

The head of the Reproductive and Maternal Health Services Unit (RMHSU) gave a key note address and is shown below:

"Having worked in Narok County as a gynaecologist, I came in contact with the experience of FGM and its complications, so I support the work ACCAF is doing first due to my personal experience and also from the work I do.

As the wave of modernity sweep across societies including Kenya, several harmful practices that have very negative effects on women and their reproductive health and rights still persist. These practices include child marriages, female genital mutilation or cutting (FGM/C) and nutritional taboos that affect the health of girls and women. FGM/C in particular contravenes several basic rights of women and girls, including the right to life and the right to be free from inhumane and degrading treatment.

An estimated 100 million to 140 million women and girls worldwide have undergone FGM/C and more than 3 million girls are at risk of FGM/C each year on the African continent alone. In Kenya, the overall prevalence of FGM/C has been reducing. The percent of women aged 15 to 49 who have undergone the procedure according to 2014 KDHS is 21, which is a decline from 27 percent in 2008/09, 32 percent in 2003 and 38 percent in 1998.

While the practice has been primarily carried out by traditional practitioners including traditional local specialists known for performing circumcisions, traditional birth attendants, and older women, this trend is now shifting and it is increasingly being performed by health professionals including doctors, nurses, and midwives. This is known as medicalization of FGM/C practice. According to the PRB in 2014, 19.7 percent of those who had undergone FGM/C in Kenya were medically performed.

Reproductive and Maternal Health Services Unit (RMHSU) provides leadership in the development of national policies and guidelines regarding reproductive health and related health areas - supporting the county government. To help eliminate harmful practices, RMHSU also works with a range of technical and implementing partners to increase access to quality treatment and rehabilitative reproductive health services for those affected by harmful practices and gender-based violence. RMHSU therefore has the pleasure to partner with ACCAF at the University of Nairobi, UNFPA and other partners to counter medicalization of the FGM/C practice.

I therefore encourage the county executives of health and the directors of health in the counties to ensure that medical practitioners refrain from performing procedures such as FGM/C which only have negative and adverse effects on the health of women and girls. They should encourage medical practitioners to play an active role as leaders, role models, counsellors, and change agents in the communities about the harmful effects that FGM/C has on the health of women and girls and encourage abandonment of the practice. They should also encourage expectant women who

attend the ante-natal clinics, and have undergone FGM/C to utilize skilled birth attendant in order to reduce maternal mortality and morbidity.

The medical practitioners should also endeavour to effectively treat FGM/C related complications, and to mitigate the negative effects suffered by survivors of the practice. To this end, medical practitioners need to be trained on the management and care of patients who have undergone FGM/C. It is especially important for midwives and nurses to understand the medical procedures that need to be performed on patients who have undergone FGM/C - e.g scars, fistula, keloids etc in order to save the lives of mothers and children at the time of birth. The RMHSU assures its support to ACCAF in its activities aimed at abandonment of FGM/C including the training of health care providers especially on management of the complications that arise due to FGM/C.

Lastly, all health care providers should at all times uphold the professional ethics and observe their code of conduct that has no provision for any service provider to perform FGM/C. This will come a long way in reducing medicalization of the practice. Thank you."