

**Synthesis of the Webinar
“Leaving No One Behind: Target 5.3 in Emergencies”
November 12th, 2020**

Introduction

Between October and November 2020, 76 experts from 44 organisations in 31 countries and 5 world regions gathered online to participate in multiple virtual stakeholder dialogue sessions in the run up to the FGM Donors Working Group meeting on 16-17 November 2020. The online discussions focused on “Preventing and Responding to Female Genital Mutilation in Emergency and Humanitarian Contexts” with the explicit aim of providing a concrete set of recommendations for donors and key actors in the field.

The dialogue was organised by AIDOS, GAMS Belgium and the End FGM European Network within the framework of the UNFPA-UNICEF Joint Programme on FGM supported project “Building Bridges between Africa and Europe to tackle FGM”. It built on the work of the [Community of practice on FGM \(CoP FGM\)](#), 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).

At the end of the series of stakeholder meetings, the Webinar “Leaving No One Behind: Target 5.3 in Emergencies” was held on November 12th 2020, in order to present the conclusions and recommendations from the dialogue.

*The Webinar was moderated by freelance writer and editor **Mariya Karimjee** and gathered several renowned speakers.*

The present document summarises the main contributions of the event.



SAVE THE DATE
Leaving No One Behind: Target 5.3 in Emergencies

Join AIDOS, End FGM EU, and GAMS Belgium for a presentation and a discussion on the findings from “Preventing and Responding to Female Genital Mutilation in Humanitarian Settings” Dialogue.

KEY NOTE SPEAKER
Dr. Nahid Toubia
(Women’s rights activist and leading researcher on FGM)

MODERATOR
Ms. Mariya Karimjee
(Journalist and survivor)

12 November 2020 | 9:00 – 11:00 EST | 15:00 – 17:00 CET



Opening remarks

Berhanu Legesse, Technical Specialist at UNFPA

The opening remarks of the Webinar were given by **Berhanu Legesse**, on behalf of **Nafissatou Diop, Chief of Gender and Human Rights Branch at UNFPA**. Legesse reiterated UNFPA’s commitment to combatting FGM, a serious human rights issue, and to include women and girls in all efforts to end the practice. He emphasized that UNFPA wants to ensure the protection of all girls against FGM and other types of GBV—in all situations and settings. Legesse further stressed that the ongoing COVID-19 pandemic and other humanitarian contexts are bringing new challenges to those committed to ending FGM, including within the UNFPA-UNICEF Joint Programme on the elimination of Female Genital Mutilation. He concluded by emphasizing the need to actively engage in collective conversations in order to address this important issue.

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Keynote speech

“Do we want to reinforce the status quo or are we people who want to move society towards justice, the rule of love and equality?”



Dr. Nahid Toubia, women’s rights activist and leading researcher on Female Genital Mutilation was the Keynote speaker. She set up the organization RAINBO and her book *Female Genital Mutilation: A call for global action* (1995), was instrumental in establishing the term ‘Female Genital Mutilation’. *“I’m so grateful to my mother who decided that I should not be cut. Previously in my family, all other women had been cut, and I have many friends who have suffered this horrific experience”.*

In her keynote speech, Dr. Toubia shared a historical perspective of the work to promote the abandonment of FGM, starting in the 1960s. She recalled how Sudan was one of the first countries where doctors spoke up about FGM, although initially they only called for a ban on infibulation, while African activists stood up against all types of FGM. In time FGM was framed not solely as a harmful traditional practice but also as a central question for women’s bodily autonomy. Dr. Toubia challenged the idea that societies should be left unchanged and stressed that all societies, however traditional, are subject to change. This change must happen from within and development actors must support positive change that is already happening—rather than impose it from the outside. They must be aware of how their programmes reinforce or question the status quo. Dr. Toubia strongly questioned FGM programmes that provide support to those who already have power in societies, including the religious establishment, rather than supporting women.

“It is the empowering of women and girls that will lead to real meaningful change! We must work with all actors of society but women and girls must be the leaders of the change!”

Dr. Toubia shared a positive image of the change that is currently happening. *“Today women and youth in Africa, Asia and the diaspora, are speaking up against FGM, they are demanding their rights.”*

Finally, Dr. Toubia emphasized the need for better data to help understand what is working and what is lagging behind, the importance of training staff of local clinics to be gender-sensitive and women-sensitive. She concluded: *“We have come a long way, we have made tremendous achievements but we cannot stop now or reduce our efforts just when change is really happening. Financial and political support must continue and increase to fill every gap, which are exacerbated, especially in humanitarian context.”*

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Presentation of the results of the stakeholder dialogue

2 out of 3 of the top 15 countries with the highest FGM prevalence rates worldwide suffer from humanitarian crisis and/or are defined as fragile countries. This should already be enough to understand the relevance of this issue.

Chiara Cosentino, Head of Policy & Advocacy at End FGM EU Network and **Cynthia Umurungi**, moderator of the Community of Practice on FGM introduced the theme addressed by the 76 participants of the international stakeholder dialogue.

“COVID-19 was a tragic wake-up call on how countries can suddenly enter into an emergency situation. In such an emergency setting we see the limits of development actors who are not equipped for working in humanitarian contexts, and of humanitarian actors who do not know how to work on FGM or don’t want to engage in the long term changes which addressing FGM requires.”



Screenshot webinar: “Leaving No One Behind: Target 5.3 in Emergencies”. Chiara Cosentino left at the bottom, Cynthia Umurungi right at the bottom. At the top right, Mariya Karimjee, the moderator of the webinar.

“Humanitarian actors often do not consider FGM as an issue for them to tackle”

In their introduction, Cynthia Umurungi and Chiara Cosentino stated that humanitarian actors, who are the ones used to working in emergencies, along with governments and donors funding them, generally do not consider FGM as an issue to tackle in emergency and humanitarian settings. Thus, FGM is often not integrated into programmes addressing other types of gender-based violence (GBV) or in the provision of sexual and reproductive health (SRH) services in these contexts.

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Several reasons have previously been identified as to why FGM is not a priority in humanitarian settings. All of these were also shared by stakeholders participating in the dialogue.

- Lack of knowledge of and recognition of FGM as a potentially life-threatening practice, in times of emergency;
- FGM is seen as a standalone cultural practice and perceived as outside of the scope of humanitarian work;
- Humanitarian work is short-term in nature while projects on ending FGM entail a change in social norms and are therefore long-term;
- Lack of awareness of the consequences (physical and mental) of FGM.

The goal is therefore to **put FGM on the agenda for humanitarian and development donors and governments**. To do so the stakeholder dialogue collected experiences from humanitarian and development actors working in the field.

“We all know that in any emergency context women and girls are disproportionately affected and suffer increased violence and discrimination”

The speakers further stressed that emergencies both **increase the risk of FGM** and **affect the provision of services for survivors**. Emergency situations, including the current Covid-19 pandemic, have an important negative impact on communities, including less community cohesion, disrupted services, loss of livelihood, increased poverty rates, forced displacement and generalized insecurity. *“All of these things can push families to resort to FGM as a negative coping mechanism. They are pushed to marry off their daughters and FGM is closely linked to marriageability.”*

According to the speakers, another factor that increases the risk FGM is that **girls are frequently being taken out of school in times of crisis**, thus providing opportunity for those who want them to undergo the practice. Stakeholders participating in the dialogue also found that authorities have more difficulty in following-up on FGM risks in times of crisis.

Moreover, participants in the stakeholder dialogue have found that humanitarian and emergency situations hugely undermine previous efforts to prevent FGM. They also stressed that **data collection** becomes an even greater challenge in emergency settings - especially for an already under-reported issue.

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The speakers emphasized the serious **lack of funding for preventing FGM and provision of services for FGM survivors**. According to a 2020 UNFPA study, only 11% of the total funding in development assistance needed to reach the 5.3 SDG by 2030 has been allocated. *“All GBV activities are highly underfunded and among them FGM is the most underfunded, this has to change. We must not lose sight of the million of women and girls affected by FGM and living in humanitarian settings.”*

The **solutions and recommendations** of the stakeholder dialogue are presented in a report that was published by the END FGM EU Network, AIDOS and GAMS Belgium in December 2020. During the webinar, speakers chose to highlight a few of the key recommendations, namely that of **prioritizing FGM within humanitarian and emergencies settings, scaling up funding for this issue and implementing gender-transformative and sustainable programmes in emergencies** through the **key involvement of women, girls and communities**. The speakers further stressed the need for the **training of humanitarian staff and implementation of protocols** in order to prevent the perpetration of the FGM (e. g. re-infibulation after child-birth).

“We must not lose sight of the million of women and girls affected by FGM and living in humanitarian settings”

A donor’s perspective

Patricia Pennetier, Directorate General on Development and Cooperation, European Commission

The European Union is a major international donor for the work against FGM. DG DEVCO was therefore invited to share their perspective on this issue. Mrs Pennetier begun by acknowledging that the current global humanitarian emergency is making the 2030 Sustainable Development Goal of 5.3 much more difficult to achieve. She stressed that her institution has worked and continues to work to keep FGM a priority, including in crises situations. She also shared that the EU has learnt from the current COVID-19 situation to adapt and refocus the *Spotlight Initiative* to prioritize helplines and care to survivors through an additional 20 millions euros allocated specifically to such activities. She further confirmed the support of the EU to the *Joint programme on FGM* putting a greater focus on regional women organizations, pan-African networks and CSOs.

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Participants sharing best practices

The moderator invited participants from the stakeholder dialogue to share their experiences and promising practices from the field.

Tammary Esho, Director of Amref Health Africa's End-FGM/C Centre of Excellence

The AMREF End-FGM/C centre of Excellence provides strategic leadership and coordination to end FGM in a number of African countries. Tammary Esho emphasized that AMREF prioritizes research and evidence-based interventions in order to offer programming adapted to the contexts. AMREF has also worked with community workers in the past years. Esho shared the best practice of working with community health workers, during the COVID-19 pandemic, as they are able to access the communities directly.

Maggie O’Kane, Executive Director of the Global Media Campaign to End FGM

Maggie O’Kane participated in the stakeholder dialogue, sharing the organization’s work in humanitarian settings. She shared a good practice implemented by GMC: the organization provides training to activists on how to use the media to put an end to FGM, including in refugee camps.

Wrap up

Valentina Fanelli, project coordinator at AIDOS

AIDOS implements the project *Building Bridges between Africa and Europe to End FGM*, supported by the Joint programme. Mrs Fanelli provided closing remarks on behalf of the organizers. She stressed that the webinar has shed light on how urgent it is to address FGM within humanitarian and crisis contexts, both in terms of prevention and in terms of response. *“We need to push for funding and for interventions that are truly gender transformative. FGM is not a stand alone issue but is deeply linked to dynamics in society and particularly to gender inequality. We must ensure that actors working in humanitarian settings are not only trained to provide care but are also equipped with tools to prevent FGM. And, most importantly, any response needs to be centered around women and girls.”*

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Closing remarks

Harriet Akullu, Child Protection Specialist, UNICEF

Harriet Akullu provided the final remarks and informed the audience that the Joint Programme on the elimination of Female Genital Mutilation will soon present a paper on the humanitarian and development nexus with the aim of helping practitioners effectively achieve better coordination between the two sectors. UNICEF has also drafted the *ACT Framework* - a framework on social norms which can also be applied to measure changes with regards to GBV. Mrs Akullu stressed that funding is pivotal in order for change to happen and shared that she was reassured to hear that the EU will continue to support and fund activities to end FGM. According to Akullu, one of the biggest challenges is that the research in areas with high FGM prevalence is not sufficiently affecting FGM programming in those areas. This is why UNICEF is preparing a *Global Strategy on research on FGM*.

Resources



[Watch the webinar here](#)

Consult [AIDOS's website](#)

Consult [End FGM European Network's website](#)

Consult [GAMS's website](#)

Read the Key Summary: [Preventing and Responding to Female Genital Mutilation in Emergency and Humanitarian Contexts](#)

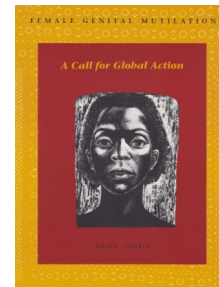
Read the full Report on [Preventing and Responding to Female Genital Mutilation in Emergency and Humanitarian Context: Results from the Virtual International Stakeholder Dialogue](#)

Join the discussion on Social media

**#FGMinCrisis #BUILDINGBRIDGESTOENDFGM #Scaleup2endfgm #FGM
@AIDOS_ong @CoP_FGM @ENDFGM_Network @GPtoEndFGM @GAMS_BE**

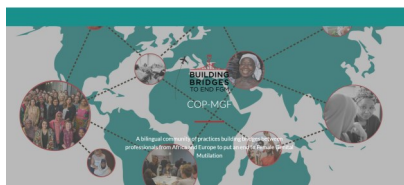
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Dr.Nahid Toubia, 1995, *Female Genital Mutilation: A call for Global Action*



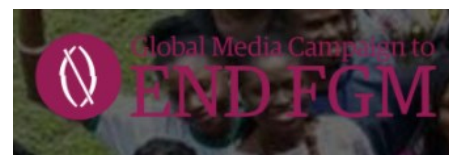
Read UNFPA/UNICEF’s Annual report 2019: Empowering Girls and Women to Lead Change

Listen to moderator’s Mariya Karimjee’s podcast ‘The Heart’



Consult the Community of Practice on Female Genital Mutilation website : copfgm.org – Building Bridges to end fgm

Consult the Global Media Campaign website with information on use of Media in humanitarian settings



Watch the Global Media Campaign YouTube video presenting Global Media Campaigns work during the Covid-19 pandemic

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