USAID
FROM THE AMERICAN PEOPLE

IMPLEMENTATION PLAN

ENDING FEMALE GENITAL MUTILATION/CUTTING

USAID'S COMMITMENT

Female genital mutilation/cutting (FGM/C) is recognized globally and by the United States as a human rights abuse and form of gender-based violence that undermines security and human rights around the world.[1] FGM/C occurs in more than 90 countries, although national prevalence data is collected in only 31 countries. In the countries that collect FGM/C national prevalence data, at least 200 million girls and women alive today have undergone FGM/C, and more than 4 million are at risk annually. An estimated additional 2 million girls and women per year are at risk due to the COVID-19 pandemic.[2]

Governments and other stakeholders have committed to ending FGM/C by 2030, recognizing that it has multiple negative consequences in the lives of women and girls, including severe medical, psychological, emotional, and social problems, and even death. Girls subjected to FGM/C may also be at risk of child marriage, school dropout, and reduced opportunities for growth, development, and sustainable incomes. According to the World Health Organization, preventing FGM/C can save communities and countries an estimated $1.4 billion each year in health care costs alone.[3]

FGM/C is now firmly on the global development agenda, most prominently in Sustainable Development Goal (SDG) Target 5.3, which calls for eliminating "all harmful practices, such as child, early and forced marriage and female genital mutilation." While governments around the world have committed to ending the practice, transformative and multisectoral actions are needed to strengthen these commitments and translate them into action.

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[1] "National Strategy on Gender Equity and Equality," The White House, accessed June 3, 2022, https://www.whitehouse.gov/wp-content/uploads/2021/10/National-Strategy-on-Gender-Equity-and-Equality.pdf.
[2] "2 Million Additional Cases of Female Genital Mutilation Likely to Occur Over Next Decade Due to COVID-19," UNICEF, accessed June 30, 2022, https://www.unicef.org/press-releases/2-million-additional-cases-female-genital-mutilation-likely-occur-over-next-decade.
[3] "The Economic Cost of Female Genital Mutilation," World Health Organization, accessed June 3, 2022, https://www.who.int/news/item/06-02-2020-economic-cost-of-female-genital-mutilation.

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The United States Agency for International Development (USAID) envisions a world in which girls and women are equitably valued and empowered in safe and enabling environments where their bodily integrity is intact, mental health is safeguarded, and all can live in dignity and realize their full potential.[4]

The U.S. government has long worked to prevent GBV around the world, as well as to support women's and girls' human rights. The United States specifically identified a need to end FGM/C in the early 1990s, recognizing the practice to be a public health concern as well as a human rights issue because it violates a woman's right to bodily integrity.[5] In September 2000, USAID officially incorporated the elimination of FGM/C into its development agenda, issuing a policy and strategy that underscored FGM/C as a serious health and human rights issue.

GETTING THE TERMINOLOGY RIGHT

When discussing the partial or total removal of external female genitalia or other injury to female genital organs for nonmedical reasons, the international community generally uses the term "female genital mutilation," or "FGM," although "female genital cutting," or "FGC," "female genital mutilation/cutting," or "FGM/C," "khatna," and many other local terms are used.

The term "female circumcision" is sometimes used interchangeably with FGM/C, which is discouraged by survivors and the global community. The term has been criticized for drawing a parallel with male circumcision and thus creating confusion between the two distinct practices. The health and human rights implications of the practices are very different.

USAID's efforts to end FGM/C and advance gender equality have intensified in recent years through several cross-agency and agency-specific policies and strategies. These include:

- U.S. National Strategy on Gender Equity and Equality
- U.S. National Action Plan on Women, Peace, and Security
- U.S. Government Action Plan on Children in Adversity
- U.S. Strategy to Prevent and Respond to Gender-Based Violence Globally
- USAID Adolescent Girl Strategy
- USAID Gender Equality and Female Empowerment Policy

USAID has also issued Guidance on Female Genital Mutilation/Cutting (FGM/C)[6] and is an active participant in the U.S. interagency working group on FGM/C.

Alongside the **USAID FGM/C Theory of Change** and the **USAID FGM/C Learning Agenda**, this eight-year implementation plan provides a roadmap for USAID to undertake a range of approaches to achieve its vision, both at a global level and in priority countries. It outlines a plan for USAID to strategically invest in gender-transformative, context-specific, survivor-centered, evidence-based, sector-specific, and cross-sectoral programming and research, and to leverage its investments with governments, funders, implementing partners, and community-based organizations to become a global leader in efforts to end FGM/C.

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[4] We use "girls" and "women" in this document to be inclusive of all individuals who were assigned female sex at birth based on genitalia and can therefore be at risk of FGM/C. This includes those who were assigned female sex at birth but do not identify as girls or women.

[5] "The U.S. Government Working Together for the Abandonment of Female Genital Mutilation/Cutting," USAID, accessed June 3, 2022, https://www.usaid.gov/news-information/fact-sheets/jan-2014-us-government-working-together-abandonment-female-genital-mutilation.

[6] "USAID Guidance on Female Genital Mutilation/Cutting (FGM/C): A Mandatory Reference for ADS Chapter 205," USAID, accessed June 3, 2022, https://www.usaid.gov/sites/default/files/documents/1870/205maa.pdf.

USAID: A GLOBAL LEADER AND INFLUENCER

Other funders and actors have contributed significantly to ending FGM/C and addressing the needs of survivors, and this plan seeks to position USAID to be a thought leader and influencer in global platforms focused on these important issues. Specifically, it proposes that the Agency leverage resources, including funding and research and programmatic findings, to support and inform the work of other funders, multilateral agencies, national and subnational governments, implementing partners, and private and civil society actors, and to accelerate their commitments in this global movement to end FGM/C and respond to the needs of survivors.

FGM/C affects and is affected by numerous areas of global development of interest to USAID, including GBV; education; sexual and reproductive health and rights; maternal, newborn, and child health; economic empowerment; sanitation and hygiene; democracy; human rights and governance; child protection; and crisis and conflict. As such, engaging more deeply to address FGM/C presents myriad opportunities for expanded work with a range of stakeholders across sectors on program design, implementation, dissemination, and other activities.

ADDRESSING FGM/C AS A GLOBAL CHALLENGE

FGM/C is often incorrectly seen as an "Africa only" issue, but the practice takes place in more than 90 countries across Europe, Latin America, North America, sub-Saharan Africa, the Middle East, South Asia, Southeast Asia, and the Pacific.

Until very recently, most data on FGM/C came from sub-Saharan Africa and parts of the Middle East. In 2016, UNICEF released data that indicated almost half the girls in Indonesia were cut before age 14, and this was increasingly done through the formal health care system. This research shed light on the critical importance of understanding the context in which FGM/C takes place and the different experiences that girls and women may have. Yet, we know little about the practice globally. Nationally representative surveys have collected information on FGM/C in a limited number of countries, so the exact number of girls and women who have undergone the practice globally is unknown.

USAID can play a leadership role by utilizing global, national, regional, and funder working groups and social media platforms to shift the narrative toward an understanding that FGM/C affects girls and women on nearly every continent. It can leverage key gender-related dates, such as International Day of Zero Tolerance to End FGM/C (February 6), International Women's Day (March 8), International Day of the Girl (October 11), and 16 Days of Activism against GBV (November 25–December 10) to raise awareness on the need to address FGM/C as a global issue.[7]

THE NEED FOR GENDER-TRANSFORMATIVE APPROACHES

FGM/C is a manifestation of gender inequality, which itself has diverse dimensions and drivers. The practice is rooted in unequal gender power relations that are embedded in a system that sustains itself through discriminatory gender stereotypes and norms, as well as unequal access to and control over resources. It is important to consider that girls and women can experience multiple and diverse layers of discrimination in addition to gender, including on the basis of age, race, religion, caste, ethnicity, geography, socioeconomic status, education, sexual orientation, and gender identity. As such, discriminatory systems and structures that underlie the practice must be addressed to effect and sustain change. FGM/C may be driven by social pressure to conform to what others do or have done and to feel accepted, or not rejected, by the

[7] Given the sensitivity of the issue, any public outreach strategy should be informed by survivors and local community-based activists and should use appropriate language.

community. It is typically passed down from older generation to younger and is often seen as an obligation for community acceptance and gaining access to social networks. While parents may not support the continuation of FGM/C, they may have their daughters cut rather than face social sanctions, such as stigmatization or social isolation. Family choices very often disadvantage girls. While FGM/C is not rooted in any religious doctrine, it may manifest as such due to patriarchal interpretations of faith traditions.

FGM/C GLOBAL SNAPSHOT

- FGM/C is becoming less common, but **change is not happening fast enough**.
- One in four girls and women who have undergone FGM/C were cut by a health care provider. The medicalization of the practice appears to be growing, despite **no medical reason** for the practice.
- **Attitudes are shifting.** The proportion of girls and women in countries with a high prevalence of FGM/C who want the practice to stop has doubled in the past two decades.
- **National and regional commitments to eliminate FGM/C are growing.** Eliminating FGM/C is not a western agenda.
- Survivors and youth advocates are increasingly leading change, including through **intergenerational dialogue**. More men and boys are engaged in ending FGM/C than ever.
- **Increased media exposure** is raising awareness and shifting norms. Social media has accelerated the formation of transnational FGM/C networks, where survivors connect through online platforms, share their stories, and fuel advocacy movements.
- **The COVID-19 pandemic threatens to stall progress in ending FGM/C**. Unless the prevention and elimination of FGM/C is prioritized in COVID-19 national response plans and humanitarian actions generally, many more girls will be at higher risk of FGM/C by 2030.

STRATEGIC OBJECTIVES

This plan proposes that USAID be guided by the following strategic objectives as it develops and implements actions to achieve a world in which girls and women are equitably valued and empowered through safe and enabling environments where their bodily integrity is intact, mental health is safeguarded, and all can live in dignity and realize their full potential.

INTEGRATE FGM/C PREVENTION AND RESPONSE ACROSS SECTORS AND MISSIONS

FGM/C is a form of GBV that has broad consequences at the individual and household levels and negatively affects economic and societal development. The practice can thus impede USAID from achieving its goals across sectors. Efforts to address it must therefore be integrated across sectors to realize comprehensive strategies to reduce and mitigate the practice, including meeting the needs of women and girls who have undergone FGM/C. As addressing FGM/C may not be the core responsibility of any single sector, bureaus and missions should consider ways to leverage resources for more integrated and holistic approaches.

Evidence indicates that context-specific programs and combinations of programs such as girls' and women's empowerment; access to quality education; provision of comprehensive sexuality education and gender-sensitive and FGM/C-specific sexual, reproductive, and maternal health services; laws and policies; access to justice; immigration and asylum; and communication and media are effective to prevent FGM/C and respond to the needs of girls and women who have experienced FGM/C. Other effectives strategies are to engage and bring together stakeholders at the national, subnational, and local levels, including parliamentarians, national human rights institutions, traditional community leaders

and faith-based actors, women and girls, parents, legal guardians and families, health care providers, civil society, human rights groups, youth organizations, and men and boys. Many of these programmatic components and approaches can fit seamlessly into the work of USAID across multiple sectors. In all cases, FGM/C should be integrated into existing or planned programs only after undertaking appropriate contextual and gender analyses in each setting.

INVEST IN GENDER-TRANSFORMATIVE PROGRAMMING ACROSS THE CONTINUUM OF FGM/C PREVENTION AND RESPONSE

In addition to integrating FGM/C within and across sectors and programs, new programs that are specifically designed to prevent FGM/C and respond to the needs of survivors are needed to accelerate progress. As with the integration of FGM/C into existing programs, stand-alone programming should be developed only after undertaking appropriate gender analysis—in line with the USAID Automated Directives System (ADS) 205 requirement for gender analysis to inform USAID country strategies, projects, and activities—as well as a gender-based violence analysis, so that programming is survivor-centered and responds to local needs.

Further, interventions should work across the socio-ecological model to effect change at the individual, family, community, and institutional levels to promote gender-equal norms and systems. For example, programs can work at the individual level to teach girls skills and increase their agency to advocate for their rights; at the household level to support parents in not cutting their daughters and keeping girls in school and uncut; in communities to shift social norms around the value of girls and women and issues of consent, bodily autonomy, and harm; and through health care systems to end medicalization of FGM/C and promote gender-responsive systems and structures for the prevention of FGM/C and gender-sensitive and equitable health care for those who have experienced FGM/C.

EXPAND COLLABORATION AND PARTNERSHIPS WITH FUNDERS AND OTHER STAKEHOLDERS TO BE MORE INCLUSIVE AND SURVIVOR-CENTERED

USAID recognizes and appreciates the leadership and investment of other funders and actors to end FGM/C and respond to the needs of survivors. USAID should foster collaboration and expand its partnerships and engagement with multilateral agencies, other bilateral funders, and foundations. It should collaborate and strengthen relationships with international programs, and the private sector and civil society, including survivor-, girl-, youth-, and women-led organizations, networks, and coalitions at the local and regional levels.[8] Inclusive partnerships with local organizations and networks will amplify voices that have too often have been left out and that are critical to create more effective and sustainable programs and investments.

USAID leadership could play a particular role within the funder community in ending FGM/C and responding to the needs of survivors. Needed work includes promoting and facilitating collaboration, coordination, and information sharing, and encouraging increased funding.

SUPPORT GOVERNMENTS TO ADOPT POLICIES TO ELIMINATE FGM/C AND MEET THE NEEDS OF SURVIVORS

USAID should commit to supporting policies and strategies at the local, country, regional, and global levels in ways that create enabling and empowering environments to end FGM/C and advance the rights of all girls and women, including survivors. While USAID supports host country legislation against the practice of FGM/C, a successful elimination process must end demand for the practice. Laws and policies are most effective when they are implemented as part of a multisectoral strategy that includes survivor-centered education and awareness-raising for prevention, training across sectors in the prevention of FGM/C and accountability for implementation, and, when necessary, prosecution.

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[8] For example, the UNPFA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation

USAID should continue to work in close partnership with survivors and organizations at the community level, as well as with district, subnational, national, regional, and global policymakers, to promote broader education and dissemination of survivor-centered information on the harmful effects of FGM/C. Moreover, USAID should address social norms and other drivers of FGM/C to reduce demand and medicalization.

At the same time, USAID should engage in and encourage partnerships to mobilize political will and enable action to adopt and implement gender-transformative legal and policy frameworks and actions that end FGM/C and that build supportive environments for gender equity and equality. This strategy is in line with the Agency's commitment to support country efforts to meet global policy commitments, including the Sustainable Development Goals Target 5.3, "eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation."

DOCUMENT PROGRESS AND CHALLENGES, INTEGRATE LESSONS LEARNED, AND PROMOTE BEST PRACTICES

Thoughtfully designed and well-implemented monitoring and evaluation to track progress toward the goals of this implementation plan will help hold USAID accountable to its commitments and will contribute to expanded global learning about FGM/C. Additionally, through an ambitious and wide-ranging learning agenda, USAID aims to continuously learn from and improve its programs and the programs of others.

Specifically, the **USAID FGM/C Learning Agenda** reflects work currently being carried out by USAID and its partners and colleagues, the outputs of which will inform programs supported by USAID, as well as the broader global research agenda. At the same time, the learning agenda can serve as a guide for potential questions to include in new research, impact and performance evaluations, and other analyses that are conducted under future investments and programming by USAID.

STRATEGIES AND ACTIVITIES

USAID recognizes that its engagement in addressing FGM/C should complement the work of a broader global ecosystem working to eliminate FGM/C and address other forms of GBV. To that end, prior to designing or implementing programs to address FGM/C, USAID should review existing national or local action plans, strategies, and programs to eliminate or respond to FGM/C. Many of these have been developed through government and civil society collaboration and reflect national commitments and local context. USAID should consult with and be guided by national nongovernmental organizations (NGOs), survivors, youth activists, community members, and local organizations, who are often best placed to advocate for the desires, needs, and priorities of those at risk of and who have experienced FGM/C. At all levels, it should seek to understand the priorities of other funders and actors and where it can best fill gaps.

Efforts to respond to FGM/C fall along a continuum, from prevention to response, but USAID's efforts should not focus on only one or the other. Interconnected programming that both prevents FGM/C and responds to the needs of survivors is needed. Many of the strategies USAID can undertake may prevent FGM/C and respond to the needs of FGM/C survivors. This said, all programs should clearly articulate the target audience in program design and implementation so the work that seeks to meet the needs of survivors is delineated from the work that seeks to prevent FGM/C.

Interventions are most effective when multisectoral and holistic strategies to prevent and eliminate FGM/C are implemented and coordinated. Joint participation is needed across education, health, justice, social welfare, law enforcement, immigration and asylum, and communications and media. Programs must bring together stakeholders at the national, subnational, and local levels, including parliamentarians, national human rights institutions, traditional community leaders and faith-based actors, survivors,

women and girls, parents, legal guardians and families, health care providers, civil society, human rights groups, youth organizations, and men and boys.[9] Major factors that contribute to success are leadership, political commitment, long-term vision, and funding.

USAID should undertake several gender-transformative, context-specific, evidence-based, sector-specific, and cross-sectoral approaches to foster enabling environments for change at the family, community, institutional, and structural levels. Ultimately, these efforts will contribute to the elimination of FGM/C in priority countries and globally.

STRATEGY 1: ADVANCING GENDER-EQUAL SOCIAL NORMS

The drivers of FGM/C are complex and contextual and can differ significantly within countries and communities, but the practice is always an expression of power and control over women's and girls' bodies and their sexuality. FGM/C may be driven by social pressure to conform to feel accepted or not rejected by the community; it is typically passed down from the older generation to the younger. Factors that may influence families and girls include social norms and shared values, a desire for social acceptance and community belonging, perceived increased access to social networks, family honor, and female virtue and sexual restraint. FGM/C is not rooted in any religious doctrine but may manifest as such due to patriarchal interpretations of faith traditions.

FGM/C can also connect with child and early marriage, enhancing a girls' marriageability within a community. Family choices very often disadvantage girls. Programs are unlikely to shift outcomes in a sustainable and scaled way unless structural drivers are addressed.

Increasingly, stakeholders understand how discrimination based on gender, age, race, ethnicity, sexuality, religion, socioeconomic status, caste, disability status, indigenous status, sexual orientation, and gender identity, may affect the experience of FGM/C. Factors that can affect FGM/C include living in hard-to-reach locations, weak governance and a lack of accountability for implementation of laws and policies, limited participation of girls and women in decisions that affect them, socioeconomic status, epidemic outbreaks, and environmental issues.[10] Practitioners can better understand the issues affecting gender inequality by adopting an intersectional approach that considers the contextual barriers and challenges faced by those who experience FGM/C along with other intersecting and compounding forms of discrimination and bias.[11]

Social norms are diverse and complex and do not lend themselves to simple interventions. Support for youth-led engagement and grassroots survivor activists to contribute to community dialogue, including with traditional and community leaders and faith-based actors, and use of media and communication campaigns to stop the silence around FGM/C, can help shift social norms so that FGM/C is no longer considered necessary or desirable, and therefore, no longer carried out. The transformation of social norms is only possible through sustained action at all levels and sustained investment over a period of no less than five years. Support for survivor and activist groups that are coming together in regional and global networks can help fuel the global movement to end FGM/C by 2030.

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[9] "Expert Group Meeting on the Elimination of Female Genital Mutilation, A/HRC/44/L.20. 2020," United Nations Human Rights Council, accessed June 3, 2022, https://www.ohchr.org/en/documents/thematic-reports/expert-group-meeting-elimination-female-genital-mutilation-report-united.

[10] "Female Genital Mutilation/Cutting: A Call for a Global Response," Equality Now, accessed June 3, 2022, https://www.equalitynow.org/resource/female-genital-mutilation-cutting-a-call-for-a-global-response/.

[11] "Joint Programme Technical Note: Gender Transformative Approaches for the Elimination of Female Genital Mutilation," UNICEF, accessed June 3, 2022, https://www.unicef.org/documents/gender-transformative-approaches-elimination-female-genital-mutilation.

Activities:

- Engage in social and behavior change interventions, such as traditional and social media campaigns and community-led efforts, that seek to influence societal expectations of women and girls, and that aim to shift attitudes and behaviors toward understanding FGM/C as a human rights abuse that can cause lifelong physical and psychological harm. Such campaigns can prevent FGM/C and reduce stigma and trauma for girls and women who have experienced it. (Prevention and Response)
- Design and implement approaches that engage men and boys to act as allies and champions for girls and women, and specifically against FGM/C, including as a prerequisite for marriage. (Prevention)
- In each context, identify decision-makers and those who are charged with caring for and protecting girls' lives (no matter their gender identity), and design and deliver appropriate messages that can engage them as agents for change. (Prevention and Response)
- Work with parents, guardians, teachers, community leaders, and faith-based actors to raise awareness of the harms of FGM/C, and change how girls and women, as well as their sexuality, are seen and valued in their communities. (Prevention and Response)
- Work with families and communities as key stakeholders in the safety, health, and well-being of girls, to actively support girls and promote their rights. (Prevention and Response)
- Support gender-transformative child protection and systems and services, including gender-responsive parenting programs. (Prevention and Response)
- Support intergenerational dialogues on girls' bodily autonomy that include girls, women, boys, and men. (Prevention and Response)
- Provide comprehensive, rights-based, developmentally appropriate sexuality education for all children and adolescents that addresses power dynamics and gender. (Prevention and Response)

STRATEGY 2: SUPPORTING GENDER-TRANSFORMATIVE HEALTH SERVICES IN PREVENTING AND RESPONDING TO FGM/C

Medicalization refers to situations in which FGM/C is performed by any category of health care provider in a public or private clinic, hospital, at home, or elsewhere. Medicalization of FGM/C is growing, though there is no medical justification for the practice. FGM/C performed by medical practitioners is never safe or beneficial, as it still removes and damages healthy, normal tissue, and interferes with the natural functions of girls' bodies.[12]

In some places, FGM/C may be performed by health care providers—community health workers, midwives, nurses, or doctors. It may even be offered to new parents as part of a standard package of care for newborn girls. About one in four FGM/C survivors (26 percent, or 52 million women and girls) were cut by health care personnel. The proportion is twice as high among adolescents (34 percent among survivors ages 15–19) compared to older women (16 percent among survivors ages 45–49), which indicates a growth in medicalization.[13]

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[12] "5 Ways FGM Undermines the Health of Women and Girls," Somaliland.com, accessed June 3, 2022, https://www.somaliland.com/health-fitness/5-ways-fgm-undermines-the-health-of-women-and-girls/.
[13] "Female Genital Mutilation: A New Generation Calls for Ending an Old Practice," UNICEF, accessed June 3, 2022, https://data.unicef.org/resources/female-genital-mutilation-a-new-generation-calls-for-ending-an-old-practice/.

Trained health professionals who perform FGM/C violate girls' right to life, physical integrity, and health in contravention of the fundamental principles of medical ethics.[14] Meanwhile, because of the authority, power, and respect accorded to medical practitioners, medicalization may perpetuate FGM/C and lend legitimacy to the practice.[13]

Financial gain also plays a role. FGM/C can bring in additional income to health professionals and may provide a higher bride price/dowry for parents when their daughter is married. Medicalized FGM/C may be a major source of income for those who perform it, as fees can be high, especially in countries where FGM/C is illegal.[15]

Girls and women who undergo FGM/C often experience long-term health consequences, including scarring, cysts, abscesses and other tissue damage, infertility, and increased susceptibility to infections. They may have difficulty and pain when they menstruate, urinate, or have sexual intercourse. Women who have undergone infibulation, where the labia are cut and sewn together to drastically narrow the vaginal opening, must be cut open again to enable sexual intercourse and childbirth. And some who experience urinary retention, a common side effect of infibulation, have likened the excruciating pain every time they urinate to the feeling of salt being rubbed into an open wound.

The risk of prolonged, obstructed labor is heightened for women who have undergone FGM/C. Without timely medical intervention, obstructed labor can cause debilitating obstetric fistula and put the mother and baby at risk of dying. Women who experience infibulation, whose scars had to be cut open to enable sexual intercourse and again to give birth, face the greatest risks of prolonged and obstructed labor. Several of the countries with high prevalence of FGM/C also have some of the highest maternal mortality rates in the world.

FGM/C can have lasting consequences for girls' and women's mental health. Girls may feel deeply betrayed by the parents who insisted they be subjected to FGM/C. In young children, that loss of trust and confidence can lead to behavioral problems alongside psychological pain. As girls grow up and marry, the sexual dysfunction caused by FGM/C may put stress on their marriage. Over the long term, FGM/C can leave serious psychological scars. Girls and women who experience it may suffer anxiety, depression, memory loss, sleep disorders, and post-traumatic stress disorder.

The health sector can play an important role in ending FGM/C and responding to the physical and mental health needs of the girls and women who have experienced FGM/C. Health care practitioners have many opportunities to provide prevention and care services and to target sexual and reproductive health and rights issues such as FGM/C.

Activities:

- Provide ongoing, culturally sensitive, context-specific, survivor-informed training for health care professionals:
    - To stop the medicalization of FGM/C (Prevention)
    - On prevention of FGM/C, including information on laws and policies, which health care providers can use to advocate for an end to FGM/C (Prevention)

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[15] Els Leye, Nina Van Eekert, Simukai Shamu, Tammary Esho, Hazel Barrett, and ANSER, "Debating Medicalization of Female Genital Mutilation/Cutting (FGM/C): Learning from (Policy) Experiences Across Countries," *Reproductive Health* 16, no. 158 (November 2019), https://doi.org/10.1186/s12978-019-0817-3.
[14] "The UNICEF Approach to the Elimination of Female Genital Mutilation," UNICEF, accessed June 3, 2022, https://www.unicef.org/media/88751/file/FGM-Factsheet-2020.pdf.

- On responding to the needs of FGM/C survivors; combined with other strategies, this will contribute to expanded access for all adolescents and women to age-responsive, inclusive, developmentally appropriate sexual, reproductive, maternal, and mental health services, including those designed for women and girls who have experienced FGM/C. (Response)

- Raise awareness of FGM/C-related fistula among key stakeholders (including survivors, girls at risk of FGM/C, parents, health care workers). (Response)
- Support specialized training for health care workers to effectively treat fistula and to provide fistula treatment activities for FGM/C survivors. (Response)

STRATEGY 3: SUPPORTING ENABLING LEGAL AND POLICY ENVIRONMENTS FOR RIGHTS-BASED APPROACHES TO END FGM/C

A rights-based legal framework that clearly defines FGM/C, prohibits its practice, and provides criminal sanctions against it is an effective way to fulfill a state's obligations to end the practice. Such a framework would also send a strong message that FGM/C is an unacceptable, harmful practice and would contribute to a positive environment for ending the discriminatory gender and social norms that underpin the practice.

An enabling environment for ending FGM/C is defined by laws, policies, institutions, and systems that allow changes at organizational, community, and individual levels. An enabling environment requires reflecting international human rights standards in national laws, which are then translated into policies that guide government action. Policies are enacted through time-bound plans of action that are developed in consultation with all relevant stakeholders, including survivors and civil society organizations. These plans must be funded and implemented, and accountability mechanisms for government, community, and individuals should be in place to effectuate them.[16]

FGM/C prevention and response interventions are most effective when strategies are coordinated and mainstreamed, and when they operate within the context of a coordination body or mechanism, a strong legal framework, national strategy plan, and adequate funding. To be successful, anti-FGM/C laws must be developed, introduced, and implemented in ways that engage survivors, youth activists, and community members to transform social norms. Political will, the existence of locally appropriate and sufficiently resourced enforcement mechanisms, and proper sensitization about the law are paramount to create a conducive environment for effective implementation of interventions.

Activities:

- Provide ongoing, culturally sensitive, context-specific, survivor-centered training for child protection, law enforcement, and judicial sector actors to stop all forms of FGM/C and prevent and respond to FGM/C as a form of GBV. (Prevention and Response)
- Increase the capacity and commitment of governments, civil society, and the private sector in partner countries—at the national and local level—to design and implement survivor-centered, gender-equal laws, policies, and strategies that include gender-transformative, cross-sectoral approaches to prevent and respond to FGM/C. (Prevention and Response)
- Support the development and use of mechanisms to increase accountability among stakeholders at all levels for laws and policies, and other commitments and plans. (Prevention and Response)
- Support access to justice for girls and women who have experienced violations under the law. (Response)

[16] "Compendium of Indicators on Female Genital Mutilation," UNFPA and UNICEF, accessed June 3, 2022, https://www.unfpa.org/publications/compendium-indicators-female-genital-mutilation.

- Facilitate convenings of different stakeholders, including survivors, civil society, community leaders, and government agencies on how to end and respond to FGM/C. (Prevention and Response)
- Strengthen referral mechanisms for survivors to report cases or threats of FGM/C. (Prevention and Response)

STRATEGY 4: ADVANCING GIRLS' AND WOMEN'S RIGHTS, DECISION-MAKING, AND LEADERSHIP SKILLS, ESPECIALLY FOR THE MOST MARGINALIZED

Advancing the rights, decision-making, and leadership skills and capacity of women and girls, especially the most marginalized, can be the first step in creating a more equitable distribution of power and control between parents and girls and between men and women. In addition to providing empowerment opportunities for individual girls and women and building their decision-making and leadership skills, programs can create a more enabling environment for gender equality by engaging family and community leaders in programming; in other words, programs must work across multiple levels of the socio-ecological framework. Advancing rights, agency, and leadership of survivors can be especially important, as it counters the trauma and deprivation they may face as a result of experiencing FGM/C.

At the same time, opportunities must be fostered for women and girls, particularly survivors, to be meaningfully engaged in the design, implementation, monitoring, and evaluation of policies and programs that aim to meet their needs.

Activities:

- Expand and strengthen programming that enhances girls' and women's empowerment, including through meaningful engagement in program design, implementation, and monitoring and evaluation. This can include the creation of leadership and mentorship programs for girls and providing community-based rights awareness and training programs for girls and women. Another example is supporting safe spaces for girls and women to learn about legal, health, and educational resources available to them; gain skills and training; access livelihoods support; learn financial literacy; and increase their self-confidence. (Prevention and Response)
- Seek and support meaningful input from local survivors, youth, and activists at all stages of the program cycle and in policy development, implementation, and monitoring. (Prevention and Response)
- Build the capacity of local, community-based organizations addressing FGM/C, particularly groups led by women, girls, and survivors. Support accessible, equitable, inclusive, and survivor-centered engagement in FGM/C programming and research, including of historically neglected and under-funded groups such as local organizations that work in the most marginalized communities and with the most marginalized girls and women. (Prevention and Response)
- Enable equal participation of affected girls and of youth-led organizations by providing youth-friendly information on participation processes; making financial resources available to girls and youth-led organizations to cover costs related to their participation; and preventing dominant entities from instrumentalizing or deeming irrelevant their participation in participatory processes. (Prevention and Response)

STRATEGY 5: GENERATING, UTILIZING, AND DISSEMINATING LOCALLY DRIVEN, CONTEXT-SPECIFIC DATA AND EVIDENCE

FGM/C occurs in more than 90 countries, although national data are collected in only 31 countries. The collection of more reliable and accurate disaggregated data is urgently needed. Available indirect estimates of FGM/C should be improved by using more rigorous methodologies, using consistent methods across countries to enable comparison of the data, and systematically updating indirect estimates at regular intervals. Researchers and health professionals, as well as practicing communities and survivors, should be involved in data collection and research, ideally through community-based and participatory approaches. Collaboration among these groups to provide more accurate qualitative and quantitative information on FGM/C and to make it available and accessible to the wider public can improve understanding of the practice and designing of tailored interventions.

In addition to prevalence data, there is a knowledge gap on the needs of FGM/C survivors, the effects of the practice on women's economic empowerment, and on behavior change around emerging trends such as medicalization and lower ages of cutting. Community-based participatory approaches help develop research and results relevant to communities.

The **USAID FGM/C Learning Agenda** includes a set of research and learning questions that aim to address these needs. The overarching questions in that Agenda include:

1. How can USAID contribute to the collection of more detailed FGM/C prevalence data in all countries where FGM/C is practiced?
2. How can efforts to end FGM/C be integrated across sectors effectively?
3. What strategies can prevent FGM/C in understudied countries and contexts?
4. What health care services can most effectively meet the needs of girls and women who have experienced FGM/C?
5. How can FGM/C be most effectively addressed across national borders?
6. How can USAID most effectively support grassroots, survivor-led, youth-led, women-led, and other local organizations to promote and measure positive outcomes for girls and women, including ending FGM/C?
7. How can FGM/C interventions be evaluated to measure progress flexibly and in ways that meet the needs of those at risk, while also promoting accountability and rigor?

STRATEGY 6: BUILDING PARTNERSHIPS

An increasing number of regional and global partnerships have been developed in recent years to prevent and respond to FGM/C. Successful implementation of USAID's work to end FGM/C and respond to the needs of survivors requires robust, inclusive, and creative engagement with these and other partners, as such engagement enables USAID to leverage resources, mobilize political will, promote cross-learning, and enhance programming.

Regional and national coalitions and networks, such as the Inter-African Committee on Traditional Practices, Global Platform for Action to End FGM/C, U.S. End FGM/C Network, End FGM European Network, Arab World Network, and the Asia Network to End FGM, are leading the global movement to end FGM/C and generally working with little to no funding. These networks and platforms, often led by survivors and activists, could serve as excellent partners to USAID as it embraces new models of development that tap into the

expertise, resources, and innovations of diverse organizations and actors. Specifically, as the Agency focuses on fostering locally owned, sustainable solutions by creating new ways to work directly with local stakeholders, civil society organizations, and partner country governments, we must tap the ingenuity and knowledge of organizations that are deeply connected to the people and the communities we serve. This will help our partner countries become agents of their own growth and prosperity for generations to come.[17]

In our work to end FGM/C, and in line with the strategic objectives above, we should also increase our engagement with other funders and multilateral agencies working to end FGM/C.

Activities:

- Continue and expand collaboration with a diverse set of FGM/C stakeholders, including multilateral and bilateral organizations; host governments; foundations; the private sector; international, national, and local NGOs; and other civil society actors, including survivor networks. Foster an open environment that encourages meaningful partnership and consultations to inform and continuously improve prevention of and response to FGM/C.
- Continue to regularly liaise with other funders, NGOs, and activist groups to gather information and utilize a framework for research and advocacy that enhances collaboration and coordination of elimination efforts, shares lessons learned, and stimulates public understanding of FGM/C as a human rights violation and health-damaging behavior.
- Engage with and support existing and new multilateral efforts to end FGM/C.[18]
- Support and engage the national, regional, and global survivor-led networks and coalitions working to end FGM/C and respond to the needs of survivors, as they have a deep and context-specific understanding of FGM/C and connections to grassroots and survivor groups worldwide.
- Integrate FGM/C into existing working groups, such as those addressing gender, human rights, or humanitarian action.
- Actively contribute to a robust Donors Working Group to Eliminate FGM/C. Pursue partnerships with other funders to leverage resources and foster collaboration rather than competition among funders, organizations, and survivors.
- Seek new sources of funding to sustain partnerships, and scale impact by capitalizing on the full marketplace of ideas and solutions through collaboration with partners from all sectors.
- Promote local leadership through local actors and systems and engage traditional partners in strengthening local capacity.
- Where appropriate and informed by survivors, explore and pursue private sector engagement in work to prevent FGM/C and respond to the needs of survivors.

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[17] "New Partnerships Initiative," USAID, accessed June 30, 2022, https://www.usaid.gov/npi.
[18] The UNFPA-UNICEF Joint Programme to Eliminate FGM, which started in 2008, is the largest global program designed to accelerate the abandonment of this harmful practice.
[19] "USAID Guidance on Female Genital Mutilation/Cutting (FGM/C): A Mandatory Reference for ADS Chapter 205," USAID, accessed June 3, 2022, https://www.usaid.gov/sites/default/files/documents/1870/205maa.pdf.

PRIORITIZING FGM/C WITHIN USAID'S OPERATIONAL STRUCTURE

As a policy, USAID opposes any practice of, or support for, FGM/C and works toward total elimination of FGM/C.[19] As such, Agency leadership and staff at all USAID missions and bureaus should have a role in the implementation of this plan, particularly in coordination and collaboration with regional, country, and local partners.

- **Senior leadership:** USAID should designate a senior level leader to coordinate this eight-year implementation plan, support high-level USAID engagement on FGM/C-related issues in USG interagency processes and external fora, and promote accountability across the Agency for implementing the strategies described. USAID missions are encouraged to support high-level engagement on FGM/C issues within the country and the mission.
- **Agency-wide coordination:** USAID can continue to engage on the U.S. interagency working group to end FGM/C and should establish and maintain an Agency-wide FGM/C Community of Practice (COP) with designated points of contact in regional and functional bureaus that are responsible for implementing this plan and associated learning agenda. This COP can support relevant missions and bureaus with training, tools, and technical assistance to integrate FGM/C objectives in their portfolios. It can facilitate collaboration and the dissemination of information and best practices to address FGM/C within and outside of the Agency.
- **Integration in the program cycle:** The USAID Automated Directives System (ADS) 205 provides guidance to all USAID operating units on integrating gender equality and female empowerment into USAID's program cycle and reminds staff that responsibilities for integrating gender into USAID programming are distributed across bureaus and employee roles. If a project or activity addresses FGM/C, operational plan narratives should describe FGM/C-related activities. The following are five areas where FGM/C prevention and response should be integrated into the program cycle:
  - *Agency-level policy and strategy formulation:* Include specific guidance on how preventing FGM/C and addressing the needs of survivors is situated within any new or updated strategy or policy across the Agency, with the goal of working toward gender-equal societies.
  - *Country Development Cooperation Strategies (CDCS):* Prioritize gender-transformative, context-specific, evidence-based, sector-specific, and cross-sectoral programming to reduce FGM/C and address the needs of survivors within the objectives of the strategies developed in priority countries, and have program resources and priorities reflect these initiatives.
  - *Project design and implementation:* In projects that engage or target adolescents, meaningfully engage women, girls, and other community stakeholders to design FGM/C prevention activities and response for survivors.
  - *Activity design and implementation:* Include gender-transformative and inclusive activities that both prevent FGM/C and respond to the needs of survivors, and seek input from women and girls in designing programs and carrying out activities.
  - *Monitoring, evaluation, and learning:* Collect context-specific age- and sex-disaggregated data on the drivers and consequences of FGM/C at the country and local level at all stages of the program cycle. Use that data to effectively design, implement, and evaluate targeted interventions in priority countries.

[19] "USAID Guidance on Female Genital Mutilation/Cutting (FGM/C): A Mandatory Reference for ADS Chapter 205," USAID, accessed June 3, 2022, https://www.usaid.gov/sites/default/files/documents/1870/205maa.pdf.

Given that FGM/C is a crosscutting issue, add FGM/C as a key issue under GBV so that performance plans and reports (PPRs) can more systematically track which Operating Units and Bureaus are working on FGM/C and what activities are being conducted. These data can also be used to track the Agency's progress against this implementation plan and the **FGM/C Learning Agenda**.

MEASURING PROGRESS: MONITORING, EVALUATION, AND LEARNING

This implementation plan is designed to guide USAID's work on FGM/C through the year 2030. As an eight-year plan, it allows the Agency to monitor progress through a process of collaboration, learning, and adaptation. The plan focuses on using best practices, lessons learned, and ongoing performance and impact evaluations and innovation across USAID strategies and activities.

The **USAID FGM/C Custom Indicators** are designed to support this process and to be used with the **USAID FGM/C Learning Agenda**. Through this process, USAID can continuously learn from and expand the global evidence base with the systematic organization and sharing of generated evidence.

While we know more about FGM/C than ever, including its drivers and consequences, and how to prevent it, the challenge of collecting more nuanced and context-specific data is significant. Interventions and advocacy are needed to end this harmful practice. Thus, USAID should use the results of its monitoring, evaluation, and learning activities for internal performance improvement and for the design and implementation of effective policies and programs, and in addition, should use these findings to contribute to the global evidence base.

Data should be collected and reported through several mechanisms, such as the PPRs. Examples of the custom indicators follow:

FGM/C PREVALENCE INDICATORS

Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) data should be collected and analyzed at the lowest possible administrative level. In addition, community- or program-level surveys should be collected for all areas where FGM/C is known to take place.

- Percentage of women ages 15–49 who have undergone FGM/C
- Prevalence of FGM/C among girls ages 15–19 years (This indicator is an age disaggregation of the above and a useful indication of trends in the practice of FGM/C over time.)
- Proportion of girls ages 0–14 years who have undergone FGM/C (These data would be reported by their mothers and reflect current FGM/C status, not the final prevalence in this age group.)
- Number of countries where DHS and MICS data on FGM/C prevalence are collected

INDICATORS OF PROGRAMMATIC SUCCESS

- Percentage of girls who have life goals beyond traditional roles of mother, wife, and homemaker, disaggregated by age, FGM/C, and marital status
- Percentage of parents who envision roles and trajectories for their daughters beyond traditional roles of mother, wife, and homemaker, disaggregated by sex, age of parent, and mother's FGM/C status
- Percentage of parents who have not or will not have their daughters cut

- Percentage of parents who support their daughter's decision not to be cut
- Percentage of unmarried girls/boys who are confident in their ability to not succumb to requirements or social pressure for FGM/C
- Percentage of adolescent girls who report having a say in important decisions (i.e., regarding schooling, marriage, FGM/C, finances, sex, pregnancy, childbearing), disaggregated by age and marital status
- Number of strategies or plans of action to address FGM/C (disaggregated at national and subnational level)
- Number of FGM/C coordinating bodies implementing strategies or plans of action to address FGM/C (disaggregated at national and subnational level)
- Percentage of key stakeholders (parents, adolescents, young people, and community, religious, and political leaders) who believe FGM/C is a human rights violation and harmful to girls and women
- Percentage of key stakeholders (parents, adolescents, young people, community, religious, and political leaders) who believe girls and women should not be cut
- Percentage of health care workers and social workers who have been trained in preventing FGM/C or responding to medical and psychological needs of FGM/C survivors
- Percentage of key stakeholders (parents, adolescents, survivors, health care workers, and social workers) who have been trained on the long- and short-term medical and psychological issues associated with FGM/C
- Number of women and girls seeking health care for FGM/C-related issues
- Number of law enforcement officials trained on issues related to FGM/C prevention, criminalization, and law enforcement
- Number of influential leaders and communicators (traditional, faith-based, cultural, political, survivors, health care, and media) who have made public declarations against FGM/C and support girls not being cut
- Number of survivors meaningfully included in USG-assisted programs designed to prevent or respond to FGM/C
- Number of news media stories, edutainment programs, dramas, or films aired on television or radio that wholly or in part address FGM/C and related gender norms

INDICATORS OF PROGRESS TOWARD IMPLEMENTATION PLAN AND LEARNING AGENDA

- Number of missions that include FGM/C prevention and response within priority strategies and programs
- Number of activities designed that incorporate FGM/C prevention or response (new and existing), disaggregated by sector and Operating Unit
- Amount of funding invested in FGM/C prevention or response programming
- Number of partnerships USAID engages in on FGM/C, by type of partner (i.e., funder, government, private sector, implementing partner, community-based organization)

- Number of international and regional platforms on which USAID has elevated FGM/C prevention and response as a global issue
- Number of governments USAID supports to develop or implement comprehensive FGM/C laws and policies
- Number of research studies funded to build evidence on FGM/C prevention or response, disaggregated by sector and Operating Unit
- Number of new trainings or materials (e.g., toolkits, how-to notes, and fact sheets) developed to expand capacity within USAID or to communicate best practices on FGM/C, within and outside the Agency
- Number of USAID staff, implementing partners, and host country government officials trained on FGM/C prevention or response
- Issuance of updated USAID Guidance on FGM/C[20] and associated sector-specific guidance on FGM/C prevention and response relevant to aims

[20] "USAID Guidance on Female Genital Mutilation/Cutting (FGM/C): A Mandatory Reference for ADS Chapter 205," USAID, accessed June 3, 2022, https://www.usaid.gov/sites/default/files/documents/1870/205maa.pdf.

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The goal of the Collective Action to Reduce Gender-Based Violence (CARE-GBV) activity is to strengthen USAID's collective prevention and response, or "collective action" in gender-based violence (GBV) development programming across USAID. For more information about CARE-GBV, click here.

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