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LEARNING BRIEF

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TRAINING THE NEXT GENERATION OF HEALTH CARE PROFESSIONALS ON ENDING FGM IN ETHIOPIA

Learning from integration of FGM prevention and response into the Ethiopian health system



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The Girl Generation: The Girl Generation: Support to the Africa-led Movement to End Female Genital Mutilation (FGM) programme (TGG-ALM) is funded by UK Aid. The programme is implemented by a consortium led by Options with partners Amref Health Africa, ActionAid, Orchid Project, Population Council, Africa Coordinating Centre for Abandonment of Female Genital Mutilation/Cutting (ACCAF) and University of Portsmouth. Population Council is implementing the FGM Data Hub - the programme's data and evidence arm.

INTRODUCTION

TGG-ALM aims to accelerate positive changes in social attitudes towards ending FGM, while strengthening the evidence base about what works (and what does not) to end FGM. The programme was established to contribute to global efforts towards an end to FGM 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 by 2026 in focal regions of Kenya, Somaliland, Senegal, and Ethiopia.

TGG-ALM, through the Africa Coordinating Centre for Abandonment of FGM (ACCAF) and ActionAid Ethiopia (AAE), supports the mainstreaming of FGM prevention and response in the Ethiopian health system to improve the health and wellbeing of girls and women. This learning brief aims to showcase the deliberate and collaborative efforts of TGG-ALM partners to this end, and documents the processes, results, and learnings to date. It presents the various approaches used to mainstream FGM prevention and response, such as training of medical/health faculty members and students in universities and colleges, awareness creation for professional associations, and training of health extension workers (HEWs). The learnings captured in this brief are important both for the TGG-ALM programme in its remaining years of implementation and for the wider sector. It contributes to the evidence base on anti-FGM initiatives and provides recommendations for



how to strengthen and potentially scale-up the integration approaches.

BACKGROUND

Health service delivery points, particularly for maternal and child health, routinely interface with women and girls at risk of FGM or who have FGM-related complications. Yet typically, FGM has been addressed as a standalone issue, with limited cross-sectoral attempts to approaching FGM. This can be attributed to inadequate capacity of health care workers (HCW), skill gaps and fragmentation of services within the health system. It has historically led to a suboptimal response to FGM in Ethiopia, and without being anchored within routine healthcare, is less likely to be sustainable. Furthermore, FGM has been clandestinely performed by HCW (medicalisation of FGM) due to the perception that this method is less/not harmful, which is incongruous with the “do no harm”, safeguarding, and professional ethical principles for health professionals.

In response to these challenges, ACCAF has begun the process of integrating end-FGM training into existing medical/health

courses for trainee medical doctors, nurses, midwives and public health officers. TGG-ALM recognises that relevant knowledge and skills on FGM prevention, care and response among health care workers can be inculcated during professional training in universities and colleges, as well as in-service through continuous professional development. ACCAF has trained medical/health lecturers from select universities and colleges, who in turn conduct training for their students. Furthermore, the trained faculty have supported AAE to train health extension workers (HEWs) using an already approved HEW curriculum (Ethiopian Ministry of Health’s training manual on management of health complications and prevention of FGM for HEWs, September 2020). Affiliated to primary health facilities, HEWs work in the community and can promote FGM prevention initiatives.

Integration of FGM prevention and response into the health sector

To support in the improvement of the delivery of health care and preventative services for FGM-affected communities, ACCAF has

adapted a FGM prevention and response curriculum (developed in Kenya¹) for the Ethiopian ecosystem. Select faculty members are trained by ACCAF, and are then supported with a package (curriculum, training manual and PowerPoint notes) to roll out FGM prevention and care training among medical/health students in their universities and colleges. The lecturers are also supported to conduct monitoring and evaluation activities related to integration.

A key assumption underpinning the sustainability of this approach is that if this curriculum for pre-service trainees is proven to be effective, then this will be integrated into training institutions' curricula, which are reviewed and revised every three to five years under the approval of specific academic structures. This assumption is starting to be validated in Kenya, where several institutions have now formally adopted the curriculum following ACCAF training and support.

In Ethiopia, training for lecturers takes place over three days and covers a wide range of FGM components, including the magnitude and drivers of FGM in Ethiopia; addressing medicalisation of FGM; health complications and their management; FGM and human rights; legal/policy frameworks; prevention of FGM; and communication about FGM with clients to identify risk for younger girls, among others. The training for students is then implemented over two days across medical, nursing/midwifery and public health training programmes. The adaptations to the ACCAF curriculum and PowerPoint notes capture specific issues within the Ethiopian context, such as prevalence and types of FGM, and the legal/policy environment within the country.

As an interlinked intervention, AAE is delivering a package of community-level interventions across 10 kebeles in Guna and Farta woredas, South Gondar Zone, in the

Amhara region. AAE's programme in Amhara targets HEWs, who are a key stakeholder group as they influence the decision-making process of new parents on whether to have their daughter undergo FGM. Targeting HEWs is critical because of the very young age at which FGM is practiced in Ethiopia – usually when girls are less than 10 days old. Accordingly, HEWs are well placed to reach pregnant mothers as they conduct their outreach, in particular through antenatal care and information sharing on health issues. If HEWs are provided with tailored training on FGM, they can educate women during pregnant mothers' conference sessions, during ANC follow up, and via other service touch points in collaboration with other health professionals working in health centres.

As such, in 2023 and 2024 a cohort of HEWs were given training and resource materials to better equip them with knowledge of the harmful effects of FGM, ultimately to support their ability to inform and influence the community members they work with. AAE tapped into the expertise of ACCAF-trained medical/health faculty and training materials to train the HEWs. This constitutes a pilot of a model in which HEWs play a key role in FGM prevention through primary health care activities. This has the potential to be scaled-up and to be sustainable as it draws on local expertise built through ACCAF-led training, as well as training resources developed by the Ministry of Health (MoH).

METHODOLOGY

This learning brief draws on quantitative data collected during the training of lecturers and students, and quantitative and qualitative data from the HEWs training, from 2023 - 2024. There are two sets of data: the first is quantitative data on self-perceived knowledge and confidence on FGM interventions (of

lecturers and students) obtained using a pre- and post-training evaluation tool. A scale of 0-10 was provided for participants to select their perceived level of knowledge of FGM before and after training. The second data set covers knowledge of specific components of the FGM curriculum, assessed using a pre- and post-test tool. To assess knowledge among HEWs, 10 out of the 30 questions (from the ACCAF test) were used, reflecting the HEWs' different academic entry level and their role largely in FGM prevention rather than medical intervention (response). Both the pre- and post-training evaluations and pre- and post-tests are used to assess the effectiveness of the training and the cascading trainings. Additionally, qualitative data was obtained during review meetings and focus group discussions with HEWs held in September and November 2024. Thereafter, data was analysed and synthesised.

FINDINGS

ACCAF trained 20 faculty members in August 2023, drawn from six universities and colleges.² Four representatives of associations for medical doctors and midwives, the MoH and NGOs were also trained. The participants came from all regions of Ethiopia except the Amhara region (due to conflict and associated travel challenges).

Since the faculty training, Jigjiga University faculty members have rolled out FGM prevention and response training with two cohorts of students enrolled in medicine, nursing, midwifery, and public health training programmes. ACCAF provided backstopping support to faculty members and the pre- and post-evaluation and test tools. A total of 551 student trainees have been trained to date. Additionally, 100 HEWs have been trained by AAE (Table 1).

Table 1: Number of medical/health lecturers and

students trained using ACCAF's standardised FGM prevention and response curriculum in Ethiopia

Category trained	Year		Total
	2023	2024	
Lecturers/health professionals	20	0	20
Medical/health students	263	288	551
HEWs	40	60	100

ACCAF tools assessed the level of confidence in knowledge of FGM among lecturers (Figure 1) and students (Figure 2) as well as knowledge on key domains of FGM among students (Figure 3). Across all assessments, marked improvements are shown in the test results after the training. Notably, pre-evaluation confidence (in knowledge of FGM) scores for students averaged 2.1 out of 10, compared to an average post-training score of 9 out of 10. Confidence scores for faculty members also increased, from an average of 7.2 out of 10 pre-training, to 9.6 after training. Students' knowledge on key domains and the critical themes of FGM scored an average of 44.5% pre-training, compared to a post-training average score of 83%.

Figure 1: Faculty members'/lecturers' pre- and post-evaluation (confidence) scores

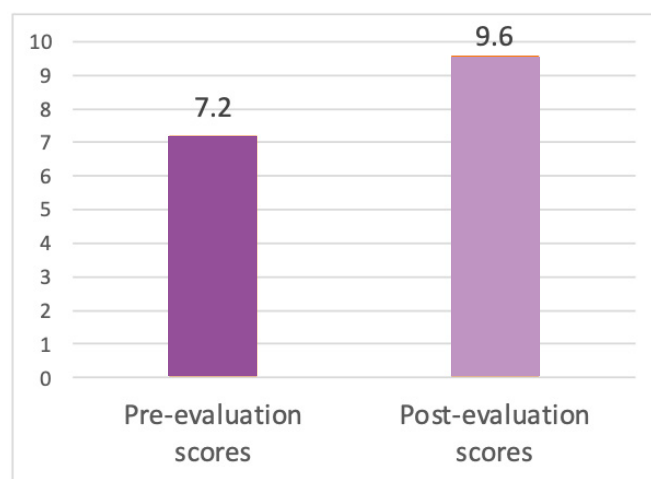


Figure 2: Students' pre- and post-evaluation (confidence) scores

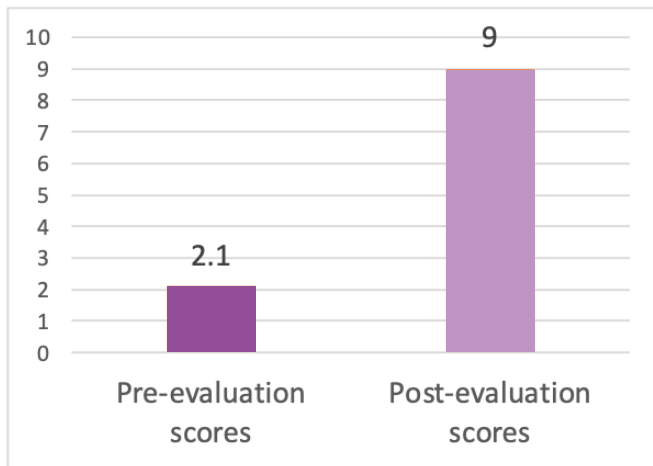
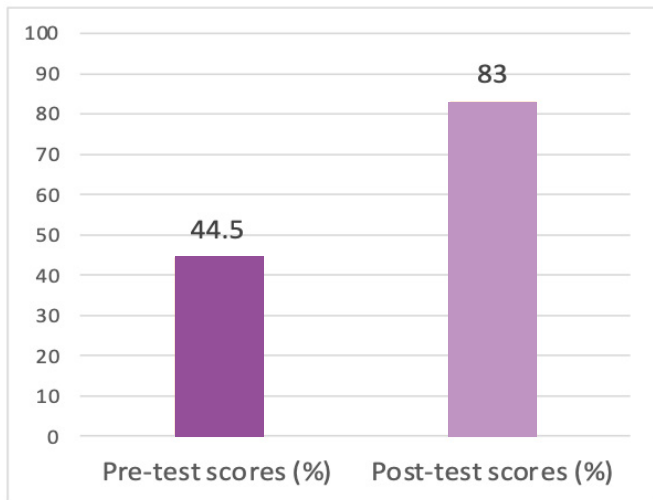


Figure 3: Students' pre- and post-test (knowledge on key domains) scores



The HEWs obtained an average score of 42% in the pre-training test, and 71% in the post-training test (Figure 4). Qualitative data showed that many HEWs lacked knowledge on FGM's severe health effects and prevention mechanisms prior to the training. The training introduced them to the MoH's FGM manual and enhanced their understanding of FGM complications. Since the training, HEWs have actively engaged expectant mothers in discussions on the impact of FGM, organised community meetings, and collaborated with religious leaders on advocacy efforts.

Figure 4: HEWs' pre- and post-test (knowledge on key domains) score

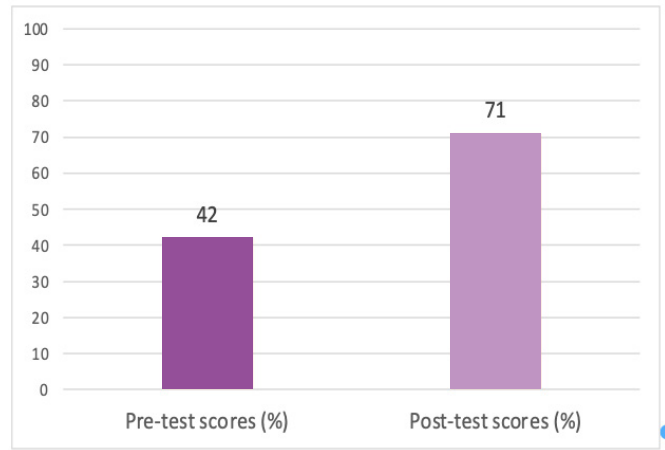


Photo: An ACCAF-trained faculty member from Jigjiga University facilitating a training session for medical/health trainees, February 2024



Photo: Medical/health trainees from Jigjiga University having a group discussion during FGM prevention and response training, February 2024




Photo: FGM prevention and response training for HEWs, Bahir Dar, Ethiopia, February 2024



LESSONS LEARNED AND RECOMMENDATIONS

Training to improve knowledge and confidence of health professionals

- **Integrate FGM content into health professionals' curricula:** Short training modules have shown to improve health professionals' knowledge and confidence on FGM significantly, equipping them to better prevent and respond to the practice. However, so far only one university (Jigjiga University) has implemented the cascade training of FGM prevention and response to medicine, nursing, midwifery and public health students. This has implications on the reach of the intervention at present. ACCAF will facilitate a stakeholder discussion and communicate directly with the trained faculty members to understand the challenges being faced in rolling out the training to students.
- **Use contextualised tools and resources** to support transfer of knowledge and skills and adaptation of FGM prevention and response interventions across geographies. Within complex, multi-level systems (such as health and education), tailoring is required to the specific needs of each level of the system.
- **Engage stakeholders in the development** of training materials to bring out nuances such as around the role of religion, age of undergoing FGM, medicalisation of FGM, and the legal/policy context as important determinants in Ethiopia.
- **Expand preventive initiatives by working with HEWs:** Early qualitative evidence including feedback from trainees suggests that training has been translated into action to end FGM in communities. For example, trained HEWs have engaged expectant mothers in discussions on the impact of FGM, organised community meetings, and collaborated with religious leaders. The training approach ensures a direct link to community members and has the potential to change social attitudes and norms around FGM in Ethiopia.
- **Utilise sustainable methods of training:** By using a train-the-trainer model, HEWs' training on FGM is more likely to be sustainable and scalable. Partnerships with the national health system, the Ethiopia National Alliance and NGOs to pilot and test the integration approach in different regions or healthcare settings could help refine its application and demonstrate its effectiveness on a larger scale.
- **Increase collaboration across health cadres:** The model described in this learning brief enhances collaboration between health professionals (doctors, nurses and midwives) and HEWs with a potential for synergy, cross-learning and collaboration between the health system and community, as well as linking curative and preventive health interventions. The potential benefits and impact of this linkage may be explored further.
- **Leveraging local actors and partnerships**
- **Leverage local capacities to promote**

- uptake of the training.** For example, the engagement of AAE Programme Officers in the delivery of teaching to university faculty helped stimulate discussions that were relevant to the operating contexts.
- **Collaborate with institutions to deliver training with consideration for the strategic strengths of each.** For example, Jigjiga University delivered training with civil society organisation officials who had been trained by ACCAF, which improved the delivery of the training and developed the networks and partnerships between trainers.
 - **Advocacy, policy engagement, and institutional integration**
 - **Increase engagement and integration of trained HEWs into community structures addressing FGM.** Closer integration and partnership with other community structures such as women's watch groups, volunteer community facilitators, harmful traditional practice committees and community members working on FGM would strengthen the overall movement to end FGM and coordination of efforts. HEWs called for more support to connect parents with existing structures (such as community dialogues, meetings, violence against women and girls reporting mechanisms, education programmes, etc.) to support greater awareness and ultimately decision-making not to practice FGM.
 - **Support integration of end FGM strategies into policies and frameworks:** Work closely with national government and health ministries to embed FGM prevention and response strategies into official healthcare frameworks and professional training curricula, building on the positive findings from TGG-ALM's integration approach.
 - **Support refinement of national strategies:**
- Advocate for the inclusion of FGM training modules in national health strategies; expanding beyond pilot sites could enable scale at regional and national levels.
- **Advocate through medical professional network:** Take advocacy on FGM prevention and response to scale with professional associations (for doctors, nurses, midwives, and public health professionals) by leveraging on their knowledge-sharing forums and activities.
 - **Learn lessons from other countries:** The establishment of ACCAF's Model Health Facility (MHF) in Kenya has produced many learnings on how to foster seamless working relationships between community health promoters and the health system. A planned visit to the MHF should provide the Ethiopian team with further ideas for scaling the model of HCWs-HEWs' training and professional practice.
 - **Monitor and evaluate:** AAE and ACCAF will continue to track progress of the initiative, assess its impact, and adjust strategies based on feedback and results. TGG-ALM will publish further data and success stories to showcase the effectiveness of the approach. There is a need to conduct longer term evaluation and follow-up to see whether the approach translates into longer-term changes in how health professionals approach FGM prevention/case management during their professional practice, and to support further investments in and scale-up of this integration approach.
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The views expressed do not necessarily reflect the UK Government's official policies.



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² Samara, Mekelle, Jigjiga, Addis Ababa universities, University of Gondar, and Ethiopian Public Health Institute



Our partners



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