



# PATHWAYS

MEANINGFULLY ENGAGING COMMUNITIES

**ADVANCING SEXUAL  
REPRODUCTIVE HEALTH AND  
RIGHTS IN NAROK: POLICY  
REVIEW ON SEXUAL  
REPRODUCTIVE HEALTH RIGHTS IN  
NAROK COUNTY.**



Narok County.



## Acknowledgement

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### Disclaimer

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# Executive Summary

This report examines policy and investment efforts in Narok County aimed at advancing Sexual Reproductive Health and Rights (SRHR), addressing Sexual and Gender-Based Violence (SGBV), eradicating Female Genital Mutilation (FGM), and improving Family Planning (FP) and Maternal and Child Health (MCH). The findings are drawn from an analysis of the County Integrated Development Plan (CIDP), Annual Development Plan (ADP), and budget allocations.

Narok County faces significant demographic pressures, with a rapidly growing population and a high youth dependency ratio. The total fertility rate of 4.9, which is above the national average, alongside a high maternal mortality rate of 522 per 100,000 live births, underscores the urgent need for enhanced family planning services and improved maternal healthcare. However, deep-rooted cultural practices, particularly patriarchal norms, continue to drive widespread SGBV and FGM. These issues are further compounded by early marriages and limited access to education, which perpetuate the cycle of gender-based violence.

Access to quality healthcare, especially in rural areas, remains limited. This has contributed to the low uptake of modern contraceptives, with the modern contraceptive prevalence rate (MCPV) at just 52%. Additionally, only 70% of births in the county are attended by skilled providers, which is far below optimal levels. Family planning services are underutilized, further exacerbating the challenges in managing the county's high fertility rate.

Narok has made significant progress in improving budget transparency, as evidenced by the county's score rising from 36 to 70 in the 2023 County Budget Transparency Survey (CBTS). However, despite these improvements, there remain challenges in ensuring comprehensive public participation in financial planning and ensuring clarity in budget documents. Additionally, there is no clearly defined funding for reproductive, maternal, and child health programs, which limits the potential impact of these initiatives.

Strategic planning documents such as the CIDP (2023-2027) and ADP (2024/25) prioritize improving family planning services, combating SGBV, eliminating FGM, and enhancing maternal and child health. However, the success of these efforts will depend on strong community engagement, effective legal enforcement, and sustained financial investment.

To address these challenges, the report recommends expanding healthcare access, particularly in rural areas, to improve family planning and maternal health services. It also calls for stronger enforcement of laws against FGM and SGBV, coupled with community-led advocacy to challenge harmful cultural norms. Increasing budget allocations for anti-FGM campaigns, especially in high-prevalence areas, is also crucial. Finally, there is a need to promote wider access to modern contraceptives and reproductive health education through community health workers, while also enhancing public participation and transparency in budgetary processes.

In summary, while Narok County's development plans reflect efforts to address critical health and social challenges, their success will require increased resource allocation, robust community engagement, and sustained advocacy. These efforts must be aligned with national and international development goals to achieve long-term improvements in SRHR, SGBV, anti-FGM, and MCH outcomes.



## Introduction:

Narok County, located in the southern part of Kenya, is renowned for its rich Masai cultural heritage, amazing wildlife and breathtaking landscapes. The county covers an area of approximately 17,932 square kilometers and is part of the Great Rift Valley region. It is home to the world-famous Maasai Mara Game Reserve, which draws thousands of tourists annually, particularly during the Great Wildebeest Migration. The county's geography is diverse, ranging from the fertile highlands of Mau Forest to the vast savannah grassland plains that support both agriculture and wildlife. Narok's climate varies significantly across its regions, with the highlands receiving ample rainfall, making them suitable for crop farming, while the lowlands are characterized by semi-arid conditions conducive to livestock rearing.

The county also has a significant number of other ethnic groups, including the Kalenjin, Kikuyu, and Kisii, contributing to its cultural diversity. Despite its natural wealth and cultural richness, Narok faces several socio-economic challenges. High poverty rates, limited access to quality healthcare, and inadequate educational infrastructure are prevalent, particularly in rural areas. Cultural practices such as early (underage & forced) marriages and female genital mutilation (FGM) persist, posing significant barriers to the empowerment of women and girls. These challenges are compounded by a rapidly growing population, which increases the demand for services and infrastructure, making effective planning and development crucial for the county's future.

The GFF Investment Case in the **Kenya's Reproductive Maternal Neonatal Child and Adolescent Health (RMNCAH) Investment Framework** Report highlights that Narok is one of the counties in Kenya prioritized for investment to address disparities in Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) outcomes due to high maternal and child health burdens and low coverage rates.

As part of a comprehensive effort to assess the gaps and enhance these vital areas of investment and development, this report explores into the Narok County Integrated Development Plan (CIDP) for the period 2022-2027 and the Annual Development Plan (ADP) budget for Financial Year 2024/25.

### Key demographic Indicators for Narok County

Demographically, Narok County has a population of over 1,157,873 people, predominantly composed of the Maasai community, who maintain a strong adherence to their traditional cultural practices. The County annual population growth rate stands at 3.13 per cent as compared to 2.7 (NCPD, 2017) per cent at the national level. The population is expected to increase from 1,157,873 in the year 2019 to a population of 1,431,545 in 2027. This indicates an increase of 273,672 persons.

**Fig 1: Narok County Population Projections (by Sex).**

2019			2022			2025			2027		
M	F	Total	M	F	Total	M	F	Total	M	F	Total
579,042	578,805	1,157,879	616,984	631,724	1,248,708	668,493	686,701	1,355,194	705,471	726,074	1,431,545

The projected population by age cohort shows that most of the population is below 34 years constituting about 82 percent, higher than the national proportion of 75 percent. This indicates that the population is youthful and of high dependency. Efforts to slow down the fast-growing population is key. This calls for investment in healthcare with a focus on family planning, employment opportunities for the youth, education among others.





**Fig 2: Youth population growth projection.**

Age Cohort	2019 (Census)			2022(Projection)			2025(Projection)			2027(Projection)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
15-19	64,4783	60,040	124,823	83,158	84,353	167,511	88,186	90,051	90,051	88,492	90,465	178,956
20-24	47,288	53,325	100,613	69,842	71,500	141,342	79,052	79,614	79,614	82,375	83,391	165,765
25-29	38,968	43,987	82,955	50,242	52,921	103,163	62,804	65,313	65,313	68,868	70,700	139,568
30-34	35,217	38,085	73,302	34,856	36,033	70,888	41,530	44,234	44,234	49,848	52,444	102,292

**Women of Reproductive Age Group (15-49 years):**

The population of females within this child-bearing age group was 255,623 in 2019. It is further projected to increase to 350,005 in 2025 and 377,669 in 2027 with a projected Total Fertility Rate (TFR) of 4.1. This age group will be critical in determining the county population growth. The other challenge facing this category of age group is maternal mortality rates that currently stand at 522/100,000, quite high as compared to the national figure of 355/100,000 as per census 2019. This calls for enhancing family planning uptake, improved maternal care including proper referrals, investing in more equipped health facilities with enough equipment to ensure safe delivery and prevention of teenage pregnancies.

According to KDHS 2022 ; Narok County presents a unique socio-cultural and demographic profile that significantly impacts its development outcomes, particularly in health and gender issues. The county's high fertility rate of 4.9 children per woman, as reported in the 2022 Kenya Demographic and Health Survey (KDHS), is well above the national average of 3.4. This is coupled with a teenage pregnancy rate of 28%, nearly double the national rate of 15%. These figures highlight the persistent challenges in family planning and reproductive health, aggravated by limited access to modern contraceptives and cultural resistance. Additionally, the county faces significant maternal and child health challenges, with only 70% of births attended by skilled providers and 55% of women receiving the recommended four antenatal visits. These statistics underscore the need for intensified efforts in improving healthcare services and increasing the uptake of family planning methods to manage population growth and enhance maternal and child health outcomes.

Cultural practices such as Female Genital Mutilation (FGM) and early marriages remain deeply entrenched in Narok, contributing to the high rates of gender-based violence (GBV) and poor health outcomes for women and girls. The 2022 KDHS data reveals that 41% of women aged 15-49 have experienced physical violence since the age of 15, with 18% having experienced sexual violence, both of which are higher than the national averages. These issues are compounded by a lack of access to education, with 15% of women and 9% of men having no formal education, further limiting opportunities for economic empowerment and perpetuating cycles of poverty. The persistence of these socio-cultural issues calls for comprehensive, community-driven interventions that address the root causes of GBV and FGM, promote education, and improve access to healthcare services. Without targeted efforts to change cultural norms and expand economic opportunities, Narok County's development goals will remain out of reach

**Policy Review:**

**Key Highlights on Narok Policy landscape (PBB, ADP, and CIDP)**

Narok County has made significant strides in policy and budget transparency, as demonstrated by the County Budget Transparency Survey (CBTS) of 2023, where the county scored 70 out of 100 points. This marked a considerable improvement from 36 points in 2022. The Programme-Based Budget (PBB) and Annual Development Plan (ADP) are crucial in aligning the county's financial resources with its development priorities.



<https://internationalbudget.org/publications/kenya-county-budget-transparency-survey-2023-county-summaries/>  
<https://internationalbudget.org/publications/kenyas-county-budget-transparency-survey-2023/>



The County Integrated Development Plan (CIDP) provides a strategic framework for the county's long-term development goals, with a focus on sectors like health, education, agriculture, and infrastructure. The improved availability of key budget documents reflects the county's efforts to enhance public participation and accountability in its budgeting process. Despite the improvement, challenges remain. Narok County still struggles with providing comprehensive information on public participation, fiscal responsibility, and capital projects. Key documents such as the ADP and CIDP need to include more detailed narratives on how public input influences budget decisions. Additionally, while Narok County has made gains in publishing all key budget documents, there is room for improvement in the clarity and comprehensiveness of these documents, particularly in areas like revenue, expenditure, and project implementation.

**CIPD 2023-27 Analysis**

The CIDP 2023-2027 for Narok County outlines a clear path forward for improving family planning, addressing SGBV and FGM, and enhancing maternal and child health. However, the success of these initiatives depends on strong partnerships, community engagement, and sustained investment in the health and well-being of Narok's population. Effective policy dialogue and advocacy are essential to mobilize the necessary resources and political will to implement these recommendations.

Based on the 3rd generation Narok County Integrated Development Plan (CIDP) 2023-2027, here is a comprehensive summary of the key findings and recommendations for policy dialogue and advocacy on family planning, sexual and gender-based violence (SGBV), female genital mutilation (FGM), and maternal and child health (MCH) in Narok County:

**Fig: 3. Summary of the CIDP key findings and recommendations for policy dialogue and advocacy**

Focus Area	Key Insights	Recommendations
Family Planning	- Population projected to grow, with a high proportion of young people. TFR to decline from 4.6 in 2019 to 4.1 by 2027, but still above the national average.	- Invest in Comprehensive Family Planning Programmes: Increase access to contraceptives and reproductive health education.
	- Population growth and youthful demographic require strategic family planning investments to reduce dependency ratios and improve maternal and child health.	- Strengthen Healthcare Infrastructure: Expand healthcare facilities, especially in rural areas, to offer comprehensive family planning services.
		- Community-Based Approaches: Use CHVs for door-to-door family planning education and services.
Sexual and Gender-Based Violence (SGBV)	- SGBV significantly affects women and girls, worsened by cultural practices like FGM and early marriages.	- Legal and Policy Frameworks: Strengthen law enforcement against SGBV, establish safe spaces, and legal support for survivors.







	<ul style="list-style-type: none"> <li>- Narok County requires stronger legal frameworks, awareness campaigns, and community empowerment to address SGBV.</li> </ul>	<ul style="list-style-type: none"> <li>- Awareness and Education: Sensitize communities to challenge harmful norms, engage men and boys as allies.</li> <li>- Support Services for Survivors: Provide psychosocial support, medical care, and economic empowerment for survivors.</li> </ul>
<p><b>Female Genital Mutilation (FGM)</b></p>	<ul style="list-style-type: none"> <li>- FGM is deeply rooted in some communities, with high prevalence rates despite ongoing eradication efforts. According to KDHS 2022, 15% of women age 15–49 in Kenya are circumcised. Though the prevalence of FGM declined from 38% in 1998 to 15% in 2022, statistics show that 2% of girls age 0–14 whose mothers have ever heard of circumcision are circumcised.</li> </ul>	<ul style="list-style-type: none"> <li>- Cultural Engagement: Collaborate with cultural leaders to promote alternative rites of passage and drive community-led interventions.</li> </ul>
	<ul style="list-style-type: none"> <li>- Continuous advocacy, education, and engagement are critical to changing perceptions and eliminating FGM, with enforcement of anti-FGM laws and collaboration with traditional leaders.</li> </ul>	<ul style="list-style-type: none"> <li>- Legal Enforcement: Enforce anti-FGM laws rigorously and raise awareness of the legal consequences.</li> </ul>
		<ul style="list-style-type: none"> <li>- Education and Advocacy: Conduct sustained campaigns to highlight the dangers of FGM and the benefits of abandoning the practice.</li> </ul>
<p><b>Maternal and Child Health (MCH)</b></p>	<ul style="list-style-type: none"> <li>- Maternal mortality is high at 522 per 100,000 live births (national average is 355), and under-five mortality at 57 per 1,000 live births.</li> </ul>	<ul style="list-style-type: none"> <li>- Healthcare Access and Quality: Expand maternal health services (antenatal, delivery, postnatal care),</li> </ul>





<p>- High maternal and child mortality rates are due to inadequate facilities, lack of skilled birth attendants, poor access to antenatal care, and low uptake of family planning methods.</p>	<p>- Maternal Health Programmes: Scale up programmes that provide education on nutrition, family planning, and safe motherhood practices.</p>
	<p>- Reducing Child Mortality: Implement interventions for child health improvement, such as immunization, nutrition, and clean water access.</p>

**Narok 2024/25 ADP analysis**

Similarly, The Narok County ADP for FY 2024-2025 outlines key priorities and strategies to address the challenges related to family planning, SGBV, FGM, and MCH. Effective policy dialogue and advocacy are essential to mobilize resources and ensure the successful implementation of these strategies. Collaboration with community leaders, continuous legal enforcement, and comprehensive healthcare interventions are crucial to improving the well-being of women and children in Narok County.

Table shows a comprehensive summary of the analysis findings, key insights, and recommendations for policy dialogue and advocacy on family planning, sexual and gender-based violence (SGBV), female genital mutilation (FGM), and maternal and child health (MCH):

**Fig: 4. Summary of the ADP key findings and recommendations for policy dialogue and advocacy**

Focus Area	Key Insights	Recommendations
Family Planning	<p>- The ADP emphasizes the need to enhance family planning services to manage the rapidly growing population in Narok County.</p>	<p><b>Enhancing Family Planning Services:</b> Increase access to modern contraceptives, expand community outreach and education, train healthcare workers, and integrate family planning with maternal and child health programs. Focus on youth -friendly services and reducing cultural barriers to improve uptake and manage population growth effectively</p>
	<p>- The county's population is predominantly youthful, with a high dependency ratio.</p>	<p>1. <b>Expand Access:</b> Increase the availability of family planning services across the county, especially in rural areas Specifically Mara Region. This includes the provision of contraceptives and reproductive health education.</p>
	<p>- Family planning services are crucial in managing fertility rates and improving maternal health outcomes.</p>	<p>2. <b>Community Outreach:</b> Utilize community health volunteers to provide door -to-door family planning education and services, focusing on young people and women of reproductive age.</p>







<p>- Family planning services are crucial in managing fertility rates and improving maternal health outcomes.</p>	<p>2. <b>Community Outreach:</b> Utilize community health volunteers to provide door-to-door family planning education and services, focusing on young people and women of reproductive age.</p>
	<p>3. <b>Integrate Services:</b> Integrate family planning services with maternal and child health services to ensure comprehensive care.</p>
<p>- SGBV remains a critical issue in Narok County, particularly affecting women and girls.</p>	<p><b>Addressing SGBV:</b> Strengthen support systems for survivors through psychosocial services, legal assistance, and safe shelters. Enhance community awareness and education programs to prevent SGBV, and train healthcare workers to identify and respond to cases. Collaborate with law enforcement to ensure strict enforcement of SGBV laws and protection for victims.</p>
<p>- Cultural practices such as early marriages and FGM contribute to the prevalence of SGBV.</p>	<p>1. <b>Legal Enforcement:</b> Strengthen the enforcement of laws against SGBV and ensure that perpetrators are held accountable. Establish more SGBV reporting and response centers, including safe houses and legal support for survivors.</p>
<p>- There is a need for continuous advocacy, legal enforcement, and community education to address and reduce cases of SGBV effectively.</p>	<p>2. <b>Community Education:</b> Conduct awareness campaigns to challenge cultural norms that perpetuate SGBV. Engage men and boys in these campaigns to promote gender equality and respect for women's rights.</p>
	<p>3. <b>Support Services:</b> Enhance support services for SGBV survivors, including psychosocial support, medical care, and economic empowerment programmes.</p>
<p>- FGM is deeply rooted in some communities within Narok County.</p>	<p><b>Eliminating FGM:</b> Implement community education programs to raise awareness on the harmful effects of FGM, strengthen legal enforcement against the practice, and provide support services for survivors. Engage local leaders and stakeholders to champion the abandonment of FGM through culturally sensitive advocacy.</p>





<p><b>Female Genital Mutilation (FGM)</b></p>	<p>- FGM is deeply rooted in some communities within Narok County.</p>	<p><b>Eliminating FGM: Implement community education programs to raise awareness on the harmful effects of FGM, strengthen legal enforcement against the practice, and provide support services for survivors. Engage local leaders and stakeholders to champion the abandonment of FGM through culturally sensitive advocacy.</b></p>
	<p>- Despite national and international efforts to eradicate the practice, FGM persists due to cultural acceptance.</p>	<p><b>1. Cultural Engagement:</b> Work closely with cultural leaders to promote alternative rites of passage that do not involve FGM. Tailor interventions to be culturally sensitive and community-driven.</p>
	<p>- The ADP highlights the importance of community engagement, legal enforcement, and education to eliminate FGM.</p>	<p><b>2. Legal Framework:</b> Ensure strict enforcement of anti-FGM laws and increase awareness of the legal consequences of practicing FGM.</p>
	<p>- Collaboration with cultural leaders is essential to change attitudes and practices related to FGM.</p>	<p><b>3. Education and Advocacy:</b> Implement sustained advocacy campaigns to educate communities about the dangers of FGM and the benefits of abandoning the practice.</p>
<p><b>Maternal and Child Health (MCH)</b></p>	<p>- The ADP identifies significant challenges in maternal and child health, including high maternal and infant mortality rates.</p>	<p><b>Improving Maternal and Child Health:</b> Expand access to quality prenatal, delivery, and postnatal care by enhancing health facility infrastructure and staffing. Increase community outreach for immunization, nutrition, and health education. Focus on reducing maternal and infant mortality through skilled birth attendance and emergency obstetric services.</p>
	<p>- The county has inadequate healthcare facilities, a shortage of skilled healthcare workers, and low</p>	<p><b>1. Healthcare Infrastructure:</b> Invest in healthcare infrastructure, particularly in rural areas, to improve access to maternal and child health services. Ensure that health facilities are</p>



- Improving healthcare access and quality is critical to reducing maternal and child mortality.	2. <b>Maternal Health Programmes:</b> Introduce or scale up maternal health programmes that provide education on nutrition, family planning, and safe motherhood practices. Focus on increasing the uptake of antenatal and postnatal care services.
	3. <b>Child Health Interventions:</b> Implement targeted interventions to reduce child mortality, such as immunization programmes, nutritional support, and access to clean water and sanitation.

## Detailed Analysis of the Narok County Annual Budget for 2024/25

### 1. Overview of Budget Allocation for RH/FP/MCH, SGBV, and End FGM Initiatives

Narok County's budget for the fiscal year 2024/25 reflects the county government's level of commitment to improving healthcare services, particularly in reproductive health (RH), family planning (FP), Maternal and Child Health (MCH), sexual & gender-based violence (SGBV) prevention, and efforts to end female genital mutilation (FGM). The total budget allocation for the Ministry of Health & Sanitation stands at KShs 3.32 billion, with a specific focus on enhancing service delivery in these critical areas. However, while the commitment is evident, there are both wins and misses in how these funds are allocated and utilized.

### 2. Budget Allocation and Activities

The county's RH/FP/MCH initiatives are domiciled within the preventive and promotive health services program under the Directorate of Public Health, which receives a substantial allocation of KShs 481.09 million. This programme covers a wide range of activities, including family planning education, provision of contraceptives, maternal health services, and child immunization programs. Additionally, the budget allocates resources for addressing SGBV and ending FGM, focusing on community outreach, legal enforcement, and support services for survivors.

**Fig: 5. Summary of the Annual Budget's FP/SGBV/Anti-FGM Objectives and Outputs**

Activity	Location	Objective	Specific Budget (KShs)	Expected Output
Family Planning Education and Services	Countywide	Manage population growth and improve maternal health	Not Specified	Increased access to contraceptives, reduced fertility rates, and improved maternal health outcomes
SGBV Awareness and Response Programs	High-prevalence areas	Reduce SGBV cases through education and legal enforcement	Not Specified	Increased reporting of SGBV cases, legal action against perpetrators, and support for survivors
Anti-FGM Campaigns and Legal Enforcement	Maasai-dominated areas	Eradicate FGM practices through community engagement	Not Specified	Reduced prevalence of FGM, increased community acceptance of alternative rites of passage

### 3. Objectives and Expected Outputs

The primary objectives of these allocations are to reduce maternal and child mortality, manage fertility rates, and eradicate harmful practices such as SGBV and FGM. The expected outputs include improved access to family planning services, increased reporting and prosecution of SGBV cases, and a significant reduction in the prevalence of FGM.

**Fig: 6. Summary of FP/MCH and Anti-FGM Indicators and Outputs**

Objective	Indicator	Target Output
Reduce maternal and child mortality	Percentage reduction in maternal and child mortality rates	20% reduction in maternal mortality; 15% reduction in child mortality
Manage fertility rates	Contraceptive prevalence rate	30% increase in contraceptive use
Eradicate FGM and reduce SGBV cases	Number of FGM cases reported; Number of SGBV prosecutions	50% reduction in FGM cases; 40% increase in SGBV prosecutions

### 4. Wins and Misses in the Budget

Wins:

1. Significant Allocation to Health: The allocation of KShs 3.294 billion to the health sector which is 21% of the total budget and the highest allocation demonstrates the county's prioritization of healthcare services.
2. Focused Initiatives on RH/FP/MCH and SGBV: The outputs and indicators towards family planning, maternal health, and SGBV show a focused and targeted approach to addressing key health issues.

Misses:

1. Insufficient Focus on Anti-FGM Efforts: Despite ongoing challenges, the allocation for anti-FGM initiatives appears modest compared to the scale of the problem, especially in communities where FGM is prevalent. In Narok, high rates of Sexual and Gender-Based Violence (SGBV), Female Genital Mutilation (FGM), and early marriage persist due to deeply entrenched cultural practices, poverty, and illiteracy, despite ongoing efforts to address these issues and improve Family Planning (FP) and Maternal and Child Health (MCH) outcomes.
2. Lack of Detailed Budget Lines for Specific Programs: The absence of explicit budget lines for some RH/FP/MCH activities suggests that more clarity is needed in the allocation of resources to ensure funds are used effectively.
  - MCH services.

### 5. Comparative Analysis of Budget Allocations

In the FY2023/24 budget, the Ministry of Health and Sanitation had been allocated a total of KSh 3,294,402,778. This included KSh 488,750,000 for Preventive and Promotive Health Services, KSh 356,111,363 for Curative and Rehabilitative Services, and KSh 2,449,541,415 for General Administration, Planning, and Support Services. The substantial focus on administration underscores the emphasis on strengthening the overall health sector in improving service delivery by providing supportive functions to implementing units under Health and sanitation department, while preventive health efforts receive significant targeted funding to provide effective and efficient preventive and promotive health interventions across the county.

**Fig 7: A comparative analysis of the budget allocations for ministries between the fiscal years 2023/2024 and 2024/2025:**

Department	2023/2024		2024/2025	
	Allocation (KShs)	Percentage (%)	Allocation (KShs)	Percentage (%)
Ministry of Health & Sanitation	3,294,402,778	21.96%	3,322,368,345	22.0%
Ministry of Education, Youth, Sports, Culture & Social Services	1,926,632,977	12.85%	1,815,185,484	11.97%
Ministry of Finance and Economic Planning	1,957,904,340	13.06%	1,693,240,839	11.15%

## 6. Specific RH/FP/MCH, SGBV, and Anti-FGM Agendas

**Fig 8: Summary of the specific budget allocations for RH/FP/MCH, SGBV, and Anti-FGM initiatives:**

Focus Area	2024/2025 Specific Budget (KShs)	Expected Output
Family Planning	Not Specified	Increased contraceptive use, improved maternal health outcomes
SGBV Prevention and Response	Not Specified	Higher reporting and prosecution rates, better support for survivors
Anti-FGM Campaigns and Enforcement	Not Specified	Reduction in FGM cases, greater community awareness

### Indicators , Targets, and Investment in Family Planning, SGBV, FGM, and MCH

Based on the Narok County Integrated Development Plan (CIDP) 2023-2027 and the Annual Development Plan (ADP) for FY 2024-2025, here are the indicators, targets, and investment amounts for family planning, sexual and gender-based violence (SGBV), female genital mutilation (FGM), and maternal and child health (MCH):

#### 1. RMNCAH

**Fig 9: RMNCAH projections and budget**

Indicator	Year 1	Year 2	Year 3	Year 4	Year 5	Budget (KSh.)
	1	2	3	4	5	
Proportion of Women of Reproductive Age (WRA) using modern family planning methods	38%	45%	50%	55%	60%	22.18 million over five years

Sources: Information is based on the Narok County Integrated Development Plan (CIDP) 2023-2027 and Narok County Annual Development Plan (ADP) for FY 2024-2025.

Projections in the Narok County Global Budget for FY2023/24, FY2024/25, and FY2025/26 emphasize expanding adolescent sexual and reproductive health services. The county aims to increase the availability and access to quality adolescent-friendly services, including providing essential information.

The projected reduction in adolescent pregnancies is set to move from 25% in FY2023/24 to 23% in FY2024/25, with a further decline to 20% by FY2025/26. Additionally, the proportion of health facilities offering integrated Adolescent and Youth-Friendly Services is expected to rise from 45% in FY2023/24 to 60% in FY2024/25, and reach 100% by FY2025/26.

The projections also include plans to keep County and Sub-County Health Management Teams (CHMT and SCHMT) updated on adolescent sexual and reproductive health (ASRH). The number of trained teams is set to increase from 7 in FY2023/24 to 9 in FY2024/25 and remain at 9 through FY2025/26.

Projections for maternal and child health advocacy was to increase community sessions from 6 in FY2023/24 to 30 in FY2024/25, and 60 in FY2025/26, aiming to boost awareness and improve health outcomes.

**Fig 10: Projections for MCH advocacy and AYSRH**

Indicator	FY2023/24	FY2024/25	FY2025/26
Adolescent Pregnancy Reduction (%)	25%	23%	20%
Health Facilities Offering Integrated AYFS (%)	45%	60%	100%
CHMT/SCHMT Teams Trained on ASRH	7	9	9
Maternal and Child Health Advocacy Sessions	6	30	60

## 2. Maternal and Child Health (MCH):

**Fig 11: Projections for MCH**

Indicator	Year 1	Year 2	Year 3	Year 4	Year 5	Budget (KSh.)
Proportion of births attended by skilled health personnel	58%	63%	68%	73%	78%	9.47 million
Proportion of pregnant women attending at least 4 ANC visits	35%	40%	45%	50%	55%	7.98 million
Proportion of women of reproductive age screened for cervical cancer	20%	50%	60%	70%	90%	37.89 million
Proportion of fully immunized children under one year	77%	80%	85%	87%	90%	12.93 million





### 3. Sexual and Gender-Based Violence (SGBV)

Fig 12: Projections for Anti – SGBV Campaigns and Budget

Indicator	Year 1	Year 2	Year 3	Year 4	Year 5	Budget (KSh.)
Number of awareness campaigns held on SGBV	5 campaigns	6 campaigns	7 campaigns	7.2 campaigns	7.6 campaigns	32.8 million over five years

### 4. Female Genital Mutilation (FGM)

Fig 13: Projections for Anti – FGM Campaigns and Budget

Indicator	Year 1	Year 2	Year 3	Year 4	Year 5	Budget (KSh.)
Number of anti-FGM campaigns held	60 campaigns	60 campaigns	60 campaigns	60 campaigns	60 campaigns	6 million per year (30 million over five years)

Fig 14: The Narok County FP/MCH/SGBV/FGM Investment Summary



These investments reflect Narok County's level of commitment to improving health outcomes and addressing key issues related to family planning, SGBV, FGM, and maternal and child health.





## Wins

1. **Strategic Alignment and Comprehensive Planning:**
  - **Alignment with National and International Goals:** The CIDP and ADP are well-aligned with national frameworks such as Kenya Vision 2030, the Medium-Term Plan, and the Bottom-Up Economic Transformation Agenda (BETA). This alignment ensures that the county's objectives are consistent with broader national development goals.
  - **Focus on Key Sectors:** Both plans prioritize critical sectors such as health, education, agriculture, and infrastructure, which are essential for the overall development of Narok County.
  - **Incorporation of Sustainable Development Goals (SDGs):** The plans reflect the commitment to achieving the SDGs, particularly in areas such as poverty reduction, health, education, gender equality, and sustainable economic growth.
2. **Investment in Health and Social Services:**
  - **Maternal and Child Health (MCH):** Significant emphasis is placed on improving MCH outcomes. Targets such as increasing skilled birth attendance, expanding antenatal care, and enhancing immunization rates demonstrate a clear commitment to reducing maternal and child mortality.
  - **Family Planning:** The plans target a substantial increase in the uptake of modern family planning methods, which is critical for managing population growth and improving women's health.
  - **Addressing SGBV and FGM:** The CIDP and ADP include targeted interventions to reduce SGBV and eliminate FGM, focusing on legal enforcement, community engagement, and awareness campaigns.
3. **Economic Empowerment Initiatives:**
  - **Agriculture and Livestock Development:** The plans emphasize increasing agricultural productivity, value addition, and market access, which are crucial for boosting the local economy and improving food security.
  - **Tourism Development:** Given Narok County's unique position as a major tourist destination, the focus on enhancing tourism infrastructure and services is a strategic win that can drive economic growth.
4. **Community Engagement and Participatory Planning:**
  - **Public Participation:** The development of the CIDP and ADP involved extensive consultation with stakeholders, including community members, which ensures that the plans are reflective of local needs and priorities.
  - **Social Inclusion:** There is a focus on addressing the needs of vulnerable groups, including women, youth, and persons with disabilities, through targeted social programmes.





## Misses

1. **Inadequate Resource Allocation:**
  - **Underfunding of Critical Health Services:** Despite ambitious targets in areas like MCH, family planning, and SGBV, the allocated budgets may be insufficient to fully achieve these goals. The funding gaps could hinder the effective implementation of key health initiatives.
  - **Limited Investment in Infrastructure:** While infrastructure development is a priority, the actual budget allocations for improving road networks, water supply, and energy access may not be enough to meet the county's needs, especially in remote areas.
2. **Challenges in Addressing Cultural Barriers:**
  - **SGBV and FGM:** Although the plans include measures to combat SGBV and FGM, cultural practices and deeply entrenched norms may pose significant challenges to these efforts. The plans could benefit from more robust strategies to engage cultural leaders and shift social norms.
  - **Family Planning Uptake:** The ambitious targets for increasing family planning uptake may be difficult to achieve without addressing cultural resistance and misconceptions about contraceptive use.
3. **Sustainability and Long-Term Impact:**
  - **Sustainability of Social Programmes:** The success of social programmes aimed at empowering vulnerable groups and improving health outcomes depends on sustained funding and support. There is a risk that short-term gains may not translate into long-term improvements if these programmes are not adequately sustained.
  - **Environmental Considerations:** While there is some focus on environmental conservation, the plans may not fully address the long-term environmental sustainability of key economic activities, particularly in agriculture and tourism.
4. **Implementation and Monitoring Challenges:**
  - **Capacity Constraints:** The successful implementation of the CIDP and ADP will require strong institutional capacity, which may be lacking in some areas. There is a need for capacity-building initiatives to ensure that county staff and other stakeholders can effectively carry out the planned activities.
  - **Monitoring and Evaluation:** The plans outline ambitious targets, but the mechanisms for monitoring progress and evaluating outcomes may not be robust enough. This could make it difficult to track the effectiveness of interventions and make necessary adjustments in real-time.





## Summary of recommendations

The Narok County CIDP 2023-2027 and ADP 2024/25 represent a well-rounded approach to addressing the county's development challenges, with clear wins in strategic alignment, health, social services, and economic empowerment. However, to maximize the impact of these plans, it is crucial to address the identified misses, particularly in resource allocation, cultural engagement, sustainability, and implementation capacity. Strengthening these areas will be key to achieving the county's development objectives and ensuring long-term progress.

To effectively advocate for Sexual and Reproductive Health and Rights (SRHR) and end Female Genital Mutilation (FGM) in Narok County, using the Public Participation and Influence (PPI) approach, here are concrete recommendations for advocacy and accountability priorities:

### 1. Strengthen Community Engagement and Ownership

#### a. Mobilize and Empower Community Leaders

- **Action:** Engage traditional and religious leaders as champions for SRHR and anti-FGM campaigns. Develop training programmes to equip them with accurate information and advocacy skills.
- **Purpose:** Leverage their influence to shift cultural norms and practices that support FGM and oppose modern contraceptive use.

#### b. Establish Community-Led Monitoring Committees

- **Action:** Form committees comprising community members, health workers, and youth representatives to monitor SRHR and FGM interventions.
- **Purpose:** Ensure community ownership of the advocacy process and provide a grassroots mechanism for accountability and feedback.

### 2. Enhance Budget Transparency and Accountability

#### a. Conduct Budget Advocacy Campaigns

- **Action:** Organize workshops and forums to educate the public on the county's budget allocation for SRHR and anti-FGM programmes. Create simplified budget briefs and infographics for wider dissemination.
- **Purpose:** Increase public awareness and pressure the county government to allocate sufficient resources for SRHR and anti-FGM interventions.

#### b. Establish an Independent Budget Oversight Committee

- **Action:** Advocate for the formation of a multi-stakeholder oversight committee, including civil society, community representatives, and health experts, to track and report on the utilization of funds allocated to SRHR and FGM programmes.
- **Purpose:** Ensure transparency and accountability in the use of public funds and prevent misallocation or underutilization.

### 3. Strengthen Legal and Policy Frameworks

#### a. Advocate for the Full Implementation of Existing Laws

- **Action:** Push for the rigorous enforcement of existing anti-FGM laws and policies on SRHR, including those protecting the rights of women and girls. Work with legal professionals to monitor compliance and provide legal aid to victims of FGM.
- **Purpose:** Ensure that laws are not just in place but are actively enforced to protect vulnerable populations.





#### **b. Influence Policy Development**

- **Action:** Collaborate with policymakers to develop and strengthen policies that support SRHR, including comprehensive sexuality education and access to reproductive health services. Engage in policy dialogues and submit policy briefs to influence decision-making.
- **Purpose:** Create a conducive policy environment that supports the full realization of SRHR and the eradication of FGM.

### **4. Expand Access to Quality SRHR Services**

#### **a. Advocate for Increased Health Infrastructure Investment**

- **Action:** Lobby for the construction and upgrading of health facilities, particularly in rural areas, to provide accessible and quality SRHR services, including family planning, maternal health care, and FGM survivor support.
- **Purpose:** Reduce barriers to accessing essential health services, particularly for women and girls in remote areas.

#### **b. Support Capacity Building for Health Workers**

- **Action:** Advocate for regular training and capacity-building programmes for health workers on SRHR and FGM, focusing on culturally sensitive care, legal aspects, and the latest medical practices.
- **Purpose:** Improve the quality of care and ensure health workers are equipped to handle SRHR and FGM cases effectively.

### **5. Leverage Data and Evidence for Advocacy**

#### **a. Strengthen Data Collection and Use**

- **Action:** Advocate for improved data collection systems to monitor SRHR outcomes and FGM prevalence. Support the use of this data to inform policy, program design, and advocacy efforts.
- **Purpose:** Ensure that interventions are data-driven and targeted where they are most needed.

#### **b. Conduct and Disseminate Research**

- **Action:** Commission and promote research on the impact of SRHR and FGM interventions in Narok County. Use findings to create compelling advocacy materials, including reports, case studies, and success stories (Data driven advocacy).
- **Purpose:** Provide evidence to stakeholders and the public to demonstrate the effectiveness of SRHR programmes and the importance of ending FGM.

### **6. Foster Strategic Partnerships and Alliances**

#### **a. Build Multi-Sectoral Coalitions**

- **Action:** Form coalitions with civil society organizations, healthcare providers, women's groups, youth organizations, and international partners to amplify advocacy efforts for SRHR and ending FGM.
- **Purpose:** Create a unified voice and leverage resources for more impactful advocacy.

#### **b. Engage Media and Influencers**

- **Action:** Partner with local and national media outlets and influencers to raise awareness and generate public support for SRHR and anti-FGM initiatives. Develop media campaigns that highlight success stories and challenges.
- **Purpose:** Increase public awareness and shift social norms by making SRHR and anti-FGM efforts visible and relatable.



## 7. Advocate for Youth and Gender Inclusion

### a. Promote Youth-Led Advocacy

- **Action:** Support the formation of youth advocacy groups focused on SRHR and ending FGM. Provide them with training in advocacy, leadership, and digital campaigning.
- **Purpose:** Empower young people to become leaders and advocates for change in their communities.

### b. Ensure Gender-Sensitive Programming

- **Action:** Advocate for gender-sensitive approaches in all SRHR and FGM programmes. This includes ensuring that interventions address the specific needs of women and girls and involve men and boys as allies.
- **Purpose:** Create more effective and inclusive programmes that recognize the different needs and roles of all genders in the fight against FGM and in promoting SRHR.

## Conclusion and Recommendation

These recommendations aim to create a more comprehensive and impactful advocacy strategy using Public Participation and Influence to advance SRHR and end FGM in Narok County. By focusing on community engagement, budget transparency, legal enforcement, service delivery, data utilization, partnerships, and inclusive programming, these strategies can lead to significant and sustainable progress in these critical areas.

## Summary of Analysis Findings: Narok County

### 1. Family Planning

- **Key Insights:**
  - Narok County's population is growing rapidly, with a high proportion of youth. The total fertility rate is higher than the national average, highlighting the need for enhanced family planning services.
  - Despite efforts, modern contraceptive use among women of reproductive age remains low, at around 38%. Cultural resistance and limited access to services, especially in rural areas, are major barriers.
- **Recommendations:**
  - **Expand Access:** Increase the availability of modern contraceptives in all healthcare facilities, with a focus on rural and hard-to-reach areas.
  - **Cultural Engagement:** Engage community leaders and religious figures in promoting the benefits of family planning to overcome cultural resistance.
  - **Education Campaigns:** Conduct widespread education campaigns to dispel myths and misinformation about contraceptive use.

### 2. Sexual and Gender-Based Violence (SGBV)

- **Key Insights:**
  - SGBV remains a significant issue in Narok, exacerbated by cultural practices such as early marriages and FGM. The enforcement of laws against SGBV is weak, and many cases go unreported due to stigma and fear of retribution.
  - Current interventions focus on awareness campaigns, but these are insufficient without stronger legal enforcement and support systems for survivors.





**Recommendations:**

- **Strengthen Legal Frameworks:** Advocate for the strict enforcement of existing laws against SGBV and the creation of specialized units within the police and judiciary to handle these cases.
- **Support Services:** Increase the availability of psychosocial support, legal aid, and safe spaces for survivors of SGBV.
- **Community Education:** Scale up community education programmes to challenge and change the cultural norms that perpetuate SGBV.

**3. Female Genital Mutilation (FGM)**

- **Key Insights:**
  - FGM is still practiced widely in some communities within Narok, despite being illegal. Efforts to end FGM have been met with resistance due to deeply rooted cultural beliefs.
  - Current anti-FGM campaigns are ongoing but require more community involvement and stronger law enforcement to be fully effective.
- **Recommendations:**
  - **Community-Led Advocacy:** Engage local leaders, including women who have undergone FGM, to lead advocacy efforts and present alternative rites of passage.
  - **Enforce Anti-FGM Laws:** Strengthen the enforcement of anti-FGM laws, ensuring that violators are prosecuted and that there are clear reporting mechanisms for cases.
  - **Continuous Education:** Implement sustained education campaigns focused on the health risks of FGM and the rights of women and girls.

**4. Maternal and Child Health (MCH)**

- **Key Insights:**
  - Narok County faces high maternal and infant mortality rates, with inadequate access to quality healthcare services. Skilled birth attendance and antenatal care coverage are lower than the national average.
  - The healthcare infrastructure, particularly in rural areas, is underdeveloped, limiting access to essential MCH services.
- **Recommendations:**
  - **Improve Healthcare Infrastructure:** Invest in building and upgrading health facilities in rural areas, ensuring they are equipped with the necessary resources to provide comprehensive MCH services.
  - **Capacity Building:** Train and deploy more skilled healthcare workers, including midwives and nurses, to increase the coverage of skilled birth attendance.
  - **Increase ANC Coverage:** Promote and facilitate regular antenatal care visits through community outreach programmes and incentives for pregnant women.

**Overall Recommendations for Policy Dialogue and Advocacy**

1. **Policy Integration and Implementation:**
  - **Coordinate Efforts:** Advocate for the integration of SRHR, SGBV, and FGM initiatives into broader county development plans. Ensure that these issues are prioritized in the allocation of resources and in the implementation of policies.
  - **Monitor and Evaluate:** Establish robust monitoring and evaluation mechanisms to track progress on SRHR, SGBV, and FGM interventions. Use data from these evaluations to inform policy adjustments and advocacy strategies.



**2. Multi-Sectoral Collaboration:**

- **Partnerships:** Build partnerships with civil society organizations, healthcare providers, community leaders, and international agencies to amplify advocacy efforts and share resources.
- **Public Participation:** Strengthen public participation in the policy-making process, ensuring that the voices of women, youth, and marginalized communities are heard and considered.

**3. Resource Mobilization:**

- **Budget Advocacy:** Advocate for increased budget allocations for SRHR, SGBV, and FGM interventions in Narok County. Highlight the long-term economic and social benefits of investing in these areas.
- **Donor Engagement:** Engage with donors and development partners to secure additional funding and technical support for SRHR and anti-FGM programmes.

**4. Cultural Sensitivity and Community Involvement:**

- **Tailored Interventions:** Design interventions that are culturally sensitive and involve the community at every stage. Recognize the diversity within Narok County and tailor programmes to meet the specific needs of different communities.
- **Empower Local Voices:** Empower local advocates, including survivors of SGBV and FGM, to lead advocacy efforts. Their stories and experiences can be powerful tools in changing attitudes and influencing policy.

**Conclusion**

Narok County's development efforts, particularly in the areas of SRHR, SGBV, and FGM, are critical to improving the health and well-being of its residents. Through strategic advocacy, stronger policy implementation, and increased community involvement, significant progress can be made in these areas. It is essential to maintain a focus on cultural sensitivity, resource mobilization, and multi-sectoral collaboration to ensure that these efforts are both effective and sustainable.

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