



Case Study on the End Female Genital Mutilation (FGM) programme in the Republic of Kenya



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Purpose of the case study

The purpose of this case study is to highlight a promising programme, service or approach that is supported by UNPFA-UNICEF Joint Programme and is contributing to the elimination of Female Genital Mutilation (FGM) in Kenya. It provides an outline of the work that is being done, and an analysis of its successes and challenges. The information presented is based on a documentary review and interviews with those involved and available. Its intended audience includes those working in the areas of research, programmes and policy to eradicate FGM in Kenya, in the region, and elsewhere, such as UNICEF and UNFPA, regional institutions such as the African Union, governments, donors, NGOs and academics.

The context of FGM in Kenya

Female genital mutilation (FGM) involves altering or injuring the female external genitalia for non-medical reasons. The practice poses serious risks to the health and wellbeing of girls and women and is widely recognised as a human rights violation. Nevertheless, it is estimated that at least 200 million girls and women alive today have undergone some form of FGM and a further 68 million are at risk of being cut by 2030.¹ Although rates of FGM are declining in most of the 31 countries where it is practiced, population growth rates in many settings mean that the absolute numbers of girls who will be cut will continue to grow if the practice continues at current levels. Moreover, recent evidence has suggested that the social and economic effects of the ongoing COVID-19

pandemic will result in ever greater numbers of girls and women being cut in the coming years.² UNICEF is working in partnership with UNFPA and governments, donors and civil society organisations to accelerate the abandonment of this harmful practice. The third phase of this Joint Programme to Eliminate FGM is currently underway (2018-2021).

According to the most recent Kenya Demographic and Health Survey (2014), the national prevalence of FGM stands at 21%, compared to 27% in 2008/2009 and 32% in 2003.³ This decline can be attributed to multifaceted approaches mounted by the Government of Kenya, UN agencies, NGOs and CBOs. Yet, despite the steady decline nationally, the prevalence of FGM remains relatively high in some communities, such as among the Somali (94%), Samburu (86%), Kisii (84%) and Masaai populations (78%).⁴ The exact drivers of FGM in Kenya vary from place to place but are



generally understood to relate to a combination of social and cultural norms and obligations, interwoven with traditional and religious beliefs.

In recognition that FGM is not only a harmful practice but also a violation of human rights, Kenya has adopted a robust legal framework. The country has ratified several international legal instruments that have become part of Kenyan law as provided for in Article 2 of the Constitution and the enactment of the Prohibition of Female Genital Mutilation Act, 2011. The law provides the framework for public engagement and advocacy for accelerating the eradication of FGM. The Children's Act, 2001, Section 14, criminalizes the subjection of a child to harmful cultural practices. This statute gives parents the responsibility to ensure the safety and security of the child. The Penal Code, Chapter 63, also outlines offences under which circumcisers can be charged. The Protection against Domestic Violence Act, 2015, classifies FGM as violence, and provides for protective measures for survivors and victims of domestic violence, including FGM. An important step has also been the Presidential Directive issued in 2019 that all efforts should be made to eradicate FGM by 2022. This target is considerably more ambitious than Goal 5.3 established in the 2015 Sustainable Development Goals, which aims to eradicate FGM by 2030. The Government has also established the Anti-FGM Board, a semi-





autonomous government agency that designs, implements and monitors programmes aimed at eradicating of FGM. These efforts are part of the Government of Kenya's overall strategy to strengthen the country's child protection system. FGM is thus a key component of efforts to combat 'harmful practices' and community engagement to eradicate it is part of the National Prevention and Response Plan on Violence Against Children in Kenya 2019-2023.

In Kenya, the UNFPA-UNICEF Joint Programme was launched in 2008 in a collaborative effort with the Ministry of Gender, Children and Social Development and various non-governmental organizations. Phase I, which ended in 2014, focused on the districts of Tana River, Garissa, Isiolo, Marsabit, Marakwet, Kuria, Migori, Naivasha and Mount Elgon, and achieved impressive results, with the formulation of a national policy on the abandonment of FGM, enactment of the Anti-FGM Act 2011, and upscaling of community-led actions against FGM.

Phase II, which ended 2017, focused on 10 counties^{5a} and achieved results in terms of strengthening the capacity of the Anti-FGM Board to coordinate and provide oversight and accountability towards the elimination of FGM. It has also invested in capacity building of allied sectors including health, education, safety and security, and justice to support efforts to eradicate FGM. This focus has ensured a clear and coherent common position and has streamlined national, county and community level efforts within the broader common mandate of promoting girls' and women's rights.

The Joint Programme advocates and supports enforcement of the legal and policy framework, including standardising jointly developed guidelines related to FGM. Additionally, it focuses on strengthening coordination between actors at the national and county levels. It also works with communities, including identifying and training change agents to hold community dialogues that are expected to contribute towards public declarations on the abandonment of FGM.

Promising practices to combat FGM in Kenya

FGM programmes in Kenya have been centered on the contextualization and tailoring of interventions to the specific situations in different communities. Doing so has involved a series of consultations, observation, and open dialogue with community members to inform programme design particular to each respective location. Community dialogues have provided opportunities to discuss societal expectations and norms, health concerns related to FGM, relevant legislation, as well as the roles and responsibilities of different community members.

In most instances, community elders and religious leaders have been central to these discussions, as have girls, boys, caregivers, teachers, health workers, local child protection volunteers and county/sub-county authorities. Different fora have been used for community dialogue in various places, including:

- Churches, mosques and other traditional religious settings, both as a means of establishing dialogue with religious leaders themselves and also as a way to support and enable further dialogue with the wider community.

- Bringing together Councils of Elders as initiators for wider discussions within the community.

- Schools, including exchanges where students from different schools come together and openly debate and share ideas, as well as the integration of FGM and child marriage as topics of discussion in life skills training and school curricula.

- Peer exchange, in which children and young people are brought together to discuss the issues affecting them and their community, including FGM. A core component of peer exchange has also been identifying mentors, including other children and young people who have been part of life skills programmes or other debates in their communities (alumni).

- Use of media, such as radio, in vernacular language, and television.

- Use of sporting events, songs, storytelling, poems, and drama to depict messages in vernacular language that are specific to individual contexts.



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Linked to ongoing community level dialogue has been the promotion of 'champions for change'. These 'champions' are usually identified in the course of community discussions and engagement. Who these individuals are and why they are selected varies significantly from one context to another. In Marsabit, for example, the County Governor and his wife were identified as 'champions for change' and used their public profile to speak out against FGM. In another location (Laisamis), a local chief spoke out against FGM, including using his own family as an example of one that has chosen not to cut its daughters. In other locations, priests or Imams have played a central role in advocating against FGM, including in church services or Friday prayers. In West Pokot, children became their own advocates and presented the Governor with a Memorandum of Understanding to end FGM in their communities.

The establishment of the FGM Board in Kenya has been an important step in formally operationalizing government efforts to eradicate the practice and to provide oversight and coordination to non-state actors engaging in FGM programmes. The work of the Board has included development of anti-FGM materials such as guidelines on how to conduct community dialogues and alternative rites of passage (ARP), information and communication materials and simplified versions of the Prohibition of FGM Act in both Kiswahili and English. The Board has also organised awareness-raising initiatives, such as road shows to demonstrate the negative effects of FGM, and exchange programmes between elders from different counties (Narok, Samburu and Kajiado).

Cross-border movement for the purposes of FGM has remained a challenge in Kenya (in particular among the Pokot, Borana, Abakuria, Rendille, Somali and Maasai).⁶ This problem is especially pervasive along the border with Uganda, Somalia, Ethiopia and Tanzania, where people from the same ethnic groups cross the border in both directions to perform FGM. The FGM Board is has developed a regional commitment and action plan to end this practice. It is also working with individual communities, for example, in Pokot and





Masaai, where a shared anti-FGM declaration has been developed between the Council of Elders both on the Kenyan and Ugandan as well as the Kenyan and Tanzanian sides of the borders.

In addition, in October 2018 at the International Conference on Ending Female Genital Mutilation in Ouagadougou, Burkina Faso, representatives of Gender Ministries from Kenya, Uganda and Tanzania, together with UNFPA and UNICEF, officially agreed to set up a tripartite initiative to End Cross border FGM in the East Africa region.⁷ The Government of Kenya went on to invite the governments of Ethiopia and Somalia to join this effort, as part of the commitment laid out in its National Policy on Elimination of FGM to End Cross Border FGM. The Declaration and Action Plan to End Cross-border FGM were adopted at an inaugural regional inter-ministerial meeting held in April 2019 with all 5 countries in attendance.⁸ The meeting, which was the first of its kind in the history of global efforts to eradicate FGM, reaffirmed the need for strong partnerships at all levels to end this harmful practice.

Although 83% of FGM in Kenya is performed by 'traditional cutters', medicalization is described by government officials as increasing, in particular amongst the Kisii and in some places in the Rift Valley.⁹ This challenge has highlighted the need to diversify interventions and approaches to tackling the practice, rather than the more historically-dominant method of focusing primarily on the health risks associated with traditional cutting techniques. Several organizations and government bodies are involved in training medical professionals, including in nursing colleges, and in awareness-raising in clinics. Although legislation prohibits FGM, including under medical supervision, it has to date been challenging to prosecute health professionals who perform the practice.

A central theme of FGM programmes in Kenya is seeking 'alternative rites of passage' (ARPs) to FGM. Consultation and dialogue are critical to the design and development of processes that are relevant in specific community settings. By necessity, these ARPs are established by the community in order that the ceremony is understood as meaningful to girls, boys, their families, and the community more generally.

Programme achievements

Community engagement and dialogue.

The importance of community engagement and dialogue cannot be underestimated as these processes ultimately form the basis of genuine programme contextualization – a central focus of FGM programming in Kenya. Organizations working in country have underscored the need to take a longer term view, to build relationships with communities over time and to use these to enable and support iterative programming. This grounded means of understanding FGM and the essential role of the community in its eradication is believed to be one of the greatest successes of FGM programming in Kenya.

Multi-faceted and multisectoral

approach. Rather than seeing communities' issues and needs in isolation, including as they relate to FGM, government and NGOs have endeavoured to develop contextualised understandings of the social, political and economic factors that shape the lives of children and families in different settings. Doing so has included conceptualizing drivers and needs within a framework of vulnerability. Taking an integrated approach has allowed for a range of actors - depending on the specific needs and context - to work together to articulate appropriate strategies, including in collaboration with those working to address livelihoods, safety and security, justice, education, and health

Collaboration and coordination with relevant national level ministries, county governments and sub-county officials have ensured better resource utilization, avoided duplication of work among partners and reduced a sense of competition. Critically, working in this way has enabled stakeholders to deliver a shared message to communities on FGM as well as on broader child protection and welfare issues.

Access to justice for girls at risk of FGM or who have undergone FGM.

To strengthen coordination and cooperation between child protection bodies, the police, prosecutors' offices, and courts, the Joint Programme facilitated the 2nd Annual FGM conference in 2019, where a six-bench panel headed by the Office of the Public Prosecutions and Judiciary deliberated and made a series of recommendations on the role of prosecution and the law in ending FGM in Kenya. As a result, 76 persons (59 females and 17 males) were arrested in connection with the cutting of 50 girls. In 2019, 5 girls and women were provided with legal aid, counselling and representations. These prosecutions have served to deter to others in the community.

Challenges faced and future strategies

The most significant challenge identified by government representatives, UN agencies and NGOs working to combat FGM in Kenya is the reality that the practice is being driven 'underground'. Although legislation, awareness raising and increased dialogue are thought to have reduced the prevalence of FGM, it is also believed that these efforts have unintentionally contributed to some families and communities performing FGM in secret, for instance by doing so at night, across a national border, at a non-typical time of year (outside the 'circumcision season' in December/ January), or by cutting girls at a younger age so they are not able to report. The increasing concerns related to hidden aspects of FGM lead to questions about the accuracy of reported prevalence rates and the fear that individuals and families may not seek medical help or other services in the event that these are required.

The COVID-19 pandemic has had a significant impact on the socio-economic, cultural and political spheres of Kenya. This impact has also extended to FGM. Community level monitoring mechanisms have reported that so far there are reduced numbers of girls 'rescued' from FGM in 2020: between January and May 2020, there were 76 cases, in contrast to 870 cases during the same period in 2019. This precipitous decline in reporting is in part attributed to the weakening of law enforcement agencies and non-formal community protection structures that is a side effect of measures to control COVID-19.

Moreover, prior to the current pandemic, there were 14 'rescue centres' in seven counties, which combined provided temporary shelter to 1,887 girls who were at risk of undergoing FGM. These rescue centres and charitable homes have been closed as a result of COVID-19. Girls residing in these settings in March 2020 were reunified with their families; the risk is that without the safe haven provided by these centres, these girls may have been or will be subjected to FGM.^a One strategy to mitigate lack of access to communities in the time of the pandemic is to increase efforts to reach them with messages via radio and television. In addition, the Kenyan Department of Children's Services (DCS) and UNICEF have supported alternative care measures for children through identification and support to foster families, which includes girls in need of protection from FGM.

Efforts are also being made to support the development of strong functional community protection structures, such as community surveillance systems. Exchange programmes among communities in West Pokot, Migori and Marsabit counties have led to the establishment of a functional community surveillance system made up of 83 selected households that have been identified by the community, recruited and trained by the Joint Programme. Since 2018, 106 girls have been placed in foster care through this network. The long term plan is for the Joint Programme to scale up this model to other geographical areas.

^a Based on the Presidential Directive on Containment of the Corona Virus (COVID-19), an internal memo was issued on March 18, 2020, by the Nelson Marwa, Principal Secretary for State Department for Social Protection. The Directive was to the Director of Children's Services to instruct all County children's coordinators of institutions, both public and private, registered under the Department of Children's Services, to close all Charitable Children's Institutions (CCIs) that house vulnerable children. This Directive was a precautionary measure and a strategy to contain the spread of COVID-19. It has been implemented across Kenya and over 19,000 girls and boys with diverse child protection and violence-related issues who were in rescue centres (including some girl boarding schools) and CCIs have been released and reunified with their parents or guardians; some have been placed under the care and protection of relatives and community members. In addition, President Kenyatta ordered the closure of schools with immediate effect on March 15, 2020 thus sending over 11.5 million learners in primary and secondary school to spend days at home.



Throughout the COVID-19 pandemic, the Joint Programme has adapted its work to ensure programme continuity. Increasing emphasis has been placed on supporting trained community-based resource persons and local level surveillance and reporting, providing webinar-based training and remote technical support on child protection continuity plans, and technically and financially supporting the Anti-FGM Board, County governments and the Department of Children's Services to reach communities with information, community engagements, and services.

Fear of stigma and being ostracized by family and the surrounding community remains a reality for many girls and women who choose not to undergo FGM. Anecdotal evidence suggests uncut girls are less likely to be considered desirable for marriage and are often excluded from wider social events within the community. Conversely, some

respondents noted that uncut girls were less likely to be subjected to early marriage by virtue of not being cut and hence more likely to be able to stay in school. These social norms and beliefs need to be taken into account in programme design in each respective context, and should inform dialogue and engagement with a range of community actors over time.

FGM and child marriage are often linked. Once a girl undergoes FGM, she is often expected to get married shortly after. Some girls are cut specifically to mark their eligibility to marry. Most organizations currently working on FGM in Kenya are also working on child marriage, however, programmes to address these two practices still operate relatively distinct from one another. Efforts are underway to better converge programming to maximize synergies and impact in Kenya and the region, including on violence against children and harmful practices more generally.

Key learning

There is much to be learned from the successes and challenges of ongoing efforts to develop and implement contextually-appropriate interventions to end FGM in Kenya. If the ambitious targets set out in the SDGs are to be achieved, all efforts to eradicate the practice need to be accelerated, particularly in the context of the COVID-19 pandemic. These include the importance of:

Strengthening collaboration among those working to combat harmful practices, such as FGM, with others in allied areas, such as emergency-related programmes, alternative care, social protection and education.

Strengthening community level reporting and supporting interlinkages among community surveillance teams and other existing structures.

Procuring nationally coordinated standby emergency supplies, including dignity kits for girls and women.

Leveraging, linking and supporting the capacities of the workforce addressing harmful practices into the national project of strengthening the social service work force.

Registering a pool of trained community resource persons to be activated during emergencies.

Documenting lessons learned during COVID-19 to inform guidance related to how to develop and implement an emergency response for FGM in the future.

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