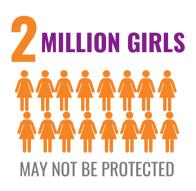# COVID-19 DISRUPTING SDG 5.3: ELIMINATING FEMALE GENITAL MUTILATION

TECHNICAL NOTE | APRIL 2020

KEY MESSAGES

- Based on previous experience in responding to humanitarian crises including outbreaks, the COVID-19 pandemic will compound existing gender inequalities and **increase the risk of gender-based violence (GBV)**.The protection and promotion of the rights of girls and women should be prioritized (UNFPA, March 2020). UNFPA and UNICEF are committed to preventing, mitigating and responding to GBV in emergencies (GBV Guidelines).

- Where movement is restricted and people are confined, priority should be given to **ensuring access to prevention, protection and care services, including psychosocial support, andadapting community-based surveillance systems** for girls and women at risk of and affected by female genital mutilation, especially in hard-to-reach areas.

- Female genital mutilation risk mitigation and response should be **integrated in GBV and child protection COVID-19 preparedness and response plans**.

- Due to the COVID-19 pandemic, meeting the Sustainable Development Goals (SDGs), including t**he elimination of female genital mutilation by 2030, will be disrupted, and anestimated two million additional cases of female genital mutilation will need to be averted.** (UNFPA, April 2020)

2 MILLION GIRLS

MAY NOT BE PROTECTED

PURPOSE OF THE TECHNICAL NOTE

This technical note supports the development of preparedness and response plans for addressing the impact of the COVID-19 pandemic on girls and women at risk of and affected by female genital mutilation. While the technical note is intended for UNFPA and UNICEF Joint Programme staff and implementing partners, other UN agencies, governments, civil society, and non-governmental organizations (NGOs) may find it beneficial as well.

The brief in no way suggests a "one size fits all" approach. Prevention and containment measures (e.g., gathering restrictions and quarantine) are contextual and may shift over time. For this reason, **assessing the implications of COVID-19 on current female genital mutilation programmes is critical in understanding how the pandemic increases girls' and women's vulnerability and marginalization.**

RAPID ASSESSMENT OF THE IMPACT OF COVID-19 ON FEMALE GENITAL MUTILATION

Conduct a rapid assessment using remote surveys, phone calls or third party monitoring to understand the impact of COVID-19 on girls and women at risk of or affected by female genital mutilation. In conducting assessments, care must be taken to directly involve girls and women to ensure their voices are heard. The assessment should identify challenges and gaps in current female genital mutilation policies and programmes, as well as opportunities for prevention of the harmful practice.

A rapid assessment may include the following simple questions related to GBV and female genital mutilation:

- **Hotlines:** Which GBV or violence against children hotlines exist? Has demand increased?

- **Shelters:** Do women's or girls' shelters exist? Are they run by NGOs, government or other stakeholders? Are they being used to provide temporary shelter to women and girls affected by GBV? Are they currently overburdened?

- Are GBV/female genital mutilation services still operational? Or have they been disrupted due to COVID-19?

- Are there any new **measures/innovative approaches** to GBV services in response to COVID-19 (e.g., hotlines have been scaled up or procedures have been simplified/changed)?

PRIORITIES IN DEVELOPING PREPAREDNESS AND RESPONSE PLANS FOR COVID-19

Priorities for developing and supporting preparedness and response plans and addressing the increased risk of female genital mutilation due to the COVID-19 pandemic include the following:

Advocate for the Integration of Female Genital Mutilation in COVID-19 Plans:

Target government and NGOs responding to COVID-19 at the national and local level. This will ensure integration of GBV and female genital mutilation risk mitigation and response are priority issues in COVID-19 plans at all levels. Integrate GBV (GBV Guidelines and GBV Pocket Guide) and female genital mutilation risk mitigation across all humanitarian clusters including health, WASH, education, protection, and food security. Given that in most contexts the Ministry of Health is leading the COVID-19 response, support the Ministry of Gender/Families/Child Protection in playing an active role in ensuring the integration of GBV and female genital mutilation in all COVID-19 preparedness and response plans.

Protection for Girls and Women at Risk of GBV and Female Genital Mutilation:

The use of law enforcement for COVID-19 related measures, including lockdown and quarantine, can be an advantage or disadvantage depending on the context. The increased presence of law enforcement serve as a deterrent for female genital mutilation. It may also mean that law enforcement is overburdened and unable to provide protection to girls and women at risk of GBV and female genital mutilation.

Humanitarian-Development Nexus:

Document policies and programmes related to female genital mutilation during the current pandemic crisis, including good practices and lessons learned, and begin working with governments, civil society and communities to prepare for a post-COVID response.

Credit: UNICEF

Mitigate Loss of Access to Prevention, Protection and Care Services:

As cases of COVID-19 increase, health care providers may be reassigned to COVID-19 patients. This may result in gaps in quality and appropriate prevention, protection and care service provision related to female genital mutilation and GBV in highly affected areas. Work with government and civil society to ensure continued access to services including strengthening hotlines, and the integration of female genital mutilation in GBV and health care responses related to the pandemic. Also ensure Securing the Safety and Wellbeing of Women Frontline Healthcare Workers in the COVID-19 Response.

Provide Community-Based Protection:

With schools closed and restrictions in mobility due to COVID-19, girls are staying home which may increase their risk of undergoing female genital mutilation. School closures may also mean an earlier cutting season in some contexts. Supporting community-based women and youth groups in identifying girls at risk of female genital mutilation and other forms of GBV, as well as raising awareness about their increased vulnerability and marginalization as a result of the pandemic is one way to adapt community-based surveillance systems.

AN AGENDA FOR ACTION

1. Integrate Female Genital Mutilation in COVID-19 Preparedness and Response Plans

- **Participate in COVID-19 Task Force/Committees:** As a way to ensure the integration of female genital mutilation in COVID-19 preparedness and response plans, participate in COVID-19 Task Forces/Committees.

- **Integrate Female Genital Mutilation in Gender-Based Violence in Emergencies Programmes (GBVie):** Integrate female genital mutilation in GBVie including remote and mobile case management, and GBV risk mitigation including training packages/guidelines (GBV Guidelines and GBV Pocket Guide).Consider experimenting in new delivery or counseling methods such as hotlines or online services for the implementation of interventions that would otherwise be affected by COVID-19 restrictions on movement/gatherings. Explore innovative approaches such as creating multi-sectoral partnerships and/or synergies with partners and/or humanitarian programmes addressing GBV. Ensure approaches are informed by girls' and women's stated preferences or needs.

- **Include Girls and Women in Decision Making for COVID-19 Preparedness and Response:** Advocate for girls' and women's (including women and youth organizations) representation in national and local COVID-19 policy spaces as a way to ensure their perspectives are heard, including the increased risk of female genital mutilation, towards the goal of more targeted, informed and effective programming and policies. Prioritize mapping of available services to inform support to referral mechanisms given that most existing services are either disrupted or being used for other purposes.

2. Access to Prevention, Protection and Care Services and Community-Based Protection

- **Strengthen Hotlines:** Prioritize strengthening the response capacity of national hotlines to increase remote access to mental health and psychosocial, and legal support, andsafety planning opportunities with trained service providers (UNFPA, March 2020).

- **Provide Referral Pathways:** Ensure female genital mutilation and GBV bi-directional referral pathways and information are updated and disseminated regularly.

- **Community-Based Protection:** Support community-based women and youth groups in leading prevention and protection activities in communities including tracking and supporting girls at risk of female genital mutilation due to COVID-19 using WhatsApp or other applications or platforms to support continued community surveillance.

- **Strengthen or Establish GBV Rescue Brigades:** Improve female genital mutilation and GBV case management and ensure access to vulnerable girls and women, especially in hard-to-reach areas, by strengthening or establishing GBV 'rescue brigades'. The rescue brigade model has proven effective in humanitarian crises and consists of women's rights/anti-female genital mutilation activists and youth service providers responding to cases of GBV and female genital mutilation through formal or informal referral mechanisms and providing referrals for survivors. Rescue brigades can play a critical role in raising awareness about GBV and female genital mutilation during the COVID-19 pandemic as well as provide referral pathways to communities.

- **Provide Virtual Capacity Development for Service Providers:** Capacity development for service providers and other stakeholders should be part of the COVID-19 response, including virtual training where appropriate. UNESCO's list of distance learning applications, platforms, and resources may be a useful tool in identifying ways to providevirtual capacity development for service providers. There are a series of episodes on The Women's Protection and Empowerment Podcastthat specifically focus on supporting GBV risk mitigation and case management during COVID-19 that may a resource for capacity development.

- **Disaggregate Data:** Ensure data collected through health, GBV or any other national information management system and/or community-based mechanism includes female genital mutilation and are disaggregated by age.

3. **Alternative Approaches to Community-Based Interventions Promoting the Abandonment of Female Genital Mutilation**

☑ **Increase the Use of Social and Behavior Change Communications (SBCC) or Communication for Development (C4D):**

Where community engagement is limited due to COVID-19, expand the use of mass and social media in raising awareness about the increased risk of GBV and harmful practices, and in mobilizing communities in the prevention of female genital mutilation. Develop SBCC (WHO, 16 March 2020 and COVID-19 Resource Package) that target specific audiences such as parents, youth and children. Engage young people themselves as change agents to reach their peers as well as their broader communities.

☑ **Engage Children and Youth through Applications and Online Platforms:**

With children and youth out of school, consider using applications and online platforms for continued engagement around GBV and female genital mutilation. Integrate female genital mutilation in online education curricula.

☑ **Integrate Information About Female Genital Mutilation in Dignity Kits:**

The distribution of dignity kits for girls and women may serve as an entry point for providing GBV and female genital mutilation-related information or messages.

4. **Potential Opportunities Presented by the COVID-19 Pandemic**

The COVID-19 pandemic presents unprecedented risks and opportunities. Potential opportunities related to ending female genital mutilation include the following:

- **Reduction in Medicalization:** In response to COVID-19, quarantine measures worldwide have resulted in limited mobility for populations. This can present an opportunity in addressing the medicalization of female

genital mutilation, as families and communities are unable to travel to clinics or health facilities where health care providers practice female genital mutilation. If COVID-19 reduces medicalization, efforts should be made to sustain this positive trend beyond the current pandemic.

- **Captive Audience for SBCC and C4D Campaigns:** The COVID-19 crisis presents an opportunity to intensify SBCC and C4D campaigns promoting female genital mutilation abandonment as quarantine and lockdown measures means most people are at home monitoring mass and social media for the latest update on COVID-19. Be creative in developing communication campaigns as way to increase the chances of messages going viral.

5. Adaptive Monitoring and Evaluation (M&E) During COVID-19

- **Adaptive M&E Approaches:** Where mobility is limited, consider using adaptive M&E approaches such as remote surveys, phone calls, real-time data collection and evaluations, and developmental evaluations. M&E tools can be used to track vulnerable and marginalized girls during the COVID-19 crisis. (See Annex 1 for Resources for M&E During the COVID-19 Pandemic).

- **Data Security Safeguards:** Adjust information security safeguards to new ways of collecting, processing or transferring personal data, including ensuring informed consent is given, and preserving the confidentiality and privacy of data subjects. Explain the purpose and use of data before collecting personal information.

- **Third Party Monitoring Systems (TPM):** Explore the use of third party monitoring including organizations that demonstrate strong community-based monitoring systems with online surveys or phone interviews. While TPM is mainly used to collect quantitative information and verify output data, experience shows they can also be used in collecting qualitative data on programme outcomes to inform programme adaptation.

LINKS TO UN, UNFPA AND UNICEF TECHNICAL GUIDANCE NOTES ON COVID-19

- **COVID-19: A Gender Lens, Protecting Sexual and Reproductive Health and Rights, and Promoting Gender Equality.** UNFPA (March 2020)

- **Adolescents and Young People & Coronavirus Disease (COVID-19) Preparedness and Response UNFPA Interim Technical Brief. UNFPA.** (March 2020)

- **Shelters for Women Survivors of Violence: Availability and Accessibility in the Arab Region.** UNFPA (2019)

- **Policy Brief: The Impact of COVID-19 on Women.** UN (April 2020)

- **Risk Communication & Community Engagement: Practical Tips on Engaging Adolescents and Youth in the COVID-19 Response.** UNICEF (2020)

- **Actions for Gender Equality in the COVID-19 Response: Technical Note.** UNICEF (2020)

- [Coronavirus disease (COVID-19): Resources for practitioners. Helpful guidance for front-line workers responding to the COVID-19 outbreak.](#) UNICEF (2020)

- [Technical Guidance for Communication for Development Programmes Addressing Violence Against Children.](#) UNICEF (2019)

- [Technical Note on COVID-19 and Harmful Practices.](#) UNICEF (2020)

- [Identifying & Mitigating Gender-Based Violence Risks within the COVID-19 Response. Inter-Agency Standing Committee.](#) (April 2020)

- [GBV Pocket Guide.](#) Inter-Agency Standing Committee

- [Risk Communication and Community Engagement (RCCE) Action Plan Guidance COVID-19 Preparedness and Response.](#) WHO (March 2020)

- [Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage.](#) UNFPA (April 2020)

RESOURCES FOR M&E DURING THE COVID-19 PANDEMIC

- **Best practices for conducting phone surveys:** The global research center J-PAL has put together this live crowdsourced document with best practices for switching to remote fieldwork. ([See link](#))

- **Remote Survey Toolkit: Prepared in response to COVID-19:** 60 Decibels developed this guide to conducting phone-based surveys. ([See link](#))

- **Free webinars on conducting qualitative fieldwork during COVID-19:** Register for these free webinars on M&E qualitative methodologies. ([See link](#))

- **Bowling in the dark: Monitoring and evaluation during COVID-19 (Coronavirus):** Lessons from past experience can help in creatively and responsibly adapting M&E practices. ([See link](#))

- **Breaking the Mould: Alternative approaches to monitoring and evaluation:** This paper looks at a range of M&E innovations and discusses major opportunities and challenges for applying and scaling up the use of alternative approaches in the humanitarian sector. ([See link](#))

- **Evaluation Implications of the Coronavirus Global Health Pandemic Emergency:** This blog attempts to make sense of the global health emergency and potential implications for evaluations. ([See link](#))

- **The use of third party monitoring in insecure contexts: Lessons from Afghanistan, Somalia and Syria:** This report captures good practices and lessons learned in using TPM for remote M&E. ([See link](#))