

ASSESSING COMMITMENTS: A DETAILED ANALYSIS OF SAMBURU COUNTY'S STRATEGIES AND INVESTMENTS IN SRHR AND ENDING FGM THROUGH CIDPS 2022-27 AND ADP BUDGETS 2022/23-2024/25



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INTRODUCTION

Samburu County, situated in northern Kenya, encompasses a vast and arid landscape, housing a unique mix of ethnic cultures and communities. Positioned within the northern parts of the Great Rift Valley (0030' – 2045'N and 36015' – 38010'E), the county spans 21,090 square kilometers, falling under the arid and semi-arid lands (ASAL) region. It shares borders with Turkana to the northwest, Baringo to the southwest, Marsabit to the northeast, Isiolo to the east, and Laikipia to the south. As a member of both the North Rift Economic Block (NOREB) and the Frontier Counties Development Council (FCDC), the county's economy predominantly relies on pastoralism, supporting 80% of its residents.

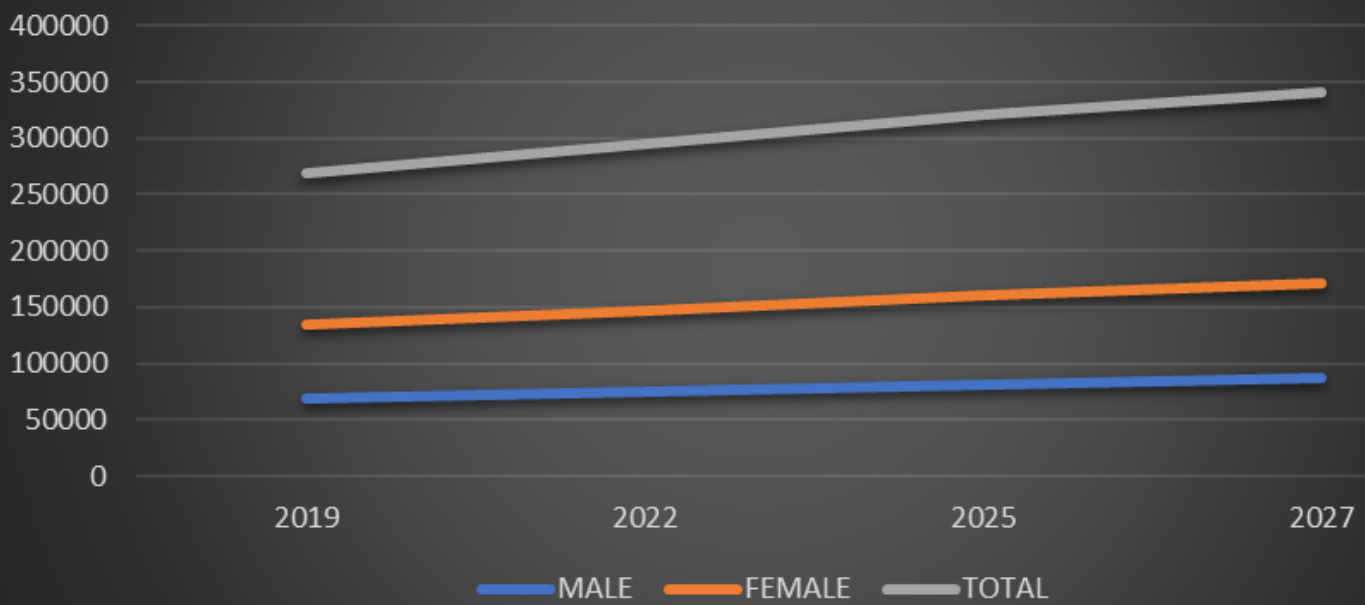
Despite the region's renowned rich heritage and picturesque landscapes, it faces challenges related to Sexual Reproductive Health and Rights (SRHR) and the persistent practice of Female Genital Mutilation (FGM). To comprehensively address and improve these areas, this analysis delves into the Samburu County Integrated Development Plan (CIDP) for 2022-2027 and the Annual Development Plan (ADP) budgets for the Financial Years 2022/23, 2023/24, and 2024/25.

Samburu County's key demographic indicators reveal a total population of 310,327 in the 2019 census, projected to rise to 370,958 in 2025 and further to 393,104 in 2027. This projection assumes a continued decline in the county's fertility rate, reaching 2.1 children per woman by 2050. By the end of the MTP IV period in 2027, the fertility rate is expected to decrease to 4.4 from the 2019 average of 4.8. Consequently, the proportion of children below the age of 15 is anticipated to decrease from 49% in 2019 to 43.7% in 2027, leading to an increased demand for investments in the reproductive age bracket.

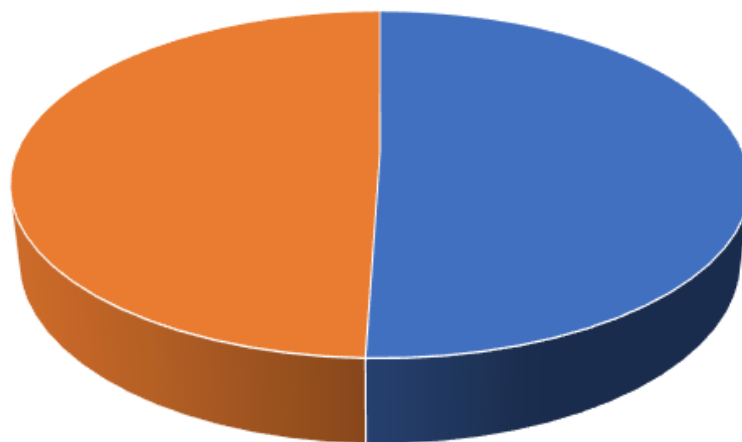
	Total	Male	Female	Intersex
Population	310,327	156,774	153,546	7
Reproductive Age (15-49Yrs)	134,741	68,280	66,471	-

TABLE 1: DEMOGRAPHICS (2019 KPHC)

Reproductive Age Growth (15-49)



POPULATION



■ MALE ■ FEMALE ■ INTERSEX

CONTEXTUALIZING SAMBURU COUNTY:

Samburu County boasts a distinctive mix of ethnic communities—the Samburu, Turkana, Borana, Masai, Pokot, and Rendille—each preserving their cultural identities amid socio-economic and health challenges. Concerns persist over access to quality primary healthcare, sexual reproductive health services, and gender-based issues. The deeply rooted cultural practice of Female Genital Cutting/Mutilation (FGM) persists despite being illegal, posing significant health risks to women and girls.

Addressing these issues is crucial, as FGM not only violates human rights but also jeopardizes the health and dignity of girls and women. The Kisima Declaration, initiated on March 5, 2021, during President Uhuru Kenyatta's tenure, marked a significant shift. Top clan elders of the Samburu Community publicly declared their commitment to abandon and combat FGM/C and Child, Early, and Forced Marriages (CEFM). The event, attended by over 200 elders and influential community members, marked a turning point in the fight against these harmful practices.

Furthermore, sexual and reproductive health services, alongside comprehensive family planning, are integral to public health and gender equity. Meanwhile, youth affairs programs are pivotal in shaping the county's future, contributing to sustainable development and social progress.

Development Issues related to FP/MCH/FGM

1. Gender, culture, and social services in Sports and Youth lack a county cultural center and culture policy, facing challenges like rampant FGM and inadequate ethnographic collections. Despite this, there are opportunities with the presence of cultural leaders, a rich traditional culture, the County Anti-FGM Act, and supportive partners.
2. In Sexual and Gender-Based Violence, constraints include inadequate rescue institutions, a lack of 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 creation.
3. Inadequate skills, limited credit access, poverty, and substance abuse fuel youth unemployment. Constraints include the absence of a county youth policy and cultural influences on job choices. Opportunities include available credit facilities, the initiation of the county Biashara Fund, VTCs for skills enhancement, leveraging technology and creativity, and supportive partners for youth empowerment.
4. Addressing declining fertility levels requires simultaneous strategic investments in health, education, economic, and governance sectors. This involves strengthening existing facilities and healthcare providers to deliver enhanced services.

Facts on FP/MCH/FGC About Samburu County

- The reproductive age (15-49) is projected to increase from 147,235 in 2022 to 160,888 and 170,686 in 2025 and 2027, respectively, indicating increments of 13,653 and 23,451.
- The youth (15-29) cohort is expected to rise from 96,073 in 2022 to 104,981 and 111,374 in 2025 and 2027, respectively, with increases of 8,909 and 15,302.
- Samburu County's health priorities in CIDP 3 aim to enhance access to preventive and promotive health services, focusing on strengthening reproductive, neonatal, child, adolescent, and maternal health services. Targets include a 10% annual increase in family planning uptake for women of reproductive age, a 20% annual increase in adolescent reproductive health service utilization, and a 10% yearly growth in health facilities offering youth-friendly services.
- Samburu County ranks among the top five with the highest unmet need for family planning in Kenya, alongside Marsabit (38%), Tana River (34%), West Pokot (30%), and Siaya (27%).
- The highest percentages of pregnancies among women aged 15–19 are reported in Samburu (50%), West Pokot (36%), Marsabit (29%), Narok (28%), and Meru (24%), while Nyeri and Nyandarua have the lowest (5% each).
- At the county level, the proportion of live births by skilled providers is lowest in Turkana (53%), Mandera (55%), Wajir (57%), Samburu (57%), and Tana River (59%).

The Significance of SRHR and Ending FGM:

Sexual and reproductive health and rights (SRHR) are crucial human rights and integral to public health, covering maternal health, family planning, reproductive healthcare, and gender equality. Prioritizing SRHR improves women's well-being and supports broader socio-economic development. Eliminating Female Genital Mutilation (FGM) is vital for ensuring the safety, dignity, and overall health of women and girls. Urgent attention and effective eradication strategies are imperative due to the adverse health consequences and human rights violations linked to FGM.

The Objective of the Analysis:

This analysis examines the County Government of Samburu's commitments, allocations, and investments in its CIDP for 2022-2027 and ADP budgets for 2022/23, 2023/24, and 2024/25 concerning SRHR and ending FGM/FGC. The objectives are as follows:

1. Budget Allocation Assessment: Evaluate budgetary allocations for SRHR and efforts to end FGM in the specified ADP budgets to reveal financial commitments to these areas.
2. Programmes and Initiatives Evaluation: Examine specific programs, projects, and strategies in the CIDPs addressing SRHR and ending FGM to assess their comprehensiveness and effectiveness.
3. Impact Assessment: Evaluate the effectiveness of these programs and initiatives in improving SRHR outcomes and reducing FGM prevalence in Samburu County, using available data to measure progress.
4. Challenges and Recommendations: Identify challenges and barriers in improving SRHR and ending FGM, providing actionable recommendations for Samburu County to enhance its investments and strategies.

This analysis informs stakeholders, policymakers, and the public about the county's efforts, serving as a baseline for future progress. It provides a comprehensive view of the County Government's strategies, collaborations, legislative framework, budget allocations, and intervention impact. Additionally, it explores the experiences and perspectives of community members, especially women and youth. The aim is to illuminate progress, challenges, and lessons learned by the County Government of Samburu in FGM, sexual reproduction, family planning, and youth affairs from 2022 to 2027. This examination aids in understanding broader implications for public policy, governance, and residents' well-being.

Indicators and Figures on FP/MCH/FGM

Key Indicator	Parameter	Samburu County	National
Fertility and Family Planning (FP)	Total fertility rate (number of children per woman)	5.8	3.4
	Teenage pregnancy (% age 15-19 who have ever been pregnant)	50	15
	Use of modern method of FP (% of married women age 15-49)	25	57
	Unmet need for FP (% of married women age 15-49)	29	14
	Demand for FP satisfied by modern methods (% of married women age 15-49)	43	75
	Not using any contraception (% of women 15-49 using traditional or Modern contraceptives)	66	37
Maternal and Child Health	Births delivered by a skilled provider (%)	57	89
	Women age 15-49 who had a live birth and had over 4 antenatal visits (%)	56	66
	Women age 15-49 with a postnatal check during the first 2 days after birth (%)	59	78
	Births with a postnatal check during the first 2 days after birth (%)	60	83
Female Genital Mutilation	Women 15-49 who have ever heard of FGM (%)	99.8	96.9
	Men 15-49 who have ever heard of FGM	100	97.3

This detailed analysis of Samburu 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.

Budget Allocation for SRHR

ADP Budget Analysis:

SAMBURU ADP FOR FY 2023-2024

1.REPRODUCTIVE HEALTH

Objective	Challenge	Recommendations
Provide essential medical services	Low uptake of Adolescence and Youth Sexual reproductive Health service	Conduct trainings for HCW on ASRH communication strategy
		Training of Adolescents and youth peer educators in the County
		Sensitization of the Adolescence and Youth on ASRH through health talks during their forums/tournaments
		Construct and equip integrated Youth Friendly Centre in each sub-county
	Low uptake and utilization of RMNCAH services	Training of newly employed staff on IMCI
		Follow-up mentorship on IMNCI implementation
		Procurement of more vaccine fridges and continuous maintenance of the available fridges to ensure functionality
		Procurement of adequate equipment and reagents for cervical cancer screening
		Training of HCWs on cervical cancer screening

Implementation/Strategic Matrix for Sector Priorities for FY 2023/2024

Sector programme as per county MTE	Activities	Outputs	Performance Indicators	Responsible /Actor	Proposed Budget 2023/2024
Curative Health	<ul style="list-style-type: none"> Scale up school health clubs. Procurement of mosquito nets support for beyond zero activities (outreaches) Support functionality of maternal shelters. Expansion of KEPI room. Establishment of ambulance command centre. Purchase of spare parts for KEPI fridges 	<ul style="list-style-type: none"> improved Antenatal clinic attendance improve uptake of skilled delivery Increase uptake of cervical cancer screening Increase population under 1 year protected from immunizable condition Child Health - Decrease the number of new outpatient's cases with high blood pressure Improving quality of care Improving quality of care Reduce drugs stock out in all Health facilities - Improvement of referral services Improving access to services 	<ul style="list-style-type: none"> No. Of pregnant women attending all the four ANC visits % of pregnant women receiving iron folate supplements % HIV+ pregnant mothers receiving preventive ARV's to reduce risk of mother to child transmission (PMTCT) No. Of deliveries conducted by skilled health workers % of facilities providing BEOC % of facilities providing CEOC No. Of women of Reproductive age screened for cervical cancer % of women of Reproductive age receiving family planning % of fully immunized children % children aged 12 to 59 months De-wormed % of school age Children dewormed (6-12yrs) 	<ul style="list-style-type: none"> CEC CO CHMT SCHMT HMT 	24,805,000
		<ul style="list-style-type: none"> Improving quality of care Improving quality of care Improving quality of care Increase access to health care service Increase number of staff in maternity. Train on CX cancer screening. Provision of equipment for testing CX cancer Support of breastfeeding programmes. Follow up of children who default immunization. Avail HIV testing kits Friendly maternity services Screening of all mothers for HIV 			36,300,000

In the ADP 2022-2023, Samburu County identified the primary challenge in the Providing Essential Medical Services area as the low uptake of health services, particularly in Reproductive Maternal Newborn, Child, and Adolescent Health (RMNCAH). To address this, four key priority interventions were identified:

1. Intensify community sensitization on RMNCAH services through quarterly dialogue days by Community Health Volunteers (CHVs), local radio stations, and other forums.
2. Train Community Health Units (CHUs) on Module 10, focusing on community family planning and RMNCAH services.
3. Conduct 12 monthly integrated outreaches targeting Antenatal Care (ANC), Immunization, and Family Planning (FP) services in hard-to-reach areas and among vulnerable and marginalized groups. Construct additional level 2 facilities.
4. Strengthen referral services by regularly servicing ambulances and procuring two additional ambulances for the Lodokejek and Loosuk wards.

In the ADP 2023-2024, the objective was to provide essential medical services with a challenge of low uptake of Adolescent and Youth Sexual Reproductive Health (ASRH) services. The recommended actions included:

1. Conduct training for healthcare workers (HCWs) on ASRH communication strategy.
2. Train adolescents and youth peer educators in the county.
3. Sensitize adolescents and youth on ASRH through health talks during their forums/tournaments.
4. Construct and equip integrated Youth Friendly Centers in each sub-county.

Similarly, in the ADP 2024-2025, the challenge remained low uptake of ASRH services with the same recommended actions.

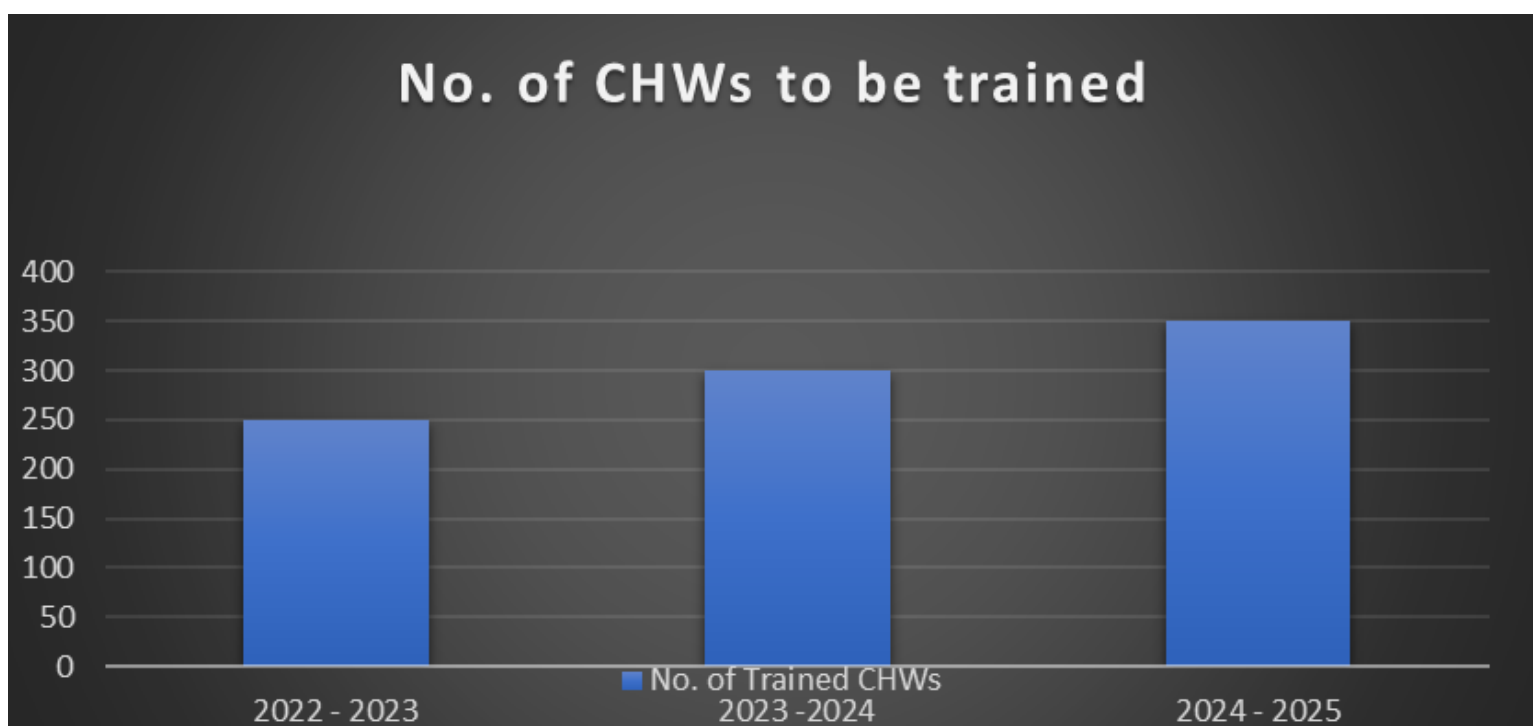
In the Implementation/Strategic Matrix for Sector Priorities for Financial Years 2022/2023, 2023/2024, 2024/2025, Sexual and Reproductive Health and Rights (SRHR) outputs include:

- Increase access to healthcare services.
- Increase the number of staff in maternity.
- Train on cervical cancer screening.
- Provide equipment for testing cervical cancer.
- Support breastfeeding programs.
- Follow up on children who default immunization.
- Avail HIV testing kits.
- Provide friendly maternity services.
- Screen all mothers for HIV in maternity.
- Improve antenatal clinic attendance.
- Improve uptake of skilled delivery.
- Increase uptake of cervical cancer screening.
- Increase the population under one year protected from immunizable conditions.
- Reduce drug stockouts in all health facilities.
- Improve referral services.
- Enhance access to services.

Allocations for SRHR in the ADP

FY	2021-2022	2022-2023	2023-2024	2024-2025
Curative Health Allocation	51,005,000	61,105,000	61,105,000	

In the FY 2022-2023 Programme Based Budget, Samburu County Government aims to enhance Reproductive, Maternal, Neonatal, Child, and Adolescent Health. The focus is on boosting the uptake of family planning services. Key performance indicators include elevating the percentage of women receiving family planning commodities: from 60% in 2022/2023 to 70% in 2023/2024 and 80% in 2024/2025. Additionally, the goal is to increase the number of health workers trained on MNCH and FP refresher courses: from 250 in 2022/2023 to 300 in 2023/2024 and 350 in 2024/2025.

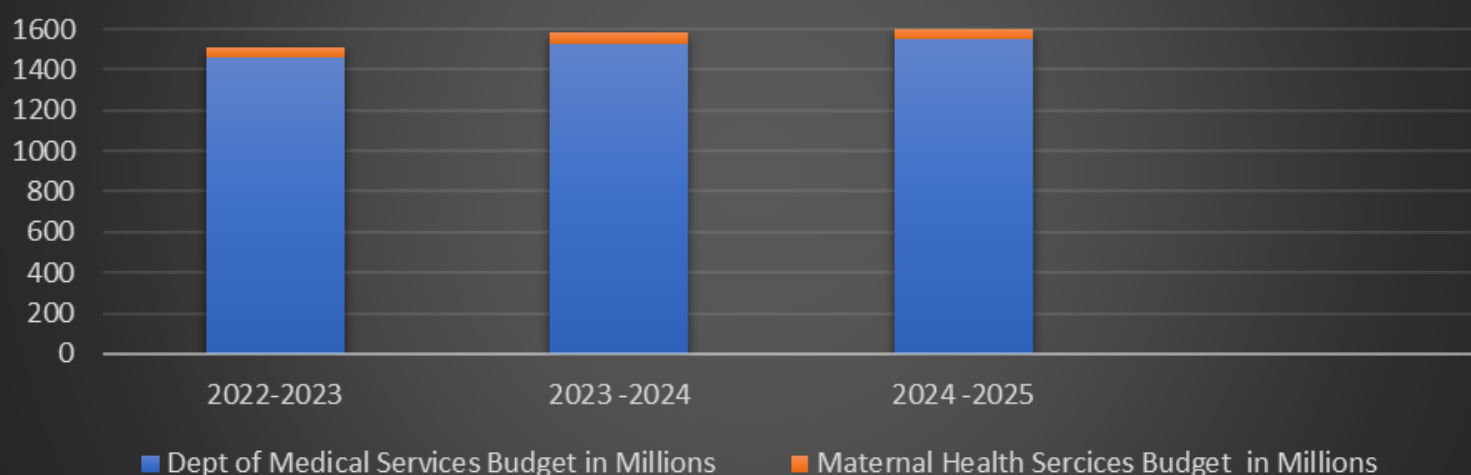


Under the Health Promotion subprogramme, the county government aims to enhance adolescents' health by reducing risk factors. Key performance indicators include increasing the number of health facilities offering youth-friendly services from 15 in 2022/2023 to 20 in 2023/2024 and 30 in 2024/2025. Additionally, the goal is to raise the percentage of adolescents accessing reproductive health services from 60% in 2022/2023 to 70% in 2023/2024 and 80% in 2024/2025.

Other focus areas involve improving health worker sensitization on HIV/AIDS management, enhancing testing and counseling services, and strengthening PMTCT in the county. Key performance indicators include increasing the percentage of health workers trained in HIV/AIDS client management, couple-year protection due to condom use, the number of operationalized VCTs in the county, and the percentage of HIV+ pregnant mothers receiving preventive ARVs for PMTCT.

In the Global budget - capital & current, the Maternal Health Services expenditure for 2022/23 is Kshs 54,089,842 as per Gross Current Estimates. It is projected to be Kshs 55,712,182 in 2023/2024 and 56,790,494 in 2024/2025. This is part of the total budget for the Department of Medical Services, Public Health, and Sanitation, which is Kshs 1,457,824,273 in 2022/2023, Kshs 1,524,130,407 in 2023/2023, and Kshs 1,547,287,726 in 2024/2025.

MCH Budget vs Dept of Medical Services Budget



Budget Allocation for FGM (FGC)

ADP Budget Analysis:

In the ADP 2021-2022, the Samburu County Department of Health identified cultural beliefs as a challenge in reducing the burden of violence and injuries, particularly those encouraging SGBV like FGC and a patriarchal society. The recommended priority was encouraging alternative rites of passage programs and discouraging retrogressive cultural practices.

The Department of Gender, Culture, Social Services, Sport, and Youth Affairs allocated a budget of Kshs 551,200 for Anti-FGM training in the county, aiming to address the lack of good reception on FGM issues due to culture and tradition.

In the ADP 2022-2023, the critical challenge included deep-rooted cultural practices like FGC, cattle rustling, and gender-based violence. The approach to address this involved sensitizing the community against retrogressive practices like gender violence and FGC.

In the Implementation matrix of the Annual Development Plan and budget estimates for F/Y 2022/2023 in the Culture sub-sector, an estimated budget allocation of Kshs 8 million aimed to reduce retrogressive cultural practices like FGM/FGC by at least 50%. This initiative was led by the Chief Officer, Directors, CDOs, and CDAs through various approaches such as awareness creation, reporting cases of FGC, beading, and early marriages. The implementation of the Presidential declaration to end Female Genital Mutilation (FGM) and child marriages among the Samburu community was underway, awaiting public participation.

Similarly, in the ADP for FY 2023-2024, cultural beliefs encouraging SGBV were cited as a challenge, which should be addressed by encouraging alternative rites of passage programs and discouraging retrogressive cultural practices.

In the Implementation matrix of the Annual Development Plan and budget estimates for F/Y 2023/2024, Social Welfare and Gender proposed an estimated allocation of Kshs 3 million to promote alternative rites of passage, aiming to reduce incidences of FGC. This involved awareness creation, reporting cases of FGC, beading, and early marriages.

In the ADP for FY 2024-2025, the Samburu County Culture, Gender, and Social Services Sub-sector's performance for FY 2022-2023 highlighted a budget of Kshs 225,500 for training and sensitizations on FGM in Waso Ward. The main challenge addressed was the lack of good reception on FGM issues due to culture and tradition, and conducting more training and sustained dialogues on FGM were considered viable interventions.

An analysis of the Challenges, Wins, and Misses within the 5 years of the CIDP

To assess and analyze the Challenges, Wins, and Misses within the five years of the Samburu County CIDP (County Integrated Development Plan) 2022-2027 concerning Family Planning, Sexual Reproductive Health and Rights (SRHR), Maternal and Child Health (MCH), and the ending of Female Genital Mutilation (FGM), it is essential to consider the progress, achievements, and areas that require improvement from. Below is an overview:

Category	Challenges	Wins	Misses
Cultural Norms	<ul style="list-style-type: none"> Persistence of deep-seated cultural norms and traditions Harmful cultural practices, Teenage pregnancies, and Forced early marriages. Insecurity - Incidents of insecurity in the county hampered implementation of projects as planned. It also led to resource-based conflicts among warring groups. 	<ul style="list-style-type: none"> Increased awareness and understanding of the importance of these issues. 	<ul style="list-style-type: none"> Continued challenges in eradicating FGM due to cultural resistance. Lack of an elaborate county culture policy
Access to Remote Areas	<ul style="list-style-type: none"> Difficulty reaching and delivering services to remote areas. Vastness of the county leading to inadequate physical infrastructure and low network coverage to support smooth implementation of programmes/projects during the plan period including uptake of digital services/products. 	<ul style="list-style-type: none"> Community mobilization and grassroots movements against FGM and for better healthcare practices. 	<ul style="list-style-type: none"> Ongoing challenges in extending healthcare services to remote areas.
Healthcare Infrastructure	<ul style="list-style-type: none"> Limited and strained primary healthcare infrastructure and trained professionals. 	<ul style="list-style-type: none"> Positive policy changes and increased support from the government e.g. Facility Improvement Fund. increase in the number of public health facilities (increased from 72 to 100 between 2017 - 2022). increase in coverage of community level services which was enabled by increase of Community Health Units (CHUs) from 21% coverage to 95%. Increase in recruitment of health care workers (HCWs) from 543 to 789 across the various card Skilled deliveries increased from 35% to 44.8%(target 60%). The proportion of focused ante natal care visits (4 ANC visits) increased from 20.6% to 29%. fully immunized children under one year increased from 53.1% to 58.5%. 	<ul style="list-style-type: none"> Ongoing need for improvements in healthcare infrastructure.
Resource Constraints	<ul style="list-style-type: none"> Budgetary constraints and limited resources. Budgetary constraints, inadequate funding and cash flow problems affected timely implementation of programmes. 	<ul style="list-style-type: none"> Improved access to healthcare services, especially in remote areas through mobile clinics and health camps. 	<ul style="list-style-type: none"> Resource constraints affecting program scaling and reach.
Staffing, Equipping, Stocking and Facilitating programmes	<ul style="list-style-type: none"> Inadequate regulatory framework to assist in implementation of various sectors programmes/projects. These included policies, Acts and regulations. 	<ul style="list-style-type: none"> Ring fencing of Facility Improvement funds 	<ul style="list-style-type: none"> Low budget absorption rate in the past years which is likely to recur.

Promoting Sexual and Reproductive Health and Rights (SRHR) programming in Samburu County

Implementing Sexual and Reproductive Health and Rights (SRHR) programs in Samburu County requires a well-structured strategic matrix for effective sector prioritization and desired output achievement. Below is a simplified SRHR strategic matrix for Samburu County:

Objective: Improve SRHR outcomes in Samburu County.

Key Sector Priorities:

1. Reduced Teenage Pregnancies:

- Raise awareness about early pregnancies and their consequences.
- Provide comprehensive sex education in schools.
- Promote access to family planning services for adolescents.

2. Combat Female Genital Cutting/Mutilation (FGC/M):

- Increase community awareness about the health risks and human rights violations associated with FGM.
- Strengthen law enforcement and penalties against FGM.
- Provide support services for FGM survivors.

3. Enhance Maternal Health:

- Improve access to antenatal and postnatal care services.
- Train and deploy skilled birth attendants to underserved areas.
- Reduce maternal mortality through emergency obstetric care.

4. Promote Family Planning:

- Increase awareness of family planning options and benefits.
- Strengthen family planning clinics and services.
- Ensure contraceptive availability in remote areas.

4. Empower Youth:

- Provide comprehensive sex education to youth.
- Create opportunities for youth engagement and skill development.
- Increase access to youth-friendly SRHR services.

Key Sector Priorities Strategic Matrix:

Sector Priority	Specific Outputs	Key Activities	Responsible Agencies	Resources Required	Timelines
Reduce Teenage Pregnancies	<ul style="list-style-type: none"> Decreased teenage pregnancy rates. Increased awareness 	<ul style="list-style-type: none"> Develop and implement a school-based SRHR curriculum. Establish youth-friendly clinics. Launch awareness campaigns 	<ul style="list-style-type: none"> Department of Education. Department of Health. NGOs 	<ul style="list-style-type: none"> Funding. Educational materials. Human resources 	2022-2027
Combat Female Genital Mutilation	<ul style="list-style-type: none"> Reduced FGM prevalence Improved survivor support 	<ul style="list-style-type: none"> Sensitization workshops and community dialogues. Law enforcement and awareness campaigns. Establish FGM survivor support centers 	<ul style="list-style-type: none"> Department of Gender and Social Services. Kenya Police Service. NGOs 	<ul style="list-style-type: none"> Funding. Awareness materials. Legal support 	2022-2027
Enhance Maternal Health	<ul style="list-style-type: none"> Reduced maternal mortality. Improved access to maternal care. 	<ul style="list-style-type: none"> Upgrade and equip health facilities. Train healthcare workers. Community health worker programmes 	<ul style="list-style-type: none"> County Health Department. NGOs 	<ul style="list-style-type: none"> Funding. Medical equipment. Training resources 	2022-2027
Promote Family Planning	<ul style="list-style-type: none"> Increased family planning uptake. Improved access 	<ul style="list-style-type: none"> Expand family planning clinics. Train healthcare providers. Conduct family planning awareness campaigns 	<ul style="list-style-type: none"> Department of Health. NGOs. 	<ul style="list-style-type: none"> Funding. Medical supplies. Training resources 	2022-2027
Empower Youth	<ul style="list-style-type: none"> Enhanced youth knowledge and engagement in SRHR. Increased access to youth-friendly services 	<ul style="list-style-type: none"> Establish youth resource centers. Promote extracurricular programmes. Provide sexual education Outreach and awareness campaigns. 	<ul style="list-style-type: none"> Department of Gender, Culture, Social Services and Youth. County Education Department. NGOs 	<ul style="list-style-type: none"> Funding. Youth-friendly facilities. Educational materials 	2022-2027

The strategic matrix outlines the key sector priorities, specific outputs, activities, responsible agencies, required resources, and timelines to achieve SRHR goals in Samburu County. It provides a structured approach to address these priorities, ensuring a coordinated and effective implementation of SRHR programmes over the specified time frame.

Strategies for Promoting Family Planning, Maternal and Child Health, and SRHR

Promoting Family Planning, Maternal and Child Health (MCH), and Sexual Reproductive Health and Rights (SRHR) in Samburu County is crucial for enhancing the community's well-being, particularly among women in a predominantly patriarchal setting. The following comprises actionable recommendations and an advocacy strategic framework to advance these pivotal areas:

Practical and Concrete Recommendations::

1. Community Engagement and Education: Engagement and Education:

- Community Health Units: Train and deploy additional community health workers to educate families on the significance of family planning, MCH, and SRHR.
- Health Education in Schools: Integrate comprehensive sexuality education into school curricula to ensure young people receive information on family planning, MCH, and SRHR.

2. Access to Quality Healthcare Services:

- Health Facility Upgrades: Invest in healthcare infrastructure for accessible, well-equipped, and staffed facilities throughout the county, focusing on maternal and child health services.
- Access to Contraceptives: Ensure a consistent supply of contraceptives and family planning methods at all healthcare facilities and with community health workers.

3. Community Outreach:

- Mobile Clinics: Implement mobile clinics to reach remote, underserved, and nomadic/migratory communities with MCH services and family planning information.
- Health Camps: Organize regular health camps and campaigns providing essential maternal and child health services, such as immunizations and antenatal care.

4. Cultural Sensitivity:

- Respect Local Practices: Frame healthcare services and information in a culturally sensitive manner, respecting local norms and cultural and traditional practices.
- Engage Traditional Birth Attendants: Equip, capacity build, and collaborate with traditional birth attendants to ensure safe and respectful maternal healthcare practices.

5. Advocacy for Policy and Legal Support:

- Policy Advocacy: Support supportive policies integrating family planning, MCH, and SRHR into broader Samburu County healthcare delivery.
- Maternity Support Policies: Advocate for policies supporting antenatal and postnatal care, especially for needy and impoverished mothers.

6. Male Engagement:

- Male Involvement Programs: Develop programs engaging men and boys in family planning, MCH, and SRHR to promote shared responsibility.
- Contraceptive Education for Men: Provide education and information on male contraceptive options to encourage active male involvement in family planning.

Family Planning, MCH, and SRHR Advocacy Strategic Framework

The Samburu County Family Planning, Maternal and Child Health (MCH), and Sexual Reproductive Health and Rights (SRHR) Advocacy Strategic Framework is a comprehensive plan. It is designed to advance primary healthcare and well-being in Samburu County. The plan provides a structured approach to promoting family planning, MCH, and SRHR. The emphasis is on awareness, education, and service delivery. The framework aims to engage various stakeholders to ensure access to quality primary healthcare services, gender equity and informed decision-making. Ultimately, the aim is to improve the health and lives of the community.

Strategic Element	Description
Assessment and Research	<ul style="list-style-type: none"> Conduct assessments and research to understand the current status of family planning, MCH, and SRHR in Samburu County. There already is KDHS 2022 which is a perfect baseline.
Stakeholder Collaboration	<ul style="list-style-type: none"> Collaborate with healthcare providers, Non-State Actorss, government agencies, and community, clan and religious leaders for synergies and harmonized approach.
Community Mobilization	<ul style="list-style-type: none"> Mobilize communities through civic education and awareness campaigns, organized group meetings, and workshops to raise awareness about family planning, MCH, and SRHR.
Advocacy Campaigns	<ul style="list-style-type: none"> Develop a county advocacy and strategic campaign focusing on knowledge sharing and transfer, addressing myths and misconceptions whilst raising awareness about the importance of family planning, MCH, and SRHR.
Policy Advocacy	<ul style="list-style-type: none"> Advocate for county policies that support comprehensive family planning, MCH, and SRHR services, including integration into broader primary healthcare services.
Resource Mobilization	<ul style="list-style-type: none"> Fundraise and mobilize resources to support advocacy campaigns, educational programmes, and primary healthcare infrastructure, staffing, equipping and stocking improvements.
Capacity Building	<ul style="list-style-type: none"> Build the capacity of local champions, organizations and healthcare providers to deliver quality family planning, MCH, and SRHR services including integrating it to Community Health Units
Monitoring and Evaluation	<ul style="list-style-type: none"> Establish metrics to measure the impact of advocacy efforts and track progress in family planning, MCH, and SRHR uptake.
Community Ownership	Empower local and grassroot communities to take ownership of family planning, MCH, and SRHR initiatives, fostering local leadership and advocacy.
Communication and Messaging	<ul style="list-style-type: none"> Develop and package concise and culturally sensitive messaging to communicate the benefits of family planning MCH, and SRHR to the community.
Advocacy Resources	Allocate resources for research, advocacy campaigns, capacity building, and education programmes.
Timelines and Milestones	Set specific benchmarks, timelines and milestones for the implementation of each advocacy component to ensure accountability and progress tracking.

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

In 2021, President Uhuru Kenyatta spearheaded efforts to accelerate FGM eradicating by participating in the Kisima Declaration of Samburu County. Approximately 3,874 individuals, comprising 2,562 women and 1,312 men, publicly declared their commitment to ending FGM in their community. This event showcased a significant political commitment, providing the momentum needed to implement a roadmap for FGM elimination. The President also unveiled Kenya's pledges in the Generation Equality Forum GBV Action Coalition to eradicate all forms of GBV and FGM by 2026. These commitments involve fortifying national policy frameworks on GBV and increasing funding for gender-based research. By 2022, services for FGM survivors will be integrated into the country's Universal Health Coverage Package.

Quoting the Maputo Protocol on Women's Rights, "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 necessary legislative and other measures to eliminate such practices, including the 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."

Roadmap to Eliminating FGM in Samburu County

Ending Female Genital Mutilation/Cutting (FGM/C) in Samburu County necessitates a multifaceted approach involving community engagement, policy changes, structures, frameworks, and awareness campaigns. The following practical recommendations, coupled with an advocacy strategic framework, are proposed to eradicate FGM in Samburu County:

Practical and Concrete Recommendations:

1. Community Engagement:

- Community Dialogues: Promote open dialogues within communities to raise awareness about the adverse consequences of FGM and initiate discussions on alternative rites of passage (ARP) for girls.
- Engage Elders and Leaders: Secure support from respected community leaders and elders to advocate against FGM, emphasizing the identification of elders involved in the Kisima Declaration in March 2021.
- Youth Empowerment: Invest in social programs and income-generating activities to empower youth, especially girls, as 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, and civic education campaigns on the health, legal, and human rights aspects of FGM.
- Media Campaigns: Utilize local radio, popular television, and social media for anti-FGM messaging tailored to a broader audience.

3. Health Services and Support:

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

4. Legal and Policy Measures:

- Strengthen Legal Framework: Advocate for more robust enforcement of existing laws against FGM and lobby for stricter offender penalties.
- Community Bylaws: Collaborate with communities and clans to institute local bylaws prohibiting FGM/C.

5. Economic Empowerment:

- Income-Generating Activities: Support income-generating activities for women and girls to reduce reliance on FGM as a source of income.
- Alternative Rites of Passage: Promote non-harmful rites of passage celebrating girls' transition into adulthood, emphasizing the Alternative Rites of Passage (ARP) that enable learning about positive cultural values without undergoing FGM. These sessions should empower girls with life skills to tackle life challenges effectively.

Advocacy Strategic Framework:

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

Strategic Element	Description
Research and Data Collection	<ul style="list-style-type: none"> Collect data on the prevalence of FGM in Samburu County. - Analyze the impact of FGM on the community.
Collaboration and Partnership	<ul style="list-style-type: none"> Collaborate with local organizations(CBOs, FBOs, CSOs etc), government agencies, international NGOs, Development Partners, and other relevant stakeholders.
Community Mobilization	<ul style="list-style-type: none"> Engage with Elected leaders, community leaders, Religious leaders, clan elders, and other influential individuals. – Conduct joint community sensitization programmes.
Advocacy Campaigns	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Lobby for sterner enforcement of laws against FGM. - Work to introduce policies that protect girls from this practice.
Resource Mobilization	<ul style="list-style-type: none"> Seek funding and resources to support anti-FGM initiatives, including healthcare services for survivors and economic empowerment programmes.
Monitoring and Evaluation	<ul style="list-style-type: none"> Continuously monitor the progress of anti-FGM efforts. - Measure changes in FGM prevalence and the impact of awareness campaigns.
Capacity Building	<ul style="list-style-type: none"> Provide training and capacity building for local organizations and individuals involved in anti-FGM advocacy including all members of Community Health Units.
Community Ownership	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Highlight and celebrate milestones and stories of communities and individuals who have successfully abandoned FGM, demonstrating that change is possible.
Advocacy Resources	<ul style="list-style-type: none"> Allocate resources dedicated for research, advocacy campaigns, and sustained programme implementation.
Timelines and Milestones	<ul style="list-style-type: none"> Establish specific timelines for the implementation of each advocacy component. – Set benchmarks and milestones to track progress.

Cross-Sectoral Implementation Considerations

The Cross-Sectoral Implementation Considerations matrix in Samburu County is a strategic tool for promoting Family Planning, Maternal and Child Health (MCH), Sexual Reproductive Health and Rights (SRHR), and eliminating Female Genital Mutilation (FGM). It fosters stakeholder collaboration, ensuring synergy and unified efforts towards common goals. These focal areas are crucial for enhancing community well-being and healthcare outcomes in Samburu County.

The matrix identifies critical stakeholders, including government agencies, NGOs, other development partners, community groups, local leaders, healthcare providers, educational institutions, and media outlets. Each group plays a unique but synchronized role in advancing family planning, MCH, SRHR, and ending FGM.

By delineating stakeholder roles, the matrix guides aligned efforts, resource mobilization, and comprehensive program implementation to address healthcare and human rights issues. It underscores the significance of collaborative, cross-sectoral approaches for sustainable improvements in health and rights within Samburu County. In the words of Margaret Mead, "Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has."

Stakeholder Group	Roles and Responsibilities
Government /State Agencies (County and National.)	<ul style="list-style-type: none"> • Formulate and implement policies and regulations that support family planning, MCH, SRHR, and FGM elimination. • Allocate budgets for healthcare infrastructure, staffing, equipment, stock ups and services. • Monitor and enforce laws against FGM. • Provide healthcare services, education, and awareness Programmes.
NGOs/CSOs/FBOs	<ul style="list-style-type: none"> • Implement community-based Programmes on family planning, MCH, SRHR, and FGM elimination. • Provide civic education and awareness campaigns. • Mobilize resources and provide capacity-building for local organizations and communities. • Advocate for and support policies supporting these areas.
Other Development Partners	<ul style="list-style-type: none"> • Offer financial and technical support for healthcare infrastructure and services. • Collaborate with government agencies and NGOs to implement projects. • Monitor and evaluate the impact of Programmes and provide feedback.
Organized Community Groupings/CBOs	<ul style="list-style-type: none"> • Mobilize communities for awareness campaigns and civic education. • Support and encourage individuals to access family planning and MCH services. • Promote safe and respectful maternal and child healthcare practices. • Advocate against FGM within communities.
Local Leaders and Elders	<ul style="list-style-type: none"> • Advocate for and support community-driven initiatives promoting family planning, MCH, SRHR, and FGM elimination. • Act as role models and influencers in the community, endorsing the importance of these areas. • Engage in community dialogues to address cultural norms.
Healthcare Providers	<ul style="list-style-type: none"> • Deliver family planning, MCH, and SRHR services, including counselling, education, and contraceptive methods. • Provide antenatal and postnatal care, immunizations, and healthcare services to mothers and children. • Offer psychosocial support for survivors of FGM. • Collaborate with NGOs and government agencies to reach underserved populations.
Educational Institutions	<ul style="list-style-type: none"> • Incorporate comprehensive sexuality education into school curricula. • Educate students on family planning, MCH, SRHR, and FGM. • Encourage knowledge sharing and awareness among students and their families.
Media and Communication Outlets	<ul style="list-style-type: none"> • Disseminate information through local radios, television, and social media channels. • Collaborate with stakeholders to package and share relevant messages promoting family planning, MCH, SRHR, and FGM elimination. • Consistently highlight success stories and advocate for change through media campaigns.

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Website

www.pathways.co.ke

THANK YOU

We appreciate your attention and time, and we hope this Analysis of Samburu 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.

Contact Us

Pathways Policy Institute
Mount Kenya Villas & Eco-camp
P.O. BOX 2438-00202, Nairobi-Kenya.
Email: Path@thepathways.org
Phone: +254 720245732
www.pathways.co.ke

