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

RESILIENCE IN ACTION:
LESSONS LEARNED FROM THE JOINT PROGRAMME DURING THE COVID-19 CRISIS

18 September 2020

BACKGROUND AND PURPOSE

Progress has been made in the elimination of female genital mutilation, as girls aged 15 to 19 years are one third less likely to undergo the practice compared to 30 years ago.[1] There is also growing opposition to the practice. In countries affected by female genital mutilation, 7 in 10 girls and women think the practice should end.[2] As the global community faces the COVID-19 pandemic, an unprecedented health crisis with economic, social and political implications, such gains risk being rolled back. While evidence from the 2014-2016 Ebola outbreak in West Africa showed a decrease in female genital mutilation due to containment measures[3], the opposite appears to be the case with COVID-19.

In Somalia, a UNFPA rapid assessment on gender-based violence (GBV) and female genital mutilation found that 31 percent of community members think there has been an increase in cases of female genital mutilation during the COVID-19 crisis.[4] According to a survey conducted in Somalia by UNICEF, child protection and GBV service providers reported a 36 percent increase in GBV, and only 5 percent of child protection services were adapted to provide remote support for children confined to their homes.[5] In Burkina Faso, UNICEF published a report on the impact of COVID-19 and found that 66 percent of children think the pandemic will lead to an increase in poverty among their families.[6] The survey also suggested that school closures may result in a higher number of cases of female genital mutilation. In countries such as Ethiopia, Kenya, Nigeria, and Sudan, girls are also reportedly at an increased risk of undergoing female genital mutilation as a precursor to marriage, suggesting a negative coping strategy associated with economic fallout, and school closures.[7] Social isolation due to school closures can have profound social consequences on adolescent girls as they are cut off from their peer social networks and mentors.[8]

According to estimates by UNFPA, the pandemic may result in two million cases of female genital mutilation that would otherwise have been averted or a one third reduction in progress towards Sustainable Development Goal (SDG) target 5.3, the elimination of female genital mutilation by 2030.[9] Analysis released by UNICEF shows the number of children living in poor households could increase by 15 percent by the end of 2020 as a result of COVID-19, with nearly two-thirds of these households in sub-Saharan Africa and South Asia.[10] In addition to rising poverty, school closures during the pandemic have put adolescent girls most at risk of not returning to school when they reopen.[11] A potential increase in gender gaps in education may affect future generations of girls and their risk of female genital mutilation. Research suggests less educated mothers are more likely to have their daughters undergo the practice.[12]

The **UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change** is the largest global programme addressing female genital mutilation in 16 countries by promoting the rights of girls and women to live free from violence and discrimination through enabling policies and legislation, access to a continuum of essential

services, and community-led transformation of harmful social and gender norms. With limited research and documentation on the impact of humanitarian crises on female genital mutilation, the Joint Programme developed this brief to document lessons learned during the COVID-19 crisis. Drawing on rapid assessments and surveys, and consultations with country and regional offices, the brief presents Joint Programme strategies for adapting interventions to ensure business continuity in the face of the pandemic, and captures learning that will inform the programme's future strategic planning. The brief is intended for Joint Programme staff and implementing partners, and other stakeholders working towards the elimination of female genital mutilation.

The Joint Programme's implementing partner in Senegal, GEEP, mobilized adolescents and youth in the COVID-19 response. GEEP is an adolescent club promoting the prevention of teen pregnancies, and the elimination of GBV, including FGM.

Credit: UNFPA Senegal

COVID-19 IN JOINT PROGRAMME COUNTRIES

The Joint Programme is being implemented in Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, Sudan, and Uganda. The map on page 4 provides a general overview of the impact of the pandemic on Joint Programme countries.[13] Although the number of COVID-19 cases and deaths may appear comparatively low in these countries compared to other parts of the world, with 13 of the 16 Joint Programme countries classified by the UN as least developed countries, beyond the health risks, COVID-19 may erase current development progress by having disastrous impacts on the continent's already strained health systems, and by creating social and economic crises.[14] As the pandemic deepens pre-existing inequalities, from health to the economy, education to social protection, the impacts of COVID-19 are magnified for girls and women.[15]

Media interviews community members and EndCuttingGirls Nigeria participating in a community dialogue in Owerri, Imo in Nigeria during COVID-19.

Credit: UNFPA/UNICEF Nigeria

COVID-19 IN JOINT PROGRAMME COUNTRIES

Updated 5 August 2020

1. MALI
Population: 20,299,701
Infected: 473
Deaths: 124

2. NIGERIA
Population: 206,578,296
Infected: 11,672
Deaths: 910

3. SENEGAL
Population: 16,781,457
Infected: 3,298
Deaths: 214

4. GUINEA-BISSAU
Population: 1,972,022
Infected: 78
Deaths: 27

5. MAURITANIA
Population: 4,660,058
Infected: 1,052
Deaths: 157

6. GAMBIA
Population: 2,422,381
Infected: 578
Deaths: 14

7. GUINEA
Population: 13,162,951
Infected: 850
Deaths: 48

8. BURKINA FASO
Population: 20,951,708
Infected: 152
Deaths: 54

9. EGYPT
Population: 102,505,962
Infected: 44,271
Deaths: 4,912

10. ERITREA
Population: 3,550,907
Infected: 57
Deaths: n/a

11. SOMALIA
Population: 15,930,580
Infected: 1,529
Deaths: 93

12. UGANDA
Population: 45,859,920
Infected: 125
Deaths: 5

13. DJIBOUTI
Population: 989,308
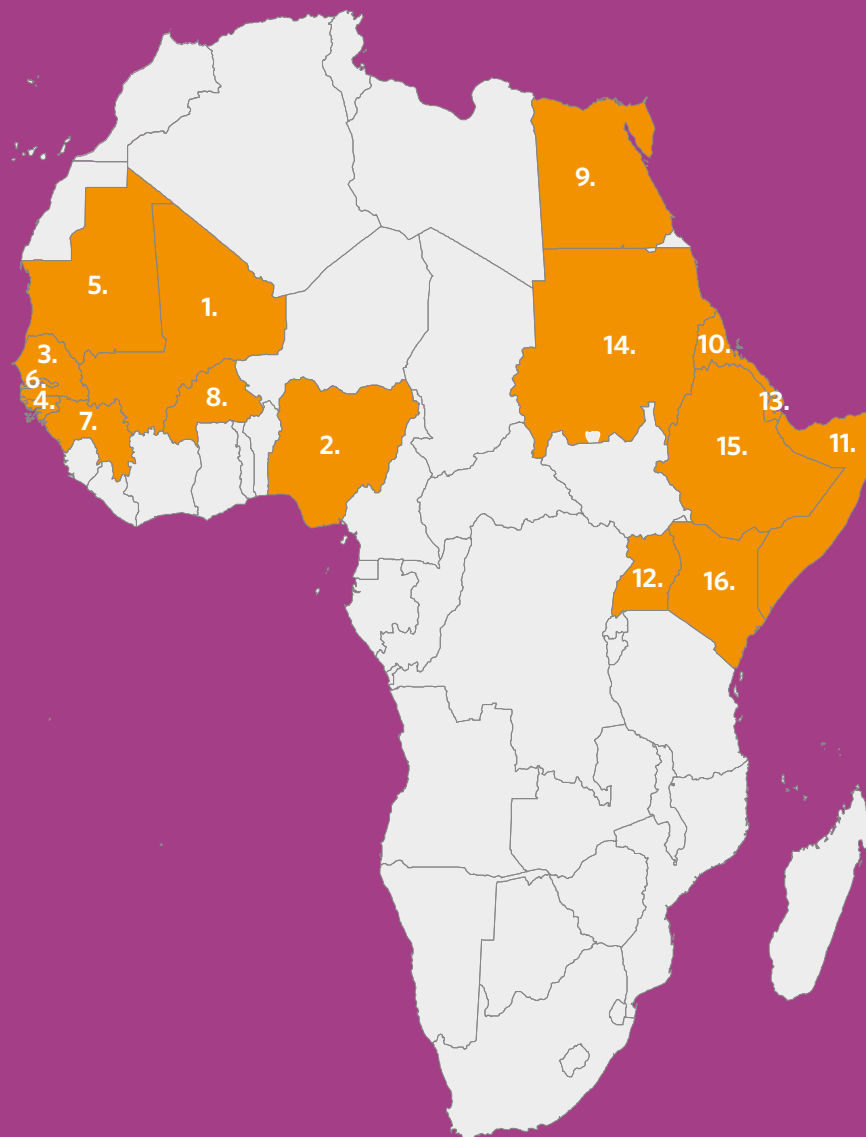Infected: 145
Deaths: 59

14. SUDAN
Population: 43,937,927
Infected: 4,823
Deaths: 763

15. ETHIOPIA
Population: 115,208,128
Infected: 11,294
Deaths: 343

16. KENYA
Population: 58,874,673
Infected: 13,487
Deaths: 388

ADAPTIVE MANAGEMENT IN ACTION: EXPERIENCE AND LEARNING FROM THE JOINT PROGRAMME

In responding to the COVID-19 crisis, the Joint Programme has embraced an adaptive management approach that facilitates flexibility in programming and allows staff and implementing partners to respond to changes rapidly in order to remain relevant and impactful. The Joint Programme supports 'learning by doing', which means replicating and scaling up proven interventions in adapting to the COVID-19 crisis while also supporting experimentation and innovation. Presented below are the challenges and opportunities the Joint Programme has faced with the COVID-19

pandemic, programme examples illustrating the adaptation of interventions, and plans for adjusting the programme based on lessons learned.

INTEGRATION OF FEMALE GENITAL MUTILATION IN COVID-19 HUMANITARIAN RESPONSE PLANS

In developing and implementing national COVID-19 humanitarian response plans (HRP), most governments initially focused

on a health response and did not prioritize female genital mutilation. Building on the Joint Programme's long-standing relationship with governments, country offices managed to advocate for the inclusion of girls and women in planning processes and the integration of female genital mutilation in national and local HRPs. The Joint Programme also lobbied for the engagement of Ministries of Gender/Child Protection/Families/Social Affairs in national planning and coordination processes as they are more likely to

highlight girls' and women's protection needs during COVID-19.

In **Senegal**, the Ministry of Gender and Family Affairs developed a "Resilience Plan for the Protection of Vulnerable Women and Children" which supports a continuum of essential services, including prevention and response services for GBV and female genital mutilation, with referrals provided by helplines. In **Burkina Faso**, participation in coordination meetings during the development of the national HRP made it possible to integrate GBV and female genital mutilation across social protection, health, education and humanitarian programmes. In **Gambia**, the Ministry of Women, Children and Social Welfare conducted a study on the socio-economic impact of COVID-19 on girls and women, resulting in the integration of GBV in the national response strategy.

In **Uganda**, the Ministry of Health integrated female genital mutilation in the national COVID-19 response, and supported the implementation of seven district level health action plans which included services addressing female genital mutilation. As a result of support for community-based cross-border collaboration, six

Ugandan girls were repatriated and prevented from undergoing female genital mutilation in Kenya, after concerned community members in Kenya tipped off law enforcement the girls were provided with health care and psychosocial support in addition to livelihood opportunities.

DISRUPTION OF ESSENTIAL SERVICES

Ensuring access to essential services including health care, social services and justice is critical in meeting the needs of girls and women at risk of or affected by female genital mutilation. Containment measures combined with a lack of prioritization for prevention and response services in responding to COVID-19, resulted in the disruption of services. During the initial stages of the COVID-19

LESSON LEARNED IN THE INTEGRATION OF FEMALE GENITAL MUTILATION IN HRPS: The COVID-19 humanitarian response has allowed some country offices to leverage longer-term development and resilience outcomes. This includes getting the government's attention to create new guidance and tools for future emergencies. Where the Joint Programme succeeded in integrating female genital mutilation in COVID-19 HRPs, this will strengthen ongoing efforts to ensure prevention and response services are part of the essential services package. In addition to supporting a comprehensive and multisectoral approach that includes health, social services and justice, the Joint Programme has also prioritized the integration of female genital mutilation prevention and response across other sectors and national action plans (NAPs) such as gender equality, education, GBV, UN Security Council Resolution 1325 (Women, Peace, and Security) and health (i.e., sexual and reproductive health; maternal, newborn and child health; and HIV and AIDS).

During the initial outbreak of COVID-19, as services were disrupted, the **Joint Programme ensured helplines were operational.**

crisis, the Joint Programme ensured at a minimum helplines were available to provide counselling and referrals, as well as community sensitization about female genital mutilation either through mass media or by integrating messages about the practice in public information campaigns on COVID-19 and/or GBV. Dignity kits were also used to share information about available GBV and female genital mutilation-related services.

As a result of strong advocacy on the part of partners, female genital mutitlation was included in the essential services package during the crisis in countries such as **Djibouti** and **Nigeria**. In **Ethiopia,** the Joint Programme supported education sessions about COVID-19, GBV and harmful practices, including female genital mutilation, reaching 120,547 people through a door-to-door campaign and local radio programmes. Home visits resulted in 11,653 girls and women affected by female genital mutilation receiving counselling and care.

In **Uganda**, the Joint Programme supported mobile vans that disseminated information about female genital mutilation and child marriage prevention. The Joint Programme also worked with Sebei district, cultural (local musicians and artists), and religious leaders, to support radio shows integrating messages supporting the abandonment of female genital mutilation.

Helplines

Helplines offer an effective way to provide callers with accurate information, counseling, and/or referrals to appropriate community-based services or resources. Helplines typically share information and counselling on female genital mutilation, GBV and Violence Against Children (VAC). Early in the COVID-19 crisis, given concerns that school closures and containment measures were likely to increase girls' risk of undergoing female genital mutilation, most countries ensured helplines remained operational.

A WhatsApp group for the protection of girls and women at risk of female genital mutilation in **Burkina Faso,** receiving 1,109 calls in the first two months of the pandemic. **Kenya** introduced a community-specific end female genital mutilation helpline in addition to continuing to rely on child helplines. Plans are underway in Kenya to create bumper stickers advertising the child helplines. In **Gambia**, the first ever GBV helpline was established. In comparing data from the 2019/2020 Demographic and Health Survey (DHS) and the 2018 Multiple Indicator Cluster Survey (MICS), data collected from the helpline shows a 20 percent increase in GBV. In **Uganda,** the national child helpline continued operating after the government announced closing down the call centers in the wake of COVID-19. Uganda has several helplines run by government and civil society, all of which reported an increase in GBV including cases of female genital mutilation. For example, in March 2020, the national call center recorded 24,085 calls related to GBV and VAC, which was a marked increase from 5,088 calls from the previous month.

Providing Referrals to Girls and Women in Low Tech Settings

In low tech settings where girls and women may not have access to mobile phones, information about services were either delivered in dignity kits or through

In Nigeria, key messages on COVID-19 and female genital mutilation were shared with adolescent girls through the distribution of **'gift bags' (dignity kits).**

print materials in communities where containment measures were less restrictive.

In **Nigeria**, key messages on COVID-19 and female genital mutilation were shared with adolescent girls through the distribution of 'gift bags' (dignity kits). The transparent, multi-purpose draw-string bags contain hygiene items, flyers with key messages on female genital mutilation, including a toll-free number to call for help. In **Egypt**, Y-Peer, a youth leadership network, mobilized dozens of young people to assemble dignity kits for distribution by frontline service providers which include a leaflet with information about female genital mutilation, targeting areas where the practice is most prevalent. In **Senegal**, awareness-raising materials about COVID-19, GBV and female genital mutilation are being printed (1,500 posters and 1,500 brochures) with information about safe spaces and One-Stop Centers.

Community Sensitization on Female Genital Mutilation

With containment measures preventing direct access to communities, all Joint Programme country offices expanded their mass media and digital engagement to continue supporting community sensitization. In some contexts, this required integrating messages about the harmful practice in campaigns about COVID-19 and/or GBV.

In **Guinea**, radio programmes are being produced by key implementing partners, including government, civil society, youth activists, and religious leaders, about female genital mutilation prevention. Public transportation, such as the "Magbana" minibuses and taxis, and billboards in markets and public spaces, were used to promote the elimination of female genital mutilation.

In **Burkina Faso**, QGJeunes (https://www.qgjeune.org) offers life skills and livelihoods training through their website. QGJeunes added questions about female genital mutilation to a quiz testing knowledge about sexual and reproductive health (SRH) on their website, and their online health care

providers received over 100 SMS messages or directly interacted with youth through chat on issues related to SRH and harmful practices. Information about female genital mutilation was provided during COVID-19 mass testing in **Kenya**.

In **Ethiopia**, a radio programme about the "National Costed Roadmap to End Child Marriage and FGM/C" is being developed in collaboration with the Fana Broadcasting Corporation, targeting audiences across the country, as well as six regions where shows will be broadcasted in local languages. A "road show" was organized in Ethiopia, using a mobile van and megaphone to promote female genital mutilation abandonment.

Access to E-Justice

Establishing electronic access to e-Justice is one way of ensuring continuity of legal services, and reducing case backlogs in countries where the courts have remained closed for extended periods of time. In **Uganda**, remote legal services were provided to girls and women at risk of or who experienced female genital mutilation. Strengthening online reporting through

In Uganda, **e-Justice** was one way of ensuring continuity of **legal services.**
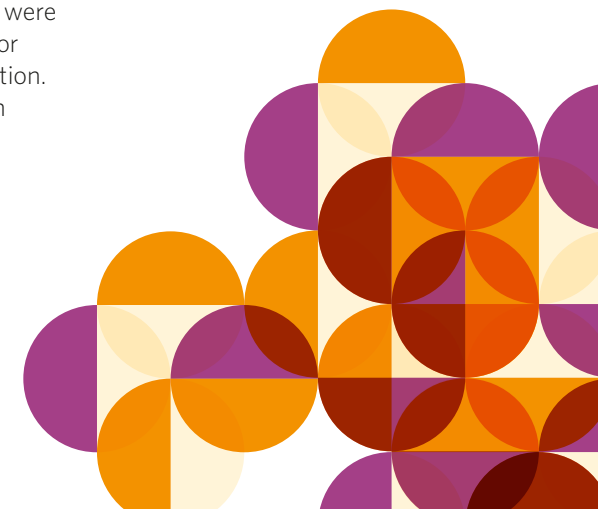
digital technologies, and helplines provided a platform for managing GBV and female genital mutilation. Building on good practices and lessons learned drawn from UNFPA's experience with special courts that provide access to justice for survivors of GBV and harmful practices, support is being provided to the Ministry of Justice and Constitutional Affairs (MOJCA) to conduct hearings on cases related to female genital mutilation targeting districts where it is practiced.

Family-Based Care

Following a presidential directive that called for the closure of children's institutions in **Kenya**, including safe houses for girls who fled from their families to avoid undergoing female genital mutilation, approximately 1,587 girls in 13 rescue centers were sent back to their communities. Family-based care was used as an alternative to institutions to ensure the girls were protected. Family-based care involves placing children with extended family or close family friends.

LESSONS LEARNED IN ENSURING ACCESS TO COMPREHENSIVE SERVICES:
Successful adaptation of services to the COVID-19 crisis depended on long-term investments in systems strengthening and coordination, as well as the capacity building of government partners. In some countries, despite receiving such support from the Joint Programme, systems proved inadequate in responding to the needs of vulnerable girls and women.

The Joint Programme will prioritize building sustainable and resilient systems for providing comprehensive services. The Joint Programme also intends to increase its work with local governments to localize humanitarian and development planning through local action plans (LAPs) and budgets that include the provision of services, as a way to ensure the priorities of girls and women at risk of and affected by female genital mutilation are met. Efforts will build on the Joint Programme's experience in countries such as Egypt, Eritrea, Ethiopia, Guinea-Bissau, Kenya, Mali, Nigeria, and Uganda where national action plans and strategies were localized at the sub-national and community level.

Much in the same way COVID-19 affected access to health care and social welfare services, COVID-19 containment measures also resulted in the adjournment of cases involving female genital mutilation. In Uganda, a trial involving 22 suspects who participated in the 2019 female genital mutilation 'surge' in the Sebei region (see news article) has been delayed due to COVID-19. Ensuring the functionality of legal systems in humanitarian settings is critical, given that GBV tends to increase during emergencies. For the Joint Programme, solutions include the use of mobile courts and access to e-justice.

Community surveillance committees proved sustainable and resilient by tracking girls at risk and reporting cases of female genital mutilation to law enforcement during the COVID-19 crisis.

COMMUNITY SURVEILLANCE

Establishing or strengthening post-public declaration mechanisms that serve as community level surveillance systems, such as community-based child protection committees or peer social networks, are critical in the Joint Programme for sustaining a collective commitment to abandon female genital mutilation, and for holding communities accountable for protecting a girl's right to health and bodily integrity. Community surveillance committees track girls at risk and report cases of female genital mutilation to law enforcement. While there was a breakdown in formal protection mechanisms during COVID-19 due to school closures or a disruption in child protection services, community surveillance proved to be more sustainable and resilient.

In **Nigeria,** following public declarations of abandonment, local women's associations to take the lead in creating community surveillance committees. During the COVID-19 crisis, women from these committees were trained in disseminating messages about the prevention of COVID-19 and female genital mutilation. Community surveillance committees reported cases of female genital mutilation to community leaders using WhatsApp. In **Mauritania**, the government provided young people with motorcycles to conduct surveillance in communities considered female genital mutilation 'hotspots'.

In **Kenya**, groups that are a product of a government intiative dubbed the "Nyumba Kumi," which in Swahili means "ten households" were supported during the COVID-19 crisis. First introduced in Tanzania, the 'Nyumba Kumi' model creates a rapport between citizens and law enforcement. The model is based on the premise that citizens know their areas well and are therefore able to spot any suspicious or unusual activities which they then report to the police. Families living in the same area cluster themselves into groups, which is ideal for monitoring girls at risk of female genital mutilation. According to reports from 'Nyumba Kumi', 1,601 girls were cut, 45 girls were prevented from undergoing the practice, and 15 arrests were made.

In **Uganda**, peer-to-peer support proved to be a practical solution to reaching households where girls and women were at risk of female genital mutilation during COVID-19. Cultural and religious leaders

LESSONS LEARNED IN COMMUNITY SURVEILLANCE: During COVID-19, community surveillance was often the only form of protection for girls. The Joint Programme intends to document good practices and lessons learned from the community surveillance system during COVID-19, including the 'Nyumba Kumi' model in Kenya, to replicate and scale up as an effective model. In Kenya, the Joint Programme is building the capacity of community surveillance committees to track girls at risk and cases of female genital mutilation with the goal of integrating the committees into the formal protection system rather than creating a parallel protection structure. In Uganda, findings from vulnerability assessments involving surveys with communities and households, and girls and women, were used to informed community surveillance activities as a way to ensure they were effective in tracking girls at risk of female genital mutilation.

According to reports from 'Nyumba Kumi', community surveillance structures in Kenya, **1,601 girls were cut, 45 girls prevented from undergoing female genital mutilation, and 15 arrests were made.**
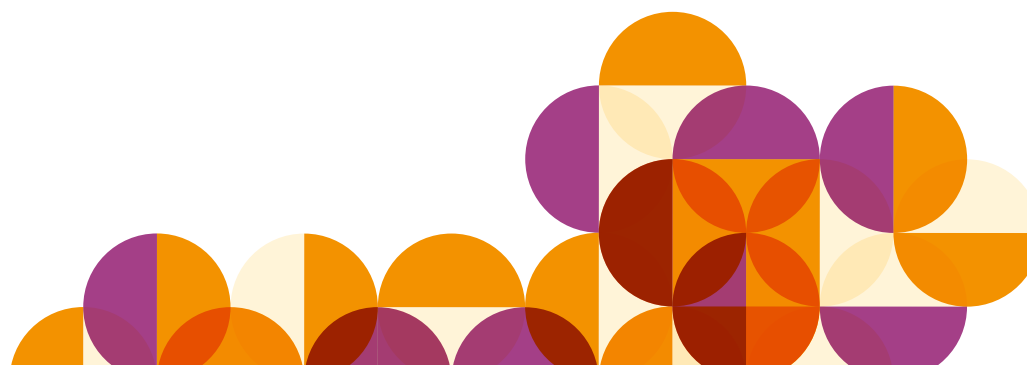
were also supported in reaching their constituencies, encouraging them to track girls at risk.

In **Ethiopia**, with support from district level Anti-Harmful Traditional Practices (HTP) committees, 306 adolescent girls, leaders from girls' clubs that provide life skills, have been monitoring their communities and providing regular updates to the HTP committees. Creative solutions for continuing community engagement despite limited mobility included mobilizing girls' clubs and religious leaders to facilitate community dialogues, and increase the number of facilitators, mentors and trainers who continued to convene communities for dialogues but in smaller groups.

COMMUNICATION FOR SOCIAL NORMS CHANGE

Under the Joint Programme, communication for social norms change, referred to as "communication for development (C4D)" by UNICEF, can play a critical role in supporting the elimination of female genital mutilation by provoking critical reflection on harmful practices. The underlying assumption of

the Joint Programme's communication approach is that attitudinal and behavior change are more likely if individuals hear mutually reinforcing messages from a variety of communication channels over time, including organized diffusion (interpersonal communications), mass media (radio and television), and digital engagement. All Joint Programme countries expanded the use of communications, especially digital media, as a way to continue to engage with communities on social norms change during the COVID-19 crisis.

In **Nigeria**, the hashtag #endcuttinggirls was used on social media platforms such as Twitter, Facebook, Instagram, and WhatsApp, to broadcast messages about the prevention of COVID-19 and female genital mutilation. The social media campaign reached 282,974 Twitter accounts, with 64,000 impressions and 210 retweets between May and June of 2020 (see link). Six new community radio stations in addition to 10 existing partners stations were supported in airing radio dramas and jingles sparking conversations about female genital mutilation. The radio dramas and jingles reached over 300,000 people in target communities in Ekiti, Osun

and Oyo states. Public declarations of the abandonment of female genital mutilation in some communities in Nigeria are now broadcasted on radio programmes, which also incorporate messages about the prevention of COVID-19.

In **Egypt**, digital solutions to ensure business continuity reached even wider audiences with the increased use of internet and social media. Y-PEER developed a podcast called "Peer Cast," produced by youth for youth. An upcoming episode will feature guests addressing female genital mutilation in the context of COVID-19, with a special focus on the social, gender, and religious aspects of the practice as well as medicalized female genital mutilation. The Dawwie initiative, empowers adolescents, especially girls, to express themselves through digital engagement. Youth received peer support on issues related to health, bodily integrity, and well-being. Dawwie is supporting adolescent girls in taking leadership roles in their communities by sharing information related to COVID-19 prevention.

In **Uganda**, investments were made in mass media, especially radio, for community sensitization and mobilization using a holistic

In Uganda, the **Joint Programme invested in mass media** promoting the prevention of harmful practices and adolescent pregnancy.

approach to addressing adolescent needs by covering topics related to eliminating female genital mutilation, protecting girls from child marriage, and preventing adolescent pregnancy. Approximately 80,000 listeners were reached by the radio programmes.

In **Ethiopia**, 161 mothers and 39 girls were honored as role models in their respective communities for saying "no" to female genital mutilation and child marriage in public ceremonies (which respected social distancing guidelines). The ceremonies were broadcasted on community radio. In partnership with the Population Media Center (PMC), radio talk shows about female genital mutilation and child marriage are being produced as a discussion forum for communities. The show, titled "Tumen Sera", will air once a week over two years in Amharic and include 104 episodes that will run up to 30 minutes. PMC will produce a mix of interviews, articles, short plays and music on female genital mutilation featuring role models such as government officials, advocates, and writers. A partnership in Ethiopia with Viamo is currently under development that will involve sending tailored bulk messages to communities as well as interactive voice response (IVR) for

adolescent girls and community members as way to support their role in facilitating community dialogues.

In **Gambia**, live call-in radio shows featured staff from the Ministry of Women Children and Social Welfare, the Women's Bureau, and law enforcement who answered questions from listeners about GBV and female genital mutilation.

At the global level, in partnership with the Global Media Campaign (GMC), the Joint Programme launched a training series on the strategic use of media campaigns to address female genital mutilation through mass and digital media (e.g., social media, WhatsApp, and Zoom). The training series entitled, #EndFGM Media Campaign, started with a session on media campaigns in the context of COVID-19, sharing experiences from media activists in Kenya, Sierra Leone, Gambia and Nigeria. The training attracted over 380 participants. In **Somalia**, GMC held four sessions on media campaigns targeting religious leaders, and promoting youth activism.

In partnership with Prezi, the software company, UNFPA launched a joint COVID-19

awareness campaign using the hashtag #YouthAgainstCOVID19 to encourage and equip young people to lead the charge against the pandemic. The campaign teamed up with global youth organizations to encourage young people to take action by staying informed about the pandemic, and doing their part to flatten the curve while urging their peers to do the same. The campaign was launched with six educational videos in multiple languages which provide guidance to young people on the impact COVID-19 may have on their SRH and mental well-being. The campaign has reached over 40 countries and resulted in 119 youth-produced videos with half a million total views.

CHANGING GENDER RELATIONS AND NORMS

During and after crises, pre-existing gender inequality and discrimination can create challenges for girls and women. Humanitarian crises can also present opportunities to challenge traditional gender roles. Including adolescent girls and women in planning processes and the implementation of HRPs, and providing them with opportunities to

In partnership with Prezi, the software company, UNFPA launched a joint COVID-19 awareness campaign using the hashtag #Youth Against COVID19.

LESSONS LEARNED ON COMMUNICATION INTERVENTIONS:
Given the Joint Programme's extensive experience with communications for social norms change, country offices adapted their communication strategies to the COVID-19 crisis including the use of digital technology in communicating with partners and communities. Digital engagement cannot replace community-based interventions, but for the Joint Programme, it was one way of ensuring business continuity. According to a 2019 UNICEF report titled Growing Up in a Connected World, the internet can be a critical tool for children and adolescents, providing access to learning, entertainment and social interaction.

For the Joint Programme, digital engagement during the COVID-19 crisis presented four key opportunities:
1. Continued support for critical reflection on existing social and gender norms through edutainment programmes;
2. Empowerment of girls through the development of life skills and knowledge, and competencies such as self-confidence, voice, and leadership using digital platforms;
3. Youth mobilization to end harmful practices; and
4. Support peer-to-peer communication with campaigns developed by youth for youth. A rapid assessment by UNICEF in 2020 on digital civic engagement by young people shows that many adolescents take to digital spaces to develop their civic identities as it contributes to a sense of socio-political empowerment and agency that may not be afforded to them in traditional civic spaces. With social isolation, digital platforms were in many contexts the only way for young people to remain civically engaged.

While digital engagement played a critical role during the COVID-19 crisis, it also further highlighted the digital divide based on gender and poverty. Because of discriminatory social norms, girls are often not given the same access to digital technologies as boys. A Vodaphone and Girl Effect global study of girls' access to and usage of mobile in 2018 found that boys were 1.5 times more likely to own a mobile phone than girls. Boys are also more likely to own a smartphone, and use their phones to send text messages, play games and do homework, whereas girls' use of mobile phones is often shaped by discriminatory social norms. As for poverty, poor infrastructure in many countries means half of the world's population does not have access to the internet with African youth the least connected. According to UNICEF's 2017 State of the World's Children report which focused on children in a digital world, around 60% of African youth are not online compared to just 4% in Europe.

Addressing the digital divide is critical especially with COVID-19 distancing policies accelerating the digital transition globally. Otherwise, the ability of children and youth to participate in an increasingly digital economy will be severely limited, with the risk that the most vulnerable and marginalized will be left behind. UNICEF will be piloting innovative adolescent girls' digital engagement strategies for increasing their agency and assets. The pilot will be documented and disseminated through the Joint Programme.

Humanitarian crises can also present opportunities to **challenge traditional gender roles.**

take on community leadership roles can strengthen their ability to cope and recover from crises. Emergencies can also serve as opportunities to strengthen gender equitable relations with men and boys.

Think Young Women, a Joint Programme implementing partner in **Gambia**, launched a training and mentorship initiative for 10 adolescent girls and young female politicians from six different regions in the country. The training supported leadership skills development, meaningful participation in decision-making processes, and strengthening the ability of adolescent girls and young women to advocate for human rights and access to health care and education, and the elimination of female genital mutilation. Some of the trainees have been actively involved in community sensitization on COVID-19, with the training providing them with the skills to lead community efforts in raising community awareness about the virus and support local response structures.

Community radio talk-shows in **Guinea** featured girls as presenters sharing information about female genital mutilation and child marriage, using child-friendly language. In **Nigeria**, MenEngage have been amplifying the voices of girls and women by using their platforms to call attention to increased GBV during COVID-19.

The Ministry of Women, Family, Gender and Child Protection in **Senegal** initiated a programme to strengthen the resilience of vulnerable households with the slogan "Women are Part of the Solution". The programme supported survivors of GBV with 3,155 food baskets; provided online prevention and care services for survivors of GBV and female genital mutilation including legal services; and supplied 3,015 reusable sanitary napkin kits to girls' clubs. A media competition in Senegal was held for best in Senegal for best production highlighting the link between increased cases of GBV, female genital mutilation, and COVID-19.

DATA COLLECTION

Up-to-date data and assessments on female genital mutilation by the Joint Programme have informed interventions, and the provision of necessary support services.

In **Guinea,** qualitative and quantitative data on GBV and female genital mutilation is collected and processed through an app called KOBO. The app is installed on phones and uses a tailored form to collect data on female genital mutilation. Mobile phones were also set up to collect data based on indicators from the Data for All platform.

In **Guinea-Bissau,** female genital mutilation was integrated within a holistic GBV response. A helpline established to respond to GBV, is also generating data, which shows

LESSONS LEARNED IN CHANGING GENDER RELATIONS AND NORMS: COVID-19 is a deeply gendered crisis that also presents governments, policymakers, and girls' and women's rights advocates an opportunity to rebuild systems and societies in a more inclusive way. The Joint Programme has prioritized partnering with local women's organizations so that girls and women exercise voice, leadership and decision-making in the planning and implementation of national and local action plans for the elimination of female genital mutilation in development and humanitarian settings.

In Guinea, qualitative and quantitative data on GBV and female genital mutilation is **collected and processed through an app called KOBO.**

a surge in cases of GBV. In **Djibouti**, a rapid needs assessment and mapping of GBV and female genital mutilation available services were used to ensure integration of the two services in the humanitarian response. In **Mauritania**, a community system was set up in response to COVID-19 that includes data collection and monitoring mechanisms. The National Statistical Office uses a tool for monitoring female genital mutilation during the COVID-19 crisis.

In **Uganda**, U-Report polls were used to generate information about the impact of COVID-19 on children and youth that informed interventions supporting the abandonment of female genital mutilation. The National Gender-Based Violence Database (NGBVD) includes cases of female genital mutilation although containment measures initially made data collection difficult due to restrictions in movement.

LESSON LEARNED ON DATA COLLECTION: Leveraging digital technology, various data collection tools have been used by country offices for community surveillance or conducting simple community surveys and mapping. The Joint Programme will document and share data tools that can be used to support monitoring and evaluation as part of the 'new normal' as a result of COVID-19 that are real-time, cost-effective and user-friendly.

Youth in Nigeria sensitizing communities in Osun State on the dangers of FGM during COVID-19.

Credit: Future Shaker Initiative

ENGAGE IN REGIONAL AND GLOBAL ADVOCACY
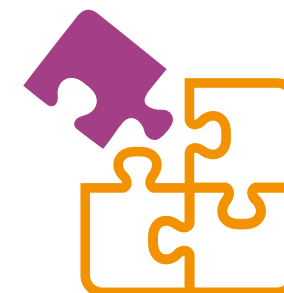
EVIDENCE-BASED ADVOCACY

UNFPA published a technical note developed with contributions from Avenir Health, Johns Hopkins University (USA) and Victoria University (Australia) in April titled "Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage." In estimating the impact of the pandemic and related challenges to achieving target 5.3, the technical note presents a strong, evidence-based case for increasing investments in accelerating the elimination of female genital mutilation. The technical note builds on "Costing the Three Transformative Results", a global impact and cost analysis published by UNFPA in January 2020. UNFPA also published in June its "State of World Population

2020" (SWOP) report titled "Against My Will" which focuses on three harmful practices: female genital mutilation, child marriage and son preference. The report presents critical trends in addition to good practices and lessons learned in eliminating harmful practices.

ADVANCE SOUTH-SOUTH AND NORTH-SOUTH KNOWLEDGE SHARING

UNICEF organized two webinars through the Female Genital Mutilation Donor Working Group that provided opportunities for North-South knowledge sharing. The first webinar explored challenges and opportunities in addressing female genital mutilation during the COVID-19 crisis. The second webinar looked at digital engagement in support

of social norms change including during the COVID-19 pandemic. Both webinars included over 150 participants.
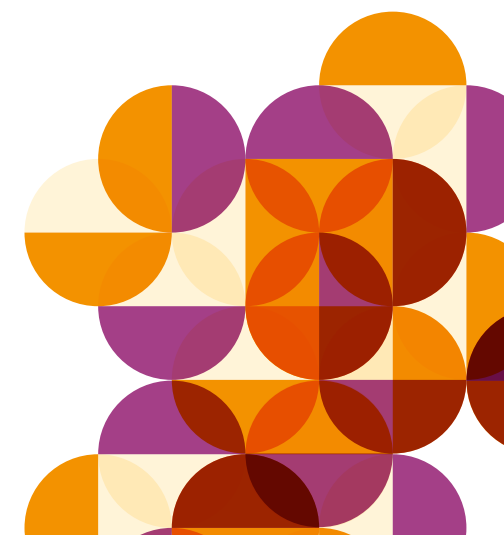
ENSURING BUSINESS CONTINUITY: SUPPORT FOR UNFPA AND UNICEF STAFF

In maintaining continuity of critical functions during and following the pandemic, UNFPA and UNICEF staff at HQ, and in the regional and country offices, have been receiving ongoing support to work remotely, and access staff development opportunities to ensure business continuity.

Streamlined Policies and Procedures and Staff Support: Recognizing the need to be extremely agile given the complexity and scale of the crisis, UNFPA and UNICEF streamlined organizational policies and procedures. UNICEF, as an example, adopted Level 3 Emergency Procedures for the COVID-19 crisis response, which supports a more efficient and cost-effective operating model. Across the UN system, staff health

and wellbeing were prioritized including ensuring access to COVID-19 testing and care, and psychosocial support. This also included the activation of Human Resources guidelines for working from home and duty station, and advice to staff on meditation, exercise and nutrition.

Staff Training and Development: In addition to ensuring staff have the equipment and management support for optimal performance and results, UNFPA and UNICEF uses online platforms to provide staff with training and development opportunities. UNICEF and George Washington University are collaborating to design and deliver an applied gender capacity and credentialing programme

for mid- to senior-level UNICEF and other global development and humanitarian professionals, including Joint Programme staff and implementing partners. UNFPA released a compendium on social norms change for achieving gender equality, "How Changing Social Norms is Crucial in Achieving Gender Equality," which provides a framework for programmatic approaches to norms change at scale.

Build Capacity Online: With in-person meetings planned for 2020 cancelled, the Data for All training for enhancing Joint Programme monitoring and evaluation (M&E) capacity in country offices is being conducted online instead. Modules are currently being developed on outcome
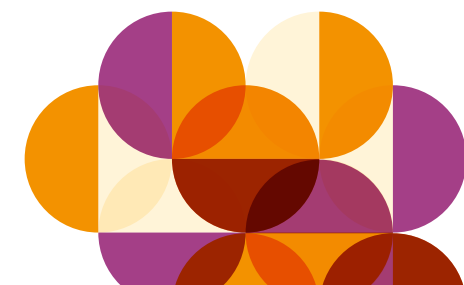
mapping/harvesting. Training on intergenerational dialogue in collaboration with GIZ is also being offered online.

In 2020, UNICEF is developing an online course on harmful practices, including child marriage and female genital mutilation programming, which responds to containment measures. UNFPA is partnering with PMC to build the capacity of national partners in applying an entertainment–education (edutainment) approach to communication campaigns to support social norms change and strengthen media-related interventions.

Credit: UNICEF Senegal

TECHNICAL GUIDANCE IN SUPPORT OF JOINT PROGRAMME IMPLEMENTATION

In providing technical guidance to Joint Programme countries, the Headquarters (HQ) team developed several technical briefs; supported the revision of workplans and the programme's results framework; increased remote monitoring of programme activities; and identified new partners with proven ability to implement programme activities and deliver results within the current context.

Developed Technical Briefs: Following initial consultations with regional and country offices, the Joint Programme developed the "COVID-19 Disrupting SDG 5.3: Eliminating Female Genital Mutilation" technical brief which provides guidance on the development of response plans for addressing the impact of the pandemic on girls and women at risk of and affected by female genital mutilation as well as post-crisis planning. UNICEF developed a "Technical Note on COVID-19 and Harmful Practices" that builds on lessons learned from Ebola and looks at the potential effects of COVID-19 on adolescent girls' health, livelihoods, education and protection, and potential mitigation strategies.

Developed Revised Workplans: With support from HQ and regional office teams, country offices adapted their 2020 annual workplans, including scaling down or delaying activities, reprogramming funding, and revising targets for some indicators in the results framework. Almost all countries have reduced their initial 2020 targets for community mobilization related activities. The Joint Programme's strategy is to limit interventions in 2020 and scale up in 2021 in order to meet the overall target for Phase III.

Hosted Webinar on Humanitarian-Development-Peace Nexus: UNFPA organized a webinar on "Applying the Nexus Approach in the COVID-19 Response: Experiences from the Field" which underscored the programmatic, funding and management shifts taking place as country offices apply the humanitarian-development-peace nexus approach.
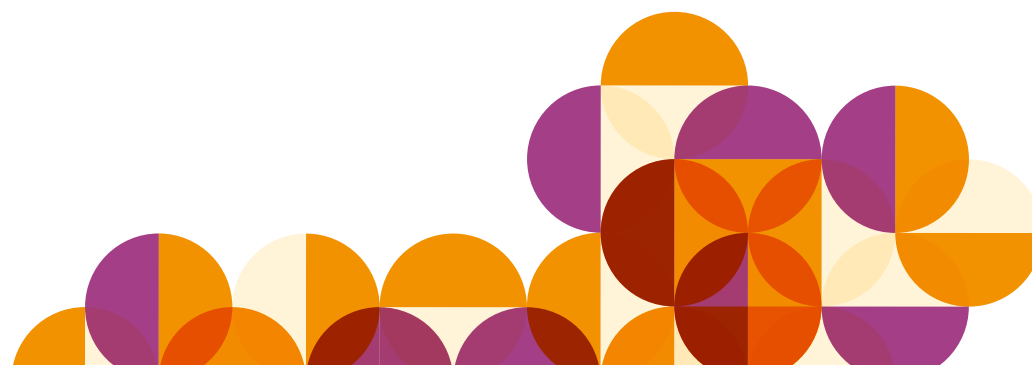
RECOMMENDATIONS AND NEXT STEPS

Building on lessons learned drawn from the Joint Programme's experience in responding to the COVID-19 crisis, the following recommendations were identified during consultations with HQ, and country and regional office staff and implementing partners:

Country consultations will continue to be organized: The HQ team will continue to bring together regional and country office teams throughout 2020 on a quarterly basis or as needed for consultations on COVID-19.

Adopt the Humanitarian-Development-Peace Nexus Approach in the Joint Programme: More than half of the Joint Programme countries including Burkina Faso, Eritrea, Ethiopia, Kenya, Mali, Mauritania, Nigeria, Somalia and Sudan experienced humanitarian crises in 2019.

With the COVID-19 outbreak in 2020, many of the challenges girls and women, their families and communities face are further compounded due to a lack of or weakness in resilience and their inability to absorb shocks and stresses. During the COVID-19 crisis, while there should have been an opportunity to do more multisectoral programming, which is in line with the nexus approach, and especially given the immediate needs (i.e., public health crisis) and long-term vulnerabilities (i.e., socio-economic crisis), instead the response has reinforced the usual siloed approach in most contexts. Most importantly, girls and women are once again the most vulnerable as the crisis exacerbates discriminatory structures and practices in part because of gender inequitable access to resources, capabilities and opportunities including the perception that programmes targeting

girls and women, such as the elimination of harmful practices, are not life-saving.

Post-COVID recovery presents an opportunity for the Joint Programme to shift towards the humanitarian-development-peace nexus, and build sustainable and resilient systems that protect girls' and women's rights, enhances their resilience to humanitarian crises, and ensure gender-transformative approaches to social norms change and the elimination of female genital mutilation are supported across the nexus.

According to a case study published by UN Women and UNFPA that analyzed Somalia's humanitarian response plan in 2017, programmes targeting girls and women received the least funding, with only 26 percent of funding requests covered by donors.[16] Programmes coded as "targeting" girls and women are primarily GBV or SRH projects that explicitly target girls and women in their entirety, although men and boys may be part of the programme in support of social norms change. Programmes to empower girls and women over the longer term such as education, life skills development, political participation, and civic engagement are associated with development efforts and are therefore not considered as part of a humanitarian response. Female genital mutilation was described in the case study as the lowest priority in child protection programming. The study concludes funding gaps in programming for girls and women are a result of the international community treating the situation in Somalia as a food security crisis rather than a protection crisis. The Somalia case study is an example of how the protection of girls' and women's rights in emergencies is often neglected or under resourced despite evidence that shows humanitarian crises increase the risk of GBV.[17]

Credit: Future Shaker Initiative
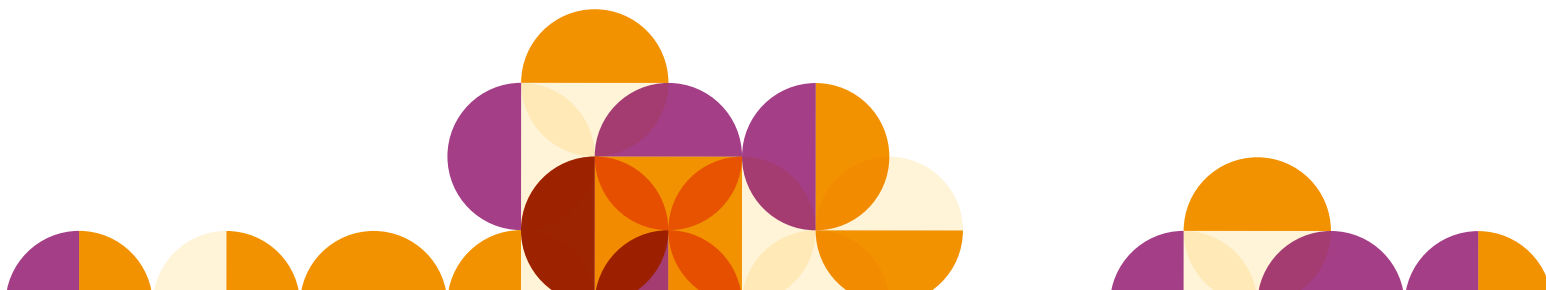
ENDNOTES

1   UNICEF (2020, March 20). Protection. Female Genital Mutilation: Female genital mutilation is an internationally recognized human rights violation.
     Retrieved from https://www.unicef.org/protection/female-genital-mutilation
2   UNICEF (2020). Female Genital Mutilation: A New Generation Calls for Ending an Old Practice.
     Retrieved from https://data.unicef.org/resources/female-genital-mutilation-a-new-generation-calls-for-ending-an-old-practice/
3   Risso-Gill, I., & Finnegan, L. (2015). Children's Ebola Recovery Assessment: Sierra Leone. Save the Children. Retrieved from https://www.savethechildren.org/content/dam/global/reports/emergency-humanitarian-
     response/ebola-rec-sierraleone.pdf; Rothe, D. (2015). Ebola: Beyond the Health Emergency: Summary of Research Into the Consequences of the Ebola Outbreak for Children and Communities in Liberia and Sierra
     Leone. Plan International. Retrieved from https://www.plan.ie/wp-content/uploads/2015/03/GLO-Ebola-Final-IO-Eng-Feb15.pdf
4   UNFPA (2020). GBV/FGM Rapid Assessment Report: In the Context of COVID-19 Pandemic in Somalia.
     Retrieved from https://reliefweb.int/sites/reliefweb.int/files/resources/gbv_fgm_rapid_assessment_report_24july2020.pdf
5   UNICEF (2020, May 8). COVID-19 control measure: The hidden impact on Somali children. Retrieved from https://www.unicef.org/somalia/press-releases/covid-19-control-measure-hidden-impact-somali-children
6   UNICEF (2020, July 16). COVID-19 and Child Protection in Burkina Faso: Children's Survey Report in Eastern, Northern and Sahel Regions.
     Retrieved from https://www.humanitarianresponse.info/en/opérations/burkina-faso/document/burkina-faso-covid-19-et-nouveaux-besoins-de-protection-de-l'enfant
7   Bakrania, S., et al. (2020). Impacts of Pandemics and Epidemics on Child Protection: Lessons learned from a rapid review in the context of COVID-19, Innocenti Working Paper 2020-05, UNICEF Office of
     Research – Innocenti, Florence; Jones, N., Malachowska, A., Guglielmi, S., Alam, F., Abu Hamad, B., Alheiwidi, S., & Yadete, W. (2020). I have nothing to feed my family: COVID-19 risk pathways for adolescent girls
     in low- and middle-income countries. Report. London: Gender and Adolescence: Global Evidence.
8   Bandiera, O., Buehren, N., Goldstein, M., Rasul, E., & Smurra, A. (2019). The economic lives of young women in the time of Ebola: Lessons from an empowerment program. Policy Research Working Paper 8760,
     World Bank. Retrieved from http://documents.worldbank.org/curated/en/452451551361923106/pdf/WPS8760.pdf
9   UNFPA (2020). Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage.
     Retrieved from https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital
10   Save the Children and UNICEF. (2020). Children in monetary poor households and COVID-19: Technical Note. Retrieved from
     https://www.unicef.org/media/69656/file/TechnicalNote-Children-living-in-monetary-poor-households-and-COVID-19.pdf.pdf
11   UNESCO (2020). UNESCO COVID-19 education response: how many students are at risk of not returning to school? Advocacy paper.
     Retrieved from https://unesdoc.unesco.org/ark:/48223/pf0000373992.locale=en
12   Karmaker, B., Kandala, N., Chung, D., & Clarke, A. (2011). Factors associated with female genital mutilation in Burkina Faso and its policy implications. Int J Equity in Health,10(20); Dalal, K., Lawoko, S., & Jansson,
     B. (2010). Women's attitudes towards discontinuation of female genital mutilation in Egypt. J Inj Violence Res.,2(1):41–7; Saleem, R..A, Othman, N., Fattah, F.H., Hazim, L., & Adnan, B. (2013). Female genital
     mutilation in Iraqi Kurdistan: description and associated factors. Women Health;53(6):537–51.
13   Data provided in the map is drawn from the Worldometer COVID-19 Data website which relies on official websites of Ministries of Health or other government institutions and government authorities' social
     media accounts.
14   OECD (2020). COVID-19 and Africa: Socio-economic implications and policy responses. Retrieved from https://www.oecd.org/coronavirus/policy-responses/covid-19-and-africa-socio-economic-implications-
     and-policy-responses-96e1b282/; Department of Economic and Social Affairs of the United Nations Secretariat. (2018). The Least Developed Country Category: 2018 Country Snapshots.
     Retrieved from https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/Snapshots2018.pdf
15   United Nations (2020). Policy Brief: The Impact of COVID-19 on Women. Retrieved from https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-
     impact-of-covid-19-on-women-en.pdf?la=en&vs=1406
16   UN Women and UNFPA (2020). Case Study: Somalia. Funding for Gender Equality and the Empowerment of Women and Girls in Humanitarian Programming.
     Retrieved from https://reliefweb.int/sites/reliefweb.int/files/resources/funding-for-geewg-in-humanitarian-programming-somalia-en.pdf
17   Wirtz, A. L., Perrin, N. A., Desgroppes, A., Phipps, V., Abdi, A. A., Ross, B., Kaburu, F., Kajue, I., Kutto, E., Taniguchi, E., & Glass, N. (2018). Lifetime prevalence, correlates and health consequences of gender-based
     violence victimisation and perpetration among men and women in Somalia. BMJ global health, 3(4), e000773. https://doi.org/10.1136/bmjgh-2018-000773 ; Stark, L., & Ager, A. (2011). A Systematic Review
     of Prevalence Studies of Gender-Based Violence in Complex Emergencies. Trauma, Violence, & Abuse, 12(3), 127–134. https://doi.org/10.1177/1524838011404252 ; UNICEF (2016). The UNICEF Multi-country
     Gender-based Violence in Emergencies Programme Evaluation. Retrieved from https://www.unicef.org/evaldatabase/files/Full_report_with_cover_UNICEF_Multi-country_GBViE_Evaluation(1).pdf

UNFPA
www.unfpa.org

United Nations Population Fund
605 Third Avenue
New York, NY 10158

UNICEF
www.unicef.org

United Nations Children's Fund
Three United Nations Plaza
New York, NY 10017

@GPtoEndFGM