

Tana River County Action Plan Towards Eradication of Female Genital Mutilation 2021-2025

Working together to End FGM



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DEFINITION OF TERMS

Female Genital Mutilation: All procedures involving the partial or total removal of the external female genitalia or any injury to female genital organs for non-medical reasons.

Circumciser/mutilator: A person who carries out the mutilation of female genitalia.

Community: A social group of any size whose members reside in a specific locality and often have a common cultural and ethnic heritage.

Harmful Cultural Practices: particular forms of violence against women and girls which are defended on the basis of tradition, culture and religion.

Law Enforcement Officer: Individuals and agencies responsible for enforcing laws prohibiting female genital mutilation.

Duty Bearer: Persons with duties and obligations under law to ensure upholding of various rights.

Myth: A widely held but false belief or idea.

Perpetrator: A person who commits an illegal, criminal or evil act.

Social Status: the position of an individual in relation to another or others, especially in regard to female genital mutilation.

ABBREVIATIONS

ACC:	Assistant County Commissioner
BC:	Before Christ
CBOs:	Community Based Organisations
CEDAW:	Convention on Elimination of Discrimination Against Women.
CHVs:	Community Health Volunteers
CSOs:	Civil Society Organisations
FBOs:	Faith Based Organisations
FGM:	Female Genital Mutilation
FGC:	Female Genital Cutting
FGDs:	Focus Group Discussions
GBV:	Gender Based Violence
HCWs:	Health Care Workers
ICPD:	International Conference on Population and Health Survey
IEC:	Information Education Materials
KDHS:	Kenya Demographic and Health Survey
KEPSA:	Kenya Private Sector Alliance
KRA:	Key Result Area
M & E:	Monitoring and Evaluation
MDAs:	Ministry, Departments and Agencies
MTP:	Medium Term Plan
NGOs:	Non-Governmental Organisations
No.:	Number
ODPP:	Office of the Director of Public Prosecutions
PGI:	Pastoralists Girls Initiative
PWDs:	Persons With Disability
TOT:	Training Of Trainers
UDHR:	Universal Declaration of Human Rights
UNRC:	United Nations Convention on Rights of the Child
UNICEF:	United Nations Children Fund
UNFPA:	United Nations Population Fund
WHO:	World Health Organisation

FOREWORD FROM THE GOVERNOR

Tana River County is one of the Counties in Kenya with great diversity and culture. It is inhabited by six native communities namely; Pokomo, Orma, Wardei, Watta, Wailwana and Munyoyaya. There are also other communities like the Somali, Borana, Giriama, Bajuni, Kikuyu, Meru, Taita, Kamba among others that reside in the County. The dominant ethnic groups that practice FGM are; Orma, Wardei, Watta, Wailwana, Mnyoyaya, Somali and Borana.

FGM prevalence has had adverse effects and consequences on the survivors like health, psychological, physical, socio-economic and education. This has brought about the urgent need to address the issue in Tana River County. The Government has developed enough legislation to eradicate the practice.

The County Government of Tana River is in cognizance of the National and International concern and is committed to the total eradication of FGM Practices. The 2010 Kenyan Constitution, the Prohibition of Female Genital Mutilation Act, 2011, the Children's Act, 2001 and the National Policy for Eradication of FGM, 2019 and Presidential directive to end FGM by 2022 guides and regulates the effective fight against FGM practices.

In this regard, there was need to develop a County Specific Anti-FGM Action plan to accelerate the efforts of eliminating this vice. The Action Plan will assist in addressing the challenges the County is facing in eliminating FGM. It will coordinate and bring on board State and Non-State actors who are involved in eradication of FGM including the Communities.

The Development of the Action plan involved all stakeholders in a consultative process. It is my hope that the stakeholders sustain the same interests and energy in its implementation. We promise to work with all stakeholders in order to ensure successful implementation of the Action plan.

I express my appreciation to UNICEF Kenya, Plan international and Womankind Kenya for their support towards development of this Action Plan. It's my hope that the identified interventions will accelerate eradication of FGM in the County to protect women and girls from this retrogressive and inhuman practice.

GODHANA DHADHO GADDAE
GOVERNOR
TANA RIVER COUNTY

ACKNOWLEDGEMENT

The development of the County Anti- FGM Action Plan 2021-2025 is the product of several months of constant dialogues and consultation of State and Non-state stakeholders in the County. The whole process was informed by the views of those involved in the implementation of Anti-FGM initiatives, survivors and those at risk of FGM, law enforcers, religious leaders, traditional justice systems in FGM practicing communities and other stakeholders involved in Anti-FGM advocacy in the County.

I wish to acknowledge the County Anti-FGM Steering Committee, the National Government Officers and departments, the County Government Officers and departments, the NGOs, CBOs, FBOs and the Community for their active contribution and participation in preparation of the action plan.

Furthermore, I acknowledge the support of UNICEF, WomanKind Kenya, Plan International and the technical team led by Mr. Geoffery M. Mwachofi, Aggrey Nyangweso, Millicent Ondiek, Hussein Bashir, Sadia Hussein, George Galugalu, Mr. Bajila Shora and Ali Barhe who worked tirelessly to come up with the action plan. Also my gratitude goes to the Anti-FGM Board for unreservedly committing their time and expertise towards the development of the Action Plan.

Finally, I wish to express my deep appreciation to Plan International, WomanKind Kenya and UNICEF for their financial support towards the formulation process of the Action Plan. I believe the successful implementation of this Action Plan will immensely contribute towards eradication of all forms of FGM in Tana River County.

Thank you.

THOMAS K. SANKEI
COUNTY COMMISSIONER
TANA RIVER COUNTY

EXECUTIVE SUMMARY

According to the World Health Organization Female Genital Mutilation or Cutting (FGM/C) refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It is a cultural practice associated with various health complications, human rights violation and a threat to realization of full potential for women and girls.

International Organizations, Governments and Non-Governmental actors have been on the forefront in the fight against FGM. The Kenyan government has been leading FGM abandonment efforts by enacting laws and policies like the Prohibition of Female Genital Mutilation Act enacted in 2011, established the Anti-FGM Board and above all ratified to global agreements and treaties for prevention, protection and care of girls/women as well as guarantee of women rights.

Tana River County is one of the hotspot counties with various communities practicing FGM. The County also has its unique dynamics and diversities differing from other Counties in Kenya. This developed the need to come up with a County Action to address FGM issues in the County. The action plan is aimed at providing key strategic guidance on interventions and necessary action areas for the realization of acceleration of the eradication of FGM in the County. The Action Plan was developed through a consultative engagement with Anti-FGM stakeholders nationally and at the devolved levels for ownership and inclusivity. Data was obtained through Focus Group Discussions (FGDs) with girls, women, men and boys. Interviews were conducted with key Government and Non-Governmental actors, validation meetings with relevant County stakeholders were held to discuss the draft. During the meetings additional interventions were identified, recommended and incorporated in the draft document.

The plan is anchored on six key result areas that include: Capacity building of the various stakeholders on FGM issues, strengthening multi-sectoral coordination, networking, partnership and community participation towards eradication of FGM, addressing emerging trends and practices of FGM, promoting empowerment of women and girls to address gender inequality, strengthening evidence, data collection, information and knowledge management on FGM and supporting capacity development towards rescue, treatment and rehabilitation of girls and women at risk and survivors of FGM in the County. In each key result area various strategic activities have been identified for implementation and estimated cost for undertaking the activities.

The action plan will be implemented in a five year elaborate program for FGM prevention, protection and care. The plan has developed implementation framework that promotes coordination and partnership among stakeholders. It contains a monitoring and evaluation framework to facilitate clear tracking of the achievements as well as a communication plan providing guidelines on stakeholders' engagement.



ANTI - FGM BOARD

CHAPTER 1: INTRODUCTION

1.1 Background of FGM

Female Genital Mutilation (FGM), also referred to as female circumcision and Female Genital Cutting (FGC) involves cutting some part of the clitoris or labia for non-therapeutic reasons, usually as part of a rite of passage into adolescence or cultural practices. It varies from one region to the other and one community to the other. It's exclusively directed towards women and girls that violates their fundamental rights to health, to bodily integrity, to be free from discrimination and from cruel or degrading treatment. In most cases it entails cutting off a girl's clitoris and labia, sewing together what remains so that only a small opening is left for urine and menstrual blood to outflow. The procedure is mostly carried out on young girls between infancy and age 15 years (WHO, 2020). The practice involves disfiguring female genital parts altering its function which tends to affect the girl's health. There are various Complications which arise from FGM practice. They include; haemorrhage, infections, sepsis, death, depression, loss of sexual pleasure, infertility, pain, scarring, urinary issues, and poor obstetric and neonatal outcomes (Nour, 2008).

FGM reflects discriminatory and stereotypical beliefs about female sexuality that women and girls must be protected from it. It has gone to an extent of medicalization by medical professionals and use of modern medical equipment's and medicines. Even when the procedure is performed in a sterile environment by a health-care provider, there is the risk of health consequences immediately and later in life. Under any circumstances, FGM violates human rights and medical ethics (WHO, 2016). Performing FGM in a doctor's office serves to normalize the practice, undermining efforts to eliminate it altogether.

1.2 Classification of FGM

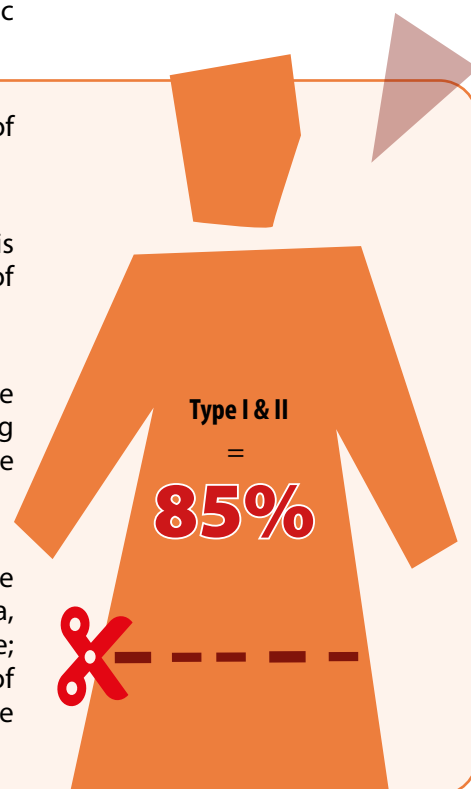
FGM is classified into Types I to IV. This classification was developed by WHO in 1995. Type I and II accounts for 85% of all FGM. Type III is mainly common among the Cushitic communities in Kenya.

Type I, Clitoridectomy: This involves partial or total removal of the clitoris or the prepuce.

Type II, Excision: This is the partial or total removal of the clitoris or the prepuce and the labia minora, with or without excision of the labia majora.

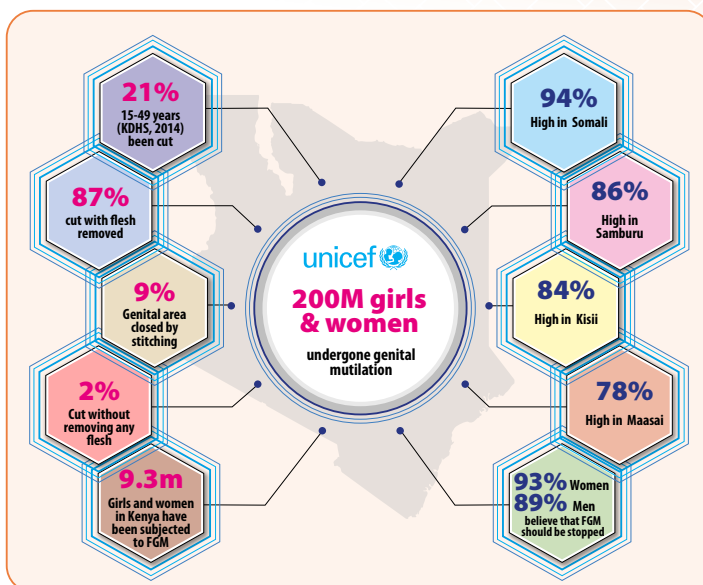
Type III, Infibulation: This is the narrowing of the vaginal orifice with the creation of a covering seal by cutting and oppositioning the labia minora and labia majora with or without excision of the clitoris.

Type IV, Others: This is the pricking, piercing, incising of the clitoris and/or labia; stretching of the clitoris and/or labia; cauterization by burning of the clitoris and surrounding tissue; scraping of tissue surrounding the vaginal orifice or cutting of the vagina; introduction of corrosive substances or herbs into the vagina to cause bleeding or for purpose of tightening.



1.3 Prevalence of FGM

According to World Health Organisation 200 million girls and women alive today have undergone some form of genital mutilation. There are an estimated 3 million girls at risk of undergoing FGM every year. Global human rights instruments unequivocally condemn FGM, yet 4.1 million girls and women are at risk of being subjected to it in 2020 alone. The majority of girls are cut before they turn 15 years old. FGM has been documented in 30 countries, mainly in Africa, as well as in the Middle East and Asia. Some forms of FGM have also been reported in other countries, including among certain ethnic groups in South America. Moreover, growing migration has increased the number of girls and women living outside their country of origin who have undergone FGM or who may be at risk of being subjected to the practice in Europe, Australia and North America (WHO, 2020).



According to Kenya Demographic and Health Survey (KDHS, 2014) 21% of women aged 15-49 years reported to have been cut. Majority of the circumcised women (87%) had a cut with flesh removed, 9% reported that their genital area had been closed by stitching while 2% were cut without removing any flesh. Additionally, about 9.3 million girls and women in Kenya have been subjected to FGM. The prevalence of FGM is still high especially among the Somali (94%), Samburu (86%), Kisii (84%) and Maasai (78%). However, 93 percent of women and 89 percent of men aged 15-49 years believe that FGM should be stopped (KDHS, 2014).

1.4 Legal, Policy and Institutional Framework

Kenya has ratified several international legal instruments that have become part of Kenyan law as provided for in article 2 of the 2010 Constitution. They include: The Universal Declaration of Human Rights (UDHR, 1948), International Covenant on Civil and Political Rights (1966), International Covenant on Economic, Social and Cultural Rights (1966), the Convention on the elimination of all forms of Discrimination Against Women (CEDAW, 1979), the Convention Against Torture and other Cruel and Inhuman or Degrading Treatment or Punishment (1984) and the United Nations Convention on Rights of the Child (UNRC, 1989).

In 1990 during the Convention on the Elimination of all Forms of discrimination against women (CEDAW) it was recommended that state parties take appropriate and effective measures with a view to eradicating the practice of female circumcision. The United Nations General Assembly Resolution 61/143 of 2007 reminds states not to use customs and traditions or religious beliefs as excuses to avoid obligations to eliminate violence against women. Resolution 67/146 at the 67th -2012 session seeks to intensify global efforts on elimination of FGM.

At the Regional level Kenya has ratified to African legal frameworks that became part of Kenyan law. They include: The protocol to the African Charter on the Rights and Welfare of the Child (Monrovia, 1979), the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (Maputo Protocol, 2003), Aspiration 6 of Africa's Agenda 2063 which calls for full empowerment of women and girls including elimination of gender based violence and African charter on the Rights and welfare of the Child (1990) which mandates governments to make every effort possible to stop harmful social and cultural practices such as FGM.



President Uhuru Kenyatta alongside First Lady Margaret Kenyatta receive copies of the newly launched National Policy for the Eradication of FGM from Ministry of Public Service and Gender Cabinet Secretary Prof. Margaret Kobia at State house Nairobi.

The Government of Kenya has come up with favorable legal foundations that guide the eradication of FGM. The Constitution of Kenya 2010 in Article 2 re-affirms the ratification of various international and regional agreements and protocols that support girls and women rights constitute and an important pillar of support for interventions against FGM as part of the Kenyan law.

Furthermore, the Government has enacted various legislation including the Prohibition of Female Genital Mutilation Act, 2011 that provide important legal foundation upon which the National efforts on eradication of the practice is anchored. The Children's Act 2001 criminalises subjecting a child to harmful cultural practices. The Penal Code, Cap 63 provides offences under which the circumcisers can be charged. The Protection against Domestic Violence act, 2015 classifies FGM as violence. It provides for protective measures for survivors and victims of domestic violence including FGM.

The Vision 2030 and the 3rd medium Term Plan (MTP III) for the period 2018-2022 addresses FGM under the Gender, Youth and Vulnerable Groups sector of the social pillar. It targets to enhance prevention and response to GBV and improve utilization of essential services. It aims to protect women and girls from the malpractice by ensuring that perpetrators are prosecuted, provision of support services to survivors and enhanced public awareness and sensitization programs of the communities on dangers of FGM.

The Government developed National Policy on Abandonment of FGM, 2010 that provided for the platform for enactment of the Prohibition of FGM Act, 2011. In addition the National Policy for Prevention and response to GBV, 2014 was approved to accelerate efforts towards elimination of all forms of GBV. National policy for the Eradication of FGM 2019 that accelerates the fight against FGM for a society free from harmful cultural practices. Structures have been established for coordination of eradication programmes including establishment of the Anti-FGM Board, County and Sub-County Anti-FGM steering Committee. The National Plan of Action for elimination of FGM in Kenya 1999-2019 which describes the sensitive and responsive interventions and strategies for achieving the goal of reducing the number of girls, women and families affected by FGM. The National Adolescent Sexual and Reproductive Health Policy (2012) classifies FGM as a harmful practice that has direct impact on reproductive health and the status of adolescents.

In the County currently there is no policy on FGM or gender issues. The County entirely depends on the National Laws.



1.5 Kenyan Efforts Towards eradication of FGM.

The Kenyan Government has been on the forefront in eradication of FGM by coming up with several interventions geared towards protecting girls and women from the practice. The Government has enacted legislations (The Kenyan Constitution, 2010, the Prohibition of Female Genital Mutilation Act, 2011 and the Childrens Act, 2001) and ratified to International treaties that both outlaw FGM practice.

It has come up with Affirmative action measures like formation of Gender desks in all police stations, establishment of a prosecution unit by the ODPP to handle FGM cases and introduction of GBV content in the police service training curriculum.

It has established the Anti-FGM board mandated with designing, supervising and coordinating Anti-FGM activities and campaigns in the Country. It has been on the forefront in observing the International Day of Zero Tolerance to FGM at national and County levels to raise awareness on Anti-FGM campaigns.

It has come up with public education awareness programs, school based interventions, community dialogues, mentorship programmes, media campaigns and funding of anti-FGM intervention activities.

In the International Conference on Population and Development (ICPD25) on accelerating the promise the member states were tasked to come up with strategies for acceleration of eradication of FGM. H.E. The president issued a directive to end FGM by 2022 showing a strong political support towards its eradication. Since then the Government and Non-Governmental organisations through anti-FGM board have prepared 1st, 2nd, 3rd and 4th Reports on the implementation of Presidential acceleration plan to end FGM.

All these efforts have helped reduce FGM prevalence in the Country from 27% in 2009 to 21% in 2014 (KDHS, 2014)

CHAPTER 2: SITUATIONAL ANALYSIS OF FGM IN TANA RIVER COUNTY

Female Genital Mutilation is a health and human right issue which affects several young girls and women in many countries from Africa, Middle East and Asia. At least about 200 million girls and women alive today are estimated to have undergone FGM in over 30 countries across the world according to a report from UNICEF. Its estimated that in Kenya about 9.3 million girls and women have undergone FGM. According to KDHS, 2014 report the National prevalence among women and girls aged 15-49 years was 21% in 2014.

2.1 Magnitude of FGM in the County

In Tana River County the prevalence stands at 58% for the whole County (KDHS, 2014). In Tana River County, FGM is highly practiced among five communities namely; Orma, Wardei, Wailwana, Watta and Munyoyaya. The communities mainly practice type 2 and type 3 of FGM which involves cutting and stitching together of the female external Genitalia leaving a tiny opening.

According to the baseline survey conducted by Womankind Kenya, 2021 its estimated that 90% of girls and women from the practicing communities that is Orma, Wardei, Watta, Wailwana and Munyoyaya have undergone the cut. It indicated that there is very low awareness on FGM effects and the rights of women and girls in the County.

2.2 Reasons for Practice of FGM in the County

The performance of FGM is practiced for various reasons in the County ranging from Socio-cultural, economic and religious with myths, misconceptions and stereotypes that tend to reinforce the practice. They include:

Delayed sexual debut and preservation of virginity: Communities in the County believe that FGM practice ensures preservation of the virginity of the girl protecting her from engaging in sex before marriage.

Prerequisite for marriage: In the County FGM is conducted by Communities on women and girls as a way for preparing them for marriage. Those who have not undergone FGM are considered not to be marriageable. Men tend to discriminate the uncut girls.

Social acceptance, Identity and status: In the County Communities practice FGM for cultural identity, family pride, prestige, community acceptance and inclusion among other factors. Rejecting of FGM has socio-cultural consequences including stigmatization, discrimination and considered social misfits. In these communities FGM earns girls respect, increases their potential to get married and enables them to participate in social functions.

Control of sexual desire: The Communities believe that the sexual desire of girls and women can be controlled by FGM hence preventing promiscuity.

Strong religious beliefs: In Tana River, FGM is widely perceived as religious requirement for all women and girls. Communities practice FGM to purportedly fulfill religious requirements and beliefs although there is no documented evidence that FGM is supported by any religion.

Economic and Monetary gains: FGM is regarded as an economic activity by the perpetrators. The circumcisers are paid a fee for performing the cut. In some cases, girls who have undergone FGM attract higher bride price for the parents.

2.3 Emerging Trends in the County

Following the Government's efforts to eradicate FGM through enhanced law enforcement communities have reacted and changed the tact with a view of concealing the practice. In the County there are various emerging trends that include:



Lowering the age of which the cut is performed: New trend of girls being cut at a younger age below 5 years is on the rise. This is in order to conceal the practice from law enforcers.

Change in type of FGM: In some communities in the county have resorted to change the type from type III (infibulation) to type II (excision) or type I (clitoridectomy).



Dependency on traditional circumciser's services: FGM in the County is conducted by traditional cutter/mutilators. The number of mutilators has reduced due to enforcement raising demand for their services. All women and girls who have undergone FGM in the County are conducted by the traditional cutters/mutilators.

Increased Secrecy in FGM: The practice has become secretive among communities in the County. Girls and women undergo FGM privately as opposed to having elaborate communal celebrations and festivities that traditionally used to accompany the practice. This is due to arrests made by law enforcers.



Medicalisation of FGM: There have been cases of medicalization in the County. There have been no cases reported of medical professionals to perform the cut. Traditional circumciser's have resorted to use medical equipment such as surgical blades, gloves and anaesthesia among others in the belief it makes the practice safer.

Dependency of FGM as a source of income: FGM is an income-generating activity for the traditional cutters/mutilators. For every cut they performed they are paid Kshs. 500-2000. The cost has gone up due to increased risk of arrest and prosecution.



2.4 Challenges in addressing FGM in the County

The following challenges were identified in the eradication of FGM in the County:

Inadequate data:

The County Lack County and community specific FGM data for evidence based program implementation. The KDHS surveys conducted do not capture all communities that practice FGM.

Stigma and discrimination:

In the County FGM is perpetuated to avoid stigma, discrimination and exclusion of families from the community.

Weak enforcement of laws relating to FGM:

Duty bearers, law enforcers, survivors and witnessing communities where FGM is conducted are threatened by members of the community for reporting incidences affecting enforcement of laws.

Emerging trends:

There are various emerging trends in the County on performing FGM. This has offered a challenge to law enforcers to eradicate the vice.

Vastness of the County:

The County is the 5th largest in Kenya covering an area of 37,903.6 Km². FGM is conducted in the hinterland areas covering long distances this has affected urgent response to arising cases by law enforcers.

Low capacity of Local Anti-FGM Social Change Actors and campaigners:

There is a shortage of local resource persons and experts within the communities to train and communicate anti-FGM messages and sensitise the community effectively. There is need to have local campaigners who can articulate FGM issues in local dialect.

Inadequate resources:

The County lacks adequate resources for supporting activities that accelerate eradication of FGM due to inadequate funding. The facilitation for the frontline law enforcers to access remote areas is low. There are several complaints of no fuel and breakdown of vehicles. The community groups such as women-led CBOs and self-help groups are poor and unable to use their own moneys adequately to sustain FGM campaigns.

Lack of rescue centres and Child protection units:

In the County there is no rescue centre or child protection unit to offer assistance for those rescued from the practice.

Community myths and misconceptions:

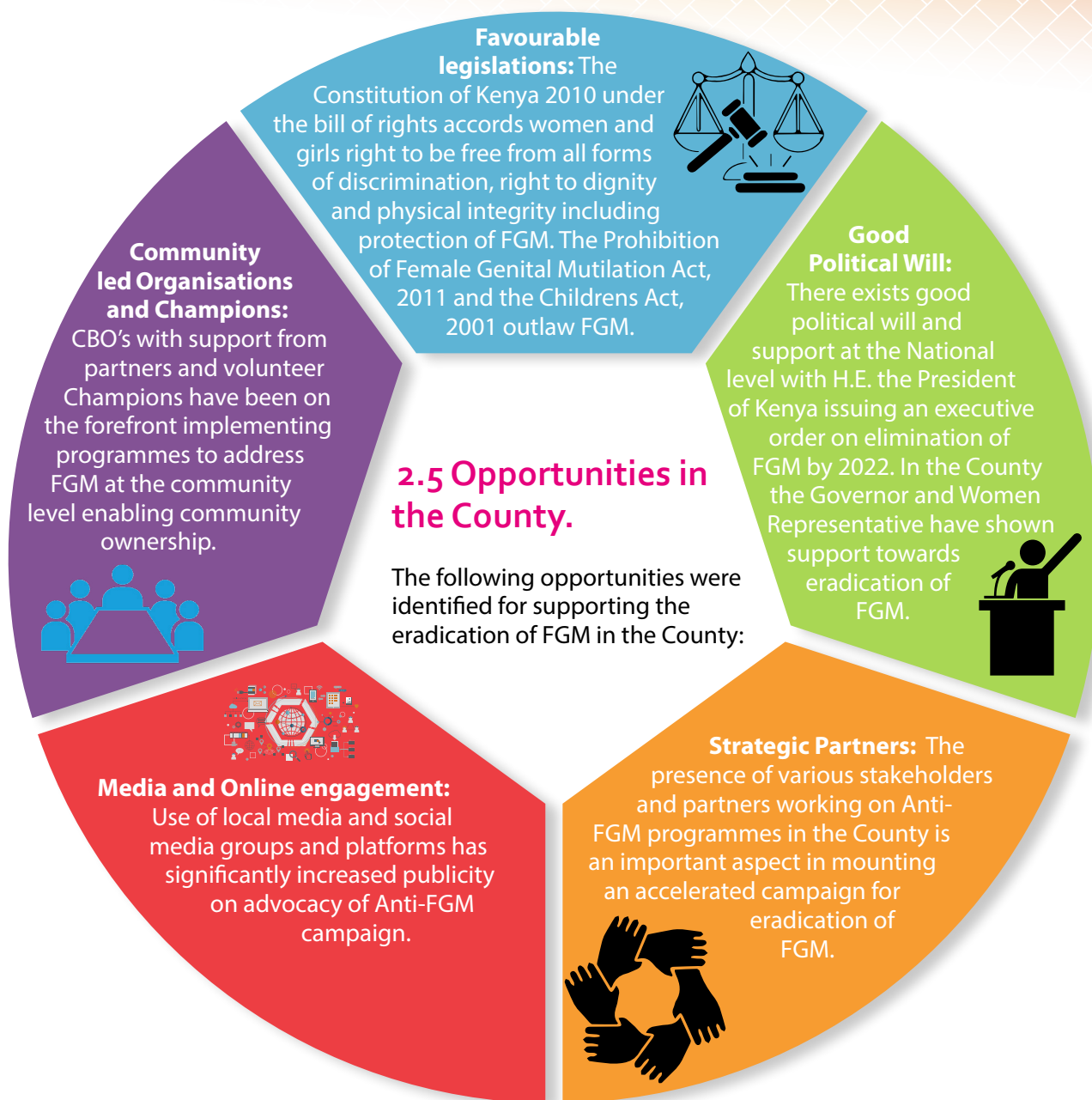
There are various myths and misconceptions among the Communities practicing FGM in the County that push the need for continued practice of the exercise.

Covid-19 pandemic:

Since the outbreak of Covid-19 and closure of schools cases of FGM in the County increased. This was due to girls being out of school giving the parents opportunity to practice the exercise.

High illiteracy levels:

According Kenya 2019 census report volume IV, 44% of the total population have never been to school, 47% of these are female. This has affected the awareness creation and made it difficult for communities to abandon FGM. The communication of the Anti-FGM messaging requires very specific and local context materials.



2.6 Rationale for County Action Plan

The Tana River County Anti-FGM action plan was developed to further accelerate and scale up efforts towards the elimination of FGM in the County BY 2025. The action plan will examine status of FGM, reasons for practice of FGM, the emerging trends and challenges & opportunities in eradication of FGM in the County. This will enable coming up with Tana River County specific priority actions and interventions that will enable acceleration of eradication of FGM in the County by coming up with locally led initiatives to fight FGM.

CHAPTER 3: COUNTY ANTI-FGM ACTION PLAN DEVELOPMENT PROCESS

3.1 Action Plan Development Process

The development process was driven by Government and Non-Government partners and was widely consultative involving all key stakeholders through a multi sectoral process that was open and inclusive. The process ensured that the plan is evidence-informed and recognizes challenges and lesson learnt from the ongoing Anti-FGM campaigns.

The information was obtained from desk reviews of relevant Kenyan FGM legal/policy including the National Policy on Eradication of FGM 2019 and Prohibition of FGM Act, the Kenya Demographic Survey report of 2014, UNFPA/UNICEF 2015 document on FGM Minimum Packages among others.

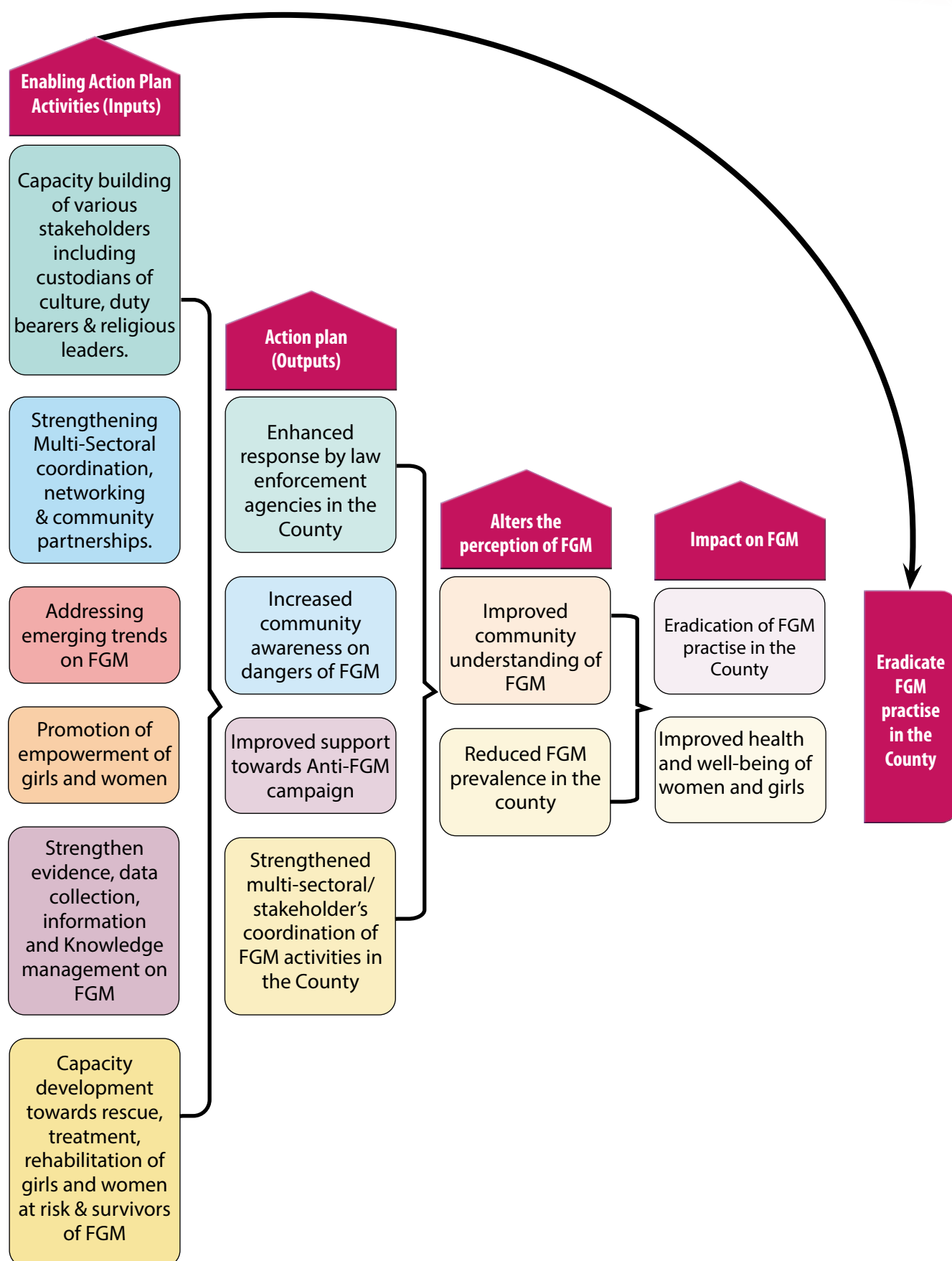
Information from key sectors was obtained through interviews conducted with stakeholders such as policy makers, community leaders, senior religious leaders, representatives from government, community representatives and local administration as well as service providers' in the County. More data was obtained through Focus Group Discussions (FGDs) with intervention beneficiaries: women and girls to assess their experiences in accessing FGM prevention, protection and care services. Also FGDs were conducted with men and boys to assess their experiences in helping or facilitating their partners, sisters or daughters to access FGM prevention, protection and care services and their suggestions.

Additionally, participatory validation meetings with relevant stakeholders from National and County Government duty bearers, Civil Society, Community leaders, Religious leaders was held to validate the Action plan. During the meetings additional interventions were identified, recommended and incorporated in the document.

3.2 Theory of Change

The development of the framework was informed by a theory of change, which was a methodology that sought to link actions with each other to realize an intended result or outcome. The theory of change was useful in answering "the what, the how, when and results." This theory was used to develop a set of result areas such that if certain inputs were in place and certain activities implemented then a set of results would be realized and, if carried out at scale, will contribute to eradication of FGM in Tana River County.

ACTION PLAN THEORY OF CHANGE



CHAPTER 4: COUNTY PRIORITY ACTIONS

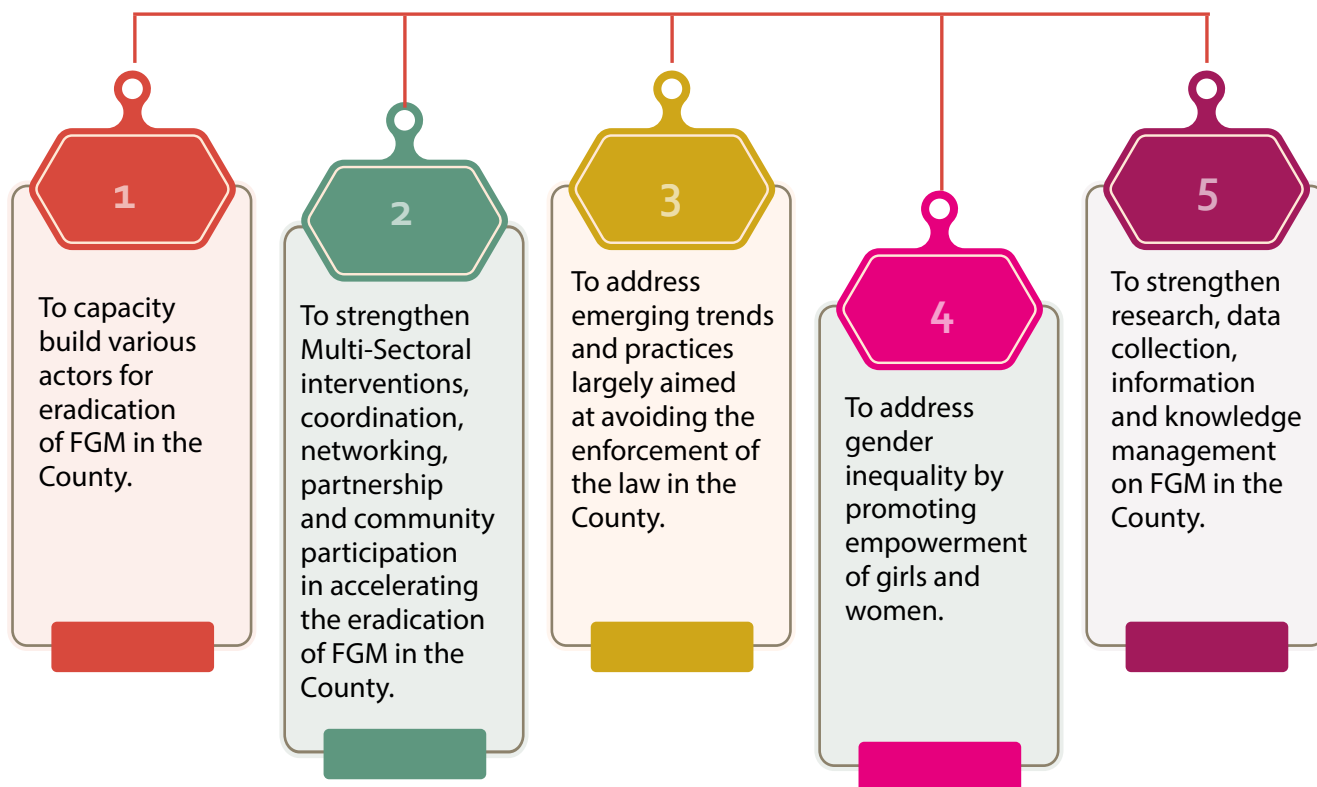


4.1 Goal

To accelerate the eradication of FGM in Tana River County.

4.2 Objectives

Objectives of the Action plan include;



4.3 Key Result Areas

4.3.1 KRA 1: Capacity building of various actors for eradication of FGM in the County.

The following activities will be conducted by the stakeholders to ensure the communities are enlightened on the effects/impacts and need for abandonment of FGM in the County.

County Strategic Activities:

- i. Development of a capacity building plan for all stakeholders in the County.
- ii. Support the capacity building of the custodians of culture specifically for the Orma, Wardei, Watta, Wailwana and Munyoyaya communities to support Anti-FGM campaigns in the County.
- iii. Engage Community opinion leaders, political leaders and influencers in the County to sensitize their communities on effects of FGM and the need for its eradication.
- iv. Conduct and facilitate Community driven dialogues on FGM in all identified hotspot areas in the County.
- v. Strengthening and development of Anti-FGM networks using existing community structures like the Nyumba Kumi, Schools, Churches & Mosques and community based society groups to improve on reporting of FGM incidences in the County.
- vi. Promote education of girls, boys, men and women on health and social impact of FGM.
- vii. Engage and sensitize health workers on dangers and illegality of medicalization of FGM.
- viii. Involvement of the local media in Anti-FGM campaigns in the County.
- ix. Training of duty bearers on provisions of the existing laws and policies related to FGM for effective implementation.
- x. Training of duty bearers in the Gender desk to promote timely investigation and prosecution of FGM perpetrators.
- xi. Identifying, training and awarding of male and female champions in the anti-FGM campaign in the County for the eradication of FGM.
- xii. Sensitizing girls and boys to ensure their meaningful participation in Anti-FGM campaigns in the County.
- xiii. Sensitization of suspected traditional cutters in the County on FGM, its illegality, socio-economic and health effects and the need for abandonment of the practice.
- ivx. Engaging and Sensitizing of Religious leaders in the County in order for them to delink FGM from Religion.
- vx. Facilitating development, production and dissemination of IEC materials in local languages across sectors to promote FGM abandonment messages in the County.
- vix. Observing of the International Day of zero tolerance to FGM on 6th February and Sixteen days of gender activism every year.

4.3.2 KRA 2: Strengthening Multi-Sectoral Coordination, networking, partnership and community participation towards the eradication of FGM

This KRA shall ensure involvement of all stakeholders across various sectors partner to support implementation of Anti-FGM activities in the County. It will also strengthen coordination and networking to ensure multi-sectoral programming across various levels.

County Strategic Activities:

- i. Establishment and facilitation of the County and Sub County Anti-FGM steering committees.
- ii. Holding of quarterly Multi-stakeholder's meetings and engagements at County and Sub County on matters of FGM prevention, protection and care.
- iii. Development and strengthening of strong functional community protection structures, such as community surveillance systems
- iv. Establishment and coordination of anti FGM clubs in schools and Leveraging on school calendars to identify and report FGM cases.
- v. Identify and create a network among teachers, champions, health workers, duty bearers, and survivors on FGM in the County.
- vi. Establishing and operationalization of a cost free County anti FGM Hotline for anonymous reporting.
- vii. Offering support to institutions and organizations for protection, prevention and response to FGM issues in the County.
- viii. Development of clear communication structure channel with law enforcers to respond to distress calls in the County.
- ix. Facilitating the adoption and dissemination of protocols and guidelines for managing FGM complications in medical service points in the County.
- x. Mainstreaming of Anti-FGM activities in State and Non-state actors programs in the County.

4.3.3 KRA 3: Addressing emerging trends and practices of FGM in the County.

The following activities will be applied to address the emerging trends and practices of FGM in the County.

County Strategic Activities:

- i. Training and using of CHVs to offer psychosocial support and sensitize communities on consequences of FGM practice.
- ii. Develop Cross County and Sub-County initiatives on FGM.
- iii. Conduct exchange programs with neighboring Counties on anti-FGM matters.
- iv. Development of structures to ensure protection of girls and women during pandemics, humanitarian and emergency situations in the County.
- v. Engage in inter- community learning exchange visits on anti-FGM campaigns.
- vi. Identify, training and equipping of informers at the hotspot villages to report on FGM cases in the County.

4.3.4 KRA 4: Promote empowerment of girls and women to address gender inequality in the county

The stakeholders should engage in the identified activities to support empowerment of girls and women as a means to addressing FGM.

County Strategic Activities:

- i. Conducting mentorship program to empower girls & women and boys & men in the County.
- ii. Support girls and women with life skills to enable them reject FGM and support anti-FGM campaigns.
- iii. Engaging in men and boys' sessions to support women and girls in eradicating FGM in the County.
- iv. Support education, socio-economic empowerment for women and girls in the County.

- v. To identify role models and them to advocate for eradication of FGM.
- vii. Development of the Tana River County Government gender and anti-FGM policy.

4.3.5 KRA 5: Strengthening evidence, data collection, information and knowledge Management on FGM.

The priority activities will ensure efficient and effective data collection, information sharing and knowledge management of FGM to aid in decision making.

County Strategic Activities:

- i. Development of FGM data capture tools at service point for various sectors to aid in data collection in the County.
- ii. Integration of data to existing systems to promote evidence based decision making by the county.
- iii. Enhancing consistent documentation and reporting of FGM data using modern technology to inform responsive and high quality services in the County.
- iv. Carry out a regular data collection to monitor FGM prevalence and emerging trends.
- v. Establish an elaborate data sharing with relevant stakeholders on FGM cases.

4.3.6 KRA 6: Support capacity development towards rescue, treatment and rehabilitation of girls and women at risk and survivors of FGM in the County

- i. Establish 3 Rescue centers and 9 Child protection Units in the Sub Counties and all police stations in the County respectively.
- ii. Offering counselling, psychosocial support, rehabilitation, training and building confidence of FGM survivors in the County.
- iii. Facilitate establishment of legal aid fund to support reimbursement cost for FGM cases in the County.

4.4 Anticipated outcome

The anticipated outcome of this action plan include:

1. Enhanced prevention and response to FGM in the County.
2. Increased community awareness on dangers of FGM.
3. Reduction of FGM prevalence in the County.
4. Enhanced multi sectoral coordination of Anti-FGM programs and activities in the County.
5. Reduction of community stigma and discrimination among girls, women and families which abandon FGM practice in the County.
6. Promotion of gender equality by empowering women and girls in the County.
7. Reduction in child marriage due to FGM
8. Enhanced data collection to inform anti-FGM activities.
9. Reduction in medicalization of FGM in the County.
10. Improved health and well-being for women and girls.
11. Enhanced linkages and collaboration among various stakeholders undertaking Anti-FGM activities.

CHAPTER 5: INSTITUTIONAL, COORDINATION & IMPLEMENTATION FRAMEWORK

5.1 Introduction

The Chapter highlights how the Action plan shall be implemented and the various institutions that are mandated to actualize the planned activities. Its implementation will encompass a multi –sectoral approach involving Government and Non-Government stakeholders in the County. The Ministry of Interior and County Government shall provide leadership in the implementation of the Action plan.

5.2 Coordination & Implementation Framework

The action plan will be implemented through multi-sectoral approach that embraces collaboration and partnership with all stakeholders. Data and reports on FGM will be shared at County levels. Coordination and implementation will be done using the following structures:

5.2.1 County Anti-FGM Steering Committee

The committee shall form an integral part of the Inter-Governmental County gender sector working group. It shall be a substantive thematic sub-sector of the Intergovernmental County gender sector working group. The County FGM Steering Committee is at the highest level of County coordination on FGM matters. It will be responsible for providing County-specific strategic policy direction and mobilizing resources for FGM prevention and response. The Committee will meet once per quarter to monitor progress towards implementation of the action plan. The Committee will also share information on policy and legal decisions affecting FGM prevention and response.

The Committee members include:

- ❖ County Commissioner (Chairperson)
- ❖ County Executive Member of Youth, Gender and Culture
- ❖ Chairs of the Sub-County Anti-FGM Committees
- ❖ County Public Prosecutor
- ❖ Chair of County Assembly Committee
- ❖ County Director of Children Services
- ❖ County Director of Education
- ❖ County Director of Health
- ❖ County Police Commanders
- ❖ KEPSA
- ❖ County Gender Officers
- ❖ County Chair of Faith based organizations
- ❖ Supreme Council of Kenyan Muslims
- ❖ National Council of Churches in Kenya
- ❖ Kenya Conference of Catholic Bishops
- ❖ Evangelical churches of Kenya
- ❖ Seventh Day Adventist
- ❖ County Chair of Maendeleo Ya Wanawake Organisation
- ❖ Relevant development partners
- ❖ Private sector actors

- ❖ Representative of People with Disabilities
- ❖ Youth Representative.
- ❖ Two FGM Champions (Male and Female)

5.2.2 Sub-County Anti-FGM steering committee

The Sub-County Anti-FGM Committee shall be established at the Sub-County levels. It will act as the community watchdog for prevention and response to FGM. It will be chaired by Deputy County Commissioner and Co-chaired by Sub-County Administrator.

Members of the committee include:

- ❖ Chairperson of Community Policing
- ❖ Sub-County Health Officer
- ❖ Sub-County Education Officer
- ❖ Sub-County Gender Officer
- ❖ Sub-County Children Officer
- ❖ Sub-County Public Prosecutor
- ❖ KEPSA
- ❖ Representative of People with Disabilities
- ❖ Youth Representative
- ❖ Sub-County Chair of FBOs
- ❖ Sub County Police Commanders
- ❖ Maendeleo Ya Wanawake
- ❖ Supreme Council of Kenyan Muslims
- ❖ National Council of Churches of Kenya
- ❖ Evangelical churches of Kenya
- ❖ Relevant Development partners
- ❖ Two champions (male and female)

5.2.3 Secretariat to the County Anti-FGM Steering Committee

The secretariat shall be the institution charged with managing the running of the day-to-day affairs of the Steering Committee and administrative functions. It shall comprise of a representative from the County Commissioners Office, County department for Gender Services, County Government and a representative of the CSOs.

5.2.4 Community level

At the community level, there are community structures such as Area Advisory Councils at Divisional levels, Child Protection Networks, Community Child Protection Committees, community policing, Nyumba Kumi, village elders and FBOs. These groups play an important role to facilitate referral and linkages to services.

5.3 Resource mobilization

The successful implementation of the Action plan highly depends on availability of sufficient financial and human resources. All stakeholders are expected to mobilise resources and support activities geared towards eradicating FGM in the County. Financial support will be sought from various stakeholders to achieve implementation of the identified activities in the action plan.

5.4 Monitoring & Evaluation

Monitoring and Evaluation (M & E) shall be an integral part of the implementation of the Action plan. It is critical in tracking the success of any programme or activities. It paves the way for tracking progress, learning, and subsequent improvement.

Monitoring and evaluation encourages transparency and accountability, which gives value in effective governance. For effective tracking of the implementation of the action plan, it is critical to put a clear and user friendly monitoring and evaluation tool in place. It also helps to strengthen a sustainable system-based approach through a multidimensional and gender-sensitive system that supports the continuous improvement of the implementation process.

A framework that incorporates levels of reporting, types of reports, recipients, and responsible parties will be put in place in consultation with the stakeholders. This Action Plan will be for five years, and the reporting should therefore ensure that a quarterly and yearly reporting framework is in place. The County Anti-FGM Steering Committee will be responsible for the development of the Monitoring and Evaluation Framework tool and for ensuring that the reports are developed and submitted as required.

5.5 Conclusion

The Action Plan contains strategic interventions aimed at accelerating abandonment of FGM practices in the County. What is outlined in this plan strengthens social mobilisation against FGM; measures for treating and rehabilitating girls and women who have undergone FGM; measures that would build knowledge and competence on FGM in the County. This aims at leveraging the National gains already made in the Anti-FGM initiatives to accelerate the National momentum towards the eradication of FGM.

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APPENDICES 1: COUNTY COSTED ANTI-FGM ACTIVITIES

TANA RIVER COUNTY COSTED ANTI-FGM ACTIVITIES

KRA 1: Capacity building of various actors for eradication of FGM in the County.								
Activity	Key indicator	Target	Anticipated Outcome	Cost in Millions (Kshs.)	Timeline			Stakeholder/ implementing partners
					2021/22	2022/23	2023/24	
1.1 Training and sensitization of duty bearers on provision of existing laws and policies related to FGM for effective implementation	No. of duty bearers trained.	300	Enhanced response in law enforcement on FGM in the County.	3.0				County steering Committee, MDAs, Partners, NGOs, CSOs including FBO and CBOs
1.2 Development of a capacity building plan for all stakeholders in the County	Capacity building plan developed	1	Enhanced coordination and organization for capacity building of stakeholders	2.5				
1.3 Sensitizing of custodians of culture for the communities practicing FGM in the County.	No. of community elders sensitized.	50	Improved support towards the anti-FGM campaign.	2.0				
1.4 Engaging and sensitizing religious leaders in the County to delink FGM from religion	No. of religious leaders trained and sensitized on religion and FGM	300	Increased awareness of FGM in the Religious perspective.	4.5				
1.5 Identifying, training and sensitization of suspected traditional cutters to abandon the practice and be champions of Anti-FGM campaigns	No. of traditional cutters trained to be agents against FGM	200	-Increased awareness on dangers of practicing FGM -Reduction of FGM in the County.	6.0				
1.6 Conduct engagement meetings with opinion leaders, Community leaders & Political leadership to support Anti-FGM campaigns.	No. of opinion leaders, traditional leaders, political leaders engaged	300	-Increased awareness of FGM in the County. -Support of ending FGM campaigns by leaders.	3.0				
1.7 Training of duty bearers in the gender desks to promote timely investigation and prosecution of FGM cases.	No. of gender desks trained and sensitized.	100	Timely investigation and prosecution of FGM cases.	1.0				
1.8 Development, production and dissemination of IEC materials across sectors to promote FGM abandonment messages.	-No. of posters developed and distributed. -No. of Social Media posts. -No. of brochures and leaflets developed and distributed.	1000	Increased awareness of FGM in the County.	5.0				
1.9 Engaging and involving local media as a channel of raising awareness.	-No. of people reached with anti-FGM messages.	100,000	Increased awareness of FGM in the County.	5.0				

Activity	Key indicator	Target	Anticipated Outcome	Cost in Millions (Kshs.)	Timeline				Stakeholder/ implementing partners
					2021/22	2022/23	2023/24	2024/25	
2.0 Conducting Training sessions for women & girls and PWDs, on the health and social impacts of FGM.	-No. of Women, girls and PWDs trained and sensitized on FGM.	800	Increased awareness of effects and consequences of FGM.	9.0					
2.1 Conducting men & boys sessions to ensure meaningful participation in anti-FGM campaigns.	-No. of Men & boys sensitized.	800	Increased knowledge on FGM.	9.0					
2.2 Conducting of Community dialogues in all hotspot villages in the County.	-No. of people reached	100,000	Increased awareness of effects and consequences of FGM.	6.0					
2.3 Identifying, training and awarding of male and female champions actively engaged in the anti-FGM campaign.	-No. of TOT trained from various sectors.	100	Strengthened multi-sectoral coordination of FGM programs -Increased awareness on FGM in the County.	2.5					
2.4 Sensitization of CHVs and health workers on dangers and illegality of medicalization of FGM.	-No. of CHVs and Health workers sensitized	150	Reduced medicalization of FGM in the County	2.0					
2.5 Training of the Nyumba Kumi Chairpersons and village elders to strengthen community structures to support Anti-FGM campaigns.	-No. of village elders and Nyumba Kumi Chairpersons trained.	300	Enhanced prevention and response to FGM in the County.	3.0					
2.6 Observing of the International day of zero tolerance to FGM on 6 th February every year	-No. of people reached during the international day.	500,000	Increased awareness on FGM in the County.	5.0					
2.7 Observing of the 16 days of Gender Based Violence every year	-No. of people reached during the 16 days of activism.	500,000	Increased awareness on FGM in the County.	10.0					

TANA RIVER COUNTY COSTED ANTI-FGM ACTIVITIES

KRA 2: Strengthening Multi-Sectoral Coordination, networking, partnership and community participation towards the eradication of FGM								
Activity	Key indicator	Target	Anticipated outcome	Cost in Millions (Kshs.)	Timeline			Stakeholder/Implementing partners
					2021/22	2022/23	2023/24	
2.8 Conduct quarterly County wide multi-stakeholder Anti-FGM dialogue meetings.	No. of stakeholders reached	300	Increased awareness on FGM in the County.	15.0				County steering Committee, MDAs, Partners, NGOs, CSOs including FBO and CBOs
2.9 Establishment of Anti-FGM clubs in schools and Leveraging on school calendars to create awareness about FGM	No. of Clubs Established in Schools and operationalized.	200	- Increased awareness on FGM to girls and boys.	2.5				
3.0 Holding of County and Sub County Anti-FGM steering committee meetings quarterly and monthly respectively.	No. of multi-sectors and partners coordinated.	150	Enhanced Coordination of Anti-FGM programs and activities.	10.0				
3.1 Operationalization and Capacity building of the Sub County Anti-FGM steering committees.	-Sub County Anti-FGM Committees trained and launched.	3	Enhanced Coordination of Anti-FGM programs and activities.	2.5				
3.2 Establishing a county anti FGM Hotline for anonymous reporting	-Hotline number established.	1	Increased reporting of FGM cases at villages.	1.5				
3.3 Strengthening of Nyumba Kumi structure for community surveillance of FGM cases.	-No. of Nyumba Kumi Chairpersons reached	200	Increased surveillance on FGM cases in the County.	5.0				
3.4 Offering support towards response of FGM cases in the County	No. of people protected and rescued from FGM activities.	100	Improved response towards FGM cases.	5.0				
3.5 Mainstreaming of anti-FGM campaigns in Government and Non-Government actors in the County	No. of people reached by the anti-FGM campaigns	200,000	Increased awareness on FGM in the County.	2.0				

TANA RIVER COUNTY COSTED ANTI-FGM ACTIVITIES

KRA 3: Addressing emerging trends and practices of FGM in the County.

Activity	Key indicator	Target	Anticipated outcome	Cost in Millions (Kshs.)	Timeline				Stakeholder/ implementing partners
					2021/22	2022/23	2023/24	2024/25	
3.6 Training and using of CHVs to offer psychosocial support and sensitize communities on FGM.	No. of CHVs trained and sensitized	150	Reduced stigmatisation and discrimination of girls who have not undergone FGM.	6.0					County steering Committee, MDAs, Partners, NGOs, CSOs including FBO and CBOs
3.7 Conduct exchange meetings or forums on the best practices for promoting reduction of FGM.	-No. of people reached by the exchange forum	100	Increased awareness of effects and consequences of FGM.	10.0					
3.8 Develop and strengthen structures for protection of girls and women during pandemics and emergency situations in the County.	-No. of girls and women protected from FGM during the pandemics and emergencies.	50,000	Protection of girls and women from FGM during emergencies.	5.0					
3.9 Identifying, training and equipping informers at the hotspot villages to report on any FGM cases.	No. of informers identified and trained	200	Increased reporting of FGM cases from the villages.	10.0					
4.0 Training of health care workers as change agents against medicalization	No. of health care workers trained	100	Reduced medicalization of FGM in the County	3.0					
4.1 Engaging in inter-community learning exchange visits on anti-FGM campaigns.	No. of people reached by the inter county exchange visits.	100	Increased awareness on handling FGM emerging trends.	10.0					

TANA RIVER COUNTY COSTED ANTI-FGM ACTIVITIES

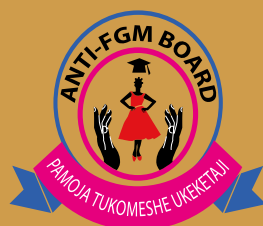
KRA 4: Promote empowerment of girls and women to address gender inequality in the County								
Activity	Key indicator	Target	Anticipated outcome	Cost in Millions (Kshs.)	Timeline			Stakeholder/ implementing partners
					2021/22	2022/23	2023/24	
4.2 Conducting mentorship program to empower girls and boys	-No. of girls and boys mentored	900	Enhanced empowerment of women and girls in the County.	16.0				County steering Committee, MDAs, Partners, NGOs, CSOs including FBO and CBOs
4.3 Support and train women & girls with life skills for economic empowerment.	-No. of women and girls trained on life skills.	300	Enhanced equality for women and girls in the County.	9.0				
4.4 Engaging in men and boys sessions to support women and girls in eradicating of FGM in the County.	-No. of men and boys reached by the sessions.	100,000	Increased awareness of Men and boys on FGM issues in the County.	10.0				
4.5 Development of the County Government Gender and Anti-FGM policy.	-Gender Policy and Anti-FGM policy developed	2	Promotion of gender equality in the County.	2.0				
4.6 Identify and support youth led campaigns in the County.	-No. of youth led campaigns supported.	10	Increased awareness of youths on FGM in the County	9.0				
4.7 Identify role models and train them to advocate for eradication of FGM in the County.	-No. of role models identified and trained.	30	Promotion of gender equality and awareness on FGM in the County.					

TANARIVER COUNTY COSTED ANTI-FGM ACTIVITIES

KRA 5: Strengthening evidence, data collection, information and knowledge Management on FGM.									
Activity	Key indicator	Target	Anticipated outcome	Cost in Millions (Kshs.)	Timeline				Stakeholder/ implementing partners
					2021/22	2022/23	2023/24	2024/25	
4.8 Development of FGM data capture tool at service point for various sectors to aid in data collection.	Data Capture tool developed	1	Enhanced data collection to inform anti-FGM activities	0.5					County steering Committee, MDAs, Partners, NGOs, CSOs including FBO and CBOs
4.9 Conduct survey on FGM in the County.	Surveys conducted.	1	Enhanced data collection to inform anti-FGM activities	16.0					
5.0 Integration of FGM data to existing systems.	Data systems integrated	1	Enhanced evidence based decision making in the County.	2.0					
5.1 Consistent documentation and reporting of FGM data using modern technology.	Data shared through modern technology	5	Enhanced information and response on FGM in the County.	0.5					
5.2 Establishment of data sharing platform for FGM cases in the County.	Information shared through the platform established.	1	Enhanced information sharing among sectors.	1.0					

TANARIVER COUNTY COSTED ANTI-FGM ACTIVITIES

KRA 6: Support capacity development towards rescue, treatment and rehabilitation of girls and women at risk and survivors of FGM in the County									
Activity	Key indicator	Target	Anticipated outcome	Cost in Millions (Kshs.)	Timeline				Stakeholder/ implementing partners
					2021/22	2022/23	2023/24	2024/25	
5.3 Establishment of rescue centers for girls at risk of FGM.	No. of rescue centers established.	3	Enhanced response in rescuing of girls at risk of undergoing FGM.	45.0					County steering Committee, MDAs, Partners, NGOs, CSOs including FBO and CBOs
5.4 Establishment of child protection Units at all Police stations.	No. of Child protection units established.	9	Enhanced law enforcement on FGM.	40.0					
5.5 Facilitate establishment of legal aid fund to support reimbursement cost and mitigation process for FGM cases.	-Fund established.	3	Enhanced law enforcement on FGM.	5.0					
5.6 Offering training, counselling and psychosocial support to girls/women rescued from FGM and survivors.	No. of girls/women counselled and offered psychosocial support.	100	Building confidence among FGM survivors in the County.	5.0					
TOTAL BUDGET				327.0					



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