

**E- learning course on a public health approach to address
female genital mutilation 2023**

Module 1 – Session 4

World Health Organization (WHO) Resources on FGM Prevention and Care



Module Objectives

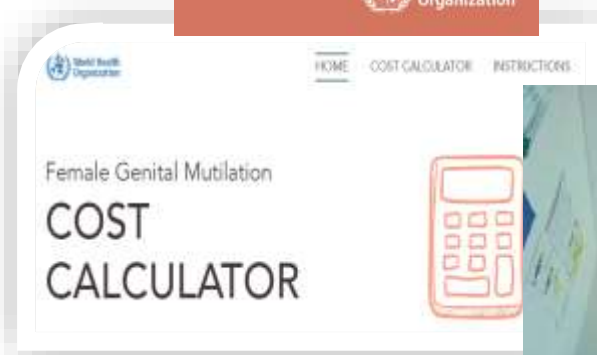
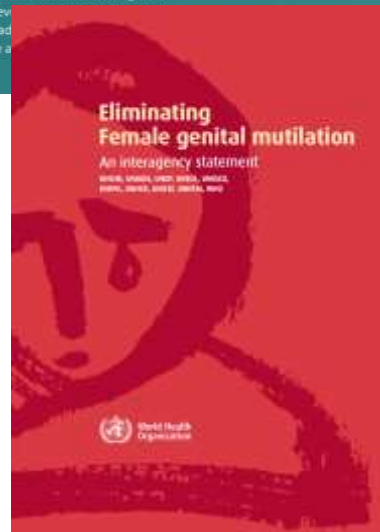
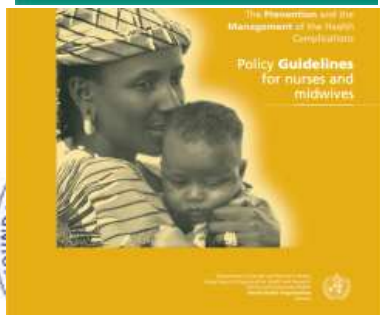
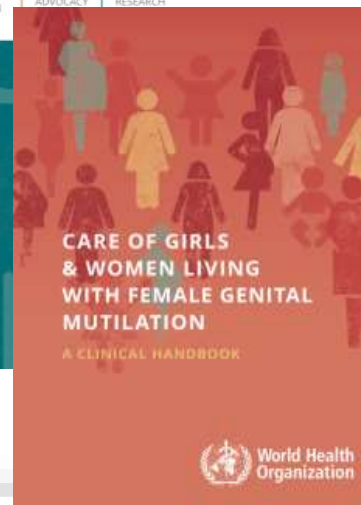
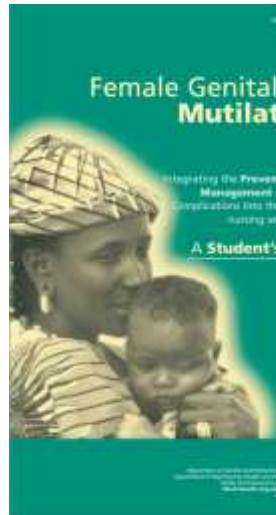
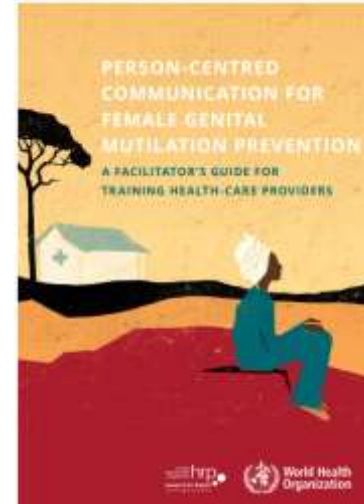
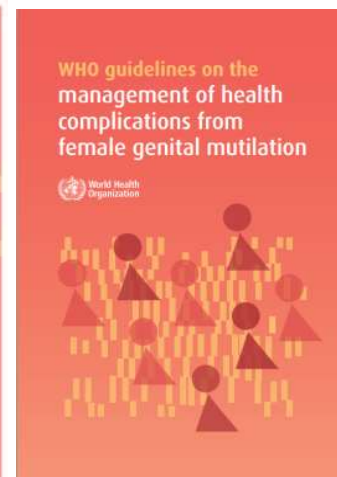
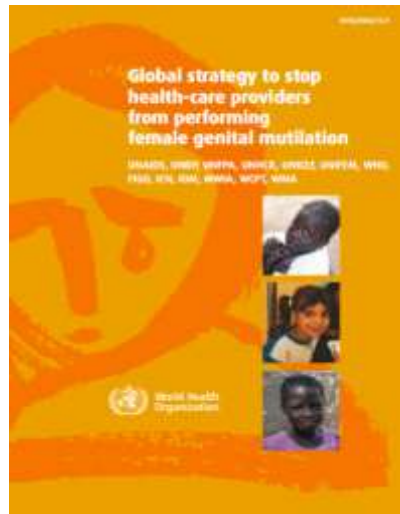
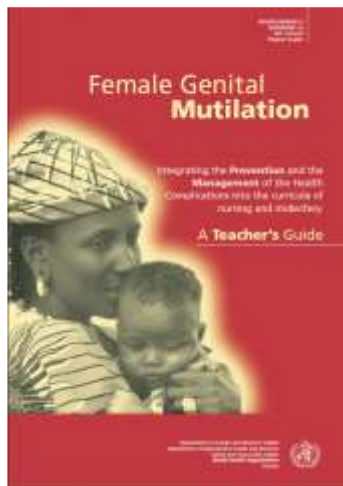
- To be aware of the available WHO resources that can support your area of work



Presentation Outline

- Sharing available WHO resources and upcoming ones
- Describe each resource:
 - Background/Rationale
 - What the resource is about with content overview
 - Target audience
 - E-link to access resource





Female Genital Mutilation Cost Calculator



February 2020

Background and Rationale

- Limited involvement of health sector in FGM prevention
- The burden of health costs can be a powerful incentive to take action
- Evidence on the cost impact of health complications and FGM abandonment efforts limited

What is it?

An interactive online tool to visualize:

- Costs associated with health complications of FGM over a woman's lifetime.
- Amount of money that can be saved in different scenarios of abandonment over time for 27 countries with high FGM prevalence



<https://srhr.org/fgmcost/>

Female Genital Mutilation COST CALCULATOR



The WHO FGM Cost Calculator estimates the current and projected financial health care costs associated with FGM in specific countries, as well as the potential cost savings to health systems of reducing new cases of FGM.

Start by choosing a country of interest from the interactive map below or the dropdown menu. Once you select a country you MUST click on the "Calculate" button in order for the calculations to appear. In the "Parameters" dropdown menu allow you to adjust epidemiological metrics, prevention intervention effectiveness, and included costs (based).

Country level results of the cost calculator outputs are available as country fact sheets. These can be accessed using the "Fact sheets" tab in the navigation menu.

Pick your country of interest from the list below.

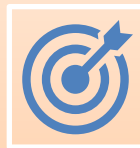
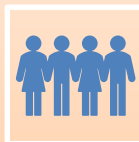
Calculate

COMPARATIVE PREVALENT CASES OF FGM: SUDAN

Business As Usual

Prevention

Target Audience



Decision makers in:

Funding allocation e.g., ministers or donors

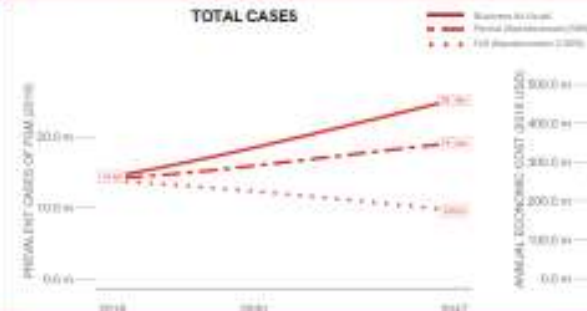
Designing policies, strategies, plans and programs

SUDAN | Female Genital Mutilation Health Cost Summary

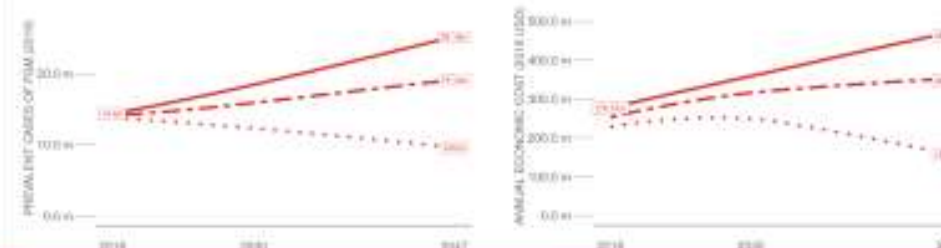
COST CALCULATOR

FGM CASES AND HEALTH COSTS WILL CONTINUE TO RISE UNLESS FGM IS ABANDONED

TOTAL CASES



HEALTH COSTS



Business As Usual

If no change occurs, 25.2 million girls are projected to undergo FGM, and health costs are projected to rise to USD 463.4 million per year by 2047.

Partial Abandonment (50%)

A 50% reduction in FGM is not enough; 19.1 million girls are projected to undergo FGM, and health costs are projected to rise to USD 348.4 million per year by 2047.

Full Abandonment (100%)

Complete abandonment of FGM by 2047 is projected to prevent 75.6 million girls from undergoing FGM and save USD 306 million per year.

HEALTH COMPLICATIONS OF FGM SPAN THE LIFE COURSE

FGM health complications accumulate throughout the life course and are proportionally highest during the non-reproductive stage of adulthood. In Sudan, the cumulative treatment costs are approximately USD 4 billion for urogynecological complications and USD 2 billion for obstetric complications.

*Adulthood excludes reproductive stage and later life.

CUMULATIVE HEALTH COST PROJECTIONS FOR FGM COMPLICATIONS ACROSS LIFE STAGES



FGM comes at a cost



negative health consequences

FGM has no health benefits and increases the risk of health complications.



violation of human rights

FGM is a form of gender discrimination and violates the rights of women and girls.



financial burden on health systems

Treatment of health complications strains already stretched health systems.



FGM creates an obstacle for countries to achieve Sustainable Development Goals 3 and 5

When countries invest to end FGM

- Girls are protected from a harmful practice
- Health complications are prevented
- Quality of life for women and girls is improved



WHO supports countries to strengthen health systems and to prevent and respond to FGM.

Resources and tools: <http://www.who.int/health-topics/female-genital-mutilation>

FGM Cost Calculator and other country health cost summaries: <https://www.who.int/gen/gad/cost-calculator/>



World Health Organization



Human Reproductive Programme research for impact

Person Centered Communication for FGM Prevention: a facilitator's guide



February 2022

Background and Rationale

- Health care providers lack knowledge and skills to communicate effectively on FGM
- No evidence-based resources to strengthen these skills

What is it?

- Training guide using several interactive training methods e.g., story telling, animated video, role plays, discussion storm to enable facilitators conduct a three-day participatory workshop with 16–20 participants
- Content can be adapted to address specific knowledge and skills gaps in shorter refresher trainings



<https://www.who.int/publications/i/item/9789240041073>

Person Centered Communication for FGM Prevention: a facilitator's guide

Target Audience



Health professional trainer

Primarily designed for midwives and nurses but can be adapted to other health care providers

SESSION 1: Introduction

SESSION 2: Analysing and influencing tradition

SESSION 3: Values clarification exercise

SESSION 4: Introduction to key topics

SESSION 5: The role of health-care providers

SESSION 6: Characteristics and principles of person-centred communication

SESSION 7: Beliefs about FGM (and how to respond to them)

SESSION 8: Person-centred communication for FGM prevention

SESSION 9: Values and ethics on FGM medicalization

TRAINING AID ★ Flip chart poster with diagram of the unaltered female genitalia

TRAINING AID ★ Handout of four types of FGM

TRAINING AID ★ Semi-scripted role play handout

TRAINING AID ★ Handout with example dialogues

TRAINING AID ★ 12 Myth or truth game

TRAINING AID ★ 15 Handout with ABCD steps

TRAINING AID ★ 16 Situation cards with beliefs about FGM

TRAINING AID ★ 18 Pre-printed ethics statements plus response sheets

TRAINING AID ★ 19 Handout with role play script



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72

102

114



Guidelines on the management of health complications from FGM



Background and Rationale

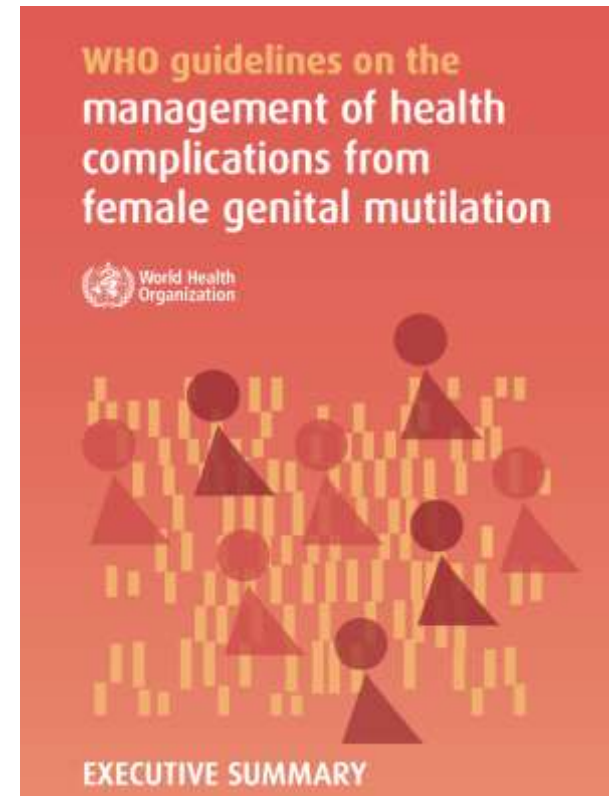
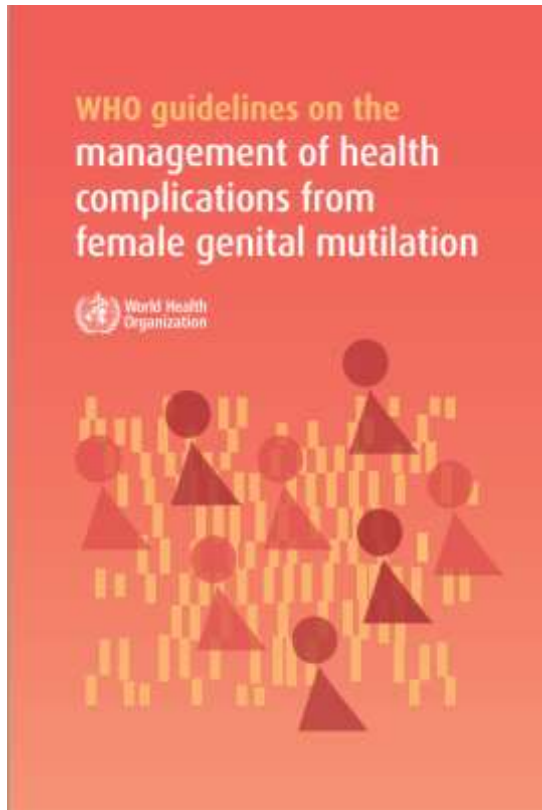
- Health care providers lack knowledge and skills to communicate effectively on FGM
- No evidence-based resources to strengthen these skills

What is it?

- Evidence based recommendations on the management of health complications associated with or caused by FGM
- Content can be used for job aids, pre- and in-service professional training material



Guidelines on the management of health complications from FGM



Guidelines with an executive summary and policy brief

<https://www.who.int/publications/i/item/9789241549646>



WHO guidelines on the management of health complications from female genital mutilation



- 4 Domains
- 5 Recommendations (R)
- 8 Good practice statements (BP)

Target Audience



Health-care provider caring for girls and women who have undergone FGM

Policy-makers, health-care managers and others in charge of planning, developing and implementing national and local health-care protocols and policies

Summary of the recommendations (R) and best practice statements (BP)

DEINFIBULATION

- R-1** Deinfibulation is recommended for preventing and treating obstetric complications in women living with type III FGM (strong recommendation; very low-quality evidence).
- R-2** Either antepartum or intrapartum deinfibulation is recommended to facilitate childbirth in women living with type III FGM (conditional recommendation; very low-quality evidence).
- R-3** Deinfibulation is recommended for preventing and treating urologic complications – specifically recurrent urinary tract infections and urinary retention – in girls and women living with type III FGM (strong recommendation; no direct evidence).
- BP-1** Girls and women who are candidates for deinfibulation should receive adequate preoperative briefing (Best practice statement).
- BP-2** Girls and women undergoing deinfibulation should be offered local anaesthesia (Best practice statement).

MENTAL HEALTH

- R-4** Cognitive behavioural therapy (CBT) should be considered for girls and women living with FGM who are experiencing symptoms consistent with anxiety disorders, depression or post-traumatic stress disorder (PTSD) (conditional recommendation; no direct evidence).
- BP-3** Psychological support should be available for girls and women who will receive or have received any surgical intervention to correct health complications of FGM (Best practice statement).

FEMALE SEXUAL HEALTH

- R-5** Sexual counselling is recommended for preventing or treating female sexual dysfunction among women living with FGM (conditional recommendation; no direct evidence).

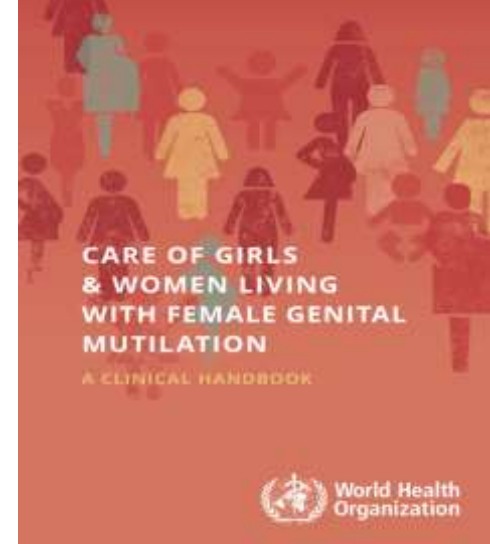
INFORMATION AND EDUCATION

- BP-4** Information, education and communication (IEC)⁴ interventions regarding FGM and women's health should be provided to girls and women living with any type of FGM (Best practice statement).
- BP-5** Health education⁵ information on deinfibulation should be provided to girls and women living with type III FGM (Best practice statement).
- BP-6** Health-care providers have the responsibility to convey accurate and clear information, using language and methods that can be readily understood by clients (Best practice statement).
- BP-7** Information regarding different types of FGM and the associated respective immediate and long-term health risks should be provided to health-care providers who care for girls and women living with FGM (Best practice statement).
- BP-8** Information about FGM delivered to health workers should clearly convey the message that medicalization is unacceptable (Best practice statement).

Care of girls and women living with FGM - a clinical handbook

Rationale

- To enhance the uptake of WHO guidelines for management by health-care providers



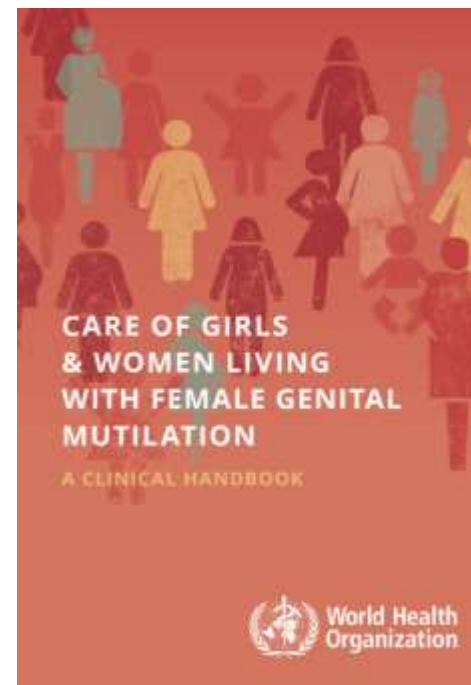
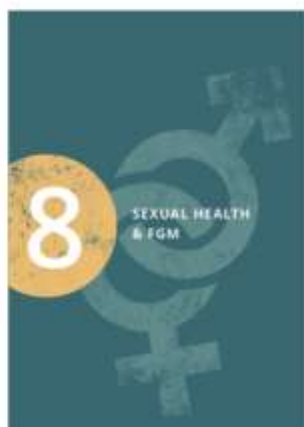
April 2018

What is it?

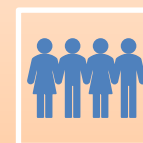
- Derivative of the WHO guidelines
- A user-friendly handbook to guide health-care providers to:
 - Provide comprehensive care
 - Effectively communicate and care using person and family centered approach



<https://www.who.int/publications/i/item/9789241513913>



Target Audience



Health-care provider caring for girls and women who have undergone FGM

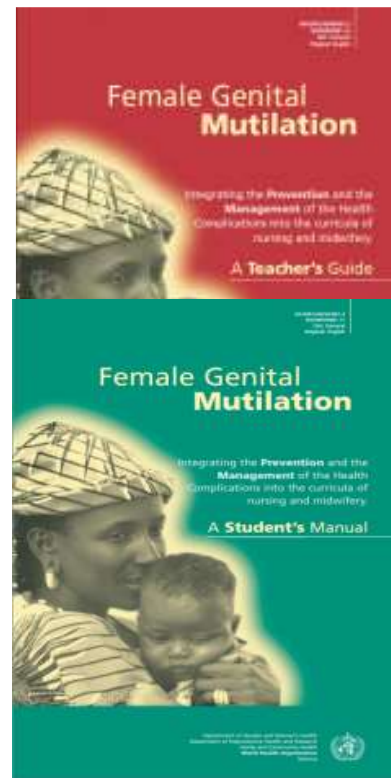
FGM – Integrating the prevention and the management of the health complications into the curricula of nursing and midwifery – a Teacher's and Student's Guide

Background and Rationale

- FGM related content for training was limited
- Midwives and nurses make up most of the health work force and work with women living with FGM

What is it?

- Training guide focuses on
 - The knowledge and skills to prevent and manage FGM.
 - Strategies for involving individuals, families, communities, and political leaders in the prevention of FGM.
 - Management of women living with FGM during pregnancy, childbirth, and the postpartum period.



December 2001



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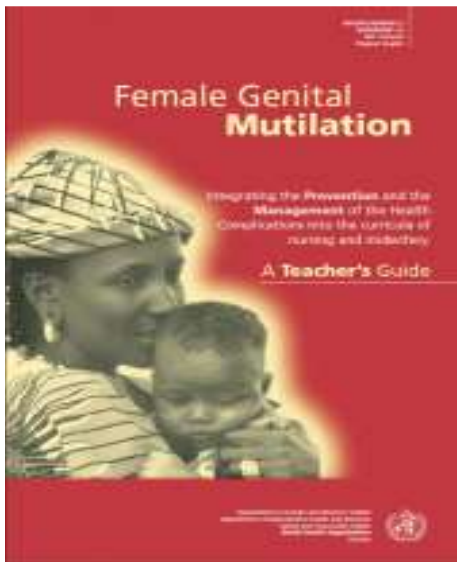
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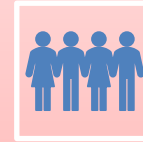
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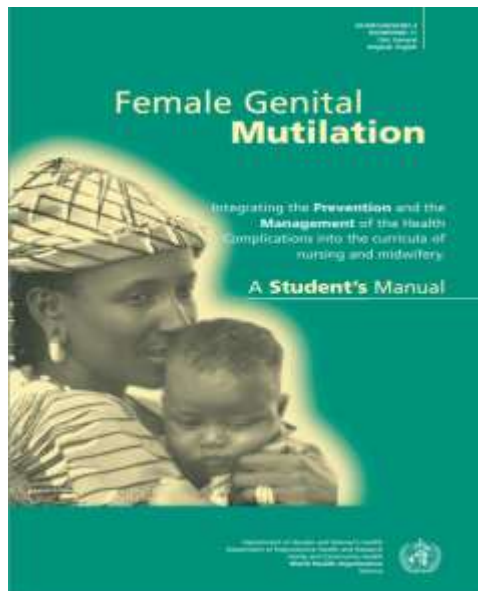


Target Audience



Teachers responsible for educating and training medical students, clinical officers, public health officers, and other health-care providers

<https://www.who.int/publications/i/item/WHO-RHR-01.16>



Target Audience



medical students, clinical officers, public health officers, and other health-care providers

https://apps.who.int/iris/bitstream/handle/10665/66857/WHO_FCH_GWH_01.4.pdf?sequence=2&isAllowed=y



Integrating female genital mutilation content into nursing and midwifery curricula: a practical guide

February 2022



Background and Rationale

The competencies of the International Confederation for Midwives/Nurses and for other health professions are not specific on FGM

FGM material for training exists but no guidance on how to systematically identify what content is needed and how to include it into new/existing training curricula

What is it?

A guide to develop context specific FGM training content and how to integrate it within new/existing training curricula

Target Audience



Curriculum planners and educators at all levels

<https://www.who.int/publications/i/item/9789240042025>

Integrating female genital mutilation content into nursing and midwifery curricula: a practical guide

Step by Step approach



Six FGM Learning Outcomes

1. Knowledge on FGM that is relevant to the contextual setting

2. Understanding one's own and the community's values and attitudes on FGM

3. Legal and accountability measures on FGM and FGM medicalization

4. Roles and responsibilities in providing FGM prevention and care services

5. Management of FGM complications as per professional competencies

6. How to offer person-centred communication for FGM prevention



Ethical considerations in research on FGM

Background and Rationale

- FGM related research is growing informed by a global research agenda
- FGM is a sensitive research topic, which can bring risk to participants and researchers at all stages of research



January 2022

What is it?

- A guidance document to strengthen the ethical conduct of all research on FGM
- This resource
 - Highlights the key ethical considerations faced by researchers
 - Maximizes the impact and quality of research on FGM
 - Minimizes the risks for participants
 - Provides guidance for all kinds of studies on FGM



<https://www.who.int/publications/i/item/9789240040731>

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Acronyms and abbreviations

Acknowledgements

Preface

PART I: BACKGROUND

CHAPTER 1. INTRODUCTION

Provides background about the purpose of the document and types of research being carried out on FGM

- 1.1 Research on FGM
- 1.2 Methodology
- 1.3 Types of research most frequently carried out on FGM

CHAPTER 2. OVERVIEW OF ETHICAL PRINCIPLES IN RESEARCH

Summarizes the universally accepted key principles of ethics in biomedical research involving human subjects, and presents existing documents on ethical considerations in research on sensitive topics.

- 2.1 Key principles
- 2.2 CIOMS guidelines
- 2.3 Existing guidance for researching violence against women, and other sensitive topics
- 2.4 Application of ethical principles and frameworks to research on FGM

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PART II: ETHICAL PRINCIPLES AT ALL STAGES OF RESEARCH

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Presents key considerations for applying ethical principles during the conceptualization and study design stage of research on FGM

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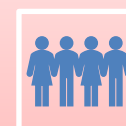
CHAPTER 5. ANALYSIS AND DISSEMINATION

38

Presents key considerations for applying ethical principles during the data analysis and dissemination stage of research on FGM

- 5.1 Analysis and interpretation
- 5.2 Dissemination of research findings

Target Audience



Researchers at all stages of research, researchers and research ethics committees



Global strategy to stop health-care providers from performing FGM

Rationale

- FGM medicalization trend increasing
- Global health community and national authorities require strategic approach to address it

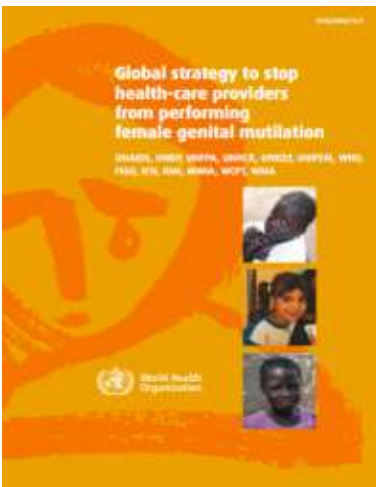
What is it?

- A guidance document to strategically address FGM medicalization through four pillars of action

Target Audience



Policy makers in governments,
parliamentarians, international
agencies, professional
associations, community leaders,
religious leaders, NGOs and other
institutions

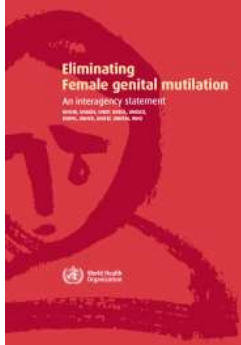


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- Part I covers terminologies, burden of FGM and its medicalization
- Part II relates FGM medicalization to global goals and concerns
- Part III explains the reasons why FGM medicalization happens, why it should not happen and challenges that need to be overcome
- Part IV spells out the strategy to stop FGM medicalization



Eliminating female genital mutilation: an interagency statement



June 2008

Background and Rationale

- A joint statement on FGM was made in 1997 by WHO, UNICEF and WHO
- Since then, increasing efforts made to address FGM with wider UN agencies
- FGM prevalence remains high requiring stronger commitment and efforts

What is it?

- An Interagency Statement written and signed by a wider group of United Nations agencies to:
 - support advocacy
 - highlight the human rights and legal dimensions of the problem
 - share new evidence and lessons learnt over the past decade

<https://www.who.int/publications/i/item/9789241596442>



Contents

Eliminating female genital mutilation: the imperative

Why this new statement?

Female genital mutilation—what it is and why it continues

Female genital mutilation is a violation of human rights

Female genital mutilation has harmful consequences

Taking action for the complete elimination of female genital mutilation

Conclusion

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Annex 2: Note on the classification of female genital mutilation

Annex 3: Countries where female genital mutilation has been documented

Annex 4: International and regional human rights treaties and consensus documents providing protection and containing safeguards against female genital mutilation

Annex 5: Health complications of female genital mutilation

References

Target Audience

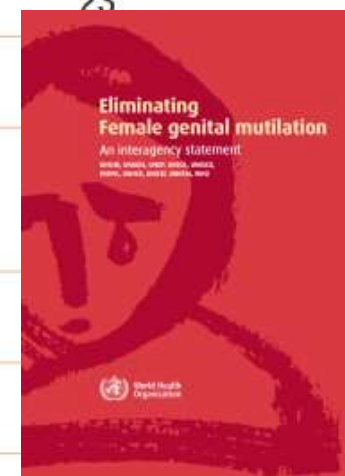


Call to all States, international and national organizations, civil society and communities to uphold the rights of girls and women

Call to program implementers and communities to develop, strengthen, and support specific and concrete actions

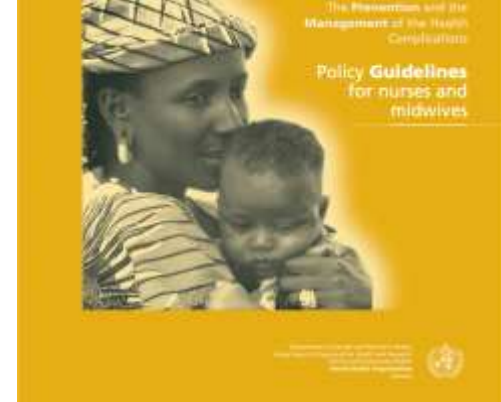
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FGM: the prevention and the management of the health complications

– Policy guidelines for nurses and midwives



January 2001

Background and Rationale

- FGM medicalization trend increasing
- Limited policies on midwifery practice on de-infibulation, on adherence to WHO guidelines and FGM documentation in clinical records and health information systems

What is it?

- A set of policies on de-infibulation, re-infibulation, FGM medicalization, documentation of FGM within clinical records and health information



<https://www.who.int/publications/i/item/WHO-FCH-GWH-01.5>



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POLICY NO. 3: Performance of functions that are outside the nurse's/midwife's legal scope of practice	12
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POLICY NO. 4: Documentation of FGM	12
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POLICY NO. 5 Prevention of female genital mutilation by nurses, midwives other health professionals	13
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APPENDIX

LIST OF ABBREVIATIONS SELECTED WHO PUBLISHED DOCUMENTS OF RE
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Target Audience

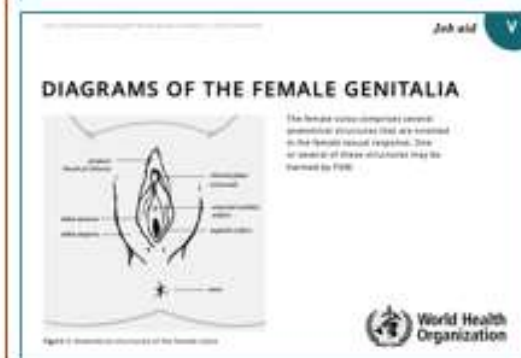
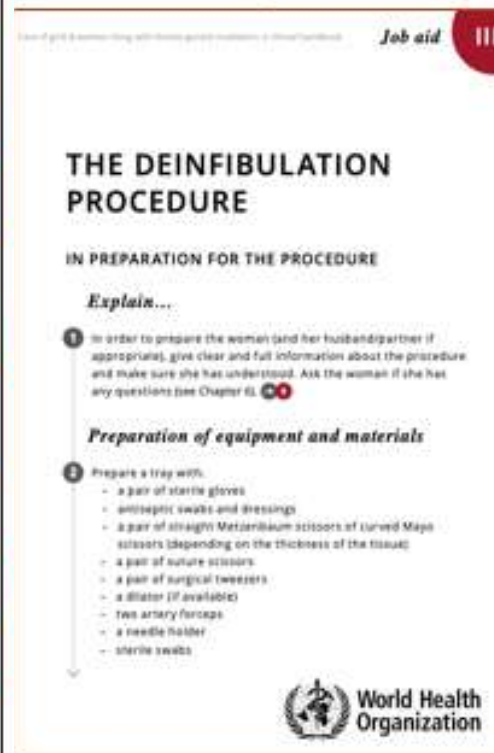


Those responsible for developing policies and directing practices of nurses, midwives and other health-care providers

Educators/facilitators who train nurses, midwives and other health-care providers



Information, education and communication materials/infographic



<https://www.who.int/multi-media?healthtopics=b3387754-2f0a-48a4-93f7-8d4cae10087b>

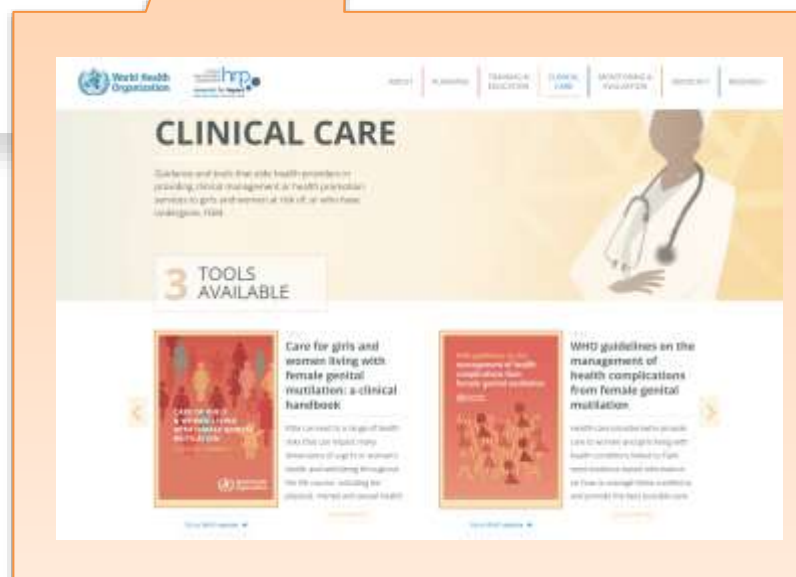
FGM prevention and care: a resource kit for the health sector



What is it?

Compendium of WHO
resources within six
modules to facilitate

<https://srhr.org/fgmresources/>



Products in The Pipeline

1. New updated and expanded WHO guidelines
2. Measurement guide on FGM for health sector
3. Standardized FGM related knowledge, attitudes and practices questionnaire for health-care providers
4. Guiding templates for conducting situational assessment and developing national health action plans



Summary

- Wide range of WHO resources available for:
 - Health policy-makers
 - Program planners and managers
 - Health-care providers
 - Educators
 - Members of professional associations
 - Monitoring and evaluation officers
 - Civil society
 - Researchers

