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A Society free from female genital mutilation

Prevalence of FGM in Kenya

The Kenya National Bureau of Statistics is the official Government Agency mandated to conduct research and generate FGM data through the Kenya Demographic and Health Survey (KDHS). The primary objective of the KDHS is to provide up-to-date demographic health and nutrition indicators to guide the planning, implementation, monitoring and evaluation of population and health related programs at the national and county levels. According to the KDHS the prevalence of FGM in Kenya has been on the steady decline. Statistics from the Kenya Demographic and Health Surveys indicate that the prevalence of FGM in Kenya in 1998 was 38%, 2003-32%, 2008-2009-27%, 2014-21% and 2022-15%

Root causes and Factors Contributing to FGM

Rite of passage

Religious beliefs

Social norms

Economic gains

Marriageability

Peer pressure

Poverty

Myths and misconceptions

Measures and approaches undertaken to ban female genital mutilation and/or enforce existing legislation criminalizing the practice.

Programme	Remarks and Achievements
Awareness creation and advocacy on the effects of FGM and the existing legal and policy framework on FGM	The Board has created awareness in over 22 hotspot counties thus reaching over 20,000 resource persons and duty bearers.
Capacity building of the County and Sub-County Anti-FGM Steering committees and holding of quarterly meetings.	To enhance coordination, collaboration and partnership with state and non-state actors. The Board was able to launch 29 Sub-County Anti-FGM Steering committees and supported all the County Anti- FGM Steering committees in the 22 FGM hot spot counties to host quarterly meetings to take stock on the achievements, challenges and lessons learnt. The steering committees have enhanced community participation in interventions design, implementation, monitoring and evaluations.
Launch and capacity building of the Youth Anti-FGM Network	It is the young generation who will end FGM. They are educationally empowered and are receptive to change. Many do not subscribe to social norms that propagate harmful practices and gender inequalities. The Board has therefore consistently engaged the young people providing them with the platform to amplify their voices. The Board has re-launched Youth Anti-FGM Network the National Chapter.

<p>Dialogue forum with the Elders</p>	<p>FGM is a social norm issue in many communities. The engagement of elders as custodians of culture is meant to win their support in making declarations of ending FGM among their communities. The Board has therefore had dialogue forum with elders from various communities with a view to winning their commitments to end FGM. such communities include; Maasai, Kipsigis, Samburu, Kalejin enders in Baringo, Kuria, Pokot and Sabaot in Mt. Elgon. Such engagements have yielded to declarations by various communities including the Kisima Declaration by the Samburu Community to end FGM and Child Marriage, the Pokot Declaration, the Kuria Commitment. The Board also has organized various exchange programmes among the elders to cross pollinate their commitments and approaches towards making declations.</p>
<p>Media engagement (mainstream media and Digital media)</p>	<p>The Board uses all types of media channels to create awareness on the effects of FGM. These includes Digital Media, Print and Electronic Media and mostly advocates for community/vernacular radio stations facilitated by local champions and role models. Consequently, the Board has reached over 25 million people with Anti-FGM message across all the platforms.</p>
<p>Engagement with the health care workers and community Health workers.</p>	<p>The engagement is aimed at curbing medicalization of FGM which is one of the emerging trends in the practice of FGM. The Board has therefore consistently worked</p>

	<p>closely with the Ministry of Health in Counties by including the Director of Health and Sub- County Health Officers in the Steering Committees. The Board has also partnered with over 200 Community Health Promoters to mainstream Anti-FGM Campaign in community health a promotion.</p>
<p>Engagement with religious leaders</p>	<p>To disassociate FGM from religion and derive modalities of mainstreaming anti-FGM programmes in churches and mosques the Board has engaged Muslim Scholars, Madrasa teachers and Duksis in Wajir, Mandera, Tana-River, Garissa, Isiolo and Marsabit Counties. The Board has also included religious leaders such in the County and Sub-County Anti-FGM Steering Committees</p>
<p>Training and recognition of Anti-FGM champions</p>	<p>To create a critical mass of community members to be champions against FGM and become community facilitators and resource persons. Since May 2021 Board together with KSG, partnered and trained 130 Anti-FGM Champions from the FGM hot spot counties. The champions are individual who have immensely contributed to the campaign against FGM at community level. This training would enlighten the officers and resource persons tasked with the responsibility to implement the Prohibition of Female Genital Mutilation Act, 2011 at the community and organizational level with the requisite capacity to objectively campaign against the practice and henceforth transform</p>

	the lives of women and girls and ultimately entire communities.
Capacity building of universities and colleges students	To create a critical mass of young people to be able to share knowledge about FGM and end it in their generation the Board has engaged over 2000 college and university students across the the 22 FGM hot spot Counties to establish Anti-FGM networks in their institutions.
Dissemination of IEC materials	IEC material bare anti-FGM messages meant to create awareness. The Board has therefore disseminated over 5000 IEC Materials to enhance Anti-FGM Message
Community Based Organizations (Civil societies) conferences	Grassroot organizations are better placed to understand the dynamics and challenges of FGM at community levels. Conferences are exchange forum. Sharing experiences, challenges, lessons and developing a common understanding. The Board has therefore brought together community-based organizations from all the 22 hot spot counties to galvanize their efforts and enhance coordination among grass root and frontline actors implementing Anti-FGM interventions. This has also improved on reporting and rescue of girls at risk of FGM
Enhanced Movement building especially on survivors	Establishment of survivor's forum, Youth Anti-FGM networks in 22 FGM hot spot Counties. Network of champions and civil societies to amplify the campaign against FGM.

	<p>The Board reached over 700 survivors of FGM during the 2024 International Day of Zero Tolerance for FGM to enhance the 2024 theme of investing in survivors led movements to end FGM. the Board established survivors’ network in Marsabit, Nyamira, Bomet, Elgeyo-Marakwet, Tharaka-Nithi, Kajiado and Meru Counties. The survivors have also been capacity build on the existing government affirmative action funds such as uwezo fund, Hurler Fund and Women Enterprise fund. This is in Line with the Government Agenda on BETA.</p>
<p>Dissemination of Key Strategic Documents such as Guideline to Alternative Rite of Passage. Guidelines to Community Dialogues, Handbook for Eradicating FGM, Tool Kit for Editors and Journalists on FGM, Guideline engaging men and Boys to end FGM</p>	<p>Used for creating awareness, capacity building of resource persons, resource and reference materials on FGM for communities, civil societies, learning institutions, peer educators and role models. As a result, the Board distributed over 5000 Strategic Documents to communities.</p>
<p>Policy and legal frameworks.</p> <p>Prohibition of FGM Act, 2011 The Constitution of Kenya 2010 The Children’s Act, 2022</p>	<p>For enforcement and legal approaches, the Board has worked closely with the court users committee members during awareness creation platforms and National Government Administration Officers in enforcing the law. The Board has also engaged the Directorate of Public Prosecution in capacity building resource persons and duty bearers on the provisions of the law and referral pathways. The ODPP has also developed Standard Operating procedures on</p>

	<p>FGM and Established a special Unit to handle FGM cases. The Board has also provided technical support to various counties to Develop County specific policies to end FGM and Action plans. These counties include Narok, Marsabit, Kisii, Migori, Narok, Tharaka-Nithi and Garissa.</p> <p>Kenya is also to a signatory to a number of regional and international legal instruments that prohibit FGM and other forms of Harmful practices.</p>
<p>Presidential directives and political Goodwill</p> <p>The presidential directive to end FGM by 2022 and the inclusion of end FGM in the Kenya Kwanza Government Manifesto under women Agenda</p>	<p>The Presidential Directive to end FGM by 2022 attracted more partners and focus on the campaign against FGM. The Kenya Kwanza Government has included end FGM in Kenya agenda in its Plan under the Women Agenda by committing to enhance financial support to the Board and full implementation of the Prohibition of FGM Act, 2011 and other laws that prohibit FGM.</p>
<p>Observing International Days that protect women and girls.</p>	<p>The Board has been in the forefront to observe all international days that advocate for the rights of women and children including 16 Days of Activism Against GBV, International Day of Zero Tolerance to FGM. Day of the African Child, International Day of the Girl, International Day of Women and International Day of Widows and Orphans. The Board used these important days to create awareness through public and media engagements on the consequences of FGM and the existing legal and policy frameworks.</p>

<p>Cross Border FGM</p>	<p>Kenya had sufficient legislative and policy frameworks that prohibit cross border FGM. This is well captured in the Prohibition of FGM Act 2011 that has set the penalty for cross border FGM. The Board has always engaged enforcement officers and non-state actors from neighbouring countries to jointly derive interventions to curb cross border FGM. Kenya has also alongside Tanzania, Uganda, Ethiopia, and Somalia developed a Cross Border Action Plan to End Cross Border FGM.</p>
<p>Measures and approaches undertaken to address female genital mutilation in complex emergencies and protracted crises.</p>	<p>Coordinated by the Anti- FGM Board the Board has formed a multi-agency technical team comprising of members from various Ministries, Departments, Agencies, Counties and community led CBOs involved in rescuing girls, supporting and reporting of cases of FGM during emergencies such as drought and pandemics. The Board is also in the process of developing the Pasha APP that when finalized will be used to capture FGM Cases as they happen in real time. FGM cases and other forms of GBV can also be reported and addressed through 1195 and 116 toll free lines.</p>

Challenges

- i. Inadequate data thus affecting policy decisions.
- ii. Inadequate Monitoring and Evaluation systems.
- iii. Inadequate safe spaces for girls facing the risk of FGM
- iv. Humanitarian crisis such as Covid 19, drought and hunger also contribute to putting girls more at risk of FGM.
- v. Inadequate human and financial resources.

- vi. Prosecution of the perpetrators is limited by lack of sufficient evidence in some cases, and long process of court cases.
- vii. Entrenched social norms that perpetuate FGM
- viii. Difficulty of hard-to-reach populations especially in remote areas due to inaccessible roads and insecurity.
- ix. The absence of County Anti-FGM policies and action plans to guide against FGM has hindered implementation of proper interventions in ending FGM.
- x. Poor coordinated mechanisms of implementation of interventions
- xi. Emerging trends in the practice of FGM such as Secrecy, Medicalization, change of cut and cross border FGM.

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1. Provide information on financing made available, including to survivor-led movements, to address and prevent female genital mutilation, if available.