Joint Evaluation of the GoK/UNFPA/UNICEF Joint Programme on Female Genital Mutilation: Accelerating Change

Kenya Pilot Case Study: Presentation of the Preliminary Results

Debriefing Meeting with the National Reference Group

Nairobi, November 23, 2012

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UNFPA DOS Evaluation Branch & UNICEF Evaluation Office
Purpose of the Meeting

1. Provide a brief overview of data collection process during the site visit
2. Share preliminary observations/findings deriving from the Kenya country site visit
3. Elicit National ERG members’ feedback and suggestions, and discuss any open questions
4. Discuss next steps
Purpose of the evaluation

Assess the extent to which and under what circumstances (country context) the joint programme has accelerated the abandonment of FGM/C in programme countries over the last five years (2008-2012).

Ensure accountability

A useful learning exercise

Provide UNICEF and UNFPA with insights into the successes and challenges in conducting joint programming and delivering jointly.
Objectives of the evaluation

To assess the relevance, effectiveness, efficiency, and sustainability of the holistic approach adopted by the joint programme.

To assess the adequacy and quality of the inter-agency coordination mechanisms at the global, regional and country levels.

To provide recommendations for a broader programming and partnership to further accelerate the FGM/C abandonment.

To identify lessons learned, capture good practices, and generate knowledge to determine the shape of future joint programming on FGM/C abandonment.
Data Collection

• Methods of data collection: individual and small group interviews, group discussions

• In: Nairobi, Meru, Kongoni, Nakuru, Marigat, Mt. Elgon

• Limitations: UNFPA Representative left recently; Some stakeholders unavailable (donors), Security situation in North prevented travel

• Positive: Support from UNFPA and UNICEF staff; Supportive and open stakeholders; Exchange with UNICEF/UNFPA Somalia
### Number of People Interviewed

<table>
<thead>
<tr>
<th>Institutions</th>
<th>Number of People Interviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNFPA/UNICEF</td>
<td>12</td>
</tr>
<tr>
<td>Central Government</td>
<td>4</td>
</tr>
<tr>
<td>District</td>
<td>4</td>
</tr>
<tr>
<td>UN agencies/Development Partners</td>
<td>4</td>
</tr>
<tr>
<td>Civil Society Organisations/Faith base organizations</td>
<td>24</td>
</tr>
<tr>
<td>Final Beneficiaries (focus group discussions)</td>
<td>178</td>
</tr>
<tr>
<td>Total</td>
<td>226</td>
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### Group Discussions
- Girls
- Women
- Elders
- Young men (Morans)
- Teachers
- FGM-C network
Preliminary Observations

In relation to the main evaluation questions
Relevance in view of national priorities and needs & international commitments

- The Joint Programme has been highly relevant in view of national priorities and identified needs
  - Kenya Constitution; Vision 2030, Medium Term Plan
  - Obligations e.g. under CEDAW
  - Findings & recommendations of 2007 Situation Analysis
- At community level, FGM/C approaches frequently tailored to the respective contexts
- Aligned with and integrated in UNICEF’s and UNFPA’s country programmes
- Aligned with UNDAF & Joint GE and WE Programming
- Added value through partnership between UNICEF/UNFPA
Programme Design

- **Strategic and catalytic**: Focus on supporting and strengthening existing efforts of national partners
- **Holistic**: Addressing national, community, and (to some extent) regional levels
- **Human Rights Based and Culturally Sensitive**
- **Approaches FGM/C as a Social Convention/Norm**
  - Facilitate national/local ownership and leadership
  - Build on positive cultural values
- **Geographic coverage based on existing experience and partnerships**
### Key Changes in Kenya since 2008

<table>
<thead>
<tr>
<th>Change</th>
<th>Joint Programme Contribution</th>
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<tbody>
<tr>
<td>Enhanced coordination and networking of FGM/C Actors</td>
<td>Significant contribution</td>
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<tr>
<td>(e.g. national coordinator position within MOGSCD)</td>
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<tr>
<td>Clearer conceptualization of FGM/C as a rights issue, and enhanced</td>
<td>Contribution</td>
</tr>
<tr>
<td>consistency of messaging</td>
<td>(e.g. through community work, and efforts around FGM/C Act)</td>
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<tr>
<td>Enhanced visibility of FGM/C</td>
<td>Contribution</td>
</tr>
<tr>
<td>(e.g. related to FGM/C Act)</td>
<td></td>
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<tr>
<td>Broader reach/scope of community level FGM/C work &amp; innovative</td>
<td>Contribution</td>
</tr>
<tr>
<td>approaches</td>
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</table>
Relevance and intermediate Results

- Act addresses an identified need/gap in Kenya’s legal framework
- Contributed to enhanced visibility of FGM/C
- Support from male MPs challenges framing of FGM/C as a ‘women’s issue’
- Process itself built capacity of various actors
- Act is now (one of several) advocacy tools at community level
Process leading to the FGM/C Act sets standard for effective advocacy

• Bringing together a diverse set of ‘right’ partners (e.g. parliamentarians, religious, health experts)
• Based on and utilized voice of constituencies (e.g. Public declarations made by community elders as custodians of culture)
• Effectively linked to personal experience of prominent change champions

Implementation/enforcement challenging

• E.g.: resourcing; leadership (government restructuring); sensitive nature of the issue; risk of practice going under ground
Coordination and networking of FGM/C Actors

Structured coordination

• Position of National coordinator inside MoG
• National Steering Committee & Stakeholders’ Forum

Positive Effects

• Less fragmentation
• Individual and collective capacity strengthening, e.g. through sharing of good practices
• Supported consistent messaging
• Allowed for effective advocacy around FGM/C Act
Conceptualization of FGM/C as a Rights Issue

- Rights issue *at core of advocacy* around FGM/C Act
  - E.g. In dialogue over whether Type I should be tolerated versus ‘zero tolerance’
- Work of joint programme partners illustrates the interconnectedness of FGM/C with broader development and equality issues
  - E.g. health, education, political participation
- Support from both UNICEF and UNFPA emphasizes that FGM/C is neither just ‘children’s issue’ nor ‘women’s issue’
Community Level Work

Joint programme contributions

• Funding allowed implementing partners (IP) to **broaden the scope and/or reach** of their community work
• Exchanges among IPs/ other actors facilitated the **use of innovative approaches**, e.g. systematically targeting elders/ gatekeepers and encouraging public declarations; community listening groups; efforts to include/use media

Emerging Results

• Changes in expressions of individual and collective **attitudes**
• Public declarations and related discussions indicate **changes in social norms**: FGM/C no longer taboo
• First examples of **behaviour changes** (e.g. ARPs; girls refusing to be cut, Morans spearheading)
Emerging Questions and Issues

• What comes after a public declaration?
  – To what extent and how does commitment translate into behaviour? How to prove/track these changes?
  – What kind of follow up is needed/provided?
• How (much) do communities influence each other?
• How can media reporting best contribute to change?
• How relevant is current geographic coverage compared to areas not yet covered?
• How to further strengthen and utilize regional (cross country) dimension?
## Sustainability

<table>
<thead>
<tr>
<th>Level</th>
<th>Supportive Factors</th>
<th>Risks/Challenges</th>
</tr>
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</table>
| National    | • Constitution;  
• Legal & Institutional frameworks (e.g. National GE Commission; proposed FGM/C Board)  
• Strong network (national and community levels)  
• Institutionalization of FGM/C in education/training curricula                                                                                                                                 | • Elections;  
• Government restructuring;  
• Absence of institutionalized national FGM/C coordinator position;  
• Funding for implementation of the Act & for expanding work at all levels  
• Funding education for girls to go to high school                                                                                                                                 |
| Community   | • Identification of and strengthened capacity of change agents (e.g. community networks; individuals);  
• Examples of successful approaches                                                                                                                                                                         | • Culture, traditions (e.g. Morans)  
• Medicalization  
• Practice going underground  
• Sustaining the momentum  
• Funding and reach out to remote areas  
• Capacity gaps among potential change agents (e.g. police);  
• Sustainability of girl rescue centres                                                                                                           |
Efficiency

• Limited funds – focus on using them in catalytic manner
• Annual and midterm review meetings help to make decisions on best use of resources
• Focused program – relying on UNFPA/UNICEF country programs to address relevant linked areas (e.g. fistula, maternal health, child protection)
• Unpredictability of funds (from NY) and funds distributed on annual basis leads to supporting short term activities and makes longer term planning difficult
• Clustering of IPs for disbursement arrangements
  – Affects IP ability to implement
• National FGM/C coordinator position has not yet been formalized by government
UNIFEF/UNFPA Coordination

• Overall coordination between the two agencies has worked very well
  – Clear geographic distribution of roles and responsibilities
  – Both agencies supporting policy and advocacy work
  – Effective communication and collaboration
• Concern: cross learning among UNICEF/UNFPA IPs
• No pronounced (dis)advantages of either agency
  – UNICEF slight advantage re community level work due to field offices and related networks
• No formalized linkages between UNFPA and UNICEF M&E officers (e.g. around shared database)
Management

In Kenya

• Annual review & work-planning meetings very useful
• Discrepancy of envisaged and approved budget
  – National partners not included in adjusting budget
• Reporting requirements for IPs reasonable
  – UNICEF/UNFPA provided support (e.g. RBM training) and feedback on reports. Quality of IP reporting varied.
  – Strong IP awareness how work fits into joint programme

Globally

• Annual review and work-planning meetings helpful
• Ongoing support from JP managers in New York
Preliminary Conclusions

C1 - Some evidence of joint programme contributions towards changing social norms for FGM/C abandonment at national & community levels
  • Having an FGM/C Law does not directly translate into behaviour changes
  • Changing social norms and behaviours is a long term process

C2 - Work around FGM/C Act has produced a model for effective advocacy around gender responsive law making

C3 - Kenya’s experience in implementing the JP supports key assumptions underlying the overall joint programme’s design
  • Forming networks of diverse partners is at the core of effective interventions at national/community levels
Looking Ahead

• Embedding coordination function in national structures to ensure sustainability
  – Support the Anti-FGM/C board?
  – Support government formalizing nat. coordinator position?

• Supporting the implementation of FGM/C Act
  – Translation, simplification, dissemination, reaching out, train communities (certificate), empower agents of change, use of role models, graduate e.g. from ARP

• Sustaining the momentum at national & community levels
  – Broadening/intensifying geographic scope of interventions including to remote areas
  – Replicating successful approaches
Looking Ahead (2)

- Balancing: prevention and response
- Clarifying and further strengthen linkages with other issues (e.g. education, reproductive health and rights, fistula, child protection)
- Further sharing best practices in the region/internationally
  - E.g.: documenting process of passing FGM/C Act can help replicating the approach in other jurisdictions
- Supporting further research e.g. on factors for non-abandonment of the practice
Over to You

Questions, Comments, Suggestions...
Anticipated Timeline

- Final Inception Report – December 2012
- Draft Kenya Case Study Report – late December 2012

- Remaining 3 Site visits – Jan./Feb. 2013
- 3 Draft Country Case Study Reports – Feb./March 2013
- Final Country Case Study Reports – early April 2013
- Draft Evaluation Report – late April 2013
- Final Evaluation Report - June 2013
- Stakeholder Workshop - July 2013 (tbc)
### Comments on the Kenya Case Study Report

<table>
<thead>
<tr>
<th>Issues to be addressed in your comments</th>
<th>Follow up</th>
</tr>
</thead>
<tbody>
<tr>
<td>- factual errors and errors of interpretation of the context</td>
<td>- corrections included in the report</td>
</tr>
<tr>
<td>- omissions (in terms of scope and coverage) which would materially change the findings or analysis</td>
<td>- corrections included in the report</td>
</tr>
<tr>
<td>- issues which may be politically sensitive</td>
<td>- taken on board as long as the rewording does not compromise the findings</td>
</tr>
</tbody>
</table>
ACKNOWLEDGEMENTS

UNFPA and UNICEF Country Offices – full cooperation, advice and logistic support.

National Reference Group

National Stakeholders – Ministry of Gender, implementing partners, communities, CSOs and faith based organizations.
Joint Evaluation of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting (FGM/C)

http://www.unfpa.org/public/home/about/Evaluation/EBIER/TE/pid/10103

Any other questions?

Contact us: evb@unfpa.org

THANK YOU!