

Beyond Legislation: Assessing Law Enforcement Preparedness and Competency Gaps in Combating Female Genital Mutilation in Kenya

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Abstract: Female Genital Mutilation (FGM) remains a significant human rights and public health challenge in Kenya, despite the Prohibition of FGM Act (2011) and various national interventions. Law enforcement officers and National Government Administrative Officers (NGAO) are crucial in prevention, protection, investigation, prosecution, and community sensitization efforts. However, the continued prevalence of FGM suggests gaps in institutional preparedness and technical competencies among frontline officers. This study aimed to evaluate law enforcement preparedness and identify competency gaps regarding FGM in Kenya. A descriptive cross-sectional design employing a mixed-methods approach was conducted in seven counties: Isiolo, Tharaka Nithi, Marsabit, Garissa, Wajir, West Pokot, and Elgeyo Marakwet. A total of 201 respondents participated, consisting of police officers and NGAO. Data were collected using structured questionnaires and analyzed through descriptive statistics and thematic analysis. Findings revealed moderate preparedness among officers in addressing FGM-related cases, with the highest competency mean scores in investigative and prosecutorial functions ($M = 3.40$). However, gaps were identified in community engagement ($M = 2.96$) and the use of digital platforms for training ($M = 2.53$). Over half (56.22%) of the respondents had received prior FGM-related training, primarily through face-to-face workshops. Key challenges affecting FGM response included community resistance (35%) and inadequate resources (22%). The study identified priority training needs, including investigative techniques and digital literacy. While face-to-face workshops were preferred (71%), interest in blended learning approaches was noted. The study concludes that law enforcement officers demonstrate moderate preparedness but face significant gaps in community engagement and digital literacy, emphasizing the need for targeted capacity-building programs to enhance effectiveness in combating FGM.

Keywords: Female Genital Mutilation, Law Enforcement, Competency.

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I. INTRODUCTION

Female genital mutilation (FGM), also known as female genital cutting (FGC), involves the partial or total removal of external female genitalia for reasons unrelated to medical necessity (WHO, 2024). The World Health Organization categorizes FGM into four types, distinguished by the degree of invasiveness and extent of the procedure (WHO, 2024). FGM is internationally acknowledged as a detrimental practice and an infringement upon the rights of women and girls, encompassing their rights to health, dignity, bodily autonomy, freedom from violence, and freedom from cruel, inhuman, or degrading treatment (United Nations, 2015). Furthermore, it has been identified as a substantial impediment to achieving gender equality, as outlined in Sustainable Development Goal (SDG) 5, specifically target 5.3, which mandates the eradication of harmful practices by 2030 (United Nations, 2015).

Despite extensive advocacy and legislative changes over several decades, FGM continues to present a significant global challenge. It is estimated that over 230 million women and girls globally have undergone FGM, with particular concentrations in Africa, the Middle East, and certain regions of Asia (UNICEF, 2024). While incidence rates have decreased among younger cohorts, the practice persists in numerous countries, with the highest prevalence observed in Somalia (98%), Guinea (97%), Djibouti (93%), Sierra Leone (90%), and Mali (89%) (UNICEF, 2016). The United Nations Population Fund underscores the continued need for substantial global investment and synchronized interventions to expedite eradication efforts and safeguard at-risk girls (UNFPA, 2020).

FGM results in severe and enduring health repercussions for women and girls. Empirical medical evidence indicates that FGM is associated with obstetric complications, including extended labor, postpartum

hemorrhage, perineal lacerations, infections, infertility, and challenges during childbirth-related medical interventions such as catheterization and vaginal examinations (WHO, 2023). Beyond physical sequelae, FGM can precipitate profound psychological distress, including depression, anxiety, and post-traumatic stress disorder (Berg & Denison, 2013). These adverse effects make FGM both a public health concern and a human rights issue requiring urgent intervention from governments, healthcare systems, and law enforcement institutions (UNICEF, 2024).

The global community's response to Female Genital Mutilation (FGM) has evolved through the establishment of legal and policy measures. A significant development occurred in 2010 when African parliamentarians convened in Dakar, advocating for a continent-wide prohibition of FGM and imploring the United Nations General Assembly to endorse a global resolution against the practice. Following this, in 2012, the United Nations General Assembly passed a pivotal resolution denouncing FGM and underscoring the necessity of a comprehensive strategy that incorporates the empowerment of women, reproductive health, the safeguarding of human rights, and the eradication of discrimination and violence against women. Furthermore, several African nations, such as Burkina Faso, Senegal, Togo, and Uganda, have implemented legislation that criminalizes FGM.

However, the effective implementation of these measures continues to face considerable obstacles. Research suggests that in numerous countries, the existence of anti-FGM legislation is compromised by a lack of effective operational mechanisms, insufficient training for law enforcement personnel, fragile judicial systems, and poor coordination among relevant agencies. A regional analysis conducted across Ethiopia, Kenya, Somalia, Uganda, and Tanzania revealed that the absence of standardized regional laws and the limited capabilities of enforcement bodies impeded collaborative initiatives aimed at eradicating cross-border FGM. The study proposed strengthening regional legal frameworks, enhancing the training of law enforcement officers, increasing awareness of legislative provisions, and supporting multifaceted approaches within communities where FGM is practiced. Consequently, Wairima, Mose, & Otiso (2021) posits that a profound understanding of governance and leadership attributes that influence leader conduct and success is essential for identifying and cultivating the requisite competencies that foster trust among subordinates, encourage teamwork and collaborative endeavors, and establish fundamental values and norms.

In Kenya, FGM remains prevalent despite the existence of one of the most comprehensive anti-FGM legal frameworks in Africa (UNFPA, 2020). The Constitution of Kenya protects individuals from harmful cultural practices under Article 44(3), while Article 55(d) obligates the State to protect youth from exploitation and harmful cultural practices (Constitution of Kenya, 2010). Further, the Prohibition of Female Genital Mutilation Act, 2011 criminalizes all forms of FGM, including medicalized and cross-border FGM, and prohibits aiding, abetting, procuring, or facilitating the

practice (Republic of Kenya, 2011). The law also criminalizes the failure to report FGM, the possession of cutting tools, and the use of derogatory language against uncut women (Republic of Kenya, 2011).

Additionally, Sessional Paper No. 3 of 2019 on the National Policy for the Eradication of Female Genital Mutilation emphasizes the strengthening of multisectoral interventions, coordination, networking, partnerships, and community participation in accelerating the eradication of FGM (Ministry of Public Service, Youth and Gender Affairs, 2019). These frameworks assign significant responsibility to law enforcement officers, the judiciary, healthcare workers, and National Government Administrative Officers (NGAO) in preventing, investigating, prosecuting, and responding to FGM cases (Anti-FGM Board Kenya, 2020).

However, despite the existence of robust legal and policy measures, implementation gaps continue to undermine progress. Reports indicate that few successful prosecutions have been achieved since the enactment of the FGM Act 2011. In some communities, secrecy surrounding the practice, cultural resistance, and cross-border mobility complicate detection and enforcement efforts (UNFPA, 2019). Furthermore, some frontline officers lack adequate training, technical skills, institutional support, and operational resources necessary to effectively identify, investigate, prevent, and prosecute FGM-related offences (Equality Now, 2021). Weak coordination among agencies and inadequate community trust further hinder enforcement efforts (UNFPA, 2019).

The continued persistence of FGM in several counties in Kenya raises concerns regarding the competence and preparedness of law enforcement agencies in addressing the practice. Since law enforcement officers and NGAO personnel are central actors in implementing anti-FGM laws and safeguarding vulnerable girls and women, assessing their knowledge, skills, preparedness, and institutional capacity is essential. This study therefore seeks to analyze the competence and preparedness of law enforcement agencies in addressing female genital mutilation in Kenya, with a view to identifying gaps and proposing measures to strengthen enforcement mechanisms and support the national agenda for the eradication of FGM.

II. PROBLEM STATEMENT

Female Genital Mutilation (FGM) remains a significant human rights, gender, and public health challenge globally and in Kenya despite the existence of international conventions, national laws, and policy interventions aimed at eliminating the practice. Kenya has established a strong legal and policy framework through the Constitution of Kenya, the Prohibition of Female Genital Mutilation Act, 2011, and Sessional Paper No. 3 of 2019 on the National Policy for the Eradication of FGM. These frameworks criminalize all forms of FGM and mandate state institutions, including law enforcement agencies and National Government Administrative Officers (NGAO), to prevent, investigate, and prosecute FGM-related offences.

Despite these efforts, FGM continues to be practiced in several counties, including through medicalization and cross-border arrangements, indicating persistent implementation and enforcement gaps. Reports show that only a limited number of successful prosecutions have been achieved since the enactment of the FGM Act 2011, while cultural secrecy, community resistance, inadequate reporting mechanisms, and weak interagency coordination continue to undermine enforcement efforts. Existing studies have largely focused on the health consequences, cultural dimensions, and legal frameworks surrounding FGM, with limited attention given to the competence and preparedness of law enforcement personnel responsible for implementing anti-FGM laws.

Effective enforcement of anti-FGM legislation requires adequately trained, knowledgeable, and well-coordinated law enforcement officers capable of handling prevention, rescue, investigation, evidence collection, prosecution support, and survivor protection. However, concerns remain regarding the technical capacity, operational preparedness, awareness of legal provisions, resource availability, and institutional support available to frontline officers tasked with addressing FGM cases. Inadequate competence and preparedness among enforcement agencies may contribute to weak implementation of anti-FGM laws and continued vulnerability of girls and women at risk.

It is against this background that this study seeks to analyze the competence and preparedness of law enforcement agencies in addressing Female Genital Mutilation in Kenya. The study aims to assess the knowledge, skills, institutional capacity, and operational readiness of law enforcement personnel in enforcing anti-FGM laws and responding effectively to FGM-related cases.

➤ *General Objective of the Study*

To analyze the competence and preparedness of law enforcement agencies in addressing Female Genital Mutilation (FGM) in Kenya.

III. METHODOLOGY

This study employed a cross-sectional design and a survey-based data collection approach, targeting law enforcement officers from June to October 2025. The design was chosen to systematically assess existing knowledge, skills, capacities, and gaps related to the prevention and response to Female Genital Mutilation (FGM). Cross-sectional methods are well-suited for capturing a snapshot of current practices and perceptions within specific populations (Levin, 2006). In areas with high FGM prevalence, this approach facilitated an in-depth examination of the competencies and training needs of law enforcement, informing policy development and resource allocation. A structured questionnaire was developed and administered within a facilitated workshop to ensure consistency in data collection while allowing respondents to request clarification as necessary. The instrument collected quantitative data on FGM-related knowledge, skills and confidence in handling FGM cases, awareness of pertinent legal provisions, and perceived training gaps.

The study targeted a minimum sample of 30 respondents per county across seven selected high-prevalence counties, yielding a total sample of 201 law enforcement officers. This sample size was considered adequate to capture diverse institutional and geographic perspectives, supporting robust comparative analyses across counties. Statistical power considerations indicate that this sample is sufficient to detect meaningful differences and trends, enhancing the validity of the findings (Cohen, 1988). Quantitative data obtained from the structured questionnaires were analyzed using the Statistical Package for the Social Sciences (SPSS), with analyses producing frequency distributions, percentages, and comparative insights across counties and stakeholder categories. The employed statistical approach facilitates the identification of patterns and relationships within the data, contributing to a nuanced understanding of the competencies and training needs related to FGM among law enforcement personnel.

IV. RESULTS AND DISCUSSION

Out of the 201 respondents, 132 (65.67%) were male, while 69 (34.33%) were female. This gender disparity indicates that men dominate the law enforcement and local administration sectors across the seven counties studied. Similar trends have been reported in Kenya's public administration and security institutions, where men constitute the majority of field officers and decision-makers.

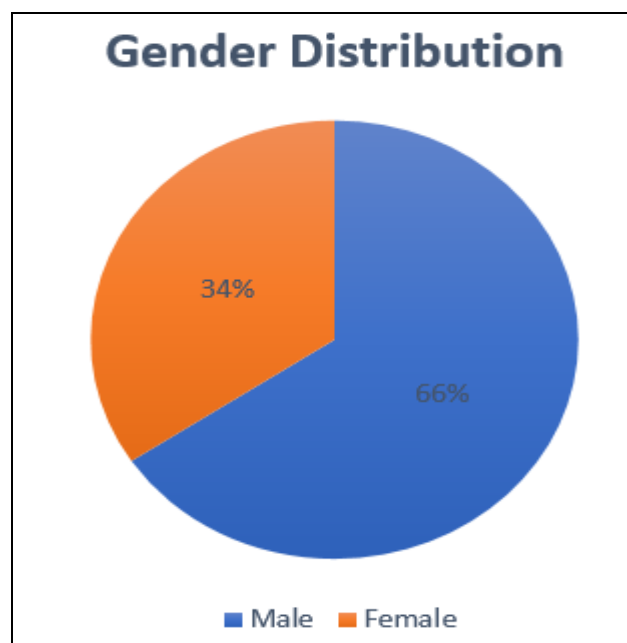


Fig 1 Gender Distribution

The predominance of male officers suggests that institutional culture and recruitment practices may still reflect traditional gender norms that favor male participation in enforcement and administrative roles (United Nations Development Programme, 2021). However, the presence of over one-third female respondents shows gradual progress towards gender inclusivity in governance and law enforcement. The gender imbalance highlights a need for gender-sensitive capacity-building programs. Training

modules should incorporate components on gender mainstreaming, gender-based violence response, and leadership empowerment for women. Integrating gender

perspectives enhances institutional responsiveness and equity in service delivery (Organisation for Economic Co-operation and Development, 2019).

➤ *Age Distribution*

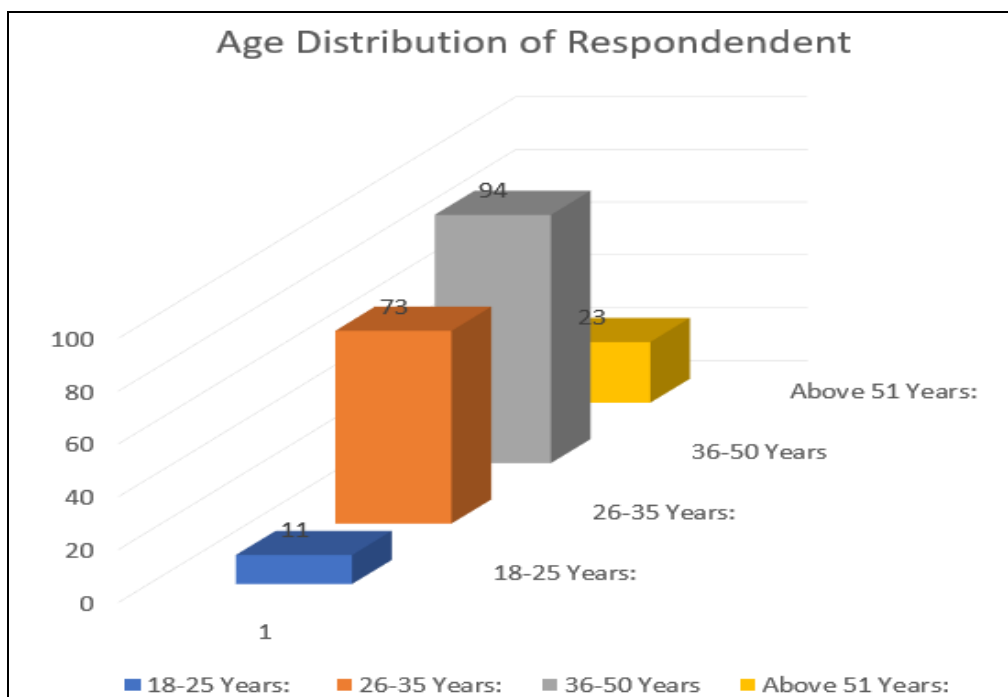


Fig 2 Age Distribution

The age distribution shows that the majority of respondents are within the 36–50 years bracket (46.77%), followed by 26–35 years (36.32%), while 11.44% are above 51 years, and 5.47% are between 18–25 years. This indicates a workforce largely composed of mid-career professionals, many of whom likely possess significant field experience but

may not have had recent exposure to evolving policy frameworks and technological tools. The dominance of mid-aged officers points to the need for refresher and advanced-level training programs focusing on current issues such as digital crime management, data-driven decision-making, and human rights-based approaches.

➤ *Years of Experience*

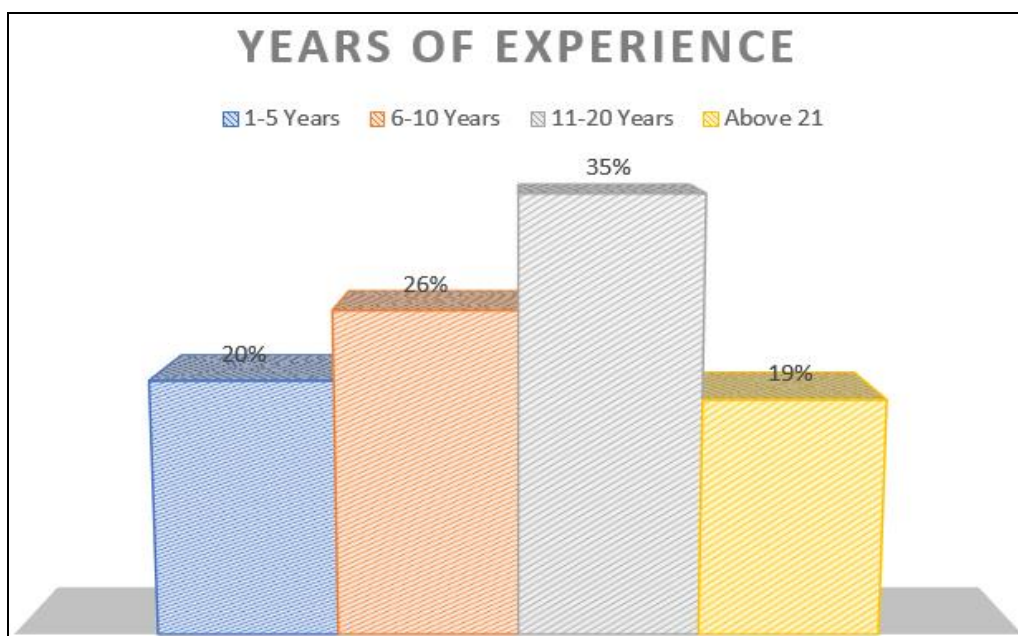


Fig 3 Years of Experience

The results indicate that the majority of respondents (35%) have 11–20 years of work experience, followed by 26% with 6–10 years, 20% with 1–5 years, and 19% with more than 21 years of experience. This pattern reveals a workforce with substantial practical exposure to administrative and enforcement functions at the community level. A large proportion of respondents fall within the 6–20 years range, meaning that most participants are mid-career professionals. These officers likely possess rich field experience, familiarity with community dynamics, and historical insights into FGM practices and enforcement trends. However, mid-career staff may not have received continuous professional development aligned with the evolving policy frameworks, such as the Prohibition of FGM Act (2011) and the National Policy for the Eradication of FGM (2019). Without refresher training, their approaches may remain reactive rather than preventive

➤ *Task Analysis*

The study sought to determine the frequency with which law enforcement officers engage in various FGM-related tasks. Eight core activities were analyzed: The mean scores were rated on a four-point scale (1 = Rarely, 2 = Monthly, 3 = Weekly, 4 = Daily). A higher mean therefore reflects greater task frequency or engagement.

The study findings indicate that activities with the highest mean scores included arrest and prosecution of offenders (M=3.32), receiving and documenting complaints (M=3.27), and investigating FGM/GBV cases (M=3.24), this shows that law enforcement officers are actively engaged in

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the enforcement component of anti-FGM interventions. This reflects a growing institutional responsiveness to FGM incidents, particularly following the Prohibition of Female Genital Mutilation Act (2011) and Officers demonstrate strong operational involvement but may lack advanced investigation, evidence documentation, and prosecution skills specific to FGM cases areas that should be strengthened through targeted capacity-building.

Tasks related to protection and support of survivors (M=3.13) and referrals to psychosocial or health services (M=3.13) were moderately frequent. This suggests that while officers play a role in case handling, multi-sectoral coordination for survivor-centered support remains inconsistent. Training should emphasize trauma-informed response, referral mechanisms, and coordination with gender desks, health, and children’s departments.

The lowest mean values were reported for community sensitization and awareness creation (M=2.94) and collaboration with CSOs, chiefs, and health workers (M=2.90). These findings reveal a reactive rather than preventive orientation in enforcement practice (United Nations Office on Drugs and Crime, 2019). The limited participation of law enforcement in such activities reflects capacity gaps in community mobilization and inter-agency collaboration (UNFPA, 2019). There is an urgent need for training modules on community policing in FGM prevention, partnership-building, and behavioral change communication skills (UNICEF, 2021).

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Table 1 Task Analysis

	Task	Daily	Weekly	Monthly	Rarely	Mean	SD
1	Receiving and documenting complaints	115 (57.2%)	43(21.4%)	26 (12.9%)	17(8.5%)	3.27	0.94
2	Investigating FGM/GBV cases	107 (53.2%)	52(25.9%)	25 (12.4%)	17(8.5%)	3.24	0.93
3	Arrest and prosecution of offenders	123 (61.2%)	38 (18.9%)	21 (10.4%)	19(9.5%)	3.32	0.94
4	Protecting and supporting survivors	99 (49.3%)	49(24.4%)	34(16.9%)	19(9.5%)	3.13	0.99
5	Community sensitization/awareness creation	84 (41.8%)	52 (25.9%)	33(16.4%)	32(15.9%)	2.94	1.11
6	Referrals to health/psychosocial services	104 (51.7%)	41(20.4%)	33 (16.4%)	23(11.4%)	3.13	1.03
7	Collaboration with CSOs, chiefs, health workers, etc.	69 (34.3%)	67(33.3%)	41(20.4%)	24(11.9%)	2.90	1.02
8	Data collection and reporting	78 (38.8%)	70 (34.8%)	31(15.4%)	22(10.9%)	3.02	1.00

The study findings indicate that activities with the highest mean scores included arrest and prosecution of offenders (M=3.32), receiving and documenting complaints (M=3.27), and investigating FGM/GBV cases (M=3.24), this shows that law enforcement officers are actively engaged in the enforcement component of anti-FGM interventions. This reflects a growing institutional responsiveness to FGM incidents, particularly following the Prohibition of Female Genital Mutilation Act (2011) and Officers demonstrate strong operational involvement but may lack advanced investigation, evidence documentation, and prosecution skills

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Table 2 Officers' Competency Levels in Handling FGM-Related Cases

	Competencies Area	None	Low	Moderate	High	Very High	Mean	SD
1.	Legal literacy and enforcement	6 (2.99%)	36 (17.91%)	82 (40.8%)	44 (21.89%)	33 (16.42%)	3.31	1.00
2.	Gender sensitivity and survivor-centered approach	8 (3.98%)	45 (22.39%)	84 (41.79%)	34 (16.92%)	30 (14.93%)	3.16	1.00
3.	Investigative and prosecutorial competence	7 (3.48%)	33 (16.42%)	73 (36.32%)	47 (23.38%)	41 (20.4%)	3.40	1.05
4.	Data management and reporting	15 (7.46%)	50 (24.88%)	76 (37.81%)	34 (16.92%)	26 (12.94%)	3.03	1.08
5.	Multi-sectoral collaboration and networking	13 (6.47%)	42 (20.9%)	84 (41.79%)	39 (19.4%)	23 (11.44%)	3.08	1.02
6.	Community engagement and cultural sensitivity	16 (7.96%)	55 (27.36%)	75 (37.31%)	30 (14.93%)	25 (12.44%)	2.96	1.06
7.	Use of digital platforms for reporting and training	37 (18.41%)	70 (34.83%)	57 (28.36%)	22 (10.95%)	15 (7.46%)	2.53	1.11

The assessment of officers' competencies in addressing Female Genital Mutilation (FGM)-related tasks revealed varied levels of proficiency across seven key domains. The findings indicate that investigative and prosecutorial competence recorded the highest mean score ($M = 3.40$, $SD = 1.05$), suggesting that officers possess relatively strong skills in investigation and prosecution processes associated with FGM cases. This may be attributed to prior exposure to law enforcement training and practical experience in criminal investigations. Similarly, legal literacy and enforcement demonstrated a high mean score ($M = 3.31$, $SD = 1.00$), reflecting a solid understanding of legal frameworks, enforcement procedures, and the ability to apply relevant laws in FGM prevention and response.

Moderate competence was observed in gender sensitivity and survivor-centered approaches ($M = 3.16$, $SD = 1.00$), data management and reporting ($M = 3.03$, $SD = 1.08$), and multi-sectoral collaboration and networking ($M = 3.08$, $SD = 1.02$). These findings suggest that while many officers demonstrate awareness and capability in these areas, there remain gaps in consistent application and depth of practice.

The moderate standard deviations in these competencies indicate some disparities in individual skill levels, likely influenced by differing exposure to prior training and institutional support.

On the other hand, lower mean scores were recorded in community engagement and cultural sensitivity ($M = 2.96$, $SD = 1.06$) and use of digital platforms for reporting and training ($M = 2.53$, $SD = 1.11$). These two areas represent the most significant capacity gaps among officers. The low

performance in community engagement aligns with qualitative findings where community resistance and cultural barriers were identified as major challenges in FGM-related enforcement. This underscores the need for enhanced capacity-building in participatory approaches, community dialogue, and culturally sensitive interventions. Similarly, the low score in digital literacy indicates limited ability to utilize online reporting tools and e-learning platforms, which could hinder participation in virtual training programs and compromise data management efficiency.

Overall, the aggregate mean across all competencies ($M = 3.07$) suggests that officers possess moderate overall competency in managing FGM-related interventions. The standard deviations ranging between 1.00 and 1.11 denote moderate variability, implying that while some officers exhibit advanced expertise, others require substantial support to attain comparable proficiency. The findings highlight the need for targeted training interventions focusing on digital literacy, data management, and community engagement, while simultaneously reinforcing strengths in investigative, prosecutorial, and legal literacy skills. Such a balanced approach would enhance both the effectiveness and sustainability of law enforcement efforts in the prevention and response to FGM in Kenya (UNFPA, 2019; UNICEF, 2021).

➤ Challenges in Performing Tasks

Respondents were asked to identify the key challenges they face while performing their FGM-related duties. The results indicate that officers encounter a mix of socio-cultural, institutional, and operational barriers that limit effective enforcement and community prevention.

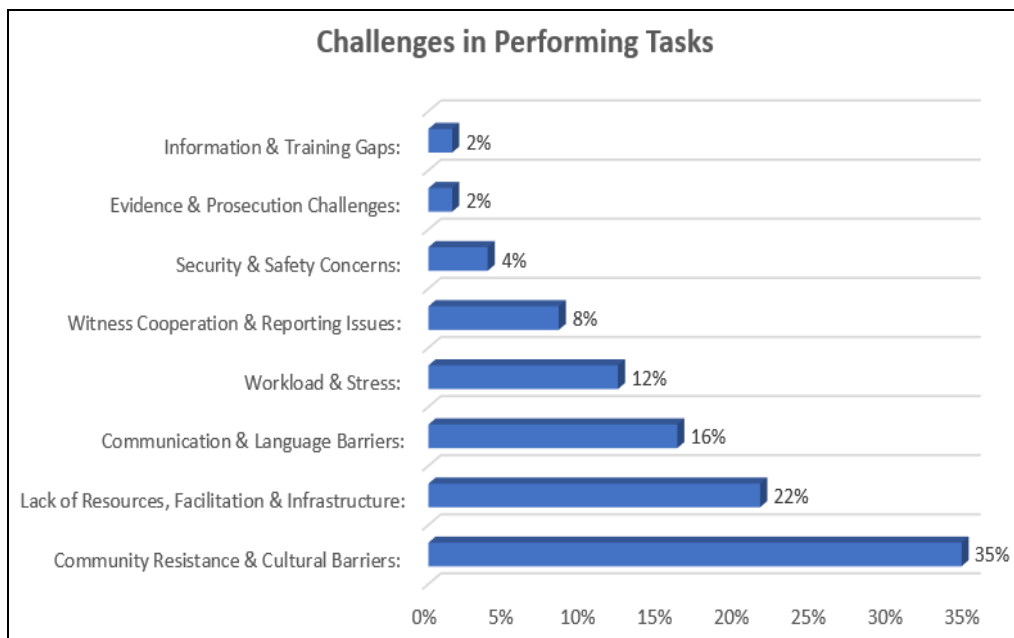


Fig 4 Challenges in Task Performance

The finding indicates 35% of respondent cite community resistance and cultural barriers as the greatest challenge reflecting deep-rooted cultural acceptance of FGM within certain communities. Law enforcement officers often face hostility, misinformation, and concealment of cases, especially in counties like Wajir, West Pokot, and Marsabit where traditional leaders hold significant influence. Officers require training on cultural competence, community engagement, and negotiation skills to enhance collaboration with elders, women's groups, and religious leaders. Integrating community policing approaches and behavioral change communication can improve trust and local cooperation.

22% of the responded cite Lack of Resources, Facilitation, and Infrastructure. The officers reported limited logistical support, including transport, fuel, and communication tools which hinders rapid response to remote areas where FGM is practiced. Capacity-building should incorporate resource mobilization strategies, multi-agency coordination, and adaptive field planning. 12% of the respondent also cited heavy workloads and emotional fatigue arising from handling FGM and GBV cases alongside routine law enforcement duties. FGM cases often involve children and community-level confrontation, which heightens psychological strain. Introducing mental health and wellness sessions, peer support mechanisms, and stress management modules in police and NGAO capacity-building programs. Trauma-informed care principles should apply not only to survivors but also to the officers themselves.

The data reveals that the most significant barriers are socio-cultural resistance and logistical constraints, which impede both preventive and enforcement aspects of FGM response. These challenges underscore that effective FGM prevention cannot rely solely on law enforcement, it requires community partnership, inter-agency coordination, and officer empowerment. For a sustainable response, training must go beyond knowledge transfer to include attitudinal change, emotional resilience, and context-sensitive skills.

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V. CONCLUSION

The study found that law enforcement and local administration officers involved in FGM prevention possess considerable experience and moderate competency, particularly in legal enforcement and case investigation. However, gaps remain in community engagement, cultural sensitivity, digital literacy, and survivor-centered approaches. Major challenges such as cultural resistance, inadequate resources, and heavy workloads continue to hinder effective implementation of anti-FGM interventions. The findings highlight the need for continuous capacity building, stronger community collaboration, and improved logistical and psychosocial support to enhance sustainable and effective FGM prevention and response efforts in Kenya

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