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SOLIDARITY  
FOUNDATION**



**MANGA HEART  
Final Evaluation Study**

**Final Report**

**For submission to:**  
International Solidarity Foundation (ISF)

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## Acknowledgement

This Final Evaluation Study for the Manga Heart Project Report was developed through wide consultation and collation of data from different partners and stakeholders of the Manga Heart Project team. The Final Evaluation Study team, Adept Research, would like to acknowledge and appreciate Manga Heart team, ISF Kenya team, ISF Adviser on Gender Equality, the partners, staff and other stakeholders for their generous contributions towards this Final Evaluation Study. Most importantly, the evaluation team would also like to acknowledge each respondent that took time to participate in this Final Evaluation Study in one way or another.

## Disclaimer

The opinions expressed in this report are those of the Final Evaluation Study Team, and do not necessarily reflect those of Manga Heart team. Responsibility for the opinions expressed in this report rests solely with the authors. Publication of this document does not imply endorsement by Manga Heart team of the opinions expressed.

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## 1 Introduction

ISF programme of 2018-2021 envisions no violence and zero poverty rates among women and girls. In achieving this vision, ISF therefore engages in prevention of violence against women and girls (VAWG), specifically female genital mutilation (FGM), in Kisii and Nyamira counties in Kenya since 2015, implementing the programme with two implementing partners, Centre for Community Mobilization and Empowerment (CECOME) and Manga Heart. CECOME purposes to increase Community Knowledge on women rights and negative effects of Violence against women and girls. Manga Heart on the other hand, is working to increase awareness of negative effects of FGM. The goal, purpose, and expected results 2018-21 of the two projects are summarized in the table below:

**Table 1: Goal, purpose, and expected results of the projects to be evaluated**

2018-2021	CECOME	Manga Heart
<b>Project Goal</b>	Community member's capacity increased to take <b>more public actions</b> and speak more against VAW in Kegogi Location Kisii County	Community members <b>change their perception</b> about FGM as a mandatory rite of passage in Nyamira county.
<b>Project purpose</b>	Community <b>knowledge</b> on women rights and violence against women and girls is increased.	Community members in Nyamira are <b>aware</b> of negative effects of FGM and more willing to discuss about the issue.
<b>Expected results</b>	<ol style="list-style-type: none"> <li><b>Project volunteers</b> are effectively sensitizing and disseminating information on women and girls' rights.</li> <li><b>The youth in schools</b> are openly sharing VAW information with their peers and disseminating the same information to other members of the school community.</li> <li><b>Out of school youth</b> are able to create awareness with their group members and peers on matters relating to violence against women and girls.</li> <li><b>Women group members</b> understand and freely share the physical, social, health and psychological effects of VAWG.</li> <li><b>Men, duty bearers and paralegals</b> understand physical, social, health and psychological effects of VAWG and change their perceptions on women and girls' rights</li> <li><b>Project staff</b> is able to effectively and efficiently implement programmes against the practice of FGM within.</li> </ol>	<ol style="list-style-type: none"> <li><b>Project volunteers</b> are able to carry out awareness sensitization campaigns on FGM and girls' rights</li> <li><b>Trained Duty bearers</b> are fully aware of social, legal and health impacts of FGM and disseminate the information to the wider community</li> <li><b>Trained schoolteachers and students</b> are fully aware of social, legal and health impacts of FGM and disseminate the information to the wider community</li> <li><b>Trained men, women, and youth</b> of the community are fully aware of the social, legal, and health impacts of FGM and disseminate the information to the wider community</li> <li><b>Project staff</b> is able to effectively and efficiently implement programmes against the practice of FGM within the sub-location.</li> </ol>

Consultancy services for the ISF Programme final evaluation's overall purpose, is to assess the performance of projects implemented by CECOME and Manga Heart and capture achievements, challenges, and best practices to inform future similar programming. Reporting was however done separately for CECOME and Manga Heart and the reports presented separately. The document at hand reports the evaluation findings regarding the Manga project.

Specifically, the evaluation sought to:

1. Assess whether the projects have delivered effective, efficient, relevant, and high-quality activities and changes in the lives of the beneficiaries?
2. Assess whether collaboration between ISF, local partners, and Line ministries has added value to the interventions with a positive effect on beneficiaries and other stakeholders? And answer to what has contributed to this value addition, and what has not in regard to learning, complementary & harmonization and visibility
3. Identify and assess key lessons learnt and main challenges experienced and draw recommendation for future programming. The final evaluation should include at least one lesson learnt and one recommendation per evaluation category, i.e. Effectiveness, efficiency, relevance etc.

## 2 Executive summary

This was a cross sectional evaluation where respondents were engaged at a point in time. Qualitative and quantitative data collection methodology approaches to analysis and reporting were used.

A total of **296 (85%) out of the 350 (100%)** targeted respondents were included in the project beneficiary structured interviews. Additionally, a total of **11 key informant interviews (kiis)** was conducted with Project staff, Project partners, Government representatives, Community & religious leaders, Youth representatives, teachers project volunteers and duty bearers. The study also included a total of **8 in depth interviews** conducted with both male and female students, parents, youth out of school and women group members. Additionally, **3 gender sensitive focus group discussions (fgds)** were also conducted with males and female youths, and men and women group members.

### **Findings on project goal: Community members (men and women) change their perception about FGM as a mandatory rite of passage in Nyamira**

The evaluation findings on perceptions of community members about FGM indicate that most community members disagree to myths about FGM practice. Additionally, 99% of the respondents showed seemed aware that FGM has been banned. Furthermore, 77% of the women, male and youth respondents have daughters who have not undergone FGM out of which, 64% gave assurance that their daughters will not undergo FGM.

### **Findings on project purpose: Community members in Nyamira are aware of negative effects of FGM and more willing to discuss about the issue**

In the evaluation survey 92% respondents perceived that FGM has negative impacts on women/girls. Very close to the results of the ISF Gender Analysis (2015) in Nyamira, 36% respondents still believed that people are ashamed to talk freely in public and in private about FGM or VAWG cases. The evaluation findings regarding awareness on services for VAWG survivors showed greatest awareness of administrators like chiefs and least of psychosocial service providers.

### **Findings on Result 1: Project volunteers are able to carry out awareness sensitization campaigns on FGM and girls' rights**

The findings noted from KII volunteers that a total of 48 sessions were organized by volunteers in the 2 years where they discussed effects of FGM. All the engaged volunteers in KII were able to name at least 4 social aspects, 4 legal aspects and 4 health impact of FGM. The volunteers reported in KII that they have referred 5-8 clients in the last 12 months

### **Findings on Result 2: Trained Duty bearers are fully aware of social, legal and health impacts of FGM and disseminate the information to the wider community**

The findings showed that all the engaged duty bearers were able to name at least 4 social effects, legal effects and health impact of FGM. Approximately 48 sessions were conducted by duty bearers in the community to speak/discuss the social and legal aspects and Health impacts of FGM in 2 years. 234 duty bearers were trained during the project period and they now include advocacy against FGM in their professional activities. So far, the duty bearers reached approximately 100-150 people in every session they organized.

### **Findings on Result 3: Trained school teachers and students are fully aware of social, legal and health impacts of FGM and disseminate the information to the wider community**

Teachers incorporate FGM related information in their teachings and held 2-3 meetings with parents and students about FGM in the last 12 months. The meetings were however stopped by the Covid 19

pandemic. 95% of students engaged in creating awareness about negative health impacts and rights of girls to their peers, reaching approximately 2000 students.

**Findings on Result 4: Trained men, women, and youth of the community are fully aware of the social, legal, and health impacts of FGM and disseminate the information to the wider community**

The findings showed that 70% of the women, men and youth participate in FGM awareness meetings and that Manga trained teachers incorporate negative effects of FGM in the teachings. In naming effects on FGM, the evaluation findings showed 64% of youth groups mentioned low self-esteem as the main social aspect of FGM. Additionally, 94% of the women, men and youth groups reported that performing FGM is criminalized.

**Findings on Result 5: Project staff is able to effectively and efficiently implement programmes against the practice of FGM within the sub-location**

The MH staff were trained on cashbook, the balance sheet, the ledger book, trail balances. Additionally, the staff KII findings noted a total 5-6 trainings and 20 networking events where partners have participated organized by ISF. Manga staff also conducted FGM and VAWG trainings.

**General findings not related to any specific indicator**

Manga has increased accessibility to information on negative effects of FGM. However, findings on challenges experienced in advocating for FGM from men, women and youth indicated cultural barriers. The project staff on the other hand reported 2 main challenges; one being the lack of support from local administrators for at times the local administrators don't report cases and are less involved in arresting FGM promoters and doers. Secondly was that community members perform FGM secretly and all these is kept within the family. So, such cases are left unattended to. The duty bearers and volunteers main challenge was Covid 19 which led to ban of gatherings hence slowing down their work in regard to sensitizing the community on negative effects of FGM.

The participants to FGDs and KIIs reported that the most urgent interventions to stop FGM is continuous sensitization on the ban of FGM and negative effects of FGM to all community members. The students and teachers indicated law enforcement and prosecution of those engaged. The staff on the other hand reported that FGM has been medicalized and is now performed by medical practitioners, the medical staff therefore needs to be targeted with the intervention.

**Conclusions on effectiveness, efficiency, and quality:**

The evaluation concludes that Manga project was effective and efficient for they managed to change the community's perception about performing FGM. The community now understands that FGM has negative impacts on women and girls no longer feel ashamed/shy to talk about FGM and VAWG in public. Additionally, the community is now aware that FGM has been banned legally.

Manga was successful in training and engaging men, women, youth and volunteers in creating awareness about FGM and VAWG. The trained Manga project beneficiaries, including students, teachers, men, women, volunteers, youth and duty bearers can name at least 4 social, health and legal aspects and impacts of FGM. The most mentioned negative social effect of FGM is low self-esteem while the least popular is depression.

**Conclusion on relevance:**

Manga's focus was to increase awareness on negative effects of FGM. Consequently, Manga was successful in positively impacting the community and now the community is aware of where victims of

FGM seek for help. The community therefore reports FGM cases mainly to administrators like chiefs and legal and service providers like police stations. Cases are however least reported at Health facilities and at Psychosocial services providers.

### **Conclusion on sustainability:**

Project volunteers participate in awareness sensitization campaigns on FGM and girls' rights. Additionally, the volunteers are working closely with administrators like chiefs, children's office, police stations and nyumba kumi (neighborhood leads) who work to reduce FGM and VAWG cases by referring FGM victims to these authorities for support.

Manga beneficiaries continuously engage in sharing information about FGM. As such, duty bearers include advocacy against FGM in their professional activities, school groups also conduct lessons in their schools to discuss FGM and Manga trained teachers incorporate information on negative effects of FGM in their teachings. Additionally, students engage in creating awareness about negative health impacts and rights of girls to their peers where they mainly discuss low self-esteem and anxiety as the main health impacts. However, depression is least discussed.

### **Collaboration between ISF, local partners, and line ministries:**

The resultant product of swift collaboration among project partners including collaboration between Manga team, ISF, local partners, and Line ministries improved the referral system, and this is why paralegals and duty bearers received and referred FGM cases. Additionally, the seamless relationship promoted sustainability and as such the evaluation made conclusions around sustainability to showcase the seamless relationship.

### **Key lessons learnt:**

- Psychosocial support services were minimally used because awareness creation for the services was not part of Manga's role.
- Project beneficiaries worked in togetherness to reduce FGM rates through seamless referral system except for local administrators who still hid FGM cases. They however held discussions on negative effects of FGM in their meetings - a clear indication of pulling double standards.
- The elderly is rigid about stopping FGM practice for they still uphold the cutting culture
- FGM is practiced by medical professionals in hospitals. This group was however not part of project beneficiaries
- The project was successful in creating awareness of negative effects of FGM through religious gatherings, women group merry-go-round and chief gathering meetings.
- Duty bearers included FGM teachings in their daily roles

### **Main challenges**

- Covid 19 slowed down the project activities implementation processes
- Duty bearers reported lack of support from local administrators in reporting FGM cases and arresting performers
- The project beneficiaries cited lack of support from the elderly who still hold on to the FGM cultural practice
- Teachers also cited lack of support from parents who uphold the bad cultural practice of FGM
- Project staff main challenge was FGM has been medicalized, as such still practiced in hospital environments

## **Recommendations**

- There is need to create awareness on importance of Psychosocial support services.
- Manga should continue using chama (women group merry-go-round meetings), religious and chief baraza meetings to sensitize communities on FGM
- Manga should scale up to other counties with FGM problems to reduce FGM practices more.
- There is need to document success stories to be used as teaching aids going forward
- More project volunteers should be recruited and attached to communities and that more teachers should be trained to spread further information on negative effects of FGM
- More research needs to be done to understand how best communities can be encouraged to use Psychosocial services
- Manga needs to explore ways of continuing implementation of services even during the COVID 19 pandemic
- Medical professionals should be included in the project implementation
- Local administrators should be sensitized more on essence of working in togetherness

### 3 Methodology

In this chapter we discuss the study design, sampling, data collection methodology, quality control and study limitations.

#### Study design

This was a cross-sectional evaluation where subjects were involved at a particular point in time. The evaluation used both qualitative and quantitative approaches to data collection, analysis, and reporting. Specifically, face-to-face structured interviews, key informant interviews and focus group discussions were conducted.

#### Sampling

The survey entailed sampling of the census enumeration areas, selected as primary sampling units (psus). Villages in the sampled sub-counties were therefore the sampling units.

#### Quantitative sampling of project beneficiaries

- Nyamira was purposively sampled
- At the project county, purposive sampling was used to select project sub-counties, villages and schools
- In the project schools, student beneficiaries and non-beneficiaries, parents/guardians, youth out of school and youth and women groups were randomly sampled
- A total of **296 (85%) out of the 350 (100%)** targeted respondents were included in the project beneficiary structured interviews.

#### Qualitative sampling

Purposive and snow balling sampling was used to get respondents for key informant interviews and focus group discussions. The qualitative data collection involved Representatives from the government agencies, Development partners, Civil society, Private sector and faith-based organizations and other project stakeholders including project staff.

A total of **11 key informant interviews (kiis)** was conducted with Project staff, Project partners, Government representatives, Community & religious leaders, Youth representatives, teachers project volunteers and duty bearers. Additionally, the study included a total of **8 in depth interviews** was conducted with both male and female students, parents, youth out of school and women group members. Additionally, **3 gender sensitive focus group discussions (fgds)**, 3 in each county, were conducted with males and female youths, and men and women group members.

#### Demography

The evaluation included a total **127 students** where 94(74%) females and 33 (26%) males. Majority of them 101 (80%) were in age bracket of 9-13years while 26(21%) were 14-18 years. All the engaged students 118(100%) were Christians.

Additionally, **99 community members** including parents where 118 (79%) were females and 32 (21%) males. 50% of them reported to have completed primary school while very few 9% completed college. 31% of this category of respondents fell in the age bracket of 36-45 years while 83% were married.

A total of **out-of-school 70 youth** (69 females and 1 male) were also included in the survey with majority of them n=42 (60%) having completed Primary School as their highest level of education

completed. Additionally, 20 of them were single while 4 were married. Most of the youth out of school n=58 (83%) was within the age bracket of 14-18years

**Table 2: Community members & parents age categories**

A2. What is your age?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18 – 25 years	8	8.1	8.1	8.1
	26 – 35 years	30	30.3	30.3	38.4
	36 - 45 years	31	31.3	31.3	69.7
	46 – 55 years	18	18.2	18.2	87.9
	56 and above years	11	11.1	11.1	99.0
	Don't know	1	1.0	1.0	100.0
	Total	99	100.0	100.0	

**Table 3: Highest education level achieved**

A1. What is the highest level of formal education you have completed?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	College completed	3	4.3	4.3	4.3
	Others specify	8	11.4	11.4	15.7
	Primary school completed	42	60.0	60.0	75.7
	Secondary/High School completed	17	24.3	24.3	100.0
	Total	70	100.0	100.0	

The table below gives a summary of all the included respondents, as categorized in the project results framework:

**Table 4: Number of project beneficiaries and evaluation participants by group**

MANGA DIRECT BENEFICIARIES	Number of direct beneficiaries		Quantitative data collection		Qualitative data collection	
	Women	Men	Method	Sample size	Method	Sample size
Youth in school (students)	1500	1500	Structured	127	-	-
Youth out-school groups	3500	3500	Structured	70	1*FGD	8
Women groups			Structured	99	1*FGD	8
Men groups ('Male champions')					1*FGD	8
Teachers	70	70			IDI	8
Duty bearers and opinion leaders	150	150	-	-	KII	6
Volunteers	10	10	-	-	KII	3
Manga project staff			-	-	KII	1
ISF staff in Kenya			-	-	KII	1
<b>Total nr of participants</b>				<b>296</b>		<b>43</b>

## Data collection and handling

For quantitative data collection, digital data collection was used where questions were scripted on kobo data collection platform. The enumerators collected the data using android mobile phones and the completed interviews were submitted to the dedicated ADEPT server immediately an interview was completed and synchronized.

For qualitative data collection, a note taker took notes for both key informant interviews, in depth interviews and focus group discussions. Audio recorders were also used to record the interviews as a backup and for reference purposes.

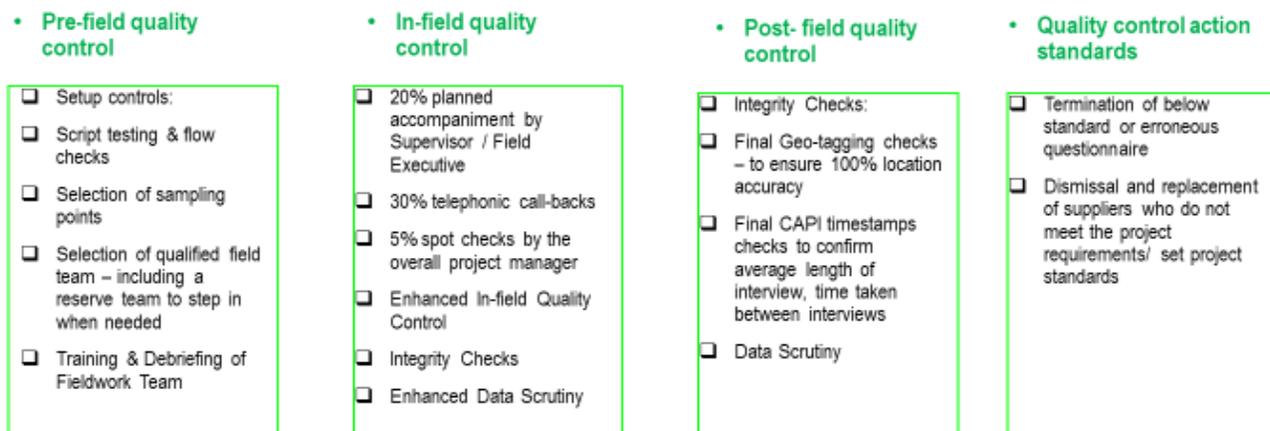
## Objectives of quality control (QC)

QC is an independent entity that oversees the overall field data collection process to meet the client’s objective as an ongoing directive for Quality Assurance from the start to the end of a project. Generally, 15% of the primary collected data was quality controlled. The main objective of QC checks was as follows:

- To ensure the best quality and professional ethics of data collection throughout all project phases.
- Ensure Project execution is in conformity with the client’s specifications, methodology and other briefing instructions are met.
- Ensure collaboration and uniformity of all fieldwork operation in all manners is achieved.

The following quality control checks were conducted as detailed in the figure below

**Figure 1: Quality control checks details**



## Data processing and presentation

Kobo data collect software was used in collecting quantitative data for the evaluation. Data was downloaded on a daily basis, and Adept Data Manager (Ken) looked through the data. Any errors spotted were relayed to the team every morning before the start the day’s field work. Since data cleaning was an ongoing process, preparing the final data was a relatively short exercise by a small, dedicated team. The DP supervisor and the DP Manager were responsible for cleaning, finalizing and implementing any necessary statistical manipulation relevant for the analysis of the survey data. All datasets were finalized in the recommended format agreed upon with the ISF team.

## Data analysis

Quantitative data was analyzed using IBM SPSS. Generally, all the indicators measured at a single point in time were analyzed using univariate analysis to give frequencies, means and/or proportions as appropriate in determining the significance of changes in indicators. Further statistical analyses were conducted to assess for possible relationships using correlation analysis. The results were presented in charts, tables, graphs and pie charts among others.

Qualitative data was transcribed and translated. Excel tables were used to organize the data and the resultant product was a detailed thematic ordered matrix. The themes were the main evaluation criteria and the sub-themes the specific evaluation questions and variants of issues coming from them. The qualitative findings were triangulated with the quantitative findings and presented as general summaries and where necessary reported as verbatim quotes.

## **COVID-19 measures**

The evaluation team undertook all the advised COVID-19 measures during the implementation period by:

- Taking temperatures of the respondents
- Washing our hands correctly with soap and water and/or sanitizing but washing hands with soap and water is the preferred option
- Wearing face masks correctly and,
- Keeping social distance as expected during the training sessions and data collection.

## **Limitations of the evaluation**

The study was conducted in the selected counties and villages within the counties. The instruments were developed in English and translated into the local languages (Swahili and Kisii), which may have elicited different meaning and called for further explanation from the enumerators during the interviews.

A pretest was however done in nearby non-selected villages with respondents of the same characteristics as the target respondents to look at the context relevance. A total of 30 respondents were engaged in the pretest exercise. To avoid biasness through prior sampling of project stakeholders and project beneficiaries, the evaluation team ensured that the recruited respondents had not been engaged in such related surveys in the last 12 months.

Given the more robust nature of the parent sample in this evaluation and to avoid some bias in comparison to the baseline data. The evaluation team considered having a portion of the sample drawn from the same counties at baseline and thus final evaluation and analyzed only the same when comparing to see trends over time but used the entire data set to show situation at final evaluation.

Considering the length time frame of the 2 consecutive projects (2016-17, 2018-21), the evaluation team limited the recall to a shorter period (mostly 12 months, dependent on the information being requested) to avoid recall bias.

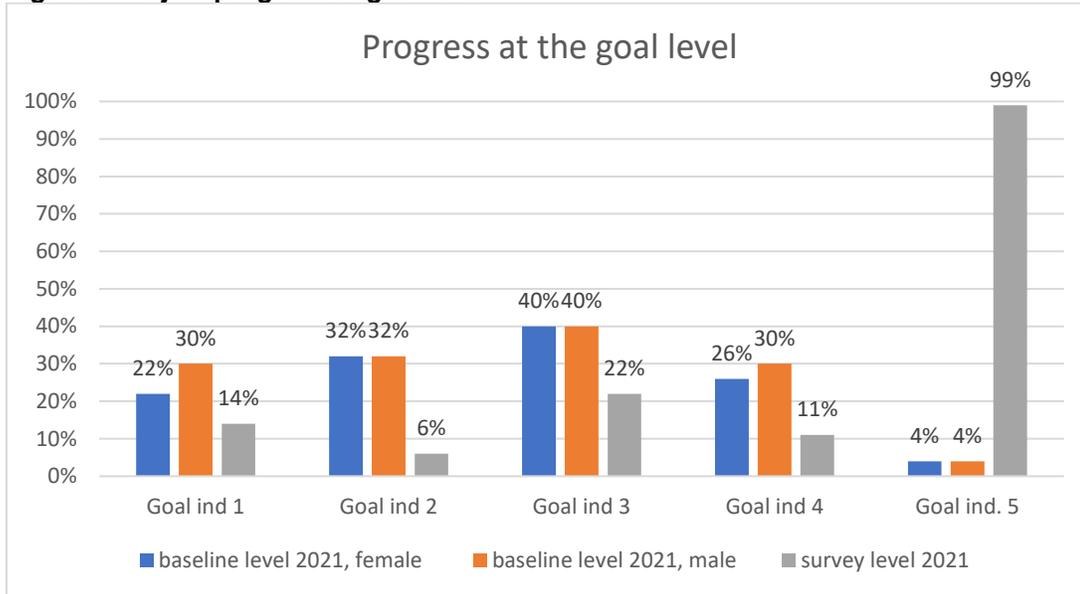
As informed by ISF, there has been challenges in data collection and monitoring, particularly identifying sufficient number of relevant indicators and collecting valid baseline and follow-up data with large enough sample sizes. This is because there has been a lot of changes in staff in ISF headquarters to support the monitoring, and because the consultant who collected the initial baseline data in 2015 was no longer available to help sort out the data when the 2018-21 project started. For the 2018-21 project, 2016-17 project baselines (collected in 2015) were utilized where available and complemented with 2017 end line data. Confusing baseline data complicated the task of the evaluation team in systematically comparing the baselines and the evaluation survey data.

## 4 Evaluation findings

This chapter describes the findings from the quantitative questionnaires as well as the qualitative focus group discussions, key informant interviews, and in-depth interviews. The chapter is arranged according to the Manga project monitoring and evaluation framework

**Goal: Community members (men and women) change their perception about FGM as a mandatory rite of passage in Nyamira**

Figure 2 Project progress at goal level



**Indicator 1: Percentage of community members (Men and Women) who perceive that a Kisii woman should undergo FGM**

While at the ISF Gender Analysis (commissioned in 2015 in Kisii and Nyamira prospective project areas, prior to the project specific baseline data collection) 22% female and 30% male respondents in Nyamira county thought that a Kisii woman should undergo FGM, in the evaluation survey only 14% community members had such a view.

**Indicator 2: Percentage of men and women who think men prefer marrying a circumcised girl**

While at the ISF Gender Analysis (2015) 32% female and male respondents in Nyamira county thought that men prefer to marry circumcised women, in the evaluation survey only 6% had this understanding.

**Indicator 3: Percentage of community members (Men and Women) who believe their community associates FGM with morality and reduced promiscuity of women and girls**

While at the ISF Gender Analysis (2015) 40% female and male respondents in Nyamira county believed that their community associates FGM with morality and reduced promiscuity, in the evaluation survey only 22% believed so.

**Indicator 4: Percentage of community members (Men and Women) who think FGM is a rite of passage for girls**

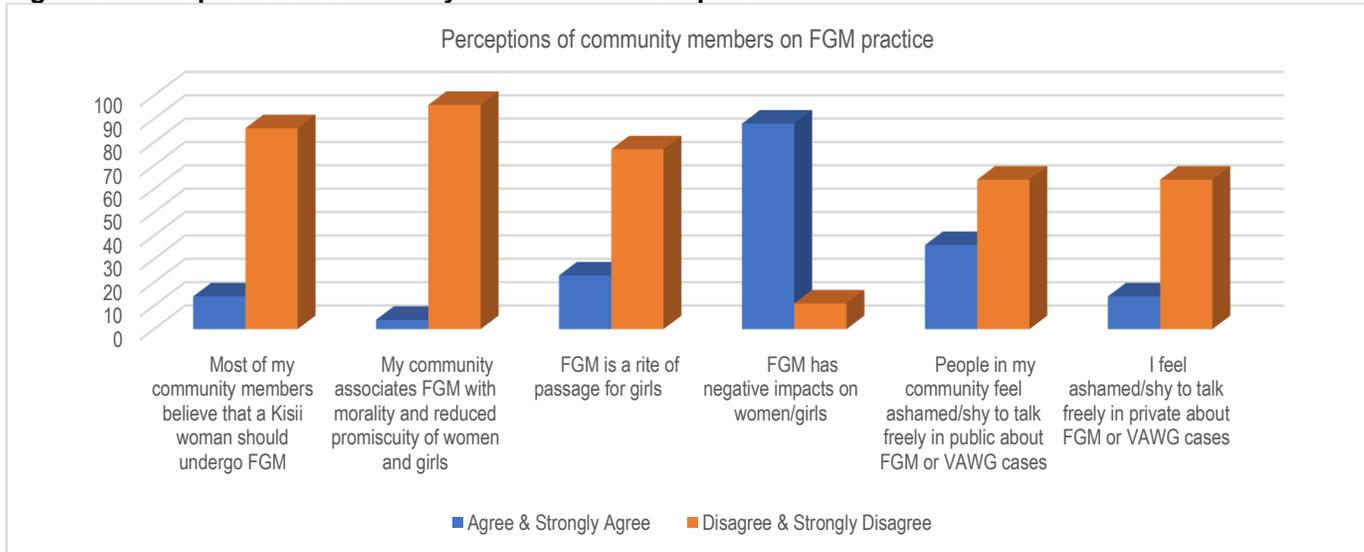
While at the ISF Gender Analysis (2015) 26% female and 30% male respondents in Nyamira county believed that FGM is a rite of passage for girls, in the evaluation survey only 11% believed so.

### Indicator 5: Percentage of community members who are aware of the FGM ban

While at the ISF Gender Analysis (2015) 4% all respondents in Nyamira county were aware of the FGM ban, in the evaluation survey the share had risen to 99%.

The evaluation survey findings on perceptions of community members about FGM indicate that most community members disagree to myths about FGM practice as detailed in the diagram below:

**Figure 3: Perceptions of community members on FGM practice**



### ISF Programme Indicator: % of community members who aim not to cut their daughters

99% of the engaged community members reported that the current legal status of FGM is that FGM has been banned. Additionally, the rule that governs FGM most popular 38% among community members was the Kenya Constitution while one that was least popular 16% was the Sexual Reproductive Health Rights. 92% of community members have daughters that have not undergone FGM and 86% commit that their daughters will not undergo FGM while 6% say that their daughters will undergo FGM.

77% of the included women, men and youth respondents have daughters who have not undergone FGM out of which, 64% gave assurance that their daughters will not undergo FGM while 12% said that their daughter will undergo FGM.

The women FGD participants indicated all the included promising not to cut/allow their girls to undergo FGM. One of the FGD women said in support, *"...in our women group we have discussed and agreed that none of us is cutting our girls, because we understand the negative effects and legal consequences."*

**Purpose: Community members in Nyamira are aware of negative effects of FGM and more willing to discuss about the issue**

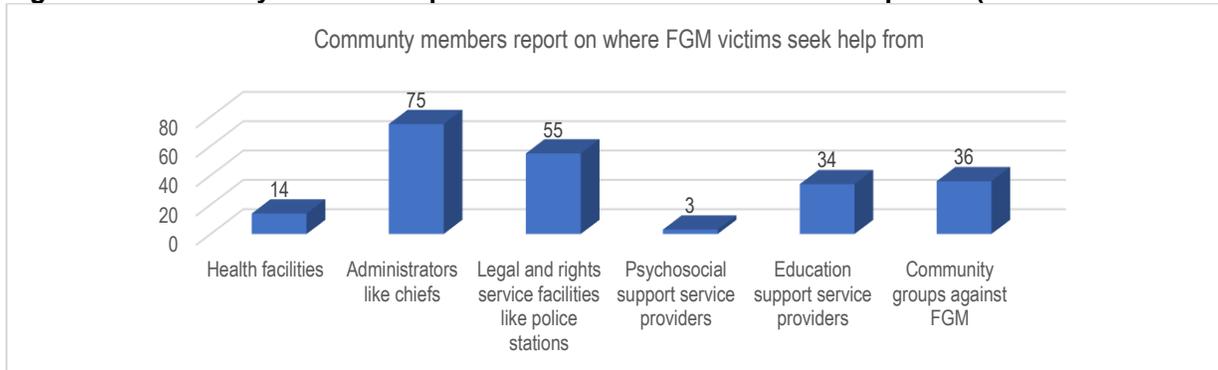
### Indicator 1: Percentage of community members (Men and Women) who perceive FGM has negative impacts on women/girls

While at the ISF Gender Analysis (commissioned in 2015 in Kisii and Nyamira prospective project areas, prior to the project specific baseline data collection) 38% female and 28% male respondents in Nyamira perceived that FGM has negative impacts on women/girls, in the evaluation survey 92% perceived so.

**Indicator 2: Percentage of community members (Men and Women) who believe people in their community feel ashamed/shy to talk freely in public and in private about FGM or VAWG cases**  
 While at the ISF Gender Analysis (2015), 34% female and 38% male respondents in Nyamira believed that people are ashamed to talk freely in public and in private about FGM or VAWG cases, in the evaluation survey 36% believed so.

**Indicator 3: Percentage of community members who know where victims of VAWG can seek help**  
 While at the ISF Gender Analysis (2015), 36% female and 40% male respondents in Nyamira knew where victims of VAW can seek help, the evaluation showed awareness of the following service providers:

**Figure 4: Community members report on where VAW victims seek help from (% who mention each)**



**Result 1: Project volunteers are able to carry out awareness sensitization campaigns on FGM and girls’ rights**

**Indicator 1: Number of information sharing sessions organized by the volunteers in 2 years**  
 The KII volunteers 3/3 noted that a total of 48 sessions were organized by volunteers in the 2 years where they discussed effects of FGM.

**Indicator 2: Number of volunteers who are able to name at least 5 social aspects of FGM**  
 All the engaged volunteers in KII 3/3 were able to name at least 4 social aspects of FGM. Some of the aspects they named included: low self-esteem, depression, discrimination and isolation

**Indicator 3: Number of volunteers who are able to name at least 4 legal aspects of FGM increased**  
 All the engaged volunteers in KII 3/3 were able to name at least 4 legal aspects of FGM. One of the volunteers explained, *“if you are found doing the act you will be taken to jail, if you are found celebrating or with the tools for doing the cut you are also jailed. If you know a girl who is cut and not report, you also get jailed.”*

**Indicator 4: Number of volunteers who are able to name at least 5 health impacts of FGM**  
 All the engaged volunteers in KII 3/3 were able to name at least 4 health impacts of FGM. These included excessive bleeding, fistula, keloids, chronic infections and still births. One of the volunteers explained, *“...if the girl undergoes the cut she will have excessive bleeding which may lead to anemia, also fistula, keloids, painful sex exposure to infections, still births.”*

**Indicator 5: Number of volunteers who referred clients to appropriate authorities for support in 12 months**  
 All the KII engaged volunteers 3/3 reported to have referred clients to appropriate authorities including children's office, police stations, chiefs and nyumba kumi (neighbourhood leads)

**Indicator 6: Number of clients referred to appropriate authorities for support by the volunteers per year in 12 months**

The KII volunteers reported to have referred 5-8 clients in the last 12 months

**Result 2: Trained Duty bearers are fully aware of social, legal and health impacts of FGM and disseminate the information to the wider community**

**Indicator 1: Percentage of trained duty bearers who are able to name at least 4 social aspects of FGM**

In the Baseline study (2016), 0% of duty bearers could name 4 social aspects of FGM. In the evaluation survey, 100% engaged duty bearers (6/6) were able to name at least 4 social effects of FGM. Some of the social effects they named included: stigmatization, low self-esteem, fear and isolation.

**Indicator 2: Percentage of trained duty bearers who are able to name at least 4 legal aspects of FGM increased**

In the Baseline study (2016), 0% of duty bearers could name 4 social aspects of FGM. In the evaluation survey, 100% engaged duty bearers (6/6) were able to name at least 4 health effects of FGM. Some of the health effects they named included: problems during childbirth, fistula, excessive bleeding and risk of infections.

**Indicator 3: Percentage of trained duty bearers who are able to name at least 4 health impacts of FGM**

In the Baseline study (2016), 20% of duty bearers could name 4 social aspects of FGM. In the evaluation KII findings, 83% (5/6) duty bearers able to name at least 4 health impacts of FGM.

**Indicator 4: Number of sessions conducted by duty bearers in the community to speak/discuss the social and legal aspects and Health impacts of FGM in 2 years**

The KII duty bearers findings noted approximately 48 sessions were conducted by duty bearers in the community to speak/discuss the social and legal aspects and Health impacts of FGM in 2 years. In the Baseline study (2016), 20% of duty bearers reported to have organized 1-4 sessions and 80% reported to have organize more than 5 sessions in last 12 months.

**Indicator 5: Number of trained duty bearers**

The staff KII findings on trained duty bearers noted that 234 duty bearers were trained during the project period.

**Indicator 6: Number of duty bearers who include advocacy against FGM in their professional activities (based on their self-reports)**

The KII duty bearers findings had all duty bearers engaged 6/6 admitting to including advocacy against FGM in their professional activities. One of them reported, *"...what gladdens my heart is in doing this, there is change! We now experience less case of FGM. The more reason I talk about FGM whenever there's an opportunity during my daily work errands."*

**Indicator 7: Number of people reached by sessions organized by duty bearers**

The KII duty bearers findings noted that the duty bearers reached approximately 100-150 people in every session they organized.

**Indicator 8: Number of sessions organized for duty bearers by MH staff**

MH staff organized a total 4 sessions for duty bearers where they discussed among others how to sensitize and change the perceptions of people on FGM and VAWG practice as indicated by the staff KII.

### **Result 3: Trained school teachers and students are fully aware of social, legal and health impacts of FGM and disseminate the information to the wider community**

#### **Indicator 1: Percentage of teachers who have been able to incorporate FGM related information in their teaching**

In the Baseline study (2016), 33% of female and 58% male teachers reported they had incorporated FGM related information in their teaching. The teachers IDI findings showed that 100% (4/4) teachers incorporate FGM related information in their teaching. One of the IDI informants explained, “...*Yes we do, we incorporate FGM information especially for me when I’m teaching subjects like social studies and CRE*”.

#### **Indicator 2: Average number of meetings between teachers, parents and students organized by the trained teachers about FGM per 12 months**

Report from the teachers IDI indicated 4/4 teachers agreeing to hold 2-3 meetings with parents and students about FGM in the last 12 months. 4/4 IDI respondents additionally mentioned that Covid 19 put a halt to such physical meetings and unfortunately the school was not well prepared for parents and students’ virtual meetings organized by teachers

#### **Indicator 3: Number of people reached by meetings between teachers, parents and students organized by the trained teachers about FGM per 2 years**

The findings from IDI teachers 4/4 noted that about 100 parents attended meetings between teachers, parents and students organized by the trained teachers about FGM in the 2 years. The teachers further noted that the number would have been more were it not for Covid 19.

#### **Indicator 4: Percentage of school students who tell they have shared information about negative health impacts and rights of girls to their peers**

The Baseline survey (2016) highlighted that 20% girls and 0% boys shared information on social, health and legal impact of FGM to peers in schools. The evaluation survey findings show that 95% of students are engaged in creating awareness about negative health impacts and rights of girls to their peers discussing the Right to bodily integrity (51%) and Right to education (58%). In regard to discussing health impacts of FGM, majority of students (54%) discussed low self-esteem and anxiety (46%) while the least discussed aspect was depression. Findings from the qualitative IDI with girls indicated that sharing knowledge on the negative impact of FGM has reduced the practice of FGM because FGM cases can now be reported to the authorities.

#### **Indicator 5: Number of people reached by trained school students**

The findings showed that approximately 2000 students were reached by the trained students during the project period with messages on negative impact of FGM.

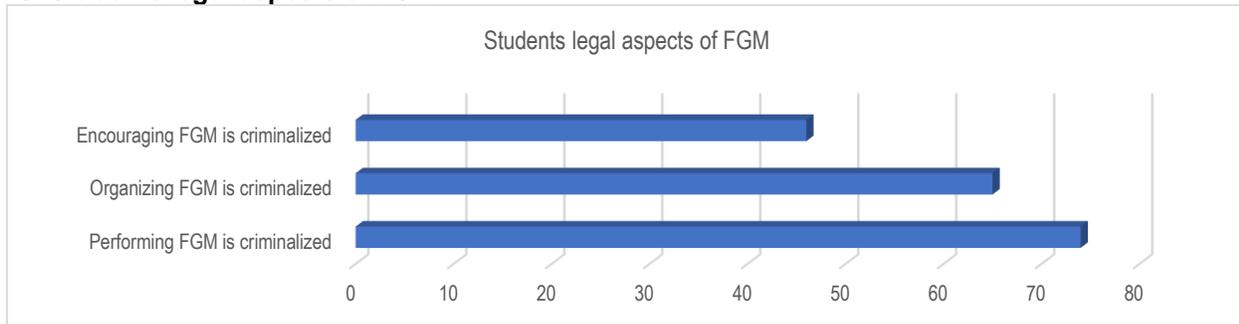
#### **Indicator 6: Percentage of teachers and students who are able to name at least 4 social aspects of FGM increased**

The evaluation findings indicate that 69% of youth groups can name low self-esteem as the main social aspect of FGM while 27% mentioned depression.

#### **Indicator 7: Percentage of teachers and students who are able to name at least 4 legal aspects of FGM increased**

74% of the included women, men and youth groups reported that performing FGM is criminalized, 65% that organizing FGM is criminalized and 46% that encouraging FGM is criminalized. The diagram below details:

**Figure 5: Students legal aspects of FGM**



Additionally, on assessing the knowledge of students on who can report FGM cases, the findings indicated that reporting can be done by the public 57% and by family 54%.

**Indicator 8: Percentage of teachers and students who are able to name at least 4 health impacts of FGM increased**

The evaluation survey findings indicate lowest (3%) awareness of need for later surgeries, 9% aware of sexual problems (pain during intercourse, decreased satisfaction, etc.). Awareness of increased risk at childbirth stood at 77% and of menstrual problems at 92% and scar tissue and keloid at 52%.

**Indicator 9: Number of trained teachers and students per year**

Averagely 50 teachers were trained per year as reported by KII staff interview findings.

**Indicator 10: Number of sessions organized for teachers and students by MH staff**

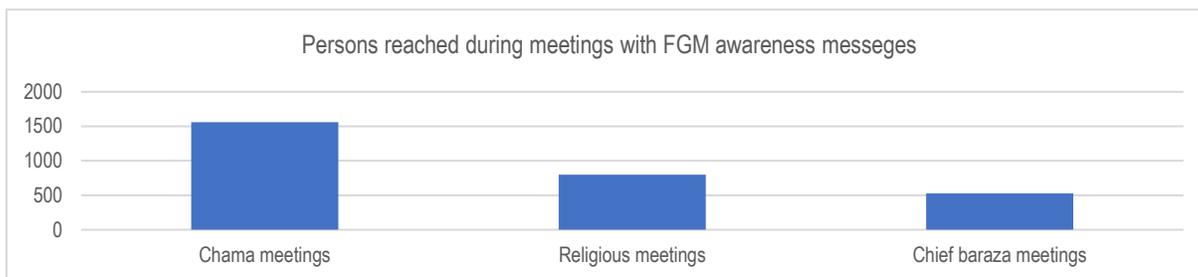
The KII staff interview findings showed that 4-5 sessions were organized for teachers and students by MH staff

**Result 4: Trained men, women, and youth of the community are fully aware of the social, legal, and health impacts of FGM and disseminate the information to the wider community**

**Indicator 2 Number of people reached during community outreach sessions with information regarding FGM**

The findings showed that 70% of the included women, men and youth participate in FGM awareness meetings. Averagely 66% participated in chief baraza and religious gatherings for FGM awareness meetings with most of the 24% taking the role of participants in the meetings. Approximately, 526 persons were reached on FGM awareness at the chief baraza meetings, 800 persons at religious gathering meetings, and 1560 persons reached in chama meetings.

**Figure 6 Persons reached during meetings with FGM awareness messages:**



The women, men and youth FGD participants noted that averagely 150 community members were reached with information regarding FGM during community outreach sessions. Additionally, the findings from teachers IDI indicated that Manga trained teachers incorporate negative effects of FGM in the

teachings. One of the teacher respondent explained, “...*Yes we give them information about negative effects of FGM both social and health effects, including where to report to in case affected. This way, they cannot be influenced negatively for Information is power!*”

**Indicator 3: Number of trained community representatives (men, women, youth) per year**

The staff KII noted that 23 men, 40 women and 30 youth were trained as community representatives annually.

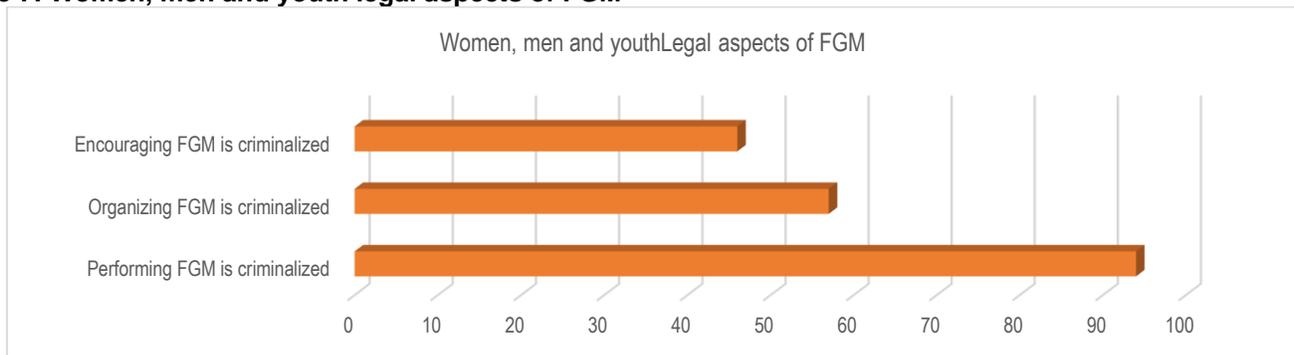
**Indicator 4: Percentage of women, men and youth groups who are able to name at least 4 social aspects of FGM**

The evaluation findings showed 64% of youth groups mentioned low self-esteem as the main social aspect of FGM while few 24% mentioned depression.

**Indicator 5: Percentage of trained women, men and youth groups who are able to name at least 4 legal aspects of FGM increased**

The evaluation survey noted 94% of women, men and youth groups reported that Performing FGM is criminalized, 57% that organizing FGM is criminalized and 46% that encouraging FGM is criminalized. The diagram below details:

**Figure 7: Women, men and youth legal aspects of FGM**



**Indicator 6: Percentage of trained women and youth groups who are able to name at least 4 health impacts of FGM**

The survey findings on health impacts of FGM indicated lowest awareness (10%) of need for later surgeries, 20% of menstrual problems and highest awareness (92%) of increased risk at childbirth, 46% of sexual problems (pain during intercourse, decreased satisfaction, etc.) And 52% scar tissue and keloid.

**Indicator 7: Number of sessions organized for men, women, and youth by MH staff**

The KII staff findings indicated that 11 sessions were organized for men and 29 sessions organized for women and youth by MH staff.

**Result 5: Project staff is able to effectively and efficiently implement programmes against the practice of FGM within the sub-location**

**Indicator 1: Number of people who seek services (information, assistance on VAWG and FGM) from MANGA HEART in the last 12 months**

The staff KII participants reported that about 7 people came to the offices to seek for information about FGM. One of the staff explained, “...*those who have come here to find information on FGM are*

*around 7 ladies, a certain chief and a council of elders. But usually, we are out in the field, so we interact with them there.”*

**Indicator 2: MH staff has sound financial management skills and use their skills in the project management and implementation**

The KII staff interview highlighted that MH staff were trained on cashbook, the balance sheet, the ledger book, trail balances. The KII staff reported, *“...we have trained our team and they have been keeping their book well and during the audits I have not seen serious gaps”.*

**Indicator 3: Number of relevant trainings organized/supported by ISF where the partner has participated**

The staff KII findings noted that a total 5-6 trainings organized/supported by ISF where the partners participated were conducted. The training content included among others communication skills, community approach, community entry, finance for the non-finance team training to understand finance and gender equality and equity

**Indicator 4: Number of relevant ISF supported networking events where the partner has participated**

The staff KII findings noted approximately 20 relevant ISF supported networking events where partners have participated

**Indicator 7: Efforts organized/supported by project staff to enhance duty bearers'/opinion leaders' advocacy” (e.g. Sensitization trainings; ICE materials, campaigns and events engaging duty bearers/opinion leaders**

The staff KII findings indicated that Manga staff conducted FGM and VAWG trainings, they also distributed t-shirts and flyers to help share information on negative effects of VAWG and FGM. One of the staff explained, *“...we hold training sessions with them in different groups like the church, the csos, chiefs and they shared views. We would facilitate those meetings. We also gave them materials such as clothes labelled with our information, we gave them booklets and brochures to supply to the community”.*

**Open questions (not related to any specific indicator)**

When asked if they have noticed any change in people’s attitudes regarding VAWG or SRHR in their community, teachers argued that knowledge gained on negative effects of FGM has influenced attitude and practice. One of the teacher respondents discussed, *“...Yes they have changed their attitude and no longer practice FGM as much.”* Additionally, the women participants had noticed a positive change in attitude among people in the community in regard to practicing FGM. One of the women said, *“.. I have noticed some changes in my community with people who were rigid at first, now they have a change of heart and no longer find practicing FGM pleasing. Most have learnt the negative effects of FGM and do not wish to perform. The teachings on negative effects of FGM have been very instrumental in pushing for the positive change of attitude.”* The findings from men and youth fgds also highlighted that there was positive change in the community in regard to practicing FGM. One of the men FGD respondent explained, *“...yes, FGM is less practiced and nowadays there’s alternative rites of passage being practiced in the community like celebrating girls when they get to a certain age (birthday celebrations).”*

When asked what may have contributed to reduced FGM practices, women, volunteers, and project staff highlighted that education and sensitization of people by Manga on negative effects of FGM is what has mainly contributed to the positive change of less FGM practice in the community. One of the women respondents said, *“...information on FGM has spread far and wide and now people are informed*

*and educated on the effects of FGM.*” Men and youth, duty bearers and thought that the main contributor to reduced FGM in the community is access to information about negative effects of FGM. One the FGD men respondent explained, “...*people are now educated and can access this information readily and the negative effects of FGM are so clear so they get scared of performing.*” Student interviews indicated that law enforcement is what has mainly contributed to the decreasing rates of FGM in the community. One of the students explained, ‘...*wanaogopa kushikwa na pia hawataki watoto wao wakue na zile negative effects za FGM.*’ **Translation:** ‘They fear both getting arrested and experiencing negative effects of FGM.’”

On assessing the value that Manga Heart has added to the community, men, women and youth highlighted that Manga has increased accessibility to information on negative effects of FGM. One of the participants noted “...*people are now educated and can access this information readily. Furthermore, they are scared to engage in FGM knowing the negative effects of FGM*”. Teachers and volunteers additionally mentioned that Manga has highly contributed to decreasing rates of FGM through vigorous community sensitization on negative effects of FGM and that now FGM practice among community members has gone down. One of the teachers explained: “...*It is because they have gotten the knowledge on FGM, that is the social effect, the health effect, the legal effect. So the gained information has instilled some fear towards continuing FGM practice. Manga have truly been instrumental in enabling this*”. Students, project staff and duty bearers also highlighted that Manga was valuable in sharing education on negative effects of FGM. One of the students explained, “...*Manga wanaleta watu pamoja, na wanawafunza kukomesha kukeketa wasichana.*” **Translation:** “Manga brings people together and teaches them on stopping FGM.”

When asked about the successes they and the group they belong to have achieved in advocating against FGM, women, men and youth and project staff told that women bragging of having sensitized the community and now there are decreasing rates of FGM. Students and teachers highlighted success in sharing information on negative effects of FGM. Duty bearers reported success in following through FGM cases to prosecution while volunteers bragged of boosting confidence among community members to publicly talk about negative effects of FGM.

Regarding challenges experienced in advocating against FGM, men, women and youth mentioned cultural barriers. One women respondent in Nyamira discussed, “... *We face verbal abuse especially from the elderly people who see us as imposters who want to do away with their culture.*” Students highlighted that peers who feel that FGM practice is part of Kisii culture and should not be stopped, discriminate against those who teach about the negative effects of FGM. Teachers highlighted that parent at times are not supportive. Even if they learn much about negative effects of FGM they still practice FGM silently. On further interrogation on why that happens, the teachers reported that this was due to holding on to bad cultural practice. The project staff reported two main challenges: first, they lack support from local administrators. At times the local administrators don’t report cases and are less involved in arresting FGM promoters and doers. Secondly, community members perform FGM secretly and all these is kept within the family. So, such cases are left unattended to. Duty bearers and volunteers reported as the main challenge Covid 19 which led to ban of gatherings hence slowing down their work in regard to sensitizing the community on negative effects of FGM.

Regarding their suggestions on the most urgent interventions needed to eradicate FGM, women, men and youth, volunteers and duty bearers mentioned continuous sensitization on the ban of FGM and negative effects of FGM to all community members. Students and teachers indicated law enforcement and prosecution of those engaged. The staff on the other hand opined that FGM has been medicalized and is now performed by medical practitioners, the medical staff therefore needs to be targeted with

the intervention. Women and men, volunteers and duty bearers highlighted that Manga should scale up to other counties with FGM problems. One of the women discussed, “...*Manga should continue with sensitization programs through groups and increase the FGM scope/coverage.*” The teachers recommended that more project volunteers should be recruited and attached to communities and more teachers should be trained to spread further information on negative effects of FGM. She said, “...*I only urge them that should continue aaah educating the members of the community and even they should extend not even from the project itself, of course we have the teacher volunteer from the schools, but one teacher is not enough to teach everybody in the school they should add more.*” Lastly, project staff members claimed that young parents should be targeted more and sensitized about negative effects of FGM.

## 5 Conclusion

The main focus of the evaluation was to assess the project's effectiveness, efficiency, relevance, sustainability and learnings through the 3 main objectives:

1. Assess whether the projects have delivered effective, efficient, relevant, and high-quality activities and changes in the lives of the beneficiaries
2. Assess whether collaboration between ISF, local partners, and Line ministries has added value to the interventions with a positive effect on beneficiaries and other stakeholders? What has contributed to this value addition, and what has not in regard to learning, complementary & harmonization and visibility
3. Identify and assess key lessons learnt and main challenges experienced and draw recommendation for future programming. The final evaluation should include at least one lesson learnt and one recommendation per evaluation category, i.e. Effectiveness, efficiency, relevance etc.

The conclusion therefore was drawn in these lines.

### **Effectiveness, efficiency, and quality**

The evaluation concludes that Manga project was effective and efficient for they managed to change the community's perception about performing FGM and now community members do not believe that a Kisii woman should undergo FGM, the community doesn't associate FGM with morality and reduced promiscuity of women and girls, the community doesn't believe that FGM is a rite of passage, the community understands that FGM has negative impacts on women and girls and the community no longer feel ashamed/shy to talk about FGM and VAWG in public. Additionally, the community is now aware that FGM has been banned legally and those who have daughters who have not been circumcised commit not to have their daughters circumcised. The community is fully aware that performing, organizing and encouraging FGM is criminalized. Students also know where to report FGM cases and that reporting FGM cases can be done by anyone with the information on who did it or where it was done. As such, reporting doesn't have to be necessarily done by family members only.

Manga staff additionally conducted FGM and VAWG trainings where they distributed t-shirts and flyers to help share information on negative effects of VAWG and FGM. As such, Manga has increased accessibility to information on negative effects of FGM.

Manga was successful in training and engaging men, women youth and volunteers in creating awareness about FGM and VAWG. The trained Manga project beneficiaries, including students, teachers, men, women, volunteers, youth and duty bearers can name at least 4 social, health and legal aspects and impacts of FGM. The most mentioned negative social effect of FGM is low self-esteem while the least popular is depression.

The study further concludes that sharing knowledge on the negative impact of FGM has reduced the practice of FGM because FGM cases are now reported to the authorities.

### **Relevance**

Manga's focus was to increase awareness on negative effects of FGM. Consequently, Manga was successful in positively impacting the community and now the community is aware of where victims of FGM seek for help. The community therefore reports FGM cases mainly to administrators like chiefs and legal and service providers like police stations. Cases are however least reported at Health facilities and at Psychosocial services providers.

Additionally, Manga women, men and youth in Manga participate in FGM awareness meetings. Majority of community members are reached out to during chama meetings, religious meetings and chief's baraza meetings. Furthermore, Manga has now become popular in the community in regard to working to reduce FGM cases as such, the community visits their offices to gather information on FGM and VAWG.

## **Sustainability**

Project volunteers participate in awareness sensitization campaigns on FGM and girls' rights. Additionally, the volunteers are working closely with administrators like chiefs, children's office, police stations and nyumba kumi (neighbourhood leads) who work to reduce FGM and VAWG cases by referring FGM victims to these authorities for support.

Manga beneficiaries continuously engage in sharing information about FGM. As such, duty bearers include advocacy against FGM in their professional activities, school groups also conduct lessons in their schools to discuss FGM and Manga trained teachers incorporate information on negative effects of FGM in their teachings. Additionally, students engage in creating awareness about negative health impacts and rights of girls to their peers where they mainly discuss low self-esteem and anxiety as the main health impacts. However, depression is least discussed.

## **Collaboration between ISF, local partners, and Line ministries**

The resultant product of swift collaboration among project partners including collaboration between Manga team, ISF, local partners, and Line ministries improved the referral system and this is why paralegals and duty bearers received and referred FGM cases. Additionally, the seamless relationship promoted sustainability and as such the evaluation made conclusions around sustainability to showcase the seamless relationship.

## **Key lessons learnt**

The evaluation came up with the following lessons learnt:

- Psychosocial support services were minimally used because awareness creation for the services was not part of Manga's role.
- Project beneficiaries worked in togetherness to reduce FGM rates through seamless referral system except for local administrators who still hid FGM cases. They however held discussions on negative effects of FGM in their meetings - a clear indication of pulling double standards.
- The elderly is rigid about stopping FGM practice for they still uphold the cutting culture
- FGM is practiced by medical professionals in hospitals. This group was however not part of Manga project beneficiaries
- The project was successful in creating awareness of negative effects of FGM through religious gatherings, women group merry-go-round and chief gathering meetings.
- Duty bearers included FGM teachings in their daily roles

## **Main challenges**

- Covid 19 slowed down the project activities implementation processes
- Duty bearers reported lack of support from local administrators in reporting FGM cases and arresting FGM performers

- The project beneficiaries cited lack of support from the elderly who still hold on to the FGM cultural practice
- Teachers also cited lack of support from parents who uphold the bad cultural practice of FGM
- Project staff main challenge was FGM has been medicalized, as such still practiced in hospital environments

## **Recommendations**

- There is need to create awareness on importance of Psychosocial support services.
- Manga should continue using chama (women group merry-go-round meetings), religious and chief baraza meetings to sensitize communities on FGM
- Manga should scale up to other counties with FGM problems to reduce FGM practices more.
- There is need to document success stories to be used as teaching aids going forward
- More project volunteers should be recruited and attached to communities and that more teachers should be trained to spread further information on negative effects of FGM
- More research needs to be done to understand how best communities can be encouraged to use Psychosocial services
- Manga needs to explore ways of continuing implementation of services even during the COVID 19 pandemic
- Medical professionals should be included in the project implementation
- Local administrators should be sensitized more on essence of working in togetherness

## 6 Annexes

### Respondent consent form for signing

#### Introduction (5 min)

Hello, my name is \_\_\_\_\_.  
I work for Adept Research,

Thank you for taking time to chat with I and my team. On behalf of ISF Manga Heart and CECOME project-Kenya, I would like to gather information to evaluate and report on the performance of the CECOME and Manga Heart implemented project activities and capture achievements, challenges, and best practices to inform future similar programming.

We would therefore like to engage you for **40 minutes**

Before asking you whether or not you would like to be a participant, I would like you to know that:

1. **Your participation in this survey is entirely voluntary.**
2. **You are free to not answer any of the questions in the study that you are not comfortable with.**
3. **You are free to stop the interview at any point, with no negative consequences for you.**

The information collected in this interview will be kept strictly confidential. To help ensure confidentiality, I will not write your name on this form, and I will not write down particular details that would enable you to be identified.

If you would like to know more about the measures that we are taking to protect confidentiality, please ask me to provide you with more details.

#### Now, do you assent to participating in the interview?

1. **YES** [*If Yes*; Thank you for agreeing to take part in this study]
2. **NO** [*If NO*; Thank you for your time]

#### **Section B: Who to contact**

If you would like to ask any questions at this point, please ask me so that I can provide you with more details.

If you wish to ask questions later, you may contact any of the following:

<b>Imelda Ochari</b> <b>Adept Research International</b> P. O. Box 22844 – 00505, Nairobi, Kenya. <b>Tel: 0721 358 200</b> <b>E - Mail: imelda@adeptresearches.com</b>	<b>Elizabeth Ndembei</b> <b>ISF Kenya</b> P.O Box 15518-00100, Nairobi Kenya <b>Tel: +254732030760</b> <b>E-Mail: Elizabeth.Ndembei@solidaarisuus.fi</b>
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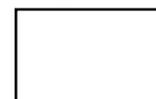
#### **A0: Section C: Consent**

By saying yes, that means that you have read/been read to, and understood that we will use the data we collect to inform the programming of future related projects. In case you need to access the data, we ask in kind that you contact the ISF Office Kenya through Elizabeth Ndembei with the phone number shared above; and that you accept voluntarily to be a participant in this project. If you agree, You and I will now sign this form to confirm that your consent has been obtained.

**Signature/initials of interviewer:**      **Signature/initials of respondent:**      **OR Thumbprint of respondent**

\_\_\_\_\_

\_\_\_\_\_



## **Data collection tools**

The following tools are shared as a separate document:

- Students' structured questionnaire
- Parents' structured questionnaire
- Out of school youth structured questionnaire
- Key informant interview guide
- In depth interview guide
- Focus group discussion interview guide

## Data collection team

