

# Dialogue with Civil Society Organizations on Innovative Financing to achieve the elimination of Female Genital Mutilation

## KEY TAKEAWAYS

30 MARCH 2022



*This document provides key highlights from the presentations and discussions from the meeting. Access the [presentation](#) and [recording](#).*

### Opening remarks:

**Nankali Maksud, Senior Advisor – Prevention of Harmful Practice, Child Protection, UNICEF**

Over the past two years, the world has gone through quite an upheaval with COVID-19, but COVID-19 aside, we've seen, for example, in Africa, especially where we have the highest rates of, of FGM globally today, a combination of not only COVID-19 but also climate change, conflict and other forms of humanitarian crisis, all coming together and creating a particularly vulnerable world for girls and for women. Today we have the honor of being able to hear from civil society partners from all over the world to understand what happened over the last two years and where we stand today.

### Roundtable:

**Xheni Dani, Policy and Advocacy Coordinator, End FGM European Network**

- The COVID-19 pandemic severely undermined FGM interventions. Actors that work on FGM especially need to be prepared to shift from development of emergency actions quickly when needed.
- Challenge: Disconnection leading to demobilisation, and disengagement with communities. The EU utilized alternate ways of communication including working online to keep certain interventions ongoing; However, it was not sufficient as some communities do not have access to technological online communication. Women and girls also often do not feel comfortable communicating online as a home may not be a safe space to openly speak.
- Challenge: Provision of psychological support to the target audience.
  - Programmatic funding was redirected due to COVID-19, which also led to staff dismissals and inability to survive for some organizations.
  - When there is a shift in funding priorities due to crises such as the COVID-19 pandemic – the impact on CSOs can be devastating.
- There is a need to advocate for flexibility in investments due to COVID-19 disruptions.

**Dr. Sadok Amine Ben Hassine, Sexual and Reproductive Health Lead, IPPF AWR Office in Tunis**

- Key strategy implemented during COVID-10 - invested in supporting former FGM cutters in innovative ways such as by directing them to other income-generating activities; however, even the alternative activities were impacted by the pandemic - making it difficult to have sustainable change.
- An issue faced during COVID-19: former cutters who had changed their activity towards sales have faced financial difficulties, due to trouble selling their products. Also, an issue to adapt products to new needs of communities. Example of selling Goat milk.
  - IPPF provided them with advice and support to adapt. Some of the adaptations they kept beyond the restrictions.
  - Customize the goods delivery method and change the production process and materials.

- Improved income and reinforced commitment to stop practicing FGM.
- FGM not considered as an urgent health matter.
  - Take advantage of healthy lifestyle awareness and increase the advocacy efforts to fight FGM along with other SRH (Sexual and Reproductive Health) needs during the Pandemic.
  - Advocacy wins such as stricter punishment measures against FGM in Egypt 2021. Stronger mobilization of stakeholders.
- Emphasized that the issue of FGM was deprioritized due to COVID-19. There is need for advocacy to frame FGM as a very urgent health issue for women.

***Masooma Rana, Founder of WeSpeakOut***

- Asia is not regarded as an FGM continent when many countries have high prevalence. A big challenge – sense of disbelief, including disengagement from the government. Strong element of religion (Islamic religion), the religious argument is far stronger in Asia. The cultural context of Asia is different from in Africa. Governments are also actively allowing the practice. No law against FGM.
- Challenges: Shrinking space for FGM/C CSOs challenge.
  - Increased use of virtual mediums for people interaction.
  - Became part of larger GBV (Gender Based Violence) projects.
- Challenge: Government’s refusal to engage with issue.
  - Using media and social media and days like Feb 6 to continue pursuing governments.
  - Sustained our voices against FGM.
- Challenge: Judicial and policy – there is no country in Asia where the practice of FGM is banned.
  - Transitioned to working on draft legislation, UPR (Universal Periodic Review) reports.
  - Networking with other countries and learning lessons on what works.
- To end FGM in Asia, there is need for funding to do research, national estimates, official data and many more areas that require funding because only with research and data can policy be informed. There is also a need for partnerships between countries, cross-country interventions and with the health sector.

***Caroline Lagat, Program Officer, Equality Now***

- Challenge: Redirection of funding for COVID-19 Response.
  - Prior to the pandemic, Equality Now would advocate for policy development and host capacity development sessions. During COVID-19, this initiative was no longer continued as they faced cost-cutting and prioritisation of community services.
  - Funds were directed to community monitoring and awareness raising to prevent FGM, including services to communities (shelters and safe houses).
- Challenge: Lockdown and restricted movement.
  - Innovation: Collaboration with law enforcement agents as essential services (awareness-raising) and numerous people were reached and communities were made aware that FGM is still a priority.
- Challenge: Prolonged school closure.
  - Innovation: Established community surveillance by community leaders/elders, which in some cases, reduced FGM cases as predicted considering the circumstances.

***Caitlin Le May, Director of the US End FGM/C Network***

- Challenge: Unable to provide in-person activities
  - Innovation: Conducted virtual programming which led to more people being connected; however, lost some audience that would otherwise have engaged.
- Challenge: Not having the technology to provide virtual activities. Some organizations met in small groups that were socially distanced to stay within regulations; however, they were unable to reach as many people as usual, less impact.
- Challenge: Lost momentum in policy change. FGM legislation pushed to the side-lines for COVID related legislation. Current bills have not seen any activity related to the education or outreach provisions in the law.

### **Ruvi Matsika, National Coordinator, End FGM Canada Network**

- In Canada, FGM is often viewed as an ‘over-there’ issue and there is a culture of silence and silencing. To end FGM, Canada needs to strengthen its policy and develop a national action plan and train frontline workers.
- Challenge: Vacation cutting. There is need for greater advocacy on this issue.
  - Innovation: Development of interactive modules –that includes topic of systematic discrimination that girls face who are at risk of FGM or are survivors.
- Challenge: Culture of silence and silencing.
  - Innovation: Encourage survivors to participate in Storytelling and focus on campaigns, Miss Clitty Campaign.
- Almost 100 proclamations from provinces and cities have helped develop FGM prevention and support for Survivors. There have also been statements from Prime Minister Trudeau. However, there is a lack of a national action plan despite laws in place and there is need for greater funding to prevent FGM and address discrimination that affects survivors.

### **Q&A:**

#### **1. How to avoid stigmatization:**

- a. Creation of interactive modules, partnering with survivors, balancing act to raise awareness without creating stigma (Canada network).

#### **2. Advocacy for data:**

- a. At the EU level, we continue our advocacy efforts towards national and EU authorities to improve data collection, for example demanding that there be National Registers on FGM cases and data on asylum granted on grounds of FGM, as well as national studies on FGM prevalence and at-risk population. You may also have a look at our interactive online map to find more about the current situation in countries where we have members: <https://map.endfgm.eu/map/554/FGM%20prevalence>.
- b. From the U.S. perspective, we were fortunate that in the Federal bill that was passed last year, there was a provision requiring Federal agencies to report current data on FGM in the U.S. With that being said, it's not perfect and we continue to advocate for better and stronger data, keeping in mind cultural shifts that can happen and the impact of laws on changing behavior related to FGM.

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## **Presentation:**

### **Professor Zeljko Sevic, UNICEF consultant for Innovative Financing**

#### **FGM and child marriage in numbers:**

- Cost of child marriage – USD 4 trillion by 2030 and cost of treating FGM USD 1.4. billion annually.
- Eliminating child marriage, Uganda would add USD 2.7 billion annually to its GDP and in Ethiopia would be 1/6 less dependent on ODA (Overseas Development Assistance).
- One underage girl marries every 3 seconds, 23 every minute and over 12 million a year.
- At least 200 million girls and women alive today living in 30 countries have been subjected to FGM.

**General context:** We are linked to delivering on SDG (Sustainable Development Goal) 5.3 and understanding innovative and/or alternative finance in relation to the emerging *IF4C* concept.

**Challenges:** 1) SDG 5.3 progress data 2) National SDG 5.3. targets and costing – SDG 5 have been considered as a “spill over” 3) Refined global SDG 5.3 costing 4) Prioritization of SDG5 implementation 5) Contextualization *vis-à-vis* GBV.

**Harmful practices context:** In building an investment case – we must address 5 key issues/pillars: 1. Humanitarian issues (strong compelling case, elements of urgency, comes to the top of the political agenda), 2. Human rights issue (strong argument), 3. Public health issue (we read often about the cost of treating survivors, we do not look at the broader issue of the consequences on health, very difficult to quantify), 4. Economic issue, 5. Social issue.

**Innovative financing mechanisms:** mechanisms that have existed in the past:

- Advocacy targeting the National Governments: they have the resources (even limited), partnership with them is important to produce an impact
- Coproduction with the National Governments (National partnership for ending harmful practices) to have a network
- Advocacy with the International and Regional Financial Institutions: operate in social and gender equality sectors but often we don't have any elements for FGM or CM
- Debt Swap: working very well for social sectors. Asking the governments to use a portion of money to invest in a particular issue
- A 'Gender Levy' – broader issue of gender equality
- Development Impact Bond – has been used widely, but may not be appropriate for FGM & CM as we might have a problem to define returns
- Co-funding – classic, linking with partnership element to build a better capacity for funding.
- Funding Pools – project/target where there is a large pool of money, better funding management, more efficient way of using the money
- SS(T)C; South South cooperation: has worked and has been effective in the past as
- Social Impact Bond – can be challenging, as it requires engagement of the national governments as main stakeholder

**Innovative financing prerequisites:** i) National ownerships, ii) Stakeholder capacity development, iii) Complimentary to other interventions, iv) Clear treatment *vis-à-vis* ODA and v) should be predictable.

**Next steps:** I) defining the position – what is the grassroots capacity in the ground, what is our advocacy strategy, etc. ii) building the investment case, iii) exploring the set of IF mechanisms, iv) building a larger multi-stakeholder alliance, v) mobilizing the grassroots – bringing their voices from the frontline, and vi) selling the case – put the issue at the forefront.

## Preliminary remark from the Donor Working Group

*Susan Gibbs, Women's Rights program, Wallace Global Fund*

- Noted the fragility of current financial flows and lack of resources in the face of challenging global events.
- In 2001, the donor working group met in Washington DC and were asked to express how much funding went into FGM. Most of the donors reported that funding of \$100,000 a year and \$750,000 a year went into FGM – and it was all project funding and there was zero to finance. Flash forward 20 years later, donor funding is significantly higher, but it is still low and inadequate plus traditional foreign aid and private philanthropy is now being duped by private capital flows and foreign direct investment.
- Calls for more investment that creates returns as well as social impact. This is an opportunity but also entails threats: pinkwashing is a real threat in this space and for innovative finance to fulfill its potential, we need transformative impact metrics developed in partnership with communities who code has done the projects and co and help define their benefits. The language and tools of finance can be opaque and intimidating.
- Regional networks can play key roles in supporting, shaping, and amplifying innovative financing efforts to accelerating FGM elimination.

## Panel session:

*Marianne Nguena, GAMS Belgique*

*Question: "What are the main relevant recommendations that have emerged during the International Stakeholders Dialogues that can help advance our discussion today and provide important inputs to the Donors?"*

- Over the last two years, GAMS has with a number of partners such as the European network END FGM, AIDOS and GAMS Belgium in the framework of the Community of Practice on Female Genital Mutilation (CoP (Community of Practice) FGM) which is a bilingual (FR/EN) international network of professionals and activists working on FGM, organized two international stakeholder dialogues which brought together in total more than 120 stakeholders from the public sector, civil society organizations and the UN system from Africa, Europe and the Americas. The

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- In 2020 we addressed the question of how to prevent and respond to female genital mutilation in emergency and humanitarian contexts and in 2021 we addressed gender transformative approaches to ending FGM. I will present several recommendations that emerged from these discussions:
- First, we started from the observation that prevention and response to FGM are not part of the humanitarian aid cycle. We recommend:
  - Fund projects connecting humanitarian and development sectors, to ensure the humanitarian-development nexus becomes a reality.
  - Support pilot projects and implement specific calls for proposals on integrating FGM prevention and response in humanitarian programming.
- Difficulties in data collection and low reporting rates are exacerbated during crises. We therefore recommend:
  - Invest in the establishment of coordination platforms for all actors working on FGM in the field, and in databases for in-country cooperation.
  - Fund community-led research and data collection in emergency settings
- Sustainable behavior change is essential to eliminate FGM, but there is a lack of understanding and use of gender transformative approaches. We therefore recommend:
  - Fund organizations willing to pilot new and innovative approaches, including gender transformative approaches, to ending FGM.
  - Promote collaborations between different types of grantees to build complex and comprehensive programmes addressing FGM alongside SRHR, GBV and other gender equality issues through a gender transformative approach at multiple levels.

#### **Clara Caldera, AIDOS**

*“Question: Asked to summarize the main outcomes of the CSO consultation, and identify in particular: what are the main opportunities that an innovative mechanism would present? what, instead, are the challenges that we as CSOs are able to identify at this stage of the process and that should be taken into consideration when designing such innovative financing mechanism?”*

- In terms of opportunities, we identified some examples that could be further explored:
  - **Corporate Social Responsibility** in Nigeria: Multinational Oil Companies' CSR played a significant role in empowering women and girls. Other CSOs agreed that the power of companies who have leverage in the country should be involved and convinced to play a role. However, some said they are struggling to involve private companies.
  - **Communications companies** in the Republic of Georgia that agreed to give free SMS (Short Messaging Service) to a CSO to reach both its staff and the target population.
  - **Medical insurance** to cover the health-related support services for FGM survivors could be seen as alternative sources of support for financing the sector. We had the example of Belgium.
  - **Creation of synergies and partnership among different kinds of organizations** to ensure, among other, a higher involvement of communities and grass-roots organization – partnership with org that are complementary among themselves and can bring different kinds of resources, competencies, and outreach capacities.
- In terms of the main **challenges** from the CSOs perspective:
  - **Increased burden on CSOs.** Build investment cases/ diversify, mobilize, manage diverse source of funding/report to and comply with different kind of funders increase the burden on CSOs – it has a cost to take into consideration throughout the entire process; from the mobilization of resources to the reporting phase, including a change of mind-set of CSOs. CSOs need to be supported on that, it is an investment that may be even more challenging for grassroots organizations.
  - **Tendency to prefer short/medium-term return on investment,** meaning short term funding which are antithetical with the idea of having an impact in terms of gender transformation; it may impact on the organizational sustainability of CSOs (ex: staff retention) and may contribute to shift the CSOs focus on mobilizing and managing diverse resources (rather than on women's and girls' rights implementation).
  - Following this idea, CSOs also made a point that there would be a **danger in framing social impact issues**

**in competitive terms**, where CSOs must “make a case” for anti-FGM against other causes; whereas there are clear commitments to achieve all these goals simultaneously and without a hierarchy that would risk being based on sole “return on investments” logic.

- **Beyond alternative finance** - these **innovative mechanisms should not replace “traditional” funding mechanisms** as we need the full commitment of governments and donors to reach the goal. As said, commitments to achieve SDG 5.3 must be backed by increased funding.
  - From a CSOs perspective an innovative financial mechanism is:
    - A mechanism that allows **long term intervention**: that is needed to have a sustainable change when it comes to social and gender norms such as FGM – (it could be a step-by-step funding mechanism, from a pilot project to its scaling up version for instance).
    - A mechanism that allows **flexibility**: to implement actions that are adapted to the different contexts and dynamics of the social and gender norms, including emergency contexts that require rapid response and adaptation. (Private funders may be an opportunity as they may be more flexible).
    - A mechanism that allows **scale up of promising/successful** intervention: which includes investments in systematic data collection and M&E (Monitoring & Evaluation) at all levels (so to ensure having data and arguments to show effectiveness at result, output, and outcome levels. Which would be also useful to build investment cases).
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## Closing remarks:

*Isabella Micali Drossos, World Bank*

- Noted that innovative and alternative financing can be at the same time, an opportunity, and a challenge.
- Pinkwashing is a very serious issue.
- How are we going to sell the case? Noted that the culture of silence is very strong. We have been putting this issue forefront and often, we are put into a corner because people are going to say there are much more important issues such as COVID-19 or question why you are isolating FGM or child marriage from major tendencies of gender-based violence.
- We have a fast-food approach in the sense that we want results immediately, in four years, in three years and we must show a baseline on what we have done in those years and when we are working with social norms - which is at the same time a change in behavior in psychology – it is not going to be reached in a very short period. Work of ours needs constant financing at scale for long time.
- What can we do?
  - We can speak out constantly and influence our immediate circles. Our governments, colleagues, organizations. Personally, for me as I work in a multi-lateral development organization, I pass on the idea that FGM is worth the investment, not only in economic terms, but also in other terms such as wellbeing, happiness, dignity, equality, justice, and more.
  - We can tap the resources where they are. We are not going to put a bond where 10% of return will be distributed to shareholders. We cannot give up the traditional way of doing things because there are innovative or alternative options.