

Concept note

“Preventing and Responding to Female Genital Mutilation in Emergency and Humanitarian Contexts”

International Stakeholder Dialogue

October to November 2020, virtual discussions

Background

Female Genital Mutilation (FGM) is internationally recognised as a violation of human rights, a form of gender-based violence (GBV) and a manifestation of gender inequality. As such, its elimination is included as a specific target within the Sustainable Development Goal 5 dedicated to Gender Equality. According to UNICEF data, more than 200 million women and girls today are survivors of Female Genital Mutilation¹.

Further research by UNFPA shows that, if current trends continue in the direction they are moving in, 68 million girls will face Female Genital Mutilation between 2015 and 2030². These new figures project that the 2015 estimates of 3.9 million girls cut each year will rise to 4.6 million by 2030, unless massively scaled-up efforts are urgently taken to prevent this from happening. Such increase is due to the estimated population growth in communities that practice Female Genital Mutilation. Moreover, the current global COVID-19 pandemic is impacting efforts to end Female Genital Mutilation³ and an estimated two million additional cases caused by disruption of interventions in this crisis period will need to be averted⁴.

Within this context, and in line with the recent UN Human Rights Council resolution⁵, the international community must urgently **scale up efforts** and **ensure effective work collaboratively towards both the abandonment of Female Genital Mutilation and the provision of adequate services for women and girls affected by Female Genital Mutilation in different contexts, including emergency and humanitarian ones**. In particular, ensuring a more holistic and coordinated approach to the humanitarian-development nexus has shown to be of crucial importance.

From October to November 2020, AIDOS, the End FGM European Network, and GAMS Belgium, supported by the **UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation**, are organising an international virtual stakeholder dialogue on Female Genital Mutilation in the run up to the Donors Working Group meeting taking place in November 2020. The theme

¹ Female Genital Mutilation/Cutting: A Global Concern, UNICEF (2016):
www.unicef.org/media/files/FGMC_2016_brochure_final_UNICEF_SPREAD.pdf

² See UNFPA (2018) press release (www.unfpa.org/press/nearly-70-million-girls-face-genital-mutilation-2030-unfpa-warns) and infographic (www.unfpa.org/resources/bending-curve-fgm-trends-we-aim-change)

³ Technical note on COVID-19 disrupting SDG 5.3: eliminating Female Genital Mutilation, UNFPA-UNICEF Joint Programme on FGM (2020),
<https://www.unfpa.org/resources/covid-19-disrupting-sdg-53-eliminating-female-genital-mutilation>

⁴ Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage, UNFPA (2020), <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital>

⁵ Human Rights Council 44th session resolution on Elimination of female genital mutilation adopted on 14 July 2020,
https://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/44/L.20

chosen for the meeting is **“Preventing and Responding to Female Genital Mutilation in Emergency and Humanitarian Contexts”**. The dialogue will gather stakeholders from the public, private and CSO sector, in Africa, Europe and beyond, working towards the elimination of Female Genital Mutilation.

The dialogue builds on the work of the [Community of practise on FGM \(CoP FGM\)](#)⁶ which provides virtual spaces for collective discussion, ideas and information-sharing on Female Genital Mutilation, whilst applying a Building Bridges perspective (focusing on Africa and Europe). The outcomes of the dialogue will be taken forward in the future work of the CoP and will plant the seeds for further discussions.

The online dialogue will be spread out through the couple of months preceding the annual meeting of the Donors Working Group on Female Genital Mutilation, with the aim of providing a concrete set of recommendations for donors and key actors in the field. A **final webinar to present the conclusions and recommendations of the dialogue** to the donors will be organised back to back with the Donors Working Group meeting.

Why an international stakeholder dialogue on Female Genital Mutilation in emergency and humanitarian contexts?

The top 15 list of countries with the highest Female Genital Mutilation prevalence rate includes 8 fragile countries in need of humanitarian aid and most of the countries with the highest Female Genital Mutilation prevalence rates worldwide are also countries suffering from humanitarian crises and defined as “fragile contexts”^{7,8}. However, Female Genital Mutilation is not a priority for donors and policymakers including those responsible for programming and humanitarian workers involved in fragile contexts⁹.

In 2020, most countries in the world faced an emergency situation due to the outbreak of COVID-19 pandemic. To face the crisis, governments imposed measures on the population such as social distancing, limited movements, curfews, schools’ closing – which if, on the one hand, helped contain the spread of COVID-19, on the other, put girls and women at a higher risk of being subjected to GBV in general, and Female Genital Mutilation in particular¹⁰.

Furthermore, conflicts, natural disasters and poverty fuel precarious situations which lead to population displacements, making it harder for organisations to provide long-term care to Female Genital Mutilation survivors and implement sustainable prevention activities in the affected areas.

⁶ www.copfgm.org

⁷ Fragility is defined as the combination of exposure to risk and insufficient coping capacity of the state, system and/or communities to manage, absorb or mitigate those risks. Fragility can lead to negative outcomes including violence, the breakdown of institutions, displacement, humanitarian crises or other emergencies (OECD, States of Fragility report, 2016:22).

⁸ In order of overall FGM prevalence: Somalia (98%, highest in the world, no legislation on FGM), Mali (89%, no legislation on FGM), Egypt (87%), Sudan (87%), Mauritania (79%), Burkina Faso (76%), Ethiopia (74%), Indonesia (49%, no legislation on FGM), Chad (44%, with an ethnic group prevalence of 92%), Senegal (25%, with an ethnic group prevalence of 64%), Nigeria (25%, with an ethnic group prevalence of 55%), Central African Republic (24%, with an ethnic group prevalence of 53%). Kenya (21%, with an ethnic group prevalence of 94%), Yemen (19%), Iraq (8%, with zones above 50%).

⁹ Briefing - FGM in a Humanitarian Context, End FGM European Network (2019).

¹⁰ COVID-19 and ending violence against women and girls, UN Women (2020), <https://www.unwomen.org/en/digital-library/publications/2020/04/issue-brief-covid-19-and-ending-violence-against-women-and-girls>

Furthermore, it has been shown that population movements may also contribute to the spread of the harmful practice among populations not traditionally performing Female Genital Mutilation.

More generally, it is also well known that women and girls are disproportionately affected by crisis and that **prolonged emergency situations undermine work to promote women's and girls' empowerment and agency**. This is due to the lack of opportunities to establish multi-year planning and budgeting, given the fragile context.

The UN Human Rights Council, in its latest resolution on Female Genital Mutilation (14 July 2020)¹¹, notes that Female Genital Mutilation, *"like many other harmful practices, is exacerbated in humanitarian situations, armed conflicts, pandemics and other crises, and that new forms, such as medicalization and cross-border practice, are emerging."* The UN resolution calls upon States to ensure *"a **more holistic and coordinated approach to the humanitarian- development nexus** by integrating the prevention and response to female genital mutilation into humanitarian preparedness and response, including in the continuum of essential services for gender-based violence."*

Despite all this, Female Genital Mutilation is still considered a secondary issue in situations of emergency, since working on its abandonment entails a long-term process of awareness-raising, behavioural change and prevention, which does not fit in the rapid response strategy shaping the work in emergency settings. For this reason, in efforts to build the resilience of vulnerable populations and ensure a more sustainable support in fragile contexts, humanitarian and development actors have come together, in recent years, to break silos and connect humanitarian aid with more medium- and long-term development action.

During the first half of 2020, anti-FGM actors developed innovative ways to implement prevention activities without face-to-face interaction, because of the restrictions caused by the COVID-19 pandemic. Aside from the disruption of services and interventions, the pandemic has enhanced the ability to re-strategise, adapt, network, cooperate and learn lessons from previous crisis, such as the Ebola outbreak. It is now a crucial time to **draw lessons from the COVID-19 pandemic** in order to contribute to enhanced preparedness for and resilience to future crisis.

The global nature of the 2020 crisis has exhibited that all countries can quickly advance to emergency settings, even those who are not used to deal with such situations. Preparedness and adaptability to volatile contexts will be key in the future to avoid total disruption of societies. In particular, also actors working on Female Genital Mutilation will need to be prepared to shift quickly from development to emergency actions, in order not to jeopardize progress made towards the eradication of the harmful practice.

The international stakeholder dialogue will try to gather recommendations based on concrete experience from actors facing multiple types of emergency situations in different contexts, in Africa, Europe and other regions affected by the practice of Female Genital Mutilation.

¹¹ Human Rights Council resolution A/HRC/44/L.20 on Elimination of female genital mutilation, https://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/44/L.20

Objectives of the dialogue

- Encourage the engagement of policy- and decision-makers from different countries and regions on:
 - addressing Female Genital Mutilation within actions on sexual and gender-based violence in emergencies;
 - incorporating anti-FGM programming into all areas of emergency – preparedness, response and recovery;
 - and focusing on programmes guaranteeing the empowerment of all women and girls in those settings;
- Encourage the engagement of donors towards a more holistic and coordinated approach regarding the humanitarian-development nexus;
- Foster working partnerships, alliances, and networks between participants to enhance efforts in policies and practice to end Female Genital Mutilation in humanitarian and emergency situations and provide adequate care for survivors;
- Highlight the most promising practices and interventions tackling Female Genital Mutilation in emergency and humanitarian contexts;
- Identify the main challenges and obstacles which hinder the effectiveness of such practices and interventions and suggest solutions to overcome them.

Methodology

The discussion will be structured into 2 online working groups, each held separately in English and in French, on two themes :

- WG 1: Female Genital Mutilation awareness-raising, prevention and communication in emergency and humanitarian contexts
- WG 2: Provision of services for Female Genital Mutilation survivors in emergency and humanitarian contexts

Each working group will meet 3 times, between October and November 2020 (timetable below), with the facilitation of 1 moderator/expert.

Each session will seek to meet specific objectives and will be structured around common guiding notes. The guiding notes will be similar for the different groups in order to allow comparable inputs/outputs. After each meeting the moderator(s) will draft and share with the group a summary of the findings and share it with the group, to build from them the final document with a set of recommendations.

In the **first meeting**, the objectives and methodology will be shared and discussed with participants and discussions will start. Prior to the meeting participants will have shared a short bio presenting themselves, their specific expertise and the type of setting they have experience working in (high/low-prevalence, natural disaster, pandemic, displaced populations/migration, war zone or other humanitarian settings, etc.).

In the **second session** participants will mainly share their experiences in the field, in particular the challenges faced, so that in the **third meeting** they may discuss some possible solutions to the

challenges identified and promising practices in preventing Female Genital Mutilation and/or providing services to survivors of Female Genital Mutilation in emergency and humanitarian settings.

A single document, containing all the recommendations gathered from the different working groups, will be developed and given to donors. The methodology will allow for recommendations to be extracted from the participants' actual and concrete experiences.

The recommendations based on the working group discussions will be then presented at a webinar which will be organized back-to-back with the DWG meeting (November 12th, 2 pm – 4 pm UTC (3 pm – 5 pm CET TBC).

Agenda of the Working Groups and Webinar

WG1 English - Prevention

- First session: Thursday the 8th of October, 9:00 – 11:00 UTC (11:00 am - 1 pm CEST)
- Second session: Monday the 19th of October, 9:00 – 11:00 UTC (11:00-1 pm CEST)
- Third session: Thursday the 29th of October, 10:00 – 12:00 UTC (11:00 - 1 pm CET)

WG2 English - Care

- First session: Friday the 9th of October, 9:00 – 11:00 am UTC (11:00 am - 1 pm CEST)
- Second session: Wednesday the 21st of October, 8:00 – 10:00 am UTC (10:00-12.00 CEST)
- Third session: Tuesday the 3rd of November, 9:00 – 11:00 am UTC (10.00 - 12.00 CET)

GT1 Français - Prévention

- Première séance : jeudi 8 octobre, 12 :00 - 2 pm UTC (14.00 - 16.00 Europe centrale)
- Deuxième séance : vendredi 23 octobre, 12 :00 - 2 pm UTC (14.00 - 16.00 Europe centrale)
- Troisième séance : lundi 2 novembre, 13 :00 - 15 :00 (14.00- 16.00 Europe centrale)

GT2 Français - Services

- Première séance : mercredi 7 octobre, 12 :00 - 2 pm UTC (14.00 - 16.00 Europe centrale)
- Deuxième séance : mardi 20 octobre, 12 :00 - 2 pm UTC (14.00 - 16.00 Europe centrale)
- Troisième séance : mardi 3 novembre, 1 pm - 3 pm UTC (14.00 - 16.00 Europe centrale)

Final webinar

Thursday 12th of November, 2 pm - 4 pm UTC (3 pm - 5 pm CET) **TBC**