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THIS ACTION IS FUNDED BY THE EUROPEAN UNION

ANNEX 4

to the Commission Implementing Decision on the financing of the multiannual action plan in favour of the Republic of Kenya for 2023-2024

Action Document for Stop Female Genital Mutilation Now - Komesha FGM Sasa!

MULTIANNUAL PLAN
This document constitutes the multiannual work programme within the meaning of Article 110(2) of the Financial Regulation, within the meaning of Article 23 of the NDICI-Global Europe Regulation.

1 SYNOPSIS

1.1 Action Summary Table

1. Title **CRIS/OPSYS business reference** **Basic Act**	**Stop Female Genital Mutilation Now - Komesha FGM Sasa!** OPSYS ACT 61869 Financed under the Neighbourhood, Development and International Cooperation Instrument (NDICI-Global Europe)
2. Team Europe Initiative	No
3. Zone benefiting from the action	The action shall be carried out in Kenya, with some activities with a focus on specific counties, indicatively Garissa, Embu, Tharaka Nithi, Taita Taveta
4. Programming document	Multi-annual Indicative Programme (MIP) for Kenya 2021-2027[1]
5. Link with relevant MIP(s) objectives / expected results	Specific objective: Enhanced human rights for women and youth, including democratic participation and representation, sexual and reproductive health, and reduced gender-based violence Expected result 2.2a: Women, youth and children are better protected against all forms violence, including gender-based violence, and have improved access to quality sexual and reproductive health services and information
PRIORITY AREAS AND SECTOR INFORMATION	
6. Priority Area(s), sectors	MIP Priority Area 2: Leave no one behind: Human Development and Digital Inclusion MIP sector 2.2: Empowering women and youth
7. Sustainable Development Goals (SDGs)	Main SDG: SDG 5 – Gender Equality Other significant SDGs: SDG 3: Good Health and Well-being SDG 16: Peace, Justice and Strong Institutions SDG 17: Partnerships for the goals

[1] Decision C(2021) 9088 Final, dated 14/12/2021, adopting a Multiannual Indicative Programme for the Republic of Kenya for the period 2021-2027

8 a) DAC code(s)	15180: Ending violence against women and girls (85%) 13081: Personnel development for population and reproductive health (15%)			
8 b) Main Delivery Channel	12001 Central Government; 12002 Local Government; 20000 NGOs and Civil Society; 41100 UN Entities			
9. Targets	☐ Migration ☐ Climate ☒ Social inclusion and Human Development ☒ Gender ☐ Biodiversity ☒ Education ☒ Human Rights, Democracy and Governance			
10. Markers (from DAC form)	**General policy objective** @	**Not targeted**	**Significant objective**	**Principal objective**
	Participation development/good governance	☐	☒	☐
	Aid to environment @	☒	☐	☐
	Gender equality and women's and girl's empowerment	☐	☐	☒
	Reproductive, maternal, new-born and child health	☐	☐	☒
	Disaster Risk Reduction @	☒	☐	☐
	Inclusion of persons with Disabilities @	☐	☒	☐
	Nutrition @	☒	☐	☐
	RIO Convention markers	**Not targeted**	**Significant objective**	**Principal objective**
	Biological diversity @	☒	☐	☐
	Combat desertification @	☒	☐	☐
	Climate change mitigation @	☒	☐	☐
	Climate change adaptation @	☒	☐	☐
11. Internal markers and Tags:	**Policy objectives**	**Not targeted**	**Significant objective**	**Principal objective**
	Digitalization @	☐	☒	☐
		YES	NO	
	digital connectivity	☐	☒	
	digital governance	☐	☒	
	digital entrepreneurship	☐	☒	
	digital skills/literacy	☐	☒	
	digital services	☒	☐	
	Connectivity @	☐	☒	☐

	digital connectivity energy transport health education and research	YES ☐ ☐ ☒ ☒	NO ☒ ☒ ☐ ☐	
	Migration @	☒	☐	☐
	Reduction of Inequalities @	☐	☒	☐
	Covid-19	☒	☐	☐
BUDGET INFORMATION				
12. Amounts concerned	Budget line(s) (article, item): BGUE-B2024-14.020121-C1-INTPA Total estimated cost: EUR 4 000 000 Total amount of EU budget contribution: EUR 4 000 000 The contribution is for an amount of EUR 4 000 000 from the general budget of the European Union for 2024, subject to the availability of appropriations for the respective financial years following the adoption of the relevant annual budget, or as provided for in the system of provisional twelfths.			
MANAGEMENT AND IMPLEMENTATION				
13. Type of financing[2]	**Indirect management** with the entity to be selected in accordance with the criteria set out in section 4.3.1 and 4.3.2			

1.2 Summary of the Action

Deeply embedded rigid and harmful gender norms are a root cause of the development challenge for women and girls, in all their diversity, in Kenya. Sexual and gender-based violence (SGBV) remains pervasive and has been exacerbated by the Covid-19 pandemic. In particular, Female Genital Mutilation (FGM) remains highly prevalent in Kenya including in refugee hosting areas, closely linked to child marriages and teen pregnancy. Gender equality, and the freedom from gender based violence, is a cornerstone in the EU's values and interests as pursued in Kenya, and it has a direct negative effect on women's opportunities in terms of education, career and other opportunities in life, including disabling consequences.

With a focus on Kenya's commitment to end FGM by 2026, the action's overall objective is to better protect vulnerable populations such as women, youth, children, persons with disabilities and displacement affected communities against all forms of gender based violence, and to support Kenya's efforts to effectively combat FGM. It will aim to (a) strengthen the capacity and action of duty-bearers at the national and county levels to eradicate FGM and (b) improve access to quality public education, information and community-based services on the eradication of FGM and sexual and reproductive health. While the first component will have a national dimension, the second component will have a geographic focus on a limited number of counties, including areas with a significant concentration of forcibly displaced persons, including refugees, asylum seekers and local host communities, building on complementary geographic coverage with other actions from EU Member States and United Nations (UN) agencies. The proposed target counties are identified due to the minimal level of intervention ongoing from development partners, despite a high prevalence of FGM as per the 2022 Kenya Demographic Health Survey.[3]

[2] Art. 27 NDICI

[3] https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjXz4vAlsqAAxVG_qQKHV0ZAYUQFnoECB4QAQ&url=https%3A%2F%2Fstatistics.knbs.or.ke%2Fnada%2Findex.php%2Fcatalog%2F124&usg=AOvVaw1ICqrQ-YK5vcgvTqZi74wS&opi=89978449

Kenya has committed to ending all forms of GBV and FGM by 2026. This has translated into enacting laws and the establishment of the Anti-FGM Board, whose mandate includes designing, supervising and coordination of all programmes aimed at FGM eradication. However, its prevalence, nature and severity have been found to not only be associated with traditions but also income levels, level of education and information, lack of implementation of policies, and place of residence.

This prompts the need for multisectoral and specific holistic approaches that do not result in cultural clashes. Kenya's political commitment and credible policies and institutions are conducive to impactful and sustainable change towards full eradication despite the lack of funding. In order to maximize the level of funding available and raise the EU's political profile, the action follows a Team Europe approach, by complementing the work of EU Member States (MS) nationwide and in specific counties. The action will in particular build on the gains made by the ongoing Finland bilateral programme on GBV, especially on strengthening case management and referral pathways. It will also leverage on the gains made from the Danish initiatives on strengthening shelter support for SGBV survivors in Kenya. It will also complement in terms of geographic focus, other actions currently implemented by EU MS, notably Finland, Sweden, Denmark, Italy and Ireland. It will also complement actions already ongoing in Kenya under the Spotlight Africa regional programme jointly implemented by UNFPA and UNICEF. It will be closely coordinated with other EU-funded programmes, notably PLEAD 2, in relation to its focus on improved judicial responses to SGBV and survivors' access to justice, and the two civil society grants contracted under the 2022 Call for Proposals, addressing both SGBV and civil society action against FGM in Western Kenya.

The action will build on and expand partnerships to address harmful practices in collaboration with the Government, civil society, women and youth-led groups, the media, traditional and religious leaders and other key influencers. It will also contribute to strengthening the partnerships between the EU and Kenya in the global fight against SGBV.

The action is guided by the Gender Action Plan II[4]I and its Country-level implementation plan (CLIP[5]) for Kenya, focusing directly on its first objective, i.e. ensuring freedom from all forms of gender-based violence and promoting universal access to sexual reproductive health and rights.

2 RATIONALE

2.1 Context

Kenya is co-leading the Generation Equality Forum (GEF) Gender-Based Violence (GBV) Action Coalition alongside the EU as one of the partners. Placing itself as a global leader in the combat against GBV, Kenya has committed to ending all forms of GBV and FGM by 2026, a commitment which was recently reaffirmed by the newly elected President Ruto to eradicate FGM by the end of his tenure.

Kenya has ratified numerous international and regional legal instruments, enacted the Prohibition of FGM Act of 2011 and other laws that contain provisions that address FGM including the Children's Act, 2022 and Protection Against Domestic Violence Act, 2015. The National Policy for the Eradication of Female Genital Mutilation and the National Policy on Prevention and Response to Gender-Based Violence 2019 prohibits the practice of FGM and safeguards against violation of a person's mental or physical integrity through the practice of FGM. This protection is also enshrined within the Bill of Rights in the Constitution of Kenya.

The Prohibition of FGM Act 2011 is a comprehensive piece of legislation that defines and criminalizes FGM and other associated offences and prescribes the sanctions for those offences. The Act establishes the Anti-FGM Board, which aims to offer policy leadership and programmatic coordination of the campaign in Kenya. Combined with the political leadership given by the previous and current presidents, the impetus exists in Kenya for multi-stakeholder strategies and roadmaps for addressing FGM, with the Anti-FGM Board leading the initiative.

[4]https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwilscT6osqAAxUG2qQKHfCuCrQQFnoECBsQAQ&url=https%3A%2F%2Fec.europa.eu%2Fcommission%2Fpresscorner%2Fdetail%2Fen%2FIP_20_2184&usg=AOvVaw1i1HhScbNYmXYyhcucElQ5&opi=89978449

[5] https://www.eeas.europa.eu/delegations/kenya_en?s=352

However, Kenya is currently facing a very difficult macro-fiscal situation, where funds for the effective implementation of important public policy initiatives are increasingly limited.

Kenya has made significant progress towards the elimination of FGM, from 37% in 1998 to 15% in 2022 according to the recent Kenya Demographic Health Survey (2022). The percentage of circumcised women who were cut (type 1 – clitoridectomy) and had flesh removed (type 2 – excision) declined from 87% to 70%, while the percentage of circumcised women sewn closed (type 3 – infibulation) increased from 9% to 12%. FGM prevalence at the sub-national level remains high in some pockets of Kenya. FGM is notable concentrated (97.5 %) in the north eastern region predominately inhabited by the Somali community, which accounts for around 50% of refugees and asylum seekers in Kenya, and, whose prevalence rate is 94%.

Due to intensified campaigns, legal prohibition and criminalization, communities are transforming and finding ways to perform FGM without attracting sanctions. The festivities and ceremonies that accompanied and characterized FGM season are no longer prominent and overt, with some families and communities migrating across national borders to where they can freely perform ceremonies.

Other emerging trends include the shift in the age for undergoing FGM and change in type of FGM, including procuring services of trained medical personnel to perform FGM (e.g. medicalization of FGM). These trends, including in humanitarian crisis situations, make detection more difficult, hence prevention and response efforts more challenging. As a result, over 475,000 girls are at risk of FGM in Kenya between 2022 and 2030, as 75% of girls may undergo the cut between the ages of 8 and 14. This is due to persistent cultural, and social norms stemming from gender inequality that prevent them from having a voice, choice and urgency to oppose FGM.

The proposed programme takes into consideration the numerous challenges that hamper the eradication of FGM efforts in Kenya. Some of the key challenges include:

- Communities where FGM is highly prevalent have resulted to performing FGM in secret, for instance by doing so at night, across a national border, at a non-typical time of year (outside the "cutting season" in December/ January), or by cutting girls at a younger age so they are not able to report.
- Re-emergence of the practice in communities that had abandoned FGM, including the cutting of older women/mothers.
- Insufficient implementation and enforcement of the Prohibition of Anti-FGM Act, 2011.
- Lack of integration of FGM/Gender-responsive programming in the County Integrated Development Plans (CIDPs), with little or no resource allocation.
- Setbacks from Covid-19 pandemic. The pandemic disruptions and lockdowns led to people staying at home for longer periods, economic losses of livelihood, closure of schools, all of which made girls increasingly isolated from support system and safety nets, thus leading to increased observed cases of FGM. As illustration, almost 3000 girls in Kuria underwent FGM in late 2020 and were paraded and celebrated in defiance of the government's criminalizing of the practice. The pandemic-related lockdowns hampered interventions at the community level, thus increasing risks on women and girls.
- Cross-border movement for the purposes of FGM is a growing challenge in Kenya (in particular among the Pokot, Borana, Abakuria, Rendille, Somali and Maasai communities).
- Increased medicalization of FGM, which is not specifically identified as an offence under the Medical Practitioners and Dentists Act. A 2018 study shows that Kenya is ranked number 3 in the world in medicalized FGM.

In the view of these emerging challenges to FGM eradication, strengthening knowledge management through comprehensive social norms studies at sub-national levels (within high prevalent counties) is critical. This action seeks also to strengthen FGM data collection, using real-time data collection tools, digital solutions, multi-stakeholder knowledge management and data dissemination, as well as other multi-agencies programmes on FGM prevention and response.

2.2 Problem Analysis

Female Genital Mutilation (FGM) is widely practiced in many Kenyan communities, involving partial or total removal of the external female genitalia or other injury to the female organs for cultural or other non-therapeutic reasons. The prevalence of the practice varies widely among ethnic groups. However, since KDHS (2022) has not yet disaggregated FGM prevalence per county, KDHS (2014) indicates that FGM remains almost universal among the Somali and the neighbouring communities, with Garissa (one of the two main refugee hosting areas), Embu,

Tharaka Nithi and Taita Taveta having relatively high prevalence rates compared to other regions. It has been estimated by UNHCR that 97% of girls under the age of 8 in Dadaab camp in Kenya, most of whom originate from Somalia and Ethiopia, have undergone FGM.

The decision to have the girls cut is usually taken by her parents or other close family members and the choice to leave the girl uncut often meets with strong opposition from the community, as FGM is a deeply entrenched tradition within social, economic and political structures and this perpetuates gender inequality and power imbalances. This situation is worsened by the low levels of awareness among the community on the existing anti-FGM laws and the negative effects of FGM on the Sexual Reproductive Health of women and girls. It is further exacerbated by inadequate prevention and response mechanisms against FGM and Child Marriage by duty bearers both at national and county levels. While the economic impact of FGM is well documented, the economic drivers of FGM beyond socio-economic factors such as poverty, level of education and women's economic and social independence are less documented, and could be an area of research under the proposed action.

While significant progress and positive trends have been noted in Kenya in recent years, new trends also emerge, which require specific attention. The majority of women and girls in Kenya are cut by traditional practitioners, including traditional birth attendants. However, girls are now increasingly being cut by health care providers (i.e. medicalization of FGM), in hospitals, at home, or at neutral places using surgical tools, antiseptics and anaesthetics. Some of the reasons for medicalization of FGM include the reduction of immediate complications while allowing the women and girls to adhere to their cultural obligations, and financial benefits for the practitioners. Medicalization of FGM has been documented among the Kisii and Somali communities in Kenya. Studies suggest that medicalization is an adaptation to awareness of health complications and the legal banning of the practice, thus underscoring the need for actions that target health care providers.

Cross border FGM has emerged as a new trend that threatens the gains made towards FGM eradication, with Kenya being an increasingly attractive destination for FGM services for girls from across the East African region. The cross border dimension of FGM practices makes a strong case for targeting actions in Kenyan border counties.

Most recently, even in communities where FGM was traditionally practiced on older girls, there is a shift in age with evidence of a trend over time to mutilate girls at younger ages. In Taita Taveta for example, FGM is still widespread (23%), with infants who are barely a-week old being cut behind closed doors. Findings from a study by the Ministry of Public Service and Gender indicated that approximately 61.3% of infants under the age of 5 years have been subjected to FGM in the Taita Taveta county.

Identification of main stakeholders and corresponding institutional and/or organizational issues (mandates, potential roles, and capacities) to be covered by the action:

Duty bearers:

- The **Anti-FGM Board** is the government agency mandated with oversight and coordination of Anti-FGM interventions in the Country. It heavily depends on donor funding to undertake its mandate due to inadequate funding from the government. In addition, the Anti-FGM Board lacks the ability, both financial and technical, to facilitate real-time data and information gathering on FGM, from the community to national level. In this action, the Anti-FGM Board will play a key coordinating role.
- **Line Ministries** (Health, Justice, Interior, Youth, and Gender and Affirmative Action) will be instrumental for linking programme actions to their ministry action plans in the elimination of harmful practices that affect the health and well-being of women and girls, and also provide legal oversight and guidelines on dealing with effects of FGM, referral pathways, mental health and psychosocial support, counselling, education, other socio-economic empowerment opportunities for women and girls, and institutionalization of anti-FGM commitments. Together with county governments, they will also be key in planning and facilitating the programme activities at community level and in leading SRHR policy and guidelines review and implementation of selected SRHR frameworks that the programme will work on.
- **Judiciary offices of the Attorney General** and **Office of the Director of Public Prosecution**: The primary mandate of enforcement of the law and protection of young girls against FGM, and prosecution of perpetrators lies with these two offices. The programme will engage the two offices to review enforcement mechanisms from county to county, including accessing factors for non-implementation of the law prohibiting FGM practices.
- **Target County Governments**: (Gender Officers, County Commissioners, County First ladies, County Assemblies committees on Gender etc.) The relevant stakeholders at the county and community level will

be engaged directly to support with sensitization and awareness creation, capacity training and strengthening, coordination, collaboration and mobilization local communities for engagement in various programme initiatives at the local levels, and review and strengthening of county level gender action plans, and budgets on eradication of FGM.

- **Kenya Bureau of Statistics** (KNBS) has a mandate to collect national data and statistics on different subjects including FGM prevalence, complementing KNBS Demographic Health Surveys.
- **Gender Sector Technical Working Groups** coordinated within the Ministry of Gender and involving multiple stakeholders within the thematic area of gender will lead in coordinating the efforts of the various stakeholders and ensure that there is harmony in approach both at national and county levels. The Anti-FGM steering committees at the counties will be crucial in coordinating the efforts of county level stakeholders towards the common goal of ending FGM by 2030.

Rights Holders:

- **Civil Society Organizations (CSOs)** will be engaged at community level where they play a critical role in awareness creation and sensitization, including using existing or creating dedicated digital platforms that facilitate and promote community level surveillance, dialogues education and awareness especially among young girls and women on eradication of FGM. This collaboration will provide much needed synergies, getaways on local mechanisms to establish intergenerational dialogues on eradication of FGM.
- **Local communities**: young girls, youth (both girls and boys), mothers, cutters, traditional leaders, religious leaders will take part in consultations, awareness and sensitization, and in decision making process at their local levels as ultimate beneficiaries of the programme. More specifically:
- **Adolescents and young people** will gain good understanding on SRHR and achieve positive attitudes including of harmful practices, sexual abuse and an increased ability to obtain SRH services when needed. They will also be empowered to play an active role in their communities to promote gender equality and contribute to the improvement of adolescent and gender responsive services. Some of the girls will be offered scholarship opportunities to enable them access education.
- **Boys and young men** will also be targeted so that they develop positive masculinity, contributing to their support as agents of change in promoting elimination of FGM and other harmful practices and enhance gender equality.
- **Parents, primary caregivers, other family members, community and religious leaders** will be targeted so that they are able to critically reflect on and transform negative social norms and support their children in their SRHR. Teachers and mentors will be targeted as change agents in the programme and will be used to instil knowledge and skills to the children, adolescents and young people as well as parents in project activities aimed at awareness raising to result in improved health seeking practices and behaviours as well as improved social norms and attitudes change.

3 DESCRIPTION OF THE ACTION

3.1 Objectives and Expected Outputs

The **Overall Objective** of this action is to support Kenya's efforts to effectively eradicate Female Genital Mutilation.

The **Specific Objectives** of this action are to

1. Strengthen the capacity and action of duty-bearers at the national and county levels to help eradicate FGM.
2. Improve access to quality public education including digitization of information and community-based-services on the eradication of FGM and sexual and reproductive health.

The **Outputs** to be delivered by this action contributing to the corresponding Specific Objectives are

1.1 Duty bearers and decision makers are better equipped to implement legal framework and allocate adequate resources for effective prevention and response to FGM.

1.2 Duty bearers are able to produce, share and utilize knowledge and evidence on FGM practices, with a view of meeting Kenya's commitments towards the eradication of FGM

2.1 Men and Boys including elders, traditional leaders, and religious leaders have increased awareness on prevention and response to FGM, and demonstrate collective responsibility and motivation to shift social and gender norms perpetuating FGM

2.2 CSOs and frontline activists in the focus counties have increased capacity to establish a movement that facilitates, promotes and enhance community-level dialogues and services to prevent and respond to FGM

2.3 Improved availability and access to social, legal, medical, psychosocial, protection and prevention services related to FGM in education, health, and child protection systems

2.4 Girls and Women have access to quality public education, information and services, and have new or enhanced knowledge and skills to champion for their rights, peer-to-peer learning, explore possibilities and opportunities to realize their full potential

3.2 Indicative Activities

Indicative activities listed below may be refocused later on, depending on the level of co-financing that may be possible to raise with the selected implementing partner(s).

Activities relating to **Output 1.1**

1.1.1 Support facilitation of multi-sectoral and anti-FGM/Gender sector working groups/committees at national and county levels to enhance coordination on enforcement of FGM legal frameworks

1.1.2 Training of magistrates and prosecution counsels at national and county levels on the emerging trends in FGM, and administration of justice in line with available legal frameworks

1.1.3 Training of police and administration officers to prevent and respond to FGM at national and county levels in line with the national GBV SOPs

1.1.4 Strengthen capacity of County First Ladies Association to advocate for the adoption of anti-FGM campaign initiatives at county and sub-county levels

1.1.5 Build capacity of county Assemblies committee on gender responsive budgeting towards prevention and response to FGM

Activities relating to **Output 1.2**

1.2.1 Strengthen capacity of the Anti-FGM board secretariat and selected CSOs from the focus counties on FGM knowledge generation, management, collect and utilize data for prevention, response and progress measurement

1.2.2 Conduct FGM specific studies to complement national surveys e.g. Kenya Demographic and Health Survey (KDHS)

1.2.3 Build capacity of duty bearers to conduct social norms and behaviour change studies in the focus counties to determine what works to shift and transform social and gender norms

Activities relating to **Output 2.1**

2.1.1 Support monthly intergenerational dialogues to promote positive masculinity and increase male change agents of change on eradication of FGM through community based forums, radio and TV shows.

2.1.2 Capacity building of male champions as change agents of change on social and gender norm transformation

2.1.3. Support community-based public declarations for the eradication of FGM

2.1.4 Engage mainstream, community based and social media to feature anti-FGM discussions among men and boys to promote positive masculinity.

Activities relating to **Output 2.2**

2.2.1 Mapping of existing CSOs, frontline activists and community surveillance mechanisms on prevention and response to FGM by using and enhancing existing digital platforms

2.2.2 Build capacity of CSOs, frontline activists and community-level surveillance mechanisms on prevention and response to FGM

2.2.3. Facilitation of CSOs/CBOs from the focus counties to establish platforms for conducting community-level dialogues and forums on eradication of FGM

Activities relating to **Output 2.3**

2.3.1 Develop standards and protocols for mental health psychosocial support (MHPSS) on FGM

2.3.2 Train community responders and healthcare workers on basic psychosocial first aid (PFA) on FGM based on the developed standards and protocols.

2.3.3 Establish strong referral service mechanism through mapping of service points and developing FGM service provision directory.

2.3.4 Support quarterly medical outreaches for FGM screening and care services with mobile clinics

2.3.5 Establish and strengthen safe spaces and shelters for women and girls including FGM survivors and

link the safe houses and shelter to justice acquisition services.

2.3.6. Sensitize medical practitioners on the harms and risks of medicalizing FGM within or outside the health facilities.

Activities relating to **Output 2.4**

2.4.1 Training girls and women on case management (such as protection, sexual and reproductive health, education and legal services) for prevention and response to FGM.

2.4.2 Support girls out of school and teenage mothers to acquire vocational skills for economic empowerment.

2.4.3 Support vulnerable girls to acquire formal education through education scholarships and linkages.

3.3 Mainstreaming

Environmental Protection & Climate Change
Outcomes of the EIA (Environmental Impact Assessment) screening
The EIA (Environment Impact Assessment) screening classified the action as Category C (no need for further assessment).
Outcome of the CRA (Climate Risk Assessment) screening
The Climate Risk Assessment (CRA) screening concluded that this action no or low risk (no need for further assessment)

The impacts of climate change and environmental protection are at the core of the proposed intervention and will be specifically addressed during the implementation of relevant components of the Action.

Gender equality and empowerment of women and girls
As per the OECD Gender DAC codes identified in section 1.1, this action is labelled as G2. This implies that gender equality is the principal objective of the action and that, gender responsive approach will be applied throughout implementation in all activities undertaken under this action.

Human Rights
Respect for human rights is a fundamental value of the European Union. Strengthening the human rights dialogue, protection of vulnerable people, and reporting obligations in the framework of international human rights treaties are key activities under this Action. The action will adopt a Human Rights Based Approach respecting the 5 working principles (respect to all human rights, participation, non-discrimination, transparency, and accountability) in all the different phases of the action and will support women and girls and especially those furthest left behind to become conscious of their rights, organize and claim them and include engagement with duty bearers on accountability for prevention and response to FGM. The action will use community-led campaigning to transform negative social and gender norms by adopting an affirmative action approach in ensuring

mainstreaming of cross-cutting issues. For example, the action has a deliberate focus on women and youth-led organizations as they play a key role in community mobilization and transformation. It will embrace targeting and retargeting to ensure inclusion in the prioritized groups. Moreover, meetings will be organized at convenient times and places so that women, the elderly, and people living with disabilities are able to attend. The action will contribute to the SDG 5- Gender equality, specifically ending FGM and all forms of harmful practice by 2030. The programme interventions and activities will focus on giving girls and women a voice, choice and agency, creating an enabling environment and synergy of actors and actions particularly contributing to the elimination of FGM (SDG 5.3) and all its relevant targets. The programme will contribute to enabling universal access to sexual and reproductive health and rights (SDG 5.6), strengthening sound policies and enforceable legislation for the promotion of gender equality and the empowerment of women (SDG 5C) as well as the elimination of all forms of violence against women and girls (SDG 5.2).

Disability

As per OECD Disability DAC codes identified in section 1.1, this action is labelled as D1. This implies that inclusion of persons with disabilities is a significant objective of the Action. In all activities, all possible measures will be taken to ensure an inclusivity. Therefore, attention will be paid to ensure and enable the participation of people with disabilities in the activities under the action, and to ensure that the achieved results will be accessible for people with disabilities. Raising awareness on the needs of women and girls with disabilities will be a core activity, and providing rights-based and gender-responsive services to address FGM for women and girls with disabilities will be emphasized throughout the implementation of the Action.

The Action is in line with the Convention on the Rights of Persons with Disabilities (CRPD)[6], and the EU Strategy for the Rights of Persons with Disabilities 2021-2030[7].

Reduction of inequalities

The action will contribute to better opportunities for affected groups to take part in education and work life, and generally widen opportunities and life choices. Historically, in Kenya, most areas where FGM is still prevalent are characterized by structural inequalities created both by culture and government policies. Entrenched gender inequality, poverty, and deprivation are drivers of FGM, including violation of the human rights of women and girls. As a result, women and girls lack adequate knowledge about and access to quality services (such as protection, sexual and reproductive health, education and legal services) on prevention and response to FGM. When FGM is examined through the lens of social and structural inequality, it is possible to understand how inequality shapes attitudes towards FGM practice, and regardless of the forms and types, it damages the well-being of girls and women. Part of the change solution is providing communities with constant and continuous sensitization on the negative effects of FGM, while at the same time, providing them with alternative rites of passage for their cultural norms and practices. Behavioural change interventions need the active involvement of major target groups in the community in building critical mass attention towards aged customs and cultural practices, and thus, bring attitudinal change.

Democracy

The Action will contribute to enhanced partnerships and improved working relationships between communities, civil society, central and local governments by fostering dialogue and joint action towards addressing early childhood development, education, FGM awareness and service delivery gaps. These activities will aim to strengthen relationships between right holders and duty bearers for better and more systematic accountability and inclusion on FGM eradication policies with cross cutting issues such as democracy and rule of Law being incorporated in the multi-sectoral approach, thus contributing to an enhanced democratic governance.

Conflict sensitivity, peace and resilience

The action responds directly to findings of the 2022 conflict analysis screening for Kenya, which identifies GBV and FGM as some of the most manifest forms of violence, in a context where women are far more likely to suffer from the local drivers of conflict. The action will therefore apply a conflict-sensitive approach and implement the do-no-harm principle. A particular focus will be given to: (i) the attitudes and norms of communities regarding FGM, (ii) the access to quality services for the survivors of FGM and (iii) an analysis of the conflict and gender dynamics around FGM in the target communities and the potential negative effects of interventions, namely whether these could increase tension in the community or endanger the target groups.

Disaster Risk Reduction

[6] Convention on the Rights of Persons with Disabilities (CRPD).
[7] EU Strategy for the Rights of Persons with Disabilities 2021-2030.

With conflict and disaster risks being the result of similar underlying causes and multiple vulnerabilities, this action will address some of the root causes of conflict that explain the high prevalence of FGM among communities in some of the fragile and conflict-affected counties, such as West Pokot, Samburu, Mandera, Baringo. Climate change, natural disasters, conflicts and public health emergencies will continue to pose multiple escalating threats along with other emerging threats. The effects and impact of a humanitarian crisis can escalate existing vulnerabilities and pose risks of increased prevalence and severity of FGM and other harmful practices. Lack of resilience and limited adaptive capacity to address challenges and impacts of emerging threats jeopardize and reverse progress towards eliminating FGM.
The target areas include refugee hosting communities which hosts almost exclusively Somali ethnic people, originating from Somalia and Ethiopia. These populations will be fully mainstreamed in the action.

3.4 Risks and Lessons Learnt

Category	**Risks**	**Likelihood (High/ Medium/ Low)**	**Impact (High/ Medium/ Low)**	**Mitigating measures**
County /County engagement risks	Lack of Political will of national and county levels to support anti-FGM Initiatives	Low	Medium	The ongoing engagement with State Department for Gender, Ministry of Interior, Anti-FGM Board is expected to sustain and strengthen momentum on combatting FGM. The Technical Assistance (TA) provided to SDG during the implementation of the action will be designed with sufficient flexibility to ensure the adequacy of the expertise to the actual needs and its continuous alignment with the EU and national priorities.
Cultural norms	Cultural resistance from the groups that need to be reached	Medium	High	The action will target cultural leaders who are the gate keepers and custodians of culture and identify champions among them who will lead in the community dialogues, discussions and declarations with the aim of changing community attitudes and beliefs towards FGM.
Political	Changes in leadership (new government at national and county levels) could shift priorities (away from ending FGM) affect the continuation and sustainability of ongoing positive change processes.	Low to Medium	Medium	Strategic interventions are aligned with government policies, and have long standing relationships with the legislative and executive arms county and national government which permits a high degree of continuity in work with slight changes in direction as needed to align with any new priorities
Development /delivery risks	The Delivery Risk of this action may be the New Government not prioritizing FGM issues in the long term.	Low	Low	Advocate for the alignment of the project with long term counties and national development goals such as the County Integrated Development Plans and the Kenya Vision 2030. Continue the high-level engagement with the new government for the continued implementation of the ICPD25 and GEF

				commitments on the eradication of the FGM.
External factors	The current drought experienced in the region may affect partners and communities' priorities to implement interventions, outreach and community mobilization activities related to FGM.	Medium	Medium	The action will strategically align interventions with existing and ongoing mechanisms within the EU and other collaborating partners that are addressing humanitarian response, mitigation of climate change effects to women and girls and building resilience to effects of the drought among the target communities.

Lessons Learnt:

- ***Maximizing Impact and ensuring more complete geographical coverage:*** This action will leverage and complement efforts by other GBV programmes funded by Finland, Sweden and Denmark, and other development partners. It will enhance ongoing actions of the UNFPA-UNICEF programme to maximize impact and ensure more complete geographical coverage.
- ***The identification of the most appropriate beneficiaries and areas for technical assistance*** is key for ensuring a positive impact, and alignment with EU priorities.
- ***Involving communities and engaging with local leaders:*** It is crucial to engage with community members and leaders to create awareness of the harmful effects of FGM and to advocate for its abandonment as this will ensure sustainability.
- ***Working with healthcare providers:*** Healthcare providers play a crucial role in preventing medicalization of FGM. Training healthcare providers to identify and report cases of FGM can help to reduce the prevalence of the practice.
- ***Empowering girls and women:*** Girls and women who have undergone FGM may require support to cope with the physical and psychological consequences of the practice. Empowering them through education and economic opportunities can help to improve their well-being and reduce the likelihood of FGM.
- ***Long-term commitment:*** Ending FGM requires a sustained effort over a long period of time. It is important to remain committed to the cause and continue to engage with communities until the practice is completely eliminated. High level Political will and commitment remains a key impetus to sustain momentum on ending FGM in Kenya. Under this action, this will be maintained and strengthened through the office of the Cabinet Secretary in the Ministry of Public Service, Gender and Affirmative Action and the office of the President of Kenya through implementation of the ICPD25 and GEF National commitments.
- ***Coordination and Collaboration***: Working and coordinating through the Gender Sector working groups at both national and county level including the Development Partners Gender Working Group.
- ***Leave No One Behind:*** Targeting those furthest behind including persons with disabilities, elders, IDPs, refugees is key in ensuring inclusion and that no one is left behind.
- ***Movement Building:*** Local organizations (women and youth led civil society organizations) play a critical role in building movement/social networks towards ending GBV/FGM in development and including in emergencies.
- ***Innovative approaches***: are instrumental to address emerging challenges related to FGM programming. e.g. economic empowerment through IGAs, Male engagement and engaging cultural/religious leaders.
- ***A robust Monitoring and Evaluation and Reporting mechanism:*** is essential for effective monitoring of the interventions at both national and county levels. Project monitoring and evaluation will adopt a participatory approach. Establish a Project Steering Team (PST).

3.5 The Intervention Logic

The underlying intervention logic for this action is that;
(1) The rigid deeply rooted social and gender norms that make it difficult to change attitudes and behaviour towards the practice of FGM, are perpetuated by a variety of social, cultural, religious and economic factors.

The most significant among them are prevailing gendered social and cultural norms and lack of positive alternatives for girls and women such as quality education, property ownership and opportunities for decent work. Addressing the root causes of gender inequalities by transforming harmful gender roles, norms and power relations that sustain FGM is critical and lies in mobilizing gate keepers, men and boys including elders, traditional leaders, and religious leaders, and other community influencers (M/F).

(2) Inadequate and inconsistent community-level sensitization and awareness on the negative effects of FGM on the lives of young girls and women and the anti-FGM laws which prohibit the practice.

Ensuring women and girls have new or enhanced knowledge, skills, and critical awareness of their rights, accessing justice, and in relation to gender roles and relationships will strengthen their assets and agency to exercise their rights. This action will champion access to education and improved livelihood opportunities, girls' clubs, women and survivor movements where they can learn about social issues that directly affect them, expand their support networks, and take up leadership roles among their peers in advocating for the elimination of FGM response efforts are more challenging.

By increasing capacity of FGM response into primary government systems and critical services such Education, health and sexual and reproductive health and rights and child protection systems and institutions the probability of reaching the most left behind and those at risk increases. This action will strategically achieve capacity strengthening for sexual and reproductive health and social services, women leaders, girls, rights holders and duty bearers at different levels through building capacity of duty bearers.

(3) Insufficient capacity among duty bearers at the national and county levels on prevention and response to FGM.

Despite significant progress in recent years, FGM prevention and response mechanisms are still insufficient, especially in underserved/marginalised counties. Under-reporting of FGM cases makes response difficult, including access to services and access to justice for survivors.

(4) The global community is increasingly facing complex, and protracted crises, conflicts, natural disasters and public health emergencies. Effective programming and multi-stakeholder coordination are therefore required to address the immediate needs and long-term vulnerabilities of girls and women at risk of or affected by FGM.

Recognizing that girls CSOs and frontline activists are powerful agents of change, the action will seek to enable the participation of diverse actors, including men and boys, persons with disabilities as critical actors in initiatives towards ending FGM by 2030. Building social movements that champion the end of FGM is an effective strategy for enabling girls and women and their allies to influence the direction of social change to create more just social and economic systems. Additionally, strengthening community surveillance and reporting structures, using community-led initiatives and networks including youth-led movements, male-led, women-led, cultural and faith-based organizations is critical in prevention and response to FGM by community members as first responders.

IF Laws and policies at national and county government levels are enacted, implemented and appropriately resourced for the elimination of FGM, AND girls and women have new or enhanced knowledge and skills; AND grassroots and community-based organizations are engaged by common movement through accountability mechanisms, AND IF Men and Boys including elders, cultural leaders, and religious leaders have increased awareness of the harmful effects of FGM; and social sectors (education, health, child protection and sexual and reproductive health and rights) have increased capacity to mainstream and deliver integrated services for prevention and response to FGM; and government and civil society have increased capacity for evidence generation to inform policies and programmes, THEN Girls and women will be empowered to know and claim their rights and access a comprehensive package of high-quality, gender-responsive and age-appropriate services from Government and other duty-bearers; and there will be a new and more equitable social norms transforming all harmful practices that drive FGM and gender inequality in Kenya.

3.6 Logical Framework Matrix

Results	Results chain (@): Main expected results	Indicators (@):	Baselines	Targets	Sources of data	Assumptions
Impact	To support Kenya's efforts to effectively eradicate Female Genital Mutilation.	1 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age (SDG indicator 5.3.2)	1 15% (2023)	1 TBD	1 KDHS/FGM specific surveys	*Not applicable*
Outcome 1	Strengthened capacity and action of duty-bearers at the national and county levels to help eradicate FGM	1.1 Number of National and county-level institutions that actively have strengthened the work against FGM.	1.1 0 (2023)	1.1 TBD	1.1 Programme documents	Duty bearers who will receive capacity training have both commitment and goodwill to fully training into support for anti-FGM goals & achievements
Outcome 2	Improved access to quality public education including digitization of information and community-based-services on the eradication of FGM and sexual and reproductive health	2.1 % increase in public information and awareness of services to eliminate FGM (disaggregated by sex)	2.1 0 (2023)	2.1 TBD	2.1 TBD	Reducing levels of ignorance, illiteracy is one of the ways to supporting the efforts to eradicate FGM by 2030
Output 1 **relating to Outcome 1**	1.1 Duty bearers and decision makers are better equipped to implement legal framework and allocate adequate resources for effective prevention and response to FGM.	1.1.1 Number of functional National and County multi-stakeholder coordination committee characterized by enhanced capacity, and urgency to coordinate, prevent and respond to FGM. 1.1.2 Number of magistrates and prosecution counsels trained at national and county levels on the emerging trends in FGM, and administration of justice in line with available legal frameworks.	1.1.1 0 (2023) 1.1.2 0 (2023)	1.1.1 6 multi stakeholder coordination committees 1.1.2 At least 150 magistrates and prosecution councils trained 1.1.3 At least 800 police and	1.1.1Minutes from meetings held 1.1.2 Programme documents	1.1.1 Funds will be available and adequate to support 12 meetings per year. Multi-sectoral and Anti-FGM/ working groups will be committed. 1.1.2 Magistrates and prosecution counsels will be available for training. 1.1.3 Police and administration officers will be available for training and are

		1.1.3 Number of police and administration officers trained to prevent and respond to FGM at national and county levels in line with the national GBV SOPs 1.1.4 Number of cases of FGM cases reported to the police, per year disaggregated by sex 1.1.5 Number of counties with a gender responsive budgeting towards prevention and response to FGM	1.1.3 0 (2023) 1.1.4 0 (2023) 1.1.5 0 (2023)	administration officers trained 1.1.4 At least 200 per county 1.1.5 TBD 1.1.6 4 counties		committed to the course. 1.1.5 County first ladies will be available and committed to take up campaigns.
Output 2 **relating to Outcome 1**	1.2 Duty bearers are able to produce, share and utilize knowledge and evidence on FGM practices, with a view of meeting Kenya's commitments towards the eradication of FGM	1.2.1 Number of Duty bearers with enhanced capacity on FGM knowledge generation, management, and sharing at national and county levels 1.2.2 Number of Knowledge management products produced to fill evidence and knowledge gaps and influence policies on FGM 1.2.3 Number of social norms and behaviour change studies in the focus counties conducted to determine what works to shift and transform social and gender norms	1.2.1 0 (year 1 = 2023) 1.2.2 0 (year 1 = 2023) 1.2.3 0 (year 1 = 2023)	*3 Trainings* *Year 1 = 1 (2024)* *Year 2 = 1 (2025)* *Year 3 = 1 (2026)* *Year 1 = 1 (2024)* *Year 2 = 3 (2025)* *Year 3 = 5 (2026)*	1.2.1Training Manual/ Presentation/ Report 1.2.2 Reports/publications	Both SDfG and Ant-FGM Board will avail secretariat and technical staff to be trained. Duty bearers will be willing to support social norms change studies, knowledge generation and management initiatives. Duty bearers will provide an enabling environment for policy review and change as a result of findings from social norms studies.
Output 1 **relating to Outcome 2**	2.1 Men and Boys including elders, traditional leaders, and religious leaders have increased awareness on prevention and	2.1.1 Number communities where Men, boys, elders, cultural leaders, and religious leaders are involved in awareness creation activities	0 (year 1 = 2023)	12 Community dialogues Year 1 = 4 (2024)	Community Dialogue reports/	Participants will be available and willing to participate, engage and contribute during the community dialogues.

	response to FGM, and demonstrate collective responsibility and motivation to shift social and gender norms perpetuating FGM	and intergenerational dialogues conducted in the 4 counties 2.1.2 Number communities where Men, boys, elders, cultural leaders, and religious leaders publicly denounce FGM or make declaration against FGM		Year 2 = 4 (2025) Year 3 = 4 (2026)	Community Dialogue reports/	Men, boys, elders and religious leaders are available and willing to carry out public declarations against FGM.
Output 2 **relating to Outcome 2**	2.2 CSOs and frontline activists in the focus counties have increased capacity to establish a movement that facilitates, promotes and enhance community-level dialogues and services to prevent and respond to FGM	2.2.1 Number of movements and community based dialogue forums established by county/community based CSOs/CBOs and frontline activists 2.2.2: Number of community dialogues facilitated by CSOs/CBOs and frontline activist in the 4 focus counties 2.2.3: Number of Public declarations made in communities where movements and community based dialogue forums have been established and communities' dialogues facilitated by county/community based CSOs/CBOs and frontline activists in the 4 focus counties	0 (year 1 = 2023 0 (year 1 = 2023)	40 movements/community based dialogue forums Year 1 = 10 (2024) Year 2 = 20 (2025) Year 3 = 40 (2026) 100 Community /CSO dialogues Year 1 = 20 (2024) Year 2 = 60 (2025) Year 3 = 100 (2026) 2 per county per year Year 1 = 8 (2024) Year 2 = 8 (2025) Year 3 = 8 (2026)	Programme reports Programme Reports	Counties CSOs/CBOs have the capacity to establish and run community-level dialogue forums Participants will be available and willing to participate, engage and contribute during the community dialogues
Output 3 **relating to Outcome 2**	2.3 Improved availability and access to social, legal, medical, psychosocial, protection and prevention services related to FGM in education, health, and child protection systems	2.3.1: Standards and protocols for mental health psychosocial support (MHPSS) on FGM Developed. 2.3.2: Number of community responders and healthcare workers on basic psychosocial first aid (PFA) on FGM based on the developed standards and protocols. 2.3.3 Existence of a strong referral service mechanism through mapping of service points and developing FGM service provision directory.	No (year 1 = 2023) 0 (year 1 = 2023) No = 2023 0 (year 1 = 2023)	2026=Yes 800 community responders and health workers trained 200 per county (50 years 1, 100 years 2, and 50 year3 Year 1 = 200 (2024) Year 2 = 600 (2025) Year 3 = 800 (2026) 2026 = Yes	Capacity strengthening and training report-Presentations	Counties planning and economic officials have influence on budget and resource allocation at their respective counties. County health officers will be committed to develop and implement standards and protocols for MHPSS County health departments will

		2.3.4 Number of quarterly medical outreaches for FGM screening and care services with mobile clinics supported. 2.3.5 Number of safe spaces and shelters established or equipped for women and girls including FGM survivors with link to justice acquisition services. 2.3.6. Number of health practitioners sensitized on the harms and risks of medicalized FGM				support health care workers to undertake basic psychosocial first aid training. County health officers will provide and maintain post FGM services to survivors County governments will be committed to support health officers to conduct mobile medical outreaches for FGM screening and care. County Governments and stakeholders will provide safe spaces and shelters for women and girls and ensure they acquire justice. Judicial officers will be committed and willing to support FGM survivors (girls and women) to acquire justice.
Output 4 **relating to Outcome 2**	2.4 Girls and Women have access to quality public education, information and services, and have new or enhanced knowledge and skills to champion for their rights, peer-to-peer learning, explore possibilities and opportunities to realize their full potential	2.4.1 Number of girls and women with increased knowledge and skills and accessing information and services on prevention and response to FGM. 2.4.2. % decrease in girls dropping out of school as a result FGM and child marriages 2.4.3. % of girls with increased agency and voice to challenge FGM	No (year 1 = 2023)	2024=Yes 2025=Yes 2026=Yes	Programme reports	Women and girls will seek for essential services for response of FGM Duty bearers will provide the required quality and timely services. Women and girls will be responsive to the knowledge and information against FGM

4 IMPLEMENTATION ARRANGEMENTS

4.1 Financing Agreement

In order to implement this action, it is not envisaged to conclude a financing agreement with the partner country.

4.2 Indicative Implementation Period

The indicative operational implementation period of this action, during which the activities described in section 3 will be carried out and the corresponding contracts and agreements implemented, is 50 months from the date of adoption by the Commission of this Financing Decision. Extensions of the implementation period may be agreed by the Commission's responsible authorizing officer in duly justified cases.

4.3 Implementation Modalities

The Commission will ensure that the EU appropriate rules and procedures for providing financing to third parties are respected, including review procedures, where appropriate, and compliance of the action with EU restrictive measures.[8]

4.3.1 Indirect Management with an entrusted entity

This action may be implemented in indirect management with an entity, which will be selected by the Commission's services using the following criteria: thematic expertise in the sector; proven operational and management capacity of the organisation; neutrality; mandate and capacity to engage with Kenya and readiness to rapidly implement activities.

The implementation by this entity entails both objectives of the action.

4.3.2 Changes from indirect to direct management mode (and vice versa) due to exceptional circumstances (one alternative second option)

If negotiations with entity in section 4.3.1 fails, the action may be implemented in direct management through grant(s) in accordance with the implementation modalities identified here under.

Grant(s): (direct management)

(a) Purpose of the grant(s)
To better protect women, youth and children against all forms of gender based violence, and to support Kenya's efforts to effectively combat FGM

(b) Type of applicants targeted
The applicants targeted are the ones working with CSOs particularly those working with women and youth, Grassroots organisations.

4.4 Scope of geographical eligibility for procurement and grants

The geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased as established in the basic act and set out in the relevant contractual documents shall apply.

The Commission's authorizing officer responsible may extend the geographical eligibility on the basis of urgency or of unavailability of services in the target counties, or in other duly substantiated cases where application of the

[8] www.sanctionsmap.eu. Please note that the sanctions map is an IT tool for identifying the sanctions regimes. The source of the sanctions stems from legal acts published in the Official Journal (OJ). In case of discrepancy between the published legal acts and the updates on the website it is the OJ version that prevails.

eligibility rules would make the realization of this action impossible or exceedingly difficult (Article 28(10) NDICI-Global Europe Regulation).

4.5 Indicative Budget

Indicative Budget components	EU contribution (amount in EUR) Year 2023	EU contribution (amount in EUR) Year 2024
Implementation modalities – cf. section 4.3		
Outcome 1 Strengthened capacity and action of duty-bearers at the national and county levels to help eradicate FGM	**0**	**1 500 000**
Indirect management with an entrusted entity- cf. section 4.3.1	0	1 500 000
Outcome 2 Improved access to quality public education, information and community-based-services on the eradication of FGM and sexual and reproductive health	**0**	**2 500 000**
Indirect management with an entrusted entity- cf. section 4.3.1	0	2 500 000
Evaluation – cf. section 5.2 **Audit** – cf. section 5.3	N/A	may be covered by another Decision
Totals	**0**	**4 000 000**

4.6 Organizational Set-up and Responsibilities

A Programme Advisory Committee (PAC) will be set up and will comprise of the key programme stakeholders including the EU delegation, sector development partners and agencies, sector CSOs, including women's organizations and organizations working on the FGM programming in the target counties and communities, among others. The arrangement will co-opt any other relevant stakeholder as need arises. The PAC will provide strategic guidance/oversight on programme implementation. The PAC will meet regularly (quarterly basis) to the strategic and policy guidance needed to ensure smooth project implementation: (i) approve the annual work plans and budgets and to review progress reports; monitor project outputs and achievements provide advice on how to address obstacles and challenges identified during implementation; (ii) assess the effectiveness of management and partnership; and (iii) recommend corrective measures where appropriate. A Programme Coordination Unit (PCU) will act as a Secretariat to the PAC and will participate at both the national advisory committee meetings and the county technical committee meetings. This way the PCU will bring tangible field results to the discussion table at national level and discuss policy implications that will have to be addressed. As part of its prerogative of budget implementation and to safeguard the financial interests of the Union, the Commission may participate in the above governance structures set up for governing the implementation of the action and may sign or enter into joint declarations or statements, for the purpose of enhancing the visibility of the EU and its contribution to this action and ensuring effective coordination.

5 PERFORMANCE MEASUREMENT

5.1 Monitoring and Reporting

The day-to-day technical and financial monitoring of the implementation of this action will be a continuous process, and part of the implementing partner's responsibilities. To this aim, the implementing partner shall establish a permanent internal, technical and financial monitoring system for the action and elaborate regular progress reports (not less than annual) and final reports. Every report shall provide an accurate account of implementation of the action, difficulties encountered, changes introduced, as well as the degree of achievement

of its results (Outputs and direct Outcomes) as measured by corresponding indicators, using as reference the log-frame matrix (for project modality) and the partner's strategy, policy or reform action plan list (for budget support).

The Commission may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

Roles and responsibilities for data collection, analysis and monitoring:
Results-based management approach for Monitoring and Evaluation (M&E) will be used in monitoring progress towards achievement of programme objectives. M&E activities envisioned include a baseline study to establish indicator baseline values, routine monitoring to track implementation progress to inform any adjustments to strategies or approaches as need be as well as results monitoring to establish the extent to which set targets have been achieved. Data collection, management and dissemination are a central element of the action, notably under output 1.2, which includes activities to support surveys and studies which will inform both beneficiaries and implementing partners about the progress of the action.

The action will adopt gender sensitive monitoring and evaluation system and processes, human rights-based approach, and rights of persons with disabilities including inclusion and diversity, ensuring that in all data collection and analysis processes assess at how things impact people differently because of their gender (i.e. through gender disaggregated data, gender analysis, etc.).

Reports shall be laid out in such a way as to allow monitoring of the means envisaged and employed and of the budget details for the action. The final report, narrative and financial, will cover the entire period of the action implementation.

5.2 Evaluation

Having regard to the nature of the action, a mid-term and a final evaluation may be carried out for this action or its components via independent consultants contracted by the Commission.
Any evaluation carried out for this action will be gender sensitive and also assess the effective integration of relevant cross-cutting issues and implementation of the five HRBA working principles, as well as disability inclusion, both in terms of implementation processes and outcomes. In addition, an active and meaningful participation of all identified stakeholders including rights-holders should be ensured in the entire evaluation process. Expertise on human rights, disability and gender equality will be ensured in the evaluation teams.
The Commission shall inform the implementing partner at least 15 days in advance of the dates envisaged for the evaluation missions. The implementing partner shall collaborate efficiently and effectively with the evaluation experts, and inter alia provide them with all necessary information and documentation, as well as access to the project premises and activities.

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The evaluation reports may be shared with the partners and other key stakeholders following the best practice of evaluation dissemination[9]. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, apply the necessary adjustments.
The financing of the evaluation may be covered by another measure constituting a Financing Decision.

5.3 Audit and Verifications

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, the Commission may, on the basis of a risk assessment, contract independent audit or verification assignments for one or several contracts or agreements.

6 STRATEGIC COMMUNICATION AND PUBLIC DIPLOMACY

The 2021-2027 programming cycle will adopt a new approach to pooling, programming and deploying strategic communication and public diplomacy resources.

In line with the 2022 "Communicating and Raising EU Visibility: Guidance for External Actions", it will remain a contractual obligation for all entities implementing EU-funded external actions to inform the relevant

[9] See best practice of evaluation dissemination

audiences of the Union's support for their work by displaying the EU emblem and a short funding statement as appropriate on all communication materials related to the actions concerned. This obligation will continue to apply equally, regardless of whether the actions concerned are implemented by the Commission, partner countries, service providers, grant beneficiaries or entrusted or delegated entities such as UN agencies, international financial institutions and agencies of EU member states.

However, action documents for specific sector programmes are in principle no longer required to include a provision for communication and visibility actions promoting the programmes concerned. These resources will instead be consolidated in Cooperation Facilities established by support measure action documents, allowing Delegations to plan and execute multiannual strategic communication and public diplomacy actions with sufficient critical mass to be effective on a national scale.

- Appendix 1 REPORTING IN OPSYS

A Primary Intervention (project/programme) is a coherent set of activities and results structured in a logical framework aiming at delivering development change or progress. Identifying the level of the primary intervention will allow for:

Articulating Actions or Contracts according to an expected chain of results and therefore allowing them to ensure efficient monitoring and reporting of performance;
Differentiating these Actions or Contracts from those that do not produce direct reportable development results, defined as support entities (i.e. audits, evaluations);
Having a complete and exhaustive mapping of all results-bearing Actions and Contracts.

Primary Interventions are identified during the design of each action by the responsible service (Delegation or Headquarters Operational Unit).
The level of the Primary Intervention chosen can be modified (directly in OPSYS) and the modification does not constitute an amendment of the action document.

The intervention level for the present Action identifies as (tick one of the 4 following options);

Action level (i.e. Budget Support, blending)		
☐	Single action	Present action: all contracts in the present action
Group of actions level (i.e. top-up cases, different phases of a single programme)		
☐	Group of actions	Actions reference (CRIS#/OPSYS#): <Present action> <Other action(s)>
Contract level		
☒	Single Contract 1	Indirect management with entrusted entity
☐	Single Contract 2	<foreseen individual legal commitment (or contract)>
	(…)	
Group of contracts level (i.e. series of programme estimates, cases in which an Action includes for example four contracts and two of them, a technical assistance contract and a contribution agreement, aim at the same objectives and complement each other)		
☐	Group of contracts 1	<foreseen individual legal commitment (or contract) 1> <foreseen individual legal commitment (or contract) 2> <foreseen individual legal commitment (or contract) #>