ISIOLO COUNTY'S EFFORTS IN SRHR/FP AND FGM ERADICATION: ANALYZING COUNTY COMMITMENTS IN COUNTY'S STRATEGIES AND INVESTMENTS (CIDPS) 2022-27 AND ADP BUDGETS 2022/23-2024/25.

CONTENTS

INTRODUCTION

Sexual and Reproductive Health and Rights (SRHR) stands at the core of public health and human rights, covering reproductive health services, family planning, maternal health, and the right to informed decisions about one's sexual and reproductive health. Simultaneously, addressing Female Genital Mutilation (FGM) is vital, being a harmful cultural practice impacting the well-being of individuals, particularly women and girls.

Analysis Scope: This study explores the County Integrated Development Plans (CIDPs) for 2022-27, comprehensive development blueprints spanning five years. Additionally, it examines the Annual Development Program (ADP) budgets for 2022/23, 2023/24, and 2024/25, framing the financial aspect of CIDP implementation. The primary focus is how Isiolo County integrates SRHR and FGM concerns within its broader development agenda.

Key Objectives:

1. Evaluate the clarity, relevance, and measurability of Isiolo County's SRHR and FGM goals in CIDPs.
2. Examine how ADP budgets allocate resources to SRHR and FGM programs, ensuring alignment with CIDP objectives.
3. Scrutinize specific programs, initiatives, and activities addressing SRHR and ending FGM, including outcomes and timelines.
4. Assess the presence of a robust monitoring and evaluation framework, including performance indicators for tracking progress.
5. Identify key stakeholders and community engagement in SRHR and FGM program implementation.
6. Evaluate alignment with national and international policies on SRHR and FGM.
7. Consider data collection, reporting mechanisms, and impact assessments.
8. Examine community feedback mechanisms, ensuring the inclusion of voices affected by FGM and SRHR.

This analysis will provide insights into Isiolo County's strategies, commitments, and resource allocation for SRHR and FGM, benefiting stakeholders, policymakers, and organizations striving to enhance the well-being of Isiolo residents and advance SRHR and FGM elimination.

This detailed analysis of Isiolo County's CIDPs for 2022-2027 and the ADP budgets for 2022/23, 2023/24, and 2024/25 with a focus on Sexual Reproductive Health and Rights (SRHR) and efforts to end Female Genital Mutilation (FGM) will provide valuable insights into the county's strategies and investments in these critical areas.

BACKGROUND TO ISIOLO

Isiolo County, in northern Kenya, is a member of the Frontier County Development Council (FCDC), along with Lamu, Tana River, Garissa, Wajir, Mandera, Marsabit, Turkana, and West Pokot. Its population comprises Cushitic Communities (Oromo-speaking Borana and Sakuye), Turkana, Samburu, Meru, Somali, and other immigrant communities. Approximately 53% of the residents live in rural areas. Still, the urban population is expected to rise with the completion of the Lamu Port South Sudan Ethiopia Transport (LAPSSET) Corridor project, positioning Isiolo as a crucial gateway between Northern and Southern Kenya. This strategic location has attracted local and international investors, making the county a potential economic giant, industrial hub, and international trading center.

Isiolo County's landscape features beautiful hills, valleys, acacia trees, vast savannah grasslands, and diverse wildlife. Abundant land, tourist attractions, and minerals constitute its primary economic resources. Livestock production dominates economic activities, supporting 80% of the population, while the remaining 20% engage in agro-pastoral, trade, and casual labor. Isiolo County shares borders with Marsabit, Samburu, Laikipia, Garissa, Wajir, Tana River, Kitui, Meru, and Tharaka Nithi Counties, covering 25,605km2 between Longitudes 360 50’ and 390 50’ East and Latitude 00 05’ South and 20 North.

Ending Female Genital Mutilation/Cutting (FGM/C) in Isiolo County, like in many regions where this retrogressive and harmful practice persists, will require a multi-faceted approach that involves community engagement, policy change, structures, frameworks, and awareness campaigns. Here are practical and concrete recommendations, along with an advocacy strategic framework, to help end FGM in Isiolo County

CONTEXTUALIZING ISIOLO

Isiolo County boasts a rich cultural tapestry, harboring diverse ethnic communities with distinct traditions. The arid and semi-arid climate of the region poses both challenges and opportunities in addressing prevalent issues such as Female Genital Mutilation (FGM), Sexual and Reproductive Health and Rights (SRHR), Family Planning, and Maternal and Child Health (MCH). Effective advocacy and intervention necessitate a thorough understanding of the local context.

1. Female Genital Mutilation (FGM): FGM is widespread in Isiolo County, particularly among the Somali and Borana communities, deeply entrenched in cultural traditions tied to womanhood. Communities may perceive it as a rite of passage, a means to maintain purity, and a pathway to secure marriage prospects for girls. Combating FGM requires culturally sensitive approaches engaging community leaders, religious institutions, and elders. Anti-FGM interventions should emphasize education, awareness, and promotion of alternative rites of passage to challenge entrenched cultural beliefs.

2. Sexual and Reproductive Health and Rights (SRHR): Access to SRHR and primary healthcare services is often limited, especially in remote rural areas. High fertility rates, early marriages, and insufficient sex education contribute to SRHR challenges. Improving SRHR involves increasing access to contraceptives, promoting comprehensive sex education, and offering services related to family planning, maternal health, and prevention of sexually transmitted infections.

3. Family Planning: Isiolo County faces the challenges of limited access to family planning services and low contraceptive prevalence rates. Cultural and religious factors may influence family planning decisions, and myths about contraception can prevail. Effective family planning interventions need to address these cultural factors, providing education, awareness, and access to various contraceptive options.

4. Maternal and Child Health (MCH): Isiolo County experiences high maternal and child mortality rates due to factors like limited access to skilled healthcare during childbirth, malnutrition, and inadequate healthcare facilities. Improving MCH requires focus on healthcare infrastructure, training skilled birth attendants, and promoting antenatal and postnatal care. Nutritional interventions and community health education are essential for enhancing child health outcomes.

5. Cultural Sensitivity and Community Engagement: Addressing FGM, SRHR, family planning, and MCH requires recognizing cultural sensitivity and diversity. Engaging with local leaders, elders, and religious institutions is critical for building trust. Tailored approaches respecting local cultures while advocating for change are essential.

6. Education and Awareness: Community awareness and education programs are pivotal. Information campaigns should suit the local context, using languages and communication methods that resonate with the community. These campaigns should dispel myths, provide accurate information, and promote the rights and well-being of women and children.

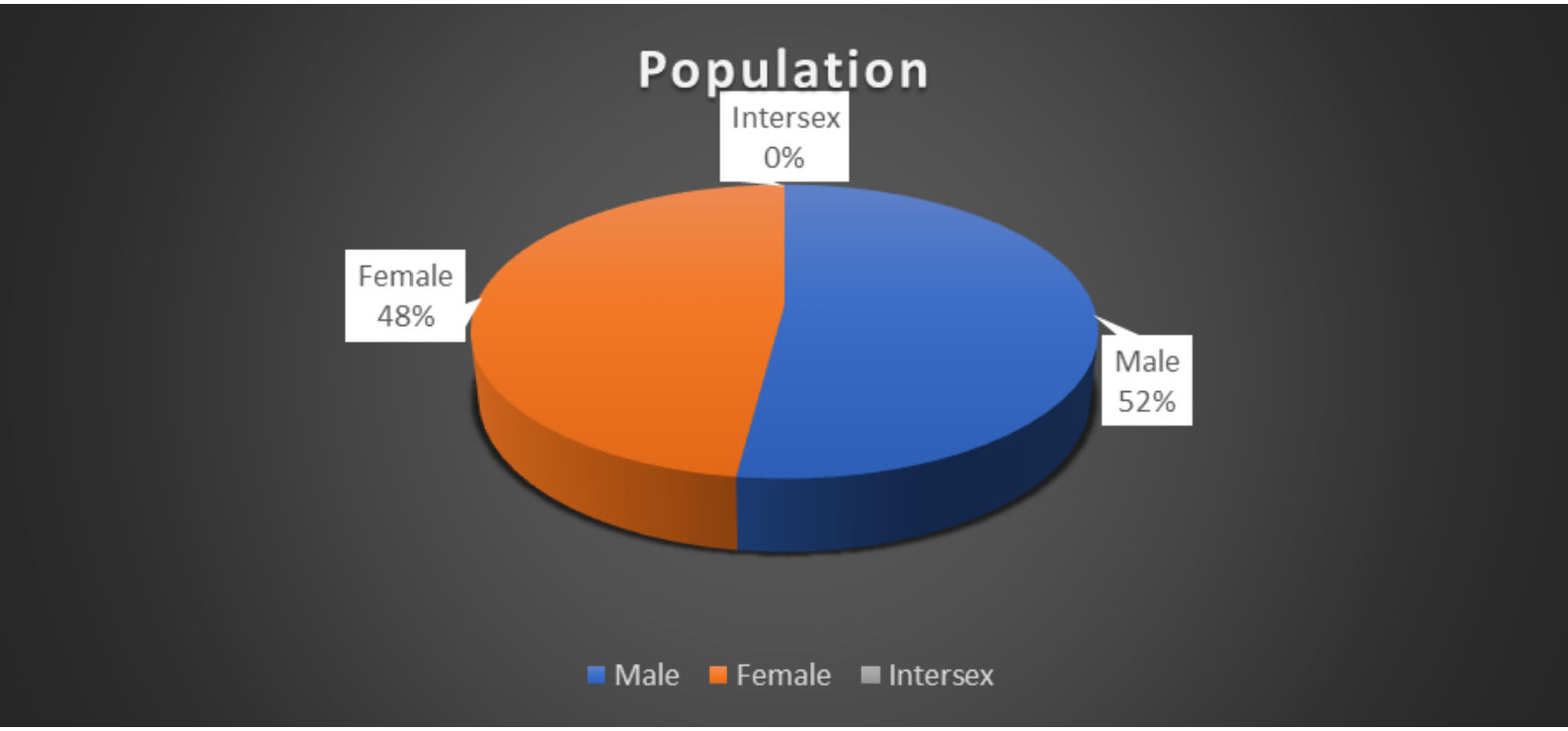
7. Integration and Collaboration: A collaborative approach involving government agencies, NGOs, healthcare providers, educators, and local organizations is essential. Partnerships with local, national, and international agencies can provide resources and technical expertise.

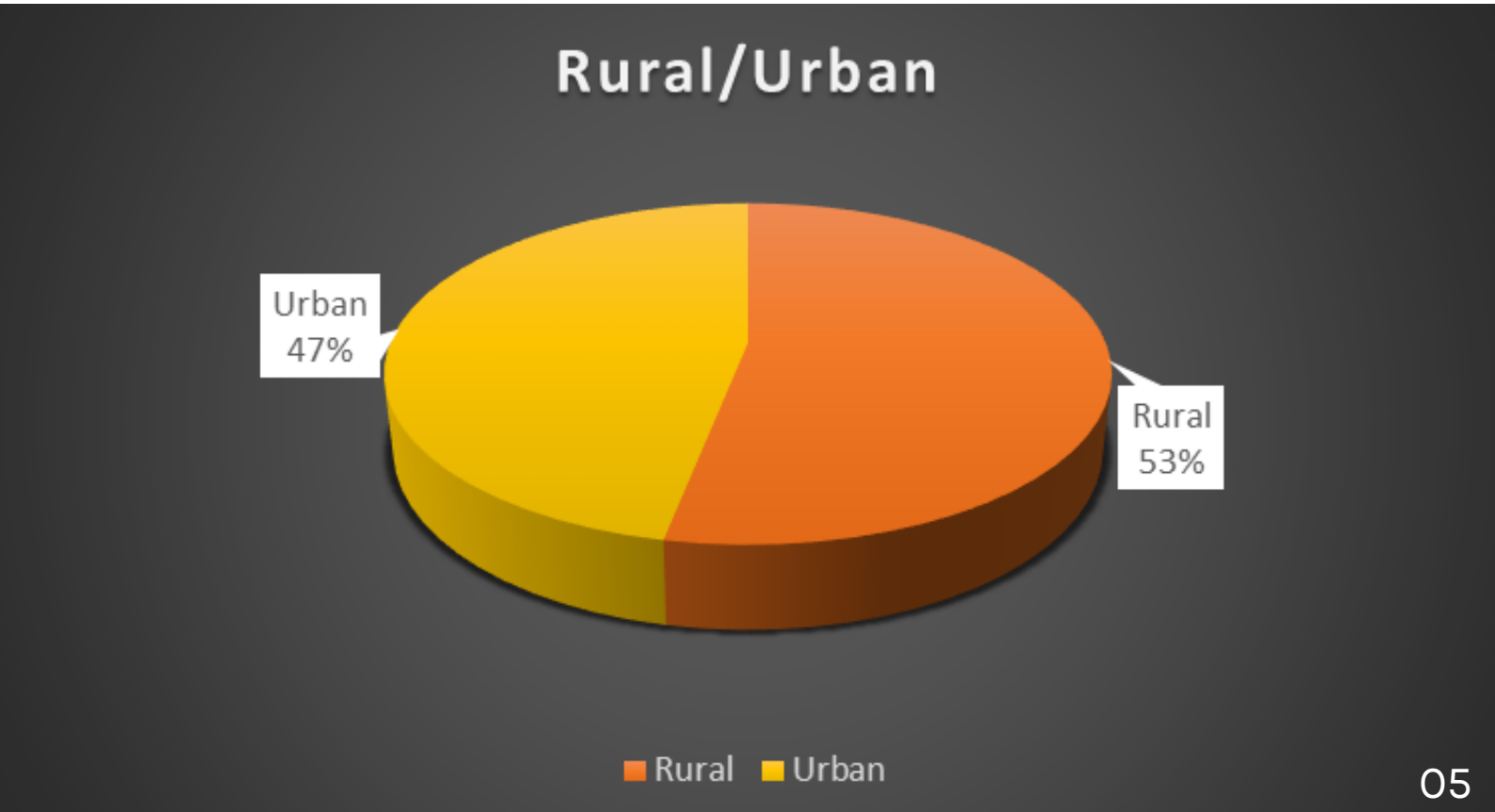
8. Long-Term Sustainability: Sustainable interventions in FGM, SRHR, family planning, and MCH should be developed to ensure positive changes are maintained. This includes ongoing monitoring, evaluation, knowledge sharing, and program adaptation to address evolving challenges.

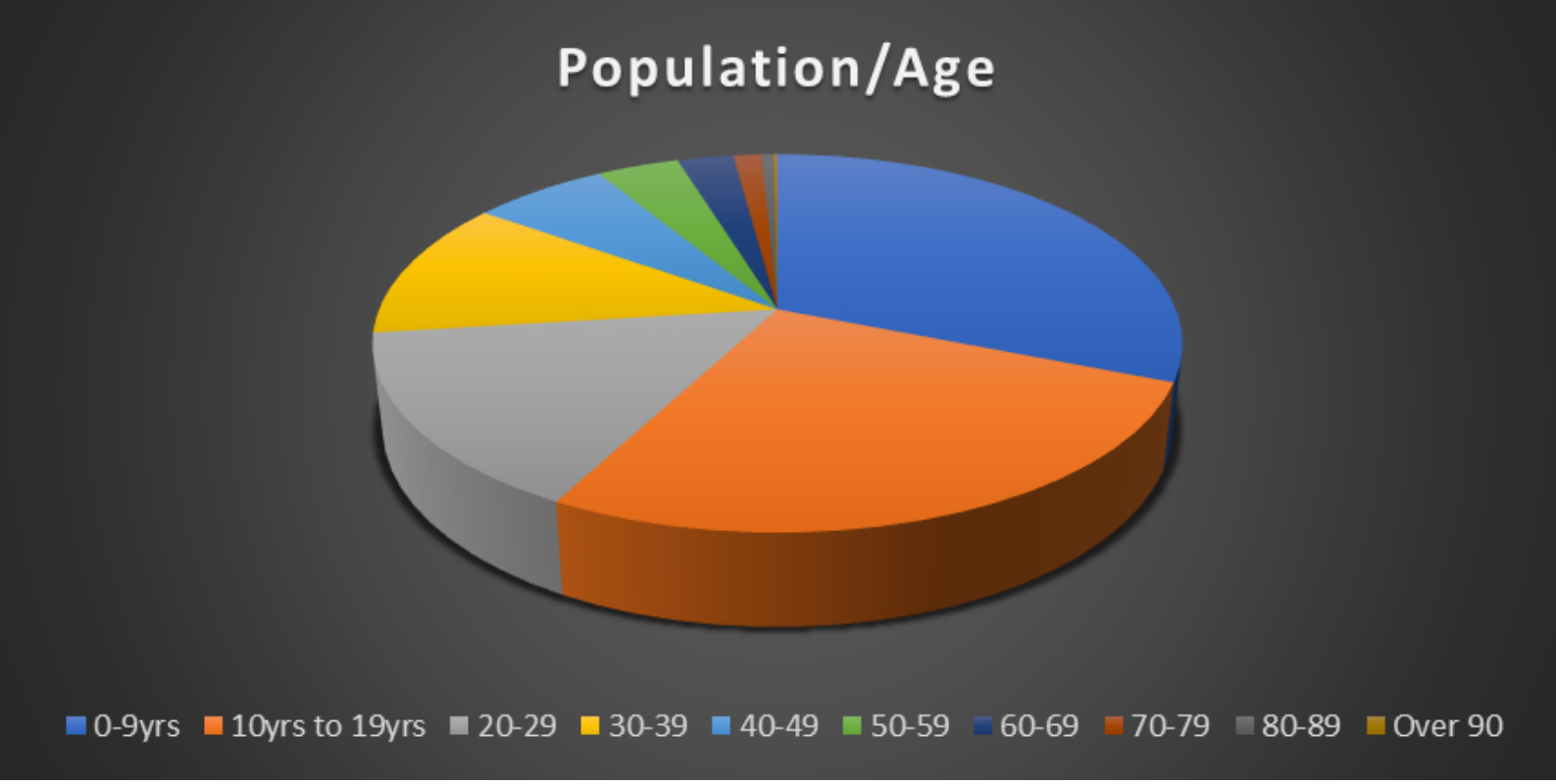
In summary, addressing these issues in Isiolo County demands a culturally sensitive, community-driven approach encompassing awareness, education, healthcare infrastructure improvements, and policy advocacy. This analysis comprehensively examines the county's commitments, strategies, and investments in these critical areas as outlined in the County Integrated Development Plans (CIDPs) for 2022-27 and the Annual Development Plans (ADP) budgets for 2022/23-2024/25.

POPULATION AND DEMOGRAPHICS

According to the most recent available data, as of KPHC 2019, the county's population is 268,002. Isiolo County is characterized by a diverse mix of ethnic groups, with the most populous being the Oromo-speaking Borana and Sakuye, Turkana, Samburu, Meru, and Somali. Most of the population resides in rural areas, and the county's demographics reflect a young population with a significant proportion under the age of 39. These demographic characteristics have implications for the region's healthcare, education, and economic development.







Sub County	2019 Census	2022 projection	2025 projection	2027 projection
Isiolo	121,066	134,378	149,159	165,885
Garbatulla	99,730	106,710	114,180	122,172
Merti	47,206	50,507	54,043	57,826
Total	268,002	297,595	317,382	345,883

Isiolo County boasts a sizable youthful population, comprising 27% of the total population, with a projected youth population (15-29 years) of 83,988. This demographic demands essential services like health, education, water, sanitation, housing, and employment. Despite the challenges, a young population presents opportunities for county development if adolescents receive the necessary support to achieve educational goals and develop into responsible adults. All government sectors, development partners, and stakeholders must pay close attention to this population segment for the county to contribute to its long-term developmental goals. Critical interventions for this cohort include addressing issues such as teenage pregnancy, harmful cultural practices (female genital mutilation and early marriage), new HIV infections, drug trafficking and abuse, sexual violence, human trafficking, religious extremism, and radicalization.

In 2022, the county's projected population of women of reproductive age (15-49) reached 64,898, comprising over half of the female population. However, the contraceptive prevalence rate stagnates at 30.7%, resulting in a high fertility rate of 4.9, compared to the national average of 3.4 (KDHS 2022). The county faces a concerning trend of high adolescent birth rates, particularly among underage girls aged 10 to 14, leading to school dropouts. Despite an 86% improvement in skilled delivery, the increasing number of women of reproductive age necessitates investments in enhancing maternal and child health quality. The county should focus on preventive, health promotion, and curative interventions, including cervical cancer screening, antenatal care, postpartum care, emergency obstetric and neonatal care, and family planning services. Considering population dynamics diversity, innovative strategies, such as strengthening primary health care, are crucial to reaching the hard-to-reach and marginalized sections of the population.

INDICATORS AND FIGURES ON FP/MCH/FGM

Key Indicator	Parameter	Isiolo County	National
Fertility and Family Planning (FP)	Total fertility rate (number of children per woman)	4.5	3.4
	Teenage pregnancy (% age 15-19 who have ever been pregnant)	17	15
	Use of modern method of FP (% of married women age 15-49)	29	57
	Unmet need for FP (% of married women age 15-49)	27	14
	Demand for FP satisfied by modern methods (% of married women age 15-49)	52	75
	Not using any contraception (% of women 15-49 using traditional or Modern contraceptives)	69	37
Maternal and Child Health	Births delivered by a skilled provider (%)	85	89
	Women age 15-49 who had a live birth and had over 4 antenatal visits (%)	53	66
	Women age 15-49 with a postnatal check during the first 2 days after birth (%)	75	78
	Births delivered in a health facility (%)	84	83
Female Genital Mutilation	Women 15-49 who have ever heard of FGM (%)	97.4	96.9
	Men 15-49 who have ever heard of FGM	100	97.3

ISIOLO COUNTY ALLOCATIONS, INVESTMENTS, AND PROJECTIONS ON SRHR, FP, MC, AND FGM

Development Issues Related to FGM

1. The Health sector notes elevated morbidity and mortality due to sociocultural factors like FGM and early marriages.
2. Children Protection highlights an increased number of vulnerable children due to inadequate enforcement of child protection laws and regressive cultural practices like FGM and child beading.
3. Gender, culture, social services, Sports, and Youth identify constraints such as the absence of a county cultural center, lack of a county culture policy, rampant FGM, and insufficient ethnographic collections. Opportunities include the availability of cultural leaders, a rich traditional culture, and supportive partners.
4. In Sexual and Gender-Based Violence, key constraints are the lack of rescue institutions for survivors, the absence of a county gender policy, and a dominant patriarchal culture. Opportunities lie in supportive partners, an advanced formulation stage for a Gender policy, and an available budget for awareness.
5. In Youth unemployment, causes include a lack of relevant skills, limited access to credit, poverty, and substance abuse. Constraints involve the absence of a county youth policy and cultural influences on specific jobs. Opportunities include credit facilities, county Biashara Fund initiation, VTCs for skill upgrades, and partners in youth empowerment.
6. As fertility levels decline, simultaneous strategic investments in health, education, economy, and governance sectors are crucial. This entails strengthening existing facilities and healthcare providers to enhance services.

Health Sector Priorities and Strategies on FGM

Isiolo County Government aims to reduce violence by collaborating with stakeholders on Gender-based violence and FGM. Programs focus on Education, Vocational Training, Youth, Sport, Gender, Culture, and Social Services for gender mainstreaming in development planning. The goal is enhanced social, political, and economic equality for women, men, girls, and boys. To address Gender-based violence, a County-specific costed action plan on FGM with a budget of Kshs 4 million over five years aligns with SDG 5. The objective is to end FGM and achieve social harmony and economic equity among genders.

RISK, IMPLICATION, LEVEL, AND MITIGATION MEASURES

Risk Category	Risk	Risk Implication	Risk Level	Mitigation measures
Social Cultural Risks	FGM, Child Marriage,	School dropouts Loss of lives and livelihoods	Medium	• Advocacy and Social Behavior Change campaigns. • Law enforcement. • Establishment of rehabilitation and rescue centers

DEVELOPMENT ISSUES RELATED TO SRHR

The Health Sector

Sector	Development Issue	Causes	Constrains	Opportunities
Health	High maternal and neonatal mortality burden	• Inadequate access to health care. • Migratory lifestyle exacerbated by climate change;. • Sparsely distributed health service point;. • Low contraceptive prevalence rate;. • Low uptake of ante-natal care services;. • Inadequate BEmONC and CEmONC services across the County;. • Sub-optimal level of completion of immunization;. • Changing and varying available and advanced health technologies	• Inadequate Number of health facilities;. • Gaps in HRH, including specialists' services;. • Irregular and underfunded Outreach services;. • Competency skills gaps in BEmONC services;. • Social-cultural • barriers to services uptake; Inadequate referral systems	• Integrated planning for infrastructure development. • Operationalization of 7 newly constructed HFs. • Available core HCWs;. • integrated outreaches Innovations to reach vulnerable groups and collaboration with partners. • Development partners who are capacity building HCWs in core RMNCAH courses. • Community health services act in place. • Implementation of County referral strategy
	Sub-optimal uptake ART services	• Sub-optimal • health-seeking behaviors including adherence issues; - Stigma; and • Commodities • insecurity	• Inadequate HIV services coordination;. • Lack of prioritization of HIV services in the County budget making process; • Erratic supply of HIV commodities attributable to unreliable supply chain; and • Inadequate capacity in HIV management among healthcare workers.	• Regular stakeholder's forum for planning and Partners support - School health programmes • Integration of HIV services at all health facilities; • Facilities at lower KEPH levels offering HTS services; • Political goodwill to fight HIV and AIDS stigma; • Involvement of PLHIV in the activities of the County • Implementation of County AIDS implementation plan (CAIP)

1. REPRODUCTIVE HEALTH, FAMILY PLANNING

Sector Programmes
Programme Name: Preventive and Promotive Health Services

Sub Programme	Key Output	Key Performance Indicators	Linkages to SDG Targets	Target	Cost in Millions
Family & Reproductive Health	Community access quality and effective reproductive maternal and child health	proportion of women of Reproductive age receiving family planning drugs	SDG 3	28	10
	Access to integrated Sexual and genderbased violence provided	Number of health facilities providing comprehensive SGBV services	SDG 3	4	20
		Number of Multi-sector stakeholders for a and technical working groups to improve SGBV services supported.	SDG 3	8	5

PROGRAMME NAME: CURATIVE AND REHABILITATION HEALTH SERVICES

Sub Programme	Key Output	Key Performance Indicators	Planned Targets	Archived Targets	Data Source	Reporting frequency	Remark
	Community access quality and effective reproductive maternal and child health	proportion of women of Reproductive age receiving family planning drugs	28			Quarterly	
	Access to integrated Sexual and gender-based violence Provided	Number of health facilities providing comprehensive SGBV services	4			Quarterly	
		Number of Multi-sector stakeholders for a and technical working groups to improve SGBV services supported.	8			Quarterly	

CROSS-SECTORAL IMPACTS EDUCATION AND VOCATION TRAINING; YOUTH AND SPORT: GENDER, CULTURE AND SOCIAL SERVICES

Programme Name	Linked Sector	Cross-Sector Impact		Measures to Harness or Mitigate the Impact
		Synergies	Adverse Impact	
Gender Mainstreaming	Health	Provide medical treatment, psychosocial support for the survivors of SGBV	High rates of unreported SGBV cases	Psychosocial support and referral of SGBV cases. Enhance access to reproductive maternal child and adolescent's health.

Sector Priorities and Strategies-Health Services

Sector Priorities	Strategies
Provide essential health services	• Provision of high-quality and responsive Reproductive Maternal Neonatal Child Health (RMNCH) Services; • HIV/AIDS Control Interventions focusing on prevention testing (including self-testing) and linkage to care for al cohorts;

Sector Priorities and Strategies-Health Services

Sector Priorities	Strategies
Reduce the burden of violence and injuries	Strengthen collaboration with different stakeholders in addressing the rising burden of Gender based violence, including FGMs and early marriages.

PROGRAMME NAME: GENDER MAINSTREAMING

Objective: To mainstream gender in county development planning and promote equitable political and socio-economic development for women, men, girls, and boys.

Sub Programme	Key Output	Key Performance Indicators	Linkages to SDG Targets	Planned Target	Cost
Gender-based violence and other Harmful Practice	GBV training conducted for service providers e.g Health officers, Police officers, legal and paralegals etc.	Number of service providers trained on GBV	SDG 5	200	3
	County specific costed action plan on FGM developed.	County specific costed action plans to end FGM in place	SDG 5	-	0
	SGBV community sensitization forums held	Number of SGBV community members sensitized	SDG 5	500	2
	Gender Based violence recovery centres established.	% completion and operationalization of gender based recovery centers	SDG 5	20	5
Women Empowerment	Sensitized county leadership of gender equity	Number of county managerial staff sensitized on gender equity	SDG 5	50	1
	Women trained in leadership governance.	Number of women trained on leadership and governance	SDG 5	100	1
	GBV reporting platforms	GBV Hotline reporting in place	SDG 5	-	-

1. REPRODUCTIVE HEALTH, FAMILY PLANNING

Lessons learnt

Demand-side financing, including Mama Kits and transport vouchers, contributed to essential service uptake, particularly maternal, child, and reproductive health services.

Sector Programmes

Summary Sector Priorities -Health Services

Sub Programme	Key Output	Key Performance Indicators	Baseline	Planned Targets	Resources Required (Ksh.M)
Family & Reproductive Health	Community access quality and effective reproductive maternal and child health	% Of deliveries conducted by skilled attendants	84%	87%	20
		Proportion of women of Reproductive age receiving family planning drugs	25%	30%	10
		% Cumulative increase in number of pregnant women attending 4 ANC visits	59%	53%	5
		% Cumulative increase in number of mothers attending PNC visits	32%	35%	15
		% Increase in number of infants under 6 months on exclusive breastfeeding	81%	85%	20
	Access to integrated Sexual and gender based violence Provided	No. of health facilities providing comprehensive SGBV services	3	6	20
		No. of Multi-sector stakeholders for a and technical working groups to improve SGBV services supported	1	4	5
Communicable diseases control	Community access to quality communicable diseases interventions	Number of HIV+ pregnant mothers receiving preventive ARVs	7099	7998	10
		Number of eligible HIV patients on ARVs	169588	285903	10
		Number of Mother to Child Transmission of HIV	31619	2407	10
Noncommunicable diseases and injuries	Responsive noncommunicable diseases and injuries interventions	Proportion of women of Reproductive age screened for cervical cancer	632	3310	20

PROGRAMME NAME: PREVENTIVE AND PROMOTIVE HEALTH SERVICE

Objective: Enhance essential health services provision while reducing the burden of violence and injuries

Sub Programme	Key Output	Key Performance Indicators	Definition(how is it calculated)	Baseline (current Status)	Planned Target	Data Source	Frequency of Monitoring	Responsible agency	Reporting Frequency
Family & Reproductive Health	Community access quality and effective reproductive maternal and child health	No deliveries conducted by skilled attendants		6035	6396	KHIS	Annual	Dept. of Health	Annual
		No. of women of Reproductive age receiving family planning drugs		13715	17500	KHIS	Annual	Dept. of Health	Annual
		No. increase in number of pregnant women attending 4 ANC Visits	Number	3951	4310	KHIS	Annual	Dept. of Health	Annual
		No of mothers attending PNC visits	Number	6525	7500	KHIS	Annual	Dept. of Health	Annual
		Proportion of infants under 6 months on exclusive breastfeeding	Number	81%	90%	Survey report	Annual	Dept. of Health	Annual
		Number of youth friendly centers set-up and operationalized	Number	0	2	Completion report	Annual	Dept. of Health	Annual
	Access to integrated Sexual and gender based violence Provided	Number of health facilities providing comprehensive SGBV services	Number	1	6	APR	Annual	Dept. of Health	Annual
		Number of Multi-sector stakeholders for a and technical working groups to improve SGBV services supported	Number	1	8	Activity report	Annual	Dept. of Health	Annual
Non-communicable diseases and injuries	Responsive noncommunicable diseases and injuries interventions	Proportion of women of Reproductive age screened for cervical cancer.	percentage	632	3000	KHIS	Quarterly	Dept. of Health	Annual

2. FEMALE GENITAL MUTILATION AND SGBV

Health services

Sector Priorities Strategic

Sector Objectives	Strategies
To reduce the burden of violence and injuries	• Expansion of facilities providing SGBV services • Strengthen collaboration with different stakeholders in addressing the rising burden of Gender-based violence including FGMs and early marriages.

Gender Mainstreaming

Objective: To mainstream gender in county development planning

Sub Programme	Key Output	Key Performance	Baseline	Planned Targets	Resource Required (Ksh.M)
Gender-based violence and other Harmful Practice	GBV training conducted for service providers e.g Health officers, Police officers, legal and paralegals etc	Number of service providers trained on GBV	100	200	3
	County specific costed action plan on FGM developed.	County specific costed action plans to end FGM in place.	1	1	4
	SGBV community sensitization forums held	Number of SGBV community members sensitized	200	600	2.5
	Gender Based violence recovery centres established	% completion and operationalization of gender based recovery centres.	0%	40	10

Risk Management

Risk Category	Risk	Risk Implication	Risk Level (Low, Medium, High)	Mitigation measures
Socio Cultural Risks	Cattle rustling FGM, Child Marriage, drugs	School dropouts Loss of lives and livelihoods Rising insecurity.	medium	Advocacy and Social Behaviour Change campaigns Law enforcement Inter County peace building campaigns and dialogues Establishment of rehabilitation and rescue centers

GENDER MAINSTREAMING

Objective: To mainstream gender in county development planning

Sub Programme	Key Output	Key Performance Indicators	Definition (how is it calculated)	Baseline (current status	Planned Target	Data Source	Frequency of Monitoring	Responsible Agency	Reporting Frequency
Gender based violence and other Harmful Practice	GBV training conducted for service providers e.gHealth officers, Police officers, legal and paralegals etc	Number of service providers trained on SGBV	Number	100	200	Gender Dept.	Quarterly	Gender Dept.	Annually
	County specific costed action plan on FGM developed	County specific costed action plans to end FGM in place	Number	1	1	Gender Dept.	Bi-annual	Gender Dept.	Annual
	SGBV community sensitization forums held.	Number of SGBV community members sensitized	Number	200	600	Gender Dept.	Quarterly	Gender Dept.	Annual
	Gender Based violence recovery centres established	% completion and operationalization of gender based recovery centers	Percentage	0%	40%	Gender Dept.	Bi-annual	Gender Dept.	Annual

Sector Priorities and Strategies-Health Services

Sector priorities	Strategies
Provide essential health services	• Provision of high-quality and responsive Reproductive Maternal Neonatal Child Health (RMNCH) Services; • HIV/AIDS Control Interventions focusing on prevention, testing (including self-testing) and linkage to care for all cohorts;
Reduce the burden of violence and injuries	• Expansion of facilities providing SGBV services • Strengthen collaboration with different stakeholders in addressing the rising burden of Gender based violence including FGMs and early marriages

Sector Programmes - Health Services

Sub Programme	Key Output	Key Performance	Linkages to SDG Targets	Planned Targets and indicative Budget (Ksh.M)										Total Budget (Ksh.M)
				Year 1		Year 2		Year 3		Year 4		Year 5		
				Target	Cost	Target	Cost	Target	Cost	Target	Cost	Target	Cost	
Family & Reproductive Health	Community access quality and effective reproductive maternal and child health	Number of women of Reproductive age receiving family planning drugs	SDG 3	19764	10.00	21176	10.00	22588	10.00	2400	10.00	25412	10.00	50.00
	Access to integrated Sexual and gender-based violence Provided	Number of health facilities providing comprehensive SGBV services	SDG 3	4	20.00	6	20.00	10	20.00	14	20.00	18	20.00	100.00
		Number of Multisector stakeholders for a and technical working groups to improve SGBV services supported	SDG 3	8	5.00	8	5.00	8	5.00	8	5.00	8	5.00	25.00

PROGRAMME NAME: GENDER MAINSTREAMING

Objective: To mainstream gender in county development planning and promote equitable political and socio-economic development for women, men, girls, and boys

Sub Programme	Key Output	Key Performance	Linkages to SDG Targets	Planned Targets and indicative Budget (Ksh.M)										Total Budget (Ksh.M)
				Year 1		Year 2		Year 3		Year 4		Year 5		
				Target	Cost	Target	Cost	Target	Cost	Target	Cost	Target	Cost	
Gender-based Violence and other Harmful Practice	GBV training is conducted for service providers e.g. Health officers, Police officers, legal and paralegals etc.	Number of service providers trained on GBV	SDG 5	200	3	200	3	250	3.5	300	4	300	4.5	18
	County-specific costed action plan on FGM developed	County-specific costed action plans to end FGM in place.	SDG 5	-	0	1	4	-	0	-	0	-	0	4
	SGBV community sensitization forums held.	Number of SGBV community members sensitized	SDG 5	500	2	600	2.5	650	3	700	3.5	750	4	15
	Gender Based violence recovery centres established	% completion and operationalizatio n of gender based recovery centres.	SDG 5	20	5	40	10	50	5	70	10	100	10	40

Cross-sectoral Impacts Education and Vocational Training; Youth and Sport;

Gender, Culture, and Social services

Programme Name	Linked Sector(s)	Cross-Sector Impact		Measures to Harness or Mitigate the Impact
		Synergies	Adverse Impact	
Gender Mainstreaming	Health sector	Provide medical treatment, psychosocial support for the survivors of SGBV	High rates of unreported SGBV cases	Psychosocial support and referral of SGBV cases. Enhance access to reproductive maternal child and adolescent's health.

Outcome Reporting Indicator Matrix

Programme	Outcome	Outcome Indicators(S)	Baseline		Mid Term Target	End Term Target	Reporting Responsibility
			Value	Year			
Preventive and Promotive Health Services	Reduced Morbidities and mortalities at Primary health care levels	Proportion of women of Reproductive age screened for Cervical cancers	1%	2022	6%	10%	County Department of Health

2. GENITAL MUTILATION AND SGBV

Sector development issues

Sub sector	Development Issue	Cause(s)	Constraint(s)	Opportunities
Child protection	Increased number of vulnerable children	• HIV/AIDS increasing number of orphaned children • Inadequate enforcement of child protection laws • Other retrogressive cultural practices such as FGM, child beading, etc	• Poverty • Poor governance and community policing • Negative cultural practices	• Child protection policy • Available court users committee to address the issues of vulnerable children • Children protection department • Partners, NGOs, CBOs and agencies working in areas of child protection. • Child Reporting desks at police stations

Risk, Implication, Level, and Mitigation Measures

Risk Category	Risk	Risk Implication	Risk Level (Low, Medium, High)	Mitigation Measures
Social Cultural Risks	Cattle rustling, FGM,Child marriage, drugs	School drop outs Loss of lives and livelihoods Rising insecurity	Medium	• Advocacy and Social Behavior Change campaigns • Law enforcement • Inter County peace building campaigns and dialogues • Establishment of rehabilitation and rescue centers

Family Planning, MCH, and SRHR Advocacy Strategic Framework

A vital framework for Family Planning, Anti-FGM, Maternal and Child Health, and Sexual and Reproductive Health and Rights Advocacy is essential. It addresses interconnected challenges, engaging stakeholders, promoting access to primary healthcare, gender equity, and informed decision-making for community health improvement. Key elements and principles are outlined below.

Element	Description
Needs Assessment and Community Involvement	• Conduct a thorough needs assessment. • Involve community members in advocacy initiatives.
Multi-Stakeholder Collaboration	• Engage government agencies, NGOs, religious leaders, etc. • Foster collaboration.
Evidence-Based Advocacy	• Use data and evidence for advocacy. • Commission research and gather local data.
Community Education and Awareness	• Develop awareness campaigns. • Tailor messaging to the local context.
Capacity Building	• Provide training for healthcare providers and educators. • Build capacity.
Policy Advocacy	• Advocate for supportive policies and legislation. • Engage with policymakers.
Service Delivery Improvement	• Collaborate to improve healthcare services. • Ensure skilled birth attendants.
Gender Equity and Women's Empowerment	• Promote gender equity and women's empowerment. • Encourage economic opportunities.
Monitoring and Evaluation	• Establish a robust monitoring and evaluation system. • Regularly assess progress.
Cultural Sensitivity and Respect	• Ensure cultural sensitivity and respect for traditions. • Engage with community leaders.
Youth Engagement	• Involve youth in advocacy efforts. • Support youth-led initiatives.
Resource Mobilization	• Secure funding and resources for sustained advocacy. • Explore partnerships.

A Road Map To Accelerate National Efforts To End Female Genital Mutilation In Kenya

On 6th February 2020, Isiolo County hosted The International Day of Zero Tolerance to Female Genital Mutilation (FGM) commemoration in Kenya. The theme for the event was ***"Unleashing Youth Power: One Decade of Accelerating Actions for Zero Female Genital Mutilation by 2030,"*** which Kenya domesticated to: ***"Unleashing Youth Power: Accelerating Actions for Zero FGM by 2022."***

In the build-up, a youth caravan traveled through four FGM hotspot counties of Samburu, Isiolo, Meru, Tharaka-Nithi, and Embu, raising awareness among young people to accelerate the ending of FGM and the successes so far.

In 2021, President Uhuru Kenyatta led the commitment to accelerating the elimination of FGM by attending the Kisima Declaration of Samburu County. This demonstrated the highest level of political commitment and provided the impetus to implement a roadmap for ending FGM. The President also launched Kenya's obligations under the Generation Equality Forum GBV Action Coalition to end all forms of GBV and FGM by 2026. The responsibilities include strengthening national policy frameworks on GBV and increasing funding for gender-based research. Services for survivors of FGM would be integrated into the country's Universal Health Coverage Package by 2022.

"States Parties shall prohibit and condemn all harmful practices that negatively affect women's human rights and are contrary to recognized international standards. States Parties shall take all necessary legislative and other measures to eliminate such practices, including prohibition, through legislative measures backed by sanctions, of all forms of female genital mutilation, scarification, medicalization, and para-medicalization of female genital mutilation and all other practices to eradicate them."

- **Maputo Protocol on Women's Rights**

The latest Kenya Demographic and Health Survey (KDHS 2022) key indicators report released by the Kenya National Bureau of Statistics shows that Kenya is making positive progress in reducing the national prevalence of FGM, teenage pregnancy, and gender-based violence. Wide variations however still exist according to wealth, geographic location, and education.

On Female Genital Mutilation, the survey report shows that the prevalence of FGM has been on a steady decline in the country. The national prevalence rate was at 15% in 2022, a continued downward trend from a high of 32% record in 2003. FGM occurrence was highest among women with no education, at 56.3% as compared to 5.9% among women with more than secondary education.

PRACTICAL AND CONCRETE RECOMMENDATIONS ON ENDING FGM

1. Community Engagement:

- Community Dialogues: Foster open dialogues to raise awareness about the negative consequences of FGM and facilitate discussions on alternative rites of passage (ARP) for girls.
- Engage Elders and Leaders: Secure the support of respected community leaders and elders to advocate against FGM and endorse alternative rites of passage.
- Youth Empowerment: Invest in social programs and income-generating activities that empower youth, especially girls, to become advocates for change. This includes supporting families with economic opportunities and implementing social protection policies.

2. Education and Awareness:

- School-Based Programs: Integrate sustained anti-FGM education into school curricula to reach children and parents.
- Community Workshops: Organize workshops, awareness campaigns, and civic education programs covering the health, legal, and human rights aspects of FGM.
- Media Campaigns: Utilize local radio, popular television, and social media for consistent anti-FGM messaging for a wider audience.

3. Health Services and Support:

- Access to Healthcare: Ensure that all healthcare facilities provide support for FGM survivors and are equipped to handle health complications arising from FGM.
- Psychosocial Support: Establish a countywide counseling service for FGM survivors, preferably embedded within Community Health Units.

4. Legal and Policy Measures:

- Strengthen Legal Frameworks: Advocate for stricter enforcement of existing laws against FGM and lobby for harsher penalties for offenders.
- Community Bylaws: Collaborate with communities and clans to establish local bylaws prohibiting FGM/C.

5. Economic Empowerment:

- Income-Generating Activities: Support income-generating activities for women and girls, as financial independence can reduce reliance on FGM as a source of income.
- Alternative Rites of Passage: Promote non-harmful rites of passage celebrating girls' transition into adulthood. ARP should enable girls to learn about positive cultural values without undergoing FGM and empower them with life skills.

Advocacy Strategic Framework:

Eliminating FGM is a complex, long-term process requiring sensitivity to cultural contexts and active community involvement. The recommendations and advocacy framework aim to shift cultural norms perpetuating FGM and promote positive alternatives gradually.

Strategic Element	Description
Research and Data Collection	Collect data on the prevalence of FGM in Isiolo County. - Analyze the impact of FGM on the community.
Collaboration and Partnership	Collaborate with local organizations (CBOs, FBOs, CSOs etc), government agencies, international NGOs, Development Partners, and other relevant stakeholders.
Community Mobilization	Engage with Elected leaders, community leaders, Religious leaders, clan elders, and other influential individuals. Conduct joint community sensitization programmes.
Advocacy Campaigns	Develop advocacy campaigns focusing on awareness, education, and challenging cultural norms as well as alternative rites and options. Use various and relevant media channels and community events.
Legal and Policy Advocacy	- Lobby for sterner enforcement of laws against FGM. - Work to introduce policies that protect girls from this practice.
Resource Mobilization	Seek funding and resources to support anti-FGM initiatives, including healthcare services for survivors and economic empowerment programmes.
Monitoring and Evaluation	Continuously monitor the progress of anti-FGM efforts. - Measure changes in FGM prevalence and the impact of awareness campaigns.
Capacity Building	Provide training and capacity building for local organizations and individuals involved in anti-FGM advocacy including all members of Community Health Units.
Community Ownership	Empower communities to take ownership of the anti-FGM campaign. - Encourage them to lead efforts toward ending the practice and embracing alternatives.
Celebration of Success	Highlight and celebrate milestones and stories of communities and individuals who have successfully abandoned FGM, demonstrating that change is possible.
Advocacy Resources	Allocate resources dedicated for research, advocacy campaigns, and sustained programme implementation.
Timelines and Milestones	Establish specific timelines for the implementation of each advocacy component. – Set benchmarks and milestones to track progress.

PRACTICAL AND CONCRETE RECOMMENDATIONS ON PROMOTING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) PROGRAMMING IN ISIOLO COUNTY

Objective: To Improve Sexual and Reproductive Health and Rights (SRHR) Outcomes, Eliminate Female Genital Mutilation (FGM) and Sexual and Gender-Based Violence (SGBV), and Promote/Improve Family Planning in Isiolo County.

Key Sector Priorities	Priority	Strategies
Eliminating Female Genital Mutilation (FGM)	To eradicate FGM and protect women's rights	Community engagement and awareness campaigns.
		Collaboration with local leaders.
		Legal measures and law enforcement.
		Support and alternative income opportunities.
Preventing Sexual and Gender-Based Violence (SGBV)	To prevent and respond to SGBV and create a safe environment	Crisis centers and hotlines.
		Training for professionals.
		Community awareness campaigns.
		Advocacy for stronger legislation.
Promoting Gender Equality and Empowerment	To empower women and promote gender equality	Economic empowerment programmes.
		Engaging men and boys.
		Encouraging women's participation.
		Mentorship and support networks.
Improving Family Planning Services	To enhance access to family planning services	Contraceptive distribution.
		Strengthen healthcare facilities.
		Outreach programmes.
		Community education.
Youth Engagement and Comprehensive Sex Education	To empower young people with SRHR knowledge	Comprehensive sex education.
		Youth-friendly services.
		Youth engagement
		Advocacy for comprehensive sex education.
Community-Based Services	To ensure SRHR services are accessible.	Mobile clinics and outreach.
		Community health worker training.
		Collaboration with community leaders.
Advocacy and Policy Change	To advocate for supportive policies and legal frameworks	Collaboration with stakeholders.
		Seeking support from international organizations.

Promoting Sexual and Reproductive Health and Rights (SRHR) programming in Isiolo County demands a comprehensive, multifaceted approach involving various stakeholders: government agencies, non-governmental organizations (NGOs), community leaders, and residents. To effectively advance SRHR programming in Isiolo County, consider the following steps and strategies:

1. Assessment and Research: Begin with a thorough needs assessment to understand specific SRHR challenges in Isiolo County, covering areas such as maternal mortality, teenage pregnancy rates, access to contraception, and gender-based violence.

2. stakeholder Engagement: Engage key stakeholders–government health departments, NGOs, community leaders, religious organizations, and healthcare providers–in planning and implementing SRHR programs.

3. Advocacy and Awareness: Raise awareness about SRHR rights and the significance of addressing these issues. Conduct advocacy campaigns to garner support from policymakers and the community.

4. Policy and Legal Framework: Work towards improving and implementing policies and legal frameworks supporting SRHR, including access to family planning, safe abortion services, and comprehensive sex education.

5. Education and Training: Develop and implement comprehensive sex education programs in schools and communities, providing accurate information on sexual and reproductive health, including contraceptives, sexually transmitted infections (STIs), and healthy relationships.

6. Access to Healthcare Services: Ensure affordable and accessible healthcare services, covering family planning, antenatal and postnatal care, and STI testing and treatment.

7. Community Engagement: Engage local communities and leaders, respecting cultural norms and values while encouraging dialogue about SRHR to build trust.

8.Youth Engagement: Empower and involve young people actively in planning and implementing SRHR programs, making them participants in discussions and decision-making processes.

9.Gender Equality: Promote gender equality and women's empowerment, encouraging women's participation in economic and social activities.

10.Monitoring and Evaluation: Establish a robust monitoring and evaluation system to track the impact of SRHR programs in Isiolo County, regularly assessing progress and making necessary adjustments.

11.Capacity Building: Build the capacity of healthcare providers, community health workers, and educators to deliver quality SRHR services and information.

12.Collaboration and Partnerships: Collaborate with international organizations, NGOs, and donor agencies specializing in SRHR to access resources and technical expertise.

13.Community-Based Services: Develop community-based SRHR services to reach remote areas and marginalized communities where healthcare facilities may be limited.

14.Crisis Response and Support: Establish mechanisms for addressing gender-based violence and providing support and counseling services for survivors.

Promoting SRHR programming in Isiolo County is a long-term commitment requiring a culturally sensitive, inclusive, and rights-based approach. Tailoring interventions to the specific needs and context of the community is essential for success.

PRACTICAL AND CONCRETE RECOMMENDATIONS ON STRATEGIES FOR PROMOTING FAMILY PLANNING, MATERNAL AND CHILD HEALTH, AND SRHR

Promoting Family Planning, Maternal and Child Health, and Sexual and Reproductive Health and Rights (SRHR) in Isiolo County involves a combination of strategies to address various challenges. Here are critical plans for each area:

Promoting Family Planning:

1. Community Education and Awareness: Conduct workshops and campaigns to educate individuals and communities about the importance of family planning and available methods.

2. Access to Contraceptives: Ensure a consistent supply and affordability of contraceptives at healthcare facilities, clinics, and outreach programs.

3. Youth-Friendly Services: Create confidential and non-judgmental youth-friendly spaces and services for family planning information and assistance.

4. Counseling and Education: Provide comprehensive counseling to help individuals choose suitable contraceptive methods.

5. Male Involvement: Promote male involvement in family planning decisions and support partners in choosing family size and spacing.

6. Community Health Workers: Train and deploy community health workers to educate and assist individuals and families in accessing family planning services.

7. Integration of Services: Integrate family planning services with maternal and child health programs to facilitate access during antenatal and postnatal care.

Promoting Maternal and Child Health:

1. Antenatal and Postnatal Care: Strengthen healthcare facilities to provide high-quality antenatal and postnatal care for pregnant women and newborns.

2. Skilled Birth Attendance: Promote the presence of skilled birth attendants during childbirth to reduce maternal and neonatal mortality.

3. Emergency Obstetric Care: Improve access to emergency obstetric care to handle complications during pregnancy and childbirth effectively.

4. Nutrition and Education: Provide nutrition counseling for pregnant and breastfeeding mothers and ensure essential maternal and child health education.

5. Immunization Programs: Implement robust immunization programs to protect children from vaccine-preventable diseases.

6. Community Engagement: Engage local communities in maternal and child health initiatives, educating them about the importance of these services and encouraging regular check-ups.

7. Transport and Referral Systems: Develop efficient referral systems for transporting pregnant women and children with complications to higher-level healthcare facilities.

PRACTICAL AND CONCRETE RECOMMENDATIONS ON PROMOTING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

1. Introduce comprehensive sex education in schools and community settings to provide accurate information on sexual health and relationships to young people.
2. Establish crisis hotlines, safe spaces, and support services for survivors of gender-based violence to prevent and respond effectively.
3. Empower and involve young people in designing and implementing SRHR programs, encouraging them to advocate for SRHR rights.
4. Ensure accessible and affordable healthcare services, including family planning, STI testing, and antenatal/postnatal care.
5. Provide information about and access to various contraceptive methods, respecting individual choices and autonomy.
6. Develop and implement SRHR programs that respect local cultural norms while promoting positive changes.
7. Train healthcare providers, community health workers, and educators to deliver quality SRHR services and information.
8. Conduct research to identify emerging SRHR issues and collect data on progress and challenges for informed program planning and policy development. These strategies, when implemented collaboratively, can significantly improve family planning, maternal and child health, and SRHR outcomes in Isiolo County. Collaboration with local communities, healthcare providers, NGOs, and government agencies is essential for success.

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THANK YOU

We appreciate your attention and time, and we hope this Analysis of Isiolo County's Strategies and Investments in SRHR and Ending FGM Through CIDPs 2022-27 and ADP Budgets 2022/23-2024/25
proves useful for all of us.

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