



TOOLBOX

Female Genital Mutilation and the Humanitarian Development Nexus

Practical Ways to Support Programme-Level Implementation of the Nexus Approach

JULY 2022

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Introduction

This paper presents a set of practical tools that emerged from the reflection exercise. It is intended primarily for use by the UNICEF country programme teams and their partners working to eliminate FGM.

In 2020, UNICEF produced a technical note to guide countries as they pivoted to prevent and mitigate the risk of female genital mutilation (FGM) during the COVID-19 pandemic. [The Humanitarian-Development Nexus: The Future of Protection in the Elimination of Female Genital Mutilation](#) outlines operational and programmatic strategies to situate FGM within the humanitarian development nexus approach (nexus approach). The nexus approach is a priority for UNICEF to deliver the core commitments for children.¹

The need to bridge humanitarian and development programmes is in no way a new concept. However, the pandemic has created a sense of urgency in adopting the nexus approach in responding to child protection issues across development and humanitarian settings. The COVID-19 pandemic highlights the importance of the nexus approach in responding to the issues facing children across development and humanitarian contexts. The global community faced unprecedented

challenges due to the pandemic, including including increasing the risk of FGM. UNFPA estimates that an additional 2 million cases of FGM could occur by 2030 due to Covid-19 pandemic.

As a follow-up to the nexus technical note, UNICEF undertook an exercise of reflective practice with a sample of stakeholders implementing the UNFPA-UNICEF Joint Programme on the Elimination of FGM (the Joint Programme).² The exercise explored applying the nexus approach to applying the nexus approach to the Joint Programme during the COVID-19 pandemic.

This paper presents a set of practical tools that emerged from the reflection exercise. It is intended primarily for use by UNICEF country programme teams and partners working to eliminate FGM at the national and subnational levels. Additional reference materials on the nexus approach, the elimination of FGM and on community-based protection mechanisms are also included on page 25.



Nexus is defined as: “greater cooperation, coherence, coordination and complementarity among development, disaster risk reduction, humanitarian action and sustaining peace” programmes across UNICEF as a way to avoid siloed approaches.³

1 United Nations Children’s Fund, Technical Note: The Humanitarian-Development Nexus: The Future of Protection in Eliminating Female Genital Mutilation, New York, <www.unicef.org/media/87311/file/FGM-Humanitarian-Development-Nexus-2020.pdf>, accessed 7 July 2022; United Nations Children’s Fund, Formative Evaluation of UNICEF Work to Link Humanitarian and Development Programming: Summary (E/ICEF/2021/28), United Nations Economic and Social Council, New York, 2021, <www.unicef.org/executiveboard/media/7241/file/2021-28-Evaluation_summary-Humanitarian_development-EN-ODS.pdf>, accessed 7 July 2022.

2 United Nations General Assembly, Quadrennial Comprehensive Policy Review of Operational Activities for Development of the United Nations System (A/RES/75/233), United Nations General Assembly, New York, 2020, <<https://digitallibrary.un.org/record/3896788>>, accessed 7 July 2022.

3 United Nations Children’s Fund and United Nations Population Fund, UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating the Elimination of an Extreme Form of Violence Against Girls’, UNICEF, New York, <www.unicef.org/protection/unfpa-unicef-joint-programme-eliminating-fgm>, accessed 7 July 2022.

Female genital mutilation, the humanitarian development nexus, and the COVID-19 pandemic

The COVID-19 pandemic has affected everyone, but girls and women have faced additional social, economic, protection and health risks due to deeply entrenched inequalities, gender norms and power relations.⁴ The pandemic's sudden onset, wide-

ranging consequences and duration required major programme shifts from development to humanitarian programming. The pandemic has presented the following interrelated challenges:

- 1 A public health crisis.
- 2 A socioeconomic crisis due to confinement measures to prevent the spread of the disease.⁴
- 3 A protection crisis for girls and women experiencing an increased risk in FGM and child marriage.

The pandemic has brought the purpose of the nexus approach to the fore. The nexus approach is grounded in the reality that many of the issues and needs identified in an emergency are linked to inequalities or vulnerabilities in non-emergency contexts.⁷ Similarly, groups usually affected by different vulnerabilities are also likely to be significantly affected when a humanitarian situation arises.⁸



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4 United Nations Children's Fund and United Nations Population Fund, 2020 Global Annual Report: Eliminating Female Genital Mutilation During COVID-19: Sustaining the Momentum, UNICEF, New York, 2021, <www.unicef.org/reports/2020-annual-report-female-genital-mutilation-covid19>, accessed 7 July 2022.

5 Lilly, Damian, What Happened to the Nexus Approach in the COVID-19 Response?, Global Observatory, International Peace Institute, New York, 2020, <<https://theglobalobservatory.org/2020/06/what-happened-to-Nexus-approach-in-covid-19-response/>>, accessed 7 July 2022.

6 Fanning, Emma, and Jessica Fullwood-Thomas, The Humanitarian-Development-Peace Nexus: What Does it Mean for Multi-Mandated Organizations?, Oxfam, Oxford, 2019, <<https://oxfamlibrary.openrepository.com/bitstream/handle/10546/620820/dp-humanitarian-development-peace-nexus-260619-en.pdf>>, accessed 7 July 2022.

8 Ibid

Methods for reflective practice exercise

Key informant interviews were conducted with UNICEF humanitarian, gender and child protection specialists at headquarters and in regional and country offices.

The reflective practice exercise involved the following steps:

- 1 A literature review focused on the rollout of the nexus approach, adapting interventions during the COVID-19 pandemic, and other relevant learning.
- 2 Deep-dive workshops with 20 UNICEF staff and partners in Somalia and Uganda.
- 3 An online survey, administered, in English and French, to four UNICEF country offices and their partners including Burkina Faso, Egypt, Somalia and Uganda.
- 4 Key informant interviews were conducted with UNICEF humanitarian, gender and child protection specialists at headquarters and in regional and country offices.
- 5 A review of and participation in different webinars and online conferences.
- 5 The development and or adaptation of tools to support the implementation of the nexus approach in the elimination of FGM.



What is reflective practice?

- Reflective practice can help to improve programme quality and effectiveness and support staff capacity development.
 - Reflective practice is a systematic learning process that encourages individuals and teams to look back at their interventions and critically review different aspects.
 - Reflective practice can occur on an ongoing or periodic basis but is most effective when built into the programme cycle or identified as a regular part of the implementation.
 - Reflection needs planning, and should be given time, managed systematically and documented. For example, in the UNFPA-UNICEF Joint Programme, reflective practice sessions can be built into learning and monitoring approaches at the country, regional and global levels.
- The additional benefits of reflective practice exercises include:
 - ✦ Improving the understanding of how planned actions take place on the ground or whether they lead to desired outcomes.
 - ✦ Checking assumptions to ensure the most effective actions are taking place and adapted to the local context.
 - ✦ Helping to identify positive or negative unintended consequences or to identify areas for correction or adaptation.
 - ✦ Creating space for open and constructive sharing of different perspectives and building stakeholder ownership through dialogue, problem-solving and consensus-building.
 - ✦ Reflective practice does take time, but, if managed correctly, can generate many positive outcomes for individuals, teams and programme implementation, and can help to deliver better results for affected populations and strengthen accountability mechanisms.





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Results: Reflections and ideas from the field

Putting the nexus approach into practice at the programme level needs reinforcement, especially in equipping UNICEF country offices to work with and guide partners.

Presented below are suggestions and general reflections from participants following the reflective exercise.

General reflections

- 1** In general, participants see the nexus as an opportunity for strengthening interventions to eliminate FGM. Although UNICEF staff, especially at headquarters and regional levels, feel confident in applying the nexus approach, there is space for additional capacity-building and guidance. Applying the nexus approach at the programme level needs reinforcement, especially in equipping UNICEF country offices to work with and guide partners.
- 2** Participants in the reflective exercise also felt that technical notes, online guidance and learning needed to be accompanied by 'how to' training and mentoring. The concepts are explained, but now is the time to think more about what it means in practice. Some participants felt that UNICEF produced multiple technical notes during the pandemic. Combining interrelated issues with more holistic guidance, was a suggestion to help different sections to work together more effectively. This approach is more in line with the nexus approach than having different sections or sectors producing different guidance notes.

GAPS IDENTIFIED DURING THE REFLECTIVE PRACTICE

- **Level of commitment to public declarations to eliminate FGM**
- **Communities reverting to 'negative coping mechanisms'**
- **Classification of social welfare workers as 'nonessential workers'.**
- **Limitation of technologies and remote service provision**
- **Leveraging longer-term and more predictable resources**
- **Maintaining visibility**
- **Disruption to protective environments**
- **Improving integrated HRPs and development plans**
- **Disruptions to Communication for Development (C4D)**

3 It was discovered that many programmes would not necessarily package or document their programme within the conceptual framework or language of the nexus approach. This could lead to difficulties documenting how they apply the nexus approach in practice or sharing the approach with partners and other development stakeholders, including donors. The reflection points to the need for Joint Programme actors to reference their interventions with a nexus framework in the future, including documentation of challenges, learnings, and best practices.


4 Participants expressed that strategies to address FGM needed a blended and balanced approach targeting different aspects of child protection and other related systems. Interventions to eliminate FGM do not occur in isolation but are part of broader system-strengthening engagements to address underlying causes by reducing girls' risk. The planning and phasing of activities are also critical; otherwise, an action can become isolated, leading to unintended negative consequences or a failure to deliver expected outcomes. The more different strategies or actions are mutually reinforcing, the more likely they are to take hold and to bring about more lasting change to eliminate FGM and other harmful practices.

5 Many interventions to eliminate FGM depended on service providers being present in communities, and this was


disrupted throughout the pandemic. One reflection from front-line workers was that refugee settings experienced potentially lesser effects of the pandemic than other programme sites. This was attributed to the fact that refugee settlements are more of a controlled environment or are already familiar with adapting to changes in context. The pandemic also highlighted and exacerbated existing gaps in the capacity and effectiveness of child protection and other aligned systems.

Lessons from community-based child protection mechanisms during COVID-19

During the pandemic, country programmes faced significant disruptions to routine implementation. A critical challenge was the severe restrictions on movement, with service providers unable to access the communities where they usually work. As a result, programmes to eliminate FGM relied on community-based child protection mechanisms (community mechanisms) to play a more central role in providing front-line assistance to survivors or girls at risk of FGM. Where access is increasingly becoming a challenge for external service providers, either due to insecurity or public health crises, community-based structures, including women-led organizations, have always remained available to provide life-saving services in their communities. If supported and guided, these community structures can be more trusted, accepted by their communities, and even become more sustainable.



Community-based protection mechanisms can be involved in a range of activities for children, depending on the context and environment.



Community protection mechanisms are widely used across different sectors and contexts. Engaging constructively with and empowering communities are vital parts of the localization strategy of the nexus approach. Although the term ‘community-based protection mechanisms’ is used here, such mechanisms have many names across different countries, including ‘child protection networks’, ‘community-based child protection groups’, ‘child welfare committees/groups’ and communities for specific issues (anti-trafficking groups, FGM surveillance committees, etc.). Regardless of the name, these groups generally perform the same roles or functions and often form the front line of national child protection systems.

WHAT ROLE DID THE COMMUNITY-BASED MECHANISMS PLAY IN PREVENTING AND RESPONDING TO FGM DURING THE PANDEMIC?

Community mechanisms can be involved in a range of activities for children, depending on the context and environment. Participants in the reflection exercise shared that many community groups were often involved, for example, in some or all the following activities:⁸

1 Identifying risks facing children or the ability of families and the community to provide care for and meet the needs of children. As the pandemic has demonstrated, children often face a range of interconnected risks that can manifest differently. For example, family economic hardship due to lockdowns can drive FGM demand as families benefit from preparing girls for marriage. School closures, travel restrictions placed on service providers, and limitations on awareness-raising and local accountability activities meant that community protection mechanisms were often the only mechanisms for collecting data about the situation of girls at risk of or who had undergone FGM.

2 Mapping out the resources or services that can support children and families, especially trying to link girls and their families to groups that might counsel them or provide other practical advice for not considering FGM. It was also essential for community mechanisms to know where and how to refer at-risk girls or girls needing medical, legal or other forms of support following FGM – and this knowledge was often unavailable.



Community-based child protection mechanisms are widely used across different sectors and contexts. Engaging constructively with and empowering communities are vital parts of the localization strategy of the nexus approach.

⁸ Discussion on this section was structured using Save the Children’s report, ‘Children at the Centre: A Guide to Supporting Community Groups Caring for Vulnerable Children’, The Save the Children Fund, London, 2007, <<https://resourcecentre.savethechildren.net/pdf/2662.pdf>>, accessed 7 July 2022.

3 Acting as a point of protection within the community. The reflection identified that many communities were able to continue monitoring the situation of girls and to raise concerns about FGM. Some used door-to-door approaches or locally available digital platforms to mitigate threats to the protective environment due to school closure, travel limitations placed on service providers, and so on.

4 Coordinating activities within the community in support of child and family welfare. For example, during the pandemic, groups across different sectors tried pooling resources or using programmes as vehicles for sending multiple messages to communities, including on the risks of COVID-19 and how the closure of schools and other services could increase girls' risk of undergoing FGM. Front-line workers also tried monitoring the different risks facing children, including FGM, and being as present as possible to try and find solutions or to share ideas on how people might resist negative or harmful coping mechanisms. Health and protection workers, for example, joined together to share combined messages.

Participants equally reflected on the challenges faced while working with community protection mechanisms and, on the basis of these reflections, Table 1 lists the proposed actions for strengthening these mechanisms.

FACTORS THOUGHT TO HAVE ASSISTED THE ROLE OF THE COMMUNITY MECHANISMS

During the reflective process, several additional factors were thought to have assisted community mechanisms to continue monitoring the situation of girls at risk of or who had undergone FGM. These factors, while identified by FGM actors, are likely to apply to community mechanisms in general and to merit consideration under the nexus approach.

1 Previous experience of 'isolation':

Some Joint Programme countries have experienced not accessing communities due to natural disasters, conflict, and insecurity, or even through the Ebola outbreaks.⁹ As a result, the country teams have the experience to draw upon and apply. Even though the recent pandemic was longer, they could apply their earlier learning or had the experience of adapting and becoming more agile in adapting creative or innovative ideas to overcome the emerging challenges.

2 Integrating COVID-19-safe practices into activities:

Besides sharing messages about COVID-19, service providers also adapted their ways of working, by, for example, reducing the size of groups for activities, using masks and handwashing facilities, and moving outdoors, all helping communities to continue with actions to address FGM.

TABLE 1:

Actions to strengthen community-based child protection mechanisms

During the reflective practice process, stakeholders identified actions which are summarized in Table 1 for strengthening community-based child protection mechanisms for the elimination of FGM across the humanitarian-development nexus.

ACTION	COMMENTARY
 <p>Empower community-based child protection mechanisms (community mechanisms)</p>	<p>Promoting community ownership of the protection of girls from FGM following public declarations of elimination is empowering for communities. Community mechanisms, however, can be further strengthened through training in awareness raising and mobilization around the protection of girls from FGM, identifying risks and taking action to address protection concerns, and responding to and supporting girls who may have undergone FGM. Some community mechanisms may require resources such as mobile phones for reporting, especially in remote areas where access and services are limited.</p>
 <p>Acknowledge that communities are active actors in their own protection with capacities and resources</p>	<p>Communities can often identify girls at risk of FGM who might otherwise be invisible or inaccessible to external actors, and they can prioritize protection in a way outsiders cannot. Communities have a better understanding of their own capacities and resources, as well as preferred solutions for protection risks. Community-level knowledge (and engagement over time) is also essential in understanding the root causes of FGM and the most effective protection mechanisms.</p>
 <p>Engage community members perceived to be respected and influential within their communities</p>	<p>Community and religious leaders, and local women-led organizations, as respected and influential members of their communities, are more likely to elicit trust in community mechanisms, and their messages about the need to protect girls from FGM are more likely to resonate among community members as opposed to external messages that are not grounded in local reality.</p>
 <p>Work with rather than for communities in addressing protection gaps in humanitarian crises</p>	<p>Protection gaps are increasingly challenging in humanitarian settings. The Joint Programme works in numerous contexts where duty bearers are unable to protect girls from undergoing FGM. Limited or no access to a reliable justice system, and the lack of availability of prevention and response services for vulnerable girls/survivors of FGM manifest as protection gaps. Humanitarian space is also increasingly contested, and access to affected communities made ever more difficult for humanitarian actors. Therefore, it is even more relevant and necessary to work with communities in protecting girls from FGM instead of for them, by building community resilience and preparedness through enhanced capacity and the effective use of local resources.</p>
 <p>Recognize community mechanisms as a critical component in strengthening national child protection systems</p>	<p>Community mechanisms are critical components in strengthening national child protection systems, and are also key local ways of supporting social transformation, such as changing social norms and FGM as a harmful practice in favor of child protection. In resource-poor settings and places where the government is unable to fulfil its duties, community mechanisms may support and supplement government capacity.</p>

Lessons point to gender differences in the access to or use of technology, which is essential for adapting future FGM interventions.

3 Use of technology: The use of different technologies, or soft approaches as defined by some participants in the reflection, was gathering pace before the pandemic. These early experiences meant that child protection and other actions had a foundation to build on or could draw from the lessons learned in different countries. These experiences also helped to accelerate the rate at which interventions could become remote/digitized, and helped to ensure the ability to continue supporting service providers and community protection mechanisms.

4 In noting the benefits of using technology, the reflection exercise also highlights that **technology-based interventions are less effective in groups who were already hard to reach** before the pandemic. This is a crucial point to keep in mind, especially as the lessons learned raise the possibilities of future digital interventions. The hardest-to-reach or most vulnerable people, especially adolescent girls, will always struggle to catch up or to access phones, the internet, computers, and so on. Lessons also point to gender differences in the

access to or use of technology, which is essential for adapting future FGM interventions.

5 Adapting helplines: Country programmes adapted the approach to helplines. Some set up FGM-specific lines, whereas others worked to retune the approach to ensure more sensitivity to the broader range of issues of GBV or violence against children, including FGM, being reported.

6 Virtual technical support: Participants in the reflection exercise appreciated greater levels of engagement and support from country and regional child protection specialists. This moved beyond the typical focus of discussing programme implementation or reporting issues during the pandemic to more of a mentoring or guidance approach. In some ways, the pandemic reset relationships, the ways of communicating and problem-solving. Maintaining the positive aspects of this support will be helpful in the future.

7 Preparedness: Countries were already switching to cross-sectoral or integrated approaches to eliminating FGM due to their



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contexts. In line with the nexus approach, steps were already being taken to integrate FGM into humanitarian response plans. Thus, when the pandemic hit, actors at different levels could pivot or adapt their interventions and build on the completed steps as part of their emergency preparedness. Service providers, policymakers and community mechanisms knew the changes needed and put these into practice without delay.

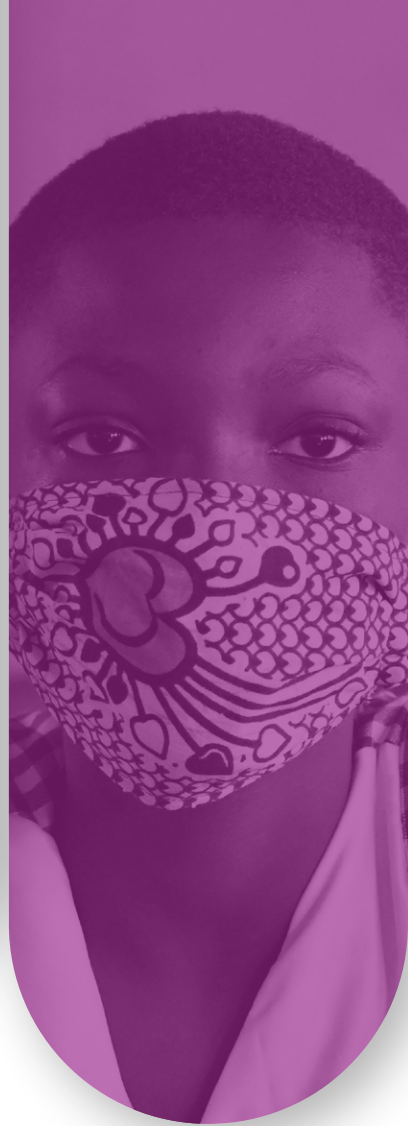
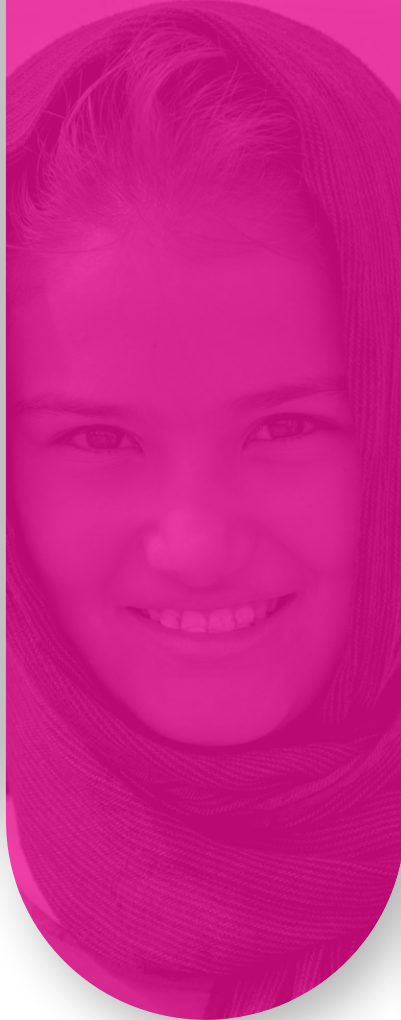
8 Activating alternative modes of protection/surveillance: School closures removed a layer of protection from girls at risk of FGM. To mitigate this risk, several actors used cultural activities and clubs to provide a platform for girls to meet in pandemic-safe ways, thereby reducing the degree to which they were isolated at home and increasing the chances that somebody would spot girls who went missing and report this.

9 Leveraging health and other aligned systems: The pandemic highlights the need to work with others and to leverage resources

differently. Health services were prioritized in most countries, and this allowed child protection and gender actors to use their structures for sharing messaging, maintaining surveillance, and so on.

In noting the opportunities, there are also some issues to think through. For example, at times, health services note that addressing serious rights violations requiring reporting and referral by law, such as FGM, can hinder their effectiveness on other fronts, especially where people feel confidentiality has been broken. This demonstrates the need to have multipronged interventions across sections, sending and reinforcing linked messaging and standards of service provision.

A critical reflection is that community mechanisms can deliver results to eliminate FGM, but ongoing support and sustainable resources are needed. These mechanisms need to be considered part of a more comprehensive system-strengthening plan rather than a replacement in times of crisis.



Toolbox: practical ways to support programme-level reflective practice

This toolbox contains several methods to support reflective practice in eliminating FGM and the nexus approach. They can be used internally within UNICEF or as part of broader

stakeholder discussions. UNICEF staff should feel free to adapt the tools or integrate them into monitoring and evaluation, or learning strategies. The specific tools are:

TOOL 1:

Making sense of change – a sample tool

TOOL 2:

FGM/nexus programme reflection workshop

TOOL 3:

FGM elimination and nexus tracking tool

TOOL 4:

Sample orientation plan on FGM interventions within the nexus approach

There are many different tools and approaches to support reflective practice. Country programmes, regional officers or other teams need to find an approach that best suits their needs or can be

integrated into their work process. This toolbox is just a way to share some of the tools developed during and after the reflection process undertaken within the Joint Programme to Eliminate FGM.


TOOL 1: Making sense of change – a sample tool



Aim: To unpack an adaptation or change process while also identifying the potential gains and benefits (outcomes) of situating FGM interventions within the nexus approach.

- This exercise is to help a team to think through the changes associated with linking FGM interventions to the nexus approach.
- The purpose is to consider the implications of changing working practices and how this will lead to gains and benefits.
- In your team, nominate a facilitator who can guide the team through Matrix 1.
- The matrix covers four areas:
 - + **Keep:** What will we keep by linking FGM to the nexus approach?
 - + **Lose:** What will we lose when the change is implemented?
 - + **Gain:** What will we gain by situating FGM interventions within the nexus approach?
- + **Benefits:** What will the benefits of the change be for us?
- Additional guidance notes are in the sample matrix.
- As you work through each column, it might be helpful to brainstorm and then agree on the areas/issues/process, and so on. You want to enter each column and add the details you find helpful.

MATRIX 1: Implications of change

WHAT WILL WE KEEP BY LINKING FGM TO THE NEXUS?  KEEP	WHAT WILL WE LOSE WHEN THE CHANGE IS IMPLEMENTED?  LOSE	WHAT WILL WE GAIN BECAUSE OF SITUATING FGM INTERVENTIONS WITHIN THE NEXUS?  GAIN	WHAT WILL BE THE BENEFITS OF THE CHANGE TO US?  BENEFITS
<i>Consider the relationships/roles/work habits/methods/systems/processes/mode of thinking/behaviours, etc. that we had before trying to link FGM and the nexus approach and that are still relevant, or that we can keep as we adapt programmes to eliminate FGM.</i>	<i>Consider the relationships/roles/work habits/methods/systems/processes/mode of thinking/behaviours, etc. that no longer fit with the idea of situating FGM interventions within the nexus approach. These we will need to lose!</i>	<i>Identify all the relationships/roles/habits/methods/processes/behaviours/ways of thinking and acting, etc. that were not there before but are in place (or will be). What do we have to gain from linking FGM interventions to the nexus approach?</i>	<i>Think about the benefits of changing how FGM interventions are designed, planned, implemented, etc. Identifying benefits can build commitment to trying new things or adapting and highlighting ways to improve impact.</i>

TOOL 2: Female genital mutilation/nexus programme reflection workshop



Aim: This exercise supports team/programme reflection on actions to eliminate FGM within the nexus approach. UNICEF teams can use it

to promote learning and identify how they put the nexus into practice. Partners and stakeholders can also join a reflection session as relevant. The exercise is divided into four parts

and can be completed in stages. Still, it may be best to conduct it in a workshop setting over about two hours (the number of participants will impact the time needed).

Part 1: What?

- Ask your team/group to consider the five (for example) most significant changes in the last 6 to 12 months regarding implementing programmes to eliminate FGM within the nexus approach.
- It might be helpful to use a brainstorming exercise to share suggestions and then to consider which are most significant (a debate about this is constructive and can generate different perspectives).
- Once the most significant issues are identified, begin to discuss why these are significant.
- You can use Table 2 to organize the outcome of the discussions.

TABLE 2: FIVE MOST SIGNIFICANT CHANGES IN INTERVENTIONS AGAINST FEMALE GENITAL MUTILATION

1. <i>Example can be positive or negative</i>	<i>Explain why it is so important</i>
2.	
3.	
4.	
5.	

Part 2: So what?

This step is about interpreting the change you have described and understanding its implications. What does it mean for the way we work on FGM?

- You can begin trying to understand the most important/relevant/surprising/practical/challenging part of the situation; how can that change be explained?
- What is the significance of each of the changes you have just described?
- How does the change impact you or how you work?
- Let the team debate and reach convergence on the top five most important (Table 3); this might require discussing why one is more important than others and taking notes.

TABLE 3: TOP FIVE CHALLENGES HINDERING INTERVENTIONS AGAINST FEMALE GENITAL MUTILATION

1.
2.
3.
4.
5.

Part 3: Challenge analysis

- Systematically, take each problem and discuss why it is so, and what originates it (Table 4). Iterate the answer why about five times for each case. This process is essential to understanding the complexity of the problems and beginning to unveil who will address them.
- Once you unpack the leading causes for the problem/ challenge, asking who can change these causes might reveal multiple people, but try to focus on who has the most significant influence or on a key combination of actors.
- Complete the same process for each of the problems/challenges listed.

TABLE 4: ANALYSIS OF THE CHALLENGES

CHALLENGES/ PROBLEMS	ROOT-CAUSES ANALYSIS	WHOSE SPHERE OF INFLUENCE?
<i>Copy the list from Table 2</i>	<i>Iterate five levels of answering why the problem exists</i>	<i>Who influences change to the problem?</i>

Part 4: Now what?

This is about trying to understand what you learn and how you can apply this learning as FGM interventions align with the nexus approach.

- How do the changes, and the learning about the changes, impact the next steps in terms of what we will now do?
- What do we do to sustain the change?
- What do we need to do to change further?
- Now what? – the next steps.

Facilitators' notes

- Ask the group to prioritize their problems, beginning with those they directly influence. Discuss what you will do about these problems (what solutions do they want to test and what do you need to solve the problem and move forward?).
- This should be a series of concrete actions that should realistically potentially provide a solution.
- Push the team to have something concrete and measurable as the team should reflect these actions in future work plans, and so on.
- Complete Table 5.

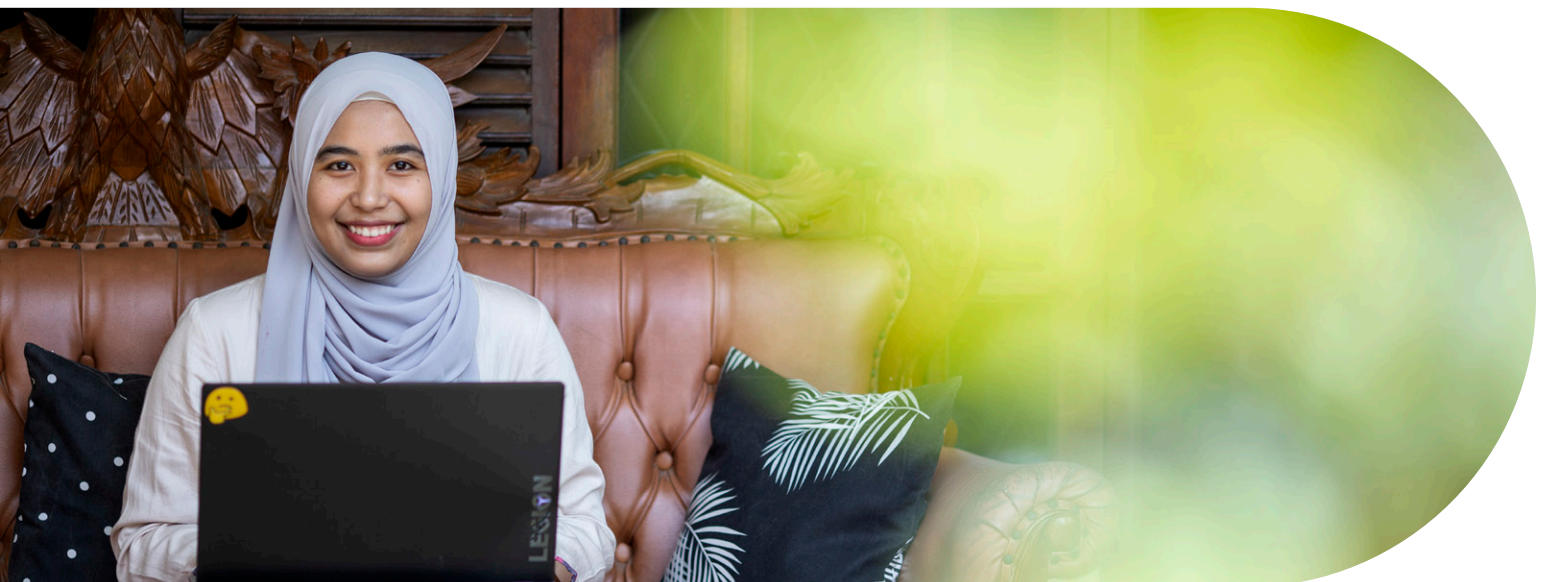
TABLE 5: WHAT WILL WE DO IN THE FUTURE?

CHALLENGES/ PROBLEMS	ACTIONS	POTENTIAL INDICATORS

TOOL 3: Female genital mutilation elimination and nexus tracking tool

Matrix 2 is a tool to take stock of how programmes reflect the main provisions of *The Humanitarian-Development Nexus: The Future of Protection in the elimination of Female Genital Mutilation*.

- By going through the matrix, a team can generate an overview of how programmes to eliminate FGM integrate different elements of the principles for ensuring that interventions are taking place within the framework of the nexus approach.
- By discussing the different supporting statements, the team can assess where their actions are proceeding well but with challenges or might have begun to stall.
 - ✦ Red indicates no progress or the action is stalling.
 - ✦ Orange indicates where there is room for improvement, or something might require a targeted effort.
 - ✦ Green indicates that there is good progress and the team feels its actions are delivering results.
- The matrix can be worked through in phases or all at once, depending on the time available. Still, the recommendation is to include it alongside more rigorous monitoring and evaluation processes, as it is primarily a tracking tool.
- Completing the matrix will help a team to identify areas for attention as they develop work plans.
- The idea is to move programme elements to the green column over time.
- Country teams are free to make adaptations or revisions to the matrix depending on their specific needs or to use it in conjunction with other processes that might go into elements more systematically or diagnostically. For example, completing the matrix and then organizing follow-up discussions/reflections on why some areas are in the red column.
- A country team might complete this within its section only, involving other UNICEF colleagues or as part of stakeholder reflections.



MATRIX 2

MACRO QUESTIONS	SUPPORTING STATEMENTS	NO PROGRESS	IMPROVEMENT NEEDED	GOOD PROGRESS
HUMANITARIAN-DEVELOPMENT NEXUS CONCEPTS AND APPROACHES				
How is the nexus approach understood within UNICEF?	Different sections within UNICEF have a similar understanding of the nexus approach and how to apply it in practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Partners understand the concepts associated with the nexus approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The rationale for adopting the nexus approach is straightforward and makes sense to UNICEF staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What was done to build internal capacity to understand and apply the nexus approach?	Staff have been provided with capacity-building or skills development to work through the nexus approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Staff have access to standard operating procedures or other tools linking FGM and the nexus approach in practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Country office staff can provide mentoring or technical support to apply the nexus approach in practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How are the outcomes associated with the nexus approach understood within UNICEF?	Reflection and lessons about working on FGM through the nexus approach are taking place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lessons learned are well documented and shared with stakeholders and across the Joint Programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lessons learned are impacting changes at the implementation level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STRENGTHENING SYSTEMS AND LOCALIZING HUMANITARIAN AND DEVELOPMENT PROGRAMMING				
How are child protection systems responding to emergencies (compounded by COVID-19)? How are they addressing violence against children across the nexus?	FGM interventions to integrate child and social protection systems work within the nexus approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Local government and community-based actors are supported to deliver services related to FGM (both prevention and response)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Referral and case management procedures for FGM interventions are in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Localization is taking place, and interventions and services are delivered in a way that resonates with communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MACRO QUESTIONS	SUPPORTING STATEMENTS	NO PROGRESS	IMPROVEMENT NEEDED	GOOD PROGRESS
How are international organizations partnering with local women's organizations and youth groups, and providing adolescent girls and women with leadership roles in developing the plans and implementation relating to FGM?	Partnership and coordination mechanisms are functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Joint programmes and strategies are supported by government and development partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Local organizations and representatives of affected populations (especially women and adolescent girls) play leadership roles in the development, implementation, and monitoring of programme plans and strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How are community-based child protection mechanisms functioning when it comes to detecting and reporting issues relating to FGM?	Local surveillance systems function and connect to other parts of the child protection system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Capacity-building and other forms of support are in place for community mechanisms to link FGM interventions to different contexts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Community-based child protection mechanisms can adapt to changes in context and continue with their work to eliminate FGM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Community-based child protection mechanisms were resilient in the face of the COVID-19 pandemic and/or other humanitarian crises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RISK-INFORMED PROGRAMMING				
To what degree are multisectoral risk assessments taking place?	Joint stakeholder child protection assessments are taking place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Assessments and risk analysis contain robust gender analysis, including issues of child marriage and FGM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Community-based actors and local organizations are participating in assessments and analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To what degree do the risk assessments influence planning and programming?	Risk assessments inform interventions, programme adaptations, and so on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Risk assessments are age and gender-sensitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Joint monitoring and evaluation frameworks are in place (i.e., shared and used across sectors/stakeholders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MACRO QUESTIONS	SUPPORTING STATEMENTS	NO PROGRESS	IMPROVEMENT NEEDED	GOOD PROGRESS
STRENGTHENING THE PARTICIPATION OF AFFECTED POPULATIONS				
What is being done to ensure the participation of affected populations?	Guidelines or standard operating procedures are in place for involving affected populations and communities in different phases of the interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Affected populations receive capacity-building to prevent and respond to FGM issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Affected populations have a voice in shaping programme design and implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The participation of affected populations and communities is integrated into the monitoring and evaluation framework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The participation of different groups is taking place equitably (girls, boys, women, men, refugees/IDPs, host communities, people with disability, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mechanisms for participation are adapted to the COVID19 pandemic effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STRENGTHENING SOCIAL PROTECTION SYSTEMS TO SCALE-UP CASH TRANSFERS IN EMERGENCIES				
How do social protection mechanisms address the different dimensions of girls' health and well-being?	Social protection mechanisms help to address the causes and effects of child protection concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The protection of girls at risk of FGM, child marriage or other harmful practices is discussed as part of social protection interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Social protection instruments are adaptive to changes in context	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Humanitarian/emergency plans include social protection interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	An economic analysis of the driving factors contributing to FGM is conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY PREPAREDNESS				
How is FGM addressed in emergency preparedness plans?	Emergency preparedness plans address the risk of girls undergoing FGM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Prevention and response services are considered part of the emergency preparedness plans (e.g., adaptations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emergency preparedness and response plans include integrated community surveillance systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	New emergency plans reflect lessons from the COVID-19 pandemic and/or other humanitarian crises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MACRO QUESTIONS	SUPPORTING STATEMENTS	NO PROGRESS	IMPROVEMENT NEEDED	GOOD PROGRESS
How do plans incorporate national and local level responses?	There are clear roles and responsibilities to address FGM and other child protection concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Child protection and gender issues are considered across all aspects/ sectors of emergency preparedness plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The role of local groups, including women-led organizations, is well established and supported in emergency preparedness plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emergency preparedness plans are adaptive and capable of responding to changes in context	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Agencies coordinate to ensure FGM is prominent across the humanitarian development nexus (or relevant plans and strategies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Agencies are combining resources and addressing FGM through a systems approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GALVANIZING PARTNERSHIPS TO MOBILIZE QUALITY RESOURCES				
What is happening to develop partnerships and funding to support humanitarian responses?	Changes are taking place in funding mechanisms to eliminate FGM (e.g., multi-annual funding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Donors and the government are pooling resources against strategic action plans and not just short-term projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Funding for emergency preparedness and response has dedicated lines for child protection system-strengthening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	FGM programming is funded directly or included with distinct indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOOL 4: Sample orientation plan on interventions within the nexus approach

- This plan is a sample for situating FGM within the humanitarian development nexus through an orientation/capacity-building programme.
- It can be used internally within UNICEF or as a joint exercise with key stakeholders and partners.
- The plan can and should undergo adaptation as needed in a specific context.
- This document has provided the material to prepare presentations, but allowing time for discussion, reflection or other participatory exercises is also beneficial.
- Each session might take around two hours, depending on the size of the group.

TABLE 6: SAMPLE ORIENTATION SESSIONS

SESSION	CONTENT	PURPOSE
Session 1: Concepts and principles of the nexus approach	<ul style="list-style-type: none"> • Clarifying the nexus approach • The rationale for the nexus approach • Linking the nexus approach to the elimination of FGM • Programme and operational strategies for FGM within the nexus approach 	<ul style="list-style-type: none"> • To increase understanding of the nexus approach, underlying concepts and how these connect to FGM elimination
Session 2: Eliminating FGM: Taking stock of current practice across the humanitarian development nexus	<ul style="list-style-type: none"> • Interventions used by country programme strategies to eliminate FGM • Challenges implementing programmes during COVID-19 and/or other humanitarian crises • Reflect on the link between FGM and protection (gender-based violence) minimum services and messages for communities 	<ul style="list-style-type: none"> • To share ideas and practical examples on the different interventions found in strategies to eliminate FGM and to share reflections and learning generated through the COVID-19 pandemic and/or other humanitarian crises
Session 3: What can we learn about working with community-based child protection mechanisms because of COVID-19?	<ul style="list-style-type: none"> • The role of community mechanisms in eliminating FGM • What makes community mechanisms effective in addressing FGM and other protection concerns? • Characteristics of effective community mechanisms 	<ul style="list-style-type: none"> • To build capacity and knowledge on getting the most out of community-based child protection mechanisms and interventions to eliminate FGM
Session 4: Looking to the future: leveraging the nexus – some ideas for FGM programmes	<ul style="list-style-type: none"> • Applying lessons from the formative review of the nexus approach • Planning and adapting existing approaches to eliminate FGM 	<ul style="list-style-type: none"> • To link FGM and nexus interventions to findings and to learn about implementation within UNICEF
Session 5: Using reflective practices to enhance programme approaches	<ul style="list-style-type: none"> • Using reflective practice exercises to promote programme adaptation and ongoing learning. 	<ul style="list-style-type: none"> • To build capacity for teams to reflect critically on interventions to address FGM, promote active learning, documentation, and sharing

Helpful resources on eliminating female genital mutilation within the nexus

- Technical Note: Gender Transformative Approaches for the Elimination of Female Genital Mutilation, UNICEF, 2020
<https://www.unicef.org/media/86391/file/FGM-Mainstreaming-Gender-Equality-2020-v2.pdf>
- The Humanitarian-Development-Peace Nexus: What Does it Mean for Multi-Mandated Organizations?, Oxfam, 2019
<https://policy-practice.oxfam.org/resources/the-humanitarian-development-peace-Nexus-what-does-it-mean-for-multi-mandated-o-620820>
- Technical Note on Gender-Transformative Approaches in the Global Programme to End Child Marriage Phase II: A Summary for Practitioners, UNFPA, UNICEF and UN Women, 2019
<https://www.unicef.org/media/58196/file>
- The Humanitarian-Development Nexus: The Future of Protection in the Elimination of Female Genital Mutilation, Technical Note, UNICEF, 2020
<https://www.unicef.org/documents/humanitarian-development-nexus-future-protection-elimination-female-genital-mutilation>
- Ending Child Marriage and Female Genital Mutilation in Eastern and Southern Africa: Case Studies of Promising Practices Across the Region, UNICEF, 2021
<https://www.unicef.org/esa/documents/case-studies-ending-child-marriage-fgm>

Helpful resources for working through community mechanisms

- Social Norms Lexicon, Institute for Reproductive Health, Georgetown University for the United States Agency for International Development, 2021
https://irh.org/wp-content/uploads/2021/03/Social-Norms-Lexicon_FINAL_03.04.21-1.pdf
- Bottom-up Approaches to Strengthening Child Protection Systems: Placing Children, Families, and Communities at the Centre, *Child Abuse & Neglect*, 2015
<https://www.sciencedirect.com/science/article/pii/S0145213415001246>
- Children at the Centre: A Guide to Support Community Groups Caring for Vulnerable Children, Save the Children, 2007
<https://resourcecentre.savethechildren.net/library/children-centre-guide-supporting-community-groups-caring-vulnerable-children?embed=1>
- What are we Learning about Protecting Children in the Community? An Inter-Agency Review of Evidence on Community-Based Child Protection Mechanisms in Humanitarian and Development Settings, Save the Children Fund, 2009
<https://resourcecentre.savethechildren.net/library/what-are-we-learning-about-protecting-children-community-inter-agency-review-evidence-0?embed=1>
- Care and Protection of Children in the West African Ebola Virus Disease Epidemic: Lessons Learned for Future Public Health Emergencies, UNICEF, 2016
<https://bettercarenetwork.org/sites/default/files/2020-03/final-ebola-lessons-learned-dec-2016.pdf>

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Published by UNICEF
3 United Nations Plaza
New York, NY 10017

Email: childprotection@unicef.org
Website: [unicef.org/protection/female-genital-mutilation](https://www.unicef.org/protection/female-genital-mutilation)

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July 2022