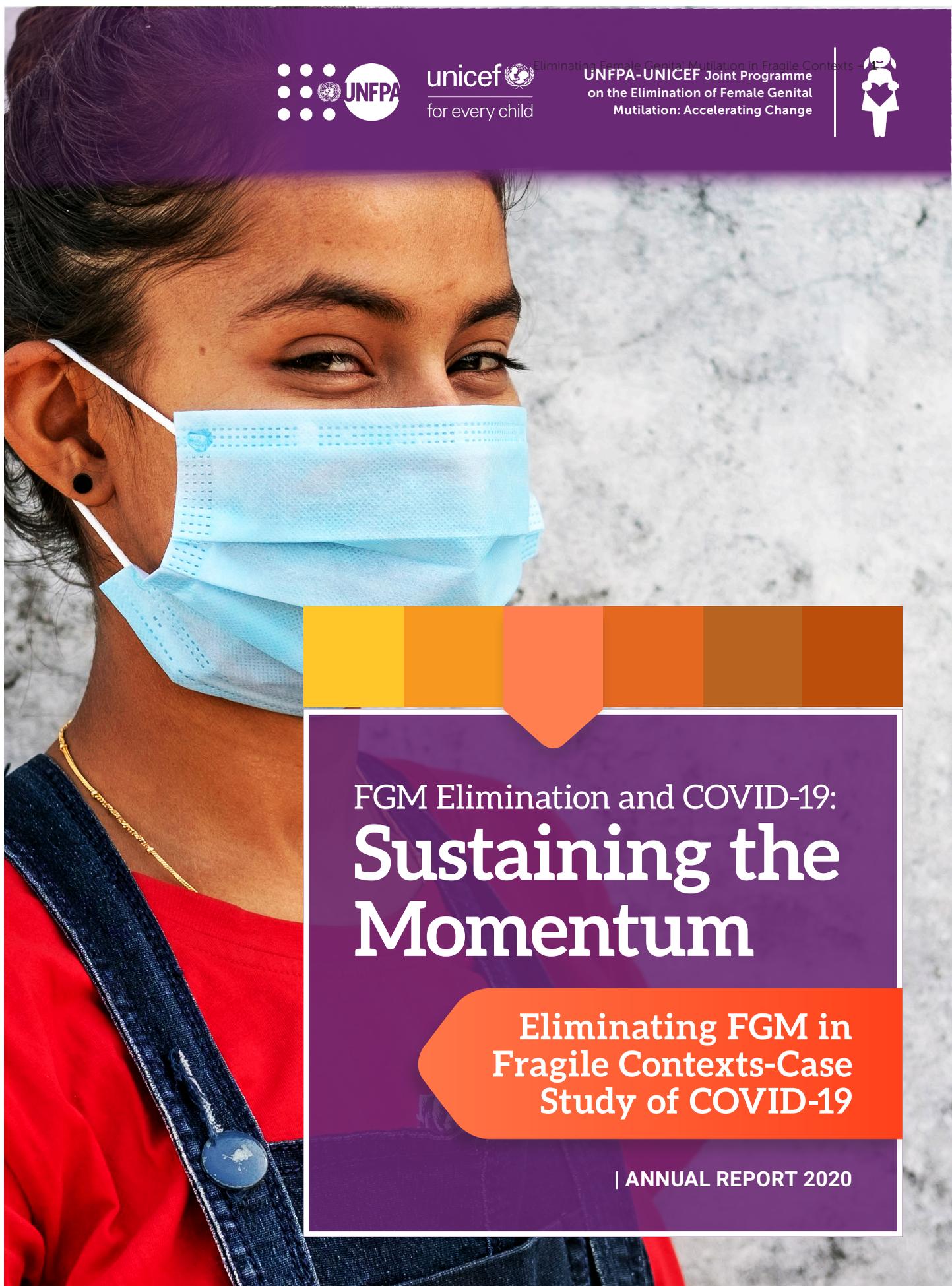




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Eliminating Female Genital Mutilation in Fragile Contexts

UNFPA-UNICEF Joint Programme
on the Elimination of Female Genital
Mutilation: Accelerating Change



FGM Elimination and COVID-19:
**Sustaining the
Momentum**

**Eliminating FGM in
Fragile Contexts-Case
Study of COVID-19**

| ANNUAL REPORT 2020



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and **The European Union** through the Spotlight Initiative Africa Regional Programme.



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Case Study of COVID-19

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Mutilation: Accelerating Change



ACKNOWLEDGMENT

To all those willing to sacrifice their own safety and well-being in the COVID-19 crisis, to sustain the momentum for the elimination of Female Genital Mutilation (FGM), we are eternally grateful. We wish you safety and health as you support women and girls at risk and survivors of this harmful practice. The UNFPA-UNICEF Joint Programme on the Elimination of FGM: Accelerating Change, we appreciate your contributions and thank you in our prayers, hearts, and minds each and every day. Stay strong and THANK YOU!

This report was developed within the framework of the Joint Programme by Layisha Paerhati, Consultant, coordinated by Thierno Diouf, Monitoring and Evaluation Specialist, under the technical leadership of Mirelle Tushiminina, Global Coordinator of the Joint Programme and Nankali Maksud, Senior Advisor, Prevention of Harmful Practices at UNICEF. Authors of the report include Paola Pileri, the "Population data, FGM data and research fellows" (Dodzi Kofi Amenuveve Mawuli Achoribo, Lamin Massaquoi, Rachael Hongo, Ousmane Diouf, Meral Marouf, Kareem Olushola and Emmanuel Tago) with contributions from Berhanu Legesse, Fahmia AL-FOTIH, and Menbere Legesse.

Contents

SECTION I

1

Introduction

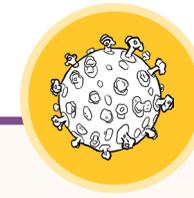
3

Assessment Methodology

6

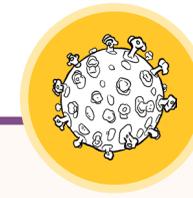
Structure of the Report

SECTION II



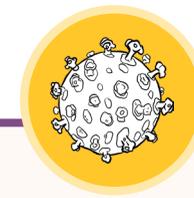
9

Pre-COVID-19 Humanitarian Crises and Implementation Challenges



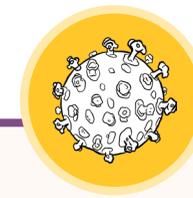
11

The COVID-19 Pandemic: A Complex Humanitarian Emergency



11

COVID-19 Pandemic on the performance of the FGM Joint Programme in 2020



17

Joint Programme Implementation Challenges during the COVID-19

SECTION III

33

Recommendations for Lasting Solutions

List of Figures

Page	Name
3	Figure 1: Joint Programme COVID-19 Analytical Framework
12	Figure 2: Number of countries with evidence-based costing national action plan to end FGM under implementation by all government sectors, CSOs, faith-based organizations, and other actors
12	Figure 3: Number of countries with a national budget line for FGM
13	Figure 4: Number of girls and women who have received health services related to FGM
13	Figure 5: Number of girls and women who have received social services related to FGM
14	Figure 6: Number of girls and women who have received legal services related to FGM
14	Figure 7: Number of communities that have made a public declaration of abandonment of FGM
15	Figure 8: Number of communities that made public declarations of abandonment of FGM that established a community-level surveillance system to monitor compliance
15	Figure 9: Number of girls saved from FGM
16	Figure 10: Number of girls that have undergone FGM in Kenya (2019 vs. 2020)
16	Figure 11: Number of girls rescued from FGM in Kenya (2019 vs. 2020)

List of Tables

Table 1	Assessment Methodology Matrix
Table 2	Joint Programme Implementation Challenges Analysis Table
Table 3	Selected Examples of Response Strategies in Actions



Section I



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Introduction

On 11 March 2020, the World Health Organization (WHO) declared COVID-19 a global pandemic. The pandemic disrupted the world order and continues to cause significant mortality and morbidity, exacerbating health and socio-economic challenges. At the time of the pandemic outbreak, more than two-thirds of the 17 countries where UNFPA, the United Nations Population Fund and the United Nations Children's Fund (UNICEF) Joint Programme on the Elimination of Female Genital Mutilation (FGM): Accelerating Change is being implemented, were experiencing political instability, extreme weather conditions, and/or armed conflicts.



The pandemic has exacerbated these conditions, creating a crisis within a crisis, and negatively impacting on to efforts to end child marriage and FGM. Hundreds of millions of children and adolescents will likely face increasing threats to their safety, including gender-based violence (GBV), exploitation, abuse and neglect, social exclusion, and separation from parents and friends.¹

To contain the virus, governments have taken unprecedented measures, including partial or total lockdowns, characterized by geographical containment, home confinement, prohibition of gatherings, and closure of establishments and premises. In many countries, these measures are still in place. These measures have restricted the movement of persons and negatively impacted the provision of social services, including health care, and worsened pre-existing economic strains, especially in humanitarian and fragile settings. Numerous studies have shown that although COVID-19 has had a noticeable impact on everyone, it has compounded the vulnerability of girls and women, especially those at risk of FGM. The pandemic has further entrenched gender inequalities, economic disparities, and health risks faced by women and girls, in addition to disruptions in prevention programmes for the elimination of FGM and other harmful practices. In an analysis published in April 2020, UNFPA estimates that two million cases of FGM could occur over the next decade that would otherwise have been averted, resulting in a 33 percent reduction in the progress towards ending FGM practice.²

This report, therefore, presents an assessment of the impact of COVID-19 pandemic on the Joint Programme implementation and FGM elimination. The report highlights implementation challenges resulting from the pandemic, showcases adaptive response strategies, and provides recommendations for the Joint Programme to develop sustainable COVID-19 and other humanitarian crises response strategies. It is designed to help the Joint Programme staff, implementing partners, and other stakeholders prepare for and respond to the impacts of the pandemic, among other humanitarian crises.



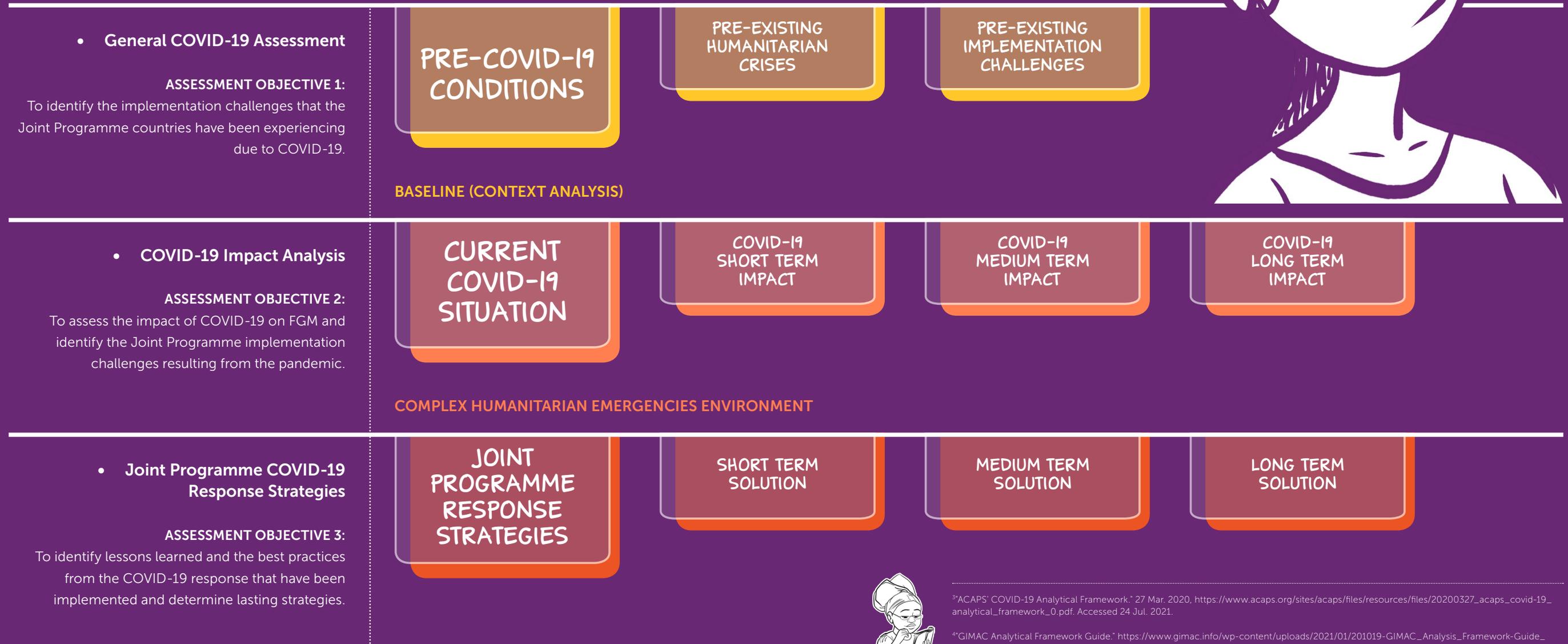
¹UNICEF Technical Note on COVID-19 and Harmful Practices. 2020. Available at <https://www.unicef.org/media/67506/file/TechnicalNote-COVID-19-and-HarmfulPractices-April%202020.pdf>

²Impact of the COVID-19 Pandemic on Family Planning and ... - UNFPA. 24 Apr. 2020. Available at https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf.

Assessment Methodology

To assess the impact of the pandemic on the Joint Programme implementation and FGM elimination, a COVID-19 analytical framework (see Figure 1) was developed, based on a combination of the ACAPS³ and GIMAC⁴ analytical frameworks, as well as the socio-ecological model⁵ adopted by the Joint Programme.

Figure 1: Joint Programme COVID-19 Analytical Framework



³ACAPS' COVID-19 Analytical Framework." 27 Mar. 2020. https://www.acaps.org/sites/acaps/files/resources/files/20200327_acaps_covid-19_analytical_framework_0.pdf. Accessed 24 Jul. 2021.

⁴GIMAC Analytical Framework Guide." https://www.gimac.info/wp-content/uploads/2021/01/201019-GIMAC_Analysis_Framework-Guide_Draft4.pdf. Accessed 24 Jul. 2021.

⁵GENDER TRANSFORMATIVE APPROACHES FOR THE ... - UNICEF." <https://www.unicef.org/media/86391/file/FGM-Mainstreaming-Gender-Equality-2020-v2.pdf>. Accessed 7 Aug. 2021.

Given the assessment purpose, scope, and complexity, qualitative thematic analysis was used to compare and synthesize the newly emerged COVID-19 humanitarian challenges and the Joint Programme’s response strategies at the policies (laws), systems (institutions), community, interpersonal, and individual levels. The primary data sources were the Joint Programme country reports, academic publications, and United Nations reports related to COVID-19 and FGM. The methodology matrix (see Table 1) outlines three research objectives and the guiding questions used to break down the overall research goal into more manageable tasks for a transparent and efficient analysis.

Table 1: **Assessment Methodology Matrix**

ASSESSMENT GOAL: To assess the impact of COVID-19 on the Joint Programme and the adaptive response strategies to develop sustainable approaches in a time of humanitarian crisis.	
OBJECTIVES	GUIDING QUESTIONS
To identify the implementation challenges that the Joint Programme implementing countries have been experiencing due to COVID-19.	From the policy, system (institutions), community, interpersonal, and individual levels, what are the challenges that the Joint Programme has been experiencing during the 2020 COVID-19 crisis?
To assess the impact of COVID-19 on FGM and identify the Joint Programme implementation challenges resulting from the pandemic.	Among these identified challenges from different levels, what are the emerging common themes? What are the intersections of these emerging themes with the implementation of the Joint Programme?
To identify lessons learned and the best practices from the COVID-19 response implemented and determine lasting strategies.	What practices have been implemented to mitigate COVID-19 humanitarian challenges in the policies (laws), systems (institutions), community, interpersonal, and individual levels?

Structure of the Report

The structure of the report is based on the Joint Programme COVID-19 analytical framework detailed in Figure 1 above. The baseline is intended to provide a contextual analysis of the pre-COVID-19 conditions, including the direct impacts of pre-existing humanitarian crises, and the Joint Programme’s implementation challenges, exacerbated during the pandemic. In addition, a comprehensive impact analysis was conducted to assess the current COVID-19 situation in the countries where the Joint Programme is being implemented. The Report presents a set of priorities and recommendations to guide the Joint Programme towards the development of sustainable COVID-19 and other humanitarian crises response strategies.



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STOP!
MGF/EXCISION
ET VIOL

MDAF
STOP MGF/EXCISION

MDAF
Halte au VIOL

MDAF
STOP MGF/EXCISION

Je me protège de la COVID-19
et je protège les filles
des MGF/EXCISION

MDAF
Je me protège de la COVID-19
et je protège les filles
du VIOL

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Je me protège de la COVID-19
et je protège les filles
des MGF/EXCISION

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Je me protège de la COVID-19
et je protège le fille
du VIOL

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Je me protège de la COVID-19
et je protège les filles
des MGF/EXCISION

Section II

Pre-COVID-19 Humanitarian Crises and Implementation Challenges

Over the last five decades, the world has recorded several humanitarian crises, which have ranged from armed conflicts, political instabilities, epidemics, famine to natural disasters, including floods and landslides. Specifically, the Joint Programme implementing countries such as Sudan and Mauritania have reported devastating floods, while Guinea and Guinea-Bissau have reported political unrest and instability, respectively. Countries such as Burkina Faso, Ethiopia, Somalia and Sudan continue to experience protracted conflicts, which have adverse effects on the countries' socio-economic conditions. These conflicts and natural disasters have resulted in population displacement and increased the vulnerability of women and girls, who are disproportionately affected.⁶ As noticed in most of the affected countries, in a humanitarian crisis, gender-based violence (GBV), including FGM, are exacerbated and humanitarian organizations often face additional challenges when providing care to survivors of FGM and undertaking prevention and mitigation programmes for girls and women at risk of FGM⁷.

Since the launch of the Joint Programme, the impact of humanitarian crises on FGM has been observed to include, heightened risk of women and girls being subjected the harmful practices. In some cases, due to breakdown in the formal economic activities, performers of FGM resort to the practice as a way of making money. Other instances have included collapse of support structures for survivors, including health care systems, leading to high mortality rates, and disruptions in education systems, causing a high number of girls out of school facing the risk of undergoing FGM.

The Joint Programme has been affected by humanitarian crises, particularly with regards to the four key implementation areas, namely: women and girls' empowerment; FGM essential service provision; data and evidence collection; and development of enabling implementation environment (see Table 2). The implementation challenges were particularly exacerbated during the COVID-19 pandemic.



⁶Preventing and Responding to Female Genital ... - CoP-FGM.' Available at https://copfgm.org/wp-content/uploads/2020/12/Report_Preventing-and-responding-to-FGM-in-Emergency-and-Humanitarian-Contexts_17.12.20.pdf

⁷Ibid.

Table 2: Joint Programme Implementation Challenges Analysis Table⁸

KEY IMPLEMENTATION AREA		IMPLEMENTATION CHALLENGES
 Women and Girls' Empowerment		Inadequate FGM education services for girls, particularly in remote areas
		Inadequate access to prevention and response services, including health care, social welfare and justice
		Social and gender norms, including: <ul style="list-style-type: none"> • Stigmatization of girls and women who have not undergone FGM • Girls subjected to FGM as a requirement for marriage
 FGM Essential Services Provision		Poor referral system for FGM services
		Lack of FGM trained health workers
		Inadequate access to protection and prevention services, particularly in remote areas
 Data and Evidence		Absence of an institution-based monitoring system
		Knowledge and information sharing gap among programme implementation partners
 Development of Enabling Implementation Environment		Inadequate awareness of FGM laws and regulations
		Lack of robust legislative framework

⁸2018, 2019, and 2020 annual country reports, where the Joint Programme implements, from the UNFPA database

The COVID-19 Pandemic:

A Complex Humanitarian Emergency

As a result of COVID-19 and other ongoing humanitarian crises, the countries where the Joint Programme is implemented, such as Ethiopia, The Gambia, Guinea, Guinea-Bissau, and Senegal announced a state of emergency, while Burkina Faso and Sudan declared (public) health emergencies.⁹ In such a complex emergency context, including countries adopting different response measures, the negative impacts of the pandemic on FGM elimination programmes and the implementation challenges faced by the Joint Programme, related to protection and prevention services have become increasingly apparent.



The impact of COVID-19 pandemic on the performance of the Joint Programme in 2020

○ At the policy and legislation levels

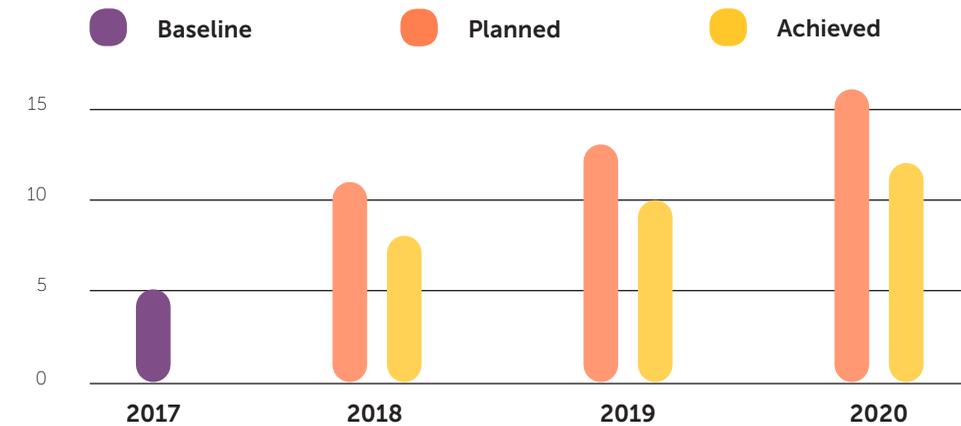
As shown in Figures 2 and 3, the number of countries with evidence-based costing national plans and national budget lines for FGM were below the 2020 planned target. This was mainly due to the governments' prioritization of COVID-19 emergency response plans. For instance, in Egypt, the COVID-19 pandemic delayed the execution and launch of the costing national action plan (NAP), with consultation meetings between stakeholders canceled. No doubt, this negatively affected the efficiency of the collaborative efforts towards the elimination of FGM in the country.¹⁰



⁹African Government Responses to COVID-19 - ICNL.* Available at <https://www.icnl.org/post/analysis/african-government-response-to-covid-19>

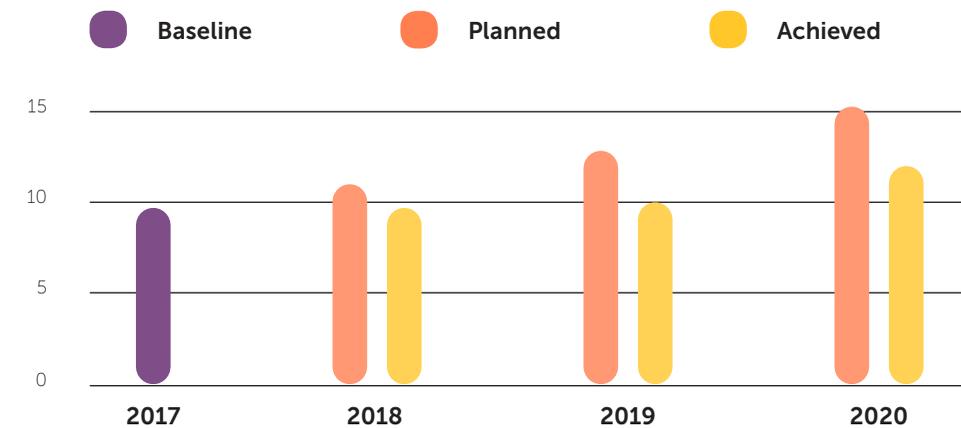
¹⁰The 2020 Joint Programme Egypt country report from the UNFPA database.

Figure 2: Number of countries with evidence-based costing national action plan to end FGM under implementation by all government sectors, CSOs, faith-based organizations, and other actors.



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

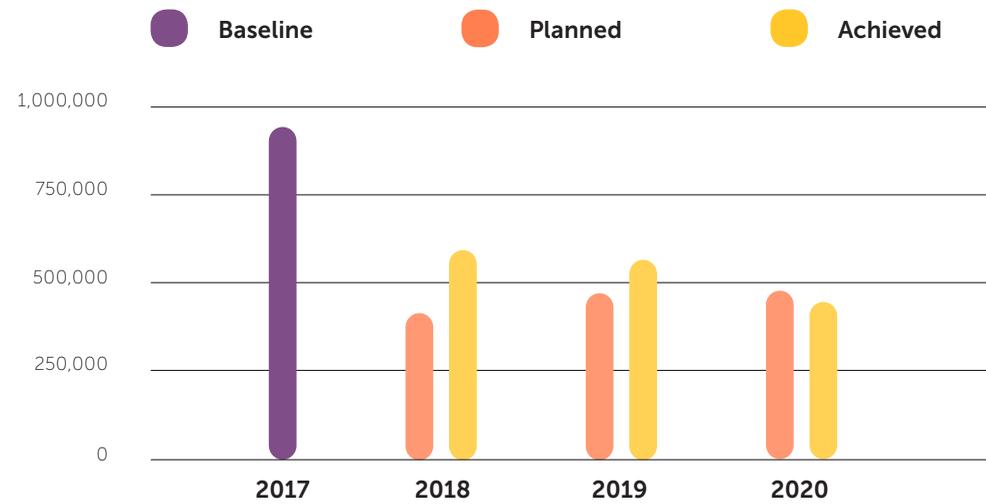
Figure 3: Number of countries with a national budget line for FGM



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

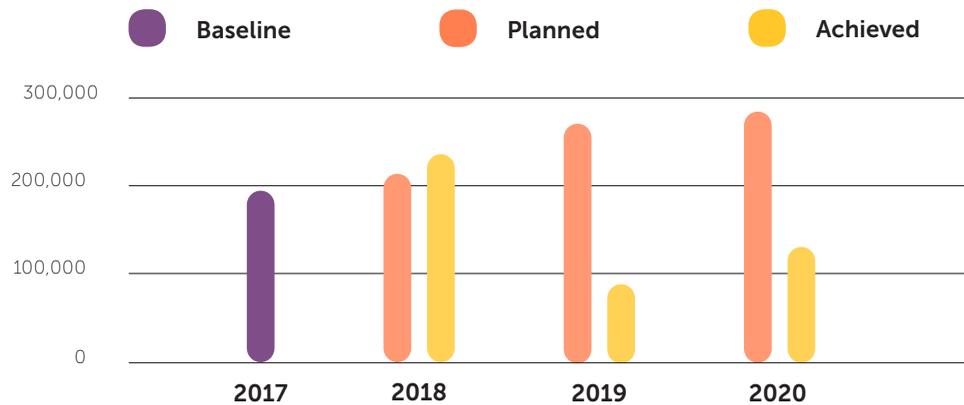
At the systems (institutions) level, as seen in Figures 4, 5 and 6, through the Joint Programme's support to multi-sectoral collaboration, 430,748 girls and women received health care services, 129,531 accessed social care, and 16,380 sought legal services. In 2020, while the Joint Programme exceeded the actual social and legal protection service provisions compared to 2019, the number of women and girls who received similar services was significantly lower than the annual planned targets. This was largely attributed to the pandemic health impacts and disruptions in service delivery associated with the containment measures.

Figure 4: **Number of girls and women who have received health services related to FGM**



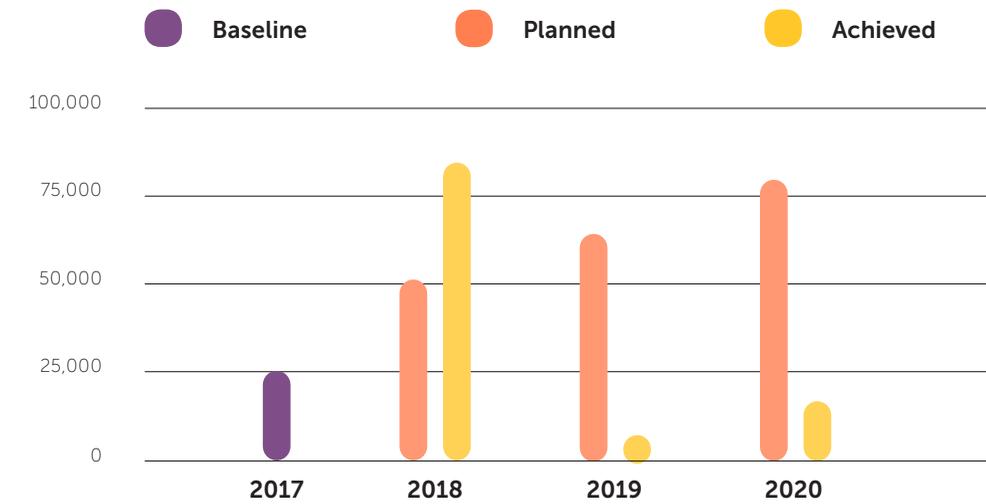
Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

Figure 5: **Number of girls and women who have received social services related to FGM**



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

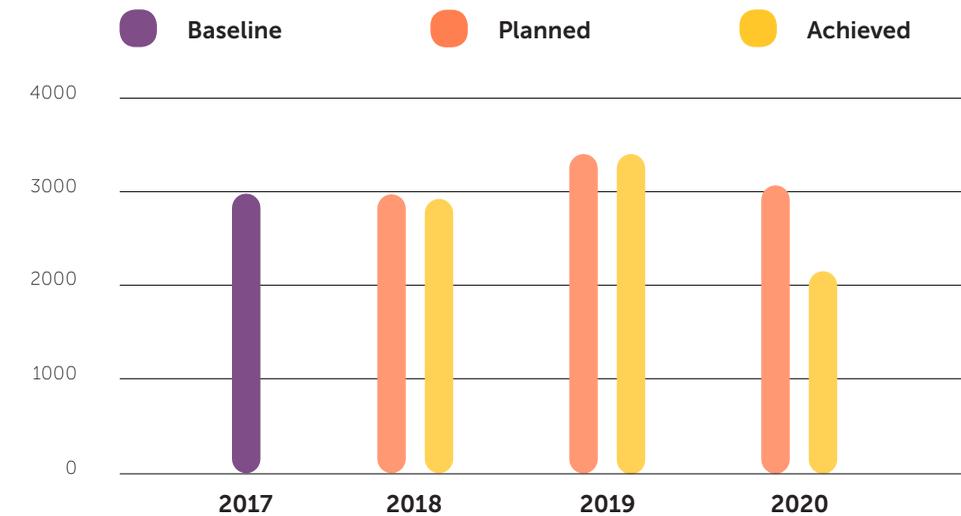
Figure 6: **Number of girls and women who have received legal services related to FGM**



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

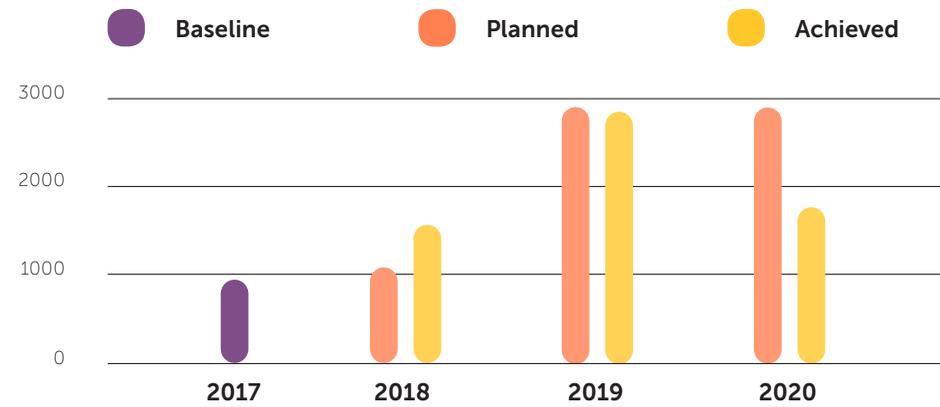
At the community, interpersonal, and individual levels, as shown in Figure 7, due to the pandemic, less than 70 percent of the targeted number of public declarations of FGM abandonment were achieved. In comparison with 2019, there was a decrease by 36 percent mainly due to social distance, gathering ban and disruption of community interventions. Additionally, figure 8 shows that only 62 percent of the planned numbers of community level surveillance systems were reached towards sustaining the commitment of FGM abandonment, which is a 37 percent decrease compared to 2019. As a result of the impact of the pandemic on community protection mechanisms, such as community surveillance systems, there was a 43 percent decrease in the number of girls saved from FGM in 2020 as compared to 2019 as way below the annual target (see Figure 9).

Figure 7: **Number of communities that have made a public declaration of abandonment of FGM**



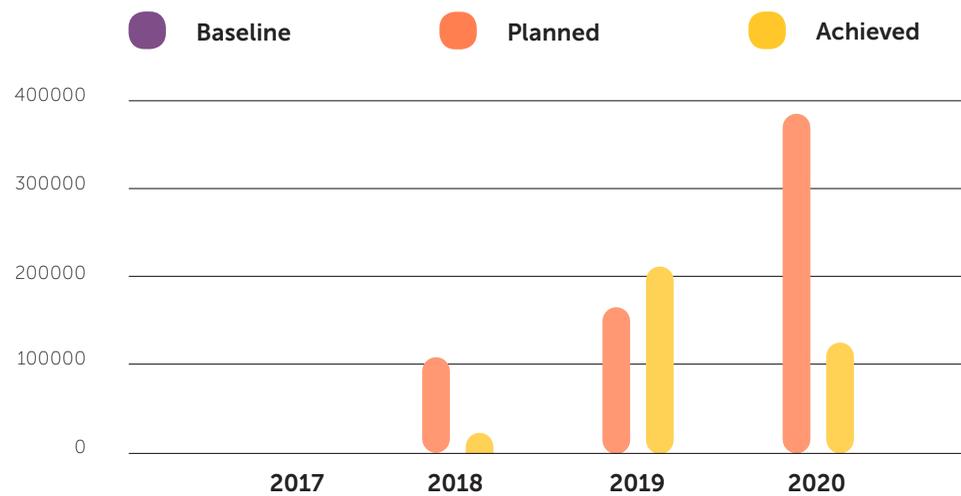
Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

Figure 8: **Number of communities that made public declarations of abandonment of FGM that established a community-level surveillance system to monitor compliance**



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

Figure 9: **Number of girls saved from FGM**



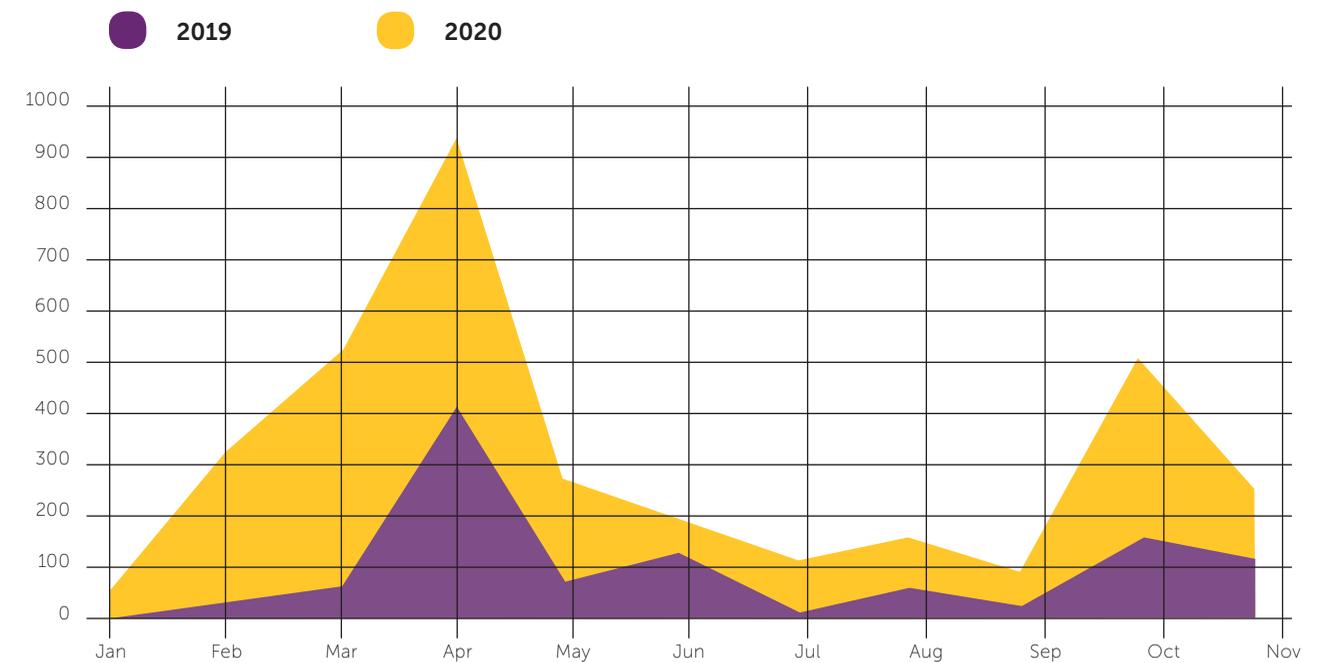
Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

In Kenya, since the outbreak of the pandemic, there was a noticeable increase in the number of girls undergoing FGM (see Figure 10), given the initial negative impact of containment strategies on protective mechanisms to rescue girls at risk of the harmful practice. As adaptive measures were introduced, the closure of schools and increased FGM cases instead prompted more girls to participate in anti-FGM interventions in the community.¹¹ As such, the Joint Programme supported adaptive measures are in part credited to have contributed to an increase in the number of girls saved from FGM starting in August 2020, compared to the same time in 2019. Specifically, in communities where girls had completed capacity development packages, there was an increase in the number of communities that reported changes in social norms, including those undertaking public declarations for the abandonment of FGM.¹²

¹¹The 2020 Joint Programme Kenya country report from the UNFPA database.

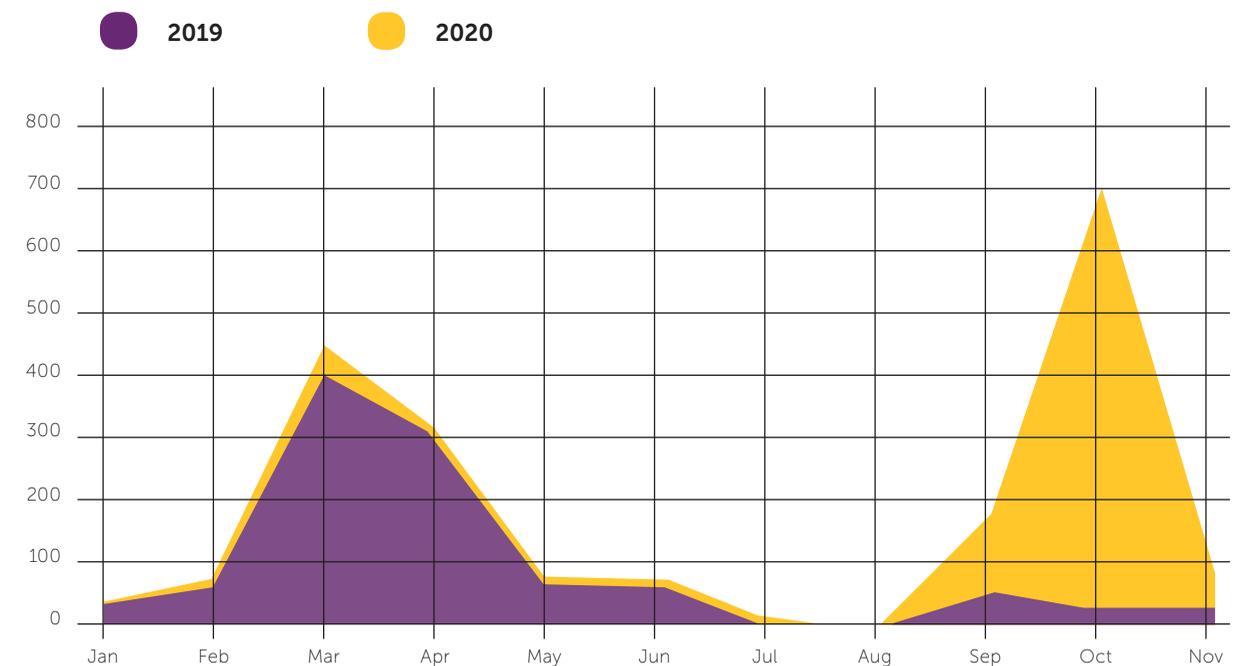
¹²Ibid.

Figure 10: **Number of girls that have undergone FGM in Kenya (2019 vs. 2020)**



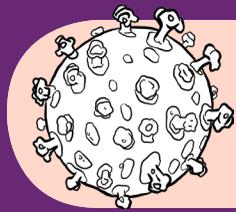
Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, Kenya Annual Report, 2020

Figure 11: **Number of girls rescued from FGM in Kenya (2019 vs. 2020)**



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, Kenya Annual Report, 2020

Joint Programme Implementation challenges during the COVID-19 Pandemic



Challenges that affected the short-term implementation of the Joint Programme

As part of the containment measures of the pandemic, most of the countries where the Joint Programme is implemented imposed measures for the general population, including social distancing, restriction of the movements and closure of schools and other public facilities.¹³ However, these measures put girls and women at a greater risk of being subjected to GBV overall, including FGM.¹⁴ Similarly, the Joint Programme’s FGM essential services and intervention strategies were also interrupted as detailed hereinunder.

○ SOCIAL DISTANCING MEASURES

Since FGM is considered as a secondary issue in most emergency settings¹⁵, the lack of prioritization of FGM preventions and response services, along with social distancing measures directly resulted in:



Shortage in FGM protection and response services, including health care, social welfare and justice

Limited access to the FGM protection and response services, particularly in remote areas

Disruptions in social and gender transformative interventions (e.g., community and interpersonal dialogues)

Difficulty in collecting primary data and evidence (e.g., delays in launching the national household survey in Egypt and conducting fieldwork studies)

Difficulty in knowledge and information sharing in the early stage of lockdown.



¹³Preventing and Responding to Female Genital ... - CoP-FGM.* Available at https://copfgm.org/wp-content/uploads/2020/12/Report_Preventing-and-responding-to-FGM-in-Emergency-and-Humanitarian-Contexts_17.12.20.pdf

¹⁴Ibid.

○ CLOSURE OF PUBLIC FACILITIES



Closure of schools

According to reports from countries where the Joint Programme is implemented such as Egypt, school closures led to women and girls shouldering much of the responsibility at home and taking on unpaid care duties.¹⁶ In other countries, it was reported that school closure, could lead to more girls not going back to school and inadvertently losing access to the schools' FGM-related services, especially if they are married or pregnant.¹⁷ It is also noted that the closure of schools and home confinement, including social isolation, is increasing the risk of girls being subjected to FGM and other forms of GBV. For instance, in Uganda, before the outbreak of COVID-19, girls and women used to find refuge/shelter at schools where they could find adequate facilities for basic needs and protection related services.¹⁸ Unfortunately, this was hampered with the closure of schools exacerbated by prolonged lockdowns, leaving girls exposed to more risk of FGM.¹⁹



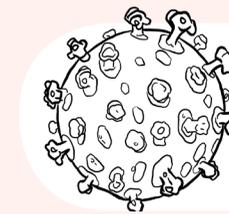
Closure of courts:

The disruption of legal services during the COVID-19 pandemic resulted in survivors of FGM experiencing significant delays in accessing justice and legal protections, or undertaking other legal measures, including arrest of perpetrators. According to the 2020 Joint Programme Kenya country report, closure of courts during the initial lockdown period meant that survivors of FGM were not able to access justice.²⁰ In addition, where FGM related cases could be heard, there were no sufficient witnesses to support the prosecution of the cases, and in other instances, survivors' families were not able to attend court proceedings due to financial limitations.²¹ Similar issues were reported in Nigeria, where reduced functioning of courts during the pandemic limited women's access to legal protections.²²



Closure of shelters/ rescue centers

Due to COVID-19 and as a result of the closure of shelters, survivors of GBV who are already in shelters or temporary housing face difficulties to move given the risk of infection and lack of places to which to relocate.²³ In 2020, countries where the Joint Programme is implemented, such as Nigeria and Kenya, reported that closure of protective spaces (e.g., women's shelter and rescue centers) placed women and girls at a higher risk of FGM and other forms of GBV since they were forced to 'lockdown' at home with their abusers.²⁴



Joint Programme response strategies to the short-term implementation challenges

○ HELPLINES:

Most countries where the Joint Programme is implemented maintained helplines throughout 2020, through which women and girls were able to receive accurate information, counseling, and/or referrals to community resources on FGM and GBV.²⁵ The helplines were also used to advocate for integrating GBV and FGM prevention services into COVID-19 emergency response plans.

○ ONLINE MENTAL HEALTH SERVICES:

One of the direct impacts of COVID-19 pandemic on the Joint Programme implementation was the increasing need for mental and psychological support in communities. For instance, in Nigeria, there was a reported increase in sexual violence that put survivors of FGM at a greater risk of compounded physical and mental health effects.²⁶ In Egypt, the Joint Programme continued to support mental and psychosocial support (MHPSS) by ensuring sustained engagement with refugees and asylum seekers, especially the African community, using a series of innovative tools (arts, yoga, and different forms of therapies, music, and theatre).²⁷ Such among other support, enabled the Joint Programme partners to expand engagements with targeted communities and holistically address their needs in relation to FGM knowledge, including coping and resilience strategies for the survivors of the practice.

¹⁶The 2020 Joint Programme Egypt country report from the UNFPA database.

¹⁷Adapting to COVID-19: Pivoting the UNFPA-UNICEF Global ... Adapting to COVID-19.* Available at https://www.unfpa.org/sites/default/files/resource-pdf/Responding_to_COVID-19_Pivoting_the_GPECM_to_the_pandemic.pdf.

¹⁸The 2020 Joint Programme Uganda country report from the UNFPA database.

^{19,21}ibid.

²⁰The 2020 Joint Programme Kenya country report from the UNFPA database.

²²The 2020 Joint Programme Nigeria country report from the UNFPA database.

²³Women at the core of the fight against COVID-19 crisis - OECD.* 1 Apr. 2020, <https://www.oecd.org/coronavirus/policy-responses/women-at-the-core-of-the-fight-against-covid-19-crisis-553a8269/>. Accessed 10 Aug. 2021.

²⁴The 2020 Joint Programme Nigeria and Kenya country reports from the UNFPA database.

²⁵Resilience in Action: Lessons Learned from the Joint Programme ...* 18 Sep. 2020. Available at https://www.unfpa.org/sites/default/files/resource-pdf/RESILIENCE_IN_ACTION-LESSONS_LEARNED_FROM_THE_JOINT_PROGRAMME_DURING_THE_COVID-19_CRISIS.pdf.

²⁶The 2020 Joint Programme Nigeria country report from the UNFPA database.

²⁷The 2020 Joint Programme Egypt country report from the UNFPA database.



○ ONLINE DATA COLLECTION FOR EVIDENCE-BASED DECISION:

In response to challenges related to primary data collection during the pandemic, the countries where the Joint Programme is implemented leveraged digital technology and various data collection tools to collect and process qualitative and quantitative data to virtually monitor FGM cases. The tools included KOBO and WhatsApp. Also, U-report polls were used to generate information about the impacts of the pandemic on children and youth, supporting evidence-based FGM prevention interventions.

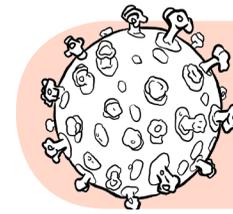
○ REMOTE PROGRAM MONITORING:

Through the Joint Programme support, cross-border collaboration interventions were enhanced, despite the pandemic related travel restrictions. This was through virtual cross-border meetings and joint action plans. For instance, Kenya and Uganda created a cross-border FGM WhatsApp Coordination Platform to jointly track the FGM cases. In early 2020, seven Ugandan girls between the ages of 11 to 13 who had crossed into Kenya for FGM were rescued using the cross-border platform.²⁸

○ VIRTUAL PROGRAMME COORDINATION:

To ensure continued engagement among programme stakeholders and provision of essential services, the Joint Programme supported implementing countries with web-based audio/video conferencing tools to conduct. These were largely used to facilitate virtual meetings, online conferences and training, as well as provide virtual technical assistance to service providers and staff members.

²⁸The 2020 Joint Programme Kenya country report from the UNFPA database.



Challenges that affected the medium-term implementation of the Joint Programme

Lockdowns and stay-at-home orders largely undermined prevention, protection, and support services for girls and women at risk or survivors of FGM. In some cases, the pandemic was reported to have increased cross-border FGM. For example, as Kenya and Uganda share a porous common border, the COVID-19 lockdown weakened some of the structures.²⁹ In March 2020, more Ugandan girls and young women were reported crossing into Kenya to seek FGM practitioners.³⁰

On the other hand, lack of access to services and restrictions on movement of persons led to a reduction in medicalized FGM rates in some countries where the Joint Programme is implemented.³¹ For instance, in Nigeria, where health care providers carry out 12.7 percent of FGM, organizations noted that lockdown orders and restrictions on movement had prevented families across Enugu State from traveling to clinics or health facilities to perform FGM.³² However, the restrictions on movement notwithstanding, in some countries, families were still able to invite health care providers to perform FGM in a private setting, such as at home.

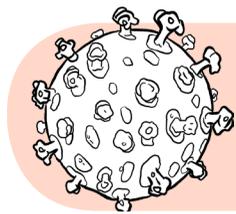


²⁹Uganda-Kenya cross-border partnership rescues girls from female ...” 24 Sep. 2020, Available at <https://www.unicef.org/uganda/stories/uganda-kenya-cross-border-partnership-rescues-girls-female-genital-mutilation-during-covid>

³⁰Case study on ending cross-border female genital ... - UNICEF.* Available at <https://www.unicef.org/esa/media/8946/file/Uganda-Case-Study-FGM-2021.pdf>

³¹Impacts of COVID-19 on female genital cutting - ReliefWeb.* Available at https://reliefweb.int/sites/reliefweb.int/files/resources/COVID_female_genital_cutting_FGC_policy_briefing_Orchid_Project_FINAL%20%281%29.pdf

³²Ibid.



Joint Programme response strategies to the medium-term implementation challenges

○ HYBRID TRAININGS FOR HEALTH CARE WORKERS:

In Nigeria, a series of hybrid virtual and physical trainings were undertaken to build competencies of health care workers on the protocol for the prevention and management of complications from FGM.³³ This resulted in 190 health care workers in the Ekiti State signing a commitment card to abandon medicalization of FGM and serve as protectors to every girl/woman at risk of FGM in their communities.³⁴ Similarly, in Egypt, the National FGM Committee organized workshops on FGM Medicalization, supported by the Joint Programme and National Committee for Childhood and Motherhood.³⁵ The workshop was intended to sensitize medical providers and advocate for the elimination of FGM in their communities. It targeted service providers, including medical staff, especially doctors and nurses, as well as social workers and outreach workers.³⁶



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³³The 2020 Joint Programme Nigeria country report from the UNFPA database.

³⁴Ibid.

³⁵The 2020 Joint Programme Egypt country report from the UNFPA database.

³⁶Ibid.



Challenges that affected the long-term implementation of the Joint Programme

During crisis, such as the COVID-19 pandemic, humanitarian responses often focus primarily on mitigation of the immediate and short-term consequences.³⁷ As such, the long-term services and interventions, including the abandonment of FGM, are often perceived as less important.³⁸ Similarly, in 2020, the Joint Programme's interventions in transforming gender relations and norms for FGM abandonment were interrupted at various levels.

○ COMMUNITY-LEVEL

Interventions in the Joint Programme aimed to improve awareness among communities, systems, and social networks, as well as increase investment in girls to promote positive gender norms. Unfortunately, in the early stages of lockdowns, countries like Egypt, Uganda, and Ethiopia reported that social isolation affected community engagement platforms and social behavior interventions such as dialogues, community meetings, and follow-up activities.³⁹ Specifically, in Egypt, local organizations jointly working with the Joint Programme were forced to cancel or turn to virtual implementation of activities, which were equally challenging as it required advanced digital literacy, equipment, and tools that are not particularly accessible to the beneficiaries in the target communities.⁴⁰

○ INTERPERSONAL LEVEL

The Joint Programme faced challenges to organize and facilitate behavior and social change communication among community members. Despite scaling back the number of participants for interpersonal, intergenerational, and community dialogues, the country offices incorporated digital media to disseminate FGM prevention messages to a broader audience.

○ INDIVIDUAL LEVEL

Interventions within the Joint Programme focuses on developing skills that allow women and girls to exercise agency and empowerment. However, due to school closures and the limited distance learning options, some countries reported that adolescent girls and women, particularly in remote areas, were facing difficulties acquiring basic life skills. Additionally, due to

³⁷"Preventing and Responding to Female Genital ... - CoP-FGM." https://copfgm.org/wp-content/uploads/2020/12/Report_Preventing-and-responding-to-FGM-in-Emergency-and-Humanitarian-Contexts_17.12.20.pdf. Accessed 10 Aug. 2021.

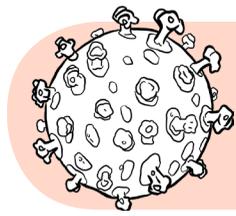
³⁸Ibid.

³⁹The 2020 Joint Programme Egypt, Uganda, and Ethiopia country reports from the UNFPA database.

⁴⁰The 2020 Joint Programme Egypt country report from the UNFPA database



the socio-economic impacts of the pandemic, girls and women were at a greater risk of child marriage, FGM, and other types of GBV. For example, according to the 2020 Joint Programme Kenya annual report, social isolation provided families with opportunities to have their girls undergo FGM as there is ample time for girls to heal fully and not be detected.⁴¹ Also, the loss of household income due to the interruptions in economic activities made girls more likely to marry at a younger age for dowries.⁴² The pandemic further created difficulties for survivors to report abuse or seek help and for service providers to respond effectively.⁴³



Joint Programme response strategies to the long-term implementation challenges

○ CREATION OF STRATEGIC PARTNERSHIPS:

To promote interpersonal and community-led dialogue on the elimination of FGM, the Joint Programme uses a combination of approaches, namely, diffusion, amplification, and resonance.⁴⁴ All three approaches are mutually reinforcing and effective in changing social norms by promoting dialogue among individuals and communities.⁴⁵ To combat the negative effects of COVID-19 on social norms and empowerment, as part of the Joint Programme long term strategy for the elimination of FGM, strategic partnerships were created with youth, local organizations, and governments, leveraging digital approaches and social media to provide information and services regarding GBV and FGM.



⁴¹The 2020 Joint Programme Kenya country report from the UNFPA database.

⁴²Ibid.

⁴³Ibid.

⁴⁴“EMPOWERING - UNFPA.” Available at https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_French-FGM_2019_Annual_Report_Empowering_Women_and_Girls.pdf.

⁴⁵Ibid.

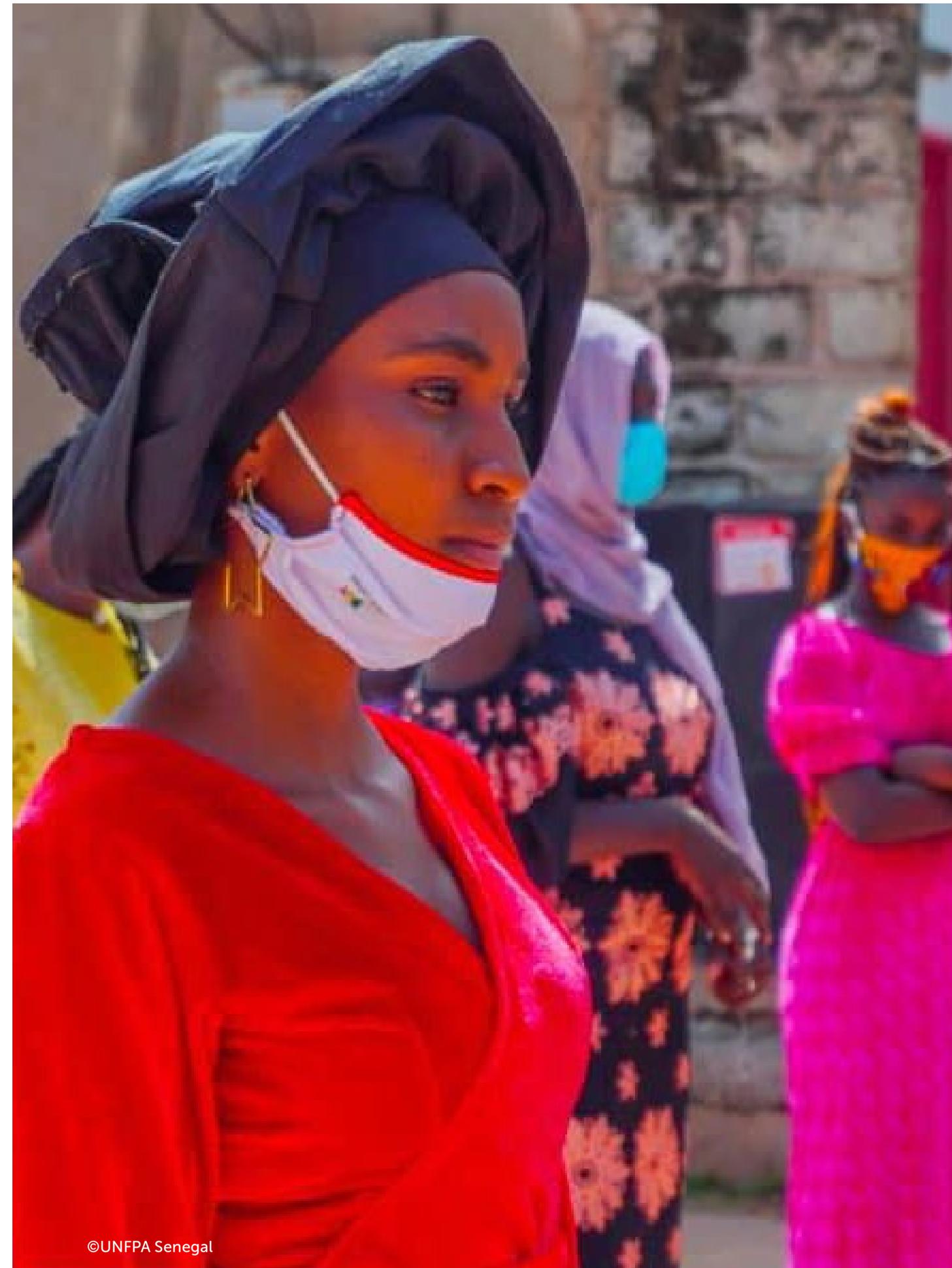


Table 3: Selected Examples of Response Strategies in Actions

INTERVENTION LEVEL	RESPONSE STRATEGIES	RESPONSE STRATEGIES IN ACTIONS ⁴⁶
POLICY AND LEGISLATION	Advocate for the inclusion of FGM in the COVID-19 humanitarian response plans Support the use of the humanitarian-development-peace nexus	SENEGAL developed a Resilience Plan for the Protection of Vulnerable Women and Children, including prevention and response services for GBV and FGM with referrals provided by helplines.
	Support the use of the humanitarian-development-peace nexus	THE GAMBIA conducted a study on the socio-economic impact of COVID-19 on girls and women, which led to GBV being integrated into the national response strategy.
SYSTEMS AND INSTITUTIONAL	Support the development of online and virtual spaces (helplines, radios, mobiles) for psychological support, as well as for education, information, and communication	UGANDA used helplines to report the case of GBV and FGM, U-Report polls were used to generate information about the impact of COVID-19 on children and youth to support the anti-FGM interventions, remote legal services were provided to girls and women at risk of or who experienced female genital mutilation
	Provide support to social workers for the provision of reproductive health information and services, as well as support for the survivors of GBV and FGM including for adolescent girls	NIGERIA provided training to community workers, especially women in the prevention of COVID-19 and female genital mutilation.
	Partner with education programs and sectors to ensure access to distance education	GUINEA used KOBO to collect and process qualitative and quantitative data on GBV and FGM. Mobile phones were also used to collect data based on indicators from the Data for All platform.
	Leverage digital technology for programme stakeholders coordination and data collection	DJIBOUTI conducted a rapid needs assessment and mapping of GBV and FGM services via online surveys to ensure the integration of these services into the COVID-19 humanitarian response plan.
	Support digital access for girls and their families for education, health, and psychological support	THE GAMBIA launched a training and mentorship initiative for adolescent girls and young female politicians from different regions to develop leadership skills, increase participation in decision-making processes, and strengthen their ability to advocate for their human rights.
INDIVIDUAL, INTERPERSONAL AND COMMUNITY	Provide women and girls with information on FGM and GBV through the media	UGANDA used mobile vans to distribute information about female genital mutilation and child marriage prevention. Uganda also worked with the Sebei district, local cultural (local musicians and artists), and religious leaders to support radio shows that incorporated messages calling for an end to FGM.
	Provide continued support to girls at risk by partnering with local organizations (especially women led ones)	ETHIOPIA supported education sessions about COVID-19, GBV, and harmful practices, including FGM, through a door-to-door community education campaign and local radio programmes. Also, Ethiopia has mobilized girls' clubs and religious leaders to facilitate community dialogues and increased the number of facilitators, mentors, and trainers who continue to convene community dialogues in smaller groups.
	Work with youth organizations to support and build capacities of adolescents, educators, and communicators and provide support in their communities	NIGERIA worked with adolescent girls to disseminate the key messages on COVID-19 and FGM through the distribution of 'gift bags' (dignity kits). Public declarations of FGM abandonment in some communities have been broadcast on radio programmes by incorporating COVID-19 prevention messages.
		EGYPT worked with a youth leadership network and mobilized dozens of young people to distribute dignity kits, which include a leaflet with information about FGM. The Dawwie Initiative was also launched to empower adolescent girls and express themselves through digital engagement.
	GUINEA collaborated with key implementing partners to produce radio programmes about FGM prevention. Public transportation, such as the "Magbana" minibusses and taxis, and billboards in markets and public spaces, were also used to promote the elimination of FGM.	



⁴⁶Lessons Learned From The Joint Programme During The Covid-19 ... Available at <https://www.unfpa.org/resources/resilience-action-lessons-learned-joint-programme-during-covid-19-crisis>

○ FGM MEDIA AND OUTDOOR ADVERTISING CAMPAIGNS:

Digital and broadcast media platforms, such as WhatsApp, podcasts, radio and TV, as well as outdoor media, including billboards, were used primarily as communication tools to disseminate FGM and GBV messages, in addition to general COVID-19 prevention messaging. In collaboration with key implementing partners, for instance, in Guinea, the Joint Programme supported radio programmes on FGM and GBV prevention. Public transportation, such as the “Magbana” minibusses and taxis, and billboards mounted in the market and public space were also used to promote FGM elimination.⁴⁷ In Uganda, radio shows that included calls for the elimination of FGM were aired with support from the Joint Programme, in collaboration with the Sebei district, local cultural (local musicians and artists) and religious leaders.⁴⁸

○ TRAINING AND MENTORSHIP:

In countries such as Somalia, Ethiopia, and Gambia, mentoring programmes have been established for girls and young women in politics to develop their leadership skills, participate meaningfully in decision-making processes and contribute to health care and education towards the elimination of FGM. Through digital engagements, the Dawwie digital literacy training package was used to train 6,583 beneficiaries from the Egypt Ministry of Youth and Sports to reach out to girls and young women aged 13-24.⁴⁹ Participants received peer support on issues related to health and well-being and were encouraged to take leadership roles in their communities by sharing information related to COVID-19 prevention.⁵⁰

○ YOUTH ENGAGEMENT:

With the support to and cooperation with youth organizations, the Joint Programme assisted young people, educators, and communicators in sustaining the provision of GBV and FGM services in their communities. For example, in Nigeria and Egypt adolescents, specifically girls, were used to disseminate key information on COVID-19 and FGM by distributing dignity kits to their peers and other members of their communities.⁵¹ Also, several young female activists from Egypt, Guinea, Mali and Somalia utilized their knowledge in new media and technology and organized various social media campaigns to support the human rights movement and promote the elimination of FGM.⁵² Specifically, in collaboration with Somalia Youth Peer Education Network, peer to peer education and community sensitization sessions were organized. Through these sessions 33,185 people (9,496 women, 4,325 men, 15,145 girls and 4,219 boys) were reached with messages on FGM abandonment.⁵³ On the other hand, in Guinea, innovative approaches were used to reach more people in partnership with young leaders, influencers and artists, using music, videos, carnival with biker taxis, urban and intercity means of transport (taxi, minibuses, tricycles) branded with posters carrying pictures and messages on FGM elimination.⁵⁴ Also, mobile LED was used in a city tour with stops in all public spaces to create awareness about the harmful practice.⁵⁵



○ Study on the Impact of a Protracted Humanitarian Crisis on FGM Prevalence Rates in the Timbuktu Region

The impact of emergencies on FGM is largely under-researched although it would appear prevention programmes are disrupted in humanitarian settings. Studies show that FGM is often deprioritized in during emergencies because prevention programmes generally entail shifting social norms which takes time and may not show immediate results. This study funded by UNFPA in Mali found an increase in FGM prevalence rates in Timbuktu as a result of the country's protracted crisis and disruptions in prevention programmes.

Since 2012, Mali has experienced protracted crises involving violent conflict, extreme poverty, climate shocks and, more recently, the COVID-19 pandemic. In 2020, UNFPA supported the government in conducting research on FGM in the Timbuktu region. The study compared DHS data from 2006 and 2018, and also included interviews and focus group discussions. The study concludes there were two reasons for the increase in FGM: 1) the IDP population that resettled in Timbuktu includes ethnic groups with higher FGM prevalence rates than the host communities, and 2) violent extremism exacerbated gender inequality as government services and civil society prevention programmes were forced to shut down due the security situation. The significance of the study is that this is the first piece of research that shows how devastating neglecting or halting FGM prevention and response programmes can be to FGM prevalence rates.

Direction Nationale de la Population (DNP) Mali and UNFPA (2020). Étude sur les mutilations génitales féminines (MGF) dans la région de Tombouctou. (Not yet published).

^{47,48,55}Ibid.

⁴⁹The 2020 Joint Programme Egypt country report from the UNFPA database.

⁵⁰Resilience in Action: Lessons Learned from the Joint Programme ... 18 Sep. 2020. Available at https://www.unfpa.org/sites/default/files/resource-pdf/RESILIENCE_IN_ACTION-LESSONS_LEARNED_FROM_THE_JOINT_PROGRAMME_DURING_THE_COVID-19_CRISIS.pdf.

⁵¹The 2020 Joint Programme Nigeria and Egypt country reports from the UNFPA database.

⁵²The 2020 Joint Programme Egypt, Guinea, Mali, Somalia country reports from the UNFPA database.

⁵³The 2020 Joint Programme Somalia country report from the UNFPA database.

⁵⁴The 2020 Joint Programme Guinea country report from the UNFPA database.





Section III

Recommendations for Lasting Solutions

Drawing from the experiences in responding to the COVID-19 pandemic, the following priorities and recommendations are key in supporting the FGM Joint Programme efforts to develop mitigation strategies and lasting solutions in humanitarian settings:

○ ADOPT THE HUMANITARIAN-DEVELOPMENT-PEACE NEXUS:

With the humanitarian-development-peace nexus in place, the Joint Programme should continue to document policies and programmes related to FGM during the pandemic, including lessons learned and best practices.⁵⁶ Additionally, the Joint Programme should focus on strengthening the collaboration with governments, civil society, and target communities to develop post-COVID-19 responses, based on a human rights-based approach.⁵⁷

○ STRENGTHEN GIRLS AND WOMEN AGENCY AND RESILIENCE:

Building on the lessons learned from previous crises, the Joint Programme should continue to support the integration of a nexus approach with a focus on resilience and gender to develop girls' and women's agency, help them absorb shocks and adapt to stresses, as well as address gendered power relations that present either challenges or opportunities.⁵⁸ Also, the Joint Programme should advocate for girls and women's inclusion in local and national COVID-19 policy processes and their perspectives on FGM to ensure more targeted, accurate, and effective programming and policies.⁵⁹



⁵⁶Preparedness and Response: Impact of COVID-19 on ... - UNICEF.* Available at <https://www.unicef.org/media/68786/file/External-Technical-Note-on-COVID-19-and-FGM.pdf>.

⁵⁷Ibid.

⁵⁸*EMPOWERING - UNFPA.* Available at https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_French-FGM_2019_Annual_Report_Empowering_Women_and_Girls.pdf.

⁵⁹*Preparedness and Response: Impact of COVID-19 on ... - UNICEF.* Available at <https://www.unicef.org/media/68786/file/External-Technical-Note-on-COVID-19-and-FGM.pdf>.

○ IMPROVE JOINT PROGRAMME PARTNER COORDINATION AT NATIONAL AND LOCAL LEVELS:

Collaboration with various Joint Programme implementation partners has proven to be an effective means of mobilizing resources and providing programme services during humanitarian crises. Therefore, the Joint Program should continue to work with governments and civil society to develop and implement COVID-19 response plans and advocate for including FGM in national and local level crisis response plans.

○ COMMUNITY BASED PROTECTION:

The Joint Programme should continue to support building community resilience to cope with adverse shocks and stresses, strengthen local systems to provide essential services, and take measures to prevent and prepare for future humanitarian crises. Innovative strategies such as mobile courts, adopted to provide alternative mechanisms to ensure women and girls' access to legal protection should be strengthened. In addition, continued provision of trainings for social workers and technology to women and youth groups will be key in sustaining FGM prevention and protection activities in communities.

○ LEVERAGE DIGITAL APPROACHES:

Building on lessons learned in leveraging digital information technology and social media platforms, the Joint Programme should further strengthen the use of innovative digital approaches to ensure the provision of FGM services and the implementation of social and behavioral change activities. Particular focus should be given to:

- Strengthening the response capacity of national hotlines to increase remote access to mental health and psychosocial, legal support and safety planning opportunities with trained service providers; and
- Undertaking remote data collection and programme monitoring to verify information gathered through the digital resources, such as U-report, GeoPoll, Kobo, including monitoring and evaluation of the knowledge, attitudes, and behavioral change of the individual and communities regarding harmful practices, including FGM.

UNFPA and UNICEF jointly lead the largest global programme on the elimination of female genital mutilation in 17 countries, with high prevalence and/or high burden of female genital mutilation. The programme is generously funded by the governments of Austria, France, Iceland, Italy, Luxembourg, Norway, Spain (AECID), Sweden, the United Kingdom, the United States of America and the European Union (through the Spotlight Initiative Africa Regional Programme).

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