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Maturity Model Desk Review, Assessment and Action Planning

COUNTRY: UGANDA

Development of maturity model and assessment tools for harmful practices policies

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List of acronyms

CM	Child marriage
FGM/C	Female genital mutilation/ cutting
GPECM	Global Programme on the Elimination of Child Marriage
JPFGM	UNFPA–UNICEF Joint Programme on the Elimination of Female Genital Mutilation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund

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I. Background

Female genital mutilation: In Uganda, female genital mutilation (FGM), as a form of sexual violence, is illegal under the 2010 Prohibition of Female Genital Mutilation Act, and under the East African Community Prohibition of Female Genital Mutilation Act. Despite this, FGM is still practised widely in some parts of eastern Uganda. Some 55 five per cent of women aged 15–49 have heard of female circumcision. The Uganda Demographic and Health Survey (UDHS) has shown an overall reduction in FGM of girls and women in this age group from 1.4 per cent in 2011 to 0.3 per cent in 2016. However, the prevalence in the practising communities is still alarming; in Moroto region up to 52 per cent of women and girls aged 15–49 have been subject to FGM, with 67.3 per cent affected in Tapac, Moroto District, and 56 per cent in Loroo, Amudat District.

Nationally, the causes of FGM are deeply embedded in sociocultural norms. These norms have heavily influenced, perpetuated and normalized all the harmful cultural practices, learned behaviours and negative attitudes involving children, women and girls. These include beliefs about female cleanliness, purity and modesty and the importance of premarital virginity and marital fidelity.[1] In north-eastern Uganda a high value is placed on FGM such that girls and women experience tremendous social and family pressure to be cut, and those who do not undergo FGM confront considerable stigma and ill-treatment. For example, if a woman does not undergo FGM, she faces not only public ridicule but will be in danger of losing her bride price, cannot participate in public rituals or accompany her husband.[2] Given these social pressures, FGM continues to thrive in many communities in Uganda.

With the continued enforcement of the law, FGM is now practised secretly without any ceremony or celebration. Girls tend to travel away from their homes, either alone or in small groups, to be mutilated in remote areas where they are less likely to be seen and reported to the authorities. This carries increased health risks for girls and women as the practice is often performed in a rush and in unsafe and unsanitary conditions. FGM is increasingly practised in secluded areas on the border with Kenya.

Child Marriage: Child marriage remains a major social and public health issue in Uganda, with far-reaching implications for the health, education and development of adolescent girls and boys, their children, families and communities. While the practice of child marriage has declined over the last two decades, its prevalence remains high. According to the 2016 Uganda Demographic and Health Survey (UDHS), 34 per cent of women aged 20–24 were married or in union before the age of 18, and 7 per cent were married before the age of 15. There were variations across and within regions, with the Northern Region having the highest rates (estimated at 59 per cent), followed by the Western Region (58 per cent), Eastern Region (52 per cent), East-Central (52 per cent), West Nile (50 per cent), Central (41 per cent), Southwest (37 per cent), and lowest in Kampala (21 per cent).

The COVID-19 pandemic increased the rates of child marriage by increasing the risk factors that drive the practice, particularly high levels of poverty and limited access to education. In addition, the closure of all education institutions affected almost 15 million learners across the different education levels, including about 52 per cent of adolescent girls and young women.

Many factors interact to place a child at risk of marriage in Uganda, including poverty, lack of education and livelihood opportunities, teenage pregnancy, and gender social norms and expectations. For example, poverty influences families to see marriage as a way of securing their daughter's future, reduce the economic burden on the household and, in some cases, raise needed funds (e.g., bride wealth). Adolescent girls also seek early marriages to escape from poverty within their own families. In Uganda, teenage pregnancy is also a significant driver of child marriage mainly due to the stigma surrounding unwed motherhood. In addition, little or no schooling strongly correlates with being married at a young age, while attending school and having higher levels of education protect girls from marrying young.

Purpose

This document aims to accelerate change to achieve the 2030 Sustainable Development Goal 5.2, Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation. A draft maturity model or framework for combating harmful practices has been developed for review by, and feedback from, country-level stakeholders. The model aims to provide an integrated strategy on measuring processes, systems, services and information, based on a public policy management approach.[3] It is intended to complement the Global Partnership Framework on Elimination of Child Marriage (GPECM) and the Joint Partnership on the elimination of Female Genital Mutilation (JPFGM).

Based on the draft maturity model and assessment tools, rapid assessments were conducted in 12 countries[4] to measure the progress of their processes, systems and services to eliminate harmful practices. Draft action plans were developed based on identified actions (short, medium and long term), to inform national action plans and advocacy strategies.

It is against this background that a desk review was conducted, the maturity model was completed and prototyped, and the draft findings of this country level report are shared. This reflects the inception stage of showing national stakeholders the potential uses of a comparable framework in accelerating action for change across 12 countries.

II. Methodology

The desk review comprises core documents shared by the country including laws, policies, strategies, guidance and standards, and monitoring and evaluation reports relevant to harmful practices. Competency frameworks from other countries are included to provide insight into how they are tackling harmful practices. The findings of the review are included in Appendix A.

The review was completed by using several key questions defined by the six operational/function areas and subdomains of the draft maturity model on harmful practices. The questions posed to ascertain these goals include:

- 1. What is the effectiveness of Government structures, including coordination across departments, between centralization levels, and between formal and informal actors?
- 2. What is the effectiveness of the legal and regulatory framework, as well as specific policies related to prevention and elimination of harmful practices?
- 3. What is the extent to which key stakeholders, including children and women, are involved in planning interventions for the prevention and response to harmful practices?
- 4. What are the sources, adequacy and availability of funds and human resources to support elimination of harmful practices?
- 5. What is the availability and access to prevention and response services for women and children most at risk of harmful practices?
- 6. What is the effectiveness of data-collection and monitoring and evaluation systems, whether it is being done nationally into the situation for children and women at risk of harmful practices, and into programmes addressing their needs?

III. Key findings

The key findings of the desk review and the completed draft maturity model are organized in terms of these questions. Where information was limited or gaps were identified, this is included under each question. Each operational/functional area (intermediate outcome) comprises benchmarks or 'subdomains'. For example, for the intermediate outcome on 'Governance and Coordination structures', there are three subdomains: Political commitment, Coordination structures and National action plans. Each are rated in the maturity model between 1–4.

Governance and coordination structures

Measurement standard for mature rating: The country has strong political commitment to eliminate harmful practices with a high-level Declaration spelling out its commitments; there is a national multisectoral coordination structure in place with an institutionally mandated lead, which meets routinely, and there is a plan of action with clearly defined targets aligned to national statistics frameworks.

A1. Political commitment: There is a strong political will to eliminate harmful practices in Uganda: high-level Government officials have routinely declared commitments to end harmful practices, with these being included in policy documents such as the National Child Policy. Various key commemorative days, such as the Day of the African Child and the FGM Zero-Tolerance Day are forums where these commitments have been reiterated both at national and district level. Senior Government officials also routinely chair meetings on the development, launch and dissemination of important documents on the elimination of harmful practices. Some districts have allocated budgets for the elimination of harmful practices in district action plans. However, there is usually no budget allocation for this at national level.
However, the Government has continued to demonstrate its commitment through its willingness to make public declarations in support of the prevention of, and response to, harmful practices at events. The Government is also proactive in leading international, regional and national events on combating harmful practices

A.2 Coordination structures: There are robust coordination structures in place for the elimination of harmful practices. The Ministry of Gender, Labour and Social Development (MGLSD) is in charge of dealing with harmful practices and is well positioned to improve Government leadership and coordination on this at national and lower levels

The inter-ministerial committee on child well-being, a multisectoral coordination mechanism, is under the lead of the Minister of MGLSD. It has clearly defined terms of reference and meets regularly. It has recently approved the national strategy to end child marriage and teenage pregnancy. The national gender-based violence (GBV) task force also met recently to review its membership, as well as its terms of reference and other related protocols.

The Child Policy provides for the establishment of child well-being committees at district level with standard operating procedures on their roles and responsibilities. These committees have been inaugurated in almost all districts, but parallel coordination mechanisms still exist. There is a lack of uniformity in the implementation of the provisions of the National Child Policy (this is also the case with the Gender Policy).

The inter-ministerial committee and the GBV task force were established by the Children's Act (2016), the National Child Policy (2020) and the Gender Policy (2016) under two different departments of the MGLSD (the departments of gender and of youth and children). They have well-articulated and well-defined terms of reference and they develop annual workplans, which are implemented with support from partners (such as United Nations agencies, USAID, Plan International, Save the children, IRS and World Vision. There is commitment, strong leadership and capacity in the two departments.

A.3 National Plan of Action: Uganda has a national strategy/action approved by the Government on ending child marriage and teenage pregnancy and a similar plan exists for ending FGM. The documents are multisectoral, have well defined targets and indicators and the plan is costed. National targets for the elimination of harmful practices are included in the National Development Plan III. The targets are, however, ambitious and unrealistic given that there is no budget allocated for them. However, the action plans do promote the human rights of women and girls, highlighting harmful practices as a violation of these.

Name of Country	Overall Score	Sub-Domains	Specific Score
Governance & Coordination	3,2	A1: Political commitment	3
		A2: Coordination structures	3,2
		A3: National Action Plans	4

Policy and legislative framework

Measurement standard for mature rating: There are laws and policies which specifically protect women and girls, including those most at risk from harmful practices. These are operationalized through implementing mechanisms and enforcement measures at national and subnational levels, and routine monitoring and review mechanisms are in place to ensure these laws are in line with international human rights standards.

B1.Legislation, policies and implementation mechanisms for harmful practices: There has been an expansion of policy and programmes to reduce child marriage in Uganda over at least the last decade. Several national policies, including the Uganda Gender Policy (2007), National Population Policy (2008), National Adolescent Reproductive Health Policy (2004), National Policy on Elimination of Gender-Based Violence in Uganda (2016), and the Gender in Education Sector Policy (2009) have been developed. These policies underline the need for special programmatic attention to help girls and boys delay marriage and enforce existing laws against child marriage.

The Constitution of the Republic of Uganda (1995) protects women and their rights from laws, cultures, customs or traditions which are against the dignity, welfare or interest of women (Article 33) and from any form of "torture and cruel, inhuman or degrading treatment" (Article 44). The 2010 Act prohibiting FGM specifically criminalizes FGM in Uganda, and sets out the offences and punishments.

Name of Country	Overall Score	Sub-Domains	Specific Score
Policy and Legislation	2,7	B1: Legislation, policies and implementation mechanisms for harmful practices	2,7

Engagement and participation

Measurement standard for mature rating: There is an independent complaints mechanism that accepts complaints by, or on behalf of, women refused or receiving services dealing with harmful practices. These services are expected to reply within a stipulated time frame; civil society is extensively engaged in strengthening political commitment, planning and budgeting processes, and monitoring and reporting around harmful practices. There are engagement forums for women, youth and children with Government support, and there are community-based protection mechanisms in place also engaging with women and children. The effectiveness of these mechanisms is monitored through fully functional accountability mechanisms.

C1. Independent complaint mechanism: There is a system for hearing, reviewing and responding to individual complaints from women and children through different channels. These include community structures such as the parasocial workers, village health teams and, at the subcounty level, community development officers and social welfare officers. There is also a helpline ('Sauti 116') dealing with violence against children (VAC)/GBV. Although the complaints procedures are not independent, there is opportunity for the complaints to be received by women and children. The Prevention of Sexual Exploitation and Abuse (PSEA) procedure and the accountability for affected populations is supporting the development of an independent complaints procedure.

C2. Civil society engagement, including women and children: There are significant efforts to ensure CSOs are engaged in the elimination of harmful practices. The Government, under the leadership of the MGLSD and the Ministry of Education and Sport, recently consulted with stakeholders about children and women at risk of harmful practices. This took place under the umbrella of the preventing defilement, preventing child marriage, and promoting positive parenting. There was senior level participation including the First Lady, the Minister of Education and Sport, the Prime Minister and Vice-President, which resulted in the launch of a national campaign reaching regional and district levels. The platform of the quarterly national GBV committee meeting is also used to formally discuss issues of children and women.

Increasingly, there has been a narrowing of political space, squeezing the ability of civil society organizations' (CSOs) to help influence policy and legislation on harmful practices against women and girls. Limited financial and human resources have also limited the involvement of women-led CSOs in this area. Despite these challenges, CSOs are key members of the national inter-ministerial committee. They play an important role in planning and budgeting national policies and strategic frameworks on harmful practices, and contribute towards the implementation and monitoring processes. There is, however, limited space for independent monitoring and reporting due to Government regulation and scrutiny, combined with limited financial and human resources.

There are efforts to ensure that accountability to affected populations is being factored into interventions targeting women and girls. Capacity-building on reporting PSEA has been introduced with the use of helplines. Engaging and empowering women and girls to effectively contribute to the elimination of harmful practices is still in the early stages.

C.3 Community-based mechanisms for harmful practices prevention

There are national guidelines on the need to respect the dignity and rights of children, including enabling them to have privacy and confidentiality, but gaps exist in awareness and implementation.

There are some community-based mechanisms, including the parasocial workers and child protection committees in refugee settings working with community activists. They report to community development officers at subcounty level and are the primary contact for case management support in incidents of VAC and harmful practices. They identify, undertake an initial assessment, report, and make referrals to service providers such as parish chiefs or the community development officers at the subcounty level.

Name of Country	Overall Score	Sub-Domains	Specific Score
Engagement and participation	2,3	C1: Independent complaint mechanism exists for children and women	2
		C2: Civil society engagement, including women and children	2,4
		C3: Community-based mechanisms for harmful practices prevention	2,5

Financing and human resources

Measurement standard for mature rating: Adequate financial resources have been allocated by the Government and partners, with the Government meeting the majority of the costs, the funding is realized on time and is accessible to the relevant sectoral Ministry(ministries), with regular reviews of allocation taking place. Routine capacity-building is provided for key stakeholders with supportive supervision services on harmful practices with significant sustained coverage.

D1. Financing of harmful practices services: Overall, the current budget for the prevention and response to harmful practices is inadequate to address harmful practices, although there is strong Government leadership and political commitment to address the situation.

Specifically, there are some Government budgetary commitments based on engagement with the ministry and department responsible, but these are largely augmented by donor assistance. The amount of Government funding is unclear. The Government has several dedicated staff who are involved in the work to eliminate harmful practices. Hence, despite its commitment and leadership, the implementation of interventions on harmful practices, and the resources for them, is largely dependent on international support. This is largely from the joint United Nations Population Fund (UNFPA)/ United Nations Children's Fund (UNICEF) programme on the elimination of FGM and the Global Programme to end child marriage.

Government leadership and commitment on harmful practices is yet to translate into concrete funding for services. However, sustained evidence-based advocacy to Government is beginning to yield limited budgetary allocation at national level and by some districts.

D2. National budget establishment: The budget for services dealing with harmful practices is closely linked to the service budgets for gender, social protection, livelihood and vocational, opportunities and children and youth. The focal person within the lead Ministry (MGLSD) and its relevant department (Gender) and her team lead the costing process using the approved Ministry costing guidelines.

The National Child Policy, which aims to end child marriage and teenage pregnancy, the Gender Policy and the FGM Act are linked to the National Development Plan IV and efforts are being made to budget for these policies, especially at national level.

D3. National budget execution: There are usually delays in receiving planned funding for combating harmful practices as dwindling Government resources also have to cover other priorities. There are routine budget cuts and allocated funding is usually not available at the beginning of the fiscal year.

D4. National budget amount: Government funding and the financial allocation for services is minimal, although there is Government leadership and support for harmful practices at national and district level.

D.5 National budget monitoring and review: There is no tracking of the budget at national and district level for funding to deal with harmful practices as no budget was allocated for this until last year. There is a general programme implementation annual review on progress, achievements, gaps and challenges in line with annual plans and targets measured against indicators. The reviews, however, do not focus on the analysis of budget.

D6 Human resources: Social workers have been sensitized and trained on preventing and responding to harmful practices, though the extent and scope of their work is unclear. There is a dedicated social service workforce for dealing with harmful practices, but existing social welfare staff respond to issues around harmful practices. General awareness-raising has also been conducted with the different categories of the workforce, including on the provisions of FGM Act 2010.

Name of Country	Overall Score	Sub-Domains	Specific Score
Financing & HR	1,8	D1: Financing of harmful practices services	1,8
		D2: National budget establishment	2
		D3: National budget execution	2
		D4: National budget amount	1
		D5: National budget monitoring and review	2
		D6: Human resources	2,3

Access to services

Measurement standard for mature rating: There are clearly defined and gender responsive standard operating procedures (SOPs) or protocols for eliminating harmful practices, which are regularly reviewed and revised to adapt to changing situations. There is an excellent awareness of harmful practices among policymakers. There are also services for prevention and response, led and funded by the Government. These include integrated case management and referral services, which are accessible at national and subnational level, and are user-friendly and gender responsive.

E1: Availability of standard operating procedures and/or protocols for harmful practices services: There are standard operating procedures (SOPs) for these services, but they are generally not disseminated or implemented due to limited financial and human resources.

E.2 Understanding and articulation of harmful practices system: There is a clear understanding of actions to combat harmful practices, but there are challenges with coverage. The action plans are multisectoral with defined areas of responsibility and accountability framework.

The implementation of the action plans has been agreed, but is yet to be fully undertaken by the various stakeholders.

There are regular awareness-raising, community engagement and dialogues, especially in the six districts and communities where FGM is widely practised. However, bad roads here during certain times of the year hinder access to hard-to-reach areas.

E3: Modelling testing and scaling of harmful practices services: The Government is leading issue-based interventions related to harmful practices such as the national campaign on preventing defilement, child marriage and promoting positive parenting. The programme, although donor driven, shows clear Government commitment and leadership. Nationwide expansion to districts or regions with a high prevalence of these issues is prioritized.

E4: Availability of harmful practices services, case management and referral systems: There are currently no standard case management and/or referral SOP/protocols for harmful practices. However, the recently approved Operational Framework for Social Care and Support System in Uganda 2021/22 – 2026/27 paves the way for the development of standard case management SOPs and referral protocols.

The justice law and order sector, including specialized law enforcement and court personnel, have been trained on child friendly and gender responsive justice. There are no specialist/family courts available, however a child justice strategy is being drafted to ensure access to child friendly justice. There are services, dedicated to dealing with harmful practices, in the six districts where FGM is prevalent, targeting at-risk adolescent girls and women and offering life skills, empowerment, and livelihoods for adolescents.

Name of Country	Overall Score	Sub-Domains	Specific Score
Access to Services	2,3	E1: Availability of Standard Operating Procedures (SOPs)and/or protocols for harmful practices services	2
		E2: Understanding and articulation of harmful practices system	3
		E3: Modelling testing and scaling of harmful practices services	2
		E4: Availability of harmful practices services, case management and referral systems	2,3

Data collection, monitoring and evaluation

Measurement standard for mature rating: There are administrative data systems, part of a broader national statistics system, which regularly generate gender and age disaggregated data on harmful practices and include information on hard-to-reach populations. Data are regularly used for policy, planning and the monitoring of programmes, and there are data security and governance mechanisms, such as legislation, which ensure confidentiality. Harmful practices are routinely captured through population, longitudinal and/or cross-sectional surveys, and inform the design of prevention and response service interventions. There is also a centralized coordination of data by the national statistics offices with relevant ministries and agencies.

F1: Administrative data systems and monitoring to routinely generate data on harmful practices: There are administrative data systems in place at district level for collecting information on harmful practices, with data harmonization. The child helpline is also used as a platform for data generation on harmful practices. Uganda has a civil registration system that disaggregates data by age, sex, urban/rural and other factors. However not all births are registered, due to financial, administrative and logistical challenges. FGM is registered in the six districts where it is most prevalent, but this information is not updated regularly. Some health facilities in these districts note a person's FGM status in their health records.

F2: Data security and governance: There are no data governance or security systems in place to ensure secure oversight or management of information on harmful practices.

F3: Research and surveys: The Uganda Demographic Health Survey (2021) captures data on harmful practices, and there are also data from other cross-sectional and longitudinal surveys.

Name of Country	Overall Score	Sub-Domains	Specific Score
Data collection, monitoring and evaluation	2,2	F1: Administrative data systems and monitoring to routinely generate data on harmful practices	2,7
		F2: Data security and governance	2
		F3: Research and surveys	2

IV. Prioritization of actions for Uganda

Governance & Coordination

A1 Political commitment. Rating: 3

Short Term (1-2 yrs)
- Implement actions at national level to show Government commitment
- Budget lines are needed at district level for implementation of services dealing with harmful practices

A2 Coordination structures. Rating: 3.2

Short Term (1-2 yrs)
- Ensure inter-ministerial committee meeting is held quarterly and key actions from the meeting are disseminated and implemented by members
- Harmonize existing multisectoral coordination mechanisms at district level including SOPs and other regulation protocols
- Regularize the meeting of the various committees
- Review TORs to include emerging and current issues around harmful practices
- Cabinet backing for budgetary provisions and allocations for the Ministry and respective departments

Medium Term (2-5 yrs)
- The secretariat and coordinating Ministry of the inter-ministerial committee has the budget and capacity to sustain oversight function
- Ensure functional harmonized intersectoral coordination mechanism at district level
- Strengthen the capacity of the lead Ministry to take forward key decisions from these meetings for high level implementation
- Develop a mechanism for tracking the implementation of key actions and feedback to members
- Strengthen leadership and capacity at district level

Long Term (5+ yrs)
- Monitoring and documentation of multisectoral interventions on harmful practices to contribute to policy and legislative reforms and advocacy
- Institutionalized district-level intersectoral coordination mechanism with SOP, regulation protocols and operational budget
- Lead policy development and high advocacy on harmful practices
- Establish links and communication between national and subnational structures for coordinated programming and accountability

A3 National Action Plans. Rating: 3.4

Short Term (1-2 yrs)
- Multisectoral implementation and tracking of the action plans
- Dissemination of the strategy and common understanding of implementation approach at all levels
- Facilitate inter-ministerial consultation and dialogue between MGLSD and the national planning, Ministry of Finance and the Parliament for consensus-building and agreement on next steps
- Implementation of multisectoral action plan

Medium Term (2-5 yrs)
- Quarterly multisectoral briefing, dialogue and consultations of the implementation status of actions plans
- Budgetary allocation for the implementation of the strategy at national and district level
- Multisectoral consensus building on common approach to achieving the SDG target 5.3
- Multisectoral accountability

Long Term (5+ yrs)
- Monitoring and evaluation of the strategies, action plans to inform programming, policy and advocacy
- Government ownership of, and accountability on, the implementation, monitoring and evaluation of action plans
- Monitoring and evaluation of action plans

Policy and Legislation

B1 Legislation, policies and implementation mechanisms for harmful practices. Rating: 2.7

Short Term (1-2 yrs)
- Nationwide dissemination and awareness-creation of the provisions of the laws and regulations on harmful practices
- Strengthen formal mechanisms to ensure their availability, even in hard-to-reach locations and improve accessibility to most at-risk women and girls
- Review and harmonize existing laws on the minimum age of marriage
- Review and amend the FGM Act (2010) to avoid criminalization of victims/survivors
- Initiate discussion with relevant MDA and ensure Government ownership of the process of reviewing relevant laws to align with international and regional human rights standards
- Review existing safeguarding policies to broaden their scope and obtain approval for their implementation in all relevant places
- Engage with relevant stakeholders on this

Medium Term (2-5 yrs)
- Review and amend certain provisions of the law on FGM to protect, not criminalize, victims/survivors of FGM, harmonize laws (constitution and customary law on child marriage with focus on the threshold age for marriage and a definition of child marriage)
- Mobilize and engage with relevant stakeholders including CSOs, create awareness and build capacity on gender-sensitive budgeting for the implementation of laws and policies
- Include a two-way communication approach that provides feedback on satisfaction and closure
- Awareness-raising on the provisions of the law, ensure common understanding and punishment for contravention
- Translate the amended FGM Act into all local languages and ensure nationwide dissemination, especially where FGM is prevalent
- Amend relevant laws to ensure alignment with international and regional human rights standards and obtain assent for the amended law
- Roll out nationwide implementation and compliance mechanisms

Long Term (5+ yrs)
- High-level advocacy for political commitment and support for the implementation and enforcement of laws and policies that protect girls and women at risk of harmful practices
- Expand the scope and reach of awareness-raising with a focus on women and girls with disabilities and in hard-to-reach locations
- Build capacity at different levels on the provisions of the law and its implementation strategy
- Advocate for political will and enforcement of the law including monitoring of its implementation
- Implementation and monitoring of the amended laws including impact assessment
- Monitoring implementation and impact assessment/evaluation

Engagement and participation

C1 Independent complaint mechanism exists for children and women.

Rating: 2

Short Term (1-2 yrs)
- Establish and ensure functionality of independent procedures dealing with complaints

Medium Term (2-5 yrs)
- Create awareness on the independent complaint procedure and build capacity and awareness of women and children on Prevention of Sexual Exploitation and Abuse (PSEA) and the use of complaint procedures

Long Term (5+ yrs)
- Monitoring and feedback mechanism regularized

C2 Civil society engagement, including women and children.

Rating: 2.4

Short Term (1-2 yrs)
- Establish and standardize structures across the country – at national, regional and district level to ensure nationwide coverage
- Conduct a mapping of women-led CSOs working on the elimination of harmful practices
- Expand the representation of CSOs in statutory national committees
- Support CSOs and their capacity-building
- Build consensus on the implementation of a programme dealing with harmful practices between Government stakeholders and the CSOs
- Ensure functionality of the forums for engagement at community level. Establish forums where not available
- Strengthen engagement with women and girls at community level including in difficult-to-reach locations

Medium Term (2-5 yrs)
- Strengthen Government capacity for regular stakeholder engagement and dialogue on women and children at risk of harmful practices
- Strengthen the capacity of women-led CSOs in activism, policy dialogue, advocacy and political engagement
- Provide CSOs with the opportunity to participate in decision-making processes
- Representation and participation of CSOs in statutory coordination mechanism and meetings
- Government ownership and sustainability of the forums for engagement exist at all levels
- Women and girls are empowered and have the capacity to participate in planning and implementation of programmes on harmful practices

Long Term (5+ yrs)
- Monitoring and evaluation of Government-led stakeholder engagement
- Create a network of, support for, and monitoring of, women-led CSOs in the elimination of harmful practices. Support an initiative to mobilize funds and develop a sustainability plan.
- Ensure part of the accountability mechanism
- Strengthen institutionalized feedback mechanisms between the CSOs and other stakeholders
- Monitoring and evaluation of the engagement forum is institutionalized and feedback is incorporated in Government annual plans at all levels

C3 Community-based mechanisms for harmful practices prevention.

Rating: 2.5

Short Term (1-2 yrs)
- Capacity-building and awareness creation on national guidelines at national and subnational level
- Establish community-based mechanisms in all communities

Medium Term (2-5 yrs)
- Strengthen and support the implementation of national guidelines
- Standardize the community-based mechanisms and strengthen their capacity to provide primary prevention for children and women most at risk of harmful practices

Long Term (5+ yrs)
- Monitor the implementation of the national guidelines and document best practices for learning and evidence-based implementation
- Ensure Government accountability and monitoring of community-based structures with clarity on areas of responsibility

Financing & HR

D1 Financing of harmful practices services.

Rating: 1.8

Short Term (1-2 yrs)
- Undertake expenditure review of Government commitment to harmful practices services
- Strengthen capacity of focal persons in the relevant ministries, departments and agencies on gender-responsive budgeting and costing
- Conduct budget analysis and expenditure tracking to generate evidence for advocacy and programme planning
- Sustain evidence-based advocacy to translate Government commitment and leadership into financial commitment and funding for implementing interventions on harmful practices

Medium Term (2-5 yrs)
- Make budgetary provision in relevant ministries, departments and agencies for the implementation of interventions on harmful practices at national and decentralized level
- Consultative dialogues with relevant parliamentary committees on financing harmful practices implementation and cost of inaction
- Multisectoral costed harmful practices action plan developed and implemented at all levels
- Advocate and secure Government funding mainstreamed into annual budget of relevant ministries, departments and agencies at national and subnational level
- Realistic costing of national and district level action plans including budget expenditure and tracking

Long Term (5+ yrs)
- 95% funding requirement for the implementation of harmful practices is undertaken by Government with implementing partners contributing the remaining 5%
- Secured annual budget allocation for harmful practices implementation at national and lower levels
- Government-led and owned sustainability plan for harmful practices development and implemented at national and decentralized levels
- Budget monitoring, tracking and evaluation of the implementation of harmful practices interventions is included as key component of annual reports of MDA
- Accountability framework and annual report of action plans

D2 National budget establishment.

Rating: 2

Short Term (1-2 yrs)
- Convene multisectoral stakeholders task force consultation to initiate the budgeting process
- Engage multisectoral stakeholders in dialogue to better understand the budgeting process, gaps, challenges and way forward
- Advocate for specific budget line for dealing with harmful practices and effective expenditure tracking and accountability
- Analysis of budgetary implication of all policies related to prevention and response to harmful practices
- Advocate for Government leadership in the review of harmonization of laws and policies on harmful practices

Medium Term (2-5 yrs)
- Establish regular feedback mechanism and capacity-building support
- Capacity-building in gender responsive budgeting and costing
- Comprehensive review and costing of relevant policies
- Full implementation and enforcement of relevant laws and policies and budgetary allocation on harmful practices

Long Term (5+ yrs)
- Accountability framework developed and functional at national and subnational level
- Ensure strategy in place for linking budgetary formulation and all harmful practices related national policies
- Government scorecard on harmful practices disseminated globally

D3 National budget execution.

Rating: 2

Short Term (1-2 yrs)
- Create common vision and understanding on harmful practices among senior Government officials in relevant MDA

Medium Term (2-5 yrs)
- Sustained evidence-based advocacy and lobby of parliamentarians and other policymakers

D4 National budget amount.

Rating: 1

Short Term (1-2 yrs)
- Strengthen the inter-ministerial committee on harmful practices for sustained engagement and dialogue

Medium Term (2-5 yrs)
- Strengthen capacity of focal person on gender transformative budgeting and implementation

Long Term (5+ yrs)
- Monitoring and reporting on financial allocation and expenditures for harmful practices

D5 National budget monitoring and review.

Rating: 2

Short Term (1-2 yrs)
- Include budget and expenditure tracking in harmful practices costed action plans
- Include financial reviews as major agenda item in annual reviews

Medium Term (2-5 yrs)
- Build capacity of relevant stakeholders including members of the inter-ministerial committee on budget and expenditure tracking
- Institutionalize the implementation of key recommendations of annual financial reviews

Long Term (5+ yrs)
- Support annual/regular budget tracking and monitoring of funding allocation
- Monitoring and documentation of key results for advocacy and programme implementation

D6 Human resources.

Rating: 2.3

Short Term (1-2 yrs)
- Implementation of the national social care framework
- Conduct capacity gap analysis of the different actors on harmful practices
- Expand awareness creation for increased coverage especially to regional areas

Medium Term (2-5 yrs)
- Capacity-building of the social service workforce on specific or thematic issues on harmful practices
- Mainstreamed structured training on harmful practices and human rights into the training curriculum of the various actors
- Institutionalize structured training of judicial officers on harmful practices and human rights

Long Term (5+ yrs)
- Institutionalized training of various actors and stakeholders on harmful practices
- Monitoring and implementation of accountability

Access to Services

E1 Availability of Standard Operating Procedures and/or protocols for harmful practices services.

Rating: 2

Short Term (1-2 yrs)
- Review and revise SOPs and protocols to ensure they are aligned with national laws and policies as well as international standards

Medium Term (2-5 yrs)
- Printing and dissemination of the SOPs/protocols and orientation/training of relevant actors

Long Term (5+ yrs)
- Monitor implementation

E2 Understanding and articulation of harmful practices system.

Rating: 3

Short Term (1-2 yrs)
- Intensify awareness-raising, community engagement and dialogues with the different social networks
- Multisectoral stakeholder consultation on holistic implementation of action plans translated to annual workplan and budget at national and subnational level

Medium Term (2-5 yrs)
- Measurement of the impact of awareness-raising to inform intervention and approaches that work
- Biannual multisectoral stakeholder review and reporting

Long Term (5+ yrs)
- Empower community led and owned awareness creation by youth led community-based organizations
- Monitoring, tracking and documentation of results, progress and challenges

E3 Modelling testing and scaling of harmful practices services.

Rating: 2

Short Term (1-2 yrs)
- Scale up implementation with emphasis on prevention and response

Medium Term (2-5 yrs)
- Periodic review/annual audit

Long Term (5+ yrs)
- National and subnational systems strengthened and implementing holistic prevention and response services

E4 Availability of harmful practices services, case management and referral systems.

Rating: 2.3

Short Term (1-2 yrs)
- Develop an integrated case management framework, SOP and inter-agency protocol
- Develop and operationalize strategy on child-friendly justice
- Sustain engagement at subnational level with focus on difficult to reach villages and most at-risk girls and women
- Implement gender transformative approach to change social and gender norms

Medium Term (2-5 yrs)
- Roll out countrywide implementation of the case management framework
- Strengthened capacity for the delivery of child friendly and gender responsive justice including at district level and hard-to-reach areas
- Government ownership of harmful practices services at national and subnational levels
- Partnership with women and youth-led community-based organizations for sustained interventions

Long Term (5+ yrs)	• Harmonized approach/formal case management and inter-agency referral into national and subnational systems • Impact evaluation of harmful practices services provided by Government and CSOs

Data collection, M&E

F1 Administrative data systems and monitoring to routinely generate data on harmful practices.

Rating: 2.7

Short Term (1-2 yrs)	• Harmonized administrative data system finalized and operational • Conceptual clarity and common understanding on harmful practices and definitions • Ensure national birth registration coverage • Update FGM registry with relevant information • Review patients' health records to include information on patient FGM status, where applicable • Multisectoral partnership and integration of harmonized system for information collection on harmful practices
Medium Term (2-5 yrs)	• Regular analysis of administrative data and use for planning and budgeting • Harmonized tools utilized for data-collection and analysis • Regular use of data for programme implementation • Relevant authorities routinely collect data from the FGM registry • Consensus built on the inclusion of FGM Status inpatient health information • Uptake and use of the data-collection system
Long Term (5+ yrs)	• Government ownership and leadership • Planning, implementation, budgeting and monitoring using global instruments and methodology • National implementation and monitoring of patient records/ information

F2 Data security and governance.

Rating: 2

Short Term (1-2 yrs)	• Develop data management protocol as part of the inter-agency protocol
Medium Term (2-5 yrs)	• Roll out and implementation of the data management protocol
Long Term (5+ yrs)	• Strengthen routine monitoring

F3 Research and surveys.

Rating: 2

Short Term (1-2 yrs)	• Analysis of existing data
Medium Term (2-5 yrs)	• Regular surveys and utilization of findings
Long Term (5+ yrs)	• Evidence-based advocacy and monitoring

Appendix A: Desk review

No. 1 Strategy

Name of document:

Uganda, Ministry of Gender, Labour and Social Development, and United Nations Children's Fund, The National Strategy to End Child Marriage and Teenage Pregnancy 2022/2023 – 2026/2027, Kampala, 2022,

The development of the Strategy to End Child Marriage and Teenage Pregnancy in Uganda 2022/23–2026/27 outlines the Ugandan Government's commitment to reverse the current negative trend by promoting an enabling environment to ending child marriage and teenage pregnancy. This will result in inclusive growth and socioeconomic transformation, influencing changes in dominant thinking in regard to social and cultural norms, and developing and strengthening institutional, community and family systems for prevention of child marriages and teenage pregnancies.

The strategy includes sections on the situation, national response, costs of inaction, national strategy framework as well as coordination framework, costing and a monitoring and evaluation framework.

Situation:
Child marriage and teenage pregnancy remain major social and public health issues in Uganda, with far-reaching implications for the well-being of children and adolescents. According to the most recent Uganda Demographic and Health Survey (UDHS 2016), 34 per cent of young women aged between 20 and 24 were either married or in a union before the age of 18, while 7 per cent were married before the age of 15. The numbers are equally disturbing for teenage pregnancies, with approximately one-quarter of all Ugandan girls between the ages of 15 and 19 having already begun childbearing.

The COVID-19 pandemic appears to have worsened the situation. A study commissioned by the Forum for African Women Educationalists Uganda (FAWE-U 2021) suggested that, during the first COVID-19 lockdown in Uganda (between March and June 2020), pregnancies among girls between 15 and 19 increased by 25.5 per cent above their pre-COVID average, while pregnancies among girls between the ages of 10 and 14 increased by a staggering 366%.

No. 2 U-Report

Name of document:

U-Report, Child marriage in Uganda during the Covid-19 pandemic U-report Poll report, 2020.

This U-Report poll took place in September 2020 and included 38,060 U-Reporters from all districts (70% male and 30% female respondents).

Some of the U-Reporters feedback was that:

- 81% of the respondents said they had heard or seen a girl in their neighbourhood getting married during the COVID-19 pandemic (19% said they had not).
- 45% of the U-Reporters said SOME of the girls under 18 in their communities had been married during lockdown, 22% said MOST, 20% said a FEW, 7% said NONE and 6% said they did not know.
- 87% of the U-Reporters did not think a girl getting married was more important than allowing her to continue her education after COVID-19. Only 13% thought that marriage was more important.
- 78% of the respondents said girls could go back to school after pregnancy and childbirth, whereas 22% said they could not.
- 53% said the best support to parents/caregivers to prevent them from marrying off their children before 18 years is referring and linking them to Government poverty eradication programmes.

No. 3 Policy Brief

Name of document:

United Nations Children's Fund, 'COVID-19 and child marriage in Uganda', UNICEF, Kampala, undated.

The brief highlights findings from research on the impact of COVID- 19 on harmful practices in Uganda.

According to the 2016 Uganda Demographic and Health Survey (UDHS), 34 per cent of women aged 20–24 years were married or in union before age 18, and 7 per cent were married before the age of 15.

There has been an expansion of policy and programmes to reduce child marriage in Uganda over at least the last decade. Several national policies, including the Uganda Gender Policy (2007), National Population Policy (2008), National Adolescent Reproductive Health Policy (2004), National Policy on Elimination of Gender-Based Violence in Uganda (2016), and the Gender in Education Sector Policy (2009) have been developed. These policies underline the need for special programmatic attention to help girls and boys delay marriage and enforce existing laws against child marriage.

Impact of COVID-19 restrictions on families and communities:

- heightened levels of poverty
- heightened levels of anxiety
- service disruptions
- increased violence against women and children

Conclusions:

- Child marriage doesn't just happen to anyone. Covid-19 is having a profound impact on the risk factors that drive child marriage.
- Prolonged school closures are the most significant new risk factor posed by the pandemic.
- Early, unplanned pregnancy is a major driver of child marriage.
- Poverty and economic insecurity remain the primary risk factor for child marriage.
- Social norms motivate child marriage but primarily when in conjunction with other risk factors such as poverty or being out of school.
- Marriage practices and decision-making related to marriage are changing as they become more spontaneous, informal and individualized.
- The COVID-19 pandemic is accentuating the vulnerabilities of refugees in Uganda.

No. 4 Research report

Name of document:

Uganda and United Nations Children's Fund, Ending Child Marriage and Teenage Pregnancy in Uganda. A Formative Research To Guide The Implementation Of The National Strategy Of Ending Child Marriage And Teenage Pregnancy In Uganda. Final report – December 2015.

This covered nine regions in Uganda with the aim of identifying underlying factors that drive child marriage and potentially other forms of violence such as Female Genital Mutilation and Cutting (FGM/C) and early pregnancy.

Both the literature review and the field research highlight how child marriage practice has persisted amidst legal and socioeconomic transformation in Uganda.

Ugandan progress in addressing adolescent girls' and boys' vulnerability to harmful practices and violation of human rights cannot be underestimated. This has been possible through the establishment of a supportive legal and policy framework for promoting children's rights and expanding education opportunities with interventions across different sectors including health, education, social development and justice, law and order.

However, child rights violations and harmful practices such as child marriage remain a major challenge for Uganda. The practice of child marriage affects over 60% of the young girls in Uganda, of which 15% are married by age of 15 and 49% by the age of 18 years. Teenage pregnancies remain high (24%) although statistics show a declining trend.

Summary of findings by headlines:

- Social norms and practices associated with child marriage remain sticky.
- Structural and institutional drivers strongly compound the practice of child marriage and teenage pregnancy.
- Social institutions as mediating and foundational sites for changing the practice of child marriage.

No. 5 Programme document

Name of document:

United Nations Children's Fund, UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation, Accelerating the elimination of an extreme form of violence against girls, Change Uganda 2018–2021, July 2023.

The document takes stock of lessons learned from Phase I and II of the JPFGM in Uganda and highlights the key components of the Phase III.

The focus will be on:

- 1. Strengthening functionality of national and district governments especially in education, legal and health sectors/departments. Emphasis will be on monitoring and measuring of social change for girls and women not to be cut.
- 2. Strengthening advocacy and collaboration strategies and systems to address the cross border dynamics of FGM including predisposing factors to the practice.
- 3. Strengthening policy and implementation through capacity of stakeholders to hold duty bearers, including Government and cultural institutions, for protection of the rights of women and girls and, influence laws and policies in other sectors with relevance to FGM to support service delivery.
- 4. Focus will also be on strengthening partnerships and alliances with civil society, service providers and local Government structures to empower girls and women to claim their rights using the social norms approach.
- 5. Efforts will put on ensuring availability of timely quality data on FGM to influence programme. Policy and decision-making.

The document additionally captures information on the Theory of Change, key strategies for phase III and the results framework with defined intervention areas.

No. 6 Policy Brief

Name of document:

Uganda, Bureau of Statistics and United Nations Children's Fund, Female Genital Mutilation (FGM) in Uganda, UNICEF, September, 2020.

Key findings:

- Support for abandonment is widespread but persistent social norms hamper this.
- Male circumcision is a driver of FGM.
- Age at cutting – girls are mutilated at a younger age generally than in the past.
- There are changes in practice where girls undergo the practice in secret often in remote locations and unsafe conditions.
- Protective factors against FGM include educational attainment and access to information

Programme recommendations are highlighted including:

- Community led approaches help to shift social norms.
- Expansion of affordable education opportunities is key.
- Exploration of alternative rites of passage.
- Rigorous evaluation and research is needed.

No. 7 Survey Report

Name of document:

Uganda Bureau of Statistics and United Nations Children's Fund, 'Female Genital Mutilation/ Cutting (FGM/C)', UNICEF, October 2017.

The survey collected information at individual as well as household levels for all women aged 15 to 49 years.

Prevalence: Overall, close to three in every ten (27%) of the females surveyed stated that they had been circumcised, with Moroto district (52%) registering the highest proportion and Kapchorwa the lowest (13%). The prevalence of FGM/C among females increases with age – for instance, it was lower among females aged 15–24 years (8%) compared to those aged 45 years and above (68%). The majority of women reported that parents i.e. fathers (35%) and mothers (19%) mostly encouraged their daughters to get cut. It was highest in Amudat district with 33% fathers and 31% mothers encouraging their daughters to get cut while Kapchorwa district had the lowest (13% fathers and 23% mothers).

Perceptions and attitudes towards FGM/C: Most women (95%) support the discontinuation of FGM/C. With regard to the perceived benefits of FGM/C, nearly one fifth of the respondents (22%) indicated that the practice gives a girl acceptance by her peers, 17 % believe that it makes a girl acceptable for marriage, 13 % believe that the practice makes a woman 'complete', while only 5 % believe that a girl is not able to produce children if she is cut. Some 7 % of the female respondents believe that FGM/C leads to economic benefits, 8 % believe that if a girl is cut she is considered clean and a similar proportion have the belief that if a girl is cut, she is faithful to her husband. Interestingly, 14 % of the female respondents believe that if a girl is cut, she is not able to sexually satisfy her husband.

Future practices: Overall, only 4 % of women anticipated that girls would be cut in the 12 months after the survey, 17 % were not sure, while the majority (79%) thought the FGM/C would not occur.
However, 5 % of the female individuals surveyed reported that girls had been victims of the FGM/C practice during the last 12 months preceding the survey.

No. 8 Policy Brief

Name of document:

United Nations Children's Fund, 'COVID-19 and Female Genital Mutilation in Uganda, Impact of COVID-19 on female genital mutilation', UNICEF, 2020.

FGM was outlawed under the Prohibition of Female Genital Mutilation Act, 2010. According to the 2016 Uganda Demographic and Health Survey, the national prevalence of FGM among girls and women (ages 15–49 years) is estimated at 0.3 %.1 However, national prevalence rates are not representative of the whole country due to high geographical variation.

FGM is mainly practised in the eastern part of the country among the Sabiny living in the districts of Kapchorwa, Bukwo and Kween in the Elgon area; and the Pokot, Kadam and Tepeth living in Amudat, Moroto and Nakapiripirit Districts in Karamoja subregion.

The impact of FGM is complex. It appears to have decreased for some respondents and increased for others. However, the vast majority observed that COVID-19 had minimal impact because the practice had declined substantially before the pandemic began in early 2020. Why some communities appear to have kept the practice at bay while others have not remains a question that warrants investigation and understanding.

In communities where FGM is known to be practised, there appears to be a significant correlation between child marriage and FGM, which are mutually reinforcing.

A girl who is cut is seen as an adult and ready to be married. A girl who is perceived to be ready for marriage may well be subjected to FGM because it is considered a prerequisite to marriage and because, typically, a cut girl acquires a higher bride price.

No. 9 Evaluation

Name of document:

United Nations Population Fund and United Nations Children's Fund, Joint Evaluation of the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change Phase III (2018-2021), UNFPA, New York, 2021.

The joint evaluation assesses the programme contributions to outputs and outcomes during Phase III of the Joint Programme on the Elimination of Female Genital Mutilation (2018–2021). It supports evidence-based decision-making and informs programming beyond 2021, including the strategic direction, gaps and opportunities for the Joint Programme in changing gender and social norms.

Key conclusions include:

- The Joint Programme continues to be a strategic and relevant response by UNFPA and UNICEF to the global issue of FGM, and is implemented across 17 countries.
- The Phase III design recognized the importance of positioning FGM on the political agenda of regional entities and supporting accountability systems as it does engaging with the African Union.
- There has been progress in the development of both costed national action plans and monitoring functions, although less than planned. The Joint Programme has recognized the need for dedicated budgets and has advocated for this.

Key recommendations include:

- Continue to strengthen global policy and advocacy strategies.
- Strategically strengthen and support implementation of accountability systems. The Joint Programme should also advocate for fully funded national legal and policy frameworks.
- In countries where national governments are tackling complex situations around FGM, the Joint Programme should continue to build on its achievements.
- Strengthen links with other streams of work towards enhanced access to good quality services for FGM prevention, protection and care.
- Accelerate usage of the ACT Framework, which measures social norms change around FGM, to generate data. Build the post-Phase III Joint Programme to be gender-transformative Continue considered use of public declarations of elimination as an indicator.
- Incorporate a humanitarian approach within the post-Phase III Joint Programme design.

No. 10 Evaluation report

Name of document:

United Nations Children's Fund, UNFPA–UNICEF Global Programme to Accelerate Action to End Child Marriage, UNICEF, New York, May 2019.

The report presents the findings of the evaluation of the first phase of the UNFPA–UNICEF Global Programme to Accelerate Action to End Child Marriage (GPECM). The programme is jointly managed by the UNFPA and UNICEF. It is implemented in 12 countries in 4 regions with multiple partners and stakeholders at the national, regional and global levels.

Key findings and conclusions include:

- The programme is well aligned to global and regional frameworks and commitments to end child marriage.
- The application of the GPECM has been responsive to local contexts and has been adapted in each country, though only a few countries have formally adapted the theory of change.
- The widespread acknowledgement that child marriage impinges on children's rights and welfare provides a strong foundation and rationale for ending the practice.
- Despite efforts to target areas where child marriage is widespread and reach the most vulnerable, interventions have not yet reached many of the most remote areas.
- Outcome 1 – The GPECM is increasingly able to reach adolescent girls with activities under Output 1.1, having reached nearly 5.5 million girls by mid-2018 – far exceeding the programme's objective of reaching 2.5 million girls by the end of 2019.
- Outcome 2 – Country offices significantly expanded community outreach (Output 2.1) and the GPECM showed signs of scaling up, reaching approximately 11.5 million individuals with information related to ending child marriage in the first half of 2018, significantly more than in 2016 and 2017 combined.
- Outcome 3 – Country offices increased targets for girls' access to health and protection services every year of the GPECM and collectively exceeded targets each year.
- Outcome 4 – UNFPA and UNICEF worked collaboratively at the highest levels to support governments to develop and implement national/state action plans to end child marriage.
- Outcome 5 – GPECM investments in research and data contributed to building a stronger evidence base on child marriage, though tracking has not offered an indication of data quality and usability to date.

Key recommendations include:

- prioritizing normative leadership
- expanding framework for country contextualization (theory of change)
- consolidating and strengthening the evidence base and knowledge management
- defining and monitoring jointness, convergence and complementarity
- strengthening and contextualizing monitoring and reporting systems
- investing in human resources
- strengthening the programme
- finding funds.

No. 11 Annual Report

Name of document:

UNFPA-UNICEF Joint Programme to Eliminate Female Genital Mutilation Annual Report 2021. Internal report shared

The document highlights the overall country context in relation to FGM elimination, and reports on the strategic approach to accelerate FGM elimination.

The Joint Programme to eliminate FGM embraced a holistic and multisectoral approach at individual, household, community, national and regional levels, following the model for addressing social and gender norms while building life and livelihood skills, facilitating economic empowerment and harmonious relationships, as well as introducing strategic and innovative interventions.

It includes information on the key priorities for 2022 onwards, with the Joint Programme continuing to build on valuable lessons learned in Phase III and all interventions aligned to the to the Sustainable Development Goal 5.3, which aims to end all harmful practices by 2030, anchored on the United Nations Capital Development Fund (UNCDF) and the National Development Plan III. The programme will continue harnessing the complementary expertise of both UNICEF and UNFPA as well collaborating with the Government to take leadership in the movement to eliminate FGM in Uganda. The CSOs and other community structures and key stakeholders, including religious and cultural leaders, the media and young people will be engaged in a holistic and comprehensive approach to achieve gender transformation and elimination of the harmful practices.

The Uganda country programme in Phase IV will be building on the gains for Phase III and this time round intensify the efforts towards the elimination of FGM by 2030.

Key interventions will include:

- Prioritizing the regional and national building of allies working towards eliminating FGM. This will involve working with different stakeholders including policymakers to review the FGM Act, 2010 (which is due for review), young people, district and local government, religious, cultural and political leaders, elders, and the Justice Law and Order Sector, a key influence at national and subnational level.

No. 12 Legal analysis report

Name of document:

Thomson Reuters Foundation, 28 Too Many, FGM…Let's End It, Uganda: The Law and FGM, May 2018.

The document indicates the FGM prevalence per region, and then explains the legal framework highlighting:
1) the law against FGM
2) penalties
3) regional FGM Law
4) case studies of implementation of the law

There is a section with useful suggestions for improvements
National legislation

- As a member of the East African Community, Uganda should fully implement the detailed legislation incorporated in the EAC Act to tackle cross-border FGM and facilitate regional cooperation.
- The national law itself should be strengthened by reflecting, in full, the detailed content of the EAC Act. It should also ensure that victims who are pressured by society into agreeing to FGM are not subject to further punishment.
- Laws need to be made accessible to all members of society and easy to understand in all local languages.

Implementation of the Law

- Adequate monitoring and reporting of FGM cases in Uganda would improve efficiency and inform policymakers, the judiciary, the police, civil society and all those working to implement and enforce the law.
- Improved procedures for collecting evidence in FGM cases would also contribute to successful prosecutions.
- Anti-FGM programmes, particularly those focused in high-prevalence areas, should disseminate clear, easy-to-understand and accurate information around the law.
- It would be beneficial to focus on further strengthening partnerships across borders, as set out under the EAC Act, where illegal activity continues to take place.
- It would be beneficial to increase the familiarity of local and religious leaders with the law, including their responsibilities and the importance of the law in protecting women and girls in their communities.
- Judges and local law enforcers need further support and training around the law and should be encouraged to fully apply the sentences provided for by the legislation.
- Tribunals could be encouraged to make sure any prosecutions relating to FGM are clearly reported, including through local media, such as community radio, and made available in local languages.
- Increased support and protection for victims and witnesses in FGM cases is needed.
- Where literacy rates are low, information around the law needs to be made available through different media channels and resources.
- Mandatory reporting and recording of instances of FGM by medical staff in hospitals and health centres could be considered.
- Where they are currently unavailable and a need is identified, appropriate protection measures (for example, emergency telephone helplines or safe spaces) should be put in place for girls at risk of FGM.

No. 13 Assessment Tool

Name of document:

United Nations Children's Fund, Child Protection Systems Strengthening, Approaches, Benchmarks and Interventions, UNICEF, September 2021

The Child Protection System Strengthening Maturity model developed by UNICEF elaborates priorities, processes, and results to be achieved in each phase of strengthening the child protection system and provides comprehensive benchmarks to effectively manage investments and results in systems strengthening.[5] The benchmarks are defined by 'intermediate outcomes', or 'subdomains'.

This tool will be used as the primary framework to benchmark the level of maturity of the Namibian Child Protection System, with an addition added to identify priority actions needed to improve the ratings or level of maturity. The intermediate outcomes identified in the tool include:

- legal and policy framework
- governance and coordination structures
- continuum of services
- minimum standards and oversight mechanisms
- human, financial and infrastructure resources
- mechanisms for child participation and community engagement
- data-collection and monitoring systems.

No. 14 Global policy document

Name of document:

Organisation for Economic Cooperation and Development, Building Blocks for Policy Coherence for Development, OECD, Paris, 2009.

In order for governments to meet the challenge of building strong child protection systems while also building a global partnership for development, they need to ensure that their policies are supportive, or at a minimum, do not undermine their development policies. This entails the systematic application of mutually reinforcing policies and the integration of development concerns across Government departments to achieve development goals, along with national policy objectives".[6]

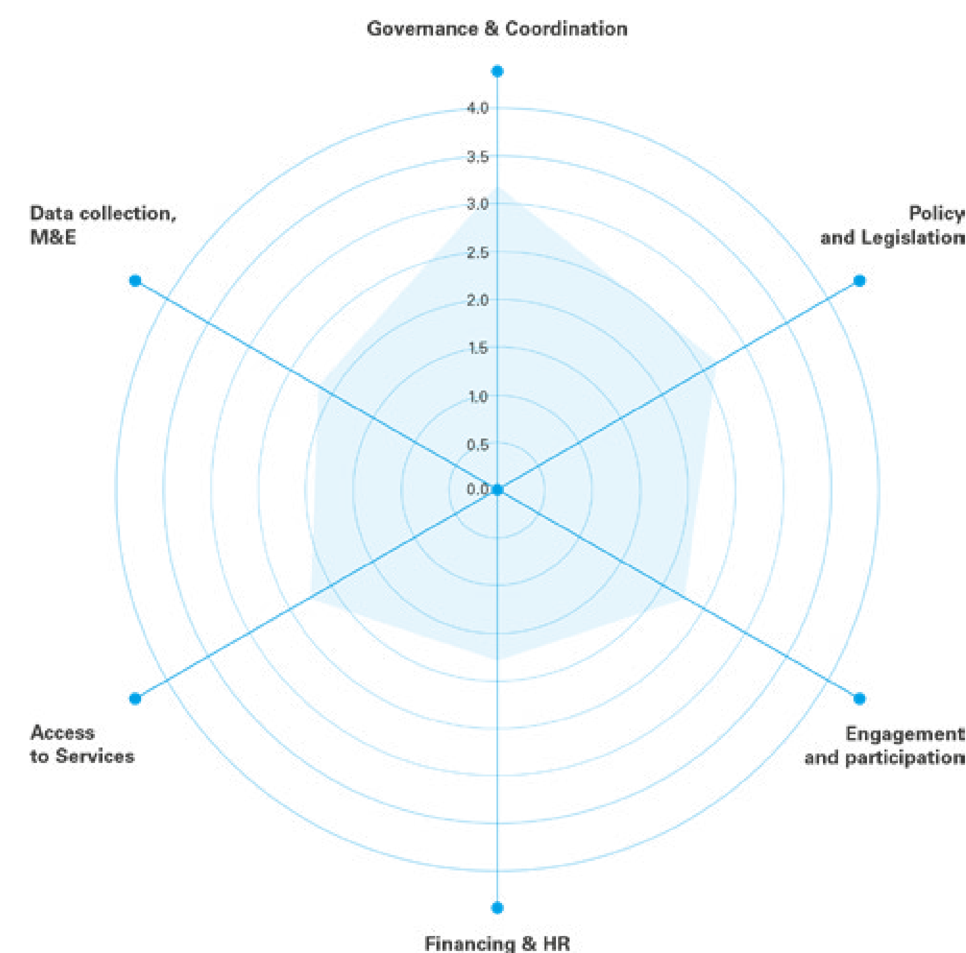
Progress towards policy coherence is understood as a three-phase cycle. The phases are:

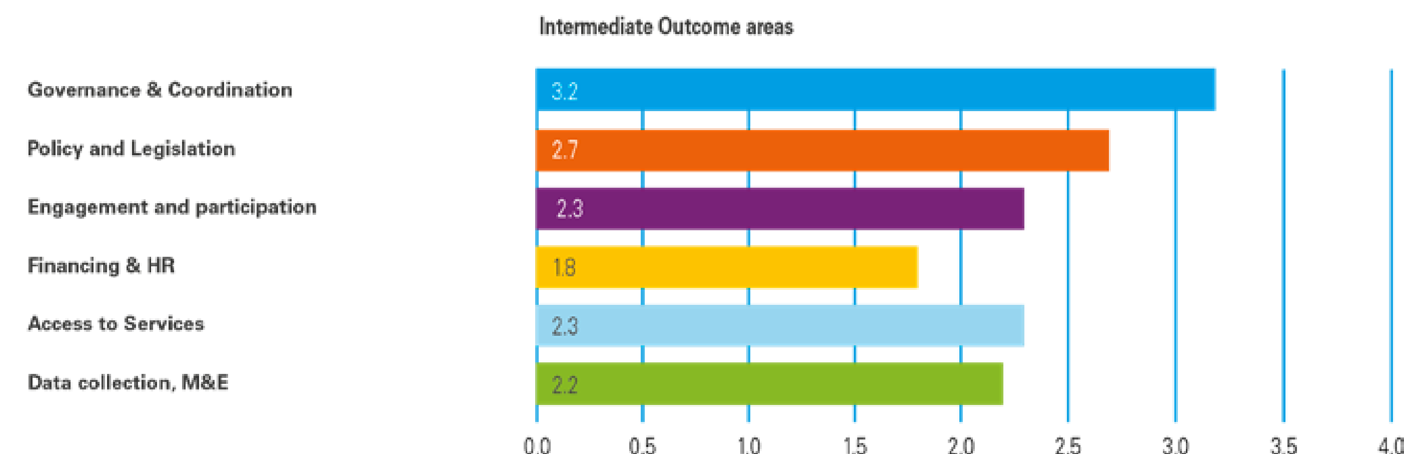
- setting and prioritizing objectives
- coordinating policy and its implementation
- monitoring, analysis and reporting.

Appendix B: Country data visualization Uganda

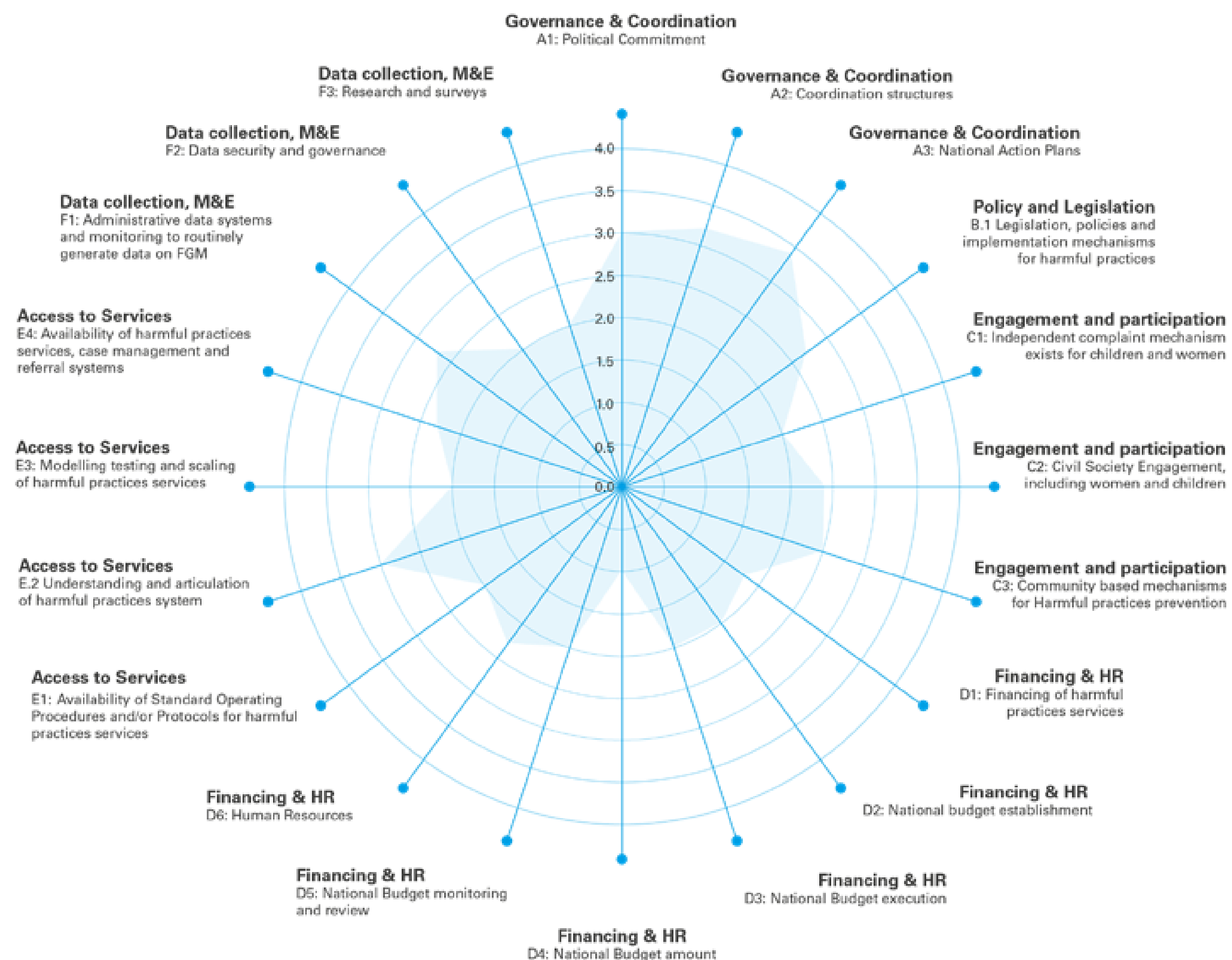
Name of Country	Overall Score	Sub-Domains	Specific Score
Governance & Coordination	3,2	A1: Political commitment	3
		A2: Coordination structures	3,2
		A3: National Action Plans	3,4
Policy and Legislation	2,7	B1: Legislation, policies and implementation mechanisms for harmful practices	2,7
Engagement and participation	2,3	C1: Independent complaint mechanism exists for children and women	2
		C2: Civil society engagement, including women and children	2,4
		C3: Community-based mechanisms for harmful practices prevention	2,5
Financing & HR	1,8	D1: Financing of harmful practices services	1,8
		D2: National budget establishment	2
		D3: National budget execution	2
		D4: National budget amount	1
		D5: National budget monitoring and review	2
		D6: Human resources	2.3
Access to Services	2,3	E1: Availability of Standard Operating Procedures (SOPs)and/or protocols for harmful practices services	2
		E2: Understanding and articulation of harmful practices system	3
		E3: Modelling testing and scaling of harmful practices services	2
		E4: Availability of harmful practices services, case management and referral systems	2,3
Data collection, monitoring and evaluation	2,2	F1: Administrative data systems and monitoring to routinely generate data on harmful practices	2,7
		F2: Data security and governance	2
		F3: Research and surveys	2

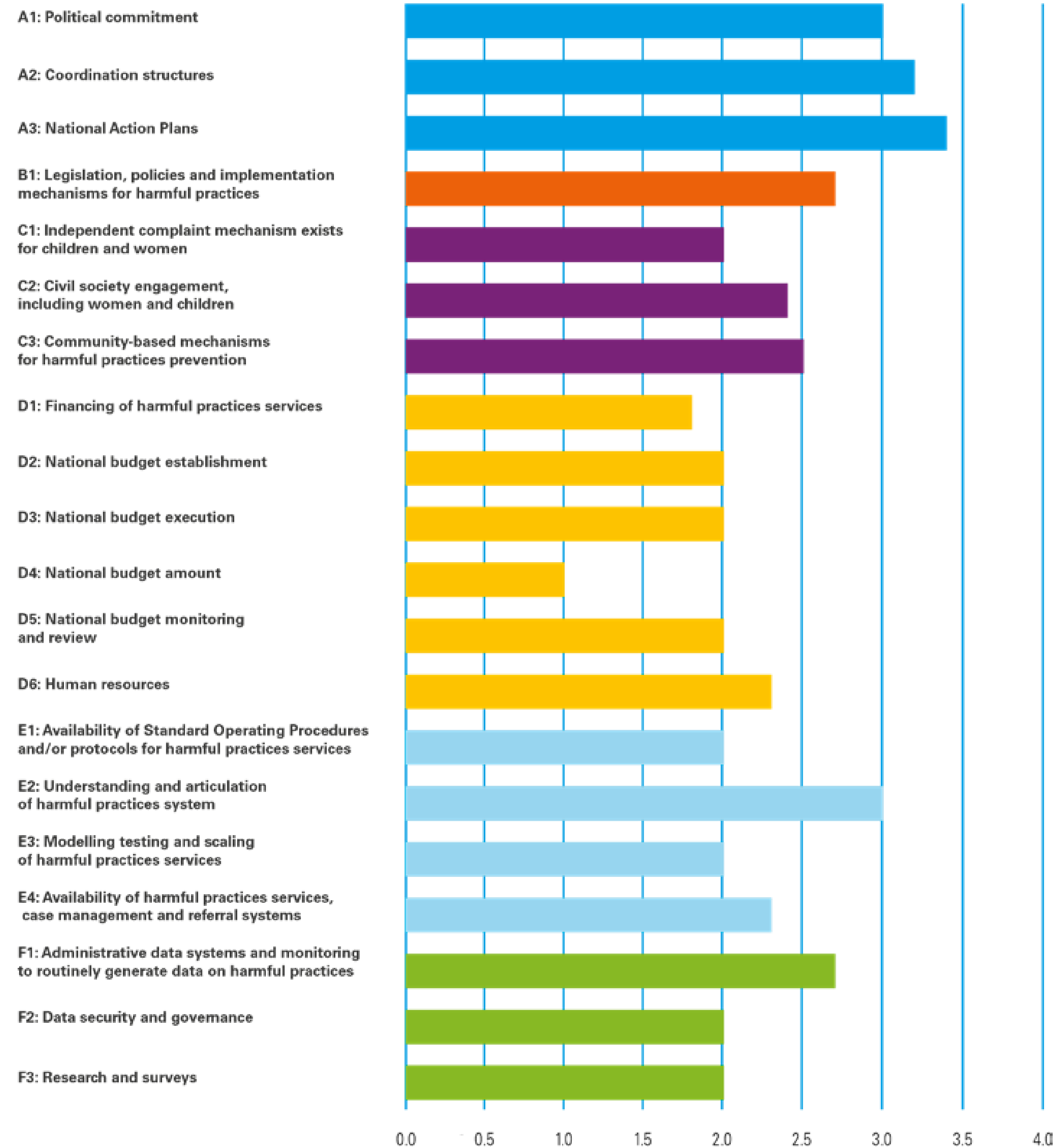
Intermediate Outcomes Summary





Sub-Domains Summary





Endnotes

1 Azeze, Gedion A., et al., Changing prevalence and factors associated with female genital mutilation in Ethiopia: Data from the 2000, 2005 and 2016 national demographic health surveys. PLoS ONE Vol. 15, No. 9, September 2020.

2 Ibid.

3 The PPM approach formulates and influences public policy through a public policy process or 'the policy cycle', consisting of five major stages: agenda setting, formulating and legitimation of goals and programmes, programme implementation, evaluation and implementation, decision about the future of the policy and programme. Source: Ripley, Randall B., 'Stages of the policy process', in *Public Policy Theories, Models, and Concepts*, edited by Daniel C McCool, Prentice-Hall, New Jersey, 1995, pp. 157–170.

4 These include Bangladesh, Burkina Faso, Ethiopia, Ghana, India, Lebanon, Mozambique, Nepal, Niger, Sierra Leone, Uganda and Zambia

5 United Nations Children's Fund, 'Child Protection Systems Strengthening, Approach, Benchmarks, Interventions', <www.unicef.org/documents/child-protection-systems-strengthening>, accessed 16 October 2023.

6 Organisation for Economic Cooperation and Development, Policy Framework for Policy Coherence for Development, Working paper 1, OECD, Paris, 2012.

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Maturity Model Desk Review, Assessment and Action Planning

COUNTRY: UGANDA

Development of maturity model and assessment tools for harmful practices policies

Belgium partner in development
In partnership with Canada
Ministry of Foreign Affairs and International Cooperation
Government of the Netherlands
Norad
UKaid
Co-funded by the European Union
ZONTA INTERNATIONAL
UNFPA
unicef for every child