

Module 4: Session 1

# Comprehensive Health Action Plans which address FGM

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# Learning objectives

- To know how to systematically develop a comprehensive health action plan (including advocacy)
- To know the key areas to generate relevant data from situational assessment
- To learn how to develop a theory of change
- To develop and refine an action plan guided by WHO's strategic four pillars



# Session overview

- Recap why health sector needs to address FGM
- Situation Assessment
- Theory of change
- The four pillars for comprehensive health action plans
- How to develop an advocacy plan



# Introduction

- Module 1 session 3 highlighted why the health sector needs to address FGM
  - Public health issue
  - Costly to health system
  - Health care providers
  - Health care providers are already change agents
  - Health system has existent infrastructure for health promotion
- Health systems therefore require a comprehensive health action plan to take up this role



# Situational Assessment



# Situational Assessment

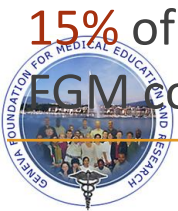
- Collate data on:
  - 1) FGM epidemiology (prevalence, types, geographical distribution, practitioners, drivers)
  - 2) National FGM response and health sector response to FGM (plans, interventions scope and scale)
  - 3) Health system status (specifically RMNCAH\* management, health information system structure and function, health system strengthening initiatives)
  - 4) Legal and health professional regulatory status (law, health professional regulation against FGM medicalization, enforcement mechanisms)

\*Reproductive, maternal, neonatal, child and adolescent health



# EXAMPLE: FGM context and health system status

FGM Profile	Health System and Health Sector Response	National Response and Legal Position
<p>50% among 15 – 49 years</p> <p>25% among 0 – 15 years</p> <p>FGM type 2 and 3</p>	<p>De-centralized health system</p> <p>FGM treatment costs 50 million/year</p> <p>No health sector response</p>	<p>Law against FGM is present - includes clause on FGM medicalization</p>
<p>15% of women with FGM reporting health worker performed FGM</p>	<p>No district health management information system II (DHIS-2) Coverage</p>	<p>Health professional regulatory mechanism in place but no specificity on FGM medicalization</p>
<p>High with regional variation on FGM prevalence</p>	<p>Human Resource for Health is critically low</p>	<p>National response includes several sectors</p>
<p>10% of women supportive to FGM continuation</p> <p>15% of men supportive to FGM continuation</p>	<p>Initiative to strengthen competencies of health workers at primary health care</p>	



# Theory of change





# Theory of change

## What is it?

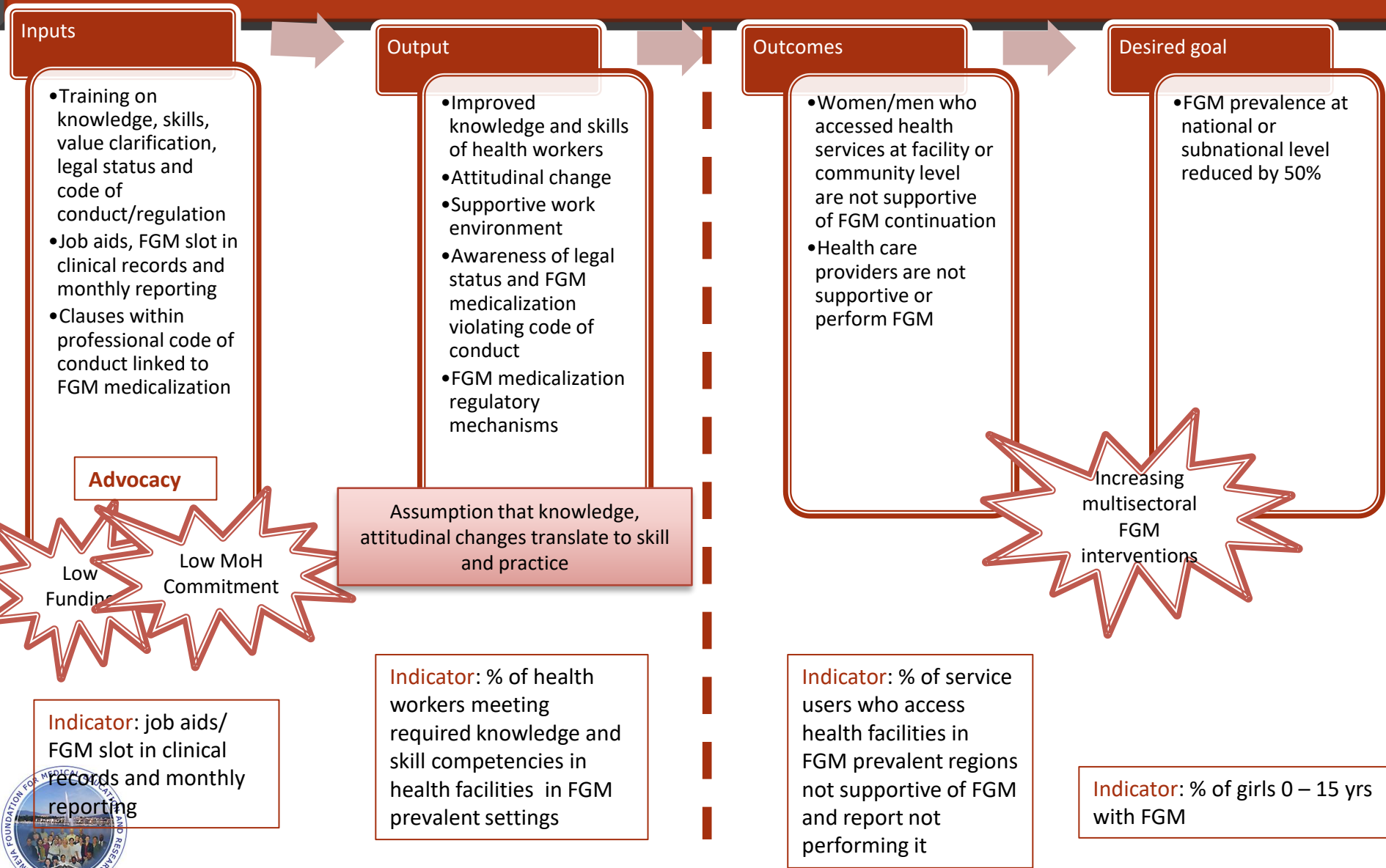
A comprehensive description and illustration of how and why a desired change is expected to happen in a particular context

## How to develop it?

- Identify long term goal and work backwards using outcomes pathway – what conditions need to be in place in each step
- Add indicators to be able to measure performance for each result
- Consider facilitators, barriers and assumptions
- Determine your organizations' accountability ceiling to claim credit/responsibility for



# Theory of change



# Four Pillars of Action for planning

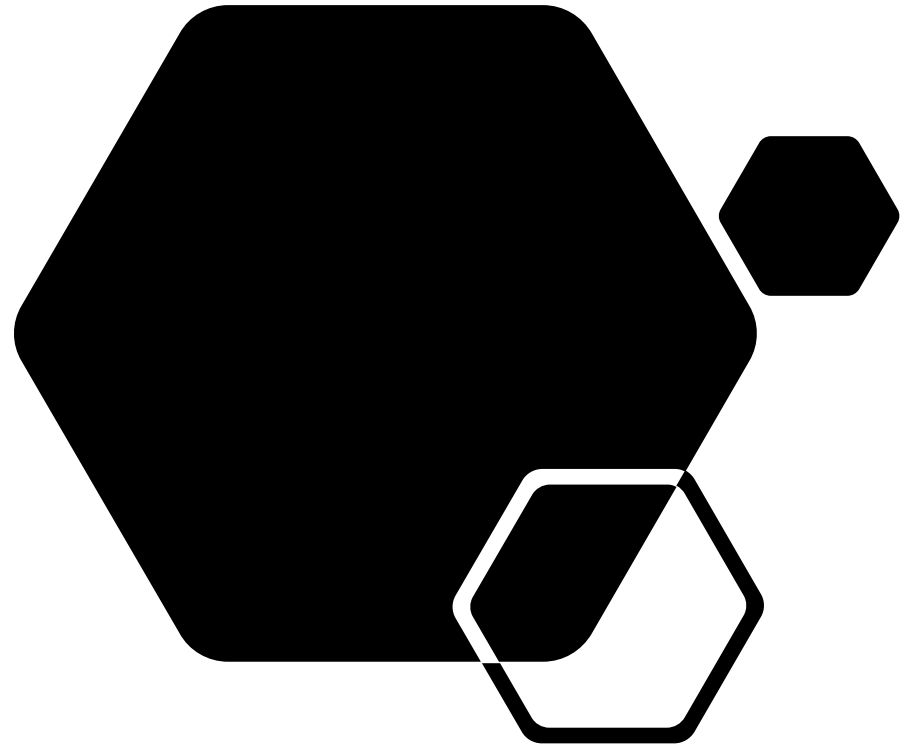


# Four pillars of a comprehensive health action plan that addresses FGM

- To mobilize political will and funding
- To strengthen the knowledge and skills of health care providers
- To strengthen monitoring and evaluation and accountability
- To facilitate in creating a supportive environment to enact legal and regulatory frameworks



# Policy, financing and governance



# Pillar 1. Mobilize political will and funding

## Actions can include:

- Advocacy for investment in elimination efforts
- Mobilize and coordinate efforts to support national and health policy against the medicalization of FGM
- Advocate for sustained and coordinated health sector planning, budgeting and actions within RMNCAH\*
- Advocate for a sustainable, coordinated public and private partnership in financing FGM-elimination programs

\* Reproductive, maternal, neonatal, child and adolescent health



# Pillar 1. WHO resources

The screenshot shows the WHO Female Genital Mutilation (FGM) Health Cost Calculator. The main heading is "Female Genital Mutilation COST CALCULATOR". Below the heading, it states: "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." It also includes a section for "Pick your country of interest from the list below." The interface includes a navigation menu with "HOME", "COST CALCULATOR", "INSTRUCTIONS", and "ABOUT".

The cover of the WHO guidelines features the title "WHO guidelines on the management of health complications from female genital mutilation" in a bold, sans-serif font. Below the title is the WHO logo and the text "World Health Organization". The background is a solid blue color with a pattern of white and yellow geometric shapes (triangles and circles) arranged in a grid-like pattern.

The cover of the WHO report is titled "Eliminating Female genital mutilation" in a large, bold, white font. Below the title is the subtitle "An interagency statement" and a list of agencies: "UNAIDS, UNHCR, UNICEF, UNFPA, UNWFP, WHO". The background is a dark blue color with a large, stylized white silhouette of a woman's face. The WHO logo is visible in the bottom right corner.

## Information, education and communication materials/infographic

This block contains a grid of 12 small infographics. Each infographic has a distinct color and layout, featuring text, icons, and small images. The topics include "Violence against women and girls", "FGM COST", "The genital mutilation violation of women's rights", "ARE MANY MYTHS ABOUT FGM?", "INVEST TO END FGM", "FGM COST", "The genital mutilation violation of women's rights", "ARE MANY MYTHS ABOUT FGM?", "INVEST TO END FGM", "FGM COST", "The genital mutilation violation of women's rights", and "ARE MANY MYTHS ABOUT FGM?".

## Situational analysis template

The situational analysis template is a complex document with multiple sections. It includes a "Country context domain and data resources for context assessment exercise" section, a "SITUATIONAL ANALYSIS" section with a table of "KEY FINDINGS", and a "RECOMMENDATIONS" section. The table of key findings lists various domains such as "LAW AND POLICY", "HEALTH SERVICES", "SOCIO-CULTURAL", and "ECONOMIC", with corresponding findings and recommendations.

## Planning template

	INPUT/ACTIVITIES	Year 1	Year 2	Year 3	Year 4	Year 5	OUTCOMES	IMPACT
MOBILIZE POLITICAL WILL AND FUNDING								
STRENGTHEN THE UNDERSTANDING AND KNOWLEDGE OF FGM								
STRENGTHEN MONITORING AND EVALUATION								
CREATE SUPPORTIVE LEGISLATIVE AND REGULATORY FRAMEWORKS AND ACCOUNTABILITY								

The cover of the WHO global strategy is titled "Global strategy to stop health-care providers from performing female genital mutilation" in a bold, white font. Below the title is the subtitle "UNAIDS, UNHCR, UNFPA, UNICEF, UNWFP, WHO, FIGO, ICN, IOM, IWIA, WCPT, WMA". The background is a dark blue color with a large, stylized white silhouette of a woman's face. The WHO logo is visible in the bottom right corner.



# Example

Activities	Facilitators/barriers	Responsible to follow up	Technical support required	Stakeholders	Timeline	Cost/Source
1. Include FGM within National RH Policy and RMNCAH Investment Framework	Facilitators: 1) High political commitment 2) National Policy for the Eradication of Female Genital Mutilation 3) An upcoming review of National RH/MNH Strategy National RMNCAH Investment Framework	MoH focal person	None/WHO resources	Ministry of Health, NGO, UN agencies, health professional associations and private sector	1 year	50,000 USD/UN or other donor





# Knowledge and skills



# Pillar 2. Strengthen the understanding and knowledge of health care providers

## Actions:

- Develop national guidelines
- Strengthen health workers' required competencies to provide FGM prevention and appropriate management in facility and community health services
- Integrate FGM training modules within pre- and in-service curricula and other trainings tools



# Pillar 2. WHO resources

## Tools

**Female Genital Mutilation**

Integrating the Prevention and the Management of the Health Complications into the curricula of nursing and midwifery.

**A Teacher's Guide**

**Female Genital Mutilation**

Integrating the Prevention and the Management of the Health Complications into the curricula of nursing and midwifery.

**A Student's Manual**

**CARE OF GIRLS & WOMEN LIVING WITH FEMALE GENITAL MUTILATION**

A CLINICAL HANDBOOK

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

**Integrating female genital mutilation content into nursing and midwifery curricula:**

A PRACTICAL GUIDE

**PERSON-CENTRED COMMUNICATION FOR FGM PREVENTION**

A FACILITATOR'S GUIDE FOR TRAINING HEALTH-CARE PROVIDERS

Care of girls & women living with female genital mutilation: a clinical handbook

**Job aid V**

### DIAGRAMS OF THE FEMALE GENITALIA

The female vulva comprises several anatomical structures that are involved in the female sexual response. One or several of these structures may be harmed by FGM.

Figure 1: Anatomical structures of the female vulva

Care of girls & women living with female genital mutilation: a clinical handbook

**Job aid I**

### CLASSIFICATION OF FGM

WHO classifies FGM into four types, as described in the following diagrams.

**Information, education and communication materials/infographic**

Care of girls & women living with female genital mutilation: a clinical handbook

**Job aid III**

### THE DEINFIBULATION PROCEDURE

IN PREPARATION FOR THE PROCEDURE

**Explain...**

- In order to prepare the woman (and her husband/partner if appropriate), give clear and full information about the procedure and make sure she has understood. Ask the woman if she has any questions (see Chapter 6).

**Preparation of equipment and materials**

- Prepare a tray with:
  - a pair of sterile gloves
  - antiseptic swabs and dressings
  - a pair of straight Metzenbaum scissors of curved Mayo scissors (depending on the thickness of the tissue)
  - a pair of suture scissors
  - a pair of surgical tweezers
  - a dilator (if available)
  - two artery forceps
  - a needle holder
  - sterile swabs

Care of girls & women living with female genital mutilation: a clinical handbook

**Job aid IV**

### PROBLEM MANAGEMENT IN FIVE STEPS

You can help your patient manage problems by walking her through these five steps.

- IDENTIFY THE KEY PROBLEM**
  - Make two lists:
    - problems that are solvable, and
    - problems that cannot be solved.
  - Choose the most important problem from the "solvable" list.
  - Clarify what the problem is and break it down into manageable parts.
- BRAINSTORM**

Assist the patient to generate possible strategies to address the problem

  - Are there resources she can use?
  - Are there people or agencies who can help?
  - Are there other sources of support?
  - What skills and strengths does she have that she can use to deal with the problem?
  - Encourage her to come up with ideas; avoid giving her advice. You can ask her, for example: "If a friend had this problem, what would you advise her to do?"

Care of girls & women living with female genital mutilation: a clinical handbook

**Job aid II**

### VISUAL RECORDING OF FGM

The identification and recording of FGM can sometimes be challenging, especially when a girl's or woman's genital cutting does not look exactly the same as that described in the WHO typology.

If after performing a genital examination you cannot determine exactly the type of FGM your patient has undergone, you should at least record that she has undergone FGM (i.e. her genitalia are not unaltered as shown in Figure 1) and describe which anatomical structures have been removed or damaged.

Figures 1-6 are examples of hand-made drawings that depict some types of FGM. Keep in mind that some girls or women may have different forms of FGM and therefore you should always develop your own drawings to put in the patient's medical record based on the findings of the genital examination. All structures affected should be noted.

# Example

Activities	Facilitators /barriers	Responsible to follow up	Technical support required	Stakeholders	Timeline	Cost/ Source
Train all health workers in my clinic	<p><b>Facilitators:</b> WHO resources, GFMER training</p> <p><b>Barriers:</b> Finding time to complete in a timely manner</p>	Name person from group	None	Health facility managers, health workers	3 – 6 months	500 USD/health facility management



# Monitoring and evaluation accountability



# Pillar 3. Strengthen monitoring, evaluation and accountability

## Actions:

- Develop M&E plan for health action plan and implement it
- Develop mechanisms to increase accountability on FGM related services and FGM medicalization at facility and community levels
- FGM data integrated within health information systems at clinic (e.g. antenatal records) and program (e.g. health facility monthly reports e.g. de-infibulation) level
- Strengthen reporting linkages between health, legal/regulatory and child protective services
- Institutionalize feedback to communities
- Include FGM data in the reporting of Universal Periodic Review and RMNCAH country reports



# Pillar 3. WHO resources

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



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

### 6.2 Monitoring and evaluating the impact of the guidelines

Health implementation of the recommendations and final practice statements contained in these guidelines should be monitored at health care facility level. Strong emphasis should be placed on health care providers and health workers to ensure that they are able to detect changes in the care that they provide to girls and women with reproductive health complications from FGM. Clear defined metrics, indicators and monitoring and evaluation indicators are needed and should be aligned with health system goals. Such monitoring and evaluation indicators should be developed in consultation with health care providers and health workers.

The number of countries establishing primary care guidelines on management of health complications from FGM, and changes in national and health care guidelines in accordance with WHO guidelines.

The proportion of health care providers trained to identify the different types of FGM.

To track the proportion and health risks of the procedure.

The proportion of health care facilities that have adopted and implemented the guidelines on management of health complications from FGM, including the proportion of health workers trained, including health workers, training providers in health workers, and available written policies and protocols distributed to the health workers of the practice and to prevent and manage complications among girls and women who have undergone FGM.

The proportion of women living with type II FGM who received distribution facilities on doing childbirth.

The proportion of women living with type II FGM who reported no indication after being identified by health workers.

The proportion of health care providers who perform any form of FGM, including no indication.

The proportion of women living with FGM who were provided with information about the health risks associated with the practice and:

the number of medical and allied health facilities that implemented and integrated and provided training on FGM, including identification of types of FGM, health risks associated with it, prevention and management of health complications from FGM, and the risks associated with the modification of the practice.

WHO welcomes suggestions regarding additional topics to be included in the guidelines. Please send your suggestions by email to: [FGM\\_monitoring\\_mandeville@who.int](mailto:FGM_monitoring_mandeville@who.int)

## ETHICAL CONSIDERATIONS IN RESEARCH ON FEMALE GENITAL MUTILATION



Upcoming validated questionnaire on FGM related knowledge, attitude and practice for health care providers in FGM prevalent settings (2024)



ANALYSIS AND USE OF HEALTH FACILITY DATA

### Guidance for RMNCAH programme managers

WORKING DOCUMENT, OCTOBER 2019



Upcoming guide for measurement of FGM for the health sector (2023)

[https://cdn.who.int/media/docs/default-source/documents/ddi/facilityanalysisguidance-rmncah.pdf?sfvrsn=2055e453\\_2&download=true](https://cdn.who.int/media/docs/default-source/documents/ddi/facilityanalysisguidance-rmncah.pdf?sfvrsn=2055e453_2&download=true)



# Example

Activities	Facilitators /barriers	Responsible to follow up	Technical support required	Stakeholders	Timeline	Cost/ Source
Lobby for FGM integration into the existing routine health information System and Develop and test FGM indicators at facility level	<b>Barrier:</b> <ul style="list-style-type: none"> <li>Low commitment to include FGM</li> </ul>	MoH staff	WHO resources/WHO staff	Ministry of Health Officials, Health information System Managers, Health facility managers, health workers	3 – 12 months	20,000 USD / UN agency/other donor
Develop an accountability framework for FGM medicalization	<b>Facilitator</b> <ul style="list-style-type: none"> <li>Law against FGM</li> </ul>	MoH staff, professional association, regulatory institution	None	Ministry of Health, Regulatory body, Ministry of Justice, other sectors involved in	12 months	20,000 USD / Government and donors





# Supportive legislative and regulatory frameworks



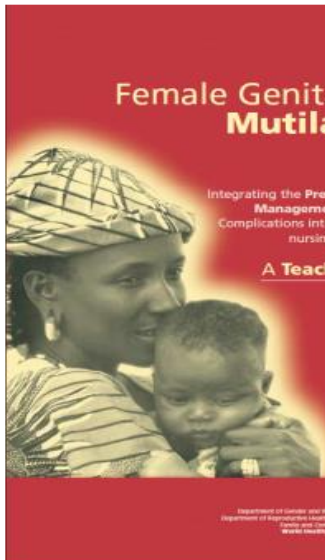
# Pillar 4. Create supportive legislative and regulatory frameworks

## Actions:

- Develop and enforce legal and professional sanctions on FGM medicalization
- Inform health-care providers about human rights, legal and ethical perspectives on FGM practice and their responsibility to educate/empower women and girls on their human rights and how to access legal service
- Integrate ethics around FGM medicalization in code of conduct for professional practice
- Issue a joint policy statement to end FGM practice from the Ministry of Health and professional regulatory/syndicates/councils and organizations



# Pillar 4. WHO resources



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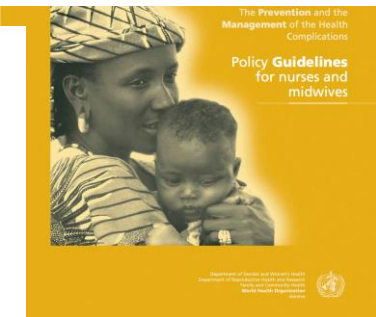
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Upcoming WHO FGM guidelines 2024

## Information, education and communication materials/infographic

This section contains a grid of 15 infographic cards. Key titles include:
 

- Invest to end FGM:** A 16 March 2022 infographic stating that when countries invest to end FGM, communities are stronger & healthier, and that treating health complications caused by FGM costs 1.4 billion USD/year.
- Violation of human rights:** A 27 November 2019 infographic featuring WHO Director-General Dr. Tedros Adhanom Ghebreyesus, stating that FGM is a violation of human rights and that FGM comes at a cost.
- ARE MANY MYTHS ABOUT FG?** A series of cards debunking common myths such as 'FGM is a religious obligation' (FALSE), 'FGM can improve fertility' (FALSE), and 'FGM is performed by a health-care professional, there is no risk of harm' (FALSE).
- Eliminating Female genital mutilation:** An interagency statement from OHCHR, UNICEF, UNFPA, UNHCR, UNWFP, UNWOMEN, and WHO.



# Example

Activities	Facilitators/ barriers	Responsible to follow up	Technical support required	Stakeholders	Timeline	Cost/ Source
1. Include content on FGM medicalization in code of ethics /conduct for health professionals	<b>Barrier:</b> Code of ethics and conduct is not enforced.  <b>Facilitator:</b> Existence of supportive regulatory bodies.	Focal person in professional regulatory institutions	WHO resources	Health professional organizations and regulatory institutes and ministry of health	12 months	20,000USD/ UN agency/other donor

# Take away notes

- Know relevant FGM epidemiology, health system, legal and regulation status well
- Develop a comprehensive plan informed by this context using a theory of change and anticipating barriers and facilitators that may affect activity implementation
- There are several WHO resources available to support this
- Develop a monitoring and evaluation plan for the health action plan
- Improve plans by monitoring and evaluation (doing and learning)



# Advocacy

- Definition
- When it is needed?
- Steps to develop an advocacy plan



# Advocacy Definition

“A **deliberate, strategic and non-discriminatory human rights-based process, formed around evidence and the experiences of rights-holders, aimed at influencing decision-makers and other relevant stakeholders in order to hold duty-bearers to account, achieve change in policy and practice, and thus contribute to the ending of the practice of female genital mutilation.**”



# When is advocacy needed?

Reliable data are lacking

Efforts to end FGM are severely under-resourced and require urgent investment

Low levels of awareness among the public and government officials to apply public health approach

Insufficient support and funding from the international community

Reluctance of national governments or ministries of health to take action on the issue

Absence of laws/health professional regulations





# Advocacy plan development

**Step 1. Analyse the context: Situational assessment**

**Step 2. Decide on impact, priorities and objectives:  
What do we want?**

**Step 3. Select target audiences: Who can help us?**

**Step 4. Construct the advocacy message: What to  
say?**

**Step 5. Craft the advocacy method: How to do it?**



# Step 2: Identify priority area, impact and objectives

**What is the priority area based on urgency and importance?**



**What is the impact of advocacy efforts?**



**How to achieve advocacy impact?**



# Example

## Prioritized area for advocacy

## Advocacy objectives (how to)

## Impact

Low commitment from ministry of health high level officials to address FGM as a public health issue

- MoH leadership buy in and not being obstructive
- A joint policy statement of MoH and all relevant partners commitment to end FGM
- RMNCAH focal persons buy in to include FGM within policies, plans and investment cases
- Health professions training institutes buy in

- FGM included in RMNCAH health policies, investment case, plans and training

# Step 3: Identify target audience



## PRIMARY

Primary stakeholders and institutions with the power to effect real change

### **Remember:**

- Each objective can have one or more target audience
- Investment in understanding target audience well to know how to influence is part of a successful advocacy efforts

## SECONDARY

- Has no direct power to make decisions but has influence over your primary target audience and can offer a point of access to them.
- Is essentially the messenger who has a stake and champion e.g. political advisor, a parliamentarian assistant, a recognised expert, or a well-known media, FGM survivor activist



# Figure out your target audience

Example table for evaluating the best target audiences/stakeholders for advocacy activities:

Target	Level of expertise on FGM	Level of influence to bring about the change we want	Position/attitude – how close is it to your vision?	Ways to reach out to the target	Expectation – what can we expect from the target?



# Step 4: Construct the advocacy message

- A common template used for constructing **primary advocacy messages** is:

➤ <b>Statement</b>	The central idea which sets out the cause of the problem and highlights why change is important
➤ <b>Evidence</b>	The relevant evidence and data, which supports the statement. This should be conveyed using tailored language
➤ <b>Example</b>	A real life example that adds a human element to the message and appeals to the emotions
➤ <b>Goal</b>	The overall objective that you hope to achieve
➤ <b>Action Desired</b>	The solution to the problem which your target audience can carry out

## Secondary advocacy messages

- Additional messages that are tailored to specific target audiences in order to clarify the situation and explain in detail how various objectives will be met. They can detail the specific actions required by certain individuals and draw upon the objectives set out in your Advocacy Strategy.



# Advocacy message characteristics

**To be effective, advocacy messages must be:**

- **Simple and clear with a balance between the rational and emotional components**
- **Ideally free of jargon, to ensure that they are accessible to your target audience**
- **Include a timeframe for when you wish to achieve your objective**
- **Repeated via various advocacy methods so as to ensure it is memorable and the action desired is actually carried out.**



# Example: Advocacy message targeting ministers of health, director general and high level officials

<b>Statement</b>	The health sector cannot be at the receiving end of female genital mutilation health complications but needs to be proactive in promoting its end including stopping health care providers who perform it.
<b>Evidence</b>	<p>Nine of ten women in our country have undergone female genital mutilation having varied physical, reproductive, urogenital and mental health complications that cost 20 million USD per year.</p> <p>Female genital mutilation violates the code of conduct of do no harm and health professional performing should be sanctioned as their involvement endorses the practice continuation creating a false sense of safety.</p>
<b>Example</b>	Halima a 25 year old woman has frequent urinary infections and has been having difficulties conceiving a child for the last 5 years. Her husband, a labourer can barely afford medical bills for her infections and cannot afford infertility care. We would have no case like Halima had she not undergone FGM. Do we need to continue this practice?
<b>Goal</b>	The health sector should actively promote FGM abandonment through health promotion services at facility and community level and provide necessary support for FGM survivors
<b>Action Desired</b>	The ministry of health to issue a joint statement with professional regulatory bodies and professional associations calling for FGM abandonment and committing as a sector to contribute into national FGM abandonment efforts





# Step 5: Craft the advocacy method/s

## Types of advocacy methods

1. Lobbying (commonest)
2. Negotiating
3. Advisory role
4. Campaigning
5. Working with the media
6. Partnerships

Consider characteristics, advantages and disadvantages of each method – see slide set reference



# Monitoring and evaluation of an advocacy plan

- Important to reflect on and assess advocacy plans effectiveness, efficiency and impact
  - what worked, what didn't and why?
  - what went better than expected and why?
  - what could be improved and how?
  - which risk was not sufficiently managed and represented a barrier for success?
  - were there unexpected opportunities/obstacles?
- Develop indicators of progress for planned activities/outputs (measure of effort and work), outcomes (measures of effect and achievement of your objectives) and general impact



# Summary: Advocacy plan overview

<b>IMPACT</b> Overall goal of your advocacy	<b>PRIORITY(IES)</b> Steps to achieve your impact	<b>OBJECTIVE(S)</b> Specific asks to achieve your priorities	<b>TARGET(S)</b> Those who have the power to fulfil your asks	<b>MESSAGE(S)</b> Structured communication to support your asks	<b>METHOD(S)</b> Way(s) to deliver your message	<b>RESOURCE(S)</b> What you have/ need	<b>M&amp;E INDICATORS</b> How you measure success

Adapted from: Advocacy Toolkit: Towards the national implementation of the Istanbul Convention as a tool to end Female Genital Mutilation. End FGM European Network; 2019 May.

## Other useful tools:

- Communication advocacy tools by [Kihara et al., 2022](#)

# Overview of advocacy planning

IMPACT	PRIORITY(IES)	OBJECTIVE(S)	TARGET(S)	MESSAGE(S)	METHOD(S)	RESOURCE(S)	M&E INDICATORS
Overall goal of your advocacy	Steps to achieve your impact	Specific asks to achieve your priorities	Those who have the power to fulfil your asks	Structured communication to support your asks	Way(s) to deliver your message	What you have/need	How you measure success
<b>e.g. Mobilize investment and political commitment</b>	e.g. Commitment from MoH to recognize FGM as a health topic	e.g. Integrate FGM within RMNCAH policy and annual health plans	e.g. RMNACH Director, MoH DG	Write advocacy message-refer to slide 40	e.g. Lobbying	e.g. Cost calculator Fact sheet	1. FGM integrated within RMNCAH policy/frame work for investment

# Take away points

- Advocacy is the key tool to effect change
- Advocacy interventions need to be well planned, monitored and evaluated
- Local structures of power and authority including health care providers can be effective advocates for abandonment of FGM

I will use my hand to raise my voice to #EndFGM.



All our hands are needed to #EndFGM.



**Thank you**



# Lobbying characteristics, advantages and disadvantages

Characteristics	Advantages	Disadvantages
<ul style="list-style-type: none"><li>• Main advocacy method, all other methods are conducted to ensure it is as effective as possible</li><li>• Involves gaining access to and influencing key decision-makers that have the power to affect a policy change on the issue of your concern</li><li>• Build a relationship with decision-makers, being seen as both a reliable source of quality analysis and a representative of stakeholders, in order to share information on your issue and persuade them to take action</li><li>• Most commonly involves face-to-face meetings and briefings with decision-makers and their staff but can also involve experts sharing the newest information on the issue</li><li>• It is of utmost importance to keep the lines of communication open between your organisation and the decision-maker and develop a mutually beneficial and constructive relationship</li></ul>	<ul style="list-style-type: none"><li>• Direct contact with those with power and establishment of a trust relationship</li><li>• Ensuring direct communication between rights-holders and decision-makers</li><li>• Entails and encourages a direct action for change</li></ul>	<ul style="list-style-type: none"><li>• Decision-makers can use your meetings to claim they are listening to stakeholders even when they are inactive</li></ul>



# Negotiating characteristics, advantages and disadvantages

Characteristics	Advantages	Disadvantages
<ul style="list-style-type: none"><li>• Similar to lobbying but entails presenting a position and debating with an opposition in order to achieve change.</li><li>• Often conducted with decision-makers who have different priorities and a compromised agreement is usually the aim</li><li>• Analyse the situation fully before meetings to enable you to counter arguments and be fully secured on your organisation's position regarding various points</li><li>• Decide on your key points, which are non-negotiable, and those on which you are willing to compromise, as part of your Advocacy Strategy</li><li>• Sometimes it is the only option to achieve any change</li></ul>	<ul style="list-style-type: none"><li>• Enables communication even with those who have opposing priorities</li><li>• Ensures a pragmatic approach that enables real, even if not ideal, change</li><li>• The preparation for negotiation enables you to create watertight arguments for your cause</li></ul>	<ul style="list-style-type: none"><li>• Sometimes a compromise cannot be reached, and this might result in frustration</li><li>• Can result in a change that is not strong enough, which might be counterproductive for final goal</li><li>• It can be a waste of time and limited resources if little progress is made</li></ul>





# Advisory role characteristics, advantages and disadvantages

Characteristics	Advantages	Disadvantages
<ul style="list-style-type: none"><li>• Decision-makers, public and the media often value the expert nature of civil society organisations</li><li>• Organisations can use their advisory role as a method of advocacy</li><li>• Put your own agenda and objectives at the forefront of any advice you are invited, or you request, to give</li></ul>	<ul style="list-style-type: none"><li>• Allows to be seen nationally (and internationally) as an expert</li><li>• The preparation for expert contributions produces a deeper and enriching understanding of a specific topic, which can benefit the organisation's future work</li><li>• In case the contribution is written, another material is produced that can be used again as basis for further advocacy meetings</li></ul>	<ul style="list-style-type: none"><li>• Preparing thorough expert contributions can be very time- and resource-consuming (unless the material is not yet ready for a previous research)</li></ul>



# Campaigning characteristics, advantages and disadvantages

Characteristics	Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• It mobilises wide <b>public support</b> in order to bring about social change and raise awareness among both the broad public and the target advocacy audiences on a certain issue and make them your allies.</li> <li>• Main objective is to build a movement around your asks to gain support from the population and to increase the pressure on your target audience to comply with them since governments and decision-makers are ultimately accountable to their citizens.</li> <li>• Uses democratic tools both offline and online, including: peaceful protest, demonstrations, rallies, petitions, public actions (such as flash mobs, stalls), events (performances, exhibitions), online awareness raising through social media (such as Facebook, Twitter, YouTube).</li> <li>• The more people are involved, the more visible the advocacy message will be, the more called to answer on their accountability the decision-makers will feel.</li> <li>• When planning an advocacy campaign, its <b>objective, timeframe</b> (possibly planning actions around key dates to maximise their impact), <b>target population, mediums</b> to reach it, concrete <b>actions</b> and <b>resources</b> needed should be clearly defined in advance.</li> </ul>	<ul style="list-style-type: none"> <li>• Allows to become known nationally (and internationally) as a key actor on a specific issue</li> <li>• Makes your cause well known to the public and increases the public support to it, making your advocacy messages more powerful</li> <li>• A well-developed campaign targeting multiple stakeholders might bring new funding opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Risks to oversimplify the message</li> <li>• Common enthusiasm for a public campaign can lead to setting up too high and non-achievable objectives, which might finally end up in frustration</li> </ul>



It is very important for an advocacy campaign to spread positive messaging, in order to inspire and encourage people to take action!

# Partnerships characteristics, advantages and disadvantages

Characteristics	Advantages	Disadvantages
<ul style="list-style-type: none"> <li>Forming partnerships with other organisations also advocating for the same goal is a very important advocacy method</li> <li>Create synergies, combine strengths, and talk with a common voice, which has a greater weight before decision-makers.</li> <li>Partnerships can be formed with other FGM-related organisations or those dealing with different aspects of gender-based violence against women and girls.</li> <li>It may also be useful to collaborate with organisations dealing with completely different subject matters, including those working on development, education, asylum and migration, discrimination, health, depending on the issue you are focusing on.</li> <li>A partner could work with you to reach target audiences in different ways or could simply promote your issue as part of a coordinated effort.</li> <li>It is important to formalise the relationship in some way and to communicate fully about potential collaboration and actions</li> </ul>	<ul style="list-style-type: none"> <li>Strength in numbers with a powerful voice</li> <li>Pooling of financial and human resources</li> <li>Reduces duplication of effort</li> <li>Enhances credibility of advocacy campaigns or organisations themselves</li> <li>Enables you to target a wider audience</li> <li>Calls for specific actions may be given more legitimacy if partner is an expert in that area, can therefore ensure advocacy on all aspects</li> </ul>	<ul style="list-style-type: none"> <li>May be dominated by one powerful organisation</li> <li>May reduce the credit individual organisations receive for achievements</li> <li>Can reduce credibility of organisations if not thought-out properly – Lack of control of others' actions can always lead to unexpected actions with negative results</li> <li>Cooperation is time-consuming</li> <li>May have to compromise on certain issues if it is difficult to find a common objective and vision – Opponents may be able to exploit differences between the partners</li> </ul>



# Partnerships example

## Celebrating commitment at country level in Kenya

On 2 February, WHO and HRP hosted an event with the Government of Kenya to celebrate the country's strong commitment to FGM abandonment by 2030. Kenya has developed an accelerated comprehensive national plan. The event brought together representatives from the Ministry of Health and other related ministries addressing FGM, along with United Nations agencies, development partners, donors, health professional associations and civil society. The speakers shared their perspectives on national, regional and global efforts to end FGM, focusing on the crucial role of the health sector as part of multi-sectoral efforts.



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