PROTECTING THE RIGHT TO HEALTH IN THE CAMPAIGN AGAINST FEMALE GENITAL MUTILATION

A rapid assessment of stakeholder interventions in Kapchorwa district, Eastern Uganda

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ABBREVIATIONS

CEHURD	Center for Health, Human Rights and Development
CSO	Civil society organization
DCDO	District Community Development Officer
DHO	District Health Officer
FGM/C	Female genital mutilation or cutting
IAC	Inter-African Committee on Traditional Practices
ICESCR	International Covenant on Economic, Social and Cultural Rights
KACSOA	Kapchorwa Civil Society Organization Alliance
LAW Uganda	Law and Advocacy for Women in Uganda
NGO	Non-governmental organization
RDC	Resident District Commissioner
REACH	Reproductive Education and Community Health Project
RHU	Reproductive Health Uganda
SEA	Sabiny Elders Association
TEREWODE	Association for Rehabilitation and Orientation of Women for Development
UNFPA	United Nations Population Fund
UNGEI	United Nations Girl Education Initiative
Unicef	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

EXECUTIVE SUMMARY

Introduction

Center for Health, Human Rights and Development (CEHURD) undertook a rapid assessment of interventions against female genital mutilation/cutting (FGM/C) in Kapchorwa district in Sebei sub-region of eastern Uganda. CEHURD undertook this work as part of the USAID Advocacy for Better Health Project at PATH. The project aims to promote improved quality, availability and accessibility of health and social services in Uganda.

Objectives

1) To explore the interventions that the different actors have implemented in recent years to try to eliminate FGM among the Sabiny in Kapchorwa district and the implications of these interventions for the right to health;
2) To highlight the progress and challenges encountered in the campaign against FGM in the district; and
3) To suggest improvements to the different interventions and the overall response to FGM that is needed to secure the right to health of Sabiny women and girls.

Methodology

This work summarizes results from a qualitative research process combining a desk review of existing evidence and a qualitative rapid assessment process of the interventions against FGM and their implementation modalities. This study took place among the Sabiny and the leadership of Kapchorwa district. Twelve personal interviews were conducted with key informants purposively identified on the basis of their roles in the fight against FGM. The key informants in this included political leaders, program managers, health providers, law enforcement agencies, civil society activists and community representatives. Four focused group discussions were held with older women and men, and with young males and females.

The data was collected between 28th and 30th September 2015 and analyzed using the human rights framework.

Interventions against FGM

Community sensitization

Community-level advocacy has focused on highlighting the dangers of FGM and how it violates the human rights of women and girls, and promoting the positive aspects of Sabiny culture and girl-child education, among other things. Since the enactment of the Prohibition of FGM Act in 2010, emphasis has been on creating awareness about the law. Findings in this study show that the civil society, district local government, Ministry of Gender and development partners are playing different roles in trying to influence community attitudes against FGM.

District and national level advocacy

This study has found that advocacy interventions targeting policy makers, program managers, legislators and law enforcement agencies have been undertaken at the local and central government levels. The advocacy has been undertaken by individual activities, civil society, international agencies and officials at the local and central government levels.

As far as the civil society advocacy interventions are concerned, respondents identified REACH as having spearheaded advocacy for the law against FGM, with LAW Uganda playing the technical role of drafting the bill. The civil society has also used legal tools to advocate against FGM at the national level, successfully petitioning the Constitutional Court challenging the constitutionality of FGM in 2007.

Legal approaches against FGM

The legal strategy against FGM has involved three landmark efforts: A Constitutional Court petition against FGM as a cultural practice; a by-law against the practice by Kapchorwa district local government; and a national law outlawing the practice. The district ordinance made FGM optional in 2009, before the Prohibition of FGM Act outlawed it altogether in 2010.

Since the law came into effect, by the time of this survey, two cases had been prosecuted in the Kapchorwa Chief Magistrates Court, and five people were convicted and sentenced to between two-three years in prison. In 2015, the convicts were pardoned by the president.

The biggest challenge in the implementation of the Prohibition of FGM Act (2010) is that a section of the Sabiny apparently still strongly cherish the practice and continue to cut the girls in hiding. Results from this suggest a strong feeling that the law is too harsh.

Social services and related interventions

Strategies against FGM have involved investments in the education of the girl child, putting in place health care for emergency cases and management of adverse events, provision of safety centers for girls escaping FGM, and offering alternative income sources for FGM surgeons.

However, respondents have reported that the criminalization of FGM and enforcement of the new law may be having a negative impact on access to health care by FGM victims. And because at the grassroots, people wrongly believe that the law applies to all women who have ever gone through FGM, willingness to seek care by women may be widespread.

Conclusions

- A sizeable section of the Sabiny still value FGM as being part of their culture and identity. Men and older women are the key promoters of the practice. This is undermining the effectiveness of key interventions to end the practice
- The reluctance of a section of political leaders in Sebei to speak against FGM is inconsistent with their obligations as agents of the state to promote the right to health
- Community sensitization campaigns have had only limited impact so far. Communities continue to hold to many myths to explain the health risks and complications that come with FGM
- The law has not been sufficient in eliminating the practice. Instead, it has sent the FGM activities underground, where victims no longer feel free to seek health care
- Herding women to public health facilities for verification of FGM has effectively turned the public health system into an active law enforcement agency, which it should not be
- The enforcement of the law against FGM was not well planned, and the involvement of authorities whose mandate does not involve law enforcement has generated resistance among population
- By not allocating resources for FGM, the local and central governments have reneged on their obligation to promote the right to health, and this obligation has been left to Unicef and UNFPA, external agencies and the civil society
- There has not been a comprehensive program to support women who have been maimed by FGM
- Public health facilities are yet to come up with a mechanism of reaching women who may be keeping away from health facilities for fear of being handed over to police

Recommendations

1) Advocacy at the community level should be refreshed with new messages and champions, to specifically target male and female elders

2) There is need to build the capacity of community-based groups in the human rights implications of FGM and in advocacy skills

3) Short-term interventions, such as enforcement of the law should be implemented hand in hand with long-term solutions, such as the education of the girl child

4) The law needs to be revisited, particularly on the severity of penalties

5) Health workers need to be sensitized about the right to health, as well as about the anti-FGM law for them to understand their roles and responsibilities

6) Both the central and local governments should allocate resources and take leadership in the campaign against FGM

1. BACKGROUND

1.1 Introduction

World Health Organization (WHO) defines female genital mutilation or cutting (FGM/C) as a procedure that involves the "partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons". There are three types of FGM, classified by extent of the procedure:

1) Type I (clitoridectomy): Partial or total removal of the clitoris and/or the prepuce.
2) Type II (excision): Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.
3) Type III (infibulation).: Narrowing of the vaginal orifice with creation of a covering seal by cutting and positioning the labia minora and/or the labia majora, with or without excision of the clitoris

Between 100 and 140 million girls and women in the world are estimated to have undergone some form of genital mutilation (types I-III), and three million girls are estimated to be at risk of undergoing the procedures every year.[1] FGM has been reported in 28 countries in Africa, affecting 102 million girls and women, and occurs mainly in West, North, East and Central Africa.[2] It also takes place in some countries in Asia and the Middle East.

In Uganda, FGM is practiced as a cultural rite of passage from childhood to womanhood by the Sabiny, Tepeth, Pokot and Kadama. The prevalence of the practice ranges from near-universal at 95% among the Pokot to an estimated 50% among the Sabiny (UNFPA, 2011).

FGM is considered a harmful practice because it violates the human rights of women and girls. The practice violates the sexual reproductive health rights and other human rights of women and girls; it is a contributing factor to deaths of newborn babies of mothers who have had FGM (WHO, 2006). FGM is always traumatic (Unicef 2005); its immediate complications can include severe pain, shock, bleeding, tetanus or sepsis, urine retention, open sores in the genital region and injury to nearby genital tissue. Long-term consequences can include recurrent bladder and urinary tract infections, cysts, infertility, an increased risk of childbirth complications and newborn deaths, and the need for later surgeries. For example, a Type III infibulation needs to be cut open later to allow for sexual intercourse and childbirth (WHO, 2013).

1 http://www.who.int/reproductivehealth/topics/fgm/prevalence/en/

2 http://www.who.int/reproductivehealth/topics/fgm/prevalence/en/

Among the Sabiny and Pokot infections are common among women after childbirth (Godparents Association Newsletter, March 2013). In relation to the increased risk of birth complications a WHO multi-country study, in which over 28,000 women participated, confirmed that women who had undergone FGM had a significantly increased risk of adverse events during childbirth. The literature further suggests that following FGM, women are more likely to experience psychological disturbances – have a psychiatric diagnosis, suffer from anxiety, somatization, phobia, and low self-esteem (Berg and Denison, 2011).

Higher incidences of caesarean section and post-partum hemorrhage were found in the women with Type I, II and III FGM compared to uncut women, and the risk increased with the severity of the procedure, and the consequences for women not giving birth in a hospital setting are likely to be even more severe (WHO, 2006). The high incidence of postpartum hemorrhage is particularly concerning where health services are poor or inaccessible (WHO, 2008).

This is corroborated by empirical evidence documented by WHO, which has reported that death rates among newborn babies are higher to mothers who have had FGM. There was an increased need to resuscitate babies whose mothers had undergone FGM (66% higher in women with Type III FGM). The death rate among babies during and immediately after birth was also much higher for those born to mothers with FGM: 15% higher in those with Type I; 32% higher in those with Type II; and 55% higher in those with Type III. It is estimated that FGM leads to an extra one to two perinatal deaths per 100 deliveries (WHO, 2006).

FGM is often targeted at young girls (often early teens) and young women who had previously avoided being cut. Among the Sabiny, FGM is usually performed on girls aged 10-15 who are reaching maturity for marriage (Horsfall and Salonen, 2000; 28 Too Many, 2013). Girls are taken out of school to be cut and the healing time takes several weeks, resulting in further school absence. And because it is practiced as a ritual to mark the passage of a girl into adulthood, many underage girls are married off soon after undergoing FGM. One of the key causes of low completion of education among girls is FGM (UNGEI Uganda Report, 2012).

This is in agreement with Miti (2012) in a study conducted in Amudat district that found an estimated 95% of the girls do not complete primary seven due to FGM. This statistic is not unique to Amudat district, as a path to womanhood and marriage marks the end of education for many girls. In 2011 study of FGM among the Pokot, Ambrose Tityon found that nine out of ten girls he interviewed in Amudat were not in school, but girls who were in Primary Seven and secondary school were at lower risk of being cut. Since education is only gradually gaining value, it is important to ensure girls attend and remain in school; this is the first step in combating FGM (Godparents Association, 2011).

Uganda outlawed FGM in 2010 with the enactment of the Prohibition of Female Genital Mutilation Act. The law brought new impetus to the campaign against FGM in Uganda and has since been enforced with qualified success, alongside other interventions by government, district local governments, civil society, individual champions and development partners.

Center for Health, Human Rights and Development (CEHURD) undertook a rapid assessment of interventions implemented by the different actors in Kapchorwa district in Sebei region of eastern Uganda. CEHURD undertook this work as part of the USAID Advocacy for Better Health Project at PATH. The project aims to promote improved quality, availability and accessibility of health and social services in Uganda.

This paper summarizes the outcomes of the rapid assessment as well as suggestions for ensuring that efforts against this harmful cultural practice do not affect access to health care and other social services in particular and the right to health and other human rights more broadly.

1.2 Objectives

This paper outlines issues emerging from the field rapid assessment of interventions designed and implemented by the different actors to address FGM among the Sabiny so as to inform community, district and national-level advocacy for better health for all Ugandans.

In particular, the paper:

1) Explores the interventions that the different actors have implemented in recent years to try to eliminate FGM among the Sabiny in Kapchorwa district and the implications of these interventions for access to health services in particular and the right to health in general;

2) Highlights the progress and challenges encountered in the campaign against FGM in the district; and

3) Suggests improvements to the different interventions and to the overall response to FGM that is needed to secure the right to health of Sabiny women and girls.

2. METHODOLOGY

2.1 Study design

This work summarizes results from a qualitative research process combining a desk review of existing evidence and a qualitative rapid assessment of the interventions against FGM and their implementation modalities. The literature review was conducted to compile a background paper prior to, and to inform, the development of data collection tools and fieldwork.

Fieldwork on the other hand, involved personal interviews with key informants and focused group discussions with community representatives.

2.2 Study population

This study took place among the Sabiny and duty bearers in Kapchorwa district. Kapchorwa – translated as "home of friends" – is bordered by Kween district to the Northeast and East; Sironko district to the South; and Bulambuli district to the West and Northwest.[3] The Sabiny, estimated to number about 200,000 in the 2012 population census, live on the slopes of Mount Elgon in eastern Uganda, and occupy the districts of Kapchorwa, Kween and Bukwo on the border with Kenya. [4,5]

Demographic details of the Sabiny

CATEGORY	NUMBER
Total population	104580
Female	53451
Male	51129
Women in child bearing age	24053
Number of pregnancies	5229
Number of births	5072
Number of children under one year	4497
Number of children under five years	21439

The predominant economic activity of the people of Kapchorwa is subsistence farming, with the main crops being maize, matooke and coffee. The Sabiny living in the lowland areas around Mt Elgon were largely pastoralists but most of them lost their cattle to Karimojong cattle wrestlers in the 1990s. The land terrain is rugged but the scenery striking and, together with Sipi Falls, attracts tourists to the district. The district has a poor road network, with only one meandering main road linking it to the rest of the country.

3 https://en.wikipedia.org/wiki/Kapchorwa_District
4 http://www.ubos.org/UgCensus2012/census2012.html
5 https://en.wikipedia.org/wiki/Sebei_people

2.3 Sampling

A literature search was conducted on the internet using key words and phrases, and relevant resources were downloaded and/or reviewed, including research reports, academic papers, peer reviewed articles and other publications and materials. Documentation was also obtained from the district health department, the Chief Magistrates Court and from respondents representing the civil society.

A total of 12 personal interviews were conducted with key informants purposively identified on the basis of their roles in the fight against FGM. The key informants in this survey were the acting district health officer, district health educator, medical superintendent of Kapchorwa Hospital, the in-charge of Tegeres Health Center III, one magistrate, state attorney of Kapchorwa chief magistrates court, the district police commander, representatives of Reproductive Education and Community Health Program (REACH) and KACSOA (both civil society organizations), and one female and one male elder from the community.

Four focused group discussions of 11-14 participants each, were held with older women and men, and with young males and females. The participants in the young males group were aged 16-30 years; in the young females' group were aged 15-24 years; in the older men's group were 60-85 years; and in the older women's group were 45-60 years. The participants were identified at random from within the community within Kapchorwa town and its precincts.

2.4 Study tools and data collection process

A fieldwork concept was prepared, which together with a background paper informed the development of data collection tools. The tools included two interview guides – one for policymakers, program implementers and law enforcers, and another for health care providers –and one focus group discussion guide. The data collectors were orientated in the use of the data collection tools and empowered to probe respondents for personal experiences and insights. The interviews were conducted in English and Kupsabiny, while the focus group discussions were conducted in Kupsabiny and moderated by research assistants familiar with the language. The data was collected between 28th and 30th September 2015.

2.5 Study team

The research team consisted of eight people from CEHURD and Kapchorwa Civil Society Organization Alliance (KACSOA). Both CEHURD and KACSOA are implementing partners of PATH in the USAID Advocacy for Better Health Project. The policy analyst at CEHURD was the survey manager.

2.6 Data analysis

The data collected has been analyzed and presented here using the right-to-health framework. Uganda is a signatory to the International Covenant on Economic, Social and Cultural Rights (ICESCR) that commits it to respect, protect and fulfill the right to "the highest attainable standard of physical and mental health". According to WHO, "The enjoyment of the highest attainable standard of health (or the right to health) is one of the fundamental rights of every human being without distinction of race, political belief, economic or social condition."

In this work, we consider interventions against FGM in the light of the right to health and the obligations of this right – like all other human rights – imposes on government and its agents, including the district local government, police, health providers, local leaders and others in terms of availability, accessibility, acceptability and quality of public health facilities, services and products. We also consider these interventions in the light of the right to participation – both as a right in itself[6] and as a prerequisite for the realization of the right to health[7] – requiring duty bearers to involve people, communities and institutions targeted and affected by the interventions in decision-making regarding the design, planning, implementation and monitoring of such interventions.[8]

Using these frameworks, a content analysis of transcriptions of personal interviews and focused group discussions was undertaken along the four key themes of interventions against FGM – community sensitization, advocacy, legal approaches and service provision.

2.7 Limitations of the study

This study was conducted in a limited timeframe, with data collection being done intensively in two days, which meant that the opportunity to identify data gaps and fill them was limited. The other limitation was that only one of the three districts occupied by the Sabiny, and only the Sabiny among the several ethnic groups practicing FGM in Uganda, were sampled for this study. This implies that experiences outside of the sample were not captured, particularly given that the review of the literature indicated that practices and prevalence of FGM differs not only across ethnic groups but also across localities.

6 Potts, H. (2008). *Participation and the right to the highest attainable standard of health*. Colchester: Human Rights Centre, University of Essex. Retrieved 02 January 2009, from http://www.essex.ac.uk/human_rights_centre/research/rth/projects.aspx

7 The Alma-Ata Declaration on Primary Health Care (1978) states that "people have the right and duty to participate individually and collectively in the planning and implementation of their health care."

8 Thomas J. and London L. (2006) Towards Establishing a Learning Network to Advance Health Equity Through Human Rights Strategies. Final Project Report to the Centre for Civil Society. University of Kwazulu-Natal, Durban.

3. INTERVENTIONS AGAINST FGM

This section outlines interventions that the central government, Kapchorwa local government at community, civil society organizations, civil society organizations (CSOs) development partners and individual activists have implemented at the community, district and national levels to try to end FGM. The interventions are discussed under four broad themes – community sensitization, advocacy, legal approaches, and service provision and empowerment strategies – with the interventions being clustered on the basis of their target population and nature.

3.1 Community sensitization

Community-level advocacy has focused on highlighting the dangers of FGM and how it violates the human rights of women and girls, and promoting the positive aspects of Sabiny culture and girl-child education, among other things. Since the enactment of the Prohibition of FGM Act in 2010, emphasis has been on creating awareness about the law. Findings in this study show that the civil society, district local government, government ministries and development partners are playing different roles in trying to influence community attitudes on FGM.

A number of CSOs and groups have been involved in advocacy against FGM at the community, district and national levels. At the community level, Sabiny Elders Association (SEA), Law and Advocacy for Women in Uganda (LAW Uganda), Reproductive Health Uganda (RHU), and Reproductive, Educative and Community Health Project (REACH) have been active in Kapchorwa district.

The UN Population Fund (UNFPA) and UN children's agency Unicef are the global agencies that have been at the forefront of fighting FGM in Uganda, and implement a joint program on FGM. The two agencies have not only provided funding for anti-FGM interventions, but have also been involved in community awareness work, through partnerships with district local governments, Ministry of Gender as well as with the civil society. Additional funding support for anti-FGM interventions has also come from the Netherlands Embassy and the French Embassy.

For instance, in 2010, Unicef and UNFPA supported government to create a "simplified version" of the law, which was disseminated to 34 "high-risk" subcounties. Ministry of Gender, Labor and Social Development, with support from UNFPA, developed a training-of-trainers manual to prepare community facilitators to carry out dialogues at the grass-roots level. Accordingly, 500 local law enforcement officials and community-level advocates were trained to enforce the legislation.

The community sensitization interventions of district local governments are implemented through the community development department. Through an interview with the District Community Development Officer, this survey found that the community development department, with funding support from UNFPA, had conducted community dialogues in 11 of the subcounties where FGM is still most prevalent – Kaptanya, Kapteret, Tegeres, Chema, Kapsinda, Kawowo, Sipi, Kaseren, Amukol, Chepterech and Kapchesombe. However, the department reported that it does not receive any funding through the district budget for interventions against FGM.

> "*There are many priorities (for funding) and sources of local revenue are not there… Little resources go to health and education, which in the long run is the solution (to FGM); we rely on implementing partners*," – Mr Jimmy Cherotich, DCDO, Kapchorwa district

On the other hand, central government interventions to create community awareness have been implemented through the Ministry of Gender, Labor and Social Development. The Ministry published the "Community Mobilization and Empowerment Strategy", which focuses on community dialogue as a standard strategy for causing behavioral and social change. The Ministry also published "A Manual for Training Community Facilitators on Abandonment of Female Genital Mutilation/Cutting" in December 2010, laying out standards and guidelines for community educators convening community dialogues on FGM.

Ministry of Gender has provided partial funding to Reproductive, Educative and Community Health Project (REACH), a joint initiative of Sabiny Elders Association (SEA) and UNFPA, and involved Ministry officials in community sensitization.[9] SEA was founded in 1992 to promote peaceful development and preserve culture, but also to eliminate harmful traditions such as FGM.[10]

In 1996, SEA and UNFPA launched the REACH and established the first Sabiny Culture Day, which has been in existence ever since.[11] REACH has since led the civil society initiatives against FGM not only in Kapchorwa but also in the rest of Sebei sub-region, including advocacy for the Kapchorwa district Ordinance against the practice and the national law criminalizing FGM. LAW-Uganda reports that they have built the capacity of over 250 community-level law enforcement agents; created awareness publications, posters, simplification, and translated the Prohibition of FGM Act to facilitate community sensitization.[12]

9 28 Too Many, 2013
10 28 Too Many, 2013
11 28 Too Many, 2013
12 http://www.law-uganda.org/female-genital-mutilation

In an interview, a representative of REACH reported that the project had established a network of community level advocates to create awareness on the harmful effects of FGM; mobilized communities against the practice; and spearheaded advocacy for outlawing of FGM.

> "*We sought and received resolutions from local council leaders, youth, women, elders, and men from every sub county. These resolutions were used to pass a District Ordinance in 2009. We used the same resolutions to lobby MP's (Members of Parliament) to pass a law (against) FGM in 2010. This private members bill was presented by Hon. Chris Baryomunsi and we worked with Law Uganda in this process. Our 15 years of advocacy therefore culminated into the passing of the FGM law in 2010*," – Peter Kamuron, REACH, personal interview

Sabiny Culture Day is held on the 30th of November, just a day to the beginning of the FGM month.[13] Respondents stated that the Culture Day is celebrated by showcasing the positive aspects of the Sabiny culture, such as male circumcision, marriage "gifts", traditional dressing, and social structures (clan systems and traditional councils), among others. In addition, stakeholders share information on efforts to end FGM and their achievements.

Respondents in this survey were not certain of when FGM started among the Sabiny, but some suggested it could have been some 2000 years Before Christ. At the time, it is thought that the Sabiny adopted the practice as a way of keeping women's sexual desires under control as the men were most of the time away from home for long period of time looking after cattle, hunting or fighting inter-ethnic wars. With time, it became part and parcel of the culture of the Sabiny and a few other tribes in the east and north east of Uganda.

Responses in this survey indicated that while there is an overall trend toward a decline in the prevalence of FGM in Kapchorwa and the rest of Sebei subregion, some Sabiny still strongly value the practice as being part and parcel of their culture, and community sensitization programs have only had limited success. Known in Kupsabiny as "*Wonset tap tipik*" – directly translated as "the circumcision of girls" – FGM is conducted as a ritual that girls undergo to mark their passage to womanhood.

Among the Sabiny, the procedure involves the removal of the clitoris (type I FGM), and it is performed on girls between the ages of 12-18 years. The procedure is performed by traditional surgeons, who are often elderly women, during the month of December of even years.

13 The Sabiny conducted FGM in December of every even year

The preparations start a few months earlier, around August, and in the intervening period, girls visit relatives and family friends, who respond with gifts or promises of gifts. On D-day, dancing and feasting goes on through the night as domestic animals are sacrificed "to appease the spirits and ancestors". The girls are smeared with cow dung and yeast as they are prepared to withstand the looming pain. They are expected to be brave and not to cry, grimace or show any sign whatsoever of fear or pain during the procedure as that may henceforth make her and her family the laughing stock of the community. In the morning of the cutting day, girls are taken to the river "to clean their vagina" before the cutting. From there, the girl is cut and isolated to heal and to be counseled to be a responsible wife, loyal to her husband, a good mother, and a good member of society.

> "*This is the period when girls are given cultural names. For example Mukawa, Maida, Stadi, Aleso. These names are given according to a girls completion and height. Aleso is given to the slim girls, Mukawa to the brown, Maida to that stunt girls and Stadi to the mediocre*," – representative REACH, personal interview

In this survey, for respondents who were in support of FGM, the counseling bit of it was a strong argument. There was strong support for FGM among older women, older men and young males, and virtually none among young females participating in focus group discussions. Those in support of the practice argued that it initiates and gives girls an opportunity to be mentored and coached in preparation for marriage; to strengthen the institution of the family; to achieve sanctity of the body, demonstrate courage and social approval and acceptance; to impart social values; to gain some material and financial benefits in the form of gifts; gain spiritual fulfillment and maintain the identity and heritage of the Sabiny people.

The strong attachment to FGM among the small proportion that still value the practice is a major challenge, as sensitization campaigns have had only limited success. It was apparent that messages need to change, so that instead of focusing on the risks involved and using women who have never undergone FGM or those that have had bad experiences, there may be need to highlight the worthlessness of the practice, using champions who have undergone FGM with minimal or no adverse effects.

One major challenge is the community-level stigmatization associated with refusing to undergo FGM. In communities where the practice is still rife, people are so proud of the tradition that women who have not undergone the ritual are stigmatized and demeaned as being "too young" and "too dirty" to climb up and pick foodstuffs from the granary, fetch water from the well, serve elders food, speak in social gatherings, collect cow dung from the kraal (for plastering mud and wattle houses); fill a drinking pot; or even fetch bride price. In such communities, respondents reported that a woman is reportedly not considered a "true Sabiny woman" until she undergoes the ritual.

> *"In preparation for the circumcision ceremony, the young girl is promised gifts, money and a party. She is free to ask for anything she wants. She gets gifts from relatives, friends, neighbors and the community at large. Once the circumcision is done, she receives the gifts, however if it is not done well, then the procedure has to be done again. If one refuses, then the gifts are taken away,"* – civil society advocate, Kapchorwa Civil Society Organizations' Alliance

Among communities that value FGM, the resistance to initiatives to eliminate the practice is palpable. Efforts against FGM are seen as a direct attack on their culture and identity, and are convinced they need to defend and carry on with the practice at all costs.

> "*This culture started long ago by our ancestors. We don't know when exactly but we found it in place; why should it die in our generation? Stopping our culture is not (President) Museveni's mandate; it is our culture. We don't have to follow Museveni's ideas. We will circumcise our girls because that is how they can gain respect in the community*," – participant in FGD of older women

Another major challenge in the implementation of the anti-FGM law is the limited awareness of the law within the community but also among key stakeholders. The District Police Commander reported that in July 2015, shortly after taking office, the police had a workshop and police officers where asked about the FGM law and most officers were not aware of it.

The respondents in this survey were of the view that the law has not been disseminated sufficiently, even among duty bearers. For instance, respondents in the district health department as well as at the different levels of health care reported that they had neither seen a copy of the law nor attended any forum to guide them on their role in its implementation, which is the reason they only had to obey orders when presented with FGM suspects to confirm "over-bleeding".

> "*I know that there is a law against FGM. I have heard about it but I have never seen it or read it. I have no idea what contents are therein it*," – Medical Superintendent, Kapchorwa Hospital

Community representatives participating in this survey attributed the implementation challenges to the lack of community involvement in the design and formulation of the law and its awareness programs. They reported that those still in favor of FGM seemed offended by the fact that the formulation of the law, spearheaded by women rights activists and UN agencies, was led by people who were already biased against their culture, hence the compulsion to resist their perceived machinations. Through the discussions with the community representatives, it was apparent that people feel that it is the President who is personally fighting their culture.

"*The consultations were not comprehensive and people are bitter because they feel it was imposed on them. If at all there were consultations, then they were not comprehensive; maybe it was with a few stakeholders. People are aggrieved and they will always tell you that. Of course they will eventually overcome their sentiments but it is upon us to ensure that happens*," – District Community Development Officer, Kapchorwa

There was a feeling that the anti-FGM campaigners have failed to come up with effective messages against FGM that the communities that have lived with the practice since time immemorial can buy. Besides the key campaigners being women who have not undergone the ritual – and are therefore viewed as cowards and not having the moral authority to denounce the practice – the messages have largely focused on the health risks involved. Communities in involved in FGM have overtime developed their own interpretation of the health risks and have strongly-held myths on virtually every health risk they have experienced or observed. For instance, respondents reported that when a girl dies as a result of FGM, they die because of a bad omen associated with the victim or their family; that over-bleeding happens to people with "too much" blood; and the like.

"We had surgeons who were specialists at cutting of girls. They did it so well and no one would get complications. I see no problem with cutting of girls. I have had eight children and had no problem. What people say that if you get circumcised you fail to relax during labor is not true at all; it is an utter lie. It is uncircumcised girls that have/get problems in labor," – Kokop Linda (grandmother of Linda), focus group, older women

"*Since childhood, I was circumcised – I have peace, no harm has happened to me. I have had all the peace I need even in child birth. If it could be allowed, we would request His Excellency to allow continuity of this culture. If however girls opt to not be circumcised, then we should leave them. However, if some of them wish to be cut – then we should let them be*," – Mama Margaret, focus group, older women

The respondents overall believe FGM is a fading culture as more and more girls go to school, and in the recent past, as the implementation of law as well as advocacy at the community level report successes. Respondents also pointed out that the social sanctions leveled at those who do not undergo the practice are diminishing in significance. For instance, many families are upgrading from mud and wattle structures to brick houses, rendering the importance of cow dung in maintenance of houses irrelevant. In addition, granaries are becoming things of the past as more families depend on the market for foodstuffs; a diminishing proportion of people are drinking the local brew as affluent families turn to refined alcohol; and dowry is increasingly losing importance.

"*These sanctions no longer hold water: People moved (from granaries) to open structures; there are no granaries anymore, they get food by payments. Religion has disintegrated the age set system; religious people do not subscribe to it. Education has also contributed to change of attitudes; an educated lady cannot show her private parts in public*," – respondent, civil society advocate

Respondents reported that the practice has greatly subsided especially in the metropolitan areas, such as Sipi and Kaseren subcounties. The areas that are still considered FGM hotspots include Kwati in Kapchesombe subcounty; Siron in Kaptanya subcounty; Cheptiya in Kapsinda subcounty; and Kapnyikiew in Tegeres subcounty. Other subcounties with high prevalence of FGM were listed as Chepterech, Kawowo, Amukol, Chema and Kapteret.

The analysis of interventions to create community awareness of the health risks of FGM as well as the law suggests that there were glaring gaps in involving communities in designing the law and its awareness programs, and in fulfilling the community right to information needs, which are key in the realization of the right to health. Communities continue to hold to many myths to explain the health risks and complications that come with FGM, implying that the awareness programs have not been effective in enabling the common person, particularly the one who lives in the remote, hard-to-reach areas where FGM is still rife, to appreciate their risk profiles and to reach them with the information and services they need to realize their highest standard of health.

3.2 District and national level advocacy

This study has found that advocacy interventions targeting policy makers, program managers, legislators and law enforcement agencies has been undertaken at the local and central government levels and has been undertaken by individual activities, civil society, international agencies and officials at the local and central government levels.

And while FGM is known and considered to be a harmful practice, it is not easy to find a woman who has undergone it and is opposed to the practice. Most elderly women consider themselves the custodians of the Sabiny culture, FGM inclusive. In addition, there is strict secrecy surrounding the ritual in terms of what exactly happens during and immediately after the procedure, and girls are strictly forbidden from sharing their experience and are made to believe that such an act would attract a bad omen or a curse that could see such a girl run mad. As a result, girls and women who have not yet gone through the ritual will never know what exactly happens and will never be sure what to expect. Yet, Ms Judith Yamucho, who has been confined to a wheelchair after her entire lower half of the body was paralyzed, will take none of it.

> "*I have five sons and one adopted daughter. I do not even want to hear about that word... Looking at how I am suffering… I would not contemplate any woman or girl to be circumcised. Today you have found me resting in a good position. I cannot move around easily; I usually use these two short stools to support me to move around if am not using my wheel chair. Sometimes rain showers me if it finds me outside the house. What hurts me most is the pain that I go through every day*," – Ms Yamucho, FGM survivor

At 58, Ms Yamucho is one of the rare victims of FGM who speak openly against the practice. And probably for this reason, she has been visited by hundreds of researchers, activists, journalists, public officials and sympathizers from all over the world, according to her visitors' registration book. She does not hide her disappointment with her intrusive visitors who come making all kinds of empty promises of assistance that never get fulfilled. Nevertheless, Ms Yamucho is definitely only one of the many women who have been maimed by badly performed FGM.

Other prominent champions against FGM were identified as Beatrice Chelangat, the Chief Executive of REACH Project; and Hon. Frances Kuka, former Government Minister and at the time of this survey, Resident District Commissioner (RDC).[14] However, respondents indicated that these champions have had limited success in changing attitudes of communities that still strongly support and practice FGM because they themselves have never undergone the procedure. Respondents reported that such communities see them as "cowards" and people who do not understand the ritual. It was also noted that political leaders have not been reluctant to publicly speak against FGM for fear of losing votes as the issue remains controversial and sensitive. And indeed, opposition to FGM was believed to be the reason why some influential politicians were not re-elected in the previous general elections.

14 Resident District Commissioner (RDC) is the official representative of the President/Head of State in the district

As far as the civil society advocacy interventions are concerned, respondents identified REACH as having spearheaded advocacy for the law against FGM, with LAW Uganda playing the technical role of drafting the bill, which was tabled in Parliament as a private member's bill by Hon. Chris Baryomunsi, Member of Parliament from Kinkizi East.

The civil society has also used legal tools to advocate against FGM at the national level. Law Uganda successfully petitioned the Constitutional Court challenging the constitutionality of FGM; the constitutional court declared FGM to be inconsistent with the Constitution and declared the custom void.[15]

The Kapchorwa district community development department reported that it convenes quarterly meetings of different actors involved in the anti-FGM campaign in the district, and coordinates them, monitor their activities and receive quarterly reports. The department further reported that it had recently convened a district-level meeting of stakeholders to review progress and lay strategies to tackle pending challenges in the campaign.

The reluctance of a section of political leaders in Sebei to speak against FGM is inconsistent with their obligations as agents of the state to promote the right to health. Under the circumstances, promotion of the right to health calls for leaders to speak against FGM and its health risks, and to promote dialogue that would enable create a conducive environment for girls and women who refuse to undergo FGM. The lack of a budget allocation to the district community development department specifically for community awareness means that the local government, and by extension the central government, have reneged on their obligation to promote the right to health, and this obligation has been left to Unicef and UNFPA, external agencies and the civil society. The results further suggest that while many women have been mimed by FGM, there has not been a comprehensive program to support victims of FGM, and the case in point is that Ms Yamucho, who has not received any form of support from government and Kapchorwa district local government.

15 Law and Advocacy for Women in Uganda V Attorney General, Constitutional Petition No. 8 of 2007

3.3 Legal approaches against FGM

The legal strategy against FGM has involved three landmark efforts: A Constitutional Court petition against FGM as a cultural practice; a by-law against the practice by Kapchorwa district local government; and a national law outlawing the practice.

3.3.1 Constitutional Court petition against FGM

Law and Advocacy for Women in Uganda (LAW-Uganda), a non-governmental organization (NGO) advocating for women's rights filed a petition in the Constitutional Court in 2007, seeking a declaration that FGM as a culture violates the fundamental human rights of women and as such was inconsistent with the Constitution of Uganda which grants women and men equal status.[16]

The group argued that, contrary to the provisions of the Constitution, the practice of FGM by listed tribes in Uganda was in violation of women's rights to be free from discrimination on the ground of sex, right to privacy, right to be free from torture or cruel, inhuman or degrading treatment, right to be accorded full and equal dignity of the person with men.

The Constitutional Court agreed with the petitioners and declared the practice null and void to the extent of its inconsistence with the Constitution. However, this work did not find any evidence that this ruling resulted into any change at the community level, possibly due to limited awareness or to lack of a framework for its enforcement. It nevertheless provided a strong basis for advocacy for a substantive law against the practice.

3.3.2 Kapchorwa district Anti-FGM Ordinance

Kapchorwa district local council passed an Ordinance (by-law) against FGM in 2008. The Ordinance followed a petition endorsed by 100 community leaders from 16 subcounties of Kapchorwa district demanding that the district local government enacts a by-law prohibiting the practice (UNFPA, 2013). The petition was the initiative of three advocacy groups – SEA, REACH and LAW-Uganda – and was part of advocacy that started in 2004.

Respondents in this survey were aware of this Ordinance but only a couple of them knew when it came in place and had ever seen it. It was apparent that dissemination of this by-law was limited and some considered it to have been overtaken by the enactment of the national law against FGM in 2010. The most important provision of this Ordinance was that it made FGM an option, providing legal protection to those that did not wish to undergo the procedure. Respondents from civil society groups reported that under this provision, they were able to provide protection to a few girls that escaped from FGM in the period following its enactment. They also felt that it was an important basis for advocacy for a national law against FGM.

16 Law and Advocacy for Women in Uganda Vs. Attorney General

3.3.3 The Prohibition of FGM Act of 2010

Parliament of Uganda enacted the Prohibition of Female Genital Mutilation Act in 2010, outlawing FGM practices in Uganda. The law was earlier drafted as a private members bill before it was published and presented to Parliament as a draft law in 2009. The Act criminalizes FGM as an act, and creates the offences of carrying out FGM for girls and women who do it on themselves and for whoever carries out FGM on girls and women; and of aiding and abetting FGM for those participating in events that lead to FGM. The law sets different terms of imprisonment upon conviction for each of these offences, providing for a prison sentence of up to 10 years for perpetrators of FGM. And in the extreme case of the victim dying, the offenders are liable to serve life in prison.

The Act further protects (Section 11) girls and women who have not undergone or refuse to undergo FGM. The major concern is that respondents in this survey did not feel that this provision in the law in anyway addresses the community-level stigma, pressure and stress that comes with the refusal, inability or failure to undergo FGM. Respondents in this survey did not feel that the law had adequate and practical redress options for victims of stigma, abuses and ridicule for not undergoing or opposing FGM.

After a slow start, the implementation of the law eventually started in earnest in 2014, some five years after it was enacted. Respondents representing the duty bearers stated that the delay in effecting the law was deliberate to allow time for sensitization of the population.

Even then, community representatives participating in this survey's focus group discussions still felt that the pre-implementation sensitization was not adequate as most people in the community have not heard first hand information about the law and what it provides. Even some duty bearers, including those responsible for educating the community about health issues, stated that while they had heard of the law, they had never seen its copy and were not familiar with its provisions.

At police, cases of FGM are handled under the Sexual and Gender-based Violence Desk and the desk has a nurse and a clinical officer whose brief is to examine FGM victims, who are also suspects under the anti-FGM law. But this assessment overall found the enforcement of the law to be erratic and lacking in clarity. The perception at the community level is that any woman who has ever undergone FGM is liable to arrest and prosecution – which would mean retrospective implementation of the law.

It has not been clarified to the population whether the law applies to people who have been involved in FGM after the law came into effect. Respondents were particularly concerned about the involvement of the RDC in the enforcement of the law, particularly in rounding up women and taking them to hospital to be checked for "over-bleeding" and FGM and then handing them over to police as suspects. Respondents at Kapchorwa Hospital confirmed that the President's representative in the district had taken there six suspects "for confirmation" that they had undergone FGM, raising ethical and human rights questions in way the law was being enforced.

Since the law came into effect, by the time of this survey, two cases had been prosecuted in the Kapchorwa Chief Magistrates Court. Both cases came in 2014. In the first case (Case File No. 0647/14), Chebet Sarah, Chepkwemoi Ann, Chepkwo Irene and Kiprop David were charged with, and convicted of, the offence of carrying out FGM and procuring, aiding and abetting FGM. In the second case (Case File No. 0629/14), Cherotich Kackline, Cherop Esther, Chemtai Patricia, Mwanga Martin, Mwangusho Joseph and others were charged with and convicted of , the offence of carrying out FGM on oneself and aiding and abetting FGM.

The suspects were arraigned in court along with an incriminating medical report. In an interview with the area Magistrate, the survey team was informed that since the suspects pleaded guilty at the start and did not waste his time, he sentenced them to two and three years respectively, much less than the maximum possible sentence. However, by the time of this survey, the convicts had been released from prison after President Museveni pardoned them in exercise of his prerogative of mercy as Head of State.

When the research team interviewed the State Attorney at the Kapchorwa Chief Magistrates Court, she reported that these were the only two cases so far under the Prohibition of FGM Act (2010) and that no other cases had come that far. The State Attorney was reluctant to conclude whether the implementation of the law was having an impact on the magnitude of the practice.

Those much publicized convictions seem to have had a chilling effect that has driven the entire FGM practice underground. Respondents reported that the ritual is now conducted under the cover of darkness, and the open marks that used to be made on the arm to identify a women who had undergone the ritual are now hidden from public view, on the victim's groin area.

> "*Of course its implementation just started so I cannot solely say that it has had impact because I know that many efforts are being made by different organizations. However, with these first cases, there was a lesson leant by communities and the rate at which they do is has reduced. No more feasts can be done for fear of imprisonment,*" – State Attorney, Kapchorwa Chief Magistrates Court

The biggest challenge in the implementation of the Prohibition of FGM Act (2010) is that a section of the Sabiny apparently still strongly cherish the practice and seem determined to save it. While the arrests and convictions may have had a chilling effect on the promoters and practitioners of the practice, all respondents agreed that the practice has not died out, even though no more suspects are being arrested. For example, the District Police Commander reported that in the three months preceding this survey, police had not received any FGM-related case, saying the practice is now done in hiding.

The practice now takes place in the hard-to-reach areas – in isolated communities in forests and caves – and sometimes girls are taken across the Kenyan border where ethnic cousins also practice FGM and only return after healing, which makes it harder to prosecute them because then "it's your word against theirs", according to a respondent in police.

> "*In terms of implementation, we have done our best at least when cases appear before us we give them time and have them heard. What you should know is that after the passing of the law, practices of FGM went under cover. I assume that if we can convict those that do it under cover then we will reach somewhere," –* Magistrate, Kapchorwa Chief Magistrates Court

According to the police, the populace has been extremely opposed to the arrests that have so far been made and that has not cooperated during arrests and prosecution of suspects and perpetrators. They have reportedly always been on hand to raise an alarm and to appeal to political leaders, and respondents believed this pressure was behind the Presidential pardon of the convicts.

> "*The Sabiny culture is a challenge in the fight against FGM as it cherishes FGM that the public raises an alarm in case of arresting FGM victims and perpetrators. The community doesn't want to cooperate with police to arrest victims and perpetrators… People are cutting girls in caves and forests in the middle of the night, and there is limited cooperation from the community; witnesses are hostile and don't testify even when they turn up in court*

> "*You will arrest someone, but when you array them in court, no one will accept to give evidence against them. In most cases the witness will come but remain silent at the time of questioning and the case will die as a result of a lack of supporting evidence to sustain a conviction*," – District Police Commander, Kapchorwa

The even bigger challenge is the lack of consensus among law enforcers themselves. Some police officers have been branded "too tribalistic" due to their reluctance to enforce the anti-FGM law, even when deployed to do so. "Some police officers are not cooperative… At times they connive with perpetrators to sabotage operations; they leak information to the offenders hence foiling arrests," a respondent at Kapchorwa central police station told the research team.

The Presidential pardon granted to convicts of FGM has also sent mixed signals and has left activities and law enforcers lost for answers when they face the community.

> "*People are arresting women who do it, those that influence it and this is a good step towards realization of the law. However we are concerned with the fact that the president used his powers to release those who were serving a sentence. This is intruding into Court power and communities perceived it different*" – participant in focus group discussion, young females

> "*The problem has now come with the prerogative of mercy used by the president to pardon the convicts. Communities to me will interpret it as the president's word being above the law and as such whatever we do to fight FGM may never yield results if the president will continue doing so. I may understand he has the powers but the interpretation of communities is different*," – State Attorney, Kapchorwa Chief Magistrates Court

Results from this suggest a strong feeling that the law is too harsh. Respondents reported that the district by-law was better received because it made the ritual optional and only barred conservative traditionalists from forcing girls into FGM. As far as the national law is concerned, a jail term of up to 10 years is considered too harsh for a practice whose demise will depend on the willingness of the people who practice it to let go. And when victims and perpetrators are liable, a daughter gets arrested with both her parents because it is a family thing – procured and masterminded by both parents and close relatives – leaving the siblings without anyone to take care of them.

> "*The way the community perceives it seems like it is a harsh law –there is a need to make the sentences a bit minimal – I have heard that one could be jailed for up to 10 years. –That doesn't seem fair as married women do it – it is a deep rooted cultural practice here. People have to be educated to appreciate why they should leave it. –Arresting and jailing them will not stop it*," – respondent, Kapchorwa Hospital

The experience so far suggests that the law alone may not address the FGM problem in Kapchorwa and possibly the rest of the communities where FGM is practiced in Uganda. The feeling that the law is too harsh may be behind the resistance that the police is facing in enforcing it. The findings further indicate that the implementation of the law has not been well planned and hence, has not realized its full potential in addressing FGM and protecting the right to health of the women in communities that practice the harmful practice. In addition, herding women to public health facilities for verification of FGM borders on abuse of the public health system. Turning the public health system into an active law enforcement agency could compromise its primary role of providing health care and a structure through which the state fulfills the right to health.

3.4 Social services and related interventions

Strategies against FGM have involved investments in the education of the girl child, putting in place health care for emergency cases and management of adverse events, provision of safety centers for girls escaping FGM, and offering alternative income sources for FGM surgeons.

Respondents reported that there was a commitment by government to distribute Friesian cows to FGM surgeons, which was to be implemented under the REACH project, to provide an income stream that would compensate for lost income from conducting FGM procedures. According to respondents, FGM excision earns a surgeon UGX 30,000-50,000 (about US$10-16) per procedure plus gifts and appreciations. Respondents told the research team that this plan was implemented only partially as the majority of the surgeons did not receive cows.

It has also been documented that Addis-based Inter-African Committee on Traditional Practices (IAC) donated grain grinding machines to over 254 former Sabiny traditional surgeons in Kapchorwa as an alternative means of living[17], but respondents in this survey did not have any details on their functionality and benefits.

On girl child education, government reportedly promised to construct four boarding schools and offer scholarships to girls to enhance their education as part of the long-term strategy and in the short-term keep them away from the perpetrators of FGM. Education of the girl child is widely believed to be the long-term solution to the continuity of FGM, as it is rare for educated girls and women to be willing to undergo the ritual.

Respondents participating in this survey reported that two secondary schools had so far been constructed by REACH – Kwosir Secondary School in Kween district and Kwortek Secondary School in Bukwo district. By the time of this survey, Kapchorwa was yet to get a secondary school under the anti-FGM program. And besides, information indicated that no sustainability plan had been put in place for schools so far constructed and that both may no longer be functional.

17 Violence is not our Culture, 2011 Uganda: Former FGM Surgeons Given New Employment Opportunity

As far as health care is concerned, the district health officer reported in an interview that "first aid units" had been set up at three health facilities in areas where FGM is rampant to help women access emergency care in case of complications resulting from poorly conducted FGM. The units were set up with support from UNFPA, at Kiloboi HC II in Kiloboi parish; at Cheptoya HC IV in Kapsinda subcounty; and at Kabeyura HC III in Kabeyura subcounty. However, the DHO stated that uptake of care at the unit was poor, and that the few cases that had so far been received at the emergency units were of those in very critical condition, when the victims cannot stand the complications anymore.

The Medical Superintendent at Kapchorwa Hospital reported that on average the hospital receives about 40 women who have undergone FGM coming to deliver at the public facility, out of whom an average of 17 usually end up with obstructed labor and requiring caesarian section. Yet, according the district health department, barely half (between 47-50%) of women in Kapchorwa deliver in a health facility. Many reportedly go to traditional birth attendants in the community, where the risk of complications is greater.

The hospital in-charge explained that Sabiny women who have undergone FGM have difficulty delivering normally because the scarred vaginal lining does not stretch freely, leaving the outlet too narrow for a smooth process. For those that do not deliver with the assistance of skilled health workers, pushing often leads to tears, prolonged bleeding, paralysis and other kinds of complications. Indeed, the Association for Rehabilitation and Orientation of Women for Development (TEREWODE), a non-governmental organization, undertook an outreach camp that reached 55 Sabiny women in 2014 and 22 of them were found with fistula and repairs were made on them. These cases were linked to FGM practice due to tears that tend to arise during childbirth.

However, respondents have reported that the criminalization of FGM and enforcement of the new law may be having a negative impact on access to health care by FGM victims. Virtually all respondents agreed that the implementation of the law has driven the FGM acts underground, implying that girls who get complications after the procedure may not be seeking care in public health facilities for fear of being handed over to police. This has not been helped by the fact that the Resident District Commissioner has herded girls to Kapchorwa Hospital to be examined for FGM before being handed over to police.

And because at the grassroots, people wrongly believe that the law applies to all women who have ever gone through FGM, willingness to seek care by women may be widespread.

The In-charge of Tegeres Health Center III informed the research team that the facility used to receive cases of girls and women with complications arising from FGM but that they no longer come, yet the men who have problems after traditional circumcision continue to come to the facility. The in-charge reported that he received reports that a woman had died recently in Kapkwogoi a hard-to-reach part of the facility's catchment area, and that she was never brought to the facility.

This study also found that the lack of awareness of the law and the responsibilities of health workers makes them scared of providing services to victims of FGM for fear of being arrested as accomplices in the crime. Respondents reported that there is no budget line in the district's budget for interventions related to FGM, which seems to be understood that services to victims of FGM may not be legitimate.

The results from this survey suggest that the implementation of the social services approach to FGM has been as slow as that of other strategies. Girl education has not been realized in some communities, especially the isolated ones, which means that equity in the distribution of social services that should fulfill the right to health and other rights is yet to be realized. It is also clear from the results that public health facilities are yet to come up with a mechanism of reaching women who may be keeping away from health facilities for fear of being handed over to police. Hence, the health facilities have not lived up to their obligation as state agents to fulfill the right to health.

4. CONCLUSIONS AND RECOMMENDATIONS

4.1 Conclusions

- A sizeable section of the Sabiny still value FGM as being part of their culture and identity and men and older women are the key promoters of the practice. This is undermining the effectiveness of key interventions to end the practice

- Advocacy at the district and national levels has been a key element in the progress so far made against FGM, including the formulation of the law and its implementation. However, the reluctance of a section of political leaders in Sebei to speak against FGM is inconsistent with their obligations as agents of the state to promote the right to health. Promotion of the right to health calls for leaders to speak against FGM and its health risks, and to promote dialogue that would create a conducive environment for girls and women to reject FGM.

- Community sensitization campaigns have had only limited impact so far. Communities continue to hold to many myths to explain the health risks and complications that come with FGM, implying that the awareness programs have not been effective in enabling the common person, particularly the one who lives in the remote, hard-to-reach areas where FGM is still rife, to appreciate their risk profiles and to reach them with the information and services they need to realize their highest standard of health.

- The law has not been sufficient in eliminating the practice. Instead, it has sent the FGM activities underground, where victims no longer feel free to seek health care. The feeling that the law is too harsh may be behind the resistance that the police is facing in enforcing it. The findings further indicate that the implementation of the law has not been well planned and hence, has not realized its full potential in addressing FGM and protecting the right to health of the women.

- Herding women to public health facilities for verification of FGM borders on abuse of the public health system. Turning the public health system into an active law enforcement agency could compromise its primary role of providing health care and a structure through which the state fulfills the right to health.

- The enforcement of the law against FGM was not well planned, and the involvement of authorities whose mandate does not involve law enforcement has generated resistance among population.

- The lack of a budget allocation to the district community development department specifically for community awareness means that the local government, and by extension the central government, have reneged on their obligation to promote the right to health, and this obligation has been left to Unicef and UNFPA, external agencies and the civil society.

- The results further suggest that while many women have been mimed by FGM, there has not been a comprehensive program to support victims of FGM that go wrong, and the case in point is that Ms Yamucho, who has not received any form of support from government and Kapchorwa district local government.

- It is also clear from the results that public health facilities are yet to come up with a mechanism of reaching women who may be keeping away from health facilities for fear of being handed over to police. Hence, the health facilities have not lived up to their obligation as state agents to fulfill the right to health.

4.2 Recommendations

1) Advocacy at the community level should be refreshed with new messages and champions, to specifically target male and female elders, opinion leaders, religious leaders, and other community structures to ensure a common understanding and appreciation of the law, and to identify positive aspects of the Sabiny culture that can be promoted.

2) There is need to build the capacity of community-based groups in the human rights implications of FGM, advocacy skills and messaging to play a role in changing mindsets

3) There is need for a multi-sectoral approach to FGM, where short-term interventions, such as enforcement of the law and ensuring alternative income sources for traditional surgeons are implemented hand in hand with long-term solutions, such as the education of the girl child and community level advocacy

4) The law needs to be revisited, particularly on the severity of penalties, and sufficient provisions made to protect girls and women who refuse to undergo the practice, including from the ridicule and abuses that they tend to suffer from pro-FGM elements

5) Health workers need to be sensitized about human rights in general and the right to health in particular, as well as about the anti-FGM law for them to understand their roles and responsibilities in upholding human rights in the course of their work, including their responsibility in reaching out to women who are shying from health facilities due to fear of the law.

6) Both the central and local governments should allocate resources and take leadership in the campaign against FGM. This should include a comprehensive program to support women who have suffered disabilities from FGM complications.

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CENTER FOR HEALTH, HUMAN RIGHTS & DEVELOPMENT
Plot 833, Old Kira Road - Ntinda; P.O Box 16617 Wandegeya, Kampala
Tel: +256 414 532283; Email: info@cehurd.org; web: www.cehurd.org;
twitter: @infocehurd; facebook: @facebook.com/cehurduganda