

UNIVERSITY OF NAIROBI

AFRICA COORDINATING CENTRE FOR ABANDONMENT OF
FEMALE GENITAL MUTILATION/CUTTING (ACCAF)

ENDING FEMALE GENITAL MUTILATION/CUTTING (FGM/C)

TRAINING CURRICULUM

SEPTEMBER 2022



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Forward

Female genital mutilation/Cutting (FGM/C) as a cultural practice is a human rights and a health issue attributed with numerous social-economic as well as health complications. Health system occupies a strategic vantage point for addressing and accelerating elimination of FGM/C thus promoting social justice and human rights. By leveraging the twin functionalities of health system notably prevention and curative, end FGM/C interventions can be anchored seamlessly into the sector with great potential for success. However, the strategic advantage associated with health sector has not been fully exploited as the sector has largely been invisible in addressing FGM/C. Shockingly, an emerging trend of FGM/C performed by health professionals (medicalization) is gaining traction threatening achievements implemented over decades for addressing FGM/C. This state of affairs has been attributed to limited capacity of health professionals in terms of knowledge, skills and behaviors for addressing the practice. The challenges are linked to lack of capacity support tools namely standardized training curriculum, manuals and notes to support knowledge and skills transfer for health trainees and professionals. To address the capacity challenge, Africa Coordinating Centre for Abandonment of FGM/C (ACCAF) has developed an end FGM training curriculum using the most current evidence and best practices available from Ministry of Health and World Health Organization (WHO). This curriculum should be used to deliver standardized end FGM content to health professionals that interface with women and girls at risk of FGM and those who present at service points with FGM/C-related complications. The curriculum is targeted for health professionals who are largely in the frontline of prevention and care namely the doctors, Nurse-Midwives, clinical officers, and public health officers. The utility of the curriculum, its delivery and implementation is supported by a comprehensive up to date ACCAF's training manual (in both physical and e-tool mode) and power point notes that were developed using the most current available evidence. The successful utility of this curriculum is premised on stakeholder's engagement, training of trainers, rolling out of the training, support during the training and adaptive learning to implement change based on lessons learnt. It is envisioned that this curriculum will result in training of a critical mass of health professionals with standardized end FGM knowledge and competencies to champion elimination of FGM/C, respond to FGM-related complications, promote human rights and social justice in the society. I hope you will find this curriculum useful in delivery of end FGM/C content to the medical/health trainees and professionals to promote robust health sector-led response to FGM/C in the health facilities and the community including under humanitarian situations.

Thank you

Dr Samuel Kimani



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List of Abbreviations

CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
FGM	Female Genital Mutilation
KDHS	Kenya Demographic Health Survey
M&E	Monitoring and Evaluation
NGOs	Non-governmental organizations
TOTs	Training of Trainers
TWGs	Technical Working Groups
UN	United Nations
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
WHO	World Health Organization



CHAPTER 1: INTRODUCTORY INFORMATION ON FEMALE GENITAL MUTILATION/CUTTING (FGM/C)

Duration: 1 Hours

Chapter Purpose

The chapter is aimed at equipping the participants with knowledge on definition, types, prevalence and drivers for FGM/C as practiced in Kenya.

Expected learning Outcomes

At the end of this chapter participants should be able to:

1. Define FGM/C according to the WHO;
2. Identify the structures and functions of female external genitalia affected during FGM/C;
3. Explain the types of FGM/C;
4. Explain the prevalence of FGM/C in different practicing communities and geographical areas;
5. Highlight some of the socioeconomic impacts of FGM/C
6. Identify the emerging trends in FGM/C

Chapter Content

Background of FGM: definition of FGM/C; structures and functions affected during FGM/C; Types of FGM/C. **Prevalence of FGM/C:** global prevalence of FGM/C; prevalence of FGM/C in Kenya and across ethnic and geography in Kenya. Who is cut. Performers of FGM/C (Traditional cutters, health workers). **Emerging trends in FGM:** medicalization; less severe cutting; young age cutting; cross border FGM/C.

Mode of delivery

- Illustrated lectures (Power point presentations);
- Brain storming;
- Online guided discussions;
- Self-directed learning



CHAPTER 2: DRIVERS OF FEMALE GENITAL MUTILATION/CUTTING (FGM/C)

Duration: 1 Hour

Chapter Purpose

This chapter describes the enablers of FGM, who performs FGM, the procedures of FGM involving decision making and age at which FGM is performed. It also describes the sociocultural factors underpinning FGM, the relationship between FGM and religion and finally describes the change and social norms of FGM.

Expected learning Outcomes

At the end of this chapter, participants should be able to:

1. Explain the harmful tradition of FGM
2. Critique the social cultural dynamics of FGM
3. Apply knowledge and skills in addressing socio-cultural issues propagating FGM
4. Influence change of harmful socio-cultural factors that promote FGM

Chapter Content

The harmful tradition: Who performs FGM; Procedure of FGM; Age and decision making; Reasons for FGM. **Culture and Social norms:** Sociocultural meaning of FGM; Role of culture and social norms; Religion and FGM; Change and Social norms.

Mode of delivery

- Illustrated lectures (Power point presentations);
- Case scenarios
- Brain storming;
- Online guided discussions;
- Self-directed learning



Instructional resources

- ACCAF/MOH Training package on ending FGM (E-tool manual)
- WHO FGM Manual
- Power point presentations;
- LCD projector;
- Laptop.

Course Assessment

Pretest, Posttest, Continuous assessment tests

CHAPTER 3: MANAGEMENT OF IMMEDIATE PHYSICAL COMPLICATIONS OF FGM

Duration: 1 Hour

Chapter Purpose

The purpose of this chapter is to discuss the health complications (outcomes) of female genital mutilation. The health complications and their management broadly categorized into immediate, genitourinary, gynecological, obstetrics, sexual, and psychosocial consequences attributed to FGM will be discussed.

Expected learning Outcomes

By the end of this Chapter, the participant will be able to:

1. Acquire knowledge on complications of FGM
2. Acquire competences history taking, examination, treatment referral all required in the management of immediate, genitourinary, obstetric, sexual, and psychosocial complications of FGM.

Chapter Content

Introduction: History taking; Physical examination. **Immediate (acute) and short-term physical complications:** Severe Pain and tissue injury; Hemorrhage; Management of



Hemorrhagic Shock; Management of Infection and Septicaemia; Management of acute genital tissue swelling; Management of Acute urine Retention

Mode of delivery

- Illustrated lectures (Power point presentations);
- Case scenarios
- Brain storming;
- Online guided discussions;
- Self-directed learning

Instructional resources

- ACCAF/MOH Training package on ending FGM (E-tool manual)
- WHO FGM Manual
- Power point presentations;
- LCD projector;
- Laptop.

Course Assessment

Pretest, Posttest, Continuous assessment tests

CHAPTER 4: MANAGEMENT OF GYNAECOLOGICAL AND UROGENITAL COMPLICATIONS

Duration: 1 Hour

Chapter Purpose

The purpose of this chapter is to describe the knowledge and skills on management of patients with FGM related gynecological and uro-gynaecological complications.

Expected learning Outcomes



By the end of this Chapter, the participant will be able to:

1. Acquire of knowledge on FGM related gynecological and urogynaecological FGM complications
2. Acquire competences history taking, examination, treatment and referral all required in the management of FGM related gynecological and urogynaecological FGM complications

Chapter Content

Introduction: History taking; Physical examination. **Gynaecological and urogynaecological complications:** Painful or difficult urination; Recurrent urinary tract infection; Reproductive tract infections; Chronic Vulvar Pain; Clitoral Neuroma; Keloids in the genital area; Menstrual Difficulties; Fistulae and incontinence; Vulvar adhesions; Vulvar abscess.

Mode of delivery

- Illustrated lectures (Power point presentations);
- Case scenarios
- Brain storming;
- Online guided discussions;
- Self-directed learning

Instructional resources

- ACCAF/MOH Training package on ending FGM (E-tool manual)
- WHO FGM Manual
- Power point presentations;
- LCD projector;
- Laptop.

Course Assessment

Pretest, Posttest, Continuous assessment tests



CHAPTER 5: ANTENATAL, INTRAPARTUM AND POSTPARTUM CARE OF WOMEN WITH FGM

Duration: 2 Hours

Chapter Purpose

The purpose of this Chapter is to discuss the antenatal, intrapartum and postpartum care for women with FGM.

Expected learning Outcomes

At the end of this chapter, participants should be able to:

1. Explain the management of women living with FGM during pregnancy, labour, childbirth and the postnatal period.
2. Identify complications due to FGM that may affect pregnancy
3. Discuss the management of complications associated FGM that may occur during pregnancy, labour, childbirth and the postnatal period.

Chapter Content

Obstetric risks associated with FGM: The harmful tradition: conditions associated with FGM that may lead to complications during pregnancy: Tight vaginal introitus due to scarring; Recurrent urinary and reproductive tract infections (UTIs and RTIs); Epidermal inclusion cysts and keloids. **Antenatal care of women living with FGM:** Initial prenatal evaluation; Management of complications associated with FGM. **Management of labour and birth in women living with FGM:** Initial evaluation of women in labour; Monitoring progress of labour; Management of childbirth in women living with FGM; **Postpartum care of women living with FGM:** Immediate care of the mother and baby after birth.

Mode of delivery

- Illustrated lectures (Power point presentations);
- Case scenarios



- Brain storming;
- Online guided discussions;
- Self-directed learning

Instructional resources

- ACCAF/MOH Training package on ending FGM (E-tool manual)
- WHO FGM Manual
- Power point presentations;
- LCD projector;
- Laptop.

Course Assessment

Pretest, Posttest, Continuous assessment tests

CHAPTER 6: DEINFIBULATION

Duration: 1 Hours

Chapter Purpose

The purpose of this Chapter is to equip the learner with knowledge and skills on deinfibulation.

Expected learning Outcomes

By the end of this Chapter, the participant will be able to:

1. Manage clients requiring deinfibulation
2. Provide the postoperative care of a patient who has undergone deinfibulation

Chapter Content

Introduction: Definition of deinfibulation; Indications; Contraindications. **Timing of deinfibulation in pregnant women:** Advantages of antepartum deinfibulation; Disadvantages of



anteartum deinfibulation; Advantages of intrapartum deinfibulation; Disadvantages of Intrapartum Deinfibulation; Important considerations when deciding on the timing of deinfibulation. **The procedure:** Who performs deinfibulation; Preparation for deinfibulation; Counselling for deinfibulation; Performing deinfibulation; Anaesthesia for deinfibulation; Post-operative care after deinfibulation.

Mode of delivery

- Illustrated lectures (Power point presentations);
- Case scenarios
- Brain storming;
- Online guided discussions;
- Self-directed learning

Instructional resources

- ACCAF/MOH Training package on ending FGM (E-tool manual)
- WHO FGM Manual
- Power point presentations;
- LCD projector;
- Laptop.

Course Assessment

Pretest, Posttest, Continuous assessment tests

CHAPTER 7: FGM- RELATED SEXUAL HEALTH COMPLICATIONS

Duration: 1 Hours

Chapter Purpose



The purpose of this module is to provide knowledge and skills to identify sexual health problems associated with FGM/C and the need for training of health providers to provide quality care and support to survivors.

Expected learning outcomes:

- i. Understand the linkage between FGM/C and sexual health complications
- ii. Comprehend the need for training in sexual health management

Chapter content

Introduction of Female Genital Mutilation/Cutting and sexual health complications. Sexual health impacts of FGM/C including effects of excision of sensitive tissues, complications on the vulva leg scarring, keloids, cysts, and how it impacts the sexual functioning of women. Understanding of biological, psychological and relational aspects of a woman's life. Introduction to female sexual disorders, Sexual desire and arousal disorder; Orgasmic disorder, Sexual pain or Dyspareunia, Vaginismus, lubrication difficulties; Identifying resulting mental health problem because such anxiety and stress will lead to loss of self-esteem and even poor genital self-image further worsening the sexual dysfunction. Health care provision for quality sexual health care services in primary health care settings.

Mode of delivery

- Illustrated lectures (Power point presentations);
- Case scenarios
- Brain storming;
- Online guided discussions;
- Self-directed learning



CHAPTER 8: MENTAL HEALTH CARE IN WOMEN WITH FGM/C

Duration: 1 Hours

Chapter Purpose

The purpose of this module is to provide knowledge and skills to identify mental health problems associated with FGM/C and to highlight the needs to have health providers who can provide quality care and support to survivors.

Expected learning outcomes:

- iii. Understand the linkage between FGM/C and mental health complications
- iv. Comprehend the need to support patients with mental health problems

Chapter content

Introduction to mental health. Linking mental health impacts of FGM/C. mental health complications associated with FGM/C on the psychological aspect of the survivors. Post-traumatic stress disorder, anxiety, depression, stress, and other mood disorders. Mental trauma and recollection of the event (a vivid memory), coping style (avoidance, in particular substance misuse) and employment status (lack of income) were significantly associated with psychopathology. Identifying mental health complications for women with FGM/C. Psychological health care provision in the context of primary health care. Introduction to The International Classification of Diseases and the Diagnostic and Statistical Manual of Mental Disorders. Principles of counselling are the key tools used in managing psychosocial and sexual problems.

Mode of delivery

- Illustrated lectures (Power point presentations);
- Case scenarios



- Brain storming;
- Online guided discussions;
- Self-directed learning

CHAPTER 9: COMMUNICATING FEMALE GENITAL MUTILATION (FGM)

Duration: 1hour

Chapter Purpose

This Chapter is important because communication for social change is an inclusive, community – based process of achieving a goal; in this case FGM prevention. The Chapter describes: communicating community program objectives, communicating to groups and individuals, message concepts, and communication channels aimed at fighting FGM and raising awareness regarding the dangers of the practice. This Chapter seeks to provide knowledge on Female Genital Mutilation (FGM); a socio-cultural problem affecting many societies in the world today; and offer strategies in communicating information about female genital mutilation effectively.

Expected learning outcomes

By the end of this Chapter, participants should be able to:

1. Effectively use social media as an interactive medium; allowing individuals and stakeholders to communicate directly with the public.
2. Apply strategies of communicating social change on various development issues from a local, national, and global perspective
3. Enhance the use of information and communications technology, to promote the empowerment of women.
4. To identify potentially effective and sustainable interventions regarding the practice of FGM and create campaigns to end FGM

Chapter Content



Traditional Beliefs Values and Attitudes towards FGM ; Effective Communication on FGM issues; Conflict communication skills; Public Participation and Effective Communication; Use of local language in anti FGM campaigns; Identifying Potentially Effective and Sustainable FGM Interventions; Social Change communication; Advocacy and communication; Media Liaison, and use and engagement

Mode of delivery

- Illustrated lectures (Power point presentations);
- Brain storming;
- Online guided discussions;
- Self-directed learning

Instructional resources

- ACCAF/MOH Training package on ending FGM (E-tool manual)
- WHO FGM Manual
- Power point presentations;
- LCD projector;
- Laptop.

Course Assessment

Pretest, Posttest, Continuous assessment tests

CHAPTER 10: ADDRESSING MEDICALIZATION OF FEMALE GENITAL MUTILATION/CUTTING

Duration: 1 Hrs

Chapter purpose

The module is aimed at equipping the participants with Knowledge and competencies for strategies in addressing medicalization of FGM/C in Kenya.

Expected Learning Outcomes

By the end of this module, the participant should be able to:



1. Define medicalization of FGM
2. Explain the prevalence and reasons for medicalization of FGM in different communities
3. Identify strategies for ending medicalization of FGM/C
4. Explain the challenges how to address them in ending medicalization of FGM/C

Module Content

Definition of medicalization – WHO definition including re-infibulation; **prevalence of medicalization of FGM/C** – global statistics, in African countries and different communities in Kenya; **Reasons for medicalization of FGM/C** – includes adherence to social norms, income generation and harm reduction; **Reasons medicalization of FGM must be stopped** – it's a harmful practice, it's a violation of human rights, a violation of the law, it ignores the long-term complications of the practice, constitutes a break in medical professionalism and ethical responsibility, medicalization may create a sense of legitimacy for the practice, there's no evidence to suggest that medicalization of FGM serves as a first step toward full abandonment of the practice; **Strategies to accelerate fight against medicalization of FGM/C** - mobilize political will and funding, strengthen the understanding and knowledge of healthcare providers, Emphasizing the “do no harm” principle and adherence to the oath; create a supporting legislative and regulatory framework, strengthen monitoring, evaluation, and accountability; **Challenges to stopping medicalization of FGM** - inadequate training and support for healthcare providers, inadequate involvement of the local health sector in the prevention of FGM, weak enforcement of the existing laws

Mode of delivery

- Illustrated lectures (Power point presentations);
- Brain storming;
- Online guided discussions;
- Self-directed learning

Instructional resources



- ACCAF/MOH Training package on ending FGM (Curriculum, E-tool manual)
- WHO FGM Manual
- Power point presentations;
- LCD projector;
- Laptop.

Course Assessment

Pretest, Posttest, Continuous assessment tests



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CHAPTER 11: PROFESSIONAL ETHICS AND CODE OF CONDUCT FOR HEALTH CARE PROVIDERS IN THE CARE, MANAGEMENT AND PREVENTION OF FGM

Duration: 1 Hour

Chapter Purpose

The purpose of this module is to highlight the professional ethics and code of conduct governing doctors, nurses and midwives in Kenya, and to discuss the actions relating to FGM that constitute unethical conduct when carried out by health care providers in Kenya.

Expected learning Outcomes

At the end of this module, course participants should be able to:

- Explain the significance of the Professional Ethics and Code of Conduct for Health Care Providers in FGM care, prevention and management
- Discuss the provisions of various instruments that govern the conduct of different healthcare workers with regard to elimination of FGM.
- Discuss professional code of conduct/ethics relevant in promotion and protection of the health of the girl/woman at risk of FGM
- Explain how the WHO policy documents and guidelines apply in the local context.
- Identify specific conduct which constitutes professional misconduct in the handling of FGM cases.

Module Content

- **Background and context:** The Significance of Professional Ethics and Code of Conduct for Health Care Providers in FGM care, prevention and management
- **Professional Ethics and Code of Conduct for Medical Practitioners:** Specific focus on the professional ethics issues in the care, management and prevention of FGM



- **Professional and ethical conduct for nurses and midwives in Kenya:** Specific focus on the professional ethics issues in the care, management and prevention of FGM
- **WHO Policy Documents and Guidelines for health care providers**

Mode of delivery

- Illustrated lectures (Power point presentations);
- Brain storming;
- Online guided discussions;
- Self-directed learning

CHAPTER 12: LEGAL AND HUMAN RIGHTS FRAMEWORK FOR THE PROHIBITION OF FGM

Duration: 1 Hour

Chapter Purpose

The purpose of this module is to:

- Equip participants with knowledge about the legal and human rights framework for the prohibition of FGM.
- Enable course participants to develop an appreciation of how the legal and human rights framework for the prohibition of FGM affects them in the conduct of their work.
- Support course participants in understanding how they can apply the legal and human rights framework for the prohibition of FGM in the conduct of their work.

Expected learning Outcomes

- At the end of this module, course participants should be able to:



- Demonstrate knowledge of the legal and human rights framework on the prohibition of FGM.
- Explain how the legal and human rights framework on the prohibition of FGM affects them in the conduct of their work.
- Apply the relevant provisions of the legal and human rights framework for the prohibition of FGM in the conduct of their work.

Module Content

- Background to the Legal Prohibition of FGM
- The International Human Rights Law Framework for the Prohibition of FGM
- The African Regional Human Rights Law Framework for the Prohibition of FGM
- Kenya's Legal and Policy Framework for the Prohibition of FGM

Mode of delivery

- Illustrated lectures (Power point presentations);
- Brain storming;
- Online guided discussions;
- Self-directed learning

CHAPTER 13: ACCESS TO JUSTICE FOR VICTIMS OF FGM: EVIDENCE COLLECTION AND PRESERVATION BY HEALTH CARE PROVIDERS

Duration: 1 Hour

Chapter Purpose

The purpose of this module is to:

- Explain role of health care providers in ensuring access to justice for victims of FGM.



- Discuss the role of health care providers in collecting evidence that assists in the prosecution of these offences.

Expected learning Outcomes

At the end of this module, course participants should be able to:

- Explain the role of health care providers in ensuring the enforcement of the law which prohibits FGM;
- Demonstrate the ability to collect and preserve evidence for the prosecution of FGM related cases in the.

Module Content

- Importance of the Prosecution of FGM Cases in Kenya
- The Role of Health Care Providers in Prosecution of FGM Cases
- Procedure for the Collection and Preservation of Evidence for the Prosecution of FGM Cases
- Evidence Collection Form for cases of FGM

Mode of delivery

- Illustrated lectures (Power point presentations);
- Brain storming;
- Online guided discussions;
- Self-directed learning

Instructional resources

- ACCAF/MOH Training package on ending FGM (E-tool manual)
- WHO FGM Manual



- Power point presentations;
- LCD projector;
- Laptop.

Course Assessment

Pretest, Posttest, Continuous assessment tests



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Instructional resources

- ACCAF/MOH Training package on ending FGM (E-tool manual)
- WHO FGM Manual
- Power point presentations;
- LCD projector;
- Laptop.

Course Assessment

Pretest, Posttest, Continuous assessment tests

CHAPTER 14: PREVENTION OF FEMALE GENITAL MUTILATION

Duration: 2 Hours

Module Purpose

The purpose of this Chapter is to discuss the approaches to prevention of FGM, how to engage different groups in the community in FGM prevention and finally the challenge of cross-border FGM.

Expected learning Outcomes

By the end of this Chapter, the participant will be able to:

1. Explain the role of health care providers in the prevention and response to female genital mutilation (FGM).
2. Describe the different approaches used in the prevention of FGM
3. Explain the importance of community involvement in the prevention of FGM
4. Discuss the challenge of cross-border FGM

Module Content



Introduction: The Role of Health Care Providers in FGM Prevention; Multidisciplinary, Multipronged Approach. **Interventions aimed at preventing FGM:** Long-term preventive intervention; Specific preventive intervention; Community prevention. **Approaches to prevention of FGM:** Empowerment of girls and women; Training of professionals involved in FGM prevention and response; Formal education; Community education; Provision of services including protection and health services; Replacement rites; Anti-FGM legislation; Media messaging and sustained media campaigns against FGM; Community dialogues involving all members of the community; Lobbying and advocacy; Criminalization of FGM; Rescue centers; Integrating anti-FGM Interventions into Existing Programs; Involvement of Excisors; Engaging the Media; Government Support in Eliminating FGM. **Community Involvement:** Actions at the National Level. **Cross-border FGM:** Addressing Cross-border FGM; Challenges in tackling cross-border FGM. **Obstacles to achieving complete elimination of FGM.**

Mode of delivery

- Illustrated lectures (Power point presentations);
- Case scenarios
- Brain storming;
- Online guided discussions;
- Self-directed learning

Instructional resources

- ACCAF/MOH Training package on ending FGM (E-tool manual)
- WHO FGM Manual
- Power point presentations;
- LCD projector;
- Laptop.

Course Assessment

Pretest, Posttest, Continuous assessment tests



Instructional resources

- ACCAF/MOH Training package on ending FGM (E-tool manual)
- WHO FGM Manual
- Power point presentations;
- LCD projector;
- Laptop.

Course Assessment

Pretest, Posttest, Continuous assessment tests



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