



HOW CAN THE SOCIAL IMPACT OF ORGANISATIONS CONTRIBUTING TO THE ABANDONMENT OF FEMALE GENITAL MUTILATIONS IN EUROPE BE ASSESSED?

Methodology guide and indicators reference framework

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1. A COMMON FRAMEWORK

An impact assessment framework **for all organisations** contributing to ending all forms of female genital mutilation (FGM) in a European context.

A. THE CHALLENGES OF AN IMPACT ASSESSMENT APPROACH AND A COMMON REFERENCE FRAMEWORK.

Female genital mutilation includes **all procedures involving the removal of a woman's external genitalia or other injury to the female genital organs for non-medical reasons** (WHO, 1997). Female genital mutilation is most often performed on girls and young women under the age of 18. FGM is not prescribed by any religion and has no health benefits. On the contrary, the practice can cause physical and psychological trauma that lasts a lifetime.

It is estimated that **around 230 million women worldwide are living with the consequences of FGM**. Europe is also affected (UNICEF, 2024). According to the Office of the High Commissioner for Refugees, at least 20,000 asylum-seeking women and girls arriving in Europe are affected by FGM. It is estimated that 600,000

women and girls who have already undergone FGM live in Europe and that 190,000 others are at risk of undergoing the practice.

Civil society organisations exist in several European countries to work with communities affected by FGM in the fields of prevention, support, training, advocacy and research. The End FGM EU Network, set up in 2014, **now brings together 39 of these civil society organisations from 16 different countries** (new members are added every year) to bring a common voice to European bodies on the best strategies for ending the practice.

Evaluating the social impact of the work of civil society organisations is important: to assess the effectiveness of the strategies chosen, to redirect their activities according to the results, and to advocate with key figures and data representative of our audience. Female genital mutilation is a punishable offence in most European countries, and if it is carried out, it is done secretly and illegally in Europe or when travelling to the country of origin. The incidence of FGM

(measuring new cases) cannot be the indicator of choice for measuring the impact of programmes, so another approach is needed. While there are several publications and evaluation reference frameworks for high-prevalence countries¹, **there is no methodological guide or indicators of choice for measuring the impact of European programmes.**

GAMS Belgium (Groupe pour l'Abolition des Mutilations Sexuelles féminines - Group for the Abolition of Female Genital Mutilation), which was set up in 1996 and is a member of the End FGM EU Network covering the whole of Belgium, tasked themselves with this exercise on the eve of its 30th anniversary. Thanks to the financial support of la Fondation CHANEL, GAMS was able to carry out its first social impact assessment with the help of ESSEC, and wanted to share this with the members of the End FGM EU Network. This methodological guide, based on GAMS' experience and input from network members at a participatory workshop in November 2024, should enable each association to carry out a social im-

pact assessment of FGM prevention programmes in Europe.

¹ <https://www.unfpa.org/sites/default/files/pub-pdf/CompendiumOfIndicatorsFGM.pdf>

B. THE SCOPE OF THE REFERENCE FRAMEWORK: FOR WHOM AND FOR WHAT PURPOSE?

This methodological guide is intended for **any organisation working to end all forms of FGM and wishing to evaluate its social impact.**

It will guide you in creating questionnaires for your stakeholders: your beneficiaries, professionals or even your own teams. It will allow you, through a set of impact dimensions and predetermined questions, to evaluate your social impact **using quantitative data.** You can find all the indicators, questions and answer choices in part 4 "The Reference Framework" of this document.

QUANTITATIVE ? QUALITATIVE ?

Data is said to be quantitative when it involves numerical data. It allows statistics and comparisons to be made.

On the other hand, qualitative is based on words, opinions, views, impressions. The data is less structured but is useful for delving deeper into a subject and reflecting its complexity.

Not to be confused with the administration methods (e.g. written questionnaire, oral interview). It is entirely possible to collect quantitative data through an oral interview, and qualitative data via a written questionnaire!

This reference framework is also **intended for an adult audience**, both in terms of the impact dimensions and the wording of the questions. If your

beneficiaries are children, you can draw inspiration from the proposed reference framework by adapting it to your audience.

WHAT THIS REFERENCE FRAMEWORK IS	WHAT THIS REFERENCE FRAMEWORK IS NOT
A tool to help assess one's social impact once its framing has been carried out	A tool to assess satisfaction
A tool for quantitative evaluation	A tool for qualitative assessment
A tool to be included in a global and considered impact assessment approach	A tool to be used as it is without preliminary framing or reflection with stakeholders on the project and the desired impacts
A reference framework of impact indicators and questions to measure them	A tool for data collection or restitution of results

C. THE CONSTRUCTION METHODOLOGY.

This guide and the framework aim to enable any actor fighting against FGM to **assess the social impact of their programs using a common tool**. It is the result of work using the following methodology:

→ Social impact evaluation of GAMS Belgium combining a Theory of Change, semi-directed qualitative interviews and quantitative data collection

→ Extension to Members of the End FGM European Network and European organisations through collective workshops and semi-directed qualitative interviews.

The details of the stages of its construction are provided in the appendix.

2. TOOLS FOR ASSESSMENT

A. SOME NOTIONS OF SOCIAL IMPACT ASSESSMENT.

According to the European Commission², **social impact** is:

“ THE MANIFESTATION OF SOCIAL CHANGE AS MEASURED, BOTH IN THE LONG-TERM AND THE SHORT-TERM, BY THE EFFECTS CAUSED BY OTHERS (ALTERNATIVE ATTRIBUTION), THE EFFECTS THAT WOULD HAVE OCCURRED ANYWAY (DEAD WEIGHT), THE NEGATIVE CONSEQUENCES (SLIPPAGE), AND THE ATTENUATION OF EFFECTS OVER TIME (ATTRITION) ”

What we are trying to measure with an impact evaluation is therefore not what you have done (your achievements) but what you have changed (your impact). Measuring satisfaction is not enough to assess change either, as it simply indicates whether your stakeholders are satisfied, not how your action has led them to change their way of thinking and acting.

Example:

→ **Achievements (what we did):** 10 workshops over the past year for women affected by FGM. A total of 28 participants, 16 of whom attended all the workshops.

→ **Satisfaction (what the participants liked):** the participants told us that they appreciated the warm atmosphere. They found the topics covered in each workshop interesting and enjoyed getting together.

→ **Impact (what we changed):** the fact that there were women together on the subject of FGM enabled some of them to dare to express themselves. For those who were more reticent, they were able to hear testimonies that echoed their own stories. This helped them to understand that they were not alone. As the workshops progressed, the floor was opened up and the subject of FGM became less taboo. This prompted some women to talk about it with their partners, and others to join the fight to end FGM.

Embarking on a social impact assessment means **giving yourself the means to identify avenues of action to improve your impact, as well as having key information and figures to enhance your activity.**

² SGECEs, Commission Européenne, 2014

B. GENERAL PRESENTATION OF THE REFERENCE FRAMEWORK.

The framework can be used to assess the impact of:

→ your support actions on the women and/or men benefiting from your activities,

→ your support or training actions on the professionals benefiting from your activities,

→ your advocacy actions on different stakeholders (decision-makers, professionals, communities concerned, public opinion).

The main areas of impact addressed are:

BENEFICIARY:

- Gain of knowledge and awareness about FGM
- Well-being, self-esteem/confidence
- Gender representations, couple life
- Social link (e.g. making friends with other beneficiaries, feeling less alone)
- Ability to act (agency) and take initiative

PROFESSIONAL:

- Acquisition of knowledge and awareness about FGM
- Skills development
- Ability to act (agency) and take initiative autonomously

ADVOCACY:

- Awareness of FGM
- Influence on policy
- Ability to act (agency) and take initiative

For each impact area, you'll find suggested questions with response options that can be used to build your questionnaires.

→ Some questions are **part of a common core** and we strongly encourage you to use them in the questionnaires. The use of the same questions by all stakeholders fighting against FGM will allow for consolidation of impacts at national and European level.

→ Some questions are **more optional**. You can select them based on their relevance to your project.

→ Finally, **you are free to add your own questions** to personalise the questionnaire.

The framework also includes characterisation questions and attribution questions. **They are essential.**

→ **Characterisation:** allows you to characterise the person and their needs. Who is she/he (age, gender, place of residence, professional status, etc.)? What are his/her needs? What is his/her relationship with you?

→ **Attribution :** allows you to attribute the identified impacts to your project. What is the role of your pro-

ject in achieving the objectives? Were there other mechanisms or particular events in the person's life or in society that also justify the achievement of the objectives?

C. GETTING STARTED AND BUILDING THE QUESTIONNAIRE.

i. FRAMING.

Before carrying out your impact assessment questionnaire, it is necessary to frame your social impact assessment approach and define your objectives. To do this, we refer you to [*A Brief Summary of Social Impact Assessment*](#) which will give you all the methodological keys.

The framing stage is essential and necessary to construct an effective and relevant questionnaire using the framework.

It is also an opportunity:

→ To involve the stakeholders who will be involved in the project (internal team, partners) and to allocate time for all stages of the evaluation,

→ To define the methods of administering the questionnaire (face to face, telephone, email), adapted to your stakeholders and your human and technical resources,

→ To check and prepare the database: number of people concerned, up-to-date contact details, etc.,

→ To ensure the legal feasibility of data collection, particularly with regard to the General Data Protection Regulation (GDPR),

→ To determine a target in terms of the number of responses to be obtained (see appendix for the calculation method).

EXAMPLE OF FRAMING: GAMS BELGIUM

THE PROJECT:

Project Name: **GAMS Belgique**

Project creation date: **1996**

Social mission: **Fight for the abolition of female genital mutilation (FGM) in Belgium and the rest of the world.**

THE EVALUATION:

Stakeholders:

- **The GAMS Belgium Teams**
- **Community relays**
- **Beneficiaries women and men**
- **Trained professionals**

Geographic area: **Belgium (Brussels, Wallonia and Flanders)**

Goals: Assess the social impact of GAMS Belgium on its activities of preventing FGM, supporting girls and women who have already been excised and training professionals

Populations to be assessed:

- Women and men monitored by GAMS Belgium in 2022 and 2023 (old and new cases), i.e. 1,185 women and 117 men

Professionals trained by GAMS Belgium in 2022 and 2023, i.e. 4,564 people.

Target number of responses:

Women: 291

Men: 90

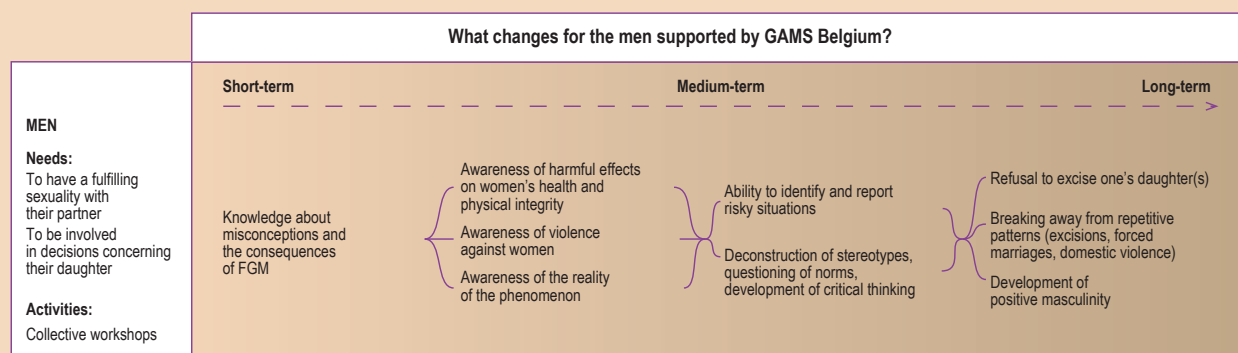
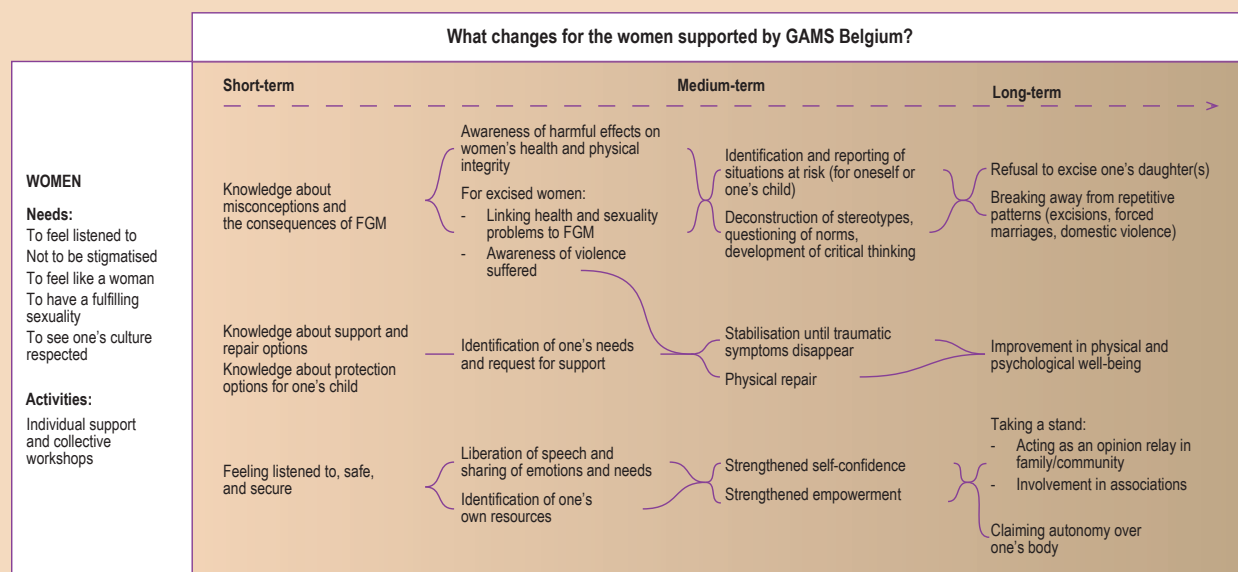
Professionals: 378

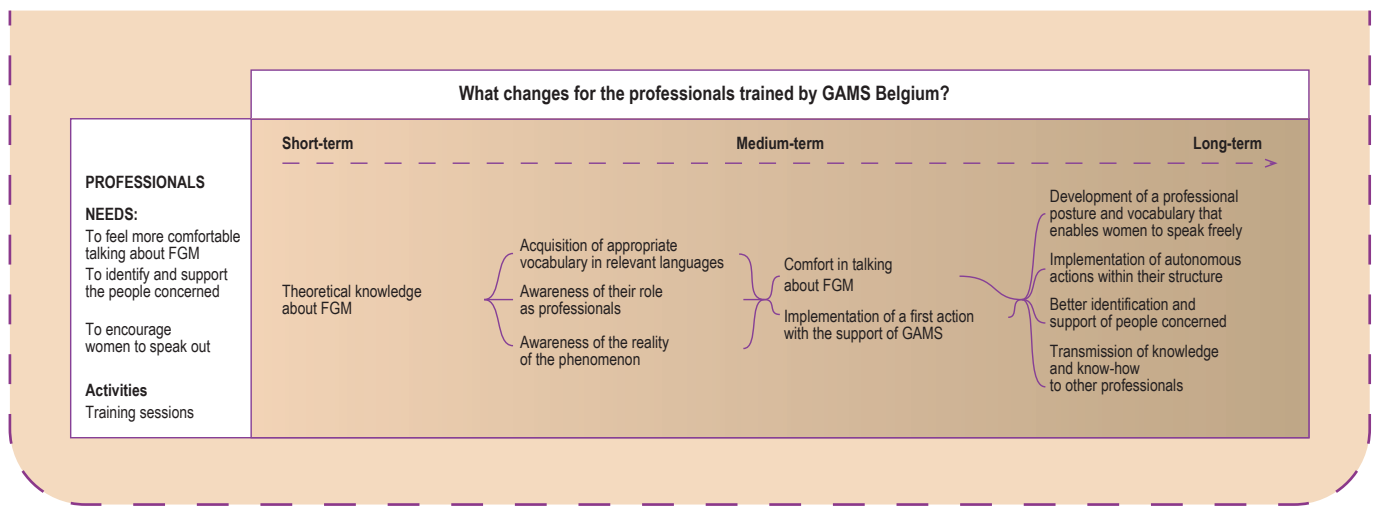
Planned mode of administration:

**Online self-administration of the questionnaire for professionals,
Administration by a person from GAMS Belgium for beneficiaries and self-administration for some of the beneficiaries after call and targeted sending by GAMS Belgium.**

Following this framing, the needs, activities and desired impacts were identified through a Theory of Change workshop in order to define the impact dimensions that will be integrated into the questionnaire and those not retained.

GAMS BELGIUM THEORY OF CHANGE:





ii. CREATION OF THE QUESTIONNAIRE.

Once the framing has been completed, you will be able to construct the questionnaire(s) that you will send to your stakeholders.

1. Select the core questions in the impact categories you have chosen to assess,
2. Add core questions from the characterisation, activities/expectations and attribution/dead weight categories³,
3. Choose the optional questions that seem relevant to you,
4. Add questions not present in the reference framework if you deem it necessary.

This selection allows you to arrive at a set of pre-designed questions for your questionnaires. **It is important not to modify the questions in the reference framework so that the results remain comparable from one year to the next** or so that you can exchange with other structures that have also used them. However, you can add or remove certain response

modalities in order to better suit your organisation and the stakeholder studied.

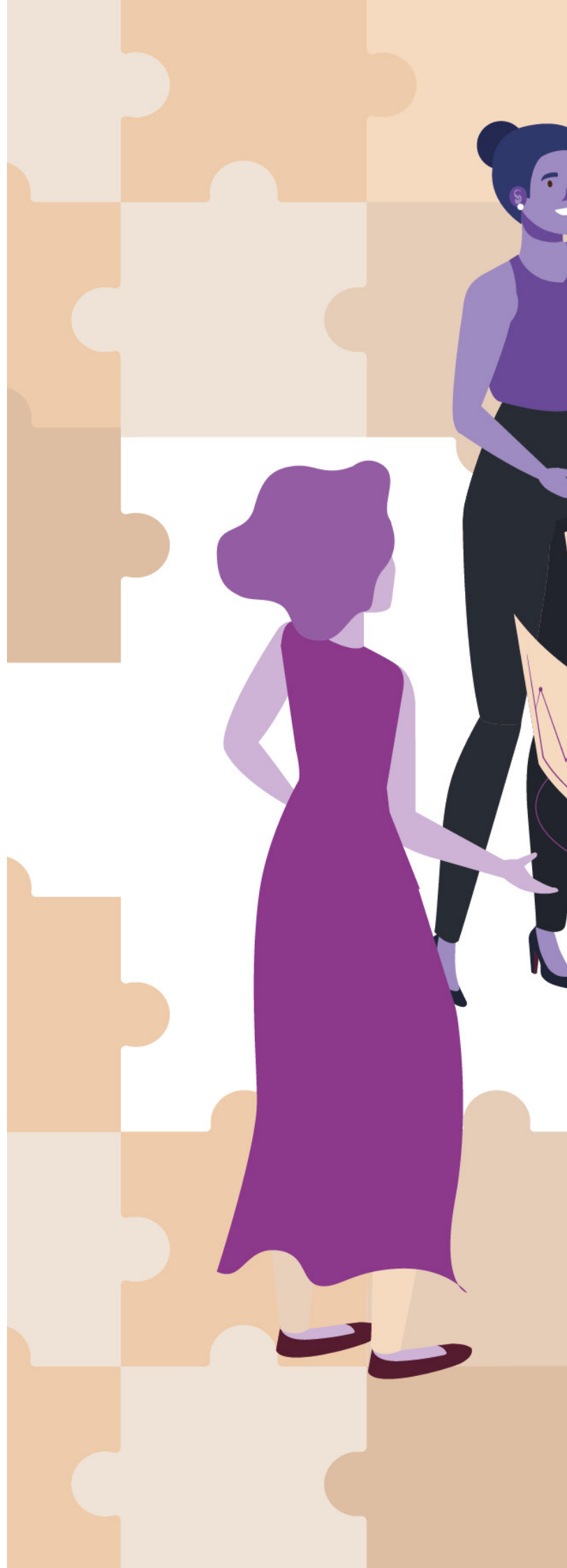
You will find in the appendix extracts from a questionnaire.

³ These concepts make it possible to assess the proportion of impact actually due to the system being evaluated. Attribution allows us to rule out effects linked to other factors (e.g. the action of another organisation, a political context, a personal situation, etc.), while deadweight aims to rule out effects that would have occurred even without your intervention (e.g. enrolment in another support scheme, strong support from family and friends, etc.).

iii. DATA COLLECTION AND ANALYSIS.

Once you have selected all of your questions, you will be able **to format your questionnaire using the tool of your choice**. There are many online tools for administering questionnaires. After the initial mailing or calls, be prepared to follow up. It is rare to get all the answers you want from the first mailing. For example, you will need **to follow up by phone for a questionnaire that was initially sent by email**.

Once the responses have been collected, you will need **to analyse the data**. Some of the online tools offer graphs directly. You can also use a spreadsheet or dedicated software to further the analysis with statistical methods or by crossing certain variables, depending on the skills and time available to your team (see appendix for more details on statistics).





3. KEYS TO SUCCESS AND RISK FACTORS

A. OUR FEEDBACK ON THE IMPACT ASSESSMENT CARRIED OUT BY THE GAMS BELGIUM.

Testing the questionnaires before distribution allowed us to **identify improvements** in the training and order of the questions.

The good return rates were achieved **thanks to the strong involvement of the GAMS Belgium teams**, who dedicated people to the call and follow-up work.

The involvement of concerned people from the communities was also a strong success factor, particularly community relays.

The collection of quantitative data and the administration of the survey by telephone involved 10 GAMS Belgium community outreach workers (1 man and 9 women). The data was collected over a period of 6 weeks, with an average of 30 questionnaires administered per relay [min: 5, max: 54].

B. BEST PRACTICES TO ADOPT.

- **Bringing teams on board and supporting change.** Driving by impact involves strong choices, from strategic vision to the deployment of concrete actions aimed at positive change. “Prove and Improve” therefore means installing consistent and continuous evaluation and decision-making tools and processes. These processes will involve the entire organisation: its governance, its team and its ecosystem. Generating support, anticipating obstacles and developing everyone’s skills in impact assessment are essential keys to success.
- Ensure that the action objectives are well defined and aligned with the organisation’s mission. **Clear and precise objectives** facilitate the selection of relevant indicators.
- **Combining approaches** using both quantitative (numbers, statistics) and qualitative (testimonials, case studies) data to get a comprehensive overview of impact.
- Even though it is tempting to want to evaluate everything to have a global view, **prioritise your impacts, identify the most relevant ones**, select those that need to be explored in more depth. Give up everything else.

- **Your database must be robust and verified** before launching data collection. If you do not have the means to contact your beneficiaries (missing or outdated contact details, etc.), you risk wasting time and obtaining a low response rate.
- Consider what data collection means in relation to **GDPR enforcement** (in your organisation and those of your partners) and ensure that you are compliant.
- Be careful not to make the questionnaire too long, which could discourage beneficiaries from responding and will complicate your task when analysing the data. **We recommend having a maximum of 20/30 questions** (including characterisation, impacts and attribution).
- The framework is the result of collaborative work with GAMS Belgium and other organisations fighting against FGM in Europe. **It is recommended not to modify the questions or answer choices in the framework.**
- You can, however, adapt the term FGM to your target populations. Some women will talk about excision, (female) circumcision, others about “cutting”, “sunna”. **Use the term that is most common** and does not convey prejudices or preconceived ideas to your target audiences.
- If you want to add questions, **choose closed questions** with multiple answer choices. Open questions with free answers are more difficult to analyse when there are a large number of responses.
- When the administration is done orally (face to face or by telephone), be careful of some common but damaging errors: reformulation of questions that could change their meaning and understanding by the beneficiary, reinterpretation of the answers given by the beneficiary. **The questions and answer choices must be read as formulated in the questionnaire.**
- Mobilise the right people. Think carefully about **anticipating the workload, particularly for data collection**, so that the evaluation can be carried out under good conditions.
- **Be transparent** and clearly communicate the methods, results and limitations of the evaluation. Transparency builds credibility and stakeholder trust.
- **Use results for continuous improvement.** Integrate lessons learned from the evaluation into decision-making and future strategies to continually improve the initiative.

4. THE REFERENCE FRAMEWORK

A. BENEFICIARIES.

Hello,

Thank you for taking the time to participate in this study, led by ***our organisation***, member of the End FGM EU Network (European Network against Female Genital Mutilation).

It aims to evaluate the impact of our organization on you as a beneficiary of our actions. The questions will focus on your connection with our organization, what the support has brought you and what it has changed for you. This will allow us to better understand our strengths and areas for improvement.

The survey will take between 10 and 15 minutes. It is anonymous and no value judgment will be made on your answers. There are no right or wrong answers, feel free to answer as closely as possible to what you think or feel.

Thank you for your time and your valuable collaboration!

Indicators	Questions	Response methods
1. CHARACTERISATION		
% of women % of men	Are you...	☐ A woman ☐ A man ☐ Other ☐ I do not wish to answer
% of people under 18 years old	How old are you ?	☐ Under 18 ☐ 18-24 ☐ 25-35 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65 or older
% of people who arrived less than 2 years ago	When did you arrive *in the host country* ?	☐ In 2024 ☐ In 2023 ☐ In 2022 ☐ In 2021 ☐ In 2020 ☐ Between 2015 and 2019 ☐ Between 2010 and 2014 ☐ Before 2010
% of nationals from x countries	What is your country of origin?	*Make a list of of countries your beneficiaries come from and "Other"*

% of married people % of divorced people	What is your marital status?	☐ Married ☐ Divorced ☐ Widowed ☐ Single ☐ In a relationship but not married
% of women married before 18 years old	At what age did you get married?	☐ Under 18 ☐ 18-24 ☐ 25-35 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65 or older
% of people who have at least one daughter	Do you have children?	☐ Yes, I have one or more daughters ☐ Yes, I have one or more sons ☐ No, I don't have any children
% of people isolated in the host country	Do you have any relatives *in the host country* ?	☐ My husband/wife ☐ My partner ☐ My son(s) ☐ My daughter(s) ☐ Sister/brother, cousin, father/mother, uncle/aunt ☐ Friends ☐ Other: please specify ☐ I have no one
% of people who have been excised % of people who have an excised daughter	The *organization name* addresses the issue of FGM. How are you concerned by FGM?	☐ I have undergone FGM ☐ I almost underwent FGM ☐ My wife/partner is FGM ☐ My wife almost underwent FGM ☐ My daughter(s) have undergone FGM ☐ My daughter(s) almost underwent FGM ☐ My wife has health problems related to FGM ☐ Friends, daughters or women in my family have died because of FGM ☐ Other: please specify ☐ This does not apply to me ☐ I do not wish to answer
2. ACTIVITIES & EXPECTATIONS		
% of people supported for less than 6 months	How long have you been in contact with *our organization* ?	☐ For less than 6 months ☐ Between 6 months and 1 year ☐ Between 1 year and 2 years ☐ Between 2 and 5 years ☐ For more than 5 years ☐ I am no longer in contact with *the organization*

Number of people who heard about the organization through a friend	How did you hear about *our organization* ?	☐ By a friend ☐ By family ☐ By a doctor / nurse / midwife ☐ By a lawyer ☐ By a social worker ☐ I discovered it alone ☐ You came to meet me ☐ Other: please specify
Number of people who needed to talk about their experiences Number of people wanting to protect themselves from FGM Number of people wanting to protect their daughters from FGM	Why did you contact *our organization* at the time?	☐ I needed to tell what I had experienced and to be listened to ☐ I wanted to protect myself from FGM ☐ I wanted to protect my daughter(s) from FGM ☐ I wanted to know more about FGM ☐ I was looking for answers about my life as a couple/my sexual life ☐ I was looking for help with my asylum procedure *in the host country* ☐ I wanted to have medical information (on my health problems, the possibilities of reparation, etc.) ☐ I wanted to get involved in the fight against FGM ☐ I came out of curiosity, to know what *the organization* proposed ☐ I had no specific expectation ☐ I don't remember ☐ Other: please specify
Number of people who followed X activity	What services and/or activities do you do or have you done with *our organization* ?	*Make a list of the activities your organization offer to your beneficiaries* (examples: Support groups, psychological support, etc.) ☐ Other: please specify ☐ None
3. RESULTS & IMPACTS - Acquisition of knowledge and awareness about FGM		
Number of people who have already had a circumcision before	Have you ever undergone FGM in your life?	☐ Yes ☐ No ☐ I do not wish to answer
Number of people who have previously encouraged the practice of FGM	Have you ever encouraged female genital mutilation in your life?	☐ Yes ☐ No ☐ I do not wish to answer

Indicate whether you agree with the following statements.
Before I didn't know, but thanks to ***our organization***...

Number of people who have discovered the different types of FGM	I discovered the different types of FGM	☐ Totally agree ☐ Rather agree ☐ Rather disagree ☐ Totally disagree ☐ Not concerned
Number of people who made the link between FGM and tradition	I understood that FGM was linked to traditions and community, not religion	
Number of people who understood the consequences of FGM on physical health	I understood that FGM could have serious consequences on physical health	
Number of people who understood the consequences of FGM on psychological health	I understood that FGM could have serious consequences on psychological health	
Number of people who understood the consequences of FGM on sexual life	I understood that FGM could have serious consequences on sexual life	
Number of people who learned that FGM is illegal in certain countries	I learned that FGM is prohibited in many countries	
Number of people who learned about the extent of FGM in certain countries	I learned that many women were circumcised in certain countries	
Number of men who understand that they are affected by FGM	I realized that I am also concerned by FGM as a man (it is not only a women's issue)	
Number of people who understood what type of FGM they underwent	I found out what type of FGM I underwent	
Number of people who understood that they were not born with their health problems	I understood that I was not born like this	
Number of women who got to know each other	I got to know myself	
Number of people who made the link between their health problems and FGM	I made the connection between my own physical and/or psychological or sexual health problems and the FGM I underwent	
Number of people who realized they could talk about it	I understood that I had the right to talk about it / I understood that I could talk about it without being ashamed	
Number of people who discovered the existence of reconstructive surgery	I learned that there was reconstructive surgery	
Number of people who discovered the existence of psychological support	I learned that there was psychological support	
Number of people who discovered the existence of sexological support	I learned that there was sexological support	

In your opinion, today, would you say that the following words describe FGM well?		
Number of people considering FGM necessary	Necessary	☐ Yes ☐ No ☐ I do not wish to answer
Number of people considering FGM to be dangerous	Dangerous	
Number of people who consider FGM to be taboo	Taboo	
Number of people considering FGM as violent	Violent	
Number of people considering FGM as normal	Normal	
Number of people considering FGM as serious	Severe	

4. RESULTS & IMPACTS - Well-being Self-esteem / confidence

Indicate whether you agree with the following statements. Thanks to what I do with *our organization*...		
Number of women feeling happier	I feel happier	☐ Totally agree ☐ Rather agree ☐ Rather disagree ☐ Totally disagree ☐ Not concerned
Number of women feeling safer for themselves and their children	I feel safe (me and my children)	
Number of women feeling better in their bodies	I feel better in my body	
Number of women with more self-confidence	I have more confidence in myself	
Number of women with more confidence in the future	I have more confidence in the future	
Number of families noticing fewer taboos about FGM	There are fewer taboos in our family	
Number of families noticing less tension over FGM	There is less tension in our family	
Number of more united families	Our family is more united	

5. RESULTS & IMPACTS - Gender representations / Couple life

Indicate whether you agree with the following statements.

Depending on the indicators selected, it is often interesting to formulate the question in such a way as to measure an evolution thanks to your organization (example: "Thanks to your organization...I realized that I was a complete woman.")

Number of women feeling more comfortable with their gender identity	I realized that I was a complete woman	☐ Totally agree ☐ Rather agree ☐ Rather disagree ☐ Totally disagree ☐ Not concerned
Number of women who find themselves strong	I consider myself a strong woman	
Number of women who feel equal to men	I feel equal to man	
Number of women who do not feel obliged to submit	I know I have the right to say no	
Number of people who think women and men should have the same rights	Women and men should have the same rights and duties (at home, on the street, at work, etc.)	
Number of people who think that equality between men and women would benefit everyone	Equality between women and men would also benefit men	
Number of people who think women should have the right to be financially independent	It is as important for women as it is for men to be financially independent	
Number of people who think women should have the right to be free to express themselves	Women should not need permission to speak their minds	
Number of people while women should have the right to choose their partner	It should not be up to the family to choose a spouse	
Number of men no longer seeing FGM as a criterion for choice in a couple	If I had to choose, I could marry a non-circumcised woman	
Number of people communicating better with their partner	I communicate better with my husband / wife / partner	
Number of excised people whose partner understands health problems better	My partner has become aware that my health problems could be linked to my FGM	

Number of excised people whose partner understands sexuality issues better	My partner has become aware that my sexual problems could be linked to my FGM	☐ Totally agree ☐ Rather agree ☐ Rather disagree ☐ Totally disagree ☐ Not concerned
Number of excised people whose partner better understands the problems of pleasure	My partner realized that my problems with pleasure could be linked to my FGM	
Number of excised people whose partner understands health problems better	I realized that my partner's FGM could cause her health problems	
Number of excised people whose partner understands sexuality issues better	I realized that my partner's FGM could cause her sexual problems (pain during intercourse, etc.)	
Number of excised people whose partner better understands the problems of pleasure	I realized that my partner's FGM could cause her problems with desire	
Number of people who consider that a woman's role is to take care of the home	The most important role of a woman is to take care of the home and her family	
Number of people who consider that a man's role is to bring money into the home	The most important role of a man is to earn money for his family	
Number of people who consider that a man is not competent to carry out household chores	Overall, men are less competent than women at doing household chores	
Number of people who believe that it is always up to women to sacrifice their careers for their children	If the father's income is lower than that of the mother, it is up to the father to give up working to take care of the children if one of the parents has to make this choice)	
Number of couples sharing household chores equally	In my relationship, meal preparation and household chores are shared equally	
Number of couples sharing child-rearing equally	In my relationship, my partner takes care of our children as much as I do	

Number of couples where the woman can go out freely, without her husband's approval	When I want to go out with friends...	☐ I go out without telling my partner ☐ I go out after telling my partner who I'm going with and where I'm going, but he can't stop me from going ☐ I always tell my partner and he can stop me from going
Number of couples applying the principle of consent	When my partner wants to have sex and I don't...	☐ I tell him and he listens to me ☐ I tell him but he doesn't listen to me and forces me ☐ I don't tell him and let him do it
Number of couples where the woman can go out freely, without her husband's approval	When my partner wants to go out with friends..	☐ She goes out without telling me ☐ She goes out after telling me who she's going with and where she's going but I never prevent her from going ☐ She always warns me and I can tell her not to go
Number of couples applying the principle of consent	If I want to have sex...	☐ I ask my partner if he/she wants too ☐ I continue until my partner tells me to stop ☐ I continue even if my partner says no

6. RESULTS & IMPACTS - Social connection

Indicate whether you agree with the following statements.

Thanks to what I do with ***our organization***...

Number of people recognizing themselves in the stories of other beneficiaries	I recognized myself in the stories of the people I met within *the organization*	☐ Totally agree ☐ Rather agree ☐ Rather disagree ☐ Totally disagree ☐ Not concerned
Number of people released from social isolation	I feel less alone	
Number of people who have made friends	I made friends	
Number of people who have established more than friendly relationships	I found it like a family	
Number of people feeling more integrated in their host country	I feel better integrated in *my host country*	
Number of people isolated in their community of origin	My community in the country accepts that I fight against FGM	

Number of people who feel comfortable talking about how they feel	I feel comfortable saying what I feel	☐ Totally agree ☐ Rather agree ☐ Rather disagree ☐ Totally disagree ☐ Not concerned
7. RESULTS & IMPACTS - Ability to act / Taking initiative		
Indicate whether you agree with the following statements. Since I have been in contact with *your organization* , I made the decision...		
Number of people who decided to talk to their partner about their situation	To talk to my husband / wife / partner about FGM	☐ Yes and I have already done it ☐ Yes but I haven't had the chance yet ☐ No, not at all ☐ Not concerned
Number of people who decided to talk about their situation to their loved ones	To talk about it to my family and/or friends	
Number of people who have raised awareness among others in the host country	To raise awareness among people I don't know *in the host country*	
Number of people who have raised awareness among others in the country of origin	To raise awareness among people I don't know *in the country of origin*	
Number of people who have raised awareness among others on their social networks	To raise awareness among people I don't know on social networks	
Number of people who decided not to circumcise their own daughters	Not to circumcise my daughter(s)	
Number of people who decided to prevent FGM (other than their own daughters)	To prevent FGM / report a risky situation (apart from my daughter(s))	
Number of people who have decided to actively engage in the fight against FGM	To actively engage in the fight against FGM	
Number of people who convinced others to abandon the practice of FGM through dialogue Number of people who convinced others to abandon the practice of FGM through the provision of numerical data ...	In your opinion, what factors have helped you most to convince people around you to give up this practice?	☐ Dialogue with people who perpetuate FGM ☐ Providing figures on FGM and its consequences ☐ Providing knowledge on the real causes of FGM ☐ Testimony from survivors

Number of people convinced to abandon the practice of FGM	How many people do you think you have convinced to give up this practice?	_____
8. ALLOCATION & DEAD WEIGHT		
% of people attributing impacts to other organizations	Have you received or are you receiving support on FGM from another organization?	☐ I was supported by another organization and am no longer supported ☐ I was supported by another organization and am still supported ☐ No, I have not been supported by another organization on the issue of FGM
Name of other organizations	As far as you know, what are this/these other organizations?	_____
% of people without solution without *your organization*	How would you have done without *our organization* ?	☐ I would have gone through another organization ☐ I would have managed on my own ☐ It would have been difficult, if not impossible, for me to resolve my difficulties ☐ Other: _____

CONCLUSION

Thank you for taking the time to answer...

LEGEND

Questions in cells with a yellow background are compulsory.

B. PROFESSIONALS.

Hello,

Thank you for taking the time to participate in this study, led by X organization of the End FGM EU Network (European Network against Female Genital Mutilation).

It aims to evaluate the impact of our organization on you as a professional / partner. The questions will focus on your connection with our organization, what the support has brought you and what it has changed for you in your job. This will allow us to better understand our strengths and areas for improvement.

The survey will take you between 10 and 15 minutes. It is anonymous and no value judgment will be made on your answers. There are no right or wrong answers, feel free to answer as closely as possible to what you think or feel.

Thank you for your time and your valuable collaboration!

Indicator	Question	Response methods
1. CHARACTERISATION		
% of doctors % of lawyers ...	What is your job ?	*Make a list of the types of professionals your organization works with* ☐ Lawyer ☐ Doctor ☐ Psychologist ☐ Nurse ☐ Midwife ☐ Social worker ... ☐ Other: please specify
Number of people with a legal support role for the persons concerned Number of people with a psychological support role for the persons concerned ...	What is your role with people affected by FGM?	*Add anything that may be relevant to your organization* ☐ Psychological support ☐ Legal support ☐ Medical support with production of MGF certificate ☐ Medical support without production of MGF certificate ☐ Reparation surgery ☐ Preventive medicine ☐ Sexological support ☐ Social support ☐ Translation ☐ Cultural and linguistic mediation ☐ Other: please specify

% of people working in a hospital ...	What type of structure do you work in?	*Make a list of the structures with which your organization works* (examples: hospitals, law firms, reception centers, etc.) ... ☐ Freelance ☐ Other: please specify
2. ACTIVITIES & EXPECTATIONS		
% of people supported for less than 6 months	How long have you been in contact with *our organization* ?	☐ For less than 6 months ☐ Between 6 months and 1 year ☐ Between 1 year and 2 years ☐ Between 2 and 5 years ☐ For more than 5 years ☐ I am no longer in contact with *the organization*
Number of people who heard about the organization through a friend Number of people who heard about the organization through family ...	How did you hear about *our organization* ?	☐ By a friend ☐ By family ☐ By a doctor / nurse / midwife ☐ By a lawyer ☐ By a social worker ☐ I discovered it alone ☐ You came to meet me ☐ Other: please specify
Number of people looking for information Number of people wanting to learn how to talk about FGM ...	Why did you get in touch with *our organization* at the time?	☐ Having information to discover FGM ☐ Learning to talk about it better ☐ Finding meaning in my work ☐ Being able to better support people affected by FGM in my job ☐ Establishing a partnership with *your organization* ☐ I didn't have any specific expectation ☐ It was a mandatory training ☐ I don't remember ☐ Other: please specify
Number of people who followed X activity	What services and/or activities do you do or have you done with *our organization* ?	*Make a list of the activities that bind you to your partner* (examples: monitoring or leading training courses, referral to resource people, advice) ... Other: please specify None

3. RESULTS & IMPACTS - Acquisition of knowledge and awareness about FGM

Indicate whether you agree with the following statements.

Before I didn't know, but thanks to *our organization*...

Number of people who have discovered the different types of FGM	I discovered the different types of FGM	☐ Totally agree ☐ Rather agree ☐ Rather disagree ☐ Totally disagree ☐ Not concerned
Number of people who discovered the cultural contexts favoring FGM	I understood that FGM is considered normal or even valued in certain cultures	
Number of people who understood the consequences of FGM on physical health	I understood that FGM can have serious consequences on physical health	
Number of people who understood the consequences of FGM on psychological health	I understood that FGM can have serious consequences on psychological health	
Number of people who understood the consequences of FGM on sexual life	I understood that FGM can have serious consequences on sexual life	
Number of people who have become aware of the scale of the phenomenon	I became aware of the reality of the phenomenon and the countries most at risk (prevalence)	
Number of people who obtained vocabulary on the subject	I learned vocabulary related to FGM, particularly in the languages of the countries where FGM is practiced	
Number of people who learned how to talk about the subject to those concerned	I learned how to approach the subject with the women concerned	
Number of people who obtained legal information on the subject	I learned legal elements related to FGM	
Number of people who obtained medical information on the subject	I learned medical elements related to FGM	
Number of people who have become aware of their role as a professional in supporting survivors	I realized that I had a role to play as a professional in supporting women survivors of FGM	
Number of people who have become aware of their role as a professional in supporting people at risk	I realized that I had a role to play as a professional in supporting people at risk (daughters of my patients, etc.)	
Number of people who have become aware of their role as a professional in the prevention of FGM	I realized that I had a role to play as a professional in preventing FGM	
Number of people who have become aware of their legitimacy as a professional to talk about FGM	I realized that I was legitimate in my professional position to address this subject with concerned people	

Number of people who feel comfortable talking about the subject with the people concerned in their profession	As part of my work...	☐ I feel legitimate in bringing up the subject with concerned people ☐ I prefer not to talk about it if I am afraid of the person's reaction ☐ I am not very comfortable talking about it with concerned people ☐ I systematically talk about it when I meet someone who comes from a country where FGM is practiced ☐ I am comfortable carrying out a medical examination on a little girl
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In your opinion, today, would you say that the following words describe FGM well?

Number of people considering FGM necessary	Necessary	☐ Yes ☐ No ☐ I do not wish to answer
Number of people considering FGM to be dangerous	Dangerous	
Number of people who consider FGM to be taboo	Taboo	
Number of people considering FGM as violent	Violent	
Number of people considering FGM as normal	Normal	
Number of people considering FGM as serious	Severe	

4. RESULTS & IMPACTS - Skills development

Indicate whether you agree with the following statements.

Thanks to what I do with ***your organization***, I developed my abilities...

Number of people able to encourage those concerned to break the taboo	To encourage those concerned to talk about it, to break their taboo	☐ Totally agree ☐ Rather agree ☐ Rather disagree ☐ Totally disagree ☐ Not concerned
Number of people able to detect a risky situation	To detect a risky situation	
Number of people able to guide the people concerned	To direct concerned people towards the right systems/ resources	
Number of people able to partially meet the needs of the people concerned	To help people affected by FGM in their applications (asylum, compensation, etc.)	

5. RESULTS & IMPACTS - Ability to act / Initiative / Autonomy

Indicate whether you agree with the following statements.

Since I have been in contact with ***your organization***...

Number of people who have changed audience in their profession	I started working with a different audience	☐ Totally agree ☐ Rather agree ☐ Rather disagree ☐ Totally disagree ☐ Not concerned
Number of people who have integrated the issue of FGM into their profession	I have integrated the issue of FGM into my daily professional life	
Number of people who have adapted their posture to a target audience	I adapted my professional stance to this specific audience *adapt the question to your audience/your partners' audience, e.g. if it's a doctor, "to women who may have undergone FGM"	
Number of organizations that have established specific procedures for FGM	I or my organization/ institution have implemented procedures/tools specific to FGM	
Number of organisations that have established new partnerships specific to FGM	I or my organization / institution have created projects or partnerships (outside of *your organization*) specific to FGM	
Number of people sharing information about FGM with colleagues	I share information about FGM with my colleagues/peers	
Number of people who have decided to personally commit to the fight against FGM	I have taken personal initiatives in the fight against FGM (raising awareness among those around me, communication, etc.)	
Number of people who feel able to deal with the subject as a professional.	Despite what you do with it *our organization* , are you still having difficulty fighting against FGM?	☐ I am afraid of being perceived as racist by addressing a cultural issue ☐ I am afraid of not knowing what to say to a concerned person ☐ I do not feel mentally capable of hearing harsh realities ☐ No, I feel perfectly capable

Number of people autonomous in the care of the people concerned	In my care of people affected by FGM...	☐ I feel autonomous, I know how to handle different situations ☐ I am generally autonomous, but I call from time to time *your organization* for advice on specific situations ☐ I am regularly in contact with *your organization* for advice
6. ALLOCATION & DEAD WEIGHT		
% of people attributing impacts to other organizations	Have you received or are you receiving support on FGM from another organization?	☐ I was supported by another organization and am no longer supported ☐ I was supported by another organization and am still supported ☐ No, I have not been supported by another organization on the issue of FGM
Name of other organizations	As far as you know, what are this/these other organizations?	_____
% of people without solution without *your organization*	How would you have done without *our organization*?	☐ I would have gone through another organization ☐ I would have managed on my own ☐ It would have been difficult, if not impossible, for me to improve my skills on the subject ☐ Other: _____

CONCLUSION

Thank you for taking the time to answer...

LEGEND

Questions in cells with a yellow background are compulsory.

C. ADVOCACY

Hello,

Thank you for taking the time to participate in this study, led by the End FGM EU Network (European Network against Female Genital Mutilation).

It aims to assess the impact of our advocacy activities on society, in particular the impacts on you as a decision-maker.

The questions will focus on your advocacy activities and what they have brought to you, to you according to your experience as a decision-maker, and to other stakeholders according to what you observe. This will allow us to better understand, collectively, our strengths and areas for improvement.

The questionnaire will take between 10 and 15 minutes. It is anonymous and no value judgment will be made on your answers. There are no right or wrong answers, feel free to answer as closely as possible to what you think or feel.

Thank you for your time and your valuable collaboration!

Indicator	Question	Response method
1. CHARACTERISATION		
% of women % of men ...	Are you...	☐ A woman ☐ A man ☐ Other ☐ I do not wish to answer
% of people under 18 years old ...	How old are you ?	☐ Under 18 ☐ 18-24 ☐ 25-35 ☐ 36-44 ☐ 45-54 ☐ 55-64 ☐ 65 or older
	Which organization of the END FGM Network do you collaborate with on FGM issues?	*Make a list of all organizations that do advocacy in the network* ☐ ... ☐ Other: please specify
% of people working in UK % of people working in Ireland ...	In which country do you work?	*Make a list of all countries in which the END FGM Network has advocacy activities* ☐ ... ☐ Other: please specify
% of organization presidents ...	What is your role as a decision maker?	*Make a list of all the different functions of the decision-makers you collaborate with* ☐ I am a Member of Parliament in my country ☐ I am a Member of the European Parliament ☐ ... ☐ Other: please specify

2. ACTIVITIES & EXPECTATIONS

% of people working in the organization for less than 6 months	How long have you been working with this END FGM Network organization?	☐ For less than 6 months ☐ Between 6 months and 1 year ☐ Between 1 year and 2 years ☐ Between 2 and 5 years ☐ For more than 5 years ☐ I am no longer in contact with *the organization*
Number of people wanting to break the stigma behind FGM Number of people wanting to change the regulation...	When you started working together, what did you expect from the organization's advocacy actions?	☐ Help FGM survivors to be better understood ☐ Make regulation more inclusive for FGM survivors ☐ Train myself on the subject of FGM ☐ Put the subject of FGM at the center of my country's political agenda ☐ Raise public awareness about FGM ☐ Break stereotypes / stigmas about FGM ☐ Involve men in the fight for the abandonment of FGM ☐ Protect survivors, people at risk and their families ☐ Empower women (access to services, courage to speak out) ☐ Provide tools and train professionals in contact with survivors / people at risk ☐ I had no specific expectations ☐ I don't know anymore ☐ Other: please specify
Number of people who followed X activity	Since you have been in contact with *our organization*, in which advocacy activities have you been participating?	*Make a list of the advocacy activities of the different organizations in the network (examples: shadow reports, policy consultations, awareness campaigns, etc.)* ☐ I consult advocacy organizations to get their input ... ☐ Other: please specify ☐ Aucune

3. RESULTS & IMPACTS - Awareness of FGM

Number of decision-makers who have never heard of FGM before	Had you ever heard of FGM before you discovered *the organization* ?	☐ Totally agree ☐ Rather agree ☐ Rather disagree ☐ Totally disagree ☐ Not concerned
Number of decision-makers who were already talking about the topic before	Had you already spoken about FGM during political events (debates, interviews, lawmaking, etc.) before discovering *the organization* ?	

Number of decision-makers who took the initiative to talk about the subject after discovering the organization	Since you have been in contact with *the organization* , have you ever taken the initiative to put the subject of FGM on the table during political events?	☐ Totally agree ☐ Rather agree ☐ Rather disagree ☐ Totally disagree ☐ Not concerned
Number of decision-makers who have noticed that FGM is at the centre of the political agenda	Today, would you say that FGM is discussed enough on the political agenda?	☐ Yes, the subject is at the centre of the political agenda ☐ No, we are talking about it more and more but it is not yet a priority ☐ No, we only talk about it at strategic moments of the year ☐ No, we still don't talk about it enough
Number of decision-makers reluctant to address the subject Number of decision-makers lacking sufficient knowledge on the subject	If not, why?	☐ FGM is still considered a foreign issue ☐ We lack information on the subject ☐ We have no interest in defending this subject to be elected ☐ Other: please specify
Number of people noticing that FGM is still not talked about enough in the public sphere	Today, would you say that FGM is talked about enough in the public sphere (media, social networks, etc.)?	☐ We talk about it a lot in the media ☐ We talk about it better and better (change of wording, of narration) ☐ We talk about it more and more but it remains minimal ☐ We talk about it more but the narrative and wording remains problematic ☐ We do not talk enough about gender-based violence in general ☐ The subject remains non-existent for the general public
Please indicate whether you agree with the following statements. In your experience, through advocacy activities of *the organization* ...		
Number of decision-makers having more knowledge about FGM Number of decision-makers having become aware of the issues related to FGM	I receive real-time numerical data on the status of FGM	☐ Totally agree ☐ Rather agree ☐ Rather disagree ☐ Totally disagree ☐ Not concerned
	I have more technical knowledge (health, legal, psychology...) on FGM	
	I became aware of the causes and consequences of FGM	
	I am more interested in the subject of FGM than before	

Indicate whether you agree with the following statements.		
Based on what you observe on the ground, through advocacy activities of *the organization* ...		
Number of people noticing awareness among professionals	Professionals have a better understanding of the subject of FGM	☐ Totally agree ☐ Rather agree ☐ Rather disagree ☐ Totally disagree ☐ Not concerned
	Professionals understand survivors better	
	Professionals who were not initially interested in the subject became interested in it.	
Number of people noticing awareness among survivors and people at risk	Survivors understood that it was possible to access support systems	
Number of people noticing awareness within the public opinion	More people are concerned about FGM (example: understanding that this also happens in Europe, etc.)	
	Everyone is sensitized in the same way regardless of the region/city	
	There has been a global awareness about FGM in society	

4. RESULTATS & IMPACTS - Influence on regulation

Number of people who contributed to establishing new regulations	Thanks to the advocacy actions of *the organization* , have you contributed to the establishment of new regulations (laws, public policies, regional policies, etc.) specific to the fight for the abandonment of FGM?	☐ Totally agree ☐ Rather agree ☐ Rather disagree ☐ Totally disagree ☐ Not concerned
Number of people who contributed to including FGM in regulations against gender-based violence	Thanks to the advocacy actions of *the organization* , have you contributed to the inclusion of the subject of FGM in regulations against gender-based violence (laws, public policies, regional policies, etc.) but not specific to FGM?	

Number of people who systematically consult associations to change regulations	To establish new regulations (laws, public policies, regional policies, etc.), you...	☐ Systematically consult *the organization* to get his point of view on regulatory projects ☐ Call on *the organization* to correct regulatory projects already started ☐ Consult only rarely *the organization* but make a list open to it when it pushes you to include FGM in draft regulations ☐ Have difficulty including the opinion of *the organization* in your activities
Number of people better implementing regulation thanks to shadow reports	Have you ever changed the application of a regulation on FGM following a shadow report? *the organization* ?	☐ Totally agree ☐ Rather agree ☐ Rather disagree ☐ Totally disagree ☐ Not concerned
Indicate whether you agree with the following statements. Based on what you observe on the ground, through advocacy activities of *the organization* and the establishment of regulations...		
Number of people noticing better funding for organizations fighting for the abandonment of FGM	Organizations dedicated to the fight for the abandonment of FGM have access to more funding	☐ Totally agree ☐ Rather agree ☐ Rather disagree ☐ Totally disagree ☐ Not concerned
Number of people noticing more resources for the professionals	Professionals in contact with survivors and people at risk have access to more resources (infrastructure, tools, etc.)	
Number of people noticing better protection of survivors / people at risk	Survivors and people at risk are better protected by law	
Number of people noticing better support for survivors / people at risk	Survivors and people at risk are better supported	
Number of people noticing the instrumentalization of FGM	Since its arrival on the political scene, have you noticed the instrumentalization of the FGM issue by certain political parties?	☐ Yes, the topic is used to fight against immigration ☐ Yes, the topic is used to attack religious beliefs ☐ Yes, the topic is used to attack gender minorities (women, transgender people, etc.) ☐ Yes, for other reasons, please specify: ☐ No, none of these (EXCLUSIVE)

Number of people noticing more discrimination against immigrants ... Number of people noticing the establishment of a climate of fear in society	If so, what are the consequences?	☐ Organizations dedicated to the fight for the abandonment of FGM have less funding ☐ Professionals have fewer resources ☐ False information is spread among the public ☐ Survivors are less likely to speak out in a more hostile climate ☐ There is more discrimination based on ethnic origin / religion / gender identity ☐ This contributes to creating a hostile climate towards racialized communities and people ☐ Other, please specify:
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5. RESULTS & IMPACTS - Ability to act / Taking initiative

Number of decision-makers taking ownership of the subject	Do you consider that you have made the fight for the abandonment of FGM a central point of your political project?	☐ Totally agree ☐ Rather agree ☐ Rather disagree ☐ Totally disagree ☐ Not concerned
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Indicate whether you agree with the following statements.

Based on what you observe on the ground, through advocacy activities of ***the organization*** and the establishment of regulations...

Number of people noticing an improved ability to act for the professionals	Many professionals have more tools to understand the subject	☐ Totally agree ☐ Rather agree ☐ Rather disagree ☐ Totally disagree ☐ Not concerned
	Many professionals have more vocabulary to talk about the subject to those concerned.	
	Many professionals have more legitimacy to talk about the subject to those concerned.	
	Many professionals have changed their professional posture (examples: by including FGM in maternity forms, by systematically talking about FGM to people at risk...	

Number of people noticing an improved ability to act for the survivors and people at risk	There is less stigma towards FGM and the people affected	☐ Totally agree ☐ Rather agree ☐ Rather disagree ☐ Totally disagree ☐ Not concerned
	Survivors and people at risk can more easily talk about their situation to relevant professionals	
	Survivors and people at risk can talk more easily about their situation around them (excluding professionals)	
	Survivors and people at risk can take up the issue to raise awareness in their communities in their home countries	
Number of people proud to fight politically for the abandonment of FGM	Do you feel proud to take political action to abandon FGM?	☐ Totally agree ☐ Rather agree ☐ Rather disagree ☐ Totally disagree ☐ Not concerned ☐ I do not consider myself to be campaigning for the abandonment of FGM

6. ATTRIBUTION ET POIDS MORT

% of people attributing impacts to other organizations	Are there other organisations dealing with the issue of FGM in your country?	☐ Yes, there are other organizations that advocate for the abandonment of FGM ☐ Yes, but we are the only organization that advocates ☐ No, we are the only organization that deals with this topic
	If so, do you think that the advocacy actions of *the organization* have more effects than those of these other organizations?	☐ Yes, it is mainly our organization that allows us to change mentalities and regulations ☐ No, it is our joint forces that allow us to achieve results ☐ No, our actions are in the minority compared to other organizations
Name of other organizations	As far as you know, what are this/these other organizations?	_____
% of people without solution without *your organization*	Without the advocacy actions of *the organization* , how would you have achieved the same benefits (awareness, development of your expertise, ownership of the subject, pride, etc.)	☐ I would have gone through other similar initiatives ☐ I would have managed on my own to obtain the same benefits ☐ It would have been very difficult, if not impossible, to obtain the same benefits, or it would have taken longer ☐ Other, please specify:

CONCLUSION

Thank you for taking the time to answer...

LEGEND

Questions in cells with a yellow background are compulsory.

5. APPENDIX

A. LITTERATURE REVIEW.

European comission (2024), *Special Eurobarometer 545. Gender Stereotypes.*

Florquin, S. (2021). *Besoins et demandes en matière de santé et droits sexuels et reproductifs des femmes concernées par les mutilations génitales féminines en Région de Bruxelles-Capitale, Rapport du diagnostic communautaire mené dans le cadre du Réseau bruxellois contre les MGF.* Bruxelles, Ed : GAMS Belgique.

Fonds des Nations Unies pour l'enfance (2013). *Mutilations génitales féminines/excision : aperçu statistique et étude de la dynamique des changements,* UNICEF, New York.

Leon-Himmelstine, C., Rivett, J., Samuels, F., & Newman, A. (2022). *Normes sociales et changement de comportement autour des MGF et du mariage des enfants au Mali,* Literature review, Londres, ODI

O'Neill S., Dubourg D., Florquin S., Bos M., Zewolde S., Richard F. (2017). *"Men have a role to play but they don't play it" : A mixed methods study exploring men's involvement in Female Genital*

Mutilation in Belgium, the Netherlands and the United Kingdom. Full report. Men Speak Out Project, Bruxelles

UNFPA & UNICEF (2020). *Measuring effectiveness of demale genital mutilation elimination : a compendium of indicators.*

Villani M, (2020). *Filmer le pont - Rapport final (Analyse des données de S&E collectées dans cinq pays de l'Afrique de l'Ouest),* ALDOS, Programme Building bridges between Africa and Europe to end FGM. Phase II

B. DETAILED METHODOLOGY FOR CONSTRUCTING THE REFERENCE FRAMEWORK.

i. SOCIAL IMPACT ASSESSMENT OF GAMS BELGIUM.

The study took place from September 2023 to June 2024. After a literature review, a theory of change was constructed with the GAMS Belgium teams. Interviews were then conducted with the different typologies of beneficiaries (**qualitative phase**), before sending questionnaires to all target people (**quantitative phase**).

Qualitative phase:

19 interviews conducted in total, including 7 female beneficiaries, 2 male community relays, 7 professionals and 3 partners.

The selection of people was made first by GAMS Belgium, with the final choice made by Essec to promote good representation: diversity of origins of beneficiaries (Somalia, Mauritania, Guinea, Djibouti, etc.) and diversity of professionals (health, legal, social, etc.).

The interviews were semi-directive and all conducted remotely (videoconference or telephone). They lasted between 30 minutes and 1 hour.

Quantitative phase:

The ESSEC has built a questionnaire for beneficiaries (women & men) and a questionnaire for professionals, based on the Theory of Change and the results of the qualitative phase (interviews). The GAMS Belgium teams tested these questionnaires with a panel of beneficiaries and professionals before sending them to the entire selected database. Ten community relays (volunteers from communities affected by FGM who can speak one or more of the languages of the target audience) were trained in interview techniques to administer the questionnaire by telephone. The interviews were translated into the original languages so that they could be administered vocally to newcomers who had not yet mastered one of the national languages. People who

opted for self-administration (online) were given the choice of French or English.

Data collection took place from April to mid-May 2024:

- Online self-administration of the questionnaire for professionals,
- Telephone administration for beneficiaries by a community helper trained in interview techniques,
- Self-administration for some beneficiaries after call and targeted sending by the community relays.

ii. CREATING THE REFERENCE FRAMEWORK.

A workshop took place on 7 November 2024 in Brussels in the presence of members of the End FGM European Network. This workshop was an opportunity to:

- present the impact assessment process so that the associations present can take ownership of it,
- present the results of the impact evaluation of GAMS Belgium,
- get feedback on the relevance of the reference framework created for GAMS Belgium for their activities,
- bring out the impacts to be evaluated for advocacy activities (not included for GAMS Belgium).

A complementary literature review was conducted, as well as a series of interviews with presidents and leaders of member associations of the End FGM European Network specialising in advocacy issues. These interviews aimed to explore the advocacy dimension, which had not yet been explored for the GAMS Belgium study.

These different elements allowed the finalisation of the advocacy section of the reference framework and its sending for review to 6 members of the End FGM European Network.

C. STATISTICAL PRECISIONS.

i. MARGIN OF ERROR AND CONFIDENCE LEVEL.

When collecting data, it is often impossible to interview all of the target people (called the “population”). **It is then necessary to carry out sampling.** The sample must be able to reliably represent the population. For this, the reliability indicators used in statistics are the **margin of error** and the **confidence level**. These 2 indicators can be used:

→ Before data collection, when choosing the sample size,

→ After data collection, to check the reliability of the results obtained.

You can easily find calculators online.

Keep in mind that **the higher your confidence level and the smaller your margin of error, the more re-**

liable your results will be. Overall, the more people you survey, the closer your results are to what you would have obtained if you surveyed the entire population, and therefore the more reliable your results will be.

It is accepted that a margin of error of 5% and a confidence level of 95% allow for reliable results.

MARGIN OF ERROR:

This is the difference that the results of your survey could have if the survey were repeated with another sample of the same population, or even with the population as a whole.

Example: For a question in your survey, you get 70% of “yes” answers with a margin of error of 5%. This means that if we had conducted the survey among the entire population, we would have obtained a value between 65% and 75%.

So the smaller the margin of error, the more reliable the results.

TRUST LEVEL:

This indicator reflects the degree of reliability of the margin of error.

Example: With a 95% confidence level applied to the previous example, we know with a 95% probability that 65 to 75% of the total population would have answered “yes” to the question asked. There is therefore a 5% probability that the result obtained from the population is less than 65% or greater than 75%.

So the higher the confidence level, the more reliable the margin of error.

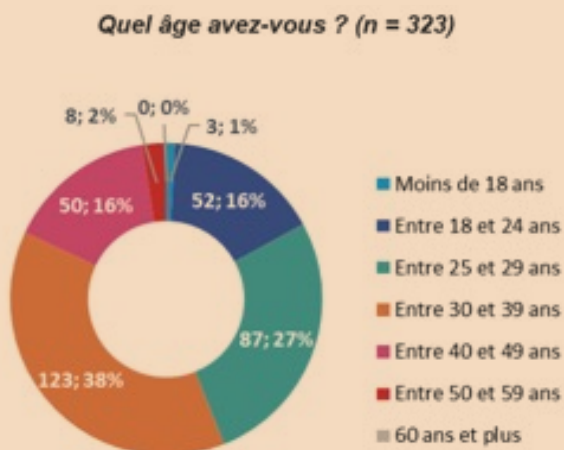
ii. FLAT SORT AND CROSS SORT.

Sorts are **methods of data analysis**.

FLAT SORTING:

Flat sorting gives the distribution of answers question by question.

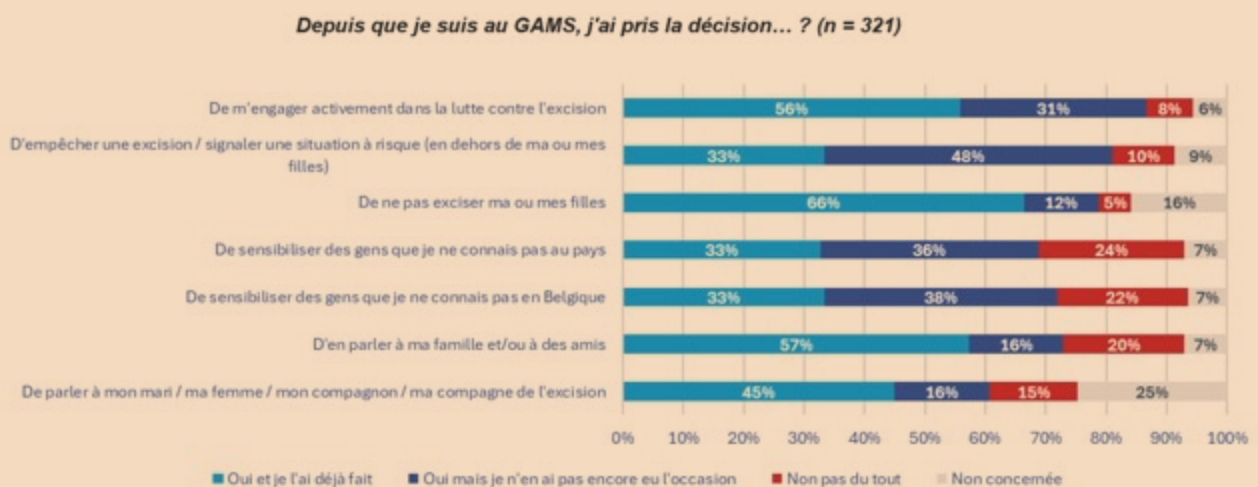
Examples of graphs from a flat sort analysis - Breakdown by age



Reading and interpretations:

- 16% of respondents are aged between 18 and 24
- 1% of respondents were under 18
- 17% of respondents were under 25

Examples of graphs from a flat sort analysis - Ability to act



Reading and interpretations:

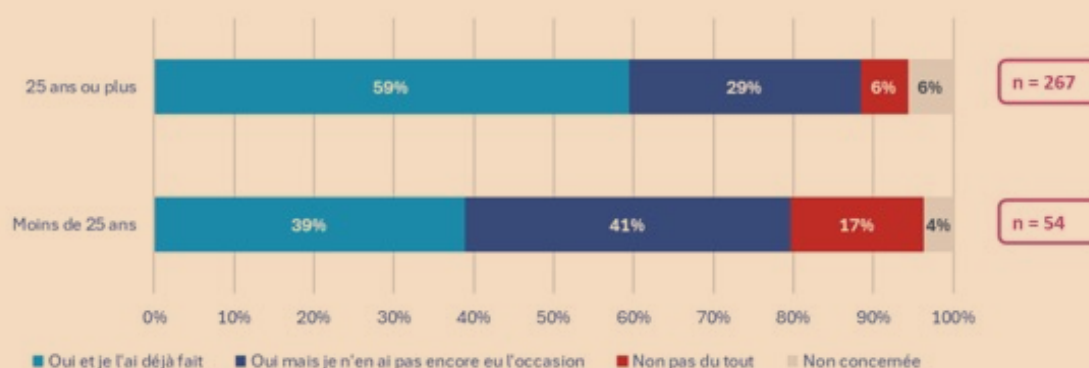
- 87% of respondents have decided to get involved in the fight against excision, and 56% have already done so.
- 33% of respondents have been able to raise awareness of FGM among people they do not know in their country of origin.

CROSS SORT:

Cross-tabulation involves cross-tabulating the answers to one question with the answers to another question and allows for more in-depth analysis. Calculators are available online.

Examples of graphs from a cross-tab analysis

Depuis que je suis au GAMS, j'ai pris la décision de "De m'engager activement dans la lutte contre l'excision" ? (n = 321)



Reading and interpretations:

Cross-referencing the 2 previous questions, I see that more women aged 25 and over are actively involved in the fight against excision (88%) than women under 25 (80%).

You can thus carry out your cross sorting according to age, gender, country of origin, but also cross-reference impact questions between them. This allows you to highlight impacts specific to a type of profile for example.

D. SAMPLE QUESTIONNAIRE.

EXCERPT FROM THE QUESTIONNAIRE FOR PEOPLE SUPPORTED (BENEFICIARIES) BY GAMS BELGIUM:

Hello,

This study aims to assess the GAMS' social impact on the people the GAMS has helped.

Questions will be about your link with the GAMS, about what its support brought you, and about what changed for you. It will take between 10 and 15 minutes.

Answers are completely anonymous and no value judgement is made on your answers. There is no right or wrong answer, feel free to give the closest answer to what you think and feel.

Are you...

- ☐ a woman
- ☐ a man
- ☐ I do not wish to answer

How old are you?

- ☐ Less than 18
- ☐ Between 18 and 24
- ☐ Between 25 and 29
- ☐ Between 30 and 39
- ☐ Between 40 and 49
- ☐ Between 50 and 59
- ☐ More than 60

Why did you contact the GAMS at that time?

- ☐ I needed to tell what I had gone through and to be listened to
- ☐ I wanted to protect myself from excision or a second excision
- ☐ I wanted to protect my daughter(s) from excision
- ☐ I wanted to know more about excision
- ☐ I was looking for answers about my life as a couple / my sexual life
- ☐ I was looking for help for seeking asylum in Belgium
- ☐ I wanted medical information (about my health problems, repairation possibilities,...)
- ☐ I wanted to involve in the fight against excision
- ☐ I came out of curiosity, to know what the GAMS could offer
- ☐ I did not have any expectation
- ☐ I don't remember
- ☐ Other

Specify if you agree with the following statements:

Before, I did not know it. But thanks to the GAMS...

	1. Totally agree	2. Agree	3. Disagree	4. Totally disagree	Not concerned
I discovered the various types of excision					
I understood that excision was linked to traditions and community rather than religion					
I understood that excision could have serious consequences on physical and/or psychological health and on sexual life					
I learnt that excision was forbidden in many countries					
I discovered which type of excision I suffered from					
I understood I was not born like this					

Did/do you benefit from a support on excision by another organisation than GAMS?

- ☐ I used to be supported by another organisation and I am not anymore
- ☐ I have been supported by another organisation and I still am
- ☐ No, I have never been supported by another organisation on the topic of excision

How would you have done without the GAMS?

- ☐ I would have asked the help of another organisation
- ☐ I would have solved my problems by myself
- ☐ It would have been difficult or even impossible to solve my problems
- ☐ Other

CLOSING WORD

As we reach the end of this guide, we wish to express our deep gratitude to all those who work every day to end female genital mutilation, in Europe and beyond. This framework for evaluating social impact is the result of a collective journey, enriched by the diversity of voices, experiences, and knowledge that make up our movement.

We are proud to present this guide as a living, dynamic, and evolving tool, designed to encourage a common approach to evaluating and recognising the social impact of our actions. By adopting shared tools such as this methodological guide and the indicator framework, we will continue to better demonstrate the positive changes, reflections, and questions we generate, not only at the individual, family, and community levels, but also at the structural and societal levels (in workplaces, schools, institutions, etc.) as we challenge harmful social and gender norms and engage in advocacy through laws and policies.

Evaluating social impact goes far beyond a simple technical exercise, often carried out at the request of funders: it represents an opportunity for our movement to strengthen our actions. This guide is an invitation to build a common language, to make

visible the progress that often goes unacknowledged, and to reinforce the positive and lasting changes that emerge from our collective efforts.

It aims to support our work, spark enriching dialogues between partners and stakeholders, and help amplify the voices and stories of survivors, affected communities, and the people at the heart of our mission.

Together, let us continue building a future free from female genital mutilation, one founded on respect, dignity, and equality. To your guides!

Fabienne Richard, Director of GAMS Belgium

Marianne Nguena, Interim Director of the End FGM EU Network

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→ La Fondation CHANEL, for its essential support;

→ And of course, all the survivors, the affected communities, and all those who work, often behind the scenes, to end FGM, here and elsewhere: your commitment is the very reason this guide exists.