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Learning brief: **Educating the next generation of health professionals on FGM/C**

Learning from integrating FGM/C prevention and response into the health sector in Kenya, Somaliland, Senegal and Ethiopia

Authors: *Professor Samuel Kimani, Wina Sangala, Professor Patrick Ndavi, Dr Jacqueline Chesang*

1. Introduction

Female genital mutilation/cutting (FGM/C) is a violation of girls' and women's human rights. Yet globally, in 2024, nearly 4.3 million girls - more than 12,000 a day - are at risk of FGM/C with most occurrences in Africa[1]. Despite tremendous progress made over the years, FGM/C persists - driven by social norms, gender inequality and the desire to control women's sexuality. In Kenya, national prevalence of FGM/C among women aged 15-49 years has declined from 32% in 2003 to 15% in 2022[2]. However, this decline masks significant county-level variations and FGM/C remains stubbornly high among certain population groups[3]. There are also concerning trends emerging such as the increase in medicalisation of FGM/C (FGM/C performed by a health professional). An assessment exploring how the health sector can strengthen its response to FGM/C, including medicalisation, recommended investment in the development of appropriate FGM/C-related tools and guidelines and the integration of FGM/C interventions at all levels of the health sector[4]. The Africa Coordination Centre for Abandonment of FGM/C (ACCAF) is at the forefront of responding to this recommendation through their work as a consortium partner on The Girl Generation - Support to the Africa Led Movement to End FGM/C (TGG-ALM) programme.

This learning brief provides a step-by-step overview of ACCAF's journey, which began in Kenya, to develop and roll-out an FGM/C prevention and response training curriculum for health professionals undergoing pre-service training. The brief also captures progress towards adapting and rolling out the curriculum in Somaliland, Senegal and Ethiopia. It highlights advocacy efforts to raise the visibility of the pre-service curriculum, and the important role of the health sector in ending FGM/C. Finally, it outlines the next steps in sustaining and scaling this initiative.

2. Background

In line with Sustainable Development Goal (SDG) 5.3: 'Eliminate all harmful practices, such as child, early and forced marriage and FGM', the U.K. Government has a vision of a world free from FGM/C by 2030. The TGG-ALM programme was established to contribute to global efforts to achieve this. TGG-ALM aims to accelerate positive changes in social attitudes towards ending FGM/C, while strengthening the evidence base about what works (and what does not) to end FGM/C. Its vision is a world where girls and women can exercise their power and rights, have expanded choice and agency, and be free from all forms of violence. The intended impact is a reduction in FGM/C by 2027 in focal regions of Kenya, Somaliland, Senegal, and Ethiopia.

A key component of TGG-ALM is integrating end FGM/C interventions into existing development programmes such as those focused on health and education. Led by ACCAF, the integration workstream has so far focused on FGM/C prevention and response through the health sector, including tackling medicalisation of FGM/C[5].

Established in 2012, ACCAF aims to strengthen the capacity for and coordination of research and implementation of evidence-based best practices and strategies for the abandonment of FGM/C in Africa and beyond[6].

3. Methodology

This learning brief was developed following a review of published reports authored by ACCAF (see below) as well as internal programme documents and data sources. ACCAF and other members of the TGG-ALM team also inputted during different stages of the brief's development.

4. How the curriculum was developed and rolled out

ACCAF has authored several key papers[7,8], highlighting the significance of the health sector in responding to FGM/C. Health workers at multiple levels come into close contact with individuals and families in high prevalence communities where there are opportunities both to educate and prevent FGM/C, and to provide care to women and girls suffering its consequences. Yet, FGM/C training is not adequately integrated into existing medical training programmes. ACCAF's studies informed the TGG-ALM theory of change and intervention design:

"If faculty members of health training programmes for doctors, nurses/midwives, clinical officers and public health practitioners in universities and middle level colleges are trained using a standardised FGM prevention and care curriculum, and provided with the end FGM/C training package (curriculum, training manual and PowerPoint notes), they will implement this teaching and training with their trainees, which will improve FGM/C prevention in girls at risk, and improve health care services for women with FGM/C-related complications"[9].

The key assumption within the theory of change is that if a new standalone, standardised FGM/C prevention and care pre-service curriculum is proven to be effective, this can then be integrated into medical and health training institutions' curricula which are reviewed and revised every three to five years under the approval of specific academic structures.

The steps below describe how the curriculum was developed and rolled out.

Step 1: Stakeholder engagement and mapping

ACCAF consulted with a wide range of stakeholders in Kenya including the Ministry of Health, regulatory authorities, and professional networks, to map learning institutions implementing medical/health training at university level as well as medical training colleges where graduates qualify with diplomas. After the mapping exercise, contacts for the custodians of curriculum such as the deans, directors, departmental heads and course lecturers were identified. This was done through professional networks and personal contacts established by ACCAF members. Stakeholder consultation and participation have been key elements in ACCAF's curriculum development journey, woven into all steps described below.

Step 2: Curriculum analysis

A curriculum analysis was conducted of FGM/C content in identified programme/ institutions' curricula. The analysis revealed that both FGM/C teaching and content were insufficient to effectively and efficiently support trainees. Overall, teaching was not standardised, duration was insufficient, end FGM/C teaching resources were inadequate, and there was a lack of trained experts to deliver the content. Findings were presented and discussed at a stakeholder meeting with representatives of participating institutions, including curriculum development managers, lecturers, deans and chairmen. The participants agreed on the best approach for implementing the FGM/C prevention and response training.

Consensus was reached that standalone training on FGM/C prevention and response would be implemented and tested before integrating it into programme/institutions' curricula. This approach was chosen because it would allow for a pilot phase that could demonstrate the effectiveness of ACCAF's model in delivering end FGM/C content to faculty members and students, and because training institutions' curricula are reviewed and revised every three to five years. Waiting for these reviews would have been difficult in the context of a 5-year programme such as TGG-ALM. Once tested and proven to be effective, the pre-service end FGM/C training can be integrated when opportunities arise for review of medical/health curricula used by the various programmes across Kenya's health training institutions.

During the stakeholder meeting, the key topics of the FGM/C prevention and response curriculum were presented, discussed and agreed. This laid the foundation for development of ACCAF's standardised, evidence-based pre-service training curriculum on FGM/C. The participants agreed on a roll-out of the curriculum, especially with medical/ health students in academic years three and above, which is when they usually undertake courses on reproductive health, gender and health, midwifery and gynaecology, among others. The knowledge and skills drawn from these courses serve as a foundation for FGM/C prevention and response training. The individual institutions, programmes and departments agreed to implement the standalone FGM/C prevention and response training given the difficulties in implementing curricula-wide review for various institutions, and committed to look out for curricula integration opportunities to leverage in the future.

Step 3: Desk review of clinical best practice and curriculum development

A rigorous desk review was undertaken of global, regional, and national documents, guidelines, handbooks, and research

publications related to FGM/C prevention and response. Among these can be mentioned: WHO guidelines on FGM (2016)[10]; WHO clinical handbook on FGM (2018)[11]; WHO global strategy to stop medicalisation of FGM (2010)[12]; and the Kenya Ministry of Health reference manual on management of complications in pregnancy, childbirth and the postpartum period in the presence of FGM/C (2007)[13]. This review laid the foundation for the curriculum's content and training tools, which address and reinforce the following areas:

- Up-to-date national, regional and global knowledge on FGM/C, including types of FGM/C, and FGM/C burden and trends
- Medicalisation of FGM/C, trends across the country and how to address it
- Drivers of FGM/C including social norms
- Legal and human rights frameworks
- The target country's national policy and legal framework on FGM/C
- Antenatal, intrapartum and postnatal-related FGM/C interventions
- Training and skills for competency in deinfibulation
- Reinforcement and upholding of ethical and professional national standards
- Psychosocial and sexual complications of FGM/C, which are to be given equal attention to physical complications
- Exposure to and links between trainees and community-based initiatives and individuals working to end FGM/C
- Theoretical content matched with the acquisition of confidence, practical skills and competencies
- Engagement encouraged in further research on FGM/C

In addition, the curriculum was developed in such a way that it could be adapted to suit other contexts, particularly other TGG-ALM programme countries. Following a validation process involving the FGM/C content experts, the training package was finalised in September 2022. The package comprises a training curriculum (ACCAF End FGM Curriculum 2022), training manual (in both e-tool and manual edition) and PowerPoint notes (https://www.accaf.org/courses/).

Step 4: Roll-out of the end FGM/C training curriculum

a) Training of Faculty Members

ACCAF requested nominations of at least two faculty members per training institution or programme, prioritising those involved in teaching reproductive health, midwifery, obstetrics/gynaecology, gender and health, and public health. Two faculty members per institution or programme is considered the bare minimum number of staff needed to deliver the entire FGM/C prevention and response curriculum for diversity and course-load sharing. The faculty members received three days of face-to-face interactive and participatory training, covering the content in the training curriculum. To assess knowledge and confidence levels, pre- and post-training evaluations[14] were administered. Faculty members' training also included the development of individual training workplans, detailing how they would roll out the curriculum to student trainees in their respective institutions and programmes. The majority of the budget required for the implementation of the workplans was provided by ACCAF, with the involved institutions incurring the cost of space, training materials and utilities.

b) Training of students

The first cohort of student training took place between October and December 2022 at seven universities[15] whose trained faculty members were ready to implement their training workplans. Of the total trainees (893), approximately 60% were women enrolled across nursing, midwifery, medicine, clinical medicine and public health programmes. The ACCAF team provided technical support to faculty trainers including leading some sessions, co-facilitating, and/or helping to answer questions and provide clarifications. Where ACCAF members could not be physically present, they joined virtually. In some instances, trained faculty members from neighbouring institutions provided support, highlighting strong collaboration between those involved.

Both pre- and post-training evaluations and pre- and post-tests[16] were administered to students to assess the training's effectiveness. ACCAF-branded certificates were awarded after successful completion of the training.

Three different training approaches were tested by ACCAF with this first cohort:

1) A three-day training delivered virtually

2) A two-day training delivered in-person

3) Short teaching sessions delivered in-person, spread out over two weeks

The post-test scores from this first cohort of students indicated that the two-day consecutive face-to-face training was the most effective, and this has now become the standard approach.

Step 5: Scale-up and results

Learnings from the initial cohort of faculty and student trainings were used to scale-up the training to more faculty and students across Kenya. Up to the end of March 2024, ACCAF has trained 160 faculty members and 1,887 students across universities and colleges in Kenya using this curriculum, see Table 1.

Table 1: Number of medical/health faculty and students trained in Kenya

Category	Year			Total
	2021	2022	2023	
Faculty/ Lecturers	**15**[17]	**74**	**71**	**160**
Medical/ health students	**0**	**893**	**994**	**1,887**

Several positive results have been observed with the roll-out of the training:

1) Pre- and post-test evaluations show **improvements in self-perceived knowledge and confidence** on FGM/C after training, among both faculty members and students, see Figure 1.

2) Pre- and post-test scores also indicate **objective improvement in students' knowledge** on FGM/C after training, see Figure 2.

3) The trainings have stimulated important discussions on FGM/C among students, including how and where they can be linked-up with health facilities to implement their new knowledge and skills. This prompted the establishment of a **model health facility** in Narok County[18].

4) Some 32 students from three universities (University of Nairobi, Daystar University and Egerton University) have also reported **wanting to become activists** and join the end

FGM/C movement, beyond applying their medical training, suggesting positive attitudinal shifts towards ending FGM/C. See boxes 1 and 2 (abridged slightly for concision).

5) Faculty members report being **sufficiently equipped with the knowledge and skills to train students.** However, they have expressed the need for technical and logistical support from ACCAF including provision of training resources and printing of certificates for students who successfully complete the programme.

Figure 1: Faculty and Student Pre- and Post-Evaluation Scores (average)[19]

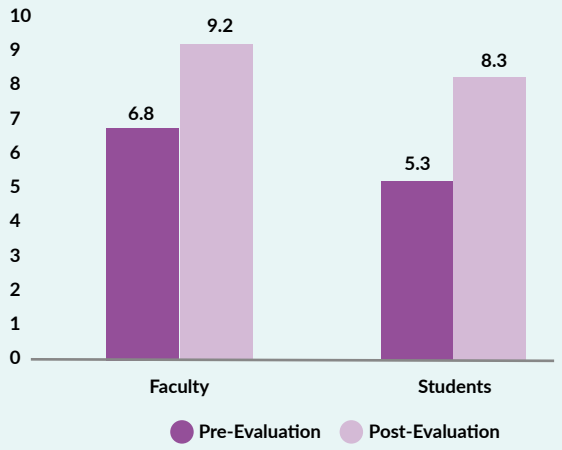

Figure 2: Student Pre- and Post-Test Scores (average)[20]

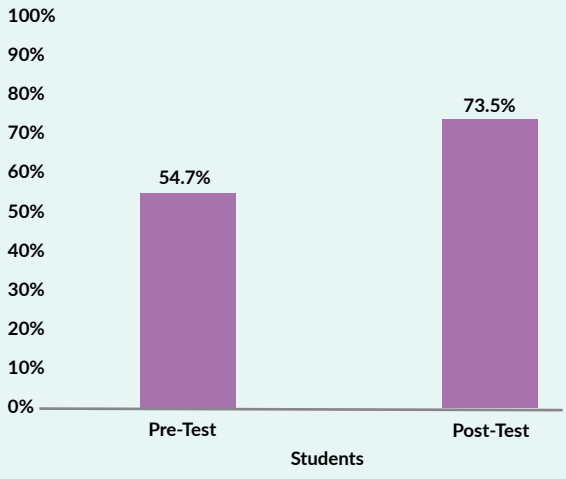

Figure 1 evaluation scores include the average measure of change in self-perceived knowledge and confidence (scores out of 10) while Figure 2 captures the average percentage changes in objective knowledge of FGM/C content assessed via a multiple-choice examination.

Box 1: Sixth Year female medical student (University of Nairobi), panellist on TGG-ALM webinar: 'Harmonising Care: The Vital Role of Healthcare in Responding to and Preventing FGM/C'

"I was just a fifth-year student with almost no knowledge of the practice of FGM/C. It was never part of our curriculum. I loved the training by ACCAF. It was a two-day seminar. They went in-depth. They talked about many topics such as FGM/C hotspots in Kenya and around the world; the different types of FGM; the medical side-effects, both the immediate and late; the psychological trauma; sexual dysfunction following FGM/C; they talked about the legal aspects as well as the trends of medicalisation. It was a multidimensional approach.

And hearing all these atrocities being done to girls around the world and in Kenya really made me angry, but more, it made me overcome with a sense of responsibility to be part of the change. To be part of the solution and to change the harmful norm. And I know when I go to the field, I will make a difference and make FGM a thing of the past."

Box 2: 'My story and experience on how ACCAF-led end FGM training has impacted me', male medical intern (Egerton University, Kenya)

"I come from a community where FGM has been practiced for ages and is still being practiced. FGM for me was a rite of passage for all girls in my community and a normal thing. I am a son of a mother who was cut, my sister was cut, and I would have been if born a female. Despite the few mentions of girls having complications at birth because of the cut I never thought of it as a serious threat to women's health and social rights. I also didn't know the types of FGM and different communities that practiced the unwise act. This was until I was privileged to undergo ACCAF-led anti-FGM training, immediately after finishing my undergraduate degree at Egerton University. It opened my eyes to what a menace FGM is, and how it has impacted the lives of many women who have undergone it.

The training was for me an eye-opener as I got to know what FGM really is and its implications on a woman's life. I learnt about the types and different communities that practiced it and the disadvantages of each type. The training also came at a crucial time for me and my colleagues as we were just about to start the first practice of our medical careers. I have put myself to task in spreading awareness and knowledge about FGM.

Step 7: Advocacy and Amplification

TGG-ALM aims to influence the wider gender-based violence sector through sharing evidence, learning, and implementation resources such as 'How To' guides and curricula. There is potential to integrate ACCAF's training approach in multiple high prevalence countries, and ACCAF continues to promote the central role of health workers in preventing and responding to FGM/C and their imperative role in halting medicalisation of FGM/C. To this end, advocacy and strategic communications are a high priority.

ACAAF has participated in several national, regional and international advocacy events both to amplify the role the health sector can play in responding to and preventing FGM/C, and to showcase the end FGM/C pre-service training curriculum package and learnings so far. One such event was a well-attended webinar to mark the 16 Days of Activism against Gender-Based Violence campaign. Entitled **"Harmonising Care: The Vital Role of Healthcare in Responding to and Preventing FGM/C"**, the event attracted over 100 participants from 20 countries. The webinar emphasised the crucial role of medical practitioners in upholding the principle of 'Do No Harm' and their pivotal contribution to FGM/C prevention and response. Watch the webinar here.

ACCAF's primary message in these forums is that the health sector has an opportunity to integrate FGM/C prevention and response into ongoing health services that routinely interface with girls and women at risk of FGM/C and with FGM/C related complications. The approach of integrating end FGM/C interventions into existing development programmes such as health and education, and potentially other programmes, is more economical, more responsive to women and girls' needs, and has a higher likelihood of sustainability.

Step 8: Scaling into new countries

Following the successful design, implementation and scale-up across Kenya,

ACCAF has applied the learnings to adapt and roll-out the FGM/C prevention and response curriculum to the other TGG-ALM programme countries: Ethiopia, Somaliland and Senegal. The status of implementation in each country as of the end of March 2024 is as follows:

Ethiopia

Faculty from six institutions[21] have been trained with the ACCAF programme and student training has commenced in Jigjiga University, see Table 2. Participants are from all regions of Ethiopia except Amhara, due to the ongoing conflict.

Table 2: Number of faculty and students trained in Ethiopia

Category Trained	Number of Participants (2023 – March 2024)	Total Number Trained	Total Number of Institutions
Faculty/ Lecturers	20	20	6
Students	263	263	1[22]

Somaliland

In Somaliland, ACCAF has trained 36 faculty members from 21 universities and middle level colleges[23]. A total of 250 medical/health students having been trained so far (see Table 3).

Table 3: Number of faculty and students trained in Somaliland

Category Trained	Number of Participants (2022)	Number of Participants (2023 – March 2024)	Total Number Trained	Total Number of Institutions
Faculty/ Lecturers	20	16	36	21
Medical/ health students	50	200	250	8

Senegal

Implementation in Senegal is at an earlier stage and thus on a smaller scale. Roll-out of faculty training began in six institutions[24] towards the latter half of 2023, followed by student training in four institutions from early 2024, see Table 4. All teaching materials were adapted into French, with local experts facilitating with translation where necessary.

Table 4: Number of faculty and students trained in Senegal

Category Trained	Number of Participants (2023 – March 2024)	Total Number Trained	Total Number of Institutions
Faculty/ Lecturers	23	23	6
Students	134	134	4

> *"This training has enabled me to better understand FGM/C and to make it a personal battle"*
>
> Student training participant, Senegal

Table 5 provides the aggregate number of faculty and students trained in the new programme countries, and number of institutions where training has taken place.

Table 5: Aggregate number of institutions and faculty and students trained, 2022 – March 2024

Category Trained	# Faculty trained (# institutions)	# Students trained (# institutions)
Ethiopia	20 (from 6 institutions)	263 (from 1 institution)
Somaliland	36 (from 21 institutions)	250 (from 8 institutions)
Senegal	23 (from 6 institutions)	134 (from 4 institutions)
TOTAL	79 (from 33 institutions)	647 (from 13 out of the 33 institutions)

Effectiveness of the country scale-up trainings

The average evaluation scores of the faculty across the programme countries were similar, reflecting the standardised nature of the training implemented by ACCAF. Among students in Somaliland however, there was a notable difference in the pre-test scores (31%) which were significantly lower than those from Kenya (55%), Ethiopia (45%) and Senegal (41%). The scores substantially improved following the two-day training: Kenya (67%), Ethiopia (77%), Senegal (61%) and Somaliland (73%). This could be an indication that FGM/C content was either lacking or inadequate in the Somaliland health and medical curricula and/or not taught at all, and is consistent with the lack of anti-FGM/C law or policy in this geography.

5. Learnings and Adaptations

While ACCAF has completed a cycle of faculty/lecturers' training on FGM/C prevention and response across the four programme geographies, not all have implemented the training of their students. This is because most medical and health programmes are already loaded with priority issues and competencies that the students are required to meet. This makes the introduction of FGM/C prevention and response an added workload likely to disrupt the already-packed academic calendar. To address this challenge, ACCAF rolled out a standalone two-day training with medical and health students in Kenya, Ethiopia and Somaliland while in Senegal, the programme adopted a three-day training based on contextual differences. The approach helped to circumnavigate curriculum-review bureaucracy in universities and colleges that can be painstakingly long. In addition, beyond the standalone implementation, there was an agreement to watch out for opportunities for curriculum review where the FGM/C prevention and response content could be incorporated. Indeed, some universities in Kenya such as Egerton University have incorporated the whole or part of ACCAF's FGM/C prevention and response content into the curricula for medicine, nursing/midwifery and clinical medicine programmes.

The standalone implementation of ACCAF's FGM/C prevention and response curriculum is human-resource heavy and requires trained lecturers who are motivated to deliver the training. To address the challenge of an inadequate number of trainers, ACCAF trained at least two faculty members in every institution. In addition, a co-training model was adopted where lecturers from different programmes (medicine, nursing/midwifery and public health) were trained together. This promoted implementation across programmes within the same university or college while enriching the students' experience. Furthermore, collaboration and partnership with neighbouring institutions was encouraged; for example, trained faculty members from Egerton and Kabarak universities have been co-teaching together. Finally, ACCAF has been supporting with logistical challenges and providing small budgetary support to cater for students' tea and snacks as well as certificates of participation. This has served to motivate the lecturers and the students.

In Senegal, implementation has been supported by a strategic partner, Global Research and Advocacy Group (GRAG), that has handled the administrative, logistical and technical aspects of the FGM/C prevention and response training. This has enabled more institutions to be reached.

In Ethiopia, medicalisation of FGM/C was not well understood or even known about by faculty members prior to their training. They expressed that medicalisation of FGM/C was

new, and believed that it was not explicitly addressed in Ethiopia's law against FGM/C. In response, data from Ethiopia's Demographic and Health Survey on medicalisation, revealing the regions where it is practiced, was presented to trainees. A lively discussion ensued on the role health workers can play in addressing medicalisation.

In Ethiopia, an end FGM/C curriculum has started to be integrated into the training of community-based health extension workers (HEW). This has the potential to positively shift attitudes among HEW and the community with whom they interact and help identify and prevent FGM/C among newborn girls, as in Ethiopia, FGM/C is typically carried out during the first 10 days of life. At present, this is a small-scale pilot initiative led by ActionAid Ethiopia (AAE), another partner in the TGG-ALM consortium. The training of HEWs uses a different curriculum (built on the Ethiopian Ministry of Health curriculum), but trained faculty members from ACCAF-supported institutions have helped AAE to train HEW. AAE and ACCAF are currently exploring ways to deepen collaboration between these complementary workstreams.

The context in Somaliland differs from the other TGG-ALM geographies in four fundamental ways:

1) There is near universal prevalence of FGM/C with widespread attitudes in support of the practice.

2) In Somaliland, a predominantly Muslim society, FGM/C is perceived to be a religious requirement. In addition, the religious term 'sunnah' is commonly used to describe FGM/C, which gives the practice a religious/Islamic identity.

3) In Somaliland, the definition of FGM/C is problematic. The Somali community defines type III (infibulation or 'Pharaonic') as FGM/C, and the only type that needs to end. All other FGM/C types (I, II and IV) are defined as 'sunnah' and are considered less severe and permissible. However, ACCAF has come across occasions where even type III has been defined as 'sunnah'. Thus, the notion that 'sunnah' is less severe is not necessarily correct. ACCAF and TGG-ALM take a zero-tolerance approach, recognising all forms of FGM/C as a violation of human rights.

4) Although Somaliland is a signatory to several international human rights instruments containing provisions that prohibit FGM/C, Somaliland does not have any national legislation explicitly banning FGM/C. This presents challenges in implementing end FGM/C efforts including teaching of the limited FGM/C content in health training institutions' curricula[25].

ACAAF has adapted its curriculum and implementation in response to the Somaliland context as follows:

- ACCAF conducted a desk review of Somaliland's Constitution which is based on sharia law. Constitutional provisions were identified which protect women and girls from violations, human rights abuse and inequalities, and these were integrated into the training. These provisions are used to de-link FGM/C from religion and to facilitate discussion.
- A module has been developed that addresses misconceptions about the links between Islam and FGM/C, which is provided as a lecture by a medically qualified religious leader during the faculty training.

The involvement of a local FGM/C expert elicited confidence among the participants which further encouraged open discussion and debate.

- The faculty training includes a session on Somaliland's constitutional provisions and legal and policy frameworks, including international instruments to which it is a signatory.
- The prevalence and types of FGM/C practiced in Somaliland are presented and a zero-tolerance approach is promoted. During the training, faculty members appreciate learning about the misinformation around the 'sunnah' type of FGM/C.

Conclusion

ACCAF, in collaboration with several key stakeholders including the Kenyan Ministry of Health, has developed a FGM/C training curriculum using current national, regional and international evidence and best practices. The intervention fills a gap by identifying and enabling the health sector and health care providers to play an important role in ending and responding to FGM/C, especially in response to the increasing incidence of medicalised FGM/C. Health care workers are in a unique position to influence and change the attitudes of their patients, and can play an advocacy role within communities, engage in evidence generation and document what does and does not work. The pre-service training curriculum was first tested in Kenya where it is now being used as a stand-alone training to successfully deliver standardised FGM/C training content to health professionals across the country, and where it has already been fully integrated into the medicine, nursing, and public health programme of two institutions.

Using learnings from the Kenya roll-out, the curriculum was contextualised and rolled-out to the other TGG-ALM geographies, first in Somaliland, then Ethiopia and more recently in Senegal. Important themes throughout this process include the forging of partnerships, collaboration, collective learning, adapting to individual country contexts and the promotion of local ownership.

Where to next?

ACCAF will:

- Continue to monitor implementation of institutions' training plans, and encourage faculty members to roll-out training to students;

- Continue advocating for integration of the curriculum into health training institutions' overall medical curricula. Currently, ACCAF's pre-service training curriculum is still standalone in most institutions (but two). It is recognised that full integration could take several years and thus widespread adoption across trained institutions is beyond the scope of the current TGG-ALM programme;

- Respond to feedback from students who have requested to be linked with health facilities to implement their learned knowledge and skills. In Kenya, in collaboration with the County Ministry of Health, ACCAF has recently set-up a model health facility in Narok County to integrate FGM/C prevention, protection and care into service delivery points. It is expected that the model health facility will:

a. Provide opportunities for health trainees to acquire the requisite

practical skills on FGM/C prevention and response, and for girls and women to benefit from standardised FGM/C prevention and care services

b. Target more marginalised communities through outreach services

c. Encourage, strengthen and integrate FGM/C prevention and response into community-based interventions

- -Adapt and tailor the ACCAF curriculum to train community-based health workers and possibly other appropriate health cadres who may be influential in preventing FGM/C and addressing the challenges of medicalisation, such as pharmacists supplying drugs and equipment used in FGM/C;

- -Continue to advocate, amplify and share learning and best practices that can influence the integration and scale-up of ACCAF's model into other development programmes and other countries;

- Share and disseminate the end FGM/C integration work more globally with medical/ health professional bodies and actors such as the International Federation of Gynaecology and Obstetrics (FIGO), the International Confederation of Midwives (ICM), the donor community, and UN agencies (UNFPA, WHO, UNICEF) among others to support learning, leveraging, scaling, sustainability and resourcing.

"Pamoja tukomeshe ukeketaji" - "In solidarity we end FGM/C"

(Bernadette Loloju – CEO of the Anti-FGM Board of Kenya)

"The health sector has a vital role to play in preventing and responding to FGM by providing quality and respectful care to girls and women who have undergone FGM or are at risk of the same. Through personal centred communication, health care workers have better capacity to act as change agents and also engage communities by educating and empowering them and their families to reject and turn down the practice."

Dr Bashir Isaak
Acting Director of Family Health
Ministry of Health, and member of the Anti-FGM Board, Kenya

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13. Kenya Ministry of Health. 2007. "Management of complications, pregnancy, childbirth and the postpartum period in the presence of FGM/C." Nairobi: Division of Reproductive Health/Kenya Ministry of Health and Population Council
14. Pre-evaluation and post evaluations are subjective measures of knowledge and confidence of the lecturer or student before training and after training and include a question for lecturers and students to indicate how confident they feel about their knowledge on FGM/C on a scale of 1 -10.
15. Catholic University of Eastern Africa, Chuka University, Daystar University, Egerton University, Kabarak University, KEMU University and the University of Nairobi.
16. Pre- and post-tests are objective assessments of knowledge gained across the different end FGM/C components through 35 multiple choice questions. This was not administered to faculty.
17. These trainings were conducted using the FGM/C prevention and response manual already finalised at this stage, while the curriculum was still in development.
18. In Year 3 of the TGG-ALM programme, a model health facility was established in Keekonyokie Ward in Narok County, Kenya for student trainees who have completed the end FGM/C training to be able to practice the skills they have acquired whilst also offering FGM/C prevention and care services to girls and women at the facility and to the wider community. ACCAF is adapting the training curriculum for community-based cadres.

19. See footnote 14

20. See footnote 16

21. Addis Ababa University, Ethiopian Public Health Institute, Jigjiga University, Mekelle University, Samara University, and University of Gondar.

22. FGM/C training was provided through three training programmes within one university.

23. Abaarso University, Adal University, Addis Abab Medical College, Adna Adan University, Amoud University, Beder University, Caami University, Calaami Public Health College, Hargeisa Nursing Institute, Kuwait Foundation College, Kuwait University, Nugaal University, Rift Valley University, Sanaag University, Shaafi University, Shifa University, Shifo University, University of Alpha, University of Buroa, University of Golis, and University of Hargeisa.

24. Ecole Nationale de Développement Sanitaire et Social (ENDSS), Ecole Nationale des Travailleurs Sociaux Spécialisés (ENTSS), Institute African des Science la Sante, Paul Correa Health Institute, Poste de Sante Koussanar, and Universite Chukh auto Diop de Dakar.

25. TGG-ALM has been actively engaged in advocacy efforts for an enabling policy environment to end FGM/C which has resulted in the development of draft legislation which in 2023 was presented to the President's Office. National legislation remains a vital component of the strategy to end FGM/C in Somaliland, as it would signify the Government's commitment to protecting women and girls.

The Girl Generation -Support to the Africa Led Movement to End FGM/C Programme (TGG-ALM), is implemented by a consortium led by Options Consultancy Services and includes Amref Health Africa, ActionAid, Orchid Project, Africa Coordination Centre for Abandonment of FGM/C, and the University of Portsmouth. It works closely with the Population Council's Data Hub, the programme's data and measurement arm.

TGG-ALM is building a combination of evidence of what works or what does not work to reduce or end FGM/C in affected communities. TGG-ALM was established to contribute to global efforts to meet the UK Government's vision of a world free from FGM/C by 2030. Its vision is a world where girls and women can exercise their power and rights, have expanded choice and agency, and be free from all forms of violence. The intended impact is a reduction in FGM/C by 2027 in focal regions of Kenya, Somaliland, Senegal, and Ethiopia.

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thegirlgeneration.org

info@thegirlgeneration.org

@TheGirlGen

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