Submission of evidence on Female Genital Mutilation/Cutting (FGM/C) to the Special Rapporteur on Violence Against Women

FGM/C is a form of Gender-based Violence and a violation of the human rights of women and girls in contravention of Articles 28(2) of the Convention on the Elimination of Discrimination Against Women, Article 51(2) of the Convention on the Rights of the Child, and subsequently recognised by CEDAW in General Recommendation 14, and the Joint general recommendation/general comment No. 31 of the Committee on the Elimination of Discrimination against Women and No. 18 of the Committee on the Rights of the Child on harmful practices. FGM/C reinforces and upholds harmful gender stereotypes and social norms that define the limits of a girl's aspirations and causes serious health impacts across her life.

We are already witnessing the economic and societal impacts of COVID-19 undoing years of progress by grassroots activists and communities to end FGM/C. UNFPA estimates that an additional 2 million cases of FGM/C will need to be averted by 2030 as a result of COVID-19 disruption to prevention programmes. Lockdowns and curfews have also resulted in the shutting down of schools, safe houses, churches, and other forms of refuges for girls at risk of FGM/C. Most lockdown orders have been implemented in high-prevalence FGM/C areas without exemption for adolescent girls at risk, reducing access to life saving and essential GBV and protection services, and disrupting vital and life-saving referral pathways.

Orchid Project, in broad collaboration with our global advocacy coalition; [The Global Platform for Action to End FGM/C](http://www.actiontoendfgmc.org), the Asia Network to End FGM/C, as well as our local partners across West Africa, East Africa, the Middle East, and Asia, have collected the following anecdotal evidence on the impact of COVID-19 on FGM/C through in-depth interviews and online surveys. We are extremely grateful to our extensive network of activists working to mitigate the impacts of COVID-19 on their work to end FGM/C in local communities, and we are delighted to share their feedback in relation to this pandemic with you.

# 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.

## India

Very little care and help is available under normal circumstances for women survivors of FGM/C and girls at risk of the practice.

## Indonesia

Orchid Project partners have noted that field visits, monitoring visits, and community-based engagement programmes are now postponed or on hold owing to social distancing. Service providers and safe houses are closed. We are also receiving reports that large ritualistic ceremonies (which are usually very expensive), are being postponed as resources are shifted towards basic needs. Partners have noted that it is difficult to know what is really happening in communities at this time. For example, in Sumatra Utara, the area is currently closed off to outsiders, women are not meeting as many people from different areas/ cultures as they normally might and therefore traditionally views are the only ones being heard currently.

## Kenya

* **Kuria**: fears for increased rates of FGM/C linked to increased instances of child marriage, as well as economic stresses on communities. We are also hearing reports in Kuria East that community elders have started blaming COVID-19 on a failure to uphold Kurian traditions including circumcision to please the Kurian gods - we fear that this message will spread throughout Kurian communities. The biggest driver of FGM/C is likely to be the economic downturn impacting negatively on gender and social norms for adolescent girls. There has been an increase in risks of cross-border cutting in neighbouring Tanzania where the COVID-19 response has been much laxer and lockdowns have not been enforced.
* **Loita**: Orchid Project partner organisations are working to hold reduced community forums, sharing public health information on COVID-19, practicing social distancing, to gain the trust of the community, with the intention of sharing information on FGM/C also. Community members only want to talk about COVID-19, making the conversation on FGM/C challenging. The Kenyan Loita community fears that the Tanzanian Loita will bring COVID-19 across the open border, as the Tanzanian government has not imposed strict lockdown restrictions. The [Tanzanian Prime Minister](https://theconversation.com/tanzanias-covid-19-response-puts-magufulis-leadership-style-in-sharp-relief-139417) has been quoted as sharing that going to church and taking herbal remedies will prevent COVID infections. There is concern that after lockdown lifts, community members will place added value on FGM/C, as an economic advantage. At a time where economies will be struggling to rebuild, families may not have the economic freedom to choose not to cut their daughters, instead cutting daughters to achieve a higher bride price.
* **Samburu**: lockdown is not happening. Boys circumcision ceremonies are a regular event, and girls are hidden within these ceremonies and cut alongside the boys.
* **Narok County**: curfew and lockdown has meant that girls’ access to safe spaces and protection services are curtailed - they are now stuck at home where they are at greater risk of FGM/C. Community activists are reporting that girls are being cut.
* **Rift Valley**: partners are unable to carry out community dialogues and sensitisation workshops. Local authorities have shifted all attention to the COVID-19 response. Safe houses, churches and schools are all closed and no alternatives are available to girls at risk. Cutting is happening at night and in deep remote locations where boys are being circumcised. No access to SRH services they were accessing. Loss of livelihood making the girls commodities, thus an exchange of dowry so as to cushion families, this is triggering FGM/C as a precursor to marriage. The responses are undermining efforts to end FGM/C by 2022 as the president promised. The Department of children has also failed to protect children. They turn them away when they run to seek help.
* **West Pokot**: Over 500 cases of FGM/C have been [recorded](https://www.nation.co.ke/kenya/gender/west-pokot-records-dramatic-rise-in-fgm-cases--653240) across West Pokot during the lockdown.

## Malaysia

Clinics have closed or scaled down services (this is significant as FGM/C is highly medicalised in Malaysia), projects, workshops and trainings are on hold or indefinitely postponed. Reports from partners suggest that it is possible that no FGM/C rituals were conducted due to COVID-19.

## Nigeria

No access to prevention, protection and care services as a result of lockdowns. This is exacerbated in more rural and remote areas in Nigeria. Girls are also staying at home and are thus at greater risk of FGM/C. Police services are overburdened and unable to respond to FGM/C. Anecdotal reports suggesting that former cutters might return to the practice as a way of making money during the economic downturn

* **Enugu State**: Curfews and lockdowns are reportedly preventing medicalisation of the practice as families cannot access medical centres - many of which are being repurposed towards COVID-19 response (Akwuke, Okpanku – all in Enugu State, Nigeria). SIRP Nigeria has estimated that an additional 1.2 million girls are at risk of FGM/C as a result of COVID-19.
* **Abuja**: More girls are being cut. Survivors do not have access to social services
* **South-West**: More girls are at risk of being cut due to the persistence of COVID19 and the continued closure of schools. Interventions to prevent such occurrences are limited due to social distancing, lockdown, and travel restrictions.
* **Ilorin, Kwara State, North Central Nigeria**: Due to the lockdown a lot of socio-cultural norms surfaced, more girls are becoming at risk of being cut.

## Sierra Leone

**Freetown**: A potential risk for girls will be undercover initiations at this time. There is currently a ban on secret society activities in Sierra Leone but with the current pandemic we fear that society heads will not adhere and perform undercover initiations. The longer girls stay home the higher the risks for home initiation.

**Bo District, Southern region**: In Sierra Leone, since the outbreak of Covid-19 there has been a ban on all secret societies by the government.

## Somalia

**Hargeisa:** schools and other educational hubs have been closed, this will increase the number of FGM/C cases as there will be a number of young girls staying at home at the moment

**Puntland**: The lockdown and school closures, alongside the rainy season, means that it is very easy to cut girls, and most of the young girls are at risk of FGM/C

## Tanzania

**Arusha region**: There has been an increase of FGM/C during the COVID-19 pandemic within pastoralist communities. In the last three month, our local partner has received information on 10 cases of FGM/C, but they are sure there were more cases due to reduced vigilance and shift in focus. Primary and secondary schools in Tanzania are scheduled to reopen in July and they fear that a lot of FGM/C survivors will not resume schooling as they have already been married off and/or have already fallen pregnant. The risk of the FGM/C survivors contracting infection during the practice was also higher as there was minimal access to medical suppliers during the partial lockdown.

## Sri Lanka, Pakistan and Singapore

FGM/C is not being seen as a priority. Advocacy is ending, partners report being told that ‘now is not the time’ to discuss the practice, and that it has become even harder than usual to gain media coverage or public attention.

# 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?

## Indonesia

No helplines available for FGM/C

## Kenya:

* **Narok West:** Murua Girls Education Program have provided their own telephone numbers to girls at risk, but have not yet received any FGM/C-related calls.
* **Kuria**: ActionAid runs a hotline in Kuria county where FGM/C can be reported or requests for help can be made: (+254) 21094
* **Rift Valley**: There does not appear to be available helplines in this part of Kenya to assist with FGM/C
* **Narok**: No helplines available for FGM/C
* **Nairobi, Narok and Garissa**: There is a National Hotline number for GBV cases. Responsive but not effective. Zero plans on county-based reporting and case management mechanisms. Also, there is poor coordination at the county level.
* **North Rift**: partners are not aware of helplines
* **Rift Valley South Region, Laikipia County**: Yes they are there but without telephone or network coverage they are used by those mostly in urban places! Thus discriminating and marginalising the already marginalized

## Liberia

No national public or civil society hotlines are available for FGM/C

## Malaysia

No helplines for FGM/C

## Nigeria

* **Lagos State**: No helplines for FGM/C
* **South-West**: The concern is if these survivors and victims have access to technology and if government agencies pay rapt attention to their queries as and when due. Civil societies, however, have hotlines and helplines accessible to women and girls.

## Sierra Leone

No helplines available for FGM/C to the best of our partner’s knowledge. Hotlines are available for domestic violence and rape.

## Somalia

**Hargeisa**: There is a government-run hotline for COVID-19 but this does not include FGM/C. This is a great need in Hargeisa and the broader Somali context for prevention measures and response.

**Puntland**: No

## Tanzania:

Yes, there is a National Child Helpline: 116

# Can women victims of domestic violence be exempted from restrictive measures to stay at home in isolation if they face domestic violence?

## Indonesia

Women and girls at risk of FGM/C are not exempted from restrictive measures and stay at home orders

## Kenya

**Nairobi**: Curfews and Restrictions are for all citizens depending on location. Movement is limited.

**Rift Valley south region, Laikipia county**: Curfews and social distancing reduces access to protection and GBV response services and support. It increases risks of sexual exploitation and forced marriages.The usual channels through which girls and women would be able to access social support are cut off. Access to assistance is limited to telephone use which is not accessible in the remote districts

## Malaysia

No

## Nigeria

No

## Sierra Leone

No

## Somalia

**Puntland**: The young girls who have been cut need time to recover from the injuries so they are hidden. Restrictions on movement and lockdowns enable FGM/C to take place more easily **Hargeisa**: the curfews are not that enforced, however during the FGM/C procedure young girls are more exposed to catching the virus as the circumcise women will visit up to 7 houses per day

## Tanzania

No

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

## Indonesia

Safe houses are closed

## Iran (Islamic Republic of)

**Shiraz**: Shelters are not open or available

## Kenya

* **Narok West**: Very few are open and have limited capacity, especially with the new rules on social distancing
* **South Rift, Narok County**: No safe house, only rescue homes and they are full
* **Kuria**: All safe houses have been closed by the government. But last week there was a discussion with grassroots activists who were saying that there is a push to open safehouses as essential services given the rise in GBV. There are no alternatives, therefore girls are being sheltered in activists’ homes and are being cared for by these individuals
* **Rift Valley**: Alternatives to safe houses were churches and schools. Both have been closed.
* **Nairobi**: Most shelters are open but unable to meet current demand of girls seeking assistance. Privately run rescue centres are not able to take in more girls due to limited funds.
* **North Rift**: Open, but girls are unable to access them due to lockdowns.
* **Rift valley south region, Laikipia county**: Not all are open. Most of them were closed down through a circular by the Ministry of Labor and Social Protection without consulting key stakeholders. Those who defied the shutdown order cannot admit new cases. Most of the shelters are run and managed by CSOs, charities and private foundations

## Liberia

**Grand Bassa County**, South West Africa: No

## Malaysia

Shelters are not available for girls at risk of FGM/C

## Nigeria

* **Lagos State**: No
* **Abuja**: Alternative shelters can not function without government approval and funds. The pandemic has put the shelters under severe economic strain and most cannot function.
* **South-West**: At the moment, I don't know of any. But with funding, this could be implemented. Safe houses are safe havens for at-risk girls and women.
* **Ilorin, Kwara State, North Central Nigeria**: In Kwara State no single shelter exists either by Government or Civil Society. WOYODEV has tried kick starting the process of setting up one, but there has been huge funding gap

## Sierra Leone

**Bo district**: Yes. There is one in Bo by Commit And Act only for girls at risk of Sexual Penetration (rape) and it has limited space for women. This safe house can in some cases cater for girls at risk of FGM/C

## Somalia

**Hargeisa**: shelters are still available but staff and management teams are very alert

**Puntland**: No

## Tanzania

**Arusha region**: No. Most are closed and/or do not have funding to run them. Our local partner had to close their rescue centre as a result of lack of funding to run the facility.

# Are protection orders available and accessible in the context of the COVID-19 pandemic?

## Indonesia

No - there is no legal stance against FGM/C in Indonesia. It is accepted as Islamic practice.

## Kenya

This depends on where one is based. Courts are operating in some places - but slowly due to current restrictions. This has led to an increased back log of cases relates to FGM/C and other forms of child sexual abuse and exploitation.

* **Rift Valley, Laikipia County**: No. Government child protection officers amazingly are becoming hostile to anyone who reports the crime and are treating the survivors reporting as delinquents, liars and never bother to even leave their homes to follow up the cases or offer psychosocial support. Police are overwhelmed. Some stations do not even have gender desks or child protection trained officers. In absence of the safe houses and children officers enjoying leave of absence from duty stations in the name of working from home, police just send the survivors back to their families.
* **Kuria**: Many police officers are focusing on curfew hours. When the police are called - they indicate that they are busy with curfew, and indicate that they will deal with GBV later.
* **Rift valley**: No
* **Narok**: Not locally

## Liberia

Grand Bassa County, South West Africa: No

## Malaysia

No laws against FGM/C in Malaysia

## Nigeria

* **Lagos State: No**
* **Abuja:** The police respond to calls but lack of housing/shelters and economic exploitation makes it difficult to protect women and girls
* **South-West**: Yes they are
* **Ilorin, Kwara State, North Central Nigeria**: Courts and justice system even lack adequate policy awareness on FGM/C related issues. Our intervention got backlash due to high prevalence of FGM/C in Kwara State.

## Sierra Leone

There is no law in Sierra Leone to protect women and girls at risk of FGM/C. The only laws available are: wounding with intent, wounding with aggravation and torture.

## Somalia

**Puntland**: Somalia is in the process of drafting FGM/C legislation. Child Protection officers recognise that FGM/C is harmful, but beyond that courts/police and justice systems not do anything for girls at risk or survivors of FGM/C

**Hargeisa**: Both the police and justice system are still open, however most cases do take place in very remote areas where the presence of the police are limited or non-existent. Most of the cases are not reported as family and communities do not see the whole FGM/C as a human right violation, only when cases become medically serious only then the survivors will be referred to the health facility.

## Tanzania

Yes but requires more budget and technical support

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# 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.

## Indonesia

**Sumatra Utara**: Rural communities in Sumatra always prefer to rely on traditional medicine over government health services - due to both cost and traditional beliefs.

## Kenya:

* **Narok**: The health department is offering reduced services, most health facilities do not have enough drugs and equipment. This is because the medicine is ordered from the city of Nairobi and it's locked down.
* **Narok West**: limited access, especially after curfew hours
* **South Rift, Narok County**: Services are not available or being offered
* **Rift Valley**: The women are having a difficult time as the transport system is paralysed, private hospitals closed and government hospitals are running short of medication.
* **Rift Valley, Laikipia County**: Very minimal and reduced services are being offered to the physically abused in hospitals. However, few are even reporting to hospital due to treatment costs
* **Kuria**: health services are available but accessibility is the issue. If you go out you have to wear a mask or be fined. You find that women aren't able to access the services because they don't have masks and health facilities have stopped services because they don't have products or resources, due to lockdown cutting off chains of supply.
* **Nairobi**: Health services are open but within a restrictive environment. FGM/C health services are not being prioritized at the momen

## Liberia

**Grand Bassa County**, South West Africa: health clinics are offering very reduced services

## Malaysia

Reproductive health clinics have closed or scaled down services, projects, workshops and trainings are on hold or indefinitely postponed.

## Nigeria

**Abuja**: Health care providers are providing essential services, but other health care services are skeletal. During the lockdown it was completely inaccessible, but as lockdown has eased, access has become a little bit easier.

**South-West**: Reduced access to services, and some services are unavailable

**Ilorin, Kwara State, North Central Nigeria**: Health services have been extremely hampered due to COVID-19. Women in last-mile communities do not have access to healthcare due to closure, reduced services and lack of commodities.

## Sierra Leone

**Freetown**: Women health services are open for women and girls to access. However there have always been a challenge to access services particularly for rural areas where these services are miles away from the community.

**Kambia district**: Health services are open but women find it difficult to access health services during curfew due to having no vehicle and ambulances are limited.

## Somalia

**Hargeisa**: health facilities are still open but most of the FGM/C cases take place at home both in the urban and rural areas where traditional women visit homes and carry out the cutting.

**Puntland**: The women and girls face restrictions of health services most of the time, due to movement restriction women and girls are unable to walk alone because they are at risk of sexual violence.

## Tanzania

**Arusha region**: Health services have definitely reduced due to shift in focus to COVID-19 response. Pastoralist communities have challenges accessing these services before and the situation has been made worse now.

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

* Our West African partner’s in-community engagement officers have had to leave their respective communities, so projects have been put on hold.
* Across Indonesia, Iran, Pakistan, and Sri Lanka, advocacy activities at ending FGM/C have been severely curtailed, and many activists are reporting finding it difficult or impossible to gain media traction around FGM/C, saying ‘now is not the time’.
* We have received reports of repurposing funds away from FGM/C towards the COVID-19 response in Ethiopia, and volunteers are redirecting their work towards COVID-19 in Iran and away from FGM/C
* Access to communities for social norms-based programming and community engagement programming has been severely hampered by social distancing and lockdown measures
* The economic impact of COVID-19 on communities has increased poverty, leading to an increase in using girls as commodities such as to obtain bride prices. A lack of resources is also resulting in the closure or curtailment of prevention and protection services, including shelters, safe houses, and community-based programming.

# 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 NGOs and NHRIs or equality bodies.

Community dialogues have been suspended and/or reduced in Narok, Kenya from 2-3 day workshops with 20 participants, to small 1 day gatherings of 10-12 people. With the government's permission, public health information on COVID-19 is being shared, including the importance of social distancing and hand washing, alongside conversation on FGM/C. This is rapidly changing in response to the COVID-19 restrictions and what is possible.

Radio shows in Narok, Kenya have increased reaching both local and national audiences to continue the conversation on FGM/C and cross-cutting themes e.g. the economic cost of FGM/C, and human rights. Each national radio show engaged 130,000 listeners. Activists, key influencers and community members are accessing the radio show via phone call to share their experiences and ask questions.

Distribution of information booklets in West Africa - sharing simple illustrative information on COVID-19 in local languages, and engaging the community through phone calls.

Communication and video sharing via social media on whatsapp (Kenya and West Africa) has been paramount to continuing the connection at the grassroots, ensuring an open channel of communication between organisations and community members to share changes, report cases of FGM/C or girls at risk.

**Challenges** - whilst social media is a great tool to reach those already connected (youth, urban communities) reaching remote community members that are not digitally connected has posed a large challenge. Their involvement is essential in order to change the social norm at community level. Partners are working together in new and innovative ways to engage those without network access.

# With thanks to our partners and allies:

AfyAfrika, Kenya

AWARE, Singapore

bakamono.lk, Sri Lanka

Bukit Lawang Trust, Indonesia

GirlVanize, Kenya

Colorful Girls, Myanmar

Community Health, Sierra Leone

FRHAM, Malaysia

Inception, Pakistan

Kalyanamitra, Indonesia

Komnas Perempuan, Indonesia

Maasai Mara women Empowerment Guide Organization, Kenya

Msichana Empowerment Kuria, Kenya

Murua Girls Education Program, Kenya

NAFIS Network, Somalia

One Voice Initiative For Women and Children Emancipation, Nigeria

Purposeful, Sierra Leone

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

RCSI & UCD Malaysia Campus, Malaysia

SAFE Engage, Kenya

Sahiyo, India

Save Visions Africa (SVA), Nigeria

Stop FGM Iran, Iran (Islamic Republic of)

W.A.V.E Foundation, Nigeria

Women Against Violence and Exploitation in Society, Sierra Leone

Women Environment and Youth Development Initiative-WOYODEV, Nigeria

Women Initiative for Self Help (WISH), Liberia

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