ANTI-FEMALE GENITAL MUTILATION POLICY FOR

THARAKA NITHI COUNTY

DECEMBER 2020

EXECUTIVE SUMMARY

Female Genital Mutilation/Cutting (FGM/C) or female circumcision referred in this policy as FGM is a persistent global problem. It is condemned internationally as violation of rights of girls and women. Its historic origin is unknown but it is said to have originated in ancient Egypt and Sudan. World Health Organization (WHO) defines FGM/C as 'all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons'. WHO classifies FGM/C into four types: Type I – Clitoridectomy, Type II – Excision, Type III – Infibulation and Type IV – Other (including all other harmful procedures done to the female genitalia for non-medical purposes).

FGM/C is practised in many countries in Africa and Asia, and in diaspora communities of America, Europe and Australia and New Zealand. UNCIEF database indicates that in Africa, FGM/C is as high as 98% in Somalia, 96% in Guinea, 93% in Djibouti, 91% in Egypt and 89% in Eretria, and as low as 27% in Senegal and 26% in Uganda.

In Kenya, the national prevalence of FGM was 21% in 2014 (KDHS, 2014), 27% in 2009 (KDHS, 2010) and 32% in 2003 (KDHS, 2003). FGM prevalence was found to be high among the Somali (98%), Kisii (96%) and Maasai (73%). In Embu the prevalence was 51%, Kalenjin (40%), Meru (40%), Taita (32%), Kamba (23%) and among Kikuyu (21%). However, there were variations across regions with North Eastern recording the highest (98%) and Western the least (1%).[1]

In Tharaka Nithi County, the prevalence rate of FGM in 2009 was 58% among girls aged 7 and 17 years and 95% among women aged over 50 years which was found to be one of the highest in Kenya compared to the national average of 21% (KDHS, 2010). A report by UNICEF show that 71% of women aged 15-49 years in Tharaka had experienced some form of FGM (UNICEF, 2017). The prevalence of FGM varied within the county with Tharaka North, Tharaka South and Igamban'gombe being the leading sub-counties.

In Kenya, the prevalence rate of women aged between 20 and 24 who were married before the age of 19 was 26%. Rural areas had high prevalence rate of child marriage of 31% compared to urban areas of 16% (KDHS, 2010). FGM is associated with child marriage which has become a problem to grapple in the county. The KDHS 2010 listed Tharaka as fifth in the prevalence rate of child marriage at 25%. Kilifi with prevalence of 48% was leading followed by Homa Bay (39%), Kwale (38%), and Bondo (30%).

Kenya has ratified several international and regional legal instruments that are relevant to the rights of women and girls. They include Universal Declaration of Human Rights (UDHR, 1948), International Convention on Civil and Political Rights (1996), International Covenant on Economic, Social and Cultural Rights (1966), Convention on the Rights of the Child (CRC, 1989), Convention on the Elimination of all Forms of Discrimination against Women (CEDAW, 1979), Beijing Declaration and Platform for Action (1995), African Charter on Human and Peoples' Rights (1981), United Nations Convention on the Rights of the Child (UNCRC, 1989), Convention Against Torture and other Cruel and Inhuman or Degrading Treatment or Punishment (1984), Africa Charter on the Rights and Welfare of the Child (1990), Protocol to

[1] UNFPA/UNICEF Joint Programme on Female Genital Mutilation in Kenya – Accelerating Change 2014-2017.

the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol, 2003), and African Youth Charter (2006). SDG 5 also touches on the rights of women and girls as it aims to "Achieve Gender Equality and Empower All Women and Girls".

In Kenya, the legal framework governing the rights of women and girls include the Constitution of Kenya 2010, Children Act 2001 (revised 2016), The Sexual Offences Act 2006 (revised 2007), Prohibition of Female Genital Mutilation Act of 2011, Penal Code, and Protection against Domestic Violence Act (2015).

Relevant policies in Kenya include the National Policy on Abandonment of Female Genital Mutilation (2010), The National Adolescent Sexual and Reproductive Health Policy (2012), The National Policy for Prevention and Response to Gender Based Violence (2014), and National Policy on Gender and Development (2019).

The Anti-FGM Policy for Tharaka Nithi County was developed in participatory and all inclusive process which involved members of the community, community groups such as Njuri Ncheke Council of Elders, youth, reformed female circumcisers, children, county and national government officials, CSOs/NGOs, and CBOs, media, interfaith/FBOs, among other stakeholders.

The vision of Anti-FGM Policy is to eradicate FGM and child marriage and improve the quality of life for girls and women in the county. The policy framework outlines how the 7 policy objectives will be achieved.

- Objective 1 is on creating awareness to the community aimed at abandonment of FGM which has two policy commitments: (i) providing education to the community to accelerate abandonment of FGM, and (ii) supporting alternative rite of passage with aim of accelerating abandonment of FGM and other mentorship programs that are consistent with the law and cultural values.
- Objective 2 is on ensuring survivors of FGM and child marriages receive necessary medical treatment and psychosocial support. It has two policy commitments which are: (i) ensuring access to medical treatment and psychosocial support to survivors of FGM and child marriage, and (ii) establishing rescue centres.
- Objective 3 is on strengthening the existing multisectoral coordination, collaboration, partnerships and networking for eradication of FGM. This objective has one policy commitment of supporting multisectoral approach in the implementation of anti-FGM interventions.
- Objective 4 is on addressing gender inequality associated with FGM by promoting empowerment of girls and women. This objective has one policy commitment of equipping girls and women with the necessary skills as a way of eradicating FGM and child marriage.
- Objective 5 is on promoting community dialogues in the campaign against FGM which has one policy commitment of establishing and supporting structures that facilitate dialogues on FGM and child marriage.
- Objective 6 that of setting up a robust information and knowledge management system to aid in research analysis and reporting of FGM dynamics. This objective has one policy

commitment which is supporting research, information and knowledge management on FGM and child marriage.

- Objective 7 is on ensuring survivors of FGM and child marriages are assisted to access justice. This objective has one policy commitment of assisting survivors of FGM and child marriage to access justice.

The County Government will establish 3 types of anti-FGM policy committees which will deal with management and coordination of Anti-FGM Policy. The County Government will also involve various agencies in the implementation of the policy with aim of tapping their knowledge and experience which includes relevant county departments, MDAs of national government such as the police, ODPP, probation, prisons, education, children services and non-state actors (CSOs/NGOs), private sector and the community.

The policy will be cost an estimated Ksh 106,100,000 in the first phase of its implementation. It will be financed 60% by Tharaka Nithi County Government, 5% by national government, 25% by development partners and 10% by private sector. Upon approval of the policy by the County Assembly, the department concerned will embark on resource mobilization. The department will map out the potential donors and strategize on how they will be approached. The 3 of Anti-FGM committees at the county, sub-county and ward levels will be assisted by ANTI-FGM Policy Officer who will be hired to work full time to work for the policy. Village Anti-FGM Policy Committees will be established at the village level where FGM is rampant to spearhead community dialogues.

Baseline survey will be conducted at the beginning of the policy to come up with indicators and baseline data. Monitoring data will be collected and analyzed on continuous basis which will be used to yield quarterly and annual reports. Mid-term evaluation of the policy will be done after $2^1/_2$ years while end-term evaluation will be done at the end of the first phase of the intervention. Both evaluations will utilize the expanded DAC/OECD evaluation criteria of relevance/appropriateness, effectiveness, efficiency, impact and sustainability/connectedness. The baseline survey as well as the two evaluations will be contracted to external consultants as they are expected to be independent. The community including Village Anti-FGM Committees will be actively involved in monitoring and evaluation of the policy so that the process is owned and sustainable. The review of the policy will be undertaken as need arises to align with emerging FGM dynamics in county and will be conducted internally.

FORWARD

FGM/C or female circumcision is a retrogressive cultural practice which is common not only in Kenya but Africa and Asia, and is practiced in diaspora communities of America, Europe and Australia and New Zealand. UNCIEF database indicates that in Africa, FGM/C is as high as 98% in Somalia, 96% in Guinea, 93% in Djibouti, 91% in Egypt and 89% in Eretria, and as low as 27% in Senegal and 26% in Uganda.

In Tharaka Nithi County, the prevalence rate of FGM in 2009 was 58% among girls aged 7 and 17 years and 95% among women aged over 50 years, which was one of the highest in Kenya compared to the national average of 21% (KDHS, 2010). A report by UNICEF show that 71% of women aged 15-49 years in Tharaka had experienced some form of FGM (UNICEF, 2017). The prevalence of FGM varies within the county with Tharaka North, Tharaka South and Igamban'gombe being the leading sub-counties. FGM has increased tremendously in 2020 due to Covid-19 pandemic which led to restriction on movement, closing of school and reduction in many socioeconomic activities. In Kathangachini which is in Tharaka North for instance, children as young as 10 years were being forced to participate in FGM.[2] There were reports from the area that more than 30 girls and 5 married women had been circumcised in the last quarter of 2020.[3]

FGM is a precursor to child marriage not only in Tharaka Nithi but in many other places where it is practised. KDHS Survey (2010) indicate that nationally, the prevalence rate of women aged between 20 and 24 years who were married before the age of 19 was 26%. Comparatively, Tharaka has one of the highest prevalence rates of child marriage in Kenya of 25% compared with the leading counties of Kilifi (48%), Homa Bay (39%) and Kwale (38%). Child pregnancy has also become common not only in the county but countrywide. At the national level in 2012, the pregnancy rate was 174 among 1,000 females aged between 15 and 19 years. Nationally also, the percentage of women aged between 25 and 49 years who had their child by the age of 18 was 29.9% in 2010.

I believe the formulation of this policy is a landmark achievement in the war against FGM as well as child marriage. I would like to assure the people of Tharaka Nithi County the full support of my department in implementing the commitments and actions proposed in the policy and call upon everybody in the county to render the necessary support.

Sheila Mwende Kiganka.
County Executive Committee Member
Department of Education, Vocational Training, Youth, Gender, Tourism, Culture and Sports

[2] https://www.globalgiving.org/projects/red-ribbon-campaign-rite-of-passage-to-end-fgm-c/reports/

[3] https://allafrica.com/stories/202011100754.html

ACKNOWLEDGEMENTS

On behalf of Department of Education, Vocational Training, Youth, Gender, Tourism, Culture and Sports, I take this opportunity to thank everybody who participated in development of this policy. In particular, special thanks to our Governor His Excellency Muthomi Njuki for blessing the entire process and supporting it wholeheartedly. Additionally, I want to thank the entire community of Tharaka Nithi County for their support, cooperation and contribution in development of the policy.

In a special way I also wish to thank the county and national government officials at various levels, community groups including Njuri Ncheke Council of Elders, youth, children, and reformed circumcisers as well as representatives of non-state actors who included CSOs, FBOs, CBOs and media for their immense contribution. The process would not have been possible without the support our able County Executive Committee Member in charge of the department Madam Sheila Mwende Kiganka in collaboration with her Chief Officers and Directors. Madam Kiganka and her team would not have succeeded without the support of County Executive Committee whose goodwill created a conducive environment for the design and development of the policy. I also wish to thank the immediate former CECM in charge of the department Mr. Ibrahim Maruta who initiated the process. I also wish to thank our respectable Members of the County Assembly for their useful support and contribution. I sincerely wish to thank Ms. Lillian Kiruja (County Principal Legal Officer), Mr. Charles Nyukuri and Annastacia Nthenya (Plan International Head Office Nairobi) and Mrs. Mary Mugambi (the NG County Director for Gender). Their immense contributions and wise guidance on finalizing the policy was significant.

I, sincerely, also wish to thank our Partner Plan International lead by the Country Director and the able team of Mr. Peter Muriu (Tharaka Programme Unit Manager) and Ms. Faith Mpara (O2P Project Manager) for providing financial, technical and moral support and also mobilization of stakeholders, which enabled the development of this policy. Last but not least, I wish to thank our able consultant Dr. Domisiano Mwabu who worked tireless to collect and analyze data and information, and packaged the policy in its present form.

Tharaka Nithi is the pioneer county in Kenya in coming up with an anti- FGM policy, an initiative that is worthy being emulated by other counties experiencing similar problem such as ours. I trust the implementation of the policy will create an impact in the lives of our people so that they cab abandon outdated and outlawed cultural practices such as FGM and other human rights compromising practices in our society.

Aggrey Karani Riungu.
Chief Officer, Culture
Department of Education, Vocational Training, Youth, Gender, Tourism, Culture and Sports.

ABBREVIATIONS

ARP	Alternative Rite of Passage
CSOs	Civil Society Organizations
CUC(s)	Court Users Association(s)
CBOs	Community Based Organizations
CECM	County Executive Committee Member
CHVs	Community Health Volunteers
FGD(s)	Focus Groups Discussion(s)
FGM	Female Genital Mutilation
FGM/C	Female Genital Mutilation/Cutting
FBOs	Faith Based organizations
FIDA-K	Federation of Women Lawyers – Kenya
GBV	Gender Based Violence
ICT	Information and Communication Technology
IEC	Information, Education and Communication
KDHS	Kenya Demographic and Health Survey
KII(s)	Key Informant Interview(s)
KEPSA	Kenya Private Sector Alliance
KICD	Kenya Institute of Curriculum Development
LSK	Law Society of Kenya
MDAs	Ministries, Departments and Agencies
NGOs	Non-Governmental Organizations
M&E	M&E
DAC/OECD	Development Assistance Committee/Organisation for Economic Cooperation and Development
O2P	Objective to Protect Project
ODPP	Office of Director of Public Prosecutions
SRHRs	Sexual and Reproductive Health and Rights
SGBV	Sexual and Gender-Based Violence
SDG	Sustainable Development Goal
TOTs	Trainers of Trainers
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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CHAPTER ONE: INTRODUCTION

1.1 Background

Female Genital Mutilation/Cutting (FGM/C) or female circumcision referred to as female genital mutilation (FGM) in this policy document is a persistent global problem. It is condemned internationally as violation of rights of girls and women. Its historic origin is unknown but it is said to have originated in ancient Egypt and Sudan. Documented evidence shows the practice dates back to 25 B.C. (El Sadaawi, 1980 and Lightfoot – Klein, 1989).[4]

FGM is practised in 29 countries in Africa and Middle East; and countries in Asia including India, Indonesia, Iraq and Pakistan, as well Latin America. It is also practiced among immigrant populations in West Europe, North America, Australia and New Zealand.[5] Worldwide, it is estimated that up to 140 million girls and women alive today have undergo FGM. In Africa, FGM prevalence is as high as 98% in Somalia, 96% in Guinea, 93% in Djibouti, 91% in Egypt and 89% in Eretria, and as low as 27% in Senegal and 26% in Uganda.[6]

World Health Organization (WHO) defines FGM/C as 'all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons'. The word 'mutilation' emphasizes the gravity of the procedure while 'cutting' reflects the importance of using non-judgmental terminology with practicing communities (WHO, 2010).[7]

WHO (2010) classifies FGM/C into four types:

- Type I - Clitoridectomy: Partial or total removal of the clitoris and in very rare cases, only the prepuce (i.e. the folded skin surrounding the clitoris);
- Type II - Excision: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora;
- Type III - Infibulation: Narrowing of the vaginal opening through the creation of a covering seal, which is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris;
- Type IV - Other: All other harmful procedures done to the female genitalia for non-medical purposes (e.g. pricking, piercing, incising, scraping and cauterizing the genital area, enlarging the vagina, or introducing corrosive substances or herbs into the vagina to cause bleeding or for the purpose of tightening or narrowing).

[4] El Sadaawi, N. The Hidden Face of Eve: Women in the Arab World. London: Zed. (1980) and Lightfoot-Klein, H. Prisoners of Ritual: An Odyssey into Female Genital Circumcision in Africa. New York: Harrington. (1989).

[5] UNFPA. Demographics Perspectives on Female Genital Mutilation (FGM).

[6] Kenya Demographic and Health Survey, UNICEF FGM/C Global Database & Sudan Household Survey.

[7] World Health Organization. Female Genital Mutilation. Fact sheet N° 241. February 2010.

The most common types of FGM practiced in Kenya are 'flesh removal' (Types I and II). The Kisii and Kikuyu ethnic groups practise Type I clitoridectomy, the Maasai and Meru practise Type II excision, and the Somali, Borana, Rendille and Samburu Type III infibulations.[8]

1.2 Rationale of Anti-FGM Policy

FGM and child marriage are outdated and outlawed cultural practices that are rampant in some parts of Tharaka Nithi County and that is why this policy has been developed to eradicate them. Developing a policy such as this one by county government is in agreement with the Constitution of Kenya Article 187 which states that a county government may, pursuant to the functions assigned to it under the Fourth Schedule, formulate and adopt a policy.[9]

1.3 Policy development process

The Anti-FGM Policy for Tharaka Nithi County was developed in a participatory and inclusive process which involved interviews and consultations with relevant stakeholders in the county. The Constitution of Kenya obligates the State and all State Organs to ensure adequate public consultation on all public policies, legislation or any decision that is likely to impact on the people of Kenya. The national values and principles of governance include public participation as underscored in Article 10 of Constitution Kenya 2010. Articles 118 and 119 of the Constitution are also pertinent to public participation. The process was organized as follows:

- *Early preparations for policy development*: This activity involved deliberations among the County Government of Tharaka Nithi, national government, partners and other stakeholders regarding cultural issues that retarded development in the county. This led to identification of FGM and child marriage as major cultural issues that retarded development in the county leading to an agreement that there was need for a policy. Being on the ground and implementing an anti-FGM project in the county, Plan International was willing to fund the formulation of the policy. The Terms of Reference was developed by Plan International in collaboration with Tharaka Nithi County Government which guided the recruitment of a consultant. The consultant was recruited in December 2018 and the exercise of formulating the policy begun in January 2018.
- *Review of literature*: This activity involved searching, gathering and reviewing of relevant literature on the concepts and practices of FGM and child marriage in Kenya, regionally and internationally. This exercise was conducted between January and December 2019.
- *Interviews and consultations*: This activity involved holding interviews and consultations with members of the community, community groups (Njuri Ncheke Council of Elders, reformed circumcisers, youth and children); county and national government officials, CBOs, NGOs, FBOs, and the Court User's Committees, among others. Interviews and consultations involved focus group discussions, key informant interviews as well as observations which were done between January and March 2018. The list of categories of participants who attended the interviews and consultations is provided in Annex 2.
- *Development of the Policy*: This activity involved analyzing the data and information collected and packaging them in form of a policy which was done between February and

[8] See 28 Too Many. Country Profile. FGM in Kenya. May 2013.
[9] See Republic of Kenya. National Law Reporting Council. Constitution of Kenya 2010.

May 2019. There have several reviews on the draft policy since it was submitted in May 2019. The draft policy faced some bureaucratic delays coupled with the emergence of novel Covid-19 which restricted movement of people and social interactions leading to postponement of key stakeholder validation meetings which would have been held in early 2020.

- *Validation of the draft policy:* The first validation was done with the relevant committee of County Assembly together with national and county government officials in October 2019. The final validation which was held in December 10, 2020 attracted a broad spectrum of stakeholders including CSOs/NGOs, CBOs, FBOs (inter-faith), Maendeleo ya Wanawake, county and national government officials, media, Njuri Ncheke and youth, among others. In attendance to facilitate the process were senior officials from Plan International's Tharaka Programme Unit and Nairobi head office.
- *Submission to County Assembly*: This is activity is yet to take place took place but it is expected to be accomplished in January 2021.
- *Approval by the County Assembly*: This activity is yet to take place but it is expected to be accomplished before the end of March 2020 so that there is time to accommodate the policy in the budget of 2021/22 financial year.

1.4 Legal and Policy Context

Kenya has ratified international and regional legal and policy instruments that are relevant to the rights of women and girls. At the international level the legal instruments include: Universal Declaration of Human Rights (UDHR, 1948), International Convention on Civil and Political Rights (1996), International Covenant on Economic, Social and Cultural Rights (1966), Convention on the Rights of the Child (CRC, 1989), Convention on the Elimination of all Forms of Discrimination against Women (CEDAW, 1979), and Beijing Declaration and Platform for Action (1995), United Nations Convention on the Rights of the Child (UNCRC, 1989), and Convention Against Torture and other Cruel and Inhuman or Degrading Treatment or Punishment (1984).

In addition, SDG 5 aims to "Achieve Gender Equality and Empower All Women and Girls". This legal instrument is about empowering and protecting women and girls from all forms of violence including SGBV and harmful cultural practices such as female genital mutilation, and child and forced marriage.

At the regional level the legal instruments include: African Charter on Human and Peoples' Rights (1981), Africa Charter on the Rights and Welfare of the Child (1990), Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol, 2003), and African Youth Charter (2006).

At the national level the legal instruments that protect women and girls' rights include: The Constitution if Kenya 2010, Children Act 2001, Prohibition of Female Genital Mutilation Act 2011, The Penal Code, and Protection Against Domestic Violence Act 2015. Below is a brief explanation on each.

- The Constitution of Kenya 2010: It reaffirms the Kenya Government's commitment to protect and promote human rights and fundamental freedoms. It guarantees women, girls

and children the right to be free from all forms of discrimination, the right to dignity and physical integrity including freedom from violence, the right to health and the right not to be compelled to undergo any harmful cultural practices. Article 44 (3) of the Constitution prevents a person from forcing another to perform, observe or undergo a cultural practice or rite such as FGM. Article 53 (1) (d) protects children from abuse, neglect, harmful cultural practices, and all forms of violence, inhuman treatment and punishment;

- Children Act 2001 (revised 2016): It prohibits FGM and other harmful practices that negatively affect children under the age of 18 and provides a penalty of 12 months imprisonment and/or a fine not exceeding 50,000 shillings for those committing such an offence;
- The Sexual Offences Act 2006 (revised 2007): It provides legal protection for victims of sexual violence (rape, defilement, child trafficking, child prostitution, child pornography, and other related issues);
- Prohibition of Female Genital Mutilation Act 2011: It criminalizes FGM in Kenya by providing stiff penalty for offenders which includes three to seven years jail sentence or a fine of US$ 6,000 for those practicing it including traditional circumcisers, parents, doctors, nurses as well as those who provide the premise or supply a knife for carrying out the cut.The penalty also applies to anyone convicted of bringing a girl into or out of the country to be cut, or failing to report the incident of FGM;
- The Marriage Act 2014: It sets minimum marriage age of marriage to 18 years and provides for penalty of a jail term not exceeding five years and/or a fine not exceeding one million shilling;
- The Penal Code: It outlaws deliberate infliction of grievous harm, which includes permanent or serious injury to an external or internal organ, membrane or sense;
- The Protection against Domestic Violence Act (2015): It defines domestic violence to include female genital mutilation and provides for protective measures for survivors and victims of domestic violence including FGM.

Relevant policies on rights of women and girls in Kenya include:

- National Policy on Abandonment of Female Genital Mutilation (2010): It provided the platform for the enactment of the Prohibition of FGM Act 2011 and established the Anti-FGM Board.
- The National Adolescent Sexual and Reproductive Health Policy (2012): It classified FGM as a harmful practice with a direct impact on reproductive health and the status of adolescents.
- The National Policy for Prevention and Response to Gender Based Violence 2014: It accelerated efforts towards the elimination of all forms of gender based violence in Kenya. The policy classifies harmful traditional practices as a form of sexual and gender-based violence.
- National Policy on Gender and Development, 2019: Its overall goal is to achieve gender equality by creating a just society where women, men, boys and girls have equal access to opportunities in the political, economic, cultural and social spheres of life." Among the priority areas covered by the policy is to eliminate SGBV against women and men, girls and boys in both public and private spheres.

CHAPTER TWO: SITUATIONAL ANALYSIS

2.1 Prevalence of FGM and Child Marriage

In Kenya, the national prevalence of FGM was 21% in 2014 (KDHS, 2014)[10], 27% in 2009 (KDHS, 2010) and 32% in 2003 (KDHS, 2003)[11]. FGM prevalence is high among the Somali (98%), Kisii (96%) and Maasai (73%).[12] In Embu FGM prevalence was 51%, Kalenjin (40%), Meru (40%)[13], Taita (32%), Kamba (23%) and Kikuyu (21%).[14] There were variation in prevalence found across the regions with North Eastern recording 98% and Western 1%.[15]

In Tharaka Nithi County, the prevalence rate of FGM was 58% among girls aged 7 and 17 years and 95% among women aged over 50 years, which was one of the highest in Kenya compared to the national average of 21% (KDHS, 2010). A report by UNICEF show that 71% of women aged 15-49 years in Tharaka had experienced some form of FGM (UNICEF, 2017).[16] The prevalence of FGM varies within the county with Tharaka North, Tharaka South and Igamban'gombe being the leading sub-counties.

The FGM hotspot areas in Tharaka North included Gaciongo, Maragwa, Gatue, Kamacabi, Kanjoro, Mauthini, Ntoroni, and Kathangachini. In Tharaka South, the most affected areas included Kamanyaki, Kamarandi, Chiakariga, Nkarini, Ntugi, Karocho, Gituma, Turima, Tunyai and Kathura. In Igambang'ombe, FGM was prevalent in Kajuki, Korongoni and Kaanwa and areas bordering Mbeere sub-county. In the upper areas of the county, FGM was found to be rare or non-existent in most parts. However, there were pockets of the practice in Muthambi Sub-county (especially around Mitheru and Ndagani areas), Maara (especially in Kaare, Karii and Kanthanje) while in Meru South the practice was common in areas bordering Igamban'gombe (especially Kaanwa) and where there was presence of religious sects and denominations whose followers had strong cultural attachment.[17] Due to Covid-19 pandemic, there was an increase in FGM not only in Tharaka Nithi County but in many counties in Kenya. In Kathangachini which is in Tharaka North for instance, children as young as 10 years were being forced to participate in FGM.[18] There were reports from the area that more than 30 girls and 5 married women had been circumcised in the last quarter of 2020.[19]

[10] Kenya National Bureau of Statistics, (KDHS, 2014).

[11] Kenya National Bureau of Statistics, (KDHS, 2003).

[12] Kenya National Bureau of Statistics and ICF Macro International. KDHS, 2010. See also UNFPA-UNICEF Joint Programme on FGM/C.

[13] This includes the larger Meru tribe including Tharaka Nithi.

[14] Kenya National Bureau of Statistics and ICF Macro International. KDHS, 2008-2009.

[15] UNFPA/UNICEF Joint Programme on Female Genital Mutilation in Kenya – Accelerating Change 2014-2017.

[16] United Nations Children's Fund. Female Genital Mutilation/Cutting and Child Marriage among the Rendille, Maasai, Pokot, Samburu and Somali Communities in Kenya, Nairobi 2017.

[17] These sects included Kabonokia and Akorino sects. In Chuka Town Muslims were mentioned as practicing FGM.

[18] https://www.globalgiving.org/projects/red-ribbon-campaign-rite-of-passage-to-end-fgm-c/reports/

[19] https://allafrica.com/stories/202011100754.html

In Kenya pregnancy rate in 2012 was 174 among 1,000 females aged between 15 and19 years (Sedgh et al., 2015).[20] The percentage of women aged between 25 and 49 years who had their child by the age of 18 was 29.9%. The prevalence rate of women aged between 20 and 24 who were married before the age of 19 was 26%. Rural areas had high prevalence rate of child marriage of 31% compared to 16% found in urban areas (KDHS, 2010).[21]

FGM in Tharaka Nithi is closely associated with child marriage because it prepares a girl for marriage. Child marriage has become a problem to grapple with in the county. The KDHS (2010) listed Tharaka among the areas with highest prevalence rate of child marriage at 25%. Kilifi was leading with prevalence of 48% followed by Homa Bay (39%), Kwale (38%), and Bondo (30%).[22] In recent years and particularly in 2020 the curve of child pregnancies affecting school children rose sharply not only in Tharaka Nithi but countrywide. The spike in child pregnancies in 2020 was due to Covid-19 pandemic which forced the government to impose restriction including closing of schools and reduction in most of the socio-economic activities. During the 2020 Mashujaa Day celebrations, the Tharaka Nithi County Commissioner mentioned that 311 teenage girls had been impregnated in the county during Covid-19 pandemic period.[23]

[20] Sedgh, G., L. B. Finer, A. Bankole, M. A. Eilers and S. Singh (2015). Adolescent pregnancy, birth, and abortion rates across countries: levels and recent trends. Journal of Adolescent Health 56(2): 223-230.
[21] Kenya National Bureau of Statistics and ICF Macro, Kenya Demographic and Health Survey 2008-2009. (2010). Calverton, Maryland, Kenya National Bureau of Statistics (KNBS) and ICF Macro.
[22] Kenya National Bureau of Statistics and ICF Macro, Kenya Demographic and Health Survey 2008-2009. (2010). Calverton, Maryland, Kenya National Bureau of Statistics (KNBS) and ICF Macro.
[23] https://allafrica.com/stories/202011100754.html

CHAPTER THREE: OBJECTIVES, VISION, OUTCOMES AND GUIDING PRINCIPLES

3.1 Vision

Eradicate FGM and child marriage and improve the quality of life for women and girls in Tharaka Nithi County

3.2 Objectives

The overall objective of Anti-FGM Policy is to come up a framework for eradication of FGM and child marriage in Tharaka Nithi County. Specific objectives are as follows:

i. To create awareness to the community aimed at accelerating abandonment of FGM;
ii. To ensure survivors of FGM and child marriage receive necessary medical treatment and psychosocial support;
iii. To strengthen the existing multisectoral coordination, collaboration, partnerships and networking for eradication of FGM;
iv. To address gender inequality associated with FGM by promoting empowerment of girls and women;
v. To promote community dialogues in the campaign against FGM;
vi. To set up a robust data, information and knowledge management system to aid in research, analysis and reporting of emerging dynamics of FGM;
vii. To ensure survivors of FGM and child are assisted to access justice.

3.3 Guiding Principles

The guiding principles are as follows:

i. Uphold the best interest of women and girls in all situations;
ii. Support community participation and people-centeredness';
iii. Promote gender equality and equity;
iv. Strengthen multiagency approach in realizing the anti-FGM policy benefits.

3.4 Policy Outcomes

i. Increased community awareness on dangers and illegality of FGM;
ii. Reduced prevalence in FGM and child marriage;
iii. Empowered women and girls to be able to make own decisions;
iv. Coordinated multisectoral approach in the fight against FGM;
v. Enhanced research and analysis to inform Anti-FGM programming.

CHAPTER FOUR: THE ANTI-FGM POLICY FRAMEWORK

Policy Objective 1: To create awareness to the community with aim of accelerating abandonment of FGM

1.1 Policy Commitment: The County Government shall provide civic education to the community to accelerate abandonment of FGM

The flowing are the priority actions to be taken by the County Government:

i. Create awareness to young men, parents, grandmothers, traditional circumcisers and government officers who in one way or another perpetuate FGM;
ii. Seek collaboration of Kenya Institute of Curriculum Development (KICD) to develop relevant anti-FGM information, education and communication (IEC) materials;
iii. Support dissemination of IEC materials to learning institutions, health facilities, churches, mosques, communities and non-state actors;
iv. Create awareness to health workers and traditional birth attendants (TBAs) on dangers and illegality of medicalization of FGM;
v. Foster engagement with the political leadership at all levels to advocate and strengthen the anti-FGM campaign;
vi. Use mainstream media and social media platforms such as WhatsApp, Facebook, Twitter, Instagram, blogs and websites to enlighten the public and report on FGM and child marriage;
vii. Support airing of relevant anti-FGM messages on Kimeru radio stations during Prime News when most of the radio listeners are at home;
viii. Support folk media and creative arts such as drama, poetry, music and dance to convey life changing messages on FGM and child marriage;
ix. Work with the clergy to integrate relevant messages on FGM into religious sermons and teachings;
x. Involve young men who are potential husbands in creating awareness on dangers and illegality of FGM;
xi. Promote life changing messages through t-shirts, posters and billboards. Such messages should include: “I am smart because I am whole…I don’t like the circumcision tool.”

1.2 Policy Commitment: The County Government shall support alternative rite of passage and other mentorship programs that are consistent with the law and cultural values

The flowing are the priority actions to be taken by the County Government:

i. Strengthen and popularize alternative rite of passage locally known as “Ntanira Na Mugambo” and other local mentorship programs for girls;
ii. Ensure only girls of the right age undergo alternative rite of passage;
iii. Support the meaningful participation of boys and girls in prevention of FGM by reaching out to those in and out of school through seminars, workshops and other lawful methods;

iv. Ensure the curriculum developed in collaboration with KICD is used in mentoring girls undergoing alternative rite of passage.

Policy Objective 2: To ensure survivors of FGM and child marriage receive necessary medical treatment and psychosocial support

2.1 Policy Commitment: The County Government shall ensure access to medical treatment and psychosocial support to FGM and child marriage survivors

The flowing are the priority actions to be taken by the County Government:

i. Ensure county health facilities have adequate medical and counseling staff to provide quality treatment and psychosocial support to survivors of FGM and child marriage;
ii. Ensure health personnel in all county health facilities are trained on how to treat and manage FGM complications;
iii. Ensure county health facilities have community outreach programs that educate women and girls on complications of FGM;
iv. Establish well equipped and staffed Gender Violence Recovery Centres (GVRC) in one hospital in each sub-county to offer medical treatment and counseling services to FGM survivors. The Gender Recovery Centre at Chuka Hospital Level 4 (the county referral) will also be provided with adequate counseling staff;
v. Establish an effective referral system with national level institutions such as Gender-Based Violence Recovery Centre (GBVRC) of Nairobi Women Hospital, Kenya National Hospital and Kenyatta University Teaching, Research and Referral Hospital;
vi. Come up with a strategy that allows young girls to be checked in the county health facilities for pregnancy and FGM at predetermined intervals;
vii. Identify girls and women living with FGM complications and provide them with specialized medical treatment and psychosocial support;

2.2 Policy commitment: The County Government shall establish rescue centres for survivors of FGM and child marriage

The flowing are the priority actions to be taken by the County Government:

i. Come up with a law that establishes and operationalizes rescue centres in rural areas where FGM is prevalent. These rescue centres will have adequate budgets to employ qualified staff able to offer the required services to survivors of FGM;
ii. Ensure FGM and child marriage survivors are reintegrated into the community after their recuperation at rescue centres;
iii. Recruit and train volunteers on paralegal, counseling and first aid issues to render pro bono services at the rescue centres;

Policy Objective 3: To strengthen existing multisectoral coordination, collaboration, partnerships and networking for eradication of FGM

3.1 Policy commitment: The County Government shall support a multisectoral approach in the implementation of anti-FGM interventions.

The flowing are the priority actions to be taken by the County Government:

i. Constitute Anti-FGM committees at county, sub-county and ward levels to deal with implementation of the policy;
ii. Support capacity building of Trainer of Trainers (TOTs) on FGM*;*
iii. Strengthen exiting community structure such as Nyumba Kumi, Community Health Volunteers (CHVs), area managers, youth volunteers, Njuri Ncheke and *Gaaru* of Tharaka in childdetection and reporting of FGM and child marriage;
iv. Build the capacity of religious organizations to champion eradication of FGM;
v. Support the establishment of a system for anonymous reporting of FGM to be managed by Sub-county Anti-FGM committees;
vi. Enhance the capacity of relevant institutions to prevent and respond to FGM;
vii. Involve people with the right mix of skills and experience in alternative rite of passage with aim of providing right education to the young girls;
viii. Develop standards and guidelines to regulate FGM response across sectors;
ix. Provide free and accessible channels for FGM and child marriage survivors to air their complaints;

Policy Objective 4: To address gender inequality associated with FGM by promoting the empowerment of girls and women

4.1 Policy commitment: The County Government shall equip girls and women with the necessary skills as a way of empowering them to eradicate FGM and child marriage

The flowing are the priority actions to be taken by the County Government:

i. Support female circumcisers to come up with alternative sources of income;
ii. Reintegrate into the community reformed FGM practitioners including female circumcisers, parents of the survivors and witnesses;
iii. Provide economic empowerment to the vulnerable members of the community such as PWDs in areas prone to FGM and child marriage such as Kathangachini and Kajuki;
iv. Educate girls and women on health complications and socioeconomic effects of FGM;
v. Sensitize men and boys to appreciate the value of education for girls and women;
vi. Promote media awards with regard to FGM coverage and reporting;
vii. Come up with a mechanism to ensure girls remain in school by providing them with sanitary towels, meals and other support;
viii. Come up with an annual award to recognize anti-FGM crusaders.

Policy Objective 5: To promote community dialogues in the campaign against FGM

5.1 Policy commitment: The County Government shall establish and strengthen structures that facilitate dialogues on FGM at community level

The flowing are the priority actions to be taken by the County Government:

i. Ensure promotion of community-driven dialogues on FGM and child marriage;
ii. Encouraging formation of community-driven Village Anti-FGM Policy Committees at the village level in areas prone to FGM and child marriage to spearhead community dialogues among other issues;
iii. Build capacity of young men to enable them to be in the frontline in the campaign against FGM and child marriage;
iv. Involve people living with disabilities (PWDs) and other vulnerable groups in the fight against FGM;
v. Initiate intergenerational dialogues on Kimeru FM radio stations and other forums where children engage on debate with elders on FGM and child marriage.

Policy Objective 6: To set up a robust data, information and knowledge management system to aid in research, analysis and reporting of emerging dynamics of FGM

6.1 Policy commitment: The County Government shall support research, data and information management on FGM and child marriage

The flowing are the priority actions to be taken by the County Government:

i. Conduct baseline survey at the start of the policy to establish the baseline for FGM and child marriage;
ii. Collect monitoring data and report on quarterly and annual basis on the emerging dynamics of FGM;
iii. Conduct mid-term evaluation of the policy after 3 years of its implementation;
iv. Conduct impact assessment of the policy after 5 years (just at the end of the first phase) of its implementation;
v. Support the development of a databank on FGM and child marriage which will contain harmonized data from all actors in the county;
vi. Enhance collaboration with research and academic institutions, government agencies such as Anti-FGM Board, National Council of Children Services, Department of Children Services, Child Welfare Society of Kenya, and non-state actors with aim of sharing experience and best practices on FGM and child marriage;

Policy Objective 7: To enable survivors of FGM and child marriage to access justice

7.1 Policy commitment: The County Government shall assist survivors of FGM and child marriage to access justice

i. Come up with a county anti-FGM law that provides for stiff penalties greater than those provided by the Anti-FGM Prohibition Act of 2011 and other national laws;
ii. Come up with a fund to support children of the parents jailed for practicing FGM or facilitating child marriage;
iii. Collaborate with judicial justice system to ensure prompt and quality investigations and prosecution of the perpetrators of FGM and child marriage;
iv. Build collaboration with legal institutions such Law Society of Kenya, Kituo Cha Sheria and FIDA-K to provide free legal representation (pro-bono services) to survivors of FGM and child marriage;
v. Support continuous training of law enforcement agencies on how to deal with FGM and child marriage cases;
vi. Educate community members on anti-FGM laws and their penalties as well as the legal process and what is expected of them.

CHAPTER FIVE: IMPLEMENTATION FRAMEWORK

5.1 Coordination and Management

The department in charge of culture and/or gender in the County Government will provide the overall coordination and management of the policy. The Chief Executive Committee Member (CECM) in charge of the department and County Director of Gender in the State Department of Gender Affairs will be the lead persons in the implementation of the policy at the county and national levels respectively.

The Chief Executive Committee Member concerned will establish 3 types of committees with clear Terms of Reference. The County Anti-FGM Policy Committee, the Sub-county Anti-FGM Policy Committee and Ward Anti-FGM Policy Committee will be established at county, sub-county and ward levels respectively.

- *The composition of the County Anti-FGM Policy Committee*

This committee will include all members of the existing County Gender Sector Working Group and County Anti-FGM Steering Committee who includes: The County Commissioner and CECM in charge of the Gender (as co-chair of the committee), Chief Officer in charge of gender, County Directors from the county and national governments in charge of gender (as joint secretaries of the committee), County Public Prosecutor, Chairperson of the Gender Committee of the County Assembly, County Director of Children Services, County Director of Education, County Director of Health, County Police Commander, representative of KEPSA, County Chair of Maendeleo ya Wanawake, County Chair of Faith Based Organizations, representative of Supreme Council of Kenyan Muslims, representative of National Council of Churches of Kenya, representative of Kenya Conference of Catholic Bishops, representative of Private Sector Actors, representative of civil society, representative of persons with disabilities, and youth representative.

- *The role of the County Anti-FGM Policy Committee*

This committee will be the highest decision making organ in the implementation of the policy in the county. It will operate under the office of County Executive Member responsible for culture and/or culture. Its role will be as follows:

- Providing overall coordination and management of the policy at the county level;
- Designing and implementing anti-FGM programs at the county level;
- Training and providing guidance to sub-county and ward Anti-FGM Policy Committees;
- Liaising with relevant county departments; national government ministries, departments and agencies (MDAs), non-state actors and the community;
- Reviewing, monitoring and evaluating the policy;
- Monitoring progress towards county specific achievement of the national objectives of the policy;
- Sharing information on policy and legal decisions affecting FGM;
- Providing monitoring and evaluation reports to the County Executive.

- Working out and providing annual budgets and annual work plans to the County Executive.
- Mobilizing financial and non-financial resources for the implementation and evaluation of the policy.

- *The composition of the Sub-County Anti-FGM Policy Committee*
  - Sub-county Administrator (as co-chair of the committee);
  - National Government: Deputy County Commissioner (as co-chair of the committee), Sub-county Director of Children Services, Sub-County Gender Officers of the county and national government (as joint secretaries), Sub-county Social Development Officer, Sub-county Director of Education, Sub-county Medical Officer of Health, Sub-county Police Commander, representative of Judiciary, and representative of the Office Director of Public Prosecutions.
  - Non-state actors: one representative from each of these organizations:- civil society, media, FBOs (inter-faith), Maendeleo ya Wanawake, and private sector.
  - Community members: one representative from each of the following categories: - council of elders (e.g. Njuri Ncheke), women, youth, Village Anti-FGM Policy Committees and people living with disabilities (PWDs).

- *The role of Sub-County Anti-FGM Policy Committee*

This committee will be the highest decision making organ in the implementation of the policy in the sub-county and will play the following role.

- Designing and implementing anti-FGM programs in collaboration with the County and Ward Anti-FGM Policy Committees,
- Training and providing guidance to the Ward Anti-FGM Policy Committee in carrying out Anti-FGM activities;
- Provide monitoring and evaluation reports to the County Executive;
- Liaising with all the relevant stakeholders in eradication of the FGM and child marriage in the sub-county;
- Liaising with County and Ward Ant-FGM Policy Committee in coming up with annualbudgets and annual work plans;
- Performing other duties as may be allocated by the County Anti-FGM Policy Committee.

- *The composition of Ward Anti-FGM Policy Committee*

  - County Government: Ward Administrator (as co-chair of the committee);
  - National Government: The Assistant County Commissioner (as co-chair of the committee), Ward Police Commander, community health volunteer (CHV), Public Health Officer (as secretary to the committee), Ward Education Officer, and Principal/Senior Chief.
  - Non-state actors: one representative from the each of the following organizations:- civil society, FBOs (inter-faith), and media;

- Community members: one representative each of the following categories:- council of elders (e.g. Njuri Ncheke), youth, Village Anti-FGM Policy Committees, reformed womencircumcisers, and of PWDs.

o *The role of the Ward Anti-FGM Policy Committee*

This committee will only be established in wards where FGM is rampant and will play the following role.

- Designing and implementing anti-FGM interventions at ward level in collaboration County and Ward Anti-FGM Policy Committees,
- Providing monitoring and evaluation reports to Sub-county Anti-FGM Policy Committee;
- Liaising with relevant stakeholders in eradication of the FGM and child marriage in the ward;
- Liaising with County, Sub-county Anti-FGM Policy Committees and the community to constitute Village Anti-FGM Policy Committee;
- Liaising with County and Sub-county Anti-FGM Policy Committees in coming up with annual budgets and annual work plans;
- Perform any other duties as may be allocated by the Sub-county Anti-FGM Committee.

4.2 Institutional Framework

The County Government will develop an engagement strategy to guide the involvement of various stakeholders in the implementation of the policy. The table below shows key players and their proposed roles and responsibilities in the implementation of the policy.

Players	**Key roles and responsibilities**
County Government	
County Government Department concerned with culture and/or gender	• Provide overall leadership in implementation of Anti-FGM Policy • Design anti-FGM programs • Mobilize and provide necessary resources; • Coordinate and collaborate with all the relevant stakeholders in the fight against FGM • Supervise and co-ordinate public awareness programs against the practice FGM • Monitor and evaluate implementation Anti-FGM Policy; • Provide technical and other support to institutions, agencies and other bodies engaged in eradication of FGM in the county • Facilitate experience sharing and exchange of best practices with relevant bodies • Establish and manage data bank on FGM

County Health Services	• Provide strategic guidance in delivering the health components of the policy • Train health professionals to handle FGM complications; • Provide medical treatment and psychosocial support to FGM and child marriage survivors • Educate the public on dangers of FGM; • Address FGM as reproductive health issue • Help in integrate FGM in the curriculum of the medical schools in universities and colleges.
County Treasury	• Mobilize and allocate adequate finances • Provide guidance in management, utilization financial and accounting procedures of financial resources • Provide guidelines and technical support for fundraising of financial and non-financial resources for the policy
National Government	
Ministry of Education (Department of Education)	• Assist in developing IEC materials; • Educate children on FGM and dissemination of relevant materials; • Include Anti-FGM in the school curriculum; • Strengthen school clubs for child protection, FGM and gender issues; • Engage girl guides and scouts movement in the anti-FGM campaign.
Department of Children Services	• Advise on child rights; • Educate the public on the rights of the child.
State Department of Gender Affairs	• Provide technical advice on implementation of the policy; • Lead agency in implementation of the policy at the national level; • Link the policy with national level actors.
Department of Social Services	• Advise on empowerment opportunities within the county and how they can be harnessed by reformed women circumcisers and survivors of FGM and child marriage.
Ministry of Interior and Coordination of National Government (Administration)	• Educate the public on illegality and dangers of FGM; • Enforcement of the policy at county, sub-county, ward and village levels; • Create public awareness on FGM and ensure that chiefs and assistant chiefs report all FGM and child marriage cases occurring in their areas.

Police (gender and/or children desk where applicable)	• Arrest the perpetrators of FGM • Investigate FGM and child marriage cases • Educate the public on illegality of FGM
Directorate of Public Prosecutions	• Prosecute FGM and child marriage perpetrators; • Provide legal education to the community; • Collect relevant data on the prosecution of FGM related matters.
Judiciary	• Educate the public on how to access pro-bono legal aid provided by the government and non-state actors; • Educate the public on illegality of FGM and child marriage.
Prisons	• Punish and rehabilitate FGM offenders
Probation Department	• Rehabilitate FGM offenders
Anti-FGM Board	• Provide technical support in designing of anti-FGM programs • Share experience and best practices in eradication of FGM and child marriage
Others	
Non-state actors (development partners, NGOs/CSOs, CBOs, FBOs, media, Maendeleo ya Wanawake and private sector, etc.)	• Provide technical support in the design and implementation of anti-FGM programs; • Provide financial and non-financial support; • Lobby the community, the political elites and other stakeholders in adoption of the policy. • Creation of awareness on FGM issues through the platforms available to them; • Reporting of FGM cases; • Mobilization of financial and non-financial resources for the policy
Community	• Welcome and adopt the policy • Provide necessary social support in implementation of the policy • Get involved as members of Village Anti-FGM Policy Committee; • Participate in community meetings and dialogues.

5.2 Financing of Anti-FGM Policy

The policy will cost an estimated budget of Ksh 106,100,000 in the first phase of its implementation (i.e. the first 5 years). The policy will be financed 60% by Tharaka Nithi County Government, 5% by national government, 25% by development partners and 10% by private sector through their firms' corporate social responsibility. Upon approval of the policy by the County Assembly, the county department concerned in collaboration with County Treasury will embark on resource mobilization. All the potential donors locally and internationally will be

mapped out and prioritized before they are approached. The table below shows financial estimates for each policy objective by year.

Serial number	Policy objectives	Financial estimates in Kenya Shillings					
		Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
1.	To create awareness to the community aimed at accelerating abandonment of FGM	1,000,000	3,000,000	3,000,000	3,000,000	2,000,000	12,000,000
2.	To ensure survivors of FGM and child marriage receive necessary medical treatment and psychosocial support and are assisted to access justice	2,000,000	10,000,000	3,000,000	2,000,000	2,000,000	19,000,000
3.	To strengthen the existing multisectoral coordination, collaboration, partnerships and networking for eradication of FGM	1,500,000	1,500,000	1,500,000	1,000,000	1,000,000	6,500,000
4.	To address gender inequality associated with FGM by promoting the empowerment of girls and women	2,000,000	3,000,000	3,000,000	2,000,000	2,000,000	12,000,000
5.	To promote community dialogues in the campaign against FGM	1,800,000	2,000,000	1,800,000	1,500,000	1,500,000	8,600,000
6.	To set up a robust research, information and knowledge management system to aid in the analysis data and information, and reporting of dynamics of FGM	4,000,000	2,5000,000	4,000,000	5,000,000	5,000,000	43,000,000
7.	To ensure survivors of FGM and child are assisted to access justice	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	5,000,000
Total		**13,300,000**	**45,500,000**	**17,300,000**	**15,500,000**	**14,500,000**	**106,1000,000**

The county, sub-county and ward anti-FGM policy committee members will be facilitated with allowances when carrying activities at various levels. However, the village anti-FGM policy committees will not be paid any allowances as they are expected to be a self-driven initiative. The Anti-FGM Policy Officer who will hired full time will be paid full salary because as s/he will work full time for policy.

5.3 Human Resources

An officer (referred in in this policy as Anti-FGM Policy Officer) will be hired by department concerned with culture to take full charge of the policy implementation. S/he will operate under the office of CECM and Chief Officer concerned and will work hand-in-hand with the Anti-FGM Policy Committees at the county, sub-county and ward levels. The officer will manage the Anti-FGM Policy secretariat, and will be involved in all activities of the policy at the county, sub-county and ward levels. In particular, s/he will be collecting and analyzing relevant data and information as well as come up with statistical trends and progress reports.

CHAPTER SIX: MONITORING AND EVALUATION

6.1 Monitoring and Evaluation

Monitoring: Monitoring data will be collected and analyzed on regular basis during the implementation of the policy and will help in coming up with quarterly and annual progress reports which will be shared with the County Executive. The results obtained will help in determining whether the policy is on the right course as planned or requires modification. The quarterly and annual reports will help in budgeting and monitoring the progress of the policy.

Evaluation: At the start of the policy implementation, baseline survey will be conducted to come up with indicators and baseline data which will be used for monitoring as well as evaluation. After $2^{1}/_{2}$ years of the policy implementation, mid-term evaluation will be conducted while end-term evaluation will be done after 5 years. Both evaluations will follow the expanded OECD/DAC evaluation criteria of relevance/appropriateness, effectiveness, efficiency, impact and sustainability/connectedness. The baseline survey as well as the two evaluations will be contracted to external consultants but will be supervised by the anti-FM committees and the Anti-FGM Policy Officer.

The Tharaka Nithi County Anti-FGM Policy will have been implemented for just $1^{1}/_{2}$ years at the expiry of the Presidential directive of ending FGM in Kenya by 2022, though this will only be possible if the policy is approved on time and allocated funds in the budget of 2021/22 financial year. The data collected during monitoring will be analyzed in greater details to show the achievements of the policy at the expiry of the Presidential directive of ending FGM by 2022. The results will be disseminated through publications, *barazas,* community dialogues and media platforms.

The Village Anti-FGM Policy Committees and the members of the community will be involved actively in monitoring and evaluation of the policy so that the process is owned and becomes sustainable. The table below shows the proposed M&E calendar of the policy.

Serial number		**Product**	**Time period**	**Purpose**
1.	Baseline Survey	Baseline Survey Report	Within 6 months of inception the policy	Done at the beginning of the intervention to come up with baseline indicators and data
2.	Monitoring	Quarterly progress reports, annual progress reports	Quarterly reports will be done quarterly and annual reports at the end of every year	Done on continuous basis to inform progress of the intervention
3.	Mid-term evaluation	Mid-term evaluation reports	Will be done on 3rd quarter of year 3	Done mid-course of the intervention to inform progress and accountability to stakeholders

4.	End-term evaluation	End-term evaluation report	Will be done on the 1st quarter of year 5.	Done at the end of the 1st phase of the policy to ascertain the outcomes and impact of the intervention as well form a basis for the next phase of the policy.

The table below lists FGM and child marriage indicators and their magnitude in Tharaka Nithi.

Indicators	**Magnitude, source and year**
Percent of parents who noted any change in attitude towards FGM in community they lived in the last 4 years.	84% (O2P Project Evaluation, 2018).[24]
Percent of children who noted change in attitude in community they lived.	85% (O2P Project Evaluation, 2018).
Percent of FGM/C women aged 14-49 years who have experienced some form of FGM (Tharaka)	71% (UNICEF, 2017).
Prevalence of FGM among girls aged between 7-14 years.	58% (UNICEF, 2017).
Prevalence among women over 50 years.	95% (UNICEF, 2017).
Percent of girls who had undergone FGM or had any member of their family do so.	11% (O2P Project Evaluation, 2018).
Awareness of parents on anti-FGM laws.	82% (O2P Project Evaluation, 2018).
Whether children would report cases of FGM happening in their community.	78% (O2P Project Evaluation, 2018).
Prevalence of child marriage.	25% (KDHS, 2008/2009).
Proportion of parents who listened to radio talk shows discussing FGM, child rights, and SRHRs.	84% (O2P Project Evaluation, 2018).
Number of local FGM listeners enlightened on effects of FGM and its relationship with girl child and women empowerment.	Over 270,000 people reached (O2P Project Evaluation, 2018).

6.2 Policy Review

The policy will be reviewed periodically as need arises to accommodate the emerging dynamics of FGM and child marriage. The reviews will be done by the Anti-FGM Policy Officer in collaboration with Anti-FGM Committees at the county, sub-county and ward levels.

[24] Objective to Protect (O2P) Project was implemented by Plan Tharaka. The evaluation of O2P was conducted in 2017/2018 and covered Tharaka North, Tharaka South and Igamban'gombe sub-counties where FGM is prevalent.

ANNEXES

Annex 1: Anti-FGM Policy Implementation Matrix

Objectives	Policy Statements	Priority Actions	Indicators	Actors	Y1	Y2	Y3	Y4	Y5
To create awareness to the community aimed at accelerating abandonment of FGM	Provide civic education to the community to accelerate abandonment of FGM	Create awareness to young men, parents, grandmothers, traditional circumcisers and government officers who in one way or another perpetuate FGM	Knowledgeable community on the adverse effects of FGM	Anti-FGM committees, Village Ant-FGM committees, TOTs Department of Interior (Chiefs/Assistant Chiefs), media, NGOs/CSOs and FBOs					
		Seek collaboration of Kenya Institute of Curriculum Development (KICD) to develop relevant anti-FGM information, education and communication (IEC) materials	IEC materials developed	Anti-FGM Committees, TOTs, Depts of Culture and Gender, and Dept of Education					
		Support dissemination of IEC materials to learning institutions, health facilities, churches, mosques, communities and non-state actors	IEC materials distributed to the right institutions/organizations	Anti-FGM Committees, Village Ant-FGM Committees, Chiefs and CHVs and TOTs					
		Create awareness to health workers and traditional birth attendants (TBAs) on dangers and illegality of medicalization of FGM	Number of health workers and TBAs reached by awareness creation	Anti-FGM Committees, Village Ant-FGM Committees, Chiefs, CHVs, TOTs, County Health Services and Dept of Education					
		Foster engagement with the political leadership at all levels to advocate strengthen anti-FGM programs	Number and type of politicians reached	Anti-FGM Committees, Dept of Culture and Gender, and Dept of Public Service, Administration and Devolution					
		Use mainstream media and social media platforms such as WhatsApp, Facebook, Twitter, Instagram, blogs and websites to enlighten the public and report on FGM and child marriage	Type of media used to report on FGM and child marriage	Anti-FGM Committees, media, NGOs and FBOs					

		Support airing of anti-FGM messages on Kimeru radio stations during Prime News when most of the radio listeners are at home	Number of FGM messages aired on radio during prime news	Anti-Committee, Media, NGOs and FBOs.					
		Support folk media and creative arts such as drama, poetry, music and dance to convey life changing messages on FGM and child marriage;	Number of folk media and creative arts groups formed. Number of media performances conducted.	Anti-FGM Committees, media, community and folk media groups.					
		Work with clergy to integrate relevant messages on FGM into religious sermons and teachings	Number and type of messages integrated into religious sermons and teachings	Anti-FGM Committees and FBOs					
		Involve young men who are potential husbands in creating awareness on dangers and illegality of FGM;	Number of young men involved in awareness creation on FGM	Anti-FGM Committees, young men, TOTs, NGOs and FBOs					
		Promote life changing messages through t-shirts, posters and billboards. Such messages should include: "I am smart because I am whole…I don't like the circumcision tool."	Number and type of promotion method used	Anti-FGM Committees, Village Committees, community (children, youth), NGOs and FBOs					
	Support alternative rite of passage that are consistent with the law and cultural values	Strengthen and popularize alternative rite of passage which is locally known as "ntanira na mugambo" and other local mentorship programs for young people	Improvement in content ARP curriculum. Number of girls undergoing through ARP programs.	Anti-FGM Committees, Village Committees KICD, CBOs, NGOs/CSOs, FBOs, Anti-FGM Board and community					
		Ensure only girls of the right age undergo ARP	Age of girls undergoing ARP	Anti-FGM Committees, Village Committees, community, girls, NGOs/CSOs, CBOs and FBOs					
		Support the meaningful participation of boys and girls in prevention of FGM by reaching out to those in and out of school through seminars, workshops and other methods	Number of boys reached (in school and outside school) Number of girls reached (in school and outside school)	Anti-FGM Committees, Village Committees, community, girls, NGOs/CSOs, CBOs, FBOs and Dept of Education					
		Ensure the curriculum developed in collaboration with KICD is used in mentoring girls undergoing	Number of ARP forums using the newly developed	Anti-FGM Committees, Village Committees					

		alternative rite of passage	curriculum	KICD, CBOs, NGOs/CSOs, FBOs, Anti-FGM Board, community and Dept of Education					
Objectives	**Policy Statements**	**Priority Actions**	**Indicators**	**Actors**	**Y1**	**Y2**	**Y3**	**Y4**	**Y5**
To ensure survivors of FGM and child marriage receive necessary medical treatment and psychosocial support and are assisted to access justice	Ensure access to medical treatment and psychosocial support to FGM and child marriage survivors	Ensure access to quality medical treatment and psychosocial support for FGM and child marriage survivors	Number of county health facilities providing quality medical treatment and psychosocial support to FGM and child marriage survivors Number of FGM and child marriage survivors who have accessed quality medical treatment and psychosocial support	Anti-FGM Committees, Village Anti-FGM Committees, County Health Services, CHVs, NGOs and FBOs					
		Ensure county health personnel in all county health facilities are trained on how to treat and manage FGM complications;	Number of county health personnel trained on FGM complications	Anti-FGM Committees, Village Anti-FGM Committees, County Health Services, CHVs, NGOs and FBOs					
		Ensure county health facilities have community outreach programs that educate women and girls on complications of FGM	Number of county health facilities with outreach programs on FGM Number of outreach visits made to educate women and girls on complications of FGM	Anti-FGM Committees, Village Anti-FGM Committees, County Health Services, CHVs, NGOs and FBOs					
		Establish an effective FGM referral system with national level institutions such as Gender Violence Recovery Centre (GVRC) of Nairobi Women Hospital, Kenya National Hospital and Kenyatta University Hospital.	Names of national level health institutions in which effective referral system is established Number of referrals made	County Anti-FGM Committee, Secretariat, County Health Services, national level referral institutions, CHVs and community					
		Come up with a law that allows young girls to be checked in the county health facilities for pregnancy and FGM at predetermined intervals.	Enactment of the county law on testing of girls on FGM and pregnancy.	Anti-FGM Committee, Village Anti-FGM Committees, County					

				Assembly, County Health Services and community					
		Identify girls and women living with FGM complications and provide them with specialized medical treatment and where necessary psychosocial support.	Number of girls and women identified living with FGM complications Number of girls and women identified who received medical treatment	Anti-FGM Committees, Village Anti-FGM Committees, Administration (Chiefs), CHVs, community and County Health Services					
		Come up with programs for rehabilitation and reintegration of FGM perpetrators.	Type of programs for rehabilitation and reintegration using the said programs Number of FGM perpetrators rehabilitated and reintegrated using the said programs	Anti-FGM Committees, Village Anti-FGM Committees, Administration (Chiefs), NGOs, FBOs, CHVs and community					
	Establish a rescue centres and facilitate access to justice for FGM and child marriage survivors.	Come up with a law that establishes rescue centres in rural areas where FGM and child marriage are prevalent to provide temporary shelter to survivors of FGM and child marriage. These centres will have adequate budgets to able to provide all the amenities and employ qualified staff able to provide psychosocial support as well as experiential learning to survivors of FGM and child marriage	Number of rescue centres established. Quality of service provided at the established rescue centres	Anti-FGM Committees, Village Anti-FGM Committees, Dept of Finance CBOs, NGOs/CSOs, FBOs, development partners and Administration (Chiefs)					
		Ensure FGM and child marriage survivors are reintegrated into the community after their recuperation at rescue centres;	Number of survivors reintegrated into their communities	Anti-FGM Committees, Village Anti-FGM Committees, Dept of Finance CBOs, NGOs/CSOs, FBOs, development partners and Administration (Chiefs).					
		Recruit and train volunteers on paralegal, counseling and first aid issues to render pro bono services at the rescue centres.	Number of volunteers recruited and trained on paralegal, counseling and first aid	Anti-FGM Committees, County Health Services, TOTs, community and CHVs					

Objectives	Policy Statements	Priority Actions	Indicators	Actors	Y1	Y2	Y3	Y4	Y5
To strengthen the existing multisectoral coordination, collaboration, partnerships and networking for eradication of FGM	Support a multisectoral approach in the implementation of anti-FGM interventions.	Constitute anti-FGM committees at county, sub-county and ward levels.	Anti-FGM committees constituted at the county, sub-county and ward levels	County department concerned with culture and gender in collaboration with other relevant depts. Of county and national government					
		Support capacity building of Trainer of Trainers (TOT) on FGM.	Number of TOTs whose capacity on FGM has been built	Anti-FGM Committees					
		Strengthen exiting community structure such as nyumba kumi, community health volunteers (CHVs), area managers, youth volunteers, njurincheke and *gaaru* of Tharaka in child detection and reporting of FGM and child marriage;	Strong community policy structures able to function effectively.	Ant-FGM Committees, Village Anti-FGM Committees, TOTs, NGOs/CSOs, CBOs, FBOs, CHVs and community					
		Enhance the capacity of religious organizations leaders to champion eradication of FGM.	Capacity of religious leaders enhanced.	Anti-FGM Committees, TOTs, NGOs/CSOs and FBOs					
		Support the establishment of a system for anonymous reporting of FGM to be managed by Sub-county Anti-FGM committee;	System for anonymous reporting established.	Anti-FGM Committee, Village Anti-FGM Committees, national administration (Chiefs), Sub-County Administration and community					
		Enhance the capacity of relevant institutions to be able to prevent and respond to FGM.	Capacity of relevant institutions to prevent and respond to FGM enhanced.	Anti-FGM Committees, TOTs, CBOs, NGOs/CSOs, FBOs, CHVs and community					
		Involve people with the right mix of skills and experience in alternative rite of passage with aim of providing them with experiential education to the young girls	Type of people contacted with right mix of skills and experience involved in ARP	Anti-FGM Committees, professionals and experts in various fields, reformed champions, NGOs/CSOs and FBOs					

		Develop standards and guidelines to regulate FGM response across sectors.	Standards and guidelines developed.	Anti-FGM Committees, relevant depts. Of county and national government, Anti-FGM Board, Maendeleo ya Wanawake, CBOs, NGOs/CSOs and FBOs					
		Provision of a free and accessible channel to air complaints of FGM survivors.	Channel to air complaints of FGM for FGM survivors provided. .	Anti-FGM Committees, community, national administration (Chiefs), sub-county Administration, CBOs, Police, Media, ODPP, Judiciary, NGOs/CSOs and FBOs					
Objectives	**Policy statements**	**Priority Actions**	**Indicators**	**Actors**	**Y1**	**Y2**	**Y3**	**Y4**	**Y5**
To address gender inequality associated with FGM by promoting the empowerment of girls and women	Equip girls and women with the necessary skills as a way eradicating FGM and child marriage	Support female circumcisers to come up with alternative sources of income.	Female circumcisers provided with other sources of income	Anti-FGM Committees, Dept of Culture and Gender, Dept of Social Services, Dept of Finance, Dept of Entrepreneurship , NGOs/CSOs, FBOs and development partners					
		Reintegrate into the community reformed FGM practitioners including female circumcisers, parents of the survivors and witnesses;	Number of FGM practitioners reintegrated into the community	Anti-FGM Committees, Village Ant-FGM Committte, Chiefs, sub-county administration, CHVs, community, CBOs, NGOs and FBOs					
		Provide economic empowerment to the vulnerable members of the community such as PWDs in areas prone to FGM and child marriage such as Kathangachini and Kajuki;	Number of vulnerable members of community who have been economically empowered	Anti-FGM Committees, Village Ant-FGM Committte, Chiefs, sub-county administration, CHVs, community, CBOs, NGOs and FBOs					
		Educate girls and women on health complications and socioeconomic effects of FGM.	Number of girls and women who have been educated on health complications	Ant Anti-FGM committees, Village Anti-FGM Committees, TOTs, County					

			of FGM	Health Services, CHVs, CBOs, NGOs/CSOs, FBOs and community					
		Sensitize men and boys to appreciate the value of education for women and girls	Number of sensitization as seminars/workshops/awareness creation held with boys/men	Ant Anti-FGM committees, Village Anti-FGM Committees, Dept of Education, TOTs, County Health Services, CHVs, CBOs, NGOs/CSOs, FBOs and community					
		Promote media awards with regard to FGM coverage and reporting.	Number of media awards awarded with regard to FGM coverage and reporting	Anti-FGM committees, media, CBOs, NGOs/CSOs and FBOs.					
		Come up with a mechanism to ensure girls remain in school by providing them with sanitary towels, meals and other support services.	Mechanism in place to ensure girls is provided with sanitary towels and other necessary support.	Anti-FGM Committee, Village Anti-FGM Committees, Dept of Education, schools, NGOs, FBOs and community.					
		Come up with an annual award to recognize anti-FGM crusaders	Number of recipients of annual award to recognize FGM crusaders	Ant Anti-FGM committees, Village Anti-FGM Committees, Dept of Education, TOTs, County Health Services, CHVs, CBOs, NGOs/CSOs, FBOs and community					
Objectives	**Policy Statements**	**Priority Actions**	**Indicators**	**Actors**	**Y1**	**Y2**	**Y3**	**Y4**	**Y5**
To promote community dialogues in the campaign against FGM	Establish and strengthen structures that facilitate dialogues on FGM at community level	Ensure promotion of community-driven dialogues on FGM and child marriage	Community-driven dialogues in place.	Anti-FGM committees, Village Anti-FGM Committees, media, CHVs, Chiefs, sub-county administration, CBOs, NGOs/CSOs and FBOs and community					
		Encouraging formation of community-driven anti-FGM groups in villages where FGM is prevalent	Community-driven anti-FGM groups in villages where FGM is prevalent formed and	Anti-FGM Committees, community, CBOs, NGOs and FBOs					

			functioning.						
		Involve and build capacity of young men to enable them to be in the frontline in the campaign against FGM and child marriage;	Number of young men whose capacity has built to enable them to be in the frontline against FGM and child marriage	Anti-FGM Committee, Village Anti-FGM Committees, CHVs, community, CBOs, NGOs/CSOs and FBOs.					
		Involve people living with disabilities (PWDs) and other disadvantaged groups in the community in the fight against FGM.	Number of PWDs and other disadvantaged groups involved in the fights against FGM	Anti-FGM Committee, Village Anti-FGM Committees, CHVs, community, CBOs, NGOs/CSOs and FBOs.					
		Initiate intergenerational dialogues on Kimeru FM radio stations and other forums where children shall engage on debate with elders on FGM and child marriage	Intergeneration al dialogues on Kimeru FM radio stations and other forums initiated.	Anti-FGM Committee, Village Anti-FGM Committees, media, CHVs, community, CBOs, NGOs/CSOs and FBOs.					
Objectives	**Policy Statements**	**Priority Actions**	**Indicators**	**Actors**	**Y1**	**Y2**	**Y3**	**Y4**	**Y5**
To set up a robust data, information and knowledge management system to aid in research analysis and reporting of dynamics of FGM	Support research, information and knowledge management on FGM	Conduct baseline survey at the start of the policy to establish the baseline for FGM and child marriage;	Baseline Report with baseline indicators and data	Anti-FGM Committees, Village Anti-FGM Committees, consultant, community, CBOs, NGOs/CSOs and FBOs					
		Conduct mid-term evaluation of the policy after 3 years of its implementation	Mid-term evaluation report	Anti-FGM Committees, Village Anti-FGM Committees, consultant, community, CBOs, NGOs/CSOs and FBOs					
		Conduct end-term evaluation of the policy after 5 years of its implementation	End-term evaluation report	Anti-FGM Committees, Village Anti-FGM Committees, consultant, community, CBOs, NGOs/CSOs and FBOs					

		Support the development of a databank on FGM and child marriage which will contain harmonized data from the actors in the county;	Data Bank on FGM.	Anti-FGM Committees, relevant depts and agencies of county and national government, CBOs, NGOs/CSOs, FBOs, development partners (donors) and community					
		Enhance collaboration with research, academic and government agencies such as Anti-FGM Board, National Council of Children Services, Department of Children Services, Child Welfare Society of Kenya and relevant non-profit organizations with aim of sharing and exchange of knowledge and best practices on FGM and child marriage	Number and names of institutions/organizations whose collaboration has been enhanced.	Anti-FGM committees, Dept of Devolution/Inter-governmental relations, relevant county and national government depts and agencies					
Objectives	Policy Statements	Priority Actions	Indicators	Actors		**Y2**	**Y3**	**Y4**	**Y5**
To ensure survivors of FGM and child marriage receive necessary medical treatment and psychosocial support and are assisted to access justice	Ensure access to medical treatment and psychosocial support to FGM and child marriage survivors	Come up with a county anti-FGM law that provides for stiff penalties greater than those provided by the Anti-FGM Prohibition Act of 2011 and other national laws	County anti-FGM law in place	Ant-FGM Committees, Village Anti-FGM Committees, CUAs and community					
		Come up with a fund to support children of the parents jailed for practising FGM or facilitating child marriage;	Fund to support children of parents jailed for practicing/facilitating FGM in place	Anti-FGM Committees, Dept of Finance, NGOs/CSOs, FBOs, private sector and development partners					
		Collaborate with judicial justice system to ensure prompt and quality investigations and prosecution of the perpetrators of FGM and child marriage	Collaborate with judicial justice system on matters FGM established	Anti-FGM Committees, Judiciary, Police, ODPP, NGOs/CSOs and FBOs					
		Build collaboration with legal institutions such Law Society of Kenya, Kituo Cha Sheria and FIDA-K to provide free legal representation (provide pro bone services) to survivors of FGM and child marriage;	Collaboration with legal institutions such Law Society of Kenya, Kituo Cha Sheria and FIDA-K to provide free legal	Anti-FGM Committees, Judiciary, Police, ODPP, NGOs/CSOs, FBOs and relevant organizations (FIDA-K,					

			established	Kituo Cha Sheria and LSK)					
		Support continuous training of law enforcement agencies on how to deal with FGM and child marriage cases	Number of trainings held with law enforcement agencies on how to deal with FGM and child marriage	Anti-FGM Committees, Judiciary, Police, ODPP, Prisons, Probation Services, Children Services, Correctional Services, Administration (Chiefs), NGOs/CSOs, FBOs and County Health Services					
		Educate community members on anti-FGM laws and their penalties as well as the legal process and what is expected of them.	Educated /enlightened community members on anti-FGM laws and their penalties as well as the legal process and what is expected of them	Anti-FGM Committees, Judiciary, Police, ODPP, Prisons, Probation Services, Children Services, Correctional Services, Administration (Chiefs), NGOs/CSOs, FBOs and County Health Services					

Key: Y=Year

This policy, Anti Female Genital Mutilation Policy for Tharaka Nithi County, has been developed by the Government of Tharaka Nithi County, Department of Education, Youth, Culture, Sports and Tourism in Partnership with Plan International and Government of Kenya.