A CONTRIBUTION TO THE ERADICATION OF FGM IN BARINGO COUNTY, KENYA: AVSI’S EXPERIENCE AND IMPACT ON THE GROUND

Figure 1, Girls under IWS supervision, Baringo, May 2021

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List Of Abbreviations

ARP – Alternative Rite of Passage
CEFM – Child Early and Forced Marriages
FGD – Focus Group Discussion
FGM – Female Genital Mutilation (also known as FGMo – Female Genital Modification)
IWS – Incarnate World Sisters
KII – Key Informant Interview
SDGs – Sustainable Development Goals
TBA – Traditional Birth Attendant
WHO – World Health Organization
1. Executive Summary

This research intends to detect and report the lessons learned in the fighting against FGM1 from the point of view of AVSI’s experience and the impact its activities generated on the ground. It is a mix of literature review and data gathered directly from the field in May 2021 thanks to the support of different actors and our partner, the Incarnate World Sisters (IWS). The analysis is structured through a brief introduction, the explanation of the national and local context, the methodology that AVSI team used to get useful information, the positive impact that has been produced, the identified challenges and limitations and the past and ongoing programs on the ground to provide a wider look and understanding of the context.

The focus areas to be addressed concern the relations between FGM cases and: early marriages and the importance of the dowry; education/the role of the school; community involvement, with a specific attention to mid-wives, mothers-in-law, 10-15 years boys and parents; sensitization on the topic; the availability of infrastructures and offered services to the girls; presence of point of reference within the community.

This work is in line with AVSI strategy for the triennium 2021-2023, and in particular with the aim of giving value to the partners and improving the collaboration with the staff on the ground, exploring new areas of interest in order to approach new donors and increase the portfolio of the sectors taken into consideration for new programmes.

2. Introduction

Female genital mutilations (FGM) were firstly officially classified as such by WHO around the second half of the ’90s after a series of prior classificatory systemizations and banned globally by the historic resolution of the 67th United Nations General Assembly of 20 December 2012 (UNGA Resolution 67/146). The resolution recognizes FGM as a violation of human rights and an irreparable and irreversible abuse of the physical integrity of women and girls. The term “female genital mutilation” is universally used and establishes a clear distinction from male circumcision: FGMs are interventions that involve the partial or total non-therapeutic removal of the female genital organs, such as clitoridectomy, excision, infibulation or other type of injury.

There are 4 main types:

- Type 1 (clitoridectomy) – removing part or all of the clitoris
- Type 2 (excision) – removing part or all of the clitoris and the inner labia (the lips that surround the vagina), with or without removal of the labia majora (the larger outer lips)
- Type 3 (infibulation) – narrowing the vaginal opening by creating a seal, formed by cutting and repositioning the labia
- Other harmful procedures to the female genitals, including pricking, piercing, cutting, scraping or burning the area

FGM is often performed by traditional circumcisers or cutters who do not have any medical training. Women suffer physical, psychological, obstetric and sexual health issues as a result of female genital mutilation and most of the time the provision of health education, detection and treatment is poor, in particular in remote areas with a scarce access to health facilities and a weak policy framework. Health consequences include childbirth complications, chronic pain and menstrual cramps. The practice increases the risk of infection, including from HIV, and leads to traumatization and severe psychological stress. FGM is also a significant contributing factor to maternal mortality.

1 Also known as Female Circumcision, Female Genital Modification (FGMo), Female Genital Cutting (FGC), FGM/C. The most neutral terminology is FGMo as it does not assume a negative dimension of the meaning.
There are about 200 million girls and women alive today living in 31 Countries in the world who have undergone the practice. At current rates, an additional estimated 68 million girls are going to be cut by 2030 (UNICEF, 2020). FGM violates several human rights outlined under the Universal Declaration of Human Rights, the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child (CRC), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)\(^2\).

The assessment carried out by the AVSI team in Baringo County shows and confirms that FGM is considered as a social norm: it exists as a collectively shared belief in a certain community and is generally maintained by social approval. In some communities, FGM is almost universally performed and unquestioned and it is strictly connected to early marriages. The decision to abandon the practice can be a by-product of larger efforts to improve education and the status of women in a community; however, it has been observed that the school environment has an important positive role in avoiding the practice during the pre-established age (11 years old), but it is not the final step to be done in order to end the cut as it can be performed also during the delivery.

3. Background

4.1 National Context

In Kenya, 4 million girls and women have undergone FGM, that is overall the 21% of girls and women aged 15 to 49 years. Girls and women from rural areas, living in poor households, with less education or who identify as Muslim are at greater risk. Almost 9 out of 10 cut women experienced flesh removal, the most common type of FGM in Kenya (UNICEF). The most severe form of FGM, in which the vaginal opening is sewn closed, is practised among certain ethnic groups (UNFPA, 2021)\(^3\). FGM/C prevalence varies by ethnic group in Kenya; high prevalence was found in the Somali (97%), Kilii (96%), Kuria (96%) and Maasai (93%) tribes, while low prevalence was found in the Kikuyu, Kamba, Turkana, Luo and Luhya tribes.

According to a UNICEF report of 2020 about the statistical profile on female genital mutilation, the percentage of 45 to 49 years old women that have been cut is dramatically higher than the percentage of 15 to 19 years old girls: it is almost four times more likely to happen in adult women nowadays.

Kenya’s progress towards abandoning FGM is strong compared to other countries in Eastern and Southern Africa. Kenya’s programme to end FGM seeks to contribute to the Government’s target of ending it by 2022\(^4\). Article 53 of the 2010 Kenya Constitution, which articulates the right of every child to be protected from harmful cultural practices, reinforces the fight for its eradication. Moreover, the Prohibition of Female Genital Mutilation Act, 2011\(^5\), revised in 2012, has been relevant, also for the institution of an Anti-Female Genital Mutilation Board for the coordination of public awareness programs against FGM, giving advice to the Government about the issue, participating to the design of new policies and programs, and facilitate resources mobilization. Finally, in 2019 Kenya adopted a revised National Policy for the Eradication of FGM that has shaped the national programme: the Policy is anchored on SDG 5 and also contributes to SDG 3 and SDG 4, related to the promotion of education empowerment, the elimination of early marriage and

\(^2\) Ref. Annex 1, International Framework
\(^3\) UNFPA, 2021, FGM | UNFPA - United Nations Population Fund
adolescence pregnancy, child labour, risk of gender-based violence and HIV infection as well as the elimination of poverty.6

4.2 Local Context

Baringo County is one of the most underdeveloped regions in Kenya. It is a semi-arid region populated predominantly by the Pokot community. Because of the remote and mountainous geographic conditions of the area and high elevation (2000 meters above sea level) the major challenges to their livelihoods and daily lives are year-round water scarcity and lack of education. The illiteracy level, following national statistics, is 75% (KNBS 2019) while illiteracy level among female gender is estimated at 84%; education for girls is not valued in the community as they are expected to be married off and hence not considered as a resource for family. The Pokot community majorly practice pastoralism as a source of livelihood though in the recent past they have started integrating a bit of farming. This population still practices some old traditions including polygamy, male circumcision, female genital mutilation and child early and forced marriages (CEFM); the prevalence for FGM is at 73% among girls between 10-18yrs. FGM is at the peak of social practices that nurtures female identity in this community: findings published on the County Government website7 show that more than 400 girls from Baringo underwent an alternative rite of passage other than the outlawed female genital mutilation and early marriages.

The context has forced the girls at the tender age to undergo the process to earn them social individual identity, womanhood nature and get the cultural knowledge to pursue life aspiration. Most of the girls who have to undergo the modification of genitals are not fully aware of the processes they are going through until the very end, and not even of the risks they will face and the potential consequences that can occur; that is the reason why sensitization programs are paramount.

The cultural environment of Barpello village, in Tiaty sub-county (Baringo) has been throughout the years usually described by a very low female enrolment rate and a high female school drop-out, strictly connected to the need of undergoing FGM. The cut has always paved the way for early marriage, in a cycle that reduce girls’ lives into an avenue for earning dowry for the family: the time they are ready for the wedding coincides

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6 Kenya Vision 2030, 2019, NATIONAL POLICY FOR THE ERADICATION OF FEMALE GENITAL MUTILATION, NATIONAL POLICY FOR THE ERADICATION OF FEMALE GENITAL MUTILATION (gender.go.ke)
7 Baringo County Government, Baringo County Government - Baringo County Government
with the time there are prepared for the practice: usually, the mother of the boy is the one that wants to make sure everything will be pursued following the right steps to confirm the release of the dowry.

The Baringo Chief Irine Kosgei was born and raised in such a context, but fortunately she was supported by a group of Catholic missionaries who helped her to escape and withstand the practice, an early marriage and a teenage pregnancy. She managed to form Barpello’s women group to open the dialogue around FGM and its consequences and carried on a campaign against this traditional practice, involving the local priest in a sensitization path. Her witnesses state that education played an important role for the detachment from FGM, and a family incident convinced her that this was the right way to undertake. Chief Irine Kosgei was the one proposing alternative rites of passage for girls during school holidays, such as university graduation ceremonies to show the grade of success that a woman can reach if she continues to study. Since 1982 the anti-FGM action is going on. Over years of presence on the ground, through the collaboration with the Incarnate Word Sisters, AVSI has been able to work towards the empowerment of women and protection of girls from these harmful practices. To get a better understanding of the existing needs, a case study was carried out and developed by AVSI Kenya team through the action-reflection method and a participatory approach, both useful to dig deeper and discover unexpected positive or negative changes and connections involving the selected participants in face-to-face dialogues. Among the proposed actions carried out through anti-FGM projects/programs, the following are the most common:

- Transforming social norms;
- Empowering girls through life skills training, education, mentorship, alternative rites of passage;
- Actively involving and empowering men and the whole communities to protect uncut girls by changing social and gender norms that promote FGM;
- Strengthening social systems to amplify prevention and response services for cases of FGM.

4. Methodology of data collection

Most of the studies about FGM are carried out for anthropology, demography or medicine scopes, taking in consideration the role that the use of a specific terminology and that an interpretative framework of human rights, religion and other fields can play for its continuity over time. Mapping the situation in specific geographic zones can help defining and addressing the issue, contributing to the development of detailed studies that will be helpful for future possible interventions on the ground. Moreover, it is paramount to take an open-to-knowledge position in order to put in place specific interventions undertaken in line with an intercultural perspective based on dialogue, exchange and reciprocity. That is exactly how AVSI moves on the ground through the partner of Incarnate World Sisters, which organizes sessions of open discussion and moments of sharing to let the girls feeling on the same level and make them at ease, prompting them to report their experiences.

Few baseline studies and research were made among the Pokot communities residing Baringo County during the last 4 years, some also related to ongoing projects on the ground supported by UNICEF and USAID. The methodology and approach used concern community dialogues with guardians such as council of elders, circumcisers, as well as men, youth, women and redeemed circumcisers who can expedite the abandonment of FGM and child marriage; group discussions with FGM victims and local officials addressing general perceptions and feelings about the FGM practices, both from the girls and the targeted communities,

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8 Florah Koech, 2021, Chief Irine Kosgei on a mission to wipe out FGM, Chief Irine Kosgei on a mission to wipe out FGM | Kenya (nation.africa)
advantages and disadvantages of FGM, societal norms’ influence, association of FGM to other factors as available resources, wealth, societal status.

From AVSI’s side, it has been possible to organize Focus Group Discussions (FGD), Key Informant Interviews (KII), community meetings, field observation, qualitative and quantitative research (both primary and secondary data) and to propose a list of open-ended questions to 65 girls involved in AVSI programme, in order to better understand the phenomenon and evaluate the impact that has been produced within the addressed community. Despite the careful preparation of every stage of the survey, such as the development of tailored-made open-ended questions, pre-testing in the field, adaptations, and rigorous training of supervisors and surveyors, methodological biases are inevitable. These include: (1) social desirability bias, or the tendency to respond to questions in a socially acceptable direction regardless of actual attitudes or true behavior; (2) cognitive dissonance, or the difference between an opinion and attitude a person expresses and the related behavior; (3) the interviewer effect, in which respondents alter responses toward what they think the interviewer/surveyor favors based on subtle hints; and (4) the acquiescence effect, or the tendency to agree with any statement regardless of its content. These effects were mitigated as far as possible through precautions including intensive surveyor training and careful construction and order of questions. Moreover, data quality and quantity limitations hampered an optimal M&E analysis: data and statistics on FGM are insufficient, and there is no uniform guidance on data that need to be collected and statistics that need to be produced. Measuring the effectiveness of interventions has proven challenging, partly because of the lack of relevant indicators and standardized definitions that would allow comparisons across programmes and geographical locations, and over time.

5. **AVSI impact on the ground: findings**

AVSI approached the IWS in 2018, and since 2019 it has been operating on the field supporting children and individualizing FGM cases, involving 80 girls from class 6 to 8 from different communities in workshops and seminars. Thanks to AVSI financial support, the partner on the ground has been able to organize one-week seminars twice a year through which mothers and girls could be educated on alternative rite of passage (ARP). Currently, the FGM activity in Barpello has reduced a lot, compared to the beginning of the interventions, also for the role that education had and continues having in the fight against the practice: girls are now more interested in learning and more aware about the consequences on being cut. The key findings gathered during the last mission in May 2021 related to the practice of FGM highlighted the lack of access to education, also because of poor road networks and infrastructures; the dominant role of men, in terms of decision-making processes within the household unit and the community; the important role of the mothers, the mothers-in-law and the TBAs in the continuation of the practice even in adulthood; early marriages and the importance of children, who gives dignity to the men according to the local social norms; the value of the passage from childhood to adulthood; the importance of social recognition and of the marriage.

Other key information have been collected by the Incarnate Word Sisters in December 2021, through the interviews of 65 girls who were free to share their views and opinions about FGM. For the majority of them the circumcision is still what define the passage from the childhood to the adulthood, and there are is a stigmatization and peer pressure to who hasn’t undergone through the procedure, especially by the young boy and the mother-in-law. However, the interviewed beneficiaries, who are all enrolled in school, are aware about the changing in the society and a relevant number of them has an open mind to pursue education and shun away from this cultural practice, which does not add value to their lives other than causing physical and psychological impacts.
Initiatives that can contribute to the eradication of FGM are related to the possibility of increasing girls’ literacy and public health care with the aim of involving those directly concerned in the ritual procedures to become part of the solution and refuse the practice. AVSI is strongly committed to the engagement of relevant actors on the ground to reach this paramount goal: girls; boys; mothers in-law; mid-wives; parents; government personnel; schools’ principals and teachers; dispensary personnel; partners. It is through the witnesses of these last that AVSI team was able to collect useful data and identify the impact that a multi-year work on the ground has produced in different fields. Participants noted some actions likely to bring change: ARPs (alternative rite of passage); TBAs (traditional birth attendants) and fathers’ involvement; frequent community dialogue on FGM issue to increase knowledge and awareness; improve existing infrastructures, in particular the ones concerning health.

6.1 Education

Even if there is limited evidence on the links between FGM and girls’ education, the visited schools provided concrete findings about adolescent girls who do not attain the same number of years of schooling as adolescent boys was clear. In fact, it is visible from the enrolment registers of Barpello primary school that from class 4 to class 5, which coincide with the optimal age for FGM, there is a relevant reduction in the number of girls attending classes.

Firmer evidence suggests a relationship between FGM and dropping out of school, or reduced participation in school-related activities as a result of FGM. Previous studies point to a lower prevalence rate and greater support for abandoning the practice among highly educated women compared to those with lower levels of education (UNFPA and UNICEF, 2017). Educated mothers tend to be less amenable to practising FGM on their daughters. It is postulated that Female Genital Mutilation can also increase the risk of HIV transmission: the direct association between FGM and HIV remains unconfirmed, although the cutting of genital tissues with the same surgical instrument without sterilization could increase the risk for transmission of HIV between girls who undergo female genital mutilation together.
During the last mission in May 2021, the information and data collected on the ground through various meetings and interviews’ sessions helped to understand better the phenomenon and the actions to be undertaken in order to provide a sustainable, relevant, efficient and effective impact. In particular, the visit of the primary, secondary and high schools in Barpello district and the possibility to speak with the headmasters and some of the teachers allowed the team to comprehend the importance and the role of the institution in such a context.

The findings show that AVSI project produced a good preliminary impact on the FGM practice incidence and the education of about 50 girls from class 4 receivers of the distant support program (DSP). In particular, thanks to the support that these beneficiaries received, that consisted in the organization of sensitization sessions on FGM and early marriages and on the importance of education and women empowerment, on the creation of a solid network based on mutual help within the community, and on the launch of a small micro-credit activity, they have been able to attend the courses and to escape the ritual. Considering that schools (and in particular boarding) are able to exercise a control over the students creating an enabling environment for them to share and talk and keeping girls away from their communities once the best period to do FGM comes, the involvement of teachers and the principal has been paramount. There are some signals that make it clear when the practice could be undergone: rainy period (because of the need of a large quantity of water) and the presence of a consistent number of livestock units per household to ensure food availability. Despite the achievements of some good results through the implementation of some activities, the problem still persists when girls complete their studies and come back home. Once they are back, they are not accepted by the community and in particular by the future mothers-in-law: this is the reason why, when they get pregnant and they have to give birth, they are subjected to the cut at that time, practiced by the mid-wives or traditional birth attendants (TBA).

Finally, the literature review supports our analysis: we can consider education as a positive factor that contributes to the reduction of FGM cases during schooling age. A report published by UNICEF in 2020 supports the theory that education plays an important role in the practice of FGM. In fact, 13% of girls aged 0 to 14 years who have undergone FGM come from a non-educated or illiterate family; this represents the highest percentage compared to the other variables taken under consideration. Moreover, the highest the level of education of the mothers, the lowest the percentage of FGM incidence (from 13% to 1-2%).
6.2 Pre-natal and natal care and control

Some interventions have already been launched by the Incarnate World Sisters in order to hinder the persistence of the practice after the schooling age within the family environment: through the medical project, they are offering benefits (clothes, 2 kg of maize and 1 kg of beans, torch) to 45 mid-wives involved who are bringing girls to deliver at the dispensary, where they can be followed and controlled. In these last months, 20 more new mid-wives have been selected to be part of the programme in order to increase the number of mothers delivering at the Dispensary.

The report about the number of deliveries registered in the Barpello dispensary during the past 5 years shows that there has been an increase in number of women brought to the clinic to give birth, in particular between 2020 and 2021: from only 3 in January 2020 to 13 in January 2021; the highest number has been reached in March 2021 with 15 deliveries. This is possible in Barpello, the most developed area compared to the other rural villages that characterize the whole County, that has a dispensary in operation accessible also for people coming from the surrounding areas.

The main explanations of this trend are strongly related to different variables such as the pandemic, security issues, internal and external conflicts, climate change. Since 2020, it is possible to notice an increase in the number of deliveries because of the programs carried on by the Sisters and the support provided by the Mama na Watoto program, whereby the beneficiaries were facilitated with a safe space to follow the trainings about maternal and child health care. After that, during the pandemic, the majority of the people living in the surrounding villages was confined in private houses and the context was also characterized by tribal tensions: these two situations could explain the variation of the trend throughout the years. There has been so many killing since the church was occupied, until the bishop of Eldoret came to facilitate the reconciliation ceremony between Marakwet and Baringo.

### Deliveries in Barpello Dispensary 2017 to 2021

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Despite the helpful presence of the dispensary, a potential problem could occur if the number of facilities and services delivered remained the same: for this reason, it is essential to think in terms of a multi-sectoral approach that takes into consideration all the possible connected issues to implement the best possible intervention. The lack of an efficient and effective infrastructures’ system undermines the possibility of addressing the FGM issue and reducing the cases most of all in the remote places as the Rotu community: the problem of accessibility limits the control over the population and the opportunity for action; moreover, it is very difficult to start an intervention without the availability of necessary facilities.

The issue has been faced by the local partner, that is planning to start working on the maternity wing for the dispensary: by next year it will optimistically ready to welcome more mothers for the deliveries provoking a further increase in the number of these lasts.

6.3 Sensitization, community awareness and the ARPs

A change of mentality is the key point to hamper FGMs: most of the time the problem is represented by the fact that the community doesn’t accept non-cut girls, and in particular by mothers-in-law and old women with knowledge gaps and that don’t appreciate these lasts as women that can be married; this represents a complex issue in such a community where the wedding and the dowry are the ultimate goal of a family. On the other side, an intervention addressing households’ economic empowerment could not work for this scope: people will continue practicing FGM as it would be seen as an added value and not as an alternative or a solution.

As already mentioned, AVSI and the local partner IWS contributed in a relevant way to a general awareness about the issue through sensitization sessions involving different components of the community, giving incentives to get the greatest possible number of participants. Through organized recurrent seminars, groups or girls and mothers were taught about FGM consequences and how they can protect themselves by different representatives with the aim of graduating as FGM ambassadors. Due to covid-19 restrictions, this activity still needs to be resumed.

Home visits are even now very frequent and useful to keep track of the situations of the girls in the surrounding villages and to have some conversations with the parents or the guardians in order to spread the knowledge of AVSI and IWS presence and active interventions on the ground. Future interventions will include infrastructures improvement and the creation of a group of champions to give the idea of the coverage of an entire community and not to have only an individual that has to carry the burden of the role model; this could represent a safe place for all the ones that are rejected by their own communities because they refused to undergo the practice. Moreover, AVSI and the IWS will try to engage other active actors on the ground for a more effective collaboration and coordination. Recently, more than 400 girls from Baringo underwent an alternative rite of passage rather than the female genital mutilation (FGM) and early marriages thanks to a program launched by the office of the first lady Baringo County in collaboration with
other societies and organizations such as USAID, World Vision and “Irip Gaa”, a community-based organization.⁹

Such inclusive and representative initiatives are paramount to start the process of creation of values that can be accepted by the whole community: once an activity such as the alternative rite of passage is accepted by the majority of the villagers, it is more likely to be replicated and to be sustainable in the future. The solution of building a unique model, a FGM champion, without involving and working in parallel with other actors and stakeholders may result unsuccessful: the girl, in this case, could easily be moved away and isolated from the community, causing the opposite expected effect. Giving the fact that we are dealing with a whole community and not only with the victims of the practice taken individually, it is important to take into consideration the entire system rather than an individual who can’t become a reliable model herself alone.

For what concerns the ARPs, they have been gaining popularity since the late ‘90s in Kenya as a strategy to end FGM. ARPs consist in various actions with the aim of introducing a new different approach to continue to give value to traditions and cultural habits avoiding physical and mental trauma. FGMs represent the passage from childhood to adulthood, that must be celebrate somehow to raise the role and, sometimes, the strength of women within the community. They are becoming popular in the Country as they maintain the essence of the old ritual respecting human and cultural rights. ARP may be read as a newly-invented ritual that aims to replicate aspects of traditional initiation. In so doing, pick-and-mix notions of pastness, culture, social transformation and tradition are being incorporated into a hybridised ritual that its proponents present as evidence of development and modernity, and a ‘harmless’ alternative to FGM.¹⁰

6. Identified challenges and limitations

1. FGM is rarely talked openly in this community and is a rooted frequent traditional practice in the selected areas;
2. Families who are already burdened by poverty use FGM practice as way to increase the value of the bride and get more money;
3. FGM is considered one of the fundamental rites of passage in Pokot which marks the stage of maturity and adulthood;
4. The concerned population has high illiteracy levels hence it is difficult to organize trainings and sensitization campaigns which can involve the whole community. In addition, high illiteracy levels correspond to an increased number of FGM practices;
5. Pokot people have practiced FGM for many years and they value it so much that they have become conservatives and are not ready to change despite of some efforts being undertaken by some advocacy groups to stop this retrogressive practice;
6. It is difficulty to access health education and treatment on time, especially in the remote areas where there is no access to health facilities;
7. The region has witness incidence of tribal conflicts among the Pokot and neighbouring community resulting from cattle rustling, that can be also connected to the FGM practice and, in particular, the need of the boys’ families to pay the dowry in terms of livestock;
8. The high level of alcoholism among women can make it difficult to undertake a long-term and sustainable intervention.

⁹ Baringo County Government, Baringo County Government - Baringo County Government
In order to implement a successful intervention on FGM there is the need to work in parallel addressing all the other sectors that are inter-related.

The FGM practice is deeply rooted in the Pokot communities, as it’s strictly linked with social status, passage from childhood to adulthood, economic benefit, beliefs and traditions, so it must be considered in any different aspects.

Any activity that won’t consider a holistic and complete intervention, which will work on the young girls, the parents, the community, the health facilities, the education, the economic empowerment of the women... is likely to not have a concrete and sustainable impact in fighting the problem.

7. Past and ongoing programs in the targeted and surrounding areas

Past and ongoing programs implemented in the surrounding area of interest include:

- **Accelerating Abandonment of Female Genital Mutilation and Child Marriage Project**, implemented by World Vision with the objective of addressing FGM and Child Marriage\(^{11}\). Inside this action, the *ARP project* is an active initiative on the ground carried out by the IWS to support girls’ education without facing severe physical and psychological consequences. Initially, the programme was focused on seminars about the issue of development of the area connected to traditional practices and the danger of practicing them that involved in particular adults and villages’ representatives. Seminars were done through mobile clinic in order to reach remote areas or community dialogues organized directly on the ground; in this last case, the impact was very minimum as the action was not accepted and their role was not recognized by the community. Workshops and seminars just targeting elders were not effective. After analysis and facts findings involving active actors in the process of FGM, IWS came up with a new idea in 2014 based on inclusive sensitization programs and specific context and stakeholder analysis to collect information about real needs. 24 girls were involved in Barpello: they were taken in seclusion for two weeks after their parents’ sensitization and agreement. Different women that went through the practice were invited to tell the girls every info they knew about FGM and initiation to make them aware of the specific language used by circumcisers and TBAs. For what concerns the boys, they were encouraged to freely marry not-cut girls and were taught about the ARP. Following the success, the activity was repeated in 2016 with 56 girls and then resumed in 2019 because of challenges and conflicts of interest on the ground that hindered the program. In 2019, IWS targeted Rotu, a very outreach place: it was the first time the population heard that something could be done. A great number of people started asking the right to undertake the ARP, but issues of infrastructures are still very complex in that area. On long-term, the intervention could be extended also to other villages and the change could become effective.

- **UNFPA-UNICEF Joint Programme on Eliminating Female Genital Mutilation**, supported by the Governments of Austria, France, Iceland, Italy, Luxembourg, Norway, AECID (Spain), Sweden, the United Kingdom and the United States of America, as well as the European Union. Thanks to this intervention, reformed cutters have also been addressed to protect the next generation from FGM; they are the so-called *positive deviants*\(^ {12}\).

- **EAST POKOT ANTI – FGM PROGRAMME**, implemented by Medical Missions Africa (MeMA), with the purpose of contributing to the abandonment of female genital mutilation (FGM) as well as improving the welfare of women / girls affected by the FGM practices.\(^ {13}\)

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\(^{11}\) World Vision, [Accelerating Abandonment of Female Genital Mutilation and Child Marriage Project | Kenya | World Vision International (wvi.org)](https://www.wvi.org)

\(^{12}\) UNFPA, 2021, [Reformed cutters protect the next generation from female genital mutilation in Kenya | UNFPA - United Nations Population Fund](https://www.unfpa.org)

\(^{13}\) MeMA, [East Pokot Anti – FGM programme - Medical Missions Africa (memafra.org)](https://memafra.org)
- **Koota Injena** (“Come let us talk”) project, implemented by Amref and funded by USAID, through which it is promoted the use of community dialogues to end FGM/C and CEFM in 40 communities. The so-called “champions” (male or female from any age group) are identified within the community, that are people willing to stand up against FGM/C and CEFM and provide them with training to help their peers, family, and friends re-envision how women and girls are treated, why their rights should be respected, and why they should finish their education.\(^{14}\)

- **“Mama na Watoto”** program, with the focus of taking care of mothers’ wellbeing within the community. The preferred used approaches are the reproductive health approach, based on the identification of vulnerabilities that girls experience during the cut, and the multisectoral approach, taking into consideration all the sectors and factors that can influence FGM practice: food security, health care, climate, infrastructures, etc. The initiative also aims at changing the community attitude towards prenatal care and the frequency of the hospital, controlling the numbers of deliveries, organizing sensitization sessions targeting also men and addressing other community’s issues as breastfeeding, vaccination, hygiene, etc. TBAs have a strong power on the perpetuation of the practice and, for that, they have been involved in trainings and rewarded whenever they brought women to give birth to the hospital, as IWS do through their medical health initiative. A specific attention was also given to contextual issues in order to maximize results: i.e. distribution of solar lamps to women who have to walk alone in the forest during night hours. Once the whole community realised it owned the process, the implemented activities started to be recognized. In parallel, a school program based on life skills courses on weekly basis in secondary schools has been carried out to process the transition with the boys.

- **Men and the FGM organization**’s program based on working around gender equality to end FGM and child marriages including men in these issues. In 2016, the organization came out with the focus of empowering girls and women and at the same time sensitizing boys on how to live with an empowered girls within the society. Men can be change agents within the villages, promoting advocacy towards the end of FGM. 300 male champions were trained in 9 counties, including Baringo, thanks to the partnership with World Vision. Some activities included community dialogues, including influent gate keepers and village elders, administrators, etc. The organization was also responsible of the implementation of a 12-months programme supported by UNICEF targeting the cross-border between Kenya and Uganda where FGM rate is very high: high illiteracy level contributes a lot to FGM and child marriages.

### 8. Conclusions

This research has shown the achieved results and the lessons learned during the last five years of AVSI’s operations in Tiaty sub-county, Baringo (Kenya). The findings demonstrated that the community is aware of AVSI and IWS presence on the ground, that needs to be consolidated with future interventions in order to optimize in a continuative way the impact on girls’ lives and to give sustainability to the active projects. A joint action, considering strong actors on the ground and strengthening the local partner, is paramount to increase the success rate supporting more beneficiaries, to replicate best practices targeting more areas and to reach the organization’s goals and to report a more truthful and transparent situation through a multi-sectoral approach, considering all the factors that can influence the FGM indicators’ performance.

\(^{14}\) Amref, Koota Injena, [Koota Injena - Amref Health Africa (amrefusa.org)](http://amrefusa.org)