



Case study on ending cross-border female genital mutilation in the Republic of Uganda



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Purpose of the case study

The purpose of this case study is to highlight a promising programme, service or approach that is supported by both the UNICEF-UNFPA Global Programme to Accelerate Action to End Child Marriage and the UNFPA-UNICEF Joint Programme to Eliminate FGM in Uganda. Among those living in the eastern part of the country, these two issues are interconnected in important ways. This case study outlines the work that is being done to reduce the rates of FGM and child marriage in this context, particularly in relation to those girls and young women who seek to be cut across the border, in Kenya. It also presents the successes and challenges of efforts to date to stop cross-border FGM. The information presented is based on a documentary review and interviews with those involved and available. Its intended audience includes those working in the areas of research, programmes and policy to end FGM and child marriage in Uganda, in the region, and elsewhere, such as UNICEF, UNFPA, the Governments of Uganda and Kenya, donors, civil society organisations and academia.

The context of FGM in Uganda

FGM involves altering or injuring the female external genitalia for non-medical reasons. The practice can pose serious risks to the health and wellbeing of girls and women and is widely recognised as a human rights violation. Nevertheless, it is estimated that at least 200 million girls and women alive today have undergone some form of FGM and a further 68 million are at risk of being cut by 2030.¹ Although rates of FGM are declining in most of the 31 countries where it is practiced, population growth rates in many settings mean that the absolute numbers of girls who will be cut will continue to grow if the practice continues at current levels. Moreover, recent evidence has suggested that the social and economic effects of the ongoing COVID-19 pandemic will result in ever greater numbers of girls and women being cut in the coming years.² UNICEF is working in partnership with UNFPA, governments, donors and civil society organisations, to accelerate the abandonment of this harmful practice.

Uganda has the lowest rate of FGM in east Africa. In 2016, the national prevalence of the practice among girls and women 15-49 years was determined to be 0.32%,³ a decline from 0.64%, which was reported in 2006.⁴ These overall low rates mask significant variations in incidence across geographic regions and ethnic groups. The vast majority of FGM takes place in the regions of Karamoja and Sebei, where overall prevalence is reported to be 26.7%.⁵ Six districts are said to have exceptionally high rates, including Moroto, Nakapiripirit and Amudat (Karamoja); Kween, Kapchorwa and Bukwo (Sebei). Prevalence rates in some sub-counties are as high as 67.3% (in Tapac, Moroto District) and 56% (in Loroo, Amudat District).⁶ Several other sub-counties have rates above 50%.⁷ The practice is deeply embedded in social and cultural norms, particularly among the Pokot, Kadama, Tepeth and Sabinu ethnic groups, among whom it was reported in 2013 that more than 50% of girls and women 15-49 had undergone the procedure.⁸ These groups practice Types II (excision) and III (infibulation), however, all types of FGM are practiced in Uganda.⁹

At the national level, the drivers of FGM are similar to those established elsewhere in east Africa.¹⁰ A combination of social, cultural, and economic factors, as well as traditional and/or religious beliefs motivate the practice in different families, communities and regions. These include beliefs about female cleanliness, purity and modesty and the importance of premarital virginity and marital fidelity.¹¹ Although the practice is not advised in any religious texts, some people believe it is a religious requirement.¹² Widely considered to be a necessary rite of passage into womanhood, FGM is often a prerequisite for marriage¹³ and hence a way to overcome poverty in contexts where there are limited educational, economic

and social protection opportunities for women.¹⁴ It is also influential in the determination of bride price.¹⁵ The girls and women most likely to experience FGM are those who are very poor, nearing marriageable age, about to be married or recently married, reside in rural areas, and/or have mothers who were themselves cut.¹⁶

Recent qualitative research has highlighted the ways in which these factors play themselves out in the context of eastern Uganda.¹⁷ The high value placed on FGM means that girls and women experience tremendous social and familial pressure to be cut; those who do not undergo FGM confront considerable stigma and ill-treatment.¹⁸ Importantly, and particularly among the Sabinu (in Kapchorwa, Kween and Bukwo districts), uncut women are barred from accompanying their husbands to male circumcision ceremonies to which close friends and relatives are invited.¹⁹ The inability to participate in these important rituals brings shame and disgrace upon the uncut woman, an experience that is compounded by the necessity of her husband to take another (cut) wife or to hire a (cut) woman to accompany him in order to attend the ceremony and fulfil his role as guest of honour.²⁰ Moreover, as long as a woman remains uncut, she is also prohibited from attending or participating in her own son's circumcision ceremony.²¹ The humiliation of these sanctions, and of many other restrictions related to additional ceremonial and everyday rituals (such as funerary practices and food collection), is so severe that some uncut married women choose to undergo FGM. Given these social pressures, it is important to better understand why these young women had not undergone FGM before marriage.



The UNFPA-UNICEF Joint Programme to End FGM in Uganda

Uganda has been part of the UNFPA-UNICEF Joint Programme to Eliminate FGM since 2009 and is currently in its third phase (2018-2021). Since it began, the Joint Programme has supported interventions in FGM practicing communities located in Amudat, Moroto, Nakapiripirit, Kapchorwa, Kween and Bukwo districts in the north and eastern part of the country. The coordinated approach is led by the Ministry of Gender, Labour and Social Development, which, together with the Ministry of Health and the National Population Council, works alongside national law enforcement, justice bodies and district and local governments. This group is advised by the National FGM Alliance and its priorities are laid out in the National Policy on the Elimination of Gender-Based Violence in Uganda (2016) its National Action Plan 2016-2021.

The Joint Programme aims for Uganda to be FGM-free by 2030 through a coordinated and

multi-sectoral approach to FGM prevention. Currently, it supports the engagement of parliamentarians and religious and cultural leaders on FGM. It also supports legal awareness, law enforcement, media-based advocacy campaigns, school-based interventions, and community engagement among female and male adolescents, women and men, reformed cutters, traditional birth attendants, traditional and religious leaders, and others. Part of this work involves using community-led approaches such as dialogues among adolescents and the use of role models. Community-to-community conversations, both within in Uganda and across the border with Kenya, are also undertaken in order to build understanding about how to put an end to cross-border FGM. One aspect of this latter work is the establishment of a communication and coordination platform for those trying to stop the practice. This initiative is the 'promising practice' that is profiled on the following page.

Government efforts to end FGM

Government, NGOs and others have employed numerous approaches to eliminating FGM in Uganda, including through community engagement to highlight its causes and consequences; sensitization of girls and women via sexual and reproductive health workshops and clinic visits; engagement of men and boys in discussions and activities; increasing opportunities for girls to access school, vocational training, and earn an income; and via multi-media campaigns, among other efforts. Importantly, in 2010, the practice was made illegal with the passing of the Prohibition of Female Genital Mutilation Act, which criminalizes those who cut, or attempt to cut girls or women, and those who seek to procure FGM on their own or others' behalf. In the districts of eastern Uganda where FGM is most common, community members have argued that although this ban has helped to change attitudes towards the practice, it has also driven the practice underground.²² Those families that want their girls to be cut have to find ways of doing so without drawing the attention of the authorities or of those who might report them. This often means performing the practice in hiding, in a private home, under cover of night, in a home community or elsewhere. Girls in these circumstances may face additional risks to their health and wellbeing because of less hygienic conditions or because the cutting may be done by less skilled circumcisers.

Cross-border FGM

The threat of being apprehended leads some to go even farther afield, to Kenya, where friends and relatives, who often share ethnicity, customs and traditions are able to assist in procuring the procedure.²³ Sometimes girls and women are taken across against their wishes; at other times they willingly travel, or make the necessary arrangements on their own behalf.²⁴

These trends are motivated not only by the view that it is easier to evade the authorities in Kenya (where it is believed the authorities are more likely to turn a blind eye) but also that FGM in Kenya is more affordable and of better quality than it is in Uganda.²⁵ Intermarriage is also a driver.²⁶ A 2017 study conducted by UNICEF Kenya and the Anti-FGM Board of Kenya found that travel also takes place in the opposite direction: approximately 70% of a randomly selected sample of women who had experienced FGM had travelled to Uganda to be cut.²⁷ Circumcisers are also reported to cross from Kenya into Uganda to perform FGM.²⁸

Community and religious leaders, civil society organisations and governments on both sides of the border are increasingly concerned about what appears to be a growing phenomenon.²⁹ Indeed, stopping cross-border FGM is a rising priority for governments in the east Africa region. In addition to national laws against FGM and regional frameworks designed to eliminate the practice, there have been concerted legislative efforts to stop it. The East African Community Prohibition of FGM Bill was passed by the East African Legislative Assembly (Kenya, South Sudan, Tanzania and Uganda) in 2016 in order to ensure that all member states share the same definition and commitment to prosecute cases of cross-border FGM.³⁰ The Bill also calls for the establishment of a regional coordination body, and the need to implement initiatives to eliminate it.³¹ The Regional Inter-ministerial Declaration to End Cross-border Female Genital Mutilation in Kenya, Uganda, Tanzania, Ethiopia and Somalia (2019)³² calls for similar actions, as does the Pan African Parliament action plan to end FGM in Africa (2016).³³ Both Kenya and Uganda have specific provisions for cross-border FGM offences that apply to nationals and foreigners, whether within or outside the country.³⁴



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Promising Practice

Notwithstanding Uganda's comprehensive laws and policies, significant challenges remain in the implementation and enforcement of laws against FGM in general, and cross-border FGM in particular. One widely identified area requiring improvement is information sharing, coordination of activities and initiatives, and referral services for girls and women who are at risk of, or need support after, undergoing FGM. This need became even more urgent, when, in March 2020, the COVID-19 pandemic began to unfold and increasing numbers of Ugandan

girls and young women were said to be crossing into Kenya to be cut. Up until this point, efforts had been made to engage communities in dialogues aimed at ending FGM on both sides of the border, including through participation in culture days and security meetings in which cross-border FGM was under discussion (a parallel Joint Programme-funded initiative is also in place in Kenya). Importantly, there were efforts ongoing in Uganda to share information and better coordinate district-level work on child protection issues through a WhatsApp network.

This earlier initiative provided the model for a new, more focused coordination and communication mechanism about cross-border FGM that was set up between Moroto, Bukwo and Amudat Districts in Uganda and four neighbouring districts in Kenya (Alale, Kacheliba, Kongelai and Kapenguria) in April 2020 and is ongoing up to now. Maroto District took the lead, alongside the District Commissioner from West Pokot, in Kenya. Local sub-county chiefs became administrators of the new WhatsApp group, which is called 'Kenya Uganda anti-FGM Forum'. Administrators on both sides of the border moderate the platform and membership is diverse, including Community Development Officers and District Probation and Social Welfare Officers, village chiefs, and others. There are currently three sub-groups, one per district.

During the peak of the COVID-19 lockdown in March-June 2020, this platform was the only way for people to communicate with each other to understand what was happening to girls and young women who had left their communities and could not be traced. Community volunteers sought insights from families, friends and others and then provided local surveillance to inform members of the platform in other districts and across the border of the girls' intentions to be cut, their planned travel route and any contacts that they might have at their destination and along the way. Surveillance volunteers along the route tipped off the local authorities so that girls could be stopped, provided with support, counselling, and any necessary medical care. Communication was then made with the district authorities on the Uganda side the girls concerned were taken to a border point to meet a Probation and Social Welfare Officer, who then accompanied them to one of a few temporary rescue centres set up to provide interim care to girls fleeing FGM. All were

provided with the opportunity to attend nearby primary schools, and provided with psychosocial counselling and connections to vocational and livelihood opportunities. They were also introduced to social workers and role models from the community in an effort to encourage them to see a different future for themselves – a future without FGM. Between April and October 2020, the use of this collaborative WhatsApp platform enabled a total of thirty-seven girls between the ages of 11-16 years to be intercepted in Kenya and returned, uncut, by the Kenyan authorities to Uganda.³⁵ The majority chose to remain at the rescue centre for an interim period, while outreach to their families was undertaken. Six girls chose to be immediately reunified with their parents and caregivers; five ran away from the centre (and efforts are underway to establish why they did so, and what has happened to them since).

Today, as of April 2021, the platform continues to provide a surveillance function and to share information not only about FGM, but also about child marriage and other child protection threats and safety concerns.

Achievements/Successes

The WhatsApp surveillance and support network has helped to combat cross-border FGM and related issues, including child marriage. It is a 'promising practice' for several reasons:

The prevention of FGM also contributes to the delay and prevention of child marriage. In so doing, it reduces the potential that girls will experience any number of risks related to maternal and neonatal mortality, pregnancy and birth-related complications, stigmatization and

social isolation, domestic and intimate partner abuse, among other dangers. The cross-border WhatsApp network is helping to ensure that supportive community members, organizations and district-level officials are able to identify and reach girls at risk of FGM with much-needed psychosocial and educational support before the cutting takes place.

Messages that aim to change social norms effectively integrate issues related to both FGM and child marriage.

This approach helps parents and caregivers to understand the risks associated with both practices, their inter-relationship, and the reality that both inhibit girls' development as whole persons. These sensitization efforts have been used in conjunction with legal enforcement of the FGM Act (2010) and the integrated strategy to end child marriage in Uganda. Those adults who choose to volunteer to be a part of efforts to end these practices are very often those who have themselves been persuaded by advocacy campaigns and have seen the benefits of the programmes and services designed to eliminate harmful practices.

Community role models are used to promote positive change to end FGM and child marriage.

These individuals are living evidence of other possible futures for girls, and in this way, they exemplify that 'positive deviance' is not only possible but also can bring new, previously unanticipated rewards, such as further schooling, paid work and greater levels of gender equality. When these role models talk to other girls and women in the community, they are able to discuss how the decision not to be cut has opened new avenues for them, including the ability to support their parents and the broader community in which they live. Many of the thirty-seven girls who were rescued between April and October 2020 have since participated in these dialogues and have revealed their long-held desires to attend school and delay marriage. By providing information in a timely manner and enabling coordinated outreach and support to these girls, the WhatsApp network has enabled new futures to become visible and desirable.

'Community-to-community' outreach expands and builds learning and support networks.

This approach recognises the value of peer learning, mentorship and accompaniment through processes of change. When men, women and young people from a community that has abandoned FGM reach out to those that have not done so, they are able to share their experience, the challenges that they have confronted in bringing about change in their families and communities, and the successful approaches that they have employed. These examples of 'positive deviance' can inspire change in other settings in the district, the region, and across the border in Kenya.



Challenges faced and future directions for work to end cross-border FGM

Combatting cross-border FGM in Uganda is a difficult task. A number of challenges threaten the effectiveness of these efforts, including:

There is a perceived contradiction between the promotion of Safe Male Circumcision (SMC) and the FGM abandonment message. The circumcision of males challenges one of the main messages used by the Church in Uganda to encourage the abandonment of FGM, i.e. that God created all beings whole, and that cutting therefore tampers with God's intentions. These separate advocacy campaigns have created unintended pressures on women and men and social tensions between couples, families and friends. In some communities in Moroto and Amudat districts, women have asserted that by encouraging SMC, girls' and women's interests are deliberately being sabotaged. The argument is that as long as only cut women are allowed to participate in ritual male circumcision ceremonies, efforts to stop FGM will never be effective. In this context, surveillance measures are only one small part of the kind of multi-pronged strategy needed to stop FGM from happening.

Despite legal prohibitions, FGM continues to be done clandestinely and in hard-to-reach areas. Until recently, efforts to stop the practice in Uganda have tended to emphasize its illegality rather than focus on social norms change, which takes time but has been shown in Uganda and elsewhere to have a longer lasting

impact. Without a change in mindset, communities continue to cut their girls, despite knowing that doing so is against the law. Girls are cut in secret, so much so that the true prevalence of FGM is largely unknown in some settings. In these circumstances, surveillance efforts like the WhatsApp platform are only one means of understanding the true scale of cutting.

Access to school and other learning facilities is limited in those areas of the country where FGM is most prevalent. The resulting lack of opportunities to learn skills and knowledge, and to build aspirations is detrimental to the abandonment of the practice and the betterment of girls, boys and their families.

The medicalization of FGM appears to be increasing. In order to avoid the social stigma associated with being uncut, some women are said to request that midwives perform FGM on them after they have given birth. This is apparently happening in the Sebei region (Kapchorwa, Kween and Bukwo districts of Uganda), where cases of Type IV FGM ('nicked', no flesh removed) have been reported, although no firm data are available. This highly private context enables the practice to continue out of sight of community surveillance mechanisms.

Key learning

There are several lessons that have been learned from work to combat cross-border FGM in Uganda, and the use of the WhatsApp platform in particular. It is hoped that this learning has relevance to others working in this area, in Uganda and in the region more generally.

The importance of coordination in interventions aimed at ending FGM and child marriage.

The WhatsApp platform is an excellent example of how an existing tool – a child protection surveillance mechanism – was repurposed in the midst of the COVID-19 pandemic among CSO, government and community counterparts on both sides of the Uganda and Kenya border.

The need for harmonization of approaches to ensure uniform abandonment of FGM and child marriage. Although some partners base their anti-FGM work on the sensitization about the legal framework, efforts to combat the practice in Uganda (Karamoja) and elsewhere show that ultimately a holistic, multi-faceted approach yields better and lasting results.

Community-led approaches are an essential and effective component of anti-FGM and anti-child marriage efforts. For example, the circumstances of the twenty-six girls who were rescued from FGM came to the attention of community volunteers; men and women who support the abandonment of the practice and are aware of its short, medium- and long-term effects on girls and women. These individuals are part of the community surveillance system created and trained in Uganda five years ago. Hence, strengthening such structures is key to the abandonment of both FGM and child marriage, as well as other child protection concerns.

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