MINISTRY OF HEALTH

NATIONAL PLAN OF ACTION

FOR THE ELIMINATION OF

FEMALE GENITAL MUTILATION

IN KENYA

1999 - 2019
NAIROBI

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FGM National Plan of Action
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ABBREVIATIONS

AIDS  -  Acquired Immunodeficiency Syndrome
CAR  -  Central African Republic
CEDAW  -  Convention on the Elimination of All Forms of Discrimination Against Women
CHW  -  Community Health Worker
CSA  -  Centre for the Study of Adolescence
CRC  -  Convention on the Rights of the Child
DHS  -  Demographic and Health Survey
FGM  -  Female Genital Mutilation
FPAK  -  Family Planning Association of Kenya
FIIDA  -  Federacio Internacional De Abogadas
GOK  -  Government of Kenya
HIV  -  Human Immunodeficiency Virus
IEC  -  Information, Education, Communication
KAP  -  Knowledge, attitude & practice
M&E  -  Monitoring and Evaluation
MOH  -  Ministry of Health
NGO  -  Non-Governmental Organization
PATH  -  Program for Appropriate Technology in Health
SDA-RUS  -  Seventh Day Adventist-Rural Health Services
RVF  -  Recto-Vaginal Fistula
TBA  -  Traditional Birth Attendant
UNICEF  -  United Nations Children's Fund
UTI  -  Urinary Tract Infection
VVF  -  Vesico-Vaginal Fistula
WHO  -  World Health Organization
The world is at a new frontier in searching for more refined approaches for meeting the new challenges facing human kind. While many achievements have been made in the areas of science and technology, economic and world politics at various levels, many challenges remain on how to sustain these achievements while observing and fulfilling basic human rights, human dignity and the quality of life of human beings and the environment.

The interactions between the various development dynamics through the processes of globalization have increased many peoples' awareness on many issues that both support and constrain their full participation in national and individual developmental goals and programs. As a result of increased and enhanced communication technology, policy makers, communities and civil society organs around the world are increasingly working together to collaborate in the search for more enabling methodologies and programs for fulfilling human development. These partnerships arose out of the realization that unless the South seeks durable solutions and takes charge of its own destiny, a likelihood exists that will fall behind where hard work from four decades now brings us.

In many ways, the current reforms taking place in Kenya - the Constitutional Review, the Legal, Social, Economic, Health Sector Reform and Education Reform Processes, the National Gender Policy, the HIV/AIDS and related sectoral Sessional Papers are the direct results of the commitment by the Kenyan Government to improve the quality of life for all Kenyans based on the solid foundations and principles of gender equity.

The National FGM Plan of Action brings together many years of various consultations, work experiences, emotions and Kenyan values from the grass-roots to the National fabrics. The plan captured ordinary people's desires, communities' fears and hopes. It described sensitive and responsive interventions and strategies for achieving the goal of reducing the proportion of girls, women and families that will be affected by FGM over the next 20 years.

The National Plan of Action is a strategy that promises to fulfill the promises made by Kenyan leaders-pass, present and future. A promise to leave behind a Kenya that our children, both female and male, will be proud of, and a Kenya in which each life will continue to be valued equally despite one's gender.

The Plan captures and conveys the spirit of ending each other's welfare. More importantly, it inspires Kenyans to search and find our sacredness, our wisdom, a new vision and oneness.

Prof. Julius S. Meme, FIBS, MBCh, FACP
Director of Medical Services
June 1999
NATIONAL PLAN OF ACTION TO ACCELERATE THE ELIMINATION OF FEMALE GENITAL MUTILATION IN KENYA

I. INTRODUCTION

Female genital mutilation (FGM) is an internationally recognized term for the operations that involve the cutting or removal of part or all of the female external genitalia. FGM, widely known as female circumcision, is a harmful traditional practice that affects girls and women in at least 27 out of 46 African countries. It is estimated that 85 to 114 million girls and women worldwide are suffering the physical and psychological consequences of FGM. In Africa, it is estimated that more than two million girls are circumcised every year, equivalent to approximately 6,000 genital mutilations per day (or 250 mutilations per hour).

In the African region, the prevalence varies from 98 percent in Somalia to 5 percent in the Democratic Republic of Congo (Zaire). The countries of Egypt, Ethiopia, Kenya, Nigeria, Somalia, and the Sudan account for roughly 75 percent of all cases. In Djibouti and Somalia, 98 percent of girls are mutilated (Toubia, 1996). A country-specific review of demographic and health surveys (DHS) shows FGM prevalence rates of 97 percent in Egypt, 94.5 percent in Eritrea, 93.7 percent in Mali, 89.2 percent in Sudan and 43.4 percent in the Central African Republic (CAR).

The age at which FGM occurs varies widely. In some communities, girls are circumcised as early as infancy, while in others, the ceremony may not occur until the girl is of marriageable age - approximately 14 to 16 years old. Most commonly, girls experience FGM between four and twelve years of age, at an age when they can understand the social role expected of them as women.

Different practitioners in different areas perform FGM. Traditionally, the role of the circumciser is an inherited one, performed by female lay people. In many communities, the traditional birth attendant (TBA) is the circumciser. In more recent years, medically trained

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1 Female Genital Mutilation is the terminology used by the World Health Organization
2 In communities where FGM takes place FGM is referred to as Female circumcision. The term however, implies an analogy to male circumcision, which is not the case. In this text it is used as a recognition of the term of reference of the communities where it occurs, and is a starting point from which the process of change can be initiated.
3 Toubia, N. (1995) Female Genital Mutilation: A Call for Global Action

F.G.M. National Plan of Action
health service providers have supplemented traditional circumcisers and have played an important role in legitimizing the practice. The medicalization of FGM, has added difficulty to the FGM elimination process in Kenya.

1.1 Definition and Classification of FGM.

Female genital mutilation involves the partial or total surgical removal of female external genitalia and is classified into Types I to IV. This broad classification was developed by the World Health Organization in 1997. Type I and II operations account for 85 percent of all FGM. Type III is common in Djibouti, Somalia, Sudan and in parts of Egypt, Ethiopia, Kenya, Mali, Mauritania, Niger, Nigeria and Senegal.1

Type I, Clitoridectomy - excision of the prepuce with or without excision of part or all of the clitoris

Type II, Excision - excision of the prepuce and clitoris together with partial or total excision of the labia minora

Type III, Intibulation - excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening

Type IV, Unclassified - piercing, piercing or incision of the clitoris and/or labia
- stretching of the clitoris and/or labia
- cautery by burning of the clitoris and surrounding tissues
- scraping (angurya cuts) of the vaginal orifice or cutting (gishi cuts) of the vagina
- introduction of corrosive substances or herbs into the vagina to cause bleeding, or with the aim of tightening or narrowing the vagina, respectively
- any other procedure that falls under the definition of female genital mutilation given above

1.2 Health Consequences of FGM.

The highest maternal and infant mortality rates are in FGM practising regions. FGM causes irreversible, life-long health risks for girls and women, at the time of operation, during menstruation, consummation of marriage, and during childbirth. Its immediate and long term complications depend on the type of operation, the location of the operation - whether in a rural community or hospital or in an urban setting; the age, eye sight and dexterity of the circumciser, the instrument used (knife, razor blade, or sterilized instruments), and the struggle put up by the young girl. Immediate and long term physical, sexual and psychological complications may occur.

Immediate health complications include: pain, shock, bleeding, acute retention of urine, injury to adjacent tissues, risk of transmission of blood borne diseases such as Hepatitis B, HIV/AIDS, and other communicable diseases from the use of unclean cutting instruments during group circumcision, failure of the wound to heal and in some cases death.

Long-term health complications include: difficulty in passing urine, recurrent urinary tract infections, dysmenorrhoea (painful menstruation), dyspareunia (painful sexual intercourse), sexual dysfunction, chronic pelvis and vaginal infections, abscesses, cysts, neomomas, keloid formation, increased risk of obstructed labour which predispose to socially ostracizing fistula formation (vesico-vaginal fistula (VVF) - an abnormal opening between vagina and bladder, and recto-vaginal fistula (RVF) - an abnormal opening between the rectum and vagina). Psychological consequences, in general, have not been adequately researched. However, some researchers have associated nightmares, depression, low self-esteem and even psychosis with FGM.

1.3 Social Dimension

Female genital mutilation of girls and women is a complex and deeply rooted traditional practice in many communities. For these communities, FGM signifies a rite of passage for girls from childhood to womanhood, instilling values, training and grooming to uphold family stability and preparation for the future within the community. FGM continues because society portrays FGM as a "good tradition" and because of the religious requirements from a cultural and social dimension. The rationale for FGM is to protect girls, to guarantee their acceptance and respect within the community, to ensure marriageability, to promote the birth of healthy children, to ensure cleanliness, enhance male sexuality, prevent promiscuity and excessive клиторal growth and preserve virginity. Failure of a girl from a practicing community to be circumcised leads to social stigmatization and no hope for social
acceptance. Most women who have experienced the FGM procedure are strongly in favour of FGM for their daughters."

The practice has important gender implications in all its aspects. It deprives girls and women of an essential part of their bodies, and, though seen as a means of preserving virginity in girls, FGM impacts negatively on female sexuality. Socially and culturally, in contradiction, FGM is supposed to make girls more marriageable and equip them to become women who are better wives and mothers. Women who have escaped circumcision at girlhood are in many occasions forcefully circumcised when this is discovered.

2. SITUATIONAL ANALYSIS OF FGM IN KENYA

2.1 Magnitude Type and Significance of FGM.

Female genital mutilation is practised in more than fifty percent of Kenya’s districts. It is estimated that only 15 out of the 64 districts in Kenya do not practise FGM. Although some research has been undertaken, there is still need for more research as existing data is community/district specific and relevant for interventions. However, the 1998 Demographic and Health Survey (DHS) has currently provided some data on the district specific and national prevalence rates.

According to the KDHS (1998), 38 percent of Kenyan women age 15-19 have been circumcised. The proportion of women circumcised increases steeply with age, from 26 percent of 15-19 year olds to nearly half of women age 35 and above. This age pattern suggests a decline in the practice of circumcision over the past two decades. Circumcision is much more common in rural areas and among women who have received less education. Differences across ethnic groups are striking. Among women reporting Luo and Luhya affiliation, circumcision is rare. Circumcision among Kisi women age 15-19 is nearly universal (97 percent) and very common among the Masai (89 percent), Kalenjin (62 percent), Bates Taveta (59 percent) and Emeru/Ntungu groups (54 percent). Lower percentages of Kikuysa (43 percent), Kandora (33 percent) and Miji Kendu/Swahili (12 percent) women reported that they had been circumcised.

Other research was successful in determining the nature and extent of FGM, limited to the researched districts. All three types of operations (Type I - clitorectomy, Type II - excision and Type III - infibulation) are widely practised by various Kenyan tribes with each tribe perpetuating a particular type. Excision is the most prominent type in most of the

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1 Demographic and Health Survey, Nairobi (1998), Reproductive Health Information, Macro International Inc.
2 Dough W. Women - Exception outside world Kenya.

Ministry of Health, Kenya
practising tribes of Kenya, while infibulation the most severe form, is practised in the North-Eastern part of the country.

A 1991/2 study on FGM investigated the extent of FGM and factors that perpetuate its continuation in the four districts of Meru, Narok, Kisii and Samburu. Quantitative research findings revealed that approximately 90 percent of interviewed women over the age of 14 years had been circumcised and often in unhygienic conditions. At that time, even though most circumcised women experienced complications attributable to FGM, more than 65 percent of the women expected to circumcise their daughters.

This study also revealed that 78 percent of teenage girls had been circumcised, compared to 100 percent of women 50 years and older, suggesting a downward trend. This study revealed a district specific variation in the prevalence of FGM with Meru having 73.5 percent, Narok - 96 percent, Samburu - 91 percent and Kisii - 98 percent. In general this variation in prevalence is expected in other FGM practising districts. However, the 1998 DHS does suggest a slight downward trend in FGM prevalence.

Qualitative research sheds additional light on the social significance of the practice and the reasons for its continuation in Kenya. FGM is considered the most significant rite of passage to adulthood, enhancing tribal cohesion, providing girls with important recognition from their peers and increasing girls' chances of marriage. The practice is also perceived as a means of pre-cutting promiscuity and is believed to promote easy childbirth. Women have emerged as the group most attached to the practice. However, the fact that girls are circumcised for marriageability to men and that men's support is necessary to enforce adherence to FGM, makes FGM a gender issue.

There are many general community enforcement mechanisms that allow the practice to continue, including the multitude of myths regarding FGM (e.g., the husband of an uncircumcised girl will die, the midwife who delivers uncircumcised women can go blind, the baby will be abnormal, the genitals will grow uncontrollably, uncircumcised girls will be immature and dirty). Women who do not circumcise their daughters are viewed by some as irresponsible, "loose," and imitators of western culture; others see them as strong and liberated. This demonstrates community ambivalence about accepting FGM. Research also indicates that celebrations, gifts, and family life education associated with FGM compensate for the hardships that girls and women endure in undergoing the ritual. These celebrations and gifts can become positive tools towards FGM eradication if the ritual were modified to exclude the ritualistic "cutting". Such alternative rituals have been successfully tested and implemented in Tharaka Nithi district. Other alternative rites of passage have been conducted in Kisii, and, more recently, in Narok.

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Quantitative Research Report on Female Circumcision in Four Districts in Kenya
The age at circumcision varies from district to district, with girls being circumcised as young as 5 years and continuing the practice up to the age of 18 years. The average age in most districts is between 7 to 14 years. However, in some districts, FGM seems to be occurring earlier because parents want to "reduce the trauma" to their children. They also want to avoid government interference and any possible resistance from the girls who develop their own opinions with age.

Various people in the practising communities have been assigned the role of performing circumcision. These include traditional circumcizers - elderly women from families who have performed circumcisions from time immemorial - traditional birth attendants and even health workers in both public and private institutions. The type of circumcizer also depends on the district where, for example, medicalization of the practice has taken root in Kisii, Gucha and Nyanza. The circumcizers are accorded a certain status and role within the communities, receive gifts, and some do have financial gain for performing these operations. Medicalization of FGM has contributed negatively towards the efforts to eliminate the harmful practice in Kenya.

2.2 Religion and FGM

In the FGM practising districts, religion, to some extent, is believed to either support or inhibit the practice in the past. Christianity has led to the decline of FGM in some districts. However, some religious bodies do not have a clear stand on the issue. Some do not support the continuance of FGM, but do not speak out against it. During research, some community members in North-Eastern Kenya have however erroneously quoted that FGM is a requirement, supported by Islam and the Quran. There is still no clear evidence as to whether religious tenets support or prohibit FGM, and clarification of these issues would serve well towards eradication of this practice. However, in recent times, Islamic leaders attempted to come out in the open to clarify that FGM is not a preceptation of Islam. A few Christian Churches are also beginning to speak against FGM. This religious support will help the efforts towards its elimination, but more effort is still required to reach the districts where FGM is practised.

2.3 Policy and Legislation

Most FGM eradication activities in Kenya have, to date, been shouldered by various non-governmental organizations (NGOs): Macindeco Ya Wanawake Organization, PATH (Program for Appropriate Technology in Health), Seventh Day Adventist - Rural Health Services, Family Planning Association of Kenya, International Federation of Women Lawyers - Kenya Chapter (FIDA), Centre for the Study of Adolescence (CSA), Northern Aid and P2Fathers, amongst others. These efforts have taken place without a clear National Policy on FGM. The lack of government policy or legislation on FGM has constrained PGM.
elimination efforts. The Government of Kenya is however, a signatory to international conventions that address FGM. The issue of FGM needs to be addressed in relevant government sectoral policies and legislation that support FGM eradication. The process of such efforts has begun and will be greatly enhanced by this plan of action.

2.4 FGM Eradication Efforts

Efforts to eradicate FGM can be traced as far back as pre-independent Kenya. During this era, anti-FGM activities were mainly conducted in Central Province of Kenya, pioneered by the colonial government and Christian missionaries. Between 1926 and 1956, the colonial government enacted various legislation seeking to ameliorate the practice by reducing the severity of the cut, defining age at circumcision and endorsing parental consent before circumcision, amongst other regulations.

In 1958, after much opposition to this type of legislation, the colonial government rescinded all the resolutions outlawing FGM on the grounds that FGM was a deeply rooted and acceptable custom in the affected communities.

During the past decade, different governments including the Kenyan Government, international development agencies, United Nations, international and national women's organizations, and professional associations developed policies condemning the practice of FGM. The outcome of the International Conference on Population and Development (Cairo 1994) and the Fourth World Conference on Women (Beijing 1995) documented FGM as a harmful traditional practice affecting women, and designated the importance of concerted efforts to eliminate the practice.

Significant awareness, interest and commitment to fight FGM in all its forms have not always translated into tangible projects at the local community level. Several international development agencies are now increasing support and vocalizing their stand on this sensitive issue. With these types of movements, continued and future FGM programs in Kenya can succeed using financial and technical support and an approach that empowers the local communities, especially the affected Kenyan women and girls, to take a stand against FGM.

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3. BACKGROUND TO THE NATIONAL PLAN OF ACTION

3.1 Historical Evolution and Trends

Rapid political and social economic interactions have led to significant transformation in people's thinking and gender relations, thereby opening up a wider range of social economic and political options for women and men from different cultures in ways that had previously been unknown or unacceptable.

In Kenya, the transformation process led to a reflection on the traditional structures that were previously shrouded by silence and only explained by "culture". In the 1980s, the widespread silence surrounding certain traditional practices, and especially FGM, was broken. This called for a fresh reflection on the traditional structures with a goal for equitable distribution of opportunities, responsibilities and resources between men and women and the elimination of negative cultural practices that impede the enjoyment of a full life. FGM is a practice which developed a new understanding prompted by local, national and international level processes, such as civil liberty movements, integration of rural household and local communities into a market economy, and improved communication technology, that enabled an increased sharing of ideas, world polity and cultural experiences and discoveries.

The National Plan of Action for the elimination of FGM in Kenya evolved out of the process of pursuit of self governance, national identity and development. The process can be traced back to Kenya's immediate post-independence national goals, which included the elimination of ignorance, pestilence, poverty and illiteracy. The Government of Kenya went further to stipulate an overall principle and goal of self-reliance towards building its Nation. These goals translated into the following key areas of program investment and intervention: formal and informal education, health services, science and technology, agricultural productivity and building of the requisite infrastructure around those key areas. The goal of self-reliance would be achieved through the popular "Harambee" (pull-together) motto.

Similar to many other African Nations, the Kenyan Government's approach to achieving these goals was to provide basic services to its citizens- a task the government did very well since its independence as illustrated by the record of its performance over the years. Kenya has had seven National Development Plans since it independence, with the current one (1998-2003) being the eighth one. Historical review and analysis of the set targets within the past seven National Development Plans indicate the achievements of qualitative and quantitative growth in all the key sectors of Education, Health, Agriculture, Science and Technology. Emanating from the national goals reflected in the sectoral programs are several Sessional Papers and Policies, which shaped and guided the overall program operational framework over the years. The FGM issues have been historically addressed...
within the reproductive health, HIV/AIDS and Population and Development Programs.

Efforts towards the National Plan of Action against FGM date back as early as 1913 when missionaries observed that FGM was a severe practice. In 1918, Dr. H.R.A. Philip and Dr. R.U. Gillan, both of the Church of Scotland noted that FGM is very dangerous and ought to be abolished. They indicated in the Kenya Medical Journal that some of the complications of FGM included atresia and fistulae. In 1945, there was a parliamentary inquiry on FGM. Although the government acknowledged that FGM constituted a medical problem, it adopted a policy of slow and careful education and enlightenment to avert a revolt by "natives" guarding their tribal customs and organizations. Between 1956-1957, the African District Council (Local Native Council) passed a ban on all forms of female circumcision. However, since this was spearheaded by the colonial government, Kenyans did not respect or implement the ban.

In 1977, the Bishop of Mt. Kenya East Diocese condemned FGM as medically dangerous and appealed to Christians to refrain from going back to customs that were no longer necessary. In July 1982, President Moi also condemned the practice of FGM in Baringo District and stated: "If I hear of a person circumcising girls in this District, he will be an fire". He also indicated that those found committing the act or encouraging it would be prosecuted. In September 1982, the Director of Medical Services gave instructions to Government and Mission Hospitals to stop FGM. In a circular to the hospitals he indicated that he did not consider any health worker competent to conduct FGM operation. He observed that he had authority under the Medical Practitioners and Dentists Acts, as well as the Nurses, Midwives and Health Visitors Acts, to prosecute a person engaging in FGM. In 1989, the President while speaking in Meru, asked the Kenyan communities that still circumcised their girls to stop forthwith. He observed that the practice was outdated and unacceptable in modern Kenya. Again, the criminalization of FGM practice only caused it to go underground, necessitating a different approach to its eradication. On the 12th of October, 1998 in Kajiado, the President advised the Maasai against engaging in traditional practices, such as early child marriage and female circumcision, which he described as no longer useful.

Kenya's campaign against the practice of FGM on other fronts, include's the adoption of various Plans of Action that view FGM as a violation of human rights against women and girls and the ratification of the various conventions on the Rights of Women and Children. These actions are consistent with the adoption of the Programme of Action of the International Conference on Population and Development in Cairo (1994). The programme of Action refers to FGM as a basic human right violation and urges governments to prohibit

10 Quoted in President's statement.
and urgently stop the practice where it exists.

Kenya also adopted the recommendations of the fourth World Conference on Women held in Beijing - China (1995). This Conference also cited FGM as both a threat to women's reproductive health and a violation of their human rights.

Regarding conventions, Kenya is signatory to the Convention on the Rights of the Child (CRC, 1990) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). These two conventions call for the elimination of all harmful traditional practices against women and children. In addition, the CRC calls for the protection of children from any form of physical and mental violence, injury or abuse.

Other conventions that focus on FGM as a violation of human rights and that seek to protect women and children from cruelty and violence and ensure them bodily integrity, access to health care, education and self realization include:-

- Universal Declaration of Human Rights of the Child (1948).

Conferences that have emphasized the need to observe and protect the rights of women and children and which Kenya has participated in include:-

- The UN Decade for Women (1985).
- World Conference on Sustainable Development in small Islands and Developing Nation (1994).
- World Summit on Social Development (1995).

At other levels, Kenya attempted to legislate against FGM through a Parliamentary Motion that failed in November 1996. A national Symposium on FGM was also held in April 1998 at the United Nations Complex, Gigiri Nairobi. Recommendations that came out of the symposium called for a deliberate effort to eradicate the practice of FGM in Kenya. The key GOK Ministries, UN Agencies, NGOs and CHOs were represented, and they endorsed the recommendations of this symposium.
The Sessional Paper No.5 of 1999 on the National Population Policy for Sustainable Development under the Article Gender Perspective recognizes FGM as one of the harmful cultural practices that women and girls face. Other negative practices are early childhood marriages and negative food taboos.

There has also been recognition of the dangers inherent in certain negative traditional/cultural practices that inhibit the full enjoyment of life in the Draft Cultural Policy Document. The draft document calls for the encouragement and promotion of positive traditional/cultural practices and values that enhance the enjoyment of human life and the eradication of those negative practices/values that inhibit the safe enjoyment of life in its fullness.

The Draft Paper on the National Policy on Gender Equity for Sustainable Development (July 1998) also acknowledges FGM as a factor that inhibits health on the part of women and an issue that needs to be addressed urgently if Kenya is to achieve gender equity goals and sustainable human development.

Issues of FGM have been previously dealt with only within the context of maternal health – specifically, during childbirth in relation to obstructed labour and formation vesico-vaginal fistulae (VVF) and recto-vaginal fistulae (RVF). Even then, maternal complications arising from FGM have gone through the health care system without raising any alarm as they have been dealt with on a case by case basis. Within this background, even though FGM has overwhelmingly been identified as a health and development problem, hitherto, there has not been a National Plan of Action. Although the various pockets in which the practice exist have been identified by various players who have continued to educate and agitate against its continuation, there still exists no comprehensive national data on the same. The magnitude of the problems the practice poses in the area of health and development is still not fully known. Knowledge is basically limited to the awareness in the few areas in which research and interventions have been carried out. The factors that support its continuation and/or resurgence in areas where it had previously died off are generally little known of. Research findings by PATH however point at social, cultural values of identity, control of women’s sexuality and reproductive functions, health and hygiene, political, religious and financial gains by circumcisors as some of the reasons that are responsible for the continuation and resurgence of the practice. This research presents a few lessons and some very vital experiences gained in the past three decades in efforts to eliminate FGM in Kenya.

One such lesson is the need for a systematic, all encompassing participative National Plan of Action that will focus energies and resources available at all levels, hence the drawing up of this FGM National Plan of Action.
4. NATIONAL PLAN OF ACTION

4.1 Goal:

To accelerate the elimination of female genital mutilation in order to improve the health, quality of life and well being of women, girls, families and communities in Kenya.

4.2 Objectives

1. To reduce the proportion and prevalence of girls and women who undergo any type of female genital mutilation.

2. To increase the proportion of communities supporting the elimination of FGM through positive changes in attitudes, belief, behaviour and practices.

3. To increase the proportion of primary, secondary and tertiary health care facilities that provide care, counselling and support to girls and women possessing physical and psychological problems associated with female genital mutilation.

4. To increase the technical and advocacy capacity of institutions, agencies and communities in development, implementation and management of FGM and elimination programs.

4.3 Strategies

Broad Strategies:

Five main strategies will be applied in achieving the goals/objectives of this Plan of Action. These are:-

- Establishment of National and district FGM Programme coordination mechanisms.
- Establishment of multi-sectoral collaboration to ensure integration of FGM elimination interventions in all key development programmes.
- Mapping of new and ongoing interventions on FGM.
- Co-ordination of new and ongoing FGM interventions.

Ministry of Health, Kenya
Adequate investment in human resource and organizational capacity building.

Decentralized programme design and implementation.

Establishment of proactive mechanisms for resource mobilization and allocation to the FGM elimination programme.

**Targets and Indicators**

**To:**

- Reduce by 40 percent the proportion of girls and women undergoing FGM by the year 2019.

- Increase by 40 percent the number of communities and districts openly discussing issues of FGM and reporting positive changes including KAP on FGM by the year 2019.

- Increase by 40% the availability and use of support services for victims/resistant of FGM at community, district and national levels. The services to include rehabilitation: Psychological, Medical (e.g. reconstructive surgery), social counselling, referral and mentoring/role modelling services for girls choosing not to undergo FGM.

- Reduce by 30% by the year 2019 the incidence/prevalence of other harmful traditional practices such as early marriage and child bearing in girls, health morbidity and social problems among girls and women.

- Increase by 50% the proportion of girls enrolled in and completing primary and secondary education in the FGM practicing communities.

- Existence and effective implementation of consistent and supportive FGM and related policies and programs.

- Increase by 50% in budgetary allocation from existing Government and Non-Government financial sources for FGM elimination activities.

- Specific FGM monitoring indicators (qualitative and quantitative) developed and inco-operated into the National and Districts development plans.
- FGM monitoring indicators integrated into key health and social development program plans including socio-economic, demographic health and gender relations surveys.

- General improvement after 20 years in social, health and related indicators including health morbidity and mortality and socio-economic data

(These targets are overall composite targets; however, the achievement of each category of target will be on an individual community/district basis. This is because each district/community varies in relation to how much work on FGM elimination has been done there)

5. PROGRAMME COMPONENTS, STRATEGIES AND ACTIVITIES

The National Plan of Action consists of four programme components. All the components are interrelated and will be implemented in a mutually reinforcing way in order to achieve the specified impacts at all levels. The components are:

- Programme Development and Management
- Basic Services
- Advocacy
- Action oriented Research and Documentation

The underpinning of the FGM National Plan of Action is the Kenya Gender Policy, which underscores gender mainstreaming, as the major strategy for achieving the overall gender equality goals in Kenya Gender mainstreaming, as a principle and key strategy will require high levels of sectoral and multidisciplinary collaboration and deliberate efforts to link policy and action (i.e. using clear mechanisms of coordination and integrated control systems in order to achieve the specified targets and demonstrate the overall desired impact of improved quality of life for the girls, women and men of Kenya). By inference, the four programme components described above emanate from this underpinning and sensitive direction and equally underscores program/activity integration and partnership across all sectors and institutions and timelines.

Each of the programme components has a specific focus, objective, strategy and activity as follows:

5.1. Programme Development and Management

The FGM elimination programme development and planning is cognizant of the complexity of issues of culture/tradition and its interaction with modernity which always appears to
constantly bring people in the south to cross roads. The main challenge in responding to a sound FGM elimination programme is to strike a balance in two key areas: policy and practice. On one hand, tradition and modernity, on the other hand. This programme will consider the harmful cultural practices that need to be eliminated while upholding the positive ones, such as the educational aspects of the ritual. For effectiveness, the programme will not only be sensitive to all the complexities of the practice, but it will also ensure popular participation at all implementation levels. Furthermore, it will also take into consideration the relationship or interplay between poverty, powerlessness and poor social status of women in Kenya and the role they play in mitigating the continuation of the practice of FGM.

Programme Development and Planning is the overall framework for and process of assessing the needs for which specific interventions are formulated. The process includes (1) identifying the problems and their underlying causes, effects and impact in terms of type and scope (intensity and distribution i.e who is most affected etc); (2) establishing plans for resolving the problems; (3) the implementation; and (4) monitoring and Evaluation.

5.1.1 Objective:

To ensure that FGM elimination interventions are sound, participatory and integrated within the National Gender Policy and are reflected in the overall National Development Plans and other sectoral programme development and planning processes.

- Set up multi-disciplinary technical working groups at all levels for the various programme development and planning components.
- Strategic collaboration with other sectors.
- Identify areas of interventions.
- Conduct baseline survey (to generate replicable modules/examples).
- Establish linkages for learning and moral support exchanges across communities and programmes.
- Provide the establishment of an alternative IGA for strategic personalities that are significant but who might be deterrent to the planned changes.
5.1.3 Activities:

- Set up, formalise and popularise FGM elimination co-ordination mechanisms at national district and village levels. This will include appropriate (local people generated indicators of achievement, monitoring and evaluation systems and lines of responsibilities).

- Review the Draft Kenya Gender Policy and related policies (8th National Development Plan, reproductive health, HIV/AIDS, and all sectoral policies) including their implementation strategies at all levels to ensure that they are sound in terms of completeness and consistency (or complementarity), and that they will accelerate and contribute to the elimination of FGM in Kenya.

- Disseminate the National FGM Plan of Action at national, district and village levels in Kenya.

- Conduct needs assessment to identify FGM issues in all practising areas in order to evolve community specific FGM eradication plans (targets, mechanisms, materials and processes including co-ordination mechanisms at the district and village levels).

- In partnership with targeted local communities, develop community specific FGM plans of action for all practising districts/communities.

- Identify resource requirements for district level operations.

- Mobilize resources for national, district and village level FGM interventions and allocate to the various interventions.

- Develop appropriate FGM eradication teaching and advocacy work materials, including a module for integrating FGM into existing programmes.

- Identify, mobilize and train relevant personnel/persons on FGM eradication plan and techniques.

- Identify, mobilize and sensitize relevant persons/personal on other related harmful practices e.g. early unwanted pregnancy and early marriages.
5.2 Basic Services

In addition to the cultural and systemic impediments to achieving gender equality and the well being of girls and women (as stipulated in CEDAW, the Rights of the Child, the Beijing Platform for Action etc), the impact of structural adjustment programs has had a far reaching negative impact on poor people's ability to access quality comprehensive basic services in Kenya. Many of the poor people are women, and while the Government of Kenya is committed to addressing gender inequalities as a central goal to its National Development Plan, many of the economic policies and practices are working negatively and are defeating this commitment. Due to the gap in and between policy and practice and the resultant privatization of nearly all services, the hardest hit areas are basic services--health, education, shelter and infrastructure.

The Kenya poverty alleviation strategy recognizes that safety nets have to be created and some investment must be made in providing basic services to the poor. Since women automatically constitute more than half of the poor people in Kenya, they suffer additional vulnerability and far reaching negative consequences as a result of FGM. Some victims of FGM have died of death while others have died from childbirth related complications due to FGM. Others have life long social problems such as divorce and single parenthood due to FGM. All these side-effects have negative impact on girls, women, their families, communities and the nation as a whole.

This programme component objective therefore responds to the issues and gaps at hand.

5.2.1 Objectives

- To increase the efficiency of existing basic social services and to respond more meaningfully to complications of and other untoward outcomes/consequences of FGM.
- Increase accessibility to adequate basic health and other social services in order to reduce morbidity and mortality from FGM practices and resultant complications.

5.2.2 Strategies

- Intersectoral collaborative programme planning, support, monitoring and evaluation.
- Support the establishment of alternative economic enterprises for traditional circumcisers
- Strengthen community based integrated development activities which will result in increased community participation and capacities to address FGM eradication.

FGM National Day of Action
5.2.3 Activities

- Undertake needs assessment in districts/communities where FGM practices are still not well understood and use data in refining district plans of action and for establishing community specific action plans.

- Based on the findings of the needs assessment, design specific capacity building programs for various programming components.

- Conduct update courses for health workers at all levels depending on areas of need.

- Develop mechanisms for institutionalizing anti FGM components in the basic nursing/Medical Training Schools curriculae and District Health plans.

- Develop IEC materials for use by the various categories of stakeholders - taking into account community specific requirements (Pretest, adapt and translate as necessary).

- Identify and train TBAs to recognize and adequately manage, including prompt referral of ante-natal cases who are victims of FGM.

- Conduct regular monitoring to assess progress.

- Support exchange programme visits and other relevant educational and social interchange activities at district and community level to provide moral, technical and logistical support on the ground.

- Produce training manual modules/curriculum relevant for various institutions/individuals.

- Sensitization & Mobilization of the various sectors, political, religious, community leaders, teachers, non-traditional circumcisers, in and out of school youth to support and advocate positively for the elimination of FGM.

- Facilitate the communities to devise sustainable mechanism for motivating community based efforts for elimination of FGM.

- Facilitate setting up rehabilitation centers for needy victims of FGM.

- Facilitate setting up counselling centers for those who do not want to be circumcised.
5.3 Advocacy:

Advocacy is a means of achieving heightened awareness & mobilizing desired action. Advocacy will be done at various levels in order to achieve the objectives of the FGM National Plan of Action.

5.3.1 Objective:

To establish and effect a conducive national mechanism for enhancing the eradication of FGM in Kenya.

5.3.2 Strategies:

- Multidisciplinary & collaborative campaigns.
- Pilot projects in communities that are ready.
- Campaigns at all levels.

5.3.3 Activities:

- Identify target institutions/communities.
- Adapt the 'FA' materials for advocacy.
- Mass media campaigns against FGM.

5.4 Action Oriented Research and Documentation

The situational analysis of FGM in Kenya revealed a gap in critical information concerning FGM practices, including the various types and scope of the practice (i.e. actual process and the beliefs of each community). Lack of such community specific data continues to impede appropriate interventions.

A good part of the interventions in the National FGM elimination Plan of Action will depend on this action oriented research component.

5.4.1 Objective

Establish comprehensive community specific data that will inform the national FGM elimination action plan.
S.1.2 Strategies

Multi-disciplinary task forces for designing, implementing and overseeing the action oriented research activities.

1. Activities

Conduct baseline surveys that will establish, demographic, socio-economic and infrastructural data on prevalence, actual practices, beliefs, processes, consequences, targets and indicators.

- Train communities to collect, analyse and use their own data on FGM.

The data should include aspects such as obstetric and gynaecological complications associated with FGM, perceptions of men and women, girls and boys, psychological, economic, social dimensions and impacts in different geographical and early cultural settings. Other practices (e.g. early child marriage, unwanted pregnancy etc) should also be considered.

- Develop and institutionalize systems for participatory data collection.
- Produce documentation on the various action oriented research activities and disseminate.

The National Plan of action, consists of three phases namely, the short term, the medium term and long term strategies and will follow the following time frame:

2. Medium term - 2002 - 2008
3. Long term - 2009 - 2019

The interventions in the short term are intended to compile essential data on Knowledge, Attitude and Practice (KAP) of each practicing community in order to enhance specific program design. The main activities are to undertake comprehensive research on FGM practices in areas (Districts) unresearched and to compile the National Data on FGM in Kenya. This will take into consideration the 1998 DHS (Demographic Health Survey).

- Capacity building at all levels for effective co-ordination of FGM activities.

Ministry of Health, Kenya
Undertake comprehensive research on FGM in practicing communities and compilation of the National Data on FGM in Kenya.

6.2 Medium Term Interventions 2002-2008

The medium term interventions will emerge from the two key short term activities specified above. Interventions in this phase will be more refined and wider in scope and will cover all the programme components. Pilot projects will be implemented in new districts while replication of existing successful models will be done within districts or in new areas.

- Address MOH medical staff training needs for acquisition of knowledge inherent in the practices of FGM and the management of the FGM effects.
- Address the role of culture, social organization, religion and other factors in the continuation of the practices of FGM and identify training needs from community to National level on the denunciation of the same.
- Promote the production of appropriate IEC materials on FGM from the District to the National level.
- Identify and capacitate the agents of change against FGM at the community level.
- Target promotion of girl’s education as a way of eliminating FGM.
- Target the younger generations (particularly the school going) with information on the dangers inherent in the practice of FGM with a view to have them demand for the elimination of the practice.
- Target youth at community level on and out of school for training into becoming peer educators and counsellors on matters of FGM.

6.3 Long Term Interventions 2009-2019

The long term interventions will consist of Expanding/Replicating interventions in all practicing districts as well as working towards drawing lessons and using them for developing policy options.

- Design methods where appropriate elements of Health and other education programmes is incorporated into regular community programmes.
• Target the FGM victims with long term rehabilitation programmes.

• Establish and develop inter-sectoral collaboration at all levels of Government, NGOs and community organs against FGM.

• Evolve an effective mechanism for resource mobilization, programme planning, monitoring and evaluation.

• Address the social economic components of FGM by targeting traditional circumcisers to come up with alternative economic activities.

• Ensure inclusion of FGM eradication efforts in all national policies.

• Create programmes and conducive environment leading to a policy on FGM.

7. MONITORING AND EVALUATION

7.1 Monitoring

Monitoring and evaluation are key programme activities geared at providing technical support and assessing progress and taking corrective measures as indicated. The general monitoring indicators will focus on the measurement of progress and effectiveness in line with the set targets and the programme components in the National Plan of Action as follows:

• Comprehensive research undertaken in FGM practicing districts and the compilation of the National Data on FGM practices.

• The level of the functioning of the anti FGM co-ordination mechanisms at all levels.

• The increased reporting of the decline in FGM cases as a result of the interventions.

• Increased reporting on FGM complication.

• Increase in the number of institutions that included prevention of FGM and management of its consequences in reproductive, psychological and other programmes that address its negative impact.

• Increase in the National policies that single out FGM as an impediment to health and development as well as a violation of rights.
7.1.1 Monitoring Activities

Specific activities for Monitoring the National Plan of Action Against FGM will be:

- Conduct baseline survey in unsurveyed areas and identify values that mitigate for the continued practice of FGM.
- Monitor the level of implementation of the National FGM and related policies.
- Compile the National Data.
- Establish the co-ordinating and Technical support mechanisms for all FGM interventions at all levels.
- Assess the impact of improved provision of basic social services on FGM elimination interventions.
- Establish and maintain accurate record keeping mechanisms.
- Mainstream FGM into the National Demographic and Health Surveys, Population Censuses and other household surveys.
- Develop checklists and flow charts to review and record progress in the process and impact of interventions.
- Identify categories of institutions and individuals to be trained.
- Capacitate various stakeholders to develop relevant and practical tools for monitoring progress and effectiveness of the programme interventions.
- Train community groups, women, men, youth and traditional Birth attendants in data collection activities so that they can participate effectively in monitoring and Evaluation activities.
- Developed IEC materials for use by various stakeholders (Taking into account community specific requirements).

7.2 Evaluation

A continuous evaluation of the successes and failures of National Plan of Action will be conducted by assessing or checking on how the FGM eradication programme will have
become internalized and integrated into other National, District and Community Development Programmes and how effective they are in achieving the objectives. The short term Plan will be evaluated internally and externally at regular intervals based on indicator recall periods. The start of the medium plan will be subject to attainment of short term, and the long term based on the medium term.

The following methods will be used:

* Evaluation research from and by the community, district and national health and other social welfare institutions.
* Small and large scale surveys carried out as part of other household, demographic, social cultural and family health surveys.
* Evaluation tools developed with community participation to ensure community responsiveness.
* Annual reviews and amendment of strategies as specified in programme evaluation reports.
* Evaluation of capacity building, Advocacy intervention, social mobilization, internalization of programme and participation right through the Community, District and National level.

7.3 M&E Indicators

7.3.1 General Indicators

* Baseline Surveys completed and values supporting FGM practice identified, documented and disseminated.
* National Data on FGM established and available.
* FGM Co-ordinating mechanisms in place at all levels.
* Accurate records on all FGM activities complete, available and in use.
* Checklists and flow charts for review and record progress available and in use.
• FGM mainstreamed into the National Demographic and Health Surveys, Population Censuses and other household surveys.

• The number of individuals and institutions trained to appreciate the risks of FGM.

• The various stakeholders and communities equipped with skills for integrated monitoring, recording and reporting.

• The number of community groups e.g. women, men, youth and Traditional Birth Attendants are involved in Data collection, monitoring and Evaluation of programme activities.

• Types and scope of training modules, curriculum integrated and in use at various levels of personnel training.

• Number of health talks on Anti FGM given to the schools, Banzas, Clinics etc.

• Quality assessment tools in place.

• Number and quality of programmes addressing the social cultural significance and functions of FGM.

• Quality assessment tools in place.

• Existence of rehabilitation programmes for FGM victims.

• The existence of inter-sectoral collaboration by GOs, NGOs and the community against FGM.

• Existence of an efficient mechanism for programme planning, resource Mobilization, Monitoring and Evaluation.

• FGM National and related Policies

7.3.2 Healthy Indicators

1. Reduced number of FGM prevalence rate/incidence.
2. Increased reporting of FGM related complications such as obstructed labour, excessive hemorrhage post-FGM, immediate infections and recurrent urinary tract infections, RHEV/VE where FGM is involved, death due to shock, chronic pelvic infections, keloid formation, dyspareunia, sexual dysfunction, dysmenorrhoea, acute retention of urine.

3. Reduced cases of FGM complications.

4. No health facility performing FGM.

7.3.3 Social Cultural Indicators

- Community leaders fully appreciate the negative impact and consequences of FGM and advocate for its eradication.
- Reduced girl/maternal complications/deaths from FGM related causes.
- Circumcisers fully undertaking painful alternative economic ventures.
- Circumcised girls/women have undergone medical/psychological/social counseling services and are coping well (good self-esteem) ambassador of FGM elimination of interventions.

7.3.4 Political Indicators

Supportive environment for FGM eradication established in high political organs in Kenya. Religious leaders/politicians openly advocate for FGM eradication in public.

8. RESPONSIBILITIES WITHIN THE FGM NATIONAL PLAN OF ACTION

The National Plan of Action for elimination of FGM, being co-ordinated by the Ministry of Health, obviously gives the Ministry certain responsibilities. Given the fact that FGM goes beyond the medical health component and include areas such as economies, culture, religion, and politics, the Ministry of Health will establish a national multi-sectoral committee of stakeholders to advise the implementation of the action plan.

The stakeholders will be drawn from the Ministries of Home Affairs, National Heritage, Culture and Social Services, Ministry of Education, Ministry of Planning and National Development, NGOs, CBOs, Institutes of Higher learning and those who have been involved on the ground with the process of denaturalizing the perceived social and cultural functions of FGM.

Ministry of Health, Kenya
The role of the stakeholders Committee

This committee will be responsible for advising the Ministry on the effective implementation of the Plan of Action, taking into account all dimensions of the plan, being cognisant of the related policies and programmes including the National Reproductive health strategy and Gender policies among others.

The Ministry of Health having the portfolio of dealing with matters of Nursing, Midwifery, Reproductive Health, Safe Motherhood, Health Education, Women’s Health and Development, Adolescent Health, Child Health, Rehabilitation, Mental Health as they relate to the practice of FGM or as they are impeded by the practice of FGM will provide direct technical logistical and financial support to the committee in these matters. (All other stakeholders or players with the technical ability or know-how on how to handle issues of health complications arising from FGM will also play a complimentary role to that of the Ministry of Health).

The major role of the Ministry of Health

Major responsibilities of Ministry of Health will include:

* Co-ordination of the implementation of the interventions on eradication of FGM by other GOK Ministries and NGOs (including Religious Institutions).

* Ensuring the legislation of Policy on eradication of FGM.
9. DRAFT BUDGET LINES: ITEMS FOR SHORT TERM

Year I

I. National Level

1. Setting up of National FGM Coordination Body

2. FGM Coordination Secretariat Personnel - Coordinator, information specialist, secretary, office facilities, equipment, etc

3. Dissemination of NPA/Sensitization Workshops, 3 workshops for different stakeholders

4. Media workshop

II. District Level

1. Dissemination of NPA/Sensitization Workshops Workshops for 67 districts x 4 days each

Year II

I. National Level

1. Secretariat - functions and costs

2. Advocacy and Sensitization/Media Outreach

II. District Level

1. Situational Analysis of District information on FGM Determination of whether research/other data exists or not, intervention programs, and what needs to be done in each district on FGM eradication

2. Community Mobilization and Capacity Building Development of District on FGM Sensitization of communities Training, IFC, Advocacy
Year III

1. National Level
   1. Secretariat
   2. Advocacy/IEC

2. District Level
   1. Support the implementation of District Implementation Plan/Initiatives, Training, IEC, Advocacy

9.1 Budget Lines

District level (NPA) dissemination and sensitization workshops,

Targeting Opinion and Religious leaders, Health and Social Workers, Teachers, Women and Youth Representatives, TBAs and CBW and Cremeners.

District workshops/seminars to be conducted throughout the country.

Each seminar is for four days and will have twenty participants.

1st year 65, 2nd year 40, 3rd year 30, 4th year 30 and 5th year 30 workshops/seminars.

A total of 195 workshops/seminars will be conducted which will have 3900 participants.

Grassroots interventions

1. Community mobilization
2. Capacity building for grassroots NGOs and CBOs.
3. Refresher course for health, community and social workers.
4. Evaluations
Counseling and rehabilitation centres

Support existing institution and rehabilitation sites in the rural areas and provision of counselling services

Research

Baseline surveys to establish the prevalence, types, cultural values and health implications.

A study to be done into each cultural cluster.

27 studies will be done over the five year period to cover the FGM prevalent areas.

Girl Child education support

- Supporting and encouraging improvement of girls enrollment and reducing dropout rate through discouragement of the practice of FGM and close monitoring of girls attendance of school particularly in the age groups of 6-12 years.
- Dissemination of the National Plan of Action
- Sensitization workshops
- Various workshops for different stakeholders, including policy makers, politicians, religious leaders, women groups, youth groups who are at the national level.
- Media
- Workshop for media personnel, including print and electronic media, such as the daily papers, television and radio stations
- IEC materials production
- Documentary Film on FGM practice as is practiced locally
- Posters and leaflets
Coordination Secretary

Personnel - Coordinator
Information Specialist
Secretary
Messenger

Office facilities - Office Rent
Furniture and equipment

Communication - Stationery, Telephone, Internet, Email, fax etc.
FGM National Plan of Action (Kenya)

9.2 Summary of Estimated Budget (Ksh)

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**Notes:**

1. 3 year budget for short-term period.

2. Medium and long-term budget to be prepared by the National Coordinating Committee within the first year of plan implementation.
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