BUILDING BRIDGES TO END FGM

PREVENTING AND RESPONDING TO FEMALE GENITAL MUTILATION IN EMERGENCY AND HUMANITARIAN CONTEXTS

Key findings and recommendations from the Virtual International Stakeholder Dialogue

Two out of three of the top 15 list of countries with the highest Female Genital Mutilation (FGM) prevalence rate, are suffering from humanitarian crises and/or defined as "fragile countries".

Nevertheless, this harmful practice is not a priority for donors and policymakers, including those responsible for programming and humanitarian workers involved in fragile contexts. Upon entering the Decade of Action to deliver the Sustainable Development Goals by 2030, **if we truly want to leave no one behind and realise target 5.3, we cannot lose sight of the millions of women and girls living in humanitarian contexts and at risk of FGM or suffering its life-long consequences.**

The COVID-19 pandemic has tragically demonstrated that any country can rapidly fall into a state of emergency, including those not typically used to experiencing humanitarian crises, whether they are ongoing man-made, natural disasters and other hazards or a combination of both. This pandemic has also laid bare the unpreparedness of actors and stakeholders unaccustomed to working in crises, which has severely undermined interventions and will potentially lead to a further 2 million girls at risk of FGM by 2030, on top of the previously estimated 68 million due to population growth. On the other hand, humanitarian actors, who come into action during emergencies, and are therefore familiar with such contexts, along with governments and donors which fund them, do not consider FGM as a key issue to tackle during crises, alongside other forms of gender-based violence (GBV) or through provision of sexual and reproductive health (SRH). It is widely acknowledged that women and girls are disproportionately affected by emergencies and all forms of gender-based violence, including FGM, which are usually exacerbated within these contexts.

In a world that is increasingly more prone to experience protracted crises, it appears evident that the issue of how best work to prevent Female Genital Mutilation and provide care for survivors within humanitarian and emergency settings, is a dramatically urgent one to address.

The Virtual International Stakeholder Dialogue had the explicit objective of responding with solutions to this key question. The dialogue took place in the run up to the annual FGM Donors Working Group meeting, in order to bring forward this crucial issue to governments and donors, given the **severe underfunding of the sector**. As revealed in 2020, only 11% of the funds needed to eliminate FGM by 2030 in 31 countries are currently available within development assistance. Furthermore, FGM is barely considered within the 0,12% of humanitarian funds directed to combatting GBV in emergencies.

The Virtual International Stakeholder Dialogue

Between October and November 2020, **75 experts from 44 organisations in 28 countries** and from **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. These were presented during the webinar "Leaving No One Behind: Target 5.3 in Emergencies", that took place on 12 November 2020.

The dialogue was organised by AIDOS, GAMS Belgium and the End FGM European Network in the framework of the UNFPA-UNICEF Joint Program on FGM supported project "Building Bridges between Africa and Europe to tackle FGM" and builds 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). 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 report that will be published is the outcome of a broad expert consultation with multiple stakeholders from grassroots organisations, national and international non-governmental organisations (NGOs), United Nations (UN) agencies, as well as researchers and academics, who work, or attempt to work on, FGM within diverse humanitarian settings.

The **impact of humanitarian and emergency situations on the harmful practice of Female Genital Mutilation**, in relation to the heightened risk of women and girls being subjected to it, and lack of support for survivors, has been poorly researched thus far. After identifying the main factors for increased risk of FGM due to insecurity of crisis situations, disruption of the education system and dynamics related to population displacement, the report also analyses the lack of adequate support services during emergencies, as well as the heightened risk of FGM survivors suffering the negative consequences of other forms of GBV.

The report then presents the **main challenges fragile contexts pose, towards work preventing Female Genital Mutilation and supporting survivors**. Here, prolonged instability undermining long-term planning and lack of awareness around the importance of working on FGM in humanitarian settings is particularly concerned, which results in this issue being neglected within humanitarian programming and funding. Humanitarian staff being not trained on FGM, the fundamental disconnection from local actors and structures, as well as major obstacles in data collection, were some other key challenges identified when tackling FGM in fragile contexts.

Finally, a **set of recommendations** have been put forward, targeting development and humanitarian actors, as well as governments and donors, to ensure FGM is no longer neglected, but recognised as a key issue to address in emergencies. These recommendations include ways to integrate FGM in humanitarian programming, adequate training for professionals, in addition to preventing FGM and providing care for survivors. Other critical areas identified include ensuring women, girls and community leadership and ownership, essentially through connecting with existing local structures and stakeholders, ensuring coordination among actors, establishing solid monitoring & evaluation and data collection systems, to truly bridge the gap between development and humanitarian work.

The final section of the report also includes a **list of good practices** with concrete examples from the field on how to implement these recommendations. This has been extracted from experts who participated in the dialogue as well as existing literature on the subject.

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Three overarching priorities came out of the Virtual International Stakeholder Dialogue:

1) **Preventing Female Genital Mutilation and providing care for survivors** must be urgently prioritised within humanitarian and emergency settings.

2) **Funds** for such programmes must be **substantially scaled up** through both increasing development funding and the involvement of other donors and stakeholders within the humanitarian assistance.

3) The **development-humanitarian nexus** must be achieved through implementing **gender-transformative and sustainable programmes in emergencies** through the key involvement of women, girls and communities.

Furthermore, specific recommendations were provided around 10 key priorities:

1. Integrate Female Genital Mutilation in humanitarian programming

Recognise that FGM is among the forms of Gender-Based Violence (GBV) that increase during emergencies and needs to be addressed with a multi-sectorial approach across all humanitarian clusters and throughout the humanitarian cycle. Scale up long-term and flexible investments on combating FGM and providing support for survivors in emergencies.

2. Prevent Female Genital Mutilation in humanitarian contexts

Prioritise and invest in gender-transformative programmes ensuring long-term sustainable behavioural change, as well as programmes guaranteeing women' and girls' economic empowerment and education in fragile contexts. This should also include tackling poverty and economic hardships for all sectors of the population, in order to mitigate the risk of undergoing FGM. Use innovative means such as media campaigns and online tools, to amplify the voices of women and girls, as well as community leaders and champions.

3. Provide adequate care for Female Genital Mutilation survivors in humanitarian contexts

Ensure that FGM-related services are not de-prioritised within the service provision in the humanitarian response. Define a Package of care for FGM survivors including knowledge about FGM in Objectives 2, 4 and 6 of the Minimum Initial Service Package, both in the lifesaving acute phase (particularly concerning de-infibulation during delivery) and in the restoration of comprehensive SRH and GBV services in the long-term.

4. Train humanitarian oganisations and professionals on Female Genital Mutilation

Include FGM within systematic specialised training and capacity building for organisations on GBV and SRH, and provide this at different organisational levels. Ensure financial and human resources are made available for such training. Adopt clear organisational policies on Zero Tolerance against FGM, as well as practical protocols around it, and invest in their implementation.

5. Ensure women, girls and community-leadership in interventions to create resilience

Ensure interventions are community-based and community-owned, to increase resilience and empower field-based decision-making and initiatives, that are informed by women and girls' self-defined needs. Enable or strengthen safe spaces, community dialogues and support groups, as well as surveillance protection and referral community mechanisms. Support and fund the work of communities and community-led organisations during emergencies.

6. Connect with and support existing structures and stakeholders

Work in close collaboration with local actors, including women and girls-led organisations, and community health workers. Build the capacity of existing stakeholders, structures and services and work in close cooperation with local and national institutions, including Ministries. Create online platforms to map existing and available services for FGM survivors. Governments and donors should facilitate and invest in such connections to ensure sustainability.

7. Ensure effective coordination among actors working on Female Genital Mutilation in humanitarian contexts

Conduct a stakeholder analysis to map all actors working on FGM in the field. Based on this, create an in-country multi-stakeholder coordination platform to share information, data and strategise interventions on FGM through periodic meetings and a continuous and open communication, including with the creation of a shared database centralising all data and information available on FGM in that context.

8. Monitoring & Evaluation (M&E) and accountability

Ensure integration of prevention and response to FGM in projects' quality monitoring indicators and for M&E mechanisms to include a minimum number of indicators on FGM, for both acute and long-term phase of the crisis applicable to host and displaced populations. Donors should extend the reproductive health and GBV set of indicators, beyond immediate assistance to sexual violence survivors and life-saving interventions around deliveries.

9. Data collection

Invest in training and empowering community members to collect data at local level in emergency contexts and through adapted, new and innovative technology and tools, both online and offline, through mobile phone and remote surveys. Ensure that stakeholders who collect data within the humanitarian sector do so on all forms of GBV, including FGM, to inform evidence-based targeted interventions. Governments should ensure relevant national information always includes disaggregated data on FGM.

10. Bridge the gap between development and humanitarian sectors

Invest in the establishment of multi-sectoral partnerships through both vertical and horizontal coordination between humanitarian and development actors, that encourage them to work more closely. Invest in the drafting of Transition Strategies and Preparedness Plans for development actors to be able to adapt to sudden emergencies and in Long-term Sustainability Plans for humanitarian actors, for more focus on impact in the long-term, resilience and local ownership.