



**The United States Agency for International Development Bureau for Africa
(USAID/AFR)**

BAA for Sustainable Development in Sub-Saharan Africa

**ADDENDUM 03 – ACCELERATING POSITIVE DEVELOPMENT OUTCOMES
BY REDUCING CHILD, EARLY, AND FORCED MARRIAGE, AND FEMALE
GENITAL MUTILATION/CUTTING IN SUB-SAHARAN AFRICA**

I. BACKGROUND

This Addendum to the Bureau for Africa Sustainable Development Broad Agency Announcement aims to support the development and testing of innovative, scalable, sustainable, and cost-effective solutions that will help to accelerate progress towards eliminating extreme poverty in Sub-Saharan Africa by addressing the potential to blend strategies to address two harmful cultural practices: child, early and forced marriage and female genital mutilation/cutting through a multi-sectoral and “whole of girl”¹ approach.

A. Overview

With a vision of eliminating extreme poverty in Africa, USAID’s Bureau for Africa’s (AFR) Office of Sustainable Development (SD); and Bureau for Economic Growth, Education and Environment’s (E3) Office of Gender Equality and Women’s Empowerment (GenDev) seek to incorporate new solutions that will directly and positively influence USAID’s programs and policies in sub-Saharan Africa (SSA), including improving the lives of young Africans. USAID recognizes that achieving sustainable solutions to the challenge of eliminating extreme poverty requires a gender equitable and multi-sectoral approach. For this, there must be a steep reduction of harmful cultural practices, such as child, early and forced marriage (CEFM) or female genital mutilation/cutting (FGM/C) in SSA, which have direct negative impacts on our development efforts: halting our progress and, in some cases, potentially reversing our development gains. This requires collaboration across a range of partners in the public and private sectors. It will also require developing new and innovative solutions to cultural

¹ [United States Global Strategy to Empower Adolescent Girls](#): USAID’s “whole-of-girl” approach encompasses the interconnected events that resonate across a girl’s life from birth to adulthood. USAID programs address the differentiated needs of girls in specific stages of adolescence, recognizing that the challenges young adolescents encounter are distinct from those experienced by older adolescents approaching adulthood. Adolescent girls full participation in development efforts contributes to more sustainable investments to end cycles of poverty; to build resilient, democratic societies; to improve health and nutrition outcomes; and to strengthen economies. Yet the social, legal, health, nutritional, and economic challenges that adolescent girls experience constrain their ability to be self-determining and to realize their human rights.

practices ingrained in the different communities as well as longer-term behavioral shifts. Furthermore, approaches that address the unique contextual, bureaucratic, political, institutional, and regional issues facing SSA are needed to complement and reinforce efforts already supported by host governments, USAID, and other partners working to end CEFM and FGM/C. All actors – female and male, governments, institutions, development agencies, foundations, civil society organizations, and private companies – must be involved.

B. Importance of Reducing CEFM and FGM/C in Africa

USAID, like many development agencies, considers CEFM² and FGM/C³ to be forms of gender-based violence.⁴ Both are highly prevalent traditional practices throughout Africa with deep, broad and long lasting negative impacts on individuals, their families and communities.

USAID acknowledges that the challenges and drivers of CEFM⁵ are varied particularly in Africa. This practice is perpetuated by rigid cultural norms and beliefs, poverty, and lack of access to education; it is human rights violation that undermines efforts to address maternal health, education, food security, poverty eradication, HIV/AIDS, and gender equality; and stifles boys' and girls' abilities to grow into empowered men and women who are able to better themselves, their families, and their communities.

Additionally, USAID recognizes that the reasons given for performing FGM/C, like beliefs about health, female sexuality, and community and adulthood initiation rites, are difficult to overcome,⁶ and that depending on the degree of the cutting, the practice can lead to a range of lifelong physical and mental health problems, even death.⁷ Without addressing FGM/C, USAID can not fully meet its health, gender equality and sustainable development objectives in SSA.

² USAID uses United Nations Children's Fund and international laws, treaties, and conventions definition: child marriage (also called early marriage) is a formal or informal union where one or both parties are under the age of 18. Forced marriage is defined as marriage at any age that occurs without the free and full consent of both spouses; therefore it includes child and early marriage, as children under 18 are not able to give full consent.

³ Female genital mutilation/cutting (FGM/C) refers to all procedures involving partial or total removal of external portions of or other injury to the female genital organs for non-medical reasons

⁴ [US Strategy to Prevent and Respond to Gender-Based Violence Globally](#). (2016).

⁵ Globally, 17 of the 20 highest national prevalence rates of child marriage are found in SSA countries. Niger, has the highest prevalence rate globally, where 76% of girls are married before the age of 18. Across SSA, approximately 39% of girls are married before the age of 18.

⁶ Available data from nationally representative surveys show that FGM/C is concentrated in 30 countries and at least 200 million girls and women alive today have undergone some form of FGM/C. UNICEF estimates that more than 3 million girls annually are at risk for FGM/C in Africa. FGM/C is carried out on young girls sometime between infancy and age 15, and occasionally on adult women. In some countries, the percentage of girls and women, aged 15 to 49, who have undergone FGM/C is over 90 percent. In most of the countries with available data, the majority of girls are cut before the age of 5.

⁷ [World Health Organization](#). WHO guidelines on the management of health complications from FGM

A number of approaches exist to prevent and respond to child marriage and FGM/C in SSA. Historically, these challenges have been addressed separately. However, programs addressing either harmful practice tend to target similar populations with similar characteristics: rural; economically disadvantaged; often with lower educational attainment; and holding higher value to rigid gender norms, attitudes and beliefs that often disempower women and girls. Both strategies have had varying degrees of emphasis and success, like legal and customary barriers; community awareness and acceptance of the harm of these practices; the economic, health and educational needs of the community. Furthermore, both communities of practice could benefit from identifying, sharing and adopting differential interventions that have proven successful within their own sphere.

USAID is in a position to support efforts that blend the approaches to address both CEFM and FGM/C simultaneously in SSA; identify and scale-up the positive overlaps of both approaches; and learn from and adopt the success from their differences. Such an approach, USAID believes, will enable stronger partnerships and coordination between communities of practice who have mutual goals, and maximize available resources.

C. USAID's Topline Gender Equality Priorities

Whereas CEFM and FGM/C are global challenges, both exist with greater prevalence in SSA. USAID prioritizes three topline objectives regarding gender equality and female empowerment. These objectives align with preventing and addressing CEFM and FGM/C:

1. Reduce gender disparities within USAID's development sectors;
2. Reduce gender--based violence and mitigate its harmful effects; and
3. Increase capability of women and girls to realize their rights, determine their life outcomes, and influence decision- making in households, communities, and societies.

1. Reduce gender disparities within USAID's development sectors

Research has shown that the negative development impacts of CEFM are numerous. These include, but are not limited to: lower educational attainment; decreased individual and family economic empowerment; increased sexual and domestic violence; decreased resilience during shocks and crises; increased social isolation; decreased agency within the family and community; higher pregnancy rates; and higher rates of maternal morbidity and mortality.

Conversely, delaying marriage can improve the health and well-being of a young woman and her children; boosting mother and child's chances of remaining in the formal education system; reducing risks of exposure to gender-based violence; and increasing agency and decision-making power. CEFM has consequences at the individual and household levels, and it has negative impacts on social, economic and political development more broadly.

Aside from being a human rights violation against women and girls, FGM/C has direct

negative impacts on women and girls' physical and mental health, with increasing risk following increased severity of the procedure performed.

Immediate consequences of FGM/C include severe pain and bleeding, shock, difficulty in passing urine, and infections (such as tetanus). The procedure can result in death through haemorrhagic shock, and overwhelming infection and septicaemia. FGM/C creates increased risk of maternal and child morbidity and mortality due to obstructed labor. Women who have undergone FGM/C are twice as likely to die during childbirth and are more likely to give birth to a stillborn child than other women. Obstructed labor can also cause brain damage to the infant and fistula formation in the mother.⁸ Girls who have undergone FGM/C can experience chronic pain and infections, and psychological consequences, such as depression, anxiety, post-traumatic stress disorder and low self-esteem.

Addressing these two harmful practices in SSA assists in reducing gender disparity in USAID's development efforts and gains across multiple sectors. Reducing CEFM and FGM/C prevalence rates can help enhance women and girls' health, security, agency, and productivity, in turn further empowering families and communities to break the cycle of poverty.

2. Reduce gender -based violence and mitigate its harmful effects

The [U.S. Strategy to Prevent and Respond to Gender-Based Violence Globally](#), of which USAID is a principal implementer, specifically recognizes CEFM and FGM/C as forms of gender-based violence. FGM has no known health benefits, can cause immediate and long-term health consequences.⁹ FGM/C constitutes an extreme form of discrimination against women and punctuates the inequality between the sexes. It is nearly always carried out on minors and according to the United Nations, violates women and girls' rights to health, security and physical integrity, their right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.¹⁰

CEFM is also a predictor of multiple other forms of violence. Married girls are at a higher risk of sexual, physical and emotional violence. Forced sexual initiation and forced marital sex frequently accompany child marriage. Girls who marry early are also more likely to believe that a husband is sometimes justified in beating his wife.¹¹

3. Increase capability of women and girls to realize their rights, determine their life outcomes, and influence decision- making in households, communities, and societies

⁸ [World Health Organization](#). WHO guidelines on the management of health complications from FGM

⁹ [World Health Organization](#). WHO guidelines on the management of health complications from FGM

¹⁰ [World Health Organization](#). FGM factsheet. Updated February 2017

¹¹ Jenson, R., & Thornton, R. (2003). Early female marriage in the developing world. *Gender and Development*, 11(2), 9–19.

The lack of agency CEFM and FGM/C represent and reinforce are among the key reasons USAID has prioritized ending and addressing these harmful practices. Child marriage impinges on a person's right to a free and consensual relationship with a marital partner. While little research provides a direct link between early age of marriage and reduced political participation, child marriage frequently leads to social isolation, which diminishes participation in household and community decision-making processes.¹² Child brides often lack decision-making power and control over household resources and other life choices related to their education, health care and security.

Despite 90 percent of SSA countries having enacted laws to limit child marriage, many have legal exceptions or customary or religious laws that contradict national statutes or international human rights agreements¹³, and some have exceptions allowing customary or religious laws that set lower minimum ages of marriage to take precedence over national law. Such exceptions undermine girls' agency to rely on the efficacy of legal protections against child marriage.¹⁴

Twenty-one SSA countries have some form of national law or statute against FGM/C. Yet, in countries such as Guinea, where the practice is outlawed, 97 percent of girls/women aged 15 to 49 have undergone FGM/C. UNICEF staff has described seeing girls taken away from their families against their will to be cut, on the orders of village authorities.¹⁵ In most countries where FGM/C is practiced, the majority of girls and women think it should end, and the percentage of females who support FGM/C is substantially lower than the share of girls and women who have undergone the procedure.¹⁶

II. OBJECTIVES & AREAS OF INTEREST

A. Objectives

Through this Addendum, USAID seeks to develop and implement a research and testing agenda to identify, scale and expand more effective, sustainable, country-led programs blending measures to discourage both CEFM and FGM/C in SSA. This agenda should take an innovative approach to generate new information, evidence, and learning on an effective,

¹² Mathur, S., Malhotra, A., & Mehta, A. (2001). Adolescent girls' life aspirations and reproductive health in Nepal. *Reproductive Health Matters*, 9(17), 91–100. Hallman, K., & Roca, E. (2007). *Reducing the Social Exclusion of Girls. Transitions to Adulthood*, No. 27. New York, NY: Population Council.

¹³ Guttmacher Institute. News Release, July 2015. "In Africa, Consistent Laws Linked to Lower Rates of Child Marriage and Adolescent Birth"

¹⁴ Girls Not Brides. "Child Marriage & the Law."

¹⁵ Jessica Elgot. February 5, 2016. *The Guardian*. "FGM: number of victims found to be 70 million higher than thought"

¹⁶ UNICEF, *Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change* (2013).

efficient, and sustainable strategy to **simultaneously** address both harmful traditional practices.

This collaborative process should result in one or more activities that contribute to the development, implementation, and overall improved impact and accountability of both CEFM and FGM/C related policies and programs through the design and application of flexible, responsive, nimble, and cost-effective approaches to one or more of the areas of interest noted below.

B. Areas of Interest

Through this Addendum, USAID seeks to engage partners who can help in the co-creation of a robust research and testing agenda that generates the most insightful programming and evidence towards supporting a simultaneous approach to combating CEFM and FGM/C. The areas of interest described below are not mutually exclusive. Proposed solutions under any combination of the areas of interest must reinforce the “whole of girl” approach, and describe how girls’ leadership and meaningful participation will be central. A proposed solution or analysis addressing an area of interest could include one, some, or all of the areas of interest.

1. Integrate CEFM and FGM/C Prevention and Services into National Health Strategies, Policies and Guidelines

Health systems have dual roles in responding to CEFM and FGM/C: 1) Prevention, through communicating the risk and health consequences of CEFM and FGM/C, and 2) Provision of services to survivors of CEFM and FGM/C.

The public health system, plays the vital role of communicating the evidence and health consequences of these harmful practices, especially for reproductive health. These communications can form the basis of community ownership and leadership over ending these practices. The public health system can take a more robust and proactive role to engage communities on CEFM and FGM/C as a means of improving preventable morbidity and mortality. This communication strategy must include stakeholders outside of the formal public health system to be effective and sustainable, e.g. private medical providers of FGM/C, schools, religious institutions, etc. Women and girls of all ages must be meaningfully engaged at all levels of such strategies.

It is critical that in parallel to prevention efforts, health care workers are sensitized and services are provided for girls in CEFM and survivors of FGM/C. Managing complications, especially during reproductive years, is critical for women and girls to survive labor and delivery and give birth to healthy babies. Educating providers on approved techniques to manage health complications from FGM/C is key, while also preventing its increased medicalization.¹⁷ It will be important for health systems and law enforcement agencies to work closely to address violations of both harmful practices.

Potential solutions may include, but are not limited to: identifying specific processes to more

¹⁷ Neilson JP et al. Obstructed labour. Br Med Bull. 2003;67:191–204

strongly integrate and/or enforce CEFM and FGM/C prevention and services as part of national health strategies and systems, guidelines and protocols; analyzing successful local and national approaches, addressing CEFM and FGM/C, that are prime for more regional, multi-country implementation; and building approaches aimed at leveraging support of both public and private organizations to take action to address these harmful practices at greater scale.

2. Strengthening Positive Youth and Male Engagement

CEFM and FGM/C cultural practices primarily affect female children and youth. However, identifying and strengthening strategic opportunities for integrating broader positive youth development, including males as change agents, can help mitigate the harmful practices of CEFM and FGM/C. Community engagement and ownership to address these cultural practices is also crucial if there is to be sustained social and behavioural change. Girls' meaningful engagement and leadership in their health outcomes, education, and other life skills and areas of personal agency, must be a core component of this approach. Solutions may include, but are not limited to: testing models and new approaches developed by local organizations and linking them with each other for greater reach and scale; catalytic advocacy (e.g., existence of national laws against CEFM or FGM/C and their importance of the laws over customary laws) and consensus-building approaches aimed at leveraging support from youth through a positive youth development lens to take actions to address CEFM and FGM/C in their communities; strengthening girls' agency within their families and communities; and utilization of social and behavioral change communications to engage males to become change agents.

3. Family-based Economic Development

New approaches to identifying and addressing economic impediments to specifically mitigate and prevent child marriage and FGM/C must have positive impact for, and meaningfully engage entire families as well as communities. Solutions may include, but are not limited to: new approaches to better target reducing the economic burden of a child to remain in primary and secondary education; improved approaches to economic policy implementation that incorporate child marriage and FGM/C impact and outcomes; innovative approaches to address community-based economic drivers for those stakeholders benefiting from the harmful practices. The "whole of girl" approach must be central to any successful innovation, empowering girls to have agency presently and for the future.

Embedded through this learning agenda is the need to identify the nuanced similarities and differences in programmatic and technical approaches between CEFM and FGM/C that could increase success in addressing the challenges in both harmful practices. The goal is to learn from on-going programs and/or apply this learning in order to complement ongoing CEFM and FGM/C efforts in SSA.

C. This Addendum Does Not Cover:

1. Basic research on CEFM and FGM/C without specific applications towards new processes or products directly related to the Areas of Interest (Section B).
2. Proposals that only address CEFM or FGM/C separately without an integrated approach to simultaneously address both harmful traditional practices.

3. An impact evaluation. While USAID seeks to better understand the programing between CEFM and FGM/C can have in SSA, USAID is aware that its current programs are not yet at a stage where an impact evaluation would be appropriate.
4. The creation of a new program outside of SSA.
5. Proposals that seek to address every possible question related to CEFM and FGM/C programs. USAID acknowledges that there is an extensive list of outstanding questions and no activity will be able to answer them all. USAID seeks, instead, to work collaboratively with a range of organizations to develop a robust learning agenda that best achieves the objectives outlined above in Section II.

4. Geographic Areas of Interest

This Addendum seeks to focus on countries in West and East Africa that: a) have high prevalence rates in both CEFM and FGM/C, and b) USAID presence.

III. INSTRUCTIONS FOR SUBMITTING EXPRESSIONS OF INTEREST

USAID will review Expressions of Interest (EOI) in accordance with the instructions and evaluation criteria set forth in this Addendum.

EOIs must indicate the research or development idea(s) that will deliver potential solutions to the Objectives and Areas of Interest stated in Section II. Organizations are encouraged to collaborate with peer organizations that bring differing perspectives and/or comparative advantages. USAID is supportive of approaches that value collaboration as a component of the co-creation process.

USAID will accept multiple EOIs from a single organization. U.S. based, international and local organizations are encouraged to submit an EOI.

A. General Instructions for the EOI

EOIs must be prepared following all instructions set forth herein, and submitted in accordance with the following:

1. USAID will not pay for any EOI preparation costs.
2. EOIs must be submitted in English.
3. All EOIs submitted in response to this Addendum are due no later than **May 12, 2017 at 5:00pm Eastern Standard Time**. Late EOIs will not be considered.
4. EOIs submitted in response to this Addendum must be submitted electronically. Facsimile or hardcopy submissions will not be accepted.
5. EOIs must be emailed to * baa.cm.fgm@usaid.gov *

6. The EOI must not exceed four (4) pages in length. EOIs longer than four (4) pages will not be considered.
7. Respondents must use 8.5 by 11 inch (or A4) paper, single spaced, Times New Roman 12 point font, and have margins no less than one inch on the top, bottom, and both sides. Number each page consecutively.
8. The EOI must be in .pdf or .docx format.
9. The EOI must contain a header with the following information:
 - Title: BAA for Sustainable Development in Sub-Saharan Africa/Accelerating Positive Development Outcomes by Reducing Child, Early and Forced Marriage and Female Genital Mutilation in Sub-Saharan Africa. BAA Number: BAA-AFR-SD-2017/Addendum 03
 - Name of the respondent
 - Respondent contact person, address, telephone number, and email address
10. Questions in regard to the Addendum must be submitted via email only to the USAID BAA CEFM-FGM/C team at baa.cm.fgm@usaid.gov.
Questions must be submitted by May 5, 2017 at 5:00 PM Eastern Standard Time.
11. **EOIs must be submitted by May 12, 2017 at 5:00 PM Eastern Standard Time. The subject line of the email must contain “BAA-AFR-SD-2017/Addendum 03” and the name of the respondent.**

Content of the EOI

1. Provide a brief description of your idea/approach as it applies to Section II of this Addendum. Be sure to address:
 - a. how your idea or approach will support effective, sustainable, country-led CEFM/FGM/C programs in SSA, as it applies to one or more of the Areas of Interest found in Section II,
 - b. the potential impact your idea will have in SSA, including on USAID’s programs, and
 - c. the manner in which your idea will be implemented in SSA.
2. Provide a brief description of your organization’s experience and/or expertise in the idea/approach you are proposing. Address your ability to harness the comparative advantages of other parties and collaborate with other organizations in your brief description.
3. Provide the approximate duration of your proposed idea/approach.

4. Provide names of up to two (2) individuals nominated to participate in the Concept Paper workshop, as described in this Addendum. Describe why the individuals you are nominating are the best people to participate in the workshop and discussions to develop the ideas presented while working alongside USAID staff and other organizations selected to participate. **Note: Individuals whose focus is on business development of the respondent organization will not be considered for participation in the workshop.**

II. EVALUATION CRITERIA

EOIs will be reviewed and selected for Stage 2 of the BAA process according to the following evaluation criteria:

1. Idea/Approach

- a. How does the solution advance one or more of USAID's areas of interest as articulated in Section II?
- b. How does the idea/approach contribute fresh, informed, and realistic thinking using supporting evidence and analysis to blending CEFM and FGM/C solutions?
- c. How does the solution utilize overlapping and differential promising practices to address both CEFM and FGM/C?
- d. What is the context in which the proposed solution will be delivered and sustained (e.g. applicability at the local, national, or regional level, consideration of the user's needs and wants; networks with relevant sector authorities; local leadership, government, private sector, and civil society buy-in, scalability, replication, and capacity for local government or institution(s) to manage)?
- e. How does the idea/approach reflect gender sensitivity and address gender inequality, meaningful youth engagement, and male involvement?
- f. How does the approach demonstrate experience working in similar contexts, including explanation of any prior experience in partnering with African organizations?

2. Impact

How does the proposed solution or analysis demonstrate that it will have a significant, sustainable, and measurable impact in meeting the Objectives and

Areas of Interest articulated in Section II?

3. Ability to Participate

Does the respondent have the ability to provide the participation of up to two (2) technically experienced individuals in the co-creation workshop in sometime during the week of June 12, 2017, in the Washington, DC area? **Note: USAID will not pay for travel costs for participants.**

4. Diversity of Perspectives and Capabilities

USAID seeks to bring together a diverse set of co-creators in collaboration in order to enable broader thinking and innovation. The selection of EOIs will be in line with the goal of achieving this diversity, including inclusion of African-based organizations.

III. SPECIAL INSTRUCTIONS FOR PARTICIPATION

For EOIs which are deemed by USAID to have merit to continue on to the Concept Paper stage under this Addendum (Stage 2, per the BAA), USAID will issue an invitation to collaborate to the potential partner(s). Collaboration will include the following:

1. Working together, USAID and the potential partner(s) will collaborate on a Concept Paper(s). It is during this phase of co-creation or co-design that the parties will begin to determine the need for additional partners and resources to complement the project. The Concept Paper, generally 5-10 pages in length, will further detail and explain the project as initially described in the EOI. The Concept Paper will include concept notes, which will outline a concrete programmatic plan, including goals, methodology, focus areas, monitoring and evaluation, sustainability, gender considerations, timelines, personnel, and budget
2. In order to initiate the Concept Paper drafting process, a co-creation workshop meeting is tentatively scheduled for the week of June 12, 2017. The workshop will be held in Washington, DC. USAID will make every effort to provide as much advance notice as possible regarding the confirmed workshop location and any change in the meeting dates.
3. Following the co-creation workshop, all potential partners may not move forward to Stage 3, per the BAA.

All terms and conditions set forth in the BAA are applicable to this Addendum.

[END]