

Theory and Practice

Scientific Series regarding poverty alleviation, humanitarian relief, and developmental advocacy



Martina Döcker

Overcoming Female Genital Cutting

An Examination of Approaches to Overcome the Harmful Traditional Practice: A Children's Rights Perspective

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Zukunft für Kinder!



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Overcoming Female Genital Cutting

An Examination of Approaches to Overcome the Harmful Traditional Practice: A Children's Rights Perspective

by

Martina Döcker

A Master's Thesis

prepared for World Vision Germany

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Advisor: Prof. Dr. Manfred Liebel

Second Advisor: Dr. Hartmut Kopf

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Martina Döcker

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Abstract

Female genital cutting (FGC) is widely recognized as a violation of human rights of girls and women. It reflects deep-rooted discrimination against girls and women, entrenched in social, economic and political structures. While the practice is de facto violent, it is perpetrated without a primary intention of violence. FGC in Kenya and elsewhere is considered as a necessary step to enable girls to become women and therefore socially accepted. Stopping the practice requires a process of social change that enables communities to actively decide to abandon the practice. The process must be accompanied by human rights education programs and community dialogue to foster the consensus on abandoning the practice. The implementation of children's rights as well as capacity building within the community are important factors to prevent FGC. Within this process, the child's best interests and adequate participation of children in project activities need to be taken into account. A human rights-based approach applied to children is based on the recognition that children have a full range of rights. Programs to overcome FGC must consistently monitor the realization of girls' and boys' rights within project activities to be conducive to children's well-being. In this thesis, children's rights and different approaches are discussed and examples of projects to prevent FGC are introduced, focussing on the World Vision Girl Child Promotion Project in Marigat, Kenya.

Preface

At least since Waris Dirie's book *Desert Flower* became a bestseller (1999), Female Genital Cutting has been discussed openly not only in Western societies. Recently, the World Health Organization (WHO) and other major UN agencies condemned this harmful practice, referring to the universal applicability of Human Rights. Although the UN has expressed its commitment to eradicate the custom, it will be a huge challenge to meet the goal of eliminating Female Genital Cutting within just one generation.

The mutilation – mostly conducted without anaesthesia – seems to be more than just an act of violence against girls and young women. The traumatic experience of the girls during their initiation to womanhood, the myths and beliefs surrounding the custom, the forced early marriage often connected with it, the long-lasting trauma that it often entails, the on-going social pressure to perpetuate a hazardous practice for the sake of upholding tradition – all this leads women to tacitly accept their fate and, hence, solidify their status as weak members of their society. Therefore, the unsafe practice can be also interpreted as a subtle form of male control over female sexuality – with the intention of conserving their power.

While broad consensus exists that this violation of Human Rights should no longer be tolerated, approaches and theories vary widely among UN agencies, national governments, non-governmental organisations and activists on the how to address and overcome this “social convention”.

Here is where Martina Doecker's Master's thesis adds value to the on-going discussion. From a Child Rights perspective she compares the different approaches and emphasises the difficulty of finding the right balance between, on the one hand, protecting the girl child from a traumatic experience that can seriously hamper her future life, and, on the other, strengthening her own empowerment that could, however, marginalize her from family and relations. Must we forsake tradition in order to protect children's reproductive health? Or compromise health and children's rights in order to accommodate tradition? Should parents not be committed to protect their daughter from all forms of violence, injury and abuse? Or is it more important to keep up tribal traditions and prevent her from social isolation? What is in the best interest of the child?

Beyond her penetrative theoretical considerations, Doecker examines a number of actual projects implemented in the Kenyan context, designed to abolish or cutting. One major focus is World Vision's Girl Child Promotion Project in Marigat, Kenya. While acknowledging the achievements of the project within its first five years of implementation, like creating a platform for the girls and boys discussing child rights issues in advocacy clubs and the decrease of the prevalence of Female Genital Cutting in the project area, the author also questions the aspects of sustainability and long-lasting impact.

Doecker deserves commendation not only for her lucid description of the problem she investigates, but also for her hands-on field research. Despite her tight time frame, she was able to submerge into a different culture of tribal Kenyan communities by listening carefully to the voices of girls and boys, adolescents, mothers, teachers, elders, circumcisers and chiefs. That intense, albeit short, experience adds weight to her recommendation asking for a more open and informed discussion among all stakeholders. By giving them more access to education and information, these traditional societies can build a new vision for girls and women, without losing their tribal identity.

It was my privilege to participate in and accompany her research and the simultaneously conducted programme evaluation. I read her Master's thesis with great enthusiasm and can highly recommend it even to non-experts. The most remarkable result which nurtures my hope in the new generation is Doecker's finding that more than 80% of youth in Marigat (Kenya) declared they would not circumcise their own daughter.

Thomas Kalytta
Country Programme Coordinator for Kenya
World Vision Germany
Friedrichsdorf

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Table of Abbreviations

ACRWC	African Charter on the Rights and the Welfare of the Child
ADP	Area Development Programme
ARP	Alternative Rites of Passage
CBO	Community-based organization
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
CRP	Children's Rights Programming
EM	Early Marriage
FGC	Female Genital Cutting
FCD	Focus Group Discussion
FGM	Female Genital Mutilation
GCPP	Girl Child Promotion Project
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit GmbH
HRBA	Human Rights-Based Approach
IAC	Inter African Committee on Traditional Practices Affecting the Health of Women and Children
IGAs	Income Generating Activities
IPA	Integrated Programme Area
KDHS	Kenya Demographic and Health Survey
Leb'Kom	Lebendige Kommunikation mit Frauen in ihren Kulturen e.V.
MDGs	Millennium Development Goals
NGO	Non-governmental organization
PRSP	Poverty Reduction Strategy Papers
UDHR	Universal Declaration of Human Rights
UN	United Nations
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
WHO	World Health Organization
VCA	Value-Centered Approach
WV	World Vision
WV	World Vision Kenya

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Hopefully, this study can make a contribution to the implementation of children's rights in the Girl Child Promotion Project as well as in other projects to overcome FGC.

Introduction

Female genital cutting (FGC) is recognized as a violation of the human rights of girls and women (United Nations General Assembly Resolution 56/128, 2001). It is an act of violence that harms women and girls in many ways and limits their potential for full development. The majority of countries worldwide has committed themselves to protect children and women by ratifying a number of international and regional treaties that address various forms of discrimination and violence. In recent years, African countries and many countries, sheltering immigrants from communities practicing FGC, have also passed specific legislation on FGC. Being an issue of development cooperation, bi- and multilateral agencies as well as non-governmental organizations run a multitude of programs to overcome the harmful practice in African countries.

This study about FGC examines approaches to overcome the harmful traditional practice, particularly implemented in programs and projects in Kenya. It focuses on children as rights-holders, whose rights need to be ensured through comprehensive interventions to abandon FGC. It comes into question how children's rights and the child's best interests (Convention on the Right of the Child, art. 3) are adequately considered in programs to overcome FGC. And it has to be questioned if the interventions are always beneficial for the girl child and prevent her from harm. The United Nations Economic and Social Council (2010) highlights the agency of boys and girls in these interventions calling upon States "to strengthen advocacy and awareness-raising programmes to mobilize girls and boys to take an active part in developing preventive and elimination programmes to address harmful traditional practices, especially female genital mutilation (...)". This study discusses exemplary children's rights and the role of girls and boys in projects to overcome FGC analyzing the Girl Child Promotion Project in Marigat, a project from World Vision Kenya. The project seeks to empower the girl child in her environment through education and to protect her against the harmful traditional practices FGC and early marriage.

Given that the project is funded by World Vision Germany, the German organization initiated the study in order to evaluate the project approach, its impact on the well-being of boys and girls, the preservation of children's rights and the girl's protection by abandoning harmful traditional practices.

In cooperation with World Vision Germany and World Vision Kenya, a field research was carried out in March 2010, joining the external evaluation of the Girl Child Promotion Project in Kenya, conducted by a Kenyan consultant. Investigation for this

study was focused on the well-being of girls and boys, their views regarding FGC and World Vision's efforts to the abandonment of the practice, as well as their participation as main stakeholders in the project activities. In addition to the evaluation, interviews with girls and boys and other stakeholders were conducted. Also, a questionnaire directed to children was used to find out about their views and to develop an understanding of the local context of FGC. Additional observations and a research diary were taken into account. The questionnaire was analyzed computer-assisted. The data of the interviews, observations and diary was used to validate and complement the questionnaire's findings as well as the project's evaluation results. Both are presented in this study.

The study introduces FGC with a short definition and overview of its prevalence and performing with a specified view on the situation in Kenya. Chapter two shows that FGC is a violation of human rights of the girl child according to the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child. Subsequently, the study presents the Kenyan context of the governments' legislation and policies to end FGC and to ensure children's rights as well as its institutional framework.

In a next step, the human rights-based approach will be presented and applied to the special situation of children. Afterwards, common approaches implemented to promote the abandonment of FGC in Kenya and other African countries are described shortly. Chapter five explains the World Vision's Girl Child Promotion Project in Marigat, illustrating the goals, approaches and activities as well as its outcome and impact on the well-being of children and the implementation of their rights. Evaluation results of the Girl Child Promotion Project, the aforementioned questionnaire, and research results follow.

In the next chapter, three exemplary projects in Kenya are introduced to get a broader understanding of different approaches to end FGC and their implementation. The projects are the "Alternative Rites Approach" of the Manadaleo Ya Wanawake Organization, the "Fulda-Mosocho Project" and the "UN Joint Programme to Abandon Female Genital Mutilation/ Cutting".

A critical appraisal analyzes whether and how approaches to overcome FGC fulfill children's rights in respect of the World Vision project. In conclusion, the study offers recommendations for the Girl Child Promotion Project and its continuation in Marigat.

Conclusions concerning the development of the study, literature review and field research, complete the work.

“Female circumcision”, “female genital mutilation/ cutting” or “female genital cutting” are terminologies used to describe the surgical procedure. However, the terminology applied to the practice has undergone many developments (Rahman & Toubia, 2000, 4). Initially the practice was referred to as “female circumcision”, which drew a direct parallel with male circumcision and as a result, created confusion about two practices (Shell-Duncan & Hernland, 2000, 6). The term “female genital mutilation” was used to highlight the fact that there are important differences between male circumcision and the procedure that is practiced on women. Using the term “mutilation” emphasizes that this practice is a violation of girl’s and women’s human rights. However, it is often offensive to women undergone FGC, who do not necessarily think of themselves as mutilated or of their families as mutilators (Rahman & Toubia, 2000, 4). The less judgmental term “cutting” was added to stress the importance of using non-judgmental, culturally sensitive approaches to promote the abandonment of the practice (UN-Interagency Statement, 2008, 22). Referring to the term used by girls in Marigat and in order to simplify the reading, the term “female genital cutting” (FGC) is consistently used in this study.

1. Female Genital Cutting and the Situation in Kenya

Female genital cutting (FGC) is the collective name given to several different traditional practices that involve the cutting of female genitals and removal of tissues of genitalia of young girls to conform to social expectations (Gruenbaum, 2001, 2). A short overview about types of cutting, prevalence and performing of FGC in general and in particular the situation of girls and women in the East African country Kenya is presented in order to introduce the topic and explain the background of project's activities to overcome FGC. Common explanations for the harmful traditional practice and its continuity describe the intra-cultural perspective of the harmful practice.

The World Health Organization (1996, 3) defines female genital mutilation/ cutting as

“all procedures that involve partial or total removal of female external genitalia and/or injury to the female genital organs for cultural or any other non-therapeutic reason.”

According to the organization, between 100 and 140 million girls and women worldwide have been subjected to one of the first three types of FGC (WHO, 2010). Estimates based on recent prevalence data indicate that 91.5 million girls and women above 9 years in Africa are currently living with the consequences of FGC (Yoder & Khan, 2007,15). There are estimated 3 million girls in Africa at risk of undergoing FGC every year (Yoder et al. 2004).

The origin of FGC and the explanations of its genesis and growth remain speculative ((Abusharaf, 2006, 2)¹. However, the practice is widespread and most common in 28 countries in Western, Eastern, and North-Eastern regions of Africa and in a few countries in Asia and the Middle East. Some forms of FGC have also been reported from other countries, including certain ethnic groups in Central and South America. Growing migration has increased the number of circumcised girls and women living outside their country of origin in North America and Europe. (Dorkenoo, 1995, 31 and UN, 2008, 4) The prevalence varies widely from country to country, ethnicity is the most decisive factor (UN, 2008, 4).

In the East African country Kenya, with a population of 40 million, lives a mosaic of 43 culturally different ethnic groups². About 46% of the population lives below the poverty line. Children and women, especially in rural areas, are particularly affected. 42% of the

¹ See Shell-Duncan & Hernlund (2006, 13) for further information about the origin of FGC.

² This includes Kikuyu 22%, Luhya 14%, Luo 13%, Kalenjin 12%, Kamba 11%, Kisii 6%, Meru 6%, other African 15%, non-African (Asian, European, and Arab) 1%.

population are children under 15 years. A large majority of Kenyans are Christians, but estimates for the percentage of the population that adheres to Islam or indigenous beliefs vary widely. (CIA, 2010)

The last Kenyan Demographic and Health Survey (KDHS) from 2008 shows a reduction of the practice among most of the FGC practicing communities. Thus, 27% of Kenyan women asked in the survey are circumcised. This is a decline from 38% reported in the 1998 KDHS and 32% in the 2003 KDHS. However the survey results describe that prevalence and reduction of FGC differ widely among the ethnic groups. There is a particularly rapid decline of FGC among the Maasai and Coastal communities; while FGC is still widely practiced among the Kisii and Somali. Moreover, the data reveals a significant increase of FGC among the Embu community (ibid, 264). Even though the KDHS did not collect data from communities such as the Samburu, the Njemps (Ilchamus) and the Borona, the prevalence is estimated to be almost universal (UNFPA, 2008, 9). In addition, Kenya's refugee population is affected as well. A higher proportion of rural women (31%) than urban women (17%) has been circumcised. The North Eastern Province has the largest proportion of women circumcised (96%).

Local customs determine which kind of surgery girls are undergoing (Abusharaf, 2006, 4). The major types of these surgical procedures are classified into four types ranging from pricking, piercing, stretching or incision of the clitoris and/ or labia (Type IV), to the partial or total removal of the clitoris and/ or prepuce (clitoridectomy or Type I), partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision or Type II) and to the stitching/ narrowing of the vaginal opening (infibulation or Type III) (WHO, 1996, 3).

Whereas all types of FGC are practiced in Kenya, the type of mutilation varies by ethnic groups. For example, Type III is most common among Somali women; Type II among Maasai, Kalenjin, Meru, Kuria; and Type I among the Kisii (Population Council, 2007).

1.1 Performing and Consequences

The procedure is commonly performed on girls between four and twelve years of age. In some cultures, it is practiced as early as a few days after birth and as late as just prior to marriage or after the first pregnancy. Girls may be circumcised alone or with a group of peers from their community. (Rahman & Toubia, 2000, 3)

In Kenya, the age of cutting varies across ethnic groups and is usually determined by the meaning associated with the practice. For example, among the Meru and Embu where FGC is practiced as a rite of passage, the cutting is undertaken around puberty. For the Maasai and Samburu who practice it for marriageability, the cutting is undertaken at post-puberty prior to marriage. Some communities, such as the Taita, practice it during infancy while other ethnic groups including Somali, Kisii and Borona cut between the ages 6 to 10 with the conviction that the wound will heal faster (Population Council, 2007).

According to the KDHS 2008 one-third of circumcised women say they were 14–18 years old at the time of the operation, 19% were 12–13 years old, and 15% were 10–11 years old. 12% of women were circumcised at 8–9 years of age, and an equal proportion was circumcised at three to seven years of age. Two percent of women were circumcised before three years of age (KNBS, 2010, 266). It appears to be a trend to circumcise girls at younger ages. 45% of circumcised women age 15–19 were circumcised before they were ten years old compared with only 14% of circumcised women age 45-49 (Ibid).

FGC is generally performed by trained or untrained midwives or a traditional practitioner who comes from a family in which generations of women have been traditional practitioners (Abusharaf, 2006, 4). Anesthetics and antiseptic treatment are not often used and the practice may be carried out using basic tools as scissors, knives, scalpels, pieces of glass and razor blades. Therefore, HIV/ AIDS may be spread by using unsterilized instruments (ibid). In recent years, there is a trend that the procedure is carried out in health care facilities by trained health care personnel (Rahman & Toubia, 2000, 3).

Also the KDHS 2008 indicates that FGC in Kenya is predominantly performed by traditional circumcisers (78%), followed by trained nurses and midwives (20%). According to the survey, urban women are more likely than rural women to have the procedure performed by a health professional (KNBS, 2010, 265).

The traditional practice poses serious physical harm for women and young girls. According to a WHO (2006) study, FGC can be linked to increased complications during childbirth and even to maternal deaths. Other side effects include severe pain, hemorrhage, tetanus, infection, infertility, cysts and abscesses, urinary incontinence, and psychological and sexual problems.

Santos Pais (2007, 222) describes that for many girls and women, FGC is an extremely traumatic experience that leaves a lasting psychological mark and may adversely affect their full emotional development. Many girls experience the practice as shocking, marked by acute pain as well as fear and confusion. Furthermore, it has often led to eating and sleeping disorders, difficulties in concentrating and learning, and other symptoms of post-traumatic stress. In frequent cases, women and girls who have undergone the practice remain silent about their experience. In some cultures they have no socially acceptable means of expressing their feelings of psychological unease or distress.

1.2 Explanations of Female Genital Cutting

The reasons for FGC are complex, interconnected, mutually reinforcing and woven into the beliefs and values communities uphold. It is often explained in terms of three society-level variables: patriarchy, culture (including ethnicity and religion) and marriageability.

Patriarchy

Patriarchy is often used to explain the practice of FGC. This hypothesis characterizes FGC as motivated by male domination and upheld by inequalities between men and women (Gruenbaum, 2001, 40). However, the argument that patriarchy causes FGC is insufficient, as communities which do not practice FGC are also patriarchal (Mackie, 2009, 5).

Notwithstanding, patriarchy is a supporting condition of the practice (Gruenbaum, 2001, 36-47). In communities where FGC is in place, the existing forms of patriarchy are likely to encourage the continuation of FGC and discourage its discontinuation. Patriarchal institutions include the socio-economic subordination of women that makes them dependent on marriage for material well-being. Therefore, women are unable to risk not being circumcised. Furthermore, present social norms ensure that women have little voice in matters that affect them. This is an aspect that prevents them from discussing FGC and from publicly challenging the harmful practice. (Mackie, 2009, 6)

Culture, Ethnicity and Religion

Cultural factors are often cited to explain the origins and perpetuation of FGC. Concerning ethnicity, FGC is most likely motivated to gain acceptance and recognition in the community – as a means of belonging to an ethnic group (Rahman & Toubia, 2000,5).

Moreover, religious obligation often plays a role in a family's decision to practice FGC. Despite the fact that no religious scripture actually requires FGC, communities sometimes consider the practice as a requirement "to make a girl spiritually pure" (Mackie, 2009, 6). The practice can be found among Christians, Jews, Muslims and indigenous religions groups in Africa.

Marriageability

Proper marriage is a common reason across practicing communities. According to Mackie (2009, 8) it may be the most important explanation. It is connected with justifications that FGC protects girls from excessive sexual emotions and therefore helps to preserve their morality, chastity and fidelity (Rahman & Toubia, 2000, 5). The practice may additionally be associated with bodily cleanliness and beauty (Finke, 2006, 13).

In many areas where FGC is practiced, patriarchal economic customs and institutions make marriageability necessary to secure the long term financial security of daughters and their families. Marriage provides a woman's primary source of material subsistence beyond early adulthood. In some places, the family may depend on a substantial bride price for their well-being. (Gruenbaum, 2001, 87) Mackie (2009, 9) describes this as reasons that FGC becomes a self-enforcing belief within a community. If families with daughters believe that families with sons expect girls to be cut as a prerequisite for marriage, FGC rationally advances the interests of the girl and her family. Therefore, to be cut assures the daughter's ability to marry, and also likely improves the economic security of both the girl and her family

1.3 Female Genital Cutting – A Social Convention

FGC is recognized as a result from social conventions and social norms (UNICEF, 2007, 13). When FGC is practiced, individuals and families acquire social status and respect. At the same time, this implies that anyone departing from the societal norm is excluded and ostracized. According to Mackie (2000, 254), in communities in which female circumcision has been a prerequisite for marriage for generations, cutting is imperative.

Where FGC is a social convention and a social norm, it is also a political issue. Politicians may gain power and influence by supporting the social norm. Or, they risk losing their electorate if they take a public stand against the practice. Others may

decide to abstain from addressing the issue as not to offend voters. (Plan International, 24)

Finke (2006, 13) describes the above mentioned aspects as the intra-cultural perspective of practicing FGC. Therefore, the focus of FGC is not primarily on the surgical intervention or the manipulation of a girl's or woman's sexual organs, but rather on raising the status of the women and girls. From an "outsider" perspective, described in the following chapter, FGC reinforces the inequality suffered by girls and women (Finke, 2006, 13). It is internationally considered a harmful traditional practice and a serious violation of human rights and physical integrity of girls and women that has to be abolished.

However, according to the KDHS 2008, more than four in five women in Kenya believe that female circumcision should be stopped (82%) and nine percent feel it should continue, while four percent are undecided. One-quarter of circumcised women cite social acceptance as a benefit of the practice, while one in six say that it is beneficial in preserving virginity or preventing premarital sex. At national level, 80% of girls between 15 and 19 years believe that FGC has to be stopped while nine percent think that it should continue (KNBS, 2010, 268).

2. Female Genital Cutting – A Matter of Human Rights

The perception that FGC is widely regarded as a violation of human rights evolved over time. For many years, FGC was regarded as a ‘private’ act, carried out by individuals rather than state actors. There was also a reluctance to ‘impose’ universal values on what was widely understood to be a cultural tradition and one that contributed to the collective identity of the communities who practiced it (Dorkenoo, 1995, 61).

2.1 Historical Account

Historically, there were various attempts to bring attention to or to stop FGC. In the early 1900s, colonial administrations and missionaries in the countries of Burkina Faso, Kenya and Sudan attempted to stop the practice by enacting laws and church rules (Rahman & Toubia, 2000, 9). However, such actions only succeeded in provoking anger against foreign intervention. Later, in the 1940s and 1950s, the governments of Sudan and Egypt passed laws prohibiting FGC, which were ineffective because they were not accompanied by adequate information and awareness (ibid).

The first initiatives of the United Nations to place the practice on the international agenda date back to the early 1950s, when the issue was addressed by the UN Commission on Human Rights. In 1958 the UN Economic and Social Council invited the World Health Organization to carry out a study on the persistence of customs subjecting girls to ritual operations. While these initiatives were a significant step to place these human rights concerns on the international agenda, their impact remained limited. (Santo Pais, 2007, 220)

In the 1960s and 1970s women’s groups in many countries led campaigns to raise the awareness about the harmful effects of the practice on the health of girls and women. In addition, doctors – mostly in Sudan, Somalia and Nigeria – who observed patients suffering from complications caused by FGC began to document the procedure and to write about its clinical complications in medical journals (Rahman & Toubia, 2000, 10). The first regional seminar on Harmful Traditional Practices Affecting the Health of Women was organized by WHO in 1979 in Khartoum, Sudan. It condemned the practice in all its forms, including its realization under appropriate medical and hygienic conditions. Furthermore, it recommended the establishment of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC)³.

³ IAC started its work with 20 African countries. To date, the organization has National Committees in 28 African countries and Affiliates in 8 European countries, USA, Canada, Japan and New

Since then, the Committee has played a major role on the international level by ensuring that the practice is addressed at international conferences and by legal instruments on the status and human rights of women and girls (Dorkenoo, 1995, 73).

In 1979 the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) was a significant milestone in promoting the consideration, that FGC is a violation of Human Rights. The Human Rights dimension of FGC has subsequently been reinforced by a number of important international instruments and international conferences, including the Convention on the Right of the Child (1989), the African Charter on the Rights and Welfare of the Child (1999), the Vienna Conference on Human Rights (1993), the Cairo International Conference on Population and Development (1994), the Beijing Fourth World Conference on Women (1995), as well as its follow-up event in 2000 and 2005, and the Special Session on Children, held in 2002, which marked a review in 2007, in the World Fit for Children + 5 special session in New York. (Santos Pais, 2007, 221) A specific focus on FGC is found in the United Nations General Assembly Resolution 56/128 on Traditional or Customary Practices Affecting the Health of Women and Girls (2001) and the Protocol on the Rights of Women in Africa, or Maputo Protocol (2003).

2.2 Female Genital Cutting – a Violation of Children’s Rights

As a harmful “customary” or “traditional” practice, FGC is addressed under two important legally-binding international and two important regional human rights instruments. On an international level, these are the CEDAW and the CRC. On a regional level, the Maputo Protocol and the ACRWC deal with the harmful practice. The CEDAW and Maputo Protocol address FGC and other cultural practices in the context of unequal gender relations. Whereas, the CRC, the most widely ratified human rights treaty⁴, and the ACRWC⁵ have affirmed the child's right to protection from the harmful practice. The CRC defines in art. 24 that “*traditional practices prejudicial to the health of children*” must be abolished, while the ACRWC (art. 21.1) is committed to eliminate “*harmful social and cultural practices affecting the welfare, dignity, normal growth and development of the child*”. Focusing on the children’s rights perspective, both last-mentioned human rights instruments are analysed concerning the girl child rights and FGC.

Zealand (Accessed: 10.09.2010 http://www.iac-ciaf.net/index.php?option=com_content&view=article&id=25&Itemid=28).

⁴ The Convention has been ratified or acceded to by 193 countries.

⁵ The ACRWC has been ratified by 45 of the 53 countries in the continent.

Non-Discrimination

The CRC (art. 2) and ACRWC (art. 3) have specifically protected the rights of children from all forms of discrimination. FGC represents an act of gender-discrimination by controlling girls and women's sexuality and impairing their equal enjoyment of rights. It is a means by which the role of girls and women is defined in society and unequal power relations are maintained (Santos Pais, 2007, 211).

Right to Life, Survival and Development

The practice also compromises the right to life, the right to physical integrity and the right to the highest attainable standard of health. The right to life is a widely recognized human right in international and regional human rights instruments. The CRC asserts in art. 19 that children should have the opportunity to develop physically in a healthy way, receive adequate medical attention and be protected from all forms of violence, injury or abuse. FGC may violate a girl's or woman's right to life at the time of the procedure or because of complications later in life. It also increases the chance of neo-natal deaths among children of women who have been subjected to the practice (WHO, 2006). The children's right to development must be interpreted in this broadest sense, encompassing the physical, psychological, emotional, and social development of the child. This fundamental right is recognized by both the CRC (art. 6.1) and ACRWC (art. 5.2).

Best Interests of the Child

Taking into consideration the best interests of the child is one of the core principles of the CRC and ACRWC. Article 3 of the CRC and article 4 of the African Charter make the interests of the child "*a/ the primary consideration*" in all actions concerning children, directly or indirectly. This principle is of decisive relevance within the family context. Indeed, "*(...) parents (...) have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern*" (CRC, art.18). States must respect the role of parents and family members in providing appropriate "*direction and guidance*" in children's exercise of their rights (CRC, art. 5). However, governments are ultimately responsible for ensuring that all children's rights recognized in the Convention are protected (CRC, 2).

Right to be Heard and Issue of Consent

Furthermore, the child's right to express its view is enshrined in both CRC (art. 12.1) and ACRWC (art. 7). The CRC focuses on the ability of the child to form an opinion, while the ACRWC concentrate on a child's right to express an opinion. The CRC

recognizes that children have an “evolving capacity” to make decisions affecting their lives (CRC, art. 5). This concept of evolving capacities is central to the balance embodied in the Convention between empowerment and protection, recognizing children as active agents in their own lives. They are entitled to be listened to, respected and granted increasing autonomy in the exercise of rights while also being entitled to protection in accordance with their relative immaturity and youth. (Lansdown, 2005, vi – xi) This raises the issue of a girl’s ability to consent to procedures and events, such as FGC, under certain conditions. Thereby, the consideration of the child’s views is of a particular relevance, as stressed by the CRC, article 12:

“States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child”.

In 2009 the Committee on the Rights of the child adopted the General Comment No. 12 on the right of the child to be heard. Referring to the girl child, the Committee in paragraph 77 specifically

“urges States Parties to pay special attention to the right of the girl child to be heard, to receive support, if needed, to voice her view and her view be given due weight, as gender stereotypes and patriarchal values undermine and place severe limitations on girls in the enjoyment of the rights set forth in article 12.”

The decision to practice FGC is sometimes made by the girl’s family. Often, however, the girls themselves also agree to be cut or even demand they be cut. Advocates to end FGC have argued that such consent is a result of societal pressure, including in some cases coercion, persuasion by adults, lack of credible information or disempowerment to act upon it, and lack of comprehension of the consequences. All these criteria are motivations for a girl or woman to submit herself to the procedure. They must be considered even if a mature girl wants to undergo FGC. (Rahman & Toubia, 2000, 30)

The Right to Education

As FGC is a factor in school drop-out rates for girls (Finke, 2006, 16; GTZ, 2009, 1; Santos Pais, 2007, 221 and UNICEF, Innocenti Research Centre, 2005, 18), the practice can compromise girls’ enjoyment of the right to education and to be informed, enshrined in the CRC (art. 28) and ACRWC (art. 11) and other international and regional treaties.

Finke (2006, 15) describes the implications of FGC for girls' education. In certain parts of sub-Saharan Africa, such as Kenya, FGC is performed as part of ceremonies and rites. Ceremonies require long preparations, making it difficult for girls to follow classes. Furthermore, health problems, pain and trauma experienced as a result of the practice lead to absence, low performance and loss of interest in school subjects. Girls who were subjected to FGC at school age are often considered as grown up and eligible for marriage without taking into consideration the girls' perception of themselves. Moreover, there have been reports of arrogance and lack of respect by some girls towards their uncircumcised classmates. At the same time, they may tend to adopt a subservient attitude towards male teachers and boys in their age group. At this point, many girls lose interest in school because neither they nor their families see education as relevant for their new role as wives – and mothers-to-be. A further reason for dropping out of school is that parents, after sponsoring an expensive FGC ceremony, are no longer willing or able to pay for their daughters' education.

Dropping out of school has a serious impact on girls' personal education and their informed participation in social life. Education enables girls and women to realize their rights and to enjoy true participation in their societies. Thus education also implicates the potential for them to change their role in the family. It is a key to reduce discrimination and promote development and social change. (Finke, 2006, 16; GTZ, 2009, 1; Santo Pais, 2007, 221 and UNICEF, Innocenti Research Centre, 2005, 18)

The Right to Participation in Cultural Life

The CRC (art. 31) and ACRWC (art. 12) as well as other international and regional human rights instruments promote the right of a child to participate in cultural life. Shell-Duncan and Hernlund (2006, 27) indicate that in cultural contexts, in which most of all girls are "circumcised", the child's right to develop "normally" includes being "circumcised". Parents who opt for circumcision perceive this as acting in the best interests of their daughters. Indeed, the principle of "the best interest of the child" can be broadly interpreted to accommodate varying cultural views on what constitutes a child's best interest. However, such interpretations should always be consistent with the Convention's other specific protections (Alderson, 1994, 19). Therefore, traditional practices which violate individual rights cannot be evoked to justify FGC, nor social and cultural claims (UNICEF, 2005, 15). FGC as an irreparable, irreversible practice that violates girls' rights contradicts the principle of the best interests of the child. The Committee on the Rights of the Child has strengthened this understanding, calling upon governments to promote the "best interest" of the child by intervening to prevent

the harmful practice (United Nations General Assembly, 1998, 17 – 18). UNICEF (2005, 15) argues that a community which decides to abandon FGC does not reject its cultural values; but that a practice which causes harm to girls and women will reinforce gender inequalities. Besides, the question of how the best interests of the girls is served, still remains to be adequately answered.

3. Kenya's Efforts to Address Female Genital Cutting and Implement Children's Rights

This chapter describes the Kenyan legislation, policies and the institutional landscape to ensure children's rights and overcome FGC considering the broader context of World Vision's efforts to overcome FGC in the Rift Valley Province.

3.1 Government's Efforts towards Abolishment of Female Genital Cutting

The Kenyan government has ratified various international conventions on the rights of women and children. Kenya is also a signatory of the Convention on the Rights of the Child (1989), the African Charter on the Rights and Welfare of the Child (1990) as well as of the Protocol on the Rights of Women in Africa, the Maputo Protocol (2003). It adopted the recommendations of the Fourth World Conference on Women held in Beijing (1995). In order to harmonize the national legislation with the international human rights instruments, the government adopted national laws to protect children's rights and end FGC. The law is accompanied by a policy framework that includes national action plans, guidelines and protocols that are necessary for the diffusion and implementation of law.

Legislation

The Kenyan Constitution provides for the fundamental rights and freedoms of all citizens. In 2001, the Children's Act was enacted, which protects children's rights. It defines girls who are likely to be forced into circumcision as children in need of special care and protection. Section 14 of the Act, explicitly prohibits FGC as a harmful traditional practice. It protects girls under 18, while it is not outlawed for women above 18 years. However, the Children's Act, has rarely resulted in serious punishment (see also Interviews District Children's Department Officer in Marigat District, 24/03/2010, and in Baringo District 29/03/2010). The act also allows courts to take action against the perpetrators.

According to the status quo in August 2010, a *Prohibition of Female Genital Mutilation/Cutting Bill* has been finalized. The Kenya Women Parliamentary Association (KEWOPA) and Ministry of Gender, Children and Social Development present the Bill to Parliament. It deals with the different forms of FGC, provides relevant definitions, legal provisions and outlaws any activities associated with the practice. (GTZ, 2010)

In addition the Kenyan Government has developed a draft of the *Reproductive Health and Rights Bill 2008*. The draft criminalizes FGC and requires the government to train medical providers on how to respond on the specific reproductive health needs of women and girls who have undergone FGC (GTZ, 2010).

Policies and Planes

Kenya Vision 2030, adopted in 2008, is the country development plan that aims to industrialize Kenya and improve the quality of life for all citizens by the year 2030. It deals among other issues with the social aspects regarding the population and issues regarding health, gender, youth and vulnerable groups. The plan recognizes FGC as one of the retrogressive cultural practices, and calls for its general prohibition.

The *National Policy for the Abandonment of FGM/C* was approved on 29th June, 2010. A sessional paper will be developed and presented in Kenyan Parliament. Through this policy, the Government addresses FGC by promoting the abolishment of FGC, the implementation of human rights as well as the empowerment of women. Furthermore, this policy intends to advance the development of guidelines and the enforcement of standards against FGC. (GTZ, 2010)

The *National Reproductive Health Policy (2007)* guarantees access to quality treatment and rehabilitative reproductive service for girls and women affected by the harmful practice by encompassing an effective referral system among health facilities, police and legal services (GTZ, 2010).

The *National Plan of Action for the Abandonment of FGM (2008 – 2012)* was developed by the Ministry of Gender, Children and Social Development in cooperation with the National Committee of Abandonment of Female Genital Mutilation (NACAF) to guide FGC interventions. The plan aims to accelerate the eradication of FGC through multi-sectoral and comprehensive approaches (UNICEF, 2010, 36). It purposes to establish national and district mechanisms for the coordination of FGC programs and multi-sectoral collaboration to ensure the integration of relevant interventions in key development programs. Furthermore, it provides a framework to map and coordinate new and ongoing FGC interventions, invest in human resources and organizational capacity-building as well as it establishes pro-active mechanisms for resource mobilization for FGC elimination programs.

In 2009, the ministries of Education and Public Health and Sanitation developed the *National School Health Guidelines*. The aim of these guidelines is to operationalize the National School Health Policy in order to improve the health status of children and the community as well as children's participation in education. The guidelines comprise eight thematic areas among others: values and life skills, gender issues, children's rights, child protection and responsibilities⁶. FGC, teenage pregnancy and sexuality are addressed in the area of gender issues (Kenya Government, 2009, 6).

3.2 Institutional Framework to Implement Children's Rights

Kenyan institutions responsible for the implementation of children's rights on national and local level are shortly introduced in order to identify the state actors as duty bearers and their respective functions, responsibilities and capacities.

National Level

The Ministry of Gender, Children and Social Development, established in 2008, promote, coordinate, monitor and evaluate gender equality, social development, and the care and protection of children and other vulnerable groups (Government of Kenya, 2010). Furthermore, it coordinates all actions addressing FGC. Its *Department of Children's Services (DCS)*, both at national and at local level, and the *National Council for Children's Services (NCCS)* are the main governmental institutions to implement children's rights.

The *National Council for Children's Services (NCCS)* is a semi-autonomous government agency constituted under the Children's Act, (section 32 (1)). The NCCS is mandated to exercise general supervision and control over the planning, financing and coordination of children's rights and welfare activities and to advise the government (NCCS, 2007, 34). The NCCS is represented at the district, divisional and locational levels by Area Advisory Councils (AACs) that specialize in various issues on the rights of children (ibid).

Local Level

The *Department of Children's Services (DCS)* is the main body responsible for safeguarding children's rights according to the Children's Act. The core responsibilities of the Department are (ibid, 34):

⁶ Besides children's rights, are also their responsibilities part of the African Charter on the Rights and the Welfare of the Child.

- Facilitating the provision of child welfare services;
- Overseeing the provision of guidance and counseling, supervision on adoption, foster care, guardianship and enforcement of parental responsibilities
- Coordinating the provision of services by partners and other stakeholders in the children's sector.

Area Advisory Councils (AAC), also established under the Children's Act, represent the NCCS at the community level (NCCS, 2006, 8) The composition of the AACs is similar to the composition of the NCCS as provided in the Children Act. It should incorporate relevant government institutions, Faith-based Organizations (FBOs), Civil Society Organizations (CSVs) and other relevant stakeholders in the area. In order to listen to the children's view, one girl and one boy should be a member of the Council (ibid, 11).

The Department of Children's Services runs a *Volunteer Children's Officer program*. Community members work as volunteers and assist the District Children's Officer in undertaking his or her duties in the community (NCCS, 2007, 35).

Moreover, various international, national and local non-government authorities implement multi-sectoral programs to overcome harmful traditional practices such as FGC in Kenya. In 2007 a *National Committee of Abandonment of Female Genital Mutilation (NACAF)* was set up under the leadership of the Ministry for Gender, Children and Social Development. It comprises key government ministries, civil society organizations as well as UN and bilateral agencies. The Committee's aim is to create synergies of the various authorities in terms of reviewing on-going interventions, concentrate resources, strengthening joint programs and sharing experiences for better strategies of FGC abandonment. (GTZ, 2010)

4. Action to Overcome Female Genital Cutting

Upon the ratification of the relevant human rights instruments, States parties pledge to adopt necessary measures to prevent the practice of FGC among girls and women. Furthermore, in the framework of development cooperation, multi- and bilateral agencies, international and national NGO's as well as grassroots organizations (GRO's) are strongly engaged in the abandonment of FGC.

4.1 Female Genital Cutting – an Issue of Development Cooperation

While protecting the right of the individual girl and woman, efforts to overcome FGC consider the broader relation between FGC, society development and poverty reduction and their synergies, each supporting the advancement of the other (Mackie & LeJeune, 2009, 30). Girl's and women's health, their empowerment and the implementation of their rights are regarded as key factors in achieving the diminishment of poverty. Accordingly, approaches to prevent violence against women and girls, to initiate social change as well as to end FGC are essential to achieve and sustain development. The German Technical Cooperation (GTZ), transformed to the German International Cooperation (GIZ),⁷ (2007, 14) highlights overcoming FGC as an issue of good governance which guarantees human rights, democracy, and participation. Recognizing that FGC is part of people's identity and culture, change cannot be achieved only by sensitizing target groups and working with traditional authorities at village level or by focusing on legal reforms exclusively. Measures that simultaneously address both the formal government level and the informal historically evolved local social orders are required.

The Millennium Declaration, adopted by the United Nations General Assembly in 2000, seeks to establish the link between human rights, good governance and development. The eight Millennium Development Goals (MDGs) have the overall aim to reduce extreme poverty to half. Ending FGC is regarded as a contribution to meet several MDG's, including: goal three, on promoting gender equality and empowerment of women; goal four, on reducing child mortality; and goal five on improving maternal health. (General Assembly – Report of the Secretary-General, 2009, 17)

In the following, general implications for project programming as well as the common approaches applied in projects to overcome FGC are illustrated.

⁷ The 1st January 2011 the German Technical Cooperation (GTZ) changed to the German International Cooperation; Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH.

4.2 Rights-Based Approaches as a Foundation of Project Work to Overcome FGC

This chapter presents the Human Rights-Based Approach and its application to children's rights. The approach is based on the recognition that children, men and women have a full range of rights that are outlined in institutional standards and norms and that a State has obligations under international human rights instruments. According to this approach, FGC is regarded as a violation of human rights of girls and women. It stresses the importance of participation of those directly or indirectly affected by the law in all stages of development, implementation and monitoring, and places the realities of girls and women at its core.

4.2.2 Human Rights-Based Approach

The German Development Cooperation (2009, 1) describes the Human Rights-Based Approach (HRBA) as a conceptual framework which is normatively based on the international human rights standards and operationally directed to promote and protect human rights.

The purpose of HRBA is to strengthen the implementation of human rights by states ensuring their full enjoyment by all people. It entails a formal commitment to respect human rights as well as to integrate the obligations involved into all policies, budgets and programs. The universal framework of international human rights standards acknowledges that the enjoyment of human rights must be both, the means and the goal to development (ActionAid, 2008, 15). Therefore, the HRBA recognizes that the process of achieving results is as important as the outcomes.

Human rights principles guide all phases of the programming process, including assessment and analysis, planning and design; implementation, monitoring and evaluation. The UN Agencies (United Nations Development Group, 2003, 3) describe elements towards a "good programming practices" that are essential under a HRBA:

- People are recognized as key actors in their own development, rather than passive recipients of commodities and services.
- Participation is both a means and a goal.
- Strategies are empowering, not disempowering.
- Both outcomes and processes are monitored and evaluated.
- Analysis includes all stakeholders.
- Programs focus on marginalized, disadvantaged, and excluded groups.

- The development process is locally owned.
- Programs aim to reduce disparity.
- Both top-down and bottom-up approaches are used in synergy.
- Situation analysis is used to identify immediate, underlying, and basic causes of development problems.
- Measurable goals and targets are important in programming.
- Strategic partnerships are developed and sustained.
- Programs support accountability to all stakeholders.

4.2.3 Child Rights Programming

Child Rights Programming (CRP), developed by Save the Children⁸, is a child-focused version of the HRBA. The reason for having a specific approach is that children have their own special needs and vulnerabilities. The overall goal of the approach is to achieve a measurable impact on the lives of girls and boys and their rights. Program and advocacy work should be based on two key activities: helping duty-bearers to meet their obligations and supporting children to claim their rights (Save the Children, 2005, 4). In the context of programming it is important to consider the evolving capacities of children, presented in chapter 2.2.4. As children acquire enhanced competencies, there is a reduced need for direction and greater capacity of children themselves to take responsibility for decisions affecting their lives. Given that children are included in all the international rights treaties, the overall human rights principles need to be applied to children (Save the Children, 2005, 27):

- The universality of children's rights is a principle that means all children regardless of their sex, race, different capacities, social and economic conditions, political or religious beliefs are entitled to all their rights at all times. Cultural identity is a specific right to which children are entitled (CRC, art. 8, 30, 31). It is linked to the CRC's general principle of the right to non-discrimination and to the best interests of the child.
- The indivisibility of rights means that a holistic approach needs to be taken when working with children. This involves considering children as whole human beings first and foremost, rather than fragmenting their lives into 'problems' or separate roles like a working child or a child with disability.

⁸ Moreover, Kindernothilfe introduced a child rights approach in its program objectives for Germany and overseas. For further information: Kindernothilfe (2008): "The Child Rights Approach in Kindernothilfe's Work in Germany and Abroad": Duisburg

- Human rights cannot be taken away or abandoned. This includes all children's rights and implies that children are right holders from the time of their birth to their death. The rights outlined in the CRC specially refer to children from birth to the age of eighteen.
- Because children and young people are the holders of rights and have a legal entitlement to their rights being secured, it is also essential that those responsible for delivering these rights are identified and made accountable and responsive. Although governments are the main legal (or primary) duty-bearers, other adult members of society, - both individuals and groups – also have responsibilities. This means that they have an active role in securing the rights of young people in their care.

Based on the human rights principles, the Committee on the Rights of the Child has identified the four general principles of the CRC: survival and development, non-discrimination, participation and the best interests of the child (see chapter 2.2). These principles build the groundwork of child rights programming, applying them in practice.

4.3 Overview about Common Project Approaches to Overcome FGC

In the last decades, different approaches were developed in African countries, such as Kenya, seeking to overcome FGC and to initiate a process of positive social change. In practice, various approaches are implemented jointly in order to build a holistic approach adopted to local needs. This chapter gives an overview on existing approaches, the main approaches are introduced shortly.

4.3.1 The Health Approach

An old and widely used approach addresses the health risks of FGC, particularly the physical complications. Under this approach, medical authority figures warn about the forms and consequences of FGC (GTZ, 2001, 12). The main message of these campaigns is that FGC is dangerous and has to be stopped as soon as possible. This approach is based on the assumption that people who receive enough messages about how detrimental FGC is to health, will abandon the practice.

However, the increasing medicalization and commercialization of FGC (with the operation being performed by health professionals in health structures) are interpreted as a direct result of this approach and call it into question (Rahman and Toubia, 2000, 76). As parents believe that they can avoid health complications, they take their

daughters to health clinics or hospitals for the procedure instead of stopping the practice. Excision has become a source of income for health-care providers.

4.3.2 Training of Health Workers

In countries where the government has adopted appropriate policies and strategies to eliminate FGC, including a clear stand against the medicalization of FGC, health workers need an appropriate training to support this process. The approach provides sensitization and training on the issues of FGC for health workers on all levels, thereby also supporting them to reject demands for medicalized FGC (UNICEF, 2008, 19).

4.3.3 Information, Education and Communication Campaigns

Information, education and communication (IEC) campaigns focus on raising awareness through promotion, information, motivation and teaching (GTZ, 2001, 21-22). In using these methods it is particularly important to collaborate with the target group and pay attention to the context and the motives behind the practice dealing with local myths and rumors surrounding FGC. Accordingly, effective 'communication for change' programs are based on local research and aimed to reach the community as such, intending to gain the collaboration of local opinion leaders, such as community chiefs and religious leaders.

The GTZ (2001, 22) highlights young people as a primary target group of IEC campaigns. Thus, girls and female adolescents are not only at risk of being circumcised, but also open to discussion, less committed in traditions and more willing to change. The involvement of young men in order to change their attitude about the need to marry a girl who has been circumcised is also a very important point.

4.3.4 Empowering of Women

The empowerment-approach is based on participatory education which includes literacy training, teaching of analytical skills and problem solving, health information and human rights principles (UNICEF, 2007, 15). Education enables women to develop self-confidence and to realize their rights as well as to enjoy true participation in their societies. Thus, it enables women to abandon FGC which can disembody in a public declaration to abandon the practice. Wider social development activities aim to generate income possibilities for women.

4.3.5 Alternative Rites of Passage

In cases where FGC is associated with initiation rites or coming of age ceremonies, action is often focused on developing alternative rites of passage. These alternative rites preserve the positive sociocultural aspects of the ritual, but do not require girls to undergo FGC. The potential of this strategy is limited to communities that associate FGC with such rites or ceremonies. It is further limited by the trend among many of these communities towards cutting girls at a younger age with less ritual. (UNICEF, Innocenti Research Center, 2005, 26) The approach is described in detail in chapter 6.1, while chapter 5.3 analyzes its implementation within World Vision's GCPP.

4.3.6 Positive Deviants Approach – Role Models

This approach is based on participatory community mobilization; it relies on local knowledge and aims to build on solutions that already exist within communities. It identifies community members who oppose the practice of FGC and supports these individuals to recruit others (UNICEF, Innocenti Research Center, 2005, 24). Organizations of peer educators and advocates lead discussion groups and make house-to-house visits to raise awareness within communities. These peer educators include women and men of different backgrounds and ages. The potential of these individuals to discuss FGC with their neighbors is enhanced by their deep understanding of the internal dynamics of their communities and the trust they enjoy among fellow villagers.

4.3.7 Training and Alternative Employment Opportunities for Traditional Excisers

In a number of countries, there have been initiatives to educate traditional circumcisers about the health risks associated with the practice and to provide them with opportunities for alternative income. Projects usually combine education on the harmful effects of FGC with the development of new skills and loans or other incentives to find an alternative source of livelihood (UNICEF, Innocenti Research Center, 2005, 26). In some cases, this process is followed by a public or private ceremony, which may involve the excisers denouncing the practice and symbolically surrendering their instruments or making an oath to stop their activities.

Although these initiatives have succeeded in supporting circumcisers in ending their involvement in the practice, they do not change the social convention that creates the demand for their services, and families may continue looking for individuals who are willing to perform the practice.

4.3.8 Facilitating Non-Judgmental Discussion – Intergenerational Dialogue

By creating appropriate spaces and opportunities in the community for discussion – spaces in which individuals feel safe and confident to share their views – community members should be enabled to become active agents who control their own development rather than being passive recipients of communication messages (UNICEF, Innocenti Research Center, 2005, 25-26). It also provides an opportunity to those who usually would be voiceless to express their opinions. The opportunity to express views in a respectful and non-judgmental setting enables women and men to share their ambivalent points of view regarding FGC and introduces a new discourse as well as new behavior options to the community.

The Intergenerational Dialogue seeks to create spaces for reflection, for listening and for exchange between young and old women, young and old men and between women and men (GTZ, 2008, 3-4). It aims at increasing the communication across the boundaries of age and sex on sensitive issues such as gender relations, sexual morality or sexual and reproductive health.

4.2.9 The Value-Centered Approach

The Value-Centered Approach (VCA) developed by the Center of PROFS (Practice Oriented Feminist Science at Fulda University of Applied Sciences)⁹ identifies the lesser value of women as the key structure of gender violence defined by men and internalized by women. The approach focuses on creating and achieving equal values for men and women, empowering both. (Hinkelmann-Toewe, 2007, 42-43). The sustainable overcoming of FGC requires the cooperation of both genders. As the traditional practice exists because of men's interests, efforts to overcome FGC must address men and their power. According to the approach, where men achieve to appreciate their women's value, communities are enabled to strengthen their social, economic and sustainable development. People develop a positive, supportive feeling of what they consider as valuable and this guides their decisions and actions. Women and men follow their own personal interests and consequently the interests and the well-being of their families, children and the entire clan. (Ibid, 45) The Fulda-Mosocho-

⁹ The CENTER for PROFS was founded in 1990 by Prof. Dr. Hinkelmann-Toewe, and has Consultative Status within the United Nations Economic and Social Council. (ECOSOC). It is an independent research and practice institute which develops on scientific based strategies, approaches and models for the realization of gender equality. It focuses on solutions for global problems in the fields of "gender-specific violence" and "sexual and reproductive health and rights". (<http://www.fulda-mosocho-project.com/center-for-profs.htm>, 12.09.2010)

Project which applies the VCA was nominated for the Sacharov-Price 2006 for its achievements.

4.3.10 Social Change Approach

The Social Change Approach, considering FGC as a self-enforcing social convention (see chapter 2.3)¹⁰, is developed through the evaluation of different field experiences¹¹.

The holistic approach includes several key elements (UNICEF, 2010, 6):

- Coordinated multicultural and sustained action and partnership with civil society, including opinion leaders;
- Promotion of human rights and capacity development at all levels of society;
- Culturally sensitive awareness-raising at large – through information, legal prevention/ protection, presenting alternatives, and education – that enables girls and women to claim their rights;
- Empowered girls and women, using a participatory approach for community-wide debate and discussion;
- Supportive media;
- Collective public pledge to abandon FGC on the part of entire communities that are closely connected;
- A strong political will and governmental commitment to address FGC embodied in ensuring law enactment and enforcement, policy development, allocation of resources, capacity development of professionals and provision of relevant services.

Social change theories maintain that positive social change is produced through a process of community dialogue and collective action (Mackie & LeJeune, 2009, 9-14). The collective decision to abandon a socially upheld practice, such as FGC, requires a process of deliberation, where community members share concerns about negative consequences of the practice and over time commit to ending it. When groups publicly declare their agreement to abandon the practice, they make their intention visible to others, thereby making each other confident that they are not alone in their commitment and therefore do not risk their daughters' future.

¹⁰ Further information about the social convention theory and its application to FGC is offered by Mackie, Gerry (2000): "Female Cutting: The Beginning of the End" in: Shell-Ducan, Bettina and Hernlund, Ylva: "Female 'Circumcision' in Africa – Culture, Controversy, and Change": London and Mackie, Gerry and LeJeune, John; United Nations Children's Fund, Innocenti Research Centre (2009): "Social Dynamics of Abandonment of Harmful Practices: A New Look at the Theory": Florence

¹¹ E.g. TOSTAN's comprehensive community empowerment program in Senegal. Further information is provided by: UNICEF (2008): "Long-Term Evaluation of the TOSTAN Programme in Senegal: Kolda Thies and Fatick Regions: New York.

These elements have increasingly formed the basis of any intervention supporting the large-scale abandonment of FGC. Given the differences between communities and the differing context in which FGC occurs, specific strategies must be developed that are workable at the specific local levels.

In the following chapter, the World Vision Girl Child Promotion Project in Western Kenya will be presented. It combines some of the discussed approaches, adapting them to the local context of Marigat District.

5. Presentation of the Marigat Girl Child Promotion Project initiated by World Vision

The Girl Child Promotion Project (GCPP) in Marigat is one of a wide range of World Vision's projects in Kenya. The international organization World Vision is established in different countries world wide. Its understanding of children's protection and participation as well as the programs of World Vision Kenya are shortly introduced. Furthermore, the GCPP, its context, goals, the implemented approaches and activities are described extensively. In a next step, the project's outcome and impact are analyzed.

5.1 World Vision

World Vision (WV) as an international Christian belief, development and advocacy organization dedicates its work to children, families and communities to overcome poverty and injustice (World Vision Kenya, 2009, 1). WV pursues its mission of reaching communities in need through focusing on the needs on children, working on community owned priorities and through strategic partnerships with governments and institutions as well as organizations such as churches, the private sector, UN agencies, NGOs, and other partners.

5.1.1 Children's Protection and Participation in Programming

The overall objective of WV's work is to sustain the well-being of children and the fulfillment of their rights within the family and community. This is based on the principle that children are citizens with rights and dignity. WV regards the well-being of children in a holistic manner described in the "Child Well-being Policy" and defined in its "Child Well-being Outcomes" (WV, 2009). According to these outcomes, WV endorses the healthy individual development, involving the physical and mental health as well as a social and spiritual dimension. It promotes positive relationships and a context that provides safety, social justice and children's participation in civil society.

In order to fulfill children's rights and to achieve the WV's Child Well-being Outcomes, a "Child Protection Programming" approach is used (WV, 2010). This approach consists of specialized child protection interventions, community based mechanisms as well as mainstreaming of activities across other sectors. Thus, program activities seek both to empower children to protect themselves and to strengthen the capacities of their families and communities. This includes children's protection against harmful traditional practices. Three general spheres of Child Protection Programming - prevention,

protection and restoration - provide the framework for the program planning (World Vision 2010).

Children are regarded as active participants and are involved in the process of program planning (WV, 2000, 2). They play a significant role as agents of transformation. Therefore, WV seeks to facilitate children's ability to participate, taking into account their age, maturity and context. Boys and girls are supported in learning to communicate their opinion, to take responsibility and to make decisions. In doing so, children's participation always has to be relevant and voluntary without any tokenism or manipulation (WV 2009, 3-4).

5.1.2 World Vision in Kenya

WV has been working with communities in Kenya for more than 30 years. Since then, the organization has developed its partnerships with Kenyan communities in over 69 districts through the area development program approach (ADP) (World Vision Kenya, 2009, 1). The ADP approach fosters partnerships with the community in addressing the local needs within a clearly defined geographical or administrative area over a period of time. Transformational development, emergency response and disaster mitigation as well as advocacy are the three ministry tracks. The programs comprise sustainable projects in diverse areas such as education, agriculture, water, sanitation and hygiene, nutrition and health, peace building, and economic development. ADPs are funded through child sponsorship.

In the context of FGC, World Vision Kenya (WVK) aims advocacy-specific interventions from a rights based perspective at national as well as at local level. At community level, Anti-FGC and Girl Child Education Promotion Projects are implemented in five locations: Mt Elgon, Marich Pass, Tot, Maasai and Marigat. Further projects are planned. A similar approach which is adapted to the specific local conditions and situation forms the base of all projects. The primary purpose is to *"improve the reproductive health, social well-being and social status of girls and women through reduction of female genital mutilation and early marriage and its associated consequences"* (WV, 2007, 7). In order to achieve this goal, the projects' interventions are directed towards increasing the adoption of harmless alternative rites of initiating girls into adulthood and to augment the enrollment in schools and retention at both, primary and secondary school level, for the girl child.

5.2 The Marigat Girl Child Promotion Project

The Marigat Girl Child Promotion Project (GCPP) is a grant project within the Marigat Area Development Program (ADP) by WVK. The Marigat ADP, funded by WV Germany and World Vision Spain, started in October 1996. It has passed through several stages of implementation, evaluation and redesign. During the last phase, the ADP included five sponsorship funded projects: HIV/ AIDS, Food Security, Water and Sanitation, Education and Sponsorship, and a Program Management Project. The GCPP, established in 2006, is a grant funded project. (WVK, 2006, 9)

The Marigat ADP operates within the newly formed Marigat District¹², consisting of Marigat and a Mukutani division, located in the Rift Valley Province. The Mukutani division experiences a higher poverty rate; 65% of the population live below the poverty line compared to 52% in the Marigat division. About 38,000 people live in the District. The majority of population are children and young people, with 61.5% under 20 years and 21% under five years of age. (WV 2010, 8)

Three major ethnic communities inhabit the area: Ilchamus, Tugen and Pokot communities. The Tugen are mixed farmers and the largest community in the area. The Pokot, who are pastoralists, live in Mukutani. Most of them inhabit the newly created district East Pokot. The Ilchamus are also pastoralists, although some practice agro-pastoralism, hunting and fishing. They are the minority community in the district. The main livelihood of the population is the semi-nomadic livestock keeping. As livestock farming still is the main economic activity, it defines a man's economic status and is a symbol of prestige. Marigat suffers from constant rainfall variations leading to severe recurrent droughts as well as to occasional floods. Additionally, the district has a security problem; raiders have killed people and stolen animals. Both has made a contribution to the poverty of many families in the area. According to the interpretation of WV, the poverty is one of the causes for girls' forced early marriages, since families see girls as a source of wealth through dowry payment by their husbands. (VK, 2006, 9)

5.2.1 *Performing and Prevalence of Female Genital Cutting in Marigat*

In Marigat District, FGC is widely practiced among the communities. From September to December 2005, the baseline survey was carried out to substantiate the GCPP's

¹² In 2009, the greater Baringo District was subdivided into four districts: Baringo, Baringo North, Marigat and East Pokot.

design according to the situation and needs of the communities in Marigat district. It showed that the FGC prevalence rate in the area was 94.29% (WVK, 2006,9).

The high prevalence of FGC is related to strong traditional and cultural values attached to the practice. Circumcision is considered as the rite of passage for girls. Traditionally, early marriage among the Ilchamus takes place immediately after the girl underwent FGC. Young girls, 12 years old or above, are encouraged or forced to get married as soon as they are considered to be an adult after circumcision¹³ (Ibid, 10).

Certain factors contribute to the cultural importance of FGC among the Tugen, Pokot and Ilchamus communities. In these communities, people expect that a woman will only marry after she has undergone FGC. The desire for a proper marriage accounts for the persistence of the practice.

FGC and early marriage (EM) lead to school drop out among the girls in the communities. The drop out school rate of girls was 70.3% in the Mukutani division and 43.63% in the Marigat division, while the transition rate from primary to secondary school was only 50% in 2005. In general, there is a low women's economic empowerment in the district. 43 primary schools, five secondary schools and one village polytechnic are the existing educational institutions at district level. (Ibid,10) Chapter 5.3.3 further describes the views of girls and boys in Marigat about FGC and its reasons.

5.2.2 Project – Design and Approaches

The design of the GCPP started with a stakeholder workshop sharing the results of the baseline survey. Project goals, expected outputs and outcomes as well as their activities were developed in a shared process. The engagement of community members, involving them in the project process of planning, implementation, monitoring towards evaluation, is regarded as a key to create their ownership of the project's goals and activities. (WVK, 2008, 7)

¹³ While marriage is not considered directly in the Convention on the Rights of the Child, child marriage is linked to other rights – such as the right to express their views freely, the right to protection from all forms of abuse, and the right to be protected from harmful traditional practicessed – and is frequently addressed by the Committee on the Rights of the Child. In Kenya, the Children's Act (2001) dispose the protection of the child from harmful cultural rites including early marriage. (See UNICEF, 2005, p.1)

Through a holistic approach (WVK, 2006, 13-16), the GCPP seeks to reduce the prevalence of FGC/ EM and enhance gender development. Thereby, the project aims to implement the Children's Act Kenya (2001) and government's policies concerning child protection and the abandonment of FGC as well as to support the government's efforts on free and compulsory universal primary education.

Advocacy work through networks and partnership with organizations and institutions both active in the district and countrywide is aimed at strengthening project activities and their outcomes. Therefore, the project collaborates with the Government of Kenya, with departments like the Ministry of Gender and Children and the Kenya Women Enterprise Fund, as well as nongovernmental organizations (NGOs) like the Maendeleo Ya Wanawake Organization (MYWO), the Federation of Women Lawyers in Kenya (FIDA), the National Council of Churches of Kenya (NCCCK), the Christian Children Fund (CCF), Help Mission Development Services, Action Aid and Community-Based Organizations (CBOs).

The following approaches are applied within the project:

- Community capacity development,
- Education support for girls,
- Socially acceptable alternative rites of passage,
- Alternative income generating activities,
- Information dissemination.

According to the Marigat Girl Child Promotion Design Document (WVK, 2006, 13-16), the succeeding activities were developed concerning three defined outcomes (see also appendix 1):

Outcome 1:

Increased change of attitude on FGM practice among 30% of the community.

- Community members are mobilized and sensitized on the effects of FGC, children's rights and girl child education through awareness creation meetings and campaigns.
- Strategic meetings are hold with key community leaders to discuss the effects of FGC and the implementation of an alternative rite of passage. Opinion leaders together with other stakeholders are encouraged to work towards

appropriate strategies and approaches which seek to overcome FGC in the communities and empower women.

- Core-working teams develop a working structure for anti-FGC interventions with potential stakeholders, such as community health workers, volunteer teachers, role models and redeemed circumcisers. The project conducts training for the various working teams and stakeholders on the effects of FGC and HIV/ AIDS, on children's rights and alternative rites of passage.
- Special capacitation target stakeholders in the Ministry of Education (MOE), Provincial Administration and church denominations in the Marigat ADP communities. In cooperation with the church, WV realizes youth conferences to discuss Children's Rights, FGC and EM as well as HIV/ AIDSs topics.
- Furthermore, the projects facilitate the formation of sub-locational anti-FGC-committees and a steering anti-FGC committee which constitutes the framework for coordinating activities and which develops necessary community structures for sustainable advocacy campaigns.
- The Project intends to create a platform for girls and boys to articulate child rights issues through establishing advocacy clubs in primary and secondary schools. Inter-school essay competitions, public speech contests and school extravaganzas for drama, poems, songs and dances on anti-FGC and Children's Rights are facilitated to engage the awareness.
- The GCPP facilitates forums with parents, boys and girls and the general community to develop a form of alternative rite of passage without circumcision that reflects the local context. Community based organizations organize and facilitate the training in life skills for the girls and also for boys.

Outcome 2:

Increased primary and secondary school enrollment and retention rates for school going children in Marigat ADP by 2009.

- Subsidies for the purchase of desks and textbooks as well as the construction of solar collectors and classrooms in 10 schools are granted.
- Furthermore, the project subsidizes the construction of girl's dormitories in a primary and secondary school creating boarding facilities for girls. These also serve as rescue centers for girls who flee to avoid FGC. This is done in partnership with the School Management Committees and the general community. In this rural area, boarding schools offer the only possibility of

education for children of pastoralist families or of families who live far away from school.

- Through fees and subsidies, the Project supports needy students in primary and secondary school as well as rescued girls.

Outcome 3:

Improved levels of economic empowerment of women and girls in Marigat by 2009.

- Identified role models and redeemed circumcisers are trained in income generating activities (IGAs), vocational skills and alternative means of livelihood.
- They obtain support through start up funds for the commencement of such IGAs as bakery, bee keeping or goat rearing.

5.3 Outcomes and Impacts of the Girl Child Promotion Project

5.3.1 Evaluation Methodology

The evaluation of the GCPP took place in March 2010 and was carried out by an independent consultant. The GCPP evaluation was integrated in the summative evaluation of the Marigat ADP. It was set up to establish if the planned interventions overtime have contributed to a significant and sustainable impact in the lives of the targeted population. The study integrated triangulation using various sampling techniques for quantitative and qualitative data acquisition to achieve validity and reliability of its results. A household survey questionnaire administered on the population was used to ascertain quantitative data. The qualitative methods incorporated focus group discussions (FGD), key informant interviews and observation. In addition, organizational assessment and secondary data collection completed the research. (WV, 2010, 23-27)

For this study, it was important to get a comprehensive picture of the performing and attitude to female circumcision in the communities and especially from the point of view of both girls and boys. Therefore further interviews, group discussions as well as a questionnaire (Appendix 3) were carried out.

The questionnaire was developed to figure out the views of adolescents and young people as a main stakeholder group of the GCPP in Marigat. In the questionnaire, both

closed and open questions were used. It was translated from the English language to Swahili.

5.3.2 Results of the evaluation of the Girl Child Promotion Project

In the following, the results of the evaluation of the Marigat GCPP are presented with the focus on the prevention of FGC and EM as well as the promotion of girl child education. Furthermore, the approaches, concerning ARP, offering rescue centers for girls and community capacity development are regarded in this summary.

In order to point out further important factors of the GCPP, evaluation data from two other WV projects¹⁴ in the same province is also taken into account. The projects are located in Tot and Marich Pass and give a more detailed picture of the outcome of the project activities. The projects in Tot and Marich Pass were evaluated by two different external consultants. Further findings which were collected within the field research in Marigat, are taken into account to show a complete profile of the GCPP data.

The Tot project covers an area in Marakwet District predominantly inhabited by Marakwet, a sub-tribe of the Kalenjin and sedentary agro-pastoralists (Tot, 2009, 6). The project started in 1999 and ended in 2008. The Marich Pass Eradication of FGC/EM and the GCPP started its activities in 2000 and finished its work in December 2007 (Marich Pass, 2008, 5). The project operates in the Chepareria Division in the West Pokot District, where the majority of the population are ethnical Pokot, most of them pastoralists. The Marigat GCPP also addresses Tugen and Pokot, subtribes of the Kalenjin ethnic group, and Ilchamus communities (see chapter 5.2.1).

Since the focus of this work lies on the impact of the project activities on the life of girls and boys, ethnic differences in performing FGC are not taken into account in this summary. With the aim to develop an understanding of the projects' effects concerning the guarantee of children's rights and their advancement in the communities qualitative findings are presented and complemented by quantitative data (see appendix 2) where available.

¹⁴ Data from the Tot Anti-FGM Project Final Report End of Project Evaluation, 2009 (cited Tot, 2009) and the End of Project Evaluation Report for Marich Pass, Eradication of FGM/EM and Girl Child Development Project, 2008 (cited Marich Pass, 2008).

5.3.2.1 Female Genital Cutting

According to the results of the ADPs' evaluation in Marigat, the household survey indicated that the prevalence of FCC in the area of the Marigat ADP was 58.1%. This is a decline of 36% since 2005 (Draft Evaluation Report Marigat, 2010, 60). The prevalence varied among the communities and tribes.

Tribe	FGM prevalence in %
Ilchamus	72,3
Ilchamus and Pokot	71,4
Endorois	51,6
Tugen	42,8

Figure 1: FGC prevalence in Marigat According to the Tribe. Data taken from the World Vision Kenya, Marigat Area Development Program, Draft Evaluation Report, June 2010.

5.3.2.2 Early Marriage

In Marigat, early marriages increase in December and January among girls between 12 – 15 years (Ibid, 61). This is the time most girls have just undergone FGC and are seen as prepared for marriage. Girl's circumcision and thus the possibility of getting married are also seen as a protection from early pregnancy. It is a taboo that an uncircumcised girl gets pregnant. . (Focus-group discussion with a women's group on Kokwa Island, 22/03/2010) In case a girl gets pregnant before undergoing FGC, she is enforced through special painful sanctions and stigmatization and the relatives force her to go through the surgery after delivery and then marry her off immediately.

Both reports, from Marich Pass and Tot (Marich Pass, 2008, 22 and Tot, 2009, 17), describe the ongoing relation between FGC and dowry. Thus, FGC is purely done for marriage purposes. Fathers of circumcised girls are honored by age-mates through a special ceremony. The daughter is a source of wealth since dowry will be paid to the father upon her circumcision and marriage. Especially young circumcised girls married to old men obtain more cattle from dowry. Besides the tangible goods gained in form of dowry, the parents of girls who have undergone FGC were respected and raised their status in the community.

5.3.2.3 Education

Referring to the District Education Officer, the Marigat Draft Evaluation Report (2010, 56-58) indicates that literacy rate in the Marigat Division is 55% while it is 35% in the Mukutani Division. The household survey showed that about 80% of the children

between five and eighteen went to school with a higher proportion of boys (82.6%) compared to girls (79.1%). However, this development must be seen in relation with the introduction of Free Primary School for all children in 2003. Especially the enrollment of girls increased over the last years while the number of boys has slightly decreased. Furthermore, it demonstrated that 68.3% of the children who finish primary school with the Kenya Certificate of Primary Education (KCPE) advanced to secondary school. Regrettably, drop-out rates could not ascertain the impact of the project interventions as the actual figures were not available from secondary data sources within the evaluation.

The evaluation report (Ibid, 59) describes the negative attitude of some community members towards the education of girls. The high poverty levels in the district in addition to persistent drought are also impeding education as students are not able to attend school. Another aspect affecting the access to education in the Marigat District is the fact that parents choose to keep their children from going to school due to insecurity from cattle rustling activities

In this context, the evaluation report (Draft Evaluation Report Marigat, 2010, 58) also refers to a school survey conducted in June 2008 by the East African Education Research on the administration and students relationships that covered 20 schools in the Marigat ADP/IPA, Mutunguni ADP/IPA and Meibeki ADP/IPA. This school survey confirms the reasons for drop out rates described above.

5.3.2.4 Alternative Rites of Passage

According to the evaluation report (ibid, 61), in Marigat, 3.3% of the girls and women who were not cut had gone through ARP. The focus group discussion indicated that ARP had not yet advanced into the interior and remote areas. Furthermore, the report points out that the approach had not adequately targeted women and circumcisers as well as the elders who eventually are the key decision makers.

The ARP awareness training is carried out in November. A four days training is followed by the graduation of the initiated girls. In 2009, 89 girls and 19 boys from the Ilchamus and Kalenjins communities graduated. Two CBO's, the Sandai-Special Children Group (Kalenjins) and the Teachers Lobby Group (Ilchamus), were responsible for the implementation of the alternative rite. Parents and community elders were invited to come and join the graduation of their daughters. There is a special training unit for boys within the GCPP. (Coordinator of the GCPP, 30/03/2010)

According to the end of project evaluation in Marich Pass (2008, 20), girls who undergo ARP are accepted by community members. This was demonstrated by the large attendance of community members during the graduation ceremonies. The report highlights the appreciation of ARP graduated girls as future wives because of their education. They might advance to trainings and get payed jobs. Young men reported that girls who graduated through ARP are unlikely to have problems in giving birth and therefore they will have healthy children. In addition, the report indicates that girls who undergo ARP marry later (above 19 years old) compared to girls who undergo circumcision (at average at the age of 15 years). However, the report (2008, 20) also states that men who marry an uncircumcised girl/ woman and who promote ARP-graduates, still face challenges in the community. They are not allowed to participate in cultural ceremonies such as initiation of boys, and overseeing traditional marriage ceremonies.

The Tot project evaluation report (2009, 17) indicates that 73.8% of the population asked in the household survey were aware of ARP. Indeed, it documents cases where girls reverted to FGC after ARP and demands a follow-up after the ARP graduation. The evaluation report (2009, 18) indicates the strong cultural background of the practice as a reason.

5.3.2.5 Rescue Centers

For girls who cannot remain at home due to family or community pressure, WV runs rescue centers, offering shelter and allowing these girls to finish education.

The Marich Pass evaluation report (2008, 26) outlines that rescued girls are being harassed by their parents and relatives to come back home. Girls who do not progress well in school are suffering especially from stigmatization when they return to their community. As rescue centers are integrated in boarding schools, girls have to go back to their villages during school holidays where they are in care of their parents. This may lead to increased pressure of the family and community. The vulnerability of girls in those periods of time is used to perform FGC.

The sustainability of rescue centers after the WV project has ended is seen as a huge challenge. The Tot report (2009, 18) also highlights that rescue centers are short lived solutions. Furthermore, it indicates that girls often feel isolated in this situation. A visit to N'gambo Primary School in Marigat (20/03/2010) confirms this indication. Its boarding school is able to accommodate 120 girls and provides shelter for rescued girl

who refuse FGC and EM. In March 2010 twenty beds of the boarding facilities were occupied. In the other existing locations used as rescue centers in Marigat District, there are twelve girls at this time. All these girls were rescued through the influence of community chiefs. After the end of the WV project, any sustainability for the rescue centers is missing. As poverty has increased in the last years because of droughts, most families cannot afford the extra costs of a boarding service for their children. WV supports bursary funds which promote the education of some boys and girls and their accommodation in boarding schools. (Coordinator of the Marigat GCPP, 20/03/2010)

The institutions responsible for the implementation of children's right in Marigat are still in process of development. In the Marigat's Children's District Department, established in 2009 and in charge of the protection of girls at risk, the officer has to cope with a lack of infrastructure that limits his possibilities of action and mobilization. While the Area Advisory Council is still in process of construction. WV strongly supports both institutions. (Marigat Children's District Department Officer, 24/03/2010)

5.3.2.6 Community Capacity Building

Community capacity building addresses the diverse target groups in the community involved in the decision-making of girl's circumcision. The different target groups and their role and attitude in the three project areas are illustrated.

The Marich Pass Evaluation (2008, 17) describes the decision-making process of girls' circumcision. According to the report, all family members at household level are involved in the decision on FGC. As most of the girls are between 10 to 15 years, it can be assumed that she is under her parents' control and hence can be pressured or persuaded to undergo the practice. Those aged 16 and above are influenced by their suitors and would-be in-laws to accept FGC. The Tot report (2009, 10) underlines the authority of parents in the decision-making and describes the high illiteracy rate of parents as a challenge of the project work.

There is a difference in the attitudes towards FGC between the different age-groups. In general, elders tend to uphold the tradition, the beliefs and myths around female circumcision, while middle aged women and mothers of daughters recognize that their girls grow up differently with access to education. (Focus-group discussion with a women's group on Kokwa Island, 22/03/2010)

Furthermore, community leaders promote female circumcision in order to get recognition in their community. They play an important role in the decision on FGC. In some communities, an uncircumcised girl and her family cannot stay any longer in the community. The cutting is seen as an important part of the native roots, and therefore the abolishment of FGC symbolizes a threat to their culture. (Focus-group discussion with male elders of a Ilchamus community, 24/03/2010)

Another important group in the discussion on FGC are teachers as opinion leaders, role models, and a persons of trust, who may be contacted by girls afraid of circumcision. Teachers seek to influence parents not to circumcise their daughters but to focus on her education instead. In cases in which parents do not cooperate, the teacher addresses the community leader. If the leader cannot or does not want to help, the last step is to inform the police, but this rarely happens. (Two female teachers, 19.03.2010)

In this context, the Teacher's Lobby Group, a Community-based Organization (CBO), was formed in 2002 with the objective to support the reduction of EM, forced marriage, and FGC as well as to create awareness about children's rights. Until march 2010, 100 teachers, 56 male and 44 female, out of 800 primary school teachers, form part of the organization. They work hand in hand with the WV GCPP inter alia implementing ARP in the Ilchamus communities. (Female teachers of the Teacher's Lobby Group, 29.03.2010)

As FGC is more and more a secret among families and the community in the last years, information about cases of FGC do not reach the police. Communities would rather address community chiefs who might try to find a solution with the parents in the community. However, children's rights are seldom the reference for these solutions (District Police Officer, 23/03/2010).

Beside the WV project, a second anti-FGC program, initiated through the UN Inter-agency strategy, is taking place among the Ilchamus communities (see chapter 6.3). A baseline survey was carried out by UNFPA in 2008. It indicates changes in the performing of FGC. According to the survey (UNFPA, 2008, 9), girls are increasingly cut when they are younger than 14 years. In the past however, they were cut when they were older, just before marriage. It was further suggested that the prevailing "early" FGC has lowered the age of marriage since a cut girl is considered mature. Both FGC and EM were regarded to be a result of early puberty and the intention to

avoid pregnancy before marriage which is considered taboo and shameful for the girl and the whole family. The fear that older girls would be more mature and may resist compliance is indicated in the report as another reason for the lower age.

Furthermore, the survey (ibid) confirms that the ceremony has been abandoned, but the cut is still done in secret among the Ilchamus communities. Girls are cut at their homes by professional traditional surgeons on invitation by parents

5.3.3 Views of Boys and Girls in Marigat on Cutting

139 girls and 161 boys from Marigat District between ten and twenty years, from different tribes, answered the questions about the importance of education, female cutting, its reasons and consequences, about Alternative Rites of Passage as well as their vision of the future. The questionnaire was handed out to girls and boys, primarily in school with a short explanation and the affirmation that the questionnaire was anonymous and without any consequences for the girls and boys. The given answers are inspiring. In order to give an unbiased picture, the language used by the boys and girls is maintained in the account.

In the process of data analysis, the answers were categorized and clustered. The summary presented in this chapter is supplemented by some citations of girls and boys. Additional findings from interviews, discussions and observation are shortly described and marked with a surrounding border.

The majority of the boys and girls surveyed was between twelve and fourteen years old. The exact breakdown is shown in the table:

Age	10	11	12	13	14	15	16	17	18	19	20
Percent	1.3	2.3	15.7	25	29	9,3	6.7	43	2.3	2	0.7

Figure 2: Age of Boys and Girls Surveyed. Source: Questionnaire: Views of Boys and Girls in Marigat. Data record. 2010

Most girls and boys answered that they were members of the Ilchamus tribe, followed by the Kalenjin. Both Tugen and Pokot are subtribes of the Kalenjin tribe, hence about one third of the respondents are related to the Kalenjin. Less than 1% of the surveyed boys and girls are members of the Kikuyu, Luhya, Luo, Saboot, Somali, Torois and Turkana. The table below shows the tribe affiliation of the boys and girls.

Membership of tribe

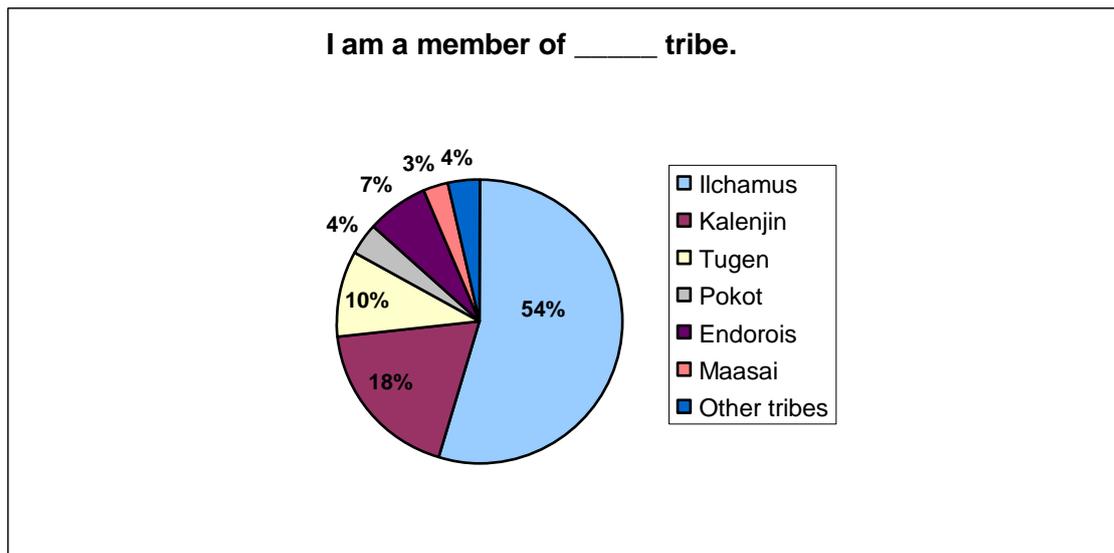
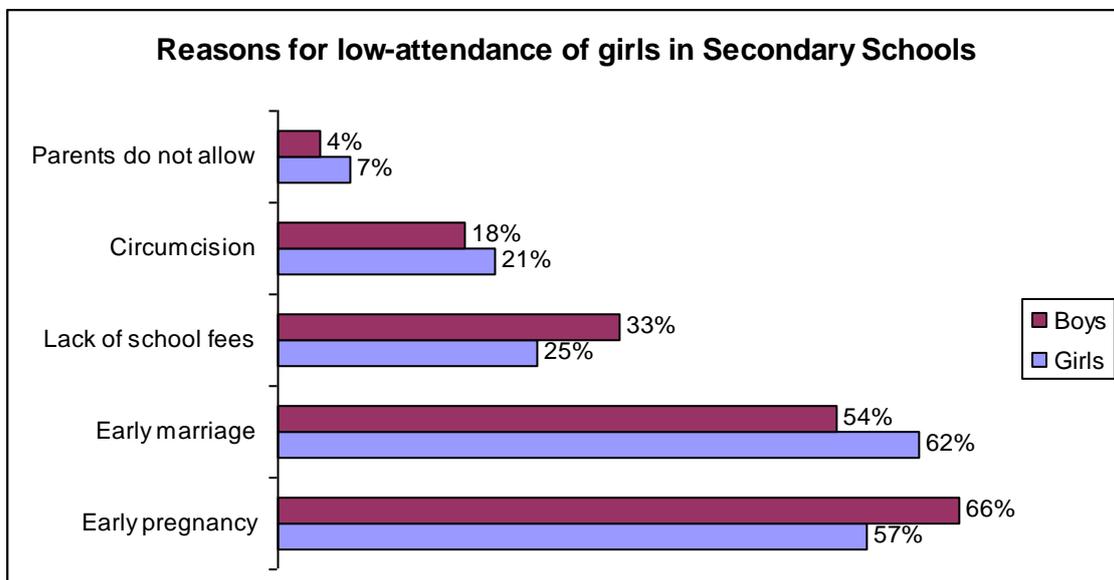


Figure 3: Membership of Tribe. Source: Questionnaire: Views of Boys and Girls in Marigat. Data record. 2010

All surveyed girls and boys would like to attend secondary school. Concerning the reasons for a lower enrollment of girls in secondary schools the following answers came up:

Reasons for low-attendance of girls in Secondary Schools



Multiple responses possible

Figure 4: Reasons for Low-Attendance of Girls in Secondary School. Source: Questionnaire: Views of Boys and Girls in Marigat. Question 2. Data record. 2010

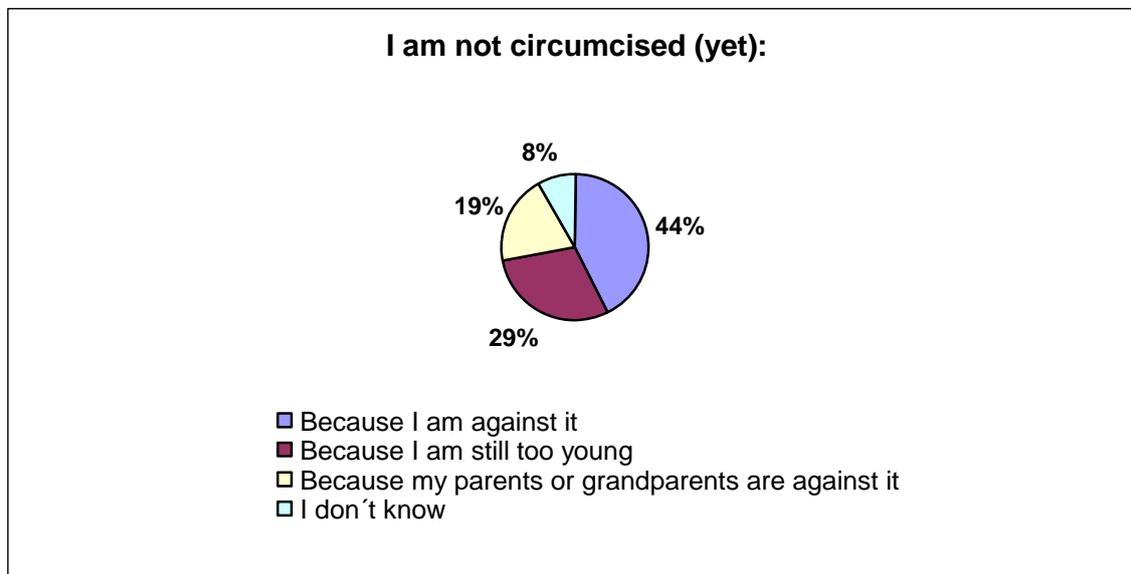
Additional reasons mentioned (which were not indicated) are rape and abortion, drug abuse, poverty and to be orphan, problems in school, involvement in customs and

traditional way of life, discouraged by others, and the belief that girls would not benefit from it.

A small group of primary school girls, aged around 13, was interviewed. They indicated that they all wanted to visit secondary school, although they knew that school fees are a severe problem in some of their families. Families dealing with a lack of money favor their sons, they explained. To cope with this situation, they wanted to stay in their primary school and repeat a year or two, hoping that their parents were able to afford the secondary school fees in the future.¹⁵ Furthermore, they spoke about role models who left the community and went to university. These women came to the students' clubs and talked about their experience. The girls appeared to be very bright with - optimistic expectations: seeking access to secondary education and maybe to university as well. (Girls, Ilingurua Primary School, 19/03/2010)

Out of 139 girls 11 responded, that they are circumcised, while 116 negated to be circumcised (yet). The next graph shows the answers concerning the reasons for not being circumcised.

Reasons for non-circumcision

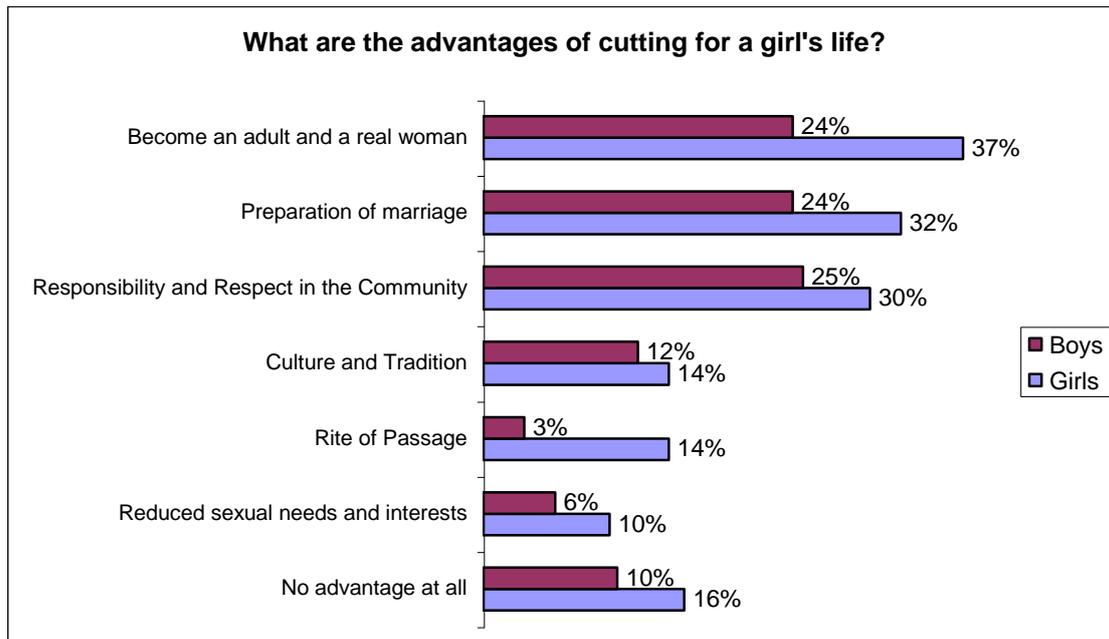


Answers given according to the sample.

Figure 5: Reasons for Non-Circumcision. Source: Questionnaire: Views of Boys and Girls in Marigat. Question 3c. Data record. 2010

¹⁵ According to the information of the Education Officer, a new policy prohibits repeating a grade in school. In the past, students aged 18 or older still remained in school.

Advantages of cutting



Free answers given by the respondents, clustered into the above mentioned categories

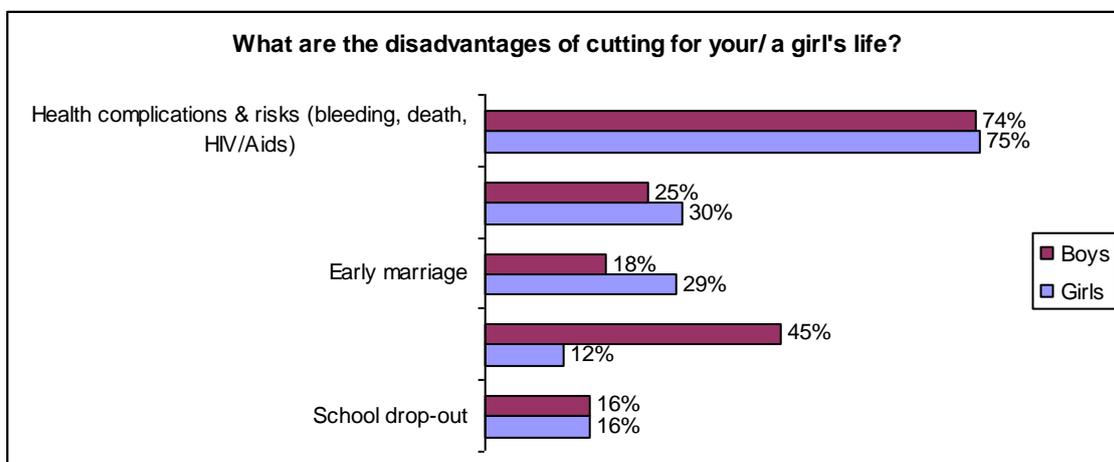
Figure 6: Advantages of cutting. Source: Questionnaire: Views of Boys and Girls in Marigat. Question 3a. Data record. 2010

The above-mentioned table shows the indicated advantages of circumcision divided by gender. In general, the surveyed boys and girls indicated the same advantages. However, more girls than boys saw an advantage in all of the mentioned categories.

“Has more negative affects than advantages.” (Girl, 14 years, Tugen)

“It’s about ruining their body.” (Boy, 16 years, Ilchamus)

Disadvantages of cutting



Free answers given by the respondents, clustered into the above mentioned categories

Figure 7: Disadvantages of Cutting. Source: Questionnaire: Views of Boys and Girls in Marigat. Question 3b. Data record. 2010

The table shown above points out the disadvantages of circumcision in the eyes of the respondents. It is very noticeable that health complications and risks like bleeding, death and HIV/Aids are the most named disadvantages. Besides the physical inconveniences, early marriage, pregnancy and school drop-out are seen as negative social consequences of FGC. Other disadvantages that are not indicated in the table above but named by the girls and boys are: reaching adulthood before their age, poverty, circumcised girls don't like to play with uncircumcised girls/ they leave their friends, it is uncomfortable when having sex and their life becomes bad. However, two boys responded that they don't know any disadvantage.

"God will not allow someone to cut herself!" (Girl, 15 years, Tugen)

"I feel one loses her dignity." (Girl, 14 years, Ilchamus)

"FGC may cause them to drop out from school, causes them to have a marriage desire, makes them more exposed to diseases e.g. HIV/ Aids, it is inhuman to mutilate their organs." (Boys, 17 years, Ilchamus)

"It has no value." (Boy, 16 years, Tugen)

The next question was intended to understand the point of view of girls and boys with regard to the marriageability of uncircumcised girls. Most boys (67.3%) and girls (57.1%) stated that an uncircumcised girl will not get married in her community. They gave the following reasons:

- She is still a child;
- Community beliefs and culture doesn't allow it;
- It is a taboo;
- The girl is regarded as useless and impure;
- She can't raise her children ;
- She hasn't undergone the rite of passage;
- She is not a full member of the community.

"The family will lose a lot of money the day the uncircumcised girl delivers a baby." (Boy, 15 years, Njemps)

"Parts of their body haven't been destroyed." (Boy, 13 years, Ilchamus)

"That will destroy our culture." (Boy, 14 years, Ilchamus)

Boys and girls who think that uncircumcised girls have a possibility to marry, explain:

- Circumcision is not allowed in the community;

- Circumcised and uncircumcised girls are the same;
- Circumcision is not a must ;
- Family is Christian;
- An educated girl can marry uncircumcised;
- Awareness about disadvantages of FGC;
- Law.

“Uncircumcised girls are seen to raise children who are quick to learn, quick to think critically and even they respect their husband.” (Girl, 17 years, Kalenjin)

The girls from Ilingurua Primary School stated about circumcision and their vision of future : “If we all are uncircumcised, boys have to marry uncircumcised girls!”. However they do not like to speak about their own situation and experience with circumcision. (Girls, Ilingurua Primary School, 19/03/2010)

60.2% of the girls and 56.8% of the boys have heard about the ARP. 64% of the boys and 71% of the girls think that ARP can replace cutting. However, about one third of the girls and boys think that it cannot replace FGC. Reasons mentioned for the replacement of FGC through ARP are :

- Awareness about FGC and its consequences;
- ARP educates children;
- Prevent health risks;
- (ARP is without the cut.)

“If the government takes it serious” (Boy, 12 years, Pokot)

“If education continues it will change” (Boy, 16 years, Ilchamus)

“ARP can lead to good and equal treatment of girls”. (Girl, 14 years, Kalenjin)

“If you go to ARP you will come with good advice and with a certificate. And when you go to FGM you will not get anything.” (Girl, 12 years, Kalenjin, Tugen)

“It may identify the girl and she may feel accepted in the community and feel secure.” (Boy, 17 years, Ilchamus)

“It depends on the parents.” (Boy, 14, Ilchamus)

“Many children do not want to be circumcised.” (Boy, 15 years, Ilchamus)

However, 31.8% of the boys and girls do not think that ARP can replace the female cutting. They argue that:

- ARP is not accepted in the community;
- ARP does not correspond to beliefs and tradition;
- Girls can't go to adulthood stage;
- Girls are cut later at home;
- ARP is not well planned.

"Because their body will be the same. The mood for sex will still be there and encourage early pregnancy." (Boy, 15 years, Ilchamus)

"It may be good in another community. It may not be good for the parents." (Girl, 15, Kalenjin)

"The only alternative is to remain uncircumcised and leave the tribe ways." (Girl, 14, Ilchamus)

In another school and as part of a Focus Group Discussion, a group of fourteen to sixteen year old girls were asked about ARP. The girls remain silent. The facilitator insisted and asked directly who of the girls had experienced ARP. Two girls came to the front, both ashamed. Furthermore the girls indicated that they do not socialize with uncircumcised girls, that they are not respected but stigmatized and are also seen as prostitutes. (Girls, N'gambo Primary School, 19/03/2010)

The last question tries to depict the boys' and girls' vision of the future of female cutting. Most of the girls (86.5%) and boys (79.7%) agree to not circumcise their daughters in the future. The main indicated reasons are:

- To prevent health risk and don't want to endanger their daughters;
- Knowledge about disadvantages;
- Education for their daughter;
- Christian beliefs.

"FGM cannot support anything in the community and there are a lot of disadvantages." (Girl, 12 years, Kalenjin/ Tugen)

"I have understood the disadvantages of this FGM and now follow this Alternative Rite of Passage which is the future of our young daughters." (Boy, 15)

"I want her to finish school and get a husband of her choice." (Girl, 16, Ilchamus)

"If her mother is not circumcised why should she get circumcised?" (Girl, 16 years, Ilchamus)

"It defiles both, the mind and the body organs." (Girl, 18 years, Luo)

“She may end up with problems and parents may end up in jail.” (Boy, 14 years, Kalenjin)

“She is very late, earlier there was the practice of circumcision.” (Boy, 12 years, Tugen)

Notwithstanding, one fifth of the boy group and around one tenth of the girl group would circumcise their daughters in order to follow the tradition, to ensure her respect in the community and their marriageability.

5.4 Conclusions

Some aspects for both, the evaluation reports of the GCPPs and the questionnaire results, can be concluded concerning the impact of WV’s project activities in Marigat:

5.4.1 Conclusions of the Evaluation Reports

All three evaluation reports advocate more stakeholder participation and therefore more project ownership by the community. The Tot evaluation report (2009, 17) argues:

“The benefits of girls’ circumcision as perceived by the community hinge on their welfare and not on the girls. An approach centered in girls as the main target group of project interventions does not address the attitudinal, behavioral and belief based system of harmful traditional practices.”

Building capacity among all key stakeholders and community members in general and the strengthening of local institutions is a prerequisite for project ownership and sustainability. The Tot evaluation report (2009, 30) emphasizes on women as major stakeholders in the fight against FGC. However, it also states the importance of involving men and boys in the project activities. Men have to be involved in decision making processes about the abandonment of FGC, leading them to respect uncircumcised girls and to marry them. In Marigat, boys were included in the Alternative Rite of Passage Graduation. Role models are needed for girls and boys, women and men, especially in their role as parents.

Concerning ARP, the Tot report (2009, 21) highlights that the ARP realization was centered on the girl child and criticizes the inadequate involvement of parents and the community. In order to create community ownership of ARP, community members have to be involved in the decision about the ARP graduation, in the development of the curriculum as well as in its realization. Adequate capacity building among CBOs which carry out the training and the graduation must be ensured and the different CBOs and their activities must be coordinated. (Ibid, 29) Furthermore, the report states

the lack of funds as a threat to sustainability of the alternative practice after ending the WV project (ibid, 18). It reasons that a follow-up after the ARP ceremony as well as research on the post ARP progress of girls in the community is needed (ibid, 25).

The Marich Pass evaluation advises the support by politicians for the GCPP. Because of their influence in decision-making in the community, leaders and elders should be invited to participate in all phases of the project. FGC issues should form part of the agenda in any public meeting, the so called baraza. Therefore, provincial administration (chiefs, District Officers, District Commissioners, etc.) should incorporate it in their agendas as a mainstreaming issue.

The evaluation refers to the inadequate and unsustainable situation of rescue centers. It suggests that the community should request funds to fully equip the rescue centers. These should include fencing to provide security, adequate food supply as well as family mentorship for emotional and social support for rescued girls. (Marich Pass Evaluation 2008, 26)

Concluding, the Marich Pass evaluation report (2008, 33) sums up: *“Local strategies by local people should be used to address issues related to harmful traditional practices such as FGM/ EM.”*

5.4.2 Conclusions Concerning the Questionnaire Results

The answers of boys and girls in the questionnaire and their views on cutting can be summarized as follows:

- Boys as well as girls value education. They would like to attend secondary school. Education is regarded as a key to prevent circumcision. But the increased poverty of their families is an obstacle for many of them. Other factors hindering education are circumcision, early pregnancy and early marriage for girls.
- Most of the girls are well informed about the health risks of FGC and they are informed that there is a law against it. Nowadays, girls talk about FGC in a general way, it is not a taboo anymore. But when they are asked for their personal experience they remain quiet. In the questionnaire eleven girls answered that they were circumcised. The others did not answer or negated the question. Most girls indicated the reason that the girl herself is against circumcision, followed by the statement that their parents and/ or grandparents

are against it. Hence, it can be concluded that girls experience themselves as powerful and meaningful in the process of decision-making about circumcision.

- A lot of boys are aware of the consequences of FGC and involved in the issue, but there are others who still lack information.
- Notwithstanding, the majority of girls and boys is still rooted in the beliefs and traditions of their communities. The high number of advantages they mentioned shows this. Even more girls than boys stated advantages. On the other hand, 16% of the girls and 10% of the boys wrote that there is no advantage at all, a clear position.
- Yet, not all boys and girls know about ARP. About 60% of the boys and girls have heard about the alternative rite of passage. Two third of them indicated that it can replace FGC. Critical voices argue that ARP is not well planned and does not correspond to the tradition. Therefore, some girls are cut later at home. Girls are not accepted and suffer stigmatization. This information complies with the experiences described in the Tot evaluation report.
- The majority of girls (85%) and boys (80%) do not want to circumcise their daughter in the future. They do not want to harm her and instead promote her free development through education. This shows a possible future without FGC. It corresponds with the results of the KDHS 2008, which indicates that 80% of the girls in Kenya believe that FGC should be abandoned (see chapter 5.2.2).

5.4.3. Evaluation of the Used Methods

The Questionnaire was devised without any participation or consultation of girls and boys. It was not easy to understand all questions especially by young children between 10 and 11 years, though all children tried to answer. The school environment also influenced the answers of some boys and girls. In one class all students gave the same answers. Teachers were eager to find the “best” students for answering the questions, which was not the intention of the research. Despite these limitations, the answers give a picture of the opinion of boys and girls regarding female cutting in their communities.

This questionnaire addressed only school children. In order to reach all children and not discriminate or marginalize a group of children, it would be important to conduct the questionnaire with children out of school. The data would complete the evaluation results and provide essential information for further adjustment of GCPP’s strategies.

6. Presentation of Further Projects to Overcome Female Genital Cutting in Kenya

Exemplary, this chapter looks at three projects/ programs to overcome FGC implemented in Kenya. First, the “Alternative Rites of Passage”-project approach from Manadaleo Ya Wanawake Organization, a Kenyan women’s grassroots organization is presented. In FGC literature it is always mentioned in relation with Kenya. As described before, this approach is also used in WV’s GCPP. Furthermore, the Fulda-Mosocho Project in Kisii-Land is introduced as a project that originates from the initiatives of Kisii women. The project applies the Value-Centered Approach developed by the German institute, CENTER of PROFS. The implementation of the approach, through the cooperation of the German association “Lebendige Kommunikation mit Frauen in ihren Kulturen e.V.” (“Vivid Communication with Women in their Cultures e.V.”) and the Mosocho community, is scientifically accompanied by the institute. In order to get a comprehensive understanding of the project work for the study, an interview with the projects coordinator in Germany was conducted. The third program presented is the UN Joint Program, a strategy based on the Social Convention Theory and implemented in different African Countries, also in Kenya, among Ilchmus communities in Marigat District.

6.1 Alternative Rites of Passage Projects by Manadaleo Ya Wanawake Organization

The ‘Alternative Rites of Passage’ approach was first championed in Kenya by Manadaleo Ya Wanawake Organization (MYWO) with the international technical agency Program for Appropriate Technology in Health (PATH). The approach was developed in response to extensive study and dialogues with different communities. A survey, conducted in four rural districts of Kenya, confirmed that FGC is perceived to be an important aspect of a girl’s social, moral and physical development. It allows passage from girlhood to womanhood, bestows respectability on the girl and prepares her for marriage. The procedure is considered as a vehicle for affirming the young woman’s movement through the female life cycle and confirming her position in society. (Mustafa Abusharaf, 2006, 76)

Community Participation and Ownership

With technical assistance from PATH, MYWO began working in four districts through a community-based approach. First, the project needed to raise awareness among local policy makers, community leaders, parents, and girls themselves on human rights and

on harmful health and social effects of FGC. The program seeks to place the people directly involved with the practice at the center of activities in order to fully align it with the expressed needs and perspectives of mothers, daughters, fathers, prospective husbands and others within the cultural communities. MYWO and PATH started the project through organizing workshops to review the findings from the community studies and to initiate a dialogue with religious leaders, village chiefs, elders, government officials, health care providers, local volunteers, and women leaders. (Ibid, 82)

Community Sensitization through Peer Educators

Peer educators were trained to raise awareness among others. These change agents mobilized their communities to reflect on the value of their traditions. The training encompassed health and human rights issues surrounding FGC, as well as interpersonal communication and counseling, decision making, conflict mediation and peer outreach. The audience to be reached was prioritized according to the prevailing pattern of decision making about circumcision, according to the age at which it occurs, and the level of opposition to eradication efforts from the community. Where the average age of circumcision is about fourteen, girls might have a say in the decision, and therefore the project needed to address both, parents and girls. Teachers also played a decisive role, as they were trained to address FGC in the classroom, to stress the importance of girls' education and to instruct students in how to communicate with parents and how to withstand social pressure.

Training Girls in Family Life Education

To emulate the local traditions, the Alternative Rite includes a 'seclusion' of three to five days during which the girls are given information on reproductive health through a formal curriculum, and receive 'words of wisdom' from selected mothers regarding their culture (FRONTIERS; 2001, 17). The sessions are participatory and interactive. The topics covered in the curriculum include: interpersonal communication, understanding harmful traditions, FGC, human anatomy, decision making, pregnancy and conception, HIV/ AIDS, courtship, dating and marriage as well as empowerment of men and women. The curriculum further includes discussions about girls' and women's rights.

Public Ceremony

At the end of their seclusion and training, a public ceremony is held during which the girls have a "graduation" to mark their coming of age (ibid. 17). The Initiates receive gifts from the project and/ or their families and members of the community. Through

their songs, dances and drama, the girls make a public pronouncement that they have abandoned FGC. Influential political, religious and government administrative leaders are invited to give speeches on this day.

6.2 Fulda-Mosocho Project – Overcoming Female Genital Mutilation

The Fulda-Mosocho-Project goes back to 1985. At the World Women's Conference in Nairobi, Prof. Dr. Muthgard Hinkelmann-Toewe, head of the CENTER of PROFS (Practice Oriented Feminist Science at Fulda University of Applied Sciences), started a cooperation project with a Kenyan school headmistress from the Luo ethnic group (Leb'Kom and CENTER for PROFS, 2007). They developed and carried out seminars on family planning. In 1997, Kisii women, who heard about these seminars, contacted Prof. Hinkelmann-Toewe, looking for support to create an environment in which Kisii parents could make the decision not to have their daughters circumcised. This new project, the so called "Fulda-Mosocho Project" has been run by the Fulda organization "Vivid communication with women in their cultures e.V." in cooperation with the research and practice project "Women in Kenya" led by the CENTER for PROFS. It works according to the VCP (see chapter 6.9). Correspondingly, the project's subjects and structure were planned and organized right from the start hand-in-hand with the population of the Kisii community.

In the Kenyan Kisii ethnic group, which consists of around three million people, roughly 98% of all girls and women were circumcised when the project was launched in 2002¹⁶ (Ibid, 2007). The ethnic group circumcises girls between the age of three and eight years. In the project region in Mosocho Division, this figure was reduced down to 30% (Leb'Kom and CENTER of PROFS, 2008, 6).

The relevance that FGC is a key part of a system of norms that controls relationships between the genders forms the base of the project's approach. Turning away from FGC means re-defining the relationship structures between men and women. The project seeks to enable people to let their old traditions go with dignity and to adopt new aspects which realize and honor the human rights, particularly that of physical integrity for women (Ibid 2007).

¹⁶

According to the KDHS 2008 the prevalence of FGM among the Kisii was at 96 percent.

According to the VCA (KONSENS 4, 2007, 45), psycho-social pedagogical professionals, so called Anti-FGM experts, are necessary to initiate and flank such change processes. In Mosocho, German team members of the Fulda institutions, qualified in the VCP, organize and coordinate the project work and provide capacitation and educational training together with the local team.

Project Activities

The project intends to enable people to make individual decisions in favor of the integrity of their daughters, leaving them unhurt and in creating an environment in which those who make this decision do not get under pressure. In order to achieve this goal, five pillars of project implementation were developed (Fulda-Mosocho Project coordinator, 13/08/2010): 1) intensive capacitation and educational training to enable multipliers, 2) establishment of a central contact point for information and advice, 3) individual work with women and men, girls and boys, or/ and with the family as a whole, 4) integration of all political and administrative levels beginning from above, as well as the 5) cooperation of the University of Fulda with the ministries of health and education for the final examination of further formal education courses.

The education program is seen as a central element of the work in Mosocho (KONSENS 1+2, 2007, 46). These programs deal, among others, with the anatomy, the physical and psychological effects of FGC, including the contemplation of underlying structures and gender relations. General sexual and gender education, healthy family planning, and HIV prevention are further important topics of the courses. The trainings seek to create new insights picking up on participants' impulses via dialogue and productive development cooperation. Between 2002 and 2005, 210 teachers and headteachers (50% male, 50% female) from all 70 schools of the Mosocho Division in the Kisii Central District were trained and educated in a three and a half year formal education course according to the VCA. They finished these courses and graduated as "Psycho-social Trainer, Educator and Counselor in the areas of Sexual and Reproductive Health", acting as key communicators and role-models. As trainers and educators, they disseminate the new knowledge within their families, within the classroom, in conversations with parents, in the neighborhood as well as in village meetings.

Apart from the formal study of teaching in classrooms with supervision and a final certificate, there are non-formal educational units, such as the one and half year "Value-Centered Community Leaders' Training with 268 participants from all 14 sub

locations (50% men, 50 % women, aged 19 to 90) and a variety of one day seminars, workshops that deal with issues of anatomy and health as well as contemplations on the relationship between the genders. Women, members of women's groups, majors of the region and clan elders etc. participated in these seminars. (KONSENS 4, 2007) In 2007 so called value-centered parent-schools, were established especially for parents on request of several parents and aged people as well. In the first year, nearly 700 young parents attended the Value-centered Parents' Schools with the aim to educate daughters and sons in an equal way and in an atmosphere of being valued. (Fulda-Mosocho Project coordinator, 13/08/2010).

Results and Outcomes

By means of this project the Kenyan association Enka Enyia was founded in Mosocho Division in 2004 (Leb'Kom and Center of PROFS, 2008, 34). It is the first grassroots organization in Kisii Central District whose declared goal is to end FGC. They work in close "hand in hand cooperation" with both German NGOs.

Since 2004, every December, celebrations take place under the motto "A new Growth in our Kisii Culture" – chosen by the local people – at major public events in all seven locations of the Mosocho Division. Uncircumcised girls are declared full members of the Kisii community by high-ranking politicians (Leb'Kom and Center of PROFS, 2008, 34). Every uncircumcised girl is accompanied by a circumcised older girl or woman, a 'guardian' for the celebration itself and for her future life. This alliance also seek to prevent the stigmatization of both, the uncircumcised and the circumcised girl in their social environment (Fulda-Mosocho Project coordinator, 13/08/2010). In 2005, during the festivities, former circumcisers took an oath, formulated by themselves, swearing no longer to perform their old profession, but to promote the health and well-being of girls in their communities. They created a network of former circumcisers and work as health promoters for woman and girls today. (Leb'Kom and Center of PROFS, 2008, 34) Additional seminars, educational and advisory offerings have been requested from the local population – and from neighboring regions as well (Fulda-Mosocho Project coordinator, 13/08/2010).

6.3 UN Jointed Program to Abandon Female Genital Cutting

The UN-organizations UNFPA and UNICEF co-operate for the accelerated abandonment of FGC in specific areas of implementation within 17 countries. The focus of their joint proposal is to leverage social dynamics towards abandonment within

selected communities that practice FGC. (UNFPA and UNICEF, Funding Proposal, 5) Based on a human rights-based approach, the program is predicated on the knowledge of the social convention theory and the field experience of the dynamics of FGC as well as on community strategies for its abandonment. This is consolidated in the social change approach (chapter 7.10). It calls for strengthening and accelerating existing programs while adapting community-led initiatives. The key elements of the social change approach are applied in a systematic manner. In doing so, it is important to identify each factor that sustains FGC in a community and address each by the abandonment program. (UNICEF, 2007, 1)

6.3.1 Implementation in Marigat

Kenya is one of the countries selected to implement the joint program. In Kenya, Ilchamus communities in Marigat District and Samburu communities were chosen for this program. In 2008, UNICEF and UNFPA started their program in Marigat District carrying out a situation analysis with a baseline survey. The main strategic approach is to gain support of an initial core group that decides to abandon FGC and mobilizes a sufficient number of people to reach a tipping point (UNFPA, 2008, 12). Thereby, it creates a rapid social shift regarding the cutting social convention norm. Partnerships with Government, local religious leaders, the media, civil society and education as well as reproductive health sectors form a core feature. The partnership will serve to disseminate acquired knowledge and to foster an enabling environment for collective social change towards an FGC social convention shift.

Within this strategy, the “Ilchamus-Anti-FGM-Forum” was formed in August 2009 through “barazas”, community meetings in Marigat. Meetings take place once a month. WV forms part of the Forum. (District Officer of the Social Services Department, 24/03/2010)

7. Critical Appraisal of the Implementation of Children's Right in Projects to Overcome Female Genital Cutting

FGC is considered as a severe violation of the girl child's rights, even if parents want the best for their daughter in reference to community customs and tradition. Interventions to overcome FGC aim to protect girls against this harmful practice. However, the question is if all approaches and their implementation consider children's rights adequately. This chapter addresses this question, considering the different projects previously presented. The children's rights approach in projects aimed to overcome FGC, will be analyzed discussing the experiences from the field in order to learn from good and poor practise.

The four core principles of the CRC (see chapter 2.2) guide all action to ensure children's rights and protect them against harm. These principles are maximum survival and development, non-discrimination, the best interest of the child and her/ his participation. They are used in this chapter to reflect on children's rights and their implementation in projects to overcome FGC.

A rights-based approach in programming is based on these principles. It considers children as having inherent value and as active participants in the realization of their rights. In doing so, the evolving capacities of a child must be considered while creating a balance between the empowerment and the protection of the child. The child's well-being and, at a minimum standard, not harming the child must guide every decision. (See chapter 4.2)

The best interest principle comprises a procedural rule for projects to overcome FGC. The aim of the principle is to examine the interests of a vulnerable group. A child's interest should be considered in relation to all actions concerning them. In order to assess the best interest of a child, those involved in decision making must fully consider the issue of the child's own view of the subject. (See chapter 2.2)

By supporting the participation of children in decision-making processes, children can be enabled to play an active role in identifying and/ or securing their best interests. Article 5 of the CRC recognizes the key role parents and families have in ensuring that their child can access the rights to which it is entitled. It is based on the belief that children should be taken seriously, that their dignity should be respected and their views should be considered in all matters affecting them. (See chapter 2.2)

The child's ability to form and express an opinion is also depended on the compliance of several other rights in the Convention, such as the right to education and the right to participate freely in cultural life. Of particular importance is the child's rights to protection from all forms of abuse and violence, such as FGC. (See chapter 2.2)

According to Liebel (2009, 53), children's rights contain a concept of protection that is built on self-interests, competencies and participation of children and adolescents. Thus, children are subjects who themselves have an interest in the avoidance of risks and harm.

Therefore, protection is based on actions taken by the affected child itself (not protection from something but protection through something). Are children always able to evaluate the risk of a special situation like circumcision, though? Can girls recognize their "best interest" and distinguish between short and long term interests concerning FGC and their future life? Notwithstanding, children need support in developing the required capacity to act adequately. Children must learn to counteract active risks and to defy them. It is meaningful that boys and girls participate in the decision about the form of protection and in defining the risks. The capacity to form own opinions, to make decisions, and to be self-responsible must be fostered. Children must get a critical understanding of their situation, living conditions as well as actions concerning them.

For young girls at risk it is difficult to avoid or refuse FGC or other harmful practices. However, education and understanding of alternatives can help them to address the issue more openly with their parents, to resist societal pressures and to protect themselves, their sisters and daughters.

7.1 Children's Rights Implementation in Anti-FGC Projects

Children's right to survival and development includes the right to life and to physical integrity. All programs presented seek to protect girls against the risks of FGC which harms both the girls' body and mind and which can also lead to death. Further children's right to development is related to the right to education (see chapter, 2.2) Despite the progress the projects have made, many girls still remain at risk of FGC (see chapter 1 and 5.3).

Education based on and in human rights is regarded as a key to improve the situation of the girl child. Girls as well as boys are encouraged not to accept FGC unquestioned, but to form their own opinions on the subject and alternatives instead. This

necessitates access to education, a high quality of education and respect in the learning environment. In this regard, human rights education also should be addressed within the broader efforts of life skill-based programs, which enhance participation and recognize boys and girls as active contributors. Therefore, schools build an important space to empower children and provide them with skills necessary to participate in society. Targeting girls and boys who do not attend school remains challenging within the Marigat GCPP. In order to reach these boys and girls, informal education should play a major role in the project.

However, FGC can only be ended permanently if the entire society or community supports the idea. Educational initiatives must be extended to embrace all members of the community. Parents, grandparents, community leaders, teachers and children, all need to be able to discuss FGC. Raising awareness among parents and caretakers about children's rights and supporting them to cope with their parenting roles must be a priority. At institutional level, project intervention should seek to strengthen the responsible government institutions.

Human rights education is based on the appreciation of local culture; it seeks to expand the capacity of communities to pursue their own basic values and aspirations more coherently. The process aims to add new dimensions in the discussion instead of undermining traditional values. The discussion does not focus on the "eradication" of "bad" traditions, rather on building a positive vision of girls and women, encouraging their active role in society and enabling them to maintain their traditional values without being subjected to FGC.

Participatory programs must use a gender approach recognizing the specific realities facing girls. Both boys and girls must be engaged in questioning rigid and discriminatory gender socialization and norms and in acquiring skills for gender-equality. This involves creating an environment supportive of meaningful girls' participation through sensitization and education of parents and communities.

The projects recognize the importance of children's right to education in the process of abandoning FGC, even within differences in the local context and approaches. In Marigat District, girls are circumcised above the age of twelve or even when they are older, while the Kisii circumcise their daughters between the age of three and eight. Doubtless, the capacities of the girls differ. The GCPP focusses on the promotion of girls' enrollment and retention in school as well as the integration of FGC as an issue in

school classrooms. Boys and girls are addressed equally in order to raise their awareness about the consequences of FGC (see chapter, 5.2). The UN Jointed Program (see chapter 6.3), implemented with Ilchamus communities in Marigat District, offers a comprehensive informal basic education program for adolescents and adults with little or no formal education. By promoting education for girls and boys, in school or out of school, the projects trigger a critical debate about harmful practices like FGC. The Fulda-Mosocho Project (see chapter 6.2) on the other hand provides an intensive capacitation and educational training to enable key communicators, educates teachers and provides seminars and workshops for community leaders, men, women and parents in particular. Through special parents' schools mothers and fathers are informed and counceled with the aim to enable them to educate their daughters and sons in an equal way and in an atmosphere of being valued. Parents may feel supported in protecting their daughters and in deciding against FGC.

Where both, parents and children, are informed and aware about the consequences of FGC and existing alternatives, they can talk together, explaining their points of view, their interests and make a decision together. The intergenerational dialogue can support the contemplation and discussion about own values and traditions (see also chapter 4.3).

Breaking the silence about FGC and initiating communication is an important step in the process of overcoming FGC. Deciding about FGC is a new issue in families and communities, because in the past, there was no real alternative to circumcision (see chapter 1.3). The first step of all projects is to support information and raise awareness about the existence of an alternative. Notwithstanding, without awareness and the communication about it, it is difficult to reach an understanding between daughters and their parents. Some girls leave their home seeking shelter in rescue centers to avoid the circumcision.

Rescue centers, integrated in boarding schools, may be a necessary short-term proposal for girls in this situation of crisis and need (see chapter, 5.3). However, as a short-term solution rescue centers must support the girls' reintegration into their families, seeking the conversation with parents. In doing so, the girl's right to live with her parents and in the community is recognized. In cases where an agreement to protect girls against FGC fails, a long-term solution must be found with participation of the girl.

The GCPPs supports the development and implementation of ARP. This approach aims to protect the girl against circumcision. At the same time, it aims to empower the girl through education and a ceremony that should guarantee the girls' acceptance in the community and her marriageability. Modern and traditional teaching is incorporated according to the traditional coming of age ceremonies in the community, in order to protect the girls right to their culture. The approach is meaningful and can be effective if it is developed and implemented with intensive community participation. The involvement of girls and boys, mothers and fathers, grandparents and community leaders in ARP is needed. (See chapter 5.3 and 6.1) The trend to perform FGC secretly among communities may question the significance of the initiation rite, though. Notwithstanding, as the questionnaire results show, girls are concerned about their socially acceptance in their communities. The seclusion and graduation may still have importance for them (see chapter 5.3 and 6.1). In the girl's best interest, this must be considered deciding about ARP and its implementation.

In considering the four principles of the CRC in all project interventions consequently the projects can ensure the implementation of children's rights within their project efforts. WV should reconsider the (form of) realization of ARP and the proposal of rescue centers in order to prevent girls to further discrimination. The awareness about FGC and its consequences on the health and social life of girls and women as well as a change of attitude concerning FGC is still weak among community members while the group of adolescents may have changed their attitude because of intensive education efforts. A girl that individually decides not to undergo circumcision, is still a victim of stigmatization in their community. Therefore, the implementation of children's rights and girls' protection against the harmful practice needs further project interventions which provide knowledge and skills to the wider community.

The close cooperation between WV, the UN agencies and the communities in Marigat District can be regarded as an important opportunity. By combining their resources, efforts can be enhanced and the abandonment of FGC in the communities can be accelerated.

Trained staff with reference to children's rights and gender issues is essential for the project's work. Continuous and participatory project monitoring and evaluation should guide the professionals in their work.

7.2 Recommendations for Action Concerning the Girl Child Promotion Project

After almost five years of implementation, the GCPP in Marigat has developed a large knowledge about the local conditions and the context of FGC in the communities. It has established partnerships and realized various activities to raise awareness about FGC among communities' members. Attitudes towards FGC have been changing, in particular among the young population. This is a good base to continue the project activities and expand the effectiveness of the interventions while raising the attention for children's rights. Further steps are necessary to enable the members of Tugen, Pokot and Ilchamus communities to change their behavior towards the abandonment of FGC. Within this purpose, some recommendations can be concluded from the discussion conducted in this study:

- a. WV in Marigat has been successful in raising awareness about FGC and about its health and social consequences among school going boys and girls. Teachers should be further supported in their role as key communicators of human rights and as role-models. In cooperation with both the District Education Department and the District Health and Sanitation Department, WV should promote the implementation of the National School Health Policy in the daily school life. Further support is needed to provide school education material about human rights and children's rights as well as about FGC. This should be composed in a participatory manner.
- b. The provision of informal human rights education should be strengthened in order to raise awareness and empower adolescents and adults, women and men of all ages, with poor or no formal education. A greater part of the community must be involved in discussion about an alternative to FGC. Intergenerational dialogues may present a suitable form of discussing human rights and FGC. The insider position and knowledge of ADP professionals form an important resource to target and involve important opinion leaders within the project adequately.
- c. Both, girls and boys should be empowered through facilitation of information and skills for gender equality. WV should support initiatives for children and adolescents and their participation in community life. The organized youth camps which have been taking place regularly may offer a constant space for their interests and their empowerment.
- d. Before implementing an alternative rite, a community decision, supported by the greater part of the community to abandon FGC has to be achieved. ARP should be in the interest of the community members and therefore it should be

developed and implemented by them. The involvement of parents and community leaders is especially needed. By considering the girls' interests, it can be ensured that girls are accepted in their communities and further discrimination can be prevented. Former circumcisers could play a new role in the seclusion and ceremony of ARP. In this way they get valued in promoting the abandonment of FGC.

- e. Rescue centers should only be a short-term solution for girls who seek protection. A short-term placement of girls in foster families to overcome the crisis situation and to protect girls against FGC could be a considerable alternative to rescue centers in boarding schools. Foster families could provide a long time placement where necessary, also during school holidays. In any case, the concept of shelters for girls should be revised in cooperation with the District Children's Department and with the Area Advisory Council to concentrate efforts and to ensure sustainability as well as reliability for the girls in care.
- f. A close cooperation with the recently (2009) formed District Children's Department is essential to create structures and to implement the policies which protect children's rights. Moreover, WV should engage in the establishment of the Area Advisory Council as a platform for networking and partnership of state and non-state actors, advocates for children's interests and needs, as well as to strengthen the participation of children in the Council.
- g. WV should further request the cooperation with the UN agencies which started implementing their program to abandon FGC among the Ilchamus communities in 2009 in order to avoid parallel interventions
- h. The mainstreaming of the efforts of WV's Area Development Program to overcome FGC among the eight locations in Marigat should be revised and enhanced in order to support the interventions of the GCPP (see chapter 5.1.2). Thus, the project can concentrate its activities on addressing their target group, girls, women and boys.
- i. Communication and information on local, regional as well as national levels of WV's organization should be used to reinforce programs and projects efforts to overcome FGC in Kenya.

8. Final Conclusion

The chosen focus on the protection of children's rights in programs to overcome FGC was challenging. The field research, carried out within the Marigat ADP Evaluation, was short but very intensive. Joining various focus group discussions on FGC, conducting interviews with different stakeholders as well as passing the questionnaire lead to an understanding of the specific context of FGC and children's rights as well as WV's interventions in Marigat District.

However, there are some reservations regarding the research for this study. Two weeks in Marigat is a very limited time to conduct a participatory research which should be a standard for the implementation of children's rights. Neither was the questionnaire worked out with the boys and girls, nor was the context always child friendly and adequate. There are also concerns regarding the feedback of the study, especially in respect of sharing the results of the questionnaire, answered by 300 boys and girls. This could possibly be done by the project coordinator, who could present and discuss the results e.g. in students clubs. Moreover, the study results could complement the evaluation results and be presented to all project stakeholders. Their feedback is important for the continuation of project activities and the continuing education of the Marigat ADP staff, WV Germany as well as of the researcher herself.

As the research in this study was concerned especially with qualitative findings about children's well-being, qualitative data was collected. Its validation was limited due to the rather poor available resources of quantitative data about the outcomes of the Marigat Girls Child Promotion Project.

The theories and literature on FGC are rather diverse. The review was complex and a reasonable selection was necessary. FGC, interventions to ensure children's rights in Kenya, and protection of girls against harmful practice were selected as the main focus for this study. This proved to be challenging. The study offers an overview, but there are ongoing efforts to establish further legislation, policies and programs of the Kenyan Government to end FGC. Similarly, the approaches to overcome FGC make no claim to be complete, as there is further development and adaption to the different needs of communities in progress.

FGC as a severe violation of children's rights is one of many injuries to children's rights, in Kenya and elsewhere. Development programs must increase and improve their efforts to address children as stakeholders and an important target group of

development efforts. Interventions must be human rights-based and need to consider the special situation of boys and girls. Therefore, knowledge about children's rights, skills to work with children as well as an understanding of the individual situation and the child's best interests are necessary. Children's welfare and development must be supported and encouraged in their environment. Their empowerment through real participation in all matters that affect their life should be supported. Recognizing boys and girls as citizens who have a say in decision-making processes in society is fundamental. In order to make sure that program efforts to overcome FGC are in the child's best interest and girls' and boys' rights are respected, participation structures and mechanisms to listen to children's views and needs have to be set up.

However, more collaboration and partnership between the Government, non-governmental organizations and the communities are needed to concentrate activities and to improve effectiveness in the empowerment of girls and boys with the aim to ensure the girl's protection against FGC.

Appendices:

1. Girl Child Promotion Project Goal, Outcomes and Outputs
2. Marigat Girl Child Promotion Project achievement in relation to planned activities
3. Views of Boys and Girls Questionnaire

Appendix 1:**Girl Child Promotion Project Goal, Outcomes and Outputs**

Composed of data from the World Vision Kenya (2006): "Marigat Area Development Programme – Girl Child Promotion Design Document"

Project Goal	Reduced Incidences of FGM among girls in 8 locations of Marigat ADP community by FY 2009.		
Outcome	<u>1.</u> Increased change of attitude and FGM practice among 30% of community members by FY 2009.	<u>2.</u> Increased primary and secondary schools enrollment and retention rates for 30% of school going children in Marigat ADP by 2009.	<u>3.</u> Improve the levels of economic empowerment of women and girls in Marigat ADP by FY 2009
Output	<u>1.1</u> Marigat ADP community members mobilized and sensitized against FGM/ EM	<u>2.1</u> 300 needy/ rescued students in Marigat ADP supported with school fees and other school requirements.	<u>3.1</u> 30 redeemed circumcisers and 500 role models identified and supported to establish sustainable IGAs by FY 2009
	<u>1.2</u> 8 CBOs have capacity and skills to carry out anti-FGM advocacy activities	<u>2.2</u> 4 schools supported to expand and improve physical learning facilities	
	<u>1.3</u> 1000 girls and 300 boys in Marigat ADP community graduate through ARP.		
	<u>1.4</u> 25 advocacy clubs established and supported to engage in child rights, life skills, FGM/ EM and advocacy in 20 primary and 5 secondary schools.		

Appendix 2:**Marigat Girl Child Promotion Project achievement in relation to planned activities**

Source: World Vision Kenya (2010): "Marigat Area Development Programme - Draft Evaluation Report",

Table 46, page 65

PROJECT	P14. MARIGAT GIRL CHILD PROJECT	Plans	Achievement	Reason
Project Goal P14.0	Reduced of FGM among girls in 8 locations of Marigat and Mukutani divisions of Marigat ADP community			
Outcome P14.1.	Increased change of attitude and FGM practice among 30% of 8 locations of Marigat and Mukutani divisions of Marigat ADP community.			
Output P14.1.1.	12,000 community members in 8 locations of Marigat ADP mobilized and sensitized against FGM/EM by FY 2009	12,000	9779	Some community members did not manage to make it to the meeting. But general turnout was good.
Output P14.1.2	8 CBOs have capacity and skills to carry out anti-FGM advocacy activities by FY 2009	8	8	
Output P14.1.3	1000 Girls and boys who have graduated through ARP	1000	400	
Output P14.1.4	25 advocacy clubs trained and supported to engage in child rights, life skills, FGM/EM and advocacy in 20 primary and 5 secondary schools	25	25	
Outcome P14.2.	Increased primary and secondary schools enrollment and retention rates for 30% of school going children in Marigat ADP by 2009			
Output P14.2.1	3 schools supported to expand and improve physical learning facilities.	3	2	One more rescue centre to be constructed in FY10.
Output P14.2.2	400 needy/rescued students in Marigat ADP supported with school fees and other school requirements	400	78	Some rescued girls joined secondary school which took more funds as compared target.
Outcome P14.3	Improved levels of economic empowerment of women and girls in Marigat ADP by 09			
Output P14. 3.1	400 women supported to establish sustainable IGAS in 8 locations of Marigat			
Output P14. 3.2	Effective project management and adherence to partnership standards	100%	95%	
Output P14.3.3	Effective project capital assets management	100%	100%	

Appendix 3: Boys and Girls FGC-Questionnaire

We would like to ask **YOU** to answer the following questions about your opinion on the importance of secondary education, Female Genital Mutilation (= FGM/ cutting) and Alternative Rite of Passage. We don't need your name.

Gender

boy girl

Age

I am _____ years old

Tribe

I am a member of the _____ tribe

1) Would YOU like to attend a Secondary School?

- Yes, very much I don't know
 Yes, if possible No, I don't think so

2) What do YOU think are the reasons that only a few girls attend Secondary School?

- Lack of school fees Early pregnancy
 The parents don't allow Early marriage
 Circumcision Other

If you are a **GIRL** please answer these questions:

3) Have YOU been circumcised?

- Yes
 No

3a) What are the advantages of cutting for YOUR life?

- _____

3b) What are the disadvantages of cutting for YOUR life?

- _____

3c) I am not circumcised (yet):

- Because I am still too young
 Because I am against it
 Because my parents or grandparents are against it
 I don't know

If you are a **BOY** please answer these questions:

3a) Why do YOU think girls get circumcised?

- _____

3b) What do YOU think can be the advantages of FGM for their life?

- _____

3c) What do YOU think can be the disadvantages of FGM for their life?

- _____

4) Can a girl who is not circumcised get married in your community? Give reasons!

-
- Yes, because _____
- No, because _____

5) Have YOU heard about the Alternative Rite of Passage?

(it's a formation and celebration for girls to become women without cutting)

- Yes No

6) Can the Alternative Rite of Passage replace FGM/ cutting, what do YOU think? Give reasons!

- Yes, because _____
- No, because _____

7) Will you have YOUR daughter circumcised/ cut in the future?

- Yes, because _____
- No, because _____

Literature

Abusharaf, R. (2006): "Female Circumcision: Multicultural Perspectives": Philadelphia

Alston, P. (1994): "The Best Interests Principle: Towards a Reconciliation of Culture and Human Rights": in: "International Journal of Law and the Family", 1 – 25

Dorkenoo, E. (1995): "Cutting the Rose. Female Genital Mutilation: The Practice and It's Prevention.": London

Government of Kenya, Ministry of Education and Ministry of Public Health and Sanitation (2009): "National School Health Guidelines.": Nairobi

Government of Kenya, National Council for Children Services (2006): "Guidelines for the Formation and Operation of Area Advisory Councils 2006": Nairobi

Government of Kenya, National Council for Children Services (2007): "Training Resource Manual for Area Advisory Councils 2007": Nairobi

Government of Kenya and UNICEF (2010): "Situation Analysis of Children, Young People and Women in Kenya. The Future in the Hands of Kenya's Children and Young People": Nairobi: (Unpublished Draft)

Gruenbaum, E. (2001): "The Female Circumcision Controversy. An Anthropological Perspective.": Philadelphia

Hinkelmann-Toewe, M. (2007): "Women's Power in Africa. From Appreciating Women's Value to Creation of Value. The Economic Implications of the Value-Centered Approach." In: KONSENS 1+2/ 2007

Hinkelmann-Toewe, M. (2007): "Pipelines of Acceptance to Speed the Implementation of the UN MDGs.": In: KONSENS 4/ 2007

Kenya National Bureau of Statistics (2010): "Kenya Demographic and Health Survey 2008-09": Nairobi

Kindernothilfe (2008): "The Child Rights Approach in Kindernothilfe's Work in Germany and Abroad": Duisburg

Lebendige Kommunikation mit Frauen in ihren Kulturen e.V. (Leb'Kom) und CENTER of PROFS, Hessisches Ministerium für Wirtschaft, Verkehr und Landesentwicklung (2008): „Leid Beenden – Perspektiven Schaffen. Weibliche Genitalverstümmelung in Afrika ist Überwindbar.“: Fulda

Lebendige Kommunikation mit Frauen in ihren Kulturen e.V. (Leb'Kom) und CENTER of PROFS (2006): „Fulda-Mosocho-Project: We can Overcome Female Genital Mutilation.“: Fulda

Liebel, M. (2009): „Nicht über unsere Köpfe hinweg' oder: Partizipation in der beste Kinderschutz“: in: izKK Nachrichten 2009 – 1: „UN-Kinderrechtskonvention – Impulse für den Kinderschutz“.

Mackie, G. (2000): "Female Cutting: The Beginning of the End" in: Shell-Ducan, Bettina and Hernlund, Ylva: "Female 'Circumcision' in Africa – Culture, Controversy, and Change": London

Miles, O. W. (2008): "UNFPA FGM/ C Abandonment Project in Baringo and Samburu Districts – Baseline Study Report": Nairobi

Population Council (2007): "Contributing towards Efforts to Abandon FGM/ C in Kenya: A Situational Analysis on Behalf of the Ministry of Gender, Sports, Culture and Social Services.": Nairobi

Rahman, A. and Toubia, N. (2000): "Female Genital Mutilation. A Guide to Laws and Policies Worldwide": New York

Save The Children UK (2004): „Children and Young People – Participating in PRSP Processes. Lessons from the Save The Children’s Experiences”: London

WHO (1996): "Female Genital Mutilation: Report of a WHO Technical Working Group": Geneva

World Vision Finland and World Vision Kenya (2007): "Female Genital Mutilation: Girl Child Empowerment through Alternative rites of passag. The World Vision Kenya Experience.": Nairobi

World Vision International (2009a): "Children’s Well-Being Policy"

World Vision International (2009b): "Child Well-being Outcomes"

World Vision International (2000): "Child Protection Standards Policy"

World Vision International (2010): "World Vision International Guidance Note: Child Protection in World Vision."

World Vision Kenya (2009a): "World Vision Kenya Brief": Nairobi

World Vision Kenya (2009b): "Tot Anti-FGM Project. Final Report – End of Project Evaluation": Nairobi

World Vision Kenya (2004): "Marigat Anti-FGM-Project Proposal.": Nairobi

World Vision Kenya (2008): "Marigat Girl Child Promotion Project – Annual Operating Plan FY 09", Nairobi

World Vision Kenya (2010): "Marigat Area Development Programme - Draft Evaluation Report", Nairobi

World Vision Kenya (2006): "Marigat Area Development Programme – Girl Child Promotion Design Document": Nairobi

World Vision Kenya (2008): "End of Project Evaluation Report for Marich Pass Eradication of FGM/ EM and Girl Child Development Project": Eldoret

Internet Sources

African Charter on Human and Peoples’ Rights (1981):

<http://www.africa-union.org/root/au/Documents/Treaties/Text/Banjul%20Charter.pdf>

Accessed: 02.09.2010

African Charter on the Rights and Welfare of the Child (1990):

<http://www.africaunion.org/root/au/Documents/Treaties/Text/A.C.ON.THE.RIGHT.AND.WEL.F.O.F.CHILD.pdf>

Accessed: 02.09.2010

Central Intelligence Agency (CIA) (2010): "The World Fact Book":

<https://www.cia.gov/library/publications/the-world-factbook/geos/ke.html>:

Accessed: 22.07.2010

Chege, J.N.; Askew, I.; Liku J.; FRONTIERS in Reproductive Health (2001): "An Assessment of the Alternative Rites Approach for Encouraging Abandonment of Female Genital Mutilation in Kenya"

http://www.popcouncil.org/pdfs/frontiers/FR_FinalReports/Kenya_FGC.pdf

Accessed: 12.08.2010

Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) (1979):

<http://www.un.org/womenwatch/daw/cedaw/text/econvention.htm>

Accessed: 02.09.2010

Convention on the Right of the Child (1989):

<http://www2.ohchr.org/english/law/pdf/crc.pdf>

Accessed: 02.09.2010

Finke, E. (2006): "Genital Mutilation as an Expression of Power Structures: Ending FGM through Education, Empowerment of Women and Removal of Taboos": in: African Journal of Reproductive Health, Vol. 10, No.2, August 2006: pp 13 – 14

<http://www.bioline.org.br/pdf?rh06022>

Accessed: 15.07.2010

FRONTIERS in Reproductive Health (2002): "Using Operation Research to Strengthen Programs for Encouraging Abandonment of Female Genital Cutting. Report of the Consultative Meeting on Methodological Issues for FGC Research, April 9-11/2002": Nairobi

http://www.popcouncil.org/pdfs/frontiers/nairobi_fgcmtdg.pdf

Accessed: 12.08.2010

FRONTIERS in Reproductive Health, USAID and GTZ (2006): "Female Genital Mutilation in Kenya: Evidence Links Health Workers to FGM": Nairobi

http://www.popcouncil.org/pdfs/2006RH_FGMPolicyBrief.pdf

Accessed: 22.07.2010

Fulda-Mosocho Project

<http://www.fulda-mosocho-project.com/>

Accessed: 30.08.2010

GTZ (2010): Health Sector Programme Blog „Kenya Making Important Progress in the Fight against Female Genital Mutilation“: posted on August 16th, 2010:

<http://www.gtzkenyahealth.com/blog3/?p=5747>

Accessed: 18.08.2010

GTZ (2009a): "Female Genital Mutilation and Education": Eschborn

<http://www.gtz.de/en/dokumente/en-fgm-topics-education.pdf>

Accessed: 25.07.2010

GTZ (2009b): „The Human Rights-Based Approach in German Development Cooperation“: Eschborn

<http://www.gtz.de/de/dokumente/en-hrba-long-2009.pdf>

Accessed: 02.08.2010

GTZ (2007): „Good Governance and Female Genital Mutilation: A Political Framework for Social Change.“: Eschborn

<http://www.gtz.de/de/dokumente/gtz2007-en-fgm-good-governance.pdf>

Accessed: 16.07.2010

GTZ (2006): „Female Genital Mutilation (FGM): MDGs, PRSPs and Agenda 2015 – What are the Linkages?“, Eschborn

<http://www.gtz.de/en/dokumente/en-fgm-topics-mdg-prsp.pdf>

Accessed: 25.07.2010

GTZ (2001): „Addressing Female Genital Mutilation. Challenges and Perspectives for Health Programmes. Part I: Selected Approaches“, Eschborn

<http://www.gtz.de/de/dokumente/en-fgm-addressing-fgm.pdf>

Accessed: 25.07.2010

Government of Kenya: „The Children’s Act, 2001“:

http://www.kenyapolice.go.ke/resources/Childrens_Act_No_8_of_2001.pdf

Accessed: 30.08.2010

Government of Kenya: Ministry of Gender, Children and Social Development:

<http://www.gender.go.ke>

Accessed: 27.08.2010

Government of Kenya, Ministry for Gender, Children and Social Development Kenya (2009): “Speech by Minister During the the Public Declaration on ‘The Abandonment of Female Genital Mutilation’ by the Njuri Ncheke Council of Elders of Meru”:

<http://www.gender.go.ke/index.php/Speeches/speech-by-minister-during-the-public-declaration-on-the-abandonment-of-fgm-by-the-njuri-ncheke-council-of-elders-of-meru.html>

Accessed: 18.08.2010

International Covenant on Civil and Political Rights (1966):

<http://www2.ohchr.org/english/law/ccpr.htm>

Accessed: 15.08.2010

International Covenant of Economic, Social and Cultural Rights (1966)

<http://www2.ohchr.org/english/law/cescr.htm>

Accessed: 15.08.2010

IRIN, Humanitarian News and Analysis (2005): “Kenya: A Case Study of Modern Legislation Against Cultural Identity”:

<http://www.irinnews.org/PrintReport.aspx?ReportId=53520>

Accessed: 09.08.2010

izKK Nachrichten (2009): “Un-Kinderrechtskonvention – Impulse für den Kinderschutz“:

http://www.dji.de/bibs/IzKK-Nachrichten_09-1.pdf

Accessed: 31.08.2010

Yoder, S. and Khan. S. (2008): "DHS Working Paper: Numbers of Women Circumcised in Africa."

<http://www.measuredhs.com/pubs/pdf/WP39/WP39.pdf>

Accessed: 09.07.2010

Yoder, S., Abderrahim, N. and Zhushumi, Arlinda (2004): "DHS Comperative Report 7: Female Genital Cutting in the Demographic and Health Surveys: A Critical and Comparative Analysis."

<http://www.measuredhs.com/pubs/pdf/CR7/CR7.pdf>

Accessed: 09.07.2010

Lansdown, G., UNICEF, Innocenti Research Centre, and Save The Children (2005): "Innocenti Insight. The Evolving Capacities of the Child": Florence

<http://www.createsolutions.org/unicef/Documents/resources/theme/crbaandcp/unicefinnocentievolvecapacities05.pdf>

Accessed 30.07.2010

Mackie, G. and LeJeune, J.; UNICEF, Innocenti Research Centre (2009): "Social Dynamics of Abandonment of Harmful Practices: A New Look at the Theory": Florence

http://www.unicef-irc.org/publications/pdf/iwp_2009_06.pdf

Accessed: 25.08.2010

Office of the United Nations High Commissioner for Human Rights (1997): "Harmful Traditional Practices Affecting the Health of Women and Children", UNOHCHR, Fact Sheet No. 23:

<http://www.unhchr.ch/Huridocda/Huridoca.nsf/TestFrame/3fc7f2fea4531c87802566a5004c0171?Opendocument>

Accessed: 23.08.2010

Population Council (2010): "The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable Young People. Kenya 2008-09": New York

http://www.popcouncil.org/pdfs/PGY_AdolDataGuides/Kenya2008-09.pdf

Accessed: 25.08.2010

Santos Pais, M. (2007): In: Carol Bellamy, Jean Zermatten: "Realizing the Rights of the Child", Swiss Human Rights Book Vol. 2 (2007): pp. 220 - 228

http://www.swisshumanrightsbook.com/SHRB/shrb_02_files/347_23%20pais.pdf

Accessed: 28.08.2010

Toubia, N. and Elman S. (2003): "Female Genital Mutilation: Have We Made Progress?" International Journal of Gynecology and Obstetrics, 82 (2003): pp 251-261

<http://download.journals.elsevierhealth.com/pdfs/journals/0020-7292/PIIS0020729203002297.pdf>

Accessed: 28.08.2010

United Nations General Assembly (2009): „The Girl Child - Promotion and Protection of the Rights of Children, Report of the Secretary-General": A/64/285: New York

<http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N09/454/83/PDF/N0945483.pdf?OpenElement>

Accessed: 26.07.2010

United Nations General Assembly (1998): "Traditional or Customary Practices. Affecting the Health of Women, Report fo the Secretary-General": A/53/354, New York

<http://www.unhchr.ch/Huridocda/Huridoca.nsf/TestFrame/3fc7f2fea4531c87802566a5004c0171?Opendocument>

Accessed: 26.07.2010

United Nation (2008): "Eliminating Female Genital Mutilation – An Interagency Statement OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO": Geneva

http://www.unfpa.org/webdav/site/global/shared/documents/publications/2008/eliminating_fgm.pdf

Accessed: 30.07.2010

United Nations Economic and Social Council, Commission on the Status of Women (2010): "Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly, entitled 'Women 2000: gender equality, development and peace for the twenty-first century'. Ending Female Genital Mutilation. Draft Resolution".

UNICEF (2007): "Coordinated Strategy to Abandon Female Genital Mutilation/ Cutting in One Generation: A Human Rights-Based Approach to Programming.": New York

http://www.childinfo.org/files/fgmc_Coordinated_Strategy_to_Abandon_FGMC_in_One_Generation_eng.pdf

Accessed: 30.07.2010

UNICEF (2005): "Early Marriage – A Harmful Traditional Practice. A Statistical Exploration": New York

http://www.unicef.org/publications/files/Early_Marriage_12.lo.pdf

Accessed: 30.07.2010

UNICEF, Innocenti Research Centre (2005): "Innocenti Digest: Changing a Harmful Social Convention: Female Genital Mutilation/ Cutting": Florence

http://assets.unicef.ch/downloads/FGM_English-nov05.pdf

Accessed: 30.07.2010

United Nations Development Fund for Women (UNIFEM) (2004): "Pathway to Gender Equality: CEDAW, Beijing and the MDGs": New York

http://www.unifem.org/attachments/products/385_PathwayToGenderEquality_screen.pdf

Accessed: 30.07.2010

UNFPA (2009): "Global Consultation of Female Genital Mutilation/ Cutting": New York

http://www.unfpa.org/webdav/site/global/shared/documents/publications/2008/fgm_2008.pdf

Accessed: 30.07.2010

UNFPA and UNICEF: Joint Programme Female Genital Mutilation/ Cutting: Accelerating Change. 2008 Annual Report

http://www.unfpa.org/webdav/site/global/shared/documents/publications/2009/unfpa_unicef_fgmc_report.pdf

Accessed: 30.08.2010

United Nations Universal Declaration of Human Rights (1948)

<http://www.un.org/en/documents/udhr/>

Accessed: 15.08.2010

WHO (2010): "Female Genital Mutilation: Key Facts": Fact Sheet No. 241:

<http://www.who.int/mediacentre/factsheets/fs241/en/print.html>

Accessed: 09.07.2010

WHO (2006): "Female Genital Mutilation and Obstetric Outcome: WHO Collaborative Prospective Study in Six African countries": Geneva

<http://www.who.int/reproductivehealth/publications/fgm/fgm-obstetric-study-en.pdf>

Accessed: 09.07.2010

Female Genital Cutting (FGC) is widely recognized as a violation of human rights of girls and women. FGC in Kenya and elsewhere is considered a necessary step to enable girls to enter adulthood and is therefore a socially accepted, even required convention. But the custom not only endangers the lives of the girls circumcised, it often entails a life-long trauma and also puts a limit on the experience of womanhood. The practice is frequently connected with early marriage, dropping out of school, lack of education, and general gender discrimination. Stopping the practice requires a process of social change that enables communities to actively decide to abandon the practice. Martina Doecker's Master's thesis adds value to the on-going discussion on how best to initiate a transition. Must we forsake tradition in order to protect children's reproductive health? Or compromise health and children's rights in order to accommodate tradition? In this paper, children's rights and different approaches are discussed and examples of projects to prevent FGC are introduced, focussing especially on World Vision's Girl Child Promotion Project in Marigat, Kenya.