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PRE-KAP ASSESSMENT REPORT ON GBV, CHILD MARRIAGE, SRHR AND FGM/C



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Project: Enhancing Coordination for Ending Cross Border FGM/C.

Supported by **Amplify Change.**

Situation analysis for Migori County, Kenya (Kuria East, Kuria West, Ntimaru and Mabera Sub counties) and Mara Region, Tarime district Tanzania .

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LIST OF ABBREVIATIONS

KAP	Knowledge, Attitude and Practices
FGM/C	Female Genital Mutilation/Cutting
SRHR	Sexual and Reproductive Health and Rights
GBV	Gender Based Violence
CBO	Community Based Organization
C-SEMA	Child Helpline Tanzania
AGYW	Adolescent Girls and Young Women
KDHS	Kenya Demographic and Health Survey
FDGs	Focus Discussion Groups
CSOs	Civil Societies Organization

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PREFACE

This Pre-Intervention Knowledge, Attitudes and Practices (Pre-KAP) Assessment Report has been prepared as part of the Enhancing Coordination to End Cross-Border FGM project implemented by Tunaweza Empowerment Organization for the period December 2025 to December 2027, with support from Amplify Change. The assessment establishes a critical baseline on knowledge levels, attitudes, social norms and practices related to Female Genital Mutilation/Cutting (FGM/C), Gender-Based Violence (GBV), child marriage and Sexual and Reproductive Health and Rights (SRHR) with a specific focus on cross-border dynamics along the Kenya–Tanzania, Migori and Tarime border.

The pre-KAP assessment was designed to generate evidence that will guide project implementation, inform adaptive programming and strengthen cross-border coordination mechanisms aimed at addressing entrenched harmful practices. By engaging diverse stakeholders including adolescent girls and young women, community members, male champions, civil society actors and government and security officials the assessment provides a nuanced understanding of the socio-cultural, legal and structural factors sustaining cross-border FGM/C and related forms of violence.

This report therefore serves not only as a baseline measurement tool, but also as a learning and accountability document for Tunaweza Empowerment Organization and its partners. The findings and recommendations contained herein will be instrumental in shaping targeted interventions, strengthening collaboration across borders and tracking progress toward sustainable social norm change and the protection of the rights and wellbeing of girls and women in affected communities

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ACKNOWLEDGEMENT

Tunaweza Empowerment Organization extends its sincere appreciation to Amplify Change for the financial and technical support provided for the Enhancing Coordination to End Cross-Border FGM project and for enabling the successful conduct of this pre-KAP assessment. Amplify Change's commitment to advancing gender justice and supporting locally led initiatives has been fundamental in strengthening evidence-based programming to address FGM/C and related harmful practices.

We are deeply grateful to the community members, adolescent girls and young women, male champions, religious leaders, civil society partners and government and security officials who generously shared their time, experiences and insights during the assessment process. Their openness and participation were essential in capturing an authentic picture of prevailing knowledge, attitudes, social norms and practices, particularly within the sensitive context of cross-border FGM/C.

Special appreciation is also extended to the Tunaweza Empowerment Organization project team; Board of trustees, Executive director, Programmes coordinator, Monitoring and Evaluation, rapporteurs and session facilitators whose dedication and professionalism ensured the quality and integrity of this assessment. We further acknowledge local leaders and partner organizations; Cross Boarder Mutiniti CBO and CSEMA in Tanzania for their collaboration and support during data collection. Their collective efforts have contributed significantly to producing a robust baseline that will inform effective implementation, learning and impact throughout the project lifecycle.

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EXECUTIVE SUMMARY

This report presents findings from a pre-intervention Knowledge, Attitudes and Practices (KAP) assessment conducted among direct project beneficiaries supported by Tunaweza Empowerment Organization in Kuria West and Kuria East, Kenya as well as bordering regions of Tanzania; Nyansicha and Sirare in Tarime district. The assessment focused on Gender-Based Violence (GBV), Child Marriage, Sexual and Reproductive Health and Rights (SRHR) and Female Genital Mutilation/Cutting (FGM/C), with a specific emphasis on cross-border dynamics along the Kenya–Tanzania border.

The assessment aimed to establish baseline knowledge, prevailing attitudes, social norms and behaviors related to harmful practices while also drawing on insights from the organization's case study to understand early impacts of community-based interventions. Data was collected through Focus Group Discussions guided by a standardized pre-KAP questionnaire involving community members, adolescent girls and young women (AGYW), male champions, civil society actors and government and security officials.

Findings reveal increased awareness of the harmful effects of FGM/C and child marriage, though deep-rooted cultural beliefs, gender power imbalances and economic pressures continue to influence behaviors. Findings also indicate moderate awareness of legal frameworks and health risks related to FGM/C and child marriage. Social norms are gradually shifting, particularly through male engagement, community dialogue, empowerment of girls, strengthened community–state collaboration and increased reporting. Cross-border FGM/C remains a significant challenge particularly during school holidays and ceremonial seasons, driven by legal evasion, secrecy and cultural continuity across borders. The report concludes with key learnings and actionable recommendations to strengthen adaptive programming, cross-border coordination and sustainability of behavior change interventions and donor accountability.

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1. Introduction and Background.

The prevalence of Female Genital Mutilation/Cutting (FGM/C) in Kenya has significantly decreased over the last two decades. According to the Kenya Demographic and Health Survey (KDHS) 2022 report, the prevalence of FGM/C among women aged 15 to 49 was 37.6% in 1998 and decreased to 14.8% by 2022. Projections indicate that this rate is expected to decline further to around 10% by 2030. This decline reflects concerted efforts by government agencies, non-governmental organizations, and community-based organizations working collaboratively to eradicate the practice. Despite progress, FGM/C remains prevalent in specific ethnic and geographic hotspots, particularly among the Somali (86.9%), Kisii (70.3%), Maasai (56.7%), and Samburu (75.9%) communities. In Migori County, where this outcome harvesting activity took place, the prevalence of FGM/C is 20%, which is higher than the national average. Challenges persist due to the medicalization of FGM/C, cross-border FGM practices and uneven progress in decreasing the severity of cutting types.

Female Genital Mutilation/Cutting (FGM/C) in Tanzania has an estimated national prevalence of about 8–10% among women aged 15–49, reflecting a steady decline from nearly 18% in the mid-1990s, with significantly lower rates among younger women, indicating gradual abandonment of the practice. However, FGM remains highly concentrated in specific regions, particularly in northern and central Tanzania. The Mara Region, which borders Kenya, stands out with a high prevalence estimated at around 32%, making it one of the country's hotspots. This elevated rate is closely linked to cross-border cultural practices, shared ethnic traditions and mobility across the Kenya–Tanzania border, which continue to sustain FGM despite national legal prohibitions and prevention efforts.

Kenya's legal framework is strong, with the Prohibition of Female Genital Mutilation Act (2011) and other important laws and policies such as the Children Act (2022) and the National Policy for the Eradication of Female Genital Mutilation (2019) supporting anti-FGM/C efforts. Additionally, there is solid political commitment shown by the creation of the Anti-FGM Board, inter-ministerial coordination, and active government involvement, including presidential declarations supporting the abandonment of this harmful practice.

Community-led interventions, often driven by CBOs, are a vital part of the comprehensive strategy against FGM/C. These local organizations engage in behaviour change communication, community dialogues, advocacy and the

development of alternative rites of passage, addressing the socio-cultural beliefs that support FGM/C practices. Understanding the specific changes in behaviours, relationships, practices and policies within affected communities and how these local interventions contribute to these outcomes is essential for guiding future programs and policies.

Migori County - Kenya, particularly Kuria East and Kuria West sub-counties and neighboring Tarime district of Tanzania remain a hotspot for Female Genital Mutilation/Cutting (FGM/C), child marriage and related forms of gender-based violence. These practices are deeply embedded in cultural identity, rites of passage and patriarchal decision-making structures. Despite Kenya's strong legal framework, enforcement gaps, secrecy and cross-border movement into neighboring Tanzania continue to undermine eradication efforts.

Tunaweza Empowerment Organization has implemented community-driven interventions focusing on norm change, youth empowerment, male engagement, rescue and referral pathways and SRHR education. This pre-KAP assessment was designed to generate baseline evidence and contextual understanding to strengthen program design, learning and accountability.

2. Objectives of the Pre-KAP Assessment

The assessment aimed to:

- Establish baseline knowledge, attitudes, social norms and practices related to GBV, child marriage, SRHR and FGM/C among direct beneficiaries.
- Examine decision-making dynamics at household and community levels.
- Assess awareness of laws, reporting mechanisms and institutional responses.
- Explore cross-border FGM/C and child marriage dynamics between Kenya and Tanzania.
- Document early outcome reflections emerging from project interventions.
- Generate actionable learnings to inform adaptive programming and donor reporting.

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3. Methodology

The assessment employed qualitative methods using Focus Group Discussions (FGDs) guided by the pre-KAP questionnaire. FGDs were conducted with adolescent girls and young women (AGYW), parents, male champions, community members, CSOs, security officials and government officers from Kenya and Tanzania.

Ethical considerations included informed consent, confidentiality and safeguarding of participants. Data was thematically analyzed across KAP domains and triangulated with insights from the Tunaweza case studies to distinguish baseline conditions from early outcome reflections.

4. Profile of Direct Beneficiaries

Direct beneficiaries included AGYW, parents/guardians, male champions, teachers, religious leaders, community elders, civil society organization representatives and frontline government officers. Most participants reside in rural and semi-rural border areas characterized by high poverty levels, limited access to SRHR services, strong cultural influence and areas perceived to be FGM/C and child marriage hotspot areas. Girls face intersecting vulnerabilities including school dropout, early marriage, FGM/C, sexual violence and limited decision-making power. Men and elders remain influential gatekeepers in cultural practices. Civil society organization play a leading role in advocacy and grassroot initiatives aimed at awareness creation, prevention and response to FGM while government is tasked with law enforcement and coordinating all Anti FGM initiatives, making their engagement critical.

5. Baseline Findings: Knowledge

Baseline findings indicate that most respondents possess a general awareness that Female Genital Mutilation/Cutting (FGM/C) and child marriage are harmful practices and are prohibited under Kenyan and Tanzanian law. This awareness has been shaped by sustained sensitization efforts by government actors, civil society organizations, schools, religious institutions and community-based initiatives. Many participants could correctly identify that these practices are illegal and acknowledged that arrests and rescues have occurred in their communities. However, this knowledge often remained surface-level, with legality perceived more as a risk of punishment than as a rights-based protection for girls.

Despite this general awareness, a deeper understanding of the health, psychosocial and long-term consequences of FGM/C and child marriage was inconsistent across participant groups. While some respondents cited immediate physical pain, excessive bleeding or complications during childbirth, fewer participants demonstrated knowledge of long-term reproductive health risks, mental health impacts, sexual dysfunction or intergenerational trauma associated with FGM/C. Similarly, child marriage was frequently discussed in relation to early pregnancy and school dropout, but less attention was given to its broader consequences, including lifelong economic dependency, increased exposure to intimate partner violence and poor maternal and neonatal health outcomes. This uneven knowledge was particularly evident among older community members and younger adolescents with limited exposure to structured SRHR education.

The assessment further revealed significant gaps in understanding the psychosocial and developmental impacts of these harmful practices, especially among adolescent girls and young women. Many participants had not previously connected FGM/C and child marriage to issues such as loss of self-esteem, trauma, anxiety, depression and reduced decision-making power. Respondents only began to articulate these impacts after guided discussion, indicating that such knowledge is not yet internalized within community discourse. This gap underscores the need for more comprehensive, age-appropriate and culturally responsive education that goes beyond legal awareness to address health, mental well-being, life-course consequences and girls' rights in a holistic manner.
GBV was often narrowly understood as physical violence, with limited recognition of emotional, sexual and economic violence.

While the assessment found that many participants were generally aware of existing reporting pathways for cases of FGM/C, child marriage and other forms of GBV, this awareness did not consistently translate into action. Respondents across FGDs identified key entry points for reporting, including area chiefs, police stations, children's officers, teachers, religious leaders, and in some cases, civil society organizations. Schools and community barazas were commonly cited as spaces where information about reporting mechanisms had been shared. However, this knowledge was often procedural rather than practical, with limited understanding of what happens after a report is made or how survivors and whistleblowers are protected throughout the process.

Fear of retaliation and deep mistrust of justice processes emerged as major barriers to utilization of reporting mechanisms. Participants expressed concerns about social backlash, family conflict, stigmatization and threats from perpetrators or cultural enforcers, particularly in cases involving close relatives or respected community elders. In border areas of Kuria East and West, respondents noted that reporting could expose families to isolation or violence, especially where community solidarity is used to protect harmful practices. Additionally, past experiences of delayed investigations, weak prosecutions or cases being withdrawn due to community pressure contributed to scepticism about the effectiveness of the justice system. As a result, many cases continue to be handled informally or remain unreported, underscoring the need for survivor-centred, confidential and community-trusted reporting and protection mechanisms.

6. Baseline Findings: Attitudes and Social Norms

Attitudinal findings from the pre-KAP assessment reveal a clear pattern of ambivalence driven by strong social norm pressures within Kuria community in Kenya and Tanzania. While many participants openly expressed personal opposition to FGM/C during discussions, they simultaneously believed that the wider community continued to support the practice. This disconnects between personal beliefs and perceived collective expectations reflects a "pluralistic ignorance" dynamic, where individuals privately disagree with a norm but continue to conform due to fear of social sanctions. As a result, FGM/C persists not necessarily because of widespread conviction, but because families anticipate stigma, ridicule or social exclusion if they are perceived as deviating from accepted cultural expectations.

"For me, I don't support FGM, but you know people will say you are spoiling the culture."
"Many parents are afraid because they think others are still doing it, even if they are not."

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Despite increasing awareness of the harms associated with FGM/C, the practice remains closely tied to notions of marriageability, respectability and the transition into adulthood for girls. Many respondents explained that uncircumcised girls are still viewed by some community members as immature, undisciplined or unsuitable for marriage, reinforcing the social value placed on cutting. These beliefs were reported to be more strongly held among older generations and cultural gatekeepers, who continue to frame FGM/C as a prerequisite for family honour and social acceptance. Even among those questioning the practice, fear of limiting a girl's future marriage

prospects emerged as a powerful factor sustaining FGM/C, particularly in contexts of poverty and social insecurity.

"They say if a girl is not cut, no man will respect her or want to marry her."
"People still believe circumcision prepares a girl for adulthood, even when they know it causes harm."

Attitudes toward child marriage were similarly shaped by economic pressures and cultural narratives that frame early marriage as a form of protection or financial security. Poverty was frequently cited as a driver, with some families viewing marriage as a way to reduce household burden or access bride price. Others justified child marriage as a means of safeguarding girls from premarital pregnancy or sexual violence. Within these dynamics, girls' voices in decision-making remained limited. Mothers, male elders and influential grandmothers were identified as the primary decision-makers regarding FGM and child marriage, leaving adolescent girls with little power to influence choices affecting their education, health and future aspirations.

"Most decisions are made by the parents especially the mother and elders; the girl is just told what will happen."
"Even if a girl refuses, the grandmother or other family members can still agree she must be married."

7. Baseline Findings: Practices and Behaviors

FGM/C and child marriage continue to occur within Kuria East, Kuria West and Tarime though increasingly in clandestine and less visible ways. Participants across FGDs consistently reported that these practices have shifted from open, community-sanctioned events to secretive arrangements conducted at night, dressing girls as boys and in remote locations or within private homes. This concealment reflects heightened awareness of legal consequences in Kenya rather than complete abandonment of the practices. In many cases, secrecy was described as a deliberate strategy to evade detection while maintaining cultural expectations. However, in some regions it is still carried out in the open with parading of girls after the cut.

"Nowadays it is not done openly like before; people do it secretly because they know it is against the law."
"They wait until night or take the girls far away so that no one reports."

Cross-border movement into Tanzania and vice versa emerged as a key coping strategy for families seeking to avoid law enforcement and child protection systems. Participants explained that shared ethnic identity, family ties and porous borders make it easy to transport girls across informal routes for cutting or early marriage. These movements often occur during school holidays, initiation seasons or festive periods when girls are less visible to teachers and local authorities. Respondents noted that the perception of weaker enforcement and lower risk of arrest across the border continues to sustain cross-border FGM/C and child marriage.

"They cross the border because they know in Kenya they can be arrested."
"During school holidays, many girls are taken to Tanzania and brought back after the ceremony."

At the same time, the assessment identified early signs of change that suggest emerging cracks in long-standing normative practices. Some households reported delaying FGM/C, opting not to cut their daughters or openly supporting girls who refuse the practice. These shifts were often attributed to increased awareness of health risks, engagement by male champions and empowerment of girls through education and safe spaces. While these changes are not yet widespread, they indicate the beginnings of normative realignment that can be strengthened through sustained community-led interventions.

"In my home we decided not to cut our girls, even if people talk."
"I have seen parents now saying they will wait or not do it at all."

8. Early Outcome Reflections from Ongoing Interventions

Drawing from the Tunaweza Empowerment Organization case study, early outcomes suggest meaningful shifts in attitudes and behaviours among key community actors, particularly men and parents. Increased male advocacy emerged as a notable change, with male champions more openly questioning FGM/C and child marriage and using their influence to discourage these practices within households and community forums. Parents, especially fathers, demonstrated growing willingness to support uncut girls, protect them from pressure to undergo FGM/C and prioritize their education. These shifts signal a gradual redefinition of masculinity and parental responsibility, moving away from cultural enforcement toward protection and rights-based decision-making.

Among adolescent girls and young women (AGYW), early outcomes include increased confidence, voice and leadership, particularly in expressing refusal of harmful practices and engaging in community dialogue. The case study also highlights strengthened collaboration between communities and government institutions, including chiefs, children's officers, police and education officials, leading to improved coordination around prevention, reporting and response. While these outcomes are not yet consistent or universal across all project areas, they represent positive trajectories toward sustained norm change, enhanced empowerment of girls and more functional protection mechanisms. Continued investment, reinforcement and scale-up are required to consolidate these gains and translate early shifts into lasting community-wide transformation.

9. Cross-Border FGM/C and Child Marriage Dynamics

Cross-border FGM/C in Kuria East, Kuria West and Tarime region primarily occurs during predictable periods when girls are less visible to formal protection systems. Participants consistently identified school holidays particularly the December break alongside initiation seasons and culturally significant ceremonies as peak periods for cross-border movement. During these times, families transport girls through informal routes linking Kuria communities in Kenya and Tanzania, including footpaths, river crossings and unmonitored border points. These routes are facilitated by shared ethnic identity, extended family networks and long-standing social ties that normalize cross-border mobility and obscure accountability. Areas identified as hotspots for cross boarder FGM and child marriage activities include; Kumwamu, Masangora, Motemorabu, Nyabasi, Mutiniti, Kimusela, Nyantira, Mutiniti, Nyansincha, Rewankwe and Ntimaru.

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Enforcement challenges are compounded by structural and operational gaps across the two jurisdictions. Participants noted weak cross-border coordination between Kenyan and Tanzanian authorities, limited intelligence sharing and inconsistent follow-up on reported cases. Fear of reprisals further discourages community members from providing information, particularly where perpetrators are influential elders or relatives. In addition, inconsistent political support and changing leadership priorities at local levels were reported to undermine sustained enforcement efforts. As a result, community members perceive cross-border FGM/C as a lower-risk option compared to conducting the practice within Kenya.

Community members also highlighted the transnational nature of facilitation networks, noting that cutters, brokers and transport facilitators often operate across both sides of the border. Some cutters reportedly move between communities depending on enforcement pressure, making it difficult to track or prosecute them under existing national laws.

In response to these dynamics, the Ending Cross-Border FGM Task Force was recognized as a critical emerging mechanism for coordination, bringing together government agencies, law enforcement, civil society organizations and community leaders from both countries. While still facing capacity and mandate limitations, the Task Force has contributed to improved dialogue, joint awareness efforts and early warning during high-risk periods. Strengthening and resourcing this platform particularly around shared intelligence, harmonized protocols and community-based surveillance was identified as essential to disrupting cross-border FGM/C and closing jurisdictional loopholes.

10. GBV and SRHR Analysis

Gender-Based Violence (GBV) in this region manifests in multiple and interconnected forms, including sexual violence, early and forced marriage, domestic abuse and harmful traditional practices such as FGM/C. Survivors face layered barriers that limit access to protection and justice, including stigma, fear of retaliation, family pressure and normalization of violence within intimate and familial relationships. Participants reported that cases are often resolved informally through family or clan mechanisms, particularly when perpetrators are known to the survivor, resulting in underreporting and limited accountability. In addition, access to survivor-centred services remains constrained by distance, limited availability of psychosocial support and gaps in survivor follow-up, particularly in remote and border communities.

Sexual and Reproductive Health and Rights (SRHR) knowledge among adolescents and young people remains low, with significant gaps related to consent, contraception, menstrual health management and bodily autonomy. Many adolescent girls and young women (AGYW) reported receiving fragmented or inconsistent information, often shaped by cultural taboos that restrict open discussion of sexuality. Against this backdrop, AGYW cycles supported by Tunaweza Empowerment Organization are beginning to address these gaps by providing safe spaces for dialogue, peer

education, mentorship and referrals to health and protection services. These interventions represent an important early outcome, fostering increased confidence, help-seeking behaviour and awareness of rights among participating girls, even as broader community-level change remains ongoing.

11. KAP Findings Matrix (Baseline)

Domain	Key Findings	Implications	Program Response
Knowledge	Moderate legal awareness; low SRHR literacy	Risk of continued harmful practices	Expand age-appropriate SRHR education
Attitudes	Mixed and conflicting attitudes due to social pressure	Slow norm change	Community dialogues & male engagement
Practices	Secret and illegal FGM/C & cross-border movement	Enforcement gaps	Cross-border coordination & surveillance

12. Key Learnings and Recommendations

- Intensify cross-border collaboration with Tanzanian authorities and CSOs through the established ending cross boarder Taskforce.
- Expand SRHR education through schools and AGYW cycles.
- Institutionalize male champion and boys' engagement.
- Invest in longitudinal KAP tracking to measure norm change.
- Strengthen GBV response systems including survivor-centered services.
- Economic empowerment programs for reformed cutters and cultural elders.
- Collaboration with key government officers for budget and policy accountability.
- Enhance structured community forums and intergenerational dialogues for consensus building towards eradication of FGM.
- Integrate complimentary service delivery like school fees bursaries for vulnerable girls.

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13. Conclusion

This pre-KAP assessment provides a robust baseline and early learning framework for Tunaweza Empowerment Organization's GBV, SRHR and anti-FGM/C programming in Migori County - Kenya, particularly in Kuria East and Kuria West sub-counties and Tarime region. By systematically examining knowledge, attitudes and practices among direct beneficiaries and key stakeholders, the assessment establishes a clear picture of prevailing norms, risk factors and protection gaps. It also generates critical evidence to inform adaptive programming, ensuring that interventions are responsive to lived realities, cross-border dynamics and power structures shaping girls' and women's experiences.

While harmful practices such as FGM/C, child marriage and other forms of GBV persist often in increasingly hidden forms the findings also point to emerging shifts that signal potential for sustained change. Early signs of increased male advocacy, parental support for uncut girls, strengthened AGYW confidence and leadership and improved collaboration between communities and government institutions suggest that social norms are beginning to be questioned and renegotiated. These changes, though not yet universal, underscore the effectiveness of community-led, dialogue-based and rights-centred approaches that engage both power holders and those most affected.

Ultimately, the assessment reinforces the conclusion that sustainable change in deeply rooted harmful practices requires sustained investment, cross-border coordination, and multi-level engagement. Community-driven interventions when adequately supported by policy enforcement, survivor-centred services and institutional collaboration can accelerate norm change, strengthen protection mechanisms and expand agency for adolescent girls and young women. The findings from this pre-KAP assessment provide a strong foundation for scaling, deepening and refining Tunaweza's interventions, while contributing valuable learning to broader efforts to end GBV advance SRHR and eliminate FGM/C in Migori County – Kenya and beyond.

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13. GALLERY

KAP Assessment Sessions
















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