THE COUNTY GOVERNMENT OF NAROK

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

Narok County Policy for the Eradication of FEMALE GENITAL MUTILATION

2022

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2022

"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

Female 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 the by existing Prohibition of Female Genital Mutilation Act (2011), but the problem persists and needs more effec

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

tive 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.

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 a:s 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 elimnation 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

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.

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

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 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.

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.

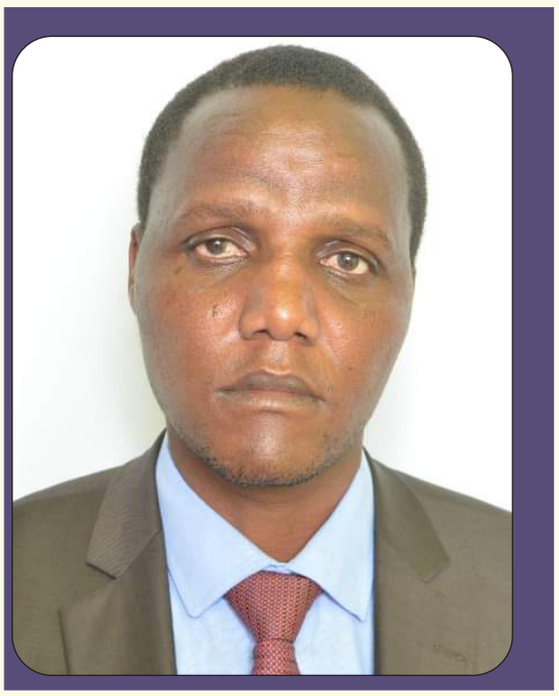
I am happy that at the sunset of my term in office as governor, I am pointing Narok Countyin the direction of civilization and the regard for human dignity.

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, steadfastness and responsibility in strategising this policy that will enable girls achieve their educational goals.



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Chief Officer
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In addition, the role which the public and private sector institutions, religious and faith-based organizations, and civil societies have all played, deserves special mention. It is important to mention the distinguished contribution of **AfyAfrika** and **Linda Arts Organization** for spearheading the whole process of developing the policy, **FORUM CIV** for Financing and supporting the process, and other partnering organizations 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.

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ABBREVIATIONS/ACRONYMS

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

DEFINITION OF TERMS

Alternative rites of passage

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.

Gender based violence

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.

Guiding principles

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.

Harmful practices

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.

Medicalization of FGM/C

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.

Midwife

means a person registered as such under the Nurses Act, 1983 (Cap. 257)

Policy

A statement of intent, and is implemented as a procedure or protocol.

Rite of passage

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.

Social norm

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.

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CHAPTER 1

PREAMBLE

1.1 Policy Goal

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

1.2 Overall Policy Objective

The overall policy objective 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.

1.3 Rationale and Justification

Female genital mutilation/cutting (FGM/C) is a cultural practice that has adverse health and human rights impacts on girls and women. There exist robust constitutional and legal provisions against FGM/C in Kenya today. Kenya has ratified international and regional human rights conventions guaranteeing the protection of women and girls from FGM/C and it has equally adopted various national policies against the practise. This Narok County Policy for the Eradication of Female Genital Mutilation, 2022, was developed, in conformity with the spirit of the Prohibition of Female Genital Mutilation Act, 2011, revised in 2012. The policy is anchored on Sustainable Development Goal 5, and will also contribute to SDG 3 and 4; to promote gender equality, education and empowerment, and to eliminate early marriage and adolescence pregnancy, child Labour, risk of gender-based violence, and HIV infection and poverty.

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. This situation calls for localized and focused measures, strategies, and actions that work for Narok County.

With the creation of County Governments, the Kenya Constitution, 2010, in Part II of the Fourth Schedule, rendered the fight against FGM/C a devolved function. The Constitution commands County Governments to take deliberate steps and measures to alleviate this vice. In order for County Governments to properly tackle FGM/C, procedures and protocols must guide administrators and office bearers in planning and action. Well-defined structures and strategies that benefit from various stakeholders' contribution. It is for this reason that a policy for the eradication of FGM/C in Narok County was mooted.

1.4 Policy Scope

The policy`s scope is within the provisions of Part II of the Fourth Schedule of the Kenya Constitution, 2010. It shall also operate under the National Policy for the Eradication of FGM/C, the Prohibition of Female Genital Mutilation (FGM) Act, 2011 and such national policies, legislation and regulations as may be enacted. The Policy shall be applicable within the defined boundaries of Narok County.

1.5 Guiding Principles

The Guiding principles of this policy include

a) Promotion and protection of human dignity
b) Protection of human rights and freedoms
c) Promotion of gender equality and equity
d) Protection of the rights of children
e) Non-discrimination and protection of marginalized groups
f) Inclusion and participation of the community and all stakeholders
g) Measurable and accurate, timely data
h) Openness, transparency, and integrity

1.6 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 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

CHAPTER 2

SITUATIONAL ANALYSIS

2.1. County Context

Narok County is one of the 47 counties created by the Kenya Constitution, 2010. The county headquarters are in Narok Town, off the Narok-Nakuru Road. The county is situated in the Great Rift Valley in the Southern part of the country where it borders the Republic of Tanzania, and it is named after *Enkare Narok*, meaning the river flowing through Narok town.

Narok County is cosmopolitan with a population projection of 1,157,873 persons according to Kenya National Census, 2019, and its population is spread over an area of 17,950 km^2 with a population density of 64.50/km^2. The ratio of males and females is 1:1. The dominant tribes are Maasai and Kipsigis, which is a sub-tribe of the Kalenjin. The main economic activities in the county include pastoralism, crop farming, tourism, and trade, among other activities undertaken on a small scale. The famous Maasai Mara Game Reserve, featuring the Great Wildebeest Migration, which is one of the "Seven Wonders of the World" is located in the County. Narok also has a robust ecological system that residents depend on for agriculture, tourism, water, and more resources.

Some of the cultural practices of the Maasai community in Narok County include FGM/C, early marriages, forced marriages, and moranism. The prevalence of FGM/C among the Maasai community is 78%, an increase from 73% between 2008 and 2009 (Kenya Demographic and Health Survey).

2.2 Definition and Types of FGM/C Practised in Narok County

The Prohibition of Female Genital Mutilation Act, 2011, defines "female genital mutilation (FGM/C)" as comprising all procedures involving partial or total removal of the female genitalia, and other injuries to the female genital organs, or any harmful procedure to the female genitalia, for non-medical reasons. FGM/C includes:

a. **Clitoridectomy**: The partial or total removal of the clitoris or the prepuce
b. **Excision**: The partial or total removal of the clitoris and the *labia minora*, with or without excision of the *labia majora*
c. **Infibulation**: 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. but does not include a sexual reassignment procedure, or a medical procedure that has a genuine therapeutic purpose.

The World Health Organization defines FGM/C as
"a traditional harmful practice that involves the partial or total removal of external female genitalia or other injuries to female genital organs for non-medical reasons".

This definition shows that FGM/C is recognized internationally as a violation of the human rights of girls and women, and that it is an extreme form of gender discrimination, reflecting deep-rooted inequality between the sexes. In addition to the categories of FGM/C listed in the Prohibition of Female Genital Mutilation Act, 2011, the Act recognizes type 4 FGM/C, which includes all other harmful procedures to the female genitalia for non-medical purposes such as pricking, piercing, incising, scraping, and cauterizing the genital area. The different types of FGM/C mentioned above are practised in Narok County with different communities preferring certain types over others.

2.3 Cultural Justification/Myths surrounding the Practice of FGM/C in Narok County

Tradition, culture, and social norms, are passed from generation to generation, usually from mother to daughter as far as girls are concerned. As such, FGM/C is mostly performed to emphasize a cultural identity. Deeply-rooted customs and traditions of the dominant communities in Narok County are cited as the key reasons for undergoing FGM/C. They are often perpetuated by older women who were subjected to the practice during their time.

FGM/C is performed as an introduction of a particular gender. A woman cannot be considered an adult in communities that practise FGM/C unless she has undergone the rite. The procedure is considered a transition in life stages, a so-called "rite of passage" from girlhood to womanhood, on to marital age, securing the

maintenance of social unity. FGM/C is supported by the widespread belief that a human body is of indeterminate gender at birth and thus to ensure adulthood, girls must be relieved of their male sexual organ, the clitoris and or/labia to render them fully and only female. It is also believed that the excision of such parts of a woman's body enhances their femininity.

FGM/C is also performed based on the wrong assumption that it promotes a girls' virginity and chastity, guaranteeing a young girl`s fidelity in marriage, by reducing her sexual desire and guarding her against sexual frustration, by weakening her sexual desire. Another reason given by community members who practise or belief in FGM/C is that it enhances man's sexual pleasure as the young girls who have not gone through FGM/C have excessive libido.

Cleanliness and hygiene are frequently cited as justifications for FGM/C as there is a myth that the external female genitalia is dirty and "unsightly" therefore they should be flat, rigid, and dry.

Some religious beliefs also support FGM/C, with certain sects citing the need to practise FGM/C to satisfy religious obligations.

2.4 Whether Consent of the Survivor is Sought before FGM/C is Performed on them

FGM/C is recognized by the United Nations as a form of torture, or cruel,ill-treatment, and degrading treatment, a violation of women's and girls' right to dignity and protection from torture, which is an absolute human right that cannot be suspended or limited under any circumstance. Consequently, a woman or girl cannot consent to undergoing FGM/C.

For consent to be valid, someone needs to have sufficient and relevant information for decision making, to be able to comprehend the information relayed and decide freely without coercion or undue influence. The Constitutional Court of Kenya stated in Constitutional Petition No. 244 of 2019, that consent has to be discussed with due consideration regarding the context within which FGM/C is practised as often there is social pressure and punitive sanctions connected to it. Women who undergo the cut are involved in a cycle of social pressure from the family, clan, and community, while those who refuse to undergo it suffer the stigma. As FGM/C also implicates women's and girls' right to health, human dignity, and right to life, the court was not persuaded that one can choose to undergo it.

Finally, the Prohibition of FGM Act, 2011, criminalizes FGM/C performed by medical practitioners or mid-wives and states that the consent of the person undergoing it is not a defence for its practice.

2.5 Persons that Perform FGM/C

FGM/C in Narok County is largely performed by traditional cutters but there are emerging trends of medicalized FGM/C where medical practitioners or midwives perform the rite.

2.6 Effects of FGM/C on the Survivors

In a typical traditional setting as is the case in Narok County, FGM/C is performed using unsterilised knives, blunt metal, razor blades, scissors, glass, sharpened rock, or human fingernails.

The cutting is also carried out without anaesthesia, mostly by persons that lack knowledge of human anatomy. The practice is done while the survivor is screaming, kicking and flexing. Considering that the cut is illegal it is executed in haste and secrecy, all of which often lead to more injury and trauma.

Medical reports and statistics at various health facilities within the Narok County demonstrate the effects of FGM/C as enumerated below:

a) Immediate effects of FGM/C on the survivor:
- Severe pain
- Bleeding
- Shock
- Contamination with tetanus, HIV and other pathogens
- Acute urinary retention
- Injury to adjacent tissue

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
- 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 accompanied by panic attacks
- A sense of humiliation and betrayal
- Disruption of education

2.7 Legislative and Policy Context

2.7.1 International Treaties and Conventions

Kenya signed and ratified various regional and international human rights treaties and conventions under which it is obligated to prevent FGM/C. The include:

a) Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), 1981

CEDAW calls for an end to all forms of gender-based discrimination, including against girls, and defines all forms of violence against women (and girls) as a form of discrimination. Article 2(f) requires State Parties, "to take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs, and practices that constitute discrimination against women."

b) United Nations Convention on the Rights of the Child (UNCRC), 1989

\ Article 19 of the UNCRC obligates State Parties to "take all appropriate legislative, administrative, social and educational measures, to protect the child from all forms of physical or mental violence and injury." Article 24(3) also stipulates that "State Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children."

c) African Charter on the Rights and Welfare of the Child (ACRWC), 1999

The ACRWC in Article 21 obligates State Parties to "take all appropriate measures to eliminate harmful social and cultural practices affecting the welfare, dignity, normal growth, and development of the child", with emphasis on customs and practices prejudicial to the health or life of the child, and discriminatory to the child, on the grounds of sex or other status.

d) The African Charter on Human and Peoples' Rights (ACHPR: Banjul Charter), 1981

Article 4 of the Banjul Charter recognizes the respect for life and integrity of the person while Article 5 guarantees each person's inherent right to dignity and protection from torture and degrading treatment.

Article 16 guarantees the right of every individual to enjoy the best attainable state of physical and mental health, while Article 18(3) requires State Parties to ensure the elimination of every discrimination against women and ensure the protection of the rights of the woman and the child, as stipulated in international declarations and conventions.

e) The Universal Declaration of Human Rights (UDHR), 1948

The UDHR provides a broad foundation for the protection of women against harmful practices. Article 1 provides that all human beings are born free and equal in dignity and rights. Article 3 states that everyone has the right to life, liberty, and security. Article 5 provides that no one shall be subjected to torture or cruel, inhumane, or degrading treatment or punishment.

f) The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol), 2005

The Maputo Protocol, 2005, guarantees comprehensive rights to women, including the rights to dignity, life, education, positive cultural context, improved autonomy in health and reproductive health decisions, and an end to female genital mutilation. According to Article 5,

State Parties have an obligation to prohibit through legislative measures and condemn, all forms of harmful practices which negatively affect women's human rights, and protect women at risk of being subjected to harmful practices. Additionally, State Parties have an obligation to "provide necessary support to victims through basic services such as: health services, legal and judicial support, emotional and psychological counselling, as well as vocational training to make them self-supporting."

g) **The International Covenant on Civil and Political Rights (ICCPR), 1966**
ICCPR prohibits discrimination based on sex, and mandates State Parties to "ensure that any person whose rights or freedoms are violated shall have an effective remedy."

h) The Convention against Torture (CAT) and other Cruel and Inhuman or Degrading Treatment or Punishment, 1984 (the "Torture Convention")
CAT defines torture as, "any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes or for any reason based on discrimination of any kind when such pain or suffering is inflicted by, or at the instigation of, or with the consent or acquiescence of a public official or other person acting in an official capacity." FGM/C has been recognized as a form of torture under international human rights law, due to the severe and long term psychological and physical effects it leaves on women and girls.

I) Declaration on the Elimination of Violence Against Women (DEVAW), 1993
The DEVAW, in Article 2, defines violence against women, in part (a) as "Physical, sexual and psychological violence occurring in the family, including battery, sexual abuse of female children in the household, dowry-related violence, marital rape, non-spousal violence, violence related to exploitation, FGM/C, and other traditional practices harmful to women." Article 4 provides that States should condemn violence against women and not invoke any custom, tradition, or religious consideration to avoid their obligations towards its elimination.

\ *2.7.2 Kenya national legislation and policy documents*

Legislation

I) Kenya Constitution, 2010
Article 19 of the Kenya Constitution, 2010, provides that the Bill of Rights is an integral part of Kenya's democratic state and that it is the framework for social, economic and cultural policies.

Article 20(2) spells out that "every person shall enjoy the rights and fundamental freedoms in the Bill of Rights to the greatest extent, consistent with the nature of their rights or fundamental freedoms.

Article 21(3) obligates all State organs and public officers to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalized communities, and members of particular ethnic, religious, or cultural communities.

Article 25 (a) provides that the right of freedom from torture and cruel, inhuman, or degrading treatment or punishment, shall not be limited.

Article 28 provides that every person has inherent dignity and the right to have that dignity respected and protected.

Article 29 guarantees every person the right to freedom and security, which includes the right not to be subjected to any form of violence from either public or private sources, and not to be subjected to torture in any manner, whether physical or psychological.

Article 44 (3) stipulates that a person shall not compel another person to perform, observe or undergo any cultural practice or rite.

Article 53 guarantees every child in Kenya the right to be protected from abuse, and from all forms of violence, inhuman treatment and harmful cultural practices.

Article 55 further obligates the State, which includes both the National and County Governments, to take measures, including affirmative action programmes, to ensure that the youth are protected from harmful cultural practices and exploitation.

Article 159(3) provides that although traditional dispute resolution mechanisms shall be promoted in resolving disputes, they shall not be used in a way that: (a) contravenes the Bill of Rights; (b) is repugnant to justice and morality or results in outcomes that are repugnant to justice or morality, or (c) is inconsistent with the Kenya Constitution, 2010, or any written Kenyan or other law.

ii) The Prohibition of Female Genital Mutilation Act, 2011

The Prohibition of Female Genital Mutilation Act, 2011 is an Act of Parliament enacted on 30th September 2011,, with the main objective of prohibiting the practice of female genital mutilation, to safeguard against violation of a person's mental or physical integrity through the practice of female genital mutilation and for connected purposes.

Section 27 of the Act obligates the Government to take necessary steps within its available resources to—

(a) Protect women and girls from female genital mutilation
(b) Provide support services to victims of female genital mutilation
(c) Undertake public education and sensitize the people of Kenya on the dangers and adverse effects of female genital mutilation.

The Act under Section 3 establishes the Anti-Female Genital Mutilation Board, while sections 4 and 5 state their composition, functions and powers, respectively.
Sections 19-25 of the Act spell out the offences in regard to female genital mutilation

iii) The Children Act, 2001 Section 14 of this Act outlaws the subjection of any child to female circumcision, early marriage or other cultural rites, customs or traditional practices that are likely to negatively affect the child's life, health, social welfare, dignity or physical or psychological development.

iv) The Medical Practitioners and Dentists Act, 2012, and the Nurses Act, 1983

Section 9(3), 20 and 21 of the Act provide for the cancellation of license for any medical practitioner who is convicted of an offence under the Act, or under the Penal Code

v) Protection Against Domestic Violence Act, 2015

Section 3 of the Act includes female genital mutilation in its definition of abuse.
Section 19(1) (g) provides that the court may issue protection orders covering potential victims against engagement, or threats to engage in cultural or customary rites or practices that abuse the protected person.

vi) The Penal Code, 2012

The Penal Code establishes the criminal law code by outlining criminal offences and prescribing penalties. Some of the charges against perpetrators of female genital mutilation are: -

(i) Murder under Section 203 as read with section 204 of the Penal Code;
(ii) Manslaughter under Section 205 as read with 206 of the Penal Code; and
(iii) Grievous harm under Section 234 of the Penal code.

Policy Documents

(I) Kenya Vision, 2030

The Kenya Vision, 2030 and the third Medium-Term Plan (MTP III) for the period 2018-2022 address FGM/C under the Gender, Youth and Vulnerable Groups sector of the social pillar. MTP III aims to protect women and girls from malpractice by ensuring that perpetrators are prosecuted, by providing support services to the survivors, and by enhancing public awareness and sensitization programmes in the communities, regarding the dangers of FGM/C.

(ii) The National Policy for the Eradication of FGM, 2019

The policy seeks to accelerate the eradication of FGM/C in Kenya, strengthen multi-sectoral coordination and networking, augment partnership and community participation towards the eradication of FGM/C, address emerging trends and practices aimed at circumventing the legal framework, address gender inequality associated with FGM/C by promoting the empowerment of girls and women, and strengthen data collection, information and knowledge management on FGM/C at a national level.

(iii) The National Adolescent Sexual and Reproductive Health Policy, 2012

The National Adolescent Sexual and Reproductive Health Policy, 2012, classified FGM/C as a harmful practice that has a direct impact on reproductive health and the status of adolescents. It further identified FGM/C as one of its most urgent concerns.

(iv) The National Policy for Prevention and Response to Gender-Based Violence, 2014

The policy classifies Harmful Traditional Practices as a form of GBV. It provides for a coordinated approach to addressing GBV, effective programming, enhanced enforcement of laws and policies towards GBV prevention and response, increased access to quality and comprehensive support services across sectors, and improved sustainability of the GBV prevention, and response interventions.

(v) The National School Health Policy, 2018

Under paragraph 4.2.1, the policy appreciates that there are cultures in Kenya that advocate for practices that are harmful to health, and provides that schools and communities be sensitized and supported to do away with harmful gender-related cultural practices like FGM/C and early marriage.

According to paragraph 4.2.6, the policy recognizes the need to enlighten youth regarding the existing harmful practices like FGM/C and forced marriages, and also recognizes the need to educate pupils, teachers, parents and the community at large on the consequences of FGM/C and the necessary control measures required to eliminate it. In addition, the policy advocates for the counselling and rehabilitation of students exposed to harmful cultural practices.

Paragraph 4.3.3 of the policy provides that measures be taken to discourage negative cultural beliefs and practices that support child marriages, child labour and FGM/C.

2.7.3 County legislation and policy documents

Narok County does not have any policy or legislation that address FGM/C. The Narok County Gender Policy has limited mentions of the vice but does not have substantive provisions.

CHAPTER 3

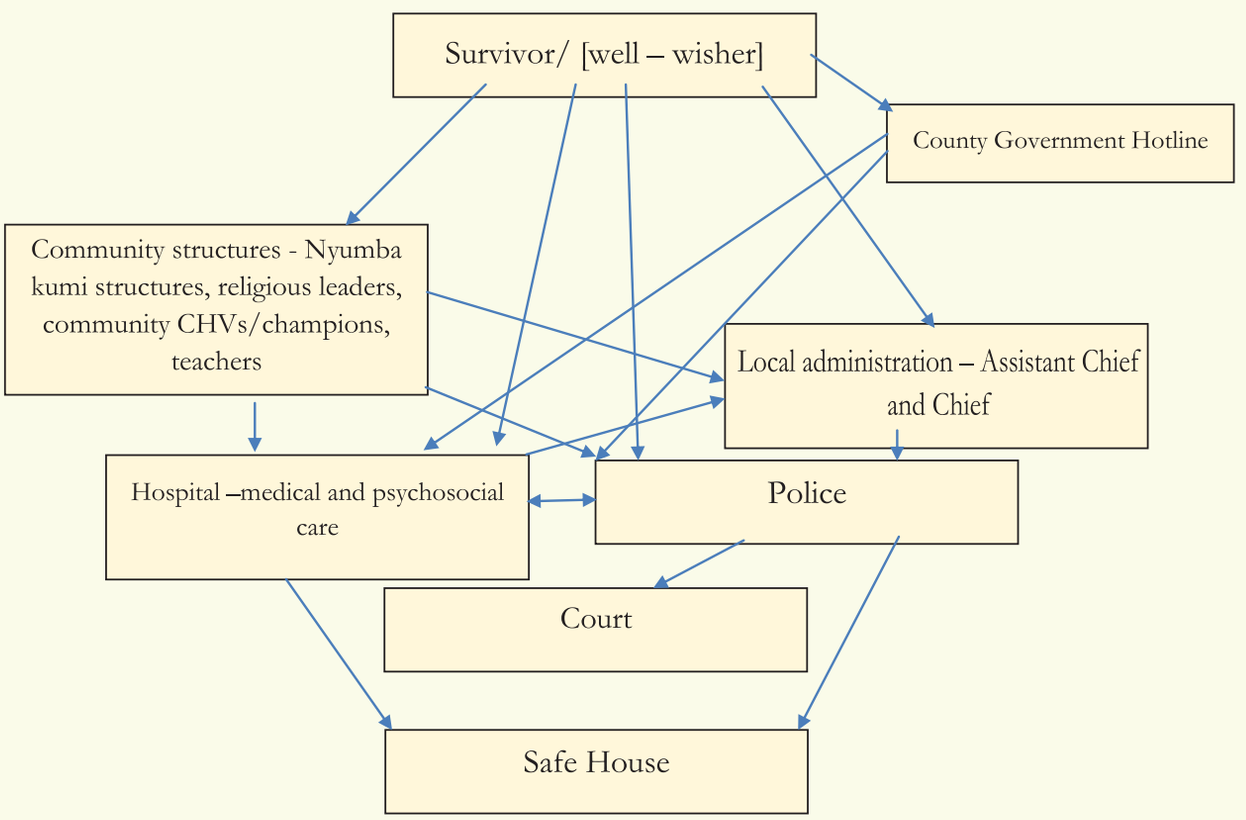
POLICY OBJECTIVES AND ACTIONS ON PREVENTION AND RESPONSE TO FGM/C

Objective 1: To establish protocols and guidelines to handle victims and cases

This objective calls for strengthening the pathways that shall be followed in Narok County whenever a case of FGM/C happens. It also intends to reinforce the cascading of the FGM/C surveillance framework from the authorities to the communities and vice – versa.

FGM/C, being a criminal offence, needs to be reported to the police. A survivor may find it convenient or feel comfortable to go through community structures that encompass actors like members of the *nyumba kumi* initiative, religious leaders, community health volunteers, shelters or safe houses, and teachers who will in turn take her to a medical facility, or police station to report and thereafter to a safe house. The survivor may also choose to report the matter directly to the police or through the local administration or contact a County Government hotline.

At the same time, the survivor requires medical attention and psychological support. Eventually, the survivor might be required to be taken to a safe house.



Policy actions

1. Establishing and/or revamping a multi-sectorial and coordinated response intervention around FGM/C that is linked to government structures including the devolved system.
2. Ensuring county government and actors' commitment and leadership in the response to end FGM/C by ensuring responsibility around the issue at the departmental level.
3. Continuous awareness creation to the community by the county government on the steps to undertake whenever an FGM/C violation occurs.
4. Provision of sustainable and popularized point of call (hotline number) maintained by the county government for reporting cases of FGM/C and linked to relevant services including medical legal and social services.
5. Provision of adequate resources to manage the evacuation of survivors and follow up of every case till conviction.

6. Establishment of a unit within the county government structure that will be mandated with evacuation, processing, tracking, supporting, protection and rehabilitation of survivors through the entire cycle.
7. Capacity building of all players in the entire cycle on wholesome handling of FGM/C cases.
8. Facilitation of a friendly environment at Police stations where survivors can report and make their statements without feeling victimized.
9. Review stakeholder analysis to map all actors working on FGM/C in the field with their respective roles and responsibilities, to have a speedy referral system in place.

Objective 2: To enhance sustainable financing of FGM/C activities and programmes

The fight against FGM/C has been slowed down due to a lack of financing. Government departments, despite their progressive strategies, lack adequate resources to implement their programmes and activities relating to FGM/C. There is a need for adequate funding and decisive action to protect girls and women at risk.

In Narok County, if trends continue, the number of girls and women undergoing FGM/C will rise significantly in the future leading to increased health care costs of caring for them. Additional resources are urgently needed to scale up interventions that can prevent FGM/C and treat FGM/C-related health complications.

Policy actions

1. Scaling up long term and flexible investments in combating FGM/C and providing support for survivors in emergencies.
2. Budgetary inclusion of County anti-FGM/C programs and activities in every financial year.
3. Establishing a county budget line for funding services and programmes to specifically address FGM/C.
4. Integrating Anti-FGM/C activities into the County Integrated Development Plans (CIDPs) and County Annual Development Plan (CADP).
5. Sensitizing and capacity building all players in the budget-making cycle on matters of FGM/C.
6. The formation of a county government Anti-FGM/C Committee comprising officers of line departments to lead and mobilize the anti-FGM/C processes and ensure a yearly focus of resources on the anti-FGM/C Agenda.
7. Development of a yearly Monitoring and Evaluation plan tied to the CIDP anti-FGM/C intentions, and the anti-FGM/C Committee activities.
8. Effective utilization of FGM/C funds for the most priority areas.
9. Recruitment of qualified personnel to assist in sustained capacity building as well as provide quality checks for research design and data collected.
10. Provision of the ability of other stakeholders to contribute towards supporting programmes and activities of county governments.

Objective 3: To enhance the participation of stakeholders in FGM/C issues

FGM/C is deeply-rooted among the communities living in Narok County. The most effective strategy that will accelerate the fight against FGM/C in Narok County is that which carries the many unique stakeholders on board. Among the Maasai community, for example, there exists a wide range of stakeholders that are gatekeepers of cultural and traditional practices. Local actors and stakeholders are also better aware of the contexts in which this vice exists and are better placed to effectively eliminate it.

Policy actions

1. Ensuring that interventions are community-based and community-owned to increase resilience and empower field-based decision making and interventions.
2. Strengthening or establishment of community surveillance, protection and referral mechanisms to improve the prevention of FGM/C and case management.
3. Undertaking public anti-FGM/C campaigns in collaboration with the elders, community leaders, Anti FGM/C Champions and County opinion shapers.
4. Making use of the decentralized leaders like chiefs, village elders, and nyumba kumi initiative who have easy access to the community in promoting social norms and change.
5. Engaging the men and boys in the promotion and facilitation of dialogue in communities as they are often the decision-makers in the households and hence their involvement/engagement is key to ensuring sustainable change.
6. Undertaking ToT training for stakeholders (Elders, community leaders, reformed circumcisers and other mapped key stakeholders) in order to arm them with both training skills and content to effectively share anti-FGM/C messaging to the society.
7. Conducting workshops/FGDs with Female Circumcisers as well as TBAs to train and sensitize them on the dangers of FGM/C and the contents of the legal regime that create FGM/C related offences.

8. Support reformed FGM/C perpetrators through basic business models tied to the culture such as bead making.
9. Collaborate with CBOs, NGOs and Faith-Based Organizations in their programmes and activities.
10. Facilitating inter-agency and inter-sectorial planning for FGM/C response in prevention, protection and prosecution and monitoring of compliance with the legislation and policy.
11. Facilitating the enhancement of inter-agency and other stakeholders' systems for reporting, documentation, referrals, information sharing, monitoring and evaluation and coordination.
12. Consultation with stakeholders to access resources and best practice materials, including new information available in newsletters, journal articles, and reports that disseminate best practices, lessons, innovations and other practical tools.
13. Collaboration with media, both local and national, towards community sensitization on FGM/C, its harmful effects, and the referral pathways for FGM/C survivors including the process of reporting FGM/C cases, planned and occurred cases, as well as the roles and actions expected of the various state actors to ensure access to justice of the FGM/C survivor.
14. Collaborating with the Community Health who have access to homesteads across the region and hence can detect FGM/C activities being perpetrated or about to be perpetrated.

Objective 4: To eradicate the medicalization of FGM/C

Ethnic groups with higher levels of medicalized FGM/C also have a high overall prevalence of FGM/C, such as the Abagusii/Kisii, Somali and Maasai. People are increasingly turning to healthcare providers to perform FGM/C in the hope that it will reduce the risk of complications. Categories of healthcare providers found to carry out FGM/C include active and retired physicians, assistant physicians, clinical officers, nurses, and midwives.

Healthcare providers that perform FGM/C are mostly motivated by the high fees. The fact that it is sometimes performed within known facilities, therefore the comfort of health safety, coupled with guarantees of patient confidentiality spurs the practice.

Medicalized FGM/C is a crime under the Anti-FGM/C Act and consent of the patient is not a defence.

Policy actions

1. County government to liaise with medical professional bodies or associations to enforce policies and legislation, including legal sanctions for health professionals who engage in FGM/C and to hold them accountable for this unethical practice.
2. Educating the public and members of the health profession to enhance awareness of the extent of the problem and the dangers of the medicalization of all types of FGM/C and develop training modules on the same.
3. Strengthening of monitoring, evaluation, surveillance and accountability aspects at health facilities within the county, be they private or public.
4. Interdiction of the healthcare workers found performing FGM/C.
5. Systematically integrating community health workers in the health care system.

Objective 5: To improve the collection and coordination of FGM/C information, evidence, data, reporting, and tracking of results in the implementation of anti-FGM/C policies and programmes

Data shows that there is low prosecution of FGM/C offences due to a lack of cooperation from the community where the survivor comes from. The few cases that are reported are lost in court due to the failure of witnesses to attend court prompting the judicial officers to acquit suspects due to a lack of sufficient evidence to sustain a trial.

The secretive nature of FGM/C makes it challenging for authorities to get viable information and execute arrests.

The investigating officers on transfer fail to turn up in court to testify in their cases. Lack of resources in the hands of investigating officers while investigating the cases and collecting evidence frustrates their efforts.

There is also limited data on FGM/C that can be used to measure the impact or outcome of various interventions.

Policy actions

1. Availing medical reports beyond P3 forms that are detailed and confirmed by a medical doctor.
2. Operationalization of a Health Information Management System to document the medical history of patients to enable subsequent retrieval in the event medical records of a patient are required as evidence in a court of law and at the same time maintaining a database for future studies and evaluation.
3. Cooperation with the National Gender and Equality Commission in support of data collection with regard to FGM/C into the Sexual and Gender Based Violence Information System including from the Health Information Management System.
4. Creation of a County FGM/C helpline and report desk that can be used to report any FGM/C incidences.
5. Sensitizing the community on the consequences of violating the FGM/C legal regime including the Prohibition of

Female Genital Mutilation Act, 2011 through barazas.

6. Establishment of a consolidated incident database that is continually updated (possibly incorporating survivor and escapee experiences where possible, including their mapped locations).
7. Incorporation of Chiefs, community leaders and Elders into an information-sharing platform with officers of the County Government.
8. Facilitation of persons involved in the trial of FGM/C perpetrators.
\9. Provide continuous capacity building of staff to enhance collection and aggregation of information on prevention, occurrence and responses related to FGM/C cases.
10. Engaging the Civil Societies to participate in data collection and analysis including undertaking research and surveys on FGM/C.
11. Mid and end-term reviews of anti-FGM/C projects and programs.

Objective 6: To ensure the protection and wholesome care of survivors of FGM/C

A girl or an adult woman who fears that FGM/C is likely to be performed on her should be able to relocate from her home area in order to avoid any person who might use their power and influence to force her to undergo FGM/C.

A woman may face undue pressure by family, including her husband or partner and his family, and/ or community members, to undergo or force her daughter to undergo FGM/C. It is essential to provide access to safe temporary shelter, education, health and psychosocial support for FGM/C survivors.

Safe houses are, therefore, necessary to protect girls and women from hostile actors or actions and from retribution, threats or perceived danger. They design programs that aim to meet the diverse needs of those being rescued including food, security and accommodation. Safe houses also play a significant role in strengthening the quality of responses provided by other service providers who are in contact with abused women and girls.

Policy actions

1. Establish programmes to capacitate girls and women of Narok with life skills to enable them to reject FGM/C and support anti-FGM/C campaigns.
2. Establish programmes to enhance the awareness and understanding of girls and women on the impact of FGM/C on their social, health and economic rights.
3. Construct, support and maintain a safe house in every sub-county in Narok County.
4. Ensuring the location and design of the safe houses bear security, access to education, healthcare and other amenities in mind.
5. Establishing a fund to guarantee sustainable management of safe houses and other Anti-FGM/C programmes and activities.
6. Providing adequate and qualified personnel to offer wholesome care to survivors at safe houses.
7. Vetting survivors fairly to allow deserving cases to be accommodated at safe houses
8. Providing psychological care and counselling while at the safe house.
9. Professionally managing reunification of survivors with their families.
10. Availing follow up programs that ensure continuous care and protection of survivors.
11. Accrediting privately run safe houses against a set criterion to ensure high-quality standards.
12. Ensuring empowerment programmes are established at the safe houses for the women and girls.
13. Providing treatment, restoration and continuous healthcare of FGM/C survivors at public health facilities at no cost.
14. Enrolling survivors in school with the cost of being born by the government.

Objective 7: To improve the advocacy, awareness creation, dissemination of information and knowledge on FGM/C

Policy actions

1. Promoting the development of a clear structure of referral pathway both medical and legal in order to respond to distress.
2. Supporting the establishment of a system for anonymous reporting.
3. Engaging communications and mass media campaigns to raise awareness of the harmful consequences of FGM/C and provide accurate information and facts through popular mediums.
4. Promoting responsible media reporting in line with the principle of 'doing no harm' including through media awards with regard to FGM/C coverage.
5. Enhancing community dialogues involving women, men, youth, girls and boys towards interrogating gender relations and encouraging a just and fair society.

6. Utilizing sports/tournaments as platforms for creating awareness among the youths about harmful effects of FGM/C.
7. Embracing and organizing purposive radio talk shows, regular campaigns, school talks and peer to peer advocacy working towards the eradication of FGM/C.
8. Using role models /mentors such as former cutters, champions, survivors of FGM/C to pass the message of the medical and social harmful effects of FGM/C and why it should be eradicated
9. Involving men and airing testimonials from both men and women in advancing advocacy against FGM/C.
10. Setting aside funds for the development of information, education and communication. Materials with key messages on anti-FGM/C for dissemination of simplified versions of the policy and other materials in fliers, banners, and posters among others.
11. Organizing regular roadshows as part of programmes strategies and structures aimed at advocating against FGM/C.
12. Disseminating Research and survey findings on FGM/C in the county.
13. Ensuring capacity building of the duty bearers /facilitators to effectively disseminate information at the grassroots level.
14. Conducting effective social media engagements as part of programmes strategies and structures aimed at advocating against FGM/C.
15. Setting aside an annual day for FGM/C eradication in the county as part of programmes strategies and structures aimed at advocating against FGM/C.
16. Translating materials on FGM/C into local dialects to enhance community reach.

Objective 8: To accelerate sensitization and inclusion of FGM/C eradication strategies in the education system

Policy Actions

1. Supporting and advocating for the inclusion of Anti-FGM/C content in the curriculum of learning institutions.
2. Promoting the inclusion of Anti-FGM/C materials in correctional centres and in-service training.
3. Promoting the capacity building of teachers, facilitators and youth workers on FGM/C.
4. Promoting access to education for women and girls as this empowers females and allows them to develop the skills and knowledge to lead independent lives.
5. Reviewing life skills to include FGM/C.
6. Printing of publications and distribution to schools and communities for example visual aid.

CHAPTER 4

POLICY IMPLEMENTATION

4.1 County Anti–FGM/C Management Committee

Membership:

1. County Executive Committee Members in charge of Gender matters (Chairing);
2. County Executive Committee Members in charge of Administration matters;
3. County Executive Committee Members in charge of finance matters;
4. Representative of the office of the Governor;
5. Director of Health;
6. Director of Gender; and
7. Head of Unit.

The functions of the County Anti-FGM/C Management Committee shall be:

a) Implement policy actions.
b) Monitor the progress of eradication of FGM/C.
c) To design, supervise and coordinate programmes against the practice of FGM/C.
d) To design and formulate strategies for resource mobilization, financing and coordination of all activities relating to the eradication of FGM/C in the County.
e) To liaise with the Anti-FGM Board as required under the Prohibition of FGM Act, 2011.
f) To coordinate with law enforcement officers including National Government Administrators, Office of the Directorate of Public Prosecutions, National Police Service, County Law Enforcement, County Administrators and Village Elders to ensure enforcement of the laws on FGM/C.
g) To conduct research and pursue a review of the Policy to ensure that it remains relevant in the fight against FGM/C in the County.
h) Establish a data bank on FGM/C reports, cases, and records to the other state and non-state actors.
i) Issuing a hotline telephone number to be used in reporting FGM/C cases.

Meetings

1. Once every quarter
2. Determine the procedure to follow and the conduct of its meetings and affairs
3. Head of the Unit shall be the secretary to the Anti-FGM/C Management Committee .

4.2 County Anti–FGM/C Forum

Membership:

1. County First Lady (Co-chairing)
2. County Commissioner (Co-chairing)
3. County Police Commander
4. Representative of Narok Law Society Chapter
5. Representative of the Judiciary, Narok Station
6. County Public Prosecutor
7. County Executive Committee Members in charge of Gender
8. County Executive Committee Members in charge of Administration
9. County Executive Committee Members in charge of Finance
10. Chairperson of County Assembly Women Caucus
11. Chairperson, County Assembly Committee on Gender
12. Chairperson, County Assembly Committee on Budget
13. Chairperson, County Assembly Committee on Education
14. County Director of Gender (National Government)

15. County Director of Children Services (national government)
16. County Director of Education (National Government)
17. County Director of Health
18. Chairperson, Kenya Primary School Head Teachers' Association (KEPSHA) (Narok Chapter)
19. County Gender Officers
20. Supreme Council of Kenyan Muslims, Narok Chapter
21. National Council of Churches in Kenya, Narok Chapter
22. Kenya Conference of Catholic Bishops, Narok Chapter
23. County Chairperson, Maendeleo Ya Wanawake Organisation (MYWO)
24. Chairperson, Maasai Council of Elders
25. Chairperson, Myoot Maasai Council of Elders
26. Relevant development partners
27. Private sector actors
28. Representative of People with Disabilities (PWDs)
29. Youth Representative
30. Three (3) representatives of Public Benefit Organisations (PBOs) on FGM/C matters
31. Three (3) FGM/C survivors
32. Representative of media within Narok County
33. Head of the County FGM/C Forum

Functions of the forum

1. Discuss emerging issues on FGM/C.
2. Propose measures to be undertaken by the County Anti-FGM/C Management Committee.
3. Advise the County Government on matters relating to FGM/C and the implementation of the policy.
4. Synergize and obtain the support of stakeholders in the fight against FGM/C.
5. Propose programmes and activities for the year.
6. Take stock of interventions, impact, and outcome.

Meetings of the forum

1. Once a year.
2. Determine the procedure to follow regarding the conduct of its meetings and affairs.
3. The head of the unit shall be the secretary to the forum.

4.3 Anti–FGM/C Unit

There shall be established a semi-autonomous Anti-FGM/C Unit within the County Department of Gender that shall specifically be charged with the implementation of this policy.

The Unit shall be staffed with such qualified personnel as shall be necessary to effectively discharge the action points in this policy.

Adequate space, facilities, and equipment shall be provided to ensure that the Unit is well equipped to discharge its functions.

The Unit shall be headed by such a person in the rank of a deputy director.

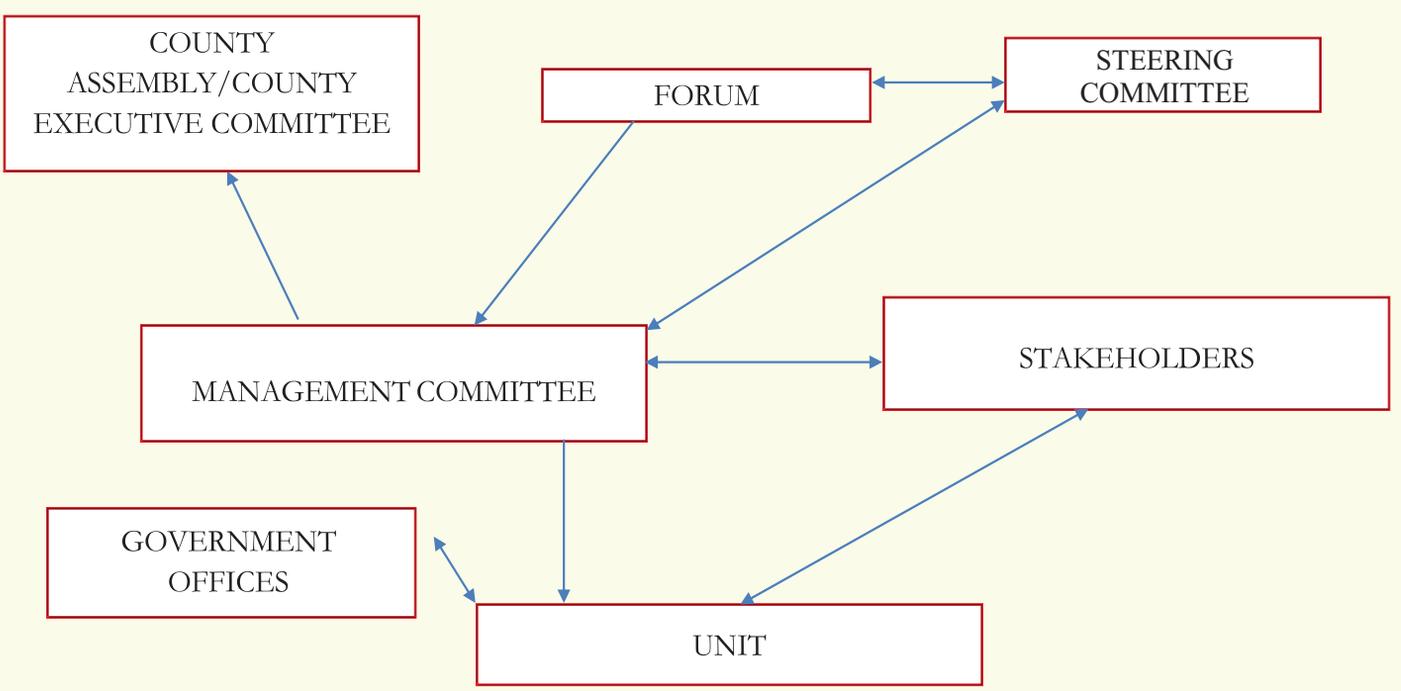
The fund shall be administered by the head of the unit as shall be designated by the County Executive Committee member in charge of finance matters, subject to the provisions of the Public Finance Management Act, 2012, and the attendant regulations.

The Unit shall provide secretariat services to the County Anti–FGM/C Management Committee, and the County Anti–FGM/C Forum.

The Unit shall be created and made fully functionally within twelve (12) months of coming into force of this policy.

The Unit shall prepare an annual report for discussion by the County Anti–FGM/C Management Committee, and transmit it to the County Assembly for adoption.

4.4 Coordination Framework



4.5 Monitoring and Evaluation

Within twelve (12) months of the coming into effect of this Policy, the management committee shall with the participation and consultation of other stakeholders, conduct a well-designed baseline study on FGM/C within Narok County.

An impact study will then be conducted two (2) years after the baseline study.

Subsequent studies shall be done as the management committee may determine.

The unit shall collate, process, maintain, disseminate and make accessible data relating to FGM/C in Narok County.

The unit shall have a module alongside the Health Management Information System, integrated and able to access real-time data on FGM/C related matters.

The unit shall prepare quarterly reports for consideration by the management committee.

4.6 Guidelines

County Executive Committee Members in charge of gender matters shall develop guidelines to give further effect to the provisions in the policy and for the better implementation of it.

.4.7 Policy Review

The policy shall be reviewed every three (3) years. Every review shall be subjected to the same manner of approval as the policy.

The policy may be reviewed earlier than the three (3) years to conform to changes in national legislation.

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