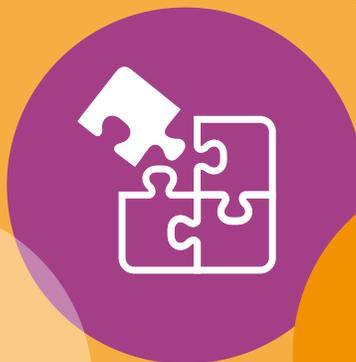


# MEASURING EFFECTIVENESS OF FEMALE GENITAL MUTILATION ELIMINATION: A COMPENDIUM OF INDICATORS

UNFPA-UNICEF Joint Programme on the  
Elimination of Female Genital Mutilation:  
Accelerating Change

December 2020



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# LIST OF ABBREVIATIONS

## ACRONYMS

<b>CEDAW</b>	Convention on the Elimination of All Forms of Discrimination against Women
<b>DHS</b>	Demographic and Health Survey
<b>FGC</b>	Female genital cutting
<b>FGM</b>	Female genital mutilation
<b>HIV</b>	Human immunodeficiency virus
<b>M&amp;E</b>	Monitoring and evaluation
<b>MICS</b>	Multiple Indicators Cluster Survey
<b>NGO</b>	Non-governmental organization
<b>OHCHR</b>	Office of the United Nations High Commissioner for Human Rights
<b>SDG</b>	Sustainable Development Goal
<b>UN Women</b>	United Nations Entity for Gender Equality and the Empowerment of Women
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization

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The background is a solid orange color with several overlapping circles of varying sizes and colors. There are three light orange circles, one purple circle, and one small purple circle. The text is positioned in the upper left quadrant.

SECTION I

# INTRODUCTION

## 1.1 BACKGROUND AND CONTEXT

Female genital mutilation (FGM) is defined as the “procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons” (WHO and others, 2008, p. 4). It is estimated that more than 200 million women and girls have been subjected to it globally (UNICEF, 2020). While current efforts have led to a decrease in overall prevalence, a projected 68 million girls will be at risk between 2015 and 2030 unless efforts to eradicate the practice are intensified. The current estimates of 3.9 million girls mutilated each year will rise to 4.6 million by 2030 (UNFPA, 2018a). At that point, nearly one in three girls worldwide will be born in the 30 countries where FGM is concentrated. If progress continues at the current pace, the total number of girls affected will increase because demographic growth in countries most affected offsets global progress.

Behind these numbers are the lives of young girls born in communities where norms deprive them of sexual rights. These are girls who cannot exercise agency over their bodies, whose physical and psychological health is compromised,<sup>1</sup> and who face a greater risk of dying when giving birth. They are more likely to drop out of school, like their mothers,<sup>2</sup> and end up in an early marriage. The majority live in poor rural areas.<sup>3</sup> All of these issues in turn affect the lives of their children as well as the broader economy and well-being of families and entire societies.

In recent years, increasing attention has been given to this violation of girls’ rights and public health issue, spearheaded by numerous international and regional human rights instruments.<sup>4</sup> These include the 2012 United Nations General Assembly resolution “urging the international community to intensify global efforts to eliminate female genital mutilation”.<sup>5</sup> This momentum is reflected in Sustainable Development Goal (SDG) target 5.3, which calls for the elimination of “all harmful practices, such as child, early and forced marriage and female genital mutilation”.

A key accelerator of progress is the Joint Programme on the Elimination of Female Genital Mutilation:

Accelerating Change, implemented by the United Nations Children’s Fund (UNICEF) and the United Nations Population Fund (UNFPA). It started in 2008 and entered its third phase in 2018, aiming to accelerate efforts to reduce FGM, and fulfil the rights of girls and women by realizing social and gender norms transformation by 2021. Through a multisectoral approach, the programme seeks to reach 12 million girls with preventative or protection and care services as well as more than 18 million people in 16 African countries between 2018 and 2021.

In the last 30 years, programmes addressing FGM have had an impact. Today a girl is one-third less likely to be cut than 30 years ago. The majority of people in countries with data on the issue think it should end,<sup>6</sup> especially among educated and urbanized populations.

Between 2008 and 2017, the Joint Programme facilitated access to prevention, protection and care services for about 3.3 million women and girls across 16 countries. In Phase II of the programme, 8,963 communities involving 24.6 million individuals made public declarations of FGM abandonment (UNFPA, 2018b).

As FGM is an extreme form of violence against women and girls and a manifestation of gender inequality, which impedes development of their full potential, progress towards FGM abandonment will not only improve the lives of millions of women and girls and their families, but will also contribute to achieving other SDG targets for the full realization of gender equality and women’s empowerment (in particular, targets 5.1 on women’s rights and 5.6 on access to sexual and reproductive health), improvement of maternal health (target 3.1) and reduced child mortality (target 3.2) and other related SDGs impacting on the development of society as a whole.

The major challenge today is sustaining achievements made while addressing population growth that puts more girls at risk of being cut. If interventions are not scaled up and accelerated to outpace the impact of demographic trends, the number of girls and women undergoing FGM will continue to increase, and the absolute number of girls who have gone through the practice will be higher by 2030 than it is today.

1 These include urinary tract infections, post-traumatic stress disorder, complications in childbirth and death. See Reisel and Creighton, 2015 and Wagner, 2015, as quoted by ICRW, 2016.

2 Approximately one in five daughters of women with no education has undergone FGM, compared with about one in nine daughters of mothers that have at least a secondary education (ICRW, 2016).

3 In a study of household wealth, FGM prevalence among daughters in the richest wealth quintile was found to be lower than that among daughters from the poorest wealth quintile, with the exceptions of Guinea and Mali (UNICEF, 2013, quoted by ICRW, 2016).

4 Such as CEDAW, the Universal Declaration of Human Rights, the Convention on the Rights of the Child, the International Covenant on Economic, Social and Cultural Rights, and the International Covenant on Civil and Political Rights. In 2018, the Human Rights Council, at its 38th Session, passed resolution 38/615, which affirmed all previous international treaties and commitments to the elimination of FGM.

5 General Assembly resolution 67/1461.

6 UNICEF, see: <https://www.unicef.org/protection/female-genital-mutilation>.

- **The major challenge today is sustaining achievements made while addressing population growth that puts more girls at risk of being cut.**



Progress in stopping FGM must accelerate, including to reach the ambitious SDGs targets by 2030. This compendium of indicators will be instrumental in measuring and monitoring progress achieved by a wide range of stakeholders working on FGM and thus keeping elimination of the practice on track.

## 1.2 OVERVIEW OF THE COMPENDIUM

### Why do we need a compendium of indicators for FGM programmes?

Several compendiums of indicators have been produced in the last 10 years in the fields of gender, youth, sexual and reproductive health and rights and child protection. Although these include some indicators of FGM,<sup>7</sup> this current compendium builds on previous documents and analyses, in particular from the Joint Programme, and is the first attempt to consolidate several FGM indicators together in one place, in a concise but comprehensive way.

The compendium seeks to address some of the challenges hindering current responses to FGM.

These include limited and poor-quality monitoring and evaluation (M&E) of FGM interventions, and data quality limitations (Population Council, 2016). Data and statistics on FGM are insufficiently used in M&E and advocacy, and there is no uniform guidance on data that need to be collected and statistics that need to be produced.

Measuring the effectiveness of interventions has proven challenging, partly because of the lack of relevant indicators and standardized definitions that would allow comparisons across programmes and geographical locations, and over time.

In addition, little effort has been made to clarify how FGM programmes can contribute to wider discriminatory social and gender norms change to achieve gender equality. This compendium attempts to provide a set of indicators that could assess this complex dimension.

Finally, policymakers, programmers and donors need to measure progress and report on SDG target 5.3. They need to know which indicators to use to monitor the pace of change and set realistic targets. This compendium offers a menu of indicators to determine if interventions are producing tangible results.

### Who is this Compendium for and what is it for?

This compendium is an evidence-based resource that can be used by policymakers, government officials, service providers and other practitioners interested in developing, measuring and/or monitoring the results of programme that address FGM. It may also be useful for researchers.

It facilitates the development of a robust M&E framework to measure and monitor the progress and results of FGM strategies, identify what works and how, and reorient programmes, where needed, at the global, national and subnational levels.

It can also be instrumental in guiding formative research seeking to uncover gaps in FGM responses and enable more targeted programme interventions.

The use of standard indicators will allow comparisons among programmes and countries and will advance global evidence.

### How was it developed?

Developing the indicators began with a review of the literature, including:

- UNFPA-UNICEF Joint Programme reference documents and tools, including the Phase III Results Framework, and the Results-Based Management & Learning Guide.
- Peer-reviewed journal articles on FGM interventions and trends, and social norms change.

7 Bloom n.d.; UNICEF and World Health Organization 2018); Bloom, Measure Evaluation, Inspire Framework, Girls Not Brides programme See Bloom, 2008 and UNICEF, 2018. BLOOM?? Girls Not Brides programme theory of change and indicators (<https://www.girlsnotbrides.org/>)

## Principles at the basis of developing the compendium

The following overarching principles, which should provide a framework for all programmes aimed at ending FGM, inspired the development of this compendium.

### Human rights-based approach

FGM violates several human rights outlined under the Universal Declaration of Human Rights, the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child (CRC), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT). Indicators to monitor human rights-based approaches to eradication include, but are not limited to, those tracking the enforcement of laws, educational programmes focused on empowerment, and campaigns to recruit change agents from within communities.

The compendium's theory-based indicators recognize the need to assess the extent to which a given environment enables changes in the notions of family or gender norms and declines in FGM, which requires policies and legislation aligned to human rights treaties.

### Inclusiveness and leaving no one behind

Vulnerable and marginalized groups include populations that struggle with shortfalls in the enjoyment of basic human rights such as quality education, health, water and sanitation, adequate housing or to access to basic infrastructure; and access to information. These populations live in areas with high FGM prevalence and higher numbers of girls at risk.

The compendium has integrated the notion of leaving no one behind as a leading principle for assessing the inclusion of vulnerable and disadvantaged group, such as specific categories of women, including women with disabilities, adolescents, migrants, internally displaced people, indigenous women or women from ethnic or racial minorities.

## Accountability

As FGM is an issue of gender inequities, with multiple dimensions, the compendium includes indicators assessing governmental, community as well as individual accountability to end the practice. This principle is linked to human rights as the compendium includes indicators that assess government accountability for developing and implementing laws and policies for eliminating FGM, and reporting progress to affected and at-risk communities and populations.

Everyone involved with the UNFPA-UNICEF Joint Programme, particularly governments, implementing partners including civil society organizations, and UN partners at the country, regional and headquarters levels, is accountable for using funds allocated for Phase III to catalyze accelerated change towards the elimination of FGM by 2030, in line with SDG target 5.3.

## Results-based management

This compendium of indicators contributes to M&E for programmes aiming to achieve a set of results leading to the elimination of FGM.

As such, it proposes indicators that measure results at the output, outcome and impact levels. Both quantitative and qualitative indicators are compliant with results-based management guidance and principles and recognized standard criteria.

## Sustainability

As FGM is a practice grounded in culture and gender inequality- including gender stereotypes and negative social norms, it is essential that programmes targeting its elimination ensure the strengthening of the capacities of individuals, families, communities, and national and subnational institutions.

The compendium includes indicators that measure changes at the individual, family, community, institutional, policy and societal levels.

- Human rights resolutions and statements pertaining to FGM as well as legal reviews.
- World Health Organization (WHO) guidelines on services; and
- Other compendiums of indicators pertaining to sexual and reproductive health and rights, and/or youth issues.

A full list of references is at the end of this publication.

The most relevant indicators were selected based on certain criteria presented below. The UNFPA-UNICEF Joint Programme team as well as a group of external experts reviewed the selection.

A list is presented in section 1.4.

## Criteria for selecting indicators

### This compendium presents an exhaustive menu of 61 indicators.

They cover different domains of change and different results levels (impact, outcome and output) that measure progress in the areas mentioned in the theory of change (see section 1.3).

- **Indicators were prioritized for their availability.** Many are well established, validated and have been used in the previous phases of the Joint Programme and by other actors in the field. Others are SDG indicators or indicators measured through large-scale international programmes such as the United States Agency for International Development (USAID) Demographic and Health Survey (DHS) or the UNICEF Multiple Indicators Cluster Survey (MICS).
- **Indicators were prioritized for their relevance.** Some indicators are new but are deemed relevant to measure progress towards the elimination of FGM. Some were added to the Joint Programme in Phase III; others are improved versions of past indicators; a last group explores changes in areas that were until recently under researched, and where no standard indicators existed, such as social norms change.
- **Indicators** are being piloted by the Joint Programme in Ethiopia and Guinea through the development of a macrolevel M&E approach to social norms change under the Framework for Measuring Social Norms

Change (the ACT Framework). The approach is specifically for FGM and can be adapted to different country contexts.<sup>8</sup>

- **Data sources vary:** Some indicators require population-based surveys or sophisticated programme-specific data collection methods, while others use simpler and less costly data collection methods. They include:

- Population-based surveys, such as the DHS and MICS.
- Dedicated surveys or qualitative research, in particular to measure changes in social norms, power imbalances, and women's and girls' empowerment.
- Administrative data sources, including service use data produced by various departments (health, justice, social development).
- Policy reviews; and
- Routine programme monitoring data to assess reach, coverage and impact.

- Some indicators can use data collected through either a quantitative or qualitative method. The choice of method would depend on the financial and human capacity of the FGM elimination programme. Rigorous qualitative data collection respecting confidentiality, safety and ethical principles related to data protection and a people centred-approach can be cheaper and marshal evidence as strong as that of quantitative methods. In addition, it can explore causal factors.

- Attention was paid to select indicators that are:

- **Precise, clear:** Indicators should have clear definitions and be unambiguous. Indicators should be a meaningful descriptor or marker of the status of the object they intend to measure.
- **Feasible:** It must be possible to collect and analyze data to measure the indicator using tools and methods that are tested and affordable, with reasonable levels of resources and capacity.
- **Comparable:** Indicators should allow comparison over time and from one location to another.
- **Reliable:** Indicators should minimize measurement error and should produce the same results consistently over time, regardless of the observer or respondent.<sup>9</sup>

<sup>8</sup> The draft ACT Framework on Social Norms indicators was piloted in 2018-2019.

<sup>9</sup> Adapted from Bloom, 2017.

## How is it structured?

**Impact indicators** are presented first. They measure the prevalence of FGM at the population level. Programmes contribute to impact-level indicators but cannot alone be accountable for reaching targets at this level.

The presentation of the indicators is organized by the domains of change tackled by the UNFPA-UNICEF Joint Programme:

- Enabling environment (laws and regulations, policies, institutions and procedures that enable changes at community and societal levels)
- FGM norms change
- Girls' and women's empowerment
- Services for FGM prevention, protection and care
- Evidence and data for evidence-based policymaking

For each domain, different indicators are identified:

- **Impact indicators** that FGM programmes should contribute to. Since the complex changes they measure take a long time, these indicators are measured at the population level. Some are aspirational, such as some of the SDG indicators. They require the collection of survey data, which are in most cases already collected through large programmes such as the DHS.
- **Outcome indicators** measure medium-term or intermediate changes deriving from FGM programmes (or produced by programme outputs). They capture changes in beliefs, attitudes and practices, in norms as well as through changes in laws and policies, institutional systems, and quality services and timely use.
- **Output indicators** measure lower level results (deliverables), such as changes in the existence of laws, policies, institutions, systems, tools and processes; participation in programme activities; or increased knowledge acquired through programme activities.

For each indicator, the metadata (or detailed information on the indicator) is provided, in order to ensure a consistent definition and common understanding of the indicator:

- Definition and purpose
- Type of indicator, qualitative or quantitative
- Method of computation or elements of description
- Data sources
- Comments and limitations

## How to use this compendium

The compendium is a menu from which policymakers, programme implementers and researchers can select the indicators most relevant to their area of work, and based on available financial and human capacities.

Additional tools and guidance documents developed by the UNFPA-UNICEF Joint Programme can be used in conjunction with this compendium. They are:

- UNFPA, UNICEF and UN Women, 2017, *Training Manual on Gender and Female and Genital Mutilation/Cutting*
- UNFPA and UNICEF, 2016, *Manual on Social Norms and Change*
- UNFPA and UNICEF, 2017, *UNFPA-UNICEF Joint Programme on Eliminating Female Genital Mutilation: Accelerating Change. Proposal for Phase III*
- UNFPA, UNICEF and Drexel University, 2018, "Changing Social Norms Around FGM: The Development of a Macro-level M&E Framework - ACT Framework Draft."
- UNFPA and UNICEF, "UNFPA-UNICEF Joint Programme on Eliminating FGM: Accelerating Change Phase III 2018-2021, Results-Based Management and Learning Guide".

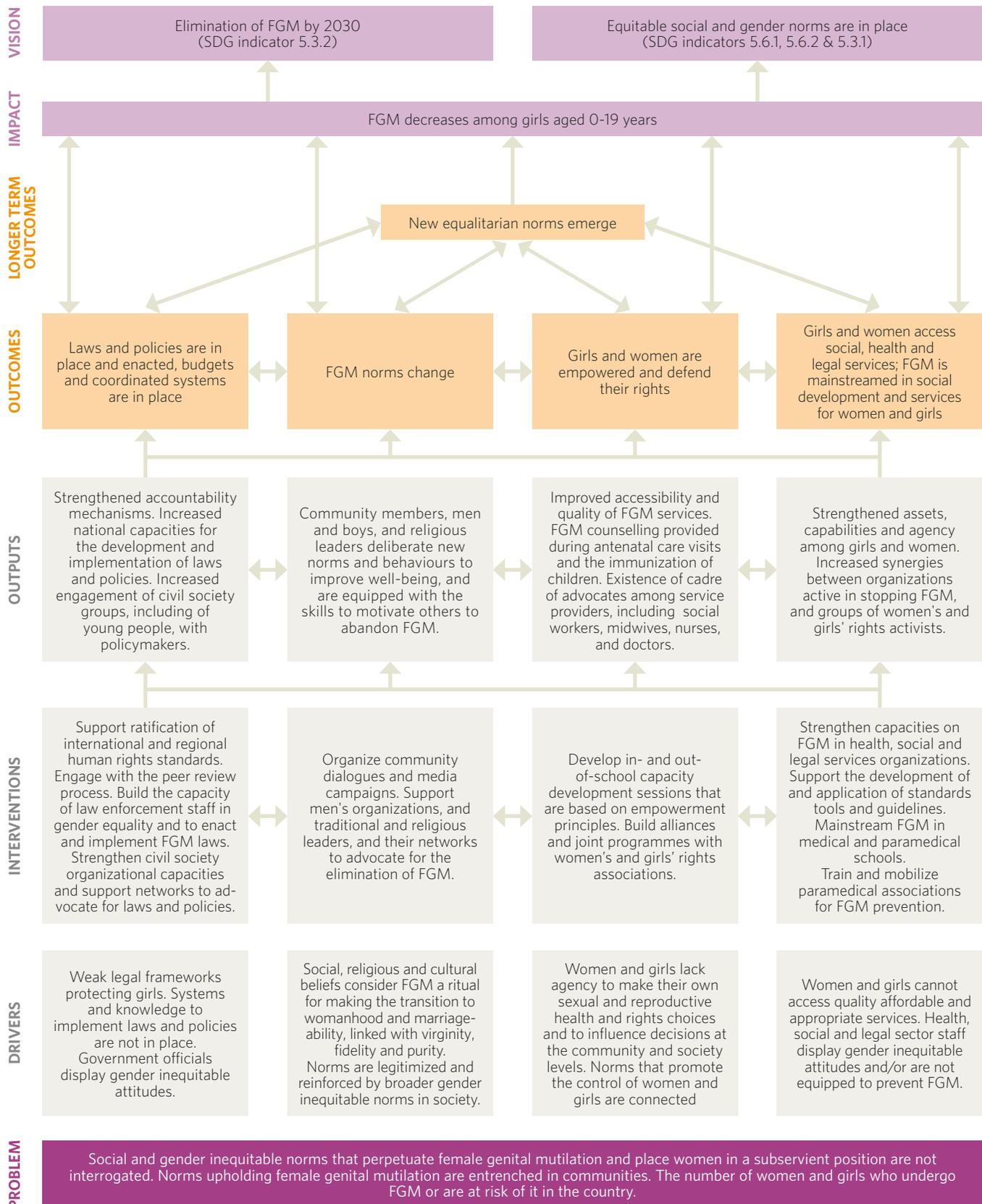
Other tools and guidance documents are cited in the relevant sections.

## Areas for further development

- The compendium of indicators includes emerging indicators that have not yet been widely tested, especially on social norms change. While indicators presented in this compendium are based on the latest evidence at the time of writing and were piloted and reviewed by external experts on social norms change, they would benefit from further testing.
- Limitations related to specific indicators are detailed as relevant.

## 1.3 A THEORY OF CHANGE TO END FGM

We present two theories of change. An overarching theory of change shows the articulation of the different change processes (Figure 1). A more detailed one focuses on norms change and women and girls' empowerment components (Figure 2).

**Figure 1. Multisectoral theory of change**

**Figure 1** sets out a generic overarching theory of change representing a multisectoral approach at four levels:

- System level (policy and institutions)
- Organizational level (services)
- Community level
- Individual level (women and girls)

Synergies among changes across these levels are expected to enable FGM elimination and advance gender equality.

This theory of change is indicative only. It is based on current evidence on the pathways to change, but behaviour change processes are not linear. Pathways will differ.

While this comprehensive theory of change aims at giving a global picture, and depicts the combined elements contributing to FGM elimination within a gender equality framework, it may not be possible nor effective for a programme to intervene fully in all of these domains. The scale of an FGM programme as well as the availability of partners and the country context will determine the most strategic combination of interventions.

### Overarching theory of change

**If** policies and legislation are in place, appropriately resourced for the elimination of FGM, and women and girls at risk of and affected by FGM access comprehensive services, and individuals, families and communities accept the norm of keeping girls intact, **and** girls have greater agency,

**Then** the FGM norm will change, FGM will decrease, and finally households, communities and society as a whole will abandon the practice by 2030.

If a gender-transformative approach is mainstreamed through all interventions aimed at eliminating FGM and all stakeholders engage in critical reflection on gender norms and behaviours with a view to improving well-being, then FGM programmes will contribute to changing gender norms as a whole and to gender equality. This will contribute to more equitable gender norms in place by 2030.

### System-level stream - enabling environment

**If** policies and legislation aligned to human rights treaties are in place and appropriately resourced with financial and human capacities,

**Then** legal norms change, and the law is implemented and enforced, creating an enabling environment to change

discriminatory gender norms, gender-related barriers to access to services and decrease FGM.

### Service-level

**If** the capacities of health, social and legal services providers to tackle FGM are strengthened **and** FGM is mainstreamed in school curricula and social protection programmes directed at girls and women as well as legal, social and health services providing FGM care and prevention,

**Then** FGM services will be appropriate, of good quality and systemically delivered with a human rights-based approach, and women will exercise their rights to access and receive services, including at several key moments (during the first antenatal care visit and delivery as well as during immunization of children).

### Community-level stream - norms change

**If** community members, including women leaders, women's associations, groups of men and boys as well as religious and traditional leaders engage in critical reflection, and deliberate new norms and behaviours to improve well-being, and are equipped with the skills to motivate others to abandon FGM,

**Then** community members will engage in organized diffusion and reach out to others, men will declare they are marrying uncut girls, leaders will speak out against FGM,

**Then** community members will engage in a declaration of abandonment, **then** new rules and mechanisms will appear (in schools and in communities, including community surveillance systems and/or community sanctions) and alternative rites of passages will emerge, **then** the FGM norm will disappear, which will contribute to changes in behaviours and decreases in FGM prevalence.

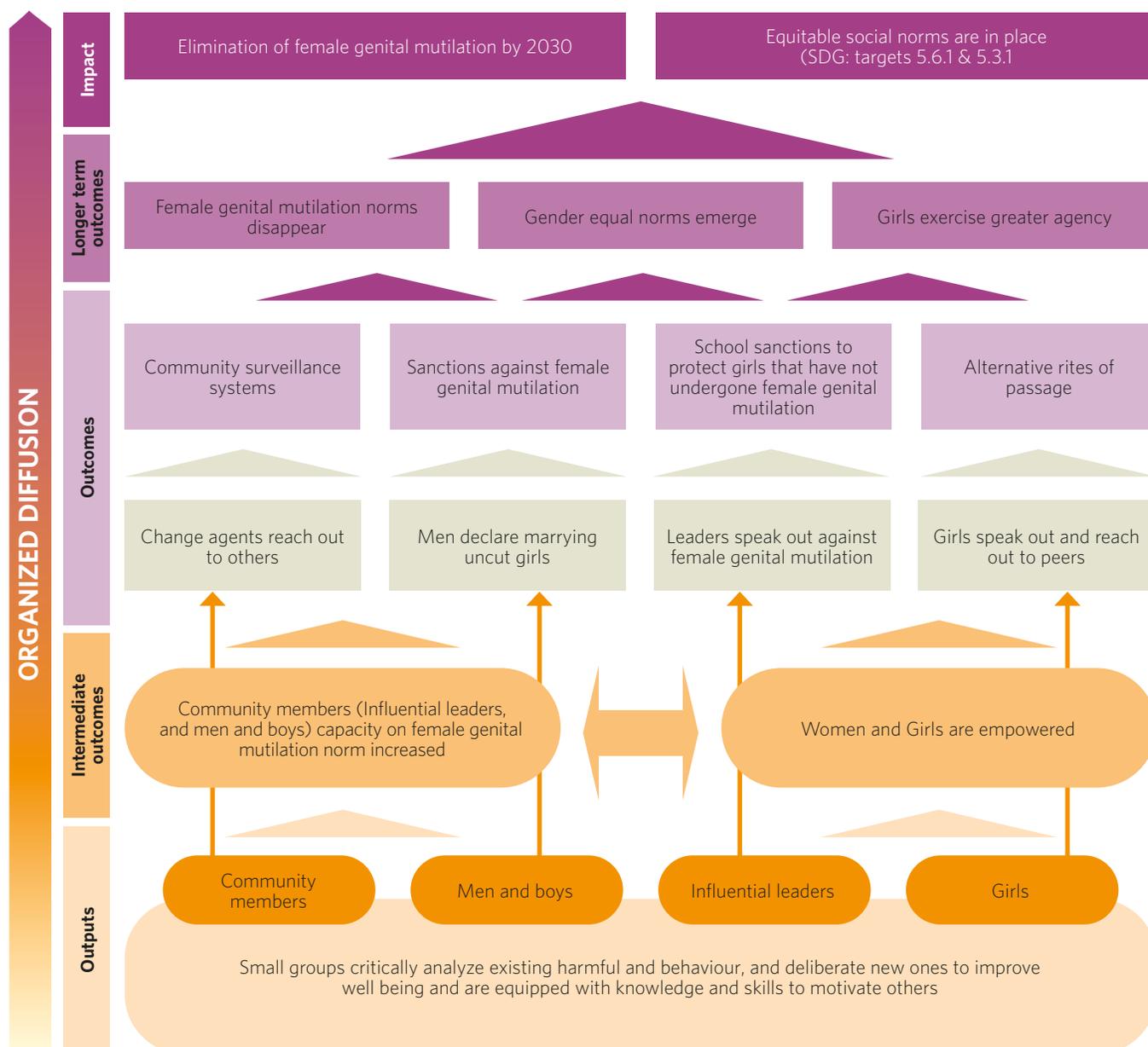
### Girls and women, individual-level stream

**If** girls and women's assets, capabilities and agency increase, and synergies among FGM organizations and women's and girls' rights organizations are created,

**Then** girls and women are empowered to reach out and have increased agency to make their own informed decisions regarding their sexual and reproductive rights, which will contribute to the emergence of new egalitarian gender norms, which will contribute to changes in behaviours and decreases in FGM prevalence.

## Figure 2. Theory of change, including norms change and girls' empowerment

This theory of change illustrates norms change and women and girls' empowerment processes, and their complementarity. Mechanisms of change/intermediate outcomes are highlighted in the dotted boxes.<sup>10</sup>



<sup>10</sup> Institutional and material domains that are also crucial to enable social change are not represented here, as it would render the theory of change too complex to read. For more details on the dynamic framework for social change, see Cislighi and Heise, 2018.

## 1.4 LIST OF ALL INDICATORS IN THE COMPENDIUM

### Impact indicators

**Impact indicator 1:** Proportion of girls and women aged 15 to 49 years who have undergone female genital mutilation, by age (prevalence)

**Impact indicator 1.1:** Prevalence of female genital mutilation among girls aged 15 to 19 years

**Impact indicator 2:** Proportion of girls aged 0 to 14 years who have undergone female genital mutilation (as reported by their mothers)

**Impact indicator 3:** Number of female genital mutilation cases prevented (or number of girls saved from female genital mutilation)

### Indicators measuring the enabling environment for ending female genital mutilation

#### Outcome indicators

**Enabling environment outcome indicator 1:** Female Genital Mutilation legislation index (Existence of legislation criminalizing female genital mutilation aligned with international laws, protocols and treaties)

**Enabling environment outcome indicator 2:** Enforced legislation criminalizing female genital mutilation

**Enabling environment outcome indicator 3:** Existence of a multisectoral and evidence-based policy or strategy to eliminate female genital mutilation, that is in line with human rights and leaving no one behind principles

**Enabling environment outcome indicator 4:** Evidence-based, multisectoral, costed national action plan to end female genital mutilation, with a monitoring and evaluation framework, that responds to the rights all women and girls and is under implementation

**Enabling environment outcome indicator 5:** Percentage of the national budget allocated to the prevention and elimination of female genital mutilation

**Enabling environment outcome indicator 6:** Percentage of the national government budget line for female genital mutilation utilized

#### Output indicators

**Enabling environment output indicator 1:** Existence of a functional national coordination and oversight body/committee/mechanisms at the highest level, led by the government, that includes representation from marginalized groups, for interventions that address female genital mutilation

**Enabling environment output indicator 2:** Extent to which the State acts on recommendations and outcomes from human rights mechanisms addressing female genital mutilation

**Enabling environment output indicator 3:** Number of law enforcement staff (police officers and judges) who have increased their knowledge and capacities to implement legislation on female genital mutilation

**Enabling environment output indicator 4:** Number of national human rights institutions that have strengthened their capacities to design, implement, monitor and evaluate programmes that address female genital mutilation

**Enabling environment output indicator 5:** Number of civil society organizations that have strengthened capacities to design, implement, monitor and evaluate their own programmes in line with the national strategy on eliminating female genital mutilation

**Enabling environment output indicator 6:** Number of annual progress reports with recommendations on FGM elimination produced by national/subnational civil society organizations, women's rights organizations, young people's networks and community-based organizations, and presented to policymakers to influence policy directions and implementation

**Enabling environment output indicator 7:** Number (and Proportion) of medical and paramedical associations declaring FGM performed by health professional an unethical practice

## Indicators measuring gender and female genital mutilation norms change

### Outcome indicators

**Gender norms change outcome indicator 1:** Percentage of the population (men or women) that holds egalitarian beliefs about men and women (composite indicator)

**Female genital mutilation norm change outcome indicator 1:** Extent to which people believe that others cut their daughters

**Female genital mutilation norm change outcome indicator 2:** Percentage of people who do not support the continuation of female genital mutilation

**Female genital mutilation norm change outcome indicator 3:** Percentage of people/individuals from the target population who believe that people in their community approve of female genital mutilations abandonment

**Female genital mutilation norm change outcome indicator 4:** Percentage of people who think others will judge them negatively if they do not cut their daughters

**Female genital mutilation norm change outcome indicator 5:** Percentage of people who can identify benefits (rewards) associated with FGM abandonment

**Female genital mutilation norm change outcome indicator 6:** Proportion of communities that have made a public declaration of abandonment of female genital mutilation

**Female genital mutilation norm change outcome indicator 7:** Number of people engaged in a public declaration of abandonment of the practice of female genital mutilation

**Female genital mutilation norm change outcome indicator 8:** Extent to which community members who participated in community dialogues act as change agents and reach out to others

**Female genital mutilation norm change outcome indicator 9:** Percentage of communities where surveillance systems were established to monitor compliance with commitments made during public declarations of FGM abandonment, including commitments made by health service providers

**Female genital mutilation norm change outcome indicator 10:** Extent to which new sanctions against female genital mutilation appear in the community that participated in programmes on female genital mutilation abandonment

**Female genital mutilation norm change outcome indicator 11:** Number of cases of female genital mutilation reported to traditional and governmental authorities (to be disaggregated between traditional and governmental authorities)

**Female genital mutilation norm change outcome indicator 12:** Extent to which traditional leaders sanction the practice of female genital mutilation using customary laws

**Female genital mutilation norm change outcome indicator 13:** Extent to which schools set rules to discipline those who verbally abuse girls who have not undergone female genital mutilation

**Female genital mutilation norm change outcome indicator 14:** Number of marriage ceremonies where the groom publicly declared marrying an uncut bride

**Female genital mutilation norm change outcome indicator 15:** Number of ex-circumcisers who become anti-FGM advocates

### Output indicators on interpersonal engagement in female genital mutilation norms transformation

**Female genital mutilation norm change output indicator 1:** Percentage of the population with self-reported knowledge about female genital mutilation resulting from participating in a community-based activity linked to female genital mutilation abandonment

**Female genital mutilation norm change output indicator 2:** Number of people (women, men, young women and girls, young men and boys) who participate regularly in dialogues, including in- and out-of-school programmes, promoting gender-equitable norms, including the elimination of female genital mutilation and associated attitudes and behaviours, and exercise of rights, including reproductive rights

**Female genital mutilation norm change output indicator 3:** Number of people who were exposed to mass media, communications campaigns and social media campaigns promoting the elimination of female genital mutilation, other harmful social norms and gender stereotyping

### Output indicators of the increased engagement of men and boys in changing social and gender norms

**Female genital mutilation norm change output indicator 1:** Extent to which men's and boys' organizations/networks/coalitions actively advocate for the elimination of female genital mutilation

**Female genital mutilation norm change output indicator 2:** Number of trained male youth leaders/adolescent peers engaged in activities to prevent female genital mutilation

**Female genital mutilation norm change output indicator 3:** Percentage of young men and boys who express readiness to marry uncut girls

### Output indicators of the increased engagement of influential community leaders in the elimination of female genital mutilation

**Female genital mutilation norm change output indicator 1:** Proportion of communities where traditional/community leaders publicly denounce female genital mutilation practices

**Female genital mutilation norm change output indicator 2:** Proportion of communities where religious leaders have made a public statement delinking female genital mutilation from religious requirements

## Indicators measuring girls' and women's empowerment

### Outcome indicators

**Girls' and women's empowerment outcome indicator 1:** Proportion of women aged 20 to 24 years who were married or in a union before age 15 and before age 18 (SDG indicator 5.3.1)

**Girls' and women's empowerment outcome indicator 2:** Percentage of women aged 15 to 49 years who exercise agency in making decisions related to the elimination of female genital mutilation (index)

**Girls' and women's empowerment outcome indicator 3:** Proportion of girls who become agents of change after completing a girls' empowerment/capacity development package

### Output indicators

**Girls' and women's empowerment output indicator 1:** Proportion of communities implementing an out-of-school girls' empowerment package that promotes the elimination of female genital mutilation

**Girls' and women's empowerment output indicator 2:** Number of communities that put in place alternative rites of passage for girls

**Girls' and women's empowerment output indicator 3:** Proportion of schools that provide training on gender equality and girls' empowerment tackling female genital mutilation elimination

**Girls' and women's empowerment output indicator 4:** Number of joint activities conducted with women's empowerment organizations

**Girls' and women's empowerment output indicator 5:** Number of girls who have graduated from a capacity development package that promotes gender-equitable norms, including the elimination of female genital mutilation and associated attitudes and behaviours, and in relation to women's and girls' sexuality and reproduction

**Girls' and women's empowerment output indicator 6:** The extent to which female genital mutilation interventions include those left behind (vulnerable and marginalized) where female genital mutilation is prevalent (equity)

## Indicators assessing services for FGM prevention, protection and care

### Outcome indicators to measure if services are appropriate, high quality and systemic

**Services for female genital mutilation outcome indicator 1:** Proportion of girls and women who have received health services related to female genital mutilation during an antenatal care visit and delivery

**Services for female genital mutilation outcome indicator 2:** Proportion of women who receive counselling on female genital mutilation during immunization of a child

**Services for female genital mutilation outcome indicator 3:** Number of girls and women who have received social services related to female genital mutilation

**Services for female genital mutilation outcome indicator 4:** Number of girls and women who have received legal services related to female genital mutilation

## Output indicators

**Services for female genital mutilation output indicator 1:** Proportion of health service delivery points in female genital mutilation programme intervention areas that provide female genital mutilation-related services to girls and women

**Services for female genital mutilation output indicator 2:** Proportion of health service delivery points in female genital mutilation programme intervention areas where health care staff apply guidelines for the management and prevention of female genital mutilation

**Services for female genital mutilation output indicator 3:** Proportion of health service delivery points in female genital mutilation programme intervention areas where at least one health-care staff member is trained on female genital mutilation prevention, protection and care services

**Services for female genital mutilation output indicator 4:** Proportion of organizations (government/non-governmental organizations/private sector) in female genital mutilation programme intervention areas that provide legal services to girls and women

**Services for female genital mutilation output indicator 5:** Number of governmental and non-governmental social programmes directed at women that mainstream female genital mutilation prevention (Income-Generating Activities, Literacy, Shelters, Youth Sexual and Reproductive Health programmes)

**Services for female genital mutilation output indicator 6:** Proportion of medical and paramedical schools that have mainstreamed female genital mutilation into their curricula

**Services for female genital mutilation output indicator 7:** Number of doctors and midwives who sign up to become members and support the cause of the Doctors and Midwives against Female Genital Mutilation initiative.

## Indicators on evidence and data for policymaking

### Outcome indicators

**Evidence and data for policymaking outcome indicator 1:** Extent to which the development of policy, programme documents and guidelines is based on up-to-date evidence.

### Output indicators

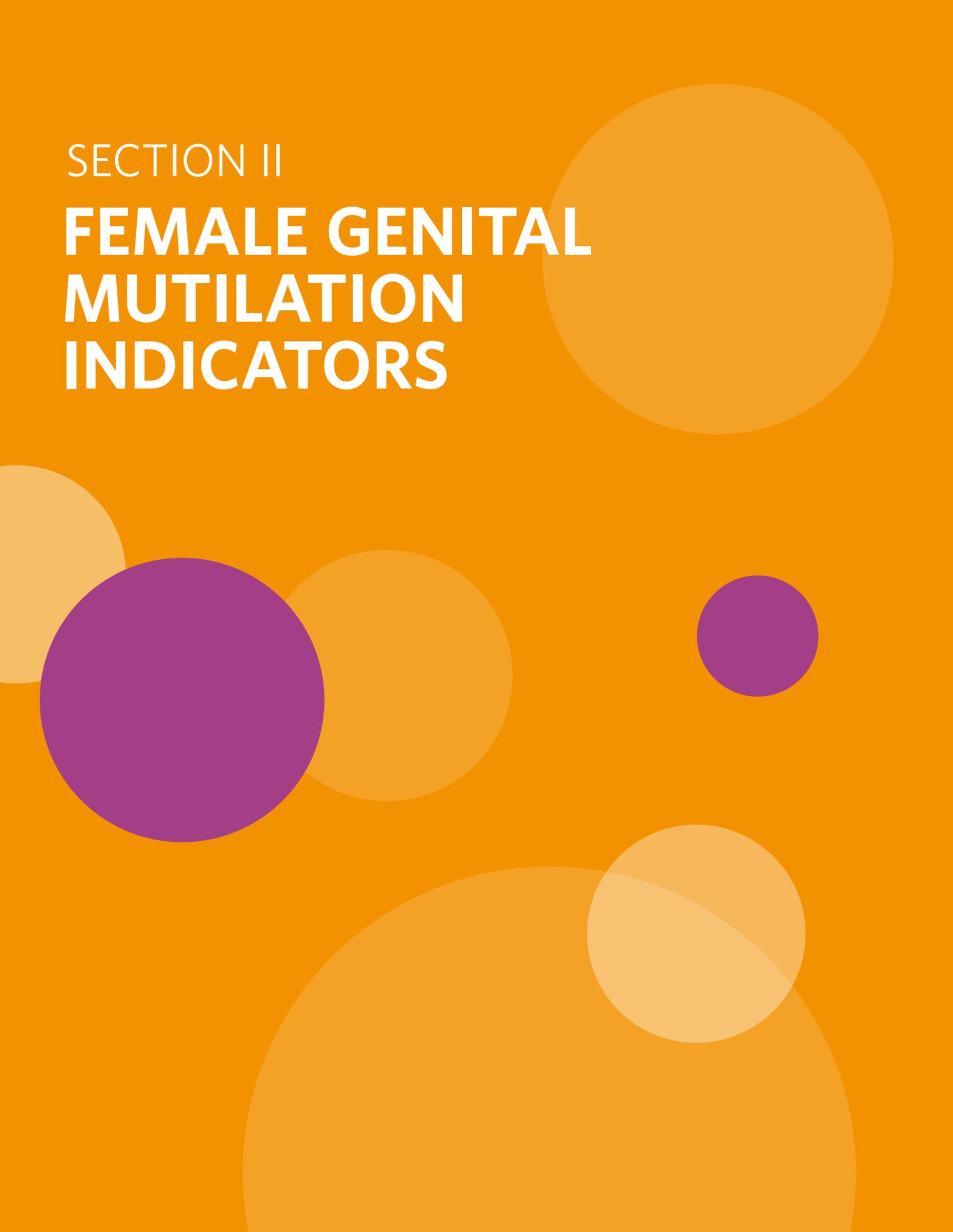
**Evidence and data for policymaking output indicator 1:** Number of peer-reviewed research products, studies, in-depth analyses and/or evaluations that fill key knowledge gaps conducted and available on open-access platforms

**Evidence and data for policymaking output indicator 2:** Number of events where evidence produced by the female genital mutilation programme was presented to relevant policymakers and programme implementers

**Evidence and data for policymaking output indicator 3:** Number of policy briefs on female genital mutilation issues produced

SECTION II

# FEMALE GENITAL MUTILATION INDICATORS



This section provides a description of the indicators – the metadata. The impact indicators are presented first. Other indicators are presented by domains and are organized according to the hierarchy of the results framework (outcomes and output indicators).

## 2.1 IMPACT INDICATORS

### Impact indicator 1:

#### Proportion of girls and women aged 15 to 49 years who have undergone female genital mutilation, by age (prevalence)

**As stated in the SDG indicators framework, this indicator can be disaggregated by age and include the sub indicator “prevalence of female genital mutilation among girls aged 15 to 19 years old”, which will be presented as impact indicator 1.1.**

**Definition and purpose:** This indicator measures the percentage of girls and women who have undergone FGM in a certain population. It can be disaggregated by age, residence and wealth, among other parameters. It is the SDG indicator for target 5.3.2.

FGM among girls and women 15 to 49 is self-reported. One way to examine progress on abandonment of FGM and the impact of a programme addressing the practice is to compare rates among younger and older generations of girls and women in the programme area. Even with a cohort approach to assessing trends in prevalence, however, the observed prevalence relates to an event often occurring decades before data collection.

Based on prevalence data, the number of girls living with FGM can be estimated. These figures are necessary to estimate the needs for response and prevention services.

Age at cutting varies widely between countries, which influences interpretation of possible differences in prevalence among different age cohorts. This is an issue affecting age cohorts younger than the final age of cutting in particular.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:**

Numerator: Number of girls and women aged 15 to 49 who have undergone FGM.

Denominator: Total number of women and girls aged 15 to 49 who have heard of FGM.

**Data sources:** The main data sources for computing this indicator are the DHS or MICS. Some countries, such as Uganda (Uganda Bureau of Statistics, 2017), have conducted specific surveys to assess FGM prevalence in areas where it is most practiced.

**Comments and limitations:** The time lag between when the cutting occurred and when it is reported is a problem. The time lag will vary depending on the current age of the respondent and the age at which she is cut. For example, in a country in which the mean age at cutting is 1 month old, respondents aged 15 to 19 are reporting on an event that took place an average of 15 to 19 years before the survey. In this case, the impact of recent campaigns aimed at ending FGM will not be reflected.

- The time lag
- between when
- the cutting
- occurred and
- when it is
- reported
- is a problem.

When FGM is performed at an early age, women may be unaware of whether they have been cut, at what age they were subject to FGM or the extent of the cutting.

A second challenge in evaluating the prevalence of FGM is the degree to which the practice, and the interventions to prevent it, are localized. DHS and MICS data can, by design, not be disaggregated further than the first administrative level. While interventions may address more small-scale areas in which the practice is concentrated, the extent to which the target population represents the first-level subnational or even national practicing population will affect the estimated impact of the intervention. Thus, robust M&E of the programme must supplement periodic first-level subnational and national-level measurement of FGM prevalence through household surveys.

Recall bias affects the quality of self-reported data. When FGM is performed at an early age, women may be unaware of whether they have been cut, at what age they were subject to FGM or the extent of the cutting. Recall biases varies according to age and is more pronounced among older women. This must be kept in mind when comparing FGM among various age groups.

Reporting bias may also vary according to the context and how widespread FGM elimination campaigns are. "If FGM is widespread, socially acceptable and there is no well-publicized interventions causing people to question its acceptability and legality..., then self-reporting is likely to be valid. If there are reasons why it would not be attractive for respondents to declare that they are cut..., then self-reported measures should be questioned and ways sought to validate the results" (Askew, 2005).

Nonetheless, there appears to be consensus among professionals working with DHS and MICS that "there is sufficiently strong confirmation of FGC status from women's reports to warrant the use of survey data to calculate the prevalence of FGC" (Kandala and Komba, 2018).

For more details on the use and interpretation of survey data on FGM, see Shell-Duncan, 2016.

## Impact indicator 1.1:

### Prevalence of female genital mutilation among girls aged 15 to 19 years

**Definition and purpose:** This indicator is an age-disaggregation of the SDG indicator for target 5.3.2.

Analyses of FGM trends often isolate the 15- to 19-year-old cohort, and highlight statistics on that group in particular, as in most places, the age of cutting is before 19. Hence, trends in that age group give a good indication of the evolution of the practice.

Analyses of FGM trends also often compare the prevalence among girls aged 10 to 14 to that of girls aged 15 to 19. Prevalence among these two age groups cannot be compared directly, however. Suitable demographic estimation methods need to be conducted to factor in the censoring of data among girls aged 10 to 14 (i.e., the fact that some of the girls aged 0 to 14 who are currently uncut may be still cut in the future). Doing so is not a straightforward task.

**Type of indicator:** Quantitative.

#### Method of computation or elements of description:

Numerator: Number of girls and women aged 15 to 19 who have undergone FGM.

Denominator: Total number of women and girls aged 15 to 19 who have heard of FGM.

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**Comments and limitations:** When comparing indicators for cohorts aged 10 to 14 and 15 to 19, it is important to keep in mind that data on FGM among girls less than 15 are collected from mothers, while they are self-reported among older girls and women. This means reporting biases are hardly comparable, and that 10 to 14 year-olds are subject to more censoring than 15 to 19 year-olds. The cohort approach will overestimate the actual decline in risk.

### Impact indicator 2:

#### Proportion of girls aged 0 to 14 years who have undergone female genital mutilation (as reported by their mothers)

**Definition and purpose:** This indicator measures the percentage of girls who have undergone FGM in a certain population. Data for this indicator stem from proxy reporting, and are collected from mothers on all their living daughters.

The prevalence data for girls aged 0 to 14 reflects their current FGM status and not the final prevalence in this age group. Cases in which a girl may still be at risk of being cut in the future are described as statistically “censored” observations. As we only have incomplete information about their final FGM status, the prevalence among girls 0 to 14 cannot be used to compare cohorts over time as levels and the age of FGM might change, nor to make comparisons across countries, as age-at-FGM is highly heterogeneous.

**Type of indicator:** Quantitative.

#### Method of computation or elements of description:

Numerator: Number of girls aged 0 to 14 who have undergone FGM, as reported by their mother.

Denominator: Total number of girls aged 0 to 14.

**Data sources:** The main data sources for the computation of the indicator are the DHS or MICS.

**Comments and limitations:** Given that information on FGM by ages 15 to 49 is directly reported by the woman herself, but information on daughters is proxy reported by mothers, sensitivity analysis has to investigate if the data are directly comparable. The risk of underreporting is high on this indicator in countries where laws criminalizing FGM have been enacted, but the social norm perpetuating the practice is still prevalent. The practice may have been driven underground, and mothers or caregivers may be reluctant to admit that FGM was practiced on their daughter(s) recently.

Interpretation of prevalence data on all girls aged 0 to 14 is complicated by the fact that this age cohort is a mixture of girls who have reached their final cutting status (cut or not cut) and those who may still be cut in the future. Given that some daughters who are currently uncut may still be cut in the future, it is inappropriate to directly compare the prevalence of FGM among girls aged 0 to 14 to that of girls and women aged 15 to 49 without taking censoring into account.

Similarly, to prevalence for girls and women aged 15 to 49, in countries where FGM is highly localized, national and regional prevalence data mask local variations, and only district-disaggregated data are useful to monitor changes.

Survey results may be based on relatively small numbers of girls and women, particularly when they are further broken down by location, religion, ethnicity, etc.

- The
- prevalence
- data for girls
- aged 0 to 14
- reflects their
- current FGM
- status and
- not the final
- prevalence in
- this age group.

### Impact indicator 3:

## Number of female genital mutilation cases prevented (or number of girls saved from female genital mutilation)

**Definition and purpose:** The Joint Programme encourages countries to adopt mechanisms to identify girls at risk, and to develop strategies and approaches to protect girls from FGM.

Communities should be empowered to report children's rights violations to local authorities. Members of surveillance committees conduct home visits to reach pregnant women and young mothers, and encourage them not to perform FGM on their daughters. Surveillance committees should receive capacity-building support on data collection

Girls at risk of FGM should be identified and recorded, and monitoring conducted through community surveillance to assess which girls are still intact.

Surveillance committees not only provide data on the number of girls at risk, but also save the girls from mutilation through various communications strategies adapted to the actual situation of each community.

**Type of indicator:** Quantitative.

**Data sources:** Programme monitoring data: Some countries have developed mechanisms to identify girls at risk of FGM and define strategies to protect them.

Girls at risk of FGM should be identified and recorded, and monitoring conducted through community surveillance to assess which girls are still intact.

### Case of Djibouti: Establishing surveillance mechanisms

As a first step, committees in Djibouti establish a relationship with expectant mothers through home visits, advising them on the importance of ante- and postnatal consultations, birth registration and FGM. If the baby is a girl, the committees intensify their efforts to save her from excision, especially for the Afar ethnic group, which sometimes practices FGM within the first week after birth. Committees establish a monitoring plan every week up to 3 months of age to ensure girls are protected from FGM.

Other community committees, such as among the Somali ethnic group, have used vaccination campaigns and birth registration as entry points to collect data on girls at risk of FGM (5 to 7 years old), and to build trust and relationships with parents.

### Case of Nigeria: Partnering with the Community Women's Association on community surveillance

The Joint Programme collaborated with community women's associations in Nigeria to establish a community-level surveillance system. It monitors compliance with commitments made during public declarations in the 28 communities in Ngor Okpala in Nigeria's Imo State. The associations involve all married women in the communities.

The associations were selected for four reasons:

1. They can educate pregnant members not to cut their daughters after delivery, and sanction them if it happens.

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2. They are usually the first group to arrive once any member delivers a baby.
3. They can identify a baby at risk immediately after birth and ensure that she is not cut on the eighth day, as is local practice.
4. They can intercede if a member is under pressure from her household to cut her daughter.

Associations meet each month, and reports of their activities can be collated in a cost-effective and sustainable manner.

Four officers (president, secretary, treasurer and public relations officer from each of the 28 associations) were trained and inaugurated as a community-based child protection committee team.

Afterwards, each team member conducted the training in their community, and appointed monitors in each village to carry out the following functions.

1. Use existing platforms in the community (meetings, event, etc.), to promote the new social norm of “not cutting”.
2. Visit households of pregnant woman to remind them and their families that the community has abandoned FGM.
3. Visit households when a woman delivers her baby to confirm the baby’s sex and remind them not to cut her, if female. Return on the eighth day to ensure that the family does not cut her.
4. Record the births of all female babies in the community surveillance register. The FGM status of each girl is confirmed when she is taken to the primary healthcare centre for immunization at six weeks and documented by the health facility.
5. If any female child is cut, record the incident and notify the president of the women’s association, who reports to the traditional ruler. The traditional ruler will notify the National Orientation Agency and Ministry of Women’s Affairs and Social Development for referral to the appropriate FGM-related service providers (health, social and legal).
6. Monitors in each village submit their reports (number of births, FGM status, etc.) at the monthly meeting of the women’s association. The secretary collates the information from all villages and summarizes it in the community surveillance register.
7. The president of the association submits the register to the traditional ruler, who records the information, discusses emerging issues and returns the register.
8. The traditional ruler submits the team’s report to the chief mobilization officer of the National Orientation Agency for transmission to its head office.

**Population estimated data:** The number of girls at risk of FGM could also be estimated based on the incidence of FGM among the population.

**Comments and limitations:** There is not yet a harmonized definition nor a method of computation of the number of girls saved from FGM. A methodology for determining the number could be developed for harmonization purposes.

● The number  
● of girls at  
● risk of FGM  
● could also  
● be estimated  
● based on the  
● incidence  
● of FGM  
● among the  
● population.

## 2.2 INDICATORS MEASURING THE ENABLING ENVIRONMENT FOR ENDING FEMALE GENITAL MUTILATION

### 2.2.1 Outcome indicators

The United Nations General Assembly has issued several resolutions on intensifying global efforts for the elimination of FGM.

An enabling environment for ending FGM 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 a time-bound plan of actions, which are expected to be developed in consultation with all relevant stakeholders including civil society organizations. These plans need to be funded and implemented, and accountability mechanisms should be in place.

The United Nations General Assembly has issued several resolutions on intensifying global efforts for the elimination of FGM. In 2012, through resolution 67/146, the General Assembly “urges States to ensure the national implementation of international and regional commitments and obligations undertaken as States parties”. The resolution also “calls upon States to develop policies and regulations to ensure the effective implementation of national legislative frameworks on eliminating discrimination and violence against women and girls, in particular female genital mutilations, and to put in place adequate accountability mechanisms at the national and local levels to monitor adherence to and implementation of these legislative frameworks”. These commitments require allocating sufficient resources for implementing policies, programmes and legislative frameworks aimed at eliminating FGM.

In 2014, through resolution 69/150, the General Assembly “calls upon States to ensure that national action plans and strategies on the elimination of female genital mutilations are comprehensive and multidisciplinary in scope and that they include projected timelines for goals and incorporate clear targets and indicators for the effective monitoring, impact assessment and coordination of programmes among all relevant stakeholders and promote their participation, including the participation of affected groups, practising communities and non-governmental organizations, in the development, implementation and evaluation of such plans and strategies”.

In 2016, the Human Rights Council adopted a resolution<sup>11</sup> urging countries to “adopt national legislation prohibiting female genital mutilation, consistent with international human rights law, and to take steps to ensure its strict application, while working to harmonize their legislation in order to effectively address the cross-border practice of female genital mutilation”. The resolution encourages “States to develop comprehensive policies to combat female genital mutilation involving the Government, the parliament, the judiciary, civil society, youth, the media, the private sector and all relevant stakeholders”.

The following are the main international and regional human rights treaties relevant to FGM:

- **CEDAW:** General Recommendation No. 14 in 1990 was the first recommendation calling on States “to take appropriate and effective measures with a view to eradicating the practice of female circumcision”. Subsequent recommendations and statements have included the **2014 Joint General Recommendation on Harmful Practices No CEDAW/C/GC/31/CRC/C/GC/18**, adopted by the two committees overseeing CEDAW

<sup>11</sup> See: [https://www.un.org/ga/search/view\\_doc.asp?symbol=A/HRC/32/L.31/Rev.1](https://www.un.org/ga/search/view_doc.asp?symbol=A/HRC/32/L.31/Rev.1).

**and the Convention on the Rights of the Child.** It confirms States' obligations "to ensure full compliance . . . to eliminate harmful practices". It was the first time that two United Nations human rights committees joined forces to issue a comprehensive interpretation of the obligations of States to prevent and eliminate harmful practices, including FGM.

- **Convention on the Rights of the Child:**<sup>12</sup> Article 3 stipulates that "States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform to the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision."
- **The African Charter on the Rights and Welfare of the Child**<sup>13</sup> states that children have the rights to "be protected from all forms of torture, inhuman or degrading treatment and especially physical or mental injury or abuse, neglect or maltreatment including sexual abuse". The charter also says that "Governments should do what they can to stop harmful social and cultural practices, such as child marriage, that affect the welfare and dignity of children".
- **The Maputo Protocol**<sup>14</sup> (African Charter on Human and Peoples' Rights on the Rights of Women in Africa): In 2003 the African Union adopted the Maputo Protocol, in which **Article 5** specifically requires members to prohibit "by legislative measures backed by sanctions all forms of female genital mutilation, scarification, medicalization and para-medicalization of female genital mutilation and all other practices in order to eradicate them".
- **The Council of Europe Convention on preventing and combating violence against women and domestic violence:**<sup>15</sup> **Article 38** states that "Parties shall take the necessary legislative or other measures to ensure that the following intentional conducts are criminalized: (a) excising, infibulating or performing any other mutilation to the whole or any part of a woman's labia majora, labia minora or clitoris; (b) coercing or procuring a woman to undergo any of the acts listed in point a; (c) inciting, coercing or procuring a girl to undergo any of the acts listed in point a".
- Multiple general recommendations under CEDAW include [General Recommendation No. 19: Violence against women](#), and [General Recommendation No. 24: Article 12 of the Convention \(women and health\)](#).
- Multiple general comments under the International Covenant on Economic, Social and Cultural Rights, and the Convention on the Rights of the Child, include, respectively, [General Comment No. 14 \(2000\) The right to the highest attainable standard of health](#), and [General Comment No. 4 \(2003\) Adolescent health and development](#).
- Different reports and decisions under the Convention on Torture, such as the [Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment](#), and the [Decision adopted by the Committee at its fifty-sixth session \(9 November-9 December 2015\)](#).
- **The Cairo Declaration on the Elimination of Female Genital Mutilation:** In 2003, following the Afro-Arab Expert Consultation on Legal Tools for the Prevention of Female

● Children have the rights to "be protected from all forms of torture, inhuman or degrading treatment..."

12 See: <http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>.

13 See: [https://www.unicef.org/esaro/African\\_Charter\\_articles\\_in\\_full.pdf](https://www.unicef.org/esaro/African_Charter_articles_in_full.pdf).

14 See the Maputo Protocol (African Charter on Human and Peoples' Rights on the Rights of Women in Africa, [https://www.un.org/en/africa/osaa/pdf/au/protocol\\_rights\\_women\\_africa\\_2003.pdf](https://www.un.org/en/africa/osaa/pdf/au/protocol_rights_women_africa_2003.pdf)).

15 See: <https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=090000168046031c>.

Genital Mutilation, the Organization of Islamic Co-operation adopted the Declaration with 17 recommendations for governments to prevent and prohibit FGM. These include the enactment of specific legislation addressing FGM and working with non-governmental organizations to develop strategies to change social perceptions of the practice.

States can sign, ratify or accede to international treaties, and are then monitored on implementation by a treaty body every three to five years. Most treaties and conventions must be ratified (i.e., approved through the standard national legislative procedure) to be legally effective in a given country. Some countries have signed treaties but stipulated reservations against certain clauses or conditions in them.<sup>16</sup> States that have ratified international and regional treaties with provisions on FGM are obliged to put in place legislation and implementation measures to eradicate the practice. The indicators below measure progress towards the application of legislative frameworks as well as policies, programmes and required financial commitments.

## Enabling environment outcome indicator 1:

### Female Genital Mutilation legislation index (Existence of legislation criminalizing female genital mutilation aligned with international laws, protocols and treaties)

Legislation should be in line with international human rights standards, and must respond to certain criteria to be an effective vehicle for prevention and response.

**Definition and purpose:** The existence of legislation criminalizing FGM indicates the willingness of a State to comply with its international obligation to eliminate FGM. It provides an enabling environment for social norms to change.

This indicator measures whether people are legally protected by national legislation. Laws not only ensure that FGM is criminalized and that survivors can claim their right to justice, but also play a role in prevention where awareness of the law is raised within communities. This can contribute to changing social norms and individual attitudes regarding FGM.

Legislation should be in line with international human rights standards, and must respond to certain criteria to be an effective vehicle for prevention and response. All parties engaged in any form of FGM should be liable for prosecution. In addition to aligning with international standards, national laws should include the duty and obligation, for those who are aware of FGM, to report that the crime has taken place or is planned. This includes FGM practiced by health professionals inside or outside health establishments as well as cases that occur across national borders and/or involve practitioners from other regions or neighboring countries (28 Too Many, 2018).

**Type of indicator:** Qualitative.

**Method of computation or elements of description:** As a baseline, conduct a review of ratification status to clarify the nature of State obligations under each treaty and if exceptions were made. Targets will be set to improve the status of ratification or remove exceptions, as relevant in a given context.

Depending on whether such legislation exists or not, the response will be as follows:

- If the legislation does not exist, the score will be zero.

<sup>16</sup> Individual country reports produced by 28 Too Many can be accessed here: <https://www.28toomany.org/thematic/law-and-fgm/>

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- If the legislation exists, a scoring system will be used to develop an index to assess the comprehensiveness of the law and its alignment with international standards.

Based on a review<sup>17</sup> of national legislation and traditional practices, the following criteria can be used to monitor the comprehensiveness of national legislation criminalizing FGM.

Does the national legislation:

1. Provide a clear definition of FGM?
2. Criminalize the performance of FGM?
3. Criminalize procuring, arranging and/or assisting in acts of FGM?
4. Criminalize the failure to report incidents of FGM?
5. Criminalize the participation of medical professionals in acts of FGM?
6. Criminalize the practice of cross-border FGM?

Other provisions that are important to provide protection comprise:

9. Criminalizing the use of abusive language and threatening behaviour towards uncut women and girls and their families
10. Criminalizing the use of premises for FGM
11. Criminalizing the possession of cutting tools
12. Providing protection orders to prevent girls at risk from undergoing FGM

The weight of each criteria will be the same (1 point). A baseline review of the law will assess how many criteria are met by the existing law.

Relevant targets will be identified based on the nature of changes expected by the law reform intervention, depending on the context and duration of the programme.

**Data sources:** Ministry of Justice, review of laws.

Data for monitoring the indicator could also be obtained through the regular update of the United Nations Office of Legal Affairs. Country status is presented in the database of the Office of the United Nations High Commissioner for Human Rights (OHCHR).<sup>18</sup> The non-governmental organization (NGO) 28 Too Many has also produced detailed analysis of the laws and recommendations for each country where FGM is practised as of 2018.<sup>19</sup> Finally, the World Bank Group updated the Compendium of International and National Legal Frameworks on FGM in 2020; all national legal frameworks on FGM are compiled (World Bank, 2018). This information can also be obtained from relevant government departments, such as the justice department.

**Comments and limitations:** This indicator only measures the existence and comprehensiveness of the law and not its implementation. To be effective, a law not only needs to be comprehensive and follow the international standards presented here, but States also must allocate financial and technical capacities to enforce it.

In addition, signing and/or ratifying a treaty is not binding. States are rarely challenged for failing to adopt and enforce national legislation under treaty obligations (28 Too Many, 2018).

- Data for
- monitoring the
- indicator could
- be obtained
- through the
- regular update
- of the United
- Nations Office
- of Legal
- Affairs.

17 See 28 Too Many's FGM Model Law at [https://www.28toomany.org/static/media/uploads/Thematic%20Research%20and%20Resources/Law/model\\_law\\_v1\\_\(march\\_2020\).pdf](https://www.28toomany.org/static/media/uploads/Thematic%20Research%20and%20Resources/Law/model_law_v1_(march_2020).pdf).

18 See: <https://www.ohchr.org/EN/Countries/AfricaRegion/Pages/KEIndex.aspx>.

19 See: <https://www.28toomany.org/thematic/law-and-fgm/>.

## Enabling environment outcome indicator 2:

### Enforced legislation criminalizing female genital mutilation

**Definition and purpose:** In relation to outcome indicator 1, it is crucial to measure the enforcement of legislation criminalizing FGM.

The extent to which legislation on FGM is enforced indicates the efficiency of different levels of the judicial system in terms of incremental changes that can be observed and measured. Programme interventions targeting legislation banning FGM require capacity-building of law enforcement staff as well as community sensitization to succeed. To assess the performance of the enforcement of FGM legislation, the following questions are critical: Is the number of arrests related to FGM increasing or decreasing? Among the number of arrests, how many are brought to court? How many result in convictions and sanctions?

The following sub indicators are among the measures of the indicator:

- Number of arrests
- Number of cases brought to court
- Number of convictions and sanctions

They assess the efficiency of the criminal justice system in dealing with FGM cases until cases are concluded in court.

As FGM declines and behaviours change, the numbers of arrests, cases brought to court and convictions should decrease. Comparison among these three numbers allows for the calculation of attrition rates and the percentage of cases withdrawn before reaching court. Cases can be withdrawn by the complainant because of perceived or real family or societal pressures. Withdrawal can also be linked to discouragement of the complainant because of the length of time it takes for the justice system to bring a case to conclusion, or the inability of the system (both staff and procedures) to manage FGM cases with the special sensitivity they require. Cases can also be withdrawn by the State because of missing elements.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:** Simple count of the number of arrests, the number of cases brought to court and the number of convictions and sanctions.

**Data sources:** Ministry of police and justice.

**Comments and limitations:** In some countries, data on the number of arrests, cases brought to court and convictions are hard to find and/or unreliable because justice and police data information systems are not functioning optimally. Programmes working with the criminal and justice systems should then seek to improve the system holistically, intervening in terms of procedures and staff training as well as data collection and management systems.

Trend analysis of these indicators has to be cautious as increases and decreases could have different meanings depending on the context and performance of the judicial system.

As FGM declines and behaviours change, the numbers of arrests, cases brought to court and convictions should decrease.

### Enabling environment outcome indicator 3:

#### Existence of a multisectoral and evidence-based policy or strategy to eliminate female genital mutilation, that is in line with human rights and leaving no one behind principles

**Definition and purpose:** A law is often translated into a policy or strategy before being implemented. This indicator measures the existence of a government policy/strategy on FGM that operationalizes the law and demonstrates government engagement. Governments are encouraged to develop stand-alone policies on eliminating FGM, but it is also recommended to mainstream the issue into other policies that affect women and girls, e.g., relating to gender/gender-based violence, sexual and reproductive health, education, etc.

**Type of indicator:** Qualitative.

**Method of computation or elements of description:** Depending on whether or not a policy exists or FGM is mainstreamed in existing policies, the response will be Yes = 1 or No = 0.

In order to be counted, the policy must demonstrate that it meets all three criteria listed below.

- It is evidence-based and rooted in the law.
- It is developed by a multisectoral group.
- It has an M&E framework
- It applies the principles of results-based management, human rights and leaving no one behind.

**Data sources:** Report from the government ministry in charge of eliminating FGM.

**Comments and limitations:** The existence of a policy is not sufficient to ensure that a law is implemented. A costed national action plan is also needed.

- The existence
- of a national
- action plan to
- end FGM is
- an indicator
- measuring
- progress
- towards
- effectively
- implementing
- a policy
- as well as
- coordinating,
- planning,
- funding,
- monitoring
- and evaluating
- FGM
- programmes
- in a country.

### Enabling environment outcome indicator 4:

#### Evidence-based, multisectoral, costed national action plan to end female genital mutilation, with a monitoring and evaluation framework, that responds to the rights all women and girls and is under implementation

**Definition and purpose:** A costed national action plan to end FGM is a framework that defines in a precise way all the means (actions with responsibilities, time and costs) necessary to achieve specific objectives, referring most often to a strategic document (policy, strategy or programme).

The existence of a national action plan to end FGM is an indicator measuring progress towards effectively implementing a policy as well as coordinating, planning, funding, monitoring and evaluating FGM programmes in a country. Good practices recommend that a national action plan to end FGM is costed and developed by a multisectoral group composed of government sectors and civil society organizations, including faith-based groups and women's rights groups. A national action plan to end FGM should respond to the rights of all women and

The plan should comprise a fully itemized budget, and an M&E framework.

girls, be based on the principle of leaving no one behind, and be rooted in evidence. This involves available data and projections of the population at risk for FGM and other research and intervention results, including evaluations of past interventions to identify what works. The plan should define objectives and its main interventions according to its duration.

The plan should comprise a fully itemized budget, and an M&E framework. A clear system should be defined to regularly review progress towards the achievement of expected results, including identification and analysis of constraining and facilitating factors.

**Type of indicator:** Qualitative.

**Method of computation or elements of description:** Depending on whether such an action plan exists or not, the response will be as follows:

- If the national action plan does not exist (or is under development), the score will be zero.
- If the national action plan exists, a scoring system will assess its degree of compliance with the below criteria, including implementation status.

In order to be counted, the plan must demonstrate that it meets all four criteria listed below.

1. Has the action plan been developed in a participatory manner, and is it evidence-based, including an analysis of the most at-risk groups? Does the action plan have an M&E framework?
2. Does the action plan propose specific strategies to reach the most at-risk groups and respond to the principle of leaving no one behind?
3. Are the interventions and activities of the action plan costed? Are budget lines allocated in the national budget for the benefit of key ministries (gender, justice, health and education)?
4. What is the implementation status: (a) the plan just started implementation (25 per cent), (b) the plan is being implemented (50 per cent), (c) the plan is almost fully implemented (75 per cent), or (d) the plan is fully implemented and evaluated (100 per cent).

The weight of each criteria will be the same (1 point). At the baseline, an assessment of the existence of the plan will be conducted. If an action plan period has ended, and a new plan is under development, the status will be zero. If an action plan has been approved and implementation has started, the assessment of how many criteria are met will determine the value of the indicator.

**Data sources:** Ministry in charge of the coordination of programmes addressing FGM (gender, including gender-based violence and harmful practices), ministry in charge of the national budget, or line ministries implementing interventions on FGM.

**Comments and limitations:** To be an effective vehicle for implementation, a plan requires strong ownership, leadership and coordination capacity, and must be regularly monitored so that remedial actions can be taken where necessary.

## Enabling environment outcome indicator 5:

### Percentage of the national budget allocated to the prevention and elimination of female genital mutilation

**Definition and purpose:** The existence of a budget line(s) within or across sectors to eliminate FGM reflects a country's commitment to implementing FGM laws, policies and programmes. The percentage of the national budget allocated to FGM is expected to increase over time until the practice is eradicated or reflect the implementation level of interventions. This indicator is linked with SDG indicator 5.c.1 on the proportion of countries with systems to track and make public allocations for gender equality.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:** The first step will be to determine which specific ministries or agencies within sectors are mandated to work on FGM and will be investigated. The standard investigation should include the following sectors and/or programme budgets: gender, health, social services, education, justice and security.

The second step will be to examine these budgets to identify FGM budget lines. The budget lines could cover programme activities, infrastructure or equipment as well as salaries. The third step will be to add the budget lines together to form the numerator. The denominator will be the national budget.

Based on the analysis of the baseline data, relevant targets and milestones will be identified.

**Data sources:** Ministry of finance, ministry in charge of gender (including gender-based violence and harmful practices), relevant sector ministries (i.e., health, social development, youth, education, security, justice).

**Comments and limitations:** It can be difficult to isolate funds spent on FGM within wider sector budgets. Is FGM usually an itemized budget line in health or gender or other sectoral budgets? If not, it will be hard to evaluate the percentage of the budget going to FGM programmes.

An FGM-specific budget should be part of a wider set of gender budgeting initiatives that tackle broader gender equality issues.

- The standard
- investigation
- should include
- the following
- sectors and/
- or programme
- budgets:
- gender,
- health, social
- services,
- education,
- justice and
- security.

## Enabling environment outcome indicator 6:

### Percentage of the national government budget line for female genital mutilation utilized

**Definition and purpose:** This indicator measures the implementation capacity of government departments, and, associated with other indicators, is a measure of government commitment to eradicating FGM.

As an example, the UNFPA-UNICEF Joint Programme on the elimination of FGM expects (and encourages) the use of at least 50 per cent of the annual budget allocation for FGM interventions. An example can be to track allocations and expenditures to the national action plan or strategy.

Caution must be exercised when interpreting this indicator, as the lower the budget, the higher the spending rate is likely to be.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:**

Numerator: Total amount of expenditures on budget lines dedicated to FGM for a year.

Denominator: Total amount of the budget allocated for implementation of FGM interventions.

**Data sources:** Ministry of finance, ministry in charge of gender (including gender-based violence and harmful practices), line ministries implementing interventions on FGM.

**Comments and limitations:** Caution must be exercised when interpreting this indicator, as the lower the budget, the higher the spending rate is likely to be. If a government increases its FGM budget suddenly without sufficient time to raise its implementation capacity, that government is likely to score low on this indicator the first year. This would only mean it needs time to improve efficiency. It is more valid to interpret trends than single data points, and changes on this indicator should be interpreted with the trend in the increase of the budget.

## 2.2.2 Output indicators

Related to accountability mechanisms

### Enabling environment output indicator 1:

**Existence of a functional national coordination and oversight body/committee/mechanisms at the highest level, led by the government, that includes representation from marginalized groups, for interventions that address female genital mutilation**

**Definition and purpose:** A government-led national coordinating mechanism is a functional body focusing solely on FGM, or is part of national coordination mechanisms targeting gender-based violence and harmful practices, including FGM. It must be multisectoral, and involve departments of health, social development, police and justice as well representatives of civil society organizations (including faith-based organizations and women's rights organizations). It must meet regularly and be tasked to monitor the implementation of the national action plan to eliminate FGM. A functional coordination body also ensures that all FGM programmes are aligned to the national action plan and that knowledge on programme implementation is exchanged. It can support coordinated advocacy with the government to keep FGM elimination high on the agenda.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:** Depending on whether or not a national coordination mechanism exists and meets all three criteria, the response will be Yes = 1 or No = 0.

## SECTION 2: FEMALE GENITAL MUTILATION INDICATORS

In order to be counted, the coordination mechanism must demonstrate that it meets all three criteria listed below.

1. It is multisectoral, involving departments of gender, health, social development, police and justice as well representatives of civil society organizations (including faith-based organizations and women's rights organizations) and marginalized groups.
2. It is responsible for monitoring implementation of the national action plan to eliminate FGM.
3. It has a workplan including regular meetings and management of the implementation of recommendations.

**Data sources:** Ministry in charge of gender (including gender-based violence and harmful practices) or any department leading the coordination body.

**Comments and limitations:** Even though inclusivity is included as a criterion in the indicator metadata, the indicator will not assess the extent to which all member organizations have the capacity to effectively participate in the coordinating body. This functionality is only assessed through regular meetings; the indicator should include monitoring recommendations that emerge from the meetings.

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### Enabling environment output indicator 2:

#### Extent to which the State acts on recommendations and outcomes from human rights mechanisms addressing female genital mutilation

**Definition and purpose:** This indicator complements the previous one and measures State accountability.

The review mechanisms monitor the enactment of treaties signed and ratified by States. They assess to what extent a treaty is translated into a national law, how the law is applied in practice and the challenges to its implementation, and they make recommendations for improvements.

This indicator assesses to what extent a State acts on the recommendations made during a peer-review process that mentioned FGM. This is useful for organizations seeking to engage in legal advocacy.

The relevant committees are ministerial-level specialized technical committees, regional economic communities' technical specialized committees, and United Nations Member State representatives selected to undertake the Universal Peer Review of a certain country.

**The Universal Periodic Review** is a unique process that involves a periodic review of the human rights records of all 193 United Nations Member States. It was established in 2006 by the General Assembly, and designed to prompt, support and expand the promotion and protection of human rights on the ground. Reviews take place through an interactive discussion between the State under review and other Member States. The reviews are based on the information provided by the State; by independent human rights experts and groups, human rights treaty bodies (comprising independent experts from other countries) and other United Nations entities; and information from other stakeholders, including national human

- The review
- mechanisms
- monitor the
- enactment of
- treaties signed
- and ratified by
- States.

rights institutions and NGOs. An outcome document summarizes the questions, comments and recommendations.<sup>20</sup>

**Type of indicator:** Quantitative.

**Method of computation or elements of description:** The baseline entails identification of peer review processes, ministerial-level specialized technical committees and regional economic communities' technical specialized committees relevant to FGM in which the country will participate during the period under consideration, and where FGM is on the agenda. At end-line, recommendations on FGM will be reviewed, together with the State responses and subsequent actions.

**Data sources:**<sup>21</sup> The OHCHR database presents the Universal Periodic Review for current and previous cycles.<sup>22</sup> This information can also be obtained from relevant government departments, including departments for women's issues. Interviews with relevant government staff may be conducted to assess the degree of implementation of the recommendations and collect evidence.

**Comments and limitations:** Even though this is designed as a qualitative indicator, the proportion of Universal Periodic Review recommendations related to FGM implemented with comments on challenges and keys actions for improvements, the status of the indicator could inform the proportion of recommendations implemented.<sup>23</sup>

### Related to national governmental and non-governmental capacity for the development and implementation of fgm laws and policies

#### Enabling environment output indicator 3:

Training should build knowledge on FGM in the country, on the law and its provisions, and on the role of law enforcement agents in prevention and response.

#### Number of law enforcement staff (police officers and judges) who have increased their knowledge and capacities to implement legislation on female genital mutilation

**Definition and purpose:** This indicator measures the effectiveness of the training offered to police and justice service providers. It is a stronger indicator than assessing the number of people trained.

Training should build knowledge on FGM in the country, on the law and its provisions, and on the role of law enforcement agents in prevention and response. It should entail broader discussions on gender equality and practical exercises to question attitudes and beliefs held by participants.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:** A pre- and post-training survey could be conducted with participants to assess existing knowledge as well as the capability to

20 See: <https://www.ohchr.org/EN/HRBodies/UPR/Pages/BasicFacts.aspx>.

21 The following databases also track recommendations and outcomes featuring FGM: <https://uhri.ohchr.org/search/annotations> (only human rights) and <https://sdgdata.humanrights.dk/en/explorer> (link with SDG 5.3).

22 See: <https://www.ohchr.org/EN/Countries/AfricaRegion/Pages/KEIndex.aspx>.

23 One area where we are seeing a gap is in national human rights institutions conducting public inquiries on FGM to raise the awareness of a whole country on the issue. This public process would typically engage all stakeholders and give a platform for survivors and their communities.

## SECTION 2: FEMALE GENITAL MUTILATION INDICATORS

enforce legislation banning FGM. The questionnaire could focus on knowledge and capacity, but could also consider questions to measure changes in attitudes and practices.

**Data sources:** Pre- and post-training questionnaires.

**Comments and limitations:** Increasing knowledge is the first step in a norm change process, but is not sufficient to induce change in behaviour. If the post-training questionnaire is administered immediately after the training, it will not capture how well the service providers use the information gained. If it is administered a few months after the training, questions could be inserted to assess concrete changes in practice. But going back to training participants months later can be challenging. Responses rates may be low.

Changes in providers' practices could also be measured through qualitative enquiry among staff, asking about the most significant changes resulting from the training, and/or client surveys.

### Enabling environment output indicator 4:

#### Number of national human rights institutions that have strengthened their capacities to design, implement, monitor and evaluate programmes that address female genital mutilation

**Definition and purpose:** National human rights institutions are recognized by the State as independent and have a mandate to protect, monitor and promote human rights. They can be a powerful enabler for civil society, and a link between national systems and regional/global accountability mechanisms. While their specific mandate may vary, the general role of these institutions is to address discrimination in all its forms, as well as to promote the protection of civil, political, economic, social and cultural rights. Core functions include complaint handling, human rights education and making recommendations on legal reform.

Effective national human rights institutions are an important link between the government and civil society, as far as they help bridge the "protection gap" between the rights of individuals and the responsibilities of the State. Six models of these institutions exist across all regions of the world today, namely: human rights commissions, human rights ombudsman institutions, hybrid institutions, consultative and advisory bodies, institutes and centres, and multiple institutions.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:** Single count of national human rights institutions that have demonstrated the required capacities:

1. Develop and implement programmes that promote the protection of women and girls at risk of or affected by FGM
2. Assess compliance of national legislation on FGM with human rights standards
3. Monitor the implementation of the Universal Periodic Review recommendations on FGM

**Comments and limitations:** Even if national human rights institutions have the required capacities, the national context may not allow them to play their full roles.

- National
- human rights
- institutions
- are recognized
- by the State as
- independent
- and have
- a mandate
- to protect,
- monitor and
- promote
- human rights.

## Enabling environment output indicator 5:

### Number of civil society organizations that have strengthened capacities to design, implement, monitor and evaluate their own programmes in line with the national strategy on eliminating female genital mutilation

**Definition and purpose:** Civil society organizations involved in FGM elimination programmes include faith-based organizations, community-based organizations, and women's rights and feminist organizations. They may be international, national or local NGOs, including those working on women's empowerment, and with marginalized groups, women with disabilities, associations of men and boys, and networks of community leaders engaged in gender equality.

There is little in common between international NGOs, which are highly professionalized and technically sound with access to international decision-makers and funding, and local community-based organizations.

The role of civil society is central to all interventions to eliminate FGM:

- These groups contribute to building an enabling environment through advocacy and public pressure for legal reform and programme implementation; they sit in multisectoral mechanisms monitoring actions plans; and they may get involved in social accountability mechanisms such as the drafting of CEDAW and Universal Periodic Review shadow reports.
- Because of their knowledge and direct interventions within communities in which they are embedded, they are an essential vehicle to transform gender norms by running initiatives to empower women and amplifying changes.
- They are instrumental in the delivery of FGM prevention and response services, and are often tasked to implement government policies and programmes (the number of women and girls who have received social, health and legal social welfare services is counted in indicator section 5).
- Some groups contribute to generating evidence on what works such as through testing interventions in partnership with research organizations or sharing practice-based knowledge.

Civil society organizations are a disparate group. Not all have the capacities or willingness to get involved in all domains mentioned above. There is little in common between international NGOs, which are highly professionalized and technically sound with access to international decision-makers and funding, and local community-based organizations. The latter may be operating with few assets or know-how and be essentially driven by the willingness of a small group of people.

To eliminate FGM, all civil society organizations need to have the capacities to:

- Develop, manage and monitor FGM elimination programmes in an effective, efficient and equitable way (this capacity is often not enough for them to operate with sufficient intensity and effectiveness)
- Understand the drivers of FGM and what interventions work to eliminate it
- Advocate for FGM elimination
- Embed FGM elimination interventions within the wider gender equality field, and build strategic alliances with complementary organizations, such as those working on women's empowerment, education and gender-based violence

## SECTION 2: FEMALE GENITAL MUTILATION INDICATORS

The most effective capacity-strengthening interventions take place over a long period and involve mentoring. In other words, they are not once-off training workshops.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:** Number of civil society organizations who benefited from capacity strengthening in developing, monitoring and managing programmes, and in one or several of the interventions mentioned above.

**Data sources:** Programme monitoring data.

**Comments and limitations:** This indicator measures training received, but not how it is put into practice.

**Related to civil society engagement, including by young people, women's rights groups and community-based organizations, with policymakers for the elimination of female genital mutilation**

### Enabling environment output indicator 6:

#### Number of annual progress reports with recommendations on FGM elimination produced by national/subnational civil society organizations, women's rights organizations, young people's networks and community-based organizations, and presented to policymakers to influence policy directions and implementation

**Definition and purpose:** The number of annual progress reports with recommendations on FGM elimination presented to policymakers indicates the advocacy efforts of civil society and young people.

These recommendations might help build public pressure for legal reform. Civil society and young people's networks are at the forefront of responding to and preventing FGM. They are well placed to identify barriers, constraints and facilitating factors to support monitoring of the national action plan on FGM.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:** Count of reports produced by relevant organizations, and review of the reports to assess if recommendations are made to policymakers.

**Data sources:** Annual reports from civil society and young people's networks, as well as records of meetings where recommendations were shared with policymakers.

**Comments and limitations:** Influencing changes in policy directions takes more than producing reports and sharing recommendations. This indicator measures efforts by civil society but not the results of these efforts. In some countries, there could be a coalition of all civil society organizations combining their efforts to conduct evidence-based policy dialogue and advocacy with decision-makers. In that case, there will be only one report annually.

- Civil society
- and young
- people's
- networks
- are at the
- forefront of
- responding
- to and
- preventing
- FGM.

The reports should include a periodic review of the implementation of previous recommendations.

## Enabling environment output indicator 7:

### Number (and Proportion) of medical and paramedical associations declaring FGM performed by health professional an unethical practice

Medical and paramedical associations are powerful vehicles to amplify changes among professional medical staff.

**Definition and purpose:** This indicator measures the commitment of professional associations to stop health providers from performing FGM in health facilities or elsewhere. It is useful to measure the degree of sensitization and awareness of health professionals and efforts to tackle the medicalization of FGM.

It contributes to monitoring the 2010 Global Strategy to Stop Health-care Providers from Performing Female Genital Mutilation, published by the WHO in collaboration with other key United Nations entities and international organizations.

Medical and paramedical associations are powerful vehicles to amplify changes among professional medical staff. They include associations of professionals in medicine, nursing, midwifery as well as relevant paramedical staff.

Beyond issuing formal statements condemning the medicalization of FGM and establishing clear codes of conduct, such associations can engage in dialogue with decision-makers on FGM elimination and the application of relevant legal provisions condemning it.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:** Single count of associations that have made a declaration against the medicalization<sup>24</sup> of FGM.

**Data sources:** Programme reports, medical and paramedical association reports and declarations.

**Comments and limitations:** This indicator measures the commitment of professional associations but not the degree to which this commitment is internalized by health professionals and applied in practice. To address this limitation, another indicator, on the number of doctors and midwives who sign up to become members and support the Doctors and Midwives against Female Genital Mutilation initiative, could accompany the analysis of this indicator.

<sup>24</sup> "Medicalization" of FGM refers to situations in which it is practised by any category of health-care provider, whether in a public or a private clinic, at home or elsewhere. It also includes the procedure of reinfibulation at any point in a woman's life.

## 2.3 INDICATORS MEASURING GENDER AND FEMALE GENITAL MUTILATION NORMS CHANGE

**Social norms** can be considered unwritten rules and tacit values that bind people, and give meaning and justification to their behaviours. They are about perceptions of “what others think and do”.

A norm is a social construct. It exists as a collectively shared belief about what others do (what is typical) and what is expected of what others do within the group (what is appropriate). Social norms are generally maintained by social approval and/or disapproval (Heise and Manji, 2016).

For their existence, social norms inherently require a reference group, i.e., a network of people to whom we identify and compare ourselves (UNFPA, UNICEF and Drexel University, 2018).

Gender norms are social norms that specifically define what is expected of a woman and a man in a given group or society. They shape acceptable, appropriate and obligatory actions for women and men (in that group or society), to the point that they become a profound part of people’s sense of self. They are both embedded in institutions and nested in people’s minds. They play a role in shaping women’s and men’s (often unequal) access to resources and freedoms, thus affecting women’s and men’s voice, agency and power (Cislaghi, Manji and Heise, 2018).

Gender norms are especially resistant to change because they trigger deeply entrenched cognitive schemas that associate different roles, mannerisms and status with different genders (Heise and Darmstadt, 2019).

**FGM is a social norm** that involves the social pressure to practice FGM in order to conform to what others do or have been doing and to be accepted socially. It is also motivated by a fear of rejection by the community. In some communities, FGM is almost universally performed and unquestioned. As a result, interventions to shift social norms target social groups rather than individual behaviours and have to be measured at a societal level. Measuring social norms is currently the focus of several research initiatives on various continents. The Joint Programme is contributing to this momentum by piloting the ACT Framework.

**FGM elimination programmes** aims at changing FGM norms directly and can contribute to changing wider gender norms and achieving gender equality by using a gender-transformative approach. This supports communities to understand and question gender norms and dynamics.

- FGM
- elimination
- and other
- gender
- equality
- programmes
- can reinforce
- each other.

### Interrelation between female genital mutilation and other gender issues

Placing FGM in the wider context of societal gender inequality is necessary because root causes, consequences and ways of addressing gender issues are highly integrated (UNFPA, UNICEF and UN Women, 2017). In addition, FGM is a manifestation of gender inequality, which has many dimensions and drivers.

FGM elimination and other gender equality programmes can reinforce each other. Wider gender equality progress can create conditions for eradicating FGM. At the same time, any progress towards eliminating FGM may be amplified and used as a first step to encourage changes in other gender equality domains. Targeting the root causes of gender discrimination and changing the norms that control women and their sexuality offers a chance for a broader change of other harmful traditional practices, including FGM, child marriage, women’s lack of economic empowerment and other forms of gender-based violence. Some successful

FGM elimination interventions have shown that the decision to abandon the practice can be a byproduct of larger efforts to improve education and the status of women in a community (Population Reference Bureau, 2013) through a human rights-based and community mobilization approach. Interventions addressing FGM as a social norm should also question other manifestations of gender inequality and try to shift gender inequitable social norms (UNFPA, UNICEF and UN Women, 2017; UNFPA and UNICEF, 2016). In that way, they can contribute to women's empowerment and gender equality.

Both child marriage and FGM are related to control over women's and girls' sexuality and ensuring the virginity of girls before marriage.

Evidence of the links between FGM and other manifestations of gender inequality are elaborated below.

#### **Violence against women and girls**

In 2016, the Human Rights Council adopted a resolution recognizing FGM as an act of violence against women and girls. It urged countries to put in place national legislation prohibiting the practice and to develop strategies for its enforcement.<sup>25</sup> There is no strong evidence establishing that women who have experienced FGM are more likely to be subjected to other forms of gender-based violence though. Research has given mixed results, where correlations were found in some contexts but not in others (Governance and Social Development Resource Center, 2011).

#### **Child marriage**

Both child marriage and FGM are related to control over women's and girls' sexuality and ensuring the virginity of girls before marriage. In some communities, FGM is seen as a preparation for adulthood and marriage (ibid.).

#### **Education**

There is limited evidence on the links between FGM and girls' education, although in three countries with a high prevalence of FGM, adolescent girls do not attain the same number of years of schooling as adolescent boys (ICRW, 2016). Firmer evidence suggests a relationship between FGM and dropping out of school, or reduced participation in school-related activities as a result of FGM. Previous studies point to a lower prevalence rate and greater support for abandoning the practice among highly educated women compared to those with lower levels of education (UNFPA and UNICEF, 2017). Educated mothers tend to be less amenable to practising FGM on their daughters.

### **2.3.1 Outcome indicators**

This section describes different sets of outcome indicators measuring the change in FGM norms.

Most indicators are at the outcome level, because that is where changes in norms occur. There are some intermediate outcome indicators, located between the declaration of abandonment and the change in behaviour.

Change processes are not linear, and the pathways vary from committing to a declaration to concretely changing behaviour. In parallel, social diffusion mechanisms after and before the declaration of abandonment are not the same from one community to the other.

25 See: [http://www.un.org/ga/search/view\\_doc.asp?symbol=A/HRC/32/L.31/Rev.1](http://www.un.org/ga/search/view_doc.asp?symbol=A/HRC/32/L.31/Rev.1).

Monitoring the indicators below that are relevant to the community context, regardless of where they appear in the change process, is useful, as they all play a role in changing norms.

The theory of change in section 3 illustrates a pathway of change.

### Indicators related to gender norms change

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#### Gender norms change outcome indicator 1:

#### Percentage of the population (men or women) that holds egalitarian beliefs about men and women (composite indicator)

**Definition and purpose:** This indicator measures changes in some of the most common beliefs about the roles that men and women are expected to play. It gauges the success of FGM programmes in advancing the global gender norms change agenda. FGM programmes not only aim at eliminating the practice, but also can contribute to changing gender unequitable social norms, in which FGM is rooted. This requires programmes to adopt a gender-transformative approach that questions prevailing gender norms and gender power dynamics.

**Type of indicator:** Quantitative or qualitative.

#### Method of computation or elements of description.

This indicator can be measured by conducting a survey asking men and women if they think that:

- A woman's most important role is to take care of the home, take care of the children and cook for the family.
- If resources are scarce, it is more important to educate sons than daughters.
- It is justifiable for a man to beat his partners in certain circumstances.

Numerator: Number of married or in union women (or men) aged 15 to 49 years who respond "no" to the three questions.

Denominator: Total number women (or men) aged 15 to 49 years who are married or in a union.

This indicator can be disaggregated by questions related to each of the three dimensions.

It can also be measured qualitatively through focus group discussions.

**Data sources:** Survey among men and women, the third question is included in the DHS.

**Comments and limitations:** Responses to these questions in a quantitative survey are highly prone to bias.

## Indicators related to female genital mutilation norms change

Social norms are composed of descriptive norms (beliefs about what other people do) and injunctive norms (beliefs about what others approve of/think people should do). Social norms are also associated with beliefs about the perceived benefits/rewards or social sanctions associated with certain behaviours.<sup>26</sup>

The different indicators below are proxies for norms change. They measure how prevalent the different beliefs associated with FGM norms are in a community.

### Female genital mutilation norm change outcome indicator 1:

#### Extent to which people believe that others cut their daughters

The link between descriptive and injunctive norms recommends combining them in any assessment aimed at a clear understanding of changing social norms.

**Definition and purpose:** This indicator measures the FGM descriptive norm, i.e., beliefs about what other people do and appropriate behaviour.

**Type of indicator:** Quantitative or qualitative.

**Method of computation or elements of description:** Survey question asking participants if they believe that others cut their daughters. Respondents can be asked to assess the average perceived prevalence of FGM in their community. Such questions could be: "Using a scale from 0 to 10, where 0 is none and 10 is all, how many girls who are 10 to 14 years old in your community are currently cut?"<sup>27</sup>

Qualitative methods can also be used, such as focus group discussions around hypothetical vignettes.<sup>28</sup>

**Data sources:** Survey or qualitative enquiry.

**Comments and limitations:** As the indicator measures the descriptive norm of FGM through qualitative enquiry, the response could be influenced by the prevalent norm.

26 See UNFPA, UNICEF and Drexel University, 2018, quoting the Cialdini theory. THE ACT FRAMEWORK: Towards a new M&E model for measuring social norms change around female genital mutilation. [https://www.unicef.org/media/65576/file/ACT-Framework-FGM-\(Summary\)-2020.pdf](https://www.unicef.org/media/65576/file/ACT-Framework-FGM-(Summary)-2020.pdf)

27 Ibid. see the summary indicators table.

28 Examples are the "Complete the Story activity" as well as the "2x2 tables for social norms". These mixed methods participatory research tools are equipped to measure descriptive norms, injunctive norms and outcome expectancies as presented in the ACT Framework.

## Female genital mutilation norm change outcome indicator 2:

### Percentage of people who do not support the continuation of female genital mutilation

**Definition and purpose:** This indicator measures support for or against the continuation of FGM. It provides an assessment of the overall level of public acceptance of the practice.

**Type of indicator:** Quantitative or qualitative.

#### Method of computation or elements of description:

Various population-based surveys such as the DHS and MICS have asked questions that typically take one of the following three forms:

- Do you think FGM should continue? (yes/no)
- Do you support the continuation of FGM? (yes/no)
- Do you think that FGM should be continued or discontinued? (continued/discontinued)

Qualitative methods can also be used, such as focus group discussions around hypothetical vignettes. They are better suited to track changes over time and understand the pathways to change.

**Data sources:** DHS, MICS or other surveys, or qualitative enquiry.

**Comments and limitations:** There could be a bias regarding the attitude to FGM based on the descriptive dimension. Responses could be biased due to the perception that the majority of people support or do not support the practice.

## Female genital mutilation norm change outcome indicator 3:

### Percentage of people/individuals from the target population who believe that people in their community approve of female genital mutilations abandonment

**Definition and purpose:** Injunctive norms are operationalized as beliefs about what others approve of or think people should do. This indicator is intended to measure whether individuals believe that others in their community approve of FGM abandonment.

**Indicator type:** Qualitative or quantitative.

#### Method of computation or elements of description:

Injunctive norms can be quantitatively assessed by asking individuals:

- Do you personally approve of FGM abandonment?
- Do members in your community approve of FGM abandonment?

In previous studies, respondents have been asked about the reaction of their family members if the latter knew they were going to cut their daughter, with three possible answers: (1) positive

- Injunctive
- norms are
- operationalized
- as beliefs about
- what others
- approve of or
- think people
- should do.

reaction, (2) indifference and (3) negative reaction (obtained aggregating two possible response modalities: people would disapprove of me, and people would try to stop me).

Respondents were also asked whether they had spoken with their family about FGM (Cislaghi and others, 2019).

Other ways of measuring injunctive norms include asking individuals to rate these statements on a seven-point Likert scale from strongly agree to strongly disagree:

- Most people who are important to me think I should/should not practice FGM.
- People in my community approve of FGM.
- Young men in the community want to marry girls who are not cut.

**Data sources:** Survey or qualitative enquiry.

**Comments and limitations:** The response could also be biased by the attitude of the reference group of the respondents.

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## Female genital mutilation norm change outcome indicator 4:

### Percentage of people who think others will judge them negatively if they do not cut their daughters

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## Female genital mutilation norm change outcome indicator 5:

### Percentage of people who can identify benefits (rewards) associated with FGM abandonment

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Individuals who are able to articulate and identify the benefits of abandoning FGM are more likely to change their perception of the practice and abandon it.

**Definition and purpose of outcome indicator 4:** This indicator measures the FGM injunctive norm, i.e., the beliefs of what others approve of/think people should do. It is intended to measure whether individuals believe that others in their community disapprove of FGM abandonment.

**Definition and purpose of outcome indicator 5:** This indicator measures if there are positive or negative “outcome expectancies”, i.e., “beliefs about the perceived benefits/rewards”, or positive sanctions associated with FGM abandonment. For a new social norm of abandonment or replacement to take root, it has to be promoted and “out compete” the old norm of practising FGM.<sup>29</sup> Individuals who are able to articulate and identify the benefits of abandoning FGM are more likely to change their perception of the practice and abandon it. So are those who agree with the positive consequences of FGM abandonment, and those willing to enact rewards for FGM abandoners and sanctions for those who do not abandon.

**Type of indicator:** Qualitative or quantitative.

**Method of computation or elements of description:** Measuring the degree to which individuals agree with the positive or negative consequences of abandonment of FGM requires developing a scale with at least three statements. Statements could include asking individuals if not performing FGM makes it more difficult “for their daughter to be married”,

29 UNFPA, UNICEF and Drexel University, 2018 quoting Evans, 2014.?

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“to be part of a group” or “to gain social status”. Response categories would be from strongly agree to strongly disagree.

**Data sources:** Survey or qualitative enquiry.

**Comments and limitations:** Both indicators can be used interchangeably as the expectations are based on the beliefs of what others approve of/think people should do. The same limitation on the need to combine the evaluation of descriptive and injunctive norms also applies here.

### Amplification of the norm transformation process and emergence of a new norm - intermediate outcome indicators

Changing norms is a process that includes several stages, between the declaration of abandonment of FGM and actual abandonment. For a norm to change, social mobilization needs to take place. Changes happening during and after community dialogues need to be defused within the community.

Existing programmes aimed at the elimination of FGM show that common intermediary steps in the process include:

- Community members who declared abandonment reach out to others.
- A surveillance system is put in place.
- Mechanisms of sanction are established.
- Other signs of a new norm emerge.

Monitoring these intermediate outcome indicators is useful to identify which factors trigger individual changes, and to seek to better understand the concrete impacts of community dialogues and declarations of abandonment.

- Changing norms is a process that includes several stages, between the declaration of abandonment of FGM and actual abandonment.

## Female genital mutilation norm change outcome indicator 6:

### Proportion of communities that have made a public declaration of abandonment of female genital mutilation

**Definition and purpose:** A public declaration of abandonment of FGM entails a collective formal public ceremony involving one or more communities – typically villages, but increasingly also districts and ethnic groups. At the event, communities make a specific commitment to abandon FGM (Elise and others, 2013).

Public declarations are a culmination of a process that typically includes intensive (six months to two years) exposure to information, education, law dissemination, influential opinions, alternatives to the practice and services.

Most community declarations of abandonment bring together traditional and religious leaders from all parts of the community – government officials, parliamentarians, health providers, former excisors and NGOs – along with individual men, women, girls and boys in a collective experience that galvanizes the expectation that girls will remain intact.

A declaration is considered a proxy for FGM norm change and can happen before or after other indicators of norm change and the emergence of sanctions, such as those outlined in section 3.

While a public declaration indicates a commitment to abandon the practice, follow-up activities aimed at ensuring compliance and the accountability of those who declared abandonment are necessary to ensure changes in behaviour.

Communities can be defined in different ways, but for FGM elimination programmes, they are typically villages. A more elaborated definition would look at “communities” as entities that include communities (families, friends, colleagues, neighbours) that intersect and interact as political entities with different agendas, hopes, assets and resources. It is important to note that communities are not homogeneous groups, are influenced by factors external to the community and are traversed by power relationships.

Public statements can take different forms, including:

- Statements made or read by members of communities participating in the declaration at a public ceremony or event
- Statements made or read by leaders of communities, ethnic or cultural groups, or local elected officials on behalf of the administrative unit
- Signing of statements/declarations/commitments by individuals or families

A public declaration by a critical mass of people is a symbolic and moral signal to others in the group that the practice is no longer socially acceptable. The fact that media and the government give further visibility to the declarations helps multiply its effect.

The public nature of the commitments encourages follow through, since those making the declarations are in some way accountable to the rest of the population for upholding the decision.

As social norms are about beliefs about what other people do and approve of, such public statements will encourage individuals to change their thinking, facilitate change in the social norms of the community and ultimately modify behaviours.

Academic consultations, comparative studies and a long-term evaluation all conclude that public declarations are an important milestone in the collective abandonment process.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:**

Numerator: Number of communities in the FGM programme intervention area who made a public declaration on abandoning FGM.

Denominator: Total number of communities in the FGM programme intervention area.

**Data sources:** Programme monitoring data.

**Comments and limitations:** While a public declaration indicates a commitment to abandon the practice, follow-up activities aimed at ensuring compliance and the accountability of those who declared abandonment are necessary to ensure changes in behaviour. This indicator is highly prone to social desirability bias.

Interventions involving public statements from subgroups rather than whole communities rarely result in abandonment, even when the selected subgroups form an authoritative voice, such as FGM practitioners, religious leaders or men.

## Female genital mutilation norm change outcome indicator 7:

### Number of people engaged in a public declaration of abandonment of the practice of female genital mutilation

**Definition and purpose:** This refers to the total number of persons aged 10 years and above who engaged in a public declaration of abandonment of FGM. A declaration is the result of months and months of awareness raising, education, and open and honest dialogue among communities (Tostan, 2015). This indicator includes those who participated in the declaration and those directly influenced by it (young girls for example). It complements the previous indicator by giving an indication of the scale.

The indicator measures behavioural intent, a critical intermediate step between support for and actual practice of a behaviour.<sup>30</sup>

**Type of indicator:** Quantitative.

**Method of computation or elements of description:** Number of people engaged in the public declaration of abandoning FGM – where the public declaration approach involves all of the population, the indicator is estimated as all of the population above 10 years old living in the communities that have made the public declaration.

**Data sources:** Programme monitoring data.

**Comments and limitations:** While the process of a public declaration of abandonment of FGM takes place within communities, a residual part of the population (which could sometimes be important) may not be convinced and may not agree to the commitment made to abandon FGM.

## Female genital mutilation norm change outcome indicator 8:

### Extent to which community members who participated in community dialogues act as change agents and reach out to others

**Definition and purpose:** This indicator measures the degree to which community members who participated directly in FGM abandonment activities seek to influence the attitudes and practices of others around them who did not participate, such as family members and peers. It measures changes at the interpersonal level, and gives an indication of the effectiveness of organized diffusion, i.e., “the process through which participants share new knowledge and understanding with others in their social networks, to motivate these others and join with them in a movement of social change” (Cislaghi, 2019). Integrating organized diffusion strategies within social norms interventions has the potential to achieve greater and more diffuse impacts reaching others than those immediately and more intensively exposed to the intervention (ibid.).

“Reaching out to others” means discussing FGM with peers and family members, with a view to changing their understanding, knowledge and attitudes about the practice.

- “Reaching
- out to others”
- means
- discussing
- FGM with
- peers and
- family
- members,
- with a view to
- changing their
- understanding,
- knowledge and
- attitudes about
- the practice.

30 UNFPA, UNICEF and Drexel University, 2018.

Organized diffusion can be considered an intermediate outcome, located on the pathway between the first community dialogues and the abandonment of the practice.

Organized diffusion can be considered an intermediate outcome, located on the pathway between the first community dialogues and the abandonment of the practice. It is instrumental for community dialogues to enable a declaration of abandonment, and for declarations to spread from one community to the other, and new norms to emerge.

**Type of indicator:** Quantitative or qualitative.

**Method of computation or elements of description:** A survey of participants in community dialogues asking them if they have initiated conversations on FGM elimination and/or advocated for abandonment of the practice after they participated in a declaration of abandonment.

As a quantitative indicator:

Numerator: Number of people who respond positively to the previous question.

Denominator: Number of participants in community dialogues and/or declarations of abandonment.

As a qualitative indicator:

Evidence of this could also be obtained through qualitative methods, such as interviews, focus group discussions or the use of the most-significant change methodology.

**Data sources:** Programme monitoring data.

**Comments and limitations:** Survey responses on this indicator are highly prone to bias. Qualitative methods may be better suited to understanding how the diffusion process unfolds, facilitating and hampering barriers.

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## Female genital mutilation norm change outcome indicator 9:

### Percentage of communities where surveillance systems were established to monitor compliance with commitments made during public declarations of FGM abandonment, including commitments made by health service providers

**Definition and purpose:** Surveillance systems established by communities who have made public declarations of abandonment of FGM monitor how the commitment to abandon the practice is translated into action, and whether or not individuals actually change their behaviour and abandon the practice.

This is an intermediate outcome indicator, located on the pathway between the declaration of abandonment and elimination of FGM.

**Type of indicator:** Quantitative.

#### Method of computation or elements of description

Numerator: Number of communities in the FGM programme intervention area who have a functional monitoring system assessing compliance with commitments made during public declarations of FGM abandonment.

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Denominator: Total number of communities in the joint programme intervention area who have made a public declaration of abandoning FGM.

**Data sources:** Programme monitoring data.

**Example of surveillance systems:** In Nigeria, four persons per community trained for two days on surveillance. A surveillance committee was installed in each community by traditional rulers (two persons selected from each village to join the four that were trained).

The committee educates, monitors and reports to the traditional rulers, who report cases to the partners of the Joint Programme. Defaulters are tried, sanctioned and handed over to the government. The surveillance team in the Izzi Clan identified seven persons who were arrested in 2018.

**Comments and limitations:** The surveillance committee can be negatively perceived. The whole community, including local authorities, health providers, religious leaders and community leaders, should be present during the process of designating committee members. The process should reach as many people as possible to make children's and women's rights everyone's business.

### Female genital mutilation norm change outcome indicator 10:

#### Extent to which new sanctions against female genital mutilation appear in the community that participated in programmes on female genital mutilation abandonment

**Definition and purpose:** This indicator measures the emergence of new (negative) sanctions against FGM.

Once community dialogues have mobilized the community to eliminate FGM and public declarations have been made, then new sanctions can emerge. The existence of new sanctions is a clear sign that the FGM norm is shifting. Different indicators can measure the emergence of new sanctions, depending on data availability and data collection capacity. Sanctions can be measured at the level of the community or at the level of opinion leaders and influencers (such as government or traditional authorities, or schools).

These are intermediate outcome indicators, located on the pathway between the declaration of abandonment and the change in FGM norms and reduction of the practice.

**Example:** In Nigeria, the "celebration that formerly accompanied FGM is no longer seen in communities in the intervention areas, especially in Izzi Clan where it was once a rite of passage" (UNFPA and UNICEF, 2018b, p. 23).

**Type of indicator:** Quantitative or qualitative.

#### Method of computation or elements of description:

For the quantitative method:

Numerator: Number of communities where any kind of (negative) sanctions against FGM appeared.

Denominator: Number of communities in which the FGM elimination programme operates.

- Once
- community
- dialogues have
- mobilized the
- community to
- eliminate FGM
- and public
- declarations
- have been
- made, then
- new sanctions
- can emerge.

This indicator can be disaggregated by type of sanctions.

Qualitative methods (focus group discussions or in-depth interviews) could also ask questions to elicit the different steps that enabled the emergence of sanctions, and discuss their impact.

**Data sources:** Programme monitoring data, a programme M&E framework that includes a record of sanctions emerging in the community.

**Comments and limitations:** The indicator does not specify what types of sanctions could be considered and any hierarchy in these. An outcome mapping approach can be applied with progress markers, including communities setting sanctions on FGM.

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## Female genital mutilation norm change outcome indicator 11:

### Number of cases of female genital mutilation reported to traditional and governmental authorities (to be disaggregated between traditional and governmental authorities)

**Definition and purpose:** This indicator measures the number of cases of FGM reported to traditional and governmental authorities. Government authorities can be the police, social workers, nurses or local government representatives. Traditional authorities can be traditional chiefs or religious leaders.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:** List of government and traditional authorities most likely to receive FGM case reports (traditional chief; health system, social and protection mechanism; local government representative(s) in the FGM programme area, etc.). If the area is too big, take a sample.

Administer a questionnaire to the (sample of) traditional and governmental authorities, asking if they received any reports of FGM cases in the last year. Add the number of responses.

**Data sources:** Programme monitoring data. Simple questionnaire sent or administered face-to-face to traditional and governmental authorities, asking if any FGM cases were reported to them formally (through a written process) or informally (verbally). Administrative information systems can be sources of data on cases reported, if these systems exist.

**Comments and limitations:** Government service data may not be available and/or of poor quality. Responses from individual traditional and religious leaders are likely to be more accurate than service data as these leaders will only have to provide the number of reports made to them directly. This is not the case for government service providers, who will have to obtain numbers from official service data or by administering the questionnaire to staff; both methods are highly prone to error.

Government  
service data  
may not be  
available and/  
or of poor  
quality.

## Female genital mutilation norm change outcome indicator 12:

### Extent to which traditional leaders sanction the practice of female genital mutilation using customary laws

**Definition and purpose:** Traditional leaders are powerful agents of change in the community as they are the custodians of traditional norms, which often condone FGM. Using customary laws to sanction FGM is a sign that the norm is shifting or has shifted. This is also an interesting indicator to measure the effectiveness of a programme against FGM in working with traditional leaders.

**Type of indicator:** Quantitative or qualitative.

#### Method of computation or elements of description:

Quantitative method: List the traditional authorities in the FGM programme area. If the area is too big, take a sample.

Administer a questionnaire to the (sample of) traditional leaders asking if they have defined sanctions for individuals practising FGM or supported the practice during a given time period (could be a year).

If yes, ask how many sanctions were administered to those practising or supporting FGM. Another question on types of sanctions can be added.

Quantitatively, the indicator will be reported based on the number of cases involving any kind of sanction.

Qualitative focus group discussions or the most significant change methodology could record how the customary law has been used.

**Data sources:** Questionnaire administered through routine programme monitoring data.

**Comments and limitations:** This indicator is very context dependent. It will be most suited where traditional customary mechanisms are still accepted and sometimes prevail over State laws.

- Traditional
- leaders are
- powerful
- agents of
- change in the
- community as
- they are the
- custodians
- of traditional
- norms, which
- often condone
- FGM.

## Female genital mutilation norm change outcome indicator 13:

### Extent to which schools set rules to discipline those who verbally abuse girls who have not undergone female genital mutilation

**Definition and purpose:** Schools are an important institution in shaping community values. This indicator measures the extent to which schools set rules to discipline those who verbally abuse/insult uncircumcised girls. Setting rules is an indication that the norm is shifting or has shifted.

**Example:** In Ethiopia, “schools set rules to discipline those who verbally abuse/insult non-FGM girls” (UNFPA and UNICEF, 2018a, p. 22).

**Type of indicator:** Quantitative or qualitative.

School policy and procedures may not allow setting community-based rules on a specific issue.

**Method of computation or elements of description:** This indicator can be measured quantitatively or qualitatively, including through qualitative methods such as focus group discussions or the most-significant change methodology.

Quantitative method: List the schools in the FGM programme geographical area. If the area is too big, take a sample. Administer a questionnaire to the (sample of) schools asking if they have set rules to discipline those who verbally abuse/insult uncircumcised girls. Another question could ask about types of sanctions.

The indicator can be expressed as the absolute total number of schools in the programme geographical area that have set rules to discipline those who verbally abuse girls who have not undergone FGM (or as a percentage of all school in the programme geographical area).

A qualitative method could be focus group discussions that record details on the process, and enabling and hampering factors.

**Data sources:** Questionnaire administered through routine programme monitoring data.

**Comments and limitations:** School policy and procedures may not allow setting community-based rules on a specific issue. The scope of this indicator might also be extended to community centres and other relevant spaces that contribute to reshaping and shifting social norms.

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## Female genital mutilation norm change outcome indicator 14:

### Number of marriage ceremonies where the groom publicly declared marrying an uncut bride

**Definition and purpose:** FGM is rooted in conventions associated with future marital prospects. The practice may be considered as increasing the marriageability of girls. As young men are perceived as only wanting to marry girls who have undergone FGM, creating a critical number of young men publicly declaring they will marry uncut girls will help shift community values. This indicator monitors the emergence of a new norm as well as the effectiveness of FGM programme activities conducted with young men.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:** In the programme area, a questionnaire can be administered to marriage organizers (traditional and religious leaders, marriage officers) asking if they recorded marriage ceremonies where the groom publicly declared marrying an uncut girl.

**Data sources:** Programme monitoring data.

**Comments and limitations:** As an indicator that assesses the programme strategy effectiveness, it is prone to errors and social bias as it relies on the personal recollection of individuals.

## Female genital mutilation norm change outcome indicator 15:

### Number of ex-circumcisers who become anti-FGM advocates

**Definition and purpose:** As circumcisers are among the custodians of FGM norms, measuring how many of them become anti-FGM advocates helps evaluate the effectiveness of programme activities promoting “positive deviants”, but also gives an indication of the emergence of a new norm.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:** Simple count of the number of ex-circumcisers who became anti-FGM advocates in the programme geographical area.

**Data sources:** Programme monitoring data.

**Comments and limitations:** Even though this indicator could provide an indication of the emergence of new norms, there is some evidence that the conversion of ex-circumcisers as anti-FGM advocates has not been as effective as expected.

## 2.3.2 Output indicators on interpersonal engagement in female genital mutilation norms transformation

### Female genital mutilation norm change output indicator 1:

#### Percentage of the population with self-reported knowledge about female genital mutilation resulting from participating in a community-based activity linked to female genital mutilation abandonment

**Definition and purpose:** Having correct knowledge about FGM is a first and necessary step for individuals to change their beliefs and for the FGM norm to shift.

In the theory of change presented above, if people are sufficiently exposed to correct information on the harms of the practice, and are given an opportunity to discuss the advantages of abandonment with their peers, they are more open to taking a stand in favour of abandonment.

Hence, measuring the degree of correct knowledge in the population gives an indication of the state of readiness to embrace change.

Existing indicators on the level of knowledge range from those measuring overall knowledge to those measuring more specific knowledge (such as the risks associated with FGM) or knowledge of the law and/or girls’ rights.

**Type of indicator:** Quantitative or qualitative.

- Having correct
- knowledge
- about FGM
- is a first and
- necessary step
- for individuals
- to change
- their beliefs
- and for the
- FGM norm to
- shift.

A specific survey or qualitative methods can be used to collect data on knowledge of FGM.

**Method of computation or elements of description:**

Numerator: Population who reported any knowledge about FGM. Commonly used questions are:

- Have you ever heard of FGM (USAID, 2013)?
- Do you know the long-term and short-term consequences of FGM?
- Do you know if girls have the right to refuse FGM?

Denominator: All population sampled.

**Data sources:** The DHS module on FGM includes a question on knowledge and asks both women and men if they have ever heard of female circumcision (ibid.).

A specific survey or qualitative methods can be used to collect data on knowledge of FGM. A survey of individuals in the target population could include a series of yes-no questions to see what risks individuals associate with FGM, looking at short-term and longer-term physical as well as psychological risks.

Body maps are a qualitative method that could be used to understand the risks and negative impacts of FGM.

**Comments and limitations:** As the definition of correct knowledge of FGM is context dependent, comparing the indicators status of different programme is not possible without a harmonized definition. The indicator can be disaggregated by sex, type of knowledge (types of FGM, identification as a harmful traditional practice, risks, laws, etc.).

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## Female genital mutilation norm change output indicator 2:

**Number of people (women, men, young women and girls, young men and boys) who participate regularly in dialogues, including in- and out-of-school programmes, promoting gender-equitable norms, including the elimination of female genital mutilation and associated attitudes and behaviours, and exercise of rights, including reproductive rights**

**Definition and purpose:** This indicator measures programme reach, i.e., the degree of exposure of the population to education and social mobilization sessions.

It refers to target communities who regularly participate in dialogues and awareness campaigns, which include participatory discussions, facilitated debate, non-formal education classes or discussions following a drama. The dialogues may also take place in formal schools through educational curricula.

In community discussions, members of the same group identify local harmful practices and the norms that sustain them, eventually renegotiating both to achieve greater health, well-being and empowerment for themselves and others in their group.<sup>31</sup> Dialogues engage participants at an interpersonal level to address their beliefs. They equip participants to

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31 Cislighi and others, 2019, quoting Linos and others, 2013.

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address existing gender and power relations in their family and broader social networks (Cislaghi, 2019).

Community discussions with sufficient intensity (i.e., several times over a long period) and organized diffusion are an effective tool to promote social norms change. In the context of educational dialogues, sufficient levels of participation and saturation are important. Therefore, “regularly” refers to individuals who participate in at least three dialogues per month over a sustained period of six to eight months.

When selecting sites for the educational dialogues, it is important to consider the country programme’s definition of marginalized and vulnerable populations, and try to target these.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:** Number of people who actively participate in education/sensitization/dialogue that promotes gender-equitable and norms, including the elimination of FGM and associated attitudes and behaviours, and the exercise of rights, including reproductive rights.

**Data sources:** Programme monitoring data, attendance sheets.

**Comments and limitations:** This indicator measures the number of people sensitized, but not the change in attitudes or behaviours brought by their participation in these sessions. The indicator can be disaggregated by sex, age, disability, location, and other relevant socioeconomic variables.

- Community
- discussions
- with sufficient
- intensity (i.e.,
- several times
- over a long
- period) and
- organized
- diffusion are
- an effective
- tool to
- promote social
- norms change.

---

### Female genital mutilation norm change output indicator 3:

#### Number of people who were exposed to mass media, communications campaigns and social media campaigns promoting the elimination of female genital mutilation, other harmful social norms and gender stereotyping

**Definition and purpose:** This indicator measures the reach of FGM sensitization initiatives undertaken through the media. Media may include newspaper or magazine articles, television or radio programmes, social media and blogs, spots and clips.

Media campaigns can play a crucial role in social diffusion, informing communities and promoting dialogue, and thus contributing to changing social norms. Programme evaluations have proved that radio programmes in particular can be effective in changing behaviours. Media campaigns supported by larger community-based abandonment efforts, including public discussions, especially when led by religious and community leaders, can help individuals confront harmful traditional practices and cultural beliefs (Population Reference Bureau, 2013).

For media campaigns to be effective, including those disseminated through community and national radio, people should be exposed to messages over a long period and several times (at least five times). Messages need to be structured and based on social behavioral change communication theory.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:**

**Reach** refers to the number of audience members who potentially receive the messages on FGM sensitization at least once, in a particular medium during a given period. The audience refers to individuals of a specific age, gender and geographic location.

**Data sources:** Programme monitoring data or a specific survey to measure media campaign reach. Software such as Bionic can help estimate reach (number or percentage) during media campaign planning.

**Comments and limitations:** Reach should not be confused with the number of people who will actually be exposed to messages. Reach is the number of people exposed to the medium with an opportunity to see or hear the messages.

Reach should not also be confused with impressions that tally the total number of times the potential audience (including duplications) was exposed to a message within a specific period. This is calculated by multiplying the number of people who potentially received the message (reach) by the number of times (frequency) they potentially were exposed to the message.

### 2.3.2 Output indicators on increased engagement of men and boys in changing social and gender norms

The increased engagement of men and boys in changing social and gender norms can be measured through three indicators assessing changes at different levels: organizational, young men's activism and men's personal attitudes towards marrying uncut girls.

The Men Engage Alliance is an example of a network of men and boys who actively advocate for the elimination of FGM.

#### Female genital mutilation norm change output indicator 1:

##### Extent to which men's and boys' organizations/networks/coalitions actively advocate for the elimination of female genital mutilation

**Definition and purpose:** This indicator measures the degree of involvement of boys and men in eliminating FGM. Changing gender social norms requires their involvement. Organizations, networks and coalitions of men and boys, once members have gone through a personal change process through training and have acquired the necessary skills, can be powerful vehicles to stimulate awareness and new knowledge around FGM, and advocate for elimination.

The Men Engage Alliance is an example of a network of men and boys who actively advocate for the elimination of FGM, including towards stopping medicalization. They use different interventions to address gender inequalities, promote positive masculine norms, and support the health of girls, women, men and children.

**Type of indicator:** Qualitative or quantitative.

**Method of computation or elements of description:** This indicator can be measured through routine programme data or qualitative data collected among men and boys. Routine programme monitoring data would list all men's and boys' organizations, networks and coalitions in the FGM programme area, and would count how many male organizations are involved in activities promoting elimination.

## SECTION 2: FEMALE GENITAL MUTILATION INDICATORS

Men from those organizations could also be gathered in focus group discussions to deliberate the extent to which their organization is part of FGM elimination efforts. Such a method would be useful to gain insights on factors that facilitate and hamper the involvement of men's organizations. This information could help strengthen programmes working with men.

**Data sources:** Programme monitoring data or focus group discussion records.

**Comments and limitations:** This indicator may not only measure the extent to which men's and boys' organizations, networks and coalitions are involved in FGM elimination, but also the existence of such organizations. It does not state the level of involvement or the capacity of such organizations.

### Female genital mutilation norm change output indicator 2:

#### Number of trained male youth leaders/adolescent peers engaged in activities to prevent female genital mutilation

**Definition and purpose:** This indicator measures the degree of involvement of boys and men in eliminating FGM. While FGM is often driven by mothers and grandmothers, their decision-making takes place in patriarchal societies where they are expected to perpetuate the FGM norm to be considered good mothers and grandmothers. Furthermore, evidence shows that fathers are consulted during the decision, and in some places, are less favourable than mothers, partly to protect their daughters from the harmful effects of FGM (ibid.). Finally, in many communities, FGM is seen as necessary for a girl to marry. If boys state that they are ready to marry uncut girls, the motivation for the practice will decrease.

For these reasons, men and boys are key pivotal groups to involve, whether as fathers, male politicians, or community and religious leaders. Once boys and men have gone through a personal change process through training focused on positive masculinity, they can advocate for the elimination of the practice in formal sessions with peers and others, and/or through informal chats.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:** This indicator can be measured through survey or routine programme monitoring data. Routine programme monitoring data would use programme activity records to count how many male youths are involved in activities promoting the elimination of FGM.

A survey among boys and men who have undergone FGM training could also be conducted. They would be asked if they are engaged in activities to prevent FGM, and which types, such as informal chats with peers or formal awareness sessions. Additional questions to measure changes in attitudes and behaviours following the training could also be included.

**Data sources:** Programme monitoring data or survey of men and boys living in the geographical area where the FGM programme is implemented.

**Comments and limitations:** There is a high risk of social desirability bias in the survey results. The young men who are trained may want to "prove" they are active. To address that issue, evidence of engagement should be requested.

- Finally,
- in many
- communities,
- FGM is seen
- as necessary
- for a girl to
- marry.

### Female genital mutilation norm change output indicator 3:

#### Percentage of young men and boys who express readiness to marry uncut girls

**Definition and purpose:** This indicator measures the behavioral intent of young boys. Behavioral intent is a critical intermediate step between *support for* and *actual practice* of a behaviour. This indicator measures to what extent boys are on the pathway to changing attitudes towards FGM.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:**

Numerator: Boys who express readiness to marry uncut girls.

Denominator: All boys of the area of interest.

**Data sources:** Survey among young boys asking if they feel ready to marry uncut girls.

**Comments and limitations:** This indicator is prone to social bias. It reflects the intent of boys and not their behaviour. The analysis of this indicator could be linked to outcome indicator 13, “Number of marriage ceremonies where the groom publicly declared marrying an uncut bride”.

### 2.3.4 Increased engagement of influential community leaders in the elimination of female genital mutilation

Community leaders play a pivotal role in influencing the population, shaping opinions and contributing to defining norms.

#### Female genital mutilation norm change output indicator 1:

#### Proportion of communities where traditional/community leaders publicly denounce female genital mutilation practices

**Definition and purpose:** This indicator measures the proportion of communities where traditional leaders are engaged in the elimination of FGM. It gives an indication of FGM programme coverage and the potential for social diffusion through leaders’ involvement.

Community leaders play a pivotal role in influencing the population, shaping opinions and contributing to defining norms. They should be involved in the change process. The greater the number of public figures who denounce the practice and call for its abandonment, the greater the likelihood that individuals and families will change their belief that others expect them to carry out FGM.

These traditional leaders include (but are not limited to):

- Local elected officials, village chiefs, chairs of local development committees
- Heads of local associations (women’s, youth, sport, development, diaspora)

## SECTION 2: FEMALE GENITAL MUTILATION INDICATORS

**Type of indicator:** Quantitative.

**Method of computation or elements of description:**

Numerator: Number of communities in the programme area where community/traditional leaders have publicly denounced FGM.

Denominator: Total number of communities in the programme area.

**Data sources:** Programme monitoring data.

**Comments and limitations:** The indicator does not state the number and quality of traditional leaders who denounce FGM required for a community to be counted. If only one traditional leader denounces FGM, that would give a very different result than if all or an important number of leaders do.

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### Female genital mutilation norm change output indicator 2:

#### Proportion of communities where religious leaders have made a public statement delinking female genital mutilation from religious requirements

**Definition and purpose:** This indicator measures the engagement of religious leaders in the elimination of FGM. It gives an indication of programme reach in terms of influential community members, and of the potential for social diffusion through religious leaders' involvement. Religious leaders' engagement is pivotal in the fight against FGM, especially in communities where the practice is considered a religious obligation.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:**

Numerator: Number of communities in the programme area where religious leaders have made a public statement delinking FGM from religious requirements.

Denominator: Total number of communities in the programme area.

**Data sources:** Programme monitoring data.

**Comments and limitations:** The quality of religious leaders varies from one country or context to another. The indicator does not express who is a religious leader. Religious leaders could include any person who claims to be an imam, priest, religious marriage counsellor, Koranic school leader, etc. Limitations expressed in the previous indicator also apply.

- The quality
- of religious
- leaders varies
- from one
- country or
- context to
- another.

## 2.4 INDICATORS MEASURING GIRLS' AND WOMEN'S EMPOWERMENT

FGM is an indicator of women's disempowerment and is often linked to other manifestations of gender inequality.

Girls' and women's empowerment indicators measure changes in the degree of control women have over their own lives and environments, and over the lives of those in their care, such as their children. Girls' and women's empowerment interventions aim at strengthening girls' confidence, self-efficacy and aspirations, including to not cut their daughters and sisters and to resist peer pressure.

FGM is an indicator of women's disempowerment and is often linked to other manifestations of gender inequality. Placing FGM in the wider context of societal gender inequality is necessary because root causes, consequences and ways of addressing gender issues are highly integrated (ibid.). Further, FGM elimination and other gender equality programmes can reinforce each other. Wider gender equality progress can create the conditions for FGM eradication, while at the same time, any progress towards eliminating FGM may be amplified and used as a first step to encouraging changes in other gender equality domains.

Targeting the root causes of gender discrimination and changing the norms that control women and their sexuality offers a chance for a broader change of a range of harmful traditional practices including FGM, child marriage, women's lack of economic empowerment and other forms of gender-based violence. **Some successful FGM elimination interventions have shown that the decision to abandon FGM can be a byproduct of larger efforts to improve education and the status of women in a community (ibid.).**

Programmes against FGM do not necessarily have to include direct interventions in girls' education, child marriage or domestic violence, but they should promote women's rights and tackle gender issues holistically, partner with organizations working on other gender issues and consider conducting joint advocacy.

### 2.4.1 Outcome indicators

Most outcome indicators on girls' and women's empowerment are SDG or DHS indicators. They do not require the collection of additional data by the FGM elimination programme. They are important to monitor as they provide a sense of the general socioeconomic status of women and girls.

#### Girls' and women's empowerment outcome indicator 1:

##### Proportion of women aged 20 to 24 years who were married or in a union before age 15 and before age 18 (SDG indicator 5.3.1)

**Definition and purpose:** This indicator is intended to monitor- change and assess- the effectiveness of policy interventions to eliminate child/early marriage. It is limited to younger women in order to measure child marriage that has taken place within the past several years. Child marriage and FGM are related to control over women's and girls' sexuality, and ensuring the virginity of girls before marriage. In some communities that practice FGM, it is seen as a preparation for adulthood and marriage (ibid.). In those communities, it is important to monitor child marriage as both norms are intrinsically linked, and relate to the disempowerment of young girls and women.

## SECTION 2: FEMALE GENITAL MUTILATION INDICATORS

Marriage before the age of 18 is a fundamental violation of human rights and a direct manifestation of gender inequality, rooted in the belief that when a girl reaches puberty, she needs to conform with expected gender roles, i.e., getting married and becoming a mother. Child marriage often compromises a girl's development by resulting in early pregnancy and social isolation, interrupting her schooling, limiting her opportunities for career and vocational advancement, and placing her at increased risk of intimate partner violence.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:**

Numerator: Number of women aged 20-24 years first married or in union before age 15 (or before age 18)

Denominator: Total number of women aged 20 to 24 in the population.

Both formal (i.e., marriages) and informal unions are covered under this indicator. Informal unions are generally defined as those in which a couple lives together (i.e., cohabitation) for some time and intends to have a lasting relationship, but without any formal civil or religious ceremony.

The indicator can be disaggregated by age, income, place of residence, geographic location, education, ethnicity (for some countries).

**Data sources:** DHS and MICS.

**Comments and limitations:** The DHS and MICS surveys have fully harmonized modules to collect information on marital status among women and men of reproductive age (15 to 49 years). Data collected through these surveys allow disaggregation by age to show marital status among those aged 20 to 24.

- The DHS and
- MICS surveys
- have fully
- harmonized
- modules
- to collect
- information on
- marital status
- among women
- and men of
- reproductive
- age (15 to 49
- years).

### Girls' and women's empowerment outcome indicator 2:

#### Percentage of women aged 15 to 49 years who exercise agency in making decisions related to the elimination of female genital mutilation (index)

**Definition and purpose:** This indicator measures women's level of agency in decision-making related to:

- Regularly attending or participating in women's mentorship/empowerment/leadership programmes
- Seeking sexual and reproductive health services
- Publicly speaking about the harmful effects of FGM
- Deciding not to cut their daughter

This index is a direct measure of women's power to contribute to FGM education and elimination since it examines women's participation in three decisions affecting the continuation of the practice. It measures women's confidence, self-efficacy, aspirations

and ability to resist peer pressure. It also measures behavioural intent, which is a critical intermediate step between support for and actual practice of a behaviour.

The higher the index score, the greater the indication of women's agency to contribute meaningfully to FGM education and elimination.

**Type of indicator:** Quantitative or qualitative.

**Method of computation or elements of description:**

Four questions would be asked in a survey of women:

1. Can you make your own decision to participate in a women's mentoring/empowerment/leadership programme without the permission of your husband/partner or any other family member?
2. Can you go to the clinic to seek sexual and reproductive health services without asking your husband/partner?
3. Have you ever publicly spoken about the harmful effects of FGM?
4. Can you decide not to cut your daughter?

The index is calculated by giving a score of 1 when a woman responds yes to a question (and 0 otherwise), and then calculating the sum. The index value will thus range from 0 (has not engaged in any of the three activities) to 4 (participates in all four decisions).

Qualitative methods would provide more nuanced assessments than dichotomous questions. Focus group discussions could explore responses to the four questions by using vignettes asking participants to react to different scenarios.

**Data sources:** Survey or focus group discussion.

**Comments and limitations:** Women's agency can be assessed from different perspectives. The indicator is very context dependent regarding the overall status of women and the socioeconomic environment.

Empowering women and girls through education and economic opportunities has shown great promise in convincing communities to abandon FGM (ibid.)

---

### Girls' and women's empowerment outcome indicator 3:

#### Proportion of girls who become agents of change after completing a girls' empowerment/capacity development package

**Definition and purpose:** This indicator measures the effectiveness of girls' empowerment programmes in social diffusion.

Girls' empowerment/capacity development programmes can be aimed not only at changing girls' personal attitudes towards FGM and strengthening individual aspirations, knowledge, skills and competencies, but also at equipping them to become agents of change and to influence their peers, family and community. Empowering women and girls through education and economic opportunities has shown great promise in convincing communities to abandon FGM (ibid.).

## SECTION 2: FEMALE GENITAL MUTILATION INDICATORS

Capacity development for girls includes in- or out-of-school comprehensive sexuality education and professional development programmes such as girls' clubs that integrate FGM in discussions on life skills, rites of passage, etc.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:**

For girls to be counted as agents of change they will need to demonstrate that:

- They participated in and graduated from a capacity development programme.
- They participate in community initiatives to raise awareness of FGM and encourage behavioural change, including among group of girls.
- They can claim any contribution in changing FGM in their community.

Only girls who meet all the criteria will be counted.

Numerator: Number of girls who have met all criteria.

Denominator: Total number of girls who benefited from a capacity development programme including FGM education.

**Data sources:** Programme monitoring data.

**Comments and limitations:** As girls can benefit differently from capacity development that includes education on FGM, the assessment of girls considered may be very different from one community to another.

- As girls
- can benefit
- differently
- from capacity
- development
- that includes
- education
- on FGM, the
- assessment
- of girls
- considered
- may be very
- different
- from one
- community to
- another.

### 2.4.2 Output indicators

#### Strengthening women's and girls' assets and capabilities to exercise their rights

##### Girls' and women's empowerment output indicator 1:

#### Proportion of communities implementing an out-of-school girls' empowerment package that promotes the elimination of female genital mutilation

**Definition and purpose:** This indicator measures the geographical coverage of girls' empowerment programmes. The greater the coverage, the higher the chances are that the norm will shift.

Empowering women and girls through education and economic opportunities has shown great promise in convincing communities to abandon the practice (ibid.). Girls' empowerment packages (also called girls' education packages) are comprehensive sets of activities aimed at strengthening girls' individual aspirations, knowledge, skills and competencies so that they are empowered to exercise and demand their sexual rights, and become agents of change

in their families and their communities. Educational classes furnish a space where group member norms can be renegotiated. Class participants are expected to share their learning with peers and family members.<sup>32</sup>

By adopting a gender-transformative approach, capacity development packages are an effective entry point to promote gender equality.

Activities aimed at empowering girls can be conducted in schools (see following indicator), but also need to take place out of school to reach girls who are left behind and most at risk.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:**

Numerator: Number of communities implementing an empowerment/capacity development package for girls in the programme area.

Denominator: Total number of communities in the programme area.

**Data sources:** Programme monitoring data.

**Comments and limitations:** The capacity development package is not well defined in terms of what it should include. The completion time for such a programme may vary depending on the topics covered.

The emergence of alternative rites indicates that community mobilization has been effective as it illustrates a change in behaviour among decision-makers, families and girls.

## Girls' and women's empowerment output indicator 2:

### Number of communities that put in place alternative rites of passage for girls

**Definition and purpose:** FGM is often associated with the transition between childhood and womanhood. In order to make abandonment acceptable to communities, some FGM programmes have decided to keep the symbolic function of the practice and develop harmless alternative rites of passage. The emergence of alternative rites indicates that community mobilization has been effective as it illustrates a change in behaviour among decision-makers, families and girls.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:** Simple count of the number of communities that put in place alternative rites of passage for girls

**Data sources:** Programme monitoring data.

**Comments and limitations:** This indicator does not measure if the alternative rites of passage put in place are acceptable to the population and to what extent girls attend them. It would be interesting to complement the indicator with another one asking for the number of girls going through alternative rites of passage, and possibly qualitative focus group discussions to measure community and girls' perceptions on the alternative rites.

32 Examples of programmes are presented in Cislighi and others, 2019.

### Girls' and women's empowerment output indicator 3:

#### Proportion of schools that provide training on gender equality and girls' empowerment tackling female genital mutilation elimination

**Definition and purpose:** This indicator measures the proportion of schools that actively contribute to girl's empowerment and FGM elimination, following the approach outlined in the previous indicator. This can be done through tackling FGM in comprehensive sexuality education classes, or life skills, science or girls' clubs.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:**

Numerator: Number of schools that report tackling FGM.

Denominator: Total number of schools in the FGM programme area.

**Data sources:** Programme monitoring data.

**Comments and limitations:** This indicator is based on school self-reporting. It does not measure the pedagogical approach used nor the number of lessons in the courses, which are critical to ensure effectiveness. Information may become more complete through conducting a more detailed questionnaire and/or focus group discussion with pupils to assess the quality of teaching

### Girls' and women's empowerment output indicator 4:

#### Number of joint activities conducted with women's empowerment organizations

**Definition and purpose:** This indicator measures the efforts of FGM elimination programmes to partner with women's rights organizations including youth-led organizations. To be effective, FGM programmes need to mainstream a gender-transformative approach. This entails promoting social norms change and gender equality through community dialogues, training service providers and empowering girls. But at the same time, FGM programmes need to stay focused and strategic. Building partnerships with women's empowerment organizations can help avoid the dilution of FGM programme objectives. Collaboration could involve conducting joint community-based activities encouraging the interrogation of prevalent gender norms, advocacy or girls' empowerment activities, among other options.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:** Number of activities conducted with women's rights' and feminist organizations.

**Data sources:** Programme monitoring data.

**Comments and limitations:** This indicator may not only measure the extent to which women's empowerment, women's rights' and feminist organizations are involved in efforts

- Building
- partnerships
- with women's
- empowerment
- organizations
- can help avoid
- the dilution
- of FGM
- programme
- objectives.

to eliminate FGM, but also the existence of such organizations. It does not state the level of involvement or the capacity of such organizations.

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## Girls' and women's empowerment output indicator 5:

### Number of girls who have graduated from a capacity development package that promotes gender-equitable norms, including the elimination of female genital mutilation and associated attitudes and behaviours, and in relation to women's and girls' sexuality and reproduction

**Definition and purpose:** The Joint Programme supports the strengthening of girls' competencies, in or out of school, through comprehensive sexuality education and professional development programmes in girls' clubs. This helps integrate FGM elimination in life skills, and equips girls as change agents in their families and communities.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:** Simple count of the number of girls who completed a capacity development programme integrating skills related to eliminating FGM.

**Data sources:** Programme monitoring data.

**Comments and limitations:** Capacity development including education on FGM may be very different from one community to another. It should be clearly clarified in the indicator definition the content of the capacity development package and its duration.

Vulnerable and marginalized groups include those population with low realization of basic human rights such as to education, health, adequate nutrition, sanitary conditions, housing and economic infrastructure.

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## Girls' and women's empowerment output indicator 6:

### The extent to which female genital mutilation interventions include those left behind (vulnerable and marginalized) where female genital mutilation is prevalent (equity)

**Definition and purpose:** This indicator is among the "value for money" indicators. It is intended to assess **equity** by ensuring the inclusion of vulnerable and marginalized groups, and compliance with the **leaving no one behind** principle. Vulnerable and marginalized groups include those population with low realization of basic human rights such as to education, health, adequate nutrition, sanitary conditions, housing and economic infrastructure. These populations also live in areas with high prevalence of FGM and higher number of girls at risk.

**Type of indicator:** Qualitative.

**Method of computation or elements of description:** Depending on the availability of data, the FGM programme will define criteria for identifying vulnerable groups. Criteria for selecting the programme intervention area could include the number of girls at risk of FGM, poverty indicators, literacy rate, access to basic social infrastructure, etc.

**Data sources:** Programme monitoring data.

**Comments and limitations:** Comparability among countries should take into consideration the status of education, health, nutrition, sanitation, housing and economic infrastructure. The unavailability of disaggregated data at community levels in some countries is a limitation to ensuring the inclusion of vulnerable and marginalized groups, such as people with disabilities.

## 2.5 INDICATORS ASSESSING SERVICES FOR FEMALE GENITAL MUTILATION PREVENTION, PROTECTION AND CARE

The indicators presented here capture access to services by measuring factors enabling demand for and provision of quality services.

### 2.5.1 Outcome indicators to measure if services are appropriate, high quality and systemic

#### Services for female genital mutilation outcome indicator 1:

##### Proportion of girls and women who have received health services related to female genital mutilation during an antenatal care visit and delivery

**Definition and purpose:** This indicator measures to what extent FGM prevention and care are mainstreamed in health services. For this indicator, **health services** include **prevention**, such as counselling on risks related to FGM during antenatal care and delivery, and **care**, involving medical treatment for complications related to FGM.

In most countries, an increasing percentage of women attend a first antenatal care visit and deliver in health facilities. These are key moments to provide prevention and care services, and to target any sexual and reproductive health and rights issues such as harmful practices, including FGM.

Women who have undergone the practice present with unique physical and emotional issues. The health consequences of FGM range from immediate complications (such as haemorrhage, severe pain, shock, death, infection and urination problems) to long-term obstetric consequences (including caesarean, post-partum haemorrhage, stillbirths and other complications in child birth), sexual functioning risks (including pain, reduced sexual desire, anorgasmia), post-traumatic stress disorder and other long-term mental health problems, as well as chronic urinary tract and reproductive infections. The severity of the health consequences is often linked to the type of FGM (I, II, III or IV) and the conditions under which it was practised.

Services to respond to those physical and emotional issues and treat complications related to FGM need to be provided by health facilities to women who come for the first antenatal care visit. Such services could include medical treatment for complications related to FGM as well

- In most
- countries, an
- increasing
- percentage
- of women
- attend a first
- antenatal
- care visit
- and deliver
- in health
- facilities.

Specific counselling should be given to mothers who deliver a baby girl, including, for example, by providing a gift package to the baby.

as deinfibulation, mental health care, sexual health care (including sexual counselling), and information, education and communication interventions on FGM and women's health.<sup>33</sup>

Prevention services must be offered to stop the cutting of the next generation of girls, including through counselling new mothers on the dangers of FGM during ante- and postnatal consultations, as well as information sessions on sexual and reproductive health.

Specific counselling should be given to mothers who deliver a baby girl, including, for example, by providing a gift package to the baby.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:** The first step is to map the health services in the programme area and assess those that provide comprehensive antenatal care to pregnant women. Based on this mapping exercise, calculate the percentages of women, both those who had their first antenatal care visit and those who delivered in a facility, who benefited from information on FGM provided by one of the facilities. It is recommended to disaggregate this indicator by type of service received (prevention and treatment, with subcategories on different types of treatment).

Another method to record this indicator would be to put in place a community surveillance system where community facilitators conduct surveys. They visit families to record FGM services received. Such systems enable the tracking over time of the number of girls and women who have been sensitized.

A client exit interview at health facilities could also be conducted to assess who received, as part of antenatal care or after delivery, prevention and/or care services related to FGM.

**Data sources:** If data quality allows and the health information management system records FGM, medical facility client records are the best source. Other data sources include client exit surveys.

**Comments and limitations:** This indicator only records access to services, and not their quality or women's satisfaction. The focus on the first antenatal care visit is to avoid multiple counting of women and girls.

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## Services for female genital mutilation outcome indicator 2:

### Proportion of women who receive counselling on female genital mutilation during immunization of a child

**Definition and purpose:** This indicator measures the level of mainstreaming of FGM prevention within health services, as another key opportunity for women to receive counselling is when they bring a child for immunization. The percentage of children receiving immunizations is usually high. This counselling constitutes a follow-up to counselling during the first antenatal care visit and the delivery, and reinforces the messages.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:** The first step is to map the health services in the programme area. Based on this mapping exercise, take the number of children

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<sup>33</sup> For more recommendations, see WHO, 2016.

## SECTION 2: FEMALE GENITAL MUTILATION INDICATORS

who received immunizations, and calculate the percentage of visits where the accompanying woman received counselling services related to FGM from one of the health facilities.

Another method would be to conduct a household survey in the community that could capture FGM services received by women during the immunization of children at health facilities.

**Data sources:** If data quality allows and the health information management system records the provision of FGM counselling to the accompanying mother, medical facility client records are the best source. Otherwise, surveys and interviews of clients could be conducted. Other data sources include client exit surveys.

**Comments and limitations:** FGM is not always integrated in health information management system records. In addition, not many health providers are trained on FGM. While the indicator is not explicit about the quality of services received, it is recommended to include specific mention of this issue, if possible.

### Services for female genital mutilation outcome indicator 3:

#### Number of girls and women who have received social services related to female genital mutilation

**Definition and purpose:** This indicator measures social service use. Ideally, social development/welfare governmental and non-governmental organizations should offer FGM prevention and response services. Young girls at risk may need support to avoid the practice, such as through access to relevant information, empowerment programmes or economic development opportunities. Girls at risk may also need to escape a household to avoid FGM. Girls who have undergone FGM may be in need of psychosocial counselling, within support groups or from a social worker, or a referral to legal aid services, etc.

For the purpose of this indicator, social services include:

1. Support to at-risk children and their families (e.g., temporary rescue shelter, helpline services, crisis information, rescue mission)
2. Psychosocial support
3. Parenting programme (home visits where girls at risk live)
4. Rehabilitative and reintegration services
5. Assessments and referrals

Government or non-governmental institutions may provide these services. In general, government social services are not well developed in countries where FGM is widely performed.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:** The first step is to map the government and non-governmental organizations in the programme area that are providing social services as described above. Based on this mapping, count the number of girls and women who have benefited from these services. It is recommended to disaggregate this indicator by type of service received.

**Data sources:** Government social development and/or NGO reports.

**Comments and limitations:** Generating a comprehensive list of organizations may be difficult, and some organizations may be missed, depending on the methods used. While

- Generating
- a comprehensive
- list of
- organizations
- may be difficult,
- and some
- organizations
- may be missed,
- depending on
- the methods
- used.

the indicator does not make explicit reference to the quality of services received, it is recommended to include specific mention of this issue, if possible.

## Services for female genital mutilation outcome indicator 4:

### Number of girls and women who have received legal services related to female genital mutilation

**Definition and purpose:** This indicator measures legal service use. The main legal services include:

- Provision of free or low-cost legal counselling
- Access to police and reporting mechanisms
- Investigation and evidence-gathering
- Court accompaniment involving trained advocates
- Support through the monitoring of court cases and judicial processes
- Support to access reparations

If they are empowered or assisted by organizations providing legal services, women and girls can use the law to prevent FGM by influencing their family and/or other gatekeepers. If a woman is married, has children and is willing to leave her home, legal advice should also be provided in relation to divorce, child custody and protection.

Girls at risk who may want to use the law to protect themselves by influencing their family, or girls living with FGM who want to prosecute the perpetrators, need strong support from legal civil society organizations.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:** The first step is to map the government and non-governmental organizations in the programme area that are providing FGM-related legal services (including national and international NGOs and faith-based organizations). Based on this mapping, count the number of girls and women who have benefited from these services. It is recommended to disaggregate this indicator by the type of service provided.

**Data sources:** Government social development and/or NGO reports.

**Comments and limitations:** Robust legislation, following global human rights standards and recommendations, and providing comprehensive protection needs to be in place.

Girls at risk who may want to use the law to protect themselves by influencing their family, or girls living with FGM who want to prosecute the perpetrators, need strong support from legal civil society organizations. They may face resistance not only from their family, but also from traditional authorities and at times the local judiciary, who may want to turn a blind eye to such cases because of the surrounding cultural pressure.

While the indicator does not make explicit reference to the quality of services received, it is recommended to include specific mention of this issue, if possible.

The indicator “Enabling environment output indicator 3: Number of law enforcement staff (police officers and judges) who have increased their knowledge and capacities to implement legislation on female genital mutilation” should complement this indicator.

Contextual factors such as the extent to which the justice system is able to tackle widespread impunity of perpetrators and consequently build the trust of women to use the system to protect themselves and report their cases should be taken into consideration.

## 2.5.2 Output indicators

### Indicators related to the availability and quality of services

#### Services for female genital mutilation output indicator 1:

##### Proportion of health service delivery points in female genital mutilation programme intervention areas that provide female genital mutilation-related services to girls and women

**Definition and purpose:** This indicator measures the coverage of health facilities providing medical services and referrals for women and girls with FGM complications as well as prevention services.

Women who have undergone the practice present with unique physical and emotional issues. The health consequences of FGM range from immediate complications (such as haemorrhage, severe pain, shock, death, infection and urination problems) to long-term obstetric consequences (including caesarean, post-partum haemorrhage, stillbirths and other complications in child birth), sexual functioning risks (including pain, reduced sexual desire, anorgasmia), post-traumatic stress disorder and other long-term mental health problems, as well as chronic urinary tract and reproductive infections.

A health service delivery point refers to any formal public or private structure (including those run by NGOs) providing medical services, including hospitals, clinics and health centres.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:**

**Numerator:** Number of health facilities in FGM programme area that provide FGM-related medical and preventative services to women and girls.

**Denominator:** Total number of health facilities in FGM programme area-

**Data sources:** If data quality allows and the health management information system records FGM, medical facility client records are the best source. Otherwise, surveys and interviews with primary-care site staff could be conducted.

**Comments and limitations:** While the indicator measures the coverage of health services for women and girls with FGM complications, it does not evaluate the quality and outcomes of the services. Lack of accuracy and quality control in record-keeping can affect the validity of this indicator.

- A health
- service
- delivery point
- refers to any
- formal public
- or private
- structure
- (including
- those run
- by NGOs)
- providing
- medical
- services,
- including
- hospitals,
- clinics and
- health centres.

To ensure that services provided are of sufficient quality, health professionals must follow guidelines for the management and prevention of FGM, based on global standards set by the WHO (2016).

## Services for female genital mutilation output indicator 2:

### Proportion of health service delivery points in female genital mutilation programme intervention areas where health care staff apply guidelines for the management and prevention of female genital mutilation

**Definition and purpose:** This indicator can be considered a proxy for measuring the quality of services offered to women. To ensure that services provided are of sufficient quality, health professionals must follow guidelines for the management and prevention of FGM, based on global standards set by the WHO (2016).

**Type of indicator:** Quantitative.

#### Method of computation or elements of description:

**Numerator:** Number of health facilities in intervention zones of the FGM programme where health-care staff apply FGM case management protocols.

**Denominator:** Total number of health service delivery points in FGM programme intervention zones that could potentially provide services related to FGM.

**Data sources:** Survey of medical facilities located in the programme area to assess if guidelines are applied.

**Comments and limitations:** If a facility is committed to applying the guidelines but no trained staff is available, then this indicator will just measure the degree of awareness and commitment of the facility, but not the implementation of the guidelines.

Including an analysis of women's satisfaction with the quality of services received would enable partial triangulation of the data collected.

A complementary indicator could be the number of audits conducted at the facility level to monitor the implementation of the WHO's "Guidelines on the management of health complications from female genital mutilation", using indicators in the guidelines that are relevant to the context.

## Services for female genital mutilation output indicator 3:

### Proportion of health service delivery points in female genital mutilation programme intervention areas where at least one health-care staff member is trained on female genital mutilation prevention, protection and care services

**Definition and purpose:** This indicator complements the previous one and ensures that at least one staff is equipped to apply the guidelines and provide the necessary prevention and care services to women and girls.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:**

Numerator: Number of health facilities in the intervention areas of the joint programme where at least one member of the health staff is trained in counselling services, treatment of sequelae of FGM, and referrals to social and legal services.

Denominator: Total number of health facilities in intervention zones of the joint programme that could potentially provide services related to FGM.

**Data sources:** Survey of health facilities.

**Comments and limitations:** This indicator does not indicate the number of staff exactly, hence does not give any indication if FGM-related services are available at all times. If only one staff person is trained, the service will not be offered if the staff person is not on duty.

**Services for female genital mutilation output indicator 4:****Proportion of organizations (government/non-governmental organizations/private sector) in female genital mutilation programme intervention areas that provide legal services to girls and women**

**Definition and purpose:** This indicator measures the availability of legal services related to FGM.

The main legal services include provision of free or low-cost legal counselling, access to police and reporting mechanisms, investigation and evidence gathering, court accompaniment involving trained advocates, support through monitoring court cases and judicial processes, and support to access reparations.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:**

Numerator: Number of organizations (government, NGO, private sector) in the FGM programme area that provide FGM-related legal services to women and girls.

Denominator: Number of organizations (government, NGO, private sector) in the FGM programme area that could potentially provide FGM-related legal services to women and girls.

Map the government and non-governmental organizations providing legal services in the programme area (including national and international NGOs and faith-based organizations) and FGM organizations. Based on this mapping, count the number of those providing legal services.

It is recommended to disaggregate this indicator by type of legal service provided.

**Data sources:** Government social development and/or civil society reports.

**Comments and limitations:** In countries without legislation banning FGM, there will be no legal services.

- The main legal
- services include
- provision of free
- or low-cost legal
- counselling,
- access to police
- and reporting
- mechanisms,
- investigation
- and evidence
- gathering, court
- accompaniment
- involving trained
- advocates,
- support through
- monitoring
- court cases
- and judicial
- processes,
- and support
- to access
- reparations.

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## Services for female genital mutilation output indicator 5:

### Number of governmental and non-governmental social programmes directed at women that mainstream female genital mutilation prevention (Income-Generating Activities, Literacy, Shelters, Youth Sexual and Reproductive Health programmes)

**Definition and purpose:** This indicator measures the contribution of social and sexual and reproductive health programmes conducted by the government and NGOs to eliminating FGM. Ideally, social development/welfare government and non-governmental organizations should offer FGM prevention and response services. It is recommended to systematically tackle FGM within:

- Programmes targeting young women to empower them (through income-generating activities, training or literacy), and provide information or counselling services
- Programmes providing safe spaces or shelters for young women at risk of FGM
- Programmes promoting sexual and reproductive health and rights among youth in general.

**Type of indicator:** Quantitative.

#### Method of computation or elements of description:

The first step is to map programmes targeting young women and girls in the programme area. These include programmes on sexual and reproductive health and rights for adolescents and youth, income-generation activities, literacy programmes and shelters. Based on this mapping exercise, record how many programmes include FGM prevention or response services.

A checklist can be developed to assess if the main aspects of prevention and response to FGM are addressed.

**Data sources:** Programmes activity report or interviews with programme managers.

**Comments and limitations:** The indicator only counts the number of programmes that make any contribution to FGM. It does not assess the extent to which FGM is mainstreamed in these or what issues are targeted.

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## Services for female genital mutilation output indicator 6:

### Proportion of medical and paramedical schools that have mainstreamed female genital mutilation into their curricula

**Definition and purpose:** This indicator measures to what extent medical schools help to ensure the delivery of quality FGM services in health facilities.

Health services staff need to have the skills and competencies to provide medical care and counselling to girls and women living with FGM as well to prevent new cases. They also need to be made aware of the illegality of FGM medicalization. For this reason, medical schools

Health services staff need to have the skills and competencies to provide medical care and counselling to girls and women living with FGM as well to prevent new cases.

need to train professionals, based on national guidelines or the WHO guidelines on the management of health complications from female genital mutilation.

FGM must be mainstreamed into the curricula of medical, nursing and midwifery schools as well as relevant paramedical schools. This means tackling the topic within all related subjects.

The importance of training is not only to strengthen the quality of services offered but also to increase demand from women, by responding to their needs with the necessary “informed consent and confidentiality”<sup>34</sup>. The WHO guidelines note that “available qualitative evidence shows that the lack of knowledge among health workers regarding deinfibulation is not only an important reason why providers may avoid performing deinfibulation, even in contexts in which it has been requested, but it also affects women who describe the providers’ inexperience as a significant source of fear. The GDG therefore noted that adequate health-care provider training is a crucial and urgently needed” (WHO, 2016).

**Type of indicator:** Quantitative.

**Method of computation or elements of description:** List all medical and paramedical schools in the country or the ones closest to the intervention area, and count how many mainstream FGM.

**Data sources:** Ministry of health.

**Comments and limitations:** The indicator counts medical and paramedical schools that have included FGM modules in their curricula. It does not assess if these modules are effectively provided to learners.

### Indicator related to the existence of a cadre of advocates among FGM health service providers

#### Services for female genital mutilation output indicator 7:

#### Number of doctors and midwives who sign up to become members and support the cause of the Doctors and Midwives against Female Genital Mutilation initiative.

**Definition and purpose:** This indicator measures efforts to eliminate the medicalization of FGM. Medicalization (UNFPA, UNICEF and WHO, 2018) refers to situations in which FGM is practiced by any category of health-care provider, whether in a public or a private clinic, at home or elsewhere. It includes the procedure of reinfibulation at any point in time in a woman’s life.

Doctors and Midwives against Female Genital Mutilation is an initiative that condemns the medicalization of FGM. There are eight countries with representative data on FGM practitioners in which health-care providers perform FGM on more than 1 in 10 girls who undergo the practice: Djibouti, Egypt, Guinea, Indonesia, Iraq, Kenya, Nigeria, Sudan and Yemen. In these countries, 4.5 million girls have undergone FGM at the hands of a health-care provider (UNFPA, UNICEF and WHO, 2018). It is thus necessary that health professionals publicly support elimination.

- FGM must be
- mainstreamed
- into the
- curricula
- of medical,
- nursing and
- midwifery
- schools
- as well as
- relevant
- paramedical
- schools.

<sup>34</sup> All essential services must be delivered in a way that protects the woman or girl’s privacy, guarantees her confidentiality, and discloses information only with her informed consent, to the extent possible.

**Type of indicator:** Quantitative.

**Method of computation or elements of description:** The indicator is a simple count of the number of doctors and midwives who sign up to be members of Doctors and Midwives against Female Genital Mutilation and support the cause.

**Data sources:** Membership list of Doctors and Midwives against Female Genital Mutilation.

**Comments and limitations:** In addition to counting the doctors and midwives who sign up to become members of Doctors and Midwives against Female Genital Mutilation, a mechanism is needed to ensure that members in practice comply with their support for the initiative.

## 2.6 INDICATORS ON EVIDENCE AND DATA FOR POLICYMAKING

There is often a gap between the existing evidence and the policymaking sphere.

The 2016 Human Rights Council resolution recognizing FGM as an act of violence against women and girls emphasized the need for States to “systematize, as appropriate, collection of data on female genital mutilation, to encourage and provide financial support for research, particularly at the university level, to use the results to strengthen public” information and awareness-raising activities, and to effectively measure progress in eliminating female genital mutilation”.<sup>35</sup>

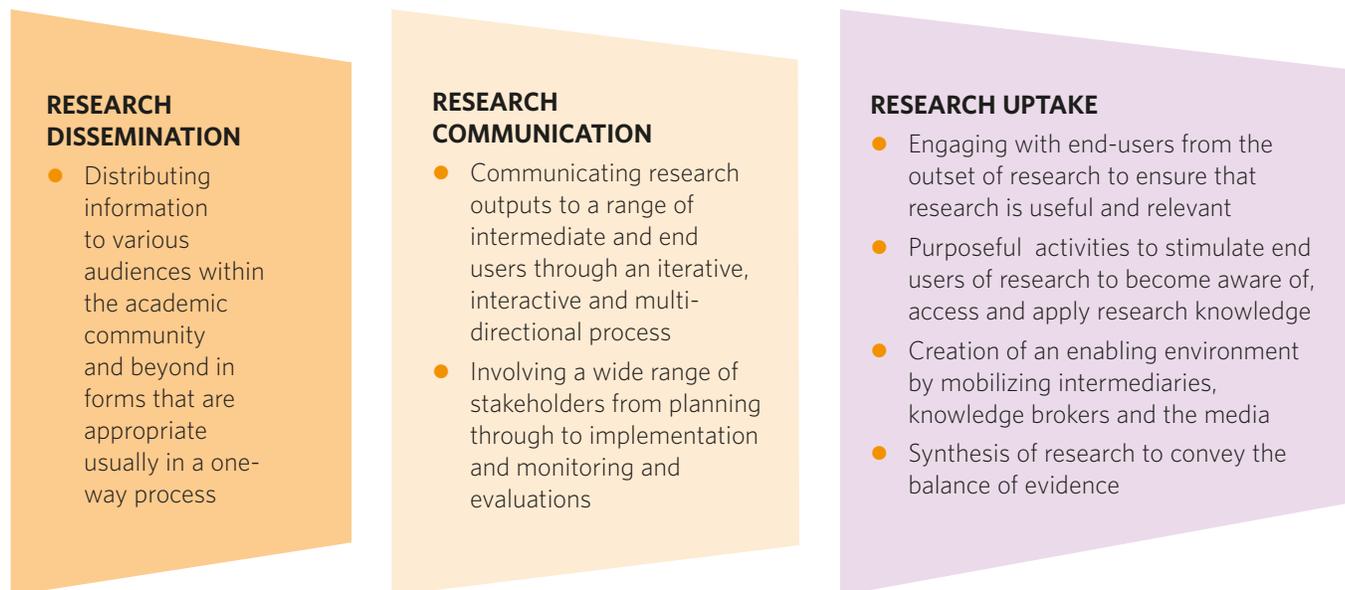
There is often a gap between the existing evidence and the policymaking sphere. To close this gap requires research that grounds laws, policies and strategies in robust evidence. Monitoring is also critical. Research uptake can be defined as a set of activities that facilitate and contribute to the use of research evidence by policymakers and practitioners (DFID, 2016). The process is different from the one aiming at dissemination or communication of research and evidence, as it engages end-users from the onset, pays special attention to the way research findings are presented, and purposefully identifies entry points and key knowledge brokers who will facilitate translation of research findings into action.

Different types of evidence can be used. The Joint Programme’s *Evidence to End FGM: Research to Help Girls and Women Thrive* proposes a database of FGM interventions and research studies.<sup>36</sup> UNICEF also has a dedicated database on FGM. Various research uptake manuals and tools can be consulted to guide efforts to translate evidence and data into action.<sup>37</sup>

35 See: [http://www.un.org/ga/search/view\\_doc.asp?symbol=A/HRC/32/L.31/Rev.1](http://www.un.org/ga/search/view_doc.asp?symbol=A/HRC/32/L.31/Rev.1).

36 See: <http://www.evidencetoendfgmc.org/index.php/about>.

37 See: <https://data.unicef.org/topic/child-protection/female-genital-mutilation/>.

**Figure 3: The evolution of research uptake**

Source: DFID, 2016.

The indicators in this section seek to track the degree to which evidence, including the analysis of data produced by a programme on FGM elimination or by other research organizations, is being appropriated by relevant policymakers and technical implementers. The indicators measure efforts to close the gap between evidence and practice by generating good-quality evidence, facilitating research uptake by engaging with stakeholders and delivering evidence in an understandable way (publications, online, media, events).

## 2.6.1 Outcome indicators

### Evidence and data for policymaking outcome indicator 1:

#### Extent to which the development of policy, programme documents and guidelines is based on up-to-date evidence.

**Definition and purpose:** To increase the relevance, effectiveness and efficiency of interventions, it is necessary to solidly anchor FGM guiding documents in the latest evidence and data. Different types of evidence can be used: (1) analysis of primary quantitative data on service availability, quality and use, (2) analysis from survey data (such as MICS and DHS), and (3) demographic projections such as the number of girls at risk of FGM. Other types of evidence come from quantitative, qualitative or mixed-method research on FGM, including operational research, programme evaluations or any other study focused on the issue.

When using evidence, it is important to consider its strength (DFID, 2016) and assess the rigor of the methodology. Peer-reviewed articles published in journals usually provide the strongest evidence.

- When using evidence, it is important to consider its strength (DFID, 2016) and assess the rigor of the methodology.

**Type of indicator:** Qualitative.

**Method of computation or elements of description:** Analysis of all FGM-related documents developed by government organizations to assess if goals, strategies, M&E and budgets are based on strong, up-to-date evidence. National evidence shall be considered a priority, but in the absence of this, international evidence should be considered.

Comments on any attributed value can provide additional information on the quality of evidence as well as how the evidence was used.

The latest evidence can be obtained on FGM research and programme websites.<sup>38</sup>

A checklist can be used to assess the indicator values, which could be from weak to strong evidence-based. Comments on any attributed value can provide additional information on the quality of evidence as well as how the evidence was used.

**Data sources:** FGM national policy, programmes and guidelines.

**Comments and limitations:** This indicator is not easy to measure, but a good indication that evidence and data produced are used in guiding documents.

Stronger indicators would measure how evidence has influenced key policy stakeholders. This could entail, for example, conducting surveys or collecting stories of change with influential stakeholders to assess how new evidence produced by a programme contributed to national debates and/or influenced a change in policy or practice, or changes in conceptual understanding, behaviours or attitudes.

Other methodologies that can be used are the timeline mapping of changes in policy, research activities and changes in behaviour of key stakeholders (the RAPID outcome assessment).<sup>39</sup>

## 2.6.2 Output indicators

**Increased generation of evidence for social norms change and programme improvement.**

### Evidence and data for policymaking output indicator 1:

**Number of peer-reviewed research products, studies, in-depth analyses and/or evaluations that fill key knowledge gaps conducted and available on open-access platforms**

**Definition and purpose:** This indicator assesses the production of data and evidence. Programmes on the elimination of FGM, regardless of their size and scope, produce raw data and evidence (data analyzed). At a minimum, this involves M&E data, but also possibly formative research, original pieces of research to fill identified evidence gaps (whether

<sup>38</sup> Such as: UNFPA and UNICEF, 2014; Tostan (website: <https://www.tostan.org/areas-of-impact/cross-cutting-gender-social-norms/female-genital-cutting/>); WHO (website: <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>); and Population Council, 2016.

<sup>39</sup> See: [https://www.betterevaluation.org/en/evaluation-options/rapid\\_outcome\\_assessment](https://www.betterevaluation.org/en/evaluation-options/rapid_outcome_assessment).

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analysis of primary quantitative data or qualitative data analysis), and practice-based knowledge papers (derived from analysis of practices).

**Type of indicator:** Quantitative.

**Method of computation or elements of description:** Number of research projects, studies, in-depth analyses and evaluation research studies conducted by the FGM programme.

To be counted, the papers have to:

- Be of sufficient quality – i.e., peer reviewed at best externally by peers who are not part of the FGM programme, or internally by colleagues with the FGM programme
- Intend to fill an identified knowledge gap
- Be available on an open-access website

**Data sources:** Peer reviewed journals, organization website searches with relevant keywords.

**Comments and limitations:** What matters most is not the number of research studies published but their quality and usefulness. To go further, quality and usefulness could be assessed by a survey with stakeholders. Towards measuring interest in the evidence produced, additional data that can be collected might include the number of downloads and in the media.

- What matters
- most is not
- the number
- of research
- studies
- published
- but their
- quality and
- usefulness.

### Evidence and data for policymaking output indicator 2:

#### Number of events where evidence produced by the female genital mutilation programme was presented to relevant policymakers and programme implementers

**Definition and purpose:** This indicator goes one step further than the previous one, as face-to-face engagements with policymakers and programme implementers are more likely to encourage uptake of the research than downloads by unknown users. The FGM programme or other relevant government and non-government organizations may organize events that include a launch, seminar, workshop and technical meetings. They can be face-to-face or virtual. The source of the evidence could be evaluations, formative research, or any other quantitative or qualitative study conducted by the programme.

**Type of indicator:** Quantitative

**Method of computation or elements of description:** The indicator can be reported as a simple count of the number of physical or virtual events (launch, seminar, workshop, technical meetings)

**Data sources:** Event report.

**Comments and limitations:** Even though the indicator shows the accessibility of available evidence on FGM, reporting only the number of events does not tell to what extent the evidence is relevant to policymakers' needs and how it could be useful.

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## Evidence and data for policymaking output indicator 3:

### Number of policy briefs on female genital mutilation issues produced

**Definition and purpose:** To increase the likelihood that evidence will be used in policy and programme development, it needs to be translated into a language and format easily understandable by policymakers.

Policy briefs are short, visually attractive summaries analyzing the evidence for policy purposes (two to four pages). They set out a problem and solution, and contain policy recommendations or implications for their main audiences (ibid.).

**Type of indicator:** Quantitative.

**Method of computation or elements of description:** Count of policy briefs published.

**Data sources:** Policy briefs produced.

**Comments and limitations:** What matters most is not the number of briefs published but their quality and usefulness, which could be assessed by a survey with stakeholders.

# A NOTE ON TERMINOLOGY

## Why are there different terms to describe FGM, such as female genital cutting and female circumcision?

The terminology used for this procedure has gone through various changes.

When the practice first came to international attention, it was generally referred to as “female circumcision” (In Eastern and Northern Africa, this term is often used to describe female genital mutilation type I). However, the term “female circumcision” has been criticized for drawing a parallel with male circumcision and creating confusion between the two distinct practices. Adding to the confusion is the fact that health experts in many East and Southern African countries encourage male circumcision to reduce HIV transmission; **female genital mutilation**, on the other hand, can increase the [risk of HIV transmission](#).

It is also sometimes argued that the term obscures the serious physical and psychological effects of genital cutting on women. UNFPA does not encourage use of the term “female circumcision” because the health implications of male and female circumcision are very different.

The term “female genital mutilation” is used by a wide range of women’s health and human rights organizations. It establishes a clear distinction from male circumcision. Use of the word “mutilation” also emphasizes the gravity of the act and reinforces that the practice is a violation of women’s and girls’ basic human rights. This expression gained support in the late 1970s, and since 1994, it has been used in several United Nations conference documents and has served as a policy and advocacy tool. In [Resolution 65/170](#), Member States clearly stated that female genital mutilation should be used to refer to this harmful practice.

In the late 1990s, the term “female genital cutting” was introduced, partly in response to dissatisfaction with the term “female genital mutilation”. There is concern that communities could find the term “mutilation” demeaning, or that it could imply that parents or practitioners perform this procedure maliciously. Some fear the term “female genital mutilation” could alienate practicing communities, or even cause a backlash, possibly increasing the number of girls subjected to the practice.

Some organizations embrace both terms, referring to “female genital mutilation/cutting” or female genital mutilation.

## WHAT TERMINOLOGY DOES UNFPA USE?

UNFPA embraces a human rights perspective on the issue, and the term “female genital mutilation” more accurately describes the practice from a human rights viewpoint.

Today, a greater number of countries have outlawed the practice, and an increasing number of communities have committed to abandon it, indicating that the social and cultural perceptions of the practice are being challenged by communities themselves, along with national, regional and international decision-makers. Therefore, it is time to accelerate the momentum towards full abandonment of the practice by emphasizing the human-rights aspect of the issue.

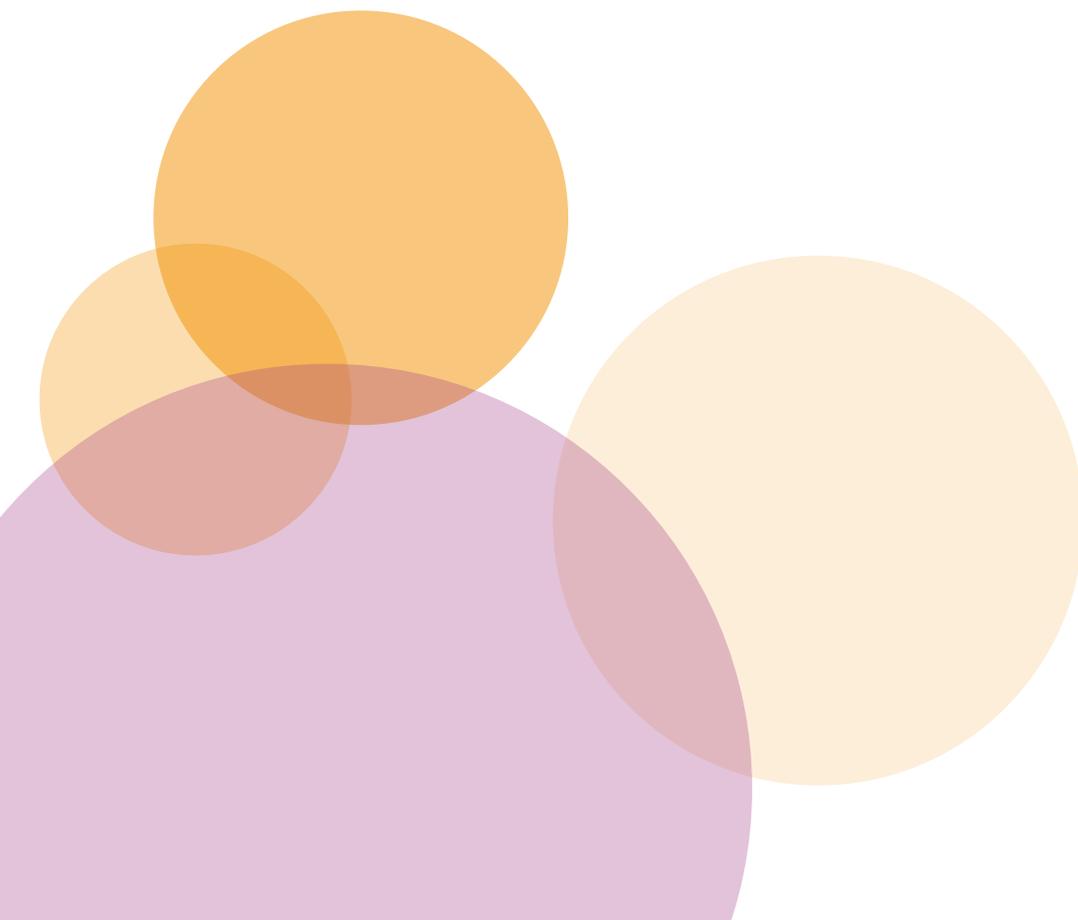
Additionally, the term “female genital mutilation (FGM)” is used in a number of United Nations and intergovernmental documents. One recent document is the 2016 Secretary-General's Report ([A/71/209](#)) on intensifying global efforts for the elimination of female genital mutilations.

Other documents using the term “female genital mutilation” include:

Report of the Secretary-General on Ending Female Genital Mutilation, [Communication from the Commission to the European Parliament and the Council: Towards the elimination of female genital mutilation](#),

[Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa](#); [Beijing Declaration and Platform for Action](#); and [Eliminating female genital mutilation: An interagency statement](#).

Each year, on 6 February, the United Nations observes the [International Day of Zero Tolerance for Female Genital Mutilation](#).



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