

THE COUNTY GOVERNMENT OF NAROK



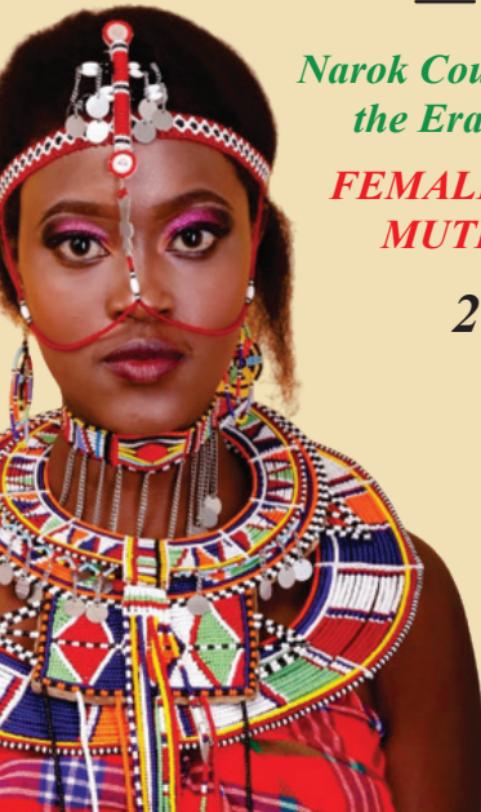
DEPARTMENT OF EDUCATION, YOUTH,  
GENDER, SPORTS, CULTURE AND  
SOCIAL SERVICES

ABRIDGED VERSION



*Narok County Policy for  
the Eradication of*  
**FEMALE GENITAL  
MUTILATION**

2022





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### *Narok County Policy for the Eradication of*

**FEMALE GENITAL  
MUTILATION**

**2022**

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*"I vividly remember that evening when I saw a known traditional cutter walk into our compound. That's when it struck me that my childhood dreams and aspirations were almost being ripped away, and what would follow was for me to be married off to an old man that I had never met....,"*

# FOREWORD

**F**emale genital mutilation (FGM), also known as female genital cutting (FGC) is a global issue of international concern. Its adverse effects on girls and women in different communities in Kenya have been addressed by existing Prohibition of Female Genital Mutilation Act (2011), but the problem persists and needs more effective intervention. It is estimated that more than 78% of girls in Narok County have undergone FGM/C despite the existence of robust legal frameworks and national policies against the practice. This situation calls for localized measures, strategies and focused actions that work for Narok County.



**HON. MRS. CECILIA WUAPARI**  
**County Executive Committee Member**  
Department of Education, Youth, Sports,  
Gender, Culture and Social Services.

Having this Policy will be a great milestone to help Narok County have a clear approach and plan to help in creating awareness in the community on the adverse health and other effects of FGM/C on girls and women. It will also help community facilitators have a guideline for addressing the issue during their day to day engagement with the community members as they advocate against this traditional practice. This will enable Narok County to eradicate FGM/C and help our girls be free from this unwanted practice.

Since the risks may vary in terms of the consequences of the practice, the FGM policy addresses some of the possible effective ways of curbing the risks, such as providing medical

services and psychological support to the victims of FGM/C; providing a valid County Government hotline that is linked to the medical departments, legal offices and the larger social services department. The line will be used by indigenous leaders like the local area chief, village elders and Nyumba Kumi members, as well as community members. These groups will therefore use the hotline to have easy access to report FGM/C practice in the community, as well as the authority to participate in promoting social norms to include men and women in the fight against FGM/C..

The policy will greatly help in enabling the County Government to include FGM/C activities and programs during allocation of funds to different projects in each financial year, hence making it easier for stakeholders and champions who create awareness about FGM/C to carry out their daily operations and activities with ease.

The policy is a gateway for social protection and it will create provision of 'after care' services, such as rehabilitation and reintegration into the society, as well as clearly guide service providers who advocate for the rights of girls in addressing FGM/C in a harmonious way. Further, this policy has highlighted the institutional arrangements and legal framework to enhance broad participation in the implementation process. Finally, we are confident that through co-ordination and partnership with stakeholders, this policy document will be living and visible during the implementation stage, to actualize the elimination of Female Genital Mutilation (FGM).

Stakeholders can count on the County for support and cooperation to give effect to the successful implementation of this policy. We therefore, urge all people including women, men, boys and girls, to rise to the challenge put forward by this Narok County Policy to work together in the fight for the elimination of Female genital mutilation and cutting (FGM/C).

**Hon. Mrs. Cecilia Wuapari**

**County Executive Committee**

**Member Department of Education, Youth, Sports, Gender, Culture and Social Services.**

# GOVERNOR`S MESSAGE



**H.E SAMUEL OLE TUNAI, EGH  
Governor, Narok County.**

by elders has kept many young girls and women on the path of facing this dehumanizing practice.

Statistics show that one in five, women and girls have been subjected to FGM/C, bringing the number to nearly four (4) million.

It is estimated that more than 78% of girls in Narok County have undergone FGM/C despite the existence of these robust legal frameworks and national policies. This situation calls for localized measures, strategies and focused actions that work for Narok County.

Around the world, over 200 million girls are at risk of undergoing this harmful practice every year, many of them under the age of 15. Fighting it requires concerted efforts to change the cultural and social norms that increase the risk of harm to women.

Religious leaders, elders, and other cultural gatekeepers hold the front-line key to the abandonment of FGM/C by entire communities. Beyond these front-line key-holders, it is instructive to have in place policies and legislation that firmly oppose and criminalise these retrogressive cultural practices.

Female genital mutilation / cutting, or FGM/C, is internationally recognized as a violation of human rights. It is rooted in gender inequality and power imbalances, yet for tens of decades, or centuries, it has been strongly embraced as being part of cultural practices in various communities.

Over time, this practice has continued to be frowned upon, and even disregarded quietly by some of those communities.

Sadly, intimidation and threats of unacceptability engineered

It is encouraging that decrees by the Borana Council of Elders, Pokot elders, the Tana Delta elders, the Loita Maasai elders and others, now exist and have outlawed the practice amongst their ethnic groups, paving way for alternative rites of passage that honour the rights and well-being of women and girls.

The national and county governments have to give impetus to the elimination of this harmful practice by strict policy implementation, and by the enforcement of laws that criminalise and punish those who still hold onto the FGM/C regime.

We cannot seek the innovations and progress demanded by the 21st century, while holding onto backward and demeaning practices of past centuries.

This new policy will help Narok County have a strategy and clear plan to help in creating awareness in the community on the adverse effects of FGM/C.

Over the last ten years that I have served as governor, I have worked closely with religious leaders and community leaders to ensure that alternative rites of passage are embraced and encouraged.

As communities, as a country, and as a continent, we have to strive to embrace the better ideals of civilisation; ideals that entrench human rights and dignity, not those that curb them.

I am happy that today, Narok County is among those counties that are racing to put in place policies that take us forward in development.

I am happy that at the sunset of my term in office as governor, I am pointing Narok County in the direction of civilization and the regard for human dignity.

With tremendous love for our girls and women, appreciating the urgency of eradicating harmful cultural practices, and thankful for the experts and teams that came together to develop this Policy.

**H.E SAMUEL OLE TUNAI, EGH**  
**Governor, Narok County.**

# ACKNOWLEDGEMENTS

The development of the Narok County Female Genital Mutilation and Cutting (FGM/C) policy would not have come about without the cooperating partners including the National and County Government actors, and non-governmental organizations in Narok, which have all demonstrated great interest,

stead fastness and responsibility in strategising this policy that will enable girls achieve their educational goals.



**KOINET OLE LEMEIN MBA, SLDP  
Chief Officer**

Department of Education, Youth,  
Sports, Gender, Culture and  
Social Services.

such as: Amref Health Africa, Equality Now, Coalition on Violence Against Women (COVAW), Shakenisho, Tasaru Ntomonok Initiative, ILEPA, Uraia, Youth Anti-FGM Network, Creaw - Kenya, World Vision-Kenya, SUPKEM, Population Reference Bureau, NCCK and Council of Elders.

Appreciation also goes to government Institutions for playing a key role, together with our partners including: the Anti-FGM Board, State

Department of Gender in the Ministry of Public Service, Youth and Gender Affairs, Children Services in the State Department of Social Protection, Ministry of Health, Ministry of Education, the Judiciary, Ministry of Interior & Coordination of National Government (County Commissioner office and administration), and the Office of the Director of Public Prosecutions (ODPP).

We wish to appreciate the guidance which all the departments and their respective directorates gave during the development of this policy. We greatly acknowledge all the County Government directors and officers who were involved in the process. We thank the County Executive Committee Members (CECMs), County Assembly (CA) representatives, and other stakeholders, organizations and individuals, whose contributions helped in shaping this policy.

I express my gratitude to Catherine Mootian of AfyAfrika and Stella Kasura of Linda Arts Organization for coordinating all the activities, as well as the Lead donor FORUM CIV, for the financial assistance and facilitation and valuable insights and inputs provided in the development of this policy document.

Finally, I would like to recognize the efforts and guidance put in by the consultant Mr. Victor Tuya of Tuya Kariuki @ Co Advocates who helped develop this policy document and its implementation plan.

**Koinet Ole Lemein MBA, SLDP – Chief Officer**  
**Department of Education, Youth, Sports, Gender,**  
**Culture and Social Services.**

## **ABBREVIATIONS/ACRONYMS**

|               |  |
|---------------|--|
| <b>ACRWC</b>  | African Charter on the Rights and Welfare of the Child   |
| <b>ACHPR</b>  | African Charter on Human and Peoples' Rights (Banjul Charter)  |
| <b>ADP</b>    | Annual Development Plan  |
| <b>CAT</b>    | Convention against Torture and other Cruel and Inhuman or Degrading Treatment or Punishment ("The Torture Convention") |
| <b>CBO</b>    | Community Based Organization   |
| <b>CEDAW</b>  | Convention on the Elimination of all Forms of Discrimination against Women   |
| <b>CHVs</b>   | Community Health Volunteers  |
| <b>CIDP</b>   | County Integrated Development Plan   |
| <b>DEVAW</b>  | Declaration on the Elimination of Violence against Women   |
| <b>FGD</b>    | Focused Group Discussions  |
| <b>FGM/C</b>  | Female Genital Mutilation/Cutting  |
| <b>GBV</b>    | Gender Based Violence  |
| <b>HIMS</b>   | Health Information Management System   |
| <b>ICCPR</b>  | International Covenant on Civil and Political Rights   |
| <b>KEPSHA</b> | Kenya Primary School Head Teachers Association   |
| <b>MTP</b>    | Medium Term Plan   |
| <b>PBO</b>    | Public Benefit Organization  |
| <b>NGO</b>    | Non-Governmental Organization  |
| <b>TBA</b>    | Traditional Birth Attendants   |
| <b>UDHR</b>   | The Universal Declaration of Human Rights  |
| <b>UNCRC</b>  | United Nations Convention on the Rights of the Child   |
| <b>WHO</b>    | World Health Organisation  |

# **DEFINITION OF TERMS**

|                                     |  |
|-------------------------------------|--|
| <b>Alternative rites of passage</b> | Is an intervention where the communities practising Female Genital Mutilation/Cutting (FGM/C), as a rite of passage from childhood to adulthood, are encouraged to do away with the "FGM/C" which is harmful, while retaining traditional rituals in the cultural process, in girls' initiation. |
| <b>Gender based violence</b>        | The term refers to any act of violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life.                  |
| <b>Guiding principles</b>           | Represent a broad philosophy that guides an organization throughout its life in all circumstances, irrespective of changes in its goals, strategies, type of work, or the top management filter for decisions, at all levels of the organization.  |
| <b>Harmful practices</b>            | All behaviour, attitudes and/or practices which negatively affect the fundamental rights of women and girls, such as their rights to life, highest attainable health, dignity, education and physical integrity among other rights.  |
| <b>Medicalization of FGM/C</b>      | means a situation in which FGM/C is practised by any category of health-care provider, whether in a public or private clinic, at home or elsewhere.  |
| <b>Midwife</b>                      | means a person registered as such under the Nurses Act, 1983 (Cap. 257)  |
| <b>Policy</b>                       | A statement of intent, and is implemented as a procedure or protocol.  |
| <b>Rite passage</b>                 | Is a ritual ceremony signifying an event in a person's life, indicative of a transition from one stage to another, as from adolescent to adulthood.  |
| <b>Social norm</b>                  | A social rule of behaviour that members of a community follow in the belief that others expect them to follow suit. Compliance with a social rule is motivated by expectations of social rewards for adherence to the rule, and social sanctions for non-adherence.                              |



## **What is FGM?**

FGM is defined by the Prohibition of Female Genital Mutilation Act, 2011, as comprising of all procedures involving partial or total removal of the female genitalia or other injuries to the female genital organs, or any harmful procedure to the female genitalia, for non-medical reasons. It includes the following types of FGM procedures:

- a) Clitoridectomy, which is the partial or total removal of the clitoris or the prepuce
- b) Excision, which is the partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora
- c) Infibulation, which is the narrowing of the vaginal orifice with the creation of a covering seal by cutting and positioning the labia minora or the labia majora, with or without excision of the clitoris. This does not include a sexual reassignment procedure or a medical procedure that has a genuine therapeutic purpose.

## **Why FGM/C and not FGM?**

FGM/C is a wider term that includes cutting. This covers every type of FGM including the ones that ordinarily may not involve 'mutilation'.

## **Who is an FGM/C survivor?**

A girl or woman who has been subjected to FGM/C, or has escaped the threat of being subjected to FGM/C, is referred to as a survivor.

## **Why an FGM/C survivor and not a victim?**

The use of the term 'survivor' and not 'victim' in the policy is a definition that is in tandem with a national and international shift in thinking that avoids victimization by use of the term 'victim' to refer to persons that have been subjected to FGM/C.

## **What is the current situation in Narok County regarding FGM/C?**

The prevalence of FGM/C among the Maasai community is 78%. This is an increase from 73% in between 2008 and 2009 (Kenya Demographic and Health Survey).

## **What is the Policy's FGM/C Goal?**

The overall goal of this policy is to create a society that is free from harmful cultural practices by eliminating female genital mutilation.

## **What is the Policy's overall objective?**

The overall objective of this policy is to provide a structured framework, integrated strategies, and actions that shall result in the eradication of FGM/C in Narok County, as well as care for the survivors of the procedure.



## **What is the Policy's rationale and justification?**

There is high prevalence of FGM/C survivors (78% of girls in Narok County alone), despite the existence of robust legal frameworks and national policies. This situation calls for localized measures, strategies, and focused actions that work for Narok County. That is why the county developed this policy for the eradication of FGM/C.

## **What is the Policy's scope?**

The policy's scope is within the provisions of Part II of the Fourth Schedule of the Kenya Constitution, 2010, and it shall also be applicable within the defined boundaries of Narok County.

## **What are the Policy outcomes?**

Upon implementation of this Policy, the intended outcomes shall include:

- a) Total eradication of FGM/C in Narok County
- b) Integrated care for survivors
- c) Empowerment of survivors
- d) Shift from culture, traditions, norms and beliefs that support FGM/C
- e) Justice for the victims
- f) Elimination of the connected social effects of FGM/C
- g) Real time, accurate, and verifiable data on FGM/C
- h) Elimination of bias, stigma, and discrimination related to FGM/C

## **What is/are the cultural justification/myths surrounding the practice of FGM/C in Narok County?**

- 1. Tradition, culture and social norms as passed from generation to generation, usually from mother to daughter
- 2. To emphasize a cultural identity
- 3. As a gender identity
- 4. As a sign of transition in life stages - "rite of passage" - from girlhood to womanhood, and to marital age
- 5. To enhance the girl's femininity
- 6. To promotes the girls' virginity and chastity, and guarantee her fidelity, by reducing her sexual desire, and to guard her against sexual frustration in future
- 7. For cleanliness and hygiene
- 8. Religious beliefs

## **Currently is consent of the survivor sought before they go through FGM/C?**

The reality is that most girls/women do not consent to go through FGM/C. This notwithstanding, the law in Kenya stipulates that no form of consent is recognizable where the activity a person is consenting to shall contravene his/her right to health, human dignity and life.



## **Who performs FGM/C in Narok County?**

FGM/C in Narok County is largely performed by traditional cutters. There are emerging trends of medicalised FGM/C where medical practitioners or midwives perform the procedure.

## **What are the effects of FGM/C on survivors?**

### **a) Immediate effects of FGM/C on the survivor:**

- Severe pain
- Bleeding
- Shock
- Likely contamination with tetanus, HIV and other pathogens
- Acute urinary retention
- Injury to adjacent tissue
- Severe pain
- Shock



**b) Long -term effects of FGM/C on the survivor:**

- Formation and hardening of scars
- Keloids
- Persistent pain and restriction of movement
- Dermoid or inclusion cysts
- Vulval abscesses
- Damage to the urethra, the vagina, the perineum and the anus
- Vesicovaginal fistula
- Urinary tract infections
- Difficulty in passing urine
- Sense of humiliation and betrayal [cluster]
- Infertility
- Problems at pregnancy and delivery
- Menstrual problems
- Formation of calculus as a result of retention of menstrual debris
- Chronic pelvic infection
- Sexual problems
- Anxiety
- Depression
- Nightmares with panic
- Disruption of education



## **What are the legislative and policy contexts within which FGM/C exists?**

There are tens of international treaties and conventions, more than five Kenyan laws, and five national policies on FGM/C. There is no substantive policy or county legislation on FGM in Narok County today.

## **What key policy objectives and actions does the policy propose?**

- 1. To establish protocols and guidelines to handle victims and cases:** Strengthening pathways to follow whenever a case of FGM/C happens, as well as reinforcing the cascading of the FGM/C surveillance framework from the authorities to the communities and vice-versa.

- 2. To enhance sustainable financing of FGM/C activities and programmes:** Provision of proper planning, inclusion leading to sufficient financing, prudent and accountable use and collective support to fighting FGM/C.
- 3. To enhance the participation of stakeholders in FGM/C issues:** Permitting the County Government to partner and involve all forms of stakeholders in the fight against FGM/C, and adopting local interventions and strategies that are consultative and collaborative.
- 4. To eradicate the medicalisation of FGM/C:** Eradicating the use of medical personnel and healthcare providers by enforcing punitive sanctions, creating serious evaluation, surveillance, and accountability, in health facilities.
- 5. To improve the collection and coordination of FGM/C information, evidence, data, reporting, and tracking of results, in the implementation of the anti-FGM/C policies and programmes:** Improving medical records on FGM/C, use of technology, data management, sensitization about the criminal sanctions and capacitation/facilitation of actors in criminal justice.
- 6. To ensure the protection and wholesome care of survivors of FGM/C:** Establishment, surveillance and sustainable funding and management of safe houses, skills development, access to education of survivors, management of reunification and rectification, and follow-up activities.
- 7. To improve the advocacy, awareness creation, dissemination of information and knowledge on FGM/C:** Scaling up strategies, using creative modern means of communication, embracing local influence, and funding related programmes.
- 8. To accelerate sensitization and inclusion of FGM/C eradication strategies in the education system:** Creation of catchy content, capacity building of teachers and purposive outreach.



## **What implementation strategies does the policy propose?**

1. Establishment of a County Anti-FGM/C Management Committee comprising public officers who shall oversee the implementation of the policy
2. Establishment of a County Anti-FGM/C Forum that shall bring together all stakeholders to discuss developments, and to annually review the FGM/C programmes.
3. Establishment of an Anti-FGM/C Unit, a focused team of public officers who shall have the sole mandate of implementing FGM/C programmes.
4. Provision of a Coordination Framework that spells out the relationship among the anti-FGM/C actors and stakeholders.
5. Creation of monitoring and evaluation mechanisms to review progress and measure the impact of the anti-FGM/C interventions.

## **Is the policy sufficient to fully roll-out effective FGM/C prevention?**

The policy permits the County Executive Committee Members in charge of Gender matters to give guidance regarding the provisions in the policy, for its better implementation. It is hoped that a substantive law will be enacted to give power to provisions in the policy.

## **Is the Policy cast in stone once it is approved?**

The policy shall be reviewed every three (3) years or earlier, to align with changes in legislation regarding FGM/C.

**NAROK COUNTY POLICY FOR THE ERADICATION OF  
FEMALE GENITAL MUTILATION, 2022**

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Narok County FGM Taskforce Team Members

THIS POLICY DOCUMENT WAS DEVELOPED  
BY THE COUNTY GOVERNMENT OF NAROK, IN PARTNERSHIP WITH  
AFYAFRIKA AND LINDA ARTS, WITH THE GENEROUS SUPPORT FROM  
FORUM CIV AND OTHER PARTNERS.

## Partners



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FEMALE GENITAL CUTTING

