Female genital mutilation (FGM), which affects at least 200 million girls and women worldwide, is internationally recognized as a violation of human rights. FGM has negative consequences on girls’ and women’s physical and mental health and may even result in death. Socioeconomic factors, gender norms and power relations drive the continuation of FGM, which in turn limits girls’ and women’s access to power within their families and communities, reduces their educational and economic opportunities, and alters their own attitudes, norms and self-efficacy.

Even though FGM is deeply entrenched in social, economic and political structures, for the last three decades there has been significant progress in the elimination of the practice. Girls today are one-third less likely to undergo FGM, and the proportion of girls and women in high-prevalence countries who want the practice to stop has doubled.

As the global community faces unprecedented challenges due to the COVID-19 crisis, the pandemic appears to have exacerbated the incidence of FGM. Anecdotal reports from the media and international non-governmental organizations (NGOs) suggest families have either taken advantage of social isolation as frontline service providers pivoted to respond to the crisis, or have adopted negative coping strategies in the face of rising poverty, by having girls undergo FGM as a precursor to marriage.

While FGM in emergencies is under-researched, available literature indicates that the needs and rights of girls at risk of or affected by the harmful practice are neglected in humanitarian programmes. FGM is often deprioritized in emergencies, as prevention and response are not considered life-saving or essential to girls’ resilience.

Most COVID-19 national humanitarian response plans (HRPs) did not initially include FGM interventions. United Nations Population Fund (UNFPA) analysis found that the disruption in programmes could result in 2 million cases of FGM over the next decade that would otherwise have been averted. COVID-19 not only...
presents challenges in achieving Sustainable Development Goal (SDG) 5, target 5.3, the elimination of FGM by 2030; it may also roll back global progress to date.

Working in 22 countries (see Figure 1) in partnership with governments, civil society, and women- and youth-led groups and networks, UNICEF advocates for and takes concrete action to eliminate FGM by ensuring that girls are educated, empowered, healthy, and free from violence and discrimination. Since 2008, UNICEF has also been jointly implementing with UNFPA the Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change, in 17 countries. The Joint Programme is the largest global programme investing in the empowerment of girls and women to end FGM, by:

- Transforming structures and power relations through enabling policies and legislation, access to a continuum of services, and changes in harmful social and gender norms that perpetuate the practice
- Increasing girls’ and women’s access to resources and opportunities by building their skills and knowledge, social capital and networks so they can work individually and collectively towards social change

All 22 countries where UNICEF is implementing programmes to end FGM were classified by the World Bank as low or lower middle income in June 2020, and half of the countries had experienced humanitarian crises in 2019. As a result of COVID-19, many FGM-prevalent countries are facing multiple emergencies, with some of the world’s most vulnerable and marginalized families and communities dealing with ‘a crisis within a crisis’.

As the global community increasingly faces complex, protracted crises – large-scale refugee and migration crises, natural disasters and public health emergencies – a humanitarian-development nexus approach provides a potential solution for transcending the humanitarian-development divide by addressing the immediate needs and long-term vulnerabilities of girls and women at risk of or affected by FGM. In 2019, UNICEF issued a board paper and a procedure committing to strengthening and systematizing its approaches to linking humanitarian and development programming. As a dual-mandate agency, and based on its experience in child protection programming that spans from child protection in emergencies to building national child protection systems, UNICEF is well positioned to implement the nexus approach.

The purpose of this technical note is:

1. To facilitate the exchange of knowledge about the impact of humanitarian crises on FGM
2. To explore the adoption of the humanitarian-development nexus approach for the elimination of FGM by 2030

This technical note is not a comprehensive guide to designing and implementing programmes based on the nexus approach. Instead it draws on key UNICEF programme and operational strategies for linking humanitarian and development programming to illustrate how they may be applied to ensure FGM is addressed regardless of the needs, risks and vulnerabilities of girls and women along the humanitarian-development continuum.

FIGURE 1: MAP OF UNICEF COUNTRIES WITH PROGRAMMES SUPPORTING THE ELIMINATION OF FGM
While the concept of bridging humanitarian assistance and development cooperation in response to emergencies has existed since the early 1990s, the adoption of the 2030 Agenda set out to not only meet needs but also to reduce risk and vulnerability. The SDGs provide, for humanitarian and development actors, a common vision for reaching the furthest behind first and ensuring no one is left behind.

The first World Humanitarian Summit in 2016 encouraged the operationalization of the nexus approach by providing a reference frame for both humanitarian and development actors to support improved responses to humanitarian challenges, by empowering girls and women, catalysing action towards gender equality, and adapting to new challenges through local, inclusive and context-specific results. An outcome of the World Humanitarian Summit was the ‘New Way of Working’, which frames the work of development and humanitarian actors, along with national and local counterparts, in support of collective outcomes that reduce risk and vulnerability and serve as instalments towards the achievement of the SDGs.

Provided below are explanations of key concepts related to the nexus approach and why they matter when it comes to UNICEF programmes supporting the elimination of FGM.

While there is no common definition of the humanitarian-development nexus, the Alliance for Child Protection in Humanitarian Action best captures key elements of the nexus. The nexus approach seeks to forge operational and policy alignment between humanitarian and development actors and enable them to work towards shared goals by:

1. Supporting joint analysis of needs, vulnerabilities and risks, and of capacities to address them, by strengthening coordination between the humanitarian country team and the United Nations country team. Humanitarian and development actors should share their information and analyses to arrive at a shared understanding of the situation that needs to be addressed.

2. Promoting joined-up programming. Humanitarian and development actions should be complementary in order to achieve collective outcomes, avoid gaps in programming, and minimize duplication.

3. Aligning the planning cycles. Efforts to make HRP multi-year instead of annual provide a unique opportunity to understand the coherence between the HRP and the United Nations Sustainable Development Cooperation Framework (UNSDCF) (previously UNDAF) and to put forward a more sustainable solution to affected communities’ problems.

4. Partnering with national and local actors to respond to humanitarian needs. Partnerships should strengthen national and local leadership and ownership.

According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), collective outcomes are concrete and measurable results that humanitarian, development and other relevant actors want to achieve jointly over a period of three to five years to reduce people’s needs, risks and vulnerabilities and increase their resilience. As such, collective outcomes neither purely refer to life-saving humanitarian action nor longer-term development outcomes. Instead, the focus is on collective outcomes at the point where humanitarian and development action meet. Collective outcomes provide a common vision that aims to build a bridge between short-term assistance, medium-term outcomes and long-term development programming and financing. The underlying aim is to broaden the reach of development outcomes to the most vulnerable in fragile and conflict-affected settings. Based on a joint situational analysis, these outcomes act as the target that all relevant actors work towards. A joint situational analysis of FGM supports the development of collective outcomes for eliminating FGM across the nexus rather than neglect FGM in emergencies, because social norms and behaviour change are complex and require longer-term programming.

Resilience is the ability of children, households, communities and systems to anticipate, manage and overcome shocks and cumulative
stresses. Resilient development means providing children and families with what they need to better prepare for and better manage crises and recover from them more rapidly. To develop resilience requires addressing the underlying drivers of inequity and fragility that cause environmental, economic and social deprivation and stresses. It means bridging the arbitrary divide between development and humanitarian assistance, integrating risk factors such as climate change into programming, and strengthening systems that can anticipate as well as absorb shocks in the event of disasters.

When families and communities are resilient, parents are less likely to adopt negative coping mechanisms such as having their daughters undergo FGM to increase their marriageability and reduce their economic burden by lowering household expenses.

The localization agenda was introduced at the World Humanitarian Summit as part of the Grand Bargain commitments. The agenda emphasizes the importance of providing more support and funding tools for local and national responders and of making humanitarian action as local as possible and as international as necessary. Localization is about supporting and strengthening local leadership and capacity in humanitarian action by reinforcing rather than replacing national and local systems.

Given that humanitarian crises disproportionately affect girls and women and can exacerbate pre-existing gender inequalities, advancing a gender-responsive localization agenda is critical. The reality is that in many crisis settings, adolescent girls, women, and women-led groups and networks are first responders. Local women-led groups and networks are often best placed to mobilize change, identify solutions and respond to crises in their communities. Furthermore, adolescent girls’ and women’s leadership is key in promoting transformative change, resilience and social cohesion in humanitarian settings and ensuring that humanitarian responses not only meet life-saving needs but also address gender inequalities. The localization agenda is an investment in gender-transformative programming, including in the elimination of FGM, as it intentionally targets girls and women in the design and decision-making around humanitarian response and supports local women’s organizations (LWOs) as lead actors in the response.

UNICEF has seven key programme and operational strategies for linking humanitarian programming to save lives, alleviate suffering and lay the foundations for long-term recovery and sustainable development programming that provides opportunities for children, their families and communities while reducing their vulnerabilities and risks. The UNICEF approach to the nexus places an emphasis on strengthening systems, developing risk-informed programmes, engaging community participation, preparing for emergencies, fostering partnerships and mobilizing resources. This approach emphasizes that programmes should be designed and delivered in a more complementary manner to respond earlier and more effectively to immediate needs, while at the same time addressing vulnerabilities and building resilience that ensures long-term progress and impact.

Each of the programme and operational strategies is outlined below with suggestions for adopting and integrating FGM across the nexus, as well as programme case studies.
STRENGTHENING SYSTEMS AND LOCALIZING HUMANITARIAN AND DEVELOPMENT PROGRAMMING:

Integrating FGM programmes across the nexus requires the following: (1) strengthening community-based informal and formal child protection systems, (2) promoting humanitarian and development planning through gender-responsive local action plans and budgets, and (3) partnering with LWOs and providing adolescent girls and women with opportunities to step into leadership roles in developing and implementing local humanitarian and development programming.

Most UNICEF FGM programmes focus on working with the government to ensure comprehensive child protection systems that provide services in health care (including adolescent-friendly sexual and reproductive health services), social welfare and justice. Emerging evidence shows that investments in strengthening local government and community-based service providers’ capacities can limit disruptions to services during emergencies. A key lesson learned during the COVID-19 crisis is that, during emergencies where direct access to communities is limited or services pivot towards responding to the crisis, national child protection systems are not necessarily equipped to ensure continued access in services. Local service providers also have relationships with community members and are well positioned to understand which girls are potentially at risk of undergoing FGM. In addition to the importance of strengthening local service providers’ capacities, informal community-based child protection committees also play a vital role in sustaining surveillance systems that track girls at risk of FGM.

Fostering resilient local humanitarian and development programming increases the ability of communities to plan for, recover from, and adapt to adverse shocks and stresses, but also ensures that the specific needs, vulnerabilities and capacities of girls at risk of FGM are met. Resilient local humanitarian and development planning should include developing gender-responsive local action plans and budgets based on national action plans for the elimination of FGM. Because emergencies often disrupt and displace social structures and relations, creating opportunities to promote gender-transformational change includes adolescent girls and women taking on leadership roles in identifying solutions and responding to crises in their communities. Otherwise, localization reinforces discriminatory social and gender norms and structures and power relations that perpetuate gender inequality and FGM. Local governments need to create institutionalized mechanisms for engaging girls and women in resilience-building.

COMMUNITIES CARE IN SOMALIA

UNICEF launched this programme in 2013 to transform lives and prevent gender-based violence (GBV) in 14 districts in South Central, Somaliland and Puntland.

The programme involves strengthening formal and informal community-based multisectoral response systems and services (health, psychosocial, education, police and justice) for survivors of GBV, and catalysing community-led action to prevent harmful social norms and practices that perpetuate gender inequality and related violence.

An end-line evaluation of the programme’s pilot implementation found significantly reduced support for FGM at two sites. An impact evaluation published in 2019 found that community members in the district participating in Communities Care had significantly greater improvement in change in harmful social norms associated with GBV. In 2020, efforts are currently underway to develop and implement tools to better assess shifts in social norms related to FGM.
RISK-INFORMED PROGRAMMING:

Girls in FGM-prevalent countries often face reinforcing and compounding disadvantage and deprivation, making them more likely to be at risk of harmful practices and among the furthest left behind. UNICEF supports the elimination of FGM by addressing the intersecting factors that are context- and population-specific and attributable to the continuance of FGM, such as: discriminatory social and gender norms; age; living in rural areas with limited infrastructure and lack of basic services; poor households; lower educational levels; lack of participation in decision-making related to development processes; and humanitarian crises that exacerbate gender inequalities and increase vulnerability to harmful practices.

Girls do not experience life in silos, therefore multisectoral collaboration and programming in education, sexual and reproductive health and rights (SRHR), social protection, emergencies, and water, sanitation and hygiene (WASH) is used to address the holistic needs of girls at risk of or affected by FGM. Multisectoral collaboration means different sectors engaging in joint assessments and analysis and collaborating on national and local action plans and budgeting; it also means strengthening coordination structures at national and local level. As a key component of the nexus approach, joint assessments and analysis include child-sensitive, multi-hazard risk analyses, as well as gender analyses to develop an in-depth understanding of gender norms and power relations and how they change in crises. These analyses are intended to help improve understanding of the core drivers of vulnerability and the characteristics of resilience within communities.

Many countries are characterized by extreme fragility and chronic vulnerability to the impacts of shocks and stresses. Humanitarian action often focuses, however, on those places where there are acute and immediate needs rather than where there are vulnerabilities and risks. Conducting a risk analysis can help humanitarian actors to proactively strengthen the resilience of communities at risk, which is critical in complex and protracted crises as well as in understanding the impact of crises on FGM. Such analyses also support the development of collective outcomes which prioritize a small number of areas that require simultaneous humanitarian and

PRIMERO/GBVIMS+

Primero (https://www.primero.org) offers easy-to-use digital solutions for case management and incident monitoring. Primero facilitates referrals to health services and other specialized support systems for protecting girls and women. Primero also contributes to effective supervision, as it allows managers to monitor the work of the social workers (and other users), keeping track of key processes and ensuring quality of care and accountability to vulnerable children.

The GBV information system GBVIMS+ (https://www.gbvims.com) is a data management system that enables those providing services to GBV survivors to effectively and safely collect, store, analyse and share data related to reported incidents of GBV. GBVIMS+ also collects data on FGM.

Since its launch in 2015, Primero has been used in complex emergencies such as the Ebola crisis in Sierra Leone (for managing 15,000 children’s cases). With Primero, UNICEF is filling a gap in the social services sector across development and humanitarian contexts.
Programmes should support the collection and analysis of gender- and age-disaggregated data across the nexus. Joint monitoring and evaluation frameworks and impact analysis are critical in terms of generating strong data, especially given the gaps in data on FGM. With FGM in emergencies largely under-researched, UNICEF can play a critical role in generating research on the impact of humanitarian crises on FGM, addressing the knowledge gap in this area of FGM programming.

3 STRENGTHENING PARTICIPATION OF AFFECTED POPULATIONS

Children and adolescents have unique capacities to contribute to local risk prevention and disaster preparedness. Child-centred disaster risk reduction puts vulnerable girls at the centre of risk-reduction policies and programmes at the local level. Adolescent girls, as an example, can assess the types and level of disaster risks in their neighbourhoods, evaluate the preparedness of service-delivery systems, and propose solutions for positive change. In doing so, they directly contribute to and benefit from risk-reduction initiatives and increased community resilience.

Girls and women should be provided with opportunities for meaningful participation in leadership and decision-making around all areas of programme/policy design and implementation, in order to ensure that interventions for the elimination of FGM in crises are designed and implemented in a way that is context-specific and sustainable. Special attention is being given to developing platforms for adolescent girls’ participation. UNICEF is well positioned to build on investments in development programming for community engagement, behaviour change and real-time monitoring – all of which can strengthen the organization’s accountability to vulnerable girls and their families in crisis-affected situations.

One option is to create girl-friendly or woman- and girl-friendly spaces that offer community-based, structured, age-appropriate and gender-specific services that promote girls’ and women’s protection and empowerment and build their capacity, confidence and resilience. Such spaces can provide information about harmful practices, and places to confidentially report cases of FGM and receive referrals to services. The spaces can also contribute to community surveillance systems by tracking girls at risk of FGM. Safe spaces can serve as sites for girls’ participation in the design and decision-making processes that underpin HRPs at the national and local level.

OPPORTUNITIES AND CHALLENGES: NO THREE REFUGEE CAMPS ARE THE SAME

In 2011, a massive influx of refugees from Sudan entered South Sudan. Many settled in refugee camps in Maban County, Upper Nile State. Communities from Damazin and Kurmuk settled into what became known as Doro Camp, while Ingassana communities settled into Batil, Gendrassa and Kaya Camps.

International organizations suspected that FGM was taking place in the camps, as the prevalence of FGM in Sudan was 87 per cent, but had no concrete information on which to base services and interventions. A study therefore investigated FGM practices in three of the refugee camps in Upper Nile State: Doro, Batil and Gendrassa Camps. The study found that the practice of FGM was declining in Doro Camp. Respondents stated that this trend had started before they became refugees, as a result of awareness-raising campaigns in Blue Nile State in Sudan. Respondents also mentioned that for many communities FGM is no longer a prerequisite for marriage. The study indicated that a multitude of FGM practices often associated with ethnicity were present in Doro Camp, but also clear evidence that FGM was no longer a social norm. FGM was becoming a hidden practice and was being performed in secret to avoid confrontations with other community members or being shamed in public, indicating that the social norm supporting FGM is weakening.

By contrast, in Batil and Gendrassa Camps, FGM was considered a normal practice, and FGM ceremonies were highly public.

This study demonstrates that refugee camps, even when populated by people from the same country, are different in terms of the incidence of FGM, the beliefs underpinning the practice, the ethnic mix, and the strength of the social norm perpetuating FGM.

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STRENGTHENING SOCIAL PROTECTION SYSTEMS TO SCALE UP CASH TRANSFERS IN EMERGENCIES

Evidence shows that cash transfers offer a means of responding to children’s survival needs, improving children’s well-being in multiple dimensions, and of contributing to the recovery of local economies in humanitarian settings.\(^3\) Cash transfers can also prevent families from resorting to harmful coping strategies such as FGM for marriageability. At times of crisis, humanitarian cash transfers often allow people to meet their basic needs and access essential goods and services. In comparison to in-kind distribution, cash transfers have been demonstrated to be more cost-efficient and effective. In the long term, cash transfers often build a household’s resilience, strengthening a family to better respond to future shocks and reducing vulnerability to future crises.

Gender-responsive social protection measures, including cash transfers, coupled with support services such as positive parenting and caregiver support programmes, can have substantial multiplier effects on girls’ health, safety and well-being and the prevention of FGM. Social protection also holds significant potential to transform short-term humanitarian interventions into development processes to achieve resilience, peace, stabilization and economic growth in countries in crises. While a wealth of knowledge exists on providing social protection in relatively stable environments, research on how to bridge humanitarian and development interventions in crisis contexts is still relatively new.

EMERGENCY PREPAREDNESS

Given the lessons learned during the COVID-19 crisis to date, it is critical that FGM is systematically included in all emergency preparedness and response plans, including in the context of services, access to justice, and support for interventions for social and gender norms change.

Annual emergency preparedness planning by UNICEF involves reviewing the risk analysis, the description of possible scenarios, including expected humanitarian needs and capacities, and the anticipated response of UNICEF – all
of which depend on the country context. Annual emergency preparedness planning presents an opportunity to ensure FGM is integrated in HRPs at the national and local level as well as. Capacity-building support should be provided to national and local governments and civil society in addressing FGM in humanitarian crises.

### INTER-AGENCY SYSTEMS-WIDE STRATEGIES

At the global level, UNICEF engages in the United Nations Joint Steering Committee to advance humanitarian and development programming. Joint analyses are conducted to define collective outcomes and inform humanitarian and development plans. In addition to working across sectors, with UNICEF leading joint planning and coordination, there is an opportunity to advocate for the integration of FGM in humanitarian preparedness and response programmes in the humanitarian community and with governments, civil society and NGOs. Given that programmes addressing FGM are often halted during humanitarian crises as stakeholders focus on immediate needs, key advocacy messages for the inclusion of FGM among key global stakeholders and across the nexus include the following:

- **FGM is a life-threatening human rights issue, essential to girls’ resilience**, that affects their health and well-being. Achieving gender equality by 2030 requires that the elimination of FGM is supported in development and humanitarian settings. This means addressing discriminatory social and gender norms as causes and contributing factors driving FGM across the nexus. Otherwise, neglecting FGM in crises results in reversing long-term development goals and the benefits associated with elimination of the practice.
- Research on the gendered implications of humanitarian crises demonstrate that **girls and women are disproportionately affected, particularly those who live in countries in protracted crises.** In addition to integrating FGM in humanitarian preparedness and response because girls and women are more likely to experience GBV in emergencies, it is also important to sustain positive behaviour change if it results in the reduction of the practice of FGM.
- **Integrating FGM prevention as a harmful practice is not only a core responsibility of all humanitarian actors.** Because of the centrality of protection, accountability to affected populations, and core commitments for children, it also improves the safety and well-being of people most affected by crisis across all sectors by strengthening overall outcomes. On the other hand, failing to address FGM compromises the effectiveness of emergency preparedness and humanitarian response across all sectors. According to new modelling by the World Health Organization (WHO), the total cost of treating the health impacts of FGM would amount to USD 1.4 billion globally per year if all resulting medical needs were addressed. For individual countries, this cost would be near to 10 per cent of their entire yearly expenditure on health on average; in some countries, the figure rises to as much as 30 per cent.
- **Preparing for and addressing FGM in emergencies not only secures the rights, protection and well-being of girls and women, it also contributes towards achieving SDG 5 as well as meeting SDGs 1, 3, 4, 8, 10 and 16.**
- Integrating FGM is critical as UNICEF works towards improving UNSDCF to be more risk-informed and focused on equity and inclusion (leaving no one

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### CASE STUDY: SOMALIA

According to a case study that analysed Somalia’s HRP in 2017, programmes targeting girls and women received the least funding, with only 26 per cent of funding requests covered by donors.

Programmes coded as explicitly targeting girls and women are primarily GBV or sexual and reproductive health and rights projects, although men and boys may be part of the programme in support of social norms change. Programmes to empower girls and women over the longer term, such as in education, life skills development, political participation and civic engagement, are associated with development efforts and are therefore not considered as part of a humanitarian response. According to the case study, FGM is the lowest priority in child-protection programming.

The study concludes that funding gaps in programming for girls and women in Somalia are a result of the international community regarding the crisis in Somalia as a food security crisis rather than a protection crisis.
behind) and aligned with national priorities. This also means ensuring that planning and programming frameworks such as the UNSDCF and HRP are systematically aligned and that the same analytical tools, planning exercises and funding mechanisms are used across the nexus.

### GALVANIZING PARTNERSHIPS TO MOBILIZE QUALITY RESOURCES

Adopting a nexus approach not only means changes in the way FGM programmes are developed and implemented in humanitarian crises, but also advocacy that calls for flexible multi-year funding to FGM to enable humanitarian actors to address FGM and take a longer-term adaptive approach that fills gaps across the nexus.

Evidence of funding for gender-transformative programming – i.e. that which not only improves girls’ and women’s access to key services, but also helps communities to understand and challenge the social and gender norms that perpetuate inequalities – is lacking.35 Social norm change and behaviour change are consistently cited as critical to making gains for girls and women. However, programmes that require a longer-term focus and can bridge the humanitarian-development divide are under-resourced; this includes education, life skills development, psychosocial support, and access to justice and legal services.36

### ENDNOTES


THE HUMANITARIAN-DEVELOPMENT NEXUS: THE FUTURE OF PROTECTION IN THE ELIMINATION OF FEMALE GENITAL MUTILATION


20 Ibid.

21 Ibid.


24 Ibid.


36 Ibid.

37 Ibid.

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