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on

**NATIONAL POLICY FOR THE ERADICATION OF FEMALE GENITAL
MUTILATION**

Towards a society free from harmful cultural practices



JANUARY 2019

FOREWORD



The National Policy on the Eradication of Female Genital Mutilation is a revision of the National Policy on the Abandonment of Female Genital Mutilation, approved by the Cabinet in June 2010. Revision has been deemed necessary because the National Policy was adopted before the promulgation of the Constitution

of Kenya (2010). On interrogation, the policy was found inconsistent with the provisions of the Constitution, the Prohibition of Female Genital Mutilation Act, 2011, other pertinent pieces of legislation which have undergone amendments over the years and the newly adopted Sustainable Development Goals (SDGs). Consequently, it is imperative to review the policy to ensure that it is in line with the laws and policies that have been enacted since, and the global targets around SDGs. The policy is therefore being made to conform to the spirit of the Prohibition of Female Genital Mutilation Act, 2011, revised in 2012. The Policy is anchored on Sustainable Development Goal 5 and will also contribute to SDG 3 and 4; to promote education empowerment, eliminate early marriage and adolescence pregnancy, child labour, risk of gender based violence and HIV infection as well as eliminate poverty.

In Kenya, the prevalence rate of FGM varies among the practicing communities although the practice has been on the decline in the last decade. The Kenya Demographic Health Survey (KDHS), 2014 indicates that the prevalence declined from 27% in 2008/2009 to 21% in 2014. Consequently, the policy aims at building on this achievement to ensure acceleration in the eradication of FGM.

The Constitution stipulates that any treaty or convention ratified by Kenya forms part of the Kenyan Law. The Government is therefore mandated to ensure that key International and Regional human rights instruments outlawing violence against girls and women are implemented.

The policy identifies key issues and proposes high impact strategies to address FGM in key sectors such as health, education, security, access to justice and public information while emphasising participation as a human rights approach to empowering girls and women. The Ministry of Public Service, Youth and Gender through the Anti-FGM Board, will provide leadership in the implementation, monitoring, evaluation and reporting on this policy and ensure that the dignity of girls and women is upheld and safeguarded.

A handwritten signature in black ink that reads "Margaret Kobia".

Prof. Margaret Kobia, PHD, EGH
Cabinet Secretary, Ministry of Public Service, Youth and Gender

ACKNOWLEDGEMENT



This revised policy is the product of a participatory and inclusive process involving state and non-state stakeholders, and development partners. The policy is informed by the views of those involved in the implementation of Anti-FGM

initiatives, those subjected to 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 at the National and County levels. This policy reflects the trends in FGM since the approval of the National Policy on the abandonment of Female Genital Mutilation, in June 2010.

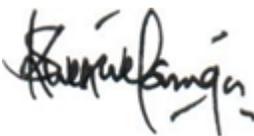
I wish to acknowledge the leadership of the Cabinet Secretary for Public Service, Youth and Gender, Prof. Margaret Kobia for her leadership in the policy formulation process.

I also wish to thank Hon. Rachel Shebesh, Chief Administrative Secretary, Ministry of Public Service, Youth and Gender for her invaluable contribution to the policy.

Further, I acknowledge the contributions of the technical team drawn from the Government, private sector, development partners and civil society organizations who worked tirelessly to develop this policy.

In this regard, my gratitude goes to the Anti-FGM Board; The State Department of Gender; The State Department of Youth; The Office of the Director of Public Prosecutions; The Office of the Deputy President; The Ministry of Education; UNICEF; UNFPA; FAWA; AMREF; ACCAF; and Equality Now for unreservedly committing their time and expertise towards the development of the Policy.

Finally, I wish to express my deep appreciation to UNFPA and UNICEF for their financial support towards the review of the Policy. The successful implementation of this policy will immensely contribute to the eradication of all forms of FGM in our society.



Hon. Safina Kwekwe Tsungu
Principal Secretary, State Department of Gender
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ABBREVIATIONS/ACRONYMS

AAC	Area Advisory Council
ACC	Assistant County Commissioner
ACCAF	Africa Coordinating Centre for the Abandonment of FGM/C
AG	Attorney General
AMREF	African Medical and Research Foundation
ARP	Alternative Rite of Passage
AU	African Union
CAJ	Committee on Administrative Justice
CC	County Commissioner
CEC	County Executive Committee
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
CS	Cabinet Secretary
CSOs	Civil Society Organizations
CYGO	County Youth and Gender Officer
DEVAW	Declaration on the Elimination of Violence Against Women
DPP	Director of Public Prosecutions
FAWE	Forum for African Women Educationalists
FBOs	Faith- Based Organisations
FGM	Female Genital Mutilation
GBV	Gender -Based Violence
IEC	Information, Education and Communication
KDHS	Kenya Demographic and Health Survey
KEWOPA	Kenya Women Parliamentarians Association
KII	Key Informant Interview
KNCHR	Kenya National Commission on Human Rights
MCA	Member of County Assembly
MDAs	Ministries, Departments and Agencies
MYWO	Maendeleo Ya Wanawake Organization
NACAF	National Committee for the Abandonment of Female Genital Mutilation
NGEC	National Gender and Equality Commission
NGO	Non-Governmental Organisation
ODDP	Office of the Director of Public Prosecution
PAT	Participatory Analytical Techniques
PS	Principal Secretary
SDGs	Sustainable Development Goals
TC	Technical Committee
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
WHO	World Health Organisation

CHAPTER ONE

INTRODUCTION

1.1 Introduction

Female genital mutilation (FGM) is detrimental to the physical, social and emotional well-being of women and girls. FGM is a human rights violation that has a trickle effect on the country's social, economic and political development.

The Kenya Demographic and Health Survey (KDHS), 2014 shows that 21 per cent of women and girls aged between 15-49 years in Kenya have undergone FGM. The prevalence of FGM varies widely across regions and ethnic communities. Despite the National decline in the prevalence, it is still high in such communities as the Somali at 94 per cent, Samburu at 86 per cent, Kisii at 84 per cent and Maasai at 78 per cent.

The report indicates that the practice is rapidly changing as a result of government and non-governmental programmes. Notable changes are in the age at which FGM is performed, where it is done, how it is done, the performers of FGM and the prevailing belief system. These emerging trends are worrying due to the increased secrecy and collusion within the practicing communities to the extent of targeting newly born girls and married women. Equally disturbing is the opposition to the enforcement of the Prohibition of Female Genital Mutilation Act, 2011, and change agents.

Despite these challenges, the government is committed to ensuring that FGM is eradicated amongst the communities that practice it.

1.2 Rationale for Revision of the National Policy on Abandonment of FGM

The need for the revision of the National Policy on Abandonment of Female Genital Mutilation, was necessitated by the promulgation of the Constitution in 2010 and subsequent legislations including the Prohibition of Female Genital Mutilation Act, 2011 and The Protection Against Domestic Violence Act, 2015. The review was further

necessitated by the need to address emerging trends that have contributed to the slow decline in practice of FGM.

It is imperative to review the policy to ensure that it is in line with the existing laws and policies.

1.3 The problem

Kenya has a robust legal framework that criminalises female genital mutilation, however despite this FGM still exists. This is a key concern for the Country as the eradication of FGM requires a multi-sectoral, deliberate effort from all state and non state actors. FGM is a harmful cultural practice that impedes the rights of women and girls. FGM has implications on the physical and emotional health of women and girls with no known benefits of the practice. The practice can lead to: physical injuries; death; emotional stress and psychological suffering; complications during child birth for women; infections caused by lack of sterilised equipment; transmission of various infections including HIV; early marriage of young girls; and, termination of their formal education. Thus the need for this policy to address the emerging trends of FGM and institute policy actions to combat the vice.

1.4 Policy and legal context

In recognition that FGM is not only a harmful practice but a violation of human rights. The country has ratified several International legal instruments that have become part of the Kenyan law as provided for in Article 2 of the constitution. These include: The Universal Declaration on 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 the Rights of the Child (UNCRC, 1989).

The United Nations General Assembly Resolution 61/143 of 2007 reminds state parties that they should not use customs and traditions or religious beliefs as excuses to avoid obligations to eliminate violence against women while Resolution 67/146 at the 67th – 2012 session seeks to intensify global efforts on the elimination of FGM.

At the regional level, the normative frameworks that became part of the laws of Kenya include: - 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 eliminating gender based violence and Africa Charter on the Rights and Welfare of the Child (adopted 1990). Article 21 of the African Charter on the Rights and Welfare of the Child mandates governments to make every effort possible to stop harmful social and cultural practices such as FGM that affect the welfare and dignity of girls.

The Constitution reaffirms the government's commitment to protect and promote human rights and fundamental freedoms. Article 44 (3) of the Constitution bars any person from compelling another person to perform, observe or undergo any cultural practice or rite. Article 53(d) specifically states that children should not be subjected to harmful cultural practices, inhuman and degrading treatment. Article 55(d) requires the State to take measures, including affirmative action programmes, to ensure that the youth are protected from harmful cultural practices and exploitation.

Further to the provisions of the Constitution, the government has enacted The Prohibition of Female Genital Mutilation Act, 2011. The law provides the framework for public engagement and advocacy for accelerating the eradication of FGM. The Children's Act, 2001, S (14) criminalizes subjecting a child to harmful cultural practices. This provision of statute gives the parents the responsibility of ensuring the safety and security of the child. The Penal Code, Cap 63, also provides offences under which the circumcisers can be charged.

The Protection against Domestic Violence Act, 2015 classifies FGM as violence. The Act provides for protective measures for survivors and victims of domestic violence including FGM.

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

The National Policy on Abandonment of FGM, 2010 provided the platform for the enactment of the Prohibition of FGM Act, 2011 which led to the establishment of the Anti- FGM Board. In addition, the National Policy for Prevention and Response to Gender Based Violence, 2014, was approved to accelerate efforts towards the elimination of all forms of gender based violence (GBV) in Kenya. The Policy classifies Harmful Traditional Practices as a form of GBV. It provides for a coordinated approach in addressing GBV, effective programming, enhanced enforcement of laws and policies towards GBV prevention and response, increase in access to quality and comprehensive support services across sectors, and improved sustainability of the GBV prevention and response interventions.

The National Adolescent Sexual and Reproductive Health Policy (2012) classified FGM as a harmful practice that has a direct impact on reproductive health and the status of adolescents. It further identified FGM as one of most urgent concerns of the Policy.

1.5 Scope of the Policy

The policy covers the National and County governments, Parliament, the Justice system, non-state actors including civil society organizations, community based organizations, faith based organizations, the private sector, development partners, opinion leaders and the communities.

CHAPTER TWO

SITUATIONAL ANALYSIS AND EMERGING ISSUES

2.1 Introduction

UNICEF estimates that at least 200 million girls and women alive today have been subjected to FGM in 30 countries in Africa, the Middle East and Asia. In Kenya, about 9.3 million girls and women have undergone FGM. According to KDHS, 2014, the national prevalence of FGM among women and girls aged 15-49 years has gradually declined from 32 per cent in 2003, 27 per cent in 2008-2009 and 21 per cent to 2014. However, this decline needs to be sustained and accelerated by specially focusing on communities whose prevalence is still high including the Somali (94 per cent), Samburu (86 per cent), Kisii (84 per cent) and Maasai (78 per cent). The report shows while Nairobi, Central, Eastern, Nyanza and Rift Valley regions have shown slight decline in FGM prevalence, there is a marginal increase in the prevalence from 10 per cent to 10.2 per cent for women and girls aged 15-49 years in the Coast while in North-Eastern it has remained at a high of 97.5 per cent.

The government has taken steps in the campaign against FGM by enacting laws and establishment of the Anti-FGM Board whose mandate includes designing, supervising and coordination of all programmes aimed at the eradication of FGM in the country. The Board has made significant progress in the anti-FGM campaign which needs to be sustained.

2.2 Emerging Trends

Over the last two decades, there have been significant efforts to eradicate FGM, through enhanced law enforcement. Communities have reacted with a change of tact with a view to conceal the practice.

2.2.1 Reduced Age at Which the Cut is Performed

A new trend where girls are cut at a younger age is on the rise on the rise. Forty-six per cent of women aged 15-19 years were cut at ages 5-9, compared to 17 per cent of women aged 45-49¹. FGM is performed at an early age to conceal it.

2.2.2 Change in the Type of the Cut

There is a trend of changing from one type of FGM to another amongst some communities. This is attributed to the perceived reduction of health consequences of the practice.

2.2.3 Increased Demand for Traditional Circumcisers' Services

The proportion of women aged 15-49 circumcised by a traditional circumciser has increased from 75 per cent (2008-2009) to 80.5 per cent in 2014².

2.2.4 Secrecy

Celebrations that used to accompany FGM are no longer carried out. The practice has largely changed to a private affair for most families. Girls undergo FGM individually, as opposed to en masse.

2.2.5 Cross-Border Cutting

A number of communities including the Maasai, Pokot, Somali and Kuria cross to neighbouring countries to procure FGM to avoid being caught by law enforcers. Kenyans from FGM practicing communities living abroad also return to Kenya to obtain the cut for their female relatives.

2.2.6 Medicalization of FGM

At least 15 per cent of medical professionals perform FGM in total disregard to the professional code of conduct "Do No Harm" and the relevant laws. Some communities in Kenya prefer to use medical professionals to perform FGM to supposedly to reduce pain, bleeding and infection.

¹ Kenya Demographic and Health Survey, 2014

² Ibid

2.3 FGM Drivers

2.3.1 Rites of Passage

Communities that regard FGM as a rite of passage from childhood to womanhood, perpetuate it for marriageability purposes. In these communities, a girl is viewed as a woman once subjected to FGM. Adulthood is not only determined by biological age but by the rite of passage. The girls are married off soon after.

2.3.2 Religious Beliefs and Culture

The practice is deeply rooted in the religious beliefs and culture of the communities. The cutting of girls and women is seen as a religious requirement by the Somali (women 82 per cent and men 83 per cent), the Samburu (women 31 per cent and men 68 per cent) and the Maasai (women 15 per cent and men 15 per cent)³.

2.3.3 Social Norms and Behaviour

Reasons for performing FGM vary from community to community. FGM is perpetuated for family pride, prestige, community acceptance, marriageability and inclusion among other factors. Rejecting FGM has social, cultural, economic and political consequences including stigmatization and discrimination. FGM is also considered a cultural identifier among the practising communities distinguishing their daughters from neighbouring communities who do not circumcise girls and women. The cutting of girls remains a norm in practising communities to the extent that there is acceptance for continuation and support for the practice.

2.3.4 Economic and Monetary gains

FGM brings monetary gains for the circumcisers, elders and bride price for the girls' family.

2.4 Challenges in addressing FGM

2.4.1 Inadequate data

³ Ibid

County and community specific FGM data for evidence-based policy implementation and programming is limited. The last three KDHS surveys between 2003 and 2014 do not capture all the communities that practice FGM. The Anti-FGM Board is yet to establish a data bank.

2.4.2 Weak Coordination Framework

The FGM framework at the National and the County levels is inadequate and generally lacks strong coordination including in the education, health, culture, legal, policy and economic segments.

2.4.3 Inadequate Resources to Accelerate the Eradication of FGM

The Country faces challenges in accelerating the eradication of FGM due to inadequate funding and human resource for the coordination of programmes.

2.4.4 Weak Enforcement of the Laws Relating to FGM

Law enforcement officers, survivors and witnessing communities where FGM is practiced are threatened by members of the community and sometimes harmed for reporting incidences effectively hampering the enforcement of the laws.

2.4.5 Stigma

FGM is perpetuated to avoid stigma, discrimination and exclusion of families and men who marry uncut girls from important activities in the community.

2.4.6 Community Resistance to the Implementation of the Anti-FGM Laws

Some communities have come out publicly to resist the implementation of the Prohibition of FGM Act, 2011. These communities claim that the law encroaches on their cultural identity and rights.

2.5 Opportunities

2.5.1 Favourable Legal Foundation

The Constitution of Kenya 2010 and the ratification of various international and regional protocols that support for girls and women rights by the Kenyan government constitute an important pillar of support for the national interventions against FGM. Further, Kenya enacted the Prohibition of Female Genital Mutilation Act, 2011 that provides an important legal foundation upon which the national efforts on the eradication of the practice are anchored. The government has also established structures for the

coordination of eradication programmes including the establishment of the Anti-FGM Board, and the Anti-FGM Prosecution Unit under the ODPP.

2.5.2 Political Good will and Support at National Level

There exists political good will on the eradication of FGM by the National government.

2.5.3 Strategic Partnerships

The presence of stakeholders and partners working on Anti-FGM programmes in various parts of the Country is an important asset in campaign to eradicate FGM.

2.5.4 Media Engagement

Media engagement and advocacy has significantly increased giving the highly needed publicity to the Anti-FGM campaign. FGM issues in Kenya have been highlighted by the local, national, regional and global media, hence building the momentum towards the eradication of this practice. At the community level vernacular radio and television stations play critical role in imparting knowledge, on the consequences of FGM. Social media platform has been used to reach the masses.

2.5.5 Community Led Approaches

Community based organizations with support from partners have been implementing programmes to address FGM at the community level with probable sustainability of interventions as a result of community ownership and leadership.

CHAPTER THREE

POLICY GOAL, OBJECTIVES AND PRINCIPLES

3.0 Introduction

This policy is geared towards the enhancement of initiatives towards the complete eradication of FGM in Kenya. The policy framework will guarantee that there is strengthened coordination and implementation of the legislation that exists in order to combat the perpetuation of the vice. The formulation of this policy is anchored on the International, regional and domestic instruments that advance and support the end of harmful practices against women and girls.

3.2 Policy Goal

The overall goal of this policy is to create a society that is free from harmful cultural practices, by eliminating female genital mutilation.

3.3 Objectives

Objectives of the policy are to:

- a) To accelerate the eradication of FGM in Kenya;
- b) To strengthen multi-sectoral interventions, coordination, networking, partnership and community participation in accelerating the eradication of FGM;
- c) To address emerging trends and practices largely aimed at avoiding the enforcement of the law;
- d) To address gender inequality by promoting the empowerment of girls and women;
- e) To strengthen research, data collection, information and knowledge management on FGM.

3.4. Guiding Principles

These are fundamental building blocks that inform and shape the decisions made while designing and implementing prevention and response interventions on FGM. The principles become standards against which the practice is measured and shall guide the implementation of this policy. For this policy, the principles guided and derived from the Constitution:

- a) Gender equality and equity;
- b) Inclusiveness and equal participation of community members;
- c) Non-discrimination and protection of the marginalized;
- d) Integrity, transparency and accountability.

3.5 Policy Approach

The following approaches shall be used in realising the objectives of this policy:

- a) Intergovernmental coordination approach to programming, which recognizes separation of powers of the two levels of Government (National and County). This approach builds on the complimentary role the two levels of Government in the eradication of FGM;
- b) Multi-sectoral approach to programming, which recognizes different actors' comparative advantages and contributions to the eradication of FGM;
- c) Comprehensive participatory approach to programming, which recognizes different sets of community structures and diverse contributing sectors to the eradication of FGM;
- d) The Human Rights-Based Approach to programming, which identifies rights holders and duty bearers and their respective entitlements and obligations;
- e) The survivor-centred approach to programming, which prioritizes rights, needs, and wishes of the survivor;
- f) The gender-responsive approach to programming, which recognizes the gender dynamics, impacts and consequences of FGM;
- g) The preventive approach to programming, where actors focus on activities that lead to the reduction of the prevalence of FGM;
- h) The evidence based approach to programming, which focuses on using factual and timely data to inform programming;
- i) Participatory Action Research (PAR) with communities, which emphasizes collective inquiry, grounded in experience and social history.

3.6 Policy Outcomes

The envisaged outcomes of this policy include;

- a) Reduction in the prevalence of FGM;
- b) Enhanced prevention and response to FGM;
- c) Community awareness of the dangers of FGM;
- d) Reduction in child marriage due to FGM;
- e) Promote gender equality by empowering women and girls;
- f) Enhanced research and data collection to inform Anti-FGM programming;
- g) Enhanced multi-sectoral coordination of anti-FGM programming in the Country.

CHAPTER FOUR

POLICY PRIORITY ACTIONS

4.0 POLICY STATEMENTS AND PRIORITY ACTIONS

This policy aims at leveraging the International, Regional and National gains already made in the Anti-FGM initiatives, so as to accelerate the National momentum towards the eradication of FGM.

4.1 Policy Objective 1: To Accelerate the Eradication of FGM in Kenya

Policy Statement: The Government shall take measures to ensure communities abandon FGM.

Priority Actions

4.1.1 Promote Public Education and Community Dialogues on FGM

Policy action

- i. Support the capacity building of the custodians of culture to support Anti-FGM campaigns;
- ii. Facilitate engagement with opinion leaders in order to sensitize communities on the consequences of FGM;
- iii. Facilitate engagement with the political leadership at the National and County levels in order to strengthen community ownership and acceptability of programmes;
- iv. Facilitate community-driven dialogues on FGM;
- v. Support Alternative Rites of Passages (ARPs) that are consistent with cultural and national values;
- vi. Strengthen community engagement in the eradication of FGM;
- vii. Support the strengthening and development of Anti-FGM networks using existing community structures (churches and mosques, schools, youth, women and men groups);
- viii. Promote the education of girls and women on the health and social impact of FGM;
- ix. Promote community and health workers awareness on the dangers and illegality of medicalization of FGM;
- x. Support the involvement of media in Anti – FGM campaigns.

4.1.2 Support the Enforcement of the Existing Laws Related to FGM

Policy action

- i. Support capacity building of duty bearers and communities on the provisions of the Prohibition of Female Genital Mutilation Act, 2011 for effective implementation;

- ii. Support the reporting and referral of FGM incidences and reintegration of girls and women rescued from FGM;
- iii. Promote investigation and prosecution of the perpetrators of FGM.

4.1.3 Engage Women, Girls, Men and Boys in the Prevention of FGM

Policy action

- i. Promote the identification and support of male and female champions for the eradication of FGM;
- ii. Support the meaningful participation of boys and girls in Anti-FGM campaigns;
- iii. Recognize and award male and female champions in the Anti FGM campaign.

4.2 Policy Objective 2: To Strengthen Multi-Sectoral Coordination and Networking, Partnership and Community Participation towards the Eradication of FGM

Policy Statement: The government shall support a multi-sectoral approach in the implementation of Anti-FGM initiatives.

Priority Actions

4.2.1 Inclusion of FGM Content in the Curriculum of Learning Institutions

Policy action

- i. Support the inclusion of Anti-FGM content in the curriculum of learning institutions;
- ii. Promote the inclusion of Anti-FGM materials in correctional centres and in-service training;
- iii. Promote capacity building of Trainer of Trainers (TOT) on FGM.

4.2.2 Strengthen Capacity of Institutions and Communities to Prevent and Respond to FGM.

Policy action

- i. Promote the development and strengthening of the capacity of institutions to prevent and respond to FGM;
- ii. Promote the establishment of temporary rescue centres for women and girls at risk of FGM;

- iii. Support the development of mechanisms to reach communities with information on prevention and response to FGM;
- iv. Promote the development of a clear structure of communication channels in order to respond to distress;
- v. Support dissemination of FGM materials in institutions and communities;
- vi. Support the establishment and strengthening of the Anti- FGM multi-sectoral working groups at the National, County and sub-County levels;
- vii. Support the strengthening of the capacity of religious leaders to champion eradication of FGM;
- viii. Facilitate counselling and rehabilitation of the girls and women who have undergone FGM;
- ix. Support the establishment of a system for anonymous reporting.

4.3 Policy Objective 3: To Address Emerging Trends and Practices Aimed at Circumventing the Legal Framework

Policy statement: The Government shall address emerging trends and practices in FGM through the legal framework.

Priority Actions

4.3.1 Develop Initiatives to Address Cross-Border FGM.

Policy action

- i. Support the development and implementation of a regional policy on the eradication of FGM;
- ii. Promote cross-border initiatives on FGM including dialogues on the effects of FGM;
- iii. Support exchange of information among global and regional Countries on matters related to FGM;
- iv. Promote collaboration between EAC Countries towards eradication of FGM;

- v. Build the capacity of leaders and law enforcement officers based at border points;
- vi. Promote multi-sectoral collaboration to identify and curb diaspora FGM practices.

4.3.2 FGM in Humanitarian and Emergency Situations

Policy action

- i. Promote the protection of girls and women in humanitarian and emergency situations;
- ii. Promote the development of structures that will enhance the protection of girls and women in humanitarian and emergency situations;
- iii. Promote the provision of medical and psychosocial support to survivors of FGM in humanitarian and emergency situations;
- iv. Promote public education on the consequence of FGM and women rights in humanitarian and emergency situations;
- v. Promote prosecution of FGM perpetrators in humanitarian and emergency situations;
- vi. Promote the capacity development of duty bearers in humanitarian and emergency situations.

4.4 Policy Objective 4: To Address Gender Inequality Associated with FGM by Promoting the Empowerment of Girls and Women.

Policy statement: The Government is committed to supporting the empowerment of girls and women as a means to addressing FGM.

Priority Actions

4.4.1 Promote the Empowerment of Women and Girls

Policy action

- i. Support girls and women with life skills to enable them reject FGM and support anti-FGM campaigns;
- ii. Enhance the awareness of girls and women on the impact of FGM on their social, health and economic rights;

- iii. Support the engagement of men and boys to support women and girls' education and socio-economic empowerment;
- iv. Promote media awards with regard to FGM coverage.

4.5 Policy Objective 5: To Strengthen Data Collection, Information and Knowledge Management on FGM

Policy Statement: The Government shall ensure effective information and knowledge management of FGM to aid decision making.

Priority Actions

4.5.1 Develop and Implement a Monitoring and Evaluation Framework

Policy action

- i. Support periodic surveys on prevalence and other socio-economic aspects of FGM;
- ii. Enhance documentation and knowledge transfer between policy makers, researchers, communities and other FGM data consumers;
- iii. Utilize modern technology to improve information management and dissemination;
- iv. Support development and management of a databank on FGM;
- v. Support coordination of FGM reporting across sectors and partners;
- vi. Support the development and implementation of a monitoring and evaluation framework.

CHAPTER FIVE

INSTITUTIONAL AND IMPLEMENTATION FRAMEWORK

5.1 Introduction

This chapter highlights how the policy shall be implemented and the various institutions that are mandated to actualise the policy. Implementation of the policy will encompass a multi-sectoral approach and shall involve National and County governments, state and non- state actors. The Ministry responsible for gender affairs through the Anti- FGM board shall provide leadership in the implementation of the policy. A National Action plan for implementing the policy shall be developed in collaboration with key stakeholders.

5.2 Implementation Framework

The Policy shall be implemented in line with its plan of action and with other National policies and priority actions through a multi-sectoral approach that embraces collaborations and partnerships with state and non-state actors. Data and reports on FGM shall be shared at the National and County government levels. The Policy shall be implemented through the following structures:

5.1.1 Anti-FGM Board

The Anti-FGM Board, established by the Prohibition of FGM Act, 2011 shall be the lead Government Agency to coordinate the implementation of this Policy.

The Board shall provide overall policy guidance and direction on matters related to FGM. The Board is supported by a secretariat that will be in charge of the implementation of the policy.

5.1.2 County Anti-FGM Steering Committee

This shall be a committee that 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 responsible for providing county-specific strategic policy direction, and mobilizing resources for FGM prevention and response. The County FGM Steering Committee will meet bi-annually basis to

monitor progress towards county-specific achievement of the National objectives of this Policy. The Committee will also share information on policy and legal decisions affecting FGM prevention and response. The Committee will be chaired by the County Commissioner. Other committee members will be:

Chairs of County FGM Committees;

County Public Prosecutor;

County Executive Members;

Chairs of County Assembly Committee;

County Director of Children Services;

County Director of Education;

County Director of Health;

County police Commanders;

KEPSHA;

County Executive Committee member responsible for Gender and Culture;

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;

County Chair of Maendeleo Ya Wanawake Organisation;

Relevant development partners;

Private sector actors

Representative of People with Disabilities; and

Youth Representative.

5.1.3 Sub-County Anti-FGM Committee

This 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 will 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;
 KEPSHA;
 Representative of People with Disabilities;
 Youth Representative;
 CSOs;
 Sub-County Chair of FBOs
 Officer Commanding Police Division;
 Maendeleo Ya Wanawake;
 Supreme Council of Kenyan Muslims;
 National Council of Churches of Kenya

Table 5.1: Roles and Responsibilities of key stakeholders

Key Players	Roles, Institutions Processes
Ministry of Public Service, Youth and Gender Affairs	i. Overall leadership in implementation of the Policy and resource mobilization

<p>Anti-FGM Board</p>	<ul style="list-style-type: none"> i. Design, supervise and co-ordinate public awareness programmes against the practice of female genital mutilation. ii. Coordinate, monitor and evaluate implementation of all anti-FGM related activities. iii. Facilitate implementation of the FGM policy through institutional capacity strengthening (Formulation of an integrated strategic plan, this Policy Action Plan, regulate and coordinate FGM related training activities and coordinate donor activities). iv. Provide technical and other support to institutions, agencies and other bodies engaged in the programmes aimed at eradication of female genital mutilation; v. Facilitate resource mobilization for the programmes and activities. vi. Design programmes aimed at eradication of female genital mutilation. vii. Facilitate experience sharing, exchange of best practices, approaches and lessons learnt as well as guidelines for accelerating the eradication of FGM for replication within the various communities. viii. Establish data bank on FGM, coordinate reporting from state and non-state actors.
<p>Office of the Director of Public Prosecutions</p>	<ul style="list-style-type: none"> i. Prosecution. ii. Collection of relevant data on the prosecution FGM related matters.

Judiciary	<ul style="list-style-type: none"> i. Develop jurisprudence-to enhance legal interpretation of cases related to FGM. ii. Organize service week to attend to matters that deal with gender based violence related cases including FGM. iii. Strengthen mobile courts that bring services closer to the community. iv. Enhance partnership with court users committees for case follow up. v. Educate the Public on availability and services provided by free legal aid/clinics.
State Law Office and Department of Justice	<ul style="list-style-type: none"> i. Advise the Government on legislation. ii. Draft Legislation related to FGM.
Ministry of Health	<ul style="list-style-type: none"> i. Regulate the health component of FGM services. ii. Train health professionals to handle complications suffered by FGM survivors. iii. Address FGM as a reproductive health issue. iv. Integrate FGM in the curriculum of the medical schools in Universities and colleges.
Ministry of Education	<ul style="list-style-type: none"> i. Include anti-FGM content in the school curriculum. ii. Strengthen school clubs for child protection, FGM and gender issues. iii. Engage girl guides and scouts movement in the campaign against FGM
Ministry of Interior and Coordination of National Government	<ul style="list-style-type: none"> i. Enforcement of the Prohibition of Female Genital Mutilation Act,2011 ii. Create Public awareness on FGM and ensure that Chiefs and Assistant Chiefs register all cases of FGM in their area.
Ministry of Devolution and Planning	<ul style="list-style-type: none"> i. Ensure the National Plans incorporate FGM interventions. ii. Generation of evidence-based data on FGM.

Ministry of Sports, Culture and the Arts	i. Support and integrate Anti-FGM campaign in their programmes.
The National Treasury	i. Allocate financial resources for the implementation of the Policy.
Parliament	i. Support allocation of resources for implementation of the Policy. ii. Support legislations and Policies related to FGM.
Ministry of EAC, Labour and Social Protection	i. Implementation of the Children Act, 2001. ii. Protect PWDs against harmful cultural practices and trafficking. iii. Ensure greater livelihood for FGM survivors. iv. Initiate FGM cross-border initiatives.
Constitutional Institutions (NGEC, KNCHR and CAJ)	i. Investigate violations regarding sexual and reproductive health (including FGM) rights ii. Receive complaints on violation of sexual and reproductive health rights (including FGM)
County Governments	i. Establish facilities and structures necessary for FGM prevention of and response to FGM. ii. Coordinate the referral infrastructure for survivors across the different sectors in the county. iii. Build the capacities of Sub County, Ward and village administrators to effectively and appropriately handle cases of FGM. iv. Ensure background checks on girls admitted to hospital with unspecified ailments especially during specific seasons. v. Create awareness among staff and the public about the rights violations of FGM and health implications of medicalization of FGM. vi. Develop an integrated strategic plan that integrates FGM health related services into the already existing health system.

Research and Training Institutions	<ul style="list-style-type: none">i. Conduct research on the impact of FGM on girls and women and other social dynamics of the practice.ii. Provide statistical data on the magnitude of the problem and complications associated with FGM to inform policy.iii. Avail research findings to the government to inform operationalization of the policy framework.
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5.4 Resource mobilization

Aware that the successful implementation of this Policy will depend on the availability of sufficient financial and human resources, the Government will ensure that the Anti-FGM Board gets an adequate budgetary allocation to finance its activities. The Government will also partner with development agencies and the private sector to mobilize resources to support programmes and initiatives aimed at eradicating FGM.

CHAPTER SIX

MONITORING AND EVALUATION

6.1 Introduction

Monitoring and evaluation (M&E) shall be an integral strategy in the implementation of this policy. It shall ensure that there is timely reporting and consistent monitoring of the implementation of the policy so as to inform programming on any emerging trends towards the achievement of the policy goal. The M&E strategy shall encompass quarterly and annual updates.

6.2 Monitoring and Evaluation (M&E)

Establish a monitoring and evaluation mechanism to ensure the policy objectives are monitored, and evaluated

Policy action

- a) Develop and implement a monitoring and evaluation framework;
- b) Track progress on the implementation of the policy on a regular basis through sets of indicators in the plan of action;
- c) Develop and institutionalise tools for effective monitoring and evaluation.

6.3 Research and Documentation

Enhance the collection, collation of data on FGM prevalence to inform policies, planning and decision making

Policy Action

- a) Establish an FGM database to be updated regularly by the key duty bearers and stakeholders;
- b) Evaluate whether the programs implemented on the alternative rites of passage have had positive impacts on the target beneficiaries;
- c) Conduct research on FGM, emerging trends and why some cultures continue to perpetuate the vice despite the harmful effects and violation of human rights; and,
- d) Partner with the health sector and other relevant sectors on innovative ways to enhance collation of data on FGM.

6.4 Reporting

Policy Action

- a) Produce quarterly and annual progress reports;
- b) Facilitate timely reporting on progress of implementation at both levels of Government.

6.5 Policy Review

This Policy will be reviewed every five years and on need basis, to take into account changes in laws, priorities and emerging issues/trends on FGM, as may be determined by the Ministry responsible for gender affairs.

GLOSSARY OF TERMS

This section presents a definition of the key terminologies used in the policy document.

TERMINOLOGIES	OPERATIONAL MEANINGS
Alternative Rites of Passage	Is an intervention where the communities practising FGM as a rite of passage from childhood to adulthood are encouraged to do away with the “FGM” which is harmful while retaining traditional rituals in the cultural process in girls’ initiations.
Approaches to Programming	Is a framework for the analysis, planning, implementation, and monitoring and evaluation of programs.
Child Marriage:	The marriage of girls and boys who are below the age of 18.
Do No Harm	Protecting community best interests that are not harmful and that are also in accordance with the existing global and regional instruments and national legal frameworks.
Eradication of FGM	The situation whereby communities reach a collective, coordinated decision to stop practising female genital mutilation/cutting (FGM).

Female Genital Mutilation	Refers to all procedures involving partial or total removal of the female genitalia or other injury to the female genital organs, or any harmful procedure to the female genitalia, for non-medical reasons.
FGM prevalence	Describes the proportion of women and girls living in a country and who have undergone FGM at some stage in their lives.
Gender-Based Violence:	The term refers to any act of violence that results in or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.
Guiding principles	Represent a broad philosophy that guides an organization throughout its life in all circumstances, irrespective of changes in its goals, strategies, type of work, or the top management filter for decisions at all levels of the organization.
Harmful practices	All behaviour, attitudes and /or practices which negatively affect the fundamental rights of women and girls, such as their rights to life, health, dignity, education and physical integrity.

Human Rights based approach	All behaviour, attitudes and /or practices which negatively affect the fundamental rights of women and girls, such as their rights to life, health, dignity, education and physical integrity.
Medicalization of FGM	The World Health Organization defines medicalization as “the situation in which FGM is practiced by any category of health-care provider, whether in a public or private clinic, at home or elsewhere.
Policy	A policy is a statement of intent, and is implemented as a procedure or protocol.
Rite of Passage	Is a ritual ceremony signifying an event in a person’s life indicative of a transition from one stage to another, as from adolescent to adulthood.
Social Norms	A social rule of behaviour that members of a community follow in the belief that others expect them to follow suit. Compliance with a social rule is motivated by expectations of social rewards for adherence to the rule and social sanctions for non-adherence.

ANNEX I: IMPLEMENTATION MATRIX

Objectives	Strategies	Indicators	Actors	Year 1	Year 2	Year 3	Year 4	Year 5
Objective 1: To accelerate the eradication of FGM in Kenya	Promote public education and community dialogues	Knowledgeable community on the adverse effects of FGM	AFGMB, SDGA					
	Support the enforcement of laws	% enhance reporting and prosecution of cases	AFGMB, SDGA Min. of Interior, ODPP,NPS, Judiciary, Children`s Dept.					
	Engage women, girls, men and boys in the prevention of FGM	Increased percentage of protection and prevention of girls from FGM	AFGMB, SDGA Partners, communities					
Objective 2: To strengthen multi-sectoral coordination and networking, partnership and community participation towards eradication of FGM.	Support the inclusion of Anti-FGM content in the learning institutions' curricula;	1.Content in the curriculum 2. More children will be aware of matters related to FGM	AFGMB, SDGA KICD, MOEST, partners					
	Strengthen capacities of institutions and communities to prevent and respond to FGM.	No. of programmes implemented	AFGMB, SDGA, KICD, MOEST, MOH, partners					
Objective 3: To address emerging trends and practices which are largely aimed at circumventing the legal framework	Develop initiatives to address Cross-border FGM Issues	-Policies/ laws developed -Cross border dialogues	AFGMB, SDGA AG, Community Elders, Min of Interior, Partners					
	Promote safety and protection of girls and women in humanitarian and emergency situations.	Number of cases/ programmes	AFGMB, ODPP, Min. Interior, Children`s Dept., Partners					

	Support the engagement of men and boys to support women and girls' education and socio-economic empowerment.	Increased participation of men and boys in supporting women and girls' education and socio-economic empowerment							
	Promote media awards on FGM coverage.	Increased awareness of FGM	AFGMB, SDGA, CHILDREN'S DEPT., ODPP, Judiciary.						
Objective 5: To strengthen data collection, information and knowledge management on FGM	Support periodic surveys and researches on prevalence and other socio-economic aspects of FGM;	<ol style="list-style-type: none"> 1. Numbers of programmes designed for various communities 2. Guidelines/ Policies /Laws 	AFGMB, SDGA, CHILDREN'S DEPT., ODPP, Judiciary.						
	Support development and management of a databank on FGM issues;	Resource centre	AFGMB, SDGA						
	Support the development and implementation of a monitoring and evaluation framework to assess the implementation and impact based on the goal and objectives.	Monitoring and evaluation framework	AFGMB, Partners						

ANNEX III: ORGANOGRAM

