



JOINT EVALUATION
UNFPA-UNICEF JOINT
PROGRAMME ON FEMALE
GENITAL
MUTILATION/CUTTING:
ACCELERATING CHANGE
2008 - 2012

KENYA

Evaluation Branch, UNFPA
Evaluation Office, UNICEF

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Joint Evaluation of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation / Cutting (FGM/C): Accelerating Change (2008 - 2012)

COUNTRY CASE STUDY: KENYA

Kenya Country Case Study Team:

Anette Wenderoth	Consultant's Team Leader and Gender Expert, Universalia
Jane Kiragu	National Consultant and gender expert, Universalia
Carolyn Rumsey	Research Assistant, Universalia

Alexandra Chambel	Chair of the UNFPA-UNICEF joint evaluation management group (EMG), Evaluation Adviser, Evaluation Branch, UNFPA
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Olivia Roberts	Member of the EMG, Evaluation Analyst, Evaluation Branch, UNFPA
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Kenya national evaluation reference group (NERG):

Florence Gachanja	Programme Analyst, focal point for the joint programme, UNFPA
Zeinab A. Ahmed	Child Protection Specialist, focal point for the joint programme, UNICEF
Sheikh Ibrahim Lethome Asmani	Islamic Scholar, Kenya Council of Imams and Ulamaa (KCIU)
Maureen Gitonga	Gender Advisor, Kenya Women Parliamentary Association (KEWOPA)
Dr. Guyo W. Jaldesa	Obstetrician – Gynaecologist, Kenya Obstetricians & Gynaecologists Society (KOGS)/Africa Coordination Centre for Abandonment of FGM (ACCAF)
Mary Kabaru	Gender & Social Development Officer, Ministry of Gender, Children & Social Development
Njoki Karuoya	National Coordinator, Kenya Media Network on Media on Population and Development (KEMEP)
Alice Kirambi	National Secretary, Maendeleo Ya Wanawake Organization (MYWO)
Alice Maranga	Programme Officer, Federation of Women Lawyers (FIDA)
Grace Mbugua	Director, Women’s Empowerment Link (WEL)
Asenath Nkatha Mwithigah	Programme Officer, Maendeleo Ya Wanawake Organization (MYWO)
Marceline Nyambala	Programmes Manager, Association for Media Women in Kenya (AMWIK)
Rukia A. Subow	National Chairperson, Maendeleo Ya Wanawake Organization (MYWO)

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Acronyms

ACCAF	Africa Coordination Centre for Abandonment of FGM
AMWIK	Association for Media Women in Kenya
ARP	Alternative Rites of Passage
AWP	Annual work plan
CEDAW	Convention for the Elimination of Discrimination against Women
CO	Country office
COAR	Country office annual report
CSO	Civil society organization
CSW	Commission on the Status of Women
DOS	Division for Oversight Services (UNFPA)
ECOWAS	Economic Community of West African States
EMG	Evaluation management group
EQA	Evaluation quality assessment
ERG	Evaluation reference group
FGM/C	Female genital mutilation/cutting
FIDA	Federation of Women Lawyers
GE	Gender Equality
GIZ	Deutsche Gesellschaft fuer International Zusammenarbeit
GoK	Government of Kenya
HQ	Headquarters
ICSCR	International Covenant on Economic, Social and Cultural Rights
INGO	International non-governmental organization
JP	Joint programme
KCIU	Kenya Council of Imams and Ulamaa
KDHS	Kenya Demographic and Health Survey
KEFEADO	Kenya Female Advisory Organization
KEMEP	Kenya Media Network on Media on Population and Development
KEWOPA	Kenya Women Parliamentary Association
KOGS	Kenya Obstetricians & Gynaecologists Society
KWJA	Kenya Women Judges Association
M&E	Monitoring and evaluation
MDG	Millennium Development Goals
MoGCSD	Ministry of Gender, Children and Social Development
MYWO	Maendeleo Ya Wanawake Organization
NACAF	National Committee of Abandonment of Female Genital Mutilation
NCPD	National Council for Population and Development
NERG	National evaluation reference group
NGO	Non-governmental organization
NORAD	Norwegian Agency for Development Cooperation
NPPP	National Project Professional Personnel
RWPL	Rural Women's Peace Link
SIDA	Swedish International Development Agency
SOET	Socially Organized Education Team

Acronyms

TORs	Terms of reference
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WE	Women's Empowerment
WEL	Women's Empowerment Link
WHO	World Health Organization

Executive Summary

Purpose of the evaluation and the country case study

In 2012/2013, in its fifth year of implementation, an evaluation of the United Nations Population Fund (UNFPA) and United Nations Children’s Fund (UNICEF) joint programme entitled “Female Genital Mutilation/Cutting (FGM/C): Accelerating Change” is being undertaken. The purpose of the evaluation is to assess the extent to which and under what circumstances (e.g. specific country contexts) the UNFPA-UNICEF joint programme has accelerated the abandonment of FGM/C in programme countries during the period 2008-2012.

The evaluation includes a total of four country case studies conducted in Kenya, Burkina Faso, Senegal and Sudan. The purpose of the country case studies is to explore and illustrate key issues, while taking into account specific national and local contexts in which the joint programme was implemented. Each country case study is intended both as a stand-alone document, and as a contribution to the final evaluation report. Kenya was selected as the pilot country case study. Criteria for its selection included the following four facts. It is one of the eight initial countries where the joint programme was first implemented in 2008. It provides an example of an Anglophone national context. It is representative of the Eastern African sub-region. Most of the geographic areas where the joint programme has been working in Kenya were accessible at the time of the evaluation.

Methodology

The case study employs mixed methods of data collection, emphasizing participatory approaches. Key sources of data and methods of data collection used for the case study were: review of programme and related documents including global and country

annual and mid-term reports, global and country annual work plans, communication materials, monitoring and evaluation (M&E) documents and tools; consultations with stakeholders at national and community levels (key informant interviews and community-level group discussions); and observations at the community level. In total, 242 individuals were consulted for the country case study.

Institutions	People consulted
UNFPA/UNICEF	12
Central government	4
District	4
UN agencies / Development partners	4
Civil society organizations/ faith-based organizations	25
Final beneficiaries	193
Total	242

Key methods of data analysis were descriptive, content and contribution analysis.

The case study involved three stages: i) preparation and planning, including logistical preparations for the country visit and document review; ii) data collection in Kenya during November 12-23, 2012, and iii) data analysis and writing of the country case study report.

Findings

The joint programme has been highly relevant in light of national and international commitments of the Kenyan government as outlined in, for example, the Kenyan national

planning strategy known as Vision 2030 and the 2010 Constitution. The joint programme also responded to previously identified gaps in FGM/C-related knowledge, programming, and coordination. Joint programme activities in Kenya have been integrated into the country programmes of both UNICEF and UNFPA, and were aligned with the joint priorities and programming principles of the 2009-2013 United Nations Development Assistance Framework (UNDAF).

The design of the joint programme in Kenya was appropriate and reflected the key principles outlined for the overall (global) joint programme, i.e. approaching FGM/C as a social convention/norm, and aiming for a strategic and catalytic, holistic, human rights-based and culturally-sensitive programme.

The joint programme has made significant contributions to strengthening the national environment for the abandonment of FGM/C. In particular, it has enhanced coordination among national and international actors working on FGM/C abandonment in Kenya, and has strengthened the national legal and policy framework, especially through its contribution to the passing of the FGM/C Act in 2011. However, processes of operationalizing and implementing the FGM/C Act in the future will be challenging.

The joint programme has contributed to enhancing local-level commitment to the abandonment of FGM/C in the targeted geographic areas. Many of the community-level achievements recorded in joint programme reports for Kenya focus on activities rather than on results. Nevertheless, evidence suggests that the joint programme has made progress towards its envisaged results. For example, changes in individual and collective attitudes towards FGM/C have been noted, as have changes in inter-community exchange and peer influence. The

evaluation also identified a number of emerging lessons learned at the community level related to supporting public declarations of FGM/C abandonment and the use of Alternative Rites of Passage (ARP).

The evaluation found less evidence of joint programme contributions to strengthening regional dynamics to abandon FGM/C. The evaluation team found only two examples of Kenyan stakeholders engaging in direct exchange with partners from other countries.

Good coordination between UNFPA and UNICEF and the chosen approaches to managing the joint programme have contributed to the adequate use of available resources. Additional factors that positively influenced the relevance, effectiveness and efficiency of the joint programme included the strength of the joint programme design; successful strategies, like partnerships with religious and traditional groups, employed at national and community levels; government commitment to ending FGM/C; the use of data for evidence-based policy development; and establishing the position of a national FGM/C coordinator to enhance coordination of efforts among Kenyan actors. Factors that posed challenges to or hindered progress included the persistence of traditions related to FGM/C, especially in remote areas; incidents of backlash against the change to traditional/cultural practices; limited financial commitment by the Kenyan government; and stakeholder anxieties about the changed social context related to the abandonment of FGM/C.

The joint programme helped create a number of favourable conditions likely to support the sustainability of achievements. It did this by helping to strengthen partnerships among actors at national and local levels, and by supporting the use of promising approaches capable of being

replicated or scaled up at national or community levels. Various factors may, however, negatively influence the sustainability of results achieved to date. These include uncertainties related to the elections in Kenya that took place in March 2013, as well as the fact that the function of a FGM/C coordinator/body has not yet been institutionalized by the Government of Kenya.

Horizontal issues and principles of gender equality, human rights, cultural sensitivity and focus on equity are well reflected in the design and implementation of the joint programme; they are, however, less apparent in joint programme monitoring and reporting tools and mechanisms.

Conclusions

Conclusion 1: The joint programme has been highly relevant given existing commitments and priorities of the Government of Kenya and previous gaps in its efforts to abandon FGM/C. It has helped to accelerate existing change processes in social norms affecting FGM/C at national and community levels.

Evaluation findings indicate that it is unlikely the Kenyan FGM/C Act would be in place without the contributions of the joint programme. The passage of the FGM/C Act is the most visible example of the joint programme having accelerated national change processes.

Conclusion 2: The long-term impact and sustainability of joint programme achievements will depend on the extent to which relevant actors can provide coordinated and systematic follow-up at both national and local levels.

The joint programme has helped create a number of favourable conditions likely to support the sustainability of achievements, but it is too early to assess the long-term

effects of achievements such as public declarations of FGM/C abandonment. Continued interventions are needed at both national and community levels to sustain and expand the existing momentum for change.

Conclusion 3: Joint programme efforts to pass the FGM/C Act have produced an effective advocacy model for gender-responsive law-making that is applicable to other contexts. At the community level, long-term monitoring and additional research are required before it is possible to identify replicable models for influencing change towards the abandonment of FGM/C.

While the joint programme advocacy activities that resulted in the passage of the FGM/C Act were tailored to the Kenyan context, some of its elements such as the use of diverse national and local change agents could be replicated in other contexts. At the community level, more information is needed on the specific combinations of factors that influence progress in different settings before solid conclusions on “what works” can be identified.

Conclusion 4: Coordination efforts between UNICEF and UNFPA, and the management of the joint programme, have largely been appropriate and have contributed to the effective and efficient implementation of the programme in Kenya.

The strong working relationship between the two joint programme focal points positively contributed to the effective coordination between UNFPA and UNICEF and the overall management of the joint programme. The annual budget cycle was, however, an impediment to the effectiveness and efficiency of the joint programme in Kenya as it limited the ability of UNFPA, UNICEF and their implementing partners to plan,

implement and monitor initiatives over periods of time beyond one year.

Conclusion 5: The design and implementation of the joint programme in Kenya reflected the key theoretical foundations underlying the overall (global) joint programme and helped to validate them, including the conceptualization of FGM/C as a social norm.

While the joint programme contributed to strengthening national ownership and leadership for FGM/C abandonment, the national FGM/C coordination function requires further support. The joint programme in Kenya contributed to validating the assumption that collective rather than individual change is needed to end FGM/C by demonstrating the benefits of systematically involving local and national opinion leaders and influential groups to facilitate change within relevant social networks. One threat to the sustainability of results is that the government of Kenya has not yet matched its verbal and legal commitments to end FGM/C with allocations of financial and/or human resources.

Recommendations

Recommendation 1: UNFPA and UNICEF should encourage the Kenyan government to embed a coordination function for FGM/C in national structures to ensure the sustainability of achievements made to date and to avoid a (re)fragmentation of efforts.

Due to the on-going process of restructuring the Kenyan government and to uncertainties regarding the upcoming elections, it is not possible to make a specific recommendation regarding the type and nature of the suggested coordination function. This function does not necessarily imply the existence of a full-time position in the Ministry of Gender, Children and Social Development (or in whichever ministry the

gender equality function may eventually be located). The Anti FGM/C Board proposed under the FGM/C Act may also play a role in this process if and when it is formed. While UNICEF and/or UNFPA may wish to consider providing support for institutionalizing a coordination function in the short-term, a clear agreement and strategy should be formulated to ensure this function will be sustained by the government in the longer term.

Recommendation 2: UNFPA and UNICEF should shape FGM/C programming to support operationalization and implementation of the FGM/C Act.

Operationalization and implementation of the FGM/C Act will require considerable time, effort and resources. To ensure that the Act can fully contribute to the abandonment of FGM/C, UNICEF and UNFPA should explore how future initiatives on FGM/C can support this process. This could entail: i) working with relevant government agencies to support the development of a systematic and feasible implementation plan and strategy, including measures to monitor progress made in implementing the Act; ii) ensuring that implementing partners working at national and/or community levels understand and are able to use the Act as an education and advocacy tool, thus contributing to its dissemination and implementation, and iii) supporting the creation and functioning of the Anti-FGM/C Board.

Recommendation 3: To sustain and expand the existing momentum for change, UNFPA and UNICEF should support their national partners in gathering additional information to be used in developing evidence-based, replicable models for successful community-level interventions.

National partners at the community level indicated the need to expand anti-FGM/C-related efforts to cover greater geographic areas, including remote and inaccessible areas of Kenya. Such expansion will require future programming to be based on solid evidence of what types of approaches are likely to work in each targeted setting, and why. While a significant quantity of experiences gained by different actors already exists, very limited data is available

on the specific mid- to long-term results of promising interventions such as public declarations or ARPs. UNFPA and UNICEF should continue to support national partners in applying these promising approaches where appropriate, but they should also consider conducting systematic, long-term monitoring of related results, and targeted research to capture specific combinations of factors that influence success or failure in different contexts.

1. Introduction

1.1 Purpose of the evaluation

In 2007, UNFPA and UNICEF launched a joint programme entitled “Female Genital Mutilation/Cutting (FGM/C): Accelerating Change” with the objective of contributing to a forty per cent reduction of the practice among girls aged zero-15 years, with at least one country declared free of FGM/C by 2012. The joint programme consists of two UN agencies working in synergy, with the leadership of national governments, to support community-based and national activities that have been identified as leading to positive social change. The main aim of the joint programme is to support and accelerate the efforts already being undertaken at country and regional levels and not to be a stand-alone initiative. In 2008, eight countries were involved in the implementation of the joint programme, which increased to 12 countries in 2009. In 2011, three additional countries joined, bringing the total to 15 countries of the 17 originally envisioned in the funding proposal (2007). The original estimated budget for the joint programme (as stated in the 2007 funding proposal) was 44 million dollars. However, the received funding did not reach the original estimates and the current estimated budget for the six-year period is 32 million dollars.¹

In 2012/2013, in its fifth year of implementation, an evaluation of the UNFPA-UNICEF joint programme on FGM/C is being undertaken. The purpose of the evaluation is to assess the extent to which and under what circumstances (e.g. specific country contexts) the UNFPA-UNICEF joint programme has accelerated the abandonment of FGM/C in programme countries over the last four years (2008-2012). Besides serving as an accountability tool for donors and other stakeholders, the evaluation is also envisaged as a learning opportunity regarding joint programming and delivery. It combines *summative* with considerable *formative* components, and informs future UNFPA and UNICEF (joint or separate) interventions on FGM/C.

The overall evaluation objectives as outlined in the terms of reference (TORs) are:

- To assess the relevance, effectiveness, efficiency and sustainability of the holistic approach adopted by the UNFPA-UNICEF joint programme to accelerate the abandonment of FGM/C.
- To assess the adequacy and quality of inter-agency coordination mechanisms established at the global and country levels to maximize the effectiveness of interventions.
- To provide recommendations, identify lessons learned, capture good practices and generate knowledge that can be used to refine the joint programme model and approach at the global, regional and country levels, and to shape future programming on FGM/C and related programme initiatives.

1.2 Purpose of the country case study

The evaluation includes a total of four country case studies conducted in Kenya, Burkina Faso, Senegal and Sudan. The purpose of the country case studies is to allow exploration and illustration of key issues, while taking into account specific national and local contexts in which the joint

¹ Source: Evaluation Terms of Reference. <http://www.unfpa.org/public/home/about/Evaluation/EBIER/TE/pid/10103>

programme was implemented. Each country case study is intended both as a stand-alone document and as a contribution to the final evaluation report.

1.3 Scope of the country case study

The Kenya country case study covers the years 2008-2012. It focuses on national and community levels and their interconnections, but also looks at linkages with the regional and global levels. Programme results and implementation mechanisms and processes of the joint programme in Kenya are the main concerns.

1.4 Reasons for selecting Kenya as a country case study

The four countries selected for case studies were identified by the joint evaluation management group (EMG) in consultation with the evaluation reference group (ERG) using the following criteria: the existence of a variety of interventions and contexts; implementation time span; a mix of French- and English-speaking countries; representation of different sub-regions; accessibility, and feasibility. Kenya is one of the eight initial programme countries in which joint programme implementation began in 2008. It is an English-speaking country in Eastern Africa. Most of the geographic areas where the joint programme has been working in Kenya were accessible at the time of the evaluation.

1.5 Purpose and structure of the case study report

This country case study summarizes evaluation findings and conclusions on the design, implementation, and management of the joint programme in Kenya, and provides forward-looking recommendations to UNICEF and UNFPA. A draft version of the report was shared with, and revised following feedback from the Evaluation Management Group, the Evaluation Reference Group and the National Reference Group in Kenya.

Following this introduction, section 2 briefly describes the country case study methodology. Section 3 provides an overview of the context of FGM/C in Kenya and section 4 describes UNFPA-UNICEF joint programme interventions in Kenya. Section 5 outlines the main findings arranged by evaluation questions. Section 6 lists the main conclusions and recommendations for UNFPA and UNICEF.

2. Methodology of the country case study

2.1 Case study design and questions

The case study employs mixed methods, emphasizing participatory approaches in both data collection and analysis (see 2.2 and 2.3 below).

Key sources of data for the case study were **programme documents**, including global and country annual and mid-term reports, global and country annual work plans, communication materials, monitoring and evaluation (M&E) documents and tools; **interviews and group discussions with stakeholders** at national and community levels, and **observations** during the country visit.

The case study addresses the overarching question of whether and how the specific country context influenced implementation and achievements of the joint programme. Data collection at the country level was guided by the detailed **evaluation questions and sub-questions** outlined in the evaluation matrix included in the Final Inception Report, Volume II. The evaluation matrix is included in Annex 1. The evaluation team adapted the matrix for the country case study by excluding questions/sub-questions or aspects that focused solely on global aspects of the joint programme.

2.2 Case study process

The case study was conducted in three steps: i) preparation and planning, including logistical preparations for the country visit and document review; ii) data collection in Kenya during November 12-23, 2012, and iii) data analysis and writing of the country case study report.

Box 1. Kenya country visit – Evaluation team members

Anette Wenderoth (Universalialia) – Consultant’s Team Leader

Jane Kiragu (Universalialia) – National Consultant, Gender Expert

Alexandra Chambel (UNFPA) – Chair EMG, Evaluation Adviser

Olivia Roberts (UNFPA) – EMG member, Evaluation Analyst

Data collection in Kenya was conducted by a team of two consultants from the external evaluation team (Universalialia), and two members of the evaluation management group (EMG) (see Box 1). On the first day of the country visit, the evaluation team met with the national evaluation reference group (NERG) to provide the group with an overview of the evaluation purpose, objectives and approach; to clarify the role of the NERG and to engage in a first group discussion on the key evaluation questions. During the remainder of the first week of the country visit, the evaluation team consulted with joint programme staff and stakeholders in Nairobi.

During the second week, the evaluation team divided into two sub-teams, one team visiting two communities, the other team visiting three communities in different parts of Kenya. For each visit, team members were accompanied by UNICEF or UNFPA staff involved in the joint programme to facilitate introductions with local partners. On the last day of the country visit, the evaluation team met in Nairobi with members of the NERG and additional stakeholders to share preliminary observations from the country visit, and to elicit feedback from the NERG. The list of participants attending this debriefing meeting is included in Annex 3.

2.3 Methods of data collection and data analysis

The evaluation team used a variety of data collection methods to gather information. The selection and use of these data collection methods followed principles outlined in the evaluation inception report (section 4.3.1). Methods of data collection include:

- **Document review:** The evaluation team reviewed documents shared by UNFPA and UNICEF that were relevant to implementing the joint programme in Kenya. The team also reviewed additional documents shared or recommended by consulted stakeholders in Kenya. A list of reviewed documents is included as Annex 2.
- **Key informant interviews:** The evaluation team conducted individual and small-group interviews with staff and partners/stakeholders of the joint programme. This included consultations with representatives from government agencies, non-governmental organizations (both implementing partners and others working on FGM/C), donor agencies, and religious organizations. A small number of individual informant interviews were conducted at the community level (e.g. with former circumcisers).
- **Community-level group discussions and observations:** During the second week of the country visit, the evaluation team visited five communities located in the Meru, Kongoni, Nakuru, Marigat and Mt. Elgon districts. In each community, the team conducted group discussions with different stakeholders. In most cases, discussions were held with a relatively homogenous group of stakeholders in terms of their attitudes towards FGM/C (e.g. (young) men, community elders, women, girls who had participated in alternative rites of passage (ARP), young people, teachers and members of the local anti-FGM network).

Box 2 shows the types and total number of stakeholders consulted during the Kenya country visit. Annex 3 lists all individuals consulted as part of the Kenya country case study. Interview and group discussion protocols are included in Annex 4.

Data analysis using descriptive and content analysis was structured by the questions and indicators in the evaluation matrix. Moreover, the evaluation team used contribution

analysis based on the draft reconstructed Theory of Change for the overall joint programme as outlined in the evaluation inception report (December 2012). Contribution analysis aims to reduce uncertainty about the contribution an intervention is making and to approach results with a greater understanding of why results did or did not occur, and the roles played by the intervention and other influencing factors.

Box 2. Stakeholders consulted during the Kenya country visit

UNFPA/UNICEF - 12
Central Government - 4
District Government - 4
Other UN Agencies/Development Partners - 4
Civil-society Organizations - 20
Faith-based Organizations - 5
Community-level group discussions - 193
Total - 242

2.4 Limitations and mitigation strategies

Table 1 lists a number of moderate limitations that were encountered but that did not adversely affect data collection.

Table 1 Limitations and mitigation strategies

Limitation	Mitigation Strategy
The former UNFPA Representative for Kenya had recently left and had not yet been replaced.	For senior management perspective, the team met with the UNFPA Officer in Charge and the Assistant Representative.
A small number of stakeholders were unavailable during the country visit.	The Kenya-based national consultant contacted these individuals in order to conduct interviews with them at a later date. Despite several efforts to schedule interviews, some stakeholders remained unavailable. Joint programme staff indicated that this did not lead to significant gaps in the evaluation data given that the respective individuals had not been directly involved in joint programme activities.
The security situation in Northeast Kenya prevented travel to this region, despite the fact that a large proportion of the joint programme activities conducted by UNICEF has taken place there, and that the types of FGM/C practised and the reasons for continuing the practice tend to differ from other parts of the country.	The evaluation team visited another community in Eastern Province supported by UNICEF. For information on work with communities in Northeast Kenya, the team relied on available documents and consultations with UNICEF staff and other stakeholders at the national level including five religious scholars who have worked with communities in North East Kenya since 2005 in facilitating community dialogue on FGM/C and delinking it from religion. Nevertheless, the inability to collect primary data in this part of the country significantly limited the evaluation team’s ability to achieve in-depth insights into successes and challenges faced by the joint programme while working in communities in this part of Kenya.

3. The context of Female Genital Mutilation/Cutting in Kenya

3.1 The practice of FGM/C in Kenya

Female genital mutilation/cutting is traditionally practiced in 29 of the 34 ethnic communities living in Kenya.² The Kenya Demographic and Health Survey (KDHS 2008 – 2009) indicates a decline in the percentage of women circumcised from 38 per cent in 1998, to 32 per cent in 2003, to 27 per cent in 2008-2009.³ The KDHS data also shows that while 49 per cent of older women aged 45-49 years had undergone FGM/C, only 15 per cent of women aged 14 to 19 years had been affected.⁴ However, complications during pregnancy and childbirth, many due to FGM/C, continue to be the leading cause of death among 15- to 19-year-old girls in Kenya.⁵ The KDHS also indicates that rural women are more likely to be circumcised than urban women;⁶ and that there is a relationship between education level and circumcision status.⁷

The prevalence of the practice varies among ethnic groups. The highest concentration of FGM/C is in the North-eastern region of Kenya near the Somali border, where it is nearly universal among the Somali ethnic group (98%).⁸ The proportion of Muslim women who undergo FGM/C is twice that of Christian women. The ages at which girls undergo FGM/C vary by ethnic group, with some communities practising FGM/C during infancy, others (e.g. the Somali, Kisii and Borana) between ages six-10 years, and other communities (e.g. the Meru and Embu) between nine and 16 years. In the latter case, FGM/C has been traditionally practised as a rite of passage into womanhood. However, in these communities, girls are increasingly being cut at younger ages due to resistance by older girls who have been educated about the adverse effects of the practice.⁹ Data also indicates that the percentage of women circumcised declines steadily as their wealth increases.

Diagram 1 illustrates the geographic distribution of FGM/C in Kenya in 2010.¹⁰

² UNFPA-UNICEF Joint Programme on FGM/C, “Taking Female Genital Mutilation/Cutting out of the Cultural Mosaic of Kenya”, April 2010.

³ UNFPA-UNICEF Joint Programme on FGM/C, Baseline Assessments/Surveys for FGM/C Interventions in Selected Districts: Marakwet, Kuria, Migori, Naivasha and Mt. Elgon Districts.

⁴ Ibid.

⁵ UNFPA-UNICEF Joint Programme on FGM/C, Legislative Report in Kenya to Speed up Abandonment of FGM/C: Strong Government Policy to Support New Law”, UNFPA online document. Retrieved in December 2012. http://www.unfpa.org/gender/docs/fgmc_kit/Kenya-1.pdf

⁶ Thirty-one per cent and 17 per cent respectively.

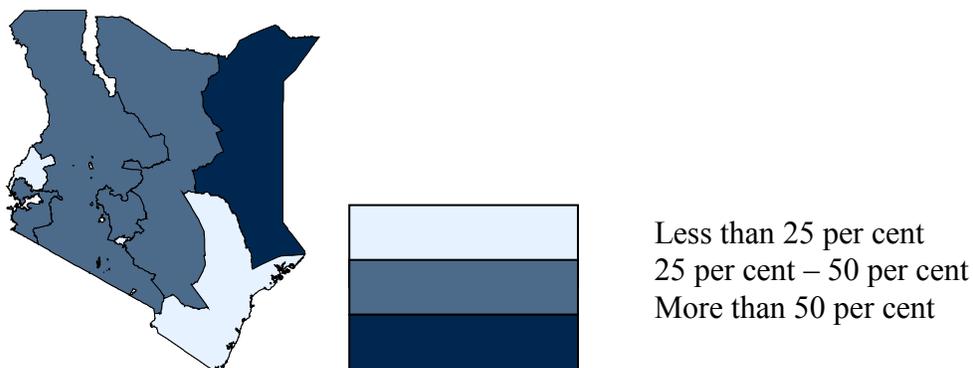
⁷ Fifty-four per cent of women with no or little education reported being circumcised, compared to only 19 per cent of women with at least some secondary education.

⁸ Republic of Kenya, “The National Policy for the Abandonment of Female Genital Mutilation”, Ministry of Gender, Children and Social Development, Nairobi, Kenya, June 2010, p. 5.

⁹ UNFPA-UNICEF Joint Programme on FGM/C, Baselines Assessments/Surveys for FGM/C Interventions in Selected Districts: Marakwet, Kuria, Migori, Naivasha, and Mt. Elgon Districts. Undated.

¹⁰ UNICEF Innocenti Research Centre, diagram taken from “Insight, Harmful Practices: Social Dynamics of Abandonment: a Special Focus on FGM/C in Five Countries (Egypt, Ethiopia, Kenya, Senegal and Sudan)”, UNICEF, Third annual consultation, Djibouti, Republic of Djibouti, 2010.

Diagram 1 Geographic distribution of FGM/C in Kenya



The type of cutting varies by ethnic group. All types of FGM/C are practised in Kenya, but types I and II¹¹ are the most common, with type III (infibulation) occurring mostly in the Somali, Borana, Rendile and Samburu communities.¹² FGM/C ceremonies often take place during school holidays in December or August. In most communities, razor blades have replaced knives because they are cheaper and more hygienic. While FGM/C is still often performed by midwives/traditional birth attendants (TBAs), surgeons and other healthcare providers are playing an increasing role in performing the practice.

3.2 Legal and policy framework for the abandonment of FGM/C

The Government of Kenya recognizes that FGM/C is a fundamental violation of the rights of women and girls.¹³ Decrees and bans against FGM/C were issued in 1982, 1989, 1998 and 2001.¹⁴ The Children’s Act of 2001 prohibits FGM/C and other harmful practices that “negatively affect” children under 18 years old, imposing a penalty of twelve months of imprisonment and/or a fine.¹⁵ Nevertheless, since the Act only applies to children and was not widely publicized by the government, its impact has been limited.¹⁶ Policies and action plans were also set up to address FGM/C. They include Sessional Paper No. 5 on the National Population Policy for Sustainable Development (1999); the National Reproductive Health Policy Enhancing Reproductive Health Status for all Kenyans (2007); the National Plan of Action for the Elimination of Female Genital Mutilation (FGM) in Kenya (2008-2012); the Adolescent and Reproductive Health Policy and Plan of Action (2005-2015); Vision 2030, and the draft Reproductive Health and Rights Bill

¹¹ Type I involves the partial or total removal of the clitoris and/or the prepuce (clitoridectomy). Type II pertains to the removal of the clitoris and the labia minora, with or without the excision of labia majora (excision).

¹² Government of the Republic of Kenya, “The National Plan of Action on the Abandonment of Female Genital Mutilation in Kenya”, Ministry of Gender, Children and Social Development, Nairobi, Kenya, 2012-2016.

¹³ Government of the Republic of Kenya, “The National Policy for the Abandonment of Female Genital Mutilation”, Ministry of Gender, Children and Social Development, Nairobi, Kenya, June 2010.

¹⁴ Government of the Republic of Kenya, “The National Policy for the Abandonment of Female Genital Mutilation”, Ministry of Gender, Children and Social Development, Nairobi, Kenya, June 2010, p. 11.

¹⁵ UNFPA/UNICEF “Legislative Report in Kenya to Speed Up Abandonment of FGM/C: Strong Government Policy to Support New Law”, Joint Programme on FGM/C.

¹⁶ Ibid.

(2008). These strategies and policies reflect an understanding that FGM/C presents serious health dangers to girls and women, and highlight the need to integrate FGM/C activities into the health, legal and social systems in order to accelerate abandonment of the practice. The Ministry of Health prohibits all medical personnel from performing FGM/C.¹⁷

The National Plan of Action of the Government of Kenya on FGM/C (2008-2012) supports coordination, networking and collaboration among key stakeholders across the public, civil and private sectors. The National Policy for the Abandonment of FGM/C (2009) analyses the prevalence, trends and types of FGM/C in Kenya, and proposes a comprehensive set of activities to encourage abandonment of the practice.¹⁸ The most recent development was the Prohibition of FGM/C Law that was passed in 2011.¹⁹

3.3 Key actors involved

Key players engaged in FGM/C activism at the national and/or community levels in Kenya, including the period *preceding* the UNFPA-UNICEF joint programme (i.e. before 2008), comprise: **government actors**, in particular the Ministry of Gender, Children and Social Development, and the Ministry of Public Health and Sanitation; individual Members of Parliament; **non-governmental organizations** including the various partner organizations working with the joint programme listed in Annex V of this report, as well as other organizations including the Kenya Female Advisory Organization (KEFEADO), CARE, Action Aid, World Vision Kenya, Rural Women's Peace Link (RWPL), and the Socially Organized Education Team (SOET); **UN organizations**, in particular UNICEF and UNFPA, **and other development partners** such as the Swedish International Development Agency (SIDA), the Italian Embassy, Norwegian Agency for Development Cooperation (NORAD), German Development Cooperation (GIZ), World Health Organisation (WHO), the World Bank, the Netherlands Embassy, and the Austrian Embassy.

3.4 Key challenges and opportunities for the abandonment of FGM/C

Challenges: Most communities practising FGM/C in Kenya regard the practice as a badge of ethnic identity. FGM/C binds the community together, and those who do not cut are frequently regarded as “traitors” or “impostors”.²⁰ Among the Maasai, Meru, Marakwet and other ethnic groups, the practice is embedded in an elaborate ritual of initiation into womanhood. For the outlawed Mungiki sect of the Kikuyu, the practice signifies a return to pre-colonial, “authentic”

¹⁷ Ibid.

¹⁸ Government of the Republic of Kenya, “The National Policy for the Abandonment of Female Genital Mutilation”, Ministry of Gender, Children and Social Development, Kenya, June 2010.

¹⁹ Government of the Republic of Kenya, *Prohibition of Female Genital Mutilation Act*, Nairobi, Kenya, passed 30 September 2011. Please also see section 5.2.2 below.

²⁰ Ibid.

traditions, and is sometimes forced on women as a form of intimidation or retaliation.²¹ The Mungiki consider the notion of cultural identity as more important than the fact that FGM/C is illegal. Suppressing women's sexual desires is also cited as a reason for the continuation of the practice; it is one way of ensuring that sex for pleasure is discouraged before, during and outside of marriage. Uncircumcised women are thought to be easily aroused and may therefore behave in culturally inappropriate ways.²² In most practising communities, FGM/C is seen as beneficial by girls and parents as a way to improve chances of marriage and encourage a high bride price.²³ Among Kenyan Muslims performing FGM/C (including/in particular the Somali community) the practice is regarded as a religious requirement and obligation. In most communities, the decision to cut is typically made by both parents. As parents become increasingly aware of the health risks of cutting by traditional FGM means, FGM/C in Kenya has become medicalized, with some doctors setting up temporary FGM/C "clinics" during school holidays.²⁴

Opportunities for the abandonment of FGM/C in Kenya include the following.

- A history of efforts to abandon FGM/C at national and community levels; many government and non-government actors have gained considerable practical experience over time;
- The expanding legal and policy structure for empowering girls and women in Kenya (see section 3.2 above) promises protection from harmful practices and the persecution of perpetrators. It thereby holds the potential to support advocacy efforts to abandon FGM/C.
- Current reforms by the Kenyan government to its administrative, law enforcement and security agencies. The resulting changes present an opportunity to sensitize key actors in these institutions to play a more proactive role in community sensitization and in enforcing laws relevant to FGM/C abandonment.
- Heavy investment by the Kenyan government in mobilization and empowerment programmes for women and girls. These programmes offer opportunities for changing public views and, eventually, social conventions/norms (see Box 3) and practices that influence gender roles and stereotypes.

Box 3: Social conventions and social norms

A social convention is a social rule of behaviour that members of a community follow based on the expectation that others will follow suit. A social norm is a social rule of behaviour that members of a community follow in the belief that others expect them to follow suit.

Recent studies (e.g. Mackie and Le Jeune, 2009) have shown that FGM/C in practising communities is both a social convention and a social norm. It is its role as a social *norm* that better enables us to understand why it persists and how it can be abandoned. Simply put, the practice continues because individuals are concerned with whether others will approve or disapprove of their actions, and whether there will be sanctions or consequences for those actions.

Source: Mackie and Le Jeune, 2009

²¹ UNFPA/UNICEF, "Taking Female Genital Mutilation/Cutting out of the Cultural Mosaic of Kenya", communication document of the Joint Programme on FGM/C, Kenya, April 2010.

²² Government of the Republic of Kenya, "The National Policy for the Abandonment of Female Genital Mutilation", Ministry of Gender, Children and Social Development, Nairobi, Kenya, June 2010.

²³ Ibid.

²⁴ UNFPA/UNICEF, "Legislative Report in Kenya to Speed Up Abandonment of FGM/C: Strong Government Policy to Support New Law", Joint Programme on FGM/C.

- Providing men and boys with relevant information that was previously unknown to them. Given that FGM/C has traditionally been regarded as a women's issue, men are seldom fully aware of the details of the practice or of its adverse effects on the lives of girls and women. Education holds the potential to engage them as active participants in efforts to abandon the practice.

4. The UNFPA-UNICEF Joint Programme in Kenya

4.1 FGM/C programme interventions in Kenya

The UNFPA-UNICEF joint programme in Kenya was officially launched on September 9, 2008,²⁵ and became fully operational in early 2009. In the context of the sub-regional approach taken by the overall joint programme, Kenya was divided into two regions, with the Somali population (or North-Eastern portion) included in the same region as Djibouti, Ethiopia (Afar and Somali regions), Somalia and Sudan. This region was delineated according to shared ethnicity and additional shared perpetrating factors.²⁶ The non-Somali areas of Kenya were categorized in the same group as Uganda and the United Republic of Tanzania, due to common lower prevalence rates, shared ethnicity among certain groups and histories of abandonment of the practice.²⁷

In Kenya, the joint programme constituted a joint intervention between the Government of Kenya, UNICEF and UNFPA. It focused on 12 districts located in five of the eight provinces in Kenya (see Box 4). UNFPA led the

Box 4. Provinces and districts covered by the joint programme

Eastern Province: Isiolo, Meru, Moyale

North Eastern Province: Garissa

Coast Province: Tana River

Nyanza Province: Kuria, Migori

Rift Valley Province: Samburu, Naivasha, Pokot, Baringo, Mt. Elgon

joint programme activities in Naivasha, Migori, Pokot, Baringo, Samburu, Kisii and Mount Elgon, while UNICEF focused on Garissa, Isiolo, Moyale, Tana River, Meru and Kuria. Policy-related activities at the national level were addressed jointly by UNFPA and UNICEF.

The overall approach chosen by the joint programme in Kenya was to respond to the two main challenges to abandoning FGM/C in the country: medicalization of the practice and its religious/cultural importance. At the national level, the joint programme focused on strengthening the legal framework for FGM/C abandonment, and improving coordination among actors in FGM/C abandonment in Kenya. At the community level, joint programme strategies included (but were not limited to) facilitating public declarations on FGM/C abandonment at the community level; encouraging alternative rite of passage ceremonies (ARP), and working with religious leaders to distinguish FGM/C from religion.²⁸

The main partner of the joint programme was the Government of Kenya, in particular the Ministry of Gender, Children and Social Development (MoGCSD). Annex 5 lists all implementing partners of the joint programme in Kenya. Annex 6 contains the portfolio of interventions of the joint programme in Kenya.

²⁵ UNFPA/UNICEF, “Annual Report”, Joint Programme on FGM/C, Nairobi, Kenya, 2008.

²⁶ For example, the Djibouti (the Somali population of Kenya and Somalia) share the same ethnicity, culture, language, honour and modesty codes.

²⁷ Ibid.

²⁸ UNFPA/ UNICEF, “Female Genital mutilation/Cutting: Accelerating Change: Funding Proposal”, UNFPA, UNICEF, New York, 2007.

4.2 Financial overview

Table 2 below provides an overview of the (reconstructed) annual budgets and actual expenditures of the joint programme in Kenya for the years 2008 to 2012, based on financial data obtained from the financial systems of UNICEF and UNFPA. Annex 7 contains an overview of budgets and expenditures by agency and output, based on the data provided in the annual progress reports for Kenya. The budget figures in the progress reports differ slightly from the reconstructed data shown below. Consultations with the evaluation management group indicate that the data below are more accurate and therefore have been used for the purposes of the country case study. They do not, however, provide a breakdown of budgets and expenditures by output.

In 2009 the noted expenditures are higher than the allocated and budgeted amounts noted for that year. To our knowledge, this reflects the fact that resources were carried over from the previous year, where considerably less than allocated had been spent.

Table 2 Kenya joint programme budgets and expenditures in USD

Year		Requested	Allocation	Budget	Actuals (Expenditures)	Implementation Rate
2008	UNFPA		200,000	200,000	156,135	78%
	UNICEF		322,268	200,000	106,204	53%
	Total		522,268	400,000	262,339	66%
2009	UNFPA		164,956	204,466	213,879	105%
	UNICEF		600	194,368	194,853	100%
	Total		165,556	398,834	408,732	102%
2010	UNFPA	200,000	206,200	206,200	198,864	96%
	UNICEF	200,000	180,000	176,002	173,612	99%
	Total	400,000	386,200	382,202	372,476	97%
2011	UNFPA	470,000	300,000	305,448	263,514	86%
	UNICEF	267,500	200,000	195,139	141,443	72%
	Total	737,500	500,000	500,587	404,957	81%
2012	UNFPA	323,000	140,000	183,968	107,053*	58%*
	UNICEF	210,000	110,000	157,685	87,247*	55%*
	Total	533,000	250,000	341,653	194,300*	57%*

*mid-year

Source: Reconstructed annual budgets and actual expenditures of the joint programme in Kenya for the years 2008 to 2012 as per the financial systems of UNICEF and UNFPA.

5. Main Findings and Analysis

EVALUATION QUESTION 1

How appropriate and responsive has the joint programme been to national and community needs, priorities and commitments as well as to the global and regional priorities and commitments of UNFPA, UNICEF and key international stakeholders?

5.1 Relevance and responsiveness to national and community needs, priorities and commitments

Evaluation criteria covered

Relevance

The joint programme has been highly relevant in light of Kenya's national commitments and priorities, outlined in its development programme *Vision 2030*. Covering the 2008-2030 time period, this document advocates for the empowerment of women and girls by prohibiting retrogressive cultural practices such as FGM/C. The first Medium Term Plan (2008-2012) to implement Vision 2030 specifically identifies "campaigns to eliminate retrogressive cultural practices such as FGM and early marriages" as one of the programmes to be implemented by the Kenyan government during the planning period.

The joint programme is also relevant given the Kenyan Constitution (2010), in particular:

- article 27 (3) which asserts that women and men have the right to equal treatment, including the right to equal opportunities in political, economic, cultural and social spheres, and recognizes cultural practices harmful to women as being unlawful;
- article 29 (d) which guarantees the rights of persons not to be subjected to torture in any manner;
- article 29 (c) which defines and widens the scope within which women and men are protected from violence to include the private spheres;
- article 53(d) which obligates the state to protect children from abuse, neglect, harmful cultural practices, all forms of violence, inhuman treatment and punishment; and
- article 55(d) which ensures the protection of youth from harmful cultural practices and exploitation.

Furthermore, the objectives of the joint programme are relevant given Kenya's international commitments (e.g. under the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW),²⁹ the International Covenant on Economic, Social and Cultural Rights

²⁹ The "list of issues and questions with regard to the consideration of periodic reports" issued during the 39th session in February 2007 noted request by the CEDAW Commission for more information on "the overall strategy of the Government" in moving to eliminate FGM/C. Moreover, the Commission requested details on the role of government

(ICESCR), and under the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (Maputo 2003), which contains commitments to stop FGM/C).

Finally, the joint programme in Kenya has responded to gaps in FGM/C-related knowledge, programming, and coordination identified in the *Situation Analysis* (2007) conducted by the Kenyan Ministry of Gender, Sports, Culture and Social Services with support from UNPFA and the Population Council.³⁰ In particular, it addressed the fragmentation of FGM/C-related efforts noted in the study. At the community level, the joint programme conducted in-depth baseline surveys to ensure that programme interventions and approaches could be tailored specifically to the contexts and needs of Kenyan communities.

Alignment with UNICEF/UNFPA and UN strategies and programming priorities in Kenya

➤ **Evaluation sub-question 1.3 of the evaluation matrix**

Joint programme activities in Kenya have been aligned with and integrated into the respective country programmes of both UNICEF and UNFPA. **The UNFPA Kenya Country Programme (2009-2013) explicitly addresses FGM/C** within both the reproductive health and rights component (output 2) and the gender equality component (output 3) of the programme.³¹ UNFPA country office annual reports include information on achievements made by the joint programme. Consultations with UNFPA staff in Kenya indicate that FGM/C-related priorities and approaches of the country programme were formulated using the results framework of the joint programme.

When the joint programme started in 2008, UNICEF was approaching the end of its 2004-2008 country programme, which did not explicitly incorporate FGM/C-related results or activities.³² Under the current country programme (2009-2013), **FGM/C is being addressed and reported as part of the UNICEF child protection programme**, more specifically Activity 1.9 on supporting strategies for prevention of and response to harmful social norms. UNICEF Kenya annual reports include information on contributions made by UNICEF under the joint programme.

Alignment with the priorities of other development partners

➤ **Evaluation sub-question 1.4. of the evaluation matrix**

officials in these efforts, and for statistics regarding the practice of FGM/C. Source: UNICEF/UNFPA., Joint Programme Country Context Reports, New York, USA, 2010, p.59.

³⁰ Government of the Republic of Kenya, "Contributing Towards Efforts to Abandon Female Genital Mutilation/Cutting in Kenya: A Situation Analysis", Ministry of Gender, Children and Social Development, Nairobi, Kenya, 2007.

³¹ The Reproductive Health and Rights component of the UNFPA Kenya country programme, Output 2 advocates "Increased gender-sensitive and culturally sensitive behaviour change interventions for maternal health, including family planning, fistula management, and services to prevent female genital mutilation/cutting"; The UNFPA Gender Equality component, Output 3 advocates "Improved advocacy for the reproductive health and rights of women and adolescent girls, male participation in reproductive health and the elimination of harmful practices, particularly female genital mutilation/cutting."

³² UNICEF did, however, implement FGM/C activities using funds from the Italian Development Cooperation and the Swedish International Development Agency (SIDA).

The joint programme has been relevant to the joint priorities and programming principles outlined in the 2009-2013 United Nations Development Assistance Framework (UNDAF), which is rooted in the Kenyan government's Vision 2030 and Medium Term Plan. The UNDAF addresses three priority areas: i) improving governance and respect for human rights; ii) empowering economically disadvantaged people and reducing disparities and vulnerabilities; and iii) promoting sustainable and equitable economic growth in order to reduce poverty and hunger with a focus on vulnerable groups. The UNDAF focuses on four cross-cutting themes, one of which is gender equality.

The UNFPA-UNICEF joint programme on FGM/C has been integrated into and has contributed to the broader UN joint programme on Gender Equality and Empowerment of Women (GEWE, 2009-2013), which involves 14 UN agencies (including UNFPA and UNICEF). The GEWE joint programme includes an FGM/C component, but does not provide additional funding for related activities. Instead, the achievements of the joint UNFPA-UNICEF programme on FGM/C are reported as joint progress made by UN agencies in this area.

Appropriateness of programme design

- Evaluation sub-question 1.5 of the evaluation matrix

The design of the joint programme in Kenya reflects the following principles outlined for the overall global joint programme:

- **Approaching FGM/C as a social convention/norm:** The activities conducted at national and, in particular, the community level were based on the understanding that FGM/C is a social phenomenon and requires collective and social, rather than individual change to ensure that abandonment is sustained. At national and local levels, joint programme efforts were aimed at involving a variety of community and/or social network leaders and potential change agents to promote dialogue on FGM/C and to generate broad support for its abandonment. (See section 5.2.3)
- **Strategic and catalytic:** The joint programme in Kenya focused on supporting and accelerating the existing efforts of national partners and strengthening national ownership and leadership rather than establishing a stand-alone initiative.
- **Holistic:** The joint programme in Kenya addresses both national and community levels, as well as (to a limited extent) regional and global levels.
- **Human rights-based and culturally sensitive:** The work of the joint programme in Kenya, as implemented through UNFPA, UNICEF and their government and non-government partners, is based on the belief that FGM/C is a violation of human rights. Nevertheless, it acknowledges and explores positive cultural values associated with the practice in targeted communities. Efforts to eliminate FGM/C concentrated on dialogue with communities while aiming to preserve positive cultural values, such as those of other, non-harmful initiating practices.

The evaluation also noted the following additional strengths characterizing the design of the joint programme in Kenya.

- Focusing on geographic areas where UNICEF and UNFPA had previously worked in their respective country programmes allowed the joint programme to build on existing knowledge (including, in some cases, existing baseline information on FGM/C), and to establish partnerships with government as well as with non-government actors. Focusing on a limited number of districts was also appropriate in light of the available financial and human resources for implementing and managing the joint programme in Kenya.
- At the community level (working through implementing partners), the joint programme deliberately selected communities with very high FGM/C prevalence (e.g. Garissa), and those that had already made some progress towards FGM/C abandonment where the joint programme would be likely to promote change with comparatively small inputs (e.g. Meru). This approach of combining challenging and “easy-gain” areas of intervention was pragmatic and strategic. It increased the likelihood that the joint programme might contribute to and report on concrete results within the limited timeframe of its implementation, while attempting to make progress in communities with high FGM/C prevalence. Working in communities with comparatively lower FGM/C prevalence was strategic in creating best-practice examples of FGM/C- free communities which could then be used to inform and inspire others.
- The only significant weakness in the joint programme design that the evaluation found is that it included only limited provisions for systematically monitoring different types of achievements over longer periods of time, and/or for conducting more in depth research on factors supporting or limiting progress in different contexts. Related information would have been helpful for further testing, verifying, or, if needed, adjusting the Theory of Change guiding joint programme interventions both in Kenya and at the overall programme level.

Summary of Findings

The joint programme has been highly relevant in light of the national and international commitments of the Kenyan government. It also responded to previously identified gaps in FGM/C-related knowledge, programming, and coordination. Joint programme activities in Kenya have been integrated into the country programmes of both UNICEF and UNFPA, and were aligned with the joint priorities and programming principles of the 2009-2013 United Nations Development Assistance Framework (UNDAF). The design of the joint programme in Kenya reflected the key principles outlined for the overall (global) joint programme and has been appropriate in view of the specific needs and characteristics of the particular context(s) that it operated in.

5.2 Contributions to results

5.2.1 Overview

This section summarizes evaluation findings on joint programme progress in achieving envisaged outputs and contributions towards outcome 1 in the revised overarching joint programme logframe.

EVALUATION QUESTION 2

To what extent has the joint programme contributed to the creation of sustainable favourable conditions and changes in social norms leading to the abandonment of FGM/C at national and community levels (Outcome 1)?³³

Evaluation criteria covered

Effectiveness and sustainability

5.2.2 Creation of a more conducive national enabling environment for the abandonment of FGM/C

- Evaluation sub-question 2.2.1 of the evaluation matrix

Evaluation data show that **significant contributions** were made by the joint programme to strengthen the national environment for the abandonment of FGM/C. Key contributions are: i) enhanced coordination among national and international actors working on FGM/C abandonment in Kenya; and ii) strengthened national legal and policy framework.

Coordination

In 2008, the joint programme supported the creation of an FGM/C Secretariat in the Ministry of Gender, Children, and Social Development (MoGCSD), and funded the position of a National Project Professional Personnel (NPPP) to staff the Secretariat. Consulted stakeholders widely agreed that the FGM/C Secretariat and the NPPP (usually referred to as the “national coordinator”) played a key role in enhancing information exchange and collaboration among government and non-government actors working on FGM/C issues. For the first time in Kenya, the national coordinator conducted a systematic **mapping** of actors working on FGM/C in Kenya, and facilitated the creation of the **National Committee on the Abandonment of FGM/C (NACAF)** in early 2009, which brought together government and non-government stakeholders working on FGM/C.

³³ Outcome 2, which focuses on strengthening the global movement for FGM/C abandonment, was not addressed at the country level.

Stakeholders consulted during the country visit widely agreed that having an official position dedicated to FGM/C in the MoGCSD significantly increased the **visibility and leadership role of the Ministry** in coordinating the previously fragmented efforts on FGM/C in Kenya. Stakeholders further agreed that the enhanced coordination and collaboration among actors, in particular within NACAF, was a primary factor in developing and passing the FGM National Policy and the FGM/C Act (see below). Moreover, several interviewees noted that the National Coordinator contributed to strengthening personal and organizational capacities by regularly sharing information and examples of good practices for FGM/C abandonment from both national and international sources. NACAF was seen as highly useful in ensuring coherence and consistency of work conducted by different actors and in avoiding duplication of efforts, thereby easing the previous fragmentation of FGM/C-related efforts noted in the 2007 Situation Analysis.

National Policy on FGM, and Prohibition of FGM Act

In 2009, the joint programme provided financial and technical support to MoGCSD to develop the National Policy for the Abandonment of FGM/C. Later

the same year, led by its implementing partner the Kenya Women Parliamentary Association (KEWOPA), the joint programme helped draft the FGM/C Bill (2010), which led to the Prohibition of FGM/C Act, passed by the Kenyan Parliament in 2011 (see Box 5). Consulted stakeholders widely agreed that without the joint programme, the FGM/C Act would not yet be in place, and that the support of UNFPA and UNICEF had clearly accelerated the process of enhancing the Kenyan legal framework for FGM/C abandonment. They also emphasized that the Act filled an important gap in the Kenyan legal framework for addressing FGM/C and now serves as one of several tools that can be used for further advocacy and information work at both national and community levels.

The **process** of developing the FGM/C Bill and Act involved extensive advocacy efforts to target parliamentarians, which were led by KEWOPA and supported by several other members of the NACAF. Consulted stakeholders widely agreed that i) the FGM/C Act was drafted and passed in a surprisingly short time; and ii) the process of creating this new law sets a positive example of effective, gender-sensitive policy-making that can be followed for similar processes in other areas.

Key characteristics of this process include:

- Bringing together a diverse set of actors with the ability to represent and influence a variety of constituencies and groups, and to make different arguments for abandoning the practice. Actors included male and female members of Parliament, religious scholars, health experts, and government and non-government partners from both national and community levels.
- Making effective use of well-known public figures willing to share their personal conviction and motivation for abandoning FGM/C. One female MP publicly revealed her

Box 5. Changes in the Kenyan legal and policy framework for FGM/C supported by the joint programme

June 2010: National Policy for the Abandonment of FGM approved by cabinet.

December 2010: Prohibition of FGM Bill approved for publication.

30th September 2011: The Prohibition of FGM Act 2011 was passed by Parliament, assented to by the president and came into force on 4th October 2011.

2012: Sessional Paper to the National Policy on the abandonment of FGM/C developed for operationalizing the National Policy.

own experiences of having undergone FGM/C, and another shared her personal story of negotiating exemption from the ritual.

- The FGM/C Act was tabled by a male member of Parliament from a community practising FGM/C. This helped reframe FGM/C in the public discourse from a “women’s issue” to an issue relevant to all members of society (see note 1).
- Publicizing public declarations made by communities in different parts of Kenya helped to counter the argument that FGM/C was a valuable cultural practice still desired by Kenyans. By focusing public attention on the voice of local constituencies, the advocacy process linked national-level deliberations with the evolving realities of grassroots communities.
- Building on solid evidence to support arguments for FGM/C abandonment found in research studies conducted by implementing partner the Federation of Women Lawyers (FIDA).³⁴ These studies included a review of the effectiveness of addressing FGM/C through the Kenya Children’s Act, as well as research on FGM/C precedents in case law.

Note 1

“Besides doing an excellent advocacy campaign for the FGM/C Act we were also simply lucky to work in very enabling conditions. The current Parliament includes several MPs who used to work in CSOs and who were open to issues related to human rights. Had we started the campaign a few years ago when a different parliament was in place, we would probably not have had the same kind of success”. NACAF member

Several NGO consulted also noted that participating in the creation of the Act increased their understanding of, and future ability to participate in, similar processes. Furthermore, many partners agreed that the advocacy process leading to the Act increased the visibility of FGM/C and decreased its status as a taboo topic.

Using a broad range of arguments for advocacy efforts for FGM/C abandonment, including those based on religion and health, resulted in stronger **conceptualization of FGM/C as a rights issue**.

Emerging questions and issues

The FGM/C Act was passed in late 2011. All consulted stakeholders in Kenya agreed that the processes of its operationalization and implementation are still in the early stages and that they are, and are likely to remain, challenging. Key unresolved issues include the following:

- Identifying and

Note 2

Consulted stakeholders at national and community level noted that, to their knowledge, the new FGM/C Act is not yet widely known among law enforcement agents or community members across Kenya. Some consulted community members voiced doubts as to whether police staff in their area would take action to enforce the law given the sensitivity of FGM/C. Until now, only a few cases have been brought to court using the new Act, and there have been examples where cases were brought to the attention of authorities, but nothing was done for lack of witnesses able to confirm that the Act had been violated.

Nevertheless, several community members emphasized that the existence of the FGM/C Act had given them needed support and back-up for their work promoting FGM/C abandonment.

³⁴ Federation of Women Lawyers (FIDA), “Protection Against Female Genital Mutilation: A Review of the Implementation of the Children’s Act: Lessons from Samburu and Garissa Districts”, Nairobi, Kenya, 2009.

allocating resources for operationalizing the Act; it must be disseminated widely in understandable language and related information must be disseminated at national and local levels (see note 2).

- Training and monitoring of law enforcement agents at national and local levels to ensure application of the Act. FGM/C is a sensitive issue, and law enforcement officers are often reluctant to interfere with cultural traditions. Training is therefore needed on how to approach FGM/C as a legal issue at the community level (see also note 2).
- Developing strategies to prevent the practice of FGM/C from going underground, a possible inadvertent outcome of the Act. This fear is based on experiences with previous legislation related to FGM/C (e.g. The Children's Act).
- Resolving the on-going delay in setting up an Anti-Female Genital Mutilation Board,³⁵ whose envisaged role includes co-ordinating public awareness programmes on the practice of FGM/C; advising the Kenyan Government on matters relating to FGM/C and on the implementation of the Act; designing and formulating a policy on the planning, financing and coordinating of all activities relating to FGM/C, and designing programmes aimed at the total abandonment of FGM/C.³⁶

5.2.3 Contributions to fostering local-level commitment to abandon FGM/C

➤ Evaluation sub-question 2.2.2 of the evaluation matrix

Evaluation data collected through document review and stakeholder consultations indicate that the joint programme has **contributed to enhancing local-level commitment to abandon FGM/C** in the targeted geographic areas.

In alignment with its overarching design at the global level, the joint programme focused on supporting implementing partners to broaden the scope and/or reach of existing efforts at the community level. Consulted implementing partners noted that by building on existing experiences and networks, the joint programme helped to enhance the quality of community-level initiatives on FGM/C by: i) facilitating on-going exchange of, and discussion about, good practices among implementing partners and other actors working on the same issues; and ii) encouraging and supporting the use of innovative approaches, such as systematically addressing and involving a broad range of potential change agents including elders and religious leaders. Furthermore, the commissioning of nine community baseline studies by the joint programme³⁷ helped to ensure that efforts to abandon FGM/C could be tailored to specific communities, while at the same time strengthening implementing partners' knowledge and skills of evidence-based planning and programming.

³⁵ Government of the Republic of Kenya, Section 3 Prohibition of Female Genital Mutilation Act, Nairobi, Kenya, 2011.

³⁶ Government of the Republic of Kenya, Section 5 Prohibition of Female Genital Mutilation Act, Nairobi, Kenya, 2011

³⁷ For the Samburu, Baringo, Tana River, Garissa, Kuria, Naivasha, Marakwet, Mt Elgon and Naivasha districts.

The type and scope of efforts used to reach out to communities and influence on-going change processes around FGM/C differed for each community and implementing partner. However, several or all of the following elements were involved in most initiatives:

- Conducting **information/sensitization trainings** on FGM/C for (potential) change agents at the community level, including elders, teachers, local government authorities and religious leaders. The content of these outreach sessions varied, but usually included providing information on the negative physical and psychological effects of FGM/C (in particular in relation to maternal and child health); clarifying existing myths about the supposed benefits of FGM/C and/or its links to religious obligations; providing information on Kenyan law and FGM/C, and providing information on the links between FGM/C and harmful practices such as early marriage, lack of female education and the impacts of these practices on the economic and social well-being of communities.
- Conducting **community dialogue** sessions with a broader number and variety of community members on many of the same topics outlined above. These sessions included men and women (either in same or separate groups) and were usually led by trained community facilitators knowledgeable of and integrated within the respective local contexts.
- Supporting the formation and operation of **FGM/C networks** at the district/community level to unite and structure the activities of anti-FGM/C activists. In most cases, these networks combined a variety of actors, including government authorities (e.g. the District Gender Officer and the Child Protection Officer) and community leaders such as elders and teachers.
- Working with community leaders to secure their commitment to ending FGM/C, and supporting their **public declarations** about abandoning FGM/C in their community (e.g. in Meru, Kisii, Tana River, Baringo and Moyale). The process leading to these public declarations built on the interventions previously mentioned to prepare the communities and to create an enabling environment for declarations to be received and acted upon. Before the joint programme, there had been only one such public declaration in Kenya (see Box 6).

Box 6. Public declaration of the Njuri Ncheke in Meru

In Meru, a 2008 joint research study conducted by UNICEF and MoGCSD revealed that FGM/C prevalence among the Ameru community was still at 37.7 per cent, higher than had been expected. The study also showed prevalence was lower in areas where people were influenced by education and/or religion. This information inspired the highly respected Meru Council of elders (Njuri Ncheke) to renew its 1956 declaration against harmful traditional practices. To ensure community support for this goal, the Njuri Ncheke, with support from MoGCSD and Maendeleo Ya Wanawake³⁸ reached out to religious leaders, government officials and community members in Meru. In August 2009, the elders publicly declared their opposition to FGM/C, and reinstated fines from their original declaration in 1956.³⁹ The ceremony was attended by the MoGCSD minister and permanent secretary, and other government officials.

³⁸ Maendeleo Ya Wanawake (MYWO) is the oldest women's organization in Kenya with an extensive grassroots network of members.

³⁹ Fines were reported in interviews: "Parents and circumcisers caught practising FGM/C were sentenced to pay one bull, one he-goat, one she-goat, and one drum of honey. If they could not pay this in full, they were killed".

- Involving **local media** (in particular local radio stations, as well as print media) wherever possible in FGM/C abandonment efforts. This included, for example, call-in radio shows on FGM/C, as well as coverage of events such as ARP. In Garissa, the joint programme established community radio listening groups. Using “camel caravans”, radios were carried to interior parts of the district, and community conversations were moderated to generate “home-grown solutions” to the practice of FGM/C.
- In communities where FGM/C was considered a rite of passage, working with and supporting community efforts to organize **Alternative Rites of Passage (ARP)**. While specific activities conducted as part of ARP varied across communities, they usually involved an element of teaching/instruction, as well as a “graduation” ceremony to mark the completion of the ARP. In some cases, (e.g. the Mujwa community in Meru), a one-week course was conducted with girls in seclusion, away from their homes, and ended in a formal graduation ceremony. In other cases (e.g. Mt. Elgon), three days of instruction were conducted, after which girls received a certificate of graduation. With the Catholic Diocese in Nakuru, training lasted two weeks and focused on reinforcing moral and Christian values. Graduation ceremonies were officiated by community elders and the Bishop (see Box 7.)

Box 7. Mujwa community led initiative

Inspired by the Njiry Ncheke public declaration (see above) and related community sensitization events, the Mujwa Catholic Women’s Association in collaboration with the District Gender and Social Development Officer convened community meetings to mobilize community leaders. The efforts resulted in the creation of FGM/C committees in each of the 17 prayer houses in the Catholic parish in a total of 34 villages. Each committee included equal numbers of women, men and young people. The committees set out to sensitize parents on FGM/C, thereby generating support for setting up and conducting alternative rites of passage in the community.

The incentive to introduce ARP derived not only from the negative intention to eliminate FGM/C, but also from the positive intention to preserve and pass on beneficial cultural values to the next generation. This was based on the identified need to fill a void left by FGM/C being abandoned and/or going underground in previous decades. This trend excluded people and suppressed the teaching of young girls that had traditionally accompanied the circumcision process.

Emerging results

While a significant proportion of the progress and achievements recorded in the joint programme annual reports for Kenya focus on community-level *activities*, evidence suggests that progress has been made by the joint programme towards envisaged *results*. In particular:

- While **public declarations** to abandon FGM/C in a given community do not guarantee changes in the behaviour of its members, they do signal a shift in public discussions about FGM/C in the community. They indicate and are likely to contribute to changes in social conventions and norms by sending the message that i) FGM/C is no longer considered private or taboo, and ii) an influential part of the community considers FGM/C a harmful practice and advocates its abandonment.
- Testimony by community members in community dialogue events or sensitization trainings indicate changes in individual and collective **expressions of attitudes** towards FGM/C. For example, a group of young Moran men in Marigat publicly declared their intent and willingness to marry uncircumcised girls. While this may not reflect the “real”

personal belief of every individual in the group, the fact that the young men publicly declared a changed attitude towards FGM/C implies that abandoning FGM/C is becoming not only acceptable but socially preferred.

- Joint programme reports and consultations with programme partners and community members indicate that efforts at the community level are leading to **changes in FGM/C behaviours** (e.g. girls in targeted communities have participated in ARP). Moreover, members of communities where ARP have been organized reported keen interest from girls, parents and teachers to continue and expand these rituals by including a larger number of girls, and/or by lengthening the number of days of instruction.
- Examples exist of **inter-community exchange and influence** facilitated by the joint programme. Following their public declaration, the Meru Njuri Ncheke was visited by elders from the Kuria and Pokot communities interested in learning from their experience. These communities later made their own declarations.⁴⁰ The Njuri Ncheke was also visited by elders from the Rift valley and Kaya (coast region) communities.

The exact pace, type and degree of positive change supported by the joint programme varied among and within the various geographic areas targeted. Evaluation data indicate that these differences were largely due to contextual influences, such as the starting point of the respective area (see also section 5.2.5 below), rather than being a reflection of systematic strengths or weaknesses of the joint programme. Nevertheless, as noted in section 5.1, the joint programme could have done more in terms of systematically collecting and analyzing information on the specific (supportive or hindering) influences of different types of contextual factors in the targeted geographic areas and sub-areas.

Emerging lessons learned

Public declarations

- Community efforts to foster commitment to abandon FGM/C cannot start with public declarations. Instead, targeted preparatory work addressing both potential change agents and members of the wider community is required first to increase public awareness of reasons for the declaration, and to enable support for its implementation.
- Public declarations do not in themselves create or guarantee changes in community behaviour. They do, however, offer justification for subsequent efforts by FGM/C activists (e.g. conducting ARP). Moreover, public declarations can influence individual

Note 3

Members of the Mujwa community in Meru sanction FGM/C perpetrators by shunning them (i.e. by community members' avoiding any kind of social contact with them). Consulted FGM/C activists from the community found that this approach had been effective in enforcing the (new) social norm of FGM/C as socially unacceptable.

⁴⁰ This is of particular relevance to the Kuria Council of Elders. A 2011 case study on the role of ARP in Kisii and Kuria districts found that this group had previously obstructed FGM/C abandonment, and actively promoted its continuation. Source: Population Council and Feed the Minds, "FGM Practices in Kenya: The Role of Alternative Rites of Passage", Nairobi, Kenya, 2011.

and collective expectations of socially acceptable and desired behaviour. This norm-setting function is influenced by the extent to which the group issuing the declaration is acknowledged as representing and guiding the community in matters of culture and tradition, and by whether the group can enforce effective sanctions. While elders and members in some communities (e.g. in Meru) fulfil both criteria (see Note 3), this is not the case in other communities targeted by the joint programme (e.g. in Mt. Elgon).

Alternative Rites of Passage (ARP)

- In Kenya, alternative rites of passage have been conducted since 1996.⁴¹ While the joint programme did not introduce the approach, representatives of implementing partner Maendeleo Ya Wanawake (MYWO) noted in interviews that the joint programme allowed them to improve the application of ARP based on lessons learned from the past, and by conceptualizing FGM/C as a social norm. One major change to previous versions of ARP was that, in some communities supported by MYWO, the ARP included regular follow-up meetings with ARP graduates once they returned home and to their respective schools. Experience showed that social pressures placed on the girls in the home and school environments led many to undergo FGM/C despite participating in ARP. Providing follow up, either through informal questions from trusted persons such as teachers, or through formal follow-up meetings a few months after the ARP, appears to mitigate these pressures.
- Several consulted community members reported that ARP in their community led to a range of positive results resistance to circumcision by girls. For example, ARP graduates displayed more self-confidence and determination to continue their education rather than marry at a young age. Graduates also displayed positive social behaviour (e.g. chose socially appropriate clothing, and behaved in respectful and polite ways towards other community members). Long-term follow up is needed to verify whether and to what extent these shifts will endure, but the statements indicate that community discourse about abandoning FGM/C is regarded as closely linked to enhancing access to higher education for girls, and their avoiding early marriage and pregnancy.
- Asking women and girls who attend university and/or occupy decision-making positions to be role models for ARP inspires young girls and their families to abandon FGM/C in communities where the practice is a rite of passage, and where circumcised girls often drop their education plans and get married soon after undergoing FGM/C.
- In the visited communities, ARP play a dual role both exemplifying the “action stage” of change (i.e. offering an opportunity for those who have chosen not to be cut/not to cut their daughters to communicate this fact) and reinforcing the social validity of the choice not to undergo FGM/C by making the choice publicly known. As such, ARP help prepare and influence others to abandon the practice.

⁴¹ ARPs have been conducted in Kenya since 1996 when the approach was introduced by Maendeleo Ya Wanawake and the Program for Appropriate Technology in Health (PATH). Source: *Frontiers in Reproductive Health*, “An Assessment of the Alternative Rites Approach for Encouraging Abandonment of Female Genital Mutilation in Kenya”, Nairobi, Kenya, September 2001.

Other

- In most communities, men are seen as the custodians of culture (e.g. in their role as elders). Involving men as agents of change therefore carries significant potential to influence collective and individual attitudes and behaviours.
- Some consulted FGM/C community networks are also engaged in rescuing girls from circumcision, and several suggested that more institutionalized rescue centres were needed. The joint programme did not systematically encourage or support rescue centres. Sustainable change must occur within communities, and rescue centres risk dividing and angering communities, rather than facilitating broad commitment to abandoning FGM/C. Kenyan FGM/C activists have not, however, reached a workable consensus on what the best short-term support might be for girls wishing to escape the practice while parents and/or communities continue to practice FGM/C.

5.2.4 Contributions to strengthening regional dynamics to abandon FGM/C

➤ Evaluation sub-question 2.1.3 of the evaluation matrix

A small number of examples of how the joint programme in Kenya helped to strengthen regional dynamics to abandon FGM/C were identified.

The annual meetings of the UNFPA and UNICEF joint programme focal points from all 15 programming countries, together with the joint programme coordinators, played a significant role in linking the joint programme in Kenya to regional and global

Note 4

In 2010, seven implementing partners received training in social norms theory, in an effort to link and align activities in Kenya with evolving global theoretical frameworks. Consulted implementing partners felt the training had been interesting and helpful, but did not provide specific examples of whether or how it had influenced their programming.

dynamics. The meetings were usually attended by the UNFPA and UNICEF joint programme focal points, as well as by the NPPP (national coordinator). The events allowed these individuals to learn about good practices and tools at the regional and global levels, which they later shared with national partners in Kenya. At the same time, the meetings provided the opportunity to share experiences and lessons gained in Kenya with joint programme staff and partners from other countries (see note 4).

The evaluation team, however, found only two examples of Kenyan stakeholders engaging in direct exchange with partners from other countries. First, in 2010, the joint programme supported a group of eight (two female, six male) Islamic religious scholars from Kenya to travel to Sudan to exchange ideas with scholars and learn about best practices, such as the “Saleema” campaign in Sudan.⁴² Consulted scholars stated that the exchange had encouraged their willingness and ability

⁴² *Saleema* is a word that in Arabic means “whole”, “healthy in body and mind”, “unharmd”, “intact”, “pristine” and “untouched”, “in a God-given condition”. The Saleema Communication Initiative grew out of the recognition of a

to act as change agents in the abandonment of FGM/C in their own communities. Second, in 2011, the joint programme supported an exchange among elders from the Pokot community from both Uganda and Kenya. According to the 2011 Kenya annual report, the exchange contributed to elders making a joint public declaration on FGM/C abandonment.

While existing examples of joint-programme partners engaging in regional (or global) exchange are few, several consulted government and non-government stakeholders expressed a strong desire to pursue such exchange in future. Learning from experiences in other countries was widely viewed as highly useful and important for furthering efforts on FGM/C abandonment in Kenya.

5.2.5 Factors affecting performance

➤ Evaluation sub-question 2.2 of the evaluation matrix

This section summarizes the evaluation findings regarding key factors – both internal and external – that either supported the achievement of/contribution to results of the joint programme, or that posed challenges in this regard.

Supporting factors

In addition to the factors previously mentioned (e.g. strengths of the joint programme design, successful strategies employed at national and community levels), the following factors have supported the achievement of, or contribution to, results made by the joint programme:

- **Government commitment** to ending FGM/C as demonstrated by the fact that the MoGCSD Permanent Secretary chaired the NACAF and that MoGCSD hosts the national Secretariat for FGM/C. The MoGCSD also supported and thereby increased the visibility of community public declarations on ending FGM/C, and used its legislative influence to ensure the smooth passage of the FGM/C law.
- **Partnerships with religious and traditional groups:** The joint programme made deliberate efforts⁴³ to enlist the help of religious and traditional leaders at both national and community levels as agents of change. This positively influenced initiatives conducted at community level, (e.g. groups of elders leading the process of explicit community commitment to ending FGM/C), and by

Note 5

“The religious influence is huge. In most Muslim communities in Kenya, having a law on FGM/C or talking about the negative health effects of FGM/C will have no effect at all as long as people believe that it is their religious duty to circumcise their girls”.

Islamic Religious Leader

critical language gap in Sudanese colloquial Arabic in which there was still no positive term in common usage to refer to an uncircumcised woman / girl. The Saleema initiative provides positive communication tools that support the protection of girls from genital cutting, particularly in the context of efforts to promote collective abandonment of the practice at community level. Today, some 640 Sudanese communities are involved in the Saleema campaign. *Source:* http://www.unicef.org/sudan/protection_6092.html

⁴³ Corresponding to Output 6 of the revised joint programme logframe.

involving religious leaders and institutions in FGM/C abandonment efforts, (e.g. by holding ARP in church facilities, and using church communities as a social framework capable of enforcing sanctions on FGM/C perpetrators). The partnerships have also supported work conducted by religious groups at the national level, for example Islamic scholars from various parts of the country signing a declaration to advocate FGM/C abandonment, and expanding the network of religious leaders working on FGM/C efforts and engaging in scholarly efforts to de-link FGM/C from Islam (see note 5).

- **Using data for evidence-based policy** development and programming for example, by grounding advocacy for the FGM/C Act on research and by conducting and using community baseline studies to inform programme design.⁴⁴
- The **position of the NPPP** (national FGM/C coordinator) **was held by the same individual** from November 2008 to early 2012, allowing for consistency and continuity of coordination and information-sharing undertaken by the FGM/C Secretariat. All consulted stakeholders agreed that the national coordinator was highly effective and able to manage the challenging situation of working within the MoGCSD while being externally funded.
- **Coordinating efforts:** Interventions were framed in similar ways in the programme design, showing coherence and contributing to high visibility of the issue.

Challenges/limiting factors

In some cases, the pace and/or degree of positive changes stemming from work of the joint programme was limited by one or more of the following factors. Evaluation data indicate that in most cases these limitations affected only specific pockets of the larger geographic areas targeted by the joint programme.

- **Persistent traditions, especially in remote areas:** Several consulted implementing partners reported successes achieved at the community level, but also acknowledged that in some areas progress had been very slow and/or non-existent. In particular, remote communities with high rates of illiteracy and low levels of education, and where community members had little or no access to information on FGM/C tended to retain traditions, and often viewed with suspicion information coming from outside the community. Moreover, while elders in some communities volunteered as agents of change, elders in other communities obstructed change.
- **Backlash:** As noted in baseline assessments for the Marakwet, Naivasha, Kuria and Migori districts, promoting the continuation of FGM/C has become a tool in some areas to address wider social frustrations. For example, within the Kikuyu community, an influential cult of violent young men (Mungiki) is promoting FGM/C and has found willing allies among poor men. Women and girls are blamed for economic, social and political problems faced by these men. Refusing to be cut is interpreted as a sign of female rebellion against men. In response, and also as punishment for any perceived incident of immoral conduct, women are forcibly subjected to FGM/C.⁴⁵

⁴⁴ Corresponding to Output 4 of the revised joint programme logframe.

⁴⁵ Government of the Republic of Kenya, UNICEF, UNFPA, Baseline assessments/surveys for FGM/C interventions in selected districts: Marakwet, Kuria, Migori, Naivasha and Mt. Elgon districts, Nairobi, Kenya, undated, p. 4.

- **Anxiety about the changed social context without FGM/C:** Interviews with young Moran men in Marigat revealed that while many acknowledge FGM/C as a violation of human rights, and promote the right of girls to pursue an education they fear that abandoning FGM/C might limit their own marriageability. Girls or women able to attend university might fall in love with fellow students, rather than seeking husbands in their home communities. The Moran men also feared that educated women would look down on them, as they were obliged to take care of their family's cattle, and could not leave home to pursue an education.
- **Limited financial commitment from the Government:** While the government endorsed and symbolically supported activities to end FGM/C, consulted stakeholders noted that this commitment has not been matched by resource allocations. For example, throughout the 2008-2012 period, the NPPP was fully funded by the joint programme, including all operational costs of the NACAF Secretariat with the exception of office space. When the national coordinator left in early 2012, the MoGCSD did not allocate additional resources but tasked two existing officers to take over some of the coordinator's responsibilities, in addition to their other duties. While some consulted stakeholders felt that this new arrangement negatively affected the quantity and quality of stakeholder coordination, others were less concerned. In their view, coordination mechanisms among stakeholders were strong enough to function with minimal guidance.

Summary of Findings

The joint programme has made significant contributions to strengthening the national environment for the abandonment of FGM/C. In particular, it has enhanced coordination among national and international actors working on FGM/C abandonment in Kenya, and has strengthened the national legal and policy framework, especially through its contribution to the passing of the FGM/C Act in 2011. Future processes of operationalising and implementing the FGM/C Act are likely to be challenging. The joint programme has contributed to enhancing local-level commitment to the abandonment of FGM/C in the targeted geographic areas. Emerging results of this work include positive changes in publicly-expressed individual and collective knowledge of and attitudes towards FGM/C. Supporting public declarations of FGM/C abandonment and the use of alternative rites of passage (ARP) have been among the promising approaches supported by the joint programme. The evaluation found only slight evidence of joint programme contributions to strengthening regional dynamics to abandon FGM/C. Successful strategies such as partnerships with religious and traditional groups, government commitment to ending FGM/C, and the use of data for evidence-based policy development are among the factors that have supported the implementation of the joint programme in Kenya. Limiting factors have been the persistence of traditions related to FGM/C, incidents of backlash against the change to traditional practices, and limited financial commitment by the government.

5.4 Availability and use of resources/inputs

EVALUATION QUESTION 3

To what extent have the outputs of the joint programme been achieved or are they likely to be achieved with appropriate resources/inputs (funds, expertise, time, administrative costs, etc.)?

Evaluation criteria covered

Efficiency

UNFPA and UNICEF undertook a number of efforts to ensure the efficient use of available programme funds. These included the following measures:

- Acknowledging that the available resources were limited, the joint programme used these resources in a catalytic manner. It worked with implementing partners whose existing activities on FGM/C could be enhanced or broadened with modest funding, and it worked with strategically positioned partners (e.g. KEWOPA, the Kenya Council of Imams and Ulamaa) groups with the potential to lead and/or influence change at both national and community levels.
- While acknowledging that FGM/C is inseparably linked to issues such as fistula, maternal health and child protection, the joint programme focused strictly on working towards the envisaged results outlined in its (original and revised) programme logframe, leaving the respective UNICEF and UNFPA country programmes free to address related areas in greater depth and in accordance with their respective mandates.
- The joint annual and mid-term review and work-planning meetings helped to ensure participatory decision-making on strategic uses of available resources.
- Several implementing partners (e.g. the Council of Imams and Ulaama) noted that partnership with UNFPA and UNICEF under the joint programme helped them access funding from other donors. Being an implementing partner of the joint programme confirmed the reliability and trustworthiness of their organization.

The joint programme did, however, face a number of challenges that negatively affected its effectiveness and efficiency. These challenges are outlined below.

Note 6

The joint programme benefited from the fact that FGM/C is integrated in the country programmes of both UNFPA and UNICEF. In several cases, activities that had been planned but could not be funded from joint programme resources were still implemented by mobilizing UNFPA or UNICEF country programme resources.

- At the end of each year, staff and partners of the joint programme developed draft annual work plans (AWP) containing a list of proposed activities and required resources for the next year. The amount of available resources was based on the amount allocated for the current year. In several cases, in particular in 2010 and 2011, the resources that were actually allocated to the Kenya component of the joint programme were considerably lower than amounts contained in the draft AWP (see Note 6). The joint programme staff

had to adjust plans and activities accordingly. The consistently high utilization rates of allocated resources seen in section 4.2 indicate that the joint programme forecasted a realistic and manageable number of interventions. Joint programme staff confirmed that available needs and capacities would have supported more programming efforts had more resources been available.

- The allocation of joint programme funds on an annual basis somewhat limited the ability of the joint programme and implementing partners to plan for and conduct long-term activities and optimal follow up. This limitation was mitigated by the fact that most implementing partners were not solely dependent on funding from the joint programme for their FGM/C activities. Nevertheless, the annual funding cycle added a considerable administrative burden for joint programme staff as it required new agreements with implementing partners on an annual basis, rather than a multi-year collaboration. For UNICEF, joint programme funds tended to reach the Kenya country office only in April or May of the respective year. This limited the time span available for programming by implementing partners, as most activities had to be completed by the end of the year in order to feed into the reporting schedule.
- In the recent past, UNFPA country offices have been asked to limit the number of implementing partners with whom they work to reduce transaction costs and ensure that programming remains manageable. To comply with this corporate request while keeping valued partnerships, the joint programme in Kenya clustered implementing agencies. This meant that UNFPA entered into an agreement with one national partner who then ensured that allocated funds were distributed to a number of pre-determined sub-partners. This arrangement led to delays in disbursement of funds, which in turn limited and even prevented one partner from implementing planned activities in the envisaged time span. The arrangements also failed to consider potential conflicts of interest. Examples include the women's lawyers' group FIDA disbursing funds to the Kenya Women's Judges Association, and the National Council for Population and Development (NCDP) (part of the executive arm of government) disbursing funds to the Kenya Women's Parliamentary Association (a legislative caucus group).
- As noted above, the national FGM/C coordinator, whose position was funded by the joint programme, left in early 2012. The UNFPA and UNICEF joint programme focal points decided that resources initially budgeted for the position could be more strategically directed to activities included in the AWP that had been omitted due to limited programme funding. The decision not to replace the national coordinator was also based on the assessment that the MoGCSD possessed sufficient technical in-house capacity to run the FGM/C Secretariat. At the time of the evaluation, however, the MoGCSD had not yet formalized the FGM/C coordinator position. While some consulted FGM/C actors in Kenya noted no negative effects from the absence of a dedicated national coordinator, several others observed deficiencies relating to information exchange and proactive outreach to FGM/C partners. Therefore, the absence of a national FGM/C coordinator has affected the efficiency of the joint programme, raising the question of whether and to what extent investments made for the coordination function should be sustained.

Summary of Findings

In Kenya, the available resources of the joint programme, including staff and funding allocations, have been used effectively and efficiently. The main challenges that the joint programme faced in this regard derived from its annual funding and reporting cycle that limited the ability of UNFPA, UNICEF and its implementing partners to consistently plan for, implement, and monitor interventions over longer periods of time.

5.5 Sustainability of effects

EVALUATION QUESTION 4

To what extent are the benefits and achievements of the joint programme likely to continue after the programme has ended due to factors such as national ownership, scalability and use of partnerships for sustainability?

Evaluation criteria covered

Sustainability

Overall, the evaluation found that the joint programme helped create a number of favourable conditions likely to support the sustainability of both national- and local-level achievements made to date, in particular by i) strengthening partnerships among actors at both national and local levels, and linkages between them; and ii) supporting national- and community-level activities that generated experiences of workable and promising approaches that could be replicated and/or scaled up. The joint programme has further helped to strengthen national ownership and leadership for coordinated action on FGM/C by supporting the establishment and functioning of the FGM/C Secretariat in the MoGCSD. It is currently uncertain whether and to what extent the MoGCSD will sustain this coordination function, and whether existing support for action on FGM/C will be matched by resource allocations. Resource mobilization will also affect the extent to which government and non-government actors will be able to maintain the existing momentum for change at national and local levels, and whether successful approaches to addressing FGM/C can be replicated or scaled up in other parts of the country.

Table 3 summarizes the main factors likely to support or challenge the sustainability of achievements made with help from the joint programme.

Table 3 Factors likely to support or hinder/limit the sustainability of benefits and achievements

Level	Supporting Factors	Hindering/limiting Factors
National	<p>National and international commitments to end FGM/C: the Kenyan government has a responsibility and obligation to address implicit and explicit national and international commitments to ending FGM/C as outlined in the Kenya Constitution, and in international commitments listed in section 3.2 above.</p>	<p>Upcoming general elections in Kenya scheduled for March 2013 may cause disruptions of programming in general, and may divert public attention and resources away from FGM/C. It remains to be seen whether and to what extent the newly elected government will act upon existing legal and international obligations regarding FGM/C.</p> <p>Under the 2010 Constitution, Kenya is currently embarking on a process of government restructuring. This involves i) reducing the current number of 45 ministries to between 15 and 22; and ii) transferring decision-making powers from the national to the district level. It is currently unknown which new ministry will take over responsibilities for gender equality and lead the national response to FGM/C. Decentralization may, in the longer term, offer opportunities for developing tailored approaches to FGM/C at the district level but, in the shorter term, it may pose challenges (e.g. new government actors will have to be sensitized in a context in which there are many competing priorities).</p>

Level	Supporting Factors	Hindering/limiting Factors
Community	<p>Legal and policy framework: FGM/C activities have been further strengthened by the creation of the FGM/C National Policy, and the Prohibition of FGM Act. These additions provide the Kenyan government and its partners with a stronger basis from which to address FGM/C in a coordinated and systematic manner, and to sanction perpetrators.</p> <p>Institutional framework: A number of organizations capable of supporting and/or leading work to maintain or expand national efforts to abandon FGM/C either exist or have been proposed. These include the National Gender Equality Commission and the FGM/C Board (required by the FGM/C Act). Once created, the latter is expected to play an important role in overseeing and ensuring FGM/C Act implementation.</p> <p>Networks of FGM/C actors: Strong networks exist at both national and community levels, which work together to learn from each other, and to ensure effectiveness and efficiency of FGM/C-related programming.</p> <p>National education curriculum: Information on the negative effects of FGM/C and the reasons for promoting its abandonment has been integrated into the national education curriculum, and in training curricula of institutions including those that train healthcare workers.</p> <ul style="list-style-type: none"> • Networks of change agents: At the community level, these networks have been identified, and have developed capacities to promote FGM/C abandonment in culturally appropriate ways among their communities. • At the community level, activities conducted to date have generated examples of successful approaches in promoting FGM/C abandonment that can be built upon and expanded. 	<p>It is unclear whether and to what extent the Government can/will offer appropriate levels of funding and leadership for the operationalization and implementation of the FGM/C Act.</p> <p>Even with funding/leadership, operationalizing and implementing the Act will take time and involve challenges (e.g. ensuring consistent enforcement of the law across Kenya).</p> <p>The current absence of an institutionalized national FGM/C coordinator function may negatively affect the sustainability of the achieved levels of coordination among FGM/C actors in Kenya. It might also endanger observed benefits from coordination (e.g. decreased fragmentation and duplication of efforts, and increased consistency in messaging).</p> <p>No advocacy efforts have been made by the Government to create an Anti-Female Genital Mutilation Board, which ideally could assume the coordination role.</p> <p>FGM/C-related issues are not yet integrated in the regular training programmes of all relevant groups (e.g. police officers and judicial service providers).</p> <p>The Ministry of Public Health and Sanitation is aware of and has supported efforts to address FGM/C in the past. While its current work plan includes specific FGM/C activities, the absence of funding has hindered their implementation.</p> <ul style="list-style-type: none"> • Sustaining and expanding the momentum created is a challenge. Specific events such as public declarations require continued efforts, financial resources and, in some cases, technical support. • Gaps exist in the knowledge, awareness and practical skills needed to promote and facilitate the abandonment of FGM/C among potential change agents at the local level (e.g. among police officers responsible for enforcing the FGM/C Act). • In remote and inaccessible parts of the country, adherence to traditional cultural practices, including FGM/C, continues.

Level	Supporting Factors	Hindering/limiting Factors
	<ul style="list-style-type: none">• Several communities addressing FGM/C (e.g. by introducing ARP) have become aware of links between FGM/C and other harmful practices, such as early marriage and lack of female education. They are addressing these issues holistically.	<ul style="list-style-type: none">• In some communities, FGM/C is being used to punish and/or control women and girls and thereby stop broader social changes perceived as a threat to the status quo.• Challenges identified at the start of the joint programme (e.g. the medicalization of the practice) continue to apply. Due to medical concerns, a trend to move from Type III circumcision to a “lesser cut” has been observed, and has even been supported by anti-FGM/C activists.• With increasing social and legal pressures to abandon FGM/C, the risk of the practice going underground increases. It may become more difficult to reach out to community members still practising FGM/C, and to track progress in abandonment.• Replication of successful approaches in other communities/areas depends on the availability of resources for implementing organizations and community partners.• Successes with public declarations and ARP at the community level require longer-term follow-up and monitoring to determine their sustainability and effects on behavioural change, and to discern factors supporting or hindering change. Only then can replicable models for change be developed.

Summary of Findings

The joint programme helped create a number of favourable conditions which are likely to support the sustainability of achievements. This was achieved by helping to strengthen partnerships among actors at national and local levels, and by supporting the use of promising approaches capable of being replicated or scaled up at national or community levels. Factors that may negatively influence the sustainability of results achieved to date include uncertainties related to the elections in Kenya that took place in March 2013, as well as the fact that the function of a FGM/C coordinator /body has not yet been institutionalized by the Government of Kenya.

5.6 Coordination between UNFPA and UNICEF

EVALUATION QUESTION 5

How adequate was the coordination between UNFPA and UNICEF within the joint programme at the global, regional and country levels in view of achieving the results of the joint programme?

Evaluation criteria covered

Effectiveness, efficiency and coordination between UNFPA and UNICEF

In assessing the coordination between UNICEF and UNFPA, the evaluation relied mainly on data collected through consultations with joint programme staff and programme partners in Kenya. Information from these consultations indicates that, overall, **the coordination between UNFPA and UNICEF in Kenya has worked well** and has **contributed to the effective and efficient use of available resources**. Consulted stakeholders identified the following factors as indicators of effective coordination:

- Roles and responsibilities were clearly distributed, with each agency focusing on selected geographic areas, while contributing jointly to policy and advocacy initiatives at the national level. Each agency was responsible for planning and managing the work in its respective geographic area, but overall priorities of and directions for the joint programme were decided jointly. Consulted stakeholders widely agreed that this approach allowed for efficient use of resources as it built upon existing networks and experiences of both agencies and combined their efforts at the national level, thereby allowing for the noted success in developing the FGM/C Act. Stakeholders also noted that the joint programme on FGM/C compared favourably with other joint programming efforts involving UN Agencies (see note 7).
- The joint programme focal points for UNFPA and UNICEF remained the same throughout the duration of the joint programme, allowing for continuity of the partnership at a personal level. Both focal points expressed appreciation for this good working relationship with their counterpart and with the other agency in general. When one agency had insufficient resources to fund a particular activity that was deemed important, the other would sometimes offer additional resources either from its share of joint programme funds, or from its country programme.

Note 7

Consulted stakeholders widely agreed that the FGM/C joint programme benefited from having only two UN partners, each of which had clear contributions to make. This made joint planning and decision-making easier than in initiatives involving several agencies, and/or agencies with less clearly defined contributions to the joint objectives.

- Consulted joint programme partners widely agreed that while UNICEF and UNFPA have different mandates, they are regarded as equal in terms of experience and technical expertise in addressing FGM/C.⁴⁶
- Consulted stakeholders in Kenya widely agreed that the collaboration between UNFPA and UNICEF strengthened the perceived importance of the joint programme and the issues it addressed. Combining complementary mandates of the two agencies implied that FGM/C was not just a “children’s issue” or a “women’s issue”.

Consultations conducted during the Kenya country visit also indicated some **areas for reflection and/or improvement** regarding coordination between UNICEF and UNFPA.

- Some implementing partners noted that UNFPA and UNICEF did not always maximize the potential for cross-learning among their respective implementing partners. While the joint annual and mid-year review and work-planning meetings bringing together UNICEF and UNFPA partners were seen as highly useful, partners noted missed opportunities for using experiences gained by one organization to inform the interventions of the other (see note 8).
- The level of engagement by monitoring and evaluation (M&E) officers of UNFPA and UNICEF country offices differed.⁴⁷ No structured collaboration or information exchange was organized between these M&E officers because the joint programme had not formulated specific expectations regarding the type and scope of the involvement of these staff in the joint programme. This absence of regular exchange became noticeable as a gap only when the joint programme database was introduced in early 2012, requiring UNFPA and UNICEF to enter (and thus access) detailed information and data from each agency. Consulted staff members in Kenya noted that it would be helpful for both agencies to develop a joint approach to working with the database to limit the related workload, and to ensure that requested information is being provided.⁴⁸

Note 8

Community radio listening groups supported by a UNICEF implementing partner were useful in mobilizing and generating community knowledge about FGM/C. Simultaneously, a UNFPA partner organization was undertaking national media advocacy. Both implementing partners could have benefited from knowing about each other’s work and/or combining their efforts.

⁴⁶ Several consulted stakeholders stated that, in their view, UNICEF had a slight advantage in providing hands-on support at community level because it had field offices outside Nairobi.

⁴⁷ The M&E officer at UNICEF had a largely advisory role supporting the joint programme focal point if needed, but was not regularly involved in monitoring and reporting on joint programme progress and achievements. In contrast, the M&E officer at UNFPA was actively involved, following up with implementing partners to clarify questions in their reports, and providing technical assistance to improve their reporting skills.

⁴⁸ In this context, all consulted UNFPA and UNICEF staff working with the joint programme agreed that while the database is time-consuming, and while providing all required information is challenging, the database is a very useful tool.

Summary of Findings

Overall UNFPA and UNICEF coordinated their support adequately in view of achieving the results of the joint programme. Their coordination efforts allowed each agency to add value to the joint programme based on their complementary mandates, their respective experience and expertise, and their existing networks with national partners. At the same time, the evaluation found that UNFPA and UNICEF did not always maximize the potential for facilitating exchange and cross-learning between their respective implementing partners.

5.7 Management of the joint programme

EVALUATION QUESTION 6

How appropriate was the management of the joint programme at global, regional and country levels in view of achieving the results of the joint programme?

Evaluation criteria covered

Effectiveness and efficiency

In assessing management of the joint programme, the evaluation looked at both the management approaches and implementation mechanisms of the joint programme in Kenya, as well as at the effects of overall (global) programme management systems and/or the support provided by the joint programme coordinators at UNFPA and UNICEF headquarters.

Overall, the evaluation found that the management of the joint programme at global and national levels contributed to the effective and efficient use of available resources.

In Kenya, data deriving from document review and stakeholder consultations indicate the following strengths and weaknesses in the management of the joint programme:

- The UNFPA and UNICEF joint programme focal points conducted regular field visits to monitor the activities of their implementing partners and observe achievements and challenges faced in implementing activities;
- The annual review and work-planning meetings provided regular opportunities to assess joint programme achievements, to verify and, if necessary, to adjust plans and approaches, and to agree upon programming priorities and approaches in a participatory manner. In addition to helping monitor the progress and planning of programme activities, meetings also allowed national partners to learn how their contributions fit into the bigger picture of what the joint programme was aiming to achieve;
- Some stakeholders criticized the fact that once the draft annual work plan was submitted, national partners were not involved in the subsequent review and adjustment of the budget based on the approved (usually lower than the requested) budget amounts. Instead, UNICEF and UNFPA would make required adjustments independently. This approach saved time and resources that would have been required to bring national stakeholders together for another meeting, but it limited the extent to which the overall planning process was perceived to be participatory and transparent;⁴⁹

⁴⁹ Consulted joint programme staff noted, however, that their long-term and trusted relationships with implementing partners allowed them to explain budget shrinkages and ramifications for programming without rifts or tension. In support of this view, certain partners noted that although they had not been consulted in finalizing the AWP, they did not feel that they had been treated unjustly or inappropriately.

- All implementing partners were required to submit written progress and final reports summarizing not only the activities undertaken with joint programme funding, but also results achieved (or progress made towards envisaged results). Both UNFPA and UNICEF provided their respective implementing partners with some training on results-based management/ reporting.

Some consulted partners noted that this was helpful, and agreed that reporting requirements under the joint programme were clear and reasonable. Overall, however, the quality of reports submitted by implementing partners varied throughout the period under review, with many focusing on activities rather than results;

- The Kenya annual progress reports for the joint programme were structured using the outline provided by the annual monitoring and reporting tool developed by the programme coordination team at headquarters. The 2008-2011 reports reflect the evolving nature of the logframe, as outlined in Box 8.

Box 8. Joint programme annual progress reports - Kenya

2008 – Annual report addresses a total of eight outputs.

2009 – Annual report mentions nine outputs, but only addresses the first eight of these, as Output 9 focused on “building donor support to pool resources for a global movement towards abandonment of FGM/C”,⁵⁰ which was not addressed at country level. The report includes the newly added Output 6, “Expanding networks of religious leaders advocating abandonment of FGM/C”.

2010 – The annual report uses seven outputs, which are identical with outputs 1-7 as outlined in the revised overall joint programme logframe approved the following year. The report does not yet address Output 8 of the revised logframe, which focuses on “strengthened regional dynamics for the abandonment of FGM/C”.

2011 – The annual report uses the eight outputs under Outcome 1 as defined in the revised overall joint programme logframe approved the same year.

All annual reports provided detailed and useful information on the progress, achievements, challenges and lessons learned from the joint programme. Given the fact that the envisaged changes take long periods of time and that each annual report only reflected a one-year period, it is not surprising that their main focus is programme *activities*. However, from the beginning of the joint programme, and increasingly over time, all annual reports made a visible effort to capture *results*. The 2011 annual report marks a further improvement in the quality of joint programme reporting in that it systematically reports against agreed-upon *indicators*. While earlier reports referred to results achieved in a generic “community”, the 2011 report includes information on the size of the respective community, offering a clearer indication of the relevance of an event such as a public declaration.⁵⁰

Regarding **global management** of the joint programme, consulted joint programme staff in Kenya agreed that the global annual review and work planning meetings attended by programme focal points from all fifteen programming countries had been highly useful. They not only provided an opportunity to exchange information on good practices and emerging ideas, but served the important function of motivating and reinvigorating staff members through the sharing of

⁵⁰ This is of particular importance in comparing joint programme results across countries. Consultations with the UNICEF joint programme focal point for Somalia conducted during the Kenya country visit indicated differences in the meaning of “community”. In Kenya, “community” tends to refer to an ethnic group, and thus a fairly large number of people. In Somalia, it refers to a village, which can vary in size.

challenges and experiences with colleagues. Focal points further noted the guidance and support received from the joint programme coordinators at headquarters.

Summary of Findings

The management of the joint programme at global and national levels contributed to the adequate use of available resources thereby facilitating progress towards results. However, there is no indication that management at the regional level played any substantial role. Consulted UNFPA and UNICEF staff members agreed that joint programme coordinators in headquarters continuously provided highly relevant and useful guidance and tools, while leaving specific programming decisions to the country focal points

5.8 Integration of horizontal issues and principles

EVALUATION QUESTION 7

To what extent and how has the joint programme integrated gender equality, human rights, cultural sensitivity and equity issues in design, implementation, monitoring and evaluation? To what extent is youth targeted as a key population group?

Evaluation criteria covered

Relevance, effectiveness, and programme management

Given the relevance of principles of gender equality, human rights, cultural sensitivity and equity focus⁵¹ to the work of UNICEF and UNFPA,⁵² the evaluation explores whether and how these principles were reflected in the design, implementation, monitoring and reporting of the joint programme, and to what extent the joint programme specifically targeted youth. Many characteristics of the joint programme reflect all of these issues with nuances (see Table 4).

Table 4 Horizontal issues and principles

Joint programme characteristics	Relevant Dimensions
The joint programme and its implementing partners conceptualized FGM/C as a violation of human rights . This human rights perspective was integrated, explicitly and implicitly, in advocacy and sensitization efforts supported by the joint programme at national and community levels. As noted above, the joint programme helped introduce a rights-based perspective into national discourse on FGM/C in Kenya.	Human Rights Gender Equality Equity
By highlighting connections between the practice of FGM/C and issues such as women’s health and girls’ education, the joint programme addressed broader questions about how existing social norms and practices affect the access of women and girls to existing opportunities and resources .	Gender Equality Equity Youth
The joint programme explicitly addresses FGM/C as a social convention/norm , acknowledging its strong cultural value in practising communities. The design and implementation of the joint programme reflects this assumption, by i) supporting ARP that aim to preserve valuable cultural traditions while removing their harmful components; ii) using baseline studies to tailor approaches to targeted communities, and; iii) targeting and working with culturally/socially influential actors such as elders and religious leaders to support changes from within social networks.	Cultural Sensitivity

⁵¹ Equity means that all children have the chance to survive, develop and reach their full potential, without discrimination, bias, or favouritism. *Equity* differs from *equality*. The aim of equity-focused policies is not to eliminate differences so that everyone has the same level of income, health and education, but to eliminate unfair and avoidable circumstances that deprive children of their rights. Source: UNICEF, “How to Design and Manage Equity-focused Evaluations”, UNICEF Evaluation Office, New York, USA. http://www.pol.ulaval.ca/perfeval/upload/publication_319.pdf Retrieved December 6, 2012.

⁵² While gender equality and human rights are guiding principles and commitments for all UN agencies, UNICEF has increasingly emphasized the notion of *equity*, and UNFPA has emphasized *cultural sensitivity*.

Joint programme characteristics	Relevant Dimensions
The joint programme, at both national and community levels, attempted to integrate men, women and youth into efforts to abandon FGM/C. It also helped strengthen the role of both duty-bearers and rights-holders as mutually dependent actors. Both of these efforts were evident in the participatory process leading to passage of the FGM/C Act, and in the diverse composition of FGM/C networks at the local level, formed with joint programme support.	Gender Equality Equity Cultural Sensitivity Human Rights Youth

One limitation to ensuring an equity focus was the joint programme choice, for practical reasons, to focus on the geographic areas involved in existing UNICEF and UNFPA programming activities, rather than on those with the greatest need for FGM/C interventions.⁵³ Given available resources of the joint programme and the desire to integrate its activities into on-going UNICEF and UNFPA country programmes, this pragmatic choice of geographic locations was, however, justified and appropriate.

While the cross-cutting issues are strongly reflected in the design and implementation of the joint programme, they are less apparent in its monitoring and reporting tools and mechanisms. Annual progress reports include implicit information regarding these four dimensions, but little explicit reflection on them. This is not surprising given how deeply interwoven all four dimensions are in the objectives of the joint programme. Given the importance of these dimensions to both UNFPA and UNICEF, however, it would have been useful to highlight the relevance of joint programme contributions on these issues more explicitly. Illustrating, for instance, their potential implication for other areas in which UNFPA and UNICEF work.

Summary of Findings

The cross-cutting issues of gender equality, human rights, cultural sensitivity, and equity focus were strongly reflected in the design and implementation of the joint programme. They were less visible in its monitoring and reporting tools and mechanisms. Given the importance of these dimensions to both UNFPA and UNICEF, joint programme contributions could have been highlighted more explicitly.

⁵³ For instance, remote areas where no or very little information on FGM/C had been disseminated.

6. Conclusions and Recommendations

6.1 Conclusions and recommendations at the country level

6.1.1 Conclusions

CONCLUSION 1

The joint programme has been highly relevant given existing commitments and priorities of the Government of Kenya, and in view of previous gaps in existing efforts to abandon FGM/C. The joint programme has helped accelerate existing change processes in social norms affecting FGM/C at national and community levels.

- **Origin: Evaluation questions 1 (relevance and responsiveness); 2 (contributions to results); and 4 (sustainability)**
- **Evaluation Criteria: Relevance, effectiveness, sustainability**

The joint programme has significantly helped to strengthen the national legal and policy framework for FGM/C abandonment in Kenya, enhancing government commitment to end FGM/C. Its contributions to the FGM/C Act are the most visible example of the joint programme having accelerated national change processes. Evaluation data indicate that the Act would probably not (yet) be in place were it not for the contribution of the joint programme. Passage of the FGM/C Act does not, however, guarantee behaviour changes at national or local levels. Considerable efforts will be required to apply the law and educate communities and key actors.

The joint programme has expanded the activities of its implementing partners on FGM/C at the community level, and strengthened the individual and collective capacities of its partners by improving coordination and exchange between different

actors, and by supporting the systematic use of innovative and promising approaches. This, too, constitutes a contribution to accelerating existing change processes for FGM/C abandonment.

CONCLUSION 2

The long-term impact and sustainability of joint programme achievements will depend on the extent to which relevant actors can provide coordinated and systematic follow-up at both national and local levels.

- **Origin: Evaluation questions 2 (contributions to results); and 4 (sustainability)**
- **Evaluation Criteria: Effectiveness, sustainability**

The joint programme has helped create a number of favourable conditions likely to support the sustainability of achievements. It is too early in most cases, however, to assess the long-term effects of achievements such as public declarations regarding FGM/C abandonment at national or community levels, or introducing ARP. These types of achievements are likely to facilitate further changes in social norms and related behaviours, but continued interventions are needed at both national and community levels to sustain and expand the existing momentum for change. This could include expanding efforts to geographic areas not yet covered by FGM/C-related interventions, but also by continuing existing efforts to ensure that the commitment to end FGM/C is shared

by additional members of the respective social network(s).

A key concern is the current absence of an institutionalized FGM/C coordination function in Kenya that would allow continuation of the important achievements made by the joint programme in bringing FGM/C actors together and facilitating working with a unified voice and consistent messaging.

CONCLUSION 3

Joint programme efforts to pass the FGM/C Act have produced an effective advocacy model for gender-responsive law-making that is applicable in other contexts. At the community level, long-term monitoring and additional research are required before it is possible to identify replicable models for influencing change towards the abandonment of FGM/C.

- **Origin: Evaluation questions 2 (contributions to results); and 4 (sustainability)**
- **Evaluation Criteria: Relevance, effectiveness, sustainability**

While the joint programme advocacy activities that resulted in the passage of the FGM/C Act were tailored to the Kenyan context, some elements, in particular the use of diverse types of change agents from national and local levels (see section 5.2.2 above), are generic and can be replicated for the same or a very similar approach for other topics and in other contexts.

At the community level, currently available data on achievements and results support early assumptions about “what works”. As noted under conclusion 1, however, it is still too early to assess the effects on overall longer-term changes of promising events

such as public declarations condemning FGM/C. While a small number of joint programme partners have conducted rapid follow-up studies assessing the impact of their activities, extended monitoring is needed to understand more fully the role of approaches such as public declarations and alternative rites of passage in long-term change processes. Moreover, more in-depth research is needed to explore the specific combinations of factors that appear to influence progress towards FGM/C abandonment in different settings.

CONCLUSION 4

Coordination efforts among UNICEF and UNFPA, and the management of the joint programme have largely been appropriate and contributed to the effective and efficient implementation of the joint programme in Kenya. The annual budgeting cycle of the overall joint programme was a limitation to effective management.

- **Origin: Evaluation questions 5 (coordination between UNFPA and UNICEF); and 6 (management of the joint programme)**
- **Evaluation Criteria: Effectiveness, efficiency, sustainability, coordination and management**

One factor contributing to effective coordination has been the continuity and good personal relationship between the UNFPA and UNICEF joint programme focal points.

While neither the UNICEF and UNFPA joint programme focal points, nor the programme coordinators at headquarters were solely responsible for the annual budgeting cycle, this budget cycle was a key impediment to the effectiveness and efficiency of the joint programme in Kenya. Furthermore, delays in

the allocation of funds added to the existing administrative burden of the joint programme focal points, and hindered the two agencies and their implementing partners in planning, implementing and continuously monitoring initiatives over longer periods.

CONCLUSION 5

The design and implementation of the joint programme in Kenya reflected and contributed to validating the key theoretical foundations underlying the overall (global) joint programme, including the conceptualization of FGM/C as a social norm. While the joint programme contributed to strengthening national ownership and leadership for FGM/C abandonment, this does not yet fully apply to the national FGM/C coordination function.

- **Origin: Evaluation questions 1 (relevance and responsiveness); 2 (contributions to results); 4 (sustainability) and 7 (integration of cross cutting issues)**
- **Evaluation Criteria: Relevance, effectiveness, sustainability**

The joint programme in Kenya reflected and contributed to validating the assumption that efforts for ending FGM/C need to focus on influencing collective rather than individual change. This assumption is the result of conceptualizing FGM/C as a social norm, which emphasizes that an individual's decisions are influenced by the actual or anticipated decisions of others within the same social network or community. As demonstrated by the joint programme, systematically involving male and female opinion leaders and influential individuals and groups has the potential to harness prevention and response initiatives within relevant social networks, at local and national

levels. Furthermore, the joint programme demonstrated the benefits of working at national and community levels simultaneously and of linking these levels, for example in advocacy for the FGM/C Act. The activities of UNICEF and UNFPA and its implementing partners were guided by efforts to acknowledge and address cultural beliefs and the value assigned to FGM/C in different communities. Evaluation data collected at the community level confirm the importance of understanding the specific needs and capacities of each particular cultural context and the need to tailor approaches accordingly.

The joint programme clearly conceptualized the practice of FGM/C as a violation of the human rights of girls and women. The human rights focus of the joint programme contributed to conceptual clarity among actors in Kenya, enabling, for example, a unified opposition to whether “lesser types” of FGM/C should be permissible.

The only noted weakness in the joint programme design relates to limitations in its ability to support its partners in systematically collecting and analyzing data on the effects of various contextual factors on the pace, type and extent of progress made in abandoning FGM/C.

The joint programme in Kenya focused on supporting existing efforts of national partners to end FGM/C, and on strengthening national ownership and leadership. This focus limited the risk that implementing partners relied solely on joint programme funding, and increased the likelihood of results being sustained and adapted over time. The national FGM/C coordinator, who was solely funded by the joint programme, was an exception.

The Kenyan government has not yet matched verbal and legal commitments to end FGM/C with adequate allocations of financial and/or

human resources. This omission constitutes a gap in the national ownership and in the leadership for ending FGM/C previously demonstrated. It can pose a threat to the sustainability of results achieved in coordinating FGM/C actors in Kenya.

6.1.2 Recommendations

The following recommendations to UNFPA and UNICEF in Kenya are based on the above findings and conclusions.⁵⁴ These recommendations are based on the assumption that both UNFPA and UNICEF will continue FGM/C-related programming, either as part of their regular country programmes or as a second phase of the joint programme.

RECOMMENDATION 1

UNFPA and UNICEF should encourage the Kenyan government to embed a coordination function for FGM/C in national structures to ensure the sustainability of achievements made to date and to avoid a (re)fragmentation of efforts

- **Priority:** High
- **Target level:** UNFPA and UNICEF joint programme focal points and country offices
- **Based on conclusions:** C1, C2 and C5

Due to the on-going process of restructuring the Kenyan government and uncertainties regarding the upcoming elections, it is not

⁵⁴ Conclusion C4 is not addressed in a recommendation as it is not specific to the joint programme in Kenya. Depending on findings of the other country case studies and other data collection conducted during the evaluation, the issue may be addressed in the recommendations of the Final Evaluation Report. See also section 6.2.

possible to make a specific recommendation regarding the type and nature of the suggested coordination function. This function does not necessarily imply the existence of a full-time position in the MoGCSD (or in whichever ministry the gender equality function may eventually be located). The Anti FGM/C Board proposed under the FGM/C Act may also play a role in this process if and when it is formed. While UNICEF and/or UNFPA may wish to consider providing support for institutionalizing a coordination function in the short term, a clear agreement and strategy should be formulated to ensure this function will be sustained by the government in the longer term.

RECOMMENDATION 2

UNFPA and UNICEF should shape FGM/C programming to support operationalization and implementation of the FGM/C Act.

- **Priority:** High
- **Target level:** UNFPA and UNICEF joint programme focal points, and country offices
- **Based on conclusions:** C1, C2 and C3

As previously noted, the operationalization and implementation of the FGM/C Act will require considerable time, effort and resources. To ensure that the Act can fully contribute to the abandonment of FGM/C, UNICEF and UNFPA should explore how future initiatives on FGM/C can support this process. This could entail i) working with relevant government agencies to support the development of a systematic and feasible implementation plan and strategy, including measures to monitor progress made in implementing the Act; ii) ensuring that implementing partners working at national and/ or community levels understand and are

able to use the Act as an education and advocacy tool, thus contributing to its dissemination and implementation, and; iii) supporting the creation and functioning of the Anti-FGM/C Board.

RECOMMENDATION 3

To sustain and expand the existing momentum for change, UNFPA and UNICEF should support their national partners in gathering additional information to be used in developing evidence-based replicable models for successful community-level interventions.

- **Priority:** Medium
- **Target level:** UNFPA and UNICEF joint programme focal points and country offices
- **Based on conclusions:** C1, C2 and C3

As noted above, national partners at the community level indicated the need to

expand anti-FGM/C-related efforts to cover greater geographic areas, including remote and inaccessible areas of Kenya. Such expansion will require future programming to be based on solid evidence of what types of approaches are likely to work in each targeted setting, and why. While a significant quantity of experiences gained by different actors already exists, very limited data is available on the specific mid- to long-term results of promising interventions such as public declarations or ARP. UNFPA and UNICEF should continue to support national partners in applying these promising approaches where appropriate, but they should also consider conducting systematic, long-term monitoring of related results, as well as targeted research to capture specific combinations of factors that influence success or failure in different contexts.

6.2 Implications for the overarching programme level

The Kenya country case study is a pilot case study for the joint programme, therefore predictions cannot yet be made as to whether similar findings will emerge from the other three country case studies, and from data collected in the remaining 11 programming countries by other methods. Nevertheless, a number of issues relating to the overall design and management of the joint programme have been identified that should be explored in the other country case studies and in the overall final report.

These include:

- The Kenya country case study provided a concrete example of how interventions at the national and community levels were brought together to benefit each other. It will be important to explore whether and how this has occurred in other programming countries;
- The passage of the FGM/C Act in Kenya is widely seen as a major step forward. It will be helpful to explore experiences in other countries with a similar law in place and experience in implementing the law;
- In Kenya, UNICEF and UNFPA distributed responsibilities by geographic areas based on their already existing presence and/or programme work. The other three country case studies may allow for exploration of other approaches for task distribution and provide information on the respective strengths and weaknesses of each approach;
- It will be interesting to explore the specific effects of the joint programme annual planning and budgeting cycle on programming in different countries, and how each country dealt with this challenge.

Annex 1. Evaluation Matrix

See Annex 8, Volume II of the Inception Report:
<http://www.unfpa.org/public/home/about/Evaluation/EBIER/TE/pid/10103>

Annex 2. List of Documents Reviewed

UNFPA-UNICEF Joint Programme on FGM/C: Kenya Country Profile

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Oloo, Habil, Wanjiru, Monica and Newell-Jones, Katy, “Female Genital Mutilation Practices in Kenya: The Role of Alternative Rites of Passage: A Case Study of Kisii and Kuria Districts”, Feed the Minds (and Population Council), 2011.

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Government of the Republic of Kenya, Ministry of Gender, Children and Social Development, “The National Plan of Action on the Abandonment of Female Genital Mutilation in Kenya 2012-2016”.

Government of the Republic of Kenya: Ministry of Gender, Children and Social Development, “The National Policy for the Abandonment of Female Genital Mutilation”, June 2010.

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Annex 3. List of Consulted Stakeholders

Kenya Pilot Country Visit – Consulted Stakeholders

Name	Position/Title and Organization
National Level	
Government	
Ambassador Espipila, Franklin	Acting Permanent Secretary, Ministry of Gender, Children and Social Development (MoGCSD)
Godia, Pamela	Head Division of Reproductive Health, Ministry of Public Health & Sanitation
Kabaru, Mary	Chief Gender, MoGCSD
Kamuri, Lucy	District Gender Officer, Naivasha, MoGCSD
Kipyator, Eric	District Gender and Social Development Officer, MoGCSD
Kirimo, Lucy	Meru District Gender Officer, MoGCSD
Moywaywa, Saul	District Commissioner, Baringo County
Sharif, Ramla Sharif	Social Development officer, MoGCSD
Civil Society/Other Partners	
Christoffersen, Karin	Gender officer, Norwegian Church Aid
Dr. Jaldesa , Guyo	Lecturer/Consultant, University of Nairobi
Gitonga, Maureen	Gender Advisor, KEWOPA
Hilton, Melanie	Action Aid inspirator ⁵⁵ placement programme, WEL
Hon. Kilimo, Linah	Chairperson, Kenya Women Parliamentarians Association (KEWOPA)
Jimenez, Alba	Programme officer, ADRA Kenya
Karuyoa, Njoki	Coordinator, Kenya Media Network on Population and Development (KEMEP)
Kimani-Maingi, Grace	Executive Director, Federation of Women Lawyers (FIDA KENYA)
Kirambi, Alice	National Executive Secretary, Maendeleo Ya Wanawake Organization (MYWO)
Kizito, Irene	Ag. National General Secretary, YWCA
Lenai, Agnes	Programme Coordinator, Illmarak Community Concern
Makome, Faith	Board member, Women Empowerment Link (WEL)
Makone, Hellen	Executive Director, MYWO
Mayieka, N Elizabeth	Assistant National Secretary, MYWO
Mbugua, Grace	Organizational Director, Women Empowerment Link (WEL)
Nyambala, Marceline	Programme Coordinator, AMWIK
Okoth, Thomas	Programme officer, YWCA
Onsongo, Jared	Communications Adviser , KEWOPA

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Country Case Study: Kenya

Name		Position/Title and Organization
Sarwanya, Jane		Deputy Executive Director, Federation of Women Lawyers (FIDA KENYA)
Wasye, Musyomi		Norwegian Church Aid
		Religious Organizations
Asmani, Ibrahim Lethome		Member, Council of Imams and Ulamaas of Kenya
Dahir, Fatuma Mohamed		Scholar, Wigaya Women Charitable Organization
Hassan, Abdinasir Haji		Member, Council of Imams and Ulamaas of Kenya
Saman, Fatuma Ali		Principal, Nairobi Muslim Academy
Sheikh, Abdullatif A.		Programme Coordinator, Council of Imams and Ulamaas of Kenya
		UN Agencies
Ahmed, Zeinab		Joint programme focal point, UNICEF Kenya
Chepata, Lister		Program Analyst, UNFPA Kenya
Dr Abdelrahim, Rogaia		Deputy representative, UNFPA Somalia
Gachanjaja, Florence		Joint programme focal point, UNFPA Kenya
Gathiti, Zipporah		M&E officer, UNFPA Kenya
Gupta, Sheema Sen		Chief, Child Protection Programme, UNICEF Somalia Country Office
Ilyin, Alexander		Officer in Charge, UNFPA Kenya
Kimemia, Cecilia		Assistant Representative, UNFPA Kenya
Koronya, Charity		Somalia joint programme focal point, UNICEF Somalia Country Office
Kukler, Janneke		Coordinator, GE and WE Programme, UN Women Kenya
Ndugwa, Robert		M&E officer, UNICEF Kenya
Ndugwa, Christine Ochieng		Former national coordinator for the GoK/UNICEF/UNFPA joint programme, UNFPA Kenya
Rudasingwa, Marcel		Country Representative, UNICEF Kenya
		Donors
Fjerdvær, Skoldvor		Immigration officer, Norwegian Embassy
Mwangi, Josephine		Programme Coordinator, Swedish Embassy
Schei, Geir Arne		First Secretary, Norwegian Embassy
		Communities/CBOs
10 men Imathiu, Stephen Kamakia, Geoffrey Kinoti, Frances Kirimi, John M'Murungi Mugambi, Ernest M	Muthamia, Julius Mugambi, Benjamin Mworira, Stephen Rungai, Silas M'Ikiao Rutere, Phares	Meru Council of Elders

Country Case Study: Kenya

Name		Position/Title and Organization
25 (11 Women, 11 men, 3 girls) Fr. Rutwento, Henery John, Silvenia Kawira, Kiambi, Samson K. Kinanu, Christine Kinoti, Jacinta Kinyua, Francis Kinyua, Teresa Kiogura, Lucy Kiome, Evangeline M'Imanyara, Jenaro Fituma Mariene, Cyprian Mbijiwe Alfred Mutwiri	Mitugi, Josphat Marangu Mpuria, Jane Mtwanwari, Salesco Mwarania Mugambi, Julius Kiogora Munene, David Ngugi, Margaret Nkando, Zipporah Nthiora, Maririna Nyami, Irenens Nyamu, Jane Paul, Colleta Stellah Mwendwa, Damaris	Mujwa community members, including members of the Catholic Women's Association, teachers, former circumciser, girls having graduated from ARP
Mbalient, Janepher		Mt. Elgon District Chair Person, Maendeleo Ya Wanawake Organization (MYWO)
Muriuki, Joyce		Meru District Chair Person, Maendeleo Ya Wanawake Organization (MYWO)
Mutabari, Martin		Accountant (Nairobi, visiting Mt. Elgon), MYWO
14 (7 men, 7 women) Albert Masai, Moses Arnoit, Grace Baraja, Geoffrey Godwin Bomei, Moses Kabindu, Francis Keboi, Sharon Kemci, Muka	Kikiterie, Solomon Kwemoi, Machai, Esther Monoo, Phamice Pakalhini, Sakongi, Jacqueline Wandermave , Janevasc	District FGM Network. Mount Elgon community members including: Teachers, youth representatives, pastor, chief, elder. All activists, most also trainer of trainers
9 (3 men, 6 women) Chelangiat, Dasiy Chemla, Jendi Cjenet, Kamet Cjenpr, Akneta	Kuensa, Simon Makan, Fanuel Ndiema, Rosemary Psomukan, Brian Sihe, Joyce	Mt. Elgon community members, including: 2 pastors, one chairman community policing and clan chairman *(elder), one youth representative, one former circumciser, one female community leader, one chief, two girls who participated in 2010 ARP.
Mungai, Father		Catholic Diocese of Nakuru (CDN)
Muthengi, Salome		Gender officer, Women Empowerment Link
Njoroge, Eliud		Field officer, Women Empowerment Link
Total: 66 14 male Elders: 1 Gender officer 6 girls: 7 young men: Binama, David Chepkemoi,	Migni, Moses Mjeri, Monicah Mjoki, Lucy Mjoki, Tabitha Muncha, Nathan Muniyangi, Lilian Musanga, Josphat	Kongoni community

Country Case Study: Kenya

Name		Position/Title and Organization
Chepkemoi, Leah	Naemi, Jecinta	
Elushi, Kazezo,	Nalakiti, Elizabeth	
Naenyengune	Nambuia, Grace	
Esho, Nicholas	Nanjiru, Esther	
Githae, Catherine	Ndei, Deninah	
Jeremiah Lenkoyo,	Ndei, Borcas	
Elisa	Nheci, Magdalina	
Kamaamri,	Njeri, Miriam	
Kararo, Amos	Waithera, Ann	
Kararo, Joseph	Njoroge, Joseph	
Kararo, Simon	Njoso, Evolyin	
Kararu, Mary	Nteci, Danson	
Kasikua,	Nyarangi, Irene	
Kazazo	Nyarangi, Irene	
Kedogo, Jane	Oresha, Fronda	
Kemunto, Kejia	Orospke, Easter	
Kemunto, Keziah	Others (38):	
Keretto, Daniel	Pastor Munche,	
Keveto, Diana	Amos	
Kiaric, Veronicah	Philip Letiwa, Daudi	
Kibiru, John	Rossani, Peter	
Kologo, Jane	Salani, Noah	
Koonyo, Moses	Shiveka, Morine	
Laina, Moses	Shivekha, Maureen	
Lasoi, Jane	Wahbug, Grace	
Leah Njoki, Lucy	Wambui, Gladwell	
Lumati, Beatrice	Wangari, Jane	
Mburu, Mercy	Wanjiru, Joyce	
Mereu, Isaya	Wanjiru, Lucy	
	Wanjiru, Naomi	
	Wanjo, Elizabeth	
Total: 65	Lendapana, Faith	Marigat community
10 members of the	Mantaine	
FGM network:	Lengolianga, Francis	
Jane Kipirich, Mary	Leparteneu,	
Kipyator, Eric	Nontasimi (midwife)	
Koipiri, Jeniffer	Lesepei, John	
Lekingodia, Francis	Letangule, John	
Lempakany, William	Naniyo	
Lemukus, Stanley	Leviana,	
Parsalach,	Lewatachum, Lilian	
Raphael Lendapana,	Markoko, Paul S.	
Lilian	(chief)	
Tamer, Edward	Mercy S. 21 male	
Tenges,	elders:	
9 girls/youth:	Millicent Chepkonga,	
10 young men	Lynnex Korir	
	Nabori, Margaret	

Country Case Study: Kenya

Name		Position/Title and Organization
(MORAN)	Napori, Lilian (Elder)	
6 teachers:	Naremo, Leah	
9 women:	(midwife)	
Chelangat,	Naremo, Paul	
Cheserem,	Olekibilim, Willy	
Christopher	Olekipirich, Francis	
Duncan Lechemel,	(prov. Admin.)	
Jackson	Olekoipiri, Patrick	
Gichuki,	Parkitora, Wycliffe R	
Janet Nanigiot	Parteneo, Ezekiel	
Nasiyan, Merige	Pole, Oleriman M	
Caroline	Pr. Isusele, Joseph	
Karirayo,	Rev. Lekikenyi,	
Kipirich, Isabella	Renson	
Kipirich, Fector	Rev. Lekitali Francis	
Kipkurere, Joseph K.	(pastor)	
Komen, James K. (pastor)	Rev. Lepeliani, Stephen	
Laanor, Leonard L.	Sampinja, Joseph	
Langat, Egla (Christian Ministries)	Sauroki, Moses	
Legruself, Mary (pastor)	Sekeu, Samwel P. (chief)	
Lehesi, Headman Johnson	Sekey, Miriam (G. treasurer)	
Lekachuma, Elima (secretary, Ngustro)	Sikamoi, Dominic	
Lekachuma, Zephaniah (prov. Admin)	Tamar, Tomer,	
Lekisemon, Maryam (CCPD Coordinator)	Vickline Lepeliani, Peninah	
Lelimon, Jane (Elder)	Wekatai, Sammy	
Lemuntelea, John	Wilson Lematashum, James	
Lemuunga, Nathan	Yatich, Isaiah (pastor)	
Lenasieku, Joseph R. (chief)		

List of participants of the debriefing meeting on November 23, 2012

Name	Organization
Dr Abdelrahim, Rogain	UNFPA Somalia
Ahmed, Zeinab	UNICEF Kenya
Ashok, Madhivi	UNICEF Kenya
Asubwa, Sylvia	FIDA Kenya
Basse, Jean Francois	UNICEF Kenya
Capriola, Marina	UNFPA Somalia
Chambel, Alexandra	Chair, Evaluation Management Group, UNFPA Evaluation Branch
Christoffersen, Karin	Norwegian Church Aid
Fjelderer, Skjolderer	Norwegian Embassy
Kabaru, Mary	Ministry of Gender
Kamoya, Njoki	KEMEP
Kimemia, Cecilia	UNFPA Kenya
Kiragu, Jane	National Expert, Universalia
Gachanja, Florence	UNFPA Kenya
Gathiti, Zipporah	UNFPA Kenya
Koronya, Charity	UNICEF Somalia
Mbugua, Grace	Women Empowerment Link
Muithigah, Asenath N	Maendeleo Ya Wanawake Organisation
Onsongo, Jared	Kenya Women Parliamentary Association
Roberts, Olivia	Evaluation Management Group, UNFPA Evaluation Branch
Urbano, Mia	University of Melbourne, consultant with World Vision
Wenderoth, Anette	Evaluation Team Leader, Universalia
Zwelsloot, A.	UNFPA Somalia

Annex 4. Interview and Group Discussion Protocols

INTERVIEW PROTOCOL

GOVERNMENT REPRESENTATIVES

Universal Management Group, a Canadian consulting firm, has been engaged to undertake an evaluation of the UNFPA-UNICEF Joint Programme on FGM/C. This evaluation includes studies of the Joint Programme work in four countries and this interview will contribute to your country case study. Thank you for agreeing to this interview. This document is intended to be a guide for our discussion, which I expect will take roughly one hour. All interviews are confidential, in that information you provide will only be reported in aggregate, summarizing all key informant interviews without attribution to the sources.

1. INTRODUCTION

- 1.1 Can you please briefly describe your role, in particular in relation to FGM/C? What has been your involvement with the UNFPA/UNICEF joint programme on FGM/C? Do you work with other UN agencies, development partners on the issue of FGM/C?

2. CONTEXT

- 2.1 Since 2008, what social, cultural, political, economic and institutional factors have affected or influenced the extent and ways in which FGM/C is practised in this country?

3. RELEVANCE AND DESIGN

- 3.1 How relevant and responsive has the joint programme been to existing government priorities and strategies in relation to FGM/C abandonment? To country-level needs? To the needs of the targeted communities?
- 3.2 In your opinion what have been key strengths and weaknesses of the joint programme design, approach and strategies?

4. EFFECTIVENESS

- 4.1 Since 2008, what, if any, changes in social norms/attitudes towards FGM/C have occurred in this country? In specific communities? To what extent and how has the joint programme contributed to them?
- 4.2 From your point of view, what have been the key achievements of the joint programme in this country?
- 4.3 How would you explain the programme's successes and missed opportunities? What has worked well? What hasn't?

- 4.4 Have you/your department been directly involved in any joint programme activities/initiatives as an implementing partner or as a beneficiary? If so, which ones have been the most and least useful/successful? Why?

5. SUSTAINABILITY

- 5.1 To what extent are the achievements and changes that the joint programme has contributed to likely to last? How likely are they to be scaled up/ expanded? What factors (positive or negative) are likely to support or hinder the sustainability of joint programme achievements?

6. INTERAGENCY COORDINATION AND JOINT PROGRAMME MANAGEMENT

- 6.1 In your opinion, what has been the added value of the joint structure of the programme?
- 6.2 Have you been involved in any other UN joint programme? If so, how does this one compare to them? What are its strengths? What could be improved?

The following questions are only for implementing partners

- 6.3 What have been key strengths and weaknesses of the programme management and implementation? What has worked well? What could be improved?
- 6.4 To what extent were the joint programme resources adequate to achieve the expected results? Did the joint programme resources complement other resources that you already had to work on the issue of FGM/C? Were you able to mobilize additional resources after participating in the joint programme?

7. GOOD PRACTICES, LESSONS LEARNED, AND FUTURE DIRECTIONS

- 7.1 What, if any, innovative /good practices have been introduced or supported by the joint programme for the abandonment of FGM/C in this country?
- 7.2 What have been the key lessons learned?
- 7.3 In what ways can or should the joint programme inform future programming in relation to FGM/C in this country? In what ways can or should the joint programme inform future programming in relation to other areas (e.g. other harmful practices)?

8. OTHER COMMENTS

- 8.1 Do you have any other comments or suggestions or concerns about the joint programme and/or the evaluation that you would like to share with us? Do you have any questions?

Thank you for your collaboration.

INTERVIEW PROTOCOL

IMPLEMENTING PARTNERS AT THE COMMUNITY LEVEL

Universalia Management Group, a Canadian consulting firm, has been engaged to undertake an evaluation of the UNFPA-UNICEF Joint Programme on FGM/C. This evaluation includes studies of the Joint Programme work in four countries and this interview will contribute to your country case study. Thank you for agreeing to this interview. This document is intended to be a guide for our discussion, which I expect will take roughly one hour. All interviews are confidential, in that information you provide will only be reported in aggregate, summarizing all key informant interviews without attribution to the sources.

1. INTRODUCTION

- 1.1 Can you please briefly describe your role, and the role of your organization in particular in relation to FGM/C? What has been your involvement with the UNFPA/UNICEF joint programme on FGM/C? Do you work with other UN agencies and/or development partners on the issue of FGM/C?

2. CONTEXT

- 2.1 Since 2008, what social, cultural, political, economic, and institutional factors have affected or influenced the practice of FGM/C in this community?

3. RELEVANCE AND DESIGN

- 3.1 How relevant and responsive has the joint programme been to the needs of the targeted communities? How relevant and responsive has the joint programme been to country-level needs and priorities in relation to the issue of FGM/C?
- 3.2 In your opinion what have been key strengths and weaknesses of the joint programme design, approach and strategies?

4. EFFECTIVENESS

- 4.1 Since 2008, what, if any, changes in social norms/attitudes towards FGM/C have occurred in this country? In specific communities? To what extent and how has the joint programme contributed to them?
- 4.2 From your point of view, what have been the joint programme key achievements in the targeted communities? In the country?
- 4.3 How would you explain the successes and missed opportunities of the programme? What has worked well? What hasn't?
- 4.4 What joint programme activities/initiatives have you implemented/have you been involved with? Which ones have been the most and least useful/successful? Why?

5. SUSTAINABILITY

- 5.1 To what extent are the achievements and changes that the joint programme has contributed to likely to last? How likely are they to be scaled up/expanded? What factors (positive or negative) are likely to support or hinder the sustainability of programme achievements?

6. INTERAGENCY COORDINATION AND JOINT PROGRAMME MANAGEMENT

- 6.1 In your opinion, what has been the added value of the joint structure of the programme?
- 6.2 Have you been involved in any other UN joint programme? If so, how does this one compare to them? What are its strengths? What could be improved?
- 6.3 What have been key strengths and weaknesses of the programme management and implementation? What has worked well? What could be improved?
- 6.4 To what extent were the joint programme resources adequate to achieve the expected results? Did the joint programme resources complement other resources that you already had to work on the issue of FGM/C? Were you able to mobilize additional resources after participating in the joint programme?

7. GOOD PRACTICES, LESSONS LEARNED, AND FUTURE DIRECTIONS

- 7.1 What, if any, types of innovative /good practices have been introduced or supported by the joint programme for the abandonment of FGM/C in targeted communities?
- 7.2 What have been the key lessons learned?
- 7.3 In what ways can or should the joint programme inform future programming in relation to FGM/C in this country? In what ways can or should the joint programme inform future programming in relation to other areas (e.g. other harmful practices)?

8. OTHER COMMENTS

- 8.1 Do you have any other comments or suggestions or concerns about the joint programme and/or the evaluation that you would like to share with us? Do you have any questions?

Thank you for your collaboration.

INTERVIEW PROTOCOL

OTHER NATIONAL STAKEHOLDERS

Universal Management Group, a Canadian consulting firm, has been engaged to undertake an evaluation of the UNFPA-UNICEF Joint Programme on FGM/C. This evaluation includes studies of the Joint Programme work in four countries and this interview will contribute to your country case study. Thank you for agreeing to this interview. This document is intended to be a guide for our discussion, which I expect will take roughly one hour. All interviews are confidential, in that information you provide will only be reported in aggregate, summarizing all key informant interviews without attribution to the sources.

This protocol will be used for the following groups: NGOs, media, academia, law professions, religious leaders and organizations, members of parliament.

1. INTRODUCTION

- 1.1 Can you please briefly describe your role, and the role of your organization in particular in relation to FGM/C? What has been your involvement with the UNFPA-UNICEF joint programme on FGM/C? Do you work with other UN agencies and/or development partners on the issue of FGM/C?

2. CONTEXT

- 2.1 Since 2008, what social, cultural, political, economic and institutional factors have affected or influenced the practice of FGM/C in this country?

3. RELEVANCE AND DESIGN

- 3.1 How relevant and responsive has the joint programme been to country-level needs and priorities in relation to the issue of FGM/C? How relevant and responsive has the joint programme been to the needs of the targeted communities?
- 3.2 In your opinion what have been key strengths and weaknesses of the joint programme design, approach and strategies?

4. EFFECTIVENESS

- 4.1 Since 2008, what, if any, changes in social norms/attitudes towards FGM/C have occurred in this country? In specific communities? To what extent and how has the joint programme contributed to them?
- 4.2 From your point of view, what have been the joint programme key achievements in this country? At the national level? At the community level (if relevant)?
- 4.3 How would you explain the successes and missed opportunities of the programme? What has worked well? What hasn't?
- 4.4 Have you/your organizations been directly involved in any joint programme activities/initiatives as an implementing partner or as a beneficiary? If so, which ones have been the most and least useful/successful? Why?

5. SUSTAINABILITY

- 5.1 To what extent are the achievements and changes that the joint programme has contributed to likely to last? How likely are they to be scaled up/expanded? What factors (positive or negative) are likely to support or hinder the sustainability of programme achievements?

6. INTERAGENCY COORDINATION AND JOINT PROGRAMME MANAGEMENT

- 6.1 In your opinion, what has been the added value of joint structure of the programme?
- 6.2 Have you been involved in any other UN joint programme? If so, how does this one compare to them? What are its strengths? What could be improved?
- 6.3 What have been key strengths and weaknesses of the programme management and implementation? What has worked well? What could be improved?
- 6.4 To what extent were the joint programme resources adequate to achieve the expected results? Did the joint programme resources complement other resources that you already had to work on the issue of FGM/C? Were you able to mobilize additional resources after participating in the joint programme?

7. GOOD PRACTICES, LESSONS LEARNED, AND FUTURE DIRECTIONS

- 7.1 What, if any, types of innovative /good practices have been introduced or supported by the joint programme for the abandonment of FGM/C in this country/in targeted communities?
- 7.2 What have been the key lessons learned?
- 7.3 In what ways can or should the joint programme inform future programming in relation to FGM/C in this country? In what ways can or should the joint programme inform future programming in relation to other areas (e.g. other harmful practices)?

8. OTHER COMMENTS

- 8.1 Do you have any other comments or suggestions or concerns about the programme and/or the evaluation that you would like to share with us? Do you have any questions?

Thank you for your collaboration.

INTERVIEW PROTOCOL

OTHER UN AGENCIES AND DEVELOPMENT PARTNERS

Universal Management Group, a Canadian consulting firm, has been engaged to undertake an evaluation of the UNFPA-UNICEF Joint Programme on FGM/C. This evaluation includes studies of the Joint Programme work in four countries and this interview will contribute to your country case study. Thank you for agreeing to this interview. This document is intended to be a guide for our discussion, which I expect will take roughly one hour. All interviews are confidential, in that information you provide will only be reported in aggregate, summarizing all key informant interviews without attribution to the sources.

1. INTRODUCTION

- 1.1 Can you please briefly describe your role, and the role of your agency in particular in relation to FGM/C in this country? Have you been involved with the UNFPA/UNICEF joint programme on FGM/C? If so how?

2. CONTEXT

- 2.1 Since 2008, what contextual and environmental factors have affected or influenced the work of your agency in relation to FGM/C?

3. RELEVANCE AND DESIGN

- 3.1 To your knowledge, how relevant and responsive has the joint programme been to country-level needs and priorities in relation to the issue of FGM/C? How relevant and responsive has the joint programme been to the needs of the targeted communities?
- 3.2 To what extent are the objectives of the joint programme aligned with UN/development partner priorities and strategies in this country?
- 3.3 To what extent and how does the joint programme relate to other UN/development partners programming on FGM/C in this country? Are there synergies and/or overlaps?
- 3.4 To your knowledge, what have been key strengths and weaknesses of the joint programme design, approach and strategies?

4. EFFECTIVENESS

- 4.1 Since 2008, what, if any, changes in social norms/attitudes towards FGM/C have occurred in this country? In specific communities? To what extent and how has the joint programme contributed to them?
- 4.2 To your knowledge, what have been the joint programme key achievements in this country?
- 4.3 How would you explain the successes and missed opportunities of the programme? What has worked well? What hasn't?

Prompt: This can refer to overall approach, programming strategies, stakeholders involved, types of activities, resources, selection of target population, management, etc.

5. SUSTAINABILITY

- 5.1 To what extent are the achievements and changes that the joint programme has contributed to likely to last? How likely are they to be scaled up/expanded? What factors (positive or negative) are likely to support or hinder the sustainability of programme achievements?

6. INTERAGENCY COORDINATION AND JOINT PROGRAMME MANAGEMENT

- 6.1 What have been the strengths and weaknesses of the coordination between UNFPA and UNICEF in relation to the joint programme in this country? What has worked well? What could be improved?
- 6.2 What has been in your opinion the added value of the joint structure of the programme?
- 6.3 How does the joint programme compare with other examples of joint UN programming in this country?

7. GOOD PRACTICES AND FUTURE DIRECTIONS

- 7.1 To your knowledge, what, if any, types of innovative /good practices for the abandonment of FGM/C have been introduced or supported by the joint programme in this country?
- What if any types of innovative/good practices have been introduced or supported by your agency that could inform future UNFPA/UNICEF programming on FGM/C in this country?
- 7.2 In what ways can or should the joint programme inform future programming in relation to FGM/C in this country? In what ways can or should the joint programme inform future programming in relation to other areas (e.g. other harmful practices)?

8. OTHER COMMENTS

- 8.1 Do you have any other comments or suggestions or concerns about the programme and/or the evaluation that you would like to share with us? Do you have any questions?

Thank you for your collaboration.

INTERVIEW PROTOCOL

UNFPA/UNICEF COUNTRY OFFICE STAFF

Universal Management Group, a Canadian consulting firm, has been engaged to undertake an evaluation of the UNFPA-UNICEF Joint Programme on FGM/C. This evaluation includes studies of the Joint Programme work in four countries and this interview will contribute to your country case study. Thank you for agreeing to this interview. This document is intended to be a guide for our discussion, which I expect will take roughly one hour. All interviews are confidential, in that information you provide will only be reported in aggregate, summarizing all key informant interviews without attribution to the sources.

1. INTRODUCTION

- 1.1 Please describe how long you have been with UNFPA/UNICEF, and in what capacities. Can you please describe your involvement with the UNFPA/UNICEF joint programme?

2. CONTEXT

- 2.1 Since the inception of the Programme, what contextual and environmental factors have affected or influenced the work of the Joint Programme in this country?

3. RELEVANCE AND DESIGN

- 3.1 To what extent are the objectives of the joint programme aligned with UNFPA/UNICEF policies and strategies at the country level?
- 3.2 From your perspective, to what extent are the objectives of the joint programme aligned with government priorities? To country-level needs in relation to the abandonment of FGM/C? To the needs of the targeted communities?
- 3.3 In your opinion what have been key strengths and weaknesses of the joint programme design, approach and strategies in this country?
- 3.4 To what extent does the attached theory of change accurately reflect the joint programme approach? Would you change anything in it to make it more relevant to the work you do in this country?

4. EFFECTIVENESS

- 4.1 Since the Programme started, have there been any changes in the social norms/attitudes towards FGM/C in this country? In the targeted communities? If so, to what extent and how has the joint programme contributed to them?
- 4.2 From your point of view, what have been the joint programme key achievements in this country at the community level? At the national level? Have there been any achievements at the regional/global level to which this country office has directly contributed?
- 4.3 How would you explain the successes and missed opportunities of the programme? What has worked well? What hasn't?

5. EFFICIENCY

- 5.1 To what extent were the available resources adequate to achieve the expected results?
- 5.2 To your knowledge, has the country office been able to leverage additional/complementary resources for its work on FGM/C beyond the joint programme ones?
- 5.3 In what ways, if any, could the joint programme have been more efficient (i.e. achieved similar results using fewer resources)?

6. SUSTAINABILITY

- 6.1 To what extent are the achievements and changes that the joint programme has contributed to likely to last? How likely are they to be scaled up/expanded? What factors (positive or negative) are likely to support or hinder the sustainability of programme achievements?

7. INTERAGENCY COORDINATION AND JOINT PROGRAMME MANAGEMENT

- 7.1 What have been the strengths and weaknesses of UNFPA and UNICEF coordination in the joint programme? What has worked well? What could be improved?
- 7.2 In your opinion, what has been the added value of the joint structure of the programme?
- 7.3 What have been key strengths and weaknesses of the programme management and implementation at the global, regional and country levels? What has worked well? What could be improved?
- 7.4 How/to what extent have cross-cutting issues of gender equality, human rights, cultural sensitivity and equity been integrated in programme design, implementation, monitoring and evaluation? Can you please provide examples?

8. GOOD PRACTICES, LESSONS LEARNED, AND FUTURE DIRECTIONS

- 8.1 What, if any, types of innovative /good practices have been introduced by the Joint Programme for the abandonment of FGM/C in this country?
- 8.2 What have been the key lessons learned?
- 8.3 In what ways can or should the joint programme inform future UNFPA and UNICEF programming in relation to FGM/C in this country? Elsewhere/globally? In what ways can or should the Joint Programme inform future UNFPA and UNICEF programming in relation to other areas (e.g. other harmful practices)?

9. OTHER COMMENTS

- 9.1 Do you have any other comments or suggestions or concerns about the programme and/or the evaluation that you would like to share with us? Do you have any questions?

Thank you for your collaboration.

INTERVIEW PROTOCOL

UNFPA/UNICEF COUNTRY REPRESENTATIVES

Universal Management Group, a Canadian consulting firm, has been engaged to undertake an evaluation of the UNFPA-UNICEF Joint Programme on FGM/C. This evaluation includes studies of the Joint Programme work in four countries and this interview will contribute to your country case study. Thank you for agreeing to this interview. This document is intended to be a guide for our discussion, which I expect will take roughly one hour. All interviews are confidential, in that information you provide will only be reported in aggregate, summarizing all key informant interviews without attribution to the sources.

1. INTRODUCTION

- 1.1 Please describe how long you have been with UNFPA/UNICEF, and in what capacities. How long have you been the country representative for? What does your role entail in relation to FGM/C abandonment and, more specifically, to the joint programme?

2. CONTEXT

- 2.1 Since the inception of the Programme, what contextual and environmental factors have affected or influenced the work of your agency in relation to FGM/C?

3. RELEVANCE AND DESIGN

- 3.1 To what extent are the objectives of the joint programme aligned with UNFPA/UNICEF policies and strategies in this country?
- 3.2 To what extent and how does the joint programme relate to the broader UNFPA/UNICEF programming in this country? Are there synergies and/or overlaps with other work that you conduct in this country?
- 3.3 From your perspective, to what extent are the objectives of the joint programme aligned with government priorities? To country and community level needs in relation to the abandonment of FGM/C?
- 3.4 In your opinion what have been key strengths and weaknesses of the joint programme design, approach and strategies in this country?
- 3.5 To what extent does the attached theory of change accurately reflect the joint-programme approach? Would you change anything in it to make it more relevant to the work you do in this country?

4. EFFECTIVENESS

- 4.1 Since the Programme started, what, if any, changes in social norms/attitudes towards FGM/C have occurred in this country? In specific communities? To what extent and how has the joint programme contributed to them?
- 4.2 From your point of view, what have been the key achievements of the joint programme in this country at the community level? At the national level?

- 4.3 How would you explain the successes and missed opportunities of the programme? What has worked well? What hasn't?

5. EFFICIENCY

- 5.1 To what extent were the available resources adequate to achieve the expected results?
- 5.2 To what extent have you been able to leverage additional/complementary resources for the work of your agency on FGM/C beyond the joint programme ones?

6. SUSTAINABILITY

- 6.1 To what extent are the achievements and changes that the joint programme has contributed to likely to last? How likely are they to be scaled up/expanded? What factors (positive or negative) are likely to support or hinder the sustainability of programme achievements?

7. INTERAGENCY COORDINATION AND JOINT PROGRAMME MANAGEMENT

- 7.1 What have been the strengths and weaknesses of the coordination between UNFPA and UNICEF in relation to the joint programme in this country? What has worked well? What could be improved?
- 7.2 In your opinion, what has been the added value of the joint structure of the programme?
- 7.3 How does the joint programme compare with other examples of joint UN programming in this country?
- 7.4 To what extent and how have cross cutting issues of gender equality, human rights, cultural sensitivity and equity been integrated in the joint programme?

8. GOOD PRACTICES, LESSONS LEARNED, AND FUTURE DIRECTIONS

- 8.1 What, if any, types of innovative /good practices have been introduced by the joint programme for the abandonment of FGM/C in this country?
- 8.2 What have been the key lessons learned?
- 8.3 In what ways can or should the joint programme inform future UNFPA and UNICEF programming in relation to FGM/C in this country? In what ways can or should the joint programme inform future UNFPA and UNICEF programming in relation to other areas (e.g. other harmful practices)?

9. OTHER COMMENTS

- 9.1 Do you have any other comments or suggestions or concerns about the programme and/or the evaluation that you would like to share with us? Do you have any questions?

Thank you for your collaboration.

INTERVIEW PROTOCOL

UNFPA/UNICEF JOINT PROGRAMME FOCAL POINTS

Universal Management Group, a Canadian consulting firm, has been engaged to undertake an evaluation of the UNFPA-UNICEF Joint Programme on FGM/C. This evaluation includes studies of the Joint Programme work in four countries and this interview will contribute to your country case study. Thank you for agreeing to this interview. This document is intended to be a guide for our discussion, which I expect will take roughly one hour. All interviews are confidential, in that information you provide will only be reported in aggregate, summarizing all key informant interviews without attribution to the sources.

1. INTRODUCTION

- 1.1 Please describe how long you have been with UNFPA/UNICEF, and in what capacities. How long have you been the Programme Focal Point for? What does this role entail?

2. CONTEXT

- 2.1 Since the inception of the Programme, what contextual and environmental factors have affected or influenced the work of the Joint Programme in this country?

3. RELEVANCE AND DESIGN

- 3.1 To what extent are the objectives of the joint programme aligned with UNFPA/UNICEF policies and strategies at the country level?
- 3.2 From your perspective, to what extent are the objectives of the joint programme aligned with government priorities? To country-level needs in relation to the abandonment of FGM/C?
- 3.3 In your opinion how relevant and responsive has the programme been to the needs of the targeted communities?
- 3.4 What are the key characteristics of the joint programme approach?
- 3.5 In your opinion what have been key strengths and weaknesses of the joint programme design, approach and strategies in this country?
- 3.6 To what extent does the attached theory of change accurately reflect the joint programme approach? Would you change anything in it to make it more relevant to the work you do in this country?

4. EFFECTIVENESS

- 4.1 Since the Programme started, what, if any, changes in social norms/attitudes towards FGM/C have occurred in this country? In specific communities? To what extent and how has the joint programme contributed to them?
- 4.2 From your point of view, what have been the joint programme key achievements in this country at the community level? At the national level? Have there been any achievements at the regional/global level to which this country office has directly contributed?

- 4.3 How would you explain the successes and missed opportunities of the programme? What has worked well? What hasn't?
- 4.4 What types of programming strategies and activities has the joint programme used in this country? Which ones have been the most and least successful?

5. EFFICIENCY

- 5.1 To what extent were the available resources adequate to achieve the expected results?
- 5.2 To what extent have you been able to leverage additional/complementary resources for your work on FGM/C beyond the Joint Programme ones?
- 5.3 In what ways, if any, could the joint programme have been more efficient (i.e. achieved similar results using fewer resources)?

6. SUSTAINABILITY

- 6.1 To what extent are the achievements and changes that the joint programme has contributed to likely to last? How likely are they to be scaled up/expanded? What factors (positive or negative) are likely to support or hinder the sustainability of the programme's achievements?

7. INTERAGENCY COORDINATION AND JOINT PROGRAMME MANAGEMENT

- 7.1 What have been the strengths and weaknesses of UNFPA and UNICEF coordination in the joint programme? What has worked well? What could be improved?
- 7.2 In your opinion, what has been the added value of the joint structure of the programme?
- 7.3 What have been key strengths and weaknesses of the programme management and implementation at the global, regional and country levels? What has worked well? What could be improved?
- 7.4 To what extent and how have cross-cutting issues of gender equality, human rights, cultural sensitivity and equity been integrated in programme design, implementation, monitoring and evaluation? Can you please provide examples?

8. GOOD PRACTICES, LESSONS LEARNED, AND FUTURE DIRECTIONS

- 8.1 What, if any, types of innovative /good practices have been introduced by the Joint Programme for the abandonment of FGM/C in this country?
- 8.2 What have been the key lessons learned?
- 8.3 In what ways can or should the joint programme inform future UNFPA and UNICEF programming in relation to FGM/C in this country? Elsewhere/globally? In what ways can or should the joint programme inform future UNFPA and UNICEF programming in relation to other areas (e.g. other harmful practices)?

9. OTHER COMMENTS

9.1 Do you have any other comments or suggestions or concerns about the programme and/or the evaluation that you would like to share with us? Do you have any questions?

Thank you for your collaboration.

Annex 5. Kenya Stakeholder Mapping

Kenya 2008-2011

Outputs	Implementing Partners										
	Government	NGOs		UN Agencies	Parliaments, Parliamentarians and affiliate organizations	Media and affiliate organizations	Academia	Judges and Justice Professionals	Religious Organizations and Leaders	Local Governing Bodies	Other
		National	International								
1. Effective enactment and enforcement of legislation against FGM/C	Ministry of Gender, Children and Social Development (MoGCSD), Gender Commission	Childrens' Legal Action Network (CLAN)- network of governmental and NGOs	Population Council		Kenya Women Parliamentarians Association (KEWOPA) Kenya National Assembly	Kenya Media Network on Population and Development (KEMEP)		Association of Women Judges Federation of Women Lawyers (FIDA KENYA)			
2. Knowledge dissemination of social-cultural dynamics of FGM/C practice	MoGCSD, Ministry of Youth Affairs and Sports (MOYA)	Maendeleo Ya Wanawake Organization (MYWO); SAIDIA; Womankind Kenya	Population Council; Adventist Development and Relief Agency (ADRA)						Catholic Diocese of Nakuru (CDN) Council of Imams and Preachers of Kenya (CIPK)		
3. Collaboration with key global development partners on a common framework towards abandonment of FGM/C											

Country Case Study: Kenya

Outputs	Implementing Partners										
	Government	NGOs		UN Agencies	Parliaments, Parliamentarians and affiliate organizations	Media and affiliate organizations	Academia	Judges and Justice Professionals	Religious Organizations and Leaders	Local Governing Bodies	Other
		National	International								
4. Evidence-based data for programming and policies	MoGCSD; National Commission on Gender and Development (NCGD)	CLAN; network of governmental and NGOs				KEMEP		FIDA			
5. Consolidation of existing partnerships and forging of new partnerships									CDN; CIPK; Catholic Secretariat; Supreme Council of Kenya Muslims (SUPKEM)		
6. Media campaign emphasizing FGM/C abandonment process in Sub-Saharan Africa, Sudan and Egypt	MoGCA; MoGCSD				KEWOPA	KEMEP; Association of Media Women in Kenya (AMWIK); BBC; Star FM; Communication Apex					
7. Better integration of implications of FGM/C practice into reproductive health strategies	MoH; MoGCSD; NCGD; MoYA; MOGSCSS;	MYWO						FIDA			

Country Case Study: Kenya

Outputs	Implementing Partners										
	Government	NGOs		UN Agencies	Parliaments, Parliamentarians and affiliate organizations	Media and affiliate organizations	Academia	Judges and Justice Professionals	Religious Organizations and Leaders	Local Governing Bodies	Other
		National	International								
8. Building donors support to pool resources for a global movement towards abandonment of FGM/C in one generation											

KENYA 2011-2012

Outputs	Implementing Partners										
	Government	NGOs National	International	UN Agencie s	Parliaments, Parliamentarians and affiliate organizations	Media and affiliate organizations	Academia	Judges and Justice Professional s	Religious Organizations and Leaders	Local Governing Bodies	Other
1: Effective enactment, enforcement and use of national policy and legal instruments to promote the abandonment of FGM/C	MoGCSD; Ministry of Public Health and Sanitation (MoPHS)	Coalition on Violence against Women (COVAW); Girl Child Network (GCN)	The Population Council		KEWOPA; Kenya National Assembly			FIDA ; Kenya Women Judges Association (KWJA)			
2: Local level commitment to FGM/C abandonment	Ministry of Education (MoE); MoGCSD	MYWO; COVAW; Womankind Kenya; Tasaru Girls Rescue Centre; Women Empowerment Link (WEL)	ADRA; The Population Council			KEMEP		FIDA KENYA	CDN; CIPK; Kenya Council of Imams and Ulamaa (KCIU); Young Women's Christian Association (YWCA); Pokot Outreach Ministries	Meru Council of Elders	

Country Case Study: Kenya

Outputs	Implementing Partners										
	Government	NGOs		UN Agencies	Parliaments, Parliamentarians and affiliate organizations	Media and affiliate organizations	Academia	Judges and Justice Professionals	Religious Organizations and Leaders	Local Governing Bodies	Other
		National	International								
3: Media campaigns and other forms of communication dissemination are organized and implemented to support and publicize FGM/C abandonment	MoGCSD		Equality Now			AMWIK; Star FM; KEMEP; Communication Section UNICEF; Communication Apex					
4: Use of new and existing data for implementation of evidence-based programming and policies and for evaluation	MoGCSD; MoE, Kenya Institute of Education (KIE)										

Country Case Study: Kenya

Outputs	Implementing Partners										
	Government	NGOs		UN Agencies	Parliaments, Parliamentarians and affiliate organizations	Media and affiliate organizations	Academia	Judges and Justice Professionals	Religious Organizations and Leaders	Local Governing Bodies	Other
		National	International								
5: FGM/C abandonment integrated and expanded into reproductive health policies, planning and programming	MoGCSD; Ministry of Foreign Affairs (MFA); MoPHS, MoMs					KEMEP			CDN; Church of the Seventh Day Adventist (SDA); Presbyterian Church of East Africa (PCEA); Anglican Church of Kenya (ACK); YWCA; KCIU;		Kenya Obstetric and Gynaecology Society
6: Partnerships with religious groups and other organizations and institutions are consolidated and new partnerships are identified and fostered	Ministry of Gender, Sports, Culture and Social Services (MoGSCSS); MoGSCD	MYWO; WEL;			KEWOPA	British Broadcasting Corporation; AMWIK; Star/Frontier FM; KEMEP; Communication Apex			CDN;		

Country Case Study: Kenya

Outputs	Implementing Partners										
	Government	NGOs		UN Agencies	Parliaments, Parliamentarians and affiliate organizations	Media and affiliate organizations	Academia	Judges and Justice Professionals	Religious Organizations and Leaders	Local Governing Bodies	Other
		National	International								
7: Tracking of programme benchmarks and achievements to maximize accountability of programme partners	MoGCSD; MoPHS; Ministry of Medical Services (MOMS); Ministry of Gender, Sports, Culture and Social Services (MoGSCSS); MoYA;	MYWO; GCN, COVAW; WEL,	The Population Council					FIDA KENYA; KWJA	YWCA, Pokot Ministries; CDN;		
8: Strengthened regional dynamics of abandonment of FGM/C		MYWO						FIDA KENYA			

Annex 6. Portfolio of Interventions⁵⁶

Country: KENYA		
Period: 2008- 2012		
<i>2008</i>		
Planned Activities	UN Agency	Implementing Agency/Partner
<i>Output 1: Effective enactment and enforcement of legislation against FGM/C</i>		
Hold one sensitization workshop on FGM issues for Parliamentary committees to advocate and lobby for passage of bills promoting women's rights and enforcement of existing and new acts of law specific to FGM.	UNFPA UNICEF	UNFPA UNICEF
Conduct one workshop for Parliamentarians (other than Committee members) including party leaders and the Chief Whip on FGM/C issues	UNFPA UNICEF	UNFPA UNICEF
Hold one forum to lobby representatives from key government ministries/institutions on revision, enactment and enforcement of FGM-related laws (Office of the AG, Ministry of Finance, Ministry of Justice, Law Reform Commission)	UNFPA UNICEF	UNFPA UNICEF
Conduct 3 workshops for police officers as TOTs on FGM/C in selected districts: Tana River, Garissa, Samburu and Baringo	UNFPA UNICEF	UNFPA UNICEF
<i>Output 2: Knowledge dissemination of social-cultural dynamics of FGM/C practice</i>		
Conduct sensitization forums and intergenerational dialogue in 4 districts (Tana River, Garissa, Samburu and Baringo) for religious leaders, opinion leaders, elders, female initiators, youth, professionals and women on FGM/C and its linkages to gender, human rights, reproductive health and rights (RHR) etc.	UNFPA UNICEF	UNFPA UNICEF
Hold an annual FGM/C review meeting for 50 stakeholders (Implementers and Donors) to share findings on FGM/C practice	UNFPA UNICEF	UNFPA UNICEF
Travel costs for staff monitoring FGM programme implementation to monitor progress, establish and maintain partnerships, share knowledge with partners and document experiences on FGM programming	UNFPA UNICEF	UNFPA UNICEF
Hire one staff for the FGM programme	UNFPA UNICEF	UNFPA UNICEF
<i>Output 3: Collaboration with key global development partners on a common framework towards abandonment of FGM/C</i>		
See annual meeting under Output 2.		
<i>Output 4: Evidence-based data for programming and policies</i>		
Baseline FGM/C survey for Baringo and Samburu Districts and follow up on graduates of ARP ceremonies and Inter-generation Dialogue on FGM/C	UNFPA UNICEF	UNFPA
Conduct research on caselaw of FGM/C and file a public interest FGM/C case over 18-year-old woman	UNFPA UNICEF	UNFPA UNICEF
Conduct research to determine the effectiveness of the Children's Act to provide legal protection against FGM/C	UNFPA UNICEF	UNFPA UNICEF
Develop one FGM/C documentary in North Eastern Province	UNFPA UNICEF	UNICEF

⁵⁶ Source: country AWP submitted by Kenya, 2008-2012.

Country: KENYA		
Period: 2008- 2012		
Output 5: Consolidation of existing partnerships and forging of new partnerships		
Launch of Joint FGM/C Programme in Nairobi	UNFPA UNICEF	UNFPA UNICEF
Hold two Faith-based Organizations (Muslim and Christian) Network meetings to discuss modalities for strengthening the networks and for addressing FGM/C	UNFPA UNICEF	UNFPA UNICEF
Participate in UNFPA/UNICEF planning meeting on joint programming on FGM/C in Florence, Italy	UNFPA UNICEF	UNFPA UNICEF
Output 6: Media campaign emphasizing FGM/C abandonment process in Sub-Saharan Africa, Sudan and Egypt		
Conduct one orientation forum for 30 journalists on FGM/C	UNFPA UNICEF	UNFPA UNICEF
Support field visits for journalists to collect stories on FGM/C for advocacy purposes through the media	UNFPA UNICEF	UNFPA UNICEF
Procure office equipment (computer, photocopier, printer) to strengthen FGM/C Secretariat capacity to network effectively with FGM/C stakeholders	UNFPA UNICEF	UNICEF
Conduct one planning meeting to develop TORs for the National Anti FGM/C Coordinating Committee and FGM/C Secretariat and to develop a five-year UNICEF-UNFPA FGM/C joint work plan	UNFPA UNICEF	UNFPA UNICEF
Output 7: Better integration of implications of FGM/C practice into reproductive health strategies		
No activity listed		
Output 8: Building donors support to pool resources for a global movement towards abandonment of FGM/C in one generation		
Invite donors during the stakeholder forums/meetings and appeal to them to support the identified FGM/C concerns having shown them that the initiative is really producing results and sharing best practices/gaps during implementation	UNFPA UNICEF	UNFPA UNICEF
2009		
Planned Activities	UN Agency	Implementing Agency/Partner
Output 1: Effective enactment and enforcement of legislation against FGM/C		
Hold one workshop on FGM/C including issues of legislation and budgeting for Parliamentary committee members so that they lobby for passing into law bills promoting women's rights, and advocate for increased resource allocation	UNFPA UNICEF	UNFPA UNICEF
Convene one Kamukunji (meeting) in Parliament on FGM/C for parliamentarians	UNFPA UNICEF	UNFPA UNICEF
Research on existing FGM/C policies in Africa, draft policy and finalize it	UNFPA UNICEF	UNFPA UNICEF
Hold one forum to lobby representatives from key government ministries/institutions on revision, enactment and implementation of FGM/C related laws (Office of AG, Ministry of Finance, Ministry of Justice, Law Reform Commission)	UNFPA UNICEF	UNFPA
Support launch of National Plan of Action and the National Committee on the Abandonment of FGM/C. Commemorate Zero Tolerance FGM/C Day	UNFPA UNICEF	UNFPA UNICEF
At least 35 administration police instructors trained as TOTs are trained on FGM/C in order to support law enforcement efforts	UNFPA UNICEF	UNFPA UNICEF
Conduct two workshops for administration police officers from Samburu (10) and Baringo(10) districts and two other workshops in Garrisa (20 max) (2 trainings and two review workshops)	UNFPA UNICEF	UNFPA UNICEF
Conduct five workshops for Chiefs and Assistant Chiefs in Marakwet, Kuria, Pokot and Baringo districts	UNFPA UNICEF	UNFPA UNICEF

Country: KENYA		
Period: 2008- 2012		
Output 2: Knowledge dissemination of social-cultural dynamics of FGM/C practice		
Conduct 16 forums and intergenerational dialogue on FGM/C in Baringo district for religious leaders, opinion leaders, elders, female initiators, youth, professionals and women on FGM/C and its linkages to gender, human rights, Reproductive Health and Rights (RHR)	UNFPA UNICEF	UNFPA UNICEF
Conduct five forums and intergenerational dialogue on FGM/C in Samburu district for religious leaders, opinion leaders, elders, female initiators, youth, professionals and women on FGM/C and its linkages to gender, human rights, Reproductive Health and Rights (RHR)	UNFPA UNICEF	UNFPA
Conduct 25 community dialogues on FGM/C, 2 NEP youth and women forums and three professionals sensitization forums in Garissa	UNFPA UNICEF	UNICEF
Conduct 39 community discussions on FGM/C on FGM/C, 6 youth and women forums and three professionals sensitization forums in Tana River, Isiolo and Moyale	UNFPA UNICEF	UNICEF
Support partners providing protection services for girls who have escaped FGM/C in Kuria and strengthen protection mechanisms	UNFPA UNICEF	UNICEF
Support partners engaged in anti-FGM/C interventions including ARP and community dialogue in Meru and lobby Council of Elders to make public statement on FGM/C	UNFPA UNICEF	UNFPA UNICEF
Hold an annual FGM/C review meeting for 50 stakeholders (Implementers and Donors) to share	UNFPA UNICEF	UNFPA UNICEF
Travel costs for three staff monitoring FGM programme implementation and document experiences on FGM programming	UNFPA UNICEF	UNFPA UNICEF
Output 3: Collaboration with key global development partners on a common framework towards abandonment of FGM/C		
Output 4: Evidence-based data for programming and policies		
Baseline FGM/C survey in Marakwet and Mt Elgon to determine magnitude of FGM/C and in Nyeri to determine linkage of FGM/C with an outlawed sect in Kenya called “Mungiki”	UNFPA UNICEF	UNICEF
Publish and disseminate Samburu and Baringo FGM/C baselines; study on the level of implementation of the Children's Act in Samburu and Garissa and Study findings on social dynamics of abandonment of harmful practices relating to ARPs and IGDs	UNFPA UNICEF	UNFPA UNICEF
Develop a five-minute documentary on FGM/C for fundraising	UNFPA UNICEF	UNFPA UNICEF
Output 5: Consolidation of existing partnerships and forging of new partnerships		
Hold two Faith-based Organizations (Muslim and Christian) Network meetings to discuss modalities of strengthening the networks and ways to address gender-related concerns including FGM/C	UNFPA UNICEF	UNFPA UNICEF
Hold two forums for MOE officers and Parliamentary Committee on Education to sensitize them on FGM/C and its effects in education and lobby them to include FGM/C issues in school curriculum	UNFPA UNICEF	UNFPA UNICEF
Output 6: Media campaign emphasizing FGM/C abandonment process in Sub-Saharan Africa, Sudan and Egypt		
Conduct radio programmes on FGM/C	UNFPA UNICEF	UNICEF
Conduct one sensitization forum for 30 journalists on FGM/C	UNFPA UNICEF	UNFPA UNICEF

Country: KENYA		
Period: 2008- 2012		
Support field visits for journalists to collect stories on FGM/C for advocacy purposes through the media. Each quarter four journalists to be supported on a field trip (one x print, one x radio, two x TV)	UNFPA UNICEF	UNFPA UNICEF
Support the research process, field work, pre-, production and post-production activities towards the publication of the Report	UNFPA UNICEF	UNFPA UNICEF
Introduce and support a category on FGM/C in the Annual Kemp Awards where three journalists (one x print, one x radio, one x TV) are selected for publishing and broadcasting the best quality stories on FGM/C	UNFPA UNICEF	UNFPA UNICEF
Support production of a biannual newsletter to disseminate information on FGM/C	UNFPA UNICEF	UNFPA UNICEF
Support setting up a website on FGM/C as linkage to partner activities	UNFPA UNICEF	UNFPA UNICEF
Support three regional meetings of FGM/C subcommittees and conduct training on FGM/C for District Gender Committees	UNFPA UNICEF	UNFPA UNICEF
Support three meetings for the National Committee on anti FGM/C and conduct training on FGM/C	UNFPA UNICEF	UNFPA UNICEF
Support communication between the Secretariat and partners	UNFPA UNICEF	UNFPA UNICEF
Support salary of the NPPP (Dec 2008 to Jan 2010)	UNFPA UNICEF	UNFPA UNICEF
Output 7: Better integration of implications of FGM/C practice into reproductive health strategies		
Hold two meetings to lobby MOH policy makers to teach FGM/C as Unit in medical colleges and universities using FGM/C manual developed	UNFPA UNICEF	MOH MOGCSD
Conduct two trainings of health workers in Samburu on FGM/C in order to prevent/stop medicalization and how to manage complications as a result of FGM/C and to advocate for abandonment of FGM/C. Disseminate WHO study findings on FGM/C and prepare action plans.		
Design and produce appropriate posters, fact sheets to highlight adverse effects of FGM/C and disseminate throughout health facilities and to community-based health workers as well as in schools	UNFPA UNICEF	UNFPA UNICEF
Output 8: Building donors support to pool resources for a global movement towards abandonment of FGM/C in one generation		
No Activity listed		
2010		
Planned Activities	UN Agency	Implementing Agency/Partner
Output 1: Effective enactment and enforcement of legislation against FGM/C		
Hold one workshop on FGM/C Legislation for Parliamentary Committee members to advocate for the enactment of the draft FGM/C Bill.	UNFPA UNICEF	UNFPA UNICEF
MPs conduct six community advocacy forums on FGM/C to advocate for the abandonment of FGM/C	UNFPA UNICEF	UNFPA UNICEF
Conduct one sensitization forum for 40 Gender and Children Officers on FGM/C and importance of networking with stakeholders	UNFPA UNICEF	UNFPA UNICEF
Conduct six workshops for Police Officers and Chiefs from Tana River, Mt. Elgon, Marakwet, Kuria, Kisii, Migori districts on FGM/C	UNFPA UNICEF	UNFPA UNICEF
Output 2: Knowledge dissemination of social-cultural dynamics of FGM/C practice		

Country: KENYA		
Period: 2008- 2012		
Conduct 84 sensitization forums and intergenerational dialogue on FGM/C in Samburu, Kisii, West Pokot, Baringo, Narok, Kuria Garissa, Wajir, Ijara, Tana River, Isiolo and Moyale Districts for religious leaders, opinion leaders, men, elders, female initiators, youth, professionals & women on FGM/C and its linkages to gender, human rights, reproductive health and rights (RHR)	UNFPA UNICEF	UNFPA UNICEF
Conduct one workshop in Baringo for teachers on FGM/C, GBV, human rights and reproductive health rights	UNFPA UNICEF	UNFPA
Conduct youth cultural day in Baringo to support the positive culture and encourage youth to abandon the negative (harmful) culture	UNFPA UNICEF	UNFPA
Conduct three ceremonies on alternative rite of passage for 450 girls in Baringo, Kuria and Narok	UNFPA UNICEF	UNFPA
Newspaper supplement on the efforts to accelerate abandonment of FGM/C Programme during the Zero Tolerance Day	UNFPA UNICEF	UNFPA UNICEF
Create a network to act as a protection mechanism against FGM/C in Kajiado and Narok	UNFPA UNICEF	UNFPA
Support community structures that facilitate dialogue on FGM/C in Kuria, Baringo, Tana River, & lobby Council of Elders to make a Public statement on FGM/C.	UNFPA UNICEF	UNFPA UNICEF
Disseminate Public Declaration on FGM/C among communities in Meru North	UNFPA UNICEF	UNFPA UNICEF
Hold an annual FGM/C review meeting for 30 stakeholders (Implementers & Donors) to share experiences and best practices.	UNFPA UNICEF	UNFPA UNICEF
Travel costs for three staff and three NACAF members monitoring FGM/C programme implementation and document experiences on FGM programming	UNFPA UNICEF	UNFPA UNICEF
Output 3: Collaboration with key global development partners on a common framework towards abandonment of FGM/C		
Target: At least four donors are invited to attend the stakeholders annual review meeting and other related meetings	UNFPA UNICEF	UNFPA UNICEF
Target: Share information on conference held on best practices	UNFPA UNICEF	UNFPA UNICEF
Output 4: Evidence-based data for programming and policies		
Baseline FGM/C survey undertaken in West Pokot and Maragua districts to determine magnitude of FGM/C	UNFPA UNICEF	UNFPA UNICEF
Disseminate Mt. Elgon Baseline Survey findings and Publish Mt. Elgon, Naivasha, Marakwet, Kuria and Migori FGM/C Baseline Survey Reports	UNFPA UNICEF	UNFPA UNICEF
Output 5: Consolidation of existing partnerships and forging of new partnerships		
Hold four Christian Network quarterly meetings both at National and Regional levels to discuss modalities of strengthening the networks and ways to address gender-related concerns including FGM/C	UNFPA UNICEF	UNFPA
Hold two Muslim Network Meetings to delink FGM/C from religion.	UNFPA UNICEF	UNICEF
Hold four FGM/C networks quarterly meetings each in Baringo and Samburu to review progress on abandonment of FGM/C and conduct training on FGM/C for network members and key community leaders	UNFPA UNICEF	UNFPA
Hold two forums for Ministry of Education to sensitize on FGM/C & its effects on education & lobby the Ministry to include FGM/C issues in school curriculum	UNFPA UNICEF	UNICEF
Output 6: Media campaign emphasizing FGM/C abandonment process in Sub-Saharan Africa, Sudan and Egypt		
Conduct radio programmes on FGM/C	UNFPA UNICEF	UNFPA UNICEF

Country: KENYA		
Period: 2008- 2012		
Create a weekly column in the newspaper before the Bill is tabled in parliament	UNFPA UNICEF	UNFPA
Hold four radio talk shows on FGM/C Bill	UNFPA UNICEF	UNFPA UNICEF
Conduct two sensitization forum for 30 journalists on FGM/C	UNFPA UNICEF	UNFPA
Support field visits for journalists to collect stories on FGM/C for advocacy purposes through the media. Each quarter four journalists to be supported on a field trip (one x print, onexradio, twox TV)	UNFPA UNICEF	UNFPA UNICEF
Support a category on FGM/C in the Annual KEMEP Awards where three journalists (one x print, one x radio, one x TV) are selected for publishing and broadcasting the best quality stories on FGM/C	UNFPA UNICEF	UNFPA
Support production of a bi-annual newsletter to disseminate information on FGM/C. FGM/C issues included within the MOGCSO Website	UNFPA UNICEF	UNFPA
Support three meetings for the National Committee on anti FGM/C and conduct training on FGM/C	UNFPA UNICEF	UNFPA
Support communication between the secretariat and the partners	UNFPA UNICEF	UNFPA
Support salary of the NPPP(Jan 2010 - Jan 2011)	UNFPA UNICEF	UNFPA
Output 7: Better integration of implications of FGM/C practice into reproductive health strategies		
Convene a National Forum for 30 health professionals to prevent/ stop medicalization of FGM/C and manage FGM/C complications and disseminate manual on FGM/C for health workers on how to manage FGM/C complications in pregnancy and delivery. Hold two meetings to lobby MOPHS policy makers to include FGM/C in the curriculum.	UNFPA UNICEF	UNFPA
Design & produce appropriate posters, fact sheets to highlight adverse effects on FGM/C and disseminate through health facilities and community-based health workers as well as in schools. design and produce appropriate articles to contribute to FGM/C Journal and media	UNFPA UNICEF	UNICEF
Output 8: Building donors support to pool resources for a global movement towards abandonment of FGM/C in one generation		
2011		
Planned Activities	UN Agency	Implementing Agency/Partner
Output 1: Effective enactment, enforcement and use of national policy and legal instruments to promote the abandonment of FGM/C		
Three policy briefing forums for at least 30 Parliamentary Committee members to advocate for enactment of FGM/C Law.	UNFPA	JP
One forum to lobby parliamentarian support for enactment of Prohibition of FGM/C bill after second reading	UNICEF	JP
MPs conducting Civic education in 14 constituencies to popularize Prohibition of FGM/C Bill	UNFPA UNICEF	JP
Drafting of Sessional Paper on the National Policy for the Abandonment of FGM/C	UNFPA	JP
Publishing the National Policy for the Abandonment of FGM/C	UNFPA UNICEF	JP
Reviewing and Publishing the National Plan of Action for the Elimination of FGM/C 2008 - 2012	UNFPA	JP

Country: KENYA		
Period: 2008- 2012		
Five forums with police and probation officers on FGM/C legislation and its linkage to reproductive health and rights from Kuria, Samburu, Tana River, Mt.Elgon and Marakwet districts	UNFPA	JP
Eight community education forums on FGM/C and the relevant legislation for community leaders, teachers, council of elders, community watch groups, County Administration, District Youth and District Culture officers from Kuria, Samburu, Tana River, Mt.Elgon and Marakwet districts.	UNFPA	JP
hold forums with four Parliamentary Committees to lobby for enactment of Family Bills which include FGM/C	UNFPA	JP
Hold forums with four Parliamentary Committees on Gender and International Human Rights Instruments	UNFPA	JP
Dialogue with Community Leaders on Prohibition of FGM/C Bill and other Family Bills in 22 Constituencies	UNFPA	JP
Build the capacity of 200 Court Users on SGBV including FGM/C issues in Kilifi, Naivasha, Migori & Nairobi West	UNFPA	JP
Monitoring of Legal Actions against FGM/C	UNFPA	JP
Output 2: Local level commitment to FGM/C abandonment		
Conduct training for 900 Council of elders, women, youth, community and religious leaders from Kuria, Samburu, Baringo, Pokot, Mt.Elgon, Meru, Tana River, Garissa, Isiolo and Moyale districts as ToTs/Community Dialogue facilitators on FGM/C so as to serve as a network of community members campaigning for FGM/C abandonment	UNFPA UNICEF	JP
Facilitate two forums on capacity development and experience sharing for community dialogue facilitators/change agents in Northern Kenya	UNICEF	JP
Conduct 60 community education forums in Kuria, Baringo, Samburu, Pokot, Mt. Elgon, Meru, Tana River, Garissa, Isiolo, and Moyale districts on human rights and health and community dialogue, organized for diffusion of information and public declaration on FGM/C	UNFPA UNICEF	JP
Conduct three TOT workshop for teachers from Baringo, Naivasha, Pokot and Tana River on FGM/C prevention and response and undertake school monitoring visits	UNFPA	JP
Council of Elders from four communities (Il Chamus, Pokot, Moyale and Tana River) educated on human rights and health and community dialogue for organized diffusion of the information and public declaration on FGM/C	UNFPA UNICEF	JP
Support community members in Meru, Kuria and Moyale to make a public commitment to abandon FGM/C	UNICEF	JP
Hold one cultural day each in Baringo, Tana River, Meru and Pokot districts to celebrate positive culture and obtain commitment from community members on FGM/C abandonment	UNFPA UNICEF	JP
Conduct dialogue/ forums on FGM/C and advances in social norms for 200 community warriors (Morans) each from Pokot and Baringo as peer educators	UNFPA	JP
Conduct alternative rites of passage for 500 girls from Meru, Kuria, Baringo, and Mt.Elgon Districts	UNFPA	JP
Conduct one outreach forum on FGM/C in Pokot during the 16 Days of Activism.	UNFPA	JP
Facilitate the Naivasha FGM/C working group to conduct campaigns for FGM/C abandonment in Naivasha during the 16 Days of Activism	UNFPA	JP
Conduct five community dialogues for community leaders including women and youth leaders on FGM/C, early marriages, SRH and rights in Migori County	UNFPA	JP
Conduct campaign against violence against women during 16 Days of Activism and develop IEC materials	UNFPA	JP

Country: KENYA		
Period: 2008- 2012		
Hold symposium in Naivasha during 16 Days of Activism against violence against women	UNFPA	JP
Document success stories on GBV including FGM/C in Naivasha and Nairobi West Districts	UNFPA	JP
Conduct 10 dialogue forums on SGBV for gender committees from Naivasha Flower Farms	UNFPA	JP
Conduct dialogue with FBO leaders on handling survivors of SGBV including FGM/C in Naivasha and Nairobi West Districts	UNFPA	JP
Output 3: Media campaigns and other forms of communication dissemination are organized and implemented to supports and publicize FGM/C abandonment		
Broadcast short radio messages on FGM/C	UNICEF	JP
Newspaper supplement on the efforts to accelerate abandonment of FGM/C programme during the Day of the African Child in June	UNICEF	JP
Develop IEC messages on FGM/C	UNICEF	JP
Create a weekly column in the newspaper before the Prohibition of FGM/C Bill is tabled in Parliament	UNFPA	JP
Four radio talk shows on FGM/C Bill	UNFPA	JP
Publish supplement on the Prohibition of FGM/C Bill	UNICEF	JP
Two media workshops on the Prohibition of FGM/C Bill and FGM/C abandonment efforts	UNICEF	JP
Training of senior editors on population and development including FGM/C	UNFPA	JP
Facilitate journalists to attend, cover and report on partners' activities	UNFPA UNICEF	JP
Support a category on FGM/C in the Annual KEMEP Awards where three journalists are selected for publishing and broadcasting the best quality stories on FGM/C	UNFPA UNICEF	JP
Output 4: Use of new and existing data for implementation of evidence-based programming policies and evaluation		
Impact Assessment of the Njuri Ncheke elders declaration against FGM/C undertaken	UNICEF	JP
Study on socio cultural dynamics and community structures undertaken.	UNFPA	JP
Output 5: FGM/C abandonment integrated and expanded into reproductive health policies, planning and programming		
Convene four provincial forums for 30 health professionals and health institution managers	UNFPA	JP
Educate 50 health services providers on legal and human rights issues related to FGM/C	UNFPA	JP
Update the RH cases of FGM/C complications in the GBV/IMIS in 6 pilot district hospitals	UNFPA	JP
Train service providers about Community Midwifery package which includes FGM/C issues	UNFPA	JP
Support dissemination of the East African Community Obstetric Fistula Policy	UNFPA	JP
Reimburse health facilities for the treatment of fistula cases	UNFPA	JP
Hold a research symposia on maternal neonatal health including issues of FGM/C	UNFPA	JP
Conduct community midwives quarterly review meetings	UNFPA	JP
Conduct supervisory field visits in 4 regions	UNFPA	JP
Train 5 TOTS surgeons on fistula repair in Ethiopia	UNFPA	JP

Country: KENYA		
Period: 2008- 2012		
Review Youth-friendly Services Guidelines to ensure harmful traditional practices such as early marriages and FGM/C that affect youth are dealt with in the guidelines	UNFPA	JP
Conduct six educational forums for FBOs in order to undertake BCC activities and prevention approaches through focus groups/outreach activities using Ambassadors of Hope	UNFPA	JP
Conduct BCC campaigns in order to increase demand for youth-friendly services	UNFPA	JP
Train peer youth counsellors on youth-friendly services (SRH/FP/HIV/AIDS/GBV including FGM/C)	UNFPA	JP
Conduct community mobilization by community health workers	UNFPA	JP
Hold dialogue meetings for religious leaders to increase access to SRH/HIV services including safe motherhood	UNFPA	JP
Production of IEC materials on FGM/C	UNFPA	JP
Outreach meetings with out-of-school peer educators and parents on ASRH and rights, including VCT and FGM/C issues	UNFPA	JP
Train 80 youth as TOTS on SRH and HIV/AIDS	UNFPA	JP
<i>Output 6: Partnerships with religious groups and other organizations and institutions are consolidated and new partnerships are identified and fostered</i>		
Conduct two Christian leaders network regional meetings to review and strengthen their capacity in gender-related concerns including FGM/C	UNFPA	JP
Hold two Muslim scholars meetings to expand network members advocating to end FGM/C	UNICEF	JP
Hold two forums on inclusion of FGM/C in school curriculum for MOE/MoGCSD policy makers and technical implementers/ curriculum developers)	UNICEF	JP
Support strategies to influence inclusion of FGM/C content in the curriculum	UNICEF	Thematic Funds
Facilitate JP partners capacity development of strategies to end FGM/C including training on social norms	UNICEF	Thematic Funds
<i>Output 7: Tracking of programme benchmarks and achievements to maximize accountability of programme partners</i>		
Hold an annual FGM/C review meeting for 30 stakeholders (Implementers & Donors) to share experiences and best practices.	UNFPA UNICEF	JP
UNFPA/UNICEF/JP National Coordinator undertake monitoring FGM/C programme implementation and document experiences on FGM/C programming	UNFPA UNICEF	JP
Hold five FGM/C networks quarterly meetings each in Baringo, Mt. Elgon, Marakwet, Pokot, Kuria and Samburu to review progress on abandonment of FGM/C and to strengthen capacity of network members	UNFPA UNICEF	JP
Support four meetings for the National Committee on Anti- FGM/C and conduct training on FGM/C	UNICEF	JP
M &E Field Visits in four Districts by UNFPA implementing partners	UNFPA	Core Funds
<i>Output 8: Strengthened regional dynamics of abandonment of FGM/C</i>		
Facilitate Kenya/Uganda Pokot Council of Elders cross-border initiative to support FGM/C abandonment, and encourage public declaration	UNFPA	JP
Facilitate Kenya/Ethiopia Borana Council of Elders cross-border initiative to support FGM/C abandonment	UNICEF	JP

Country: KENYA		
Period: 2008- 2012		
2012		
Planned Activities	UN Agency	Implementing Agency/Partner
<i>Output 1: Effective enactment, enforcement and use of national policy and legal instruments to promote the abandonment of FGM/C</i>		
Conduct education forums for 800 law enforcement agents and 100 journalists on the Prohibition of FGM Act 2011	UNFPA/UNI CEF	FIDA & KWJA
Community dialogue/education forums for at least 2110 community leaders, teachers, women, men and youth on the Prohibition of Act 2011 in Mt. Elgon, Kuria, Isiolo, Marakwet East, Ijara, Marakwet West, Samburu West, Baringo East, Garissa, Kisii, Meru, Pokot, Tana river and Nairobi.	UNFPA/UNI CEF	FIDA & KEWOPA
Advocate for resource allocation by government to implement the Prohibition of FGM Act 2011	UNFPA	FIDA, KEWOPA
Validation of the Sessional Paper to the National Policy for the Abandonment of FGM	UNFPA	MOGCSD, FIDA
Monitor legal actions against FGM/C	UNFPA/UNI CEF	FIDA
<i>Output 2: Local level commitment to FGM/C abandonment</i>		
Community Dialogue/Education forums on FGM/C for teachers, opinion leaders, youth, circumcisers, children assembly, parents, women, children, religious leaders/scholars in Baringo, Naivasha, Kisii, Pokot, Garissa, Nairobi, Meru, Kuria, Tana river, Samburu, Mt Elgon, Marakwet, Isiolo and Moyale	UNFPA/UNI CEF	WEL, CDN, MYWO, MOGCSD
Conduct school forums for school committees, teachers and pupils in Baringo, Naivasha, Kisii, Pokot, Kuria, Samburu and Mt Elgon	UNFPA/UNI CEF	WEL, CDN, MYWO, MOGCSD
Conduct TOT on FGM/C for women leaders, youth, opinion leaders, peer education, provincial administration, law enforcers, religious leaders in Baringo, Naivasha, Kisii, Pokot, Garissa, Wajir, Nairobi, Meru, Kuria, Tana river, Samburu, Mt Elgon, Marakwet, Isiolo and Moyale	UNFPA/UNI CEF	WEL, CDN, MYWO, MOGCSD
Conduct FGM/C abandonment declaration targeting Council of Elders in Kisii, Samburu, Tana river and Naivasha.	UNFPA/UNI CEF	WEL, CDN, MYWO, MOGCSD
Conduct alternative rites of passage for 750 girls in Naivasha, Meru, Kuria, Baringo and Mt Elgon	UNFPA/UNI CEF	WEL, CDN, MYWO, MOGCSD
<i>Output 3: Media campaigns and other forms of communication dissemination are organized and implemented to supports and publicize FGM/C abandonment</i>		
Publication of Prohibition of FGM Act 2011	UNICEF	AMWIK
Documentary five minutes featuring real-life experience	UNICEF	AMWIK/KEMEP
At least four visits conducted by journalists in the different focus areas and FGM/C stories/issues are regularly reported in different media houses	UNFPA/UNI CEF	KEMEP
Cover community FGM/C meetings	UNFPA/UNI CEF	KEMEP
Incorporate FGM/C into KEMEP annual Awards	UNFPA/UNI CEF	KEMEP
Production and dissemination of IEC materials on FGM/C (e.g. fact sheets, FAQs and media kit and simplified/ popular version of the Prohibition of FGM Act 2011, National Policy for the Abandonment of FGM and National Plan of Action for the Elimination of FGM)	UNFPA/UNI CEF	MGCSO, KEWOPA, FIDA & KEMEP, AMWIK
<i>Output 4: Use of new and existing data for implementation of evidence-based programming and policies and for evaluation</i>		
Validation and printing of the report findings on the study of socio-cultural dynamics in Samburu and Baringo	UNFPA	FIDA, MOGCSD
Dissemination of findings on the study of socio-cultural dynamics in Samburu and Baringo	UNFPA	FIDA, MOGCSD

Country: KENYA		
Period: 2008- 2012		
Study on FGM and its implications on girls' education	UNICEF	MOE/KIE
Output 5: FGM/C abandonment integrated and expanded into reproductive health policies, planning and programming		
Convene two national forums for Ministry of Health policy makers to address medicalization of FGM and its subsequent effects on maternal and child health	UNFPA	MOPHS/MOMS
Set up database on FGM cases handled in at least six health facilities	UNFPA	MOPHS/MOMS
Develop a national medical management tool for capturing clinical findings, medical and forensics management of FGM	UNFPA	MOGCSD/MOPHS/MOMS
Disseminate simplified version of the Prohibition of FGM Act 2011 and related information among health care providers at all levels	UNFPA	
Output 6: Partnerships with religious groups and other organizations and institutions are consolidated and new partnerships are identified and fostered		
Conduct quarterly review meetings for partners who include FBOs, CBOs, NGOs, community leaders, elders, government departments, community groups, religious leaders and scholars in Naivasha, Baringo, Samburu, Garissa, Isiolo, Meru and Kuria	UNFPA/UNICEF	CDN, MYWO,WEL, MOGCSD
Facilitate networks to undertake FGM abandonment activities targeting FBOs, CBOs, NGOs, community leaders, elders, government departments, community groups, religious leaders and scholars in Baringo,Naivasha, Pokot, Kuria, Samburu and Mt Elgon	UNFPA	CDN, MYWO,WEL, MOGCSD
Support establishment of FGM/C Networks in Meru, Pokot, Kisii, Marakwet, Garissa, Isiolo, Moyale	UNFPA/UNICEF	CDN, MYWO,MOGCSD
Enhance the capacity of networks on FGM/C in Baringo, Naivasha, Kisii, Pokot, Garissa, Nairobi, Meru, Kuria, Tana River, Samburu, Mt Elgon Marakwet, Isiolo, Moyale and Naivasha		CDN, MYWO,WEL, MOGCSD
Output 7: Tracking of programme benchmarks and achievements to maximize accountability of programme partners		
Conduct annual review and planning meeting	UNFPA/UNICEF	
Support the National Committee on Abandonment of FGM/C (NACAF) coordination of activities and advocacy work	UNICEF	
Conduct one field visit each quarter to monitor the implementation of activities geared towards FGM abandonment	UNFPA/UNICEF	
Output 8: Strengthened regional dynamics of abandonment of FGM/C		
Train members of the Kuria and Pokot communities across Kenya/Tanzania and Kenya/Uganda border respectively to make joint declarations against FGM/C	UNFPA	FIDA, MYWO

Annex 7. Financial Overview

	Total Budgeted	Total expenditure	
2008			
Output 1	63,000	45,395	
Output 2	91,000	118,051	
Output 3			
Output 4	58,000	64,324	
Output 5	20,000	17,959	
Output 6	38,000	28,098	
Output 7			
Output 8			
Total Annual	270,000	UNFPA: 164,956	273,827
		UNICEF: 108,871	
2009			
Output 1	63,000	60,823	
Output 2	105,875	100,145	
Output 3			
Output 4	30,300	28,407	
Output 5	11,000	11,155	
Output 6	12,000	11,515	
Output 7	28,463	29,917.66	
Output 8	13,000	4,091.59	
Personnel/Indirect Costs	136,866	137,056.20	
Total Annual	400,504	UNFPA: 190,381.02	383,110
		UNICEF: 192,729.47	
2010			
Output 1	74,438	72,660	
Output 2	78,896	76,866	
Output 3	26,688	25,181	
Output 4	9,106	9,220	
Output 5	15,853		
Output 6	30,162	30,030	
Output 7	9,000	7,552	
Output 8			
Personnel/Indirect Costs	138,058	41,058	
Total Annual	382,202	UNFPA: 205,546	335,377
		UNICEF: 167,782.88	

Country Case Study: Kenya

	Total Budgeted	Total expenditure	
2011			
Output 1	73,500	73,413	
Output 2	126,000	93,000	
Output 3	22,000	23,885	
Output 4	12,000	11,584	
Output 5	26,000	26,000	
Output 6	16,000	15,829	
Output 7	23,500	23,291	
Output 8	8,000	8,000	
Personnel/Indirect Costs	160,614	160,614	
Total Annual	467,632	UNFPA: 300,000 UNICEF: 135,614.43	435,616
2012			
Output 1	121,000		
Output 2	160,000		
Output 3	76,000		
Output 4	30,000		
Output 5	45,000		
Output 6	35,000		
Output 7	35,000		
Output 8	10,000		
Total Annual	512,000		
Total 2008-2012		UNFPA: 652,411 UNICEF: 323,370	975,783

Source: Joint programme annual progress reports for Kenya 2008-2011, 2012 mid-year report