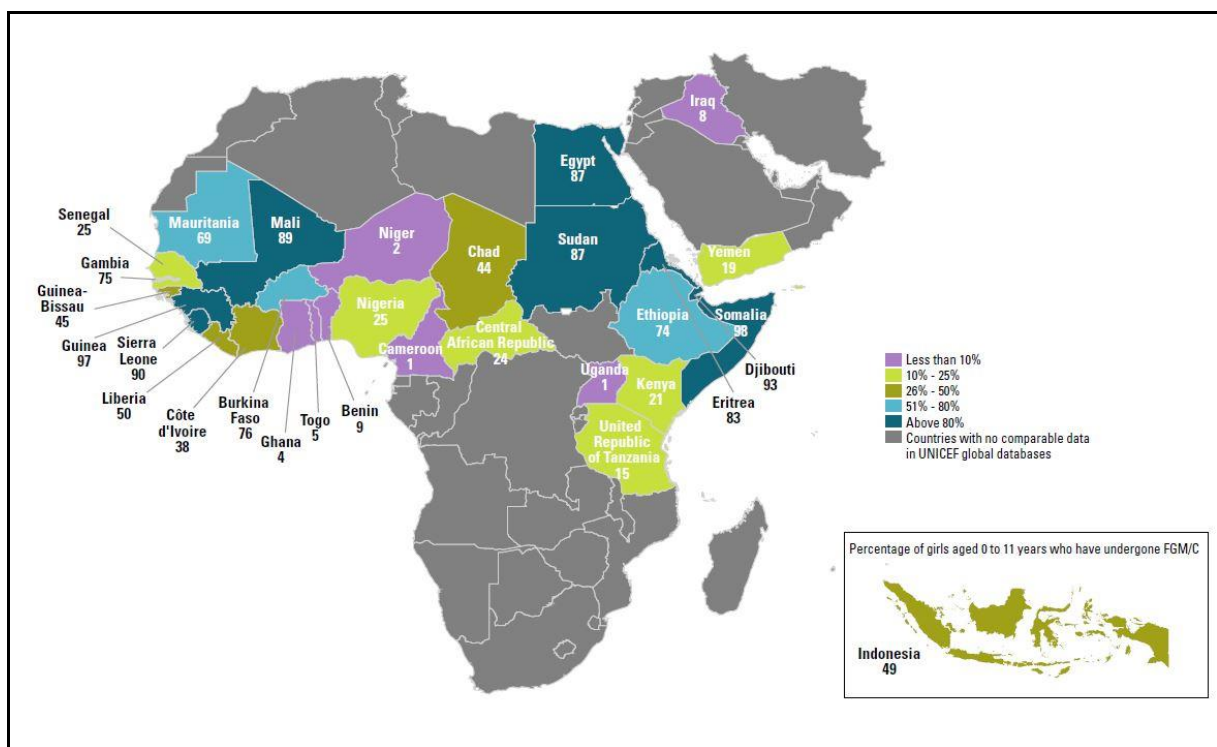


## Briefing - FGM in a HUMANITARIAN CONTEXT

The top 15 list of countries with the highest FGM prevalence rate includes 8 fragile countries in need of humanitarian aid. However, FGM is not a priority for the policy-makers, those responsible for programming and humanitarian workers involved in fragile contexts. If we want to overturn worrying trends of other almost 70 million girls cut by 2030 and provide the much-needed specialised care to the millions of women and girls already affected, we need to ensure to work towards addressing FGM also in these countries.

### 1. Quantitative analysis: FGM prevalence in fragile States

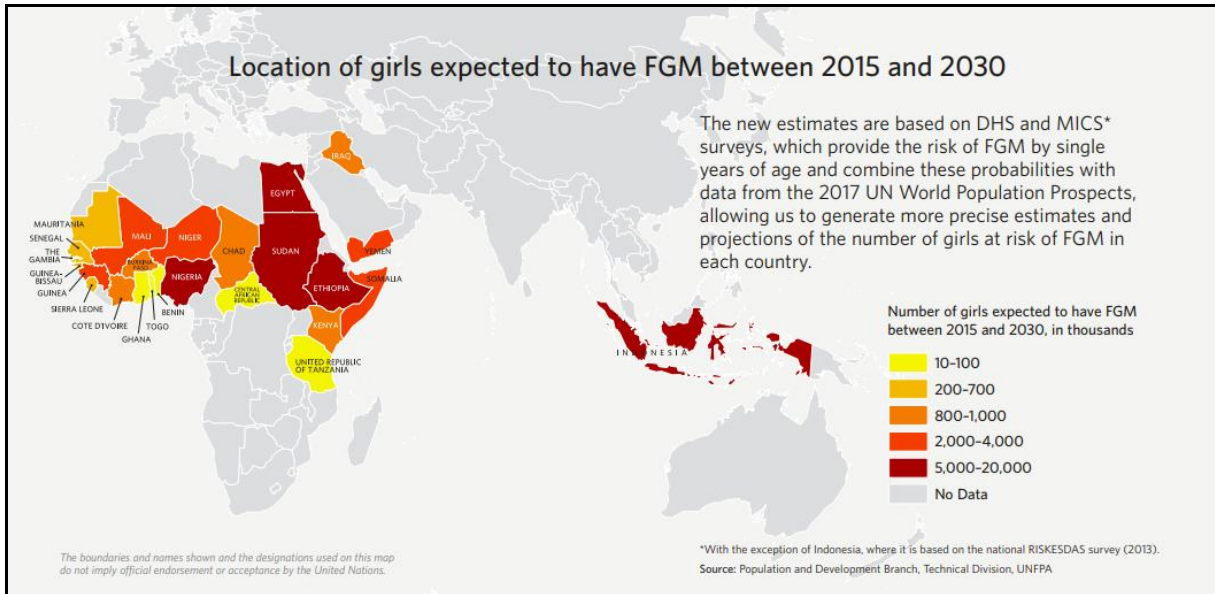
FGM is prevalent in **30 countries** around the world. More than **200 million women** live with female genital mutilation today, according to the latest UNICEF [data](#) (to see specific data gathered in country profiles click [here](#)).



Despite the **overall decline in the prevalence of FGM** over the last decades, according to [data](#) collected by UNICEF (2016), the expected **population growth** over the next 15 years risks to cancel such positive achievements.

If current trends are not overturned, about **68 million girls** will be **subjected to FGM between 2015 and 2030**, according to new [research](#) by UNFPA (2018). The new figures project that the current estimates of **3.9 million** girls mutilated each year will rise to **4.6 million** by 2030, unless massively

scaled-up efforts are taken urgently to prevent that from happening. The increase is due to projected population growth in communities that practice mutilation.



Specifically, most of the countries with the highest FGM prevalence rates worldwide are also countries suffering from humanitarian crises and defined as “fragile contexts”. These are (in order of overall FGM prevalence<sup>1</sup>):

- **Somalia** (98%, highest in the world, no legislation on FGM)
- **Mali** (89%, no legislation on FGM)
- **Egypt** (87%)
- **Sudan** (87%)
- **Mauritania** (79%)
- **Burkina Faso** (76%)
- **Ethiopia** (74%)
- **Indonesia** (49%, no legislation on FGM)
- **Chad** (44%, with an ethnic group prevalence of 92%)
- **Senegal** (25%, with an ethnic group prevalence of 64%)
- **Nigeria** (25%, with an ethnic group prevalence of 55%)
- **Central African Republic** (24%, with an ethnic group prevalence of 53%)
- **Kenya** (21%, with an ethnic group prevalence of 94%)
- **Yemen** (19%)
- **Iraq** (8%, with zones above 50%)

<sup>1</sup> However, we need to bear in mind that overall prevalence rates hide the reality in the country which varies greatly between urban and rural areas, as well as within specific ethnic groups. To get a more accurate account of the prevalence, please consult the UNICEF country profiles [here](#).

## 2. Qualitative analysis: the impact of emergency situations on FGM

Although little research<sup>2</sup> has been carried out until now on the impact of humanitarian emergency situations on FGM, some key elements can be outlined in terms of perpetration of the practice, access to services for FGM survivors and concerning the work towards FGM abandonment:

- **The insecurity of crisis situations reinforces some traditional harmful practices and other forms of GBV:** In emergency contexts, the general breakdown in law and order and in protective societal norms increases the population vulnerability, in particular the one of women and girls. Social connections and networks are disrupted, economic hardship increases due to the lack of job within crisis situations, while in conflict zones men might be involved in fighting and be forced to leave their families behind. The consequent lack of protection and stability often contributes to enhanced violence against women and girls. In such tumultuous circumstances, families may be driven to subject their daughters to FGM in order to marry them (early forced child marriage), to protect them, save the family “honour” (including if they were victims of rape) and to ensure security for them and their family (including sometimes by obtaining a dowry in exchange). In some cases, as the only means of income for families, girls and women are forced into prostitution, and as a preparation for this, they are subjected to FGM.
  - 28TooMany reports that in case studies from Nigeria, vulnerable and displaced women and girls reported being forced to have FGM to prepare them for prostitution which was their only means of survival.
- **Population displacement spreads the practice of FGM:** Through population displacement the practice of FGM becomes known not only to the affected communities, but also to the populations that come into contact with them. Community pressure and the necessity to integrate in a new context play a key role in this phenomenon.
  - Plan International discovered in their work in Mali that the daughters of displaced families from the North (where FGM is not traditionally practiced), but who are living amongst host communities in the South (where FGM is common), were being ostracised due to not being circumcised. This, in turn, led to families from the North feeling pressure to perform FGM on their daughters. There are also testimonies that a similar issue is currently arising among the Syrian population (not traditionally performing FGM) who fled to Egypt (one of the countries with the highest prevalence).
- **Being an FGM survivor enhances negative consequences of other forms of GBV:** Incidences of rape increase tragically in crisis situations, where it is the most widespread form of GBV.

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<sup>2</sup> The following points will be based on content from briefings of: DFID (2013) [VAWG in humanitarian emergencies](#) and 28TooMany (2014) [The impact of emergency situations on FGM](#).

Violent forced intercourse can be particularly dangerous if a girl has been subjected to FGM, because she will suffer greater complications, injuries and health problems.

- 28TooMany reports that in refugee camps in Sudan girls as young as ten were found pregnant as a result of rape, having undergone FGM as young children, almost dying in childbirth.
- **Fragile contexts suffer lack of adequate support services:** Limited resources, logistical obstacles and poor sanitary conditions increase the probability of infections, and specialised treatment for complications may be geographically and financially hard to access for women and girls affected by FGM. Moreover, health professionals, including psychologists, are not necessarily trained on FGM in emergency contexts and are present in insufficient numbers.
  - 28TooMany reports that within the Dadaab refugee camp in 2011, there were only 3 trained psychologists to provide support to over 250,000 Somali refugees, among which virtually all women and girls are subjected to infibulation.
- **Prolonged crisis situations undermine work towards FGM abandonment:** Preventing FGM is more complex in a humanitarian context, as it is harder to track when operating in an emergency context, where populations are internally displaced or on the move. Moreover, prolonged crisis situations undermine the possibility of establishing multi-year planning and budgeting, since the immediate needs of the population are the utmost priority and structures are very often not in place.
  - The majority of the top 15 countries for FGM prevalence worldwide are fragile countries, where limited improvement has been seen in the past 25 years. For instance, Somalia has the record for the highest FGM prevalence in the world since 1993.

Despite all this, FGM is considered to be a secondary issue in situations of emergency, since working on its abandonment entails a long-term process of awareness-raising, behavioural change and prevention, which does not fit in the rapid response strategy shaping the work in emergency settings. Nevertheless, in the name of building the resilience of vulnerable populations and ensuring a more sustainable support in fragile contexts, in recent years humanitarian and development actors have come together to break silos and link between humanitarian aid and more medium and long-term development action. The EU has also committed to operationalising the **humanitarian-development nexus** through increased cooperation and collaborative implementation, led by DG ECHO and DG DEVCO<sup>3</sup>.

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<sup>3</sup> See the Council Conclusions of 19 May 2017 on [Operationalising the Humanitarian-Development Nexus](#).



### 3. Key Recommendations

Given the high FGM prevalence rates in ECHO priority countries it is important that special attention is given to the need for effective programming to protect girls and women from FGM in complex emergencies, protracted conflicts and fragile regions. To this end, we call upon DG ECHO to:

- ✓ Address all forms of GBV in emergencies, not just conflict-related sexual violence, since they are all exacerbated and deeply interconnected;
- ✓ Focus on ensuring comprehensive specialised support for FGM survivors, provided by fully trained professionals;
- ✓ Focus on programmes guaranteeing women’s economic empowerment and education in fragile contexts, which would protect them from undergoing GBV connected to economic hardship and poverty;
- ✓ Anti-FGM programming should be explicitly incorporated into all areas of emergency – preparedness, response and recovery;
- ✓ Include in programmes both host and displaced communities.

#### Who we are?

The [End FGM European Network](#) (End FGM EU) is an umbrella network of 21 national organisations working in 12 European countries who are expert on Female Genital Mutilation (FGM). End FGM EU operates as a meeting ground for communities, civil society organisations, decision-makers and other relevant actors at European level to interact, cooperate and join forces to end all forms of FGM in Europe and beyond. We put at the heart of our work grassroots voices to influence European governments and policy-makers to work towards the elimination of FGM. We build our members’ capacity, offer spaces to share expertise and develop partnerships.

While being dedicated to being the driving force of the European movement to end FGM, we are equally committed to build bridges and cooperation with all relevant actors in the field of FGM both in Europe and globally. In this sense, we actively promote and foster cooperation between the European movement and movements in other regions of the world.

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