

**Submission to the United Nations Special Rapporteur on Violence  
Against Women, its Causes and Consequences**

COVID-19 and the increase of domestic violence against women

*- with a focus on Female Genital Mutilation/Cutting -*

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## Introduction

The Special Rapporteur on Violence Against Women (VAW) wishes to receive all relevant information on the increase of gender-based violence against women and domestic violence in the context of the COVID-19 pandemic.

On the onset of the Covid-19 crisis, it became clear that the pandemic would have a large impact on the effort to end Female Genital Mutilation/Cutting (FGM/C). We already know from previous epidemics that girls and women are hit the hardest in those crisis situations. The potential risks and threats to the global efforts to eliminate FGM/C are numerous. UNFPA estimates that “Due to pandemic-related disruptions in prevention programmes, 2 million FGM cases could occur over the next decade that would otherwise have been averted.”<sup>1</sup>

However, data and research on the impact of Covid-19 on ending FGM/C was lacking. We therefore took the initiative – at a very early stage of the pandemic – to organize a webinar series on the impact of Covid-19 on our efforts to end FGM/C. The aim of this webinar series was to share first-hand experiences, knowledge and evidence from the field to inform various stakeholders (including NGOs, UN agencies, governments, donors and researchers) what is currently happening on the ground. We provided a platform and gave a voice to activists, campaigners, NGOs, UN agencies and government officials to share their important insights.

In this submission, we present the main outcomes of this webinar series<sup>2</sup> and provide an answer to questions 1, 2, 4, 6, 7, 8, 9, 10 and 11,<sup>3</sup> as these themes have been discussed in-depth in the past three months among the participants of the webinar series.<sup>4</sup>

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<sup>1</sup> UNFPA, *Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage*, Interim Technical Note, 27 April 2020, p. 2, available at [https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19\\_impact\\_brief\\_for\\_UNFPA\\_24\\_April\\_2020\\_1.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf) [Last Accessed 30 June 2020].

<sup>2</sup> We invited all participants (250 people who participated live from all over the world + 400 views on YouTube) to answer the question: “*How is Covid-19 impacting your work on ending FGM/C?*” In addition, we also conducted face-to-face interviews via Zoom the past two months with activists, campaigners and civil society organizations to get more detailed feedback. We would like to sincerely thank all participants of my webinar series for their collaboration and sharing their valuable insights.

<sup>3</sup> OHCHR, *Call for submissions: COVID-19 and the increase of domestic violence against women*, available at [https://www.ohchr.org/EN/Issues/Women/SRWomen/Pages/call\\_covid19.aspx](https://www.ohchr.org/EN/Issues/Women/SRWomen/Pages/call_covid19.aspx) [Last Accessed 30 June 2020].

<sup>4</sup> More information, including all recordings and PowerPoint slides of all presentations during the webinars can be found at my website: <http://www.annemariemiddelburg.com/webinars/> [Last Accessed 30 June 2020].

*1. To what extent has there been an increase of violence against women, especially domestic violence in the context of the COVID-19 pandemic lockdowns? Please provide all available data on the increase of violence against women, including domestic violence and femicides, registered during the COVID-19 crisis.*

There seems to be an **increased risk of FGM/C at the African continent** that threatens the goal to end FGM/C by 2030. We received evidence that in various African countries (including Kenya,<sup>5</sup> Tanzania, Nigeria and Somalia), school closures, lockdowns, and social distancing requirements have led girls unprotected. This even resulted in “mass cutting” of girls, involving hundreds of girls being cut in a short period of time. For example, it has been reported that in West Pokot county in Kenya, more than 500 girls<sup>6</sup> underwent FGM/C between mid-March and mid-June 2020.<sup>7</sup> In Somalia, activists have seen an “alarming spike”<sup>8</sup> in FGM/C. It has been reported that cutters go from door to door in Somalia to cut girls.<sup>9</sup> In East African countries, where FGM/C and child marriage are often interlinked, we see that parents are marrying off their daughters (often due to a loss of livelihood and income as a result of Covid-19). As FGM/C is a precondition to get married, an increased number of girls is at risk of FGM/C in those countries. Not only is there an increase demand, but there also is an increase in the supply side. Re-educated cutters seem to return to cutting in various countries as their small businesses have been closed down due to Covid-19.

However, we see a different trend in Asian countries, as there seems to be a **(temporary) decreased risk of FGM/C in Asia** due to the lockdown and measures that restrict movement. For example, in India the practice (temporary) stopped in urban areas. The reason is that FGM/C is medicalized. Clinics that usually perform FGM/C are currently closed. Only government hospitals dealing with Covid-19 are open. In addition, children under the age of 10 and persons above 60

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<sup>5</sup> See Annex 1.

<sup>6</sup> Daily Nation, West Pokot records dramatic rise in FGM cases, 11 June 2020, available at <https://www.nation.co.ke/kenya/gender/west-pokot-records-dramatic-rise-in-fgm-cases--653240> [Last Accessed 30 June 2020].

<sup>7</sup> NTV Kenya, *The Other Covid-19 Victim*, 10 June 2020, available at <https://twitter.com/ntvkenya/status/1270783190320504835> [Last Accessed 30 June 2020].

<sup>8</sup> ABC Net, *FGM spikes in Somalia due to coronavirus lockdown*, 22 May 2020, available at <https://www.abc.net.au/news/2020-05-22/spike-fgm-somalia-africa-coronavirus-lockdown-australia-silence/12269132> [Last Accessed 30 June 2020].

<sup>9</sup> The Guardian, *Huge FGM rise recorded in Somalia during coronavirus lockdown*, 18 May 2020, available at [https://www.theguardian.com/world/2020/may/18/fgm-risk-in-somalia-heightened-by-coronavirus-crisis?CMP=Share\\_iOSApp\\_Other](https://www.theguardian.com/world/2020/may/18/fgm-risk-in-somalia-heightened-by-coronavirus-crisis?CMP=Share_iOSApp_Other) [Last Accessed 30 June 2020].

are prohibited from leaving the house. This means that girls (who are usually cut at the age of 7) and midwives (who are often elderly women) are not allowed on the street and these measures are harshly enforced. Only in rural areas local midwives seems to continue with the cutting.

*2. Are helplines run by Government and/or civil society available? Has there been an increase in the number of calls in the context of the COVID-19 pandemic?*

During the webinars, it became clear that **helplines and SOS Hotlines are crucial** for girls and women at risk of FGM/C. Participants explained that due to school closures, lockdowns and social distancing requirements, a girl's and woman's mobility is restricted and it is therefore extremely difficult for them to seek help. Girls and women are trapped in their homes and reporting is challenging due to a lack of privacy.

Therefore, hotlines are very often mentioned as a solution to this problem. One participant of the webinar said: "Hotlines are becoming more and more important, as they are the only connection to the outside world." During the webinars, various activists and government officials explained that some countries already have hotlines in place (for example focusing on child protection,<sup>10</sup> VAW<sup>11</sup> or FGM/C specifically<sup>12</sup>) and scaled them up over the past weeks. Other countries have introduced hotlines more recently. Activists from various countries shared during the webinars that they experience an **increase in the number of calls** over the past three months due to Covid-19. However, they also indicated that there is a **clear need to introduce hotlines in countries where no hotlines are available yet** and to **strengthen existing hotlines and enhance their capacity**.

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<sup>10</sup> In Tanzania, children who feel unsafe or are at risk of any type of violence can call a free helpline by dialing 116.

<sup>11</sup> In Kenya, the Gender Based Violence Hotline works in partnership with the Ministry of Public Service, Youth and gender Affairs, to help victims of Sexual and Gender Based Violence to get rapid assistance to healthcare assistance and referrals. The toll-free number is 1195.

<sup>12</sup> In Burkina Faso, there is a specific anti-FGM hotline ('SOS Excision') that provides a fast and anonymous way of reporting past and imminent cases of FGM/C. The number is 80 00 11 12.

*4. Are shelters open and available? Are there any alternatives to shelters available if they are closed or without sufficient capacity?*

In many countries, shelters are open and available for girls and women at risk of FGM/C or for those who became a victim of FGM/C. However, this is not the case in Kenya. The Kenyan government adopted two Presidential Directives (the 18<sup>th</sup> of March and the 31<sup>st</sup> of March) to **release children housed in institutions to their families as a Covid-19 social-distancing measure**. In addition, safe houses are obliged to report the details and numbers of children released back to their families to the government and local and specialised authorities. However, safe houses have indicated that the families the girls are released to are usually the perpetrators of the acts of violence and are for this reason very concerned about this development. As a consequence, many girls have been released back to their families, who made them undergo FGM/C or want them to undergo FGM/C, and puts them at risk of many other violations of their rights. A local Kenyan newspaper reported: “They were rescued because their lives were at risk and now we are giving them back to the same people they were rescued from.”<sup>13</sup> This is a very worrying trend, especially because there was according to the webinar participants no consultation with civil before the Kenyan government adopted these Directives.

*6. What are the impacts on women's access to justice? Are courts open and providing protection and decisions in cases of domestic violence?*

During the webinar series, it became clear that the **limited law enforcement** and the fact that (government) institutions are unable to protect girls at risk of FGM/C is a real challenge. In many countries, institutions (including courts) are (semi-)closed, the police are often overloaded and/or has other priorities (e.g. implementation of the curfew) and child protection officers are (often) not at work. This is problematic, as community accountability is weak (due to social distancing measures). In addition, this results in a reduced deterrent effect of legislation, as practicing communities know that punishment is very unlikely.

In addition, Covid-19 also has other **legal implications**. For example, in India – a country where FGM/C is not (yet) criminalized - the process of drafting a bill against the practice came to

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<sup>13</sup> See Annex II.

a standstill. Also, an important case that is currently pending before the Supreme Court in India (a fundamental case regarding the freedom of religion and the prohibition of FGM/C) is currently put on hold due to Covid-19 and there haven't been any hearings in the past months.

*7. What are the impacts of the current restrictive measures and lockdowns on women's access to health services? Please specify whether services are closed or suspended, particularly those focusing on reproductive health.*

Many campaigners and doctors who attended my webinars shared concern about the **restricted access to health and SRHR information and services**, especially for girls who underwent FGM/C and need immediate assistance and care. The overwhelmed and under-resourced health system in various countries results in a risk for more harm to victims of FGM/C. Some clinics are closed, other clinics have been dedicated only to Covid-19 patients or scaled down, which is a major concern. As Dr. Natalia Kanem, executive director of UNFPA said: "As with most crises, this pandemic has severely disrupted access to life-saving sexual and reproductive health services and hampered authorities' ability to respond to gender-based violence, at a time when women and girls need these services most."<sup>14</sup> The technical note of UNICEF explains that the fear of infection might also prevent girls from seeking health services.<sup>15</sup>

*8. Please provide examples of obstacles encountered to prevent and combat domestic violence during the COVID-19 lockdowns.*

The first obstacle in relation to the impact of Covid-19 on ending FGM/C is the **closure of schools**. Girls and young women are staying at home, while girls are often cut during the school holidays. Therefore, we see (for example in Tanzania and Kenya) that cutting seasons started early and is currently extended. Parents see an opportunity to get their girls cut during Covid-19. In Tanzania,

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<sup>14</sup> UNFPA, *Women, girls, health workers must not be overlooked in global COVID-19 response*, Statement, 26 March 2020, available at <https://www.unfpa.org/press/women-girls-health-workers-must-not-be-overlooked-global-covid-19-response> [Last Accessed 30 June 2020].

<sup>15</sup> UNICEF, *Technical Note on Covid-19 and Harmful Practices*, April 2020, available at <https://www.unicef.org/media/67506/file/TechnicalNote-COVID-19-and-HarmfulPractices-April%202020.pdf> [Last Accessed 30 June 2020].

safe houses are currently overcrowded, which is a major challenge (also in relation to avoiding rapid spread of infection).

The second obstacle are the **social distancing requirements** and curfews. As public gatherings have been banned, a girl's mobility is restricted and increases a girl's social isolation and thus vulnerability. Due to the government restrictions, there is a loss (or weakening) of the social support and protection networks, that are usually provided for at schools, churches and other places, and thus an increased risk of FGM/C.

The third obstacle is that NGOs and campaigners all over the world are disrupted from their important work. **Community outreach is currently on hold** in African and Asian countries. Community-based activities aimed at ending FGM/C cannot be organized, including Alternative Rites of Passage (ARPs) and projects have been put on hold. Especially vulnerable and marginalized girls and young women are hard to reach.

The fourth obstacle is that many NGOs and civil society organizations currently face problems in terms of a **lack of resources and funding**. Some NGOs were dependent on tourism (for example the sale of handicrafts, tourists visiting their villages, etc.) and this source of income and other priorities of donors resulted in a drop of funding for anti-FGM/C work, at a time when this is more important than ever as we are facing a real threat to the progress that we have achieved over the past decade. One of the participants of the webinar said: "I am afraid that we will go 10 steps backwards to what we have achieved."<sup>16</sup>

*9. + 10. Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by Governments, NGOs and NHRIs or equality bodies.*

First of all, campaigners, activists and civil society organizations became very creative in terms of community outreach that focuses on ending FGM/C via **radio, TV and social media** (live streaming, virtual meetings, radio shows, Twitter chats). Various online campaigns (including education and awareness-raising activities) have started in the past weeks, especially by youth

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<sup>16</sup> Webinar 2, slide 5, available at <https://www.annemariemiddelburg.com/wp-content/uploads/2020/05/Webinar-2-FGM-and-COVID-19.pdf> [Last Accessed 20 June 2020].

campaigners, when it became clear that the lockdown and social distancing measures would last for a longer period.

In the second place, there is an opportunity to **include FGM/C in broader Covid-19 messaging**, or in other words: to mainstream FGM/C in Covid-19 response. This was also highlighted by the Donor Working Group.<sup>17</sup>

*11. Please send any additional information on the impacts of the COVID-19 crisis on domestic violence against women not covered by the questions above.*

We might be able to **draw important lessons from the Ebola epidemic in West Africa**. There are important similarities (and differences) between Ebola and Covid-19. Research has shown that during the Ebola crisis, there was an increase in child marriage (and teenage pregnancy) in Guinea, Liberia and Sierra Leone, but at the same time a decrease in FGM/C.<sup>18</sup> This is very remarkable, because this means that girls got married without undergoing FGM/C.

The main explanation for the decrease in FGM/C during Ebola was that people were scared for Ebola. The mortality rate was high and people had knowledge about the spread of the virus (transmission via body fluids or blood). In addition, leaders called for an end to FGM/C to prevent the spread of the virus. Governments banned FGM/C nationwide and Ministries conducted outreach campaigns to educate traditional leaders and *Soweis* on the dangers of performing FGM/C during the Ebola crisis. Although activists were trying to capitalize on the current lull to end the practice permanently, FGM/C resumed after the end of the epidemic: “When the Ebola epidemic was over in 2015, there was a return to “business as usual” by the country’s *Soweis*.”<sup>19</sup>

Similarly, we see in some countries in Asia currently a (temporary) decrease of FGM/C. In addition, there is also evidence that the medicalization of FGM/C has reduced in some countries due to Covid-19. This might be a potential window of opportunity in terms of positive social change and we should learn from the Ebola crisis.

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<sup>17</sup> UNICEF, *Responding to the impact of Covid-19 on the elimination of Female Genital Mutilation*, FGM Donor Working Group, PowerPoint slides, available at <http://bit.do/fGh9e> [Last Accessed 30 June 2020].

<sup>18</sup> Schwartz D.A. (2019) *The Ebola Epidemic Halted Female Genital Cutting in Sierra Leone: Temporarily*. In: Schwartz D., Anoko J., Abramowitz S. (eds) *Pregnant in the Time of Ebola. Global Maternal and Child Health (Medical, Anthropological, and Public Health Perspectives)*. Springer, Cham, available at [https://link.springer.com/chapter/10.1007/978-3-319-97637-2\\_30](https://link.springer.com/chapter/10.1007/978-3-319-97637-2_30) [Last Accessed 30 June 2020].

<sup>19</sup> *Ibid.*



## Conclusion

FGM/C is a form of gender-based violence and a human rights violation. The practice itself reflects deep-rooted inequality between the sexes and constitutes a form of gender-discrimination against women and girls. Because it is aimed at controlling women's sexuality, it incorporates a fundamental discriminatory belief in the subordinate role of women and girls in society.

This submission intends to show that the sentence "stay home, stay safe" doesn't apply for girls and young women at risk of - or affected by - FGM/C in times of Covid-19. However, there tends to be a lot of attention for domestic violence, but less attention for FGM/C, while millions of girls and young women are currently at risk due to the pandemic. As indicated in a Technical Brief of UNFPA, Covid-19 will compound existing gender-inequalities<sup>20</sup> and it is therefore crucial that addressing FGM/C will be at the center of all plans on Covid-19 response.

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<sup>20</sup> UNFPA, *Coronavirus Disease (COVID-19) Preparedness and Response*, UNFPA Interim Technical Brief, 23 March 2020, available at [https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19\\_Preparedness\\_and\\_Response\\_-\\_UNFPA\\_Interim\\_Technical\\_Briefs\\_Gender\\_Equality\\_and\\_GBV\\_23\\_March\\_2020\\_.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_Preparedness_and_Response_-_UNFPA_Interim_Technical_Briefs_Gender_Equality_and_GBV_23_March_2020_.pdf) [Last Accessed 30 June 2020].

practice > NGO says up to 200 girls have been cut last month

# Alarm as curfew exposes girls to female genital mutilation

Parents are taking advantage of the restriction to organise for the cut

BY GEOFFREY ONDIEKI  
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She shivers as she stares at the hilly landscape in Lolkas village in Maralal. Like the rugged mattress she sits on, her life has not been smooth.

At only 11, Nashipai (not her real name), was dragged out of her home at the darkest hour of the night, taken to a village surgeon and subjected to female genital mutilation (FGM).

Like the darkness that surrounded her the night she was violated, her life has been altered by the people who should protect her the most. She was later handed to a 43-year-old villager for marriage.

But Nashipai escaped, rendering her an outcast in the village that still holds dear the retrogressive cultural practice.

"I was married off immediately after circumcision and I was not even aware until the man came and I learnt of the plan. But I wanted to study," she said, adding that she escaped to a rescue centre. And for embarrassing her family, she is not welcome.

A look at the scar of a healing wound on her leg and a broken incisor tooth reminds her of her encounter. It makes her cry.

Nashipai is not the only one who has been subjected to forced FGM in Samburu County. Anti FGM crusaders say hundreds of girls are being subjected to the practice every four months in a year. The situation is even worse as the current coronavirus crisis has exposed a higher number of



FILE | NATION  
Women in Samburu use face masks to curb the coronavirus spread in Seketa village. The disease has exposed many girls to risks of female genital mutilation.

girls to circumcision.

Samburu Girls Foundation executive director Josephine Kulea says during this crisis, more underage girls are undergoing the cut.

"It is difficult to even detect now because of the curfew. The rescuers have become restrained. They no longer walk at night, so they rarely come across the girls. The girls too fear escaping from home at night when the practice is being conducted," Dr Kulea said.

She said when the Public Order Act was invoked as a measure to contain the coronavirus spread, many parents resorted to circumcising their girls. Even the younger ones, who would ordinarily be considered unripe for the practice, are undergoing the cut.

At Barsalinga, villagers said girls as young as eight have been circumcised during the curfew period because parents want to take advantage as the students are out of school, and the cessation of movement is

favourable for the outlawed practice.

The Samburu community has been taking its girls for circumcision even after the Prohibition of Female Genital Mutilation Act of 2011 was signed into law, criminalising the practice.

Hiding the happening of the rite to the police is also an offence.

But for the community, however, the culture is more important. Shunning circumcision is a sure ticket to social rejection and sometimes, violence. Loosuk senior chief Philip Lerone admitted that locals have adapted new tricks to subject young girls into the retrogressive practice.

He said that women in the villages are preparing girls for circumcision early and subject them with high secrecy out the glare of security officers.

"When we uncover one trick they come up with another. But we are vigilant all the time," Mr Lerone.

He added: "Yes that is the new trick and we have information. We stayed alert and stopped all possible plans to subject girls into FGM."

Dr Kulea told the *Nation* that the change of tact by the community is driven by the never-ending urge by local elders to pass the practice to future generations.

She revealed that over 250 girls across the county have been subjected to the practice during this stay-at-home period. But the number could be higher, as the highest level of secrecy is being observed by the community.

Dr Kulea said that Samburu North and parts of Samburu East recorded the highest number of cases of Female Genital Mutilation with over 100 each. Samburu West recorded about 50 cases.

Samburu County Commissioner John Korir said they received the reports from the NGO, went on the ground to verify but did not find them.

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## 4 National

Injustice. All victims in safe houses were ordered to go back home

# Pain of rescued girls at home after State shut safe houses

**They were rescued because their lives were at risk and now we are giving them back to the same people they were rescued from.**

By Jacinta Mutura  
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It has been over six years since Naipanoi (not her real name) was rescued from her family in Sieku, Laikipia North, after she was forced to undergo a traditional sexual exploitation practice called 'beading'.

Beading is a deep-rooted cultural practice among the Samburu that entails a *morán* identifying a young girl from the same clan for sexual intercourse after circumcision.

He negotiates with the girl's mother and brothers without the girl's consent. The *morán* then gives out a 'special' beaded necklace (ngerii) to the minor for a temporary sexual relationship, but with no obligation of marrying her.

Naipanoi was only nine years old when she was sexually molested and later gave birth. She was also circumcised during child birth before she was eventually rescued.

Since her rescue, she has had a peaceful life in Doldol where she was hosted together with other girls who are victims of such retrogressive cultural practices.

Naipanoi's sufferings under the hands of her uncles who even forced her out of school were slowly fading into distant memory until a week ago when the government issued a directive to have all minors held in children institutions released back to their families.

The Ministry of Labour and Social Protection issued a circular to directors of children department in all the counties directing them to close the centres over the coronavirus pandemic.

Naipanoi together with her baby were rescued by One More Day for Children (OMDC)



Beaded Samburu girls show necklaces given by morans during a sexual encounter. [Jacinta Mutura, Standard]

and given shelter at the organisation's safe house in Doldol.

She only went back to her uncle about a month ago after the issuance of the directive by Principal Secretary Nelson Marwa.

Her return home where she was forced into sexual exploitation brings back dark memories that only awaken the painful scars of harmful cultural practices.

Naipanoi's worries go beyond exposure to the dangerous cultural activities. She says since she left the safe house, she has never gotten a chance to revise for Kenya Certificate of Secondary Education examination.

"My uncle is always on my case. I am expected to carry out house chores and look after the livestock all day," said the Form Four student at St Francis Girls in Doldol.

Naipoi has found herself between a rock and a hard place. When *The Standard* spoke to her on phone, she was contemplating escaping from her uncle's in Sieku and trace her father, who she believes lives in Kipsing in Isiolo.



**"I wouldn't be shocked if some girls return to the safe house cut and others pregnant. We are ready for the worst because this is a reality we cannot ignore."**

**Hellen Gathogo, One More Day for Children executive director**

"I would rather run away than suffer in the hands of my relatives. I don't even have basic necessities," said

atians as school closure enters the third month.

Lawyer William Kiget said the directive contravenes court orders which committed some girls into rescue centres and safe houses.

"Any decision made must be in the interest of the children but in this scenario, the government violates the rights of the children," said Mr Kiget.

In another case, a girl who fled home in 2011 for fear of being subjected to Female Genital Mutilation has also ran away from her parents' home to a relative's house in Kipsing after she was threatened with the cut. She had been offered safe haven at the centre.

According to OMDC Executive Director Hellen Gathogo, the circular by the ministry discriminates survivors of gender-based violence put in rescue centres and safe houses.

"Are we not exposing the survivors and breaking their trust? They were rescued because their lives were at risk and now we are giving them back to the same people they were rescued from," she added.

Gathogo further said the institutions will have to introduce post-corona counselling for the girls, adding that some perpetrators of teenage pregnancies who have never been arrested might expose them to more risks.

"I wouldn't be shocked if some girls return to the safe house cut and others pregnant. We are ready for the worst because this is a reality we cannot ignore. The government is doing injustice to these girls yet we are looking at eradicating Female Genital Mutilation by 2022," she added.

Anti-FGM board chairperson Agnes Pareiyo said there are similar cases of girls being subjected to FGM and later married off in Narok County.

"I have received seven cases of girls who have been married off in Narok. Cases of teenage pregnancies as a result of defilement are on the rise at the moment," said Pareiyo.

Naipanoi, adding that she leaves home at 6am to look after livestock till late in the evening.

While the Ministry of Education insists that studying is ongoing through virtual learning, Naipanoi might have to cover the curriculum after schools resume to catch up with her fellow candidates, even when her stay at home has already put her at risk of domestic violence.

Just like Naipanoi, another girl has had to escape from her home in Doldol to the safe houses' staff quarter due to abuse by her mother.

She was rescued when she was just four years old and is now a Kenya Certificate of Primary Education examination candidate.

Even though her home is metres from the safe house, she cannot return due to her mother's hostility.

She explained that her mother fights her when she questions her drinking behaviour.

The Stay Home Stay Safe campaign to keep the virus at bay may not work in such situ-