Uganda

A significant proportion (42.1 per cent) of Uganda's population lives in extreme poverty.¹⁵³ Furthermore, Uganda faces multiple humanitarian crises, including the influx of refugees, disease outbreaks and climate-related disasters. In 2022, due to drought, more than 500,000 people in the Karamoja subregion were food-insecure, and nearly 92,000 malnourished children required treatment.¹⁵⁴ Uganda currently hosts around 1.5 million refugees and asylum-seekers originating from neighbouring countries, including Burundi, Democratic Republic of the Congo, Rwanda, Somalia and South Sudan.¹⁵⁵ Women and children constitute 82 per cent of the refugee population; they face intersecting forms of discrimination and multiple human rights violations. North-eastern Uganda has experienced famine due to below-average annual rainfall, protracted drought and flooding.¹⁵⁶ The region is also experiencing a rise in child trafficking, FGM, domestic violence, child marriage, teen pregnancy and school dropouts. In September 2022, Uganda declared an Ebola disease outbreak.¹⁵⁷



JOINT PROGRAMME CONTRIBUTIONS TO FGM ELIMINATION

Positive parenting: 720 (368 men and 352 women) were trained on positive parenting, which promotes the holistic growth and development of children. The positive parenting approach to FGM prevention provides parents and community members with an opportunity to look at the prevention of harmful practices through open dialogue and to build consensus on ending FGM as a form of violence against girls. Positive parenting activities draw on the INSPIRE strategy for the prevention of violence against children, including FGM.

Integrating FGM in liturgies: Working with the Inter-Religious Council of Uganda, the Joint Programme trained 117 religious leaders to support FGM risk communications, and SRHR, social and gender norms change based on daily liturgies and through community radio programmes.

Integrating FGM in policies and plans: Three government ministries (gender, labour and social development; education and sports; and health) and six district governments (Moroto, Nakapiripirt, Amudat, Bukwo, Kapchorwa and Kween) integrated FGM prevention and response measures in their policies and plans, and other relevant frameworks. The Joint Programme collaborated with line ministries to enhance their capacities to mainstream FGM into workplans to ensure the delivery of coordinated and integrated quality GBV/FGM prevention and response services.

KEY PROGRAMME RESULTS



BEST PRACTICE EXAMPLE

Community-to-community dialogues and parenting sessions for ending FGM: 63,686 community members (33,572 men and 30,114 women) participated in activities aimed at eliminating violence against children, GBV and FGM through community-to-community dialogues that created awareness and built consensus on the need to eliminate FGM. Parenting sessions implemented at the household level focused on human rights, gender equality, and shifting harmful social and gender norms. The sessions promoted a gender-responsive approach to positive parenting intended to create an enabling environment for parents to say "no" to FGM despite community pressure. The Joint Programme also continued support for community-led surveillance systems and para-social workers to identify girls at risk of FGM and report cases to relevant authorities. Support was also provided for the reintegration of girls who fled from their homes because of their risk of undergoing FGM.

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