



OPERATIONS RESEARCH REPORT BRIEF

CROSS-BOARDER DIALOGUE INTERVENTIONS TO END FGM IN UGANDA

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Section 1: Introduction and Background



- The "Power to You(th)" (PTY) program is a five-year initiative (2021 – 2025) led by the PtY Consortium in Uganda.
- It's 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— RHU, EASSI, and UYAHF

Implementation Districts

- The program operates across Kampala, Kalangala, Isingiro, Busia, Mbale, and Bukwo districts

Purpose

- This operational research aims to identify results achieved to improve the program's operations.

Specific Objectives

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

Section 2: Methodology

Research Design

- The PtY Operational Research adopted a cross-sectional qualitative research design.
- The 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.

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.

Data collection methods

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

List of Key Informants Reached

	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 People	3
11	PTY Project Staff	1
B	Kenya	
12	Chief	1
13	Inspector	1
14	Reformed Surgeon	1
	Total	36



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 per the terms of reference and the interview guides.
- The findings were then categorized and visualized using ATLAS.ti to draw the necessary conclusions.

Quality control

- Streamlining research objectives and research questions and developing detailed interview guides.
- Robust training of interviewers on research essentials.
- Tool pre-testing and revision.
- Ensuring diversity of respondents, obtaining informed consent, and ensuring confidentiality
- Recording and transcription of interviews, daily debriefing meetings with data collectors, and triangulating of data.

Limitations

- Collecting data towards Christmas made it challenging to access key informants.
- Key informants limited the interview time, which made it challenging to probe the requisite details.
- 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.

Section 3: Findings

Results

- Improved communication and collaboration between communities on both sides of the border.
- The PtY program has established networks and partnerships across borders to address the root causes of FGM.
- Increased awareness amongst the Pokot and Sabin about FGM as a harmful, inhumane and illegal practice.
- (PtY) cross-border dialogues and community dialogues have facilitated significant outcomes in terms of youth engagement, voice, and participation in addressing social issues such as FGM and GBV.
- The PtY program has capacitated women and amplified their voices in the community. They are now confidently asserting their rights and rejecting harmful practices such as early marriage and FGM.
- The denouncement of FGM has become a public stance in various cross-border intervention meetings facilitated by the Power to Youth (PtY) project.
- Policy formulators and implementers in the counties of Bukwo have integrated the fight against FGM into the policies and plans of some lower local governments. 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 FGM.
- The intervention has transformed Traditional Birth Attendants who now escort expectant mothers to health facilities.
- The PtY program, because of sensitization and awareness raising against FGM and the significance of girl child education, has increased school enrolment.

Adverse outcomes of the cross-border interventions

- The ending of FGM practices has left former surgeons unemployed.
- Some respondents reported that there is a correlation between the decline in FGM and an increase in early sexual activity among girls.





Success Factors

- The presence of enabling laws in combatting 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) was significantly underscored as a success factor.
- Cross-border legal cooperation is among the significant success factors highlighted by West Pokot Officials- indicating a unified action against FGM perpetrators regardless of origin.
- The participants applauded PtY for using a “Grassroots-focused approach to programming” that has contributed to their programming effectiveness.
- Utilization of grassroots leadership structures.
- Political will and support.
- Contribution of other likeminded CSOs:
- Meaningful Youth Participation
- Education and exposure.

Challenges

- The insecurity between Sebei and West Pokot negatively affected the progress made by the cross-border dialogues.
- Cultural rigidities: The deeply-rooted cultural belief in that FGM is a legitimate way of initiating girls into women has challenged the fight against this inhumane and backward practice.
- According to Cultural Leaders, mentors and mutilation use charms to tame and induce girls into mutilation.
- Ugandan girls secretly cross to West Pokot in Kenya where FMG is practiced because girls here are not informed about the negative effects of this practice.
- It is challenging to mobilize participants in Kenya because Pokots are nomads.
- Porous borders-people can cross the Ugandan/Kenyan border without any limitation
- The lack of alternative income for former surgeons-likely to make them continue this inhumane practice
- Expectations-while other cross-border dialogue participants are facilitated with transport refunds, young people are left out.

Missed Opportunities

- Nurses were left out of the Anti-FGM efforts.
- Kenyan CSOs were left out in the fight against FGM.

Conclusion

- A multi-faceted approach is needed to combat FGM, as highlighted by stakeholders.
- The partnership should consider integrating local mentors and sensitizing parents and institutions involved in educational initiatives.
- Policymakers need to prioritize the making and implementation of ordinances.
- Cultural leaders must promote alternative rites of passage.
- Supporting former surgeons to transition to alternative livelihoods is vital-they still do FGM in secrecy.

Recommendations

- To combat FGM, include local mentors, known as "Mabiryondet," in cross-border dialogues.
- Provide income-generating opportunities for mentors to reduce their dependency on FGM.
- Encourage parents, especially fathers, to actively engage in FGM discussions with their children.
- Prioritise educational initiatives and vocational training opportunities for vulnerable girls.
- Strengthen surveillance efforts against FGM through collaboration with relevant authorities.
- Integrate surveillance efforts in educational and religious platforms to monitor and report cases.
- Maintain frequent meetings, cross-border dialogues, and sensitisation efforts against FGM.
- Prioritising youth empowerment through initiatives like youth camps and sports activities can equip young people with the knowledge and skills to advocate against it.
- Support former surgeons with alternative livelihood activities to break the FGM dependence cycle.



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