



TPO Uganda Quarter report (April-June 2016) on FGM Implementation in

Amudat

Introduction.

Female genital mutilation/cutting (FGM/C) has been practiced in Amudat district for quite some time however different interventions have been implemented to abandon FGM/C in the district. This has significantly reduced the practice with many communities declaring their commitment to abandon the practice. TPO Uganda is one of the Organizations that was supported have been supported to abandon FGM/C in Amudat district. This report therefore gives an account of the implementation status, the activities implemented, key successes recorded, potential champions of FGM abandonment, lessons learnt, challenges and recommendations. TPO in her implementation approach towards abandonment builds the capacity of community based organizations (CBOs) and other community formal and informal supportive structures such as the kraal leaders, council of elders, women leaders, youth groups and religious institutions to abandon FGM and other bad cultural practices that impinge on development.

This report covers the first phase of implementation (80%) of project activities in 3 parishes in Karita subcounty, Amudat district.

Theory of change

The project theory of change envisions building the capacity of local community based organizations and other formal and informal structures such as the kraal leaders, council of elders, women leaders, youth groups and religious institutions to abandon FGM and other bad

cultural practices that impinge on development so that they are able to enjoy a harmonious mutually supportive and productive lives.

ACTIVITY:

The -Project has implemented the following key activities.

Activity 1.1a Support KADI (Karita Development Initiative) CBO local partner to create awareness on the FGM law among 05 churches, 21 kraals, 05 primary schools, 06 friendly spaces & 06 ABEK Centers

Activity 1.2.a Support the trained local CBO partner and 06 CSS (Kraal leaders, Council of elders, circumcisers & mentors, women, youth groups, religious, organized children groups) to conduct community dialogues with influential persons/Groups in Karita Sub County.

Activity 1.2.b Support local CBO to continually carry out regular mentorship and experiential learning sessions with each of the trained community support structures using interactive support sessions with 06 trained traditional groups to share experiences, stories of change & identify challenges and competence gaps.

Activity 1.2.c Support 1 CBO to organize and mentor 3 drama groups that will create awareness about the effects of FGM/C in Karita Sub County.

Activity 1.5 a Support the local partners (CBO & CSS) to identify & provide Psychosocial support to 300 FGM survivors (women, girls and their families)

Activity 1.5 b Support 48 FGM survivors to access legal and medical support through existing service providers.

Activity 1.6 a Conduct Quarterly Joint field monitoring & Support supervision visits with CBSD, Consortium members & district FGM alliance to strengthen referral networks among the social service sectors and district authorities.

OBJECTIVES OF THE ACTIVITY:

Activity 1.1a CBO To increase access to information and understanding of the FGM law among the Kraals, religious leaders and women groups.

Activity 1.2.a To influence Community support structures through dialogues to abandon FGM/C practice

Activity 1.2.c To increase awareness about the consequences of FGM practice through play through among Abongai, Kaichom and Chepkararat communities

Activity 1.5 a To provide psychosocial support to FGM survivors and their families so that they are able to build resilience and cope up with situations and to enable FGM survivors freely interact with other community members.

Activity 1.5 b To enable FGM survivors access adequate medical treatment from the existing service providers

Activity 1.6 a To share experiences, reports, FGM cases, joint monitoring and reporting.

Expected results

Output 1.1. *Effective enhancement, enforcement and use of legislation and National policy to promote the abandonment of FGM/C in Karita subcounty-Amudat district.*

Output 1.2. *Local level commitment obtained for FGM/C abandonment in Karita Sub County- in Amudat district.*

Output 1.5. *FGM/C abandonment integrated and expanded into reproductive health policies, planning and programming.*

Target population

- In school and out of school teenage girl survivors of FGM/C 13-17 years.
- Women survivors of FGM 18 years and above
- Traditional surgeons
- The council of elders and Kraal leaders.
- Care givers of FGM/C survivors
- Teenage girl child and specifically- child mothers
- Community support structures (CSS) formal and informal

- Parents and children.

ACTIVITY METHODOLOGY:

Methodologies employed,

Activity 1.1a. Community sensitization: This method enabled the target population and communities to openly discuss and share experiences of FGM and social cultural issues that drive the practice and to clearly sensitize the community on the laws that prohibit FGM especially “*The Prohibition of Female Genital Mutilation (FGM) ACT 2010.*”

Activity 1.2a &b Community dialogues: This methodology enabled the target population and communities to openly discuss and share experiences on FGM related issues namely; why FGM is still practiced, FGM related effects, the laws and Community action towards the practice. The dialogue brought together different Community support structures/groups namely; the women group leaders, the elders, the Kraal leaders, CFS facilitators and elders. The CBO Social Workers with support from the Project Officer facilitated/ moderated the discussions.

Activity 1.2c. Music dance & drama to communicate FGM messages: Music dance and drama is both educative and entertaining. The methodology enabled communities raise issues that affect their local environments specifically issues that relate to FGM. Through drama communities understand the issues more easily.

Activity 1.5 a. Home visiting to provide counseling/ emotional Support: isn't this an intervention? This was used to support FGM survivors to cope with stigma and discrimination and seeking treatment from the Health Service providers. This activity was carried out by the trained social workers.

Activity 1.5b. Family visits to Identify, counsel and refer FGM survivors. in this activity this method supported the FGM survivors to access medical information and treatment at the Health Centre III in Karita.

THE ACTIVITY RESULTS:

Summary of Achievements/ Outcomes

| Activities implemented | No of beneficiaries reached | | | | Results/Achievements /Outcomes/successes |
|---|-----------------------------|-----|---------|-----|--|
| | Target | | Reached | | |
| | M | F | M | F | |
| 1.1 a) Support KADI (Karita Development Initiative) CBO local partner to create awareness on the FGM law among 05 churches, 21 kraals, 05 primary schools, 06 friendly spaces & 06 ABEK Centers | 410 | 380 | 460 | 410 | -Increased awareness about the FGM law in 11 Kraals 4 churches, 2 schools, 4 child Friendly spaces, 2 ABEK centres. The law has been disseminated in different target areas namely; churches, kraals schools, community meetings at the CFS, subcounty HQs during distribution of food and SAGE money. -Communities reporting on discrimination and abuse of the FGM survivors -Communities taking up initiative to talk about FGM law in the churches especially the religious leaders. This was conducted 5 community support groups. |
| Activity 1.2.a Support the trained local CBO partner and 06 CSS (Kraal leaders, Council of elders, circumcisers & mentors, women, youth groups, religious, organized children groups) to conduct community dialogues with influential persons/Groups in Karita sub county. | 06 grps | | 10 | | -(10) CSS groups of 10 -20 opinion leaders including elders, Kraal leaders, women groups and religious leaders have denounced the practice publicly. These are potential champions that are keeping the candle burning on FGM abandonment. -Community members have recognized FGM as an issue which is affecting them since most Organizations and visitors talk about this practice whenever they visit their communities, they agreed that this haunts them a lot and it is shameful for people outside to come and tell you the problem in your own community hence they vowed to abandon the practice to remove shame. As a result of the opinion leaders' involvement as champions, they mobilized and sensitized 623 people in 7 villages of Karita to abandon FGM. |
| Activity 1.2.b Support local CBO to continually carry out regular mentorship and experiential learning sessions with each of the trained community support structures using interactive support sessions with 06 trained traditional groups to share experiences, stories of change & identify challenges and competence gaps. | 6 grps | | 10 | | -10 groups of Elders of 10-20 members agreed to abandon FGM/C and integrate and promote cultural practices that present positive attitudes and create change within the communities. -Community members of Namodo, Namusha, Kalokatyo, and Naporokocha vowed to report any person that still practice- FGM/C to police and TPO. The community support structures during the learning sessions discussed; why FGM/C is practiced, who are the perpetrators, why the practice is continuing, the consequences of FGM/C among |

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| | | | | <p>women and girls of Pokot, the offences according to the FGM Law 2010 and what they can do to eliminate the practice in their community.</p> <ul style="list-style-type: none"> -Community members freely discussing and sharing their experiences on FGM/C in their localities. -2 groups of elders of leaders supported by Social Workers are carrying out community to community sensitization and more elders are committing to abandonment of FGM and signing declaration forms. -Parents pledged verbally and through declarations were these verbal or not to circumcise other girls due to the consequences involved. -Developed the capacity of 10 groups (kraal leaders, women groups, religious leaders, clan leaders and youth groups to share and discuss issues in their meetings. 6 groups reported to have reached a total of 21 circumcisers. In addition the groups have developed action plans which are supported by social workers and implemented on monthly basis. The plans have FGM abandonment sustainability activities to be carried out in churches, kraals and in schools since most of the elders are part of religious and school management committees. -The elders of Abongai village have agreed that cultural practices that are positive such as the ‘Naley dance’ should be promoted while those that are disadvantageous to the development of society be discouraged such as FGM/C, and child marriages -LC1 Chairpersons of Kalokatyo and Naporokocha vowed to develop by-laws to abandon FGM/C and ensure that they share them with the community members. |
| Activity 1.2.c Support 1 CBO to organize and mentor 3 drama groups that will create awareness about the effects of FGM/C in Karita sub county. | 3 | | | <p>-3 drama groups of 10 members each were trained to use drama for creating awareness about FGM/C. The drama shows were depicting how FGM/ C is practiced, the consequences of the practice to the survivors , the family and the community, how the FGM law is prohibiting FGM/C and community responses to address the practice. As a result they reached a total of 420 community members including school children.</p> <p>-14 FGM survivors shared there testimonies with community members during the drama shows.</p> |
| Activity 1.5 a Support the local partners (CBO & CSS) to identify & provide Psychosocial support to 300 FGM survivors | | 300 | 341 | <p>-Increased family/household psychosocial support for women and girls affected by FGM. In terms of taking to hospital and care while sick. The social workers encouraged the family members not to abandon women</p> |

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|---|--|----|--|----|---|
| (women, girls and their families) | | | | | and girls who have FGM complications and to keep taking them to the health centre. |
| Activity 1.5 b Support 140 FGM survivors to access legal and medical support through existing service providers. | | 60 | | 65 | -Supported 65 FGM survivors with transport to access treatment at the health centers and in addition to treatment costs at the health facility. The key problems identified include; Pelvic inflammatory diseases (PID), Small virginal openings, blocked ovaries, painful coitus, infertility, difficulty in delivery, painful abdominal pains and candidiasis. Most of the survivors were provided treatment and the common treatment includes; Cipro 500 mg, metro 400 mg, doxy, 100mg, ibuprofen, 400 mg among other specific drugs. In terms of legal the FGM/C survivors and their families were sensitized about the FGM law and encouraged to report FGM/C cases to legal authorities. |
| Activity 1.6 a Coordination, monitoring and evaluation of the project. Conduct Quarterly Joint field monitoring & Support supervision visits with CBSD, Consortium members & district FGM alliance to strengthen referral networks among the social service sectors and district authorities. | | | | | - A coordination and monitoring meetings were held with different district stakeholders. Issues discussed in the coordination meetings include; update of the FGM/C practice in Amudat, consequences of the practice to women and girls, the role of local leaders in stopping the vice. Action points developed in this meetings where; police to enforce the law on FGM/C, community members especially the local councils to be very vigilant on the cross boarder and bush circumcision since some parent circumcise in the bush and in Kenya. -Increased coordination of activities with consortium members and key district leaders notably; the RDC, the LC V district councilors, probation office, CDO office, subcounty, health, LCIII and police. - The participation of the district leaders and police and health to explain on issues of the law and health consequences of FGM to the community enabled the community leaders to declare abandonment of FGM/C. This was joint implementation and monitoring of project activities. |

Advocacy and developmental problems raised by some of the community members

- The issue of marrying off girls at a tender age in return for wealth is so common with the Pokot culture 3 to 4 cases are reported monthly One of the parents suggested that the awareness and the law should be enforced on this as well just like FGM/C
- The community members, local councils and the elders have agreed that development partners should devise means and develop projects to address the issues of education since their focus now is education of their children.
- There is a need to integrate some developmental issues, the community members are requesting for more sensitization on development issues such as livelihood, veterinary and business how to count money.
- Cases of increased child labour especially in grazing and mining. This has limited children access to education. TPO under child protection supported activities is conducting awareness through the community support structures and CBO social workers about the dangers of child labour and we have dialogued with families to allow children access education.
- support Increasing reproductive health problems such as PID, Fistula, blocked ovaries, candidiasis among young girls and women especially of reproductive age due to limited information about reproductive health, FGM/C, long distances to the hospital and lack of health facilities in some areas.

Declarations

- ✚ A total of 7 villages have completely denounced FGM and have signed declaration forms. These villages include; Abongai, Kalakatyo, Naporokocha, Cheptapoyo, Namodo, Losidok, Chepkararat, and Iwakai villages.
- ✚ 70 community leaders (see table below) from Kokwochaya, Namusya, Kalokatyo, Chipinyiny, Abongai, Naporokocha and Lomocheche have declared No to FGM/C practice.

| No | Village/Group | Males | Females | Total |
|-----------|-------------------------|--------------|----------------|--------------|
| 1. | Kokwochaya elders group | 6 | 4 | 10 |
| 2. | Namusya elders | 10 | 0 | 10 |

| | | | | |
|----|------------------------|-----------|-----------|-----------|
| 3. | Namusya women group | 0 | 10 | 10 |
| 4. | Kalokatyo elders | 5 | 5 | 10 |
| 5. | Chipinyiny women group | 0 | 10 | 10 |
| 6. | Abongoi elders group | 10 | 0 | 10 |
| 7. | Kalokatyo elders group | 10 | 0 | 10 |
| | Total | 41 | 29 | 70 |

Lessons learnt

- ✚ Community dialogues have far reaching effects than any other means of involving the beneficiaries because people have an opportunity to debate over matters at hand; share opinions; experiences; their perceptions real life experiences in their areas and later develop action points.
- ✚ Involving young people to discuss FGM consequences through music, dance and drama empowers children to abandon the practice. Young people have been so active and participating in drama activities to create awareness about the dangers of FGM/C Children are getting information on the consequences of FGM and they are making good decisions like marrying girls who are not circumcised, reporting their parents to police and RDC if they force them to circumcise
- ✚ Involving police and other human rights key actors in community outreach programmes provides an opportunity to communities to articulate their concerns and be given immediate response to issues raised and discussed. Thereafter what happens???
- ✚ Collaboration with teachers, PTA and SMC members is the best way to ensure successful implementation of FGM/C abandonment activities in schools. This is because FGM/C prevention activities have been intergrated and discussed during the PTA and SMC meetings in some schools for instance Karita primary school. This approach was fronted by the community support structures and the elders trained by TPO who are part of the PTA and SMC committees of the schools.
- ✚ Female Genital Mutilation/Cutting (FGM/C) advocacy and information sharing is a process that requires patience, maximum community awareness and concerted efforts for all stake holders.

- ✚ Film shows such as “CUT THAT THING” a local video produced with support from ZOA and UNICEF -Somalia video that shows FGM/C practice are good in mobilizing communities since they are both entertaining and educative.

Challenges

- ✚ Difficulty for FGM survivors to reach the health centers long distances, limited number of vehicles and expensive means for treatment due to inadequate transport in the villages hence most of them have only benefited from counseling and not treatment.
- ✚ Limited funding to support FGM survivors who have complications and require adequate specialized treatment from the gynecologists. This is because the funds provided to support this course are limited for instance each FGM/C survivor only receives 14,000 Ug. Shs for transport and treatment at the health centre.
- ✚ High expectation from political leaders (the Local Council V) who are recommending that the political leaders should be the ones using the FGM money since it affects them. In addition, other leaders are advocating to NGOs and CBOs implementing FGM activities to divert money to support education activities.
- ✚ Inadequate transport for the CBO social workers to move to the field since they always rely on the project officer’s motorcycle, this sometimes delays adequate monitoring of the community support structures trained.
- ✚ Difficulty in taking the video to the field due to inadequate transport as the vehicle is normally busy for FGM survivors.
- ✚ Heavy rains have been paralyzing some activities such as reaching the FGM survivors in their Kraals.

Sustainability

- ✚ Community beneficiaries such as the FGM survivors are now providing testimonies about the psychosocial support they received from TPO, information on the FGM/C law and sharing their experiences about the complications they went through; to the larger

community groups. These will ensure sustainability of the messages on the consequences of FGM/C.

- ✚ The trained community support structures and the MDD groups will carry on with the messages. The potential community champions identified will keep the abandonment live.
- ✚ Young children who are not circumcised and empowered with messages on the consequences of FGM/C will continue talking to their peers about the dangers of FGM/C. In addition the communities who have signed declarations will continue advocating for the abandonment.
- ✚ The community elders have developed action plans to ensure that FGM/C abandonment messages continue during church and school activities.

Way forward Recommendations

- ✚ Continue strengthening community based mechanisms (CSS community model) to prevent and respond to FGM and other rights violations and other forms of abuse and exploitation of Children and women in Pokot. For instance the religious leaders and the council of elders.
- ✚ Continuous awareness about the dangers of the practice and making communities to sign/declare their commitment to abandon the practice especially involvement of key influential leaders such as the kraal leaders, the council of elders, the religious leaders, the circumcisers, the women and youth groups among other community leaders.
- ✚ Scale up to empower existing community support structures in each target sub county and build their capacity to identify, monitor, refer and document incidents of FGM and other rights violations.
- ✚ Strengthening cross border awareness campaigns
- ✚ To continue working with CBSD to strengthen referral mechanism and CP data base to ensure holistic support to FGM survivors and survivors of other violations as well.
- ✚ Strengthening the law system and increasing funding to access all villages will eradicate the practice completely.
- ✚ TPO to provide additional transport inform of a motorcycle and computer to Karita for smooth implementation of project activities.

- ✚ There is need to increase the capacity of community support structures and the key resource persons – through training and exposure visits to other communities that have declared abandonment.
- ✚ The use of media is very effective in facilitating faster change in the Pokot community. There is need to use the local available radio station (Kalya FM) to disseminate FGM/C abandonment messages in the community. TPO will also need a bigger screen (projector) to project some of the pictures.

Success stories/ quotes from the community and best practices

Psychosocial support

Christine (not real name) says “when I was circumcised I over bled and hated everyone around me, I suffered depression and felt like I would die the next day, I hated my family members especially my mother because she forced me do it. The act was so painful and un called for. I kept having nightmares over this act. My family members did not support me emotionally because they knew I would heal physically which I did but did not know what I was going through emotionally. I want to thank TPO staff so much for supporting me regain my strength they kept talking to me and facilitated my transport to the health centre and I feel relieved now. I have also forgiven my family members and they are of much help now and I have to continue with life normally”.

Practice; *Community education is very key in Pokot land. This should be enhanced as most community members who do not participate in meetings later on look for people (elders) who participated in the meeting to access information that was communicated. During follow up about 10 community leaders said they do not want to miss any information communicated during the meetings. This is a community practice that has increased access to information in most of the households in Amudat. In addition most communities now openly debate, discuss about FGM and develop community action plans that shall solve those cases. Notably in Kalokatyo the elders resolved that in any meeting of the elder’s, issues of FGM, child marriages will be given priority so that others will learn.*

Quote from one of the local leaders in Karita. *“It is shameful for people outside to come and tell you the problem in your own home/community; we need to abandon this practice to remove this shame. One of the local leaders in Kalokatyo said; other people have called them backward, useless and ignorant. He said enough is enough we have been insulted so much but on very good grounds he said. We thank TPO for providing this very important information on the consequences as you are aware TPO is spending a*

lot of money to treat girls who have complications because of our tradition we are wasting a lot of resources that would be put in roads or education”.

1. Potential champions identified regarding FGM abandonment and promoting

| No | Name | Title | Location |
|-----------|------------------------|--|-------------------------------|
| 1. | Nsubuga Bewayo | The Resident District Commissioner | Amudat |
| 2. | Lokiru Moses Sylvester | The probation Officer | Amudat |
| 3. | Damacquiline | The Clinician Karita health centre III | Karita |
| 4. | Naluka | The Local Council III Speaker Karita subcounty | Karita |
| 5. | William Lochua | The GISO | Karita |
| 6. | Angelina | Chairperson Kangoror Women group | Amudat |
| 7. | Freda Amuron | The DCDO | Amudat |
| 8. | Amma | The CFPU-Amudat | Amudat |
| 9. | | The CFPU-Karita | Karita |
| 10. | Christine Cheyech | The chairperson KADI | Karita Development Initiative |
| 11. | Mama Kelele/Kiza Mary | The Chairperson Kamesoi | Amudat |
| 12. | Pauline Lemu | The Chairperson Maedeleo | Amudat |
| 13. | Ambrose Tityo | The secretary Maedeleo Women Group | Amudat |
| 14. | James Apollo | The programme Manager vision Care | Amudat |
| 15. | | The LCIII Chairperson Karita subcounty | Karita |
| 16. | Oti | The Community Liaison Officer | Amudat |
| 17. | Hon Micah | The Male Member of Parliament | Amudat |
| 18. | | The CID | Amudat |
| 19. | Alfred Logwe | The subcounty chief | Amudat |
| 20. | | The CDO Karita subcounty | Karita |
| 21. | Peter Lokor Yerer | Ag. Team leader POZIDEP | Amudat |
| 22. | | The subcounty chief Loro | Loro |
| 23. | Monica Puspup | The Councilor III Karita-Cheptapoyo village | Karita- Cheptapoyo village |
| 24. | Christopher Moruakudo | The elder Kalakatyo village | Kalakatyo |

| | | | |
|-----|----------------------|--|--------|
| 25. | | The Subcounty Chief – Karita subcounty | Karita |
| 26. | Hon. Michael Kiriam | The District Speaker | Amudat |
| 27. | Oyek | The DEO | Amudat |
| 28. | Apalomorotoi Ngeroi | The Council of Elders- leader- Kalokatyo village | Karita |
| 29. | Hon. Dorcus | The LCV Councilor Disability | Amudat |
| 30. | Lokapel | The LCV Councilor Male | Karita |
| 31. | Hon. Amina | The LCV Councilor Female | Karita |
| 32. | Hon. Ngolol | The Councilor Youth male | Karita |
| 33. | Hon. Becky Achochoro | The LC V councilor for Children | Amudat |
| 34. | Hon. Cheptila | The LCV Councilor | Loroo |