



Impacts of COVID-19 on
female genital cutting

September 2020

Summary

From March 2020, early in the global COVID-19 crisis, reports began to emerge from our partners and allies that they were witnessing elevated rates of female genital cutting (FGC). In Kenya, a country making positive progress in ending the practice through political leadership, a national and county-level governance structure and civil society action,¹ we were hearing consistent reports of girls being subjected to FGC, or fleeing their homes for fear of being cut, from various counties due to school closures and the implementation of lockdown measures.

Since the start of the pandemic, a range of excellent reports have highlighted the ‘gendered impact’ of the COVID-19 crisis on women and girls, which has brought pre-existing inequalities and gender-based violence into sharp focus.² But at a global policy level there has been less acknowledgement of how the pandemic is specifically affecting the practice of FGC.

In response, Orchid Project began conducting interviews and surveys with our grassroots partners and allies across West Africa, East Africa and Asia to explore the impacts of COVID-19 on the practice of FGC and the organisations and activists working to end the practice.

KEY FINDINGS

- Increased rates of FGC are being reported across East and West Africa, where COVID-19 related lockdowns are being seen as an opportunity to carry out FGC undetected
- Lack of FGC integration within COVID-19 response is leaving girls at risk and survivors with no recourse to essential prevention, protection and support services
- Lack of essential health services and safe spaces for girls at risk and survivors of FGC is a serious concern
- Economic hardship is driving increased rates of FGC because of parents seeking ‘bride prices’ and, in some cases, cutters returning to the practice having previously abandoned it
- Fear of the virus may be leading to a re-emergence of previously abandoned social norms around FGC in some rural communities
- Restricted access to communities for community-based organisations (CBOs) carrying out FGC programming may be resulting in increased rates of cutting and lack of accurate data
- Shrinking civil society space to advocate for action to end FGC, alongside reduced funding for FGC
- Increased use of social media, behaviour change communications and digital technologies to reach communities with girls at risk
- CBOs are extending and expanding their service provision beyond FGC prevention efforts to respond to community needs in spite of reductions in funding
- Grassroots and women-led organisations require urgent flexible, cash-based support to continue their work to protect girls.

¹Population Council (2020) ‘Lessons from a Five-Year Research Programme on FGM/C and the Relevance for Policy and Programmes in Kenya’

²For example, see Gender and Covid 19 Working Group resources: <https://www.genderandcovid-19.org>

Recommendations

Increase funding and support towards grassroots and women-led organisations and activists

1. Urgently increase funding to grassroots and women-led organisations working to end FGC, including greater provision for emergency, flexible cash-based assistance during humanitarian crises
2. Significantly strengthen capacity building and technical assistance to grassroots organisations to support and expand new forms of programmatic activity and innovation during COVID-19
3. Support community-led data collection, monitoring and reporting on the impact of COVID-19 on FGC to inform real-time crisis response and recovery efforts
4. Technology and communications companies should scale up social and pro bono initiatives available to grassroots and women-led organisations to enable them to access and effectively utilise technology to mitigate the impacts of COVID-19

Mainstream and integrate FGC interventions into development and humanitarian programming

5. Prioritise comprehensive mainstreaming of FGC into crisis response and recovery work, including GBV and SRHR programming in both development and humanitarian contexts (the Humanitarian-Development Nexus)
6. Urgently call on UN OCHA to operationalize rhetorical, policy and financial commitments, including those made during the Oslo End SGBV Conference, to ensure GBV is a key priority at field and country level during crisis response and recovery

Ensure essential service provision during crisis response and recovery

7. Recognise GBV and SRHR services as 'essential', including those accessed by girls at risk or survivors of FGC, to allow service providers to continue to operate during emergencies
8. Harness learning from previous epidemics by working with medical professionals and health associations to identify opportunities to disrupt the medicalisation of FGC
9. Governments should strengthen social protection measures, such as universal healthcare and universal basic income. High income countries should support this agenda through debt cancellation, which will be critical to enable low and middle income countries to mobilise domestic funds.

Our Approach

At Orchid Project, given our focus on community-led change to end FGC, the onset of the COVID-19 pandemic compelled us to seek answers to the following questions:

- Were community-based organisations able to function during lockdowns to ensure critical prevention work, or protection interventions?
- Were grassroots groups able to adapt to ensure progress could still be maintained in ending FGC, or had they switched to fulfil other urgent community needs?
- How could we ensure communities working to end FGC could get the support they needed to respond to the COVID-19 pandemic, as well as future crises which put girls at heightened risk of being cut?

We know that data is critical to enabling evidence-based programming and advocacy. We wanted to contribute to establishing how the pandemic is affecting trends in the practice to support effective crisis response, and improve preparedness for future emergencies and humanitarian shocks.

Through this briefing we aim to share insights on FGC trends collected from community-based organisations in East and West Africa and Asia-Pacific, the majority women-led,³ that are working to prevent and protect girls from undergoing FGC.

From March to July 2020, we reached out to our global network of grassroots organisations and activists and have carried out interviews and surveys with 38 grassroots activists and organisations across 14 countries in order to monitor the impacts of the pandemic on FGC.⁴ As such, these findings cannot be generalised across all contexts in which FGC is practised, but they do provide important insights into how COVID-19 is affecting FGC in specific communities.

³At least 27 of the 38 respondents (71%) are women-led orgs to our knowledge (defined by having at least one women in senior leadership), though this data was not collected via the surveys or interviews

⁴Data was collected from CBOs in India, Indonesia, Iran (Islamic Republic of), Kenya, Liberia, Malaysia, Myanmar, Nigeria, Pakistan, Sierra Leone, Singapore, Somalia, Sri Lanka, United Republic of Tanzania.

Introduction

Female genital cutting (FGC), much like COVID-19, is a global issue that requires a global response. 200 million women and girls around the world are affected by the practice.⁵ It is grounded in discriminatory gender norms, and has significant health and socio-economic impacts on women throughout their lives. Ending the practice would have a transformative effect for women and girls, with accelerated progress essential to achieving Sustainable Development Goal 5, on gender equality, and supporting all the other Agenda 2030 goals.

During times of crisis, states have a duty to prevent and mitigate gender-based violence, including FGC.⁶ Yet we are not seeing effective, gender-based and intersectional policy-making in relation to COVID-19 pandemic, despite increased vulnerabilities for certain groups.⁷ Despite significantly higher rates of death amongst men, the innumerable short-term and long-term impacts of COVID-19, and the responses to contain it, have fallen disproportionately on the burden of women and girls worldwide.⁸

Alongside this, the rise of a 'shadow pandemic' of gender-based violence (GBV) lays bare the stark realities of systemic inequality and discrimination, and the continuing failure at global, regional and national levels to effectively apply a gender and intersectional lens to policy making, even in emergency response and recovery. Where COVID-19 response and recovery plans have been put in place in a gender-inclusive way, these largely ignore or fail to account for the particular needs and lived experiences of women and girls that are at risk of, or are survivors of, FGC.

FEMALE GENITAL CUTTING AND COVID-19: THE NEED FOR AN INTEGRATED CRISIS RESPONSE

FGC is a violation of the human rights of women and girls,⁹ which is held in place by, and reinforces discriminatory gender stereotypes and norms that define the limits of a girl's aspirations and sexuality, and cause serious health impacts across her life. Ending FGC requires the displacement of harmful gender norms, which would potentially transform the lives of millions of women and girls and accelerate progress towards gender equality. In certain contexts, FGC acts as a precursor to child marriage and marks a girl's transition into womanhood.¹⁰ This shift has significant implications for girls' access to education and future economic empowerment.¹¹

Emergency situations and humanitarian crises, including health epidemics,¹² have disproportionate impacts on women and girls and exacerbate these existing structural gender inequalities,¹³ which lie at the heart of FGC. Applying a gender-lens to the COVID-19 response is vital in continuing and accelerating work to end FGC, and all forms of gender-based violence, in order to achieve SDG 5 by 2030.

We are already witnessing the economic and societal impacts of COVID-19 undoing years of progress by grassroots activists and communities to end FGC. UNFPA has reported that an additional two million cases of FGC will need to be averted to meet Agenda 2030 as a result of COVID-19's delays to FGC programming.¹⁴ Loss of livelihoods and economic hardship are leading some parents to decide to marry off their daughters, resulting in increasing rates of FGC as a prerequisite for marriage. Bride prices can then be exchanged for food and basic supplies. Lockdowns and curfews also mean that girls are kept out of school where they are at greater risk of FGC, whilst protection, health and justice services are diverted to deal with implementing curfews and responding directly to the pandemic.

Applying a gender-lens to the COVID-19 response is vital in continuing and accelerating work to end FGC, and all forms of gender-based violence, in order to achieve SDG 5 by 2030.

⁵UNFPA (2020) 'Online resources on female genital cutting'

⁶Inter-Agency Standing Committee (2015) 'Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery'

⁷UN Women (2020) 'Will the pandemic derail hard-won progress on gender equality?'

⁸LSE (2020) 'Gendering COVID-19: implications for women, peace and security'

⁹UN Human Rights Council (2020) 'Resolution on the Elimination of Female Genital Mutilation'

¹⁰World Vision (2014) 'Exploring the links: Female genital mutilation/cutting and early marriage'

¹¹GIZ (2011) 'Female Genital Mutilation and Education'

¹²The Lancet (2020) 'COVID-19: the gendered impacts of the outbreak'

¹³Julie Lafrenière, Caroline Sweetman & Theresia Thylin (2019) 'Introduction: gender, humanitarian action and crisis response', Gender & Development 27/2: 187-201

¹⁴UNFPA (April 2020) 'Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage'

In order to mitigate the deeply gendered impacts of COVID-19, the global community must implement a response and recovery plan that applies a comprehensive gender lens at all levels of programming and implementation. But we need to do more than mitigate the impacts. The global response to COVID-19 should use this opportunity to 'build back better' by championing and funding grassroots, women-led local organisations to lead the change on the ground.¹⁵

Centralising and supporting grassroots activists and organisations will allow us to fundamentally disrupt systemic inequalities by reinforcing and empowering women as agents of change, to ensure responsive and contextually relevant interventions,¹⁶ and to foster sustainability and scalability in the longer term.

Only 0.12% of global humanitarian funding went to essential GBV services from 2016-18.

FGC AND GBV IN EMERGENCIES

Emergency situations routinely lead to increased rates of gender-based violence (GBV) including FGC,¹⁷ and UNFPA Minimum Standards on GBV in Emergencies require an assumption that violence increases during these periods.¹⁸ Comprehensive evidence and information confirms that COVID-19 has intensified domestic and gender-based violence globally.¹⁹

Curfews and 'stay at home' orders have resulted in the shutting down of schools, safe houses, churches, and other forms of refuges for girls at risk of FGC. Most lockdown orders have been implemented in high-prevalence FGC areas without exemption for girls at risk, reducing access to essential GBV and protection services, and disrupting vital and life-saving referral pathways. Emergency situations resulting in increased sexual violence also place survivors of FGC at greater risk of compounded physical and mental health impacts as a result of existing trauma²⁰ and physical health impacts of FGC.²¹

The Inter-Agency Minimum Standards for GBV in Emergencies

programming requires the provision of quality, survivor-centred health, creation and maintenance of referral systems and pathways, and safe spaces for women and girls.²² Equally, the Minimum Standards for Child Protection in Humanitarian Action (Standard 9), requires that "all children are informed about and protected from sexual and gender-based violence and have access to survivor-centred response services", and makes explicit reference to FGC as a form of GBV.²³

Nevertheless, only 0.12% of global humanitarian funding went to essential GBV services from 2016-18.²⁴ The Global Humanitarian Response Plan for COVID-19 has failed to include a single standalone objective on responding to GBV during the pandemic, and GBV itself remains the most underfunded response service at this time.²⁵ Whilst availability and access to essential GBV services are currently being curtailed, efforts to respond to COVID-19 must prioritise and integrate these services as essential and life-saving, and should consider and respond to the unique needs of women and girls at risk or survivors of FGC.

We need to do more than mitigate the impacts. The global response to COVID-19 should use this opportunity to 'build back better' by championing and funding grassroots, women-led local organisations to lead the change on the ground.

¹⁵ActionAid (2020) 'Creating lasting impact: The power of women-led localised responses to COVID-19'. See also: CARE (2020) 'Where are the women? The Conspicuous Absence of Women in COVID-19 Response Teams and Plans, and Why We Need Them'

¹⁶Ibid- ActionAid (2020) 'Creating lasting impact: The power of women-led localised responses to COVID-19'

¹⁷Inter-Agency Standing Committee (2015) 'Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery'

¹⁸UNFPA (2015) 'Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies'

¹⁹UNDP (2020) 'UNDP Brief: Gender-based Violence and COVID-19'

²⁰Behrendt, A., and Moritz, S. (2005) 'Posttraumatic Stress Disorder and Memory Problems After Female Genital Mutilation' The American Journal of Psychiatry 162/5: 1000-1002; Berg, R. and Denison, E. (2012) 'Does female genital mutilation/ cutting (FGM/C) affect women's sexual functioning? A systematic review of the sexual consequences of FGM/C', Sexuality Research and Social Policy 9/1: 41-56

²¹PopCouncil (2016) 'Health impacts of FGM/C: A synthesis of the evidence'

²²UNFPA (2015) 'Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies'

²³The Alliance for Child Protection in Humanitarian Action (2019) 'Minimum Standards for Child Protection in Humanitarian Action', Standard 9

²⁴IRC (2019) 'Where is the money? How the humanitarian system is failing in its commitments to end violence against women and girls'

²⁵At end June, funding requirements for GBV in 16 countries with humanitarian response plans amounted to \$487 million (including COVID-19 related-responses), of which only \$34 million (7 per cent) were funded, leaving a gap of \$453 million.

FGC AND SRHR IN EMERGENCIES

The practice of FGC directly impacts the sexual and reproductive health and rights (SRHR) of women and girls affected by it. Whilst the short-term health risks of FGC include haemorrhaging, infection, and death, FGC is also associated with a number of long-term health risks. Survivors of FGC experience a number of sexual, urological and mental health problems as well as obstetric complications. This includes increased risk of caesarean section, postpartum haemorrhage (excessive bleeding after childbirth), and higher incidences of intrapartum stillbirth (stillbirth occurring between onset of labour and delivery) and neonatal death (death during the first 28 days of life).²⁶ Experiences from past epidemics including Ebola and Zika demonstrate that essential SRHR services are routinely diverted or shut down in favour of responding directly to the immediate health impacts of the virus. As a result, in Liberia during the 2013-16 Ebola epidemic, more women died of obstetric complications than from Ebola itself.²⁷ In countries with high FGC prevalence, the risks of denying essential and lifesaving SRHR services to survivors of FGC are exacerbated.

The Minimum Initial Services Package (MISP) for Sexual and Reproductive Health guarantees a minimum immediate package of essential SRHR services in crisis situations, including responding to the needs of survivors of sexual violence, providing emergency obstetric care, and requiring health care providers in relevant FGC WHO Type III (infibulation) contexts to be aware and able to perform de-infibulation where necessary.²⁸ In contrast, numerous reports from FGC-practising countries, including Nigeria, India and Malaysia, indicate that SRHR services are being defunded, deprioritised, and even rolled back in favour of directly responding to COVID-19.²⁹

SEXUAL AND REPRODUCTIVE HEALTH IMPACTS OF FGC

- Genital tissue swelling
- Problems with urination, including urinary retention and painful urination
- Excessive scar tissue (keloids)
- Problems menstruating, often caused by obstructing the vagina as a result of infibulation
- Vaginal problems including discharge, bacterial vaginosis and other infections
- Removal of, or damage to the clitoris, can affect sexual sensitivity and lead to decreased sexual desire and pleasure, pain during sex, difficulty during penetration, decreased lubrication during intercourse, and reduced frequency or absence of orgasm
- Childbirth complications including associations or links with
 - Increased risk of caesarean section
 - Postpartum haemorrhage
 - Recourse to episiotomy
 - Difficult labour
 - Obstetric tears/lacerations
 - Instrumental delivery
 - Prolonged labour
 - Extended maternal hospital stay
 - Perinatal risks including infant resuscitation at delivery, intrapartum stillbirth, and neonatal death
- Obstetric fistula, likely as a result of prolonged and obstructed labour in women with FGC.

²⁶WHO 'Health risks of female genital mutilation (FGM)'. Accessed in August 2020.

²⁷McQuilkin, Udhayashankar, Niescierenko & Maranda (2017) 'Health-Care Access during the Ebola Virus Epidemic in Liberia', *The American Journal of Tropical Medicine and Hygiene*, 97/3: 931-936

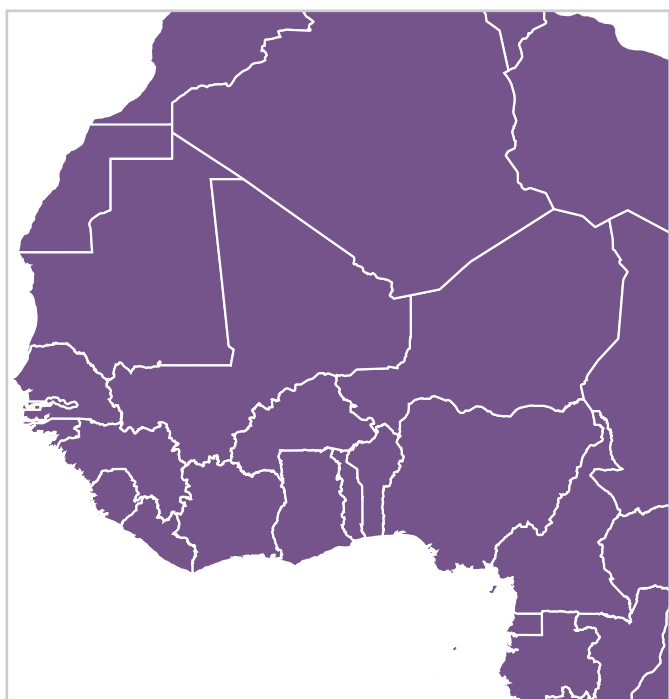
²⁸Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings (2010) Revision for Field Review.

²⁹Gender in Humanitarian Action (GiHA) (2020) 'The COVID-19 Outbreak and Gender: Key Advocacy Points from Asia and the Pacific'

Regional Impacts of COVID-19 on FGC

Through our advocacy, knowledge sharing, and communications work, Orchid Project works with communities and local champions to bring global attention to the issue of FGC, and to secure the prioritisation of greater policy commitments and financial resources to bring an end to this practice. The impacts of COVID-19 on FGC are understood most starkly by those who are working at the forefront of efforts to end the practice.

West Africa



“The longer girls stay home, the higher the risks for home initiation [of FGC]”

– Chernor Bah, CEO & Co-Founder, Purposeful, Sierra Leone

OVERALL TRENDS

Across West Africa, national lockdowns and stay-at-home orders responding to COVID-19 have resulted in restricted freedom of movement, with the unintended consequences that access to prevention, protection and care services, including psychosocial support, have been seriously curtailed. Nationwide lockdowns have resulted in girls staying at home where they are at greater risk of FGC, with no exemptions in place for girls at risk or survivors of the practice. In Abuja, Nigeria, local organisations have reported an increase in numbers of girls being cut across South-West Nigeria as a result of school closures, whilst prevention and protection efforts are unavailable due to social distancing and travel restrictions. Across Ilorin, Kwara State, and North Central Nigeria, grassroots organisations are also reporting a re-emergence of socio-cultural norms, prompting a rise in FGC.

Whilst recent analysis of COVID-19’s likely impacts has pointed towards potential similarities with previous Ebola epidemics in West Africa, local organisations instead point to a community perception that COVID-19 is not as serious as Ebola, which has resulted in a weaker adherence to lockdown rules. Social norms-based harmful practices are therefore likely to continue secretly during COVID-19. In Sierra Leone, whilst a government ban on Bondo (secret societies) gatherings has been put in place, where initiation rites include FGC, activists note that it is unlikely that society leaders will abide by lockdown rules and will instead perform undercover initiations.

CLOSURE OF SAFE SPACES

Blanket lockdowns and stay-at-home orders have also resulted in the closure of safe spaces for girls at risk and survivors of FGC. Local organisations have reported a diversion of medical services and resources towards direct COVID-19 responses at the expense of GBV and SRHR services. Mental health and psychosocial support services have also failed to be classified as essential services during this period. Local organisations in Nigeria point to higher incidence rates of intimate partner violence during lockdown, and stress the considerable implications for survivors of FGC without access to vital services. Some shelters have also been closed in Nigeria without provision of alternatives for women and girls at risk of FGC. Where shelters or alternative options are available across Nigeria and Sierra Leone, they are seriously hampered by a lack of funding and limited spaces available.

ESSENTIAL SERVICES

Health services are said to have been heavily reduced in Nigeria, Liberia and Sierra Leone. Reports from Abuja, Nigeria, note that health care providers are providing 'essential' services only, which has not included vital SRHR or broader health services for women and girls at risk or survivors of FGC. These so-called 'essential' services were also inaccessible during lockdown due to travel restrictions. Grassroots activists have also cited a lack of medical supplies, closures and reduced services across Ilorin, Kwara State and North Central Nigeria. Similar reports have also been made from Sierra Leone, where health services have been particularly difficult to access by women and girls in remote areas, and as a result of public curfews and limited transportation options, including ambulances.

MONITORING AND REPORTING OF FGC

Measures for monitoring and reporting suspected cases of FGC for girls at risk have also come under considerable strain during lockdown. Hotlines and helplines are unavailable in Liberia and Sierra Leone, where FGC remains legal, although a helpline is available in Sierra Leone for domestic violence and rape. In Nigeria, some civil society organisations (CSOs) are running and upscaling their own hotline initiatives, with one local organisation in Enugu State, Nigeria, reporting over 2,000 calls. Beyond telephone services, organisations are reporting that community-based surveillance methods have been curtailed during lockdown, with a disproportionate effect on women and girls in hard to reach or rural areas. In Enugu state, Nigeria, activists and organisations are also relying on an increased presence of 'Neighbourhood Watch Group' members in communities to provide an informal policing system and deterrent effect, noting that formal policing is overburdened with COVID-19 and unable to provide protection to girls and women at risk of FGC.

ECONOMIC IMPACTS

Whilst lockdown orders have broadly impacted economies and have led to shortages and price rises on basic necessities, local livelihoods have also been seriously impacted. Anecdotal reports from Nigeria suggest that former cutters may be returning to providing FGC services as a way of making money whilst more formal economic roles and opportunities are limited.

SOCIETY FOR THE IMPROVEMENT OF RURAL PEOPLE (SIRP), NIGERIA

SIRP works across Enugu State to advocate for and provide community-based development programming for people living in rural conditions, including to end FGC. Since the first documented cases of COVID-19 in Nigeria in February 2020, restrictions on movement meant that SIRP's community outreach programmes to end FGC stalled across Enugu State. SIRP initiated and strengthened hotline reporting on FGC for girls at risk, and expanded the use of mass and social media, including radio programming, to raise awareness of the regional Violence Against Persons Prohibition Law to a reported 1,250,000 listeners. SIRP have also been supporting community-based women's and youth groups to lead prevention and protection activities by using WhatsApp to support community surveillance programmes. Most recently, SIRP have trained FGC and child marriage survivors on effective COVID-19 prevention guidelines, whilst providing personal protective equipment (PPE) and essential food items.

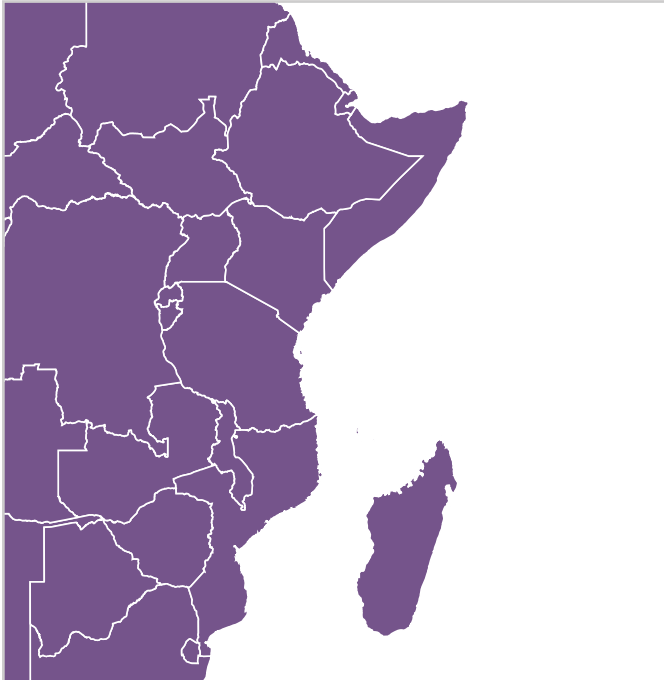
"Because of the restriction of movement during this pandemic, more than 85% of women and girls, particularly in rural communities, are exposed to the practice; making it difficult to track the practice and create more awareness on the devastating effects on the survivors."

- Dr Chris Ugwu, Executive Director, SIRP.



A SIRP team member teaches hand washing techniques. SIRP, Enugu State, Nigeria, 2020.

East Africa and the Horn



OVERALL TRENDS

Collective reports from CSOs and activists operating across East Africa and the Horn of Africa have noted a considerable rise in FGC cases across Somalia and Somaliland, Kenya, Tanzania and Sudan. According to a recent UNFPA rapid assessment, 31 percent of community members across Somalia and Somaliland stated that there has been an increase in FGC incidents compared to the pre-COVID-19 period.³⁰ Additionally, NAFIS (Somaliland National Network Against FGM/C) are reporting a substantial increase in calls reporting FGC incidents,³¹ which are usually carried out during school holidays or the rainy season, indicating that communities are using lockdown as an opportunity to cut girls and provide adequate healing time. Restrictions on movement and lockdown in Puntland, Somalia have reportedly enabled FGC to take place more easily, whilst a lack of lockdown enforcement in Hargeisa has reportedly allowed ‘cutters’ to visit up to seven houses a day to perform FGC.³²

In Kenya, media accounts from West Pokot have also recorded a “dramatic” rise in FGC cases, with 500 cases of FGC reported during the lockdown period.³³ An increase in girls being cut in Tanzania has also been noted by the Pastoral Women’s Council,

who are aware of at least 10 cases of FGC during the three month lockdown period, although they also caution substantial underreporting of the practice due to a shift of focus away from FGC towards COVID-19. In communities who traditionally carry out FGC during a ‘cutting season’, activists and organisations have expressed fears and concerns for the increased number of girls that will now be at risk of the practice when the season arrives.

CLOSURE OF SAFE SPACES

Local reports from across the East Africa region again emphasise that stay at home orders and lockdowns are increasing the risk of girls being cut, noting that some communities are viewing the lockdown as an extended holiday to take advantage of decreased surveillance and extended recovery time for girls to avoid detection. The closure of schools, including boarding schools, and churches across Kenya, Somalia and Somaliland and Tanzania has resulted in the closure of de facto safe spaces.

Girls locked down at home are far more likely to be subjected to FGC, where communities have the opportunity to conduct ceremonies in secret. In Rift Valley and Samburu, Kenya, local activists have reported that communities are using male circumcision ceremonies to secretly cut girls during lockdown. In Hargeisa and Puntland, Somalia, the arrival of the rainy season has compounded the increased risk for girls at this time. In Kenya and Tanzania, links between FGC and child marriage across the region also mean that girls undergoing FGC are likely to be married during this period, and expected high rates of early pregnancy mean that girls are unlikely to return to school following lockdown.

In addition to schools and churches, lockdown orders have also resulted in the closure of essential safe spaces in relation to GBV including refuges, safe houses, and women’s shelters across the region, which provided vital alternatives for women and girls at risk of GBV including FGC. In Kenya, a circular issued by the Ministry of Labour and Social Protection, in response to COVID-19, ordered the blanket closure of safe houses and refuges across Kenya without consultation of NGOs and CSOs providing such services. Whilst some rescue homes have remained open across Kenya, including in Nairobi, most centres are unable to admit new cases and cope with current increased demand for services whilst also struggling with limited funding. As few alternatives for girls at risk are currently available, one organisation in Kuria has reported that local activists have to care for girls at risk in their own homes, despite the already increased strain on financial

resources. A similar situation has been reported in the Arusha region of Tanzania, where most safe houses and rescue centres are either closed or lack funding, leading to one rescue centre having to shut down entirely.

ESSENTIAL SERVICES

Activists and organisations across the region are also reporting significant barriers to accessing essential sexual and reproductive health services across Kenya and Tanzania. The practice of FGC can often lead to acute infection in survivors, but supply chains and access to medical commodities have been substantially interrupted owing to lockdown and a centralised approach to commodity procurement based in Nairobi. Access to services is also being reduced across Kenya to telephone consultations, which present accessibility issues for women and girls in remote and rural areas, who may not have access to a telephone. Equally, a lack of PPE for women and girls trying to access services has created an additional barrier, whereby both service providers and patients lack adequate resources to carry out services in a safe environment. Local activists across both Kenya and Tanzania have reported a general de-prioritisation of FGC services in favour of responding directly to COVID-19.

ECONOMIC IMPACTS

The economic impacts of COVID-19 are also contributing to an increase in FGC practices across Kenya in particular. In the Rift Valley, a general loss of livelihoods across communities has triggered an increase in FGC as a precursor to child or early marriage to fetch a higher bride price. Concerns have also been raised that former cutters whose incomes are also at risk may return to cutting, with reports from Plan International in Somalia noting that former cutters are reportedly going from house to house to perform FGC services in Mogadishu.³⁵

Monitoring and reporting of FGC cases has also been significantly impacted by COVID-19. Whilst specific hotlines are available and run by either NGOs or the government across Kenya and Tanzania, activists are reporting increased usage of hotlines, but limited or ineffective means of following up reports with verification or enforcement action. Activists in Kenya note that there is poor coordination of hotlines and reporting at county level, including case management mechanisms and referral pathways, whilst a reliance on telephone reporting presents accessibility issues for women and girls in remote or rural areas. Courts in Kenya are either not in session or have a substantial backlog of cases, and in Kuria, law enforcement is being redirected to enforce curfews and COVID-19 responses. Reports from Rift Valley note that government child protection officers are becoming hostile to anyone reporting FGC, and that police officers are overwhelmed.

IMPACT ON SOCIAL AND GENDER NORMS

Activists have reported that the rise of COVID-19 is resulting in the reemergence of harmful social norms underpinning gender inequality and practices including FGC. In Narok county, Kenya, organisations are reporting that a rise in teenage pregnancy rates is reinforcing beliefs that FGC reduces sexual urges of women, leading many communities to embrace FGC as a means of reducing early pregnancy during COVID-19. In Kuria East, partners have cautioned that community elders believe COVID-19 is a punishment sent by the Kurian gods, who are angry at the perceived abandonment of traditional culture, including FGC. Elders are now spreading the message to communities that a return to cultural rites including FGC will appease the gods and prevent COVID-19. Local activists are concerned that these messages are likely to be spread and received across Kuria. Communities have also cited beliefs that COVID-19 is “only for the poor” or those who live in cities who have abandoned traditional gods and culture.

³⁰UNFPA (2020) ‘GBV/FGM Rapid Assessment Report: In the Context of COVID-19 Pandemic in Somalia’

³¹Plan International (2020) ‘Girls in Somalia subjected to door-to-door FGM’

³²The Guardian (2020) ‘Huge FGM rise recorded in Somalia during coronavirus lockdown’

³³Daily Nation Kenya (2020) ‘West Pokot records dramatic rise in FGM cases’

NATALIE ROBI TINGO, FOUNDER OF MSICHANA EMPOWERMENT, KURIA, KENYA

Natalie lives and works in Kuria, a rural area of southern Kenya, where prevalence of FGC may be as high as 96%.³⁴ Under the increasing pressure of a global pandemic, Natalie is continuing her work to empower girls by providing sanitary products and preventing FGC.

“Where I am, calamities such as COVID often make cutting ceremonies of girls and boys much bigger because of the belief that we need to appease the gods. Usually, the cutting season starts around August, but I heard young men chanting just this last week (June), which signals that the elders have said the cutting season should begin already.

We are staying open because it’s more important than ever to break the cycle. If a girl has access to menstrual care, she has better options than trading sex for a sanitary pad. If we break the cycle of undergoing FGM/C, the risk of child marriage slowly goes away.

Under COVID, the global conversation has been about ‘how do we use technology to mitigate these things.’ But many of the girls we work with are not online. We need to strengthen the systems we already have. Make services affordable and accessible, and ensure the community is responsive.



Natalie Robi Tingo stands with a group of Kurian schoolgirls. Msichana Women's Empowerment, Kuria, Kenya, 2020.

³⁴ Feed the Minds (2014) 'Female Genital Mutilation practices in Kenya: The role of Alternative Rites of Passage. A case study of Kisii and Kuria districts'

³⁵ Plan International (2020) 'Girls in Somalia subjected to door-to-door FGM'

Asia



OVERALL TRENDS

The reality across Asia is that most organisations and activists don't have access to vital information about the situation facing women and girls at risk of FGC. No country across Asia has legislated to ban FGC, despite significant incidence rates in certain countries and credible evidence of the practice taking place across the region.³⁶ As a result, protection and deterrence that would be provided by law enforcement are unavailable to women and girls at risk or survivors of FGC. Advocacy and programmatic work to end FGC in Asia is broadly hampered in ordinary circumstances by considerable lack of recognition that the practice exists by local governments, and to a lesser extent, the international community. Resourcing and programming to end the practice in Asia are extremely limited, so the impact of the COVID-19 pandemic on activities to end FGC have been less significant than in West and East Africa.

IMPACT ON SOCIAL AND GENDER NORMS

The emergence of COVID-19 has, however, made it even more difficult for activists and organisations working to end FGC in the region. One partner based in a rural community in Sumatra Utara, Indonesia, has raised concerns about the impact of lockdown on social norms in rural or isolated communities, where traditional and dominant views around FGC- such as it controlling women's sexuality - are not being challenged as a result of community isolation during this period.

MONITORING AND REPORTING

Where activists and organisations were carrying out programmatic activities with communities to end FGC, lockdown and stay-at-home orders have prohibited further work at this time. Travel restrictions mean that carrying out community-based activities is extremely difficult, whilst organisations with monitoring and reporting mandates have been unable to verify information and collect real-time data. The reality across Asia is that most organisations and activists don't have access to vital information about the situation facing women and girls at risk of FGC.

Conversely, anecdotal reports made by activists across Indonesia and Malaysia suggest that lockdowns may have resulted in the cancellation or postponement of large, ritualistic FGC ceremonies, for example in Gorontalo province, as the economic impacts of COVID-19 lead communities to re-prioritise resources away from expensive ceremonies towards basic needs. However, activists and organisations stress that verifying these reports is difficult if not impossible during lockdown, and note that a lack of policing during COVID-19 may also mean that ceremonies simply go ahead as normal.

ESSENTIAL SERVICES

Access to essential services is also heavily restricted across the Asia region. In Malaysia, family planning clinics have had to scale down or postpone their work indefinitely, as health services only offer COVID-19 related services, despite survivors of FGC being reliant upon broader access to SRHR services. In Indonesia, service providers and safe houses have been closed.

³⁶ Orchid Project (2020) 'Asia Network to End FGM/C Consultation report'

Impact of COVID-19 on trends in FGC

IMPACT OF COVID-19 ON MEDICALISATION OF FGC

Whilst lockdowns and stay-at-home orders have widely resulted in a loss of prevention, protection and support services to women and girls at risk or survivors of FGC, a lack of access to services may be driving down rates of medicalised FGC (FGC performed by a medical professional). Reports from organisations across Nigeria, where 12.7% of FGC is carried out by a medical professional,³⁷ note that lockdown orders and restrictions on movement mean that families across Enugu State have been unable to travel to clinics or health facilities to access FGC services.

“People are unable to go to the hospitals where medicalised FGM is practiced and even if they can find their way to the hospitals, the attention of the health care providers have been diverted to focusing on the pandemic. If this happens, efforts should be made to maintain this positive achievement even beyond this pandemic.”

- HACEY Health Initiative, Nigeria

In cases where families do arrive at medical facilities, one partner notes that the prioritisation of COVID-19 by healthcare workers means that FGC services are unlikely to be provided in a medical setting. Equally, reports from Malaysia and Indonesia, where FGC is routinely offered by midwives as part of ‘birth packages’, suggest that clinics where such services are offered are closed or offering ‘essential’ services only. In such circumstances, COVID-19 may provide an opportunity to interrupt increasing trends of medicalisation by capitalising on the perceived understanding that FGC is not ‘essential’, and is in fact a violation of the rights of women and girls. COVID-19 may provide an opportunity to interrupt increasing trends of medicalisation by capitalising on the perceived understanding that FGC is not ‘essential’, and is in fact a violation of the rights of women and girls. However, the possibility of health service providers switching to private settings- such as homes- to carry out the practice cannot be ruled out.

COVID-19 may provide an opportunity to interrupt increasing trends of medicalisation by capitalising on the perceived understanding that FGC is not ‘essential’, and is in fact a violation of the rights of women and girls.

IMPACT OF COVID-19 ON CROSS-BORDER CUTTING

Varying levels of response to COVID-19 across international borders is likely to have impacts on cross-border cutting. The phenomenon of cross-border cutting is well-documented and of particular concern in normal circumstances where communities cross national borders to carry out FGC in a country where the practice is legal or in hopes of avoiding authorities.³⁸ Kenya’s Anti-FGM Law is well regarded as one of the most robust and stringent pieces of legislation making the practice illegal to carry out, with mandatory reporting requirements and the application of extraterritorial jurisdiction. Border communities routinely cross into neighbouring countries to carry out the practice.

Local activists working in communities along the Kenya-Tanzania border have noted the impact that different national approaches towards COVID-19 have had on the practice of FGC. Whilst Kenya moved to enact stricter forms of lockdown and issued stay-at-home orders, Tanzania’s President Magufuli has advised citizens that religious faith can prevent or cure COVID-19, whilst encouraging public gatherings.³⁹ Subsequent higher rates of infection across the Tanzanian border have led to fears within the Kenyan Loita community that Tanzanians will bring COVID-19 across the border.

³⁷UNFPA (2013) ‘Female Genital Mutilation (FGM) Dashboard- Nigeria’

³⁸UNFPA (2019) ‘Beyond the Crossing: Female Genital Mutilation Across Borders’

³⁹Chatham House (2020) ‘Expert Comment: Tanzania Evades COVID-19 Lockdown, but Restrictions Persist’

Impacts of COVID-19 on grassroots organisations working to end FGC

Beyond the direct impacts of COVID-19 on rates and modalities of the practice of FGC itself, the pandemic and governmental responses to contain COVID-19 are largely acknowledged to have had considerable negative impacts on the functioning of CSOs and activists working to end the practice. UNFPA has estimated that COVID-19 has resulted in a delay to one third of programmatic activities aimed at ending FGC,⁴⁰ although grassroots activists and organisations have also reported broader challenges in their work as a result of the pandemic.

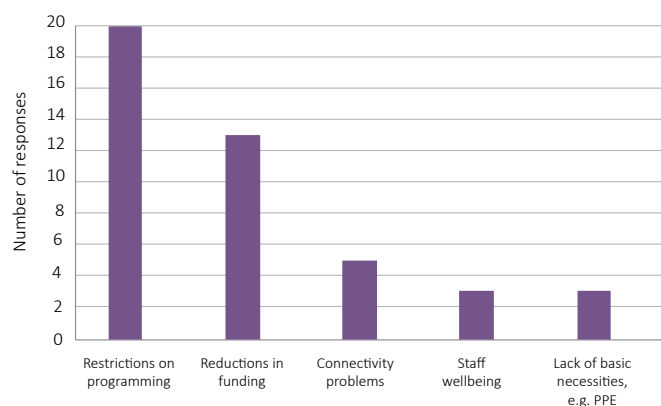
RESTRICTIONS ON CSO ACTIVITIES

Almost all grassroots organisations and activists across all regions have reported severe restrictions placed on programmatic activities as a result of stay at home orders and social distancing measures. Restrictions on travel and movement are preventing a wide range of organisations that are not community-based from accessing communities to carry out vital social norms-based work to end the practice, including Orchid Project partners; Tostan (Senegal), Kalyanamitra (Indonesia), and COVAW (Kenya). Where organisations and activists are community-based, social distancing rules mean that their usual activities including women's forums, community dialogues, training and capacity building activities are

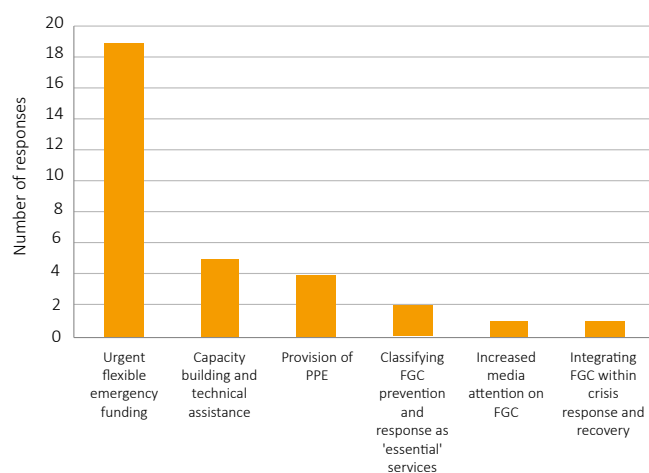
having to be drastically scaled back or reduced to accommodate health and safety concerns around virus transmission. One organisation in Narok, Kenya notes that social distancing concerns could be effectively managed if adequate PPE were provided and available, including face masks, soap and hand sanitizer.

Organisations and activists carrying out varying forms of vital work to end FGC are also being impacted in different ways by lockdown. Despite the vital need for research and data collection - particularly across the Asia region, lockdown has led to research being put on hold or delayed as collection methods are unsuitable for remote surveying. Organisations across East Africa have also noted that rescue centres are unable to reach out to girls at risk or to offer protection from FGC, whilst clinics and health services operating in Malaysia have been shut down or have had to scale down services and training. Organisations with a monitoring or reporting mandate, including across Kenya and Indonesia, have reported that restrictions on movement prevent adequate monitoring of potential FGC cases, making it difficult to accurately assess and verify cases in real-time, creating considerable impacts for urgent response requirements.

ORGANISATIONAL AND INDIRECT IMPACTS OF COVID-19 REPORTED BY GRASSROOTS ACTIVISTS



RESPONSES BY GRASSROOTS ACTIVISTS AND ORGANISATIONS ON SUPPORT NEEDED TO RESPOND TO THE IMPACTS OF COVID-19 ON FGC



⁴⁰UNFPA (2020) 'Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage'

“COVID-19 has reduced physical access to communities and households as all individuals are advised to take responsibility. However, with funding and provision of PPE, community interventions can take place within proper WHO guidelines. Funding is also needed for online advocacy, therapy, and counseling services.”

- One Voice Initiative For Women and Children Emancipation, Nigeria



The SAFE Samburu team pose for a photograph wearing PPE. Samburu, Kenya, 2020.

S.A.F.E. KENYA

SAFE Maa and SAFE Samburu have been working in Loita Hills and Samburu during Kenya’s COVID-19 curfew whilst trying to mitigate social distancing impacts on vital community-based activities. With authorisation from local government, both S.A.F.E. teams have been able to continue their community workshops by sharing public health information on social distancing and handwashing, alongside facilitating dialogue on FGC. To abide by social distancing rules, capacity has been reduced for the number of participants, which has led to full participation of community members and a deeper dialogue on FGC. S.A.F.E. have also adapted their flagship performance tours, which usually encourage large audiences in marketplaces and school settings. Instead, they have utilised the power of film to share their performances through screenings at local homesteads as a tool to engage families in dialogue on FGC, as well as sharing on social media to reach national and international audiences.

UTILISING TECHNOLOGY

Grassroots organisations and activists have also reported considerable challenges utilising or adapting to technology to continue community-based programming. Where organisations

are unable to directly access communities to carry out programming activities such as community dialogues, a shift towards online communications is hampered by unequal access to technology, including internet access. For example, organisations operating in various parts of rural Kenya and Indonesia report that communities have limited access to internet or technology such as mobile phones, and the gender digital divide in particular limits access considerably for women and girls most at risk of FGC. Organisations and activists themselves operating in rural or impoverished areas equally report a lack of internet access and technology to carry out their own work online. Furthermore, shifting towards online communication methods are not cost-neutral. Whilst the use of radio-based communications has worked well for a number of organisations in Kenya, many grassroots activists report that they simply cannot afford to buy radio airtime. In Nigeria, organisations working to end FGC have been hampered in communicating with community activists due to lack of mobile phones and inadequate funding to provide this.

URGENT LACK OF FUNDING

Underlying many of the factors preventing programmatic activity is the reality that many grassroots organisations and activists are experiencing a dire lack of funding to cope with the increased risks of FGC, alongside a need for new ways of working to end the practice during a pandemic. The knock-on impacts of COVID-19 on local and national economies have led to price rises in food and basic necessities, including essential commodities such as PPE. Organisations are reporting a reduction in donor funding at this time as donors shift attention away from FGC in favour of responding directly to COVID-19 and its health impacts. One organisation in Rift Valley, Kenya, has had to send staff home with half of their usual salaries amid depleting donor funding, whilst staff are having to additionally accommodate girls at risk within their own homes at personal cost. One organisation in Kenya has had to close down due to lack of funding, whilst another two organisations in Indonesia and Tanzania are also at imminent risk of closure as a result of diminishing funding.

“Funding for grassroots organisations is now key - if we are to reduce FGM prevalence within the COVID-19 context. The Anti-FGM Board, UN Organisations and other key stakeholders need to ensure that matters pertaining to policy and advocacy is done at all levels to ensure integration of FGM within current COVID-19 country responses.”

- GirlVanize, Kenya

DE-PRIORITISATION OF FGC

In addition to a diversion and reduction in funding for work to end FGC, activists are reporting a broader de-prioritisation of FGC in terms of media attention and political will to engage with the issue, resulting in the issue all but disappearing from the public agenda. Despite global recognition of the ‘shadow pandemic’ of GBV resulting from COVID-19, local authorities in Narok, Kenya have shifted their entire focus to respond directly to COVID-19, with the result that “FGC is a non-issue at the moment”. This phenomenon has been particularly striking across the Asia region, where activists have struggled for years to get governmental recognition of the practice onto political agendas. Activists in Sri Lanka have noted a general difficulty in engaging with the police on violence against women, where complainants are being turned away, and activists across Sri Lanka, Pakistan and Singapore note that advocacy on FGC is being scaled back as a result of governments cautioning that “now is not the time” to be discussing FGC. In Iran, activists cannot speak openly about FGC in public, and media outlets will no longer engage with the issue.



Dr Chris Ugwu stands with community members in facemarks with COVID-19 posters. SIRP, Enugu State, Nigeria, 2020.

“We need financial support to keep reaching communities with the sensitisation of COVID-19 and to provide food to households, this is because poverty is the root cause of FGC and child marriage, and now most households don’t go to work. We need financial support so that we can get the resources required to hold forums on the need to end FGC, and to also keep educating the community on the prevention measures of COVID 19.”

- Maasai Mara Women Empowerment Guide Organisation, Kenya

Mitigating strategies and best practices: How grassroots organisations and activists are adapting to COVID-19



SOCIALLY DISTANCED PROGRAMMING

- Reducing the numbers of participants in community-based programme initiatives
- Holding community-based meetings in open, outdoor spaces
- Provision and utilisation of adequate and effective PPE.



MAPPING

- Terrain tools to map rural areas and access to remote communities, such as OpenStreetMap and Missing Maps.



REMOTE SURVEYING AND DATA COLLECTION

- UReport polling- free SMS-based technology for surveys and data collection.



DIGITAL TECHNOLOGIES

- Greater usage of WhatsApp, social media and communication platforms to organise, mobilise, and share key information
- Creation of digital and mobile phone apps to stimulate dialogue and social norms change
- Sharing pre-recorded podcasts through bluetooth for non-smartphone users.



HUMANITARIAN ASSISTANCE

Poverty is a key driver of FGC in some contexts. The economic shock from lockdowns has led grassroots activists to provide:

- Food parcels
- Hand crafting face masks and PPE
- Provision of menstrual products
- Provision of soap and community advice on hygiene to avert COVID-19
- Housing girls at risk of FGC in activists' own houses.



SERVICE PROVISION

- Collating lists of service providers and maintaining updated referral pathways
- Hotlines for girls at risk of FGC and gender-based violence
- Community-based protection, community surveillance schemes, use of WhatsApp
- Rescue brigades⁴²
- Shelters and refuges for women and girls at risk- activists are reporting housing girls at risk in their own homes.



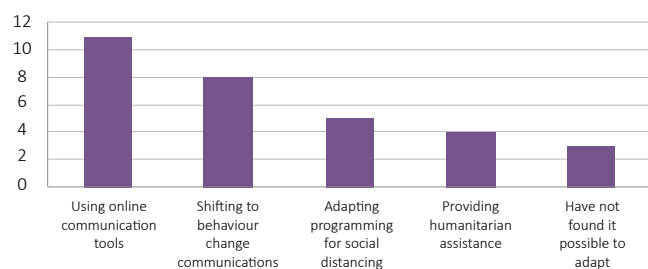
BEHAVIOUR CHANGE COMMUNICATIONS

Many organisations have developed communications campaigns to promote FGC abandonment to people subject to stay-at-home orders and curfews:

- Use of radio time to promote messages on ending FGC
- Radio and TV 'jingles'
- Poster campaigns
- Sponsored advertisements on social media.⁴¹

⁴¹ UNICEF Nigeria reached 1.1 million users in a 4 week period as part of the Spotlight Initiative in Nigeria during lockdown

MITIGATING STRATEGIES EMPLOYED BY GRASSROOTS ACTIVISTS AND ORGANISATIONS TO RESPOND TO THE IMPACTS OF COVID-19 ON FGC



SAHIYO, INDIA & USA

Before the coronavirus pandemic hit, much of Sahiyo's work involved working with activists and community members through in-person retreats and Thaal Pe Charchas – conversations over food. In the current climate, Sahiyo has needed to pivot and work increasingly through technology and digital spaces. The organisation has been able to work to their strengths as communicators at this time, and use digital spaces to convey messages to great success. They've held webinars with over 300 people in attendance and continue to share survivor stories on their social channels through a project with the StoryCentre; Voices to End FGM/C.

“While girls and family members stay home, the most immediate channel of getting information is through radio. Parents are glued to their radio to follow COVID-19 updates from the government and children are taking virtual classes through the radio teaching program. This presents a huge opportunity to use this same medium to transmit vital information about the impact of the practice and the importance of protecting and upholding girls' rights. Purposeful is currently using this same channel to engage girls, address issues and transmit vital information to keep girls and their families safe from COVID-19. The temporary ban on all secret societies presents an opportunity to hold the community accountable in the event of secret initiation. Though we are not sure how this is monitored.”

- Purposeful, Sierra Leone



Community members discuss FGC during a 'Thaal Per Charcha' (conversations over food). Sahiyo, India, 2018.

⁴² The rescue brigade model has proven effective in humanitarian crises and consists of women's rights/anti-FGC activists and youth service providers responding to cases of GBV and FGC through formal or informal referral mechanisms and providing referrals for survivors. Rescue brigades can play a critical role in raising awareness about GBV and FGC during the COVID-19 pandemic as well as provide referral pathways to communities.

With thanks to

Orchid Project would like to thank our global network of allies and partners who have shared information about the impacts of COVID-19 on their communities and their work, and who continue to work tirelessly with communities to end FGC during this pandemic.

AfyAfrika, Kenya

AWARE, Singapore

bakamono.lk, Sri Lanka

Banka BioLoo Limited, India

Bukit Lawang Trust, Indonesia

Colorful Girls, Myanmar

Community Health, Sierra Leone

FRHAM, Malaysia

GirlVanize, Kenya

HACEY, Nigeria

Inception, Pakistan

Kalyanamitra, Indonesia

Komnas Perempuan, Indonesia

Maasai Mara women Empowerment Guide Organization, Kenya

Maasai Reto Women's Group, Kenya

Msichana Empowerment Kuria, Kenya

Murua Girls Education Program, Kenya

NAFIS Network, Somalia

Pastoral Women's Council (PWC), United Republic of Tanzania

Purposeful, Sierra Leone

RCSI & UCD Malaysia Campus, Malaysia

S.A.F.E., Kenya

SAFE Engage, Kenya

Sahiyo, India & USA

Save Visions Africa (SVA), Nigeria

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Stop FGM Iran, Iran (Islamic Republic of)

Voice of Dagoretti Youth Group, Kenya

W.A.V.E Foundation, Nigeria

Women Against Violence and Exploitation in Society, Sierra Leone

Women Environment and Youth Development Initiative (WOYODEV), Nigeria

Women Initiative for Self Help (WISH), Liberia

In addition to other organisations and individual activists who wish to remain anonymous.

Written by Lo Riches & Ebony Riddell Bamber. Edited by Miranda Dobson.

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WORKING TOGETHER TO END
FEMALE GENITAL CUTTING

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