



CUSTOM INDICATORS

ENDING FEMALE GENITAL MUTILATION/CUTTING

This document, to be used alongside the Female Genital Mutilation/Cutting (FGM/C) Theory of Change, FGM/C Learning Agenda, and FGM/C Implementation Plan, introduces a set of custom indicators that United States Agency for International Development (USAID) and implementing partners can use to assess progress toward FGM/C results. These custom indicators are intended for use in combination with USAID standard indicators related to gender equality to assess progress toward FGM/C results across the socioecological framework. Teams should select the set of indicators that will best capture whether intended changes are occurring.

STANDARD INDICATORS

Many of the results USAID aims to achieve through FGM/C prevention and response programming can be measured through actions and shifts in broader gender equality outcomes. For that reason, the following standard indicators for gender equality, women's empowerment, and gender-based violence (GBV) can be used to assess progress toward intended results for FGM/C:

- Number of legal instruments drafted, proposed, or adopted with U.S. Government (USG) assistance designed to promote gender equality or nondiscrimination against women or girls at the national or subnational level (GNDR-1)
- Proportion of female participants in USG-assisted programs designed to increase access to productive economic resources (GNDR-2)
- Percentage of participants reporting increased agreement with the concept that males and females should have equal access to social, economic, and political resources and opportunities (GNDR-4)
- Number of legal instruments drafted, proposed, or adopted with USG assistance designed to improve prevention of or response to sexual and GBV at the national or subnational level (GNDR-5)
- Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psychosocial counseling, shelters, hotlines) (GNDR-6)
- Percentage of organizations receiving USAID support for FGM/C-related work that demonstrate improved performance (adapted from CBLD-9)

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

CUSTOM INDICATORS FOR FGM/C

FGM/C PREVALENCE INDICATORS

The following are internationally agreed-upon indicators to capture the national prevalence of FGM/C in a country or region. These data are collected and made publicly available for a subset of USAID countries via the Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), or national censuses. Data are currently collected in only 31 of the more than 90 countries where FGM/C is practiced. These data are representative at the national level, which can identify countries where FGM/C is practiced but can also be misleading because FGM/C is often disproportionately concentrated at the community level. Subnational-level data are insufficiently captured.

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

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

INDICATORS OF PROGRAMMATIC SUCCESS

Depending on the type of intervention supported, a number of relevant metrics of progress can be gathered from surveys of individuals in the target catchment area and population, reviews of administrative data and legislation, reports of implementing partners, and monitoring reports, particularly when captured at appropriate time points. The following indicators can help to demonstrate progress from the individual, household, community, and institutional levels, as appropriate:

- Percentage of girls who have life goals beyond roles of mother, wife, and homemaker, disaggregated by age, FGM/C, and marital status
- Percentage of parents who envision roles and trajectories for their daughters beyond those of mother, wife, and homemaker, disaggregated by sex, age of parent, and mother's FGM/C status
- Percentage of parents who have not or will not have their daughters cut
- Percentage of parents who support their daughter's decision not to be cut
- Percentage of unmarried girls/boys who are confident in their ability to not succumb to requirements or social pressure for FGM/C
- Percentage of adolescent girls who report having a say in important decisions (i.e., regarding schooling, marriage, FGM/C, finances, sex, pregnancy, childbearing), disaggregated by age and marital status
- Number of strategies or plans of action to address FGM/C (disaggregated at national and subnational level)

- Number of FGM/C coordinating bodies implementing strategies or plans of action to address FGM/C (disaggregated at national and subnational level)
- Percentage of key stakeholders (e.g., parents, adolescents, young people, and community, religious, and political leaders) who believe FGM/C is a human rights violation and harmful to girls and women
- Percentage of key stakeholders (e.g., parents, adolescents, young people, community, religious, and political leaders) who believe girls and women should not be cut
- Percentage of health care workers and social workers who have been trained in preventing FGM/C or responding to medical and psychological needs of FGM/C survivors
- Percentage of key stakeholders (e.g., parents, adolescents, survivors, health care workers) who have been trained on the long- and short-term medical and psychological issues associated with FGM/C
- Number of women and girls seeking health care for FGM/C-related issues
- Number of law enforcement officials trained on issues related to FGM/C prevention, criminalization, and law enforcement
- Number of influential leaders and communicators (e.g., traditional, faith-based, cultural, political, survivors, health care, and media) who have made public declarations against FGM/C and support girls not being cut
- Number of survivors meaningfully included in USG-assisted programs designed to prevent or respond to FGM/C
- Number of news media stories, edutainment programs, dramas, or films aired on television or radio that wholly or in part address FGM/C and related gender norms

INDICATORS OF PROGRESS TOWARD IMPLEMENTATION PLAN AND LEARNING AGENDA

While the above indicators can help assess progress at the country level, the following metrics can support USAID in tracking institutional commitment to address FGM/C within missions or headquarters:

- Number of missions that include FGM/C prevention and response within priority strategies and programs
- Number of activities designed that incorporate FGM/C prevention or response (new and existing), disaggregated by sector and Operating Unit
- Amount of funding invested in FGM/C prevention or response programming
- Number of partnerships USAID engages in on FGM/C, by type of partner (i.e., funder, government, private sector, implementing partner, community-based organization)
- Number of international and regional platforms on which USAID has elevated FGM/C prevention and response as a global issue
- Number of governments USAID supports to develop or implement comprehensive FGM/C laws and policies
- Number of research studies funded to build evidence on FGM/C prevention or response, disaggregated by sector and Operating Unit

- Number of new trainings or materials (e.g., toolkits, how-to notes, and fact sheets) developed to expand capacity within USAID or to communicate best practices on FGM/C, within and outside the Agency
- Number of USAID staff, implementing partners, and host country government officials trained on FGM/C prevention or response
- Issuance of updated [USAID Guidance on FGM/C](#) and associated sector-specific guidance on FGM/C prevention and response relevant to aims

ACKNOWLEDGMENTS

This document was written by Shelby Quast and Suzanne Petroni, with support from Michele Lanham and other members of the CARE-GBV team, including Diane Gardsbane, Sarah Muthler, and Jill Vitick. Thank you to Maryum Saifee and the USAID staff who provided review and input, including Chaitra Shenoy, Mieka Polanco, Aline Magnoni, Patience Matombo, Ndeye Fatou S. Ndiaye, and Teresa Parr.

Suggested citation: CARE-GBV. 2022. *Custom Indicators: Ending Female Genital Mutilation/Cutting*. Washington, DC, USAID.

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

To learn more, please contact:

Chaitra Shenoy, JD
Contracting Officer’s Representative
Gender Equality and Women’s Empowerment Hub
cshenoy@usaid.gov

Diane Gardsbane, PhD
Chief of Party
CARE-GBV
diane@makingcents.com