

ACCAF held an advocacy forum on 29th September 2015 at Silver Springs hotel in Nairobi. The main aim of the forum was to advocate and lobby the MOH officials to operationalize the policy brief against medicalization of FGM. It drew together Ministry of Health officials and women members of parliament from the five UNFPA focus counties namely; Samburu, Elgeyo Marakwet, West Pokot, Narok and Baringo. Other participants included the head RMHSU, government agencies, health care providers' regulatory bodies such as NCK, KMPDB, Midwives Charter, KOGS among others.

Opening remarks

Dr. Wambui started by introducing ACCAF as a centre based at the University of Nairobi, College of Health Sciences in the department of Obstetrics and Gynaecology, which is mandated in coordinating anti-FGM/C research, training and advocacy to accelerate the abandonment of FGM/C in Africa and beyond within one generation. The centres name in full was stated as Africa Coordinating Centre for the Abandonment of Female Genital Mutilation/Cutting (ACCAF)

She defined Female Genital Mutilation/Cutting (FGM/C) to be all procedures that involve partial or total removal of external female genitalia for non-medical reasons. She added that the practice has no medical benefits and it is a violation of girls and women's rights to sexual and reproductive health and rights.

She highlighted that FGM is practiced in at least 28 countries in Africa and a few others in Asia and the Middle East and is generally performed on girls between ages 4 and 12, although it is practiced in some cultures as early as a few days after birth or as late as just prior to marriage. She mentioned that typically, traditional circumcisers have carried out the procedure, but the practice is increasingly being carried out by medical professionals and that FGM is practiced in households at all educational levels and all social classes and occurs among many religious groups (Muslims, Christians, and animists), although no religion mandates it.

She noted that FGM poses serious physical and mental health risks for women and young girls, especially for those who have undergone extreme forms of the procedure and has been linked to increased complications in childbirth and even maternal deaths. Other side effects of the practice include severe pain, haemorrhage, tetanus, infection, infertility, cysts and abscesses, urinary incontinence, and psychological and sexual problems.

The FGM prevalence was reported to vary within and across borders, hence, looking only at the national prevalence rates can hide the regional variations within a country and that FGM often reflects ethnicity or social interactions of communities across national borders.

Dr. Wambui noted that in the recent past, there has been a new trend or shift where the practice is increasingly being performed by medical providers as opposed to traditional practitioners or traditional birth attendants. She mentioned that it is for

this reason that ACCAF, one of the Implementing Partners under the UN Joint Programme (UNJP) on abandonment of FGM, has been carrying out activities aimed at de-medicalizing the practice while accelerating the abandonment process. The centre has therefore been carrying out activities such as lobbying for inclusion of FGM/C in the training curricula, advocating the Ministry of Health to issue policy briefs against medicalization of FGM/C, training and capacity building for health care providers on demedicalization of FGM and management of complications arising from the practice. She stressed that this meeting therefore, was key especially to lobby the MOH to operationalize the policy brief against medicalization of the FGM practice which currently stands at 19.7%, close to the national prevalence of FGM at 21%.

She therefore urged all ministry of health officials to promote the **do no harm** code of ethics medical professionals and officially welcomed all to the forum.