Protection Against Female Genital Mutilation:

A Review of the Implementation of the Children's Act

Lessons from Samburu and Garissa Districts

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Table of Contents

List of Tables and Figures

Case Studies

List of Abbreviations

AAK	Action Aid Kenya
ACRWC	African Charter on the Rights and Welfare of the Child
ADRA	Adventist Development and Relief Agency
AIDS	Acquired Immune Deficiency Syndrome
AMWIK	Association of Media Women in Kenya
APCPEC	Appropriate Sustainable Pastoralist Empowerment Community Transformation
ARP	Alternative Rights of Passage
ASPECT	Appropriate Sustainable Pastoralist Empowerment Community Transformation
AU	African Union
BPfA	Beijing Platform for Action
CBO	Community Based Organization
CCM	Comitato Collaborazione Media
CIPK	Council of Imams and Preachers of Kenya
CODES	Community Organization for Development Support
CSO	Civil Society Organization
ECD	Early Child Development
FBO	Faith Based Organization
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
FIDA (K)	Federation of Women Lawyers Kenya
GCN	Girl Child Network
GF	Girls Forum
GTZ	German Technical Cooperation
HIV	Human Immuno-deficiency Virus
IEC	Information Education and Communication
KDHS	Kenya Demographic and Health Survey
MOH	Ministry of Health
MYWO	Maendeleo Ya Wanawake Organization
NCWK	National Council of Women in Kenya
NGO	Non Governmental Organization
OAU	Organization of African Unity
PGI	Pastoralist Girls Initiative
RCK	Refugee Consortium of Kenya
SAIDIA	Samburu Aid in Africa
SUPKEM	Supreme Council of Kenya Muslims
SWEIP	Samburu Women Empowerment Integrated Program
SWN	Samburu Women Network
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

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Patricia Nyaundi
Executive Director

Executive Summary

The Children's Act was enacted in Kenya in 2001 and came into force in 2002. Provisions regarding female genital mutilation (FGM) are contained within sections 14 and 119 (1)(h) of the Act respectively.

Section 14 stipulates that "no person shall subject a child to female circumcision, early marriage or other cultural rites, customs or traditional practices that are likely to negatively affect the child's life, health, social welfare, dignity or psychological development".

Section 119(1)(h) further provides that a child in need of care and protection is one "who, being female, is subjected or is likely to be subjected to female circumcision or early marriage or to customs and practices prejudicial to the child's life, education and health."

The above provisions governing FGM are quite progressive as they outlaw the practice. Eight years after the Act came into force, rampant cases of abuse of the rights of the child, including forced FGM are reported in different parts of the country. Indeed, the 2003 Kenya Demographic Health Survey (KDHS) reported a reduction of the practice of FGM among some communities like the Kamba and an increase among other communities like the Maasai. This scenario paints a gloomy picture on the Children's Act and its relevance and usability in its present context.

This study conducted in September 2008 within Samburu and Garissa districts of Kenya, therefore sought to establish knowledge, relevance and use of legal provisions that are contained in the Children's Act governing the practice of FGM.

The research used qualitative methods that included key informant interviews, in-depth interviews, focus group discussions, and direct observations with the sole aim of gaining an understanding of the perceptions, attitudes and practices in the two communities. In order to understand and document the proper usage and application of the Act, the research used a questionnaire survey that targeted 220 respondents.

The results indicate that communities in the focal districts are aware of the existence of legal provisions against FGM and the protection that the Children's Act offers to children who are at risk of the practice. This is evidenced in their citation of rights of the child and violations thereto, and the fact that, as a consequence of the Act being in place, FGM is now done more in secret to hide from the wrath of the law. However, this awareness of the provisions of the Children's Act has not been translated into definitive and action oriented mechanisms for the protection of the rights of children due to a number of reasons that include: cultural concerns that override legal obligations; religious beliefs as interpreted by adherents have more weight than legal obligations; those entrusted to enforce the Act conspire with perpetrators to defeat the cause of justice; education levels in the two districts are very low; many actors believe that this is an Act whose time is yet to come.

The study recommends immediate consultative review of the Act, taking into account specific concerns, like the need to criminalize FGM for girls and women of all ages.

Background to the study

1.1 FGM and the Children's Act

Female Genital Mutilation (FGM) has been practiced for centuries in 28 African countries and several others in the developed world[1]. The practice, concentrated most heavily in Africa, has been defined by World Health Organization (WHO), 2005, as any procedure that involves partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons. WHO estimates that approximately 140 million girls and women have experienced the cut worldwide with an average of two million girls at risk of being circumcised annually. WHO (2000) has identified four types of FGM which include different forms of excision. The four different forms are as follows:

- Type I - Excision of the prepuce, with or without partial or total excision of the clitoris.
- Type II - Excision of the clitoris with partial or total excision of the labia minora.
- Type III - Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation). This operation is meant to obliterate the entrance of the vagina leaving a small opening to allow only urine to pass and later, menstrual blood flow.
- Type IV - Unclassified: includes pricking, piercing or incising of the clitoris and/or labia; stretching of the clitoris and/or labia; cauterization by burning of the clitoris and surrounding tissue; scraping of tissue surrounding the vaginal orifice (angurya cuts) or cutting of the vagina (gishiri cuts), introduction of corrosive substances or herbs into the vagina to cause bleeding or for the purposes of tightening or narrowing it; and any other non-therapeutic operations or procedure intended to cause harm to the female genitalia with a view to prohibiting sexual intercourse and/or maintaining virginity.

Where FGM takes place, it is often performed during infancy, childhood or adolescence, usually by traditional circumcisers but also increasingly by medically trained personnel. It has been traditionally called "Female Circumcision". However, recognition of its harmful physical and psychological consequences and its violation of the basic human rights has led to the use of the term "Female Genital Mutilation".

The practice of FGM has been condemned internationally and within Kenya as a violation of the basic human rights of girls and women.[2] Since 1979, WHO has identified FGM as a serious threat to the health of women, especially in

1 The countries where FGM is commonly practiced include Burkina Faso, Central African Republic, Côte d'Ivoire, Djibouti, Egypt, Eritrea, Ghana, Guinea, Nigeria, Senegal, Sudan, Tanzania, Togo, Uganda and Kenya; Indonesia, Australia, Canada, New Zealand, United Kingdom and the United States.

2 United Nations Declaration on Violence against Women, Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and Convention on the Rights of the Child (CRC) among other international treaties.

the sub-Saharan African region. By 1982, WHO had issued a statement on FGM stating its commitment to support national governments' efforts aimed at eradicating the practice. The 1994 International Conference on Population and Development (ICPD) and the Fourth World Conference on Women in 1995 provided further impetus to international campaigns against FGM. Two years after the Fourth World Conference on Women, in 1997, WHO, UNICEF and UNFPA issued a joint statement of their commitment to supporting national organizations, governments and communities to promote abandonment of FGM.[3]

The 2003 Kenya Demographic Health Survey (CBS, MOH and ORC Macro 2004[4]) indicated that overall, 32% of Kenyan women were circumcised, down from 38% in 1998. The practice had declined among younger women aged 20-24 years with a prevalence of 25%; and 20% among 15-19 year olds compared to 48% prevalence among women 45-49 years old. The survey also indicated regional disparities among communities that practice FGM, like the North Eastern Province which recorded 99% prevalence. The practice varies widely among the different ethnic and geographical areas in Kenya. Among the Kisii, Maasai, Somali, Samburu and Kuria ethnic groups, prevalence rates are above 90% while rates of less than 1% were reported among the Luo and Luhya, perhaps the result of intermarriages.

The practice of FGM has been associated with girls' and women's health risks such as physical and psychological trauma, sterility, damage to the urethra and anus, tetanus, child and maternal mortality and more recently HIV infection. To enhance the impact of advocacy on anti-FGM, organizations championing elimination of the practice are now more inclined to addressing four critical human rights violations relating to violence against women, rights of the child, freedom from torture, and rights to health and bodily integrity. These are in line with the Beijing Declaration and Platform for Action (BPfA),[5] regarding the 12 critical areas of concern considered as the main obstacles to girls' and women's advancement, and which require concrete action by Governments and Civil Society Organizations (CSOs).

The girl child specifically has continued to attract a lot of attention in terms of initiatives and resources that have been mobilized by donors, women-led organizations and other stakeholders towards supporting girls at risk of experiencing FGM. These initiatives include Alternative Rite of Passage (ARP) and Inter-generational dialogue (IGD). Notably, the same have, so far, not been evaluated in terms of coordination, effectiveness in implementation or targets of engagement to determine actual impact of anti-FGM advocacy in Kenya.

Hitherto to this study, several surveys and studies have been undertaken aimed at explaining why girls in certain parts of Kenya continue to be at risk of experiencing FGM despite years of advocacy (GTZ 2000; 2007, Population Council 2005; 2007) by CSOs and development partners. Among the emerging factors and features from these studies is a high level of ignorance of child rights as described in the Children's Act among communities in the focal districts, lack of involvement of medical staff in provision of FGM services, limited anti-FGM interventions especially at community level and limited availability of suitable Information, Education and Communication (IEC) materials.

The enactment of the Children's Act in 2001 and its coming into force in 2002 is one of the key steps the Kenya Government seeks to monitor violation of rights of the child. The Act specifies various provisions whose primary goal is to protect children. Section 14 of the Children's Act aims to protect the child from cultural practices that are likely to harm the child. It specifies that "no person shall

3 WHO (1997). Female Genital Mutilation : A Joint WHO/UNICEF/UNFPA statement.

4 Central Bureau of Statistics (CBS) [Kenya], Ministry of Health (MOH) [Kenya], and ORC Macro (2004). Kenya Demographic and Health Survey 2003. Calverton, Maryland: CBS, MOH, and ORC Macro.

5 The conference was held in 1995 in Beijing, China.

subject a child to female circumcision, early marriage or other cultural rites, customs or traditional practices that are likely to negatively affect the child's life, health, social welfare, dignity or physical or psychological development." The Act further specifies that a person who is found to have violated section 14 of the Act shall upon conviction be subject to "a term of imprisonment not exceeding twelve months, or to a fine not exceeding fifty thousand shillings or to both such imprisonment and fine."

However, concerns have been raised regarding the lack of clarity between a non functional law and weaknesses in the institutions which are entrusted to apply this law. Inasmuch as enforcement agencies (judiciary, police, chiefs, advisory councils etc) have noted some inadequacies in the implementation of the Children's Act, it is also very clear that the same institutions were inadequately prepared to implement the Act. Other concerns relate to lack of clarity of the nature of the severity on the punishment to be meted against violators of the rights of the child, and to inaccessibility (both physical and capacity) of a simplified and translated version of the Act into local languages and very limited dissemination of the same to communities in the rural areas.

Laws such as the Children's Act serve to firmly ground the interventions being carried out by many NGOs, CSOs and even development partners. Several interventions in different parts of the country such as Kajiado, Tharaka, Wajir, Transmara, Garissa, Kisii, Meru, Narok and Samburu have been initiated towards the elimination of FGM. These interventions are supported by international agencies including UNICEF, UNFPA, Population Council, GTZ, and AMREF among others. The implementing partners include a myriard of Community-Based Organizations (CBOs), Faith Based Organizations (FBOs) and national organizations.

Different organizations have in the past pursued different strategies in addressing the problem of FGM as captured here below:

- **Safe Havens for Girls:** In areas such as West Pokot and Narok, safe haven houses are placed where young girls running away from FGM or those that have been rescued can be accommodated until the danger is over. These houses serve as temporary refuge homes for the girls and provide an opportunity for the girls to go to school.
- **Religious Dialogue Conferences:** This is mainly conducted in Muslim districts of Kenya to demystify the firm false belief that FGM is Islamic. This effort has been supported by Population Council and GTZ in both Garissa and Mombasa districts respectively.
- **Education:** Community education initiatives have been carried out in different parts of Kenya. Many circumcisers have abandoned their trade after becoming or being enlightened by civic educators. However, community awareness on FGM and health has led to medicalization of the practice of FGM, contrary to the stand taken by WHO against medicalization of the same.
- **Alternative Rites of Passage:** The promotion of alternative "rites of passage" that preserve the ritual or symbolic component of FGM that marks admission of girls into adulthood but without unduly harming their bodies have been promoted by various groups. For example, there are active programmes among the Maasai, the Ameru, Akamba and to a degree among the Kisii.
- **Inter-generational Dialogues (IGDs):** Dialogues between older and younger people have been used as a means to initiate discussions on issues that affect communities. In particular, GTZ has used this approach in its anti-FGM activities. In Kajiado and Tharaka, for example, there are active programmes which are being implemented by GTZ.
- **Legislation:** In 2001 the Government of Kenya passed an Act of Parliament Children Act Cap 586, whose aim is to protect children. In particular, the Act specifies that harmful cultural practices such as FGM are punishable by law.

FIDA Kenya has supported this study in order to contribute towards a more effective enforcement of the Act as well as to inform a review of the Act, especially section 14 which is found to be limiting in practice by most implementers. The reference for the review is described in the Act at section 119(1)(h) which states that a child in need of care and protection is one "who, being female, is subjected or is likely to be subjected to female circumcision or early marriage or to customs and practices prejudicial to the child's life, education and health."

1.2 Overall Research Objective

The aim of this study was to assess the implementation of the Children's Act to prevent and protect against FGM.

1.2.1 Specific Objectives

The specific objectives of this study were to:

- Establish whether communities in the focal districts are aware of the existence of legal provisions against FGM and the protection that the Act offers to children who are at risk of FGM.
- Determine the extent to which key implementers/ stakeholders are enforcing the Children's Act.
- Determine the obstacles to the full implementation of the Act to protect and prevent against FGM.
- Make recommendations for the better enforcement of the Act to ensure that the intended beneficiaries are protected by the implementation of the Act.

1.2.2 Study Assumptions

The study was guided by the following assumptions:

- The enactment and implementation of the Children's Act has reduced the prevalence rates of FGM in focal districts.
- Young and literate adults aged 12 and 18 years easily abandon FGM.
- Communities in focal districts support elimination of FGM.
- Religious families are more inclined to abandon FGM.

Literature Review

2.0 Female Genital Mutilation (FGM)

The term female genital mutilation (FGM) gained growing support in the late 1970s when it became evident that not only did it establish a clear linguistic distinction from male circumcision, but it also emphasized the gravity of the act. However, the usage of the term FGM generated a lot of criticism for increasing the stigma associated with female genital surgery[6] and caused misunderstanding and conflict[7] at the community level.

The term FGM was re-adopted in 1990 at the third conference of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) in Addis Ababa. In 1991, the World Health Organization (WHO) recommended that the UN adopt this terminology. According to a joint WHO/UNICEF/UNFPA statement, the use of the word "mutilation" reinforces the idea that this practice is a violation of the human rights of girls and women, and thereby helps promote national and international advocacy towards its abandonment. The UN henceforth uses "FGM" in official documents and in support of this, UNFPA declared February 6 an "International Day Against Female Genital Mutilation". This study shall therefore use the term "FGM" throughout the document.

2.1 Female Genital Mutilation Globally

Globally, an average of 140 million women have undergone FGM with 4 and 5 million procedures performed annually on female infants and girls (WHO, 2006). The majority of these are found in 28 African countries (Snow et al., 2002; Grisaru et al., 1997) with several others in the developed world including small communities in the Middle East and Asia (Asali et al., 1995), Indonesia, Australia, Canada, New Zealand, United Kingdom, Ireland and the United States. The most common type is excision of the clitoris and the labia minora, accounting for up to 80% of all cases; the most extreme form being infibulation, which constitutes about 15% of all procedures (WHO, 2005; Gulmezoglu et al., 2001). In recent years, some medical personnel have been reported to fashion themselves around a phenomenon called 'medicalization' in which they perpetuate FGM under 'clean conditions', a practice opposed by anti-FGM advocates as well as WHO.

The practice has been discussed and documented by scholars from different faiths (Grisaru et al., 1997; Asali et al., 1995) with claims that it is an Islamic requirement. However, such claims have been disputed on grounds that FGM is absent in staunch Muslim countries such as Saudi

6 In 1996, the Uganda-based initiative REACH (Reproductive, Educative and Community Health) began using the term "FGC", observing that "FGM" may "imply excessive judgment by outsiders as well as insensitivity toward individuals who have undergone some form of genital excision.

7 In 1999, the UN Special Rapporteur on Traditional Practices called for tact and patience regarding FGM activities and drew attention to the risk of "demonizing" certain cultures, religions, and communities. As a result, the term "cutting" is now used to avoid alienating communities.

Arabia, Iran, and Pakistan and that even the Prophet Mohammed (Peace Be Upon Him) did not circumcise his wives or daughters. Those in support of FGM cite elimination of the sensitive tissue of the outer genitalia, particularly the clitoral hood to maintain fidelity before and during marriage, rite of passage into adulthood, identification with cultural heritage and a strategy for promoting and enhancing marriage as an institution of the family.

2.2 Female Genital Mutilation in Africa

Social scientists writing on the subject point out that FGM forms part of a complex socio-cultural arrangement of female subjugation in a strongly patrilineal, patriarchal society (Ellen Cruenbaum, 1993). They argue that since it is women who carry out the practice and are its strongest defenders, their inclination to the practice must be analyzed in terms of their weaker social position. In most African countries, FGM is performed by traditional practitioners, usually elderly women in the community who use crude knives and without numbing the survivor. Amongst most cultural groups in northern Sudan, female virginity at marriage is considered very important and only preserved by clitoridectomy and infibulation. This type of cutting, believed to have originated in Egypt, is controversial due to its long and short term effects on survivors.

The first efforts to eliminate the practice of clitoridectomy and infibulation in Sudan was during the British colonial period (1899–1956) when a British midwife (in 1920) was brought in to organize a training on midwifery and to dissuade the traditional midwives enrolled in the training program to stop the practice, but with very little impact. In 1945, the Sudan Medical Service circulated a pamphlet written in English and Arabic condemning the Pharaonic circumcision, signed by high ranking British and Sudanese doctors and endorsed by Sudanese religious leaders. These efforts were soon undermined by advocacy for a replacement of the Pharaonic cut by Sunna.[8] Another drawback to FGM elimination efforts has been caused by medical professionals. In Egypt, for example, 13% of the circumcised women were mutilated by medical professionals while 46% of their daughters were circumcised by a doctor (WHO, 2000).

2.3 FGM in Pre-Independent Kenya (1963)

Missionaries present in the 1920s and 1930s forbade their 'subjects' to practice clitoridectomy. In response, FGM became an instrument of war to the ethnic independence movement among the Kikuyu reacting against what they perceived as cultural imperialistic attacks by Europeans. Other ethnic groups (Meru, Kisii, Kuria & Kalenjin etc) affected by the British prohibition of the procedure drummed help to strengthen Mau Mau movement against British colonial rule in the 1950s.

2.4 FGM in Post–Independent Kenya to Enactment of Children's Act

Despite laws forbidding the practice, FGM remains an enduring tradition in many societies and cultural groups. In particular, sustained anti–FGM advocacy work by missionaries, complimented by organizations e.g. Maendeleo Ya Wanawake Organization (MYWO) became very vocal about the issue soon after the declaration of the Women's Decade in 1975. Other organizations addressing FGM are World Vision, National Council of Women in Kenya (NCWK), Womankind, Action Aid Kenya (AAK), Association of Media Women in Kenya (AMWIK) and Girl Child Network (GCN), among others. In Taita and Taveta, most survivors of FGM have no recollection of the event, having been

8 Sunna refers to practices undertaken or approved by the Prophet Mohamed (PBUH) and established as legally binding.

cut at infancy. They reportedly pride in it, declaring that the procedure does not have negative effects on their health or sexual life.

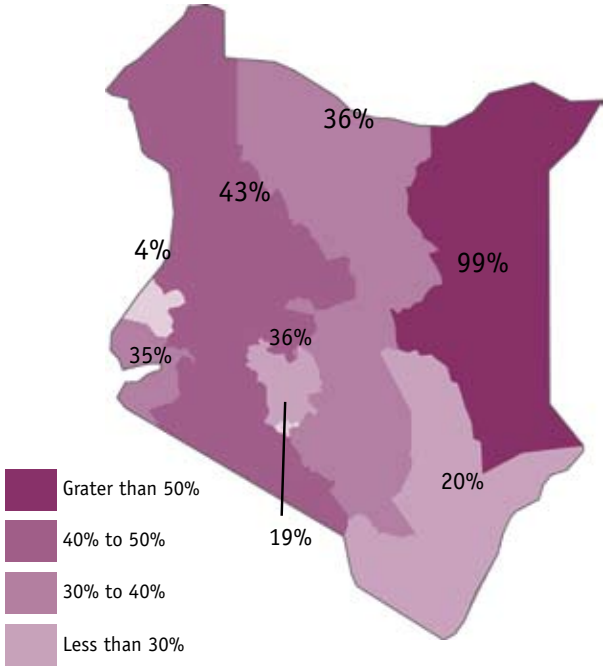
It must be noted, however, that most leaders have found FGM difficult to eliminate at community level because of its cultural and sometimes political significance. Kenya's first President, for instance, the Late Mzee Jomo Kenyatta, was a strong proponent of FGM, which he used as a mobilizing agent around cultural rights. Many of the members of parliament in post-independent Kenya have shown commitment to protecting FGM or have comfortably chosen to remain neutral in order to ensure that their seats are secured.

2.5 FGM in Kenya and Implementation of the Children's Act, 2001

Before the enactment of the Children's Act in 2001 and coming into force in 2002, Kenya had been campaigning for the abandonment of FGM with retired President Daniel Arap Moi issuing two presidential decrees banning the practice and prohibiting government-controlled hospitals and clinics from practicing it. Moi oversaw the enactment of legislation against FGM and articulation of existing laws to protect women and girls.

Moi's efforts were complimented by various stakeholders working on FGM. A religious leader from Moyale, Sheikh Abdi Nassir Haji wrote: "It will be in the best interest of the Muslim female children in Northern part of Kenya that circumcision is completely stopped. The Pharaonic cutting/infibulation is exposing young girls to untold suffering and danger of lose of life." These statements are supported by the Quran, which condemns harmful cultural practices e.g. female infanticide (Quran: 81:8-9), and the fact that cutting healthy organs and causing any physical harm is unlawful (Quran: 2:195).

Female Circumcision by Province



Source: *Kenya Demographic and Health Survey (KDHS), 2003.*

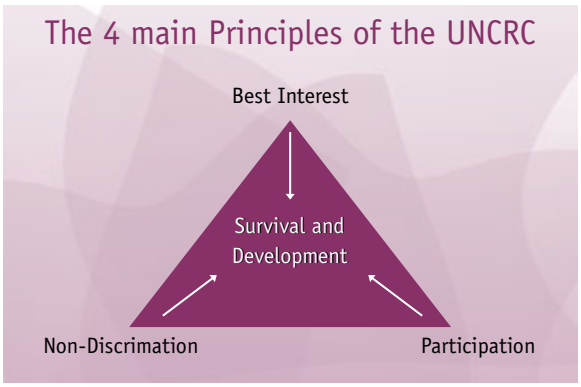
Some of the national and international organizations working to eliminate FGM in Kenya include UNICEF, UNFPA, Population Council, FIDA Kenya, GTZ, CCM (Italian NGO), CARE, ADRA, UNHCR and the Council of Imams and Preachers of Kenya (CIPK) as well as a number of CBOs.

In July 2008 UNICEF Kenya highlighted the progress that has been made using the Religious Oriented Approach which involves working with religious leaders to demystify the alleged link between religion and FGM. Earlier in 2007, an FGM stakeholders' forum was held in Mombasa with one resolution – the establishment of the National Committee for Accelerating Abandonment of FGM before the end of 2007 with membership drawn from Government Ministries (Gender, Health and Education), CSOs, UN agencies and donors. As part of the way forward, FIDA Kenya was mandated to carry out a research on effectiveness of implementation of the Children's Act.

2.6 FIDA-Kenya Response to Current Efforts to Prevent and Protect Against FGM

FIDA Kenya notes that the Government of Kenya has ratified various international conventions on the rights of women and children and further adopted the recommendations of the Fourth Conference of Women held in Beijing (1995), which cited FGM as both a threat to women's reproductive health and as a violation to their human rights. Yet, despite being a signatory to the United Nations Convention on the Rights of the Child (UNCRC, 1990), the African Charter on the Rights and Welfare of the Child (AFRWC 1996) and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of the Women in Africa, "Maputo Protocol" (2003), the practice of FGM abounds in Kenya.

The UNCRC, an international convention from which the Children's Act has been heavily drawn, provides for observation of children's rights at global, regional and national levels. It defines and upholds basic rights for all children in the world up to the age of 18 and has four main principles:



However, despite Article 3 of UNCRC stressing that all actions and decisions that affect children should be based on the assessment of whether those actions and decisions are in the best interest of the child, the situation on the ground is different with regard to prevalence of FGM and other harmful practices in the study districts. Even Article 2, providing for equal opportunities to all children regardless of their origin, birth, gender, social origin, religion, race or any other status, and Article 6, emphasizing the duty of the State Party and all adults to ensure all resources are deployed to support optimal survival and development of children, have not been duly adhered to from the point of view that many girl children are forced to undergo FGM and thereafter early marriage, culminating in their leaving school and are hence denied equal opportunities with boys to pursue education. Article 12, which emphasizes that children should be given opportunities and freedom to express their views on all matters affecting them, and that such views should be given due consideration according to the age and maturity of the child, is often undermined by different stakeholders (government, the public and individuals) on assumption that a child cannot make decisions.

At the regional level, the African Charter on the Rights and Welfare of the Child (ACRWC), drawn by the OAU (now AU) to compliment the UNCRC, gives special consideration under Article 21 to the African context, i.e. culture and tradition. Article 31 of the Charter provides for the rights and responsibilities of the child. Article 18(3) of The African Charter on Human and Peoples' Rights (1981) further expands the protection of women's and children's rights.

Each of the international and regional instruments requires that individual countries take action that will entrench these legal instruments in the laws of the land in National legislation and policies. Uganda has the Children's Statute of 1996 while Kenya has the Children's Act of 2001.

Being a policy advocacy organization, FIDA-Kenya's study on the Children's Act seeks to establish the effectiveness of its implementation by different stakeholders to prevent and protect against FGM. This shall provide a basis of its review and identification of the most appropriate strategies to ensure that the intended beneficiaries are protected by implementation of the Act.

Methodology

3.1 Study Site

The study was conducted in two districts—Garissa and Samburu (now Maralal district). Garissa district is inhabited by the Somali, where according to 2003 KDHS, the practice of FGM was 97%. Samburu district is inhabited by the Samburu people, where FGM prevalence rates are estimated to be above 90%. The two districts were selected because they both have very high FGM prevalence, and are isolated from urban Kenya. Any implementation of the Act in these areas would be obvious and therefore easy to observe in relation to other variables of change in regard to FGM.

3.2 Study Design and Population

The survey was conducted as a descriptive and exploratory study with the aim of a rapid situational assessment on the practice of FGM in the chosen communities. The study population was constituted by the youth (both boys and girls), elders (men and women), the community gatekeepers (community leaders, opinion shapers and other influential people in the community), circumcisers and religious leaders in the community. Others interviewed included political and administrative leaders, government officers, educators and civil society organizations (CBOs and/or NGOs) operating within the two areas and which are concerned with FGM.

3.3 Study Tools

A number of data collection instruments were used to obtain and record the data from the two communities. Qualitative data collection procedures were used in this study. The literature review provided background information upon which to situate the study within a political, economic and socio-cultural context. The following data collection instruments were used:

3.3.1 Key Informant Interviews

A total of 220 respondents were interviewed. They were distributed by district as follows: Garissa 115 (65 females and 50 males) and Samburu 105 (63 females and 42 males). A key informant guide was used to interview opinion leaders, education officials (heads of primary and secondary schools), judiciary, police, children's and youth officers, health, gender officers, district officers, chiefs, CBOs and NGOs and community and religious leaders. Relevant legislation and related project documents provided the bulk of secondary data.

3.3.2 In-depth Interviews

A simple guide was developed to capture qualitative information from the respondents on the practice of FGM and attempts at eradication of FGM. The guide was designed so as to capture desired information like hindrances to the enforcement of Children's Act, and how different organizations have taken advantage of the Act in their campaign for abandonment of FGM.

3.3.3 Focus Group Discussions (FGDs)

Twelve (12) FGDs (six in each district) were conducted with women's and youth organizations, civil society organizations, religious organizations, rescued girls and survivors of FGM in both districts. Meetings were held with ex-circumcisers, girls and boys from primary schools in Garissa and Samburu districts respectively.

3.3.4 Participant Observation

This gauged respondents' reactions to key issues around FGM during actual interviews, which were found to be important in informing implications for abandonment of the same. The Holy month of Ramadhan presented an opportunity to make more observations during restful and informal discussions.

3.3.5 Data Management and Analysis

The qualitative data from the key informants, FGDs and in-depth interviews were analyzed thematically along the set objectives giving credence to the voices of the respondents. This assisted in generating this report.

Findings

4.1 Awareness of the Existence of Legal Provisions Prohibiting FGM and the Protection that the Act Offers to Children at Risk

4.1.1 Respondents from Government Departments

The knowledge about existence of the legal provisions prohibiting FGM varies according to category of respondents and exposure, in the two districts. In Garissa district most of the respondents (chiefs and other officers from Ministries of Gender, Education and Health etc) referred to the Children's Act directly as the legal instrument providing for the protection of the rights of the child. The respondents mostly of Somali origin, aged between 35 and 55 years and have lived in the community since birth or for more than five years, with their families, had participated in activities that involved children's rights or had heard about projects dealing with child rights. They understand that the Act provides for all the four categories of rights of the child (life and survival rights, protection, development and participation), all of which, they said, are threatened by effects of FGM and other harmful practices on survivors as listed below:

Table 1: Most common violations of Rights of the Child in Garissa district

Form of Violation	Frequency	% Frequency
Abandonment	9	13.8
Defilement	7	10.8
Incest	2	3.1
Trafficking	1	1.5
Female Genital Mutilation	15	23.1
Confinement	1	1.5
Verbal Abuse	6	9.2
Child Labour	10	15.4
Sexual Exploitation	3	4.6
Neglect	9	13.8
Forced Marriage	2	3.1

According to the Magistrate and the Children's Officer in Garissa district, FGM cases are not filed in court or reported at the children's department as community considers it an acceptable cultural practice. However, a few reports of early marriages, as well as rape or defilement, are received by the Children's department and dealt with at the Children's court. They identified the biggest challenge to anti-FGM efforts and survivors of FGM as the inability to access justice (both physical and capacity). The physical aspect includes difficult terrain, while capacity describes the level of awareness of the Act.

4.1.2 Respondents from Civil Society Organizations

Representatives from CSOs in both districts are aware of the provisions within the Children's Act that protect against FGM and refer to the Act when campaigning for abandonment of the practice. Most of these organizations have been involved in activities around FGM abandonment campaigns spanning over 15 years for NGOs and over 40 years for FBOs. They work in partnership with communities through CBOs such as women groups, youth groups and opinion leaders to advance the anti-FGM agenda. The study notes that even though most CSOs are aware of the provisions of the Act, they do not know how to utilize the Act in order to bring offenders to justice. The Act has not been translated into local languages. According to them, the Act has never been taken seriously by government agencies, and therefore they could not cite any case where anyone has ever been accused, leave alone prosecuted, for carrying out FGM.

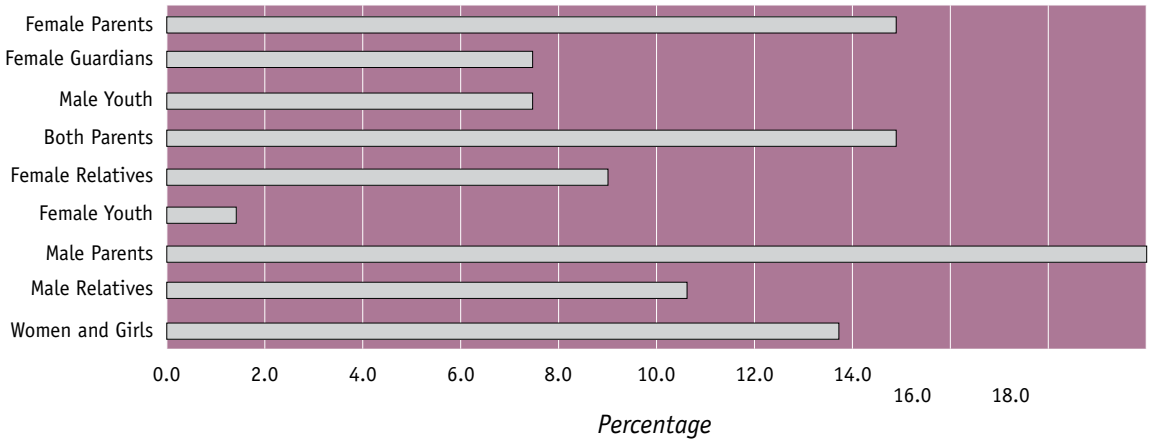
4.1.3 Respondents from the Community

Respondents from communities in both districts were from women and youth groups. In Samburu district, the community comprised of the Samburu and Turkana, has long known about rights of the child from anti-FGM advocacy work by missionaries (Catholic Church) and CSOs such as MYWO. Hence much of the gains identifiable around the Children's Act and the legal provisions for the protection of rights of the child have built on this experience and popularization by the Children's department[9] and the judiciary.

In Garissa district, the community representatives who were interviewed are aware of the provisions of the Children's Act to protect against the practice of FGM, but the extent of knowledge varies with literacy levels and exposure. Like in Samburu, the communities in Garissa are aware of the provisions of the Act outlawing FGM and constantly practice FGM in secret to avoid being prosecuted.

No community members from either districts were able to cite incidences where local people have been prosecuted under the Act. However, they were able to report cases brought before the local administration and to the police department. Such cases they noted were presided over by local elders because of communal pressure on local administration to allow for the cases to be settled out of court.

Table 2: Perpetrators of FGM



9 There was no Children Officer in the district until August, 2006 when the office was opened.

Community members in both districts explained that male parents (18.5%) are notorious in the perpetuation of FGM as they silently dictate how the ceremonial procedures will be carried out while female parents contribute to it at least 15.5%. The male youth avoid marrying uncircumcised girls (7.5%) while the girls might respond to their wishes (1.5%). Male and female relatives also contribute to the practice of FGM at 10.8% and 9.2% respectively.

The above similarities between the districts notwithstanding, the process of FGM varies: the Samburu undertake clitoridectomy in readiness for marriage (also pegged to wealth acquisition), from age 9; while the Turkana, traditionally do not circumcise their girls but might be 'forced' to do so as a requirement for marriage to a Samburu man. In an FGD of circumcised women (mainly Samburu, Kikuyu and Maasai), the women explained how cutting off the clitoral root made them weak instantly and powerless for life.

Case study 1: The Process of FGM in Samburu

FGM is normally done very early in the morning because it is believed this minimizes bleeding. The girl is shaved in the morning and red soil applied all over her body. She is then given shoes made from cow skin to wear. On the same evening, a cow is milked while the girl is watching. The milk is mixed with some water and left to stay overnight. Early the next morning, before sunrise, the milk is poured all over the girl's body to make her numb. She is then supported to lie down in a slanting position and with her hands held by one woman, while another holds her legs, and her clitoris and labia are cut. The circumciser, in symbolic ritual, then blesses the girl as she utters statements such as "...she should not die married to one man, but to marry many men in future..." Outside the ritual house, men sing and dance in agreement with the circumciser and praise the girl while encouraging her never to die with one man.

Among the Somali, infibulation is linked directly to preservation of virginity and is highly valued in their culture for being the control measure of choice to ensure that a girl does not have premarital or extramarital sex due to curtailed sexual drive. This involves excision of part or all the external genitalia and stitching/narrowing of the vaginal opening. The following case study was recorded from one of the FGDs:

Case study 2: FGD in Garissa

A mother organized for circumcision of her daughter in the year 2000 when she was six years old, against her father's wish. Her father after the procedure took her to stay with her aunt in Nairobi for four years. After the four years, the girl returned to Garissa, but her grandmother convinced the parents of the girl that the cut had not been done properly. The grandmother therefore took her away for a second FGM. The girl has since developed kidney problems because she can never pass urine properly. She visits the dialysis clinic every three weeks. The parents apologized to her and have never taken her other sisters for the cut (a member of the Girls' Forum, FGD Garissa).

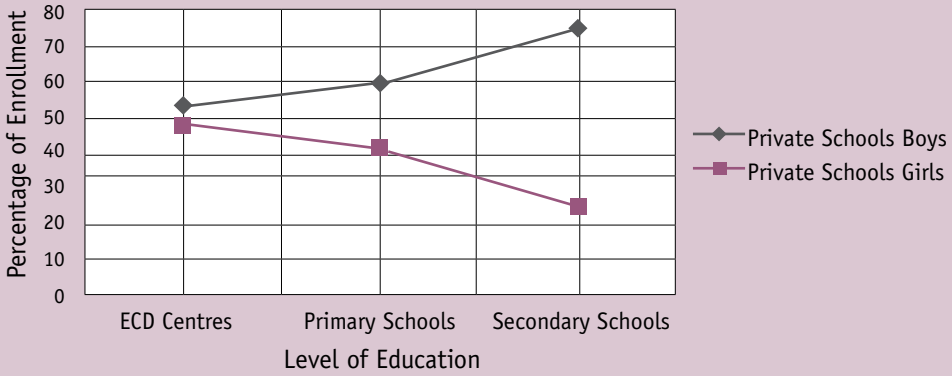
4.2 Enforcement of the Act by Key Implementers/Stakeholders

4.2.1 Enforcement by Government Ministries and Departments

The Government of Kenya, through all its arms of government and individuals in their various capacities, are stakeholders in the implementation of the Children's Act. The enforcement of the Act and existence of a vibrant Children's department are indications of the government's willingness to protect the rights of the child. The Police and Courts in Garissa and Samburu have not been active in the implementation of the Children's Act to safeguard

against FGM. This is because FGM is deemed to be a family affair and undertaken privately. In case of any dispute, the same is resolved without being referred to the Police or Court for prosecution. The Ministry of Education, on the other hand, has been very active by sending its officers to attend and give talks on issues relating to FGM during parents' and open days in schools. Head teachers have been instructed to report to the education office cases where girls report to them the threats from their parents to undergo the cut. In Garissa, FGM has contributed to low enrollment and retention of girls in schools. While it would have been expected that free primary education has enabled children from poor backgrounds to access the facility, the greatest challenge is the perception that girls who go to school are promiscuous.

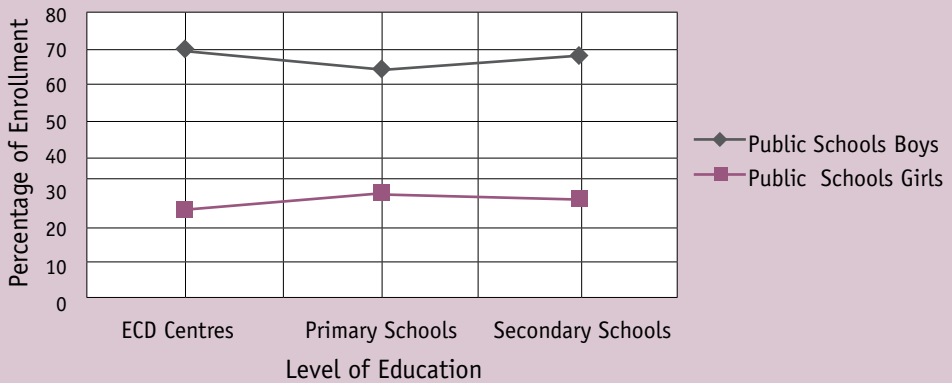
Table 3: Public Schools Enrolment Summary **- Garissa District Enrollment Summary for Private Schools**



Source: District Education Office, Garissa, September 2008

Teachers have started signing performance contracts[10] that require an officer to identify indicators to assist in tracking the reduction of FGM.

Table 4: Private Schools Enrollment Summary - **Garissa District Enrollment Summary for Public Schools**



Source: District Education Office, Garissa, September 2008

10 Performance contracts are domesticated according to issues of concern in the work area.

In both study sites, the Ministries of Gender, Children and Social Development; Education; Health; Culture and Sports; and Provincial Administration are implementing the Children's Act, focusing anti-FGM activities. Most of these Ministries use seminars, events such as the International Day of the African Child, the Zero Tolerance Day on FGM, as well as the International Women's Day, to popularize the rights of the child, most of which are national and international events celebrated at both provincial and district levels. Health workers organize health talks to assist survivors of FGM through health management e.g. counseling and reconstructive surgery where appropriate. The government has also come up with children's rescue homes where violated children take refuge.

According to MOH, in Maralal district, over 95% of the women who visit the hospital are circumcised. They come with FGM related complications including excessive bleeding, acute pain, trauma, retention of urine, painful menstruation, painful sexual intercourse and obstructed labour. Those experiencing difficulties in delivery often end up being operated on, which suffocates the hospital due to meager resources and few qualified staff. The hospital has also received inquiries from some survivors of FGM, on how their condition can be corrected.[11]

In both Samburu and Garissa districts, FGM has become a significant cause of maternal mortalities due to inability to access health facilities in time. The districts lack personnel and facilities to cope with emergencies such as caesarian sections.

4.2.2 Enforcement by Civil Society Organizations

CSOs compliment government efforts to promote human rights and to protect against FGM through awareness creation. In Garissa, they include Pastoralist Girls Initiative (PGI), Womankind, Care International, SUPKEM, Refugee Consortium of Kenya (RCK), UNICEF, and Appropriate Sustainable Pastoralist Empowerment Community Transformation (ASPECT). Religious organizations integrate child rights in their sermons.[12] Creation of awareness in schools and other public forums is done by religious organisations who integrate child rights in their sermons and pastoral lessons. Donor agencies provide funding support for Anti-FGM activities as well as for survivors.

PGI covers four districts (Lagdera, Fafi, Ijara and Garissa) and has a project, the Girls Forum, to address issues related to FGM. The Forum is compulsory for girls from standard four to eight. They discuss with their parents and community about the effects of early marriage on their education and the realities about HIV & AIDS. This is done during closing day and public barazas when they invite their parents and the community to listen to poems and songs that deliver messages. All the girls in the FGD, as represented by Tetu, Jaribu and Garissa primary schools had undergone FGM, except one whose parents were convinced by teachers not to cut.

Womankind, an indigenous NGO which covers the entire North Eastern province, is implementing the Children's Act through its programs, which include a school called Umumm Ul Kheir (mother of kindness) where girls are protected from FGM. The girls board in the school and only go home during school holidays under strict observation against FGM by relatives. They organize debates to discuss FGM with the boys in neighbouring schools – an approach that furthers the objectives of anti-FGM advocacy in the community. To enhance the impact of anti-FGM advocacy, the organization collaborates and has employed two ex- circumcisers to work at the school. Mama Ibrahim, now employed as a cook, learnt how to circumcise girls from her grandmother and stopped the practice in 1994 after circumcising for four years. She would get a cow, a goat or even five litres of ghee depending on the client's

11 FGM can now be partially reversed via a surgical technique, which gives back certain sensation to the genitalia. Clitoraid, a non-profit international organization, has built a hospital in Burkina Faso, West Africa, where women who have undergone FGM can be able to receive this procedure free of charge.

12 Al-Azhar university and UNICEF (2005), "Children in Islam, their Care, Upbringing and Protection".

ability. She has since sought forgiveness after learning that FGM is not an Islamic practice. Her colleague, Mama Halan, is a cleaner at Womankind after stopping the FGM practice nearly two years ago. She had heard from the radio, the health workers and even from religious leaders that FGM has a negative effect on the health of women and girls.

According to Womankind, general civic education and anti–FGM advocacy is promising. Ridiculing of women perceived not to be virgins is declining. In the past, a man would cut a hole in a piece of cloth or dig a hole in the ground, in a traditional seat or in the skin that makes shelter among the Somali to signify absence of virginity. This would create shame, especially for the mother of the girl. These sentiments were echoed in the FGD sessions.

In Samburu, MYWO use their structures and networks at the community level to enforce the Children's Act through sensitization of women, elders and boys on matters of FGM and early marriage, a very common practice in the community in which girls are married off even as early as 9 years. Most of them develop complications during child birth and/or get vaginal fistula and some die. Samburu Women Empowerment Integrated Programme (SWEIP) implements the Children's Act through FGM abandonment campaigns for women and youth groups, religious associations and community opinion leaders. They want the Traditional Council of Elders (Naapo), who are the opinion leaders, to personally view pictures of disfigured genitalia of some of the survivors of FGM to enable them to appreciate the severity of the problem as a strategy of enlisting their support in this advocacy.

The above efforts are complimented by Community Organization for Development Support (CODES) which implements the Children's Act through visits and talks about anti-FGM in schools and to councils of elders, who are usually men, and the morans. These are considered very influential stakeholders in the abandonment of FGM campaign. The Catholic Diocese of Maralal has been championing FGM abandonment campaigns in the district for over 30 years. In 2006 the church, jointly with the council of elders, came up with a model for an alternative rite of passage to protect against FGM, however, its dissemination and implementation was hindered when donor support was not forthcoming. Currently, the church provides psycho-social support and shelter within the diocesan rescue centres and enrollment in schools for girls escaping the cut. The diocese had also just committed to taking care of six children in Wamba hospital who were abandoned by uncircumcised parents because the children would be killed if they were taken home.

4.2.3 Enforcement by Community

The youth are a very powerful group. They can choose to freely marry only uncut women. One of them had this to say in an FGD:

> *"... We are hurt during contact. We get bruises, we do not enjoy because it is almost a fight. The value of the girl or woman is more important than the stitched private part. We get bruised on the knees because of the struggle. That is why a temporary structure is made in the bush and far away to avoid hearing the screams from the girl upon penetration. Many of these girls may be mauled by lions while coming back to collect water from their mother in-law's houses..."*

Most of the youth in the FGD stated that they were open to having women who are not circumcised because the cut does not necessarily guarantee fidelity after marriage. One of them shared about his sister's marriage which had been nullified due to FGM. The man could not penetrate and instead battered her. She is now in her second marriage after having been de-infibulated in a Nairobi hospital. The discussion also

noted that traditional conflict resolution mechanisms were interfering with FGM abandonment campaigns since perpetrators of the crime never reach court. The Somali regard discussion of anything involving sexual organs in the public realm a curse and so would go to great lengths to keep it private and among the community elders. In Samburu, the community is embracing the abandonment of FGM. In an FGD with a grassroots initiative, Samburu Women Network (SWN), the members said they encourage parents to ensure girls are enrolled and retained in school, give talks in religious gatherings and at festivities such as funerals.

While some youth have knowledge of the Act, they are skeptical on its importance as they have not heard of any prosecution through it. Many of them cannot read and most of those who can read do not understand English. They inquired if the Act could be simplified and translated so that majority of them could clearly understand it.

4.3 Obstacles to Full Implementation of the Act to Protect Against FGM

While communities in the focal districts are aware of existence of legal provisions prohibiting FGM and the protection that the Act offers to children who are at risk of the practice, challenges to its implementation persist. FGM is a cultural practice, considered to be a rite of passage for girls into adulthood (Samburu) and a preservation of purity for the Somali.[13] This study brings out the point that when culture clashes with the law, communities give more credence to their culture over the law. They are ready for prosecution and imprisonment to protect their traditional way of life. This culture of impunity is perpetuated by a system of inefficient law enforcement agencies who were perhaps never involved in the formulation of the Act.

The local administrators who ought to raise the alarm when the Act is breached believe that they first belong to their culture and then to their profession. They strongly believe that cultural concerns should be dealt with outside the courts. Of importance here then is the issue of harmonizing the law and culture because those who have not been cut find it difficult to get spouses. Some women then opt to be cut despite their education. Some girls who come from communities which do not circumcise embrace the cut in order to avoid losing potential husbands from circumcising communities. In some instances, interference and threats by chiefs and councilors against those who rescue girls running away from FGM have been reported.

Religious beliefs have hindered the full implementation of the Act especially in Muslim zones. The false belief that FGM is Islamic has led some communities to deliberately pay no regard to the Act. Such communities hold that it is better to obey God than man-made laws. Proponents of this view believe that Sunna is acceptable and is also less painful.

The knowledge that FGM has been outlawed has culminated in its being undertaken underground. It has therefore become increasingly difficult to monitor FGM trends. The practice is now not done to any particular age set, but by an individual family at will and without specificity to time. Public celebrations that ordinarily followed such rituals are things of the past.

The Children's Act leaves it to the discretion of the Magistrates to provide sentencing in cases of FGM, in contrast to the Sexual Offenses Act, which provides for minimum sentences. There are reports of some women seeking the cut upon becoming adults. It would be appropriate therefore to outlaw

13 "A man went to study abroad and came back to marry from his community. After the wedding, the man discovered that the wife had not undergone FGM. Because of this, he divorced her the following day. This sparked off a mass FGM for 20 girls on that day" - Youth Group member, FGD Garissa.

FGM for girls and women of all ages. Limited knowledge of the Children's Act by opinion leaders in the community due to its technical nature as well as inaccessibility of the Act in modes and languages that can be easily understood by local communities pose further challenges.

The very low education levels in some of these communities prevent them from demanding and standing firm for their entitlements and rights as given under the Act. In some homes priority is given to boys over girls in access to education. Beliefs that those girls who go to school are promiscuous isolate young girls and make them believe that only boys and men can lay claim to any rights. This scenario gives room to circumcised women to exercise very strong peer pressure on girls who have not been cut.

Conclusion and Recommendations

5.1.1 Conclusion

This study reveals how cultural concerns and religious beliefs are deeply ingrained in thoughts, perceptions and actions of communities in the focal districts in regards to the practice of FGM. The study suggests that the implementation of the Children's Act would have been far more successful had cultural concerns not been at the forefront in these communities. The study therefore suggests that other behaviour change models be given priority alongside the review of the Act, apart from the traditional approaches of sensitization and advocacy. When community stakeholders come together to conspire against specific government legislations, the question that comes up is: why the conspiracy against the Children's Act? Clearly evident is the fact that the Children's Act, especially sections 14 and 119 (1)(h), has major weaknesses in terms of application, while its enforcers are inadequately prepared to implement it.

Whereas this study establishes beyond reasonable doubt that most stakeholders are quite aware of the provisions of the Children's Act, sadly this awareness is not able to translate into definitive, action-oriented mechanisms. Further, the study reveals that the Police and Courts, as the key actors in the implementation of the Children's Act, are under-utilized since they handle very few or no cases at all. The study has also revealed that the Provincial Administration has not been cooperative in assisting in the implementation of the Children's Act to curb against FGM. A rights-based analysis and approach to abandonment of FGM was preferred by most respondents in this study. Specific groups that need to be targeted according to the study are parents, government officers, the girls, community leaders and FBOs, together with NGOs, CSO and CBOs.

5.1.2 Recommendations

Based on the identified challenges, the study recommends that FIDA Kenya spearhead the implementation of the following recommendations with key stakeholders such as Government Ministries, CSOs, NGOs and FBOs.

- Undertake consultative review of the Children's Act, taking into account greater involvement of people at the community level to create sustainable ownership of the process, while paying specific attention to sections 14 and 119 (I)(h). The reviewed Act should outlaw FGM not only to those less than eighteen years of age, but also to women above eighteen as well.
- Provide clear rules and regulations governing implementation of FGM clauses within the Act.
- Specifically outlaw any form of community dispute resolution in cases of FGM.
- Develop specific protocol on training and monitoring provincial administration on implementation of the Children's Act.
- Ensure that the reviewed Act has an all inclusive dissemination strategy and protocol. The Act must be written in simple language and must be reader-friendly, even to people with minimal education. Further, the reviewed Act must be disseminated to local communities in languages that they understand.
- Make provision for minimum sentence for FGM related offences.

- Empower Children Officers to initiate and prosecute FGM related cases.
- Integrate FGM in education curriculum, especially primary schools.
- Involve the media in creation of awareness on FGM using local stations, indigenous languages and presenters from the locality.
- Form partnerships with community based organizations and government for scaling up of monitoring anti-FGM activities.
- Involve political leaders, ex-circumcisers, council of elders, FBOs, youths, morans and like-minded stakeholders in anti-FGM advocacy.
- Sensitize and train opinion leaders and leadership committees at community level to support implementation of the Act and monitoring FGM activities.
- Scale up technical (legal) and financial support to organizations already working on FGM at community level to enhance their impact.
- Develop community-friendly IEC materials, audio and visual, on anti-FGM advocacy.

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Annex 1: Study Instruments

Federation of Women Lawyers (FIDA KENYA):

Focus Group Discussion (FGD)

Research on Implementation of the Children Act

We are from FEDERATION OF WOMEN LAWYERS (FIDA KENYA). We have identified you as a potential partner in contributing to implementation of the Children Act in this community, especially in preventing and protecting against FGM. We would be grateful for your time in responding to the following questions:

Area of interview: .....Date of interview.....

Names of respondent (optional).....

Name of institution (represented) .....

1. Understanding of the term "Human Rights".
2. How do "human rights" differ from rights of the child?
3. Participation in any activity organized on the rights of the child (Probe for the highlights of the meeting, who the conveners and participants were and time of reporting and leaving).
4. Give reasons for persistence of some forms of violence existing against the child, especially the girl child in this community (FGM, defilement and sexual exploitation).

5. When do these forms of violence occur and why? (Probe for whether this has any influence on the prevention and protection against commission of the crime).
6. How are you / your family involved in the prevention and protection against FGM?
7. What would you say is the impact of FGM on the girl child in this community? (Provide as many impacts as possible).
8. In what regard might you have heard of the following? (Children Act; Sexual Offences Act).
8. From your experience, what has the government done to prevent and protect the girl child against FGM in this community? (Probe for how they have handled cases brought before them).
9. Which other organizations do you know of that are supporting the government to address issues relating to FGM in this community / district? (Their names, area of coverage and exact effort being made for prevention and protection against FGM).
10. In your opinion, which is the best way to prevent and protect girls against FGM (give reasons for success of such method).
11. According to you, what are some of the best practices that the government and organizations working on implementation of the Children Act have recorded?
12. What are the challenges of preventing and protecting the girl child against FGM?
13. How do you think FIDA Kenya and any other person(s) working on elimination of FGM can monitor and evaluate their efforts?
14. Any other information that you might wish us to know that has not been mentioned in this discussion.
15. What recommendation can you give for stakeholder scaling up of implementation of the Children Act, especially as regards FGM?

Thank you very much for your time

Federation of Women Lawyers (FIDA KENYA):

FGD Guide on Research on Implementation of the Children Act

We are from FIDA KENYA. We have identified you as a potential partner in contributing to implementation of the Children Act in this community, especially in prevention and protection against FGM. We would be grateful for your time to respond to the following questions:

Area of interview: .....Date of interview.....

Names of respondent (optional).....

Name of institution (represented) .....

1. How was the Girls' Forum (GF) started?
2. Who constitutes its membership?
3. How are officials of the Girls Forum elected?
4. What are the main activities of Girls' Forum? (Probe for commitment; cohesiveness, especially in the use of the words 'I' or 'we')
5. Which rights of the child do you know? (i.e. how they got to know about them)
6. Relevance of GF clubs (probe for FGM activities in relation to the children involved; schools; parents/ guardians; community in general).
7. What are your duties and responsibilities in prevention and protection against FGM?
8. What challenges do you face in your efforts to prevent and protect against FGM?
9. What experiences and learning have you had with other schools having GF?
10. Achievements of GF clubs?

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