

# THE AFRICAN COORDINATING CENTER FOR ABANDONMENT OF FEMALE GENITAL MUTILATION/CUTTING (ACCAF) TEMPLATE FOR MONITORING (FGM/C) ABANDONMENT ACTIVITIES IN AFRICA

Prof. Patrick Ndavi

&

ACCAF Team



# ACCAF MISSION AND VISION

- **Vision** - A centre of excellence championing trans-disciplinary collaboratory efforts with the **goal** of accelerating the abandonment of FGM/C in Africa and beyond within one generation.
- **Mission** - To contribute to the abandonment of FGM/C within Africa and beyond through innovative research, leadership training, health care guidance, advocacy for cultural change, and networking and capacity strengthening.



# ACCAF TEAM

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# OUTLINE OF PRESENTATION

- ◉ Definition of FGM/C
- ◉ FGM/C violates the rights of girls and women
- ◉ Medicalization of FGM/C and reasons against it
- ◉ FGM/C indicators
- ◉ Prevalence of FGM/C in Africa
- ◉ Activities towards abandonment of FGM/C
- ◉ Checklist Outline for the template



# Definition of FGM/C

- ◉ Female Genital Mutilation/Cutting (FGM/C) “comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (WHO).”



# FGM/C VIOLATES THE RIGHTS OF GIRLS AND WOMEN

- **FGM/C violates girls' and women's fundamental human rights**
  - It denies them of their right to physical and mental integrity
  - It denies them of their right to freedom from violence and discrimination
  - It denies them in the extreme case the right to life
- **An extreme example of discrimination based on sex**



# MEDICALIZATION AND RE-INFIBULATION

- “The situation in which FGM/C is practiced by any category of health-care provider, whether in a public or private clinic, at home or elsewhere.” (WHO 2010)
- “Refers to the practice of re-suturing and thereby creating an infibulation following a procedure in which the infibulation has been partially or fully opened, most commonly to facilitate childbirth.” (WHO 2010)



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# REASONS AGAINST MEDICALIZATION

- ◉ Violates international human rights law and national laws
- ◉ Professionally unethical
- ◉ May legitimize FGM/C
- ◉ May develop professional & financial interest in supporting FGM/C
- ◉ May also lead to complications
- ◉ No evidence that medicalization leads to abandonment of FGM/C

*Source: Global Strategy to stop health-care providers from performing female genital mutilation (WHO 2010)*





# FGM/C INDICATORS

- Prevalence(%) of FGM/C among women aged 15-49
- Prevalence(%) of FGM/C among daughters
- Percentage of women 15-49 years old who believe the practice of FGM/C should continue



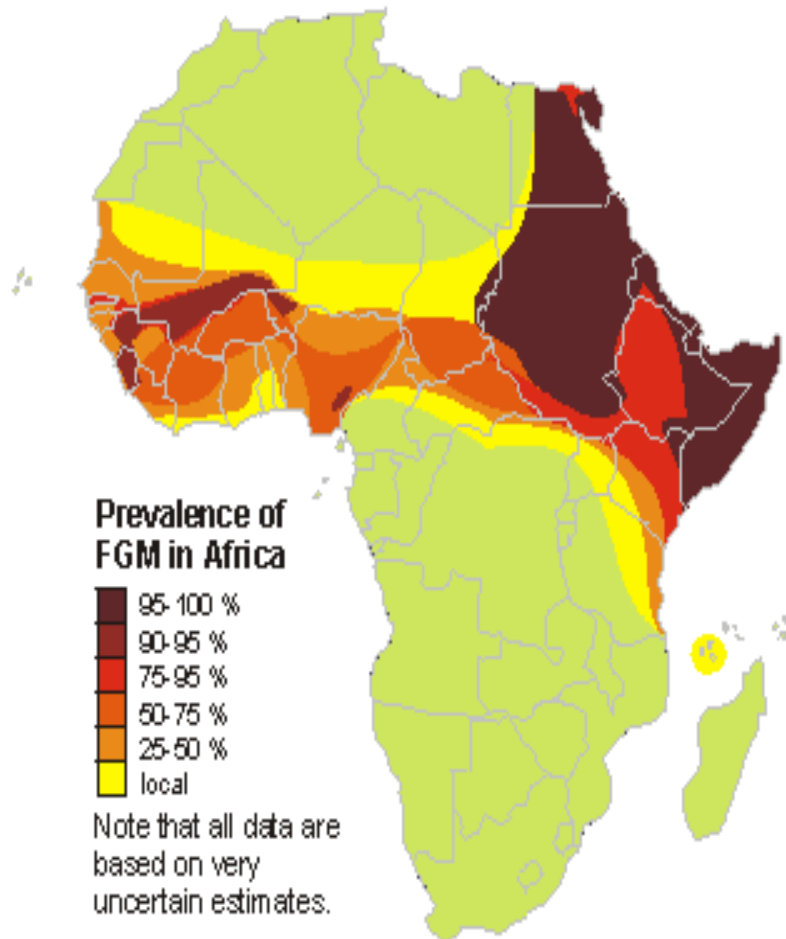
# FGM/C ABANDONMENT : WHERE ARE WE?

Perpetuation of FGM/C continues despite campaigns against it although slow decline is recorded in some countries

## Communities at Risk

28 practising countries in particular

- |    |                    |   |        |
|----|--------------------|---|--------|
| 1. | Somalia            | - | 98%    |
| 2. | Sierra Leone       | - | 90%    |
| 3. | Ethiopia           | - | 90%    |
| 4. | Sudan              | - | 91%    |
| 5. | Middle East& Egypt | - | 97%    |
| 6. | Ethiopia           | - | 79.9%  |
| 7. | Burkina Faso       | - | 70%    |
| 8. | Gambia             | - | 60-90% |



Type of FGM/C performed varies

# ADVOCACY FOR PREVENTION

- From a socio-cultural, legal and medical perspectives, ending FGM/C both warranted & necessary
- Documented two decades of *vigorous* advocacy campaigns globally for its elimination accompanied by slow progress
- Factors associated with stagnation of efforts:
  - Limited evaluation of projects,
  - Inadequate interventions,
  - Medicalization of the practice,
  - Demonstrated absence of beneficiaries in developing strategies



- ◉ While Govts. and NGOs have been active in programs to end FGM/C, coordinated efforts needed **especially** within the parameters of the legislative system.
- ◉ Communication of health risks,
- ◉ Behavior change interventions,
- ◉ Legislation and implementation of laws banning FGM/C,
- ◉ Resolution ending the medicalization of FGM by HCPs
- ◉ Abandonment by entire communities



# ○ COMPONENTS THAT NEED TO BE SET INTO MOTION.



# Checklist Outline

- ◉ Risk indicators
- ◉ Input indicators
- ◉ Process indicators
- ◉ Output indicators
- ◉ Outcome indicators
- ◉ Impact indicators



# Risk, Input and Process Indicators

- ◉ Donor and **beneficiary support**, government good will (legislative systems) and political environment are the **risks indicators** for all the dimensions.
- ◉ Resource availability i.e. financial, human -**Input**
- ◉ **Process-** Efficiency and effectiveness while carrying out the interventions : (Were the scheduled activities carried out as planned and How well were they carried out?) e.g. timely development and production of quality monitoring tools with minimum resources and as planned.



# Socio-cultural Dimension Output Indicators

- ◉ Frequency of public declarations against FGM/C
- ◉ Change in mindset on values placed on FGM/C
- ◉ Desirability of intercultural marriages
- ◉ No. of men who indicate willingness to marry uncircumcised girls and actually marrying them
- ◉ Trends in the value placed on women and marriage ability based on FGM/C status, virginity, education
- ◉ No. of role models within the community, anti-FGM/C champions
- ◉ Position of council of elders in the community and degree of involvement on FGM/C issues
- ◉ No. of girls who remain uncircumcised after ARP and retained in school
- ◉ No. Communities sustaining ARPs without donor support





# Socio-economic Dimension Output indicators

- ◉ No. of FGM/C practitioners (Medical, Traditional) seeking alternative sources of income
- ◉ Change of attitudes pegging bride price on FGM/C
- ◉ No. of girls who complete Form 4 in areas where FGM/C is linked to girl child education and child marriages.
- ◉ No. of girls/women in gainful employment or earning an income
- ◉ No. of women participating in decision-making (utilization of health care services & household/family income)
- ◉ No. of women in community leadership positions who have not undergone FGM/C



# Legal Dimension Output Indicators

- ◉ Level of awareness of the law against FGM/C  
e.g. Prohibition of FGM/C Act 2011, the Constitution (Bill of Rights), Children's Act 2001
- ◉ No. of actual FGM/C cases reported: Aggravated FGM/C - where victim dies & Non-aggravated FGM/C - where victim survives
- ◉ No. of cases prosecuted / successfully prosecuted on possession of FGM/C carrying out equipment
- ◉ No. of cases successfully prosecuted where premises were used for FGM/C purposes



# Medical Dimension Output Indicators

- No. of trained pre-service and in-service providers
- No. of training institutions using manuals on FGM/C
- No. of cases treated for FGM/C complics. : obstetric - maternal & foetal, gynaecological, sexual, psychological
- No. of women/girls asking for FGM/C from a HCP
- No. of girls seeking medical intervention before an FGM/C e.g. anaesthesia, tetanus



# Psycho-Sexual Dimension Output Indicators

- No. of women reporting that they experience sexual complications as a result of FGM/C
- No. of women seeking counseling on sexual complications as a result of FGM/C
- No. of men reporting sexual complications related to FGM/C
- No. of men indicating willingness to have sexual relations with women who have not undergone FGM/C
- No. of institutions or organizations providing sexuality education



# Outcome and Impact Indicators

- ◉ Lower FGM prevalence (data to be collected through surveys and census conducted by the government and donors e.g. DHS)
- ◉ Total abandonment of FGM/C; zero prevalence of FGM/C
- ◉ **Dissemination** -  
Workshops/Colloquia/Seminars, Local and International Conferences, National reports, County reports, Public fora i.e. public barazas, Disseminate research findings in print and electronic media, publications in scholarly journals



# ROLE OF PROFESSIONAL ASSOCIATIONS

- Condemn the medicalization of FGM
- Initiatives by professional associations to promote action at the grass-root level.
- Encompassing positive measures that would improve clinical care.
  - guidelines for medical professionals who provide care to women having undergone FGM
  - Instructions for HCPs on counseling individuals who are considering undergoing FGM or requesting its practice for their daughters
  - HCPs should identify FGM within reproductive health services, such as cervical cancer screenings, FP service provision, ANC, labour/ delivery etc.



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# THANK YOU

