNICEF Kenya	Specialist, Harmful Practices, Child Protection Section
Mariam Sheikh	Population Council	Programme Officer
Beth N. Mwisywa	Carr Stanyer Gitau & Co	Partner, CPA, External Auditor
Josaya N'guru	Carr Stanyer Gitau & Co	Auditor
Hendrine Doroba	FAWE	Programme officer
Elaine Mukura	FAWE Kenya	former chair of FAWE Kenya
Camilla Ravensborg Aschjem	UNDP	Programme Officer, former project coordinator in Y Global
Kisii		
Victorinah Makori - Omondi	YWCA Kisii	Branch Manager
Mary Mogaka	YWCA Kisii	Field Officer
Ann Kengara	YWCA Kisii	Matron
Teresa Geseka	YWCA Kisii	Assistant Accountant
Gilbert Taigiro	YWCA Kisii	IT Manager

Mrs Joyce Sikini	YWCA Kenya, Kisii Branch	Treasurer
Cynthia Anching'a	YWCA Kenya, Kisii Branch	Youth representative
Billiah K. Ondaba	YWCA Kenya, Kisii Branch	Vice-chair lady
Damarise NyabiageOsiemo	Independent	Volunteer (parent) and translator
Modesta M. Atutimo	Mamiosa Group	Chairwoman
Miriam Njaboke Onchouga	Mamiosa Group	Member
Melleu Kerubo Mose	Mamiosa Group	Member
Grace Njorila Sungura	Mamiosa Group	Member
Martha Moraa Nyangweso	Mamiosa Group	Member
Agnes Kwamboka Nyakundi	Mamiosa Group	Member
Elimelda Wyanchwa	Mamiosa Group	Member
Mary Nyakundi	Mamiosa Group	Member
Patricia Nyakundi	Mamiosa Group	Member
Norah Ondieki	Kemera village	
Anna Rose Ogari	Kemera village	
Mary Kerubo	Kemera village	
Anna Bosibore Momanyi	Kemera village	
Jane Kerubo Chora	Kemera village	
Mallen Kerubu James	Kemera village	
Alice Maokerira Kengoina	Kemera village	
Mary Kerubo Osumu	Kemera village	
Maureen Moraa Mokaya	Kemera village	
Florence Kemunto Kiobo	Kemera village	
Gertrude Kerubo Bundi	Kemera village	
Priscola Kerubo Mokaya	Kemera village	
Hesiba Osoro	Kemera village	
Samuel Mokaya	Kemera village	Chief Kemera
Julius Myakundi	Kemera village	
Mary Ombwori	Kemera village	
Samuel Nuatwanga	Kemera village	
Isabella Obongo	Kemera village	
Jopsephine Momanyi	Kemera village	
Celila Momanyi	Kemera village	
Jeff Bosire	Young men's group	Associated member of YWCA Kisii
Hadison Omuyah	Young men's group	Associated member of YWCA Kisii
Lamech Magaka	Young men's group	Associated member of YWCA Kisii
Brian OJango	Young men's group	Associated member of YWCA Kisii
Jestine Motachi	I Young girls	ARP graduate
Facanklina Kemunto	Young girls Kisii Primary School	ARP graduate
Edith Bongereri	Young girls Iterio mixed school	ARP graduate
Sharon S. Moraa	Young girl	ARP graduate
Lisa Monyangi	young girl	ARP graduate
Iyarriet Bange	YWCA	ARP graduate
Dorothy Nyairo	Young girlsKisii Highlands	ARP graduate
Joseph Mywange	District of Kisii	District Officer 1
Robert----	ADRA (Adventist Development and Relief Agency)	Programme manager
Stephen Nairenke	Seventh Day Adventists	Pastor, Transmara

Meru		
Faith Bundi	YWCA Meru	Branch Manager
Caroline Kinoti	YWCA Meru	Field Officer
Faith Kamotho	YWCA Meru	Assistant Accountant
Eunice Kamuyu	YWCA Meru	Secretary
Janet Kaaria	YWCA Meru	Chair person
Zipporah Mbaya	YWCA Meru	National Chairperson
Dorothy Mujumbe	YWCA Meru	Branch Treasurer
Zipporah Muna	YWCA Meru	Programme Chair person
	YWCA Meru	Youth Representative
Scolastica Kaaria	YWCA Meru	Immediate past chair person
Godfred	Methodist Church of Kenya	Pastor
Flora		Former circumciser
Esther Kalimi		Former circumciser
Mwalim Mwebia K. Simon	Kunune Primary School Nchiru	Head Master
Robert Gatan	Next Generation Secondary School	Head Teacher
Caroline Njoki	Next Generation Sec. School	Form 4
Joreen Keriya	Next Generation Sec. School	Form 4
Irene Kathamsi	Next Generation Sec. School	Form 4
Lucy Mataria	Next Generation Sec. School	Form 4
Christine Kawira	Next Generation Sec. School	Form 4
Polly K Nalta	Next Generation Sec. School	Form 3
Grace Gatwiri	Next Generation Sec. School	Form 3
Moses Moriaki	DC Tigania	Chief
Job Kithngi	DC Tigania	Sub-Chief
Kajiado		
Margaret Kiema	YWCA Nairobi branch	Branch Manager
Evelyn Owiti	YWCA Nairobi branch	Assistant accountant
Beatrice Mberia	YWCA Nairobi branch	Chair person programme committee
Mary Seneta	Independent	Teacher and translator for YWCA
Patrick Parsati	Nasirian	Chief
Jeremia Mungai	Kitengela	
Stanley Sompiroy	Sohelenge	Assistant Chief
Jacqueline Noahl	Olturat	
Mary	Olloltotok Pefa Church	
Josephine	Olloltotok Pefa Church	
Maureen Sian	YWCA	Trainee and volunteer
Nicolas G. Muniu	Africa Inland Church (AIC) School	Headteacher
Belinda	AIC	Student
Nice	AIC	Student
Esther	AIC	Student
Esther R	AIC	Student
Merci	AIC	Student
Doreen	AIC	Student
Mary	AIC	Student
Emily Moyaa Susan Koilele Dorcas Kikayaya Mary Joshua	Kajiado	Women focus group

Jackline Takuyai Ann Lila Susan Swakei Gladys Somolae Agnes Gathuka Emily Gisheya Miriam Lumet Susan Manandu Ann Lema Mary Pulei Lois Kaneli Dorcas Sitelu Catherine Sitelu Susan Njoki		
Lois Odulkunyi		
Veronica Sukurai		
Maasai opinion leaders-Men and women		
Gideon Maridadi Stanley Sompiroy Emmanuel Tupet Noah Leshiitin Jackline Noah Agnes Rakaro Mercy Nkaaro Jemima Sikei Ann Kilumpua Janet Nkinina Miriam Ntauti Parkosane Emily Nkariampa Jeniffer Shakita Jackline Shakita Joyce Soikan Elizabet Kuisani Damaris Matasha Rebecca pmasena Ann Sokoipei Josephine Lekini Agatha Samuel	Opoinon leaders in Kaijado	

* = interviews by email or phone

Annex III: Interview Guides

Group 1: Beneficiaries of FGM

Knowledge and experience of project

- Are you familiar with the FGM project of YWCA Kenya?
- What are the main components – approach of project?
- Which components have you participated in?
- Was the activity useful and relevant for you?
- Which parts were not relevant and useful? Why and how?
- How have you used the learnings from the trainings in your own life, if any?
- Did any of your relatives or friends take part in the activity?
- How has the experience made an impact on you? Personally or professionally? Personal or organisational success stories at local level
- Any capacity built on the local level?
- Has there been any follow-up from YWCA after you took part in the activity? If yes, how?
- What is your view of the rescue shelters with regards to relevance? Do girls run away in your area? In case yes, at which age is the FGM usually conducted?

Other initiatives

- Have you taken part in other FGM trainings? In case yes, with whom?
- What were the main difference between that/those projects as compared to YWCA?

Future

- What are your recommendations for how to improve the project's effect on reducing FGM?
- Are men interested in the topic, or does it remain a 'women's issue'?

Group 2: For YWCA staff

Project design – planning process

- When did YWCA Kenya start working for FGM abandonment? How long have you worked on FGM?
- What was the *raison d'être* for the initiation of the project?
- Describe the process of initiating the project, any feasibility studies or baseline done?
- Who is the intervention directed towards? (women, men, children/youth, religious leaders, other leaders, others)
- Which governmental and NGOs were consulted when designing the project?
- Implementation; how is YWCA staff capacitated to run programmes, trainings?
- Monitoring and follow-up activities - how and by whom? Any documentation of monitoring visits?
- Documentation/archiving

Administration/finance

- Who prepares reports to Y Global? Are you consulted?
- How is information gathered for the report?
- Are you familiar with the written contract with Y Global? (ex what does it say about duties and roles of the partners, gender, corruption, impartiality clauses?)
- How is the communication between the central and branch offices of YWCA in implementing the project? How frequent does YWCA HQ visit your branch and vice versa?
- Transparent lines of communication with regards to budget and plans/reports? Are you as a project staff familiar with the whole FGM project budget for the other branches?

- External auditor – is there a TOR in use for audit?

Communication with Y Global

- Frequency and type of communication
- Are you familiar with FOKUS? Their work on FGM?

Group 3: Government, other Multilateral or International Organisations

- Is there an Action Plan for reducing FGM in Kenya?
- Is your organisation taking part in the National Committee against FGM?
- Are you familiar with YWCA Kenya's work on FGM?
- What are the main challenges of working with FGM in Kenya?
- Towards whom, which target group, are most the external FGM project intervention directed towards? (women, men, children/youth, religious leaders, other leaders, others)
- Are men interested in the topic, or does it remain a 'women's issue'?
- Does your organisation work especially towards including men?
- How to ensure that there is coordination and cooperation between NGOs, government, and other initiatives on district or central level?
- What are your main lessons learnt with regards to abandonment approaches within this field?
- Are there any areas where you see the need for more research or documentation?
- What your recommendations are for projects such as the one implemented by YWCA Kenya?

Group 4: Local NGOs, associations etc

- How do the authorities work with FGM on the local level?
- How is your capacity and knowledge in the field?
- Are you familiar with YWCA Kenya's work on FGM?
- How to ensure that there is coordination and cooperation between NGOs, government, and other initiatives on district or central level?
- What your recommendations are for projects such as the one implemented by YWCA Kenya?

Annex IV: Matrix of recommendations

RECOMMENDATIONS	Management response YWCA	Management response Y Global
A. For YWCA		
1. Programme level		
a. Set measurable, and realistic goals for project		
b. Avoid using HIV-AIDS linked to FGM as an argument, adopt religious- and rights-approach		
c. Target health workers in trainings		
d. Engage FGM national committee when conducting baseline survey in 2009		
e. Document methods and strategies used by YWCA and distribute and share findings with stakeholders		
2. Training		
a. Plan properly on 2009-plan of producing training manual:		
b. Capitalise on existing manuals from cooperating partners such as Unicef, Population Council etc		
c. Include hand-outs for trainees		
d. Refresher trainings needed for TOTs, always follow-up trainings (never make on-off events)		
e. Use local languages		
f. Use local trainers as facilitators (esp. Masaai)		
3. ARP		
a. Reflect on whether ARP is the most appropriate approach in Meru/Kisii/Masaai cultural setting		
b. Keep records of ARP participants incl. contact information within project period (NB! ensure confidentiality)		
c. Conduct regular follow-up of ARP-girls, refresher training and counselling		
4. Media		
a. More regular and sustained media interventions; regular columns in local newspapers, regular inputs in local radio stations		
b. Complete/clarify status on documentary		
5. Rescue Shelter		
a. Make comprehensive plans for the use of the shelters, including cost analysis (running costs, sustainability) and consultation with local communities on needs.		
b. Consider cancelling Kajiado shelter or if YWCA wants to build it, ensure extensive consultation and dialogue with the local community on their needs when defining the use of the centre		
c. Ensure that technical committee of Board is involved in monitoring and analysing costs/benefits.		
6. Former circumcisers		
a. Review approach; focus training on attitude change in addition to economic empowerment		
b. Include ex-circumcisers with community action, ex in women and prayer groups (like in Kajiado)		

7. Programme development		
a. Strategic workshop involving key project staff possibly with external FGM experts		
b. Enhance skills of project staff		
c. Continuously update staff on new FGM knowledge		
d. Hold regular meetings among FGM-field officers to share progress and reflect weaknesses/strengths in project		
8. Collaboration and networking		
a. Step-up engagement with National Committee for the Eradication of FGM and other stakeholders beyond churches at national and local level		
b. Need to be updated on new research, innovative approaches and strategies that have worked		
c. Increase visibility of project within FGM stakeholde		
9. Institutional level (finance/adm/governance)		
a. Improve administrative system to increase YWCA capacity to run projects:		
b. Develop systematic monitoring and evaluation of branches performance (could build on Y Global's formats and checklists)		
c. Improved filing/archiving at central & branch level		
d. Accounting system needs to be computerised		
e. Internet access in YWCA must be upgraded to all programme and finance staff, and to all branches		
10. Institutional level (governance)		
a. Organise Board retreats to reflect on		
b. Strategic direction of YWCA		
c. Fund-raising role of board		
d. Monitoring overall performance of organisation (built on M&E system to be built by secretariat)		
B. FOR Y GLOBAL		
1. Continue regular communication, follow-up and physical monitoring		
2. Continue supporting capacity-building of YWCA		
3. Standardise checklist for project appraisals		
4. Establish contact and seek collaboration with other Norwegian NGOs working on FGM in Kenya or East Africa (Women's Front, NCA etc)		
C. For FOKUS		
1. Include YWCA in the networking between FOKUS organisations working on FGM;		
2. Consider facilitating a workshop on FGM in East Africa where FOKUS partners like Women's Front and IAC (and Network Against Female Genitally Mutilation (NAFGEM) in Tanzania can link up with its Kenyan counterparts		
3. Encourage Y Global and YWCA to align the FGM programme with the National Committee against FGM in Kenya rather than developing separate FOKUS programmes on FGM in the area.		