

**INCREASED HUMAN RIGHTS SAFEGUARD, OBSERVANCE AND SUSTAINABLE MEANS OF EARNING A LIVING IN THE TARGETED COMMUNITIES OF BARINGO COUNTY- EXTENSION**



**FREE PENTECOASTAL FELLOWSHIPS IN KENYA (FPFK)**

End Term Evaluation

MDS - Consultants

August 2020

**DRAFT REPORT**

Increased human rights safeguard, observance and sustainable means of earning a living in the targeted communities of Baringo county-extension

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## **Acronyms**

ARP	-Alternative rite of Passage
DMCDD	- Danish Mission Council Development Department
HR	– Human Rights
FWCC	– Filadelfia Women Crisis Centre
FPFK	- Free Pentecostal Fellowships In Kenya
FGM	- Female Genital Mutilation
IAS	– International Aid Services
IGA	– Income Generating Activity
OVC	– Orphan and Vulnerable Children
PSC	- Project Steering Committee
S/GBV	– Sexual / Gender based Violence
TBA	- Traditional Birth Attendants
TOT	-Trainer of Trainees
VSLA	–Village savings and loaning

## **Acknowledgement**

A successful End term Review exercise involves so many people; many thanks to all who made the evaluation a success. Special thanks to the staff at FPFK HR project for their invaluable support. Special thanks to the supervisors and enumerators who worked tirelessly in the field to ensure we have data worth reporting. To the entire team we met as respondents in the field we also express our gratitude for your commitment to ensuring human rights observance and giving us all information we required to make this exercise a success.

## EXECUTIVE SUMMARY

### Introduction

Free Pentecostal Fellowship Kenya (FPFK) Langalanga has carried out Human Rights projects in Nakuru County since 2005. This work has been divided into phases building upon each other based on lessons learnt. These interventions have happened in cooperation with International Aid Services Denmark (IAS DK) with funding from Danish Mission Council Development Department (DMCDD).

Currently, FPFK Langalanga has been implementing a 2 years project intervention in Baringo County an extension project namely *''Increased human rights safeguard, observance and sustainable means of earning a living in the targeted communities of Baringo County-extension''*.

The overall purpose of the project extension was to eradicate cases of FGM and early marriages in Baringo County through strategic advocacy, and raising awareness to the local residents to become agents of change. The focus has been to strengthen the reporting mechanisms and government authorities' ability to follow up on cases, and to make communities more aware of legal procedures. The girls and women, who are potential victims of FGM, would be able to influence decision-makers and hold them accountable to implement the law on prohibition of FGM in Kenya from 2011. Local leaders, family heads, community groups, child clubs, a CSO-network and religious leaders would all be expected to act against FGM.

A baseline was conducted in September 2018 with an aim of:

- The project staff to relook at the project indicators to see if they are relevant /realistic to enable changes in beneficiaries to be measured over the course of the project.
- To give an overview of the main issues in terms of knowledge, attitude and practices of female genital mutilation (FGM).
- To reveal any unforeseen aspects to be taken into consideration when implementing the project

## **Project Components**

The project has two components (i) increase human rights safeguard and observance and ii) sustainable means of earning a living in the targeted communities of Baringo county.

## **Purpose**

The purpose of the End -term evaluation is to review the extent to which the project's objectives, outcomes and outputs have been realized, identify strengths and weaknesses in implementation, and provide lessons and recommendations for future success of similar projects.

## **Methodology Used**

A systematic random sampling approach was used for the evaluation. A cross-sectional participatory and interactive approaches zeroing to mixed methodologies of quantitative and qualitative were used to collect data. The collected data was tabulated, coded and analyzed using SPSS for quantitative data and thematic analysis for qualitative data.

## **CHAPTER ONE: PROGRAMME BACKGROUND INFORMATION**

### **1.1 Introduction**

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### **1.2 Project Components**

The project has two components (i) increase human rights safeguard and observance and ii) sustainable means of earning a living in the targeted communities of Baringo county.



### **1.3 Expected Project Outcomes**

20 local community members are engaged in strategic advocacy

100 members of the VSLA groups are engaged in strategic advocacy

100 members of the VSLA groups have benefitted from the training in IGA and sharing of experiences

5 circumcisers/TBA's have abandoned the practice

70 religious leaders are using their platforms to advocate against FGM and promote ARP

200 children between 12-15 years are aware of the negative effects of FGM

10 community elders have changed their minds about FGM

25 community members have been engaged in the fight against FGM

20 members of the anti-GBV cluster in Baringo is following up on the FGM action plan on strategic advocacy and accountability

80 Government officials are following up on cases referred to them

4 MCA/MOP's have taken actions against FGM

2 village chiefs abandon FGM

60 teachers are mentoring the students about FGM

1000 community members are aware of the negative effects of FGM

County FGM work plan incorporated in the county gender policy

Increased engagement with the media on FGM practices and its negative effects

Increased interaction between the cluster and the MCA's/MOP's

Increase in the no. of cases referred, handled and brought to justice

Reduction of FGM by 50 %

Improved budgetary allocations for FGM eradication and protection of vulnerable girls.

Health clinics have stopped to perform FGM on women giving birth

Staffs are more efficient in their work

The PSC and the church board members have more capacity to manage the project

#### **1.4 Project Target Population**

The primary target group is the Kalenjin women and girls who are vulnerable to FGM, early marriage and abuse of their rights.

This includes 500 children between 12-15 years (70% girls and 30% boys), who are expected to attend peer groups meetings and trainings. The 500 children will be targeted during the participation ALP at the annual mentorship conference, and also trainings and sensitization sessions in schools, which shall be geared towards mentoring the students. This group is the central focus in the design, preparation and implementation of the project.

The following target groups will also take direct part in the project's activities:

2 local committees of 10 members each (5 women, 15 men)

10 VSLA groups of at least 15 members each (150 women)

25 circumcisers and TBA's (25 elderly women)

100 religious leaders (60 men, 40 women)

5 child clubs of 50 members each (50/50 % boys and girls)

20 community elders (100 % men)

50 community members (30 men, 20 women)

20 member organizations of the GBV Cluster

•The primary targets groups are situated in 16 villages in Baringo County.

The secondary target groups are

100 local government officials - police, social workers, health workers etc. (70 men, 30 women).

5 MCA's (4 men, 1 woman)

5 MOP's (5 women)

2 village chiefs (and their assistants), who are in charge of the 16 villages (1 women, 1 man)

100 teachers (50 men, 50 women)

1800 community members (900 men, 900 women)

The ultimate target group is the Kalenjin Community, both women and men. They inhabit 25 villages in Marigat and Ilchums ward in Baringo County, which has a population of about 27,892 people (about 50% women and 50% men) .

## **1.5 The End term Evaluation**

### **1.5.1 Purpose**

The purpose of the End -term evaluation is to review the extent to which the project’s objectives and outputs have been realized, identify strengths and weaknesses in implementation, and provide recommendations for future success of similar projects.

## **CHAPTER TWO: EVALUATION METHODOLOGY OVERVIEW**

### **2.1 Methodology Used**

A systematic random sampling approach was used in the evaluation. A cross-sectional participatory and interactive approaches zeroing to mixed methodologies of quantitative and qualitative were used to collect data.

The process was conducted using various techniques which included;

- 1) Evaluation of existing documents and literature.
- 2) A survey of the targeted population using systematic random sampling using:
  - a) Survey house hold questionnaire
  - b) Short semi-structured checklist for key informants.

### **2.2 Questionnaire Design and Development**

In order to make a comparison, and determine progress during the evaluation, the survey questionnaires were designed and developed in line with the project components namely income generation activities, advocacy, capacity building and awareness on human rights issues taking into account the outputs, outcomes and the impact indicators as defined in the design documents. The questionnaires were reviewed and agreed upon by the consultants and the FPFK Human Rights staff. Each question in the questionnaire was also discussed during the supervisor/enumerator training and necessary adjustments made.

### **2.3 Training of Supervisors and Enumerators**

A one day fully participatory training was conducted both for the participants and supervisors. The training covered areas such as, the evaluation objectives, Ethical issues in Research, Interviewing techniques, Random selection of respondents, purpose and relevance of informed consent and interpretation of the End term evaluation questions in Kiswahili. The training also included going through the surveys tools to check on errors, omission and discrepancies.

### **2.4 Selection of respondents**

A systematic random sampling was used in identifying the respondents from the targeted population groups. There were 92 interviews (75 were reached physically while the rest were interviewed through the phone due to the corona pandemic) conducted for the individual beneficiaries Baringo. The approach was to randomly select the start point using a household list

that had been prepared with the assistance of FPFK Human Rights staff and the community elders. The first household to be considered for the survey was the one randomly selected from the identified start point which was agreed to be the fifth household counting from the household door that was directly in front of the randomly selected start point. Local leaders assisted the survey team in identifying the households that had been randomly selected.

## **2.5 Data Collection**

The research team used various data collection techniques. Primary data was collected using two methods namely; Key informant interviews and Individual beneficiaries (household) interviews. The interviews were conducted in the language the respondents were most comfortable with (mostly Swahili) for effective communication. The questionnaires were reviewed at the end of each day for completeness. Also discussed and addressed at the end of each day were the challenges and others emerging issues encountered in the course of collecting the data. Incomplete questionnaire were taken back to be re-administered.

### **Individual Beneficiaries Questionnaire**

The evaluation questionnaires were designed and developed in line with the stipulated TOR. The tool captured both qualitative and quantitative information on the Socio-economic, human rights and FGM conditions of the project beneficiaries. The tool also captured the relevance, efficiency, effectiveness, impact and sustainability of the project under evaluation. The questionnaires were developed, discussed and agreed upon by the Consultant and the FPFK Human Rights staff before the commencement of the training.

### **Key informant interviews.**

The selection of the KI targeted people with a deep understanding of project under evaluation. Some in-depth interviews were conducted with the following:

- Pupils and teachers
- General community
- Anti-GBV cluster members
- Police
- FPFK Human Rights manager and Field Officer

- Teachers and religious leaders

The interviews were conducted using the semi-structured topics to guide individual opinion regarding the project.

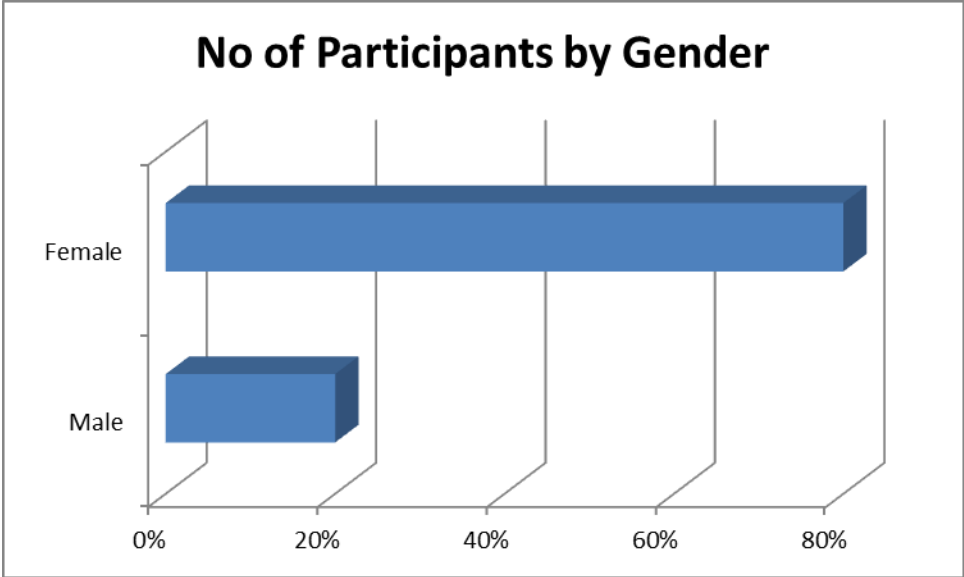
## **2.6 Data Entry, Tabulation and Analysis**

The collected data was tabulated, coded and analyzed using SPSS for quantitative data and thematic analysis for qualitative data.

**CHAPTER THREE: EVALUATION RESULTS**

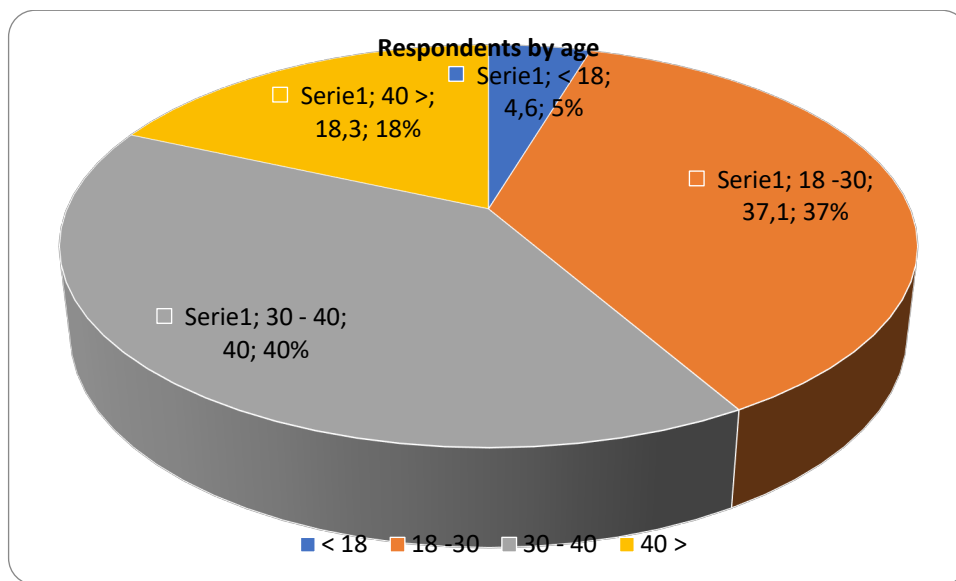
**3.1 Sources of Information**

The outcomes in the end term evaluation report originated from the qualitative and quantitative analysis of the 214 respondents who were drawn from Baringo. Majority of the respondents (80 %) in the survey were females.



**Figure 1: Participants Distribution by Gender**

A majority of the respondents were within the ages of 18 and 40, with 37.1 being between 18 – 30 years of age, and 40% between 30 – 40 years of age. 18.3 % of the respondents were above 40 years of age while a paltry 4.6% were actually below the age of 18 years.



**Figure 2: Respondents by Age**

The qualitative data from the questionnaires was analyzed thematically. This data was further complimented from the qualitative data from the KII which was also analyzed thematically.

Secondary data relating to the intervention were reviewed and excerpts made for comparison with the analysis of the data collected.

### **3.2 Increased human rights safeguard, observance and sustainable means of earning a living**

#### **3.2.1 Problems and needs (Relevance)**

The anti-FGM project is very relevant especially in the targeted areas which are still bound by the retrogressive cultures and patriarchal attributes that are too demeaning and abusive to women and girls subjecting them to abuse. The project also directly speaks on the countries laws and frameworks on FGM and children protection including the 2011 FGM Act and the 2011 children’s act.

While people within the targeted areas were not all aware of the punitive measures that are laid down by the government in its efforts to curb FGM which has been pronounced illegal, the project has helped a great deal by sensitizing the community and especially the elders who despite being the custodians of cultures they hardly can read and comprehend what the law says.



*“We did not know how bad the acts are considered by the government. I heard this in a radio program by your church and I trembled. We shall not cut them anymore since we do not want to go to jail” ( Mzee kliptet an elder from marigat)*

Based on the impact of the project and discussions with the anti-GBV committee members. The relevance of the project is also based on the fact that FGM is illegally ‘practiced’ in other areas of Baringo region which are not covered by the project. The project has addressed community problem of FGM within the project area since it was based on community needs. The possibility of scaling up and expanding the project to other areas which were not covered would be appreciated by the community members and the anti-GBV cluster group to avoid aspects of spill over.

The project is anchored on SDG Goal no. 5: “Achieve gender equality and empower all women and girls”, and target no. 5.3: “Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation”. The indicators of the target is: “Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18” (indicator no. 5.3.1) and “Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age” (indicator no. 5.3.2.). This means that it serves to complement the Kenyan Government efforts to eliminate FGM as it has committed itself to the SDG’s. This means the project is not only relevant to the needs and problems of Baringo county but Kenya as a whole.

There has been a great need from the duty bearers for the community members to rise up and speak up against FGM to enable them take action. This project has been relevant as it has worked to give a voice to the community members and courage to speak up against the acts of FGM. Community members are able to advocate against FGM as well as demand for action from the duty bearers. It has enabled to responsively engage in the FGM discussions and give their stand.

There was a felt need to include men and boys in stopping the FGM cycle since they are considered the recipient of the victims (they are the once who demand to marry circumcised girls) as well as custodians of the cultures (the society is a patriarchal society). By involving the men and boys which was cross generation having considered men and boys of different ages the project addressed the need adequately.

The concept of livelihood empowerment through VSLAs and bringing the women groups together to do advocacy on FGM stoppage also placed the project relevant to the problems and needs of the area. This is so because the women are having a common motivator and keeping themselves on toes by being each other's keeper through the group's activities. This has increased the women income and it has given them a good footage to speak against FGM.

*“I am a very proud woman by the fact that I now own a small business and am able to feed my children. Being in this women group has really helped me as I can save to supplement my husband's income. I no longer begs for money from him to buy the little things in the house like matchbox. I feel so good” (Nancy Tumaini VSLA)*

*“Being in this group has really lifted me through the business ideas we share. Besides, being a mother of three girls I have been empowered to advocate for their rights which we are proudly doing as a group. This gives me fulfillment to know that I am contributing to keeping our girls in a safe environment and in school as well. Through FPFK I feel so equipped to soldier on” (Nelima Twaweza women help group)*

Reaching to the TBAs and sensitizing them has led to conforming them to be advocates against FGM. This stands out as a bold step of the project since most of them are so deep rooted to the cultures and beliefs of the community. This however requires more time. The concept of mainstreaming economic empowerment for the TBAs should be advanced as it acts as a deterrent from their attraction to perform FGM as a source of income.

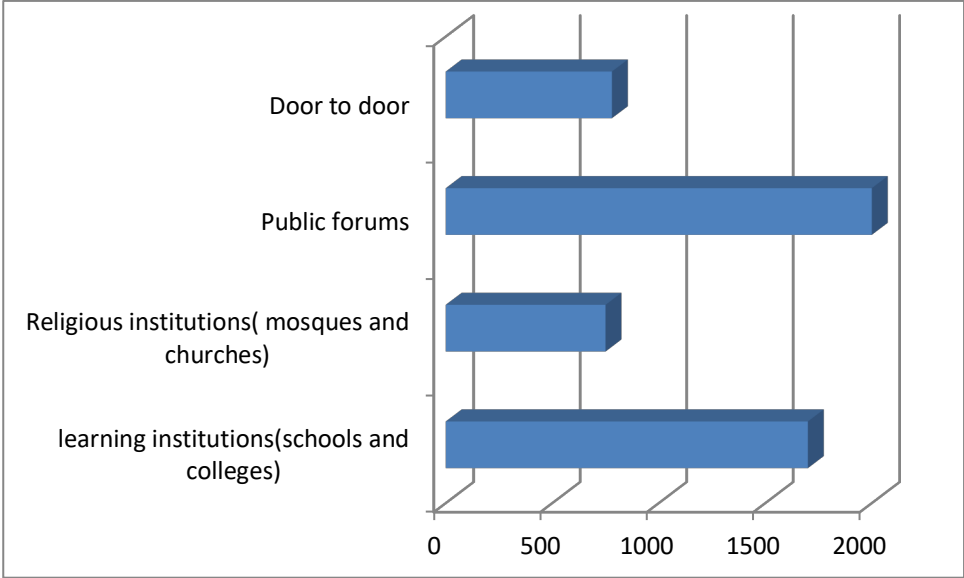
In general, respondents felt that the project's objectives were relevant to the context and should the project continue, then it would be preferable to deepen the focus on the issues addressed during the project (FGM and early marriages) and give more attention to the advocacy aspects to strengthen the groups already involved in doing advocacy and ensure more awareness is created.

### **3.2.2 Achievement of purpose (Effectiveness)**

#### **Empowerment of primary target group to create awareness in local communities**

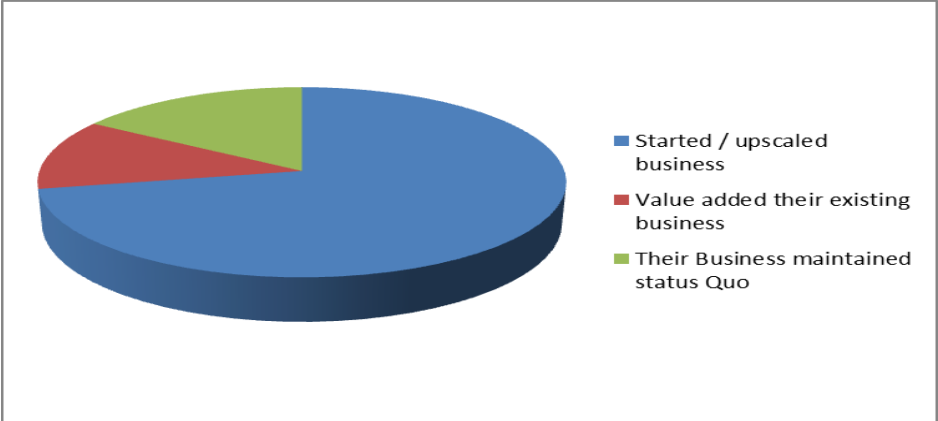
The respondents indicated that there has been a deliberate effort by those targeted by the project including the VSLA group members, TBA'S , Religious leaders, community elders, local committee members and the anti-GBV cluster members to raise awareness on the FGM issue and to advocate against it.

On specific groups the VSLA was said to be doing a great job on advocacy and it had managed to reach a wide range of society including schools, mosques, the general populace through public forums and they had resulted to doing door to door outreaches. The project aimed 100 members of VSLA are advocating against FGM which has been attained.



**Figure 3: Number of people Reached by VSLA through different platforms**

During the project period 72% of the VSLA members which translates to 108 members started or up scaled their income generating activities. Further 12 % added value to their business either by introducing new products or services, enhancing marketing and branding or enhancing the product to a new product.



**Figure 4: VSLA groups Members' Business IGA status**



***VSLA group members sharing on IGAs.***

3TBA's out of the 5 targeted to have abandoned the practice were confirmed to have completely transformed from practicing FGM to being great advocates against the vice. One had been featured in a national television highlighting the disadvantages or effects of FGM a clear indication she had left the practice. Asked on what motivated them to completely abandoned the practice and turn out to be advocates against the vice Kachike a former TBA stated *"It has not been business as usual advancing what has been declared illegal by the government. Times have changed and those cultures have been overtaken by time. The disadvantages also seem to outweigh the benefits which has been demonstrated during the trainings death being the worst"*

The religious leaders have embraced advocacy through their different platforms including the several meetings done by different groupings in the church. 9 churches held different ARP during the project period and one was a joint ARP program. The ARPs reached to a total of more than 1200 girls aged between 10-17 years of age.



*ARP sessions in Marigat KAG church*

*Girls receiving certificated after mentorship*

Great improvement has been recorded from the community elders who have in decades held solid stands promoting FGM. 90% (9 out of 10) community elders expected to have transformed have taken a complete turn against FGM and early marriages. This was easy to tell from how they talked about FGM and their public declarations on the same.

*“During our time FGM was a must since none of us had bothered to find out the consequences. Today a lot of negatives are associated with FGM including deaths and this is every reason for us to stop the debate on how safe we should have it but rather start a debate on how to stop it.”*

*(A renowned community elder)*

The GBV-cluster has been able to put the county assembly on its toes regarding the FGM action plan which has been successfully incorporated in the county gender bill which has recently become a law of Baringo County. This has provided a platform for the cluster to lobby for funds increment which was a hindrance before it was a law.

## **Influence of secondary target group to eradicate FGM, support anti-FGM activities, follow-up on cases and implement the law against FGM**

The government officials are keenly following the cases reported to them and according to community members there has been improvement in the way cases are being handled in that the time taken is shorter compared to previous reports made.

*“Our officers are now keener in the way they are handling cases and cases are taking shorter time compared to one year or so before. They are also assuring the witness security and anonymity which they have always provided. They are slowly winning the community confidence” (Community member Kimalel village)*

From the records gotten from different police stations there is an indication that number of reported cases have gone up with 53% within a period of two years while number of comprehensively prosecuted cases have also shot with about 67% within the same period. Asked on what they attribute to this number they talked of increased lobbying and advocacy by members of public, capacity building of stakeholders including the police, networking as well as enhanced community policing.

The project was targeting to bring on board members of county assembly with an aim of intensifying lobbying for FGM matters in the county assembly. To some extent the project did achieve this with 2 MCAs having been fully incorporated in the anti-FGM committee and are speaking publicly about the disadvantages of FGM and how to curb it in Baringo county. The two MCAs have been reaching out to their colleagues with an aim of having them support the assembly efforts to deal with FGM in the area. One MCA has a radio talk show where he speaks on FGM and GBV in depth reaching to a huge population.

*“As a member of county assembly of Baringo I have an obligation to protect my people especially women, girls and children who are often vulnerable of harmful practices like FGM. It is our mandate to mold a society that has respect to human rights and everyone regardless” (MCA Marigat Ward)*

There has been increased confidence in children especially those that are members of child clubs in their schools and they attribute this to the teachings and case stories shared during the child clubs sessions. 96% of those interviewed are well aware of FGM, its effects and where to report

while 90% of them have shared the information with at least more than one child in their neighborhood.



*Stakeholders during a GBV-Cluster Meeting*

### **Improvement of capacity of FPFK to monitor and document the project.**

There has been great improvement in the project documentation making it easy to access project works and documents. The documented works of FPFK including lessons learnt and challenges are well bound and kept in both the field offices as well as FPFK social arm office.

Two staffs were enrolled for short courses to enhance their capacities in different fields including resource mobilization and financial management which they have applied to improve the project works. The PSC has followed the project to ensure proper implementation and follow-up has been achieved.

## Summary of achievements

<b>Immediate Objective 1: The primary target groups have been empowered to create awareness in the local communities, advocate against FGM, report on cases and take concrete actions against FGM</b>	
<b>Targeted Results</b>	<b>Achievement</b>
<p><b>Outcomes</b></p> <p>20 local community members are engaged in strategic advocacy</p> <ul style="list-style-type: none"> <li>•100 members of the VSLA groups are engaged in strategic advocacy</li> <li>•100 members of the VSLA groups have benefitted from the training in IGA and sharing of experiences</li> <li>• 5 circumcisers/TBA's have abandoned the practice</li> <li>•70 religious leaders are using their platforms to advocate against FGM and promote ARP</li> <li>•200 children between 12-15 years are aware of the negative effects of FGM</li> </ul>	<p>The 20 community members who are members of local community committees have been trained during the project period and are engaging different stakeholders regarding FGM.</p> <p>All the targeted 100 members have been engaged during the project period</p> <p>IGA trainings and sharing of experiences involving VSLA groups were successfully conducted during the project period</p> <p>3 out of the targeted five TBAs have completely transformed and declared publicly and advocating against FGM stoppage</p> <p>All the 70 religious have adopted a platform or a number of platforms they are using to advocate against FGM(Some have a wider range of platforms compared to others)</p> <p>The project has surpassed this number during the project period which was attributed to peer to peer sharing by the children in the clubs. At</p>



least each child reached to 5 or more children.

<p>10 community elders have changed their minds about FGM</p> <ul style="list-style-type: none"> <li>•25 community members have been engaged in the fight against FGM</li> <li>•20 members of the anti-GBV cluster in Baringo is following up on the FGM action plan on strategic advocacy and accountability</li> </ul> <p><b>Output</b></p> <ul style="list-style-type: none"> <li>•50% of targeted community leaders have abandoned FGM and are speaking against it.</li> <li>•25% of birth attendants /circumcisers have abandoned FGM practice.</li> <li>•75% of targeted local community members are aware of FGM effects and are speaking against it.</li> <li>•80% of school going children are aware of effects of FGM and are speaking against FGM.</li> <li>-80 % of the trained religious leaders are using their platforms and networks to speak up against FGM.</li> <li>- All local committee members are advocating against FGM in their local</li> </ul>	<p>From the 20 community members engaged during the project period 90% (9) have completely changed their mind towards circumcising women and girls.</p> <p>The community members who form the local committees have been sensitized</p> <p>The cluster is vibrant and very engaged with FGM issues within Baringo county.</p> <p>45% was achieved where 9 community elders have completely changed their mind on FGM promotion.</p> <p>15% of the TBAs have declared their stand of leaving the practice completely. However though they have not declared publicly another 40% have been privately denouncing the practice.</p> <p>This has been achieved and surpassed with about 5% which can be attributed to strategic actions like use of VSLA and child clubs.</p> <p>About 89% of school going children has been reached with FGM messages.</p> <p>This has been attained with different religious leaders using more than one forum.</p> <p>The local committees are vibrant and there is enhanced reporting through them.</p>
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<p>communities.</p> <p>-1 VSLA groups advocacy strategy/ guideline developed and is being used by the VSLA members to do advocacy</p> <p>-70% of group members with IGAs have adopted value addition and/or increased income by 50% by 2020.</p> <p>-65% of the VSLA group members are doing more than 1 IGA.</p>	<p>Developed, documented and adopted by the VSLA groups who are already using the strategic plan to do advocacy.</p> <p>72% of the VSLA group members have started new IGAs or up scaled their IGA. Further 12% have adopted value addition and 61% reported to have increased their income.</p> <p>From the data collected 66% of VSLA group members are engaged in more than one IGA most of them doubling up a business venture and a skill,</p>
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**Immediate Objective 2: The secondary target groups have been influenced to eradicate FGM, support anti-FGM activities, follow-up on cases and implement the law against FGM**

**Outcome indicators**

•80 Government officials are following up on cases referred to them

There has been a great improvement on cases follow up by the government officials especially those engaged in the project.

•4 MCA/MOP's have taken actions against FGM

2 MCAs and 1 women representative are very vocal on FGM issues and are lobbying counterparts to join the war against FGM

•2 village chiefs abandon FGM

3 area chiefs are so much engaged with the sensitization and awareness creation against FGM

•60 teachers are mentoring the students about FGM

After the trainings there has been establishment of child clubs in nearly 96% of the schools where teachers were trained. The trained teachers are steering the clubs.

•1000 community members are aware of the negative effects of FGM

Through the advocacy by the various groups, child clubs, media talks, ARPs, chief's barazas, religious leaders' forums there has been over 1750 members of the community with basic information on FGM including effects.

•County FGM work plan incorporated in the county gender policy

The plan has been incorporated in the gender policy through the GBV-cluster lobbying and advocating efforts.

•Increased engagement with the media on FGM practices and its negative effects

The media has been instrumental in raising awareness and sensitizing the masses.

•Increased interaction between the cluster and

2 MCAs and 1 women representative is a member of the cluster now with efforts to get

<p>the MCA's/MOP's</p> <ul style="list-style-type: none"> <li>•Increase in the no. of cases referred, handled and brought to justice</li> <li>•Reduction of FGM by 50 %</li> <li>•Improved budgetary allocations for FGM eradication and protection of vulnerable girls.</li> <li>•Health clinics have stopped to perform FGM on women giving birth</li> </ul> <p><b>Output Indicators</b></p> <ul style="list-style-type: none"> <li>• The existing GBV cluster FGM action plan is adopted as a county action plan and included in the county gender policy.</li> <li>• Increase in budgetary allocations on FGM abandonment( by 45% in 2years)</li> <li>• 50% of targeted MCAs are more proactive in the fight against FGM and are speaking against it in public</li> <li>• 65% of cases reported have been</li> </ul>	<p>more in the stakeholder's forums underway.</p> <p>According to the police the cases referred have gone up with 53% in a period of two years.</p> <p>Though there has been a reduction of FGM in the area the percentage could not be gotten clearly due to lack of harmonized data by all involved stakeholders.</p> <p>In this year's budgetary allocation the GBV budget which includes FGM issues slightly went up with 16%.</p> <p>Number of cases involving medical practitioners performing FGM have gone down drastically according to police record with 2020 registering only 2 of such cases</p> <p>This has been achieved by the cluster</p> <p>The budgetary allocation went up with 16% in 2020/2021 budgetary year while in 2019/2020 it went up with 5%. This is expected to increase in the following years.</p> <p>This has been attained since 2 MCAs out of the 4 targeted are so engaged in the fight against FGM.</p>
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<p>successfully prosecuted and followed up.</p> <ul style="list-style-type: none"> <li>• 70% of trained government officials are involved in initiatives that address harmful social norms at grassroots level.</li> <li>• 70% of trained teaches are acting as anti FGM advocates to their colleagues, parents , students and the community</li> </ul>	<p>There has been an increase in number of cases concluded successfully in the past two years .From data collected about 68 % of cases are prosecuted successfully.</p> <p>This has been attained because at least 7 out of the 10 government officials engaged are said to have been in different forums at one time discussing FGM</p> <p>The teachers trained especially head teachers have taken to different forums to sensitize others including parents during AGM .Teachers have been so engaged in sensitizing their colleagues, peers and neighbors and at least 75% of the trained teachers of sensitized someone.</p>
<p><b>Immediate Objective: The capacity of FPC to monitor the project, and to document and disseminate results and lessons learned has been improved</b></p>	
<p><b>Outcome</b></p> <ul style="list-style-type: none"> <li>• Staffs are more efficient in their work</li> <li>• The PSC and the church board members have more capacity to manage the project</li> </ul>	<p>The staffs have done their mandate in the project very efficiently and effectively. Competence was displayed according to the PSC, Church board other stakeholders and beneficiaries.</p> <p>PSC and church board have monitored and offered support to the project staff adequately throughout the project period.</p>

<b>Output indicators</b>	
80% of PSC and church board members are actively engaged in the project implementation and coordination.	This was achieved given that the monthly meetings always have had quorum and decisions have never failed to be achieved.
2 project staffs enrolled for short courses.	Two staffs successfully enrolled and completed financial management and resource mobilization short courses.

### **3.2.4 Sound management and value for money (Efficiency)**

There was a timeliness of implementation as all the scheduled activities were done within. It was reported that there were competent staff involved in the running of the project as far as planning, budgeting, monitoring and evaluation. The field officer also got technical support from the other project staff. All the funds have so far been utilized according to the plan and budget, however there was a redirection of some funds with the authorization of both IAS and DMCDD due to covid-19 for awareness and to cushion beneficiaries.

### **3.2.5 Sustainability**

**Capacity building of local indigenous institutions:** The design of the Action to support capacity building ensured that the capacities developed continue to be in the local area. These institutions existed prior to the Action and the Action has strengthened them further both as individual institutions and as a coherent like-minded group working to support each other deliver. The VSLA groups are members of the community and this means that their intention to do advocacy against FGM shall be realized beyond the project. About 89% of the targeted groups are hopeful that they shall continue advocating against FGM beyond the project.

**Anchoring the project in government institutions:** The government institutions including the police, medical practitioners, county and national government organs and other relevant departments have been part of the project and worked closely together. As such, since this are established system it means the intended objective of the project shall be continued beyond the project.

*“The project has been of great importance to us as it has complemented our services to the society and it has forged great synergies and networks among stakeholders. We shall continue with this good work they have been doing” (Police officer Marigat)*

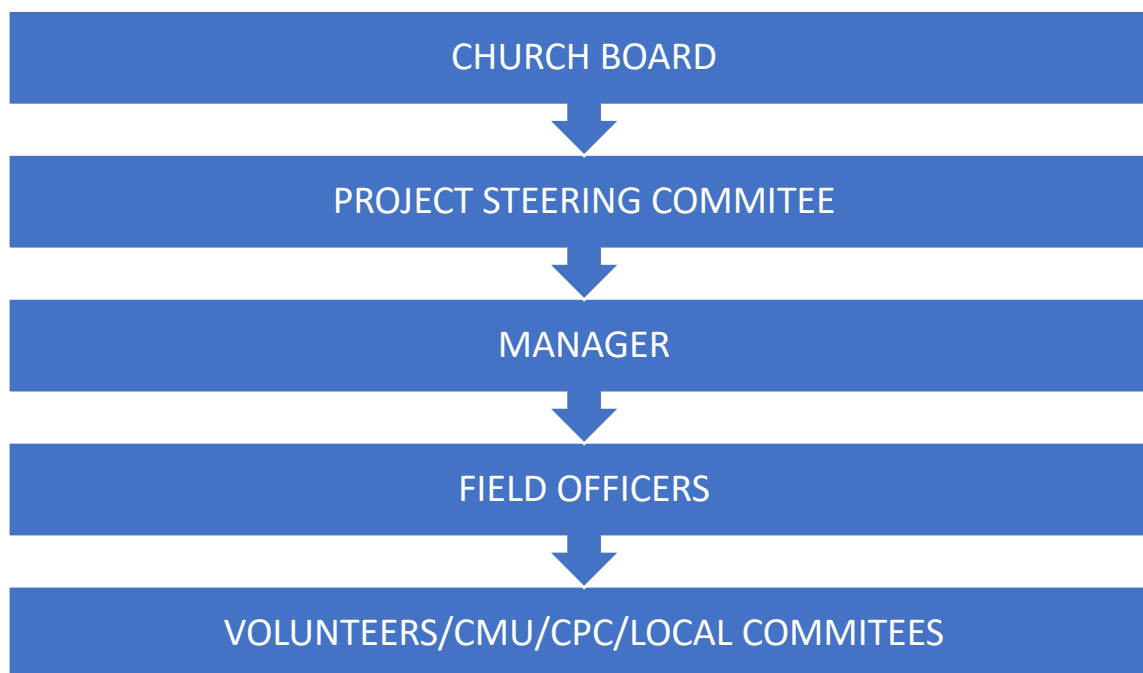
### **3.2.7 Organizational Structure and the Staffing**

It was reported that the organization structure fully supports the project. There is a church board which constitutes the Church Bishop who is the chair and patron of all project committees, the Church Administrator who is the board’s secretary, a treasurer and the rest of the members are members drawn from the Church. Their role is to form project steering committees which include the project manager and they report to the board. They have received training in project cycle management organizational development and financial management.

The evaluation indicated that the level of staffing is low as there are not enough field officers to cover the project target areas adequately but the use of volunteers, local committees and TOTs supplements the inadequacy. All the staffs are employed on contract for period of the term of the project. The staffs are all qualified in Social Sciences; the manager is a Master’s Degree holder while the field officers are at least diploma holders.

The staffs have received trainings on project proposal writing including; planning, budgeting, monitoring and evaluation. The current management structure strength is that all the staffs are qualified and there are also many levels in the structure which ensures accountability.





**Figure 5: Organization structure**

### **3.2.7 Monitoring set up and procedures**

There are appropriate strategies and instruments for continuous monitoring and evaluation. Reports on project activities are prepared on monthly and quarterly basis for the attention of the project steering committee. Meetings of the local committees are conducted on a monthly basis too and report the same to the manager in documented form including photographs of the said meetings. With the M&E structure in place, it is possible to determine the status of the project activities and resources used in documented records flowing from the managers and implementers on the ground. Further, the M&E mechanisms are spelled out in the project design. Networking with the duty bearers and rights holders was termed to be a useful indicator in tracking the project performance to know how the project is impacting the community.

### **3.3 Summary of the Evaluation**

The implementation of the project has been smooth and has achieved its desired outcomes mainly due to the commitment of the Implementing Agency-FPFK- and the support received from IAS Denmark, the government agencies and stakeholders. The implementation model of teaming up does provide for synergies that create a conducive environment for achieving the desired results.

During the project implementation FPFK took into account all the good advices given by DMCDD in their approval of the project:

The strategy of targeting men was very clear in that there were meeting held for Men and age was clearly defined like the elders meetings. There was a deliberate information passed to all the men engaged including the young boys in the school clubs

There was a deliberate effort to mainstream economic empowerment information during the TBAs trainings which resulted to the TBAs starting savings to do an IGA. The TBAs have purchased tents and chairs that they hire out for pay

The project was monitored throughout and lessons learnt were used to improve the project along the way.

The FGM Act and WHO guidelines on medical practitioners were key documents that were used during the trainings and sensitization forums.

First, the field implementation was well focused as the local implementing agency has an in-depth understanding of the local context and dynamics, enjoys an excellent rapport with the communities and has commitment to succeed. Secondly, the international partners bring on-board a wealth of experience and knowledge that stimulate thought and help make appropriate choices. Thirdly, the local implementing agency is benefiting through the mentoring process inherent in this arrangement which makes its capacity evolve to undertake bigger and larger projects in future.

The project has catalyzed the coordination among the various stakeholders that are beginning to develop synergies. The experiences and lessons learnt that are emerging from the project provide evidence for policy dialogue both in the implementation, and reviewing of policy objectives.

The project has contributed to the improvement of livelihoods due to the trainings that have resulted to employment creation through business expansion, value addition and skills development.

It can be positively stated that this project has achieved its results and contributed greatly to reduction of FGM in the area through behavioral and attitudinal change.

## **CHAPTER FOUR: CHALLENGES, CONCLUSIONS, AND RECOMMENDATIONS**

### **4.1 Challenges**

There is no synchronized data within the county regarding numbers of FGM cases within the area. This can be attributed to different reporting stations some of which are not reported to the police or other authorities for documentation. This becomes a challenge to the implementing agents like FPFK who cannot quantify solidly to what extent the number of FGM has declined or otherwise during the project period despite having a baseline figure.

Due to the attention being given to FGM within specific hot spot areas including Baringo, the act is evolving in that the locals especially those still promoting it come up with new ways of evading government arrest. This becomes a major challenge if the anti-FGM advocates are not aware of the new tactics being employed by the perpetrators.

Due to illiteracy levels and age factors especially while targeting the TBAs and the village elders, the change process becomes a bit long since they take more time to conceptualize issues and make decisions given FGM is a deep cultural attribute.

Unforeseen eventualities threatening to water down the gains made during the project period like covid-19 pandemic. The girls have been at home for long periods than usual and majorities are exposed to perpetrators of FGM threatening the gains made by various anti-FGM advocates.

### **4.2 Conclusions**

The objectives of the project as initially stated were relevant within the regional, county and national context. The project has greatly contributed to a key component in the national gender objective, that of eradicating FGM, and enhancing livelihoods and is in line with and contributing to Kenya vision 2030 in creating jobs and improving the livelihoods.

The End term evaluation was carried out through document reviews, a field research using participatory tools, methods and approaches to collect and collate information from the various key actors thereby ensuring that the data collected is a valid and fair representation of the achievements, lessons, constraints and aspirations of the project as was implemented in the field. The evaluation team sampled and visited 214 beneficiaries .The respondents were 80% women

and 20% men. The evaluation team visited and interviewed key informants including the area chief, a police officer and the county commissioner. Discussions were held with staff and management of FPFK.

It was noted that information flow within the villages is dominated by word of mouth within the social networks of family members /neighbors and women groups. Enhanced advocacy capacity of these groups is therefore the backbone of promotion advocacy within the area. Training of community groups on various aspects was important. Beneficiaries should not be left without further build up training or reference material and resources that they can build upon especially on advocacy.

In identifying and working with community key persons and gate keepers, the project has used very innovative approaches especially in using village based VSLA groups and the local authorities and elders. It is successfully worked with 15 VSLA groups of 10-15 members each, 3 local chiefs and 20 community elders.

Stakeholders' involvement in any project undertaking contributes immensely to continued support of the projects even after the funding period. However partners require a very clear understanding on the roles and responsibilities of each and where possible, an MOU would be necessary even at community level.

The involvement and the good working relations with the police and the local authorities is commendable. This is especially so at a time when the authorities are usually seen as an impediment. The network is vital if the impact is to be felt beyond the project life.

Efficiency was evidence in the timeliness of the implementation, resource allocation, and the handling of matters by the project personnel and other stakeholders..

## 4.3 Recommendations

### 4.3.1 Immediate

- Deepened focus on FGM Advocacy is required within the area by having trained resource persons especially from the already sensitized groups like the VSLA and TBAs. This can be done by training the said groups as TOTs (Training of trainers).
- Having identified a pool of community resource persons who are expected to advocate against FGM, it is prudent to harmonize the content having the context of the area in mind in order to yield desired results. This calls for a *standardized FGM manual* that will be adopted by all groups engaged in advocacy.
- The TBAs are a very important group of people to change the FGM narrative in the area in terms of number of girls being circumcised as they play a key role. However from the current intervention lessons learnt it takes a longer period to have a complete change of a TBA mind and behavior as well. This thus calls for another engagement with the TBAs bearing in mind that a rapport has already been built during this project period.
- The area is still struggling with unreported cases of FGM and also alerts on an about to happen incidences. FPFK can adopt a phone application that can aid in reporting FGM cases within the area and the community members' anonymity shall be withheld thus boosting their confidence to report.
- There should be a follow –up of the project outcomes and impact realized which is being threatened by emerging issues like covid- 19 which has exposed the young girls by being at home (some in the hands of perpetrators) for longer periods than anticipated. This is a threat to the gains made through the project which calls for a follow-up intervention.

### 4.3.2 Futuristic

- There is sustainability in anchoring the interventions in solid society institutions and structures as demonstrated by the project. There is therefore need to anchor future projects in community as well as government structures for continuity and sustainability.
- Involvement of men and local leaders has helped a great deal in lowering the number of cases within the area. More men should be encouraged to join the groups and be motivated to become advocates and ambassadors in the fight against FGM.
- The TBAs should be targeted with economic empowerment programs to help in alternative means of earning a living to those who perform FGM for income generation.
- Given the impact of the intervention, synergy, rapport and network build, FPFK should purpose to engage into national dialogues regarding FGM and GBV in general to inform policies at the national level even as it seeks to strengthen the local gains realized.
- Use of posters, IEC materials and media should be enhanced and adopted for projects targeting a mass of population as they have proven to be very helpful in reaching many people.
- A rights-based approach should be adopted in future projects too as there is evidence of its effectiveness and it will address the human rights and poverty alleviation issues not as activism but in a practical way with profound impact and outcomes.
- Documenting of lessons and experiences should be an on-going endeavor thereby capturing the same while it is still fresh in the minds of staff and other stakeholders.
- The ARPs are a great platform to replace FGM. There should be plans with the government to organize and support ARPs in conjunction with education department and the religious leaders.

## CHAPTER FIVE: APPENDICES

### 5.1 Individual Beneficiary Questionnaire

#### FPFK End-Term Evaluation

#### Individual (Beneficiary) Questionnaire

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Greeting. My name is \_\_\_\_\_. We are conducting a study on behalf of FPFK human rights project. The study involves talking to various people in and around the geographic area FPFK human rights project operates. The information you will give will help FPFK human rights project to identify key issues regarding achievement of their projects. The interview is estimated to take around 40 minutes to complete. Whatever information you provide will be kept strictly confidential.

1) How did you become aware of the FPFK FGM project?

2) How involved are you in the project affairs and activities? (*Tick one*)

- Rarely/ Hardly Involved
- Fairly Involved
- Actively involved

3) What assistance have you received from the project?

Skills/Training  Counseling  shelter

4) Have you heard of local committees?

Yes  No

5) What do you understand by the term FGM?

.....

6) Is FGM still occurring in your community? If so why do you think it is still being practiced.

.....  
.....

7) Have you ever reported a case of FGM in your area?

Yes  No

If yes, to who and what action was taken?

.....  
.....

If No why?

.....  
.....

8) Have you ever had any messages about FGM through any forum?

YES  NO

If yes please state which forum

.....

9) Do you know of any leader/government official involved in stopping FGM? Who?

.....

10) What would you term as the most significant changes in your life as a result of this project?

- More aware of my fundamental rights?
- Able to engage in IGA
- My fundamental rights protected?
- Any other .....

11) Describe your feeling about the FPFK FGM project.

12) How could FGM programming be strengthened?

13) Do you think the benefits of the project can continue even after the project winds up?

14) What would you suggest be done to ensure the benefits outlive the life of the project?



**FOR VSLA MEMBERS**

1. Do you have an income generating activity? **Yes** **No**

If yes how many.....

2. Is your IGA Skill Based , a Business or both?

-----

3. In the past two years how has your IGA improved

- Value addition
- Increased IGAs
- Increased sales/income

Any other.....

4. Does your VSLA group carry out FGM advocacies? If yes how?

.....

5. How often are you engaged in the groups FGM advocacy.

## 5.2 Key Informant Interview Guide

### FPFK End- Term Evaluation

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Name of respondent and designation in the project : \_\_\_\_\_

#### **Relevance:**

- 1) Did the goal and objectives of the project contribute towards meeting the needs as identified by the community?
- 2) Overall, what difference is this project likely to bring in the area of human rights and livelihood safety net achievement?
- 3) Given the scope of the project and its general funding mechanism, has it met the intended needs of its primary beneficiaries? If so why do you think so?
- 4) Have the project activities solved the problems they were intended to solve? If yes, how and if not, what aspects of the problems have not been addressed and why?

#### **Effectiveness:**

1. What is the level of achievement of set targets and objectives?
2. Were the setting of the planned targets realistic e.g. was any baseline data used? Were there any appropriate methods of determining future demands and was any consideration given on the resources required?
3. Were the project objectives and targets arrived at after a careful examination of the previous successes and failures in similar projects?
4. What proportion of the planned activities was successfully implemented? What proportion, if any, was not successfully implemented and why?
5. Was each of the planned activities implemented as per the scheduled time-table? If not why?
6. Were the resources allocated for each planned activity adequate and availed on time? If not why?
7. Was there been any reallocation of resources? If yes, was this authorized and its effects on the forward budget addressed?
8. What indications are there that the project met its technical expectations?

**Sustainability:**

1. What sustainability strategies were designed and implemented among beneficiaries?
2. Which of the strategies worked well and can be replicated elsewhere?
3. Which strategies if any did not work well?
4. How can sustainability be secured in the single project activities?

**Organisational structure and the staffing**

1. Did the current organization structure support the project
2. Do you have a Board? How is it constituted? What is their role? Are they trained and active
3. What is the level of staffing? Indicate contract period and level of qualification; is there a competent and skilled team responsible for the management of the project i.e. planning, budgeting, monitoring and evaluation?
4. Was staffing adequate for effective implementation of the project?
5. Were the project structures adequate and if not what adjustments are recommended for future similar projects?
6. What would you recommend for the organisational and management structure in connection with continued interventions

**Monitoring set up and procedures**

1. Were there appropriate strategies and instruments for continuous monitoring and evaluation?
2. Was it possible to determine the status of the project activities and resources used in documented records flowing to and from the managers and implementers on the ground?
3. Was M&E mechanisms spelled out in the project design – if not what recommendations necessary to ensure M&E is inbuilt in designs?
4. What did you see as the most useful indicators in the area of human rights and enabling environment (reports, targets, routine data gathering tools, database, staff, beneficiaries, etc) of this M& E plan in tracking the project performance?
5. What ideas do you have about how to improve the quality of our monitoring?

*[Probes: accuracy, completeness, timeliness, credibility, etc.]*

**Participatory involvement of the target group in the project**

1. How would you rate the involvement of the beneficiaries in the project? (Probes: Adequacy; Meaningfulness)
2. What role has the project played in building the capacity of local community and local governments assisting as implementing partners with program development and implementation?

**Involvement of local authorities and the local leadership**

1. To what extent are the local authorities and the local leadership involved in the implementation of the project?
2. What was the role of FPFK vis a vis local authorities and leadership in the implementation of the project?