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Research Uptake for Policy Development : ACCAF's Contribution

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Presentation structure

- ❑ ACCAF
- ❑ Research studies which have influenced policy development
- ❑ The processes involved
- ❑ Examples of the policies developed in collaboration with ACCAF



- ❑ Africa Coordinating Centre for Abandonment of FGM/C (ACCAF) – multidisciplinary in nature
- ❑ Started in 2009 – concept developed between UoN, WHO/HRP, University of Sydney, International Centre for Reproductive Health (Ghent University)
- ❑ Formally established in February, 2013
- ❑ Aims to contribute to the abandonment of FGM/C and improve health care for women and children suffering negative consequences from the practice in Africa and beyond
 - # Innovative research #Health care providers training #Advocacy for cultural change
 - #Networking and capacity strengthening

ACCAF's position in influencing policy development

❑ Other Partners And Collaborators

- ❑ The Centre's engages with government with Min. of Health, Devolution and planning, Public Service, Gender, and youth affairs, Education
- ❑ Various collaborations UNFPA/UNICEF JP, Pop. Council, USAID and DFID, Options UK, NORAD, CBOs, CSOs, RBOs
- ❑ Local and International Institutions/Universities



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The research evidence to policy process

❑ Why do we conduct research?

- ✓ Increase evidence base
- ✓ Support policy or programs change
- ✓ Determine effectiveness of programs in various contexts

❑ Engaging stakeholders from the beginning to end of the research process

- ✓ Study design
- ✓ Implementation
- ✓ Dissemination using appropriate simple communication briefs
- ✓ Research utilization

❑ Identifying champions and using them to strategically influence decision makers

Which recent research studies have influenced policy development: ACCAF examples

Studies on medicalization of FGM

Study	Findings	Relevance
<p>The medicalization of FGM in Kenya</p> <ul style="list-style-type: none"> - Mixed method study was conducted in several counties in Kenya among the Abagusii, Kenyan Somalis and Kuria ethnic groups 	<ul style="list-style-type: none"> - FGM is medicalized among the three communities due to various reasons e.g. for social acceptance, for marriageability - It is done in both private and public hospitals (pretense Rx e,g Malaria) - That communities are aware about the existence of the law and think if enforced it will be a deterrent 	<ul style="list-style-type: none"> - Sustain and escalate awareness of FGM/C-related health impacts - Build capacity for law enforcement agencies and link them up with other stakeholders eg health, community and researchers - Build capacity for HCPs to respond to women exposed to FGM/C

Studies on health impacts of FGM/C

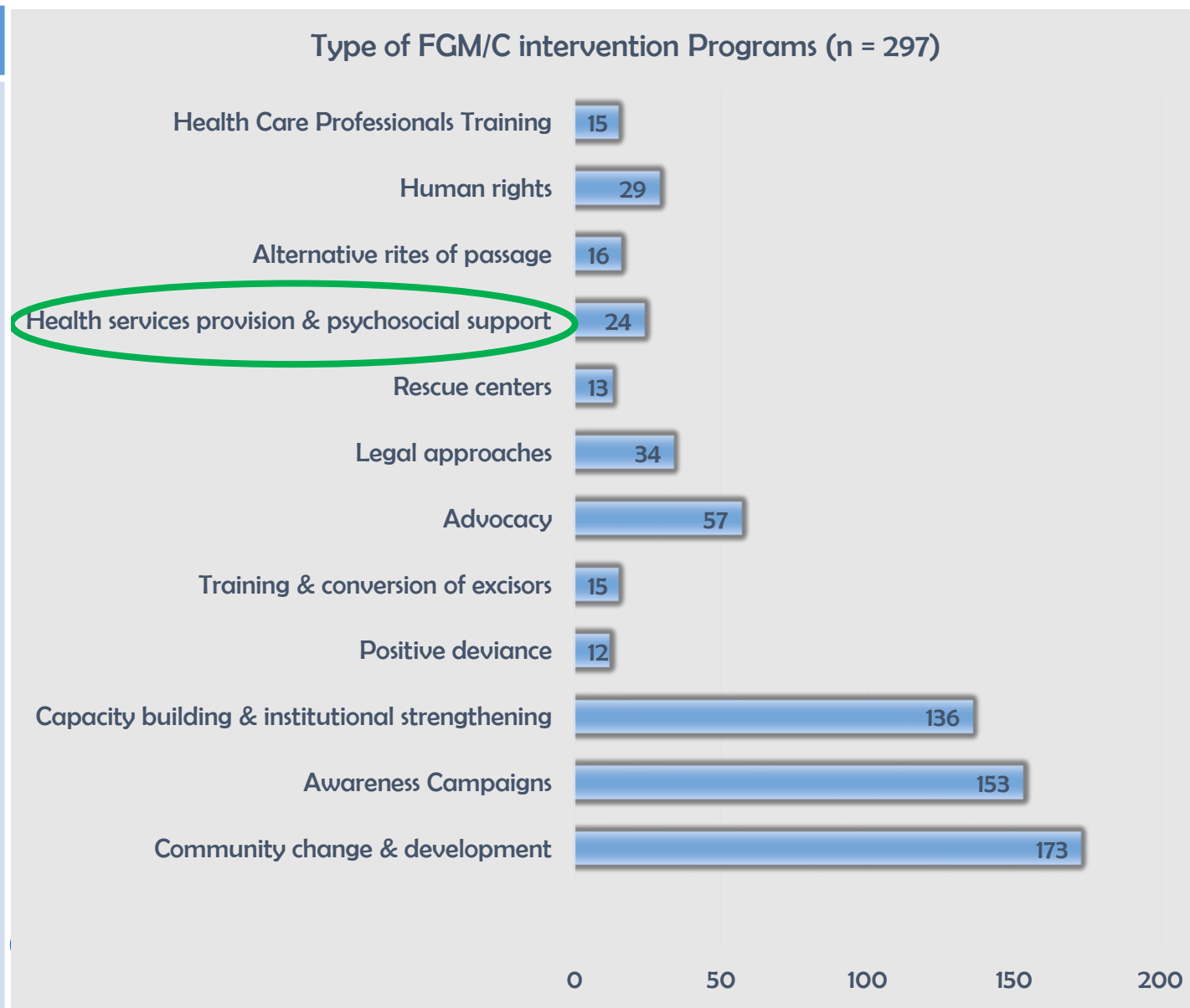
Study	Findings	Relevance
Health Impacts of FGM/C: A Synthesis of the Evidence for use in the development of training materials and messages for mid-level providers,” <i>Evidence to End FGM/C Programme: Research to Help Girls and Women Thrive. New York: Population Council.</i>	Presence of Immediate and long-term health complications	It is imperative to build capacity of health care providers to offer care and management of health complications
Sexual problems associated with female genital mutilation/cutting (FGM/C) among Kipsigis women of Mauche division, Nakuru Kenya.	<ul style="list-style-type: none"> – Sexual health complications e.g. reduced desire, arousal, satisfaction & more sexual pain – Clear differences between cut Vs uncut women 	Provision of sexual care and management of sexual health complications is crucial
The ‘Heat’ Goes Away: Sexual Experiences Of Married Women From An FGM/C Practicing Community In Kenya, <i>Reproductive Health.</i>	<ul style="list-style-type: none"> – Differences between women cut before and after marriage 	Importance of provision of psycho-sexual counselling

Knowledge of health care providers about FGM and management of its complications

Study	Findings	Relevance
<p>Impact of E-tool training on FGM/C knowledge among nurse-midwives working in the practice prevalent counties in Kenya.</p> <p>Pre-Post training evaluation on health care providers training on FGM and management of its complications</p> <ul style="list-style-type: none">- impart knowledge on FGM/C medicalization, treatment, and social norms governing the practice- The legal frameworks in the prohibition of FGM Act	<ul style="list-style-type: none">– Overall knowledge about FGM, complications, maternal/child health threats, cultural linkage was good– Poor knowledge on fighting medicalization of FGM including re-infibulation– Poor knowledge on sexual health impacts of FGM	<p>It is imperative to build capacity of health care providers to offer care and management of health complications</p>

Mapping and assessment of FGM/C interventions

Study	Relevance
<p>Global mapping of Interventions programs on Female Genital Mutilation /Cutting 2000-2016,” Evidence to End FGM/C: Research to Help Women Thrive. New York: Population Council.</p> <p>“Rapid Evidence Assessment: Quality of Studies Assessing Interventions to Support FGM/C Abandonment.” Evidence to End FGM/C Programme: Research to Help Girls and Women Thrive. New York: Population Council</p>	<p>Online compendium of FGM/C database, iteratively updated</p> <p>Identified many interventions being conducted, and mapped for the 1st time the health services provision and psychosocial support among its broad themes</p> <p>High quality studies revealed ARPs, Community education programs & Legislation impact as a deterrent to protect girls from the cut</p>



Research on determinants of FGM, knowledge and perceptions of FGM/C and utilization of health services

Study	Findings	Relevance
<p>Baseline survey to ascertain the determinants on the practice of FGM/C in five counties namely; Baringo, Narok, Elgeyo Marakwet, Samburu and West Pokot in June 2015 in five counties with highest maternal and child mortality</p> <p>Knowledge and perceptions of complications associated with FGM/C among the Somali community</p> <p>Evaluation of utilization of the potential of antenatal care as a strategy for the prevention of female genital mutilation at Garissa level 5 hospital</p>	<p>Poor knowledge on awareness and levels of FGM among males than females</p> <p>Existence of “beading” and child marriage in Samburu community</p> <p>Main reasons cited for FGM/C was rite of passage, marriageability, for taming female sexuality etc</p> <p>Majority of participants felt that community sensitization, girl child education, law enforcement would accelerate FGM abandonment</p>	<p>Recommendations:</p> <p>FGM awareness campaigns, de-linking with religion, encourage girls education and women empowerment, monitoring medicalization, law enforcement</p>

The process of policy development in Kenya



- ❑ ACCAF have been very **active in the technical teams working to develop the national policies against FGM and child marriage** in collaboration with government ministries eg Public service, gender and youth, Health, Education, **AFGMB**
- ❑ Partnerships to **operationalize Global Strategy to Stop Health Care Providers** from Performing Female Genital Mutilation
- ❑ **Advocating and lobbying MOH to operationalize** the policy brief on medicalization of FGM/C
- ❑ **Dissemination of research findings, policy briefs in high profile in local and regional meetings** e.g. FIGO, KOGS, Midwives Association, stakeholder's forum, for the African Union (AU) Campaign to end child marriage in Kenya,
- ❑ **High level lobbying meetings with parliamentarians** e.g. AWEPA, KEWOPA, AU etc

ACCAF has supported the development of recent policies and law in Kenya

- ❑ Prohibition of the Female Genital Mutilation **Act 2011**
- ❑ Formation of the AFGMB, **Working in collaboration with the AFGMB**, a national coordinating body has been crucial because **government support & political goodwill** is evidenced making it easier for research utilization – ARPSs and Community Dialogue guidelines development is ongoing
- ❑ Republic of Kenya, August 2016. **National Policy for the abandonment of FGM.** Ministry of Public Service, Youth and Gender Affairs
- ❑ **Anti medicalisation policy statement** adopted by medical professional bodies for de-registration of HCPs involved in FGM/C May 2016
- ❑ *Republic of Kenya, August 2017. National Plan of Action to End Child Marriage* Ministry of Public Service, Youth and Gender Affairs



Lessons learnt from our studies

- ❑ Use of evidence to build successive generations of effective and context appropriate programs and policy
- ❑ The use of quality data is critical in improving understanding of programs, esp sensitive topics like “beading” & child marriage linkage with FGM
- ❑ Scale-up of activities can be achieved, but flexibility and local context are vital



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