



Home Office

Country Policy and Information Note

Kenya: Female genital mutilation (FGM)

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Executive summary

Female Genital Mutilation (FGM) is illegal but still practiced by some ethnic groups particularly in the Northeastern region bordering Somalia. The government has implemented various laws and policies to combat FGM with a stated goal to end the practice by 2030. These have led to rate of FGM in women aged 15 to 49 has dropped from 27% in 2014 to 15% in 2022, although rates vary by ethnic group and region.

Women who fear FGM form a particular social group in Kenya within the meaning of the Refugee Convention.

A woman or girl is not likely to face FGM, but this depends on personal circumstances. Factors that affect likelihood of FGM include ethnicity, home region, family history of circumcision, age, level of education, urban/rural location, and family and community attitudes towards FGM.

In general, the state is willing and able to provide sufficient protection.

Internal relocation is likely to be viable.

Where a claim is refused it may be certifiable as 'clearly unfounded' in some circumstances.

All cases must be considered on their individual facts, with the onus on the person to demonstrate they face persecution or serious harm.

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Assessment

Section updated: 01 April 2025

About the assessment

This section considers the evidence relevant to this note – that is the [country information](#), refugee/human rights laws and policies, and applicable caselaw – and provides an assessment of whether, in **general**:

- a woman (or girl) is likely to face a real risk of persecution/serious harm by non-state actors because of her fear of FGM.
- the state (or quasi state bodies) can provide effective protection.
- internal relocation is possible to avoid persecution/serious harm.
- if a claim is refused, it is likely or not to be certified as ‘clearly unfounded’ under section 94 of the Nationality, Immigration and Asylum Act 2002.

Decision makers **must**, however, consider all claims on an individual basis, taking into account each case’s specific facts.

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1. Material facts, credibility, and other checks/referrals

1.1 Credibility

- 1.1.1 For information on assessing credibility, see the instruction on [Assessing Credibility and Refugee Status](#) and the [Asylum Instruction on Sexual identity issues in the asylum claim](#) and [Gender identity issues in the asylum claim](#).
- 1.1.2 Decision makers must also check if there has been a previous application for a UK visa or another form of leave. Asylum applications matched to visas should be investigated prior to the asylum interview (see the [Asylum Instruction on Visa Matches, Asylum Claims from UK Visa Applicants](#)).
- 1.1.3 Decision makers must also consider making an international biometric data-sharing check (see [Biometric data-sharing process \(Migration 5 biometric data-sharing process\)](#)).
- 1.1.4 In cases where there are doubts surrounding a person’s claimed place of origin, decision makers should also consider language analysis testing, where available (see the [Asylum Instruction on Language Analysis](#)).

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1.2 Exclusion

- 1.2.1 Decision makers must consider whether there are serious reasons for considering whether one (or more) of the exclusion clauses is applicable. Each case must be considered on its individual facts.
- 1.2.2 If the person is excluded from the Refugee Convention, they will also be excluded from a grant of humanitarian protection (which has a wider range of exclusions than refugee status).
- 1.2.3 For guidance on exclusion and restricted leave, see the Asylum Instruction on [Exclusion under Articles 1F and 33\(2\) of the Refugee Convention](#), [Humanitarian Protection](#) and the instruction on [Restricted Leave](#).

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2. Convention reason(s)

- 2.1.1 Actual or imputed particular social group (PSG).
- 2.1.2 Women and girls who fear female genital mutilation (FGM) form a PSG in Kenya within the meaning of the Refugee Convention. This is because they share an innate characteristic or a common background that cannot be changed, or share a characteristic or belief that is so fundamental to identity or conscience that a person should not be forced to renounce it **and** have a distinct identity because the group is perceived as being different by the surrounding society.
- 2.1.3 In the country guidance case of [VM \(FGM-risks-Mungiki-Kikuyu/Gikuyu\) Kenya CG \[2008\] UKAIT 00049](#), heard on 9 November and 18 December 2007, promulgated on 9 June 2008, the UK Asylum and Immigration Tribunal (UKAIT) suggested that a women who feared FGM is likely to belong to a PSG. It held: ‘It is important to determine whether a Kenyan claimant who fears FGM belongs to an ethnic group amongst which FGM is practised. If so, she may be a member of a particular social group for the purposes of the 1951 Refugee Convention.’ (paragraph 242 (1))
- 2.1.4 Although women who fear FGM form a PSG establishing such membership is not sufficient to be recognised as a refugee. The question to be addressed is whether the person has a well-founded fear of persecution on account of their membership of such a group.
- 2.1.5 For further guidance on the 5 Refugee Convention grounds, see the Asylum Instruction, [Assessing Credibility and Refugee Status](#).

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3. Risk

- 3.1.1 Women and girls are not likely to be at risk of FGM. However, risk varies with personal circumstances, relevant factors include: ethnicity, home region, wealth, age, level of education, urban/rural location; and family and community attitudes towards FGM.
- 3.1.2 FGM is criminalised under the Children Act 2001, the Children Act 2022, and the Prohibition of FGM Act 2011. The Prohibition of FGM Act 2011 also established the Anti-FGM Board which is tasked with raising awareness and campaigning against FGM (see [Laws and policy](#)).
- 3.1.3 FGM prevalence is declining. Around 15% of women aged 15 to 49 were circumcised in 2022, down from 21% in 2014, 27% in 2008/9 and 32% in 2003. FGM rates among girls aged 15 to 19 were lower than the average for all women, at 9.1% in 2022. However, prevalence and decline are not uniform, with some groups more likely to face FGM than others dependent upon certain background characteristics (see [Prevalence](#)).
- 3.1.4 Ethnic groups with the highest levels of FGM are Somali (86.9%), Samburu (75.9%), Kisii (70.9%) and the Maasai (56.7%). Five groups do not practice FGM: Luo, Luhya, Turkana, Pokomo and Teso (see [Prevalence](#)).
- 3.1.5 FGM also varies by geography (closely correlated with ethnic group), with the highest prevalence in Northeastern region (97.5% of women aged 15–49) while Western region had the lowest rates (0.8%). FGM is more prevalent among women who live in rural areas at 18.4% than among those who live in urban areas at 9.7% (see [Prevalence](#)).
- 3.1.6 Rates of FGM also vary with educational background: 5.9% of women with ‘higher’ education had experienced FGM compared to 56.3% of women with no education in 2022. While attitudes towards FGM also varied by educational level: 7% of women with more than secondary education believed that culture required FGM but 44% of women with no education thought this in 2022 (see [Prevalence - Education](#)).
- 3.1.7 Girls and women from communities with a high prevalence of FGM who resist the procedure may experience social pressure and stigmatisation (see [Societal attitudes](#)).
- 3.1.8 No information could be found in the sources consulted to suggest that secondary FGM is practised. Therefore a woman who has already undergone the procedure is unlikely to be at risk of FGM on return (see [Bibliography](#) and [Female genital mutilation \(FGM\) context](#)).
- 3.1.9 The UKAIT in [VM \(Kenya\)](#) held that:
‘Uncircumcised women in Kenya, whether Gikuyu/Kikuyu or not, are not as such, at real risk of FGM ... In general, a woman and/or her child will only be at real risk of FGM if she comes from, or becomes connected by marriage, partnership or other family ties, to an ethnic group (or sub-group) where FGM is practised and the evidence shows that she is reasonably likely to be required by her parents, grandparents, or by others in a position of power and influence over her, to undergo FGM.’ (paragraphs 242 (2) and (6)).

- 3.1.10 Since then, there has been a further decline in prevalence and acceptance of FGM. However, there are not very strong grounds supported by cogent evidence to depart from UKAIT's findings in [VM \(Kenya\)](#).
- 3.1.11 For further guidance on assessing risk, see the Asylum Instruction on [Assessing Credibility and Refugee Status](#).

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4. Protection

- 4.1.1 A person who fears a rogue state actor or a non-state actor is likely to obtain protection from the state.
- 4.1.2 In general, the government takes reasonable steps to prevent the persecution by operating an effective legal system for the detection, prosecution and punishment of acts constituting persecution and a person is generally able to access the protection.
- 4.1.3 Corruption, sympathy or weakness of some individuals in the system of justice does not mean that the state is unwilling to afford protection.
- 4.1.4 The government has established a functioning criminal justice system, which includes the Kenya Police Service and an independent judiciary (see [Criminal justice system](#)).
- 4.1.5 The practice of FGM is punishable with a penalty of imprisonment for a minimum of 3 years; and/or fine of at least 200,000 shillings (about £1,200). Punishment under FGM/C Act 2011 extends to the use of derogatory or shaming language which is subject to punishment of a minimum of six months' imprisonment or a fine of at least 50,000 shillings (about £300). FGM is also illegal under the Children Act, 2001 and the Children Act, 2022 (see [Law and policy](#)).
- 4.1.6 Sources indicate that since 2016 hundreds of cases of FGM have been reported to the authorities, leading to multiple arrests, prosecutions and convictions, with almost 30,000 girls helped to go through 'alternative rights of passage'. However, there is also evidence that police sometimes arrest and prosecute victims of FGM who have voluntarily submitted to the practice as part of local custom (see [Arrests, prosecutions and convictions](#)).
- 4.1.7 Women or girls fearing FGM can also seek assistance but not protection from many civil society groups. The research, activism and media coverage led by CSOs led to the creation of dedicated court for GBV cases and Policare, a national police service with integrated responses to gender based violence, which include service providers such as health-care providers, magistrates, medical-legal professionals, and gender experts (See [Civil society support and assistance](#)).
- 4.1.8 The UKAIT in [VM \(Kenya\)](#) held:

'In law, an adult woman who does not consent to FGM may only rely upon making a complaint of assault under the criminal law. A woman may be placed under undue pressure by family, including her husband or partner and his family, and/ or community members, to agree to FGM for herself or for her child ... There are only one or two examples of prosecution of those

who have performed FGM, whether on children or women and sentences have been lenient' (paragraph 242 (3)).

- 4.1.9 The country information indicates that there are very strong grounds supported by cogent evidence to depart from the findings of [VM \(Kenya\)](#) and that a woman or girl is able to obtain protection from the state. The government has strengthened its legal and policy framework with the Prohibition of FGM Act 2011 and the Children Act, 2022, the creation of the Anti-FGM Board in 2013, the running of campaigns against FGM and reiterated its intention to eliminate the practice by 2030. There is also evidence that the law is being enforced, with hundreds of cases reported, leading to multiple arrests, prosecutions and convictions.
- 4.1.10 For further guidance on assessing state protection, see the Asylum Instruction on [Assessing Credibility and Refugee Status](#) and [Gender identity issues in the asylum claim](#).

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5. Internal relocation

- 5.1.1 A woman is likely to be able to internally relocate to escape persecution or serious harm by a rogue state and/or non-state actors.
- 5.1.2 This is because in general, there are parts of Kenya, such as Nairobi, where it will be reasonable to expect a woman to relocate there.
- 5.1.3 Kenya is twice the size of the UK, with a population of over 50 million. It includes the 2 large cities of Nairobi and Mombassa. People are generally able to move freely within the country (see [Freedom of movement and livelihood](#)).
- 5.1.4 The UKAIT [VM \(Kenya\)](#) held that:

'It may be possible for a woman not wishing to undergo FGM herself, or not wishing her child to do so, to relocate to another community which does not follow the practice of FGM. A thorough examination of all the relevant factors must be undertaken in each case given the position of women within Kenyan society and the usual need for kinship links in the place of relocation in order to sustain such movement successfully. For example, under the customary law of most ethnic groups, a woman cannot inherit land and must live on the land as a guest of males who were relatives by blood or marriage.

'Those who practise FGM are not, in general, reasonably likely (particularly in urban areas), to seek to inflict FGM upon women from ethnic groups or sub-groups which do not practise FGM...

'Internal relocation may be available in Kenya to a woman who is at real risk of forced FGM in her home area if the evidence shows, (i) she is not reasonably likely to encounter anyone in the place of relocation who would be in a position of power and influence over her and who would use that power and influence to require her to undergo FGM, or would cause her presence in the place of relocation to become known to such a person or persons...and (ii) she can reasonably be expected to live in that place, having regard to the general circumstances prevailing in it and the personal

circumstances of the appellant (paragraph 3390 of HC 395). In the case of a woman from a rural area in Kenya, internal relocation to some other region or urban centre will not be available unless her circumstances are such that she will be able to survive economically (see *Januzi v Secretary of State for the Home Office and Others* [2006] UKHL 5).

'In considering internal relocation it is important to bear in mind the religious and/or cultural context, particularly as to whether there is any family or subclan support available to the woman in the proposed area of relocation. In general, it will be easier for a member of a particular tribe to relocate to an area where there are others from her tribe to provide shared culture and support, rather than relocating to an area populated by a different tribe. Much will depend upon the individual circumstances of the woman and the availability or otherwise of a support structure within the proposed area of return. See also 4 above. In considering the issue of relocation it is important that the situation of the family and extended family be examined, particularly as to cultural context, education, economic lifestyle and work experience' (paragraphs 242 (4), (5), (10) and (11)).

- 5.1.5 The practice of FGM is highly regionalised within Kenya. The highest prevalence being in the Northeastern (97.5% of women aged 15 to 49), and the province with the lowest is Western (0.8%). FGM is also practised to varying degrees by many ethnic groups. Prevalence is more common among women who live in rural areas, at 18.4%, than among women who live in urban areas, at 9.7%. Despite some cultural resistance from traditional FGM practicing communities, Kenyan authority has focused on working together with community elders whose actions shape community values to shift attitudes towards FGM (See [Prevalence](#)).
- 5.1.6 Since [VM \(Kenya\)](#) was promulgated in 2008, legal changes have improved the position of women. The constitution provides equal rights for men and women including equal rights to inheritance and access to land and property (customary law differs), although women still experience discrimination. Around a third of women compared with 45% of men own a house either alone or jointly with their spouse or someone else. Women made up almost half of the total labour force participation in Kenya in 2023, at a rate of just under 50% (see [Freedom of movement and livelihood](#)).
- 5.1.7 For further guidance on considering internal relocation and factors to be taken into account, see the Asylum Instruction on [Assessing Credibility and Refugee Status](#).

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6. Certification

- 6.1.1 Claims are likely to be certified as clearly unfounded where protection and/or internal relocation are clearly available, for example:
- single women who have lived and worked and supported themselves in an urban area.
 - women with husbands who claim on behalf of their daughter, where the husband is able to support the family unit

- women with extended family members who agree with her decision not to undergo FGM and who are willing and able to support her relocation
- 6.1.2 In all other situations, certification is unlikely.
- 6.1.3 Kenya is listed as a designated state under section 94 of the Nationality, Immigration and Asylum Act 2002 in respect of men only.
- 6.1.4 For further guidance on certification, see [Certification of Protection and Human Rights claims under section 94 of the Nationality, Immigration and Asylum Act 2002 \(clearly unfounded claims\)](#).

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Country information

About the country information

This section contains publicly available or disclosable country of origin information (COI) which has been gathered, collated and analysed in line with the [research methodology](#). It provides the evidence base for the assessment.

The structure and content follow a [terms of reference](#) which sets out the general and specific topics relevant to the scope of this note.

This document is intended to be comprehensive but not exhaustive. If a particular event, person or organisation is not mentioned this does not mean that the event did or did not take place or that the person or organisation does or does not exist.

The COI included was published or made publicly available on or before **25 March 2025**. Any event taking place or report published after this date will not be included.

Decision makers must use relevant COI as the evidential basis for decisions.

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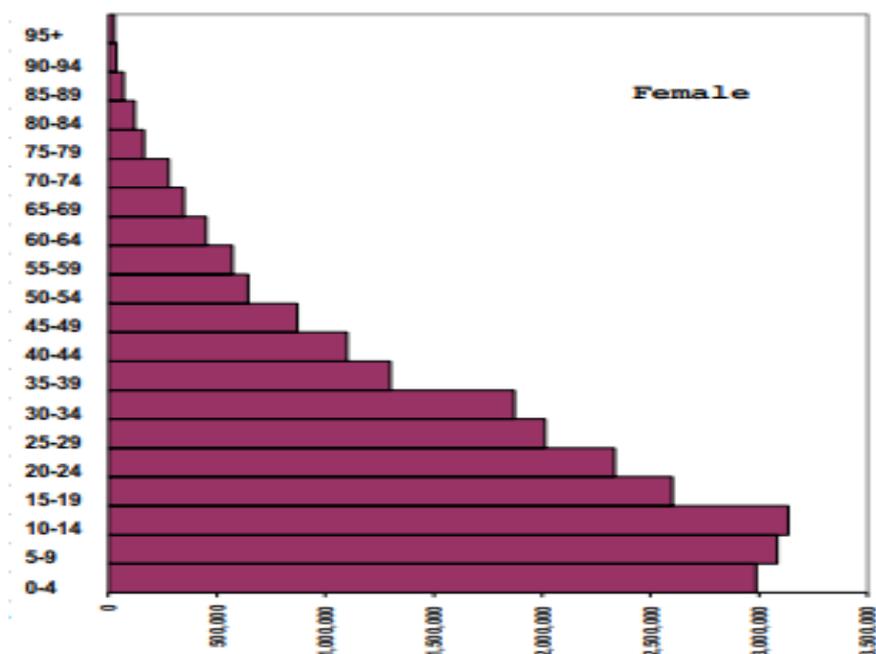
7. Demography

- 7.1.1 The Kenya National Bureau of Statistics (KNBS) estimated the population of to be over 52 million as of mid-2024¹.
- 7.1.2 According to the KNBS 'The total population of Kenya in 2019 split between males (23,548,100) and females (24,014,700), highlighting the gender composition of the population.'²
- 7.1.3 Figure below from KNBS 2019 Kenya population and housing census Volume III Distribution of Population by Age, Sex and Administrative Units, breaks down the number of females by age³.

¹ The Kenya National Bureau of Statistics, '[Population](#)', no date

² The Kenya National Bureau of Statistics, '[Gender distribution](#)', no date

³ KNBS, [2019 Kenya population and housing census- Volume III Distri...](#),(figure 2.1), November 2019



7.1.4 According to KNBS 2019 Kenya Population and Housing Census, Population by County and Sub-County Volume-1, population in Nairobi city is 4,397,073, of which 2,192,452 are male, 2,204,376 are female, and 245 are intersex.⁴

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8. Female genital mutilation (FGM) context

8.1 Definition and type of FGM

8.1.1 According to World Health Organisation (WHO): ‘Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.’⁵

8.1.2 WHO classed FGM into 4 types:

‘Type 1: This is the partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/or the prepuce/clitoral hood (the fold of skin surrounding the clitoral glans).

‘Type 2: This is the partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva).

‘Type 3: Also known as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans.

‘Type 4: This includes all other harmful procedures to the female genitalia for

⁴ KNBS, [Volume 1-Population by County and Sub-County](#) (table 2.1), November 2019

⁵ WHO, [Female genital mutilatio](#)’ (overview), 31 January 2025

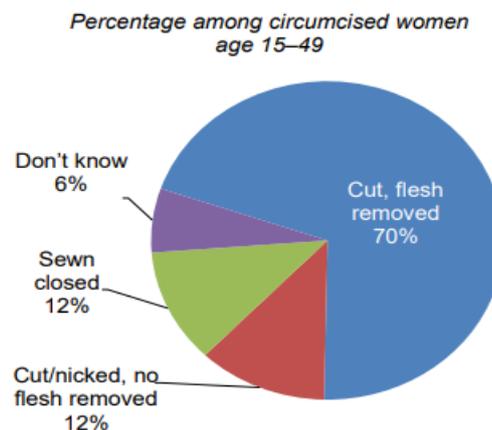
non-medical purposes, e.g., pricking, piercing, incising, scraping and cauterizing the genital area.⁶

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8.2 Type of FGM practised in Kenya.

8.2.1 The KNBS published its Kenya Demographic and Health Survey 2022 in June 2023 (KDHS 2023), which was based on a survey of 42,022 households of which 38,731 (92%) were found to be occupied. Among the occupied households, 37,911 (households) were successfully interviewed, yielding a response rate of 98%. The response rates for urban and rural households were 96% and 99%, respectively. In the interviewed households, 33,879 women aged 15 to 49 were identified as eligible for individual interviews. Of these, 32,156 women were interviewed, yielding a response rate of 95%⁷.

8.2.2 The report noted: 'The most common type of FGM in Kenya is Type II (cut, flesh removed). Seventy percent of circumcised women have undergone this procedure. Twelve percent of circumcised women have undergone either Type I procedure (cut, no flesh removed) or the Type III procedure (also known as infibulation) of FGM'.⁸



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8.3 Age at which FGM is performed

8.3.1 KDHS 2023 noted: 'Among circumcised women, 30% were circumcised at age 5–9, 45% at age 10–14, and 21% at age 15–49. Only 2% of women aged 15–29 were circumcised when they were under age 5'.⁹

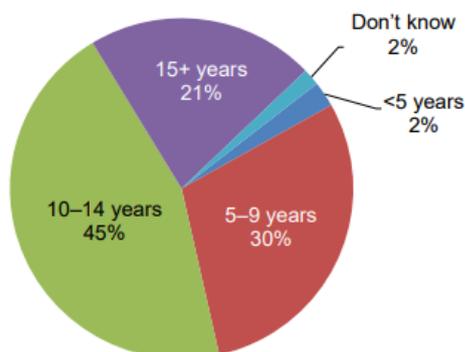
⁶ WHO, [Female genital mutilation](#) (Types of FGM), 31 January 2025

⁷ KNBS [Kenya Demographic and Health Survey 2022, Volume-1](#), (1.10). June 2023

⁸ KNBS [Kenya Demographic and Health Survey 2022, Volume-1](#), (18.2.1). June 2023

⁹ KNBS [Kenya Demographic and Health Survey 2022, Volume-1](#), (18.2.2). June 2023

Percent distribution of women who are circumcised



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8.4 Who performs the FGM procedure and where?

8.4.1 KDHS 2023 noted: 'Most of female circumcisions are performed by traditional agents (traditional circumciser, traditional birth attendants, or other traditional agents); 86% for girls aged 0–14 and 82% for women aged 15–49. Fourteen percent of girls aged 0–14 and 17% of women aged 15–49 were circumcised by a medical professional (doctor, nurse, or midwife).'¹⁰

8.4.2 The above report also noted, 'Among women age 15–49 who are circumcised, 72% reported they were circumcised at their home, 14% at a relative's home, 9% at a health facility (hospital, clinic), and 5% at other places (forest, river banks, or caves).'¹¹

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9. Prevalence

9.1 Overall

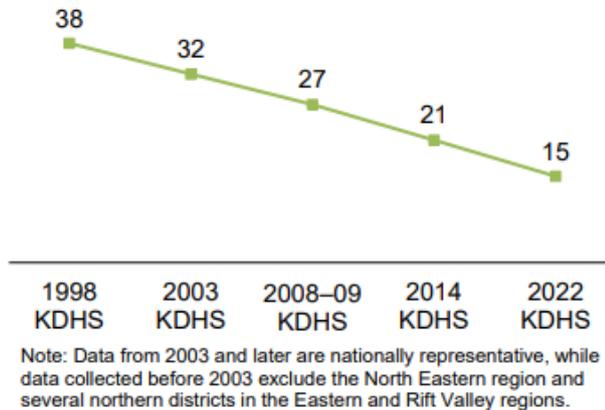
9.1.1 KDHS 2023 noted 'The prevalence of FGM declined from 38% in 1998 to 15% for women aged 15-49 in 2022'.¹²

¹⁰ KNBS, [Kenya Demographic and Health Survey 2022, Volume-1](#), (18.4). June 2023

¹¹ KNBS, [Kenya Demographic and Health Survey 2022, Volume-1](#), (18.4). June 2023

¹² KNBS, [Kenya Demographic and Health Survey 2022, Volume-1](#), (18.2.1). June 2023

Percentage of women age 15–49 who are circumcised



9.1.2 The FGM/C Research Initiative, hosted by Orchid Project, a charity registered in the UK focussing on FGM¹³, in their report ‘FGM/C in Kenya: Progress, But Concerns Remain’, dated circa 2021/22 (FGM/C Research initiate report 2021/22), noted:

‘Overall, progress is being made towards reducing FGM/C in Kenya. There is political will and government support in the form of legislation, a coordinating body and budget allocations.

‘Prevalence reduced from 37.6% to 14.8% (of women aged 15–49) between 1998 and 2022, and among women aged 15–19 prevalence reduced from 26.0% in 1998 to 9.1% in 2022.

‘Programming, political will and continued advocacy appear to have played parts in reducing the overall prevalence, but concerns remain about the incidence of medicalised FGM/C, changes in the types of cutting performed and cross-border FGM/C’.¹⁴

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9.2 Regional and ethnic variation

9.2.1 The US Department of State (USSD) in their ‘2023 Country Report on Human Rights Practices: Kenya’, dated April 2024 (USSD report 2023) noted: ‘Some communities practiced FGM/C widely, particularly in rural areas. According to UNICEF, despite the legal prohibition and progress made by the government in eliminating the practice, myths supporting the practice of FGM/C were deeply rooted in some local cultures. The practice was heavily concentrated in a few communities, including the Maasai, Samburu, and Somali.’¹⁵

9.2.2 FGM/C Research Initiative report 2021/22 noted: ‘FGM/C in Kenya is closely linked to ethnic identity; therefore, the practice varies widely between groups. FGM/C is most common in Kenya among the Kisii (70.9%), Maasai

¹³ FGM/C Research Initiative, [About the Initiative](#), no date.

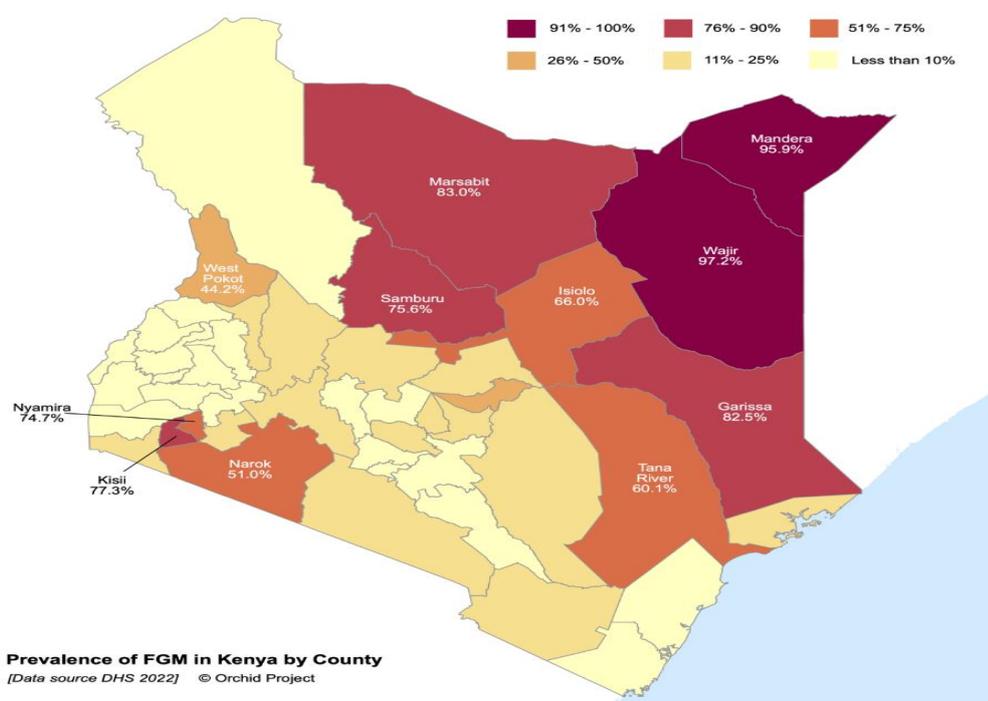
¹⁴ The FGM/C Research Initiative, [FGM/C in Kenya: Progress, But Concerns Remain](#), no date.

¹⁵ USSD, [2023 Country Reports on Human Rights Practices: Kenya](#), (Section 6), 23 April 2024

(56.7%), Somali (86.9%), and Samburu (75.9%), although it is less commonly practised by other ethnic groups'.¹⁶

9.2.3 The above report also noted: 'Prevalence varies widely across Kenya. FGM/C is practised to varying degrees by many ethnic groups. There are five ethnic groups that do not practise it: the Luo, Luhya, Turkana, Pokomo and Teso. Social acceptance and ethnic identity are critical drivers of the practice; for some ethnic groups, a belief that FGM/C is required by their religion suffices'.¹⁷

9.2.4 FGM/C Research Initiative report 2021/22 referring to KDHS 2023 noted: 'Prevalence varies greatly depending on the region – the (former) province with the highest prevalence is Northeastern (97.5% of women aged 15–49), and the province with the lowest is Western (0.8%). Prevalence is more common among women who live in rural areas, at 18.4%, than among women who live in urban areas, at 9.7%'.¹⁸



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9.3 Religion

9.3.1 KDHS 2023 noted: 'Ninety-six percent of women and men aged 15–49 who have ever heard of female circumcision do not believe that their religion requires FGM ... Among circumcised women, 82% believe that FGM is not required by their religion, whereas 99% of uncircumcised women hold a similar opinion'.¹⁹

9.3.2 FGM/C Research Initiative, referring to KDHS data, noted: 'FGM/C is

¹⁶ The FGM/C Research Initiative, [FGM/C in Kenya: Progress, But Concerns Remain](#), no date.

¹⁷ The FGM/C Research Initiative, [FGM/C in Kenya: Progress, But Concerns...](#), (section 4) no date

¹⁸ The FGM/C Research Initiative, [Kenya](#) (Distribution of FGM/C across Kenya), no date

¹⁹ KNBS [Kenya Demographic and Health Survey 2022](#), (18.6) June 2023

practised across all ethnic groups and religions, although to varying degrees. The highest prevalences are among Muslim women (51.1% of women aged 15–49) ...²⁰

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9.4 Education

9.4.1 KDHS 2023 noted ‘Knowledge of FGM increases with level of education from 92% of women with no education to more than 99% for those with more than secondary education. Knowledge of FGM among men increases from 94% for those with no education to more than 99% for those with more than secondary education’.²¹

9.4.2 The above report also noted that the ‘The belief that culture requires FGM decreases with increasing education level, from 44% of women and 49% of men with no education to 7% of women and 9% of men with more than secondary education ... The highest percentage of women and men who believe that female circumcision should be continued are those with no education (32% and 28%, respectively)’.²²

9.4.3 Stat Compiler a survey tool developed by the Demographic and Health Surveys (DHS) Program in partnership with US Agency for International Development (USAID)²³ compared the percentage of women undergoing FGM based on the level of education for the previous 3 DHS surveys, which shows a decline in the overall percentage of women undergoing FGM in every level of education over the years, with the exception of increase from 53.7% in 2008-09 for women with no education to 56.3% in 2022.²⁴

Survey	Total	No education	Primary	Secondary	Higher
2008-09 DHS	27.1	53.7	27.7	21.1	11.9
2014 DHS	21.0	58.2	23.3	13.4	8.6
2022 DHS	14.8	56.3	18.4	9.9	5.9

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10. Societal attitudes

10.1.1 KDHS 2023 noted:

‘Ninety-six percent of women and men age 15–49 who have ever heard of female circumcision do not believe that their religion requires FGM. Moreover, 88% of women and 87% of men believe that their culture does not require FGM, and 92% of women and 93% of men do not believe FGM is required by their society. More than 9 in 10 women and men age 15–49 who have heard of female circumcision believe that the practice should not be continued’.²⁵

²⁰ The FGM/C Research Initiative, [Kenya \(Distribution of FGM/C across Kenya\)](#), no date

²¹ KNBS, [Kenya Demographic and Health Survey 2022, Volume-1](#) (18.1), June 2023

²² KNBS, [Kenya Demographic and Health Survey 2022, Volume-1](#) (18.6), June 2023

²³ USAID, DHS Program, [Who We Are](#), no date

²⁴ USAID, Stat Compiler, [Kenya-Women circumcised](#), no date

²⁵ KNBS, [Kenya Demographic and Health Survey 2022, Volume-1](#) (18.6), June 2023

- 10.1.2 Variation also occurred between urban and rural areas. The KDHS 2023 noted 90.6% urban women believed FGM was not required by culture whereas 86.6% rural women believed FGM is not required by culture²⁶.
- 10.1.3 Variation also varied by education. About 55% of women with no education believed FGM is not required by culture but 88% with primary education and 90.5% with secondary education 90.5% and 93.5% with more than secondary education believed FGM is not required by culture respectively²⁷.
- 10.1.4 The submission of the government to the UN Committee on the Elimination of Discrimination against Women (CEDAW) dated 15 November 2024 (CEDAW report 2024) noted:
- ‘The challenge is that modifying cultural practices takes time and despite the legislative and policy measures put in place to prohibit the practice, it still persists in certain communities. Abandonment of FGM efforts has been hampered by cultural resistance from traditional practicing communities that has a posed a major setback to the realization of the provisions of the Prohibition of FGM Act and on changing the mind-set of practicing communities.’²⁸
- 10.1.5 UN Women, the UN agency dedicated to gender equality and the empowerment of women²⁹, in their report Kenya’s stand against Gender-Based Violence: Engaging elders to eradicate harmful practices, dated 17 December 2024 noted:
- ‘In regions where FGM has been a longstanding tradition, the words and actions of elder’s shape community values. As a co-leader of the Global Generation Equality Gender-Based Violence (GBV) Action Coalition, Kenya has focused on working together with these cultural gatekeepers to shift attitudes towards FGM. FGM prevalence in Kenya has significantly decreased from 32% in 2003 to 15% in 2022, according to the Kenya Demographic and Health Survey (KDHS), reflecting the impact of educational and advocacy efforts. Despite this progress, FGM remains prevalent in certain regions and communities where FGM has long been tied to rites of passage.’³⁰
- 10.1.6 The above report also noted:
- ‘By engaging community leaders across multiple counties, Kenya is fostering peer-to-peer learning among councils of elders from both FGM-practicing and non-practicing regions. Through these exchanges, elders witness firsthand the positive impact of abandoning FGM and learn from communities that have already embraced change. These dialogues provide a safe space for elders from resistant areas to reflect on long-held traditions, question harmful practices, and explore new ways to honour cultural values that prioritize the well-being and dignity of all community members.’³¹

²⁶ KNBS, [Kenya Demographic and Health Survey 2022, Volume-1](#) (page 648), June 2023

²⁷ KNBS, [Kenya Demographic and Health Survey 2022, Volume-1](#) (page 648), June 2023

²⁸ CEDAW, [Ninth periodic report submitted by Kenya under arti...](#) (paragraph 71), 15 November 2024

²⁹ UN Women, [About UN Women](#), no date

³⁰ UN Women, [Kenya’s stand against Gender-Based Violence: Engaging elders...](#), 17 December 2024

³¹ UN Women, [Kenya’s stand against Gender-Based Violence: Engaging elders ..](#), 17 December 2024

- 10.1.7 A study conducted by the East African Health Research (EAHRC) titled, Factors Linked to Female Genital Mutilation Practice among Women Living in Alungu Village of Mandera County, Kenya, published in the East African Health Research Journal in 2023, concluded:

'All the respondents unanimously agreed that traditional beliefs and customs did influence the practice of FGM in their community. To them, FGM practice was a traditional cultural event held in high regard among community members. This implied that traditional beliefs and customs were a leading factor that contributed to the FGM practice in the respondents' community. All the respondents concurred that indeed there was immense social pressure to conform to traditional values that supported FGM as a social norm in their community. The social pressure took the form of social isolation or exclusion, discrimination and not being perceived as a "complete" woman for those adolescent girls and women who refused to undergo FGM. This denoted that social pressure to conform to traditional values that supported FGM as a social norm in the respondents' community played a significant role in the perpetuation of the FGM practice among women residents of Alungu village. Most of the study participants strongly agreed with the views that traditional beliefs and customs were the main drivers of FGM in their community. FGM was performed because it was considered an important part of their culture as cited by 96.4% (n=80) of the respondents. All respondents reported that FGM was considered a rite of passage for girls in their community and marked transition to womanhood. Among the respondents, 86.7% (n=72) said that FGM was done for beauty, hygiene and cleanliness with uncircumcised girls being considered unclean and unfeminine. Majority of respondents (89.2% (n = 74)) believed that FGM was an integral part of a woman's social status in their community. Further, most of the respondents (94%) strongly agreed with the views that girls who refused to undergo FGM were likely to be socially isolated, penalized and excluded from the society. Nearly all respondents (97.6%) said that FGM was linked with increased chastity and marriageability enabling women to avoid promiscuity before and during marriage. All respondents agreed that religious beliefs played an important role in perpetuation of FGM. Over 90% of respondents said that female circumcision create a sense of attachment and identity and that males' support for FGM played an important role in its perpetuation.'³²

- 10.1.8 A UNFPA article of September 2023 explained that similar views are held in Chesongoch village (Western Kenya):

'In Chesongoch village, Elgeyo Marakwet County, it is culturally frowned upon when a woman or girl chooses not to undergo female genital mutilation. The prevalence of FGM stands at 19.7% in this county, underscoring the ongoing struggle to address this harmful practice deeply ingrained in cultural beliefs.

Many community members struggle to disassociate FGM from the meaningful aspects of culture. 51-year-old Joseph Keino sheds light on these cultural expectations: "For a man to hold a leadership position and

³² EAHRC, [Factors Linked to Female Genital Mutilation Practice ...](#) (Vol. 7 No.1), 12 July 2023

retain the respect of the village, it is expected that he will marry a woman who has undergone FGM,” he says. Mr. Keino bravely chose to break with tradition when he married a wife who had not experienced FGM. “Because my wife was not circumcised, I have been ostracized and insulted by my peers throughout my entire marriage,” says Joseph. “People have labeled her as an outcast, and some say I am not fit to sit in the company of village elders.”³³

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11. Laws and policy

11.1 Constitution and legislation

11.1.1 The Children Act, 2001 of Kenya states: ‘For the purposes of this Act, a child is in need of care and protection— (h) who, being a female, is subjected or is likely to be subjected to female circumcision or early marriage or to customs and practices prejudicial to the child’s life, education and health’.³⁴

11.1.2 In a 2018 review of Kenyan FGM law, 28 Too Many part of The FGM/C Research Initiative that is hosted by Orchid Project, a charity registered in the UK³⁵ reported:

‘Although the Constitution does not explicitly refer to FGM, Article 29(c) provides the right not to be “subjected to any form of violence” or (f) “treated or punished in a cruel, inhuman or degrading manner”. Article 44(3) states that “a person shall not compel another person to perform, observe or undergo any cultural practice or rite”. In addition, Article 53(d) protects every child from “abuse, neglect, harmful cultural practices, all forms of violence, inhuman treatment and punishment...”³⁶

11.1.3 The Ifrah Foundation, a registered Civil Society Organisation (CSO) in Somalia and charity in Ireland which is dedicated to ending Female Genital Mutilation (FGM),³⁷ in partnership with the Orchid Project in a joint report dated December 2023 (Ifrah report 2023) noted ‘The Prohibition of Female Genital Mutilation Act, 2011 (FGM/C Act 2011) ... which came into effect on 4 October 2011, is the principal legislation governing FGM/C in Kenya. It is a federal act and criminalises all forms of FGM/C, regardless of the age or status of a girl or woman’.³⁸

11.1.4 The Ifrah report 2023 also noted:

‘The FGM/C Act 2011 is a comprehensive piece of legislation that established the Anti-Female Genital Mutilation Board and sets out the offences and punishments for FGM/C in Kenya. Article 2 of the FGM/C Act 2011 clearly defines FGM/C as “all procedures involving partial or total removal of the female genitalia or other injury to the female genital organs, or any harmful procedure to the female genitalia, for non-medical reasons”,

³³ UNFPA, [Challenging cultural norms: A male champion’s journey to end FGM](#), 26 September 2023

³⁴ Government of Kenya, [The Children Act, 2001](#) (Part X -119 (1)), no date

³⁵ The FGM/C Research Initiative, [About the Initiative](#), No date

³⁶ 28 Too Many, [Kenya: the law and FGM](#) (page 2), May 2018

³⁷ Ifrah Foundation, [About us](#), no date

³⁸ Ifrah Foundation, [Legislative and Policy Framework...](#), (FGM/C Law in Kenya). December 2023

and includes (a) clitoridectomy, (b) excision and (c) infibulation (with accompanying definitions of each).³⁹

- 11.1.5 The law also extends to any acts of FGM out of country, Section 28 (1) of the FGM/C Act 2011 states: ‘A person who, while being a citizen of, or permanently residing in, Kenya, commits an act outside Kenya which act would constitute an offence under section 19 had it been committed in Kenya, is guilty of such an offence under this Act’.⁴⁰
- 11.1.6 The USSD report 2023 noted: ‘The law made it illegal to practice FGM/C, procure the services of someone who practiced FGM/C, or send a person out of the country to undergo the procedure. The law also made it illegal to make derogatory remarks concerning a woman who had not undergone FGM/C.’⁴¹
- 11.1.7 In addition to the FGM Act 2011, the Children Act, 2001, states: ‘No person shall subject a 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’.⁴²
- 11.1.8 The government introduced the Children Act in July 2022 which states that no person shall subject a child to, amongst other things, female genital mutilation⁴³.

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11.2 Penalties and punishments

- 11.2.1 The Ifrah report 2023 noted:
- ‘Penalties Article 29 of the FGM/C Act 2011 establishes criminal penalties for all offences set out in Articles 19– 24 as follows:
- imprisonment for a minimum of three years; and/or
 - a fine of at least 200,000 shillings (US\$1,953) (1,253.37 GBP as of 10 February 2025).
 - if the FGM/C procedure results in death, Article 19(2) states that the maximum sentence is life imprisonment.
 - the use of derogatory or shaming language is subject to punishment of a minimum of six months’ imprisonment or a fine of at least 50,000 shillings (US\$488) (313.33 as of 10 February 2025), or both’.⁴⁴

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11.3 Policies and strategies

- 11.3.1 The USSD report 2023 noted: ‘Government officials often participated in

³⁹ Ifrah Foundation, [Legislative and Policy Framework...](#), (FGM/C Law in Kenya). December 2023

⁴⁰ Kenya government, [Prohibition Of Female Genital Mutilation Act](#), (28-1), 7 October 2011

⁴¹ USSD, [2023 Country Reports on Human Rights Practices: Kenya](#) (Section 6), 23 April 2024

⁴² Kenya government, [The Children Act, 2001](#) (Part II-14)

⁴³ Kenya government, [The Children Act](#) (article 23), 29 July 2022

⁴⁴ Ifrah Foundation, [Legislative and Policy Framework...](#), (FGM/C Law in Kenya). December 2023

public awareness programs to prevent the practice'.⁴⁵

11.3.2 The Kenyan government also established the Anti-Female Genital Mutilation (FGM) Board a 'semi-autonomous government agency that was established in December 2013 following the enactment of the Prohibition of Female Genital Mutilation Act, 2011. It is in the Ministry of Gender, Culture, The Arts and Heritage.'⁴⁶

11.3.3 Equality Now an international human rights organization founded in 1992 to protect and advance the rights of women and girls around the world⁴⁷ in partnership with UNFPA in their report Use of the Multi-Sectoral Approach to Ending Gender-Based Violence and Female Genital Mutilation in Africa [Kenya excerpt] (Equality now report), dated 23 March 2022 noted:

'The Anti-FGM Board, a semi-autonomous government agency established in 2013 as per the FGM Act 2011, coordinates national efforts to specifically end FGM and has shown several achievements in collaboration with multi-sectoral stakeholders. The Board leads the Multi-Agency Technical Committee (MATC), which is the coordination framework for FGM stakeholders, including sectoral departments, CSOs, UN agencies and donors. The MATC prepares the bi-annual report on the progress made to end FGM in accordance with the President's directive.'⁴⁸

11.3.4 Equality now report also noted:

'Kenya has two coordination mechanisms related to GBV and FGM. Overall, the National Gender Sector Working Group (NGSWG) is the coordination framework for multi-sectoral GBV stakeholders. It is led by the Ministry of Public Services, Youth and Gender. The four thematic groups enable stakeholders to address sectoral, gender-related issues (GBV, socio-economic empowerment and financial inclusion, women in leadership and decision-making, and women in peace and conflict resolution). To enhance the coordination, a co-lead is identified annually, on a rotational basis, among state and non-state actors. This enables the strengthening of partners' commitments to ensure their effective participation and helps to strengthen the Government's coordination capacity.'⁴⁹

11.3.5 Amref Health Africa is a leading health NGO in Africa working across 35 countries to identify unique health challenges and co-design solutions⁵⁰. Their Statement on the Status of Female Genital Mutilation (FGM) In Kenya on The Commemoration of The Zero Tolerance Day to FGM of 6 February 2023 observed:

'Kenya has implemented sustained efforts for addressing FGM including creating an enabling legal-policy environment resulting in the ratification and domestication of international instruments for the protection of girls and women. In addition, the enactment of the prohibition of the FGM act has

⁴⁵ USSD, [2023 Country Reports on Human Rights Practices: Kenya](#) (Section 6), 23 April 2024

⁴⁶ The Anti-FGM Board, [About us](#) (Background), no date

⁴⁷ Equality Now, [Use of the Multi-Sectoral Approach to Endin...](#) (About Equality Now), 23 March 2022

⁴⁸ Equality Now, [Use of the Multi-Sectoral Approach to Ending...](#) (Kenya excerpt), 23 March 2022

⁴⁹ Equality Now, [Use of the Multi-Sectoral Approach to Ending...](#) (Kenya excerpt), 23 March 2022

⁵⁰ Amref Health Africa, [Who we are](#), no date.

given impetus to interventions against FGM. Other enabling interventions have been vibrant end FGM movements and programs, funding from donor partners, multi-stakeholder collaboration and coordination including the involvement of communities at the centre of addressing negative social norms sustaining the practice. The collective efforts in Kenya have continued to yield results evidenced by the steady decline in the prevalence of FGM from 38% in 2003 to 15% as of 2022 among women of reproductive age ...⁵¹

- 11.3.6 The National Gender and Equality Commission (NGEC) Kenya a Constitutional Commission established by an Act of Parliament: The National Gender and Equality Commission Act 2011⁵² in their Statement on Observance of The International Day of Zero Tolerance for FGM, dated 6 February 2023, stated: 'Kenya has set a target of eliminating FGM practices before the year 2030 meaning accelerated efforts are required to achieve this modest target. Additional information shows that FGM practice is changing in terms of the age profile of girls and women exposed, as well as those executing the vice, the manner when and when the practices take place'.⁵³
- 11.3.7 The above statement from NGEC Kenya also observed that the 'NGEC, affirms its commitment to supporting all efforts on zero tolerance for FGM. The Commission shall continue to monitor progress made in eliminating FGM, monitor levels of compliance with international and regional commitments on protecting rights of the vulnerable groups including women and young girls, and promote access to justice for victims of FGM'.⁵⁴
- 11.3.8 The United Nations Population Fund (UNFPA)-UNICEF 2023 Annual Report of FGM Joint Programme: Addressing Global Challenges with Local Solutions to Eliminate Female Genital Mutilation, dated 2024 (UNFPA-UNICEF report 2024) noted: '... Joint Programme support to the Anti-FGM Board led to the development of a strategic plan for 2023-2028 in line with the Bottom-Up Economic Transformational Agenda on achieving gender equality and the empowerment of girls and women. Through the strategic plan, the Government has committed to allocating funding for FGM and gender equality programmes.'⁵⁵
- 11.3.9 The government's submission to the UNCAT (GoK CAT report 2023) dated 7 July 2023 noted:
- 'The Government, through the Ministry of Public Service, Gender and Affirmative action in collaboration with key stakeholders has continuously worked with county Governments and non-Government actors towards the enforcement of the female genital mutilation legislation. Referencing the Kenya Human Rights Report 2022, the Government has organized education programs to create public awareness relating to FGM law and spearheaded the prosecution of those in violation of the law on Female

⁵¹ Amref Health Africa, [Statement on the Status Of Female Genital Mutilation \(FGM\)...](#), no date

⁵² NGEC, [about NGEC](#). No date

⁵³ NGEC, [Statement on Observance of The International Day Of Zero Toleranc...](#), 06 February 2023

⁵⁴ NGEC, [Statement on Observance of The International Day Of Zero Tolerance...](#), 06 February 2023

⁵⁵ UNFPA-UNICEF, [2023 Annual Report of FGM Joint Programme: Addressing...](#) (2.6), 2024

Genital Mutilation in the country.⁵⁶

11.3.10 The UNFPA-UNICEF report 2024 noted:

‘The Government of Kenya launched male engagement ... under the State Department of Gender and Affirmative Action, Directorate of Gender Mainstreaming, making it a major strategy in addressing gender-based violence, including FGM ... The Joint Programme supported the translation of this commitment into 11 resource materials (briefs, studies, articles and op-eds) on engaging men in ending FGM. These resources were widely disseminated to raise awareness and encourage actions by men, alongside women and communities, to end FGM’.⁵⁷

11.3.11 The CEDAW report 2024 noted:

‘The Courts have also contributed to ensuring that harmful cultural practices are eliminated. For example, through the Constitutional Petition 244 of 2019, seeking to perpetuate Female Genital Mutilation as a right to choice; [Dr. Tatu Kamau –petitioner versus the Hon. Attorney General, Anti FGM Board, the Director of Public Prosecutions and nine other interested parties including Katiba Institute and KEWOPA. [2021] eKLR]. The High Court composed of three Judges ruled that the Petition was devoid of merit and was thereby dismissed. The court directed the Attorney General to forward proposals to the National Assembly to consider amendments to section 19 of the Prohibition of Female Genital Mutilation Act (No. 32 of 2011) with a view to prohibiting all harmful practices of FGM as set out in the judgment.’⁵⁸

11.3.12 CEDAW report 2024 also noted: ‘Enforcement of the Prohibition of FGM Act, 2011 was key in the campaign to end FGM in the country. Commitment to modify harmful cultural patterns and stereotypes has been established at the highest level. On the 4th of June 2019, The President of the Republic of Kenya firmly commitment to put an end FGM by 2022, by providing the requisite leadership to ensure that FGM ends in this generation.’⁵⁹

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12. Protection

12.1 Criminal justice system

12.1.1 The Overseas Security Advisory Service, ‘a public-private partnership between the U.S. Department of State’s Diplomatic Security Service (DSS) and security professionals from U.S. organizations operating abroad’⁶⁰, Kenya Country Security Report dated 20 March 2024 (OSAC report 2024) observed:

‘The Kenya Police Service (KPS) is the national agency in charge of law enforcement, to include city and county police divisions. All local police station elements report to the KPS Headquarters in Nairobi. The National Intelligence Service collects intelligence internally as well as externally and

⁵⁶ UN CAT, [Information received from Kenya on follow-up to the concl...](#)(paragraph 44), 7 July 2023

⁵⁷ UNFPA-UNICEF, [2023 Annual Report of FGM Joint Programme ...](#) (Kenya-snapshot), 2024

⁵⁸ CEDAW, [Ninth periodic report submitted by Kenya under arti...](#), (Paragraph 52),15 November 2024

⁵⁹ CEDAW, [Ninth periodic report submitted by Kenya under arti...](#), (Paragraph 54),15 November 2024

⁶⁰ OSAC, [About us](#), no date

reports directly to the president. The Kenya Defense Forces report to the Defense Ministry and are responsible for external security, but have some domestic security responsibilities, including border security and supporting civilian organizations in the maintenance of order, including post-disaster response. Civilian authorities at times do not maintain effective control over the security forces. Members of the security forces have reportedly committed numerous abuses.⁶¹

12.1.2 The OSAC report also noted:

The Kenyan Police Service response to the January 2019 DusitD2 Hotel attack was significantly better than to the 2013 Westgate Mall incident, when it took four days to neutralize four terrorists and one-third of the mall suffered catastrophic damage. The DusitD2 attack ended within 20 hours, with limited damage to the hotel complex.

‘Despite these positive steps, police often lack equipment, resources, training, and personnel to respond to calls for assistance or other emergencies. The likelihood of the police responding to an incident often depends on availability of officers and police vehicles. Police often lack resources and sufficient training in solving serious crimes and weaknesses in the judicial system contribute to slow prosecutions and large numbers of acquittals. Widespread institutional corruption limits the Kenyan Police Service from adequately responding to and dealing with crime at all levels of the Kenyan criminal justice system.’⁶²

12.1.3 Afrobarometer, ‘a pan African, non-partisan survey research network’, conducted a survey of Kenyans ‘experiences and assessments of police professionalism’ in 2021/22 a report of which was published September 2022. The key findings were:

- ‘About half (48%) of Kenyans live within easy walking distance of a police station.
- ‘About one in five citizens (19%) say they requested police assistance during the previous year. More than twice as many (44%) encountered the police in other situations, such as at checkpoints, during identity checks or traffic stops, or during an investigation. o
 - ‘Among citizens who asked for help from the police, 45% say it was difficult to get the assistance they needed, and 52% say they had to pay a bribe.
 - ‘Among those who encountered the police in other situations, 56% say they had to pay a bribe to avoid problems.
- ‘More than two-thirds (68%) of citizens say that "most" or "all" police are corrupt – by far the worst rating among 12 institutions and leaders the survey asked about.
- ‘Only about one in three Kenyans say they trust the police "somewhat" (21%) or "a lot" (13%). The share of citizens who say they don't trust the

⁶¹ OSAC, [Kenya Country Security Report](#), 20 March 2024

⁶² OSAC, [Kenya Country Security Report](#), 20 March 2024

police "at all" has climbed by 12 percentage points since 2014.

- 'Two-thirds (66%) of citizens say the police engage in illegal activities at least "sometimes," including 38% who believe this happens "often" or "always."
- 'Fewer than one in five citizens (18%) say the police "often" or "always" operate in a professional manner and respect all citizens' rights; fully 60% assert that such behaviour is rare or unheard of.
- 'A majority of citizens say the police "often" or "always" stop drivers without good reason (66%) and use excessive force in managing protests (57%) and in dealing with criminals (55%).
 - 'But 79% consider it likely that the police will take reports of gender-based violence seriously.
- 'Assessments of the government's performance in reducing crime are mixed: 46% approve while 54% disapprove. Approval dropped by 11 percentage points between 2019 and 2021.'⁶³

12.1.4 The USSD human rights report 2023 noted:

'The constitution provided for an independent judiciary, although the government did not always respect judicial impartiality. The government sometimes undermined the independence of the judiciary and at times did not respect court orders, but the outcomes of trials did not appear predetermined ...

'The law provided for the right to a fair and public trial, and the judiciary generally enforced this right. The law also provided defendants the right to receive prompt and detailed information on the charges against them, although authorities did not always provide the information.

'There was no government-sponsored public defenders service with sufficient funding to meet the demand, and courts tried most defendants without representation because they could not afford legal counsel.'⁶⁴

12.1.5 The Freedom House report on events in 2023 noted: 'While judicial procedures are inefficient, the Kenyan judiciary is generally considered to be independent, and the courts have demonstrated this through a series of high-profile rulings in recent years.'⁶⁵

12.1.6 UN Women-Africa in an article of 5 October 2024 noted, 'the National Gender-Based Violence Toll-Free Helpline, 1195, serves as a crucial resource for survivors, providing a platform for reporting incidents and receiving life-saving assistance. As the first and only service of its kind in Kenya, this helpline has become an essential tool in the country's efforts to address and mitigate GBV'.⁶⁶

12.1.7 The above report also noted:

⁶³ Afrobarometer, [Kenyans cite criminal activity ...](#), 19 September 2022

⁶⁴ USSD, [2023 Country Reports on Human Rights Practices: Kenya](#) (Section 1e), 23 April 2024

⁶⁵ Freedom House, [Freedom in the World 2024](#) (Kenya), March 2024

⁶⁶ UN Women-Africa, [Kenya's national toll-free helpline 1195: A lifeline for...](#), 05 October 2024

‘A key feature of the 1195 helpline is its emphasis on confidentiality. Survivors often face significant societal pressure to remain silent about their experiences, particularly in cases involving intimate partner violence or cultural practices such as FGM. The helpline’s SMS-based system allows survivors to discreetly report incidents and receive medical advice... Moreover, the helpline is multilingual, offering services in several local languages, including Swahili, Kikuyu, Luhya, and Kalenjin. This ensures that individuals from all corners of Kenya can access help, regardless of their background or language proficiency’.⁶⁷

12.1.8 CEDAW report 2024 noted:

‘The Government installed a SGBV information system in 2016 to provide a coordinated mechanism for monitoring and reporting on the progress of SGBV prevention and response and the Mapping of Ethnic Minorities and Marginalised Communities in all the 47 counties in Kenya. The Commission developed a Sexual Gender-Based Information System to harmonise collection of GBV data, from five key sectors, namely: Health, Police, Judiciary, Prosecution and Education.’⁶⁸

12.1.9 CEDAW report 2024 noted:

‘The Judiciary developed the framework, “Sustaining Judiciary Transformation – An Agenda for Service Delivery (for the period 2017–2021),” with the aim of promoting effectiveness and efficiency in the administration of justice, access to justice and judicial performance. As of December 2017, 39 High Courts had been established in 39 counties. The Judiciary launched a virtual case management system and online case filing system in 2020. These are intended to make access to justice a reality for women and men.’⁶⁹

12.1.10 CEDAW report 2024 also noted: ‘Women’s experience in access to legal services has significantly improved since 2015 due to the success of Judiciary Transformative Framework 2012-2016 which improved access to justice for women through: Establishment of more courts as a strategy to reduce distance for litigants especially in far-flung areas; increasing the number of mobile courts and establishment of a policy and strategy to ensure their efficiency and effectiveness...’⁷⁰

12.1.11 The Coalition on Violence Against Women, a ‘national non-profit women’s rights organization that was established in 1995 to respond to the silence of the Kenyan society in addressing Violence Against Women and Girls’, stated: ‘While significant steps have been made to improve the responsiveness of Kenya’s legal system and establish stronger safeguards to prevent VAWG, survivors of SGBV still face significant barriers in accessing justice. This often leads to re-traumatisation and heightened risk of further violence or death.’⁷¹

⁶⁷ UN Women-Africa, [Kenya’s national toll-free helpline 1195: A lifeline for...](#), 05 October 2024

⁶⁸ CEDAW, [Ninth periodic report submitted by Kenya und...](#), (Paragraph 81), 15 November 2024

⁶⁹ CEDAW, [Ninth periodic report submitted by Kenya und...](#), (Paragraph 237), 15 November 2024

⁷⁰ CEDAW, [Ninth periodic report submitted by Kenya und...](#), (Paragraph 238), 15 November 2024

⁷¹ COAV, [Access to justice](#), undated

12.1.12 Kenya's Judiciary in their report The State of Judiciary and Administration of Justice Annual Report, Financial year 2022/23 noted: 'Sexual and Gender-Based Violence (SGBV) courts were established at Shanzu, Kibera, Makadara, Meru, Nakuru, Kiambu, Machakos, Kisii, Kitale, Kakamega, Kisumu, and Siaya. Since their inception, 255 cases have been filed with 69 resolved.'⁷²

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12.2 Arrests, prosecutions and convictions

12.2.1 The Star, a Kenyan English language newspaper, in their article '600 girls who escaped FGM in Kuria to be taken back to school', 13 January 2023, reported:

'Since December 1, the Kehancha Law Courts have been prosecuting cases involving 38 suspects, mostly parents and relatives of affected girls, charged with failing to report and aiding FGM. Omondi said they have so far prosecuted ten suspects who have been sentenced while 28 cases are still active ... Kuria West police boss Cleti Kimaiyo said they will still be on alert and trail rescued girls as they go back to their families and will still work hard on continuing arrests. "While we only arrested parents and guardians we are still on hot pursuit of circumcisers who have been moving across the border and we will bring them to justice,"'⁷³

12.2.2 USSD report 2023 noted:

'The Ministry of Public Service, Youth, and Gender Affairs worked with county officials and nonstate actors to improve enforcement of the FGM/C law through education and advocacy efforts, as well as prosecutions of those violating the law. Media reported arrests of perpetrators and parents who agreed to FGM/C, but parents in regions with a high prevalence of FGM/C frequently bribed police to allow the practice. There were also reports FGM/C increasingly occurred in secret to avoid prosecution. County officials in areas with a high prevalence of FGM/C noted many cases targeted infants'.⁷⁴

12.2.3 Nation, an independent media house outlet based in Kenya⁷⁵, in an article 'FGM: 13-year battle with entrenched harmful practice', dated 30 September 2024, quoted Carol Saoli a victim of FGM who later became a cutter herself said "After the enactment of law (Female Genital Mutilation Act 2011), it became difficult to continue cutting girls. Many cutters and parents were arrested for abetting the crime. I had to abandon the trade to focus on a different economic activity that would not put me in trouble with the law".⁷⁶

12.2.4 CEDAW report 2024 also noted:

'An Anti-FGM Prosecution Unit has been established in the ODPP (Office of the Director of Public Prosecutions) and the Board has created a

⁷² Kenya Judiciary, [The state of judiciary and administration of justice ...](#), (2.2.5), no date

⁷³ The star, [600 girls who escaped FGM in Kuria to be taken back to school](#), 13 January 2023

⁷⁴ USSD, [2023 Country Reports on Human Rights Practices: Kenya](#) (Section 6), 23 April 2024

⁷⁵ Nation Media Group, [Who we are](#), no date.

⁷⁶ Nation, [FGM: 13-year battle with entrenched harmful practice](#), 30 September 2024

comprehensive FGM case-tracking tool that promotes accountability in reporting, investigation, and prosecutorial phases of cases, while allowing authorities to track success stories of the girls protected from FGM due to proactive judicial mechanisms and alternatives to criminal prosecution... The ODPP developed Standard Operating Procedures (SoPs) on Investigation and Prosecution of FGM cases including offences related to harmful cultural practices, to standardize, for consistency and efficiently investigate and prosecute FGM cases. The SOPs lay out requirements for a prosecutor in making decisions to charge, evidence required, conduct of the trial and how to handle survivors and witnesses in the prosecution of FGM and related crimes. The SoPs have enhanced prosecution of FGM cases and increased conviction of perpetrators.⁷⁷

12.2.5 In regard to prosecution, although dated CEDAW report 2024 noted: ‘With regard to prosecution of offenders, in the financial year 2016/2017, the ODPP had 95 newly registered FGM cases and related offences and 166 from the financial year 2015/2016, a total of 261 cases. Out of the 261 cases, there were 16 convictions, 8 acquittals, 5 withdrawals and 232 still pending trial. In the financial year 2017/2018, they handled 346 cases on FGM out of which 34 were convicted, 10 acquittals, 22 withdrawals and 280 pending trials.’⁷⁸ The submission does not provide any more recent data on FGM cases although it was submitted in November 2024.

12.2.6 The Kenya National Commission on Human Rights (KNCHR) in their report to the Committee Against Torture (CAT) dated March 2022 noted:

‘The High Court has secured the following convictions of perpetrators of FGM:

In *Halima Mohamed v Republic* (2016), the High Court upheld the conviction of Halima Mohamed for aiding female genital mutilation contrary to section 20(a) as read with section 29 of the Prohibition of Female Genital Mutilation Act. She was fined Kshs 200,000 or an imprisonment term of 12 months.

‘In *Bokayo Hussen Alias Kuradika v Republic* [2016], the High Court upheld the conviction of Bokaya Hussen for aiding female genital mutilation contrary to section 20(a) as read with section 29 of the Prohibition of Female Genital Mutilation Act. She was fined Kshs. 200,000 or an imprisonment term of 12 months.

‘In *Pauline Robi Ngariba v Republic* [2014], the High Court upheld the conviction of Pauline Robi Ngariba for performing female genital mutilation contrary to section 19(1) as read with section 29 of the Prohibition of Female Genital Mutilation Act. She was sentenced to 7 years imprisonment.’⁷⁹

12.2.7 The GoK CAT report 2023 noted: ‘In 2022, the Anti-FGM Board working with UNICEF developed the PASHA mobile App. The purpose of the PASHA mobile app is to facilitate the reporting, tracking and monitoring of FGM cases through the sharing of information with the relevant Government agencies. The App will be used to report, in real time, cases of FGM and

⁷⁷ CEDAW, [Ninth periodic report submitted by Kenya under...](#), (Paragraph 64-65), 15 November 2024

⁷⁸ CEDAW, [Ninth periodic report submitted by Kenya under arti...](#), (Paragraph 63), 15 November 2024

⁷⁹ KNCHR. [Report to the Committee Against Torture on the review...](#), (paragraph 145) March 2022

follow up on actions taken and progress of cases in courts.’⁸⁰

12.2.8 The GoK CAT report 2023 also noted:

‘County Anti-FGM steering committees are now operational in all the 22 counties classified as hotspot. The committees which are chaired by the County Commissioners are required to monitor the FGM situation in their respective counties and report accordingly on a quarterly basis to the Multi Agency Technical Committee. The table below provides data on law enforcement and girls who were facilitated to go through Alternative Rights of Passage (ARP).’⁸¹

No.	Issue	June to Nov 2020	Dec to May 2021	June to Nov 2021	December to May 2022
1.	No. of FGM cases Reported	192	117	92	100
2.	No. of girls rescued from FGM	205	200	37	445
3.	No. of FGM perpetrators arrested	61	37	36	45
4.	No. of ongoing FGM prosecutions	53	34	36	341
5.	No. of girls undergoing ARP		28 970	858	4 004

12.2.9 However, a December 2024 report prepared by the American Bar Association Center for Human Rights (ABA CHR report 2024) as part of the Clooney Foundation for Justice’s TrialWatch initiative, examined 68 criminal cases (44 heard at magistrates’ courts, 24 at High Courts) that invoked various sections of the prosecutions under the Prohibition of FGM Act with a review of media reports and court hearings between 2019 and March 2023. The report noted, ‘that despite the Kenyan government’s laudable goal to deter FGM, Kenya’s PFGM law has been used to arrest, prosecute and convict victims of FGM themselves.’⁸²

12.2.10 The ABA CHR report 2024 noted in its ‘Key findings’:

‘Profiles of the Accused: Who Gets Charged?’

‘A total of 151 accused persons were identified across the 68 cases. There was enough information about 137 accused persons to divide them into the following four categories:

‘1. Victims (55%): 76 out of 137 accused persons were FGM victims who appeared to have undergone FGM in the case at hand. a. 74 victims were those who had recently undergone FGM and were being charged in connection with undergoing FGM in the case at hand. This included 11 minors under the age of 18 (referred to as “girls” throughout the report). b. The other 2 victims were charged with “procuring” FGM on themselves at a date well before the prosecution; in one case, the victim stated that she had undergone the cut in 2000, when she was an 11-year-old girl – and years

⁸⁰ UN CAT, [Information received from Kenya on follow-up to the concl...](#) (paragraph 43), 7 July 2023

⁸¹ UN CAT, [Information received from Kenya on follow-up to the concl...](#) (paragraph 46), 7 July 2023

⁸² ABA CHR, [Monitoring Prosecutions under the Prohibition of FGM Act ...](#) (P page 3), December 2024

before the PFGM Act had even been passed.

'2. Cutters (6%): Individuals who performed FGM were only a small fraction of those prosecuted (8 individuals).

'3. Premises Owners (16%): Individuals who allegedly owned the property where FGM occurred, typically family members, made up 22 out of 137 accused persons. In at least 2 cases, premises owners were also made to undergo genital examinations, which showed that they had undergone FGM.

'4. Bystanders (23%): Individuals who were either present in the residence during arrests, or were close relatives of the victims, comprised the second most numerous category, most frequently prosecuted for "failure to report" FGM....

'Case Outcomes

'Nearly three-quarters of completed cases ended in a guilty verdict. Cases at the magistrates' level in particular, where all of the cases were tried in the first instance, very rarely ended in acquittal (only one was identified). Many FGM victims were found guilty; the analysis identified 45 FGM victims, including 7 girl victims, who were found guilty (out of a total of 151 accused persons).

'Sentencing

'Of the 35 cases that ended in conviction, over three-quarters involved the imposition of prison or the possibility of incarceration if a fine was not paid. FGM victims were among those ordered to pay a fine, or, in default, imprisonment. Out of the 21 cases that ended with possible imprisonment, 9 cases included FGM victims as accused persons, with an average sentence of nearly 3 years in default of non-payment of a fine; it is highly likely that some victims have been incarcerated due to failure to pay the fine. Some courts seemed to recognize that the accused were victims but still ordered the mandatory minimum, often alluding to the goal of deterrence.'⁸³

12.2.11 The ABA CHR report 2024 considered that the arrest of victims of FGM was in contravention of international and domestic law again re-victimising victims of crimes. However, the report did not indicate that the 'victims' of FGM had experienced the practice against their will or had sought help from the state. Instead there had been an 'overzealous application of the law' which failed 'to address the root causes of FGM but also exacerbates the trauma experienced by victims.'⁸⁴

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13. Civil society support and assistance

13.1.1 UNICEF in their report Building Movements, Building Power: Eliminating female genital mutilation by 2030 through social movements, published October 2022 noted:

'According to the Centre for Rights Education and Awareness, a Kenyan

⁸³ ABA, [Monitoring Prosecutions under the Prohibition...](#) (pages 4 to 7), December 2024

⁸⁴ ABA, [Monitoring Prosecutions under the Prohibition...](#) (pages 59), December 2024

women's rights organization, the government has worked with (Civil Society Organisation) CSOs and other non-state actors to co-create a work-plan, resource mobilization strategy and monitoring and evaluation tools that foster accountability and transparency. Kenya has also established a dedicated court for GBV cases and Policare, a national police service with integrated responses to GBV, which include service providers such as health-care providers, magistrates, medical-legal professionals and gender experts. All of this was accomplished through research, activism and media coverage led by CSOs. The Sustainable Development Goals (SDGs) Kenya Forum, a coalition of over 350 CSOs across the country, launched Campaign TIMIZA (Towards and Beyond Commitments), which aims to create awareness about the government's commitment to eliminating GBV and FGM'.⁸⁵

13.1.2 Safe Engage Foundation a community-based organisation (CBO) in Kenya founded in 2015 that supports women and girls through different programmes and provides refuge to girls who need a safe housing during the cutting season.⁸⁶ Safe Engage foundation runs various Programmes such as Parents Engagement Sessions to 'engage with parents and teach them positive parenting methods and run anti Gender-Based Violence (GBV) workshops to end FGM/C and all other forms of GBV so that girls can grow up free from violence, having access to equal opportunities in the family'⁸⁷ and Art to end FGM 'This programme teaches children to use their creativity through art. We create a platform where their talents are nurtured and through this, they get to spread the message of abandoning FGM/C. We have enabled children to explore their passion in modelling, singing, moulding, painting, drawing and many different mediums.'⁸⁸

13.1.3 USSD report 2023 noted:

'A variety of domestic and international human rights groups generally operated without government restriction to monitor or investigate human rights cases and publish their findings, although some groups reported experiencing government harassment. Officials were sometimes cooperative and responsive to the queries of these groups, but the government did not implement recommendations by human rights groups if such recommendations were contrary to its policies.'⁸⁹

13.1.4 There are a number of NGOs and CBOs with a presence in Kenya whose activities include advocacy against FGM and the provision of support to girls and women at risk of FGM. A selection is provided below:

- [Action Aid-Kenya](#), an UK based charitable company actively engages with communities facing poverty and exclusion across 22 counties in Kenya, and has a Physical presence in: Baringo, Embu, Garissa, Homabay ,Isiolo, Kajiado ,Kilifi Kisumu, Kitui, Laikipia ,Makueni, Meru, Murang'a, Nairobi ,Nakuru ,Taita Taveta Tharaka Nithi, Turkana

⁸⁵ UNICEF, [Building Movements, Building Power: Eliminating female genit...](#) (Annex 2). October 2022

⁸⁶ Safe Engage Foundation, [About](#), No date

⁸⁷ Safe Engage Foundation, [Our Programmes](#), No date.

⁸⁸ Safe Engage Foundation, [Our Programmes](#), No date.

⁸⁹ USSD, [2023 Country Reports on Human Rights Practices: Kenya](#) (Section 5), 23 April 2024

- [Samburu Girls Foundation](#) has a head office in Samburu County (Rift Valley Province) and also operates in Marsabit (Eastern Province), Laikipia (Rift Valley Province) and Isiolo County (Eastern Province).
- [I Rep Foundation](#) works to end FGM in West Pokot County (Rift Valley Province).
- [SAFE Kenya](#) works with Maasai communities in the Loita Hills region of Narok County and also in Samburu County (both Rift Valley Province).
- [Young Women’s Christian Association \(YWCA\)](#) has 7 branches in: Mombasa (Coast Province), Tana River (Coast Province), Meru (Eastern Province), Nairobi (Nairobi Province), Kisumu (Nyanza Province), Siaya (Nyanza Province) and Kisii County (Nyanza Province) that provide outreach for 21 of the 47 counties in Kenya.
- [Akili Dada](#) has a head office in Nairobi and supports female-focused projects across Kenya, including an anti-FGM programme in West Pokot County (Rift Valley Province).
- [Equality Now](#) has a regional office based in Nairobi.
- [Coalition on Violence Against Women \(COVAW\)](#) has an office in Nairobi and works in Homa Bay County (Nyanza Province), Kisumu County (Nyanza Province), Migori County (Nyanza Province), Narok County (Rift Valley Province), Kiambu County (Central Province) and Kwale County (Coast Province).
- [V-Day](#) is a California-based charity which funds two safe houses in the towns of Narok and Sakutiek (both Rift Valley Province)

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14. Freedom of movement and livelihood

14.1 Internal travel

- 14.1.1 Kenya’s land area is 569,140 square kilometres over twice the size of the UK⁹⁰ with a population of over 50 million including the cities of Nairobi (around 5.3 million people) and Mombassa (around 1.3 million)⁹¹.
- 14.1.2 USSD report 2023 noted: ‘The law provided for freedom of internal movement, foreign travel, emigration, and repatriation for citizens, and the government generally respected these rights.’⁹²
- 14.1.3 Freedom House in their report Freedom in the World 2024 – Kenya dated 2024 noted: ‘While the constitution provides protections for freedom of movement and related rights, they are impeded in practice by security concerns and ethnic tensions that lead many residents to avoid certain parts of the country.’⁹³

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⁹⁰ US CIA, [World Factbook](#) (Area), updated 25 March 2025

⁹¹ US CIA, [World Factbook](#) (Kenya), updated 25 March 2025

⁹² USSD, [2023 Country Reports on Human Rights Practices: Kenya](#) (Section 2-D), 23 April 2024

⁹³ Freedom House, [Freedom in the World 2024 – Kenya](#) (Section G), 2024

14.2 Housing

14.2.1 KDHS 2023 noted: ‘Five percent of women own a house alone and 28% own a house jointly with their husband or someone else; among men, 35% own a house alone and 9% own a house jointly with their wife or someone else. Overall, 33% of women compared with 45% of men own a house either alone or jointly with their spouse or someone else.’⁹⁴

14.2.2 KDHS 2023 also noted: ‘Forty-four percent of women in rural areas own a house compared with 17% in urban areas. Nineteen percent of women in rural areas have a title deed or a recognised documentation for their house compared with 46% in urban areas... The percentage of women who own a house and have documentation bearing their name is highest in Nairobi City (30%) and lowest in Wajir, Tana River, and Kisii counties (1% each).’⁹⁵

14.2.3 The Centre for Affordable Housing Finance in Africa (CAHF) an independent think tank in South Africa that promotes investment in affordable housing and housing finance across Africa.⁹⁶ in their 2023 Housing Finance Yearbook: Kenya Profile, dated 20 November 2023 noted:

‘In recent years, Kenya has enacted policies aimed at improving housing finance access and affordability. The [Government of Kenya] GoK has continued to create incentives to attract investment in the housing sector and has initiated public investments in building houses through civil servants’ schemes, slum upgrading projects and low-cost housing for the public under the National Housing Corporation (NHC). Most of the households in rural areas and slums in urban areas have inadequate dwellings in terms of size, resilience to adverse weather, and access to basic amenities. The plan to increase housing supply by 200,000 houses annually will be achieved by structuring affordable long-term housing finance schemes, including National Housing Fund and Cooperative Social Housing Schemes.’⁹⁷

14.2.4 The above report also noted:

‘Other reforms include the establishment of the National Housing Development Fund, strengthening the NHC in resource mobilisation and management of tenant purchase schemes. The recent enactment of the Finance Act 2023, implementing a 1.5% housing levy, exemplifies the ongoing efforts.[1] The Land Act (No. 6 of 2012) governs urban land and property ownership and how and when evictions and foreclosures are enforced.[2] These regulations prioritise avoiding forced displacements and ensuring fairness in eviction procedures.’⁹⁸

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14.3 Employment

14.3.1 According to the Global Economy website, provider of economic data, the labour force participation rate for women in Kenya during 2023 was

⁹⁴ KNBS [Kenya Demographic and Health Survey 2022](#), (15.4.1). June 2023

⁹⁵ KNBS [Kenya Demographic and Health Survey 2022](#), (15.4.2). June 2023

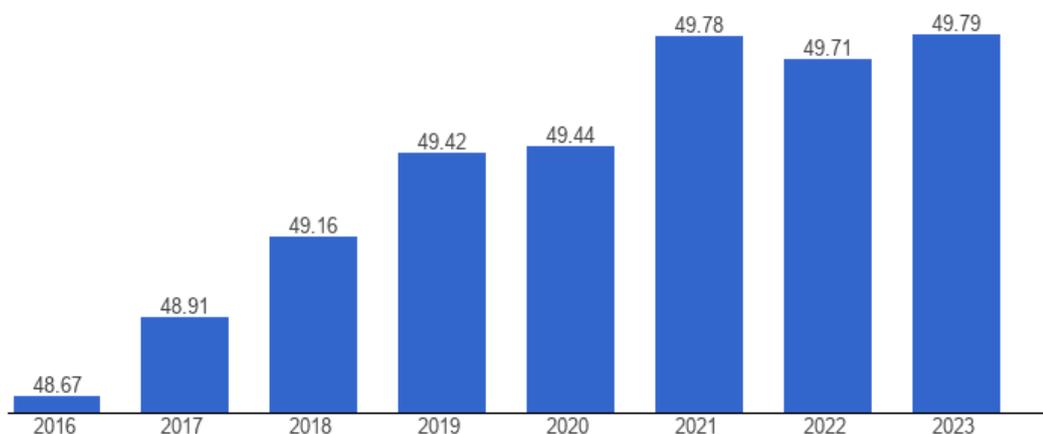
⁹⁶ CAHF, [About CAHF](#), no date.

⁹⁷ CAH, [2023 Housing Finance Yearbook: Kenya Profile](#), (Policy and Legislation), 20 November 2023

⁹⁸ CAH, [2023 Housing Finance Yearbook: Kenya Profile](#) (Policy and Legislation), 20 November 2023

49.79%⁹⁹.

14.3.2 Table below shows the gradual increase of female participation in Kenyan labour force from 2016-2023.



14.3.3 KDHS 2023 noted: 'The percentage of currently married women aged 15–49 who were employed at any time in the 12 months before the survey was 67% and the corresponding percentage for men was 98%.¹⁰⁰

14.3.4 CEDAW report 2024 noted:

'There has been an increase of women in employment. The population of women in employment stands at 9.89 million working women, which is about 100,000 more than the 9.79 million men employed. According to the KNBS National Census, the numbers of women in employment increase among people in rural Kenya, where there are 600,000 more women than men that are engaged in economic activities. Females accounted for 50.2 per cent of the total working population.¹⁰¹

14.3.5 CEDAW report 2024 also noted:

'The Government has continued to enhance Women's economic empowerment through Affirmative Funds: Since inception in 2007, Women Enterprise Fund has disbursed Kshs. 19.2 billion to 111,840 groups (1,780,000) individuals, SACCO funding Kshs. 116,500,000 to 17 SACCOs and LPO financing Kshs.74, 276,050 to 117 individuals. The group loan repayment stands at 96 per cent...90 per cent of the Fund's beneficiaries are women and 10 per cent are men.¹⁰²

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⁹⁹ Global Economy, [Kenya: female labor force participation](#), no date

¹⁰⁰ KNBS [Kenya Demographic and Health Survey 2022](#), (15.1). June 2023

¹⁰¹ CEDAW, [Ninth periodic report submitted by Kenya under...](#), (Para 160), 15 November 2024

¹⁰² CEDAW, [Ninth periodic report submitted by Kenya und...](#), (Para 191-192), 15 November 2024

Research methodology

The country of origin information (COI) in this note has been carefully selected in accordance with the general principles of COI research as set out in the [Common EU \[European Union\] Guidelines for Processing Country of Origin Information \(COI\)](#), April 2008, and the Austrian Centre for Country of Origin and Asylum Research and Documentation's (ACCORD), [Researching Country Origin Information – Training Manual](#), 2024. Namely, taking into account the COI's relevance, reliability, accuracy, balance, currency, transparency, and traceability.

Sources and the information they provide are carefully considered before inclusion. Factors relevant to the assessment of the reliability of sources and information include:

- the motivation, purpose, knowledge and experience of the source
- how the information was obtained, including specific methodologies used
- the currency and detail of information
- whether the COI is consistent with and/or corroborated by other sources

Commentary may be provided on source(s) and information to help readers understand the meaning and limits of the COI.

Wherever possible, multiple sourcing is used, and the COI compared to ensure that it is accurate and balanced and provides a comprehensive and up-to-date picture of the issues relevant to this note at the time of publication.

The inclusion of a source is not, however, an endorsement of it or any view(s) expressed.

Each piece of information is referenced in a footnote.

Full details of all sources cited and consulted in compiling the note are listed alphabetically in the [bibliography](#).

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Terms of Reference

The 'Terms of Reference' (ToR) provides a broad outline of the issues relevant to the scope of this note and forms the basis for the [country information](#).

The following topics were identified prior to drafting as relevant and on which research was undertaken:

- Legal context
 - Legislation
- Prevalence
- State treatment.
 - Government attitude
 - Police/authorities
 - Enforcement
- Societal attitudes and treatment
 - Societal norms and acceptance
 - Violence, harassment and discrimination
 - Religious attitudes
- Civil society support
- Freedom of movement and livelihood

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Version control and feedback

Clearance

Below is information on when this note was cleared:

- Version **2.0**
- valid from **01 April 2025**

Official – sensitive: Not for disclosure – Start of section

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Changes from last version of this note

Updated COI

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