Norad project number:	**Various**
Name of your Organisation:	**Norwegian Church Aid**
Local Partner(s):	**Various**

ABOUT THE EVALUATION

Evaluation year: **2005**
Conducted by: **Rainbo (teamleader: Amany Abuzeid)**
Country: **Kenya, Ethiopia, Eritrea and Mali**
Region: **Eastern Africa and West Africa regions**
Theme/DAC sector: FGM (Various DAC sectors for the various projects)

SUMMARY OF THE EVALUATION

Title of Evaluation Report:
Female Genital Mutilation (FGM) Program

Background:

The objective of the FGM evaluation was to evaluate NCA's cross regional program on FGM and not the individual projects where NCA is involved. The program was originally for 10 projects in 6 countries (Mali, Ethiopia, Eritrea, Sudan and Somalia and Kenya), but during the initial 4-year program the program had increased to 21 projects in 9 countries as also Mauritania, Egypt and Tanzania had been added. As the first phase (4-years) has come to an end, it was felt that the achievements and lessons learned during the first phase of the program should be assessed and carefully analyzed before a new program phase should be designed. The evaluation has shed light on the key strategic elements and its relevance as well as identified certain needs for adjustment and re-design in NCA' s new 5 year plan.

Purpose/ Objective:

Another element of the evaluation was to establish to what extent NCA and partners have met objectives based agreements in project documents, what challenges they had faced during the 4 year period, and to recommend strategies and methodologies for the next phase. The evaluation is meant to contribute to further improvement of anti FGM campaigns by the collation, analyse and disseminate experiences from current and completed activities. Among others the findings from the evaluation exercise were to provide quality information generated from stakeholders, which would help to guide NCA's future program development and thus improve relevance and effectiveness of its support to projects and partners in Africa.

Methodology:

The evaluation employed largely qualitative data collection techniques. Participatory approaches were applied. Data was generated through focus groups discussions with men and women, key informant interviews with traditional leaders, religious leaders, government and local authorities, circumcisers, project managers and women animators, teachers and female adolescents. Literature review was also conducted on NCA's publications, project reports, as well as visits to local health centers and discussions with various stakeholders.

Key Findings:

Main activities were focused on awareness raising, advocacy targeting religious leaders as opinion makers to influence decisions, capacity building of NCA staff and partners on FGM for project implementation and addressing FGM as a human rights issue.

- Awareness-raising had been quite successful in providing information on female physiology, the health consequence of the practice, internalizations of the harmful effects of FGM, new knowledge on religion, culture and genital mutilation.
- Although awareness-raising had not always translated into behavioural change, it had, however, helped some communities to initiate a change continuum that in itself was considered important.
- Alternative “cutting” practices had increased in some places by “sunna” replacing infibulation.
- The perceptions and attitudes towards uncircumcised girls had had a positive change in some communities.
- Due to concerted IEC activities circumcision had ceased to be a taboo subject for discussion in many areas.
- Increased knowledge of the health risks by the practice, including the risk of HIV/AIDS.
- In some communities the practice had gone underground as a result of directives issued by some community and administrative leaders.
- The community forums convened for information and education, the dialogues and debates among men and women had helped to empower some women.
- FGM as a human rights issue had not been addressed adequately, in spite this had been one of the objectives of the program.

Recommendations:

- A greater need to match human and financial resources with the volume of work and identification of geographical focus for monitoring and evaluation purposes.
- Increased involvement at country level staff and partners in the development of strategy in order to create a sense of ownership.
- Consolidate successes and maximise on the inroads made with religious organizations and networking with other organizations to develop program advocacy strategy that can be translated into country programs.
- RBA should be reflected in the program log frame and appropriate tools and capacities should be developed to incorporate the approach at all levels.
- NCA should review skills needed for program delivery, assess competences, mapping of resources available and develop a training strategy.
- As awareness-raising had been the most successful deliverable in the first phase, this should be developed further by asking key relevant questions.
- Address the discrepancy between acquisition of skills and translation into appropriate program management techniques.
- Every project should aim at building community consensus.

Comments from Norwegian Church Aid (if any):

FGM is violation of the fundamental human rights, and is one of the worst forms of gender-based discrimination practiced in Eastern and Western Africa. The fight against FGM is also a fight for gender equality and the right of girls and women to live a dignified life. Through our efforts to end FGM, NCA believes that women’s dignity, self-esteem and power would be enhanced. Hopefully this study will be a valuable contribution in the ongoing fight against ending FGM practices in Africa.

NORWEGIAN CHURCH AID

Female Genital Mutilation (FGM) Program

Findings and recommendations of three-year (2001-4) Program evaluation

May, 2005

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Executive summary

The Norwegian Church Aid been working in Africa for over 25 years with the broad objective of helping improve peoples' living standard and maintain human dignity. Within this context of upholding human dignity and protecting individuals' rights, in 2001 NCA initiated a cross regional program on FGM initially covering Mali, Ethiopia, Eritrea, Sudan, Somalia and Kenya with totally 10 projects but eventually growing to include Mauritania and Egypt and supporting 21 projects. In addition to this three-year program, NCA has been active in advocacy work and coordinates a NGO network against FGM in Norway. Norway has had an Action Plan against FGM since 2001 and in 2003, the Ministry of Foreign Affairs launched the "International Action Plan for Combating Female Genital Mutilation".

To assess the extent to which the objectives of this three-year program had been achieved, the challenges the program had faced and to make recommendations for the next program phase, NCA commissioned this evaluation. The exercise was carried out by a team comprising NCA staff, external consultants with RAINBO providing the technical expertise on the evaluation framework and overall quality control over a period of six months. Data was generated through focus group discussions with men and women; key informant interviews with traditional leaders, religious leaders, government and local authorities leaders, circumcisers, project managers and women animators, teachers, and female adolescents; lliterature review of NCA publications, project reports; visits to community health centres and Informal discussions with various stakeholders.

The main program activities, though formulated as objectives, were awareness raising of various target groups on FGM; advocacy targeting religious leaders as opinion makers to influence decisions on the practice and capacity building aimed at equipping the NCA staff and partners with knowledge on FGM and skills for project implementation and finally, addressing FGM as a human rights issue.

The evaluation found that the program activities have resulted in some positive outcomes including increased knowledge on female physiology and the health consequences of FGM. Some community members had internalized the information acquired and started to acknowledge and reflect on the harmful effects of the practice. Others have started to question the religious justification of the practice. There are also some concrete desirable outcomes. Families such as the one of a Nousamma patriarch in Mali have decided not to circumcise their girls and have maintained that for the last two years. In several other projects there are intentions to marry uncircumcised girls, contemplations to stop altogether and consideration of less severe forms of cuts.

Healthwise, there was an increase in prenatal care and health facility deliveries as women seek to avert the risk associated with infibulations while other community members are demanding to know their HIV/AIDS status and establishment of VCTs to deal with the risks of infection and those already infected. In some project sites, the practise has gone underground as a result of directives issued by some community and administrative leaders.

As a critical mass of girls who have said "no" to FGM is built in some communities such as Angecha in Ethiopia, there is a reversal of value and social recognition as those not circumcised gain status over the circumcised colleagues who are now ridiculed. The community fora convened for information and education, the dialogues and debates among men and women generated by these events have helped provide a voice for women and elevated their social status as their role as key players in the FGM arena became evident. Community conversation fora have also led to increased levels of social cohesion in the project areas.

Female Genital Mutilation as a human rights issue was not addressed in projects other than with the World Lutheran Federation (WLF) in Mauritania incorporated the notion of rights in their training manual. Due to limited capacity on the part of program designers and managers to devise appropriate methodologies to

address FGM other than from a health risk approach, partners were neither impressed on to adopt this approach nor were they facilitated to engage the communities from this perspective. Other partners recognizing that human rights as a concept is not well understood by the general public opted for the concepts that communities can identify with such as health risks.

Collaborative advocacy with other civil society organisations in Ethiopia had resulted in the adoption of a legal instrument to redress FGM but in Mali there was overwhelming support for increased awareness raising before legal measures could be introduced. Advocacy with religious leaders was facilitated a change in religious discourse and the adoption of FGM abandonment as an institutional agenda of some of their religious partners such as the Evangelical Church in Eritrea.

NCA has invested in staff and partners capacity through training and information sharing fora and providing reference resource material. However, in addition to inadequacies to develop methodologies on FGM as a human right, there were shortcomings in the type and level of training of partners due to lack of assessment of the organizations and their staff capacities. There may be a mismatch between the staffing levels, number of partners and projects and the geographical location of projects in some of the program countries resulting in low levels of monitoring and support. On the whole, projects were designed without sufficient situation analysis and understanding of the communities and with minimal contribution in the formulation of inputs.

Some not so positive outcomes include alternative cuts with sunna replacing infibulation and use of atrophying substances such as gum Arabica. Some girls who escape circumcision have been forced into it after marriage. Medicalization of the practise by either going to health practitioners privately or using hygienic surgical instruments has replaced traditional cutting in some project areas.

To the extent that the program strategy was translated into deliverables, the NCA program on FGM was successful in meeting its objectives. The approaches that NCA has used in this program phase have been relevant though not adequate to meet the program goal. But the interventions resulted in some positive outcomes particularly in raising communities' consciousness and helped them assess their previous knowledge and begin to question some of the reasons justified continuation of the practice. More important, it has helped lay ground work for continued engagement with the communities by building on the knowledge that they have acquired. These results present an excellent for diversifying the approaches to address the shortcomings of "targeting practitioners" and the "health risk" approaches.

Specific recommendations to capitalize on the program strengths, opportunities presenting themselves in the field and address shortcomings in the three-year program include:

- The need to match human and financial resources with the volume of work and Identification of a geographical focus for program concentration to ensure appropriate and regular monitoring as well as delivery of support mechanisms.
- Capitalise on the elaborate NCA programmatic structure to increase involvement of country level staff and partners in the development of the program strategy, to created common understating of the deliverables and a sends of ownership
- To consolidate the successes and maximise on the inroads made with religious organisations and networking with other organizations, develop program advocacy strategy that can be easily translated into country programs.
- NCA has identified the rights based approach as the methodology of choice for its programs. It is important that this is reflected in the program log frame and appropriate tools and capacities are developed to incorporate the approach at all levels.
- Broaden the partnership base through a critical assessment of potential partners with regard to technical and institutional capacities and other basic competences to ensure that they receive appropriate capacity building and technical support. This assessment should also gauge commonality of values and convictions.

- Address the discrepancy between acquisition of skills and translation into appropriate program management techniques. To optimize use of resources, NCA should consider institutionalizing staff capacity building, by reviewing of the skills needed for program delivery, assessing the competences available, mapping out resources available within the organization and developing a training strategy.
- Capitalise on diversity of NCA sectoral engagement to develop integrated projects vis a vis the isolated FGM projects implemented during the program under review.
- Evidently, awareness raising was the most successful deliverable of the Program. Relevant and appropriate, it had several positive outcomes. It would be useful to develop this further by ask questions such as:
    - Did the recipients absorb the new information?
    - did the knowledge result in changed attitudes and behaviour
    - Why did the change happen?
    - How can it be maintain?
    - Is it replicable and how?
- A broad rights based program actively and purposefully addressing other HTPs may provide a more conducive environment to address specific issues such as FGM.
- NCA should consider identifying a core cadre of organizations in each country of operation for long-term partnership and investment in capacity building and other supportive inputs over the long term, as initiatives that aim at behavioral change take time and require continuous resource injection.
- Every project should aim at building community consensus. Without this especially from the women, those who practice will continue to look for ways to go around the directives issued by leaders as they are not convinced they need to stop.
- There is also need to reconsider some of the other approaches used by the program. The health approach was found to be an useful entry point need other perspectives and arguments against FGM to be incorporated to avoid medicalization and to facilitate the making of decisions from an empowered position. Targeted circumcisers may reduce the supply, but it not stop or reduce the incidences, therefore the need to reevaluate the usefulness of the approach altogether.

Preface

Every single day more than 5000 girls are exposed to FGM and somewhere between 130 and 140 million women and girls have to live with the consequences of this practice. FGM is perhaps one of the most flagrant violations of the fundamental human rights of children and women, and is one of the worst form of gender-based discrimination practiced in Eastern and Western Africa. The fight against FGM is also a fight for gender equality and the right of girls and women to live a dignified life. It is our hope that the evaluation will help shed light on key strategic elements in the current NCA plan in its fight against FGM, and to determine to what extent there would be need for readjustments and re-design of existing strategies that has been applied in our work thus far. Through our efforts to end FGM, NCA believes that women's dignity, self-esteem and power should be enhanced. The purpose of the evaluation is to help NCA to sharpen its future program and thus to maximize the impact of our fight against FGM. Hopefully this study will be a contribution to reach this goal.

We are immensely grateful to the many people that have contributed to this evaluation. Special thanks go to the two team-leaders of Rainbo, Amany Abouzaid and Mukami Rimberia, who helped in preparing the terms of reference and provided the technical guidance and quality assurance of the evaluation. Their valuable input has most definitely helped raise the quality of the report. I also want to express my sincere appreciation to the consultants, Fatuma Abdi, Worku Zerai, Assitan Diallo and Aissė Diarra, who undertook the very important and systematic fieldwork. Without their hard work and dedication the evaluation results would have been considerably impaired. I would also like to extend a special thanks to NCA's Regional Office in Mali and the Country Offices of Eritrea, Ethiopia and Kenya and their staff as well as to the partners and the communities that have contributed with timely and pertinent information contained in the study. Without their valuable support and great efforts to make country visits possible, and their willingness to share their wealth of knowledge and experience in an open and frank manner, this evaluation would not have been feasible. A special thank also go to Kari Øyen and Thora Holter of NCA/Oslo for their support, guidance and encouragement throughout the whole process.

Kirsten Engebak
Assistant Regional Representative
NCA/Eastern Africa.

I. Introduction

Norwegian Church Aid (NCA) is one of the largest Norwegian International ***non-governmental*** Development Agencies. It is a church based diaconal organisation, which works in long-term development assistance, emergency relief and advocacy across the globe. NCA shares a vision of a just world and work respectively with people and organizations of all faiths. As such, NCA provides assistance to people in need, regardless of race, nationality, gender, political persuasion or religious beliefs.

NCA works with local partners in the programme countries. The partners are mainly church based, though not exclusively. The relationship between partners is geared towards a joint effort through projects designed to respond to political, social and economic needs of all people in the region

The FGM Program

NCA has over 25 years of solid experience and work in Africa, with one broad objective, namely, 'to strife and improve peoples' living standard and maintain human dignity for all regardless of their race, nationality, gender, political persuasion or religious beliefs race, nationality, gender, political persuasion or religious beliefs. It is within the human rights perspective that NCA has been working with partners on Female Genital Mutilation (FGM), one of the harmful traditional practices, which is aimed at controlling women's sexuality. Although all human rights instruments recognise the right for everyone to practice their own culture, the problem with regard to FGM cultural practice amounts to violation of girls and women's human rights, to the extent that it is a cultural prescription on women.

During the 3-year period, the Norwegian level the Norwegian Government (MFA) has developed an International Action Plan for combating FGM (2003). The action plan is based on the promotion and protection of human rights of girls and women who have been, or are in danger of being subjected to genital mutilation. It is also part of the government's contribution to achieving the Millennium Development Goals (MDGs), especially in the reduction of poverty, promotion of gender equality and improvement of ***sexual and reproductive*** health of girls and women. Thus NCA is part of the Norwegian Government's intensified effort to combat FGM with the ultimate aim of reaching the goal of the UN Special Summit for Children of 2002, namely, to eliminate FGM by 2010.

In 2001 NCA and partners initiated a cross regional programme on FGM (initially covering Mali, Ethiopia, Eritrea, Sudan, Somalia and Kenya, totally 10 projects). The programme was designed partly based on the existing involvement of partners in the respective countries, partly including new partners and projects. During the initial 4 year programme period the number of projects, partners and countries has increased: In 2004 NCA and partners are involved in totally 9 countries (additional countries in 2004 are Mauritania, Egypt, Tanzania,) and 21 projects. NCA and partners is aiming to proceed into a new project period for the period 2005-2009, and seek MFA/NORAD funding for the programme package. But before a new programme can be designed there is a need to look at the achievements and lessons learned during the first phase of the programme.

Objectives of the evaluation

The main purpose of this evaluation was based on overall and specific objectives in the project document, to establish to what extent NCA and partners had met the objectives set, what challenges they have faced during this three-year program period, to recommend strategies and methodologies for the next phase. This exercise was an assessment, as systematic and objective as possible, of ongoing or completed program activities, their design, implementation and results aimed at drawing lessons from the three-year program implemented in seven African countries by NCA and partners in the campaign against female genital mutilation. The evaluation is meant to contribute to the improvement of anti fgm campaigns by the collation, analysis and dissemination of experience from current and completed activities. The findings of the exercise provide quality, information generated from all stakeholders, which will help guide NCA's future program development and thus improve relevance and effectiveness of its support to projects and partners in Africa.

Specifically to assess:

- the extent to which the project objectives has been achieved
- the productivity of the implementation process and approaches employed
- changes, differences and effects brought about by the activities
- whether the objectives are still in keeping with the affected, community, local and national priorities and needs
- whether the positive effects could continue after NCA's support has been concluded
- to provide a medium for NCA to reflect on capabilities in the field.
- help identify tools for future program formulation
- review the role of NCA and partners
- reflect on the changing perspectives of FGM by the different stakeholders

II. Methodology and scope of the evaluation

1. Scope of the evaluation

The evaluation focus was at program rather than at individual project or country program level. In this regard, out of the five Eastern Africa program countries of Kenya, Eritrea, Somali, Ethiopia and Sudan, three were randomly sampled for data generation. In West Africa data was collected from both program countries Mali and Mauritania.

This exercise was carried out in a span of six months beginning with design of the framework in November 2004 to production of the final report in May 2005.

2. Evaluation team

The evaluation team comprised NCA staff, six external consultants; two for Eastern Africa, two for West Africa and two from RAINBO. The NCA staff provided the program background information; the consultants were responsible for field work and data analysis while RAINBO provided the technical expertise in designing the evaluation framework and quality control of the entire exercise.

The team held two workshops for the duration of the exercise. The first workshop in November 2004 helped refine the evaluation framework and develop questions for the exercise. The second workshop held in April 2005 synthesized the reports from West and Eastern Africa and collated the findings and recommendations. This final report is a product of the second workshop and was compiled by RAINBO.

3. Methodology

The evaluation employed largely qualitative data collection techniques in order to generate detailed data about the program. In far as it was possible, participatory approaches were applied. However, other less participatory methods such as review of program documents and reports and documentation of FGM activities by other agencies in the target areas was used to supplement primary data.

a. Methods

Data collection techniques involved:

- **Focus group interviews; f**acilitated analysis of specific problems, helped identify attitudes and priorities in small homogenous groups and also in stimulating the generation of new ideas. A total of 6 focuses were carried out in villages in Mali in a ratio of two per village and two in Nouakchot, Mauritania. 29 were held in Eastern Africa, 10 in Eritrea, 11 in Kenya and 9 Ethiopia. All with youth, men and women.
- **Key informant interviews;** using structured guiding questions interviews were held with key informants. These included traditional leaders, religious leaders, government and local authorities' leaders, circumcisers, project managers and women animators, teachers, and female adolescents.
- **Literature review;** this included NCA publications, periodical reports and correspondence from projects and country programs, monitoring and evaluation reports
- **Informal observation;** this facilitated the understanding the context in which NCA and partners work and in interpreting processes, perceptions and actions of the communities
- **Visits** of community health centres.
- **Informal discussions** with men and women

b. Sources of information

The following three categories of sources of information namely stakeholders, interest groups and literature, provided quality data necessary to meet the objectives of the evaluation.

- *Stakeholders*; the key respondents in this exercise were people and groups directly involved in planning and running the projects and those affected by the practice that the project aims to stop. These included:
  - people affected by the practice; the girls and women;
  - others who influence the practice; boys, young men, mothers, fathers, grandparents, female relatives, teachers of the targeted families,
  - those that provide services aimed at preventing or reducing circumcision incidences; NCA partner organisations, NCA staff
  - other organizations with initiatives against FGM and collaborate with NCA or NCA partners;
  - professionals and experts; health facilities personnel, teachers

- I*nterested parties;* these are people who know about the projects, may be interested in it, but may not be directly involved in implementing recommendations arising from the exercise. For example general community members, other agencies involved in anti fgm campaigns.

- *Literature*; **t**his comprised project proposals, reports and related communication between the parties NCA, partners and stakeholders. Other valuable documents NCA, NORAD and the Norwegian Government strategy on fgm, in addition to national strategies and policy documents on FGM.

III. Key findings

This section presents a synthesize of the findings from the Eastern and West African field exercises with regard to the four program objectives namely; 1) awareness raising, 2) capacity building of staff and partners, 3) advocacy and 4) FGM as a human rights issue.

1. Awareness raising

This aimed at creating awareness on FGM and harmful traditional practices (HTPs) among NCA staff and partners so that they can actively use every opportunity to sensitize others.

- The awareness raising activities have been quite successful in providing information especially on :
  - female physiology; "*Before the project intervention, I did not know that the clitoris was important for the woman"* Circumciser of Yanfolila in Mali
  - the health consequences of FGM; "*Awareness of the consequences and harmful effects of excision on human being on behalf of a culture are the reasons why I decided to work with Centre Djoliba. I pass on information and sensitize women of my community during wedding ceremonies, naming ceremonies and tontine collection »* Circumciser from Yanfolila
  - internalization of the harmful effects of FGM; communities have started to acknowledge FGM as a practice that was harmful to the women and girls' health, social economic status and thus marginalization. For example in Eritrea, teachers were able to directly relate FGM pains and school absenteeism to FGM which kept girls away from school.
  - new knowledge on religion, culture and genital mutilation; "*I learned that unreliable hadiths are the ones that mention excision"»* Femmes from El Mina WLF. "*Since the beginning of the project, religious leaders changed their speech in our area. They had information and training permitting them to understand that religious arguments do not justify the practice* "Man Focus from Nousamna. *" Hadith N° 4587 says that excision is an ancestral practice which was not forbidden by Prophet Mahomet (Praise be on him)"* Imam from el Mina.

    The participation of religious leaders and acquisition of new knowledge helped demystify the practice. Although some of the messages provided by Islamic leaders are conflicting, it has prompted people to start questioning the religious justification of the practice.

- Decisions not to circumcise; as a result of awareness raising with strategic stakeholders especially religious and community leaders, some gains have been made. For example an influential village patriarch in Nousomma in Mali led his clan in publicly declaring not to circumcise and have maintained that decision for two years. "*Every body knows in this town that the family of blacksmith stopped excision in their family"* Woman leader of Kati.

  Of the 59 villages that the NCA partner Centre Djoliba is working in, 21 have not practised circumcision since 2000. Other individuals too took bold steps not to excise their daughters. "*I personally changed my mind after my collaboration with the NGO Lay Down your Knife ; there was no doubt that I planned to excise my daughter at birth, but after seeing the images shown to me during the training I changed my mind* " Comedian of Pose Ton Couteau.

  In Kenya, 3 out of 17 of the men who participated in the evaluation vowed not to circumcise their daughters anymore. On being questioned as to what would happen if the daughter failed to get a husband, one stated that he was determined to "buy her a husband".

  In Ethiopia (Angecha project area) 7000 girls have said NO to FGM as a result of NCA intervention. Another 25,000 girls have registered with a partner KMG, while 105 public weddings of uncircumcised girls have been recorded with this partner and thirteen with Angecha Woreda

In Eritrea, an FGD with male youth, 13 out of 14 said they would never marry a circumcised girl. Out of twenty households, five had stopped circumcising their daughters and the others stated they would not circumcise their daughters if they gave birth to one. In another two villages, all the members have agreed not to practice infibulations any more and that households would act as "spy" on each other.

- Intention to stop. "*I'm in the process to stop the practice in my family because I understood the consequences and I had a case of bad bleeding in my family because of excision. I explained to my sons what I learned with the change agents. Now, I plan to discuss with women who participated to IEC session"* Family chief of Goualala. After Sheikh Ahmed Idris of Shebah, Eritrea teaching that clitoridectomy was not a religious practice, some women stated that they intend not to circumcise their daughters.

- Decreased use of health facilities for mutilation; increased internalisation of the harmful effects message and government prohibition of use of health facilities has seen a reduction in the use of health facilities to carry out excision in Mali.

- The practise has gone underground; - the directives issued by some community and administrative leaders have driven some families to continue with the practise underground. " We don't talk about it in public because of the leaders who could arrest us" Women of Moribila village in Mali

- Changing dimensions of the practice; -
  - Although awareness raising may not have translated into behavioural change, it has helped some of the communities move along the change continuum. Some are increasingly receptive of the messages while others are contemplating stopping the practice. *"Now the Head of the Village of Napousso accepts to welcome me and I discuss excision with him. I am not still allowed to work in the village. I think he has a positive attitude"* Animator of Kassorola
  - Alternative cutting" practices have been arisen. For example in Gualal Village, sunna is replacing infibulation supposedly to avoid the harm of infibulation while meeting a religious requirement. In Mauritania, instead of using knives that may spread diseases, gum Arabica is being used to atrophy the clitoris. Some who have escaped being mutilated prior to marriage have been forced to go through the process to stay in marriage.
  - Some communities have found ways of countering the hygiene and infection reasons put forward by projects to justify stopping of FGM. Instead of using herbal concoctions, excisors now use surgical spirits and bandages when carrying out the procedure. After viewing the video developed by NCA and the Ministry of Health, some community members started demanding for "sunna" from health practitioners as mitigation against the adverse consequences of infibulation.
  - The perceptions and attitudes towards uncircumcised girls are generally changing. In the project areas of Mandera, Kenya and Angecha, Ethiopia, uncircumcised girls are increasingly gaining status against their circumcised colleagues. In Angecha-Ethiopia for instance, KMG's Kebede Olbemo expressed concern, *"At first the circumcised girls were very proud of their status. Today it is the reverse. Uncircumcised girls are proud and have enhanced their chances of getting married, while the circumcised are demoralized*. *This is a real challenge on our part"*. The same feeling was expressed by Dr. Bashir Abdi from Kenya when he cautioned *"That there could be rebound phenomena of the worst form. The same attitudes and perceptions could be transferred to the circumcised girl and we could be faced with a new behavior to deal with all over again"*

- NCA partners' communication for change strategy involving use of techniques such as talks / debates, films shows on public places followed with debates, theater performances followed with debates, radio programs, exchange workshops, was quite effective in reaching a wide range of

community members with information on FGM. Effectiveness in awareness raising was enhanced by the appropriate choice of venues such as market places, appropriateness of timing with regard to the community calendar of events, targeting the different community groups and choice of the health risks approach which the community could easily identify with.

- Due to concerted IEC activities by NCA partners (and others) over a diverse range of media and with all population groups, circumcision has ceased to be a taboo subject. "*We talked about excision among young people, adults and old persons in the village without any difficulty"* Agents of Centre Djoliba.

- Social impacts of the interventions:
  - While the health risk approach adopted by the partners may not led to large declarations against FGM, it has had some positive health impacts. Messages about reproductive system complications associated with circumcision have seen an increase in attendance of antenatal clinics and health facility deliveries in areas such as Yanfolila in Mali.
  - As communities became aware of the HIV/AIDS risk posed by sharing of knives at circumcision and other practices such as tonsillectomy and ovullectomy, they have seen the need to know their HIV status as many wives and daughters could be virus carriers. *"we have learnt about this HTPs and especially FGM and when we consider the communal way FGM used to be practiced we fear there is high number of HIV/AIDS among our young females, me, my family and congregation request for a VCT centre because we do not know our status"*. Pastor Danel Dale of Angecha town kalehiwot Church
  - The community fora convened for information and education, the dialogues and debates among men and women generated by these events have helped provide a voice for women and elevated their social status as their role as key players in the FGM arena became evident
  - In allowing exchanges between different social strata; religious, administrative and traditional leaders, development agents and the community members has increasing created some level of social cohesion in the project areas.
  - Increasing men have got involved in discussing an issue that previously was considered a women's preserve. In Mandera, Kenya and Eritrea men are now involved in making decisions on whether their daughter should be circumcised or what type they should undergo. As the practice was not questioned previously, it has led to instances of domestic strife.

- Partnership with well established organisations especially religious organisations and these organisations work with community based leaders in the projects could ensure that the campaigns against FGM and any gains made are sustained if the FGM issue is sufficiently internalised by these bodies. Population groups and structures critical to sustenance of community cohesion such as religious leaders, women and youth groups, teachers as well as the Traditional Birth Attendants (TBAs) and practitioners and the health facilities and institutions were involved in program implementation. Although embryonic, the capacities being developed were crucial to the continuation of FGM activities and needs to be continued until adequate capacity to deal with fears and misconceptions and commitment to stop FGM was reached.

2. FGM as a human rights issue

This second objective was less pursued than the awareness raising. Only women rights focussed partners such as World Lutheran Federation (WLF) in Mauritania incorporated the notion of rights. WLF facilitated dialogue between Imams and lawyers and developed training modules approaching FGM in a multi dimension perspective while Forum National pour la Promotion des Droits de la Femme (FNDPF) produced and distributed booklets in local languages about women and child rights.

- Although NCA identified FGM as a human rights issue, the partners were neither impressed on to adopt this approach nor were they facilitated to engage the communities from this perspective. *"We did not use the rights approach during our awareness raising because NCA made no suggestions to this effect"* Pose Ton Couteau

- Human rights as a concept is not well understood by the general public and some of the partners may have opted for the concepts that communities can identify with such as health risks. For example "Association pour la Promotion de la Femme/Muso Dambé *(APAF/MD) animators presented excision as a health issue. The legal aspect has not been addressed. Women are not aware of their rights here. Therefore, it is not possible to explain that excision is a women's right issue"* Focus femmes de Zogolosso. In other instances use of the term ''rights'' invites controversy and partners were not sure of how to venture into an area that they had not sufficiently mastered. *"We did not deem it sensible, for the time being, to address the issue of rights. Health complications are the primary focus…"* APAF Coordinator

- Understanding of FGM as a women and girls right; as an expression of parental love, FGM was viewed as a right of the child to access it and for the mature women to get a husband and enjoy a steady and respectable married life. In For Eritrea, stopping circumcision would be denying women the right to social acceptability and security.

- Some of NCA partners are rights focused organizations while respondents to the evaluations had some understanding of the concept of rights and its basic constituents. Inability in both Eastern and West Africa to pursue FGM as a human rights objective point to lack of capacity from the program designers and managers to devise appropriate methodologies to address FGM other than from a health risk approach. NCA interest on rights coupled with partners and communities' basic knowledge of rights however, do now presents an opportunity to research and adopt a methodology that will capitalize on this status and allay the fear on "rights" as a concept.

3. Advocacy

- The advocacy strategy was targeted at religious leaders as wielders of social power. In this perspective, the program has contributed to the adoption of a legal instrument to redress FGM as evident in Ethiopia through collaboration with FIDA Ethiopia and other partners. In other instances, it has been successful in facilitating a change in religious discourse and the adoption of FGM abandonment as an institutional agenda of some of their religious partners such as the Evangelical Church in Eritrea. On the other hand, due to inadequate preparation or lack of conviction, some Islamic leaders have aggravated the situation by giving conflicting messages. For example a cleric in Mandera Kenya, while acknowledging FGM is not a religious requirement said it should be carried out for cultural reasons. Another in Eritrea said since sunna was not "harmful" it should replace infibulation. These opinion leaders were "released" to the community without assessing their stand. As the general community tend to listen to them, it can do long term damage to the program.

- In Mali however, advocacy from partners supportive of a law such as APDF has been low keyed due to the near unanimous consensus among NCA partners (and other key players) in Mali that a law against FGM should only be enacted after intensive awareness raising, community information and education. With little support from the NGO sector *"We are in favor of information and sensitization, but not of a law"* National Union of Muslim Women Associations (UNAFEM) and the government "*We need to inform and educate our communities about the harmful effects of excision prior to enforcing the law"* Magistrate of the ministry of women.

- Reflecting on the effectiveness of anti FGM campaigns in Kenya and Ethiopia which has legislation against FGM, the Mali civil society and government objection to enacting a law may have a valid argument. Without intensive awareness raising, commitment and conviction of the government, leaders and the community, laws remain on paper and are rarely used for punishment or deterrents.

4. Capacity building of NCA staff and partners

- NCA has invested in staff capacity through training and information sharing fora and providing reference resource material. Understanding of gender based violence and FGM subject matter in particular is demonstrated by the quality of the country action plans and project documents. All the country programs had translated the FGM program strategy into projects with respective partners. Capacity building extended to providing reference material with Ethiopia country program having a resource centre while the Eritrea Program has produced a video that is uses for training.

- NCA is contributing to human resource capacity to address development in Africa by creating a pool of local and community based workforce with the skills, interest and commitment to address issues that adversely affect them. Besides propping their technical knowledge, NCA has fostered partnership effectiveness by training partners on proposal writing, financial management and guiding them on both financial and narrative report writing, monitoring and evaluation which has facilitated more effective program implementation. *" this gender training has enabled me to manage the programme effectively. It has also raised my awareness at a personal level. I did not think that women should be involved in organization's decision making but now I fully participate and contribute my bit."* Ayan Abdullahi, Head of OWDA Gender Department. *"… after being trained on FGM for fifteen days, I developed my confidence on the subject. This gave me the courage to coordinate and train different levels of the society…."* . Amara Mohamed Ali in Eritrea.

  Support has also been extended to institutional capacity by providing office equipment and supplies.

- In addition to the individual partners support, NCA has supported the establishment and maintenance of Networks such as the Malian NGO Network against Female Genital Mutilation through office set up, staff training, production of IEC material and hosting of network members. Facilitating participation of staff in coalitions for advocacy and lobbying such as the one that lobbied for a law criminalising FGM in Ethiopia, helps broaden staff skills in addressing FGM.

- Although the capacity of the regional, country and partners was sufficient to carry out the main activities of the FGM strategy, it was not adequate in developing a program that addressed all facets of the strategy in a comprehensive and systematic manner. For example, FGM is defined as a human rights issue in the program strategy but no practical methodology was ascribed on how to interpret human rights as regards to FGM therefore it was not addressed as such. It would seem that capacity to incorporate socially based issues such as rights, equity and empowerment was limited during this programming phase

- Lack of assessment of the organizations and their staff capacity to effectively engage with NCA led to situation where a standard training package was delivered irrespective of capacity. As a result, new partners such as APAF/Muso Dambe lacked sufficient competence to effectively and efficiently implement their project.

- There may be a mismatch between the staffing levels, number of partners and projects and the geographical location of projects in some of the program countries. For example in Mali and Ethiopia, it has not been possible for the NCA staff to consistently monitor project implementation leading to a perception of neglect by some of the partners.

5. General findings

- While NCA is well grounded in the communities where they work, with staff and project coordinators there is:-
  - Insufficient and appropriate situation analysis about the communities partners are engaged with,
  - limited documented community profile that could be referred to in identifying constituents,
  - inadequate community assessment and baseline information before engagement that could inform design of project inputs. For example, it was assumed that the communities lacked awareness as no baseline was conducted before the awareness material was developed. The information was also delivered in a uni-directional mode with little dialogue. As a result it failed to address some of the community fears such as social respect and marriageability. Had the project designers consulted the community on their perspective of human right, they may have gained a basis for addressing FGM as a rights issue,
  - insufficient critical assessment of community entry points to match communality of their values with those of the project. Incidences such as clerics with dissenting views were used to facilitate training demonstrate this inadequacy.

- Deficiencies in the program design. In addition to inadequate baseline information and community dialogue to gauge perceptions, the program was formulated in a manner that did not facilitate ease of monitoring and objective evaluation. While the main objective of the program was to eventually see a reduction in FGM and other HTPs, at implementation level what should have been activities or strategies were translated into objectives. Awareness raising, capacity building and others became objectives and end results in themselves. No objectives or outcome indicators were developed for the program or individual projects and as a result the link between the activities and the overall program objective was remote and fairly assumptious. For example it was assumed that the passing on of information would result in behavioural change.

- Some of the villages that have declared not to circumcise and maintained those decisions, prove that change is possible despite the odds against the campaign. These pioneering leaders and villages act as reference points for their neighboring villages that are still at contemplation stage and provide an information base upon which project inputs can be designed taking into account the stage where each community is on the change continuum.

IV. Conclusion

The findings of this evaluation are that the program was implemented as designed and achieved most of its objectives particularly that of awareness raising, capacity building and advocacy to religious leaders. To the extent that the program strategy was translated into deliverables, the NCA program on FGM was successful in meeting its objectives. Awareness raising has resulted in some positive outcomes and more important, it has helped lay ground work for continued engagement with the communities by building on the knowledge that they have acquired. Both advocacy for legal enactments or enforcement and scaling up interventions from a rights approach ought to be facilitated by this sound footing established with partners and communities.

The approaches that NCA has used in this program phase have been relevant though not adequate to meet the program goal. Although the initiatives did not result overwhelmingly in decisions not to circumcise or address the social injustices associated with FGM, they were very successfully in raising communities' consciousness and helped them assess their previous knowledge and begin to question some of the reasons justified continuation of the practice. These results present an excellent for diversifying the approaches to address the shortcomings of "targeting practitioners" and the "health risk" approaches.

Limited human resource capacity may account for the flaws in the program design as well as in translating the program objectives into deliverables. Without outcome indicators, it was difficult to gauge how and to what the extent the activities contributed to the overall goal "to see significant decrease in the practice of FGM and other HTPs by individuals and communities in areas where the practice is common".

The Strengths, weaknesses, Opportunities and Weaknesses (SWOT) table below summaries the interpretation of the key factors facilitating and impeding the achievements of the program, while giving an indication of other factors that could enhance effectiveness of future initiatives based on the evaluation findings.

Strengths	Weaknesses
• Project plans and contracts were drawn for each partner and these were followed during the implementation, almost to the letter. • Diversity in techniques used for awareness raising taking into account the audiences literacy levels and ability to internalize • The interventions in this program were very inclusive. All population groups were targeted with the awareness raising message • Some project sites such as Angecha in Ethiopia have dialogue fora, "community conversation" that could be used exploited for lesson learning on how to engage the communities for comprehensive situation analysis and community dialogue before projects inputs and approaches are designed.	• Inadequate and regular monitoring of projects and partners performance • Inability to match the geographical coverage of projects with partners' human and financial resources left some partners constrained • Lack of situation analysis thus baseline information and dialogue to understand the community priority needs and how to address them, prompted hostilities from some communities such as Moribila in Mali. • Criteria for choice of partners; the criteria for selecting partners does not take into account their competencies and convictions. Where this has been limited, effectiveness has been hampered by NCA inability to reinforce the necessary skills. For example in Mandera in Kenya, religious leaders facilitating TOTs workshops were inadequately prepared and lacked appropriate knowledge on the subject

Strengths	Weaknesses
	matter and may have misrepresented justification for stopping FGM • Emphasis on targeting practitioners approach which addresses the supply and no the demand side of excision • unsynchronized project plans, release of funds and community calendar leading to delay •
• The expanding space for women participation in community dialogue provides opportunity to expound on social justice • FGM prevalence is well over 80% in all the program areas and is a legitimate and urgent socio, health and developmental concern to the various agencies in the covered countries • NCA partners are found in areas that have high FGM prevalence and have commitments to addressing developmental issues in those areas • The countries covered by the program have all signed and or ratified some of the conventions that protect the rights of women and children. This presents an avenue with which to link FGM, the communities and the internationally accepted principles of social justice • Communities that have made declarations not to circumcise could be used as role model and advocates for their neighbors who perceive the end FGM campaigns as foreign interference with their culture	• Lack of strong state involvement in the campaign despite having a national program in Mali • Feminization of the campaign in Mali by focusing on women led and staffed organizations for partnership. Men may fail to identify with the issue especially if they are not specifically targeted • Unforeseen consequences of the on health risk approach leading to medicalization • The diverse interpretation of religious text and often conflicting messages from religious leaders • Weight of tradition and dissenting voice of professionals especially those in the medical profession •

V. Recommendations

- NCA has a commendable track record of working in the most remote corners of any country which other organisations shy away from. While maintaining this laudable position, it is important that human and financial resources are matched with the volume of work. Identification of a geographical focus for program concentration would also to ensure appropriate and regular monitoring as well as delivery of support mechanisms.

- NCA has an elaborate programmatic structure that could facilitate efficient program implementation from the headquarters to the partners at community level. Despite this formation, there were lapses in communication between the various levels and the program failed to communicate the comprehensive intricacies of the program under review and also failed to redress the shortcomings in the projects formulation and implementation. Greater involvement of NCA country level staff and partners in the development of the program strategy could ensure that those involved in interpreting the strategy have a common understating of the deliverables. Ownership of the program could also be created through induction of various levels of staff into the organisational and program documents and log frames.

- Advocacy though framed as an objective, was a strategy employed with some level of success. To consolidate the successes and maximise on the inroads made with religious organisations and networking with other organizations, it will be necessary to develop program advocacy strategy that can be easily translated into country programs. Key components to include in this strategy should be; the wielders of power to be targeted, the specific issue (s) that they should redress, the desired outcome(s), whether to partner with others, support others or to go at it alone and the methods to be. In deciding to partner others, it will be important to develop criteria for who selecting who to work with and mapping out possible collaborators to ensure credibility and integrity.

- NCA has identified the rights based approach as the methodology of choice for its programs. It is important that this is reflected in the program log frame and appropriate tools and capacities are developed to incorporate the approach at all levels. Key among this will be a deconstruction of the components of rights into concepts and language that can be understood and negotiated with the community. It will be pertinent to identify points of engagement and intersection between communities' perception of rights, statutory law and internationally accepted standards.

  To further operationalize the approach, it will also be necessary to modify existing tools, systems and methodologies to reflect the approach as adopted in the 5-year Global Strategy.

- Partnership building; While working with ecumenical organisations has its advantages, it would be useful to build consensus with other groups for the following reasons:
  - NCA remains vulnerable to the beliefs of religious groups. If they are inflexible, then they are held hostage by their stand
  - There is need to clearly identify the common values held by the organisation and the project and those of the religious group
  - If change is to be sustainable, it ought not to be dictated by dogma but arise out of the community conscious decision.

  At country program level, it would be useful to develop partnership assessment guidelines with regard to technical and institutional capacities and other basic competences to ensure that they receive appropriate capacity building and technical support. This assessment should also gauge commonality of values and convictions.

- Although NCA is committed to staff capacity building and has facilitated several events for information sharing and skills development, there is a discrepancy between acquisition of those skills and translation into appropriate program management techniques. Similarly, despite having a "Gender empowerment and assessment tool", the projects did not employ women's empowerment approaches. To optimize use of resources, NCA should consider institutionalizing capacity building of staff. This would entail a review of the skills needed for program delivery, assessing the competences available, mapping out resources available within the organization and developing a training strategy. The strategy should not only be built into the program but should be formulated as a deliverable outcome complete with indicators.

  To facilitate optimal use of resources available to the program, it is necessary to develop toolkits, guidelines, checklists, templates or formats that staff can use or refer to without necessary having to go through a formal training. Useful templates include project formulation guidelines, monitoring and recording sheets.

- One of the greatest strengths of NCA organisational programming is the engagement in more than one sector of development. Their performance in water and sanitation, health and so are on record. It is however not evident that NCA used their programmatic diversity to their advantage and most FGM projects were developed in isolation. One of the key findings of a research conducted by RAINBO in 2003 was that the integrated socio-economic development approach was the most successful in effecting behavioral change. Although this approach may require more financial inputs than other approaches, it engages the communities based on their priority development needs and creates space for discussions on sensitive and lower priority issues such as FGM. While not prescribing this approach for the NCA program, its use could help alleviate hostilities that partners such as APAF/MD experienced in Moribila in Mali when they introduced FGM, yet the priority concern of the community was a grinding mill, literacy and market gardening.

- Evidently, awareness raising was the most successful deliverable of the Program. Although it was erroneously translated into a goal in itself, it was a relevant and appropriate methodology that had several positive incidental outcomes. Awareness aimed at acquiring new information or challenging beliefs has the capacity to raise conscious and enable people to adopt new actions and need to accelerated and reinforced with other mechanisms, but the projects need to be designed in a way that outcomes are measurable. It is necessary to ask questions such as:
  - Did the recipients absorb the new information?
  - did the knowledge result in changed attitudes and behaviour
  - Why did the change happen?
  - How can it be maintain?
  - Is it replicable and how?

- Tackling FGM is difficult; tackling it from a rights perspective is even more difficult as this review found due to lack of skills and appropriate methodologies to address it as such. While the program intended to address FGM alongside other harmful traditional practices, this assessment concentrated on FGM and it is ascertained whether these were addressed and from what perspective. Other HTPs and general violence equally marginalize women. Many of these such as early marriage and domestic violence have tried rights based methodologies and campaign support mechanisms in many countries. A broadened programming base to purposefully address women rights may provide a more conducive environment to eventually address specific issues such as FGM.

- Initiatives that aim at behavioral change take time and require continuous resource injection. NCA should consider identifying a core cadre of organizations in each country of operation for long-term partnership and investment in capacity building and other supportive inputs over the long term.

- The practice has gone underground in some areas due to fear of arrest by leaders. While it is important to work with community leaders as decision makers, there is a limitation to how effective this approach can be as the decision made are unilateral. Without consensus from the rest of the community and especially from the women who directly supervise the practice, those who practice will continue to look for ways to go around the directives issued by leaders as they are not convinced they need to stop.

- There is also need to reconsider some of the other approaches used by the program. The health approach was found to be an useful entry point as the communities could identify with the risks being addressed. However other perspectives and arguments against FGM have to be incorporated in the campaigns to avoid medicalization and to facilitate the making of decisions from an empowered position. In addressing the supply vis a vis the demand side of the practice, one of the partners in Mali, WLF targeted circumcisers who they helped turn into activists and change agents. While this has been successful in reducing the supply, it has not stopped or reduced the practice. Instead, it has made the practice expensive. In Kati town, the village brings a circumciser from Bamako and pays her the equivalent of US$ 5 per girl where the community used to pay the local one with farm produce. In Eritrea, the giving of goats to circumcisers as alternative source of income was quite inappropriate as the demonstrated by the case below.

> Mesuda is above sixty years old. She had forty sheep and goats which she sold when her son died as there was no one to look after them. The program gave her five more goats which she was unable to care for due to her advanced age. She found it difficult to run after and feed them and felt the goats were more of a problem than a blessing. As she could not find any help to look after the goats since two of her sons were doing the national service obligation and her youngest child was attending school yet she was forbidden to sell them so could not get lunch, she was going to let them die.

Annexes

Annex I: Evaluation terms of reference

TERMS OF REFERENCE FOR THE EVALUATION OF FGM PROGRAMMES FOR NCA PARTNERS AND COUNTERPARTS IN THE EASTERN AFRICA REGION AND MALI

1.0 The purpose of the Evaluation

The main purpose of this evaluation will be, based on overall and specific objectives in the project document, to establish to what extent NCA and partners have been able to **meet the objectives set**, what **challenges** they have faced during this first 4 year phase and **recommend strategies and methodologies** for the next project phase.

2.0 Methodology

The evaluation will be done mainly using a qualitative approach involving participatory data collection procedures. The data collection methods will include, key informant interviews, focus group discussions, and observations.

The target informants will include:

- NCA staff
- NCA partners programme officers
- Government officials
- Religious leaders
- Other NGO's and UN agencies working on FGM
- Community/opinion leaders
- Community members
- Circumcisers
- Selected parents (men and women)
- Initiates (girls)

2.1 Scope

The evaluation will be limited to the activities being undertaken by NCA partners already involved in combating FGM.

2.2 Geographical Area

The evaluation will cover NCA partners in the areas of operation in the following countries: Kenya, Ethiopia, Sudan, Somalia, Eritrea and Mali.

3.0 Out put

The expected output from this evaluation will be a report (both soft and hard copy) that will include the following:

- A comprehensive review of the FGM practices in programme areas ***supported by NCA***.
- Accounts of what NCA partners are doing to combat FGM.
- Documentation of challenges faced and the best practices solutions to FGM

4.0 Time Frame

The consultants are expected to start work in August, 2004. The process will be as follows:

- 1 week: Literature review and collection of secondary data.
- 1 week: Development, pre-testing and finalization of evaluation tools.
- 5 weeks: Field work (1 week per country including travelling time).
- 1 week Collation and analysis of data
- 1 week Report writing and submission of the first draft.

5.0 Agency Out put

5.1 Assignment Related

- All NCA and partners will be expected to provide the consultants with documents, literature or any secondary data they may have on FGM in the programme areas
- Support the primary data collection exercise in all possible ways.
- Link the consultants with other key partners and informants, in the field as deemed necessary.
- Provide transport for field activities (to the field, from Airport and back within the country of operation).
- Provide security where deemed necessary.
- Accommodation and travel
- If not arranged directly by NCA Regional Office, all accommodation costs paid by the consultants will be reimbursed upon presentation of receipts.
- The NCA will in addition give a daily per diem of US$ 40 to cover meals and other minor costs for upkeep when on field visits, and/or otherwise agreed with NCA Regional Representative.
- NCA will cover the Consultant's economy class travel costs to and from her/his home and the place of field assignment.
- NCA National Offices will provide for travel within the country of field assignment
- Expenses not related to the task at hand, other than the ones mentioned above, are the responsibility of the consultants, unless otherwise agreed with NCA.

6.0 Expected Qualification, Expertise and Experience of the Consultants

- A minimum of a Masters degree in development studies, social sciences or a closely related field of study.
- Minimum ten years work experience with governments/UN agencies/International NGOs or university/research institution in a developing country.
- An extensive knowledge of Gender, and Development issues, and their relationship with Female Genital Mutilation.
- Awareness of Human rights instruments and especially those with a bearing to gender and empowerment issues
- Experience in project data collection and analysis, monitoring and evaluation, participatory research and especially research related to gender mainstreaming and FGM.
- A strong sense of adaptability and ability to work in unstable and multi-cultural environments.
- Knowledge of Eastern African culture and previous experience of work within areas in Eastern Africa.

7.0 Management of the study:

7.1 Reporting and Supervision

The consultants will report to and be supervised by Kirsten Engebak, Assistant Regional Representative for NCA/Eastern Africa.

7.2 Contracting Agency:

NCA Eastern Africa, Regional Office in Nairobi will be the contracting agency.

Annex II: NCA Partners and Projects

Country	Partner	Project site	Project focus
Mali	"Lay down your knife" drama group	Bamako and Koulikoro	Drama and discussion to raise awareness against negative consequences of FGM
	Musewjigi (local NGO established by former excisors in Kita)	Kita	Awareness creation and information in schools, on local radio
	Medecins du Monde	Mopti and surrounding areas, Bamako	• Support to fistula unit at hospital in Mopti: • Awareness raising and information in Mopti • Training of a Malian surgeon to treat fistula patients. • Seminar on FGM for NCA's partners in Mali • Participation in NCA regional conference in East Africa
Mauritania			
Sudan	Sudan National Commettee on Traditional Practices (SNCTP)	Khartoum, Juba and Wau	• Awareness creation • Workshops for teachers, parents, community leaders, universities. Alternatives IGAs
	Sudan Council of Churches (SCC)	Torit, Lafon	• Awareness creation • Workshop for teachers & community leaders
Ethiopia	EECMY	Amhara Region	• Baseline study, action plan. • Awareness creation
	National Committee on Traditional Practices in Ethiopia (NCTPE).		• IEC production • Information sharing and dissemination forum • Awareness creation
	Kembatta Women Self Help group	Kembatta Angecha Wareda	• Baseline study, action plan. • Awareness creation
	Ogaden Development Welfare Association (OWDA)	Somali Region	• Baseline study, action plan. • Awareness creation
Eritrea	Ministry of Health	Zula and Shebah areas	Implementation of pilot projects on sensitization about FGM Trained 24 community mobilizers Trained religious leaders Trained circumcisers Trained community leaders and community notables

Country	Partner	Project site	Project focus
	Independent Consultants Ministry of health and private producer	Research on FGM Prepared FGM training manual and translated it in to two Eritrean languages. Prepared video on FGM	Action oriented research. • Preparation of awareness raising manual
	Ministry of Information Ministry of Health and NUEW	Panel discussion on FGM via radio and TV	• Public education with the help of the media
	Ministry of Health	FGM and gender training of religious leaders at national and regional level	• Gender and FGM awareness for religious leaders
	Evangelical Church of Eritrea	FGM awareness raising workshops in the six regions	FGM awareness for regional religious leaders
Kenya	National Focal Point for Eradication of FGM (NFP).	Nairobi	• Research, Awareness creation, IEC production • Awareness creation towards local communities, community and religious leaders, • Curriculum development • Networking
	Habiba International Women and Youth Affairs	Mandera	• Awareness creation and community sensitization about the effects of FGM • Alternative IGAs for FGM practitioners • Influencing community leaders, politicians, youth and religious leaders to become advocates against FGM • Networking

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