



USAID
FROM THE AMERICAN PEOPLE

THEORY OF CHANGE

ENDING FEMALE GENITAL MUTILATION/CUTTING PROBLEM STATEMENT

Female genital mutilation/cutting (FGM/C) occurs in more than 90 countries¹ and is recognized internationally as a violation of girls' and women's human rights. At least 200 million girls and women have undergone FGM/C, and more than four million are at risk annually, with an estimated additional two million girls and women per year at risk due to the COVID-19 pandemic. Governments and other stakeholders have committed to ending the practice 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 loss of life. 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.²

This document introduces a theory of change that describes how USAID engagement in efforts to end FGM/C can contribute to a more gender-equal world in which girls and women are equitably valued and empowered.

The theory of change (also see Figure 1) aims to guide USAID's decision-making related to investments and action; identify potential impacts and outcomes of USAID investments; and provide common language and frameworks across USAID, including its implementing partners. It is intended to provide a high-level roadmap for USAID's work in this area through 2030. All levels and operating units across USAID should work with stakeholders at community and country levels to develop country-specific and sector-specific theories of change that reflect differences across contexts, as well as to identify indicators to assess progress across diverse settings. This theory of change should be seen as a living document that is informed and adapted as needed, including as new knowledge is gained in each context in which USAID works.

¹ End FGM European Network, US End FGM/C Network, and Equality Now. *Female Genital Mutilation/Cutting: A Call for a Global Response*. Equality Now, 2021. https://d3n8a8pro7vnm.cloudfront.net/equalitynow/pages/2280/attachments/original/1587032303/FGM_Global_-_ONLINE_PDF_VERSION_-_07.pdf?1587032303.

² "Female Genital Mutilation Cost Calculator;" World Health Organization, accessed June 3, 2022, <https://www.who.int/news/item/06-02-2020-economic-cost-of-female-genital-mutilation>.

This activity material is made possible by the United States Agency for International Development and the generous support of the American people. The contents are the responsibility of Development Professionals, Inc.—Making Cents International, LLC through the Analytical Services IV IDIQ Task Order Collective Action to Reduce Gender-Based Violence (CARE-GBV) AID Contract #7200AA19D00006/7200AA20F00011. This material does not necessarily reflect the views of USAID or the United States Government.

VISION

We envision 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.³

IMPACT

We will know we are successful in achieving this vision when girls, boys, and children of diverse sexual orientations, gender identities, gender expressions, and sex characteristics (SOGIESC) live their lives free from gender-based discrimination and violence and grow up in communities that support them equally to make decisions about their sexuality, gender identity, relationships, and their bodily integrity. Women and girls will be living with their bodily integrity intact and their mental health safeguarded, leading empowered lives, where they have decision-making power in relationships; choices about their health, bodies, sexuality, gender identity, and education; and meaningful and safe participation in societies and economies. Families and communities will support girls and women in their decisions and provide a nurturing and enabling environment in which girls and women's rights, well-being, health, and bodily integrity are safeguarded and restored.

INTERMEDIATE OUTCOMES

As we work toward our vision, we will measure our progress in various ways. Because FGM/C is both influenced by and, in turn, affects several levels of the socioecological framework, we should assess change from the individual to the societal level. We recognize that achieving these outcomes will depend on addressing FGM/C through both standalone and integrated programming. Indicators of success along the way include the following:

INDIVIDUAL LEVEL

- Girls' and women's physical, mental, and emotional health and well-being is improved, especially their sexual, reproductive, and maternal health.
- Girls and women understand FGM/C as a human rights abuse and a form of gender-based violence (GBV), rather than an accepted norm or requirement within practicing communities.
- Girls and women understand and claim their right to bodily integrity, including to not be cut.
- Men and boys understand and support girls' and women's right to bodily integrity, including their right not to be cut.
- Survivors are safe and heard within their communities when speaking about their experience and the harmful effects of FGM/C and meaningfully included in shaping policy decisions on ending FGM/C.
- No girl or woman, whether cut or uncut, is ostracized from the family, community, or social group.
- Girls and women have improved self-efficacy and:
 - Have control over whether, when, and with whom to engage in personal relationships, including romantic and sexual relationship
 - Can envision and have the support and resources to pursue life goals other than, or in addition to, the traditional role of wife and mother
 - Can access, use, and manage services to address their health, legal, educational, and social needs

³We 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.

FAMILY AND COMMUNITY LEVELS

- Parents, family, and community members understand that FGM/C is a human rights abuse and that all forms of FGM/C cause harm. They also understand that FGM/C and male circumcision are not comparable; FGM/C has no health benefits and causes only harm.
- Parents, families, and community members see the value of FGM/C prevention and treatment and therefore do not cut their daughters.
- Families do not feel pressured to cut their daughters, do not see being cut as a prerequisite for marriage or adulthood, and are active allies against the practice.
- Increased community dialogue with faith-based actors increases understanding that FGM/C is not—and is not seen as—mandated by religious doctrine.
- Families envision and support futures for their daughters other than, or in addition to, the traditional roles of wife and mother.
- Perpetrators and advocates of FGM/C, including community leaders, faith and traditional leaders, cutters, and health care providers, know that FGM/C is harmful for girls and women and take meaningful public and private action against it.
- Men, boys, women, girls, and people of diverse SOGIESC participate actively and positively in programs that promote gender equality and equity.
- Communities lead and engage in intergenerational dialogues and support survivor-led movements to end FGM/C.
- Communities support the physical health, mental health, well-being, and bodily integrity of all its young people.
- Communities welcome and provide safe spaces for survivors to speak about their experiences and the harmful effects of FGM/C.
- Maternal and child morbidity and mortality rates decline.
- Faith-based, traditional, and other community leaders and actors recognize that all forms of FGM/C are human rights violations and regional. Multilateral human rights declarations, edicts, and rulings from faith-based actors, and other statements from key influencers and authorities against the practice of FGM/C, are amplified within practicing communities.

INSTITUTIONAL LEVEL

- There are funded and implemented local, national, and regional gender-transformative strategies and plans of action to end FGM/C, as well as strong laws and policies against FGM/C, including those that address cross-border concerns, in all countries and regions affected by the practice.
- Education, health, justice, law enforcement, child protection, and other social service providers, human rights professionals, and community leaders are trained and equipped to deliver gender-transformative, high-quality, age-responsive services to meet the needs of survivors and those at risk of FGM/C and advance gender equality. Professionals in the legal system are trained on FGM/C laws and understand their role in the laws' implementation and interpretation.

- High-quality, gender-responsive comprehensive sexuality education that addresses gender and power is taught to all children and adolescents in schools. Inclusive, gender-responsive sexual and reproductive health information and services are available and accessible in schools and health facilities for all children and adolescents, regardless of their marital, relationship, or parenting status.
- Survivors and those at risk of FGM/C are meaningfully included in policymaking processes and program design, implementation, and evaluation.
- Institutions work across sectors and use multiple approaches to prevent FGM/C and respond to the needs of survivors at scale.
- Coordinating bodies or mechanisms bring stakeholders together at all levels and ensure accountability.
- Institutions learn from and collaborate with local, grassroots, and survivor-led organizations that are working to end FGM/C.
- There is increased investment in disaggregated data collection and tracking on who experiences FGM/C, and how and where, as well as data to inform policy and assess the outcomes of national action plans, strategies, and policies.
- There is increased social and traditional media coverage and social behavior change communications campaigns and programs on the harms of FGM/C, including within the context of gender-transformative stories that highlight positive gender norms and roles that value girls and elevate the dignity of survivors.
- There is increased accountability to eliminate FGM/C, specifically for state actors who have a particular obligation or responsibility to respect, promote, and realize human rights and to abstain from human rights violations.

STRATEGIES

A wide range of strategies and investments is needed to prevent and respond to FGM/C. USAID should recognize that its engagement in addressing FGM/C must be situated within and designed to complement the work of a broader global ecosystem that is employing such strategies, as well as strategies that address other manifestations of gender inequality, such as GBV and child marriage. For example, at the country level, USAID should first review existing national or local action plans, strategies, and programs to eliminate FGM/C, many of which have been developed through government and civil society collaboration and reflect both national commitments and local context. It should also consult with community members and local and national organizations that focus on ending FGM/C and can advocate for the desires, needs, and constraints of survivors and those at risk of FGM/C. At all levels, USAID should seek to understand what other funders and actors are prioritizing and where it can best fill gaps.

USAID should undertake a number of gender-transformative, context-specific, evidence-based, sector-specific and cross-sectoral approaches to eliminate FGM/C at a global level and in priority countries. These include:

- Changing the narrative toward increasing understanding of and response to FGM/C as a global issue that affects communities around the world: girls and women are subjected to FGM/C in more than 90 countries.
- Investing in enabling environments for eliminating FGM/C through comprehensive, multisectoral, context-specific approaches in ways that engage communities to transform harmful social norms.

These may include support for, among others:

- Social and behavior change interventions to advance more gender-equal societies and systems
 - Comprehensive, rights-based sexuality education for all children and adolescents that addresses power dynamics and gender
 - Gender-transformative child protection and systems and services, including gender-responsive parenting programs
 - The development and implementation of laws, regional and national strategies, plans, and budgets, and coordination mechanisms to support locally driven FGM/C prevention and response
 - Accountability mechanisms for stakeholders at all levels
- Providing ongoing, culturally sensitive, context-specific training for health care professionals, as well as those involved in child protection, law enforcement, and justice, to stop all forms of the practice, including medicalization,⁴ and prevent and respond to the practice of FGM/C as a form of GBV.
 - Expanding access for all adolescents and women to age-responsive, inclusive sexual and reproductive and mental health services, including those designed specifically for women and girls who have experienced FGM/C.
 - Advancing girls' and women's rights, decision-making, and leadership skills, especially for the most marginalized.
 - Building partnerships with other funders, including to leverage resources and promote cross-learning and enhanced programming.
 - Investing in the generation and appropriate use of innovative, locally driven data and evidence to fill gaps in the evidence base, as well as to effectively design, implement, and evaluate policies and programs. This includes supporting the collection of disaggregated data on who is being cut, where, and by whom. FGM/C occurs in more than 90 countries, yet national data are collected in only 32 countries, so there is an urgent need to gather more, reliable, and accurate disaggregated data, including through new technologies and diverse research methods.
 - Supporting governments to advance gender-equal laws, policies, and strategies that include gender-transformative, cross-sectoral approaches to ending FGM/C.
 - Supporting standardized universal indicators, informed by context-specific measures, to assess progress and spur country-level reporting and accountability.

⁴ Medicalization of FGM/C refers to situations in which FGM/C is performed by any category of health care provider, whether in a public or private clinic, hospital, at home or elsewhere. In some countries with FGM/C bans, there are loopholes that allow for medicalization. This is why it is important that policymakers and advocates working to end FGM/C underscore the importance that FGM/C, including when performed by a medical provider, still causes harm and is a form of GBV. Addressing medicalization also includes gender-sensitive training for medical universities and licensing agencies.

CORE PRINCIPLES

USAID has long understood that FGM/C is a form of GBV, and a human rights abuse driven by gender discrimination. The practice, which takes place in the United States as well as some 90 other countries around the world, reflects deep-rooted gender inequalities and constitutes an extreme form of discrimination against girls and women. While ending FGM/C should be an important goal for the Agency, this goal must be firmly grounded in USAID's efforts to advance gender equality and empower girls and women and intertwined with other goals, such as preventing child marriage and other forms of GBV. It is also solidly aligned with the globally endorsed Sustainable Development Goals—specifically Target 5.3, “eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.”

Finally, in its work to end FGM/C, USAID should seek to uphold the following core principles.

DO NO HARM

Addressing FGM/C must not jeopardize the well-being of program participants, community members, or the staff of USAID and its implementing partners—physically, emotionally, or otherwise. Ensuring the physical and emotional safety of those at risk of or who have experienced FGM/C, as well as their children and other family or dependents, should be prioritized in FGM/C standalone programs and in any programs that integrate FGM/C-related activities. This do-no-harm approach helps to ensure that program designers and implementers understand, plan for, and adapt to underlying social norms, relationships, and potential negative outcomes and deliberately design, implement, and monitor interventions with these factors in mind.

RIGHTS-BASED

Efforts to end FGM/C, which is both a consequence and a perpetuator of gender inequality, must be grounded in support for human rights and the advancement of gender equality, and they must do no harm. USAID is committed to advancing the human rights of women and girls and fostering sustainable development in ways that most appropriately respond to individuals' lived experiences. USAID should support culturally sensitive, context specific, multisectoral, and gender-transformative interventions designed to end FGM/C.

COORDINATION AND COLLABORATION

USAID recognizes that numerous actors have been working tirelessly to end FGM/C and other harmful practices in their pursuit of gender equality. To ensure that its efforts complement theirs and build on learnings from their expertise and experience, USAID should learn from, collaborate with, and leverage its engagement with others, including U.S. government agencies, funder colleagues, and country and local governments, as well as local civil society organizations, anti-FGM/C coalitions, and girls' and women's movements, including in countries that have not yet been prioritized by the funder community.

SURVIVOR-CENTERED AND TRANSFORMATIVE

To ensure transparency, accountability, and consistently high moral standards, USAID should make all efforts to support and learn from local partners, use locally produced data, and, in all cases, ensure that local context informs program design and implementation. To demonstrate respect for our partners and the people the Agency serves, USAID should seek community input and invest in local community-based, survivor-led, and youth-led organizations addressing FGM/C.

FGM/C is a human rights abuse deeply rooted in unequal gender power relations and discriminatory gender stereotypes and norms, as well as unequal access to and control over resources. Those who are most affected by the practice must be meaningfully engaged in solutions to end it. To ensure that all relevant voices are heard, USAID must seek to meaningfully engage survivors; youth; local activists; and traditional, faith, and community leaders, among others, in its FGM/C work, including in program design, implementation, and evaluation. USAID should also seek to support efforts to raise awareness among perpetrators and advocates of FGM/C—including community leaders, faith-based actors, traditional leaders, cutters, and health care providers—of the harms of FGM/C and encourage them to take meaningful public and private action against it.

INTERSECTIONAL

USAID should take an intersectional approach to its FGM/C work, considering where overlapping and compounding forms of oppression produce unique risk factors, barriers, and experiences for those at risk of or experiencing FGM/C. Addressing FGM/C with an intersectional lens will help USAID analyze how overlapping and compounding forms of oppression intersect with different experiences to inform program design to meet individual needs.

ITERATIVE AND RESPONSIVE DECISION-MAKING

To promote continuous improvement and learning, USAID should invest in long-term FGM/C prevention, disaggregated data collection, and gender-responsive programming that includes robust monitoring and evaluation systems to track progress, guide course corrections, and hold us accountable at all levels. Recognizing that social norm change is not linear and often requires adaptive approaches, we should support innovative, increasingly gender-transformative, context-specific research and evaluation. USAID must further commit to sharing information and learnings within and outside of USAID, particularly with programs and partners working to eliminate FGM/C.

Finally, in working to shift unequal gender dynamics and power structures to promote equality and achieve program objectives, USAID should ensure increasingly accessible, equitable, inclusive, and survivor-informed engagement in FGM/C programming and research, including of historically neglected and under-funded groups, particularly women-, girl-, and survivor-led groups, as well as local organizations that work in the most marginalized communities and with the most marginalized girls and women.

ACCOUNTABLE

USAID should hold its staff and implementing partners accountable for the values described above and for effectiveness in programming. It should do this by documenting the meaningful engagement of survivors, youth activists, and other members of affected communities in decision-making processes; assessing progress in innovative and survivor-informed ways; sharing stories of success; prioritizing efforts to do no harm in its interventions and evaluations; and reporting publicly on progress against its goals.

FIGURE I. THEORY OF CHANGE: ENDING FEMALE GENITAL MUTILATION/CUTTING



CORE PRINCIPLES: Do no harm, rights-based, coordination and collaboration, survivor-centered and transformative, intersectional, iterative and responsive decision-making, and accountable

ACKNOWLEDGMENTS

This document was written by Shelby Quast and Suzanne Petroni, with support from Michele Lanham and other members of the CARE-GBV team, including Diane Gardsbane, Sarah Muthler, and Jill Vitick. Thank you to Maryum Saifee and the USAID staff who provided review and input, including Chaitra Shenoy, Mieka Polanco, Joan Kraft, Nardeen Eshak, Cathy Odera, Stephen Leonelli, Munira Issa, and Alison Salyer.

Suggested citation: CARE-GBV. 2022. *Theory of Change: Ending Female Genital Mutilation/Cutting*. Washington, DC. USAID.

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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