POWER TO YOUTH
CHANGE STARTS WITH YOU(TH)

OPERATIONS

RESEARCH REPORT

CROSS-BOARDER DIALOGUE INTERVENTIONS TO END FGM IN UGANDA

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SONKE GENDER JUSTICE

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Richard Ale Sunday
Lead Investigator

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LIST OF ABBREVIATIONS

CSO	Civil Society Organisations
EASSI	Eastern African Sub-Regional Support Initiative for the Advancement of Women
FGM	Female Genital Mutilation
PtY	Power to Youth
RHU	Reproductive Health Uganda
SGBV	Sexual Gender-Based Violence
UDHS	Uganda Demographic Health Survey
UYAHF U	Uganda Youth and Adolescents Health Forum

EXECUTIVE SUMMARY

CONTEXT

The "*Power to You(th)*" (PTY) program is a five-year initiative (2021 – 2025) led by the PtY Consortium in Uganda. Its primary objective is to ensure meaningful participation of individuals under 35 years old in discussions and decisions concerning interconnected issues such as unintended pregnancy, sexual and gender-based violence (SGBV), child marriage, and female genital mutilation/cutting (FGM/C). Implemented in collaboration with three partner organizations—The Eastern African Sub-Regional Support Initiative for the Advancement of Women (EASSI), Reproductive Health Uganda (RHU), and the Uganda Youth and Adolescents Health Forum (UYAHF)

The program operates across various districts including Kampala, Kalangala, Isingiro, Busia, Mbale, and Bukwo.

In December 2023, RHU commissioned an operations study to identify the results achieved thus far and to improve program operations. The specific objectives of the study were to assess the extent to which cross-border dialogue interventions have influenced attitudes and behaviours related to FGM in target communities, identify critical success factors and challenges associated with cross-border dialogue interventions in preventing FGM, and provide evidence-based recommendations for improving and scaling up cross-border dialogue interventions to end FGM.

METHODOLOGY

The study adopted a purely qualitative research design that involved collecting data through interviews with key stakeholders and conducting a focus group discussion with youth advocates. The research team conducted 31 interviews with stakeholders such as policymakers, cultural leaders, former surgeons, and religious leaders. The four study sites included Bukwo District, Suam, Riwo, Kaptererwo, and Kanyerus in West Pokot, Kenya.

SUMMARY OF FINDINGS

The findings revealed that despite reductions in open FGM ceremonies in Bukwo district, clandestine practices persist, perpetrated by some surgeons. Despite legislative efforts and programming by PtY to eradicate FGM, a segment of the population still views it as a culturally significant tradition. Older generations uphold FGM, indicating entrenched cultural norms. Outlawing FGM in Uganda has facilitated cross-border practices by sharing cultural heritage with West Pokot. Reasons for clandestine FGM include beliefs about fidelity and control, cultural associations with womanhood, and social exclusion. Despite interventions, cultural pressures and economic incentives sustain FGM practices.

OUTCOMES OF THE CROSS-BORDER INTERVENTIONS INCLUDE:

- Increased school enrolment, particularly for girls, attributed to interventions by Power to Youth (PtY)
- Shift in attitudes towards education, with parents prioritizing education over harmful practices like FGM.
- Improved access to education for marginalized groups, including Pokot children.
- Community dialogues encourage educational aspirations among youth, reducing school dropouts and teen pregnancies.
- Religious and community leaders are pivotal in promoting education and challenging harmful norms.
- Heightened awareness and reporting of cases of FGM through cross-border surveillance.
- There is a notable decline in the prevalence of FGM, teenage pregnancies, forced marriages, and gender-based violence.
- Enhanced women's empowerment and voice, with women gaining confidence to reject harmful practices.
- The public denouncement of FGM became a public stance, leading to collective action against the practice.
- Allocation of financial resources by local councils to support awareness efforts.
- Traditional Birth Attendants accompany mothers to hospitals, promoting safer maternal healthcare and reducing the risk of FGM-related complications

THE KEY SUCCESS FACTORS

- **Facilitation**: Providing financial support and logistical assistance, such as transportation refunds and refreshments during community engagements, motivates participation and ensures economic well-being, fostering trust and sustained community involvement.
- **Enabling laws**: Strict legislation, such as Uganda's Prohibition of Female Genital Mutilation Act 2010 and Kenya's Sexual Offences Act 2006, serves as a deterrent, leading to arrests and reducing FGM practices, while cross-border legal cooperation strengthens anti-FGM enforcement efforts.
- **PtY grassroots approach**: Operating at the grassroots level enables direct engagement with communities, fostering dialogue and understanding of local needs, contributing to reducing FGM.
- **Utilizing grassroots leadership structures**: Involving local leaders and government departments in anti-FGM efforts fosters collective responsibility and ownership, maximizing impact and community engagement.
- **Political will and support**: Active involvement of local government officials demonstrates a commitment to addressing FGM, driving awareness, and mobilizing communities to end the practice.
- **Contribution of like-minded CSOs**: Collaboration with other civil society organizations enhances cross-border interventions, facilitating, identifying, and supporting at-risk individuals and ensuring a coordinated response to prevent harmful practices like FGM.
- **Meaningful Youth Participation**: Empowering young people to participate in decision-making gives them a sense of authority and enables effective advocacy for their rights, contributing to the fight against FGM.
- **Education and exposure**: Increased education levels and exposure to uncircumcised women challenge harmful cultural norms, leading to greater awareness and a decline in FGM prevalence, highlighting the importance of education in promoting positive change.

MISSED OPPORTUNITIES

Several missed opportunities were identified in the cross-border dialogues addressing Female Genital Mutilation (FGM). The low turnout from Kenya hindered collaboration, while the absence of media coverage limited the dissemination of crucial information. Additionally, not involving teachers, inadequate dissemination of anti-FGM laws, and inadequate participation of young people were noted. The omission of engagement with certain Kenyan Civil Society Organizations (CSOs) and the lack of involvement of nurses were also identified as missed opportunities for collaborative efforts in combating FGM across borders.

CHALLENGES

The challenges faced in the cross-border dialogues addressing Female Genital Mutilation (FGM) include language barriers, insecurity, cultural rigidities, the use of FGM inducement charms, the secretive nature of the practice, mobilization challenges in Kenya due to nomadic populations, porous borders facilitating illegal activities, lack of alternative income for former surgeons, unmet expectations regarding facilitation, and poor infrastructure in Kenya delaying participation. These obstacles hinder effective communication, collaboration, and implementation of preventive measures, highlighting the complexity of addressing FGM across borders and the need for tailored strategies to overcome these existential challenges.

CONCLUSION

A multi-faceted approach is needed to combat FGM, as highlighted by stakeholders. Integrating local mentors and sensitizing parents and institutions involved in educational initiatives is vital. Policymakers need to prioritize the making and implementation of ordinances. Cultural leaders must promote alternative rites of passage. Another avoidable action that must be considered is the support of former surgeons, so they transition to alternative livelihoods. Without this, FGM shall be carried out in secrecy. Other actions that are imperative to combat FGM include sustained sensitization of the community about its inhumane and illegality.

RECOMMENDATIONS

- **Integration into Cross-border Dialogues**: Including local mentors, known as "Mabiryondet," in cross-border dialogues can offer valuable insights into combating FGM, given their role in supporting girls undergoing FGM practice.

- **Income-Generating Activities:** Providing income-generating opportunities for mentors can reduce their dependency on FGM, thus contributing to sustained efforts against the harmful practice.

- **Parents: Sensitization Efforts**: Encouraging parents, especially fathers, to actively engage in discussions about FGM with their children can foster understanding and awareness within families, ultimately discouraging harmful practices.

- **Policy Makers:** Educational Initiatives: Prioritizing educational initiatives and vocational training opportunities for vulnerable girls can offer viable alternatives to FGM, promoting empowerment and skill-building.

- **Surveillance Strengthening**: Strengthening surveillance efforts against FGM through collaboration with relevant authorities and integrating surveillance with educational and religious platforms is crucial for effectively monitoring and reporting cases.

- **Cultural Leaders**: Rites of Passage Alternatives: Implementing empowerment programs for girls and former surgeons can provide alternatives to traditional rites of passage, contributing to the abandonment of harmful practices like FGM.

- **Power to Youth (PtY)**: Sustained Engagement: Maintaining frequent meetings, cross-border dialogues, and sensitization efforts against harmful practices like FGM is essential for sustained progress and community involvement.

- **Youth Empowerment**: Prioritizing youth empowerment through initiatives like youth camps and sports activities can equip young people with the knowledge and skills to advocate against harmful practices within their communities.

- **Former Surgeons**: Transition Support: Facilitating the transition of former surgeons into alternative livelihood activities, coupled with community sensitization programs, can break the cycle of dependency on FGM and contribute to its elimination.

1. INTRODUCTION

Power to You(th) is part of a five-year programme that is funded by the Dutch Ministry of Foreign Affairs and has been running from 2021 and will end in 2025. The Power to You(th) (PtY) consortium is led by AMREF Netherlands, in collaboration with Sonke Gender Justice and Rutgers, and supported by KIT and CHOICE as technical partners. The programme is implemented in Ethiopia, Ghana, Indonesia, Kenya, Malawi, Senegal, and Uganda and at global and regional level.

In Uganda, the Power to You(th) programme is implemented in six districts; Isingiro, Kalangala, Bukwo, Mbale, Kampala (coordination and advocacy) and Busia. The leading partners are the Uganda Youth and Adolescents Health Forum (UYAHF), Reproductive Health Uganda (RHU) and the Eastern African Sub-Regional Support Initiative for the Advancement of Women (EASSI).

The overall objective of the PtY programme is to empower adolescent girls and young women (AGYW) to increase their agency, claim their rights, address gender inequalities, challenge gender norms, and advocate for inclusive decision-making.

Despite its illegality, FGM is a concern, particularly in Sebei and Karamoja districts. This research evaluates the effectiveness of cross-border dialogues in ending FGM, assessing impact, identifying success factors and challenges, and providing recommendations for improvement.

1.1 CONTEXTUAL BACKGROUND

Sexual and gender-based violence (SGBV) and harmful practices, such as FGM/C, early and forced child marriage, and teenage pregnancy, are deeply rooted in harmful gender and sexual norms perpetuated by unequal (patriarchal) power relations. The Power to Youth program aims to address these root causes through different strategies such as cross-border dialogues, Gender Transformative Approaches, empowering stakeholders, including CSOs, cultural leaders, religious leaders, and young people, to critically examine, question, and change rigid gender norms and power imbalances at all levels of society.

Female Genital Mutilation (FGM) is a harmful traditional practice that continues to affect the lives of women and girls in Uganda. According to the latest Uganda Demographic and Health Survey (UDHS) data (2016), the prevalence of FGM in Uganda remains one of the lowest in East Africa at 0.3% among women aged 15–49 years. However, this is a national figure that includes even the districts that don't practice FGM. Therefore, it is prudent to contextualise the FGM prevalence among the districts that practice it.

Although the practice was made illegal by the 2010 Prohibition of Female Genital Mutilation Act, it is still prevalent in some districts in Sebei and Karamoja regions, where FGM prevalence among women aged 15-49 years is high in some sub-counties for example on average 26.7% of women aged 15-49 practice FGM in the districts of Kween, Bukwo, Kapchorwa, Moroto, Nakapirpirit, and Amudat. Moroto district registered the highest percentage 51.5% followed by Nakapiripirit 49.2%, Amudat 43%, Bukwo 27.7%, Kween 21%, and Kapchorwa 12.9% (UNFPA, 2022).

Despite significant efforts to combat FGM, it remains prevalent in specific communities, particularly those near the country's borders (Bukwo, Kween, and Kapchorwa) with neighboring countries, especially Eastern Uganda. Cross-border dialogue interventions have shown promise in addressing this issue by engaging communities on both sides of the border.

> ***If you are not cut, you cannot milk the cows and are not allowed to feed the guests, even your husband. You are constantly abused, and this is so painful.***

FGM PREVALENCE IN SEBEI AND KARAMOJA

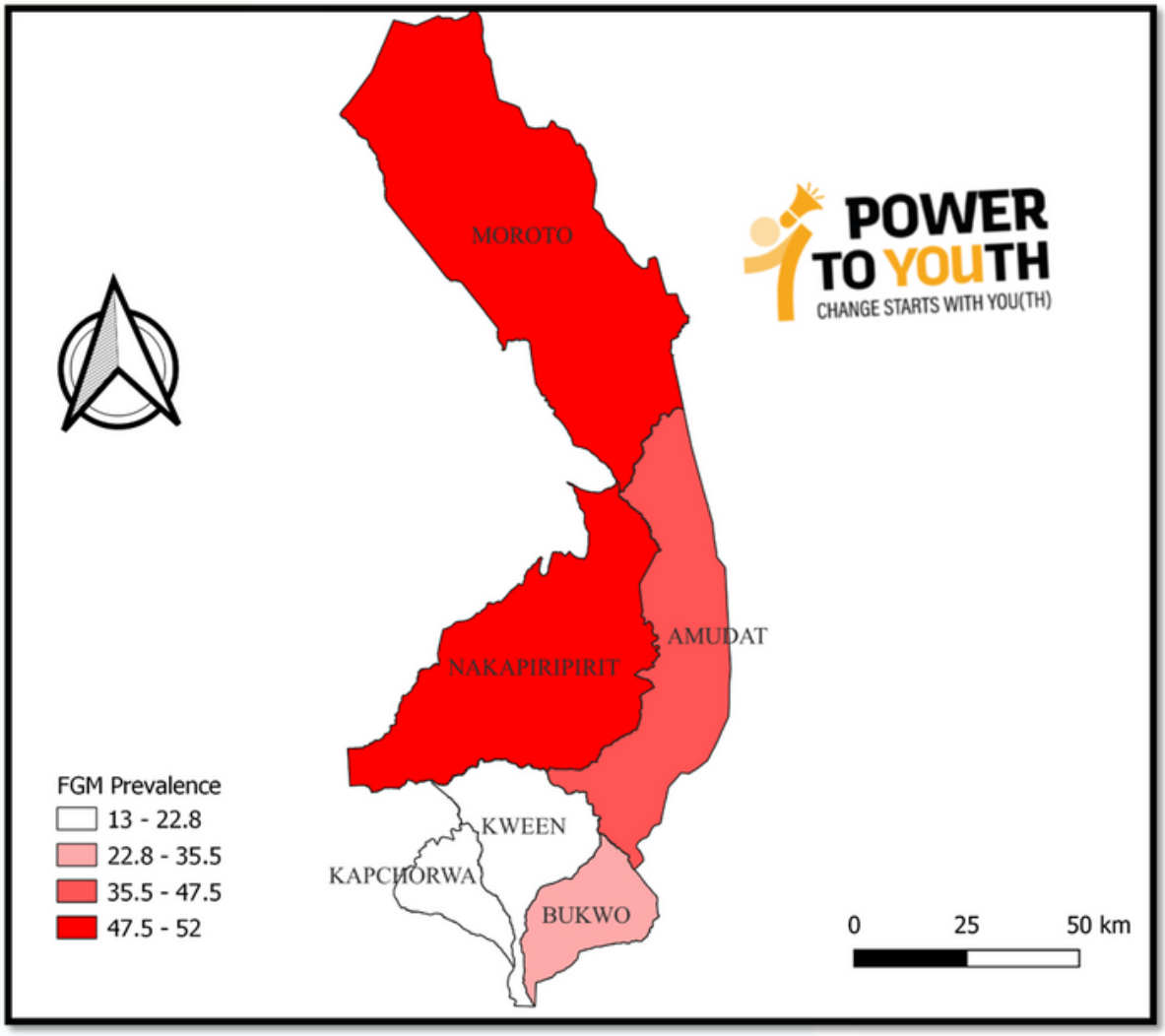


Figure 1: Prevalence of FGM among Sebei and Karamoja Districts

1.2 Purpose

This operational research aims to identify results achieved so far to improve the programme's operations.

1.3 Objectives

The primary objective of this operations research was to evaluate the impact and effectiveness of cross-border dialogue interventions in ending FGM in Uganda. Specifically, the research aimed to:

- Assess the extent to which cross-border dialogue interventions have influenced attitudes and behaviors related to FGM in target communities.
- Identify critical success factors and challenges associated with cross-border dialogue interventions in preventing FGM
- Provide evidence-based recommendations for improving and scaling up cross-border dialogue interventions to end FGM in Uganda.

1.4 LITERATURE REVIEW

The existing literature review on FGM in Uganda, encompassing prevalence rates, regional variations, and current interventions, as well as international best practices for cross-border dialogue interventions to combat FGM, was conducted using various sources, including academic databases such as PubMed Central, google scholar, Social Science Research Network, and the Directory of Open Access Journals. Additionally, publications from organizational websites, newspaper articles, and Acts about FGM, among others, were searched.

1.4.1 LITERATURE SEARCH STRATEGY

The search strategy used in the databases mentioned above to retrieve the publications included: (((((((("circumcision, female"[MeSH Terms] OR ("circumcision"[All Fields] AND "female"[All Fields]) OR "female circumcision"[All Fields] OR ("female"[All Fields] AND "genital"[All Fields] AND "mutilation"[All Fields]) OR "female genital mutilation"[All Fields]) AND ("africa"[MeSH Terms] OR "africa"[All Fields])) AND ("africa south of the sahara"[MeSH Terms] OR ("africa"[All Fields] AND "south"[All Fields] AND "sahara"[All Fields]) OR "africa south of the sahara"[All Fields] OR ("sub"[All Fields] AND "saharan"[All Fields] AND "africa"[All Fields]) OR "sub Saharan africa"[All Fields])) AND ("africa, western"[MeSH Terms] OR ("africa"[All Fields] AND "western"[All Fields]) OR "western africa"[All Fields] OR ("west"[All Fields] AND "africa"[All Fields]) OR "west africa"[All Fields])) AND ("africa, eastern"[MeSH Terms] OR ("africa"[All Fields] AND "eastern"[All Fields]) OR "eastern africa"[All Fields] OR ("east"[All Fields] AND "africa"[All Fields]) OR "east africa"[All Fields])) AND ("uganda"[MeSH Terms] OR "uganda"[All Fields])) AND ("legislation"[All Fields] OR "legislation as topic"[MeSH Terms] OR "laws"[All Fields])) AND (legal[All Fields] AND framework[All Fields])) AND (NGO[All Fields] AND "interventions"[All Fields])

1.4.2 CONTEXT AND BACKGROUND

The precise origin of FGM remains uncertain, but historical accounts, including those from Greek historians such as Herodotus and Strabo, suggest that it occurred in Ancient Egypt along the Nile Valley during the time of the Pharaohs. Consequently, Egypt is often regarded as the likely source country. FGM has also been documented among various other civilizations, including the Romans, who practised it as a means of contraception for their female slaves. Additionally, in Western Europe and the United States during the 1950s, clitoridectomy was reportedly performed to address perceived conditions such as hysteria, epilepsy, mental disorders, masturbation, nymphomania, and melancholia (Odukogbe et al., 2017).

Female genital mutilation (FGM) refers to the partial or complete removal of the external female genitalia or other forms of injury to the female genital organs performed for non-medical purposes. Traditional practitioners usually carry out this practice on girls from infancy to 15 years of age. In numerous societies, FGM is perceived as obligatory for marriage and is regarded as a means of regulating the sexuality of women and girls (Ahinkorah et al., 2020). FGM is an inhumane practice and a severe violation of human rights, causing harmful effects on the lives of women and girls. These effects include severe pain, infections, childbirth complications, long-term gynecological issues like fistula, psychological trauma, and even death (Cappa et al., 2020). FGM happens in different cultural settings, with variations in the age of cutting, the extent of the procedure, where it occurs, and the associated rituals.

FGM happens in different cultural settings, with variations in the age of cutting, the extent of the procedure, where it occurs, and the associated rituals. FGM is practised in about 30 countries in Africa, with most of these countries concentrated in the sub-Saharan African region (Odukogbe et al., 2017). Over 200 million girls and women currently living have experienced female genital mutilation (FGM) in approximately 30 nations across Africa, the Middle East, and Asia, where this practice is prevalent (WHO, 2024).

In the medical literature, four main types of FGM/C are recognized as listed below:

- Type I: excision of the clitoral hood with or without removal of parts or the entire clitoris (clitoridectomy).
- Type II: excision of the clitoris together with parts or all the labia minora.
- Type III: excision of parts or the whole of the clitoris, labia minora, and labia majora and stitching or narrowing of the introitus, with a tiny outlet for passage of urine and menstruum. This is also known as infibulation.
- Type IV: other harmful procedures to the female genitalia for non-medical purposes. Examples are —pricking, piercing, incising, scraping, and cauterization. Others are hysterectomy, cutting off the vagina, and introduction of corrosive substances or herbs into the vagina to cause bleeding or to tighten or narrow the vagina (Seidu et al., 2021).

1.4.3 LEGAL FRAMEWORK AGAINST FGM

In South Sudan, both the Penal Code Act 2008 (the Penal Code) and the Child Act 2008 (the Child Act) criminalise FGM and remain in force as per the Transitional Constitution. The Penal Code sets out the punishment for committing FGM. Covenant on Civil and Political Rights (ICCPR); the International Covenant on Economic, Social and Cultural Rights (ICESCR); the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW); the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT); and the Convention on the Rights of the Child (CRC), contribute to the legal framework for the protection and promotion of women and girls' human rights, which are violated by the practice of FGM/C.

These rights include the right to non-discrimination, protection from physical and mental violence, and the highest attainable standard of health and the right to life. The UN Human Rights Committee, in General Comment No. 2, stated that FGM/C constitutes cruel, inhumane, or degrading treatment that violates the general prohibition against torture (para. 18).

While CEDAW makes no specific reference to FGM/C, its Committee on the Elimination of Discrimination against Women has interpreted the Convention to prohibit traditional practices that discriminate against women and harm children in several general recommendations, including its General Recommendation No. 14 on female circumcision, General Recommendations No. 19 and No. 35 on gender-based violence against women, and General Recommendation No. 24 on women's right to health (Nabaneh & Muula, 2019). Ethiopia, Kenya, Tanzania, and Uganda have laws at the national level that ban female genital mutilation (FGM). While Somalia lacks specific national legislation, its constitution prohibits the practice. Among these countries, only Kenya and Uganda have thorough legislation that clearly defines FGM, establishes penalties for those involved in its practice, and allows for jurisdiction beyond their borders (Cappa et al., 2020; Kalengo et al., 2022; Shakirat et al., 2020).

In Uganda, The FGM Act 2010 is a comprehensive law against FGM. It clearly defines FGM and criminalises the performance, procurement, attempting, aiding, and abetting of all forms of the practice. Both medicalised FGM and cross-border FGM are criminalised and punished under this legislation. In Kenya, The Prohibition of Female Genital Mutilation (FGM) Act of 2011 is in place, while in Tanzania, the Anti-FGM/C was enacted in 1998, and it outlaws FGM/C. The Tanzania sexual offenses special provisions Act, a 1998 amendment to the penal code, expressly prohibit FGM. In Somalia, there are currently no penalties set out in the law of Somalia for practising FGM. Although the Constitution of Somalia prohibits FGM, no specific law or provision establishes a punishment for breach of the Constitution. In addition, in South Sudan, both the Penal Code Act 2008 (the Penal Code) and the Child Act 2008 (the Child Act) criminalise FGM and remain in force as per the Transitional Constitution. The Penal Code sets out the punishment for committing FGM.

Despite the presence of legal prohibitions against female genital mutilation (FGM), the practice persists in certain East African countries, both openly and covertly. Despite efforts to combat it, deeply ingrained cultural traditions and societal pressures perpetuate its continuation. Comprehensive strategies involving education, community engagement, and robust law enforcement are necessary to effectively eradicate FGM and safeguard the well-being and rights of girls and women in the region.

1.4.4 FGM prevalence rate in East Africa and the Horn of Africa

Country	FGM/C (%)	Sample size
Eritrea	83%	10,238
Ethiopia	65%	7,822
Kenya	21%	14,625
Tanzania	10%	13,266
Uganda	0.3%	18,506

Table 1: Showing Prevalence of FGM in East and Horn of Africa 15-49 years

Source: Systematic Review Study: (Farouki et al., 2022)

According to the latest Uganda Demographic and Health Survey (UDHS) data (2016), the prevalence of FGM in Uganda remains one of the lowest in East Africa at 0.3% among women aged 15-49 years. FGM primarily affects disadvantaged women from poor households, who have low levels of education and who reside in rural areas (UBOS, 2016).

1.4.5 EXISTING INTERVENTIONS

There exists a web of interventions aimed at ultimately ending the harmful practice of FGM within Uganda, the East African Region, and globally. The interventions have been commissioned by Governments, International Agencies, CSO players, local activists, religious leaders, and cultural leaders, among other stakeholders (Matanda et al., 2023).

Firstly, health education, community dialogues with parents and religious leaders, the use of media and social marketing efforts, and formal education for women and girls are examples of interventions that have a strong enough body of evidence to justify wider implementation as part of comprehensive efforts to eliminate FGM. Secondly, legislation accompanied by political will in combination with additional interventions, creating FGM-free communities through public declarations, and training health providers are promising interventions with further evidence needed.

Thirdly, providing traditional practitioners with alternative sources of income and alternative rites of passage with a focus on the public ceremonial passage of girls is not practical in ending FGM. Lastly, adequately addressing FGM requires a holistic approach, bringing together interventions that are sensitive to the complexity of FGM. Among the interventions in Uganda aimed at ending Female Genital Mutilation (FGM) through the Power to Youth project is the cross-border initiatives, scheduled to run from 2021 to 2025. This initiative not only focuses on combating FGM but also seeks to engage young people in discussions regarding various critical issues such as unintended pregnancies, sexual and gender-based violence (SGBV), child marriages, and FGM/C. Implemented in collaboration with organizations like EASSI, RHU, and UYAHF, the program operates in multiple regions, including Kampala, Kalangala, Isingiro, Busia, Mbale, and Bukwo.

Girls and women who have undergone FGM will often receive a mark of identification somewhere on their bodies, especially the arm.

2. METHODOLOGY

2.1 RESEARCH DESIGN

The Power to Youth Operational Research adopted a cross-sectional qualitative research design. The study was intended to collect and analyse data from a representative cross-section of the implementers, beneficiaries and other participants and stakeholders at a given point in time to arrive at valid conclusions regarding the extent to which cross-border dialogue interventions have influenced attitudes and behaviours related to FGM in target communities, and the critical success factors and challenges associated with cross-border dialogue interventions in preventing FGM. Accordingly, the operational research targeted vital stakeholders involved in the cross-border dialogues in Bukwo District on the border of Uganda and Kenya—each respondent category in the two districts.

2.2 STUDY SITE

The study was conducted in four sites, including three sub-counties (Suam, Riwo, and Kaptererwo) and at the District Headquarters. In addition, the researchers also interviewed Kenyan Officials from Kanyerus in West Pokot.

Map showing the study sites of Bukwo and West Pokot County

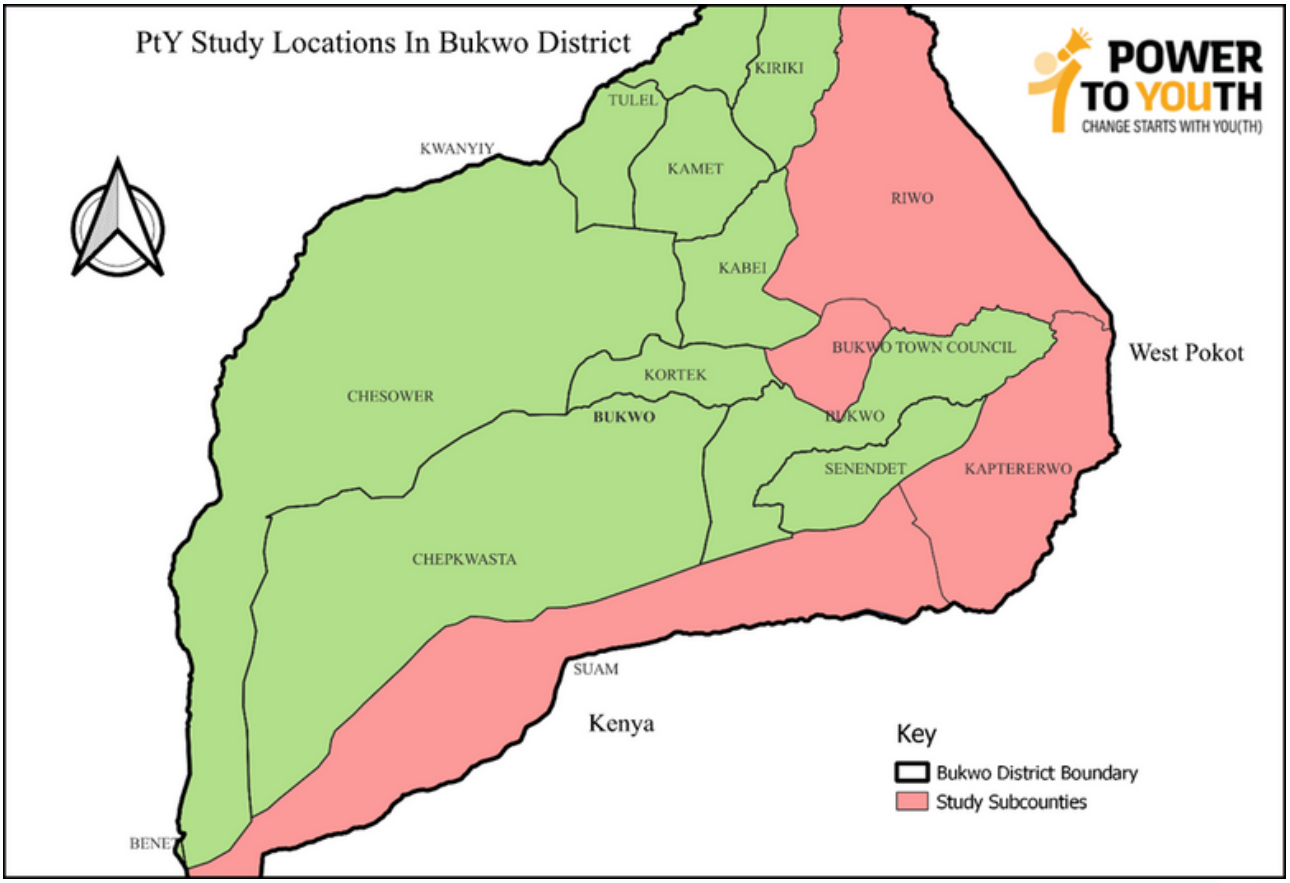


Figure 2: Showing the Location of Study Sites

2.3 DATA COLLECTION METHODS

Four (4) methods were used to collect primary and secondary data: interviews, focus group discussion (FGD), observation and desk research.

2.3.1 DESK RESEARCH

Secondary data was collected by reviewing relevant documents, such as the cross-border dialogue reports, the midterm review report produced by the implementer, and other relevant materials. The reports reviewed included but were not limited to the Joint Cross-border Dialogue-Kanyerus activity report, PTY Activity for Suam Sub- County Cross-border dialogue, and Suam community engagement activity report. Other documents include peer-reviewed journals, Newspaper publications about FGM in Uganda and Kenya, and reports from like-minded CSOs about FGM.

2.3.2 KEY INFORMANT INTERVIEWS

Firstly, key informant interviews were conducted with various categories of respondents who had been exposed to the cross-border dialogues aimed at ending FGM and other activities of PTY in Bukwo District from the project locations of Bukwo District, Riwo, Kapterewo, and Suam Sub counties. In addition, interviews were also conducted with Kenyan officials who had participated in the cross-border dialogue at the Kanyerus border in West Pokot County. In total, 36 interviews were conducted. Secondly, the consultants interviewed Bukwo District Local Government Staff and Government Officials from Kenya involved in the cross-border dialogue.

Depth of Insight:

Key informant interviews allowed for an in-depth exploration of respondents' experiences and perspectives regarding the cross-border dialogues and the efforts to end Female Genital Mutilation. This method enabled researchers to gather rich, detailed information that might not have been obtained through other means, providing a comprehensive understanding of the issue from various stakeholders' viewpoints.

Diverse Perspectives:

The research captured a wide range of perspectives on the topic by conducting interviews with different categories of respondents, including community members and Kenyan officials. This diversity in viewpoints enhanced the credibility and validity of the findings, as it ensured a more holistic representation of the realities and challenges associated with the cross-border dialogue interventions aimed at addressing Female Genital Mutilation in Bukwo District and west Pokot in Kenya. The table illustrates the various categories of KIIs that were interviewed.

Table 2: Distribution of the sample by category and location of respondents

	KII Category	Number
A	**Uganda**	
1	District Officials	3
2	Local Government Officials	4
3	Security Personnel	1
4	Cultural Leaders	4
6	Reformed Surgeons	4
7	Current Surgeon	1
8	Religious Leaders	5
9	Traditional Birth Attendants	4
10	Young Perple	3
11	PTY Project Staff	1
B	**Kenya**	
12	Chief	1
13	Inspector	1
14	Reformed Surgeon	1
	Total	**36**

2.3.3 FOCUS GROUP DISCUSSION

One focus group discussion was held with six youth advocates from Suam, Riwo, Kaptererwo, and Bukwo Town Council. The youth shared their views on the extent of the implementation of PTY activities and hinted at some changes, challenges, and recommendations moving forward regarding ending FGM in Bukwo District. One reason the focus group discussion was critical is that the focus group allowed for gathering collective insights from multiple youth advocates representing different areas within Bukwo District.

This method facilitated the exchange of ideas, experiences, and perspectives among participants, leading to a deeper understanding of the implementation status of PTY activities and the challenges associated with ending FGM. It provided a platform for consensus building and identifying common themes, contributing to more informed decision-making and effective planning for future interventions.

2.3.3 OBSERVATION

Through the observation method, researchers confirmed the existence of porous borders between Uganda and Kenya in the sub-counties of Suam, Kaptererwo, and Riwo that are contributing to the continued cross-border Female Genital Mutilation (FGM). This finding underscores the need for cross-border cooperation to address FGM, as girls and young women from Uganda are crossing into West Pokot County, Kenya, for mutilation. Additionally, the observation revealed significant mobilization efforts for intergenerational dialogues.

For instance, a dialogue in Kaptererwo Sub- County at Kaptererwo Primary School conducted on 19th December 2023 was attended by various stakeholders, including former surgeons, Youth Advocates, District and Sub- County officials, Security officials, and Young People. This suggests a strong community commitment to ending FGM and promoting dialogue across generations and stakeholders.

Figure 3: A Porous Border between Crossing to Kenya in Riwo Subcounty

The porous border between Uganda and Kenya at the Riwo Subcounty border crossing. The cross-border dialogues have increased border surveillance to prevent young girls and women from crossing to Kenya to practice FGM.

2.4 DATA MANAGEMENT

The 31 audio files plus one FGD audio obtained digitally recording the interviews were later transcribed and analyzed using Computer Assisted Qualitative Data Analysis Software (CAQDAS) with ATLAS.ti version 24. The inductive coding process included organizing the findings based on the various themes as per the terms of reference and the interview guides. The findings were then categorized and visualized using ATLAS.ti to draw the necessary conclusions.

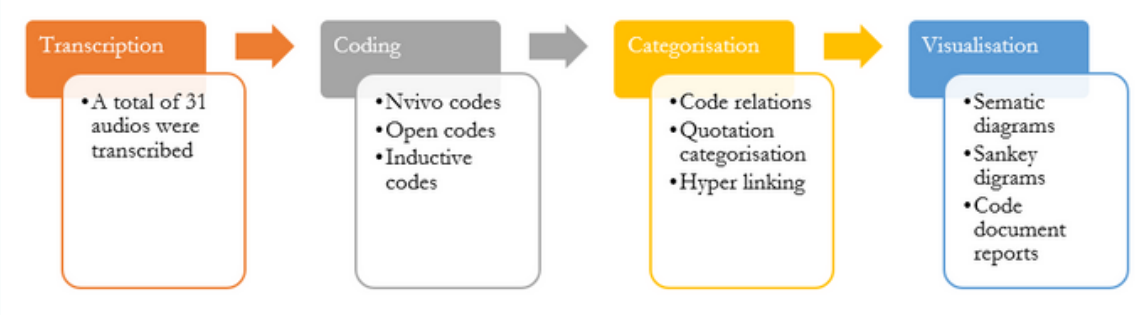


Figure 4 : Qualitative data management process by ATLAS.ti v24

To ensure that valid and reliable data was collected, appropriate data collection tools were formulated and reviewed by PtY Uganda consortium members before being pre-tested for validity and reliability. Wherever the need arose, the consultant telephoned particular youth advocates and the PtY Focal Person in Bukwo to seek further clarification of their answers.

2.5 QUALITY CONTROL

Quality control measures were implemented to ensure the reliability and validity of the findings gathered through focus group discussions and key informant interviews. The following steps were taken to maintain quality control throughout the research process:

- **Clear Objectives:** The research objectives, questions, and expected outcomes of the focus group discussions and key informant interviews were established at the outset to maintain focus and alignment with the research goals during the training of the research assistants.
- **Detailed Interview Guides:** Comprehensive interview guides were developed for focus group discussions and key informant interviews, containing structured questions and prompts to ensure consistency and depth in data collection.
- **Training of Interviewers:** Interviewers underwent training to ensure their understanding of the research objectives, interview protocols, and ethical considerations. This training covered active listening, probing, and maintaining neutrality during interviews.
- **Pilot Testing:** Interview guides were pilot tested to identify any ambiguities, flaws, or areas for improvement before full-scale data collection commenced.
- **Diversity in Participants:** Participants were selected to represent diverse perspectives, including different age groups (young people, middle-aged and older persons), genders (males and females), ethnicities (Sabins, Bakusu, Pokots, etc.), and roles within the communities involved in the cross-border dialogues.
- **Informed Consent:** Before participation, informed consent was obtained from all participants, ensuring they understood the purpose of the research, their role, and their rights as participants.
- **Confidentiality:** Participants were assured of the confidentiality of their responses, and measures were taken to protect their identities throughout the research process.
- **Recording and Transcription:** Focus group discussions and key informant interviews were recorded (with participants' consent) to ensure accuracy in data capture. Verbatim transcription of recordings was conducted to facilitate analysis.
- **Regular Debriefings:** Regular debriefings were held with interviewers and research team members to discuss emerging themes, challenges encountered, and potential biases, ensuring consistency and rigor in data collection.
- **Triangulation of Data:** Findings were validated by triangulation data from multiple sources, comparing information gathered from focus group discussions with key informant interviews and other relevant sources.

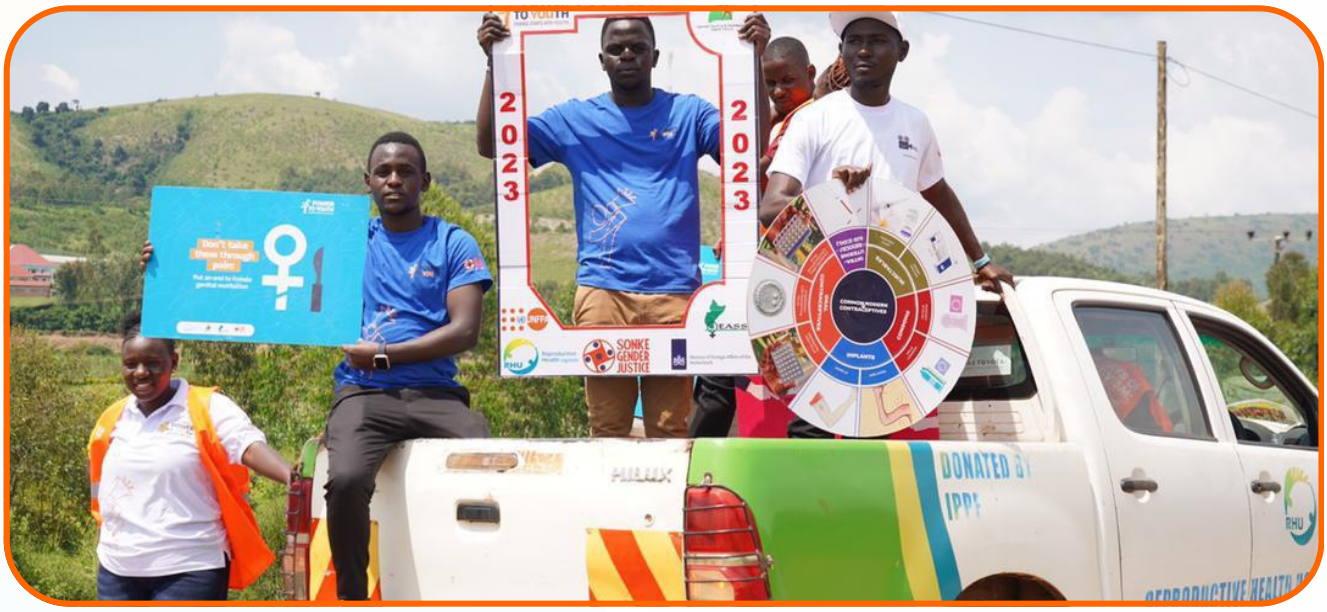
2.6 LIMITATIONS

The research was constrained mainly by extrinsic limitations in the form of human resources, logistical capacity, timing, and other circumstantial factors.

- Collecting data towards Christmas made it challenging to access key informants. Moreover, key informants limited the interview time, which made it challenging to probe the requisite details. The consultancy team was able to interact with enough program beneficiaries and other participants and collect enough reliable data to arrive at valid and reliable findings.

The study's findings cannot be scientifically generalizable since the sample size was insufficient to constitute a survey based on the nature of the program activities. Nevertheless, the findings are transferable in similar geographical spaces since they offer a thick description of the cross-border FGM interventions by PtY.

3. FINDINGS AND DISCUSSIONS



3.1 INTRODUCTION

This section presents findings regarding the primary objective of this operations research, which aimed to evaluate the impact and effectiveness of cross-border dialogue interventions in ending FGM in Uganda. The findings are primarily structured under three core themes: an assessment of the extent to which cross-border dialogue interventions have influenced attitudes and behaviours related to FGM in target communities, critical success factors and challenges associated with cross-border dialogue interventions in preventing FGM, and evidence-based recommendations for improving and scaling up cross-border dialogue interventions to end FGM in Uganda.

3.2 FGM AS AN EXISTENTIAL PROBLEM

Findings from multiple respondents indicated that although FGM has reduced, and there are no open FGM ceremonies in Bukwo district, it is clandestinely practised by some surgeons. Despite the enactment of the Prohibition of Female Genital Mutilation Act, 2010, by the Government of Uganda and programming by PtY to eradicate the practice, there remains a segment of the population that still upholds FGM as a culturally significant tradition. The Cultural Leaders suggest that older generations, who have long revered FGM, continue to perpetuate its practice, indicating a deep-seated attachment to cultural norms and values. In addition, the outlawing of the FGM practice in Uganda has facilitated cross-border FGM, whereby girls are taken across the porous borders to West Pokot, a region that predominantly shares the same cultural heritage, including the practice of FGM.

> *"This is a violation of human rights. Secondly, this inhumane cultural practice is still prevalent among the communities living around the border, that is, the Pokots and the Sabins of Uganda. Other Sabinis are still depending on the FGM cutting. […] they sneak our girls to neighbouring countries at night. It is practised secretly, unlike in the old days".*
>
> Cultural Leader, Rio Sub-County

3.2.1 REASONS FOR SECRET FGM PRACTICES

- FGM continues because people believe it helps ***keep women faithful and controls their sexual desires***. In the past, it was seen to stop women from being tempted while men were away for long periods. These beliefs make it hard to stop FGM, even though it harms women. In addition, FGM persists due to cultural beliefs linking it to ***womanhood and domestic roles***. Uncircumcised women face restrictions from traditional chores like ***mudding houses or collecting cow dung***, reinforcing the idea that they are not considered fully grown or capable of fulfilling household duties without undergoing FGM.

- FGM persists due to social ***exclusion and stigma***. Women who have not undergone FGM face discrimination and exclusion from community activities. They are often ostracised, ***unable to participate in ceremonies or sit with their families***—the pressure to conform to societal norms results in the mutilation of girls to avoid social rejection. Additionally, cultural beliefs dictate that uncircumcised women are unfit for specific tasks like ***climbing up the granary***, perpetuating the cycle of exclusion, and reinforcing the practice of FGM to gain acceptance in society.

- ***Rite of passage.*** The respondents noted that FGM continues underground in Bukwo and the neighboring Sebei region because it's seen as a way for girls to become adults and get married. Some parents, surgeons, and mentors still admire the practice. This pressure forces girls to undergo the procedure, causing them harm and complications. Although some Sabins believe it is a tradition that must be followed, others now hold a contrary view that it should be phased out.

> *"...Female genital mutilation has been an outstanding qualification for a girl child in our community. Moreover, people still believe that it still works. That it is a qualification for somebody to transition from childhood to adulthood. So, the practice is still going on even though the government has intervened in many aspects, but they are not making it completely off"*
>
> Cultural Leader, Suam Subcounty

Therefore, despite efforts to end FGM in Bukwo district by multiple stakeholders, including PtY, clandestine practices were reported to persist by some surgeons, fuelled by deeply ingrained cultural beliefs and the clandestine nature of the act.

- Also, in the ***Pokot culture and community***, they believe that a circumcised woman commands a higher dowry price. A virgin who has undergone circumcision but has not attended school can fetch a dowry of up to 35 heads of cows. In contrast, an uncircumcised woman may only fetch 10 or 5 cows. Additionally, she may face ridicule from her peers who have undergone circumcision.

3.2.2 EFFECTS OF FGM

The study revealed strong knowledge of FGM's effects among all the respondents interviewed across the four project sites (Bukwo Town Council, Riwo, Suam, and Kaptererwo Sub-counties). The practice of Female Genital Mutilation (FGM) has detrimental effects, according to the findings. FGM leaves scars, causing ***deformities and discomfort*** in the genital area, and may result in delivery complications such as obstructed labor. ***Excessive bleeding*** during and after the procedure poses significant health risks, including death. FGM also contributes to ***early marriages*** as girls may perceive themselves as ready for adulthood after undergoing it, impacting their education and future opportunities.

Additionally, FGM can lead to ***fistula***, a severe medical condition causing urinary and fecal incontinence and social stigma. ***Reduced sexual arousal*** due to tissue removal may lead to ***marital dissatisfaction*** and ***domestic violence***. Furthermore, study participants reported that FGM ***increases the risk of HIV transmission*** if unsterile tools are used. Lastly, findings indicated that women who have undergone FGM might face challenges in marrying outside their tribe due to cultural beliefs and stigmatization. These findings underscore the role PtY has played in disseminating comprehensive knowledge about the effects of FGM in the quest to end the harmful practice.

> *"When the wound was healing, it closed some opening for the birth canal... [...] that is what would bring those complications in delivery, and in meeting together with the husband."*
>
> Reformed Surgeon, Riwo Subcounty

> *"It encourages early marriage to our young girls. Because when a girl is mutilated, she might start to say, I now qualify to be a woman, and I am ready for marriage when she is still young. So, she gets married very early. it affects her life."*
>
> Cultural Leader Suam Sub-County

> *"Sadly, the person already mutilated cannot [...] sexual feelings; the feelings tend to disappear. This normally hinders harmonious marriages, hence causing family breakage, and all the domestic violence in marriages"*
>
> Current Surgeon, Suam Sub-County

3.3 IMPLEMENTATION OF THE CROSS-BORDER DIALOGUE INTERVENTIONS

The Joint Cross Border Dialogue engaged stakeholders from Uganda and Kenya, including political leaders, religious and cultural leaders, Civil Society Organizations (CSO), Technical Working Group (TWG) members, young people, media, and the Power to You(th) partners. Discussions were held around female genital mutilation, its effects, and community engagements in the elimination of the practice. Real-life experiences were told by survivors, surgeons, cultural leaders, and victims of FGM on their interface with FGM in their communities

What was evident was that female genital mutilation has triple and adverse effects on women and girls; usually, men are the primary beneficiaries and push factors for the practice as women and girls undertake FGM to prepare for marriage and to get a sense of belonging in the community. To eliminate FGM, participants in the cross-border dialogue developed ***community-led strategies*** that highlighted strategies like male engagement, ***engagement of cultural leaders, meaningful youth engagements, community Policing,*** and ***aggressive policy*** implementation among others.

Coordination of the cross-border and intergenerational dialogues

Power to Youth (PtY) organizes cross-border dialogues involving various stakeholders from both Uganda and Kenya. Participants include elders, youth, cultural leaders, church leaders, and representatives from civil society organizations (CSOs) in Kenya Like IREP and AMREF.

Coordination and mobilisation for these activities are led by the Bukwo district PtY Focal Person, who informs the District Officials like the District Community Development Officer (DCDO), Inturn, who coordinates with the Probation Officer, and Secretary to Gender and Health.

When there are planned activities to be held at the sub-county level, Local Government Officials like the LC III Chairpersons (Majors) and Community Development Officers (CDOs) should be informed and requested to further mobilize at sub-county levels using the existing structures of community leaders (cultural, church, Youth Advocates, Youth Champions and LCI Chairpersons, Traditional Birth Attendants, Former Surgeons etc). On the side of Kenya, the area chief does the mobilization.

The discussions cover the impact of FGM, legal aspects, and strategies for advocacy and prevention. PtY also engages technical leaders, former cutters, religious leaders, and youth leaders, emphasizing community involvement and intergenerational dialogue to combat harmful practices. Coordination is facilitated through focal point persons at the district level, ensuring effective collaboration and dissemination of information among stakeholders.

3.4 COORDINATION NETWORK OF THE CROSS-BORDER AND INTERGENERATIONAL DIALOGUES

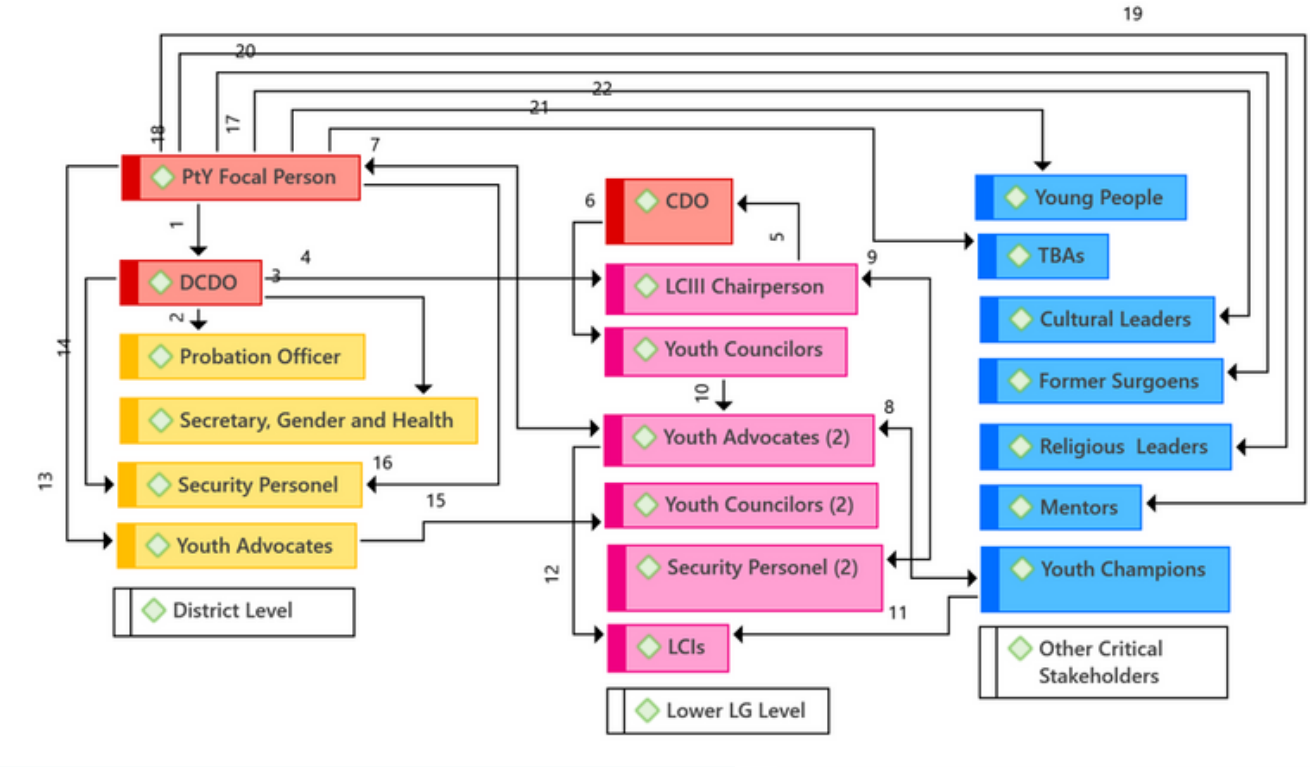


Figure 5: Coordination network visualized through ATLAS.ti V24

Figure 5 indicates that the most critical mobilisers and coordinators for the cross-border interventions include The PtY Focal Person, The DCDO, The CDOs, the LCIIIs at Lower Local Governments, and the PtY Youth Advocates.

3.5 CROSS-BORDER INTERVENTIONS IN BUKWO DISTRICT

Cross-border Dialogue at Kanyerus Peace Border School took place on 19th July 2022

Suam Sub-County Community engagement 22nd – 24th January 2022, Location: Suam Sub- County Hall

Radio talk show on PtY activities and the fight against FGM

Suam Subcounty mobile drive aimed at ending FGM

3.5 COMMUNITY-LED STRATEGIES DEVELOPED DURING THE CROSS-BORDER INTERVENTIONS

CATEGORY	UGANDA	STRATEGY DEVELOPED
Young People	Uganda	• Utilisation of social media to raise awareness about FGM in the district. • Sensitization of the young people about FGM and its dangers through different youth groups and platforms in Bukwo. • Promotion of education and girl empowerment as a way of minimizing FGM in the community. • Intergenerational dialogues are critical between young people and other stakeholders.
	Kenya	• Male involvement in all cross-border intervention initiatives against FGM in West Pokot.
Cultural Leaders	Uganda	• They are engaged in the interventions that aim at eradicating FGM in the sub-counties and counties of Uganda and Kenya, respectively. • Promotion of alternative practices like celebrating graduation after a boy and girl have completed a specific education level. For example, some parents from Uganda, especially in Riwo Sub- County, are currently celebrating their children's education instead of the FGM practices. • Cultural leaders are working together with Police from both Uganda and Kenya to enforce the different laws and arrest the different people still practicing FGM. • Strengthening community policing by the police to enforce the laws on FGM, like the FGM Act in Uganda. Power to Youth needs to strengthen the capacity of police to enforce the law. • Cultural leaders are ambassadors for anti-FGM practice within Bukwo and Kanyerus. They will sensitize all categories of people against FGM. • Girl child education promotion.
	Kenya	• Community dialogues aimed at ending FGM should be held • Education is Key, and cultural leaders are promoting access to education in all their communities.
Security Personal		• Uganda and Kenya Police are working harmoniously, having coordinated activities between the police of Bukwo and Kanyerus. Their contacts were shared with all the participants for easy access. • Continuous sensitisation of the community about the harms of FGM. • Using an integrated approach in delivering activities: integrating police activities with issues concerning FGM mostly during the radio talk shows when police have airtime on the radio stations.

CATEGORY	UGANDA	STRATEGY DEVELOPED
Policy Makers	DCDO- `Bukwo District	• Engagement of community members, mostly surgeons and young people in government programme like Parish Development Model and Emyooga. • Continuous follow-up with the different ministries like the ministry of Gender, on the pledges to offer alternative source of income to the surgeons in Bukwo District. • The district, through the DCDO will appoint the Community Development Officer for the RIWO sub-county to ensure community development and eradication of FGM in the sub-county.
	ACAO- Bukwo district	• Intensify the FGM Act to the community through sensitisation. The community department will intensify the FGM Act through the different engagements with the community. • Sensitization of the community about the dangers of FGM. • Implementing partners need to network with the community to eradicate FGM most, especially since this is the season for mutilation.
	Deputy RDC- Bukwo District	• Promotion of education of girls and boys in our communities • Enforcing the implementation of the FGM Act in Bukwo District. • Create alternative activities for Surgeons and other women and girls. • Societal actors like teachers, cultural leaders, and influencers should be at the forefront of interventions targeting the eradication of FGM.
	Chief Kenya	• Conducting school outreaches sensitizing the pupils and teachers about the dangers of FGM. • Male engagement- Engaging of boys and men in the eradication of FGM. They can educate against FGM since they are the ones that primarily motivate women to mutilate. • Conduct Community Dialogues with all the societal actors on FGM and the FGM Laws in Kenya. • Promotion of education among children. • Increased funding for cross-border sensitization between Uganda and Kenya.

Table 3: Table Community-led Strategies developed during the cross-border interventions

3.5.1 POSITIVE OUTCOMES OF THE CROSS-BORDER INTERVENTIONS

The positive changes or outcomes realised by the project implementation team and the multiple stakeholders interviewed are reported and discussed in the section below:

3.5.2 EDUCATION OUTCOMES

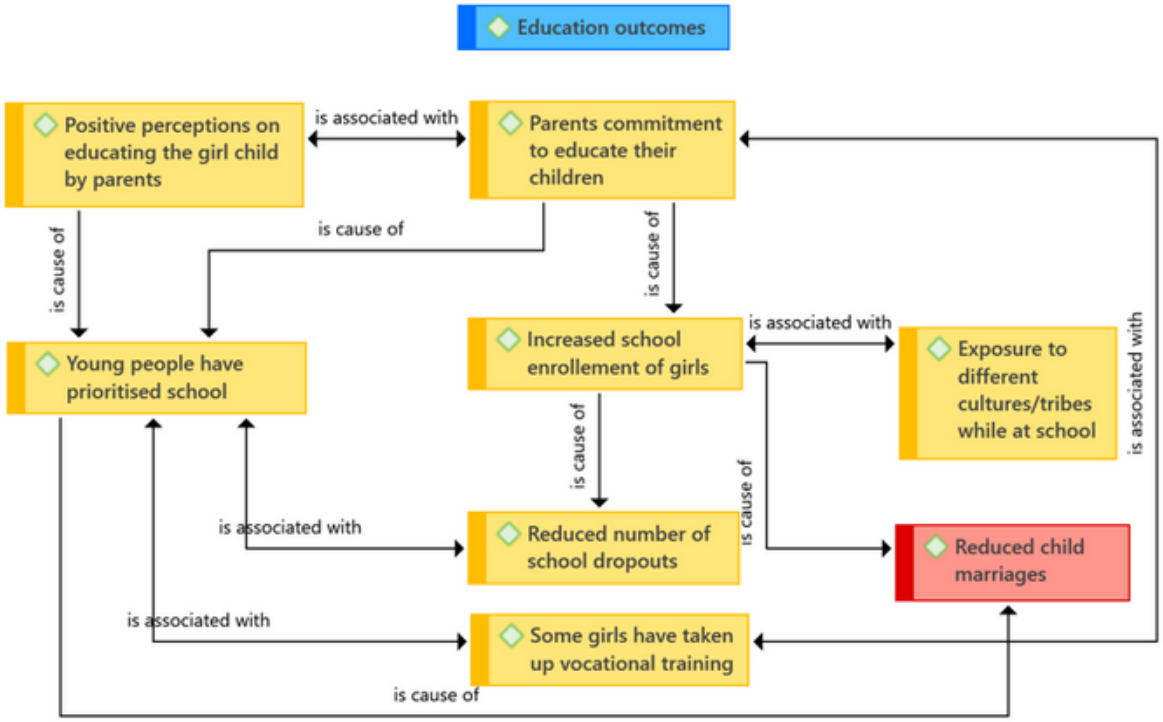


Figure 6 : Education outcomes visualized through ATLAS.ti V24

- **Increased School Enrolment:** Participants noted significant progress in girls' education, attributing it to Power to Youth (PtY) interventions. A District Community Development Officer (DCDO) highlighted, "***Increased enrolment of girls in schools...which is positive.***" Implications: Continued support for education initiatives can empower girls and disrupt traditional practices like FGM, emphasizing the importance of sustained efforts in promoting education.

- **Changing Attitudes Towards Education:** Stakeholders observed a shift in attitudes, with parents now prioritizing education over harmful practices like FGM. A probation officer stated, "Parents have now decided ***to take their children to school...they have now understood the bad part."*** Therefore, cross-border interventions by PtY have played a crucial role in transforming perceptions, underscoring the need to end FGM.

- **Access to Education for Previously Excluded Groups:** PtY interventions have facilitated access to education, especially for marginalized groups like girls and Pokot children. A Reformed Surgeon noted, "***Most of our girls now have gone to school...even those Pokots ones, they didn't go to school.***" Therefore, targeted efforts to improve access to education for marginalized communities can promote social inclusion and mitigate factors contributing to harmful practices like FGM.

- **Influence of Community Dialogues:** Inter-generational dialogues have encouraged educational aspirations among youth, reducing school dropouts and teen pregnancies. A Traditional Birth Attendant mentioned, "***Young people have changed...embracing school...gone back to class***." Hence, community engagement platforms can foster positive behavioral change, emphasizing the importance of dialogue and empowerment in addressing social issues.

- **Role of Religious and Community Leaders:** Religious and community leaders play a pivotal role in promoting education and challenging harmful norms. A Catholic Religious Leader highlighted, ***"Even the girls are more in schools than those days...classrooms are full.***" This means that leveraging the influence of religious and community leaders can amplify education initiatives and foster community-wide support for positive change.

3.7.2 CROSS-BORDER SURVEILLANCE OUTCOMES

The PtY cross-border dialogues facilitated cross-border surveillance in FGM prevention. This has led to heightened awareness and reporting of cases of smuggling girls across borders to be mutilated or for labour export, with collaborative monitoring efforts and improvements in surveillance infrastructure noted.

Community empowerment for reporting has enabled proactive responses to potential FGM cases, while surveillance efforts have acted as deterrents, reducing the incidence of FGM across borders. Stakeholders on both sides have committed to joint monitoring, fostering a sense of responsibility and accountability. Continuous surveillance is crucial for sustaining progress and protecting vulnerable individuals from the harmful effects of FGM, emphasizing the importance of cross-border partnerships and surveillance networks in preventive efforts. One participant noted that:

> *First of all, it has improved the cross borders of surveillance. I say that since we had this interaction between this side of Kenya. In this Kenyan side, we have identified some few people in the community that help us to report on issues of female genital mutilation*
>
> Probation Officer, Bukwo District.

Box 1: Transforming Communities Through Advocacy Against FGM

In Sebei region, Uganda, a former victim of Female Genital Mutilation (FGM) and former smuggler who chose to remain anonymous has emerged as a beacon of change in the fight against this harmful practice. Raised within the Sabin tribe, where FGM is deeply entrenched as a cultural tradition, the former smuggler witnessed firsthand the societal pressure for girls to undergo mutilation before marriage.

Her journey began with personal experience, having undergone FGM herself and later becoming involved in smuggling young women and girls for mutilation procedures in Kenya and hidden locations in Uganda.

Over several years, from 2012-2020, she facilitated the transport of over 20 girls and young women for FGM, driven by cultural norms and financial incentives. She also noted that there is now more vigilance between the Ugandan and Kenyan borders against the vice of cross-border FGM, which partly explained why she chose to stop the activity entirely for fear of being reprimanded by the authorities.

However, a turning point came as the former smuggler became increasingly aware of her actions' physical, psychological, and ethical implications through sensitisation campaigns by PtY in Bukwo District. This realisation prompted her to transition from perpetuating harm to advocating against it. The former smuggler's transformation illustrates the power of awareness and education in combating harmful practices. She highlighted the impact of border surveillance projects and awareness campaigns in deterring smuggling operations and raising awareness about the dangers of FGM. The tragic death of an individual who contracted HIV during a mutilation procedure served as a wake-up call, underscoring the urgent need for change.

Her advocacy efforts extended beyond personal transformation to community engagement and empowerment. She emphasized the importance of prioritizing youth education and empowerment, calling for increased participation in cross-border dialogues and the promotion of skill-building initiatives. She also advocated for community sensitization on child and women's rights and the involvement of religious leaders in advocacy efforts. Through her advocacy work, the former smuggler played a crucial role in rescuing young women from FGM and raising awareness about the harmful consequences of the practice. She leveraged her experiences and insights to challenge deeply ingrained cultural beliefs and promote positive change within her community.

This case study shows how one person's actions and community involvement can make a big difference in stopping Female Genital Mutilation (FGM). By speaking out and working for change, the former smuggler has sparked a movement toward better, safer lives for women and girls in the Sebei region.

Anonymous former smuggler of girls, Suam Subcounty-Bokwo District.

Box 1: Transforming Communities Through Advocacy Against FGM

"I was forced through the culture of the West Pokot to undergo FGM. If you are not cut, you cannot milk the cows and are not allowed to feed the guests, even your husband. You are constantly abused, and this is so painful."

When a circumcised woman is pregnant and goes into labour, the medical nurses run away from you because of the risk of over bleeding and tearing the scars. Through education, people now know it is not well to do FGM. The cases have now reduced, even though it is too late for some of us."

Source: Activity Report "Joint Cross Border Dialogue on Female Genital Mutilation at Kanyerus Peace Border School, Kanyerus Subcounty Kenya

3.7.3 CHANGES IN ATTITUDES ABOUT FGM

One of the prominent themes that emerged from the study is the Shift in Attitudes Toward FGM. Participants across different sub-counties and roles highlighted a significant change in attitudes towards female genital mutilation (FGM) within their communities.

This theme is evident in various quotes, such as the Cultural Leader from Rio Sub-County, who mentioned that people have realized the need to compare their cultural practices with others and have changed their feelings towards FGM. Similarly, the Local Government Official from Riwo Subcounty noted that parents are now choosing to educate their daughters instead of subjecting them to FGM for financial gain.

Furthermore, the Youth Advocates from Bukwo District during the FGD emphasized the role of empowerment in changing attitudes towards harmful practices like FGM. They mentioned that sensitization efforts have led to a shift in perceptions, with individuals questioning the need for such practices. This shift is also reflected in the changing preferences of men, as mentioned by the Local Government Official from Riwo Sub-County, who noted that men are now more accepting of uncircumcised women and are choosing them as partners over circumcised women.

> *"People are now accepting...even the parents nowadays have decided to take their children to school. Nevertheless, in those bad days, they would not take the children to school because it was a business; when a daughter gets circumcised, she is ready to be married, and the parent gets his dowry. However, they now understand the bad part and are taking their girl child to school"*
>
> Local Government Official, Riwo Sub- County, Bukwo District

"There are so many girls who have refused to be circumcised. Ah, there are so many... Wow. There are so many. Even this girl of mine, the one you greeting you"

Reformed Surgeon, Riwo Subcounty.

3.7.4 REDUCTION IN FGM PRACTICE, TEENAGE PREGNANCY, FORCED MARRIAGE, AND GENDER-BASED VIOLENCE

Stakeholders across Bukwo District reported a notable decline in the prevalence of female genital mutilation (FGM), attributing this positive change to community dialogues, sensitization efforts, and cross-border dialogues. Cultural leaders, government officials, and religious figures acknowledged the reduction in openly practiced FGM, although clandestine occurrences persist. Some traditional surgeons expressed willingness to cease the practice if offered alternative livelihood options.

The reduction in FGM is seen alongside a decrease in teenage pregnancies and gender-based violence, highlighting the broader positive impact of PtY Cross-border interventions. Despite outstanding challenges, including underground practices of FGM and societal pressures, stakeholders affirmed the effectiveness of community-driven initiatives in curbing FGM, advocating for their continuation and expansion to sustain the positive outcomes realized so far. The critical voice that expressed their gratitude about the reduction of FGM because of the PtY cross-border interventions noted that:

"The changes I'm seeing, FGM now, has reduced. We do not hear about it, although people say it is being done in clandestine. Nevertheless, FGM is not as it was in the past before youth power came. At least it has what? Reduced"

DCDO, Bukwo District.

"We no longer hear of female genital mutilation happening in those areas that used to be happening. There is no more FGM now. I think that is one of the success stories. Now that the FGM is completely getting finished in those communities,".

Probation Officer, Bukwo District

"The majority of surgeons stopped the practice although they are asking for compensation or a source of livelihood. They are requesting an option for their livelihood"

PtY Focal Person, Bukwo District.

"Sometimes, they used to cut them at night . However, as time passed in our villages like this one, they have reduced dramatically. They have reduced although they are still taking them stealthily to cut them from across Kenya".

Religious Leader 2, Catholic, Kaptererwo Subcounty.

"Because in the previous time, the coordination between Uganda and Kenya was very poor and these girls crossing to our side and ours were going to Uganda. And because these days we have the joint dialogues such crossings have reduced. Because we have shared the context with our leaders from Uganda. Also, we have friends there".

Former Surgeon, West Pokot, Kenya.

"The cross-border dialogues have reduced the cases of FGM to a small extent, though some stubborn members still sneak across the border, and they practice the FGM, that's female genital mutilation, without the concern of other people. Then they come back when they are already done it"

Youth Advocate, Suam Sub-County.

3.7.5 REDUCED FORCED MARRIAGE

Forced marriages among the Pokots and the Sabins was reported to have significantly decreased due to cross-border interventions, as noted by various stakeholders. The meetings across borders have made it difficult to smuggle girls and hide such practices, leading to a fairer environment. Additionally, the study highlights increased awareness about the negative impacts of forced marriages, leading to interventions to rescue young women. Research implications include the importance of cross-border cooperation in addressing harmful cultural practices and the need for continued sensitization to empower the community to resist such marriages.

3.7.6 CROSS-BORDER COOPERATION

- The thematic analysis of cross-border cooperation findings reveals several key themes that include. Firstly, there is a recognition of the ***improved communication and collaboration*** between communities on both sides of the border. Cultural Leader Suam Sub-County highlights the importance of sharing information and coordinating efforts to prevent the practice of FGM from crossing borders. Similarly, Youth Advocates in Bukwo District acknowledge the positive outcome of increased unity between Uganda and Kenya officials through cross-border dialogues, emphasizing the collective effort in combating FGM as a shared enemy.

- Secondly, it demonstrates the establishment of ***networks and partnerships*** across borders to address the root causes of FGM. Youth Advocates discussed strategies such as identifying cutters in neighboring countries to tackle the issue at its source. Additionally, the Security Officer from Kaptererwo Sub-County notes that cross-border dialogues have led to ***relative peace and enhanced job opportunities***, fostering friendships, and facilitating the sharing of information about job opportunities across borders.

- Lastly, there is a sense of ***unity and solidarity*** transcending geographical boundaries. Sub-county Chief from Kaptererwo Sub-County emphasizes the bonding and positive attitude cultivated among communities on both sides of the border, fostering freedom of expression and speech without fear of legal constraints. Overall, the thematic analysis highlights the importance of cross-border cooperation in addressing the practice of FGM, promoting unity, and fostering positive socio-economic outcomes for communities on both sides of the border.

3.7.7 AWARENESS

The research findings highlight that PtY's various cross-border interventions have increased awareness about harmful practices like Female Genital Mutilation (FGM), teenage pregnancy, and child marriage. Efforts include community engagement through Power to Youth projects, sensitization workshops organized by cultural leaders and churches, and advocacy by youth champions. Increased awareness has led to shifts in community attitudes, evidenced by reduced interest in perpetuating FGM practices. Collaborative efforts have also facilitated discussions on related issues like gender-based violence, furthering the broader dialogue on cultural practices detrimental to community health and well-being. These findings underscore the importance of multifaceted approaches in addressing entrenched societal norms.

3.7.8 YOUTH ENGAGEMENT, VOICE, AND PARTICIPATION

The Power to Youth (PtY) cross-border dialogues and other interventions like community dialogues and intergenerational dialogues have facilitated significant outcomes in terms of youth engagement, voice, and participation in addressing social issues such as Female Genital Mutilation (FGM) and gender-based violence (GBV). Through these dialogues, youth champions and activists have collaborated to advocate against harmful practices, leveraging their collective efforts to amplify their voices and influence decision-making processes. As a result, youth have been actively sensitizing communities, lobbying for policy changes, and advocating for youth-centric programs and initiatives.

Furthermore, the PtY cross-border dialogues have provided platforms for youth to showcase their leadership abilities, leading community engagements and driving positive change at both local government (sub-county levels) and district levels. These dialogues have empowered youth, enhanced their participation in addressing social issues, and strengthened their role as agents of change in their communities.

"They are helping us talk about gender-based violence on several occasions. Therefore, we have engaged so many youths. They are helping us with that. Even in the district, we have a female and a Youth Councillor. So, whenever there is a district council, like tomorrow, they always get a slot to talk about youth problems"

Youth Advocate, Suam Sub-County.

"We have seen much improvement. For this youth who has come out to sensitise our people, they have made a huge difference".

Local Government Official, Riwo Sub- County, Bukwo District.

"So far, the young people now have come up. They are being involved in decision-making. Because some time back they were abandoned. They could no longer speak before the people. Nowadays, I can see how our youth have a mandate and they have powers. They speak through this initiative [...] And then in all our engagements, the young people's numbers are high...and they are speaking out, they speak out their problems, and we solve as a District"

Secretary to Health, Bukwo District.

3.7.9 WOMEN'S EMPOWERMENT AND VOICE

The Power to Youth (PtY) project has played a crucial role in empowering women and amplifying their voices in the community. Through the project, women have gained the confidence to assert their rights and reject harmful practices such as early marriage and female genital mutilation (FGM). They have been able to challenge traditional norms and restrictions, experiencing newfound freedom to engage in various activities without fear or constraint. Moreover, the project has facilitated open dialogue between Sabiny girls and their parents, leading to a shift in mindset among the younger generation towards abandoning harmful practices. Overall, PtY has contributed to women's empowerment, fostering equality and emancipation within the community

3.7.10 PUBLIC DENOUNCEMENT OF FGM

The denouncement of female genital mutilation (FGM) has become a public stance in various cross-border intervention meetings, facilitated by Power to Youth (PtY) project. Participants, including former surgeons, mentors, and community members, openly renounce the practice during intergenerational dialogues and meetings. They acknowledge the detrimental effects of FGM and commit to abandoning it, citing the influence of legal consequences and increased awareness of its dangers. Additionally, individuals report instances of potential FGM activities to authorities, signaling a shift towards collective action against the practice. Some communities are even replacing FGM with alternative initiation rites, emphasizing the importance of educating youth about the harms of FGM. Examples of such voices are shown below:

"...during most of our community intergenerational dialogues, these people come publicly even to denounce female genital mutilation, like even the surgeons or the mentors themselves, they come out even to share experiences of how they have been doing these things. And then they promise that since the law has come, there is no need for them to continue with female genital mutilation. Then they also keep again advising other members in the community about the dangers of female genital mutilation"

Probation Officer, Bukwo District

"Whenever we go to those communities, we also engage the mentors, surgeons, and cutters. Most have testified that we were doing something bad, but now we are no longer."

Secretary to Health, Bukwo District

Allocation of financial resources to FGM activities by Lower local government

In Kaptererwo Sub- County, the local council has allocated a budget of 300,000 UGX for community dialogues aimed at sensitizing the community about the dangers of female genital mutilation (FGM). This budget allocation reflects a commitment to sustaining the knowledge gained from initiatives like Power to Youth. The funds will be used to support ongoing awareness efforts managed by the Community Development Officer (CDO) and the parish chief, highlighting the importance of local leadership and collaboration in addressing harmful cultural practices like FGM.

3.7.11 TRADITIONAL BIRTH ATTENDANTS NOW ESCORT EXPECTANT MOTHERS TO HEALTH FACILITIES.

The engagement with Traditional Birth Attendants (TBAs) has yielded positive outcomes, as they now accompany mothers to hospitals instead of conducting deliveries themselves. Previously, there were concerns that TBAs might perform FGM on mothers during labour, especially those who had not undergone the practice before. However, the TBAs have been sensitized and now play a crucial role in ensuring safe deliveries by guiding mothers to healthcare facilities. This shift demonstrates a significant change in behaviour and practices, promoting safer maternal healthcare and reducing the risk of FGM-related complications during childbirth.

3.8 NEGATIVE OUTCOMES OF THE CROSS-BORDER INTERVENTIONS

The adverse effects of FGM, as highlighted in the study, can be analysed thematically:

- **Economic Impact**: The ending of FGM practices has left former surgeons without a source of income, resulting in unemployment and financial insecurity for individuals who relied on performing FGM for livelihood.
- **Early Sexual Activity**: Some respondents reported that there is a correlation between the decline in FGM and an increase in early sexual activity among girls. The voice is that uncircumcised girls engage in sexual activity at a younger age, leading to teenage pregnancies and early marriages.
- **Infidelity**: FGM was traditionally believed to reduce sexual urge among women. However, with the decline in FGM, women who have not undergone the practice may engage in extramarital affairs or adultery, challenging societal norms regarding fidelity within marriage.

3.9 SUCCESS FACTORS

Facilitation. One critical success factor identified was provision of facilitation regarding transport refund fees of 50,000 UGX per attendee of the ***cross-border dialogue*** paid through mobile money after the event. Participants emphasized the importance of being reimbursed for transportation costs and receiving refreshments (Break Teas and Lunch) during community engagements like ***intergenerational dialogues***. This facilitation motivates individuals to participate fully and ensures their economic well-being. Furthermore, the promptness and reliability of facilitation payments were highlighted as crucial factors in maintaining community engagement and trust in the Power to Youth activities and mobilisers. One key informant attested to this when she intimated that:

> *...they have facilitated well those communities they have mobilised. Their facilitation is up to date. No one cries, 'Oh, we held a meeting and never received our facilitation'. Even if they conduct the activity today, tomorrow you will realize the money is already in the mobile money. They pay through mobile money. Not cash. Their activities have no debt in Bukwo[...]. Nevertheless, on behalf of the communities [...]they are pleased. Because to give someone 50,000 UGX who has come to listen for one day's meeting, it is a testimony."*
>
> Secretary to Health, Bukwo District

The findings highlight the critical role of facilitation, particularly in providing financial and logistical assistance, as a critical success factor in the PTY activities. This suggests that prioritising facilitation in PtY program budgets and ensuring timely payments are essential for sustaining community involvement and fostering collaboration between Kenya and Uganda, ultimately leading to participation and cooperation.

Enabling laws: The findings underscore the significance of enabling laws in combatting Female Genital Mutilation (FGM) in Uganda ***(The Prohibition of Female Genital Mutilation Act 2010) and Kenya (the Sexual Offences Act, 2006, the Prohibition of Female Genital Mutilation Act, 2011)***, with participants highlighting the enforcement and impact of legislation. Despite challenges such as varying degrees of enforcement across borders, the existence of strict laws in Uganda has led to arrests and deterrence, effectively curbing FGM practices to some extent. Moreover, the fear of legal repercussions has influenced individuals' behaviour, with former surgeons and mentors expressing apprehension and acknowledging the risk of prosecution.

However, the accounts also reveal persistent cultural beliefs and practices, suggesting that while legal measures are essential, they must be complemented by comprehensive education and community engagement initiatives to achieve lasting change. Additionally, the cross-border cooperation between Kenya and Uganda, facilitated by supportive legal frameworks, presents an opportunity for coordinated efforts by PtY to address FGM comprehensively.

"The cultural practice was still strong from 2004 to 2006. I remember we mutilated girls and women for some years. So, by 2006, Police could hunt us[...] I remember others were arrested, both the cutters and the victims of mutilations. I was lucky that I was not caught and arrested, including those already mutilated in my hands. I could cut around 40 to 50 girls in a day.
Moreover, there I would earn much money. If it was still open like those days back, I think I would earn 1,000,000 UGX. I would have a permanent house currently".

Reformed Surgeon, Suam Sub-County, Bukwo District

An official from Kanyerus Kenya noted that the law in Kenya protects girls against FGM no matter their origin. He stated that:

"...there is that cooperation between our laws. We already have a law supporting us on our end. So, if it happens on our end, it is your female, for example, from Sebei, they are Ugandans, they come to our end, they are circumcised, and our law will take action for those who circumcise them— no matter their origin, whether Uganda, Tanzania, all over. So, our law will protect them".

West Pokot Official, Kenya

Cross-border legal cooperation highlighted by a West Pokot Official indicates unified action against FGM perpetrators regardless of origin. This ensures consistent legal measures to protect girls from FGM between Uganda and Kenya, strengthening anti-FGM enforcement efforts. Such collaboration serves as a deterrent to those facilitating the practice, contributing to PtY's activities to eradicate FGM through cross-border dialogues.

PtY a grassroots organisation. The participants applauded PtY for using a "***Grassroots-focused approach to programming***" that has contributed to their programming effectiveness. Unlike some briefcase NGOs, Power to Youth is actively engaged at the grassroots level, conducting visible activities such as cross-border meetings and awareness campaigns. This direct engagement enables community members to voice their challenges and facilitates stakeholder interaction. The implication is clear: by operating at the local level, Power to Youth has effectively addressed the practice of FGM by understanding community needs and fostering direct dialogue, ultimately contributing to reducing the practice. Multiple voices converged in their assessment of PtYs activities when they said:

"One thing I want to say about Power to Youth is that it is an organisation on the ground. Not these CSOs who are just briefcases. While in Kampala, they say they work in Bukwo. Nevertheless, reaching on the ground, they are not working. However, at least Power to Youth is on the ground. Their activities are visible. The cross-border meetings, everybody knows we have done it with them."

DCDO, Bukwo District:

"One thing I have loved about it is that it operates at the grassroots level. Like what we are doing. If it could be another program, it could be somewhere in town having our meetings, but we are now on the ground."

FGD, Youth Advocates, Bukwo District:

"...but like these dialogues, it is direct. Because, like this youth power, they came to the ground. Nevertheless, tell Sabini FM that people will hear when you go. Nevertheless, this is direct. They came to the ground, [...] where the issues are, and the community can raise their challenges. So, the approach is perfect. So, there is direct engagement and interaction with all stakeholders responsible for ensuring this FGM is reduced."

West Pokot Official, Kenya

Utilisation of grassroots leadership structures. The utilization of local structures in anti-FGM efforts that PtY has employed is evident through the active involvement of community leaders and government departments. Power to Youth's approach involves mobilising locals and empowering them to take ownership of the program. This grassroots engagement fosters a sense of collective responsibility and ownership among community members and leaders alike. The collaboration extends to various stakeholders, including ***cultural leaders, district leaders, local government councillors (Policymakers)***, and even former cutters (Surgeons), mentors, and religious leaders. By leveraging existing government structures and engaging key influencers, such as religious leaders, the PtY maximises its impact of having a Uganda without FGM practices.

Political will and support. Political will and support for ending FGM are evident in local government officials' active involvement and commitment to addressing the issue. Council meetings and committee gatherings are platforms for discussing FGM eradication strategies, highlighting its urgency within the community. This collaboration underscores the importance of government leadership in driving change and mobilising communities to end FGM practices. The commitment of local leaders and PtY is instrumental in promoting awareness and fostering Cross-border dialogues and other activities to end FGM.

Contribution of other likeminded CSOs: The contribution of like-minded Civil Society Organizations (CSOs) such as AMREF, IREP, and Rotary Doctors in Kenya, and TASO, ActionAid in Uganda is strengthening the gains realised in the fight against FGM In Bukwo and the entire Sebei and Karamoja Regions. By working together, they can identify and support girls who have crossed the border for various reasons, including domestic work, and facilitate their return home. This collaborative approach enhances the effectiveness of cross-border interventions and ensures a coordinated response to safeguarding children and preventing harmful practices like FGM.

Meaningful Youth Participation. Youth participation has significantly improved, with young people actively engaged in decision-making processes, marking a notable achievement. Previously marginalised, they now possess a sense of empowerment and authority to voice their concerns and contribute to solutions of FGM within Bukwo District. This shift is attributed to encouragement from leaders, PtY mentorship, and enabling youths to advocate effectively for their rights and well-being.

Education and exposure. This has played a vital role in reducing the prevalence of FGM and changing societal perceptions. Increased education levels have led to greater awareness among youth, with some parents and former surgeons now prioritising girls' education to combat FGM. Exposure to uncircumcised women by men, whether through travel or education, has shifted mindsets and highlighted the value of education over traditional practices. Additionally, upbringing in religious institutions and schools has empowered both girls and parents, contributing to a significant decline in FGM and its associated impacts within communities like Kaptererwo Sub- County. These findings underscore the importance of education and exposure in challenging harmful cultural norms and promoting positive change.

3.10 MISSED OPPORTUNITIES

This section presents what participants considered missed opportunities for the cross-border dialogues. These include stakeholders who may not have been involved in the dialogues but are critical in the fight against FGM. Others relate to implementation and mobilization.

Low participant turnout in Kenya. Kenyan counterparts' low turnout resulted in missed collaboration and knowledge-sharing opportunities. ***Opinion Leader Kaptererwo Sub-County*** highlighted the challenge of long distances, leading to some knowledge being missed during exchanges. Similarly, the ***Sub- County Chief of Kaptererwo*** expressed regret over the absence of Kenyan youth, as their perspectives and experiences could have enriched discussions and provided valuable insights into shared challenges faced by the West Pokot Youth. This highlights the importance of active participation and cross-border cooperation in addressing issues like FGM effectively.

Media coverage. Respondents reported that the cross-border dialogues did not exploit media spaces. Key informants believe that the media could have bolstered the fight against FGM. Opinion Leaders from Kaptererwo Sub- County emphasized the absence of journalists to disseminate the discussions, suggesting that airing them on the radio would have reached a wider audience. However, this opportunity was missed, hindering the dissemination of crucial information, and potentially limiting the impact of the dialogues in addressing FGM across communities and casting the information nets wider.

Teachers weren't invited. Participants highlighted the missed opportunity of not inviting teachers, particularly ***secondary school teachers,*** to the discussions on FGM. ***PtY Focal Person from Bukwo*** Districtemphasized the importance of engaging children in school to carry the message home. Sub-County chief from Kaptererwo regretted the absence of senior female teachers who could effectively communicate with girls. Similarly, the ***West Pokot Official from Kenya*** noted that teachers interact with girls regularly and could serve as effective ambassadors. Additionally, village elders were mentioned as crucial community figures whose involvement could have extended the dialogue's reach.

> *"One thing I have loved about it is that it operates at the grassroots level. Like what we are doing. If it could be another program, it could be somewhere in town having our meetings, but we are now on the ground."*
>
> PtY Focal Person, Bukwo District

Similar sentiments were echoed by Kenyan officials from the Kanyerus border in West Pokot, emphasizing the significance of engaging teachers and village elders in discussions on FGM to enhance community outreach. One official noted that:

> *"I think the teachers in schools, because they interact with the girls every week, can be good ambassadors. Also, the village elders [...]so we can capture the large part of the villages. Those people are the ones in the villages. Moreover, they are always associated with the community. [...] also, the Nyumbakumi, those [...] give us intelligence".*
>
> West Pokot Official, Kenya

Distribution of Anti-FGM Law. The distribution of the 2010 anti-FGM law was deemed inadequate by the Sub- County Chief in Kaptererwo. People wanted to understand the law better through distribution and sensitization efforts. However, there was a lack of evidence in paper form, with many unable to comprehend the law's contents. This represents a missed opportunity to disseminate crucial information about FGM and its penalties effectively. The Chief suggests rectifying this by printing documents to showcase the provisions of the law during future sensitization efforts.

Low turnup of the young people. The target groups, especially young girls (youth), were identified as crucial participants whose attendance was paramount. Their presence would have facilitated direct engagement and dissemination of vital information regarding the dangers of FGM. By actively involving young girls, they could gain a deeper understanding of the risks associated with the practice, empowering them to advocate against it within their communities.

Nurses were not invited. The West Pokot Officials from Kenya emphasized the importance of involving ***nurses in anti-FGM efforts.*** Nurses, being frontline healthcare providers, possess firsthand knowledge of the complications faced by women who have undergone FGM during childbirth. Their involvement is crucial in effectively communicating these challenges to the community, raising awareness about the adverse health effects of FGM, and advocating for its abandonment to ensure the well-being of women and girls.

Involvement of CSOs in Kenya. The study participants from Bukwo District and Kenyan counterparts who attended the ***Cross-border dialogue at Kanyerus Peace Border School*** highlighted the omission of engagement with certain Kenyan Civil Society Organizations (CSOs), notably ***Action Aid Kenya and Rotary Doctors*** in the anti-FGM program. This oversight represents a missed opportunity for collaborative efforts in combating FGM across borders. Engaging with CSOs could enhance resources, knowledge exchange, and advocacy strategies, thereby strengthening the fight against FGM in both Bukwo District and neighbouring regions of West Pokot in Kenya.

3.11 CHALLENGES

This section presents the various challenges that affected the implementation of cross-border interventions in Bukwo district.

The findings highlight multifaceted challenges in combating Female Genital Mutilation (FGM) that PtY has experienced in Bukwo District. Language barriers hinder communication and collaboration across borders, compounded by cultural rigidities and FGM inducement charms. Insecurity and porous borders worsen the issue, enabling secret practices of FGM and mobilization challenges in Kenya. Moreover, poor infrastructure impedes timely engagement. Addressing these challenges demands culturally sensitive strategies, community empowerment, and enhanced cross-border cooperation. The table illustrates participants' voices that mention the various challenges they observed or experienced.

Table 4: Summary of challenges affecting the cross-border interventions in Bukwo district

SN	Challenge	Quotation
1	Language barrier	*"We had the challenge of communication problems along the border. Because the other side of Kenya they are pastoralists [….] So, we still have a task to interact with them. We understand that, as much as other communities, we had challenges later."* **Cultural Leader, Rio Sub-County**
2	Insecurity	*"…there was a time when there was insecurity between Sebei and West Pokot. Moreover, that somehow affected the cross-border engagements. However, peace has been restored as we speak, and we have even started engaging with our brothers across the other country."* **DCDO, Bukwo District**
3	Cultural rigidities	*"We have some people that still oppose this issue…there are people who have strong cultural beliefs, others still believe that Female genital mutilation is our culture. Furthermore, the fight against female genital mutilation is just something that the whites have championed."* **Probation Officer, Bukwo District**
4	FGM inducement charms	*"…these mentors and mutilators have charms. Furthermore, these charms, they time somebody's child. When they give those charms, the girl will be mad, and she only wants to be mutilated, nothing else. That is one of the challenges…"* **Cultural Leader, Suam Subcounty**
5	Secret practice of FGM	*"…Riwo sub-county is a border sub-county, and with Kenya, the major problem we are now getting from that side is the cross-border FGM. Our girls, those who are not so well informed about the negative effects of FGM, cross to West Pokot for mutilation because the practice is still very rampant on the other side of Kenya. The law has not been fully implemented".* **FGD, Youth Advocates, Bukwo District**
6	Mobilisation challenges in Kenya	*"It is not easy to mobilize the other side of Kenya. You know, the Pokots are nomads. They are nomads. They move from here to there. So, we have to send messages ahead of time before you go there because chances are that you may not easily find them".* **DCDO, Bukwo District**
7	Porous borders	*"Then another challenge with our border. It is a porous border. So, the FGM continues to thrive because of the porous border. People walk in. You can enter from anywhere. There are no immigration offices. People enter from anywhere, and you are in West Pokot. You come back. You can't even know that we are either in Kenya or Uganda. You just walk in the bush, and you are in Kenya. So, the border is also another challenge."* **DCDO, Bukwo District**
8	No alternative income for former surgeons	*"The mutilation was their business. Now they are like, how can this NGO and the government assist us in earning money? […] So that was a big question to us as leaders now, and even the NGO. So, they are requesting facilitation from the government and the NGO"* **Local Government Official, Riwo Sub-County, Bukwo District.**
9	Expectations	*"I want to tell Power to Youth that when the participants go for a meeting, everybody should be considered for transport refund because very few people are given the facilitation, and the young people are left out and they should at least give them 5000 shillings during intergenerational dialogue".* **Reformed Surgeon, Kaptererwo Subcounty**
10	Poor infrastructure in Kenya	*"Just across the border there, the means of transport or the infrastructure is not all that okay. People from Kenya reach the venue late".* **Subcounty Chief, Kaptererwo**

4.0 CONCLUSION

The recommendations from stakeholders in the study highlight the multifaceted approach needed to combat Female Genital Mutilation (FGM) in Bukwo District. Integrating local mentors, sensitizing parents, and implementing educational initiatives are crucial. Policymakers should prioritize skills development programs and enforce relevant ordinances. Cultural leaders must promote alternative rites of passage, while former surgeons should be supported in transitioning to alternative livelihoods. For Power to Youth (PtY), sustained sensitization efforts, frequent cross-border dialogues, and expansion to hotspot areas are recommended.

Additionally, PtY should consider implementing youth camps and sports activities to engage and empower young people. Rotating community champions and incorporating Parish Chiefs into dialogues will enhance community involvement. Furthermore, broadcasting dialogue outcomes on radio will ensure broader outreach. The way forward for PtY involves continuous collaboration with stakeholders, prioritizing community sensitization, and providing support for alternative livelihoods to eliminate FGM effectively across Bukwo District.

5.0 RECOMMENDATIONS

5.1 INTRODUCTION

This section presents recommendations from various stakeholders interviewed in the study. The recommendations pertain to mentors, parents, policymakers, cultural leaders, religious leaders, Power to Youth, and former surgeons

5.1.1 Mentors

Include mentors. To effectively combat Female Genital Mutilation (FGM) in Bukwo District, it is recommended to integrate local mentors, known as "***Mabiryondet***," into cross-border dialogues. These mentors play a crucial role in preparing and supporting girls undergoing FGM, possessing valuable insights into the associated challenges and side effects. Their inclusion in dialogues is vital to address the practice comprehensively. Furthermore, supporting Mabiryondet with Income-generating activities will incentivise them to abandon FGM, contributing to sustained community-wide efforts against the harmful practice.

5.1.2 Parents

Parents should sensitize their children about the dangers of FGM. Parents should take proactive steps to engage directly with their teenage children, especially fathers. Traditionally, child-rearing responsibilities have been delegated to women, but fathers must actively participate. Facilitating open discussions within families can foster understanding and awareness among adolescents, especially regarding sensitive topics like FGM. Through roundtable conversations, fathers will impart valuable insights and guidance, promoting a supportive familial environment where harmful practices are openly addressed and discouraged.

5.1.3 Policy Makers

- **Education Promotion**: Prioritize educational initiatives targeting young girls, especially those from vulnerable backgrounds at risk of undergoing FGM. Provide sponsorship and support for girls to attend school and vocational training opportunities to equip them with alternative skills.

- **Skills Development Programs**: Implement skills development programs to empower individuals and reduce vulnerabilities associated with harmful practices like female genital mutilation (FGM). Establish vocational training centres and provide training for teenage mothers and vulnerable youth.

- **Strengthen surveillance against FGM**. Continuous vigilance is crucial by ***former surgeons, District Intelligence Officers (DISO), Gombolala Security Officers (GISOs),*** and Border surveillance, and the Police ensure they remain motivated and alert. By integrating surveillance efforts with educational and religious platforms, the fight against FGM will be intensified, addressing both teenage pregnancy, child marriage and GBV and FGM itself, ultimately fostering a more supportive environment for ending FGM by PtY.

- **Bylaws and ordinances**. Local governments are crucial in enacting and implementing relevant ordinances and bylaws. Organizations such as Heroes for Gender Transformation have facilitated council meetings to develop such regulations, albeit with acknowledgement of the time-intensive nature of the process. Moving forward, there is a commitment to continue developing and implementing local government ordinances in sub-counties. Effective policy implementation and enforcement, guided by these regulations, will significantly contribute to safeguarding girls and women against FGM.

5.1.4 Cultural leaders

Need to explain alternative rites of passage. It is crucial to implement comprehensive empowerment programs for girls and former surgeons to address the need for alternatives to traditional rites of passage. These initiatives should focus on education and skill-building to provide viable alternatives to harmful practices like FGM. Specialists can be brought in to train girls undergoing this transition, equipping them with knowledge and skills for their journey into adulthood.

5.1.5 PtY

- **Rotate community champions.** There is a need to rotate community champions and share experiences across different sub-counties. This involves taking champions to other areas to observe how FGM is being addressed and exchange strategies. Additionally, interchanging champions during dialogues can bring fresh perspectives and prevent audiences from becoming accustomed to a single voice. This approach fosters collaboration and ensures diverse representation in advocacy efforts, ultimately contributing to a more comprehensive and impactful approach to combating FGM.

- **Frequent meetings**. Various stakeholders recommend frequent meetings to sustain sensitization efforts against harmful practices like FGM. Suggestions include quarterly or biannual cross-border dialogues to exchange ideas, coordinate actions, and maintain momentum. Cultural leaders emphasize the importance of consistent engagement to empower local champions and ensure continuous dissemination of information. Regular meetings with Technical Working Groups are also proposed to reinforce the fight against FGM. The consensus is that more frequent meetings are essential for sustaining interest, momentum, and progress in addressing FGM effectively across communities and borders.

- **Continuing cross-border dialogues.** Stakeholders recommended this to combat FGM effectively. They stress the need to share insights and experiences across communities. Cultural leaders emphasize the evolving understanding of FGM's negative impacts, urging continuous sensitization efforts facilitated by PtY. The consensus is to sustain momentum and amplify efforts through continued dialogue and collaboration across borders.

- **Continue the sensitization**. Continuous sensitization is crucial in combating harmful practices like FGM, as highlighted by various community members. They emphasize the need for ongoing awareness campaigns to continue. The recurrence of harmful practices during periods of laxity underscores the necessity for consistent education and vigilance. Stakeholders, including governmental bodies, NGOs, and religious leaders, should collaborate to disseminate information at grassroots levels and leverage media platforms for broader reach. By prioritizing community sensitization and reinforcing awareness efforts, sustained progress will be made in challenging deeply ingrained cultural norms and protecting girls and women against FGM.

- **Youth camps**. PtY and other like-minded CSOs should consider implementing youth camps as part of their efforts to combat harmful practices like FGM. Inspired by successful initiatives in Kenya, these camps offer a structured environment for comprehensive training and sensitization targeting girls reaching maturity. By organizing retreats lasting one to two months, PtY can provide participants with essential knowledge on the dangers of FGM and other harmful practices. Separated by gender and residing in dormitories, attendees engage in workshops and discussions during the day. Upon completion, participants graduate with certificates and enhanced skills to advocate against harmful practices and empower their community peers. This is already happening in Kenya and can be emulated in Uganda, but it is to be conducted during holidays.

- **Include other FGM hotspot areas**. Participants recommended extending anti-FGM interventions beyond the original hotspot sub-counties. Including overlooked areas like Kapkoros, identified as emerging hotspots, is essential for comprehensive coverage. PtY should expand to sub-counties like Brim, addressing deeply entrenched practices. PtYs activities should span all sub-counties within cross-border sites, ensuring no area is neglected. By reaching all seven PtY sub-counties and beyond, interventions will effectively combat FGM across Bukwo District.

- **Sports. Organizing cross-border sports activities** like football matches between Ugandan and Kenyan communities is recommended to foster youth engagement and gather insights. These galas will offer platforms for interaction, enabling the exchange of experiences and perspectives. Additionally, local sports tournaments within sub-counties can promote community cohesion and provide outlets for constructive recreation. Keeping young minds occupied with sports mitigates the risk of idleness, often linked to negative behaviours. These grassroots sports galas will serve as avenues for social connection, empowerment, and information gathering, contributing to holistic youth development and social cohesion against FGM.

- **Early mobilization for Kenyan counterparts**. Early mobilization is crucial to ensure effective participation, particularly for engagements involving stakeholders from Kenya. Providing advance notice of at least one month will allow attendees to plan accordingly and prioritize their involvement. Timely communication will enable invitees to adjust their schedules and commitments, increasing the likelihood of their attendance and active contribution against FGM along the border.

- **Parasocial workers**. PtY should collaborate closely with parasocial workers to strengthen community-level activities promoting child welfare and protection. Parasocial workers, established by the Ministry of Gender, serve as vital links between communities and support systems, addressing issues related to children's well-being at the grassroots level. By leveraging the expertise and local knowledge of parasocial workers, PtY can enhance the reach and impact of its programs, ensuring that interventions are tailored to the specific needs and challenges faced by girls and young women in various communities. This partnership will facilitate more effective identification, reporting, and resolution of child-related issues, including FGM.

- **Visit schools along the border**. The West Pokot official suggests engaging schools along the border on Saturdays to educate students. They propose involving headteachers to inform students about the FGM and other SRHR issues. They suggest that bringing snacks to attract participation among students is crucial. Examples of schools mentioned include St. Peter's School in Riwo, Kenya, Junior Secondary School in the border region, CBC Primary School near the border and other primary and secondary schools near the border between West Pokot, Kenya and Bukwo District, Uganda. This approach aims to reach students effectively when they are not occupied with regular classes.

- **More community champions.** To enhance FGM prevention efforts, it is vital to enlist additional community champions at village, parish, and sub-county levels. These champions will be crucial in coordinating awareness campaigns and promptly reporting any instances of FGM to relevant authorities like the GISO or CDO office. This will enhance surveillance, ensuring a more comprehensive approach to combating FGM.

- **Incorporate Parish Chiefs**. Incorporating Parish Chiefs into cross-border dialogues is imperative as they serve as primary liaisons within the community. Their involvement will facilitate the seamless dissemination of information regarding FGM to the broader public. By engaging Parish Chiefs, vital messages about the harmful effects of FGM will reach a wider audience, fostering community awareness and contributing to the collective effort to eradicate the practice.

- **Broadcast cross-border proceedings on radio**. Utilizing radio stations is crucial to effectively disseminate the outcomes of cross-border dialogues to the local communities. Broadcasting the discussions, agreements, and proposed actions will ensure more comprehensive outreach and transparency. By sharing key highlights and achievements on the radio, more people will become informed about the dialogue proceedings and the necessary steps forward. This approach amplifies the impact of the cross-border dialogues and encourages community involvement in addressing pertinent issues like FGM.

5.1.6 Former surgeons

Alternatives income sources. To address the economic dependency on FGM, PtY should facilitate the transition of former surgeons into alternative livelihood activities. This can involve forming savings groups and supporting income-generating ventures like animal husbandry. Organizations and the government should also fulfil promises to former surgeons, such as providing livestock and housing assistance. Motivating surgeons through incentives like livestock or monetary support can deter them from practising FGM. Empowering surgeons with alternative income sources and conducting community sensitization programs on the risks of FGM are crucial steps in breaking the cycle of dependency and eliminating the practice.

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Study Tools

KII Guide
Key Informant Interview Guide
Respondents: PtY consortium Staff, Religious Leaders, Political and Technical Leaders,
Operations Research on Cross-border Dialogue Interventions to End Female Genital Mutilation (FGM) in Uganda

Section A: Introduction and Consent

The "Power to You(th)" (PTY) program is a five-year (2021 – 2025) country program implemented by the PTY Consortium in Uganda, aiming to ensure that young people under 35 years are meaningfully included in discussions and decisions regarding the interrelated issues of unintended pregnancy, sexual and gender-based violence (SGBV), child marriage, and female genital mutilation/cutting (FGM/C). The program is implemented in collaboration with three partners organizations: The Eastern African Sub-Regional Support Initiative for the Advancement of Women (EASSI), Reproductive Health Uganda (RHU), and the Uganda Youth and Adolescents Health Forum (UYAHF). The program operates in Kampala, Kalangala, Isingiro, Busia, Mbale, and Bukwo. RHU has commissioned operational research to:

- Assess the extent to which cross-border dialogue interventions have influenced attitudes and behaviors related to FGM in target communities. Identify key success factors and challenges associated with cross-border dialogue interventions in preventing FGM.
- Provide evidence-based recommendations for improving and scaling up cross-border dialogue interventions to end FGM in Uganda.

This **Key Informant Interview** (KII) therefore will collect information regarding how the cross-border dialogues have influenced attitudes and behaviors related to FGM in target communities. You have been selected to participate in this survey, therefore we request your feedback on the questions below. This KII **IS NOT** an examination and responses are completely confidential. We appreciate your openness and honesty in this survey. Thank you very much!

If you consent to participate in this Interview, please confirm so we can the KII. For any respondent who isn't willing to participate in the KII, please let them leave.

Section A: The Problem

1. Do you see Female Genital Mutilation as a problem to the community of Bukwo? If yes or no explain why?
2. Tell me about how cross-border dialogues (intended to deal with FGM) are structured, and organized.

Section B: Effects of Cross-border dialogues

3. What effects/changes (positive or negative, direct, or indirect) have been realized because of cross-border dialogues to deal with FGM?

4. Do you think the cross-border dialogues have made key successes in changing/influencing the attitudes and behaviors of the communities about FGM? If yes, explain these key success factors behind the success of the cross-border dialogues in changing the attitudes and behaviors of the communities and leaders in Bukwo.

Section C: Challenges and mitigations

5. Have you faced or did you observe any key challenges (process and operational) in cross-border dialogues aimed at changing the behaviors and attitudes of communities, opinion leaders, etc. about FGM in Bukwo? If yes, please, explain the challenges.

6. What mitigation measures did you or did they take to deal with the above challenges?

7. Do you have any recommendations to better deal with the mitigation of FGM within the communities of Bukwo? If yes, share you.

Section D: Missed Opportunities

8. Do you think there are missed any opportunities that would aid in influencing and changing the attitude and behaviors of your communities towards FGM? If yes, mention them?

Section E: Recommendations

9. Do you have any recommendations to communities, parents, Civil Society Organisations, Government (political and technical teams) to change the attitudes and behaviours of parents, traditional leaders, opinion leaders, communities about FGM?

10. Do you have any comments/views or issues of concerns that have not been captured in the above questions? If yes, please share them.

Thank you so much for your time

FGD Guide

FOCUS GROUP DISCUSSION
Operations Research on Cross-border Dialogue Interventions to End Female Genital Mutilation (FGM) in Uganda

Section A: Introduction and Consent

The "Power to You(th)" (PTY) program is a five-year (2021 – 2025) country program implemented by the PTY Consortium in Uganda, aiming to ensure that young people under 35 years are meaningfully included in discussions and decisions regarding the interrelated issues of unintended pregnancy, sexual and gender-based violence (SGBV), child marriage, and female genital mutilation/cutting (FGM/C). The program is implemented in collaboration with three partner organizations: The Eastern African Sub-Regional Support Initiative for the Advancement of Women (EASSI), Reproductive Health Uganda (RHU), and the Uganda Youth and Adolescents Health Forum (UYAHF). The program operates in the districts of Kampala, Kalangala, Isingiro, Busia, Mbale, and Bukwo. RHU has commissioned operational research to:

- Assess the extent to which cross-border dialogue interventions have influenced attitudes and behaviors related to FGM in target communities.
- Identify key success factors and challenges associated with cross-border dialogue interventions in preventing FGM.
- Provide evidence-based recommendations for improving and scaling up cross-border dialogue interventions to end FGM in Uganda.

Therefore, this FGD will collect information regarding how cross-border dialogues have influenced attitudes and behaviours related to FGM in target communities. You have been selected to participate in this survey. Therefore, we request your feedback on the questions below. This **FGD IS NOT** an examination, and responses are entirely confidential. We appreciate your openness and honesty in this survey. Thank you very much!
If you consent to participate in this interview, please confirm so we can do the FGD. For any respondent that isn't willing to participate in the FGD, please let them leave.

Section A: The Problem and Activities

1. Do you see Female Genital Mutilation as a problem? If yes or no, explain why.

2. Can you provide examples of the cross-border strategies and interventions implemented by the project to address the root causes and cultural factors that contribute to FGM and other harmful practices like Child marriages, teenage pregnancies, Sexual and Gender-Based Violence (SGBV) and Female Genital Mutilation (FGM).

3. Tell me how cross-border dialogues (intended to deal with FGM) are structured and organised. (How were the young people-girls and young women, boys and men involved).

Section B: Effects of Cross-border dialogues

4. What was your role in the cross-border dialogues (Probe based on the person being interviewed: eg Policy makers, religious leaders, reformed surgeons, Young people (Youth Advocate), cultural leaders, survivors, CSO)

5. What effects/changes/achievements (positive or negative, direct or indirect) have you realized due to cross-border dialogues to deal with FGM? (Probe based on their role and their general observations or experiences of what has happened)

6. Do you think the cross-border dialogues have made key successes in changing/influencing the attitudes and behaviors of the communities about the FGM? If yes, share some of the key successes/results/achievements realized in changing/influencing the attitudes and behaviors of the communities about FGM.

7. What factors (key success factors) have influenced the above-mentioned successes of the cross-border dialogues in changing the attitudes and behaviors of the communities and leaders in Bukwo.

Section C: Challenges and mitigations

8. Have you faced or did you observe any key challenges (process and operational) in cross-border dialogues aimed at changing the behaviors and attitudes of communities, opinion leaders, etc. about FGM in Bukwo? If yes, please, explain the challenges?

9. What mitigation measures did you or did they take to deal with the above challenges?

10. Do you have any recommendations to better deal with the mitigation of FGM within the communities of Bukwo? If yes, share your thoughts.

Section D: Missed Opportunities

12. Do you think there are missed any opportunities that would aid in influencing and changing the attitude and behaviors of your communities towards FGM? If yes, mention them?

Section E: Recommendations

13. Do you have any recommendations to communities, parents, Civil Society Organisations, and the Government (political and technical teams) to change the attitudes and behaviors of parents, traditional leaders, opinion leaders, and communities about FGM?

14. Do you have any specific recommendations suggesting to improve the strategy of cross-border dialogues? If any, please share your recommendations.

15. Do you have any comments/views or issues of concern that have not been captured in the above questions? If yes, please share them.

Thank you so much for your time