



REPUBLIC OF KENYA

MINISTRY OF DEVOLUTION AND PLANNING



ANTI - FGM BOARD



STRATEGIC PLAN (2014-2018)



REPUBLIC OF KENYA



ANTI - FGM BOARD

ANTI-FEMALE GENITAL MUTILATION BOARD

STRATEGIC PLAN (2014-2018)

MISSION

To uphold the dignity and empowerment of girls and women in Kenya through coordination of initiatives, awareness creation and advocacy against FGM

VISION

A society free from female genital mutilation

TAGLINE

Pamoja
Tukomeshe
Ukeketaji

CORE VALUES

1. Honesty and Integrity
2. Efficiency and Effectiveness
3. Innovation and Creativity
4. Inclusiveness
5. Professional Work Ethics, Teamwork and Excellence
6. Accountability and Transparency

Table of Contents

Foreword	v
Acknowledgements	vi
Abbreviations and Acronyms	vii
Executive Summary	viii
CHAPTER ONE: BACKGROUND INFORMATION	1
1.0 Introduction	1
1.1 Anti-FGM Board	1
1.1.1 Composition of the Board	1
1.1.2 Functions of the Board	1
1.1.3 Board Secretariat	2
1.1.4 Vision	2
1.1.5 Mission	2
1.1.6 Core Values	2
1.2 Rationale for Preparing the Strategic Plan	2
1.3 Linkage with the Kenya Vision 2030, its Second Medium Term Plan and other Policies	3
1.4 Key Challenges Facing Empowerment of Women and Girls in Kenya	3
1.5 Organization of the Strategic Plan	4
CHAPTER TWO: SITUATIONAL ANALYSIS	5
2.0 Introduction	5
2.1 Female Genital Mutilation	5
2.2 Coordination of Anti-FGM Efforts	8
2.3 SWOT Analysis	8
2.4 PESTEL Analysis	9
2.5 Stakeholder Analysis	11
CHAPTER THREE: STRATEGIC MODEL	13
3.0 Introduction	13
3.1 Strategic Themes, Objectives and Strategies	13
CHAPTER FOUR: IMPLEMENTATION OF THE STRATEGIC PLAN AND INSTITUTIONAL STRUCTURE	15
4.0 Introduction	15
4.1 Structure of the Board	15
4.1.1 Board's Membership	15
4.1.2 Board's Secretariat	15
4.1.3 Authorised Staff Establishment	16

4.2 Resources	17
4.3 Financial Requirements.....	17
4.4 Strategies for Resource Mobilization	18
4.5 Government Funding.....	18
4.6 Development Partners	18
4.7 Risk Management	18
CHAPTER FIVE: MONITORING, EVALUATION AND REPORTING.....	21
5.0 Introduction	21
5.1 Importance of Monitoring and Evaluation.....	21
5.2 Monitoring and Evaluation Framework	22
5.3 Reporting	22
ANNEX 1: Authorised Staff Establishment.....	23
ANNEX 2: Organisational Structure of the ANTI-FGM Board.....	24
ANNEX 3: Strategic Plan Implementation Matrix	25
ANNEX 4: FGM PREVALENCE RATES IN KENYA BY REGIONS FGM IN KENYA.....	30

List of Tables

Table 2-1: SWOT Analysis.....	9
Table 2-2: PESTEL Analysis.....	10
Table 2-3: Stakeholder Analysis.....	11
Table 3-1: Strategic Objectives and Strategies.....	13
Table 4-1: Authorized Staff Establishment.....	16
Table 4-2: Resource Requirements	18
Table 4-3: Risks and Mitigation Measures.....	19

Foreword



Hon. Dr. Linah Jebii Kilimo
Chairperson

Female genital mutilation (FGM) is a cultural practice associated with immediate and long-term health and physical complications. It also contributes to the disempowerment of girls and women. Arising from this, many nations across the world have formulated policies aimed at eradicating the practice.

Kenya has not been left behind in efforts towards the eradication of this practice. The enactment of the Prohibition of Female Genital Mutilation Act, 2011 provides a legal framework for its eradication in the country. The Act establishes the Anti-FGM Board that is mandated to design, supervise and coordinate campaigns for the eradication of the practice in Kenya.

This strategic plan has been prepared to guide the Board's programmes and activities for the next five years. The strategic themes identified and the corresponding objectives and activities will guide the Board in attaining its vision and mission.

I wish to emphasize that this plan is a statement of intent. Its key strategic themes will only be realized if it is effectively implemented. Responsibility for the execution of the strategies therefore rests with all stakeholders.

I sincerely thank the members of the Board, the Chief Executive Officer, the staff and all stakeholders who participated in the formulation of this Strategic Plan for their ideas and commitment.

Hon. Dr. Linah Jebii Kilimo
Chairperson
Anti-FGM Board

Acknowledgements



Jane Mwereru
Ag. Chief Executive Officer
Anti-FGM Board

The Strategic Plan for the period 2014 – 2018 is the culmination of the collective wisdom of the Anti-FGM Board and its stakeholders.

The Board acknowledges the contribution of staff members who included Mr. Julius Musau, Mr. Paul Kilonzo, Ms. Christabel Adhiambo, Ms. Lucy Mong'ony, Mr. Jared King'oina, Mr. Shem Owala, Mr. Nixon Daria, Ms. Zuweina Salim and Ms. Anne Muthigani for their invaluable guidance and support during the development of this Plan.

I wish to express my sincere thanks to all the stakeholders for their effective participation and involvement. I also appreciate the expert input and the pivotal role played by economists from the Ministry of Devolution and Planning who included Mr. Benson K. Kimani, and Mr. Muleli Mutuku, and Mr. Samuel Kimote.

I further acknowledge staff of the State Department of Gender Affairs for their dedication and contribution towards the development of this Plan.

Special thanks go to the Board's Chairperson, Hon. Dr. Linah Jebii Kilimo for her leadership and support in the development of this Plan. On the same note, I wish to thank the members of the Board for their support.

Last but not least, I recognise UNFPA and UNICEF for funding stakeholder forums that provided critical input for this Plan.

The Board is looking forward for continued collaboration with all individuals and organizations that contributed to the development of this Plan.

A handwritten signature in blue ink, appearing to read 'Jane Mwereru', with a long horizontal line extending to the right.

Jane Mwereru
Ag. Chief Executive Officer
Anti-FGM Board

Abbreviations and Acronyms

AFGMB	Anti-Female Genital Mutilation Board
AIDS	Acquired Immune Deficiency Syndrome
ARP	Alternative Rites of Passage
CBO	Community Based Organisation
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CEO	Chief Executive Officer
COVAW	Coalition on Violence Against Women
CRC	Convention on the Rights of the Child
CSO	Civil Society Organisations
FBO	Faith Based Organisation
FGM/C	Female Genital Mutilation/Cutting
GBV	Gender Based Violence
GoK	Government of Kenya
HIV	Human Immunodeficiency Virus
IEC	Information, Education Communication
IRC	International Rescue Committee
ISO	International Organization for Standardization
KDHS	Kenya Demographic Health Survey
KICD	Kenya Institute of Curriculum Development
KIHBS	Kenya Integrated Household Budget Survey
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MoDP	Ministry of Devolution and Planning
MoEST	Ministry of Education, Science and Technology
MoPSYGA	Ministry of Public Service, Youth and Gender Affairs
MTEF	Medium Term Expenditure Framework
MTP	Medium Term Plan
ODPP	Office of the Director of Public Prosecutions
PESTEL	Political, Economic, Social, Technological, Environmental and Legal
SWOT	Strengths, Weaknesses, Opportunities, Threats
TBA	Traditional Birth Attendant
SDGs	Sustainable Development Goals
TNA	Training Needs Assessment
TOT	Trainer of Trainers
UNICEF	United Nations Children’s Fund
UNFPA	United Nations Population Fund
WHO	World Health Organization

Executive Summary

The Anti-Female Genital Mutilation Board is established by the Prohibition of Female Genital Mutilation Act, No. 32 of 2011. The functions of the Board are in line with the Constitution of Kenya and other relevant legislations that address the Board's core functions. The mandate of the Board broadly is to campaign for the eradication of FGM and advise the Government on related matters.

Vision, Mission and Core Values

The Board envisages "a society free from female genital mutilation." The Board's mission is to "uphold the dignity and empowerment of girls and women in Kenya through coordination of initiatives, awareness creation and advocacy against FGM."

In executing its mandate, the Board is committed to upholding the following core values:

- i. Honesty and Integrity
- ii. Efficiency and Effectiveness
- iii. Innovativeness and Creativity
- iv. Inclusiveness
- v. Professional Work Ethics, Teamwork and Excellence
- vi. Accountability and Transparency

Arising from the Board's mandate as outlined in the Prohibition of Female Genital Mutilation Act, the Board is organized into the following three Directorates;

- i. Finance & Administration,
- ii. Policy and Planning, and
- iii. Programmes.

The Directorate of Finance and Administration is responsible for budget preparation, implementation and preparation of final accounts. It is also responsible for the overall coordination and management of the human resource and administration in the Board.

The Directorate of Policy and Planning is responsible for the development and review of policies, monitoring and evaluation of anti-FGM policies, strategies and programmes, and undertaking research and surveys on the prevalence and socio-economic impacts of FGM.

The Directorate of Programmes is responsible for designing, planning and implementing anti-FGM programmes. It is also responsible for resource mobilization, liaising with implementing partners and preparation of progress reports on the anti-FGM programmes.

Strategic Themes and Objectives

The Board has identified six strategic themes to guide the implementation of its mandate during the Plan period. These are: Policy formulation and coordination; Awareness creation; Designing and coordination of anti-FGM programmes; Resource mobilization and coordination; Monitoring and Evaluation; and Institutional strengthening.

To address these strategic themes, the Board has formulated a number of strategic objectives and strategic activities.

These strategic objectives include: the review and development anti-FGM policies and strategies, building the capacity of stakeholders to act as agents of change, promoting change of attitude on FGM issues, promoting collaboration and partnerships with stakeholders on anti-FGM, enhancing the protection of the human rights of girls and women as envisaged in the constitution, national legal frameworks, and other regional and international conventions. Others are: benchmarking on policies and programmes on anti-FGM programming, improved mobilisation, utilisation and management of resources, tracking the implementation of anti-FGM policies and programmes, and enhancing organisational capacity.

Implementation, Monitoring & Evaluation and Reporting

The success of the implementation of this strategic plan will depend on how effectively the planned outputs and outcomes are monitored and evaluated. In this regard, a monitoring and evaluation system must be put in place to ensure that the strategic objectives are realised within the stipulated planning period.

Through the monitoring and evaluation system, the Board will ensure that identified strategic objectives, strategic activities, expected outcomes and targets are achieved and quarterly reports are prepared and presented.

Background Information

1.0 Introduction

This chapter discusses the formation, composition, functions, vision, mission, and core values of the Board, and the rationale for a Strategic Plan. It also discusses the linkages with Kenya Vision 2030, the second MTP and other policies, and key challenges that face the empowerment of girls and women.

1.1 Anti-FGM Board

The Anti-FGM Board is established by the Prohibition of Female Genital Mutilation Act, 2011. The Board is a body corporate with perpetual succession and a common seal, and shall, in its corporate name, be capable of suing and being sued, taking, purchasing or otherwise acquiring, holding, charging or disposing of movable and immovable property, borrowing money or making investments, entering into contracts, and doing or performing all other acts or things for the proper performance of its functions under this Act which may lawfully be done or performed by a body corporate.

In order to realize its objectives, the Board must be in a position to strategically focus on its functions and operations guided by the vision, mission and core values.

1.1.1 Composition of the Board

According to the Act, the Board consists of a Chairperson appointed by the President; three independent members appointed by the Cabinet Secretary; Principal Secretaries for the Ministries for the time being responsible for matters relating to gender, finance, health, education and youth affairs (or their representatives); and the Chief Executive Officer.

1.1.2 Functions of the Board

Section 5 of the Act stipulates the functions of the Board as follows:

- (a) Design, supervise and co-ordinate public awareness programmes against the practice of female genital mutilation;
- (b) Generally advise the Government on matters relating to female genital mutilation and the implementation of this Act;

- (c) Design and formulate a policy on the planning, financing and coordinating of all activities relating to female genital mutilation;
- (d) Provide technical and other support to institutions, agencies and other bodies engaged in the programmes aimed at eradication of female genital mutilation;
- (e) Design programmes aimed at eradication of female genital mutilation;
- (f) Facilitate resource mobilization for the programmes and activities aimed at eradicating female genital mutilation; and
- (g) Perform such other functions as may be assigned by any written law.

1.1.3 Board Secretariat

The Secretariat- administrative and managerial arm of the Board is headed by the Chief Executive Officer. It has 21 staff against an establishment of 59. Its offices are located at the Kenya Railways Staff Retirement Benefits Scheme Building, Southern Wing, Block D, 2nd Floor.

1.1.4 Vision

The Board envisions, "A society free from female genital mutilation".

1.1.5 Mission

The Board's Mission is, "To uphold the dignity and empowerment of girls and women in Kenya through coordination of initiatives, awareness creation and advocacy against FGM".

1.1.6 Core Values

The Board will uphold the following core values:

- i. Honesty and Integrity
- ii. Efficiency and Effectiveness
- iii. Innovativeness and Creativity
- iv. Inclusiveness
- v. Professional Work Ethics, Teamwork and Excellence
- vi. Accountability and Transparency

1.2 Rationale for Preparing the Strategic Plan

The Government of Kenya has embraced Strategic Planning with the objective of enhancing public service delivery. This follows the Government acknowledgement that strategic planning recognizes and indeed embraces the notion of target setting and timely implementation at Ministerial/ organizational, departmental, sectional and individual levels.

The Government is aware that strategic planning has potential for ensuring that organizations clearly identify on a priority basis all activities that are core and hence require budgetary resources. Further, a good strategic plan ensures clear future thinking and builds the commitment of management and staff to agreed goals. It also focuses on the organization's most critical challenges, the policy priorities, opportunities, and strategies on how to address challenges, achieve policy priorities, and take advantage of the opportunities.

The primary focus of the Government in embracing strategic planning is to deliver results for Kenyans. Eradication of harmful practices such as FGM is a key priority of the government. The Board's contribution is to ensure the implementation of the Prohibition of Female Genital Mutilation Act, 2011 through community education and advocacy.

It is in recognition of this enormous task that the Board has developed this Strategic Plan to systematically realise strategic objectives and prioritize its programmes.

The Plan will also serve the following purposes:

1. Stimulate forward thinking and establish future direction with regard to addressing FGM in the country,
2. Identify strategic objectives and strategies for implementation,
3. Serve as a tool for resource mobilization in the implementation of strategic objectives,
4. Promote cultural mind set change with regard to FGM, and
5. Enhance teamwork and collaboration with stakeholders.

1.3 Linkage with the Kenya Vision 2030, its Second Medium Term Plan and other Policies

Kenya's long-term development agenda is currently guided by the Kenya Vision 2030, which is aimed at transforming Kenya into a newly industrializing, middle income country, providing a high quality of life to all citizens in a clean and secure environment', as well as meeting the MDGs by 2015 and the SDGs by 2030.

The Vision 2030 is anchored on three Pillars; Economic, Social and Political which are supported by the Foundations/enablers. It is being implemented through a series of successive five-year MTPs. The first MTP covered the period 2008-2012 while the second MTP (MTP II) is for the period 2013-2017. The MTP II outlines the policies, programmes and projects that the Government plans to implement during the five year period. This Anti-FGM Board Strategic Plan is aligned to the Vision 2030 and MTP II.

Specifically, under the Gender, Youth and Vulnerable Groups sector of the Social Pillar, the MTP II targets to initiate public awareness campaigns against FGM, and early and forced marriages which will entail developing and implementing a national sexual and gender based violence policy and operationalizing the Prohibition of FGM Act, 2011.

1.4 Key Challenges Facing Empowerment of Women and Girls in Kenya

For a long time, women have faced various challenges which have impaired their participation in national development processes. Socio-cultural practices have contributed to the economic isolation of women. These practices deny many women the right to ownership of property and other productive assets as well as to their own sexuality.

Gender disparities in terms of access to education, retention in school, transition from one level of education to the other and academic performance remains one of the key challenges facing the girl-child in the country. These disparities may be attributed to various factors, among them, societal beliefs and practices. Many women, especially in rural areas, therefore, find themselves disadvantaged as a result of discriminatory and harmful cultural practices such as FGM. According to a survey conducted in 2006 on the well-being in Kenya,

women constitute 29% of those in formal wage employment. The low formal wage employment may be attributed to low education attainment and is one of the reasons for disparities in income. The report found that 50.8% of females are poor with 31.2% of poor households being female headed. (Report on wellbeing in Kenya, KIHBS, 2006).

To some extent, the above challenges are more pronounced in areas with high prevalence of FGM.

1.5 Organization of the Strategic Plan

This strategic plan is organized in five chapters. Chapter one provides an overview of the Board, her vision, mission and core values. It also gives the rationale for the plan. Chapter two highlights the situational analysis of FGM including definition and the types, the prevalence of the practice, SWOT, PESTEL and Stakeholder analyses. Chapter three discusses the strategic objectives while chapter four highlights the implementation of the strategic plan. It also identifies and analyses the potential risks and the strategies that will be employed to mitigate the risks. Chapter five is devoted to the monitoring and evaluation framework and includes the reporting mechanisms. There are also four annexes that provide information on the authorized staff establishment, the organizational structure of the Board, the implementation matrix and a map showing the prevalence of FGM respectively.

Situational Analysis

2.0 Introduction

This chapter highlights the definition and types of FGM, the prevalence of the practice, efforts in the eradication of FGM, SWOT analysis and a PESTEL scan on the environment under which this plan will be implemented.

2.1 Female Genital Mutilation

FGM, also referred to as female circumcision or female cut, comprises all procedures involving partial or total removal of the female genitalia or other injury to the female genital organs, or any harmful procedure to the female genitalia, for non-medical reasons.

The following are the classifications of FGM:

- **Type I or Clitoridectomy:** This is the partial or total removal of the clitoris or the prepuce.
- **Type II or Excision:** This is the partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.
- **Type III or Infibulation:** This is the narrowing of the vaginal orifice with the creation of a covering seal by cutting and appositioning the labia minora or the labia majora, with or without excision of the clitoris.
- **Type IV - Unclassified:** All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.

All types of FGM are associated with immediate and long-term complications. The immediate complications include severe pain, psychological trauma, tetanus, urine retention, urethral or obstetric anal damage, excessive bleeding and shock from haemorrhage. The long term health and physical complications may include urinary and bladder incontinence (fistula), recurrent urinary tract infections, lack of sexual stimulation and painful sexual intercourse, infertility, vaginal cysts and abscesses, blockage of menstrual flow and elevated risks of obstructed labour. The socialization process that accompanies the practice may also entrench gender ideologies and practices that contribute to the disempowerment of women.

The World Health Organisation (WHO) estimates that at least between 100 and 140 million girls and women worldwide have been subjected to FGM. Estimates based on the most recent prevalence data indicate that 91.5 million girls and women above nine years old in Africa are currently living with the consequences of FGM. There are an estimated 3 million girls in Africa at risk of undergoing FGM every year with some countries reporting over 90% prevalence.

During the past decade, the United Nations, various governments, international development agencies, international and national women's organizations and professional associations have formulated policies condemning the practice and developed guidelines and plans of action towards accelerating the elimination of FGM. In countries where the practice is prevalent, many governments and national leaders have publicly denounced the practice.

In Kenya, according to Kenya Demographic Health Survey (KDHS, 2014), the estimated prevalence of FGM in girls and women aged 15-49 years is 21%. This represents a steady decrease from 27.1% in 2008/09, and 32.2% in 2003. There are significant regional variations, with prevalence ranging from 0.8% in western Kenya region to over 97.5% in the north eastern part of the country (KDHS, 2014). The decline can be attributed to aggressive campaigns mounted by the government and non-governmental organizations in the recent past.

The practice of FGM in Kenya varies depending on ethnic group, cultural diversity as well as the type of FGM performed and the underlying reasons for practising it. For instance, Somalis who live predominantly in the north eastern region practise FGM at the rate of 97.7%, with 75% having undergone the most severe Type III (infibulation). The next highest prevalence is found among the Kisii (also known as the Abagusii) at 96.1% with the Maasai and Samburu following at 73.2%. The Kisii and Maasai practice Type I and Type II respectively. On the contrary, the Luhya and Luo have the lowest rates of less than 1%. The most common type of FGM is "flesh removal" which accounts for 83% of women who have been cut. Type III accounts for 13% while "nicked" or no flesh removed (Type IV) accounts for 2% (KDHS, 2008/09).

FGM is a deeply rooted cultural practice, although the reasons for practising it vary from one ethnic group to another. It is a manifestation of gender inequality that is deeply entrenched in socio - economic and political structures and it represents the society's control over women. For some communities such as the Ameru, Aembu and the Maasai, it is an important rite of passage. It is closely tied to marriageability among some ethnic groups, such as the Maasai and the Pokots. For the Somalis, FGM is linked to the concept of family honour and the need to preserve sexual purity. Among the Kisii, FGM is believed to be necessary to control women's sexual desires.

FGM is performed mostly on girls aged between 12 and 18 years. However, lately, some girls undergo cut between the ages of 7 and 12, and in some instances, even earlier (WHO, 2008). This observed decrease in the age at which girls undergo the cut is as a response to the banning the practice.

The proportion of women who have undergone FGM declines with age, indicating a decline in the popularity of the practice among the younger generations.

FGM is a form of gender based violence and has been recognized as a harmful practice and a violation of the human rights of girls and women. It subjects girls and women to torture, both physical and psychological and exposes them to inhumane, degrading treatment and at times results in death.

FGM has a negative impact on girls' education because the girls are taken out of school to be cut and healing takes several weeks, resulting in prolonged absence from school. Among some communities that consider FGM as a rite of passage into womanhood, the education of the girls ends immediately after the cut since such girls are married off. This therefore means that Anti-FGM programmes should focus on advocating for girls' empowerment through education.

In Kenya, efforts to eradicate FGM have been put in place through a number of legal frameworks. These include: Sessional Paper no. 1 of 2000 on Population Policy and Sustainable Development, Children's Act, 2001, the Penal Code, 2006, and the Prohibition of Female Genital Mutilation Act, 2011.

The Constitution of Kenya also reaffirms the government's commitment to protecting and promoting human rights and fundamental freedoms. Under the Bill of Rights, Article 44 (3) requires that a person shall not compel another person to perform, observe or undergo any cultural practice or rite. Article 53 1(d) stipulates that every child has the right to be protected from abuse, neglect and harmful cultural practices. Further, Article 55(d) states that the State shall take measures including Affirmative Action Programmes to ensure that the youth are protected from harmful cultural practices and exploitation.

Kenya is also a signatory to several international human rights conventions which provide a strong basis for the characterization of FGM as a violation of human rights. The obligates the country to eradicate harmful practices such as FGM under the Convention on the Elimination of Discrimination Against Women (CEDAW), Maputo Protocol, Beijing Platform for Action, African Charter on the Rights and Welfare of the Child and United Nations Convention on the Rights of the Child (UNCRC). For instance, under the Maputo Protocol, Article 2, 3 and 5 provide for the elimination of discrimination against girls and women, the right to dignity and the elimination of harmful practices respectively, while Article 23 (1) and Article 25 of the African Youth Charter requires state parties to enact and enforce laws that protect girls and women from all forms of violence, genital mutilation and elimination of harmful social and cultural practices respectively.

Eradication of FGM is also pertinent to the achievement of the Millennium Development Goals (MDGs), key among them: MDG 3 (promote gender equality and empower women); MDG 4 (reduce child mortality); MDG 5 (reduce maternal mortality) and MDG 6 (combat HIV/AIDS, malaria and other diseases). The implementation of MDGs was to end in 2015 and be replaced by Sustainable Development Goals (SDGs). The SDGs are a set of goals that were adopted in September, 2015 by the United Nations General Assembly (UNGA). They are an intergovernmental agreed set of goals relating to international development set to be achieved by the year 2030. They seek to realise human rights of all including achieving gender equality and empowerment of all women and girls. The SDGs comprise 17 goals with 169 targets covering a broad range of sustainable development issues, among them, ending poverty, zero hunger, good health and well-being, quality education, gender equality, peace, justice and strong institutions. FGM has been recognized as a key deliverable under the SDG 5.

These policies, strategies and initiatives call for stakeholders to promote legislation, public education, advocacy, media campaign, the empowerment of women and girls and access to reproductive health and other support services.

2.2 Coordination of Anti-FGM Efforts

Prior to the establishment of the Board, anti-FGM campaign efforts were coordinated by the Department of Gender and Social Development in the former Ministry of Gender, Children and Social Development. This Department initiated the development of the National Policy for the Abandonment of the FGM which gave rise to the Prohibition of FGM Act, 2011.

Other key players that have been engaged in efforts to eradicate FGM in the past at both national and community levels in Kenya include Development Partners such as UNFPA, UNICEF, World Bank, WHO, the Swedish International Development Agency (SIDA) and the Italian Embassy. Others are; the Norwegian Agency for Development Cooperation (NORAD), German Development Cooperation (GIZ), the Netherlands Embassy, and the Austrian Embassy. Civil Society Organizations such as NGOs, CBOs and FBOs have also participated in anti-FGM eradication efforts.

With the establishment of the Board, it is expected that all players, including Development Partners and Civil Society Organisations will be well coordinated and that the anti-FGM efforts will yield more success.

2.3 SWOT Analysis

During the development of this strategic plan, the Board undertook a Strengths, Weaknesses, Opportunities and Threats analysis. The analysis will provide insight that will enable the Board to take advantage of existing opportunities, build on its strengths and mitigate the effects of internal weaknesses and external threats. A summary of the SWOT Analysis is provided in Table 2-1:

Table 2-1: SWOT Analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> • The National Policy for Abandonment of FGM (2009) • The Prohibition of Female Genital Mutilation Act 2011 • Existence of the Anti-FGM Board and Secretariat • Top management commitment from both the Board and the Government • Existence of an enlightened group among the communities that practice FGM, who can be used as champions against the practice • Existence of education tools and visual apparatus for dissemination of information for public awareness • Kenya is a signatory to conventions aimed at eradicating FGM 	<ul style="list-style-type: none"> • Limited resources in terms of budgetary allocation, infrastructure, human resources and equipment • Inadequate monitoring and evaluation systems • Inadequate child protection systems (rescue centres, psycho-social support services and reintegration mechanisms) • Inadequate capacity/skills to implement anti-FGM programmes • Inadequate data (lack of disaggregated data) • Difficulties in covering the vast geographical areas
Opportunities	Threats
<ul style="list-style-type: none"> • The Vision 2030 and MTP II development blueprints • Goodwill from the political class • Strong established partnership with the Development Partners • Support from the local religious institutions • The Constitution of Kenya • Goodwill from National and County governments, and stakeholders • Strengthened oversight institutions to handle the vice • Increased percentage of educated female population • High profile role models within the affected communities • Support from men to end the practice • Support from media • Inclusion of FGM material in the school curriculum 	<ul style="list-style-type: none"> • FGM practised secretly among the communities. • Medicalization of FGM • FGM being practised by some elite groups • FGM is seen as a source of income/livelihood among the circumcisers/families • Less emphasis of anti-FGM messages in the school curriculum • Cultural sensitivity surrounding FGM • Cross-border FGM practice • Insecurity • Inter-generational FGM skill transfer-passing of FGM skills • Retrogressive cultural practices • Inadequate support from some political leaders and policy makers

2.4 PESTEL Analysis

In preparing this Strategic Plan, a broad Political, Economic, Social, Technological, Environmental and Legal scan was undertaken. A PESTEL analysis will enable the Board to focus on the environment in which it will operate and therefore appreciate the factors that will either support or impede the process of implementing the strategic plan. Table 2-2 indicates the analysis.

Table 2-2: PESTEL Analysis

Factor	Strategic Implications
Political	
Political goodwill	Creating conducive legal framework
International conventions and protocols such as Maputo Protocol, MDGs, SDGs, African Youth Charter, CEDAW, COVAW	Enhances intergovernmental/inter agencies collaboration; Added cost of compliance
Shift in government policies	Disruption of the Board's programmes and activities
Economic	
Poor infrastructure e.g. road network, technology etc.	Increased cost of implementing programmes; Slow response in rescuing victims
Inadequate budgetary allocation	Limited implementation of planned programmes
High inflation/high lending rates	Limited purchasing power of the Board
Taxation rates	Reduced purchasing power; Higher cost of goods and services
Social	
Beliefs, values and attitudes	Slow uptake of anti-FGM campaign messages; Trauma and stigma
Language barrier	Challenges in conveying the intended message
Medicalization of FGM	Perpetuates the practice
High incidence of diseases related to FGM practices, e.g. HIV/Aids and Fistula	Increased cost of programme implementation;
High School dropouts	Slows down the implementation of the programmes High illiteracy, which leads to difficulties in understanding of anti-FGM messages
Insecurity	Increased cost of programme implementation; Derailment of planned programmes
Technological	
Lack of modern communication equipment	Increased operational costs; Hinders effective communication
Environmental/Ecological	
Adverse weather conditions/Climate change	Increased operational costs of programme implementation; and inaccessibility of some areas
Vast geographical areas	Difficulty in accessing due to poor infrastructure e.g. poor roads; increased operational costs
Harsh terrain	Derailment of programmes
Legal	
Existence of a legal framework	Increased effectiveness and compliance
International conventions and protocols	Standard setting, sharing of information, platform for capacity building and international exposure and opportunities Resource mobilization opportunities

2.5 Stakeholder Analysis

This strategic plan takes cognizance of the Board's stakeholders and their varied expectations which the Board intends to meet. The Board in turn has expectations of these stakeholders which it hopes will be equally met. The Board's linkage with its stakeholders is summarized in Table 2-3.

Table 2-3: Stakeholder Analysis

S/No	Stakeholders	Stakeholder Expectations	Board Expectations
1	MoDP	<ul style="list-style-type: none"> Understand policy and mandate Provide coordination of implementation of all anti-FGM activities Prudent management of resources 	<ul style="list-style-type: none"> Provision of policy guidelines Timely release of resources Provision of technical support on policy formulation and planning Lobbying for support of Board's programmes and activities.
2	Staff	<ul style="list-style-type: none"> Good working environment Equal opportunities for career progression Equity Favourable terms and conditions of employment Staff development 	<ul style="list-style-type: none"> Commitment Satisfactory performance Continuous learning Integrity Discipline Teamwork
3	The Public	<ul style="list-style-type: none"> Participation and involvement in the Board's activities and programmes Achievement of the Board's mandate Prudent utilization of public funds 	<ul style="list-style-type: none"> Cooperation and support to the Board's programmes and initiatives Participation in projects monitoring and evaluation Provision of feedback
4	National Treasury	<ul style="list-style-type: none"> Prudent utilization of funds Accountability and reporting 	<ul style="list-style-type: none"> Adequate funding Timely release of exchequer Promotion of bilateral and multilateral donor support
5	Parliament	<ul style="list-style-type: none"> Review of the Act Oversee prudent utilization of funds 	Political goodwill
6	Law enforcement agencies	<ul style="list-style-type: none"> Provision of accurate information Designing, supervising and coordinating public awareness on the Act Provision of expert opinion on matters related to FGM and the implementation of the Act 	<ul style="list-style-type: none"> Expeditious disposal of reported cases Tracking reported cases Adherence to mandate Effective, efficient response initiatives

S/No	Stakeholders	Stakeholder Expectations	Board Expectations
7	National Gender and Equality Commission	<ul style="list-style-type: none"> Timely implementation and reporting Adherence to the affirmative action on gender, for example, the one-third gender principle 	Timely dissemination of research reports
8	Line Ministries	Partnership and collaboration	Adherence to mandate and support
9	County Governments	Partnership and collaboration	<ul style="list-style-type: none"> Customize and implement the Act Budgetary allocations for anti-FGM initiatives
10	Development Partners	<ul style="list-style-type: none"> Cooperation Feedback and accountability Implementation of agreed upon plans 	Goodwill Funding and technical support
11	Community	<ul style="list-style-type: none"> Provision of protection systems Capacity building Sensitization of communities against FGM Linkages to legal and socio-economic empowerment opportunities 	<ul style="list-style-type: none"> Provision of information Co-operation Seek support Abandonment of the practice
12	Suppliers	<ul style="list-style-type: none"> Fair competition Prompt payment Meet contractual obligations 	<ul style="list-style-type: none"> Integrity After Sales Service Competitive pricing Meet contractual obligations Provision of quality goods and services Timely deliveries
13	Civil Society Organisations (NGOs, FBOs, CBOs)	<ul style="list-style-type: none"> Technical support Accountability and transparency Proper coordination 	<ul style="list-style-type: none"> To complement the activities of the Board Accountability Collaboration and synergy
14	Learning institutions	Collaboration in research and policy formulation	Provide training to the Board's Staff
15	Private sector	Effective and efficient service delivery	<ul style="list-style-type: none"> Improved governance and institutional capacity Partner in the implementation of anti-FGM projects and programmes
16	Media	Access to information	Articulation of development and social issues

Strategic Model

3.0 Introduction

This chapter presents the objectives and strategies that the Board intends to implement in order to achieve her mission as enshrined in the Prohibition of Female Genital Mutilation Act, 2011.

3.1 Strategic Themes, Objectives and Strategies

The Anti-FGM Board has identified six strategic themes on which it will focus during the strategic plan period. For each strategic theme, strategic objectives and strategies to be pursued over the next five years have been identified. They will be at the core of the Board's functions. The strategy matrix is indicated in Table 3-1:

Table 3-1: Strategic Objectives and Strategies

S/No.	Strategic Theme	Strategic Objective	Strategies Activities
1.	Policy formulation and coordination	To develop and review anti-FGM policies and strategies	<ul style="list-style-type: none"> • Develop a national policy on the eradication of FGM • Develop and implement a National Plan of Action on the eradication of FGM • Develop and implement guidelines for implementation of Prohibition of FGM Act, 2011 • Review anti-FGM policy and strategy • Map and coordinate State and Non-State actors involved in anti - FGM initiatives. • Conduct research on FGM • Lobby for inclusion of anti-FGM material in the school curriculum
2.	Creating awareness	To build the capacity of stakeholders to act as agents of change	<ul style="list-style-type: none"> • Develop and disseminate Information, Education and Communication materials • Engage with opinion leaders on the sensitisation of communities on FGM and its consequences • Facilitate community-driven dialogues on FGM • Build the capacity of national and county governments to handle FGM related issues. • Undertake community education

S/No.	Strategic Theme	Strategic Objective	Strategies Activities
		To promote change of attitude on FGM issues	<ul style="list-style-type: none"> • Encourage ARPs for girls and women through community participation • Provide support to lobby groups and ToTs in areas where FGM prevalence is high • Identify anti-FGM champions to act as role models and agents of change. • Sensitize reformed circumcisers and TBAs on the consequences of FGM and on alternative sources of livelihoods.
		To promote collaboration and partnerships with stakeholders on anti-FGM programming	<ul style="list-style-type: none"> • Partner with stakeholders towards eradication of FGM • Participate during international, regional, national and county conferences and trade fairs
3.	Design and implement anti-FGM programmes	To enhance the protection of human rights of the girl child and women as envisaged in the constitution, national legal frameworks, and other regional and international conventions	<ul style="list-style-type: none"> • Conduct anti-FGM campaigns • Disseminate the contents of the laws relating to FGM • Organize outreach programmes targeting different segments of the communities practicing FGM. • Conduct cross-border dialogues on dangers of FGM. • Collaborate with stakeholders to establish support systems for girls and women facing pressure to undergo FGM. • Map out the status of the girls in schools in areas affected by FGM in collaboration with stakeholders, with a view to addressing the dropout rates.
		To enhance anti-FGM Programming through learning from good practices	<ul style="list-style-type: none"> • Benchmark on good practices in order to inform programming of anti-FGM.
4.	Resource Mobilization and utilisation	To improve mobilization and utilization of resources	<ul style="list-style-type: none"> • Develop a resource mobilization strategy and guidelines • Develop an Investment • Strategy to guide the Board's investments
5.	Monitoring and Evaluation	To improve tracking and assessment of implementation of the anti-FGM policies and programmes	<ul style="list-style-type: none"> • Establish mechanisms for monitoring, evaluation and reporting.
6.	Institutional Strengthening	To enhance organizational capacity and internal processes; To entrench performance management	<ul style="list-style-type: none"> • Design and operationalize organizational structure for optimal staffing levels and motivation • Develop procedure manual for the Board's internal operations • Institutionalise performance contracting and appraisal system • Re-engineer service delivery systems

Implementation of the Strategic Plan and Institutional Structure

4.0 Introduction

In order to implement this Plan effectively, the Board will address structural challenges and enhance capacity within itself, engage all the stakeholders for their contribution and promote innovativeness, creativity and professionalism. The Board will endeavour to ensure effective resource mobilization and utilisation within the Medium Term Expenditure Framework (MTEF) budgetary system.

The Board's establishment and financing framework is outlined below:

4.1 Structure of the Board

4.1.1 Board's Membership

The Board is headed by a Chairperson who provides the strategic leadership and direction, ensures that the Board's proceedings are conducted in an orderly and professional manner, and provides oversight in policy development through thematic committees.

4.1.2 Board's Secretariat

The Secretariat is headed by the CEO who is responsible for the direction and day to day functions of the Board.

The Secretariat is organized into three Directorates, namely, Finance and Administration, Policy and Planning, and Programmes. Under the Directorates are sections and units headed by Managers.

The summary of the responsibilities of each of the directorates is outlined as follows:

i) Finance and Administration

It is responsible for budget preparation, implementation and preparation of final accounts. It is also responsible for the overall coordination of the human resource and administration.

ii) Policy and Planning

It is responsible for the development and review of policies and strategies, monitoring, evaluation and reporting of implementation of anti-FGM programmes as well as undertaking research on FGM.

iii) Programmes

It is responsible for designing, planning and implementing programmes. It is also responsible for resource mobilization, liaising with implementing partners and preparation of progress reports on anti-FGM programmes.

4.1.3 Authorised Staff Establishment

To implement its mandate, the Board requires adequate human resources. In this regard, the following is the authorised/approved staff establishment of the Anti-FGM Board Secretariat (Table 4-1).

Table 4-1: Authorized Staff Establishment

S/No	Designation	AFGM Grade	Establishment
1	Chief Executive Officer	1	1
2	Director Programmes	2	1
3	Director Policy and Planning	2	1
4	Director Finance and Administration	2	1
5	Deputy Director Education and Awareness	3	1
6	Deputy Director Empowerment	3	1
7	Deputy Director Liaison	3	1
8	Finance and Accounts Manager	4	1
9	Human Resource and Administration Manager	4	1
10	Supply Chain Manager	4	1
11	Public Communication Manager	4	1
12	Legal Officer	5	1
13	Internal Auditor	6	1
14	Finance Officer	6	1
15	Economist II/I	7/6/5	2
16	Senior Accountant	6	1
17	ICT Officer	6	1
18	Human Resource Officer	6	1
19	Administrative Officer	6	1
20	Accountant	7	3

S/No	Designation	AFGM Grade	Establishment
21	Supply Chain Management Officer	7/6	1
22	Data Analyst	7	1
23	Public Communications Officer	7	1
24	Programme Officer III/II/I	7/6/5	17
25	Records Management Officer	7	1
26	Photographic/Film Assistant	8	1
27	Supply Chain Management Assistant	8	1
28	Accounts Assistant	8	2
29	Secretary	9/8/7	3
30	Clerical Officer/Senior	10/9/8	1
31	Telephone Operator/Senior Receptionist	11/10/9	2
32	Drivers/Senior	11/10	3
33	Office Assistant	12	2
	Total		59

Source: HRM, Anti-FGM Board

4.2 Resources

The successful implementation of this strategic plan is dependent on the availability, and effective and efficient utilization of the resources. The Board will utilize resources allocated by the Government and Development Partners as well as resources realised from investments effectively and efficiently.

This section outlines the financial requirements and the resource mobilisation strategies for the Board.

4.3 Financial Requirements

To implement this strategic plan over the five-year period, the Board will require approximately Kenya Shillings One billion, three hundred sixty million, six hundred twenty thousand, four hundred ninety two (Kshs.1,360,620,492), a large proportion (about 80%) of which will be funded through the exchequer. The difference will be funded from the Development Partners.

Table 4-2 shows a breakdown of the resource requirements for the period 2014/2015 to 2017/2018. Other than normal operations, the Board will require Kshs. 780 million (Kshs. 330 million in 2016/17 and Kshs. 450 million in 2017/18) to establish and equip offices in seventeen (17) FGM hot spot counties.

Table 4-2: Resource Requirements

Resource Requirements						
	Baseline Estimates	Projected Estimates (Kshs.)				
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	Total
1.Recurrent		42,000,000	42,000,000	178,246,197	267,369,295	529,615,492
2.Development			50,000,000	330,402,000	450,603,000	831,005,000
Total		42,000,000	92,000,000	508,648,197	717,972,295	1,360,620,492

Source: Printed Estimates and projections

4.4 Strategies for Resource Mobilization

The Board will source funds from the Government and Development Partners as well as returns from investments. Efforts will also be made to implement some initiatives through Public-Private Partnerships.

4.5 Government Funding

The Board will continue to lobby for increased funding from the Exchequer through the parent Ministry, the established MTEF Sector Working Groups and Parliamentary committees.

4.6 Development Partners

The Board has enjoyed good relations with Development Partners who have continued to fund the implementation of key programmes. It is expected that the Development Partners will continue providing this support in course of the implementation of this strategic plan. In order to leverage more on resources from Development Partners, the Board will emphasize on the following:

- i. Improved formulation of programmes aimed at the eradication of FGM,
- ii. Improved absorption capacity of the Development Partners' funds,
- iii. Enhanced transparency and accountability in the management of programmes supported by Development Partners, and
- iv. Ensuring that Development Partners' funding and utilisation is in accordance with globally-agreed upon principles of aid effectiveness.

The major Development Partners supporting the Board's programme include: UNFPA, UNICEF, IRC, the Girl Generation, Plan International, AMREF, GOAL Kenya, Ogilvy Kenya, and Equality Now among others.

4.7 Risk Management

Table 4-3 shows a summary of the range and types of risks the Board anticipates in the course of the implementation of this strategic plan and how it intends to mitigate against them.

Table 4-3: Risks and Mitigation Measures

	Risk Factor	Level of Risk	Mitigation Strategy
1	Inadequate budget provisions from Government and Development Partners	High	<ul style="list-style-type: none"> • Proper planning and budgeting • Prudent utilization of resources • Lobbying for increased budgetary allocation • Initiating more partnerships
2	Inadequate staffing hampering delivery of core mandate	High	<ul style="list-style-type: none"> • Recruitment of staff • Continuous training • Succession planning and management
3	Resistance from communities practicing FGM	High	<ul style="list-style-type: none"> • Sensitization • Community dialogues • Enforcement of the Prohibition of FGM Act,2011 • Identification of champions from the communities to act as role models
4	Insecurity, vast and rough terrain	Medium	<ul style="list-style-type: none"> • Engage security personnel • Purchase four-wheel-drive vehicles. • Increased resource allocation
5	Staff turnover	Medium	<ul style="list-style-type: none"> • Improved remuneration • Staff training and development • Provision of other incentives

Monitoring, Evaluation and Reporting

5.0 Introduction

Monitoring and evaluation is an important tool that helps in making decisions aimed at improving performance and enabling the determination of achievement of the intended objectives. The successful implementation of this plan will depend significantly on how effectively the planned outputs and outcomes are monitored and evaluated. It is therefore imperative to put in place a monitoring and evaluation system that is clearly linked to the strategic objectives. Through M&E, the Board will ensure that identified strategic objectives and strategic activities are implemented, and the expected outcomes and outputs are achieved. An effective results-based M&E system will ensure continuous monitoring using the identified performance indicators.

Monitoring is a continuous assessment that aims at providing stakeholders with early detailed information on progress on on-going activities. Its purpose is to determine if outputs, deliveries, schedules and plans have been achieved so that action can be taken to correct deficiencies as quickly as possible.

Evaluation will involve systematic and objective assessment of policies as well as on-going or completed projects and programmes. The objective is to assess their relevance, effectiveness, efficiency, impact and sustainability. Based on this information, the Board will determine the changes that may need to be made at the policy, project or programme level. Monitoring and evaluation will complement each other.

5.1 Importance of Monitoring and Evaluation

Monitoring and Evaluation provides the only consolidated source of information showcasing programmes' progress. It also allows the implementers to learn from each other's experiences, build on expertise and knowledge, generate reports that contribute to transparency and accountability, and allows for lessons to be easily shared. In addition, it reveals mistakes and offers paths for learning and improvement, provides a basis for questioning and testing assumptions, provides a crucial link between implementers and beneficiaries on the ground and decision-makers, and provides a more robust basis for raising funds and influencing policy.

5.2 Monitoring and Evaluation Framework

The implementation of this strategic plan will be closely monitored to ensure that the strategic objectives are realized as planned. The monitoring and evaluation process will help track whether the implementation is on course, and establish what may need adjustment in light of the ever changing socio-economic environment.

In this regard, a committee comprising senior officers from the relevant directorates/sections and chaired by the CEO will be set up to provide leadership and ensure effective monitoring and evaluation of the Board's performance. The committee will hold meetings at least once every quarter to assess progress on implementation of the various strategic objectives. It will further assess challenges encountered and propose remedies.

Monitoring and evaluation will be emphasized at all levels. This will be done through progress reports, review meetings, budgets and budgeting control systems, and reports from special committees/ task forces among others. Quarterly and annual performance progress reports will form crucial reporting instruments. The Board will conduct surveys to determine the outcome and impact of various programmes. Data will be analyzed and results disseminated to improve implementation. The Board will conduct an end-term review of the Plan to determine the extent of achievement of the stated objectives and targets.

5.3 Reporting

Each directorate will create a framework within which to collect and analyse data, and prepare reports for ratification and dissemination by the Board.

Monitoring will be continuous and the key reports to be prepared are;-

1. Quarterly Progress Reports which will include information on key output indicators against set targets for the quarter, and
2. Annual Review Report at the end of every financial year.

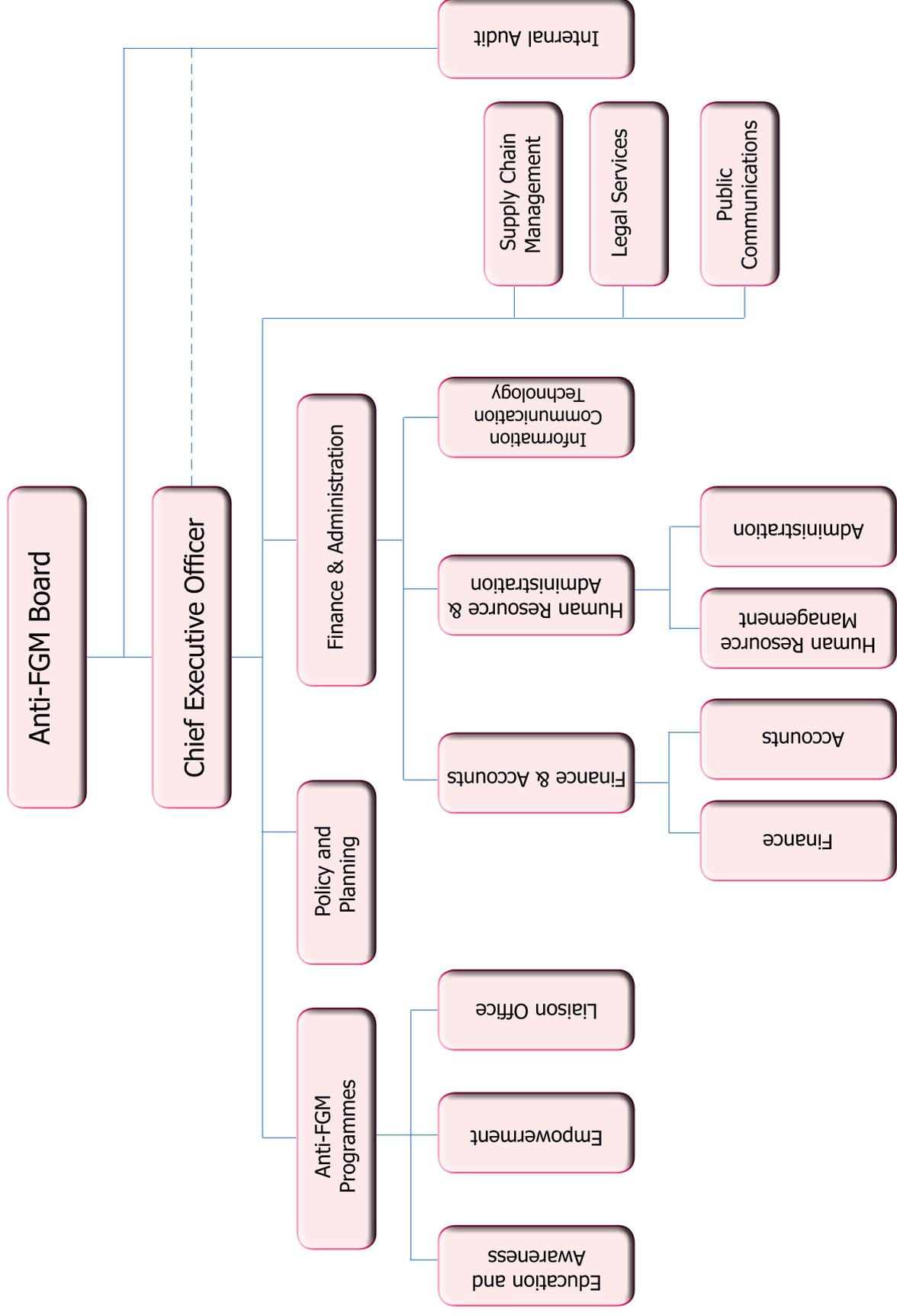
These reports will be prepared to highlight key achievements against set targets, identify challenges encountered, lessons learnt and recommendations on the way forward.

ANNEX 1: Authorised Staff Establishment

S/No	Designation	AFGM Grade	Establishment
1	Chief Executive Officer	1	1
2	Director Programmes	2	1
3	Director Policy and Planning	2	1
4	Director Finance and Administration	2	1
5	Deputy Director Education and Awareness	3	1
6	Deputy Director Empowerment	3	1
7	Deputy Director Liaison	3	1
8	Finance and Accounts Manager	4	1
9	Human Resource and Administration Manager	4	1
10	Supply Chain Manager	4	1
11	Public Communication Manager	4	1
12	Legal Officer	5	1
13	Internal Auditor	6	1
14	Finance Officer	6	1
15	Economist II/I	7/6/5	2
16	Senior Accountant	6	1
17	ICT Officer	6	1
18	Human Resource Officer	6	1
19	Administrative Officer	6	1
20	Accountant	7	3
21	Supply Chain Management Officer	7/6	1
22	Data Analyst	7	1
23	Public Communications Officer	7	1
24	Programme Officer III/II/I	7/6/5	17
25	Records Management Officer	7	1
26	Photographic/Film Assistant	8	1
27	Supply Chain Management Assistant	8	1
28	Accounts Assistant	8	2
29	Secretary	9/8/7	3
30	Clerical Officer/Senior	10/9/8	1
31	Telephone Operator/Senior Receptionist	11/10/9	2
32	Drivers/Senior	11/10	3
33	Office Assistant	12	2
Total			59

Source: HRM, Anti-FGM Board

ANNEX 2: Organisational Structure of the Anti-FGM Board



ANNEX 3: Strategic Plan Implementation Matrix

S/ NO	Strategic Theme	Strategic Objective	Strategies	Expected Outcome	Expected Output	Output Indicators	Timeline					Responsibility	Resources (Kshs. M)
							Y1	Y2	Y3	Y4	Y5		
	Policy formulation and coordination	To develop and review Anti-FGM policies and strategies	Develop, review and implement a national policy on FGM	Coordinated implementation of anti - FGM programming	National Policy and strategy	National policy strategy	-	-	1	-	-	CEO/ Dir. P&P	30
		Develop and implement guidelines on Prohibition of FGM Act, 2011	Develop and implement guidelines on Prohibition of FGM Act, 2011	Enhanced coordination of Anti-FGM efforts	Anti – FGM Act implementation Guidelines	Guideline	-	-	1	-	-	CEO/ Dir. P&P	To be determined (Donor funds)
		Map and coordinate Non-State actors involved in anti - FGM initiatives.	Map and coordinate Non-State actors involved in anti - FGM initiatives.	Enhanced coordination of Anti-FGM efforts	Database of Non-State actors developed	Database of Non-State actors	-	-	1	-	-	Dir. Progs.	25
		Conduct research on FGM	Conduct research on FGM	Better targeting of Anti-FGM activities	Baseline survey Study reports	No. of surveys and study reports	1	1	1	1	1	CEO/Dir. P&P	30
		Lobby for inclusion of Anti-FGM content in the school curriculum	Lobby for inclusion of Anti-FGM content in the school curriculum	Anti-FGM content in the school curriculum	Development of matrices and IEC materials	Curriculum matrices and IEC materials developed	-	-	2	-	-	CEO/Dir. P&P	5
	Creating awareness	To build capacity of stakeholders to act as agents of change	Develop and disseminate information, education and communication materials	Enhanced knowledge on Anti-FGM activities	IEC materials developed and disseminated	No. of dissemination forums	2	2	2	2	2	CEO/ Dir. F&A	50
		Engage with opinion leaders on sensitisation of communities on FGM and its consequences	Engage with opinion leaders on sensitisation of communities on FGM and its consequences	Enhanced influence of Anti-FGM efforts	Opinion leaders identified and sensitized.	No. of forums held.	2	2	2	2	2	Dir. Programmes	25

S/ NO	Strategic Theme	Strategic Objective	Strategies	Expected Outcome	Expected Output	Output Indicators	Timeline					Responsibility	Resources (Kshs. M)
							Y1	Y2	Y3	Y4	Y5		
			Facilitate community-driven dialogues on FGM	Enhance partnership on anti-FGM activities	Community dialogues held	No. of community forums held	2	2	2	2	2	Dir. Programmes	25
			Build the capacity of national and county governments to handle FGM-related issues	Enhanced knowledge on Anti-FGM issues	County governments capacity build	No. of counties	2	2	2	2	2	Dir. Programmes	25
			Sensitize communities on FGM related issues	Enhanced knowledge on Anti-FGM issues	Community sensitization forums held	No. of forums	2	2	2	2	2	Dir. Programmes	25
		To promote change of attitude on FGM Issues	Facilitate alternative rites of passage for girls and women through community participation	Reduced peer pressure to undergo the cut among the girls and women	ARP forums held	No. of forums held and reports prepared	1	1	1	1	1	Dir. Programmes	50
			Provide support to lobby groups and ToTs in areas where FGM prevalence is high	Increased penetration of Anti-FGM efforts	Lobby groups and ToTs identified and Supported	No. of lobby groups identified and supported in terms of training	-	-	5	10	10	10	Dir. Programmes
			Identify and facilitate anti-FGM champions to act as role models and agents of change.	Increased penetration of Anti-FGM efforts	Champions identified and Supported	No. of champions identified. Types of support provided.	-	-	17	-	17	Dir. Programmes	10
			Sensitize reformed circumcisers and TBAs on the consequences of FGM and on alternative sources of livelihoods.	Reduced pressure to induce girls and women to undergo the cut	Reformed circumcisers identified, sensitized, trained and linked to possible sources of credit finance.	No. of circumcisers and TBAs sensitized and linked to sources of finance	1	1	1	1	1	Dir. Programmes	5

S/ NO	Strategic Theme	Strategic Objective	Strategies	Expected Outcome	Expected Output	Output Indicators	Timeline					Responsibility	Resources (Kshs. M)
							Y1	Y2	Y3	Y4	Y5		
		To promote collaboration and partnerships with stakeholders on anti-FGM programming	Partner with stakeholders towards eradication of FGM. Participate in international, regional, national and county conferences and trade fairs to discuss matters on FGM	Enhanced Coordination and resourcing of anti-FGM efforts Enhanced awareness on the dangers of FGM	Data bank of stakeholders and partners. 7 International, 3 regional, 4 national and 17 county conferences and trade fairs attended	Data bank of stakeholders and partners. No. of forums held and reports prepared	2	2	2	2	2	Dir. Programmes	50
	Design and implement anti-FGM programmes	To enhance the protection of human rights of the girl child and women as envisaged in the constitution, national legal frameworks, and other regional and international conventions	Conduct anti FGM campaigns Disseminate the contents of the law relating to FGM Organize outreach programs targeting different segments of the communities practicing FGM including peer educators.	Increased knowledge and skills on eradication of FGM among the target groups Increased knowledge and skills on eradication of FGM among the target groups Increased knowledge and skills on eradication of FGM among the target groups	Campaigns conducted Local leaders identified and forums held Organize outreach programs conducted	No. of campaigns No. of forums held No. of outreach programs	2	2	2	2	2	Dir. Progs.	50
				Reduction of cross-border FGM	Cross-border dialogues conducted.	No. of forums held	2	2	2	2	2	Dir. Progs.	50

S/ NO	Strategic Theme	Strategic Objective	Strategies	Expected Outcome	Expected Output	Output Indicators	Timeline					Responsibility		Resources (Kshs. M)
							Y1	Y2	Y3	Y4	Y5			
			Collaborate with stakeholders to establish protection systems for girls and women facing pressure to undergo FGM	Enhanced protection of girls and women	Protection systems identified established	No. of protection systems identified established	-	-	2	4	2	Dir. Progs.		20
			Map out the status of girls in schools and in areas affected by FGM with a view to addressing the drop-out rates	Enhanced socio-economic status	Status of girls in schools and in areas affected by FGM established	Status report	-	-	1	1	1	Dir. Progs. / Dir. P&P		10
		To enhance anti-FGM programming through learning from good practices	Benchmark on good practices in order to inform programming of anti-FGM	Increased efficiency and effectiveness of anti-FGM programme implementation	Good practices on anti-FGM programming identified	No. of reports	-	-	1	1	1	Dir. Progs./ Dir. P&P		25
					Improved programming and better targeting	No. of programmes identified	-	-	2	2	2			25
	Resource Mobilization and utilisation	To improve mobilization and utilization of resources	Develop a resource mobilization strategy and guidelines	improved mobilization and management of resources	Resource mobilization strategy	No. of strategies	-	-	1	-	-	Dir. F&A / Dir. Progs./ Dir. P&P		10
					Resource mobilization guidelines developed	No. of guidelines	-	-	-	1				
			Develop an Investment Strategy to guide the Board's investments.	Increased resource availability	Investment returns	Investment strategy	-	-	1	-	-	CEO/Dir. F&A / Dir. P&P		8
					Investment returns	Investment reports	-	-	1	1	1			

S/ NO	Strategic Theme	Strategic Objective	Strategies	Expected Outcome	Expected Output	Output Indicators	Timeline					Responsibility	Resources (Kshs. M)	
							Y1	Y2	Y3	Y4	Y5			
	Monitoring and evaluation	To improve tracking and assessment of implementation of Anti-FGM policies and programmes	Establish mechanisms for monitoring, evaluation and reporting	Improved tracking of Anti-FGM efforts	M&E established	M&E mechanism	-	1	1	1	1	1	10	Dir. P&P Dir. F&A
	Institutional Strengthening	To enhance organizational capacity and internal processes	Design and operationalize organizational structure for optimal staffing levels and motivation	Unity of command and clear reporting lines; Optimal performance and low staff turnover	Organizational structure developed Staffing levels established	Organizational structure	-	1	-	-	-	-	50	CEO/Dir. F&A
			Develop procedure manual for the Board's internal operations	Improved management of board's internal operations	Procedure manual developed	Procedure manual	-	1	-	-	-	-		
			Establish offices in FGM hot spot counties	Improved tracking of Anti-FGM efforts	17 offices established and equipped	No. of offices established	-	-	11	6	-	-	510	
			Purchase vehicles for FGM hot spot counties	Improved tracking of Anti-FGM efforts	17 vehicles purchased	No. of vehicles	-	-	-	17	-	-	270	
			Institutionalize performance contracting and appraisal system	Improved service delivery through institutionalised performance management culture	PC prepared and implemented	PC implementation reports	4	4	4	4	4	4	10	Dir. F&A Dir. P&P
			Re-engineer the service delivery systems	Increased efficiency and effectiveness in service delivery	PAS implemented	PAS implementation reports	4	4	4	4	4	4	10	Dir. F&A Dir. P&P
					Service delivery improved	Efficient information sharing Hotlines developed	-	-	1	-	-	-	10	Dir. F&A Dir. P&P
					ISO certification	ISO certificate	-	-	-	1	-	-		

ANNEX 4: FGM PREVALENCE RATES IN KENYA BY REGIONS

FGM IN KENYA

