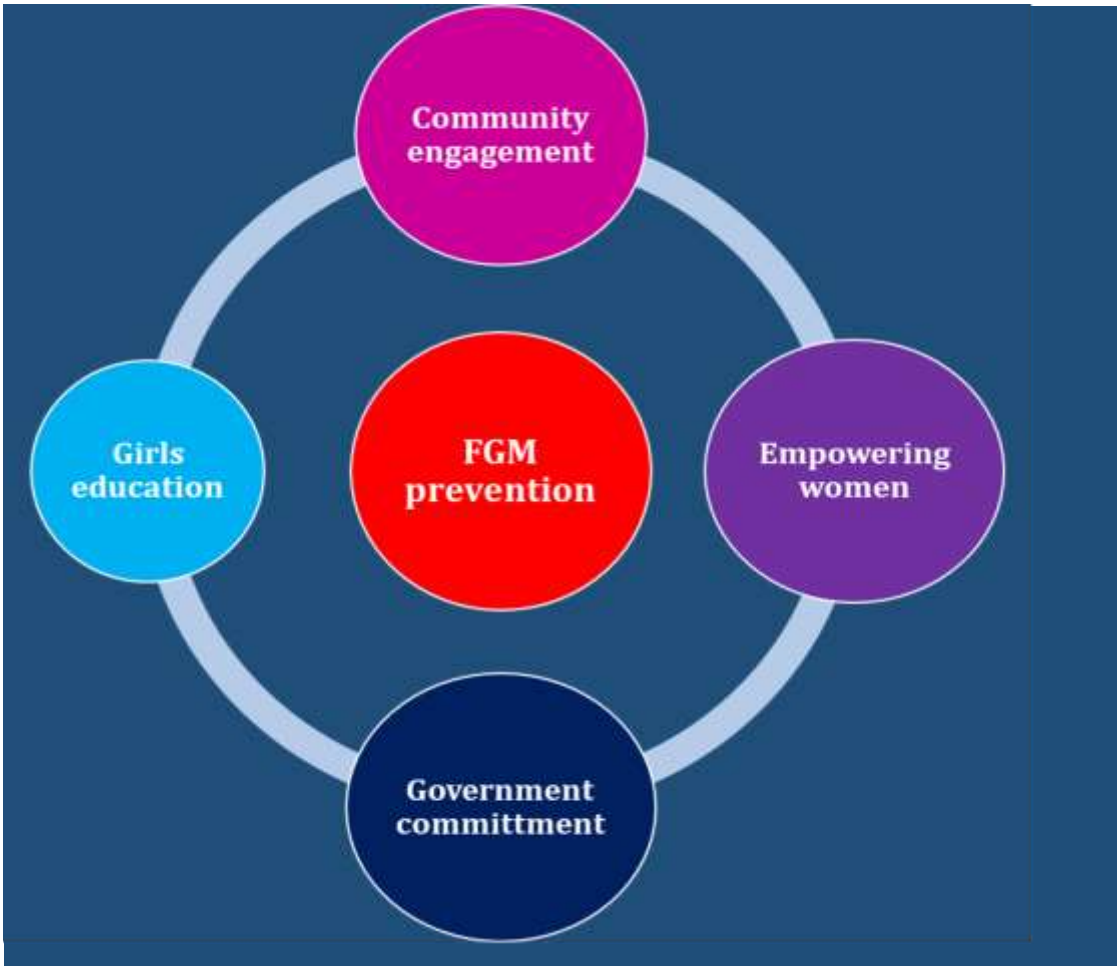
FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA
MINISTRY OF HEALTH

MANAGEMENT OF HEALTH COMPLICATIONS AND PREVENTION OF FEMALE GENITAL MUTULATION

Facilitator's guide for HEWs training



SEPTEMBER 2020

ADDIS ABABA, ETHIOPIA

PREFACE

Since FGM continues to be a public health problem, particularly in the two regional states (Ethiopia Somali and Afar), and WHO has developed a clinical hand book focusing on care of girls and women living with female genital mutilation (FGM), UNICEF Ethiopia has taken the initiative to revise the FGM training manual. The manual is extensively revised to accommodate the new developments in the management of FGM associated complications. The revised manual will be used as an important tool for providing FGM related training to health extension workers.

After the first draft of the revised manual was developed by a consultant, it was reviewed and commented by inviting gynecologists and experts working in maternal and child health directorate of the Federal Ministry of Health. Comments were well taken and corrected accordingly.

This manual is for use for health extension workers who are giving care for women or girls with FGM especially in areas where the prevalence of FGM is high. The manual helps them to have up to date knowledge and skill to care of women and girls with FGM. It can also be used by students as a reference during pre-service training to have background information regarding FGM and its health complication and prevention.

APPROVAL STATEMENT OF THE MINISTRY

The Federal Ministry of health of Ethiopia has been working towards standardization and institutionalization of In-Service Trainings (IST) at national level. As part of this initiative the ministry developed a national in-service training directive and an implementation guide for the health sector. The directive requires all in-service training materials fulfill the standards set in the implementation Guide to ensure the quality of in-service training materials. Accordingly, the Ministry reviews and approves existing training materials based on the IST standardization checklist.

As part of the national IST quality control process, this management of health complications and the prevention of female genital mutilation/cutting IST package has been reviewed based on the standardization checklist and approved by the ministry in April 2021.

Assegid Samuel Cheru
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Acknowledgement

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Acronyms

ANC	Antenatal Care
CBC	Communication for Behavioral Change
CRC	Compassionate Respectful Care
DHS	Demographic Health Survey
FDRE	Federal Democratic Republic of Ethiopia
FGM	Female Genital Mutilation
FMOH	Federal Ministry of Health
GBV	Gender Based Violence
HTP	Harmful Traditional Practices
HIV	Human Immunodeficiency Virus
IESO	Integrated emergency surgical officer
ICM	International Confederation of Midwives
ICN	International Counsel of Nursing
IV	Intra-Venous
PID	Pelvic Inflammatory Disease
PPH	Post-Partum Hemorrhage
RVF	Rectovaginal Fistulae
TBA	Traditional Birth Attendant
UN	United Nations
UTI	Urinary tract infection
UNICEF	United Nations Fund for Children
UVF	Urethro-vaginal fistula
VAWG	Violence against women and girls
VVF	Vesico-Vaginal Fistula
WHO	World Health Organization

Contents

Introduction about the manual

Despite its grave health consequences, female genital mutilation (FGM) has been traditionally practiced probably for centuries so as to satisfy the demand of the local culture. Literally, FGM is a classic example of an expression of power and control of the elders and patriarchal society over women's bodies and their lives. The FGM associated immediate and long-term complications are immense. That is why FGM is globally recognized as a violation of fundamental human rights of girls and women that causes severe physical and psychological trauma. Further, the impact of FGM on economic and social development of women and girls significantly limits them from realizing their full personal potential in their life.

Its indirect contribution to maternal and perinatal morbidity and mortality in the African setting is also significant. The high prevalence of FGM scar in Ethiopian women's population, in particular, is partly attributed to the high incidence of obstructed labor and perinatal asphyxia. As systematic reviews from Ethiopia for the trend of perinatal mortality (1974-2013), neonatal mortality (1990-2010), and maternal mortality ratio (1980-2011) have shown, the mortality figures were among the highest in the world, which were mainly associated with the mechanical causes obstructing the progress of labor, for which an outlet obstruction due to FGM extensive scar is probably among the lead causes.

According to the World Health Organization (WHO) report, there were at least 200 million girls and women living in 30 countries for which FGM was performed. Of which, the majorities were practiced in Africa and in the Middle East. According to WHO 2020 estimate, approximately 3 million girls are still at risk of FGM every year at the global level. At country level, the highest prevalence was reported from Somalia (98%) and Guinea 97%. This is despite the fact that several African and Middle East countries have passed laws restricting the FGM practice.

Core competency

- Classify FGM
- Counsel FGM victims on the consequences of FGM
- Demonstrate the normal and missing anatomy of female external genitalia on anatomic model, and compare it with the WHO classification of FGM.
- Mobilize the key play makers in the community in the prevention of FGM.
- Identify and address community myths and harmful beliefs about FGM.
- Demonstrate the skill of effective communication while discussing with FGM victims.
- Mobilize community change makers in the prevention of FGM.
- Demonstrate proper documentation, including handmade drawings.
- Demonstrate empathetic and respectful counseling, in role play, during management and referral of girls and women with FGM
- Demonstrate empathetic and respectful counseling of individual, family and community in the prevention of FGM.
- Practice person-centered communication for prevention of FGM.
- Condemn medicalization of FGM and Labiaplasty.

Course syllabus

Course Description

This 4 days training course is designed to equip health extension workers (HEWs) with the knowledge, skills and attitude of health service providers to manage health complication and prevention of FGM at their level. The manual contains up-to-date developments and recommendations to better equip the HEWs in the primary prevention and the holistic approach in the management of FGM victims. The trainees have ample opportunity to share their experience with their classmates in the training.

Course goal :

To make all trained HEWs competent in detecting the physical, mental, and sexual problems and disorders associated with FGMC, and be able to play an active role in mobilizing the community in the prevention and elimination of FGM.

Participant learning objectives

At the end of this course courses, participants will be able to:

- Describe Community traditions, attitudes, and beliefs about the practice of FGM, anatomy of the female external genitalia, definition and classification of FGM and epidemiology of FGM
- Communicate and evaluate effectively girls/women who come to a health facility after having the FGM
- Identify, assess, manage and refer immediate and short term physical complications of FGM
- Describe the different types of FGM, the immediate, short-term and long-term physical complications of the practice.
- Describe the common FGM associated mental and sexual health problems and disorders, and the assessment approach.
- Describe the common problems associated with FGM during pregnancy, labor, delivery, and postpartum.
- Identify FGM associated physical complications, mental and sexual health disorders requiring referral to a higher health facility.

- Describe the role of HEWs, community, women's empowerment, government leaders in the prevention and elimination of FGM.
- Document patient's data and Identify FGM victims with physical, mental and sexual health and anticipated obstetric complication requiring referral

Teaching methods

- Interactive presentation
- Group based learning
- Reading assignment
- Case studies
- Role-plays and simulations
- Demonstrations
- Site observations or facility visits
- Clinical practice using check list
- Story-telling

Teaching materials

- Training package (Participant manual, trainer guide, ppts)
- FGM reference manual
- FGM participant manual
- Anatomic pelvic model manual
- Participants Minor set (scissor, artery, pick up, stitch, drape, antiseptics)
- Graphics
- Daily course evaluation copy paper
- Mercury BP cuff
- Thermometer
- Pictures and charts

Participant selection criteria

Participants are selected by regional and worada health office among HEWs who are currently working in areas of high prevalence of FGM. Local managers or supervisors of the

health care facility might be part of the team or be informed and actively involved in the selection process to ensure support for changes in FGM practices.

Method of Evaluation

Participant

Formative: Pretest, exercise

Summative: Posttest

Corse evaluation

- Daily course evaluation (participants, trainees)
- End of course evaluation

Trainer selection criteria

- Experts who are engaged in the development of the last version of this training package
- Experts who are trained on basic FGM and with facilitation skills training

Suggested class size: 20 participants

Trainee assessment and certification criteria:

The trainee will be assessed by pretest, posttest, and quiz`s from each session. Assessment is an ongoing process; trainee will be evaluated during each session by question and answer, group discussion and presentation. Trainees who scored 70% or more will be granted certificate of completion.

Trainee's trainee ratio

- Use 1:5 trainer's trainee ratio
- **Continuing Education Unit (CEU): 15**

Course schedule

Day 1			
Activity/topic	**Allocated time**	**Presenter**	**Moderator**
Registration	8:00 - :00 am	Trainees	Organizer
Welcome and getting to know each other	8:30-9:00	Trainees	Organizer
Opening remark	9:00 – 9:15 am	MOH	Trainer
Pretest	9:15 – 9:45 am	Trainees	Trainer
Tea break	10:00 – 10:20 am		
Chapter 1: Understanding FGM	10:20- 12:30		
Lunch	12:30-2:00		
Chapter 1: Understanding FGM Cont…	2:00-2:50	Trainer	Trainer
Chapter 2: Communication and evaluation skills	2:50- 5:30PM	Trainees	Trainer
Day 2			
Recap of day 1	8:30 - 8:50 am	Trainees	Trainer
Chapter 2: Communication and evaluation skills	8:50-9:30 am	Trainer	Trainer
Chapter 3: Assessment and management of immediate, short-term, and long-term physical complications of FGM	9:30-10:00	Trainer	Trainer
Tea break	10:00 – 10:20 am		
Chapter 3: Assessment and management of immediate, short-term, and long-term physical complications of FGM cont..	10:20-12:30PM	Trainer	Trainer
Lunch	12:30 – 2:00 pm		
Chapter 3: Assessment and management of immediate, short-term, and long-term physical complications of FGM cont..	2:00 – 4:00 pm	Trainer	Trainer
Tea break	4:00 – 4:20 am		
Chapter 3: Assessment and management of immediate, short-term, and long-term physical complications of FGM cont..	4:20 – 5:30 pm	Trainer	Trainer
Day 3			
Recap of day 2	8:30 - 8:50 am	Trainees	Trainer
Chapter 4: Common mental health problems and disorders associated with FGM	8:50-10:00 am	Trainer	Trainer
Tea break	10:00 – 10:20 am		

Chapter 4: Common mental health problems and disorders associated with FGM cont…	10:30 -12:30 am	Trainer	Trainer
Lunch	12:30 – 2:00 pm		
Chapter 5. Sexual health problems associated with FGM	2:00 – 4:00 pm	Trainer	Trainer
Tea break	4:00 – 4:20 pm		
Chapter 5. Sexual health problems associated with FGM cont…	4:20 – 5:30 pm	Trainer	Trainer
Day 4.			
Recap of day 3	8:30 - 8:50 am	Trainees	Trainer
Chapter 6. The Role of HEWs in Preventing FGM, and Identifying Associated Complications Deserving Referral	8:50-10:00 am	Trainer	Trainer
Tea break	10:00 – 10:20 am		
Chapter 6. The Role of HEWs in Preventing FGM cont..	10:20 am -12:30 pm	Trainer	Trainer
Lunch	12:30 – 2:00 pm		
Chapter 6. The Role of HEWs in Preventing FGM cont..	2:00 – 4:00 pm	Trainer	Trainer
Tea break	4:00 – 4:20 pm		
Post test	4:20 – 4:50 pm	Trainees	Trainer
Close up	4:50-5:30 pm	Trainer	Organizer

Chapter 1: Understanding FGM

Allocated Time: 180 min

Primary objective: After completing this chapter, participants will be able to:

- Describe community traditions, attitudes, and beliefs about the practice of FGM, anatomy of the female external genitalia, definition and classification of FGM and epidemiology of FGM.

Enabling objective:

- Describe community's traditions, attitudes, and beliefs about the practice of FGM.
- Describe the range of procedures and the conditions in which FGM is carried out in their communities.
- Identify the reasons given by communities for performing FGM.
- List anatomy and physiology of the female external genitalia,
- Describe definition and classification of FGM
- Discuss epidemiology of FGM

Summary of activity plan

S.No	Activities	Methods of course delivery	Time (Min)	PPT #	Resource needed and advanced preparation
1.	Session Introduction	Interactive presentation	5		Flip C Chart, scotch tape and Markers LCD Projector and Laptop Printed training materials (facilitator guide and participant manual)
2.	Voting response	Group reflection	10		
3.	Community's traditions, attitudes, and beliefs about the practice of FGM.	Individual reflection	35		
4.	Anatomy and physiology of the female	**Think pair and share**	25		

	external genitalia	Interactive presentation			
5.	Definition	Reflection Interactive presentation	10		
6.	Classification of FGM	Reflection Interactive presentation	35		
7.	Epidemiology of FGM	Reflection Interactive presentation	45		
8.	Summary	Q&A and interactive presentation	10		

Activity 1: Introduction (5')

Tell the participant to read the objective one by one, display the prepared slide.

Activity 2: Voting response (10')

You can use the argumentative ideas on the below table as an eye opener for the training. The last 5 are filters for the first five. Make sure that the trainees clearly understand the meaning of the statements. Count the number of trainees who agree, disagree, and do not know. Take note that those who agree with the standpoints are those who partly and fully support the FGM practice. This is probably because the HEWs are living in the community, they might be influenced by the community's tradition and norms. Therefore, you need to provide good evidence from the manual to change their attitude with this training.

S/N	Standpoints	Agree	Disagree	I do not know
1	FGM can continue provided that it is done by health professionals in a health facility.			
2	FGM is a religious mandate and requirement.			
3	A woman with FGM has stable marriage and			

	healthy sexual life.			
4	FGM is not primarily the interest of men.			
5	The cosmetic value of FGM outweighs the harm			
6	FGM performed in the health facility is legitimizing the traditional FGM.			
7	Reducing women's sexual desire is not the major reason for performing FGM.			
8	FGM improves men's sexual pleasure, which is also true for women.			
9	FGM reduces women's sexual desire, and thereby prevents promiscuity even after marriage.			
10	Peer pressure has no role to request FGM.			
	Total			

Activity 3: Community's traditions, attitudes, and beliefs about the practice of FGM (35').

- Start the session by asking questions on:
  Why communities in certain regions and localities do practice FGM? Display slides
- Encourage the participants to reflect their view on the questions.
- After five minutes of reflection, go to the interactive presentation using the slides

Activity 4: Anatomy and physiology of the female external genitalia (25')

- Tell the participants to think in pair and share on "**:** What are the structures and functions of female external genitalia?"
- Write their answers on the flip chart
- Strengthen their response using prepared slides

Activity 5: Definition of FGM (15')

- Start the session with asking questions on" What is FGM?"
- Encourage the participants to reflect their view on the questions.
- After five minutes of reflection, go to the interactive presentation using the prepared slides

Activity 6: Classifications of FGM (35')

- Tell the participants to think in pair and share on "What are the classifications of FGM?"
- Write their answers on the flip chart
- Strengthen their response using participant manual

Activity 7: Epidemiology of FGM (45')

Activity 7.1: Victims of FGM **(5')**

- Start the session with asking questions on" who are the victims of FGM?"
- Encourage the participants to reflect their view on the questions.
- Ask one participant to read note from the participant manual

Activity 7.2: Age FGM performed (10')

- **Inform the participants to think pair share on "At what age FGM performed? "**
- Encourage the participants to reflect their view on the questions
- Summarize using slides

Activity 7.3: Practitioners of FGM (10')

- Start the session by asking questions on" who are the practitioners of FGM?"
- Encourage the participants to reflect their view on the questions.
- Summarize their response

Activity 7.4: Prevalence of FGM (20')

- Have an interactive presentation
- Ask participants to ask questions and respond the raised questions

Activity 8: chapter summary. Interactive presentation (10')

Chapter 2: Communication and evaluation of girls and women living with FGM

Time: 200 min

Primary objective

After completing is chapter the trainees will be able to communicate and evaluate effectively girls/women who come to a health facility after having the female genital mutilation

Enabling objectives:

After completing the chapter, you should be able to:

- Establish an effective two-way communication with a girl/woman living with FGM.
- Describe the challenges to discuss FGM from health-care provider and FGM victim perspective.
- Develop the consultation of when and how to discuss FGM.
- Apply the proper history taking and the techniques of physical examination in a girl or woman living with FGM

Summary of activity plan

S.no	Activities	Methods of course delivery	Time (Min)	PPT#	Resource needed and advanced preparation
1.	Introduction	Interactive presentation	5		**Refer manual,** Facilitators manual, Participants manual, PPT, LCD, Flip chart, Marker, Laptop and role play check list
2.	Introduction to effective communication skills	• Think pair and share • Interactive presentations	10		
3.	Approaches for effective communication with FGM patients	• Interactive presentation	55		

4.	Approaches for effective communication with FGM patients	• Role play on effective communication	30		
5.	Challenges to discuss FGM from health-care provider and FGM victim perspective	• **Think pair and share** • Interactive presentation	30		
6.	The clinical assessment	• Individual reflection • Interactive presentation	60		
7.	Summary	Question and answer	10		

Detail Activities:

Activity 1: Introduction (5')

Introduce the chapter by asking participants Why FGM survivors become sensitive and fearful? Then start the chapter by displaying chapter objective, enabling objectives and chapter session.

Activity 2: Introduction to effective communication skills (10')

Ask participants to think individually and share to the pair and reflect to the larger group on 'What **is communication and list the characteristics of effective communication?**

Give five minute to finalize the activity

Strengthen their reflection by using ppt interactive presentation

Activity 3: Approaches for effective communication with FGM patients (55 minute)

The facilitator discusses effective communication skill using an interactive PPT presentation

The facilitator should note that although she comes to you to get medical help for FGM associated problem, she may hide her major problem probably because of lack of privacy, provider being male, cultural influence, age, and many more factors. That is why this

chapter is mainly dedicated to the development of the basic principles of good communication skill.

Activity 4: Role play on effective communication skills (30 min)

Situation:

A FGM client came to the health facility. She is not willing to disclose her feeling and how and when the FGM happen. She simply communicates with the provider as ordinary client. The provider tries to communicate with her to explore the possible problems she had by using effective communication skills.

Facilitator's note:

Arrange two stations for the trainees to role play on communication, by alternately assigning themselves as a patient and as a healthcare provider for a total 30 minutes. The focus of the role play is on the approach of effective communication. While the two finish their role play, others should give comments on how effective the communication has been done using the communication check list.

The facilitator organize feedback from the participants and observers and summarize key steps of effective communication.

Activity 5: Challenges to discuss FGM from health-care provider and FGM victim perspective (30 minute)

Ask participants to think individually and share to the pair and reflect to the larger group on the possible reasons and challenges that the provider and the client may not be willing to discuss about FGM? Give five minute to finalize the activity

Elaborate their reflection by using ppt interactive presentation about challenges to discuss FGM from the provider and FGM victim perspective.

Activity 6: The clinical assessment (60 minute)

Ask the participants individually on what type of clinical assessment and evaluation will be done for FGM clients?

The strengthen the participants' response by using interactive lecture about the clinical assessment using the PPT

Activity 7: Summary - 10 minutes

- Summarize the session by asking the participants if they have any questions
- Conclude the session by focusing on
    - During the time of conversation, ensure that the client is not interrupted; the communication is two-way, you remain being non-judgmental; and listen empathetically.
    - As a health care provider it is better to be familiarized with the challenges and reasons that the FGM client and heath care providers may not be willing to discuss issues related with FGM.
    - Rapport building including history taking and physical examination, detail exploration of the health conditions and possible complications of FGM client and planning appropriate intervention according to the finds are paramount important.

Chapter 3: Management of Immediate and short-term physical complications of FGM

Allocated Time: 350 min

Primary objective: After completing this chapter the participants will be able to identify, assess, manage and refer immediate and short term physical complications of FGM

Enabling objectives

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

1. Describe the immediate and long-term physical complications of FGM.
2. Have the basic skill in the clinical assessment of immediate and long-term physical complications of FGM
3. Describe the common obstetric complications associated with FGM scar.
4. Give priority for counseling on birth preparedness and readiness to pregnant women with FGM.
5. Explain the management principles of immediate and long- term physical complications of FGM as a health extension worker.
6. Identify clients with immediate and short-term physical complications of FGM who require referral to a higher level of health facility

Summary of activity plan

S.No	Activity	Methods of course delivery	Time (Min)	Resource needed and advanced preparation
1.	Introduction	Interactive presentation	5	Facilitators manual, Participants manual, PP, LCD and Laptop, Flip charts, Markers. Advanced preparation
2	The common immediate and short term physical complications of FGM	Q and A Interactive presentation	60	
3	Group work: Case study 1 and 2	Studying the cases in group	40	
4	The common long-term	Interactive	60	

	physical complications of FGM	presentation		*Read the facilitator and participant manual* WHO care of girls and women living with FGM. A clinical handbook Enough copy of the questions
5	Group work: Case study on Fig 4.1-4.3	Studying the cases in group	30	
6	Group work on Table 3.1 and 3.2	Identifying cases requiring referral	30	
7	Overview of the management principles of immediate and long-term physical complications of FGM	Q and A Interactive presentation	60	
8	Overview of the obstetric complications of FGM and planning birth preparedness	Q and A Interactive presentation	60	
9	Summary	Interactive presentation	5	

Detailed learning activities

Activity 1. Introduction (5')

- Display the objectives and request participants to read the objectives one by one

Activity 2. The common immediate and short term physical complications of FGM (60')

- Start the session by asking the participants about the immediate and short term physical complications of FGM
- Summarize the response and provide the correct answer using interactive presentation
- Encourage participants to ask questions and respond
-

Activity 3. Group work on case 1 and 2 study (40')

- Divide the participants in two groups
- Select chairperson and raporter for each group
- Hand both cases for each group and flip chart and marker
- Allocate time for group discussion and presentation (40')
- Respond for any raised question
- Acknowledge the groups for their presentation

Case 1:

An 18 years old, unmarried girl presented with a complaint of progressively increasing vulvar swelling associated with pain. She had a history of "cutting and sewing of the genitalia" at the age of 10 years.

On physical examination there was a 6cm by 4cm sized fluctuant, non-tender vulvar mass at the upper border of fused labia (site of clitoris). Urethral meatus was not visible and the vaginal opening was narrow (<2cm)

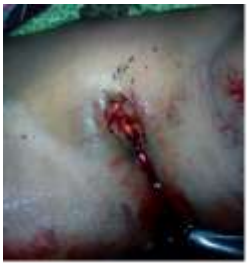
a) What further relevant information will you ask in the history?
b) What is the FGM type that the girl had undergone?
c) What is the most likesly FGM complication (diagnosis) that the girl had?
d) What are you going to do next?

Respones:

a. History(Hx) of urinary complaint, Hx of menses and other non specific symptoms like fever
b. Type III FGM
c. Dermoid cyst
d. Refer for surgical management

Case study 2.

A 9 years old girl was brought to a health facility 12 hours after she had undergone genital mutilation by a local circumciser. On presentation, she was in pain and crying. She did not pass urine after the procedure. Vital signs were normal. Her clothes were soaked with blood. There was active bleeding from cut labial edges of both labia minora and majora which were sutured together using a thin metallic wire. Her haematocrit was 30%.



a) What immediate clinical care should be given to the girl at a health centre level (list at least 5 components of care)?
b) What would be the legal responsibility of a health provider involved in the management of the woman at any health facility?

Response:

A. Arrest blood, administer analgesics, Reassure, Administer TAT, and Referral to hospital for ron tablet and to remove metallic wire
B. Report to local legal body: police or lower of women affaire office

Activity 4. The common long-term physical complications of FGM (60')

- Start the session by asking the participants about the common long-term physical complications of FGM
- Summarize the response and provide the correct answer using interactive presentation
- Encourage participants to ask questions and respond

Activity 5. Group work on case study 3 (Figure 4.1-4.3) (30')

Figure 4.1. Examples of visible clitoral neuroma.

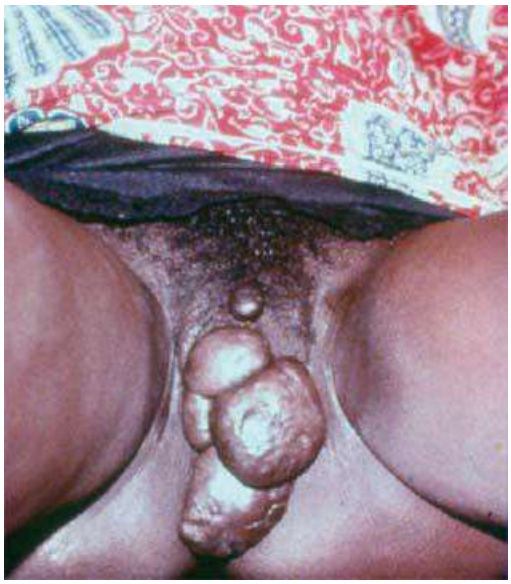


Figure 4.2. Massive Keloids growth following FGM

Figure 4.3. Giant dermoid cysts following FGM.

Question to trainees:

- What are the most likely growths of Figure 4.1-4.3?
- What is the possible explanation for this much growth of the scar?

Guide the trainees to identify the kind of abnormal growths from the pictures. Explain to them that keloid is as a result overgrowth of FGM scar tissue in some individuals. It can occur in about 10% of people with any skin injury. Blacks are at higher risk than white race, and runs in a family (genetic predisposition). The common problems are disfiguring the wound healing/cosmetic significance or obstruction outlet if the growth occurs around orifices in any part of the body. It may even restrict movement. Describe the difference between keloid (big and not spontaneously disappearing soon) and hypertrophic scar (usually flat and self-limiting). Keloid treatment is difficult because of recurrence;

cryosurgery and laser therapy may be helpful for some. Otherwise, surgical excision is indicated only for obstructive and highly disfiguring Keloids. The challenge is recurrence, probably larger than the previous keloid size.

Describe as well that clitoral neuroma is as a result of the regeneration of the damaged clitoral nerve endings which is likely to have haphazard growth, forming a mass and become severely painful.

Activity 6. Group work on Table 3.1 and 3.2 (30'):

Divide the trainees into two groups.

Assignment to:

Group 1. Identify the immediate and short-term physical complications requiring first aid and referral (From Table 3.1).

Group 2. Identify the long-term physical complications requiring referral (From Table 3.2).

Activity 7. Overview of the management principles of immediate and long- term physical complications of FGM (60')

- Start the session by asking the participants what they can do for immediate and long-term physical complications of FGM
- Summarize the response and provide the correct answer using interactive presentation
- Encourage participants to ask questions and respond

Activity 8. Overview of the obstetric complications of FGM and planning birth preparedness (60')

- Start the session by asking the participants about the common obstetric complications of FGM
- Summarize the response and provide the correct answer using interactive presentation
- Encourage participants to ask questions and respond

Activity 9: Chapter summary

Interactive presentation (5’)

Chapter 4. Managing Mental Health Problems and disorders associated with FGM

Time: 190 minute

Primary objective

After completing this chapter, the trainees will be able to identify common mental problems and disorders associated with FGM

Enabling objectives:

By the end of the sessions, the trainee should be able to:

- Explain how FGM can result in mental health problems and disorders.
- Assess mental health problems during routine evaluation of FGM victims.
- Diagnose common mental health problems associated with FGM.
- Differentiate mental health problems and mental health disorders.
- Provide psychological support to girls/women who experienced acute and chronic psychiatric disorders
- Identify those women with mental health disorders requiring referral to a higher health facility

Summary of Activity Plan

S.no	Activities	Methods of course delivery	Time (Min)	PPT #	Resource needed and advanced preparation
1	Introduction	Interactive presentation	5		**Re al,** Facilitators manual, Participants manual, PPT, LCD, Flip chart, Marker, Laptop and role play
2	Overview the common mental health problems and disorders associated with FGM	• Individual reflection • Interactive presentations	60		
3	Why women with FGM are vulnerable to mental illness	• Group discussion	30		
4	Assessing the mental health status of girls and women living with FGM	• Interactive presentation	60		

5	Role play	• Role play on mental health status examination	30		
6	Summary	Chapter summary	5		

Detail Activities:

Activity 1: Introduction (5')

Introduce the chapter by displaying chapter objective, enabling objectives and chapter session.

Activity 2: Common mental health problems and disorders associated with FGM (60')

Ask participants to think individually and reflect to the larger group on:

- What are the common mental health problems of FGM?
- Give five minute to finalize the activity
- Strengthen their reflection by using ppt interactive presentation.

Activity 3: Group discussion on vulnerability of women with FGM (30')

Divide the participants in to a group of five to discuss the psychological consequences of FGM. Support each group to a sign a reporter and chairperson. Give time to prepare their discussion points on a flip chart and present to the larger group. Time allowed 10 minute

The facilitator strengthens the group discussion using an interactive PPT presentation

Activity 4: Mental health assessment approach (60')

Ask participants to think individually and reflect to the larger group on:

- Why it is important to assess the mental and sexual status of FGM victim individuals and the approach how to assess mental health problems?
- Give five minute to finalize the activity
- Strengthen their reflection by using ppt interactive presentation.

The focus of the ppt presentation:

- Key steps in the process of mental health evaluation
- The probing questions used for women who expressed mental health problems as a concern or as a problem

- The guiding manifestations and expressions as mental state examination leading to further questions on the modified WHO clinical handbook.
- Some clinical manifestations and possible mental health disorder on the WHO clinical handbook.

Activity 5: Role play (30')

The situation

Client: A 23 years old female mother with history of mutilated her genitalia presented to your Gynecology outpatient department with the chief compliant of was not actively communicative, limitation on daily activity, excessive feeling of fear and persistent sadness.

Care provider: demonstrate the stapes to approach FGM clients with mental health problem and need of psychoeducation

Observer: follow the roll play by using the mental health status examination and psychoeducation techniques discussed earlier.

Facilitator's note:

Divide the trainees into four groups and let each group role play on mental status examination and psychoeducation. Instruct the trainees to dramatize any form of mental health disorder while playing as a patient. Alternately assigning themselves as a patient and as a healthcare provider for a total 20 minutes. The facilitator organize feedback from the participants and observers and summarize key steps of steps to approach clients with FGM.

Finally, the facilitator will summarize the session using interactive presentation on the main points addressed by the gallery walk and role paly.

Activity 6: Summary (5')

Interactive presentation

Chapter 5. Sexual health problems associated with FGM

Time: 190 minutes

Primary objective:

- After completing this chapter, the trainee will be able to identify the basic anatomy of female external genital organs and describe basic knowledge of sexual health problems among girls and women associated with Female genital mutilation

Enabling objectives:

After completing this chapter, the trainee, should be able to:

- Describe the anatomical structures involved in female sexual response, which can be damaged by performing FGM.
- Assess and recognize the sexual health consequences of FGM in women and men.
- Describe the most common sexual health problems of women living with FGM.
- Discuss the sexual health and wellbeing of women living with FGM.
- Provide first-line sexual health care service and support to women with sexual health problems, associated to women living with FGM.
- Identify women with a sexual health problem who deserve referral for FGM-related and unrelated underlying problems requiring surgical and/or medical therapy.

Summary of Activity Plan

S.n	**Activities**	Methods of course delivery	**Time (Min)**	**PPT #**	**Resource needed and advanced preparation**
1.	Introduction	Interactive presentation	5		Facilitators manual, Participants manual, PPT, LCD, Flip chart, Marker, Laptop and enough copy of the case studies
2	External anatomical structures involved in female sexual response	Individual reflection Interactive presentations	30		
3	Sexual health problems associated with FGM	Individual reflection Interactive	60		

		presentation			
4	Assessing the sexual experience of women living with FGM and offering first-line sexual health care services and support	Individual reflection Interactive presentation	60		
5	Essential information on sexuality	Group discussion	30		
6	Chapter summary	Interactive presentation	5		

Detail Activities:

Activity 1: Introduction (5')

Introduce the objectives of the session by asking participants to read.

Activity 2: External anatomical structures involved in female sexual response (30')

Ask participants:

'What are the major components or part of female external genitalia?

- Write their answer on the flip chart and give more time for further discussion focusing on the correct responses
- Display the slides and stress on external anatomical structures involved in female sexual response and have an interactive presentation
- Address any questions during the discussion
- Respond to any questions

Activity 3: Sexual health problems associated with FGM (60')

Ask participants

'What are the major sexual health problems associated with FGM? see participant manual

- Write their answer on the flip chart and give more time for further discussion focusing on the correct responses
- Address any questions during the discussion
- Display the slides and stress on the sexual health problems associated with FGM and have an interactive presentation

- Respond to any questions

Activity 4: Assessing the sexual experience of women living with FGM and offering first-line sexual health care services and support (60')

Ask participants

'What do you think about sexual life experience of women living with FGM?

- Write their answer on the flip chart and give more time for further discussion focusing on the correct responses
- Address any questions during the discussion
- Display the slides and stress on the Assessing the sexual experience of women living with FGM and have an interactive presentation
- Respond to any questions

Activity 5: Group discussion on providing essential information on sexuality (30')

- Divide the participants in two groups
- Select chairperson and raporter for each group
- After the group presentation, display the following core points:
    - Describing the normal and cut anatomy of the female external genitalia;
    - Explaining the function of each part in female sexual response using a diagram;
    - Showing her the type of FGM she has undergone using your sketched diagram;
    - If the glans of her clitoris is excised, showing her that the internal part of it is still intact, and thus, she can have sexual pleasure, provided that she is free from physical barriers and mental health problems;
    - Reminding her that sexual pleasure is not only dependent on the genital organ;
    - Encouraging her to modify psychosocial factors interfering with her sexual intimacy and pleasure;
    - The risk of excess use of some products for genital hygiene (may result in genital irritation and pain during sexual intercourse); and

- Reminding her about openly and respectfully talking about sexuality with her husband or partner.

Activity 6: Summary (5')

Interactive presentation

Chapter 6: The Role of HEWs in Preventing, and Identifying Associated Complications Deserving Referral

Duration: 310 min

Primary objective: by the end of this chapter, participants will be able to identify, mobilize and engage the community and stakeholders through Behavioral Change and Communication (BCC) against FGM and the universal rights of girls and women violated during FGM.

Enabling objectives

- Define Social mobilization
- Define community engagement
- Discuss approaches for community mobilization and engagement against FGM
- Recognize existing strategies and efforts against FGM in Ethiopia
- Describe the approaches to Behavior Change Communicating (BCC) against FGM
- Identify and involve stakeholders FGM prevention
- Discuss the role of gender equality and women's empowerment in the prevention of FGM
- Recognize the roles and responsibilities of health care providers in preventing FGM
- Discuss how to enforce the law Against FGM

Summary of Activity

S.no	Activities	Methods of course delivery	Time (Min)	PPT #	Resources Needed:
1	Introduction	Question and Interactive presentation	5		• Flip chart, Marker • Laptop and LCD projector and PPT • Participants manual • Facilitators manual **Advanced preparation:**
2	Voting response	Group reflection	10		
3	The role of HEWs in preventing FGM	Question and interactive presentation	60		
4	Approaching communities and individuals for behavior change in FGM	Question and interactive presentations	60		

	practice				• Read and internalize the facilitator guide, participant manual and PowerPoint Presentations • Rehearse the facilitation
5	Gender equality and women's empowerment in the prevention of FGM	Question and interactive presentation	60		
6	Group discussion on cultural influence for performing FGM	Group work	30		
7	Enforcing the law Against FGM	Question and interactive presentation	40		
8	Proper documentation and identifying FGM victims requiring referral	Question and interactive presentation	40		
9	Chapter summary	Interactive presentation	5		

Learning Activities:

Activity 1: Introduction (5')

Introduce the objectives of the session by asking participants to read.

Activity 2: Voting response (10')

Display the below Table and let the participants vote for the alternates.

S/N	Standpoints	Agree	Disagree	I do not know
1	In Ethiopia, FGM is not considered as violence against women and girls.			
2	The only solution to end FGM is law enforcement.			
3	FGM is still common in Ethiopia because HEWs are not able to participate the community in the prevention endeavors.			
4	FGM is still prevalent in many parts of Ethiopia because accelerated abandoning of it is impossible.			
5	As male and female have biological difference,			

	gender based stereotyping is less important for the continuity of FGM.			
6	FGM is practiced for the benefit of the girl or woman in her future career.			
7	The community members should not report the FGM practice to a law enforcing body.			
8	FGM has nothing to do with a country's economic growth.			
9	Lack of open discussion about sexuality contributes to the continuity of the FGM practice.			
10	Community and religious leaders are supporters of FGM			
	Total			

This exercise is a continuation of the voting response at the beginning of chapter 1. The purpose of this exercise is partly to reassess the trainees' views and attitudes towards FGM, and partly to capitalize the importance of community dialogue, and working with the community by reinforcing positive value cultures and traditions. Trainees should underscore that passing the law or applying strict law enforcement alone is not effective as the procedure is performed at household level, and commonly among voiceless children and girls.

Activity 3. The role of HEWs in preventing FGM (60')

Ask the trainees a few questions about the anti-FGM activities in their locality. There may be here and there ant-FGM movements and activities by government and non-governmental organizations. Ask them also about the presence of anti-FGM activists and their acceptance by the community.

Individual response:

- Is there ant-FGM movement in your locality? If yes,
- How is the acceptance of the community to FGM elimination movements?
- Who are change agents and source of resistance for ending FGM in your locality?

Summarize the response and provide the correct answer using interactive presentation

- Encourage participants to ask questions and respond

Activity 4. Approaching communities and individuals for behavior change in FGM practice (60')

Start the session by asking the participants the following questions.

- What is Behavior Change Communication?
- How can we bring Behavior Change?
- How can Behavior Change Communication contribute to the prevention of FGM?

Summarize the response and provide the correct answer using interactive presentation

- Encourage participants to ask questions and respond

Activity 5. Gender equality and women's empowerment in the prevention of FGM (60')

Start the session by asking the participants the following question.

- Who are the stakeholders in prevention of FGM?

Summarize the response and provide the correct answer using interactive presentation

- Encourage participants to ask questions and respond

Activity 6. Group discussion on cultural influence for performing FGM (30')

Divide the group to three and let each discuss the following questions. Assign a rapporteur and chair for each group.

- Who is the decision maker on FGM in your locality?
- What will be the social consequences in those women who refused FGM?
- Can you give us some examples of gender stereotypes from your locality favoring FGM?

Activity 7. Enforcing the law Against FGM (40')

Interactive presentation

Activity 8. Proper documentation and identifying FGM victims requiring referral (40')

- Ask the following questions

  What key points should be included in the client document?

- Encourage the participants to reflect their experience

Activity 9. Chapter summary (5')

Interactive presentation

Pre/posttest:

Pretest/posttest for HEWs

Code_____

MCQ

1. According to Ethiopian Demographic and Health Survey (EDHS) 2016, the national prevalence of FGM was:
    A) 80%
    B) 74%
    C) 65%
    D) 47%
    E) 68%
2. Female genital mutilation (FGM) is:
    A) Cutting away of all or part of the female external genitalia for nor medical benefit.
    B) A form of gender based violence against women and girls.
    C) Done more frequently in the village
    D) Associated with immediate and delayed complications
    E) All of the above are correct
3. Type IV FGM is:
    A) The most severe form of FGM
    B) A non-specific type of FGM, including piercing, pricking, scraping of the vaginal orifice
    C) Not associated with complications
    D) Characterized by excision of the clitoris
    E) Involves suturing the labia majora
4. Which one of the following is NOT true?
    A) Younger and more educated women are less likely to let cut their children.
    B) The prevalence of FGM is lower in the currently young generation.
    C) Older women in the rural area are supporters of FGM

D) There are no health professionals who are currently performing FGM.

E) There is no order of doing FGM in Holy Bible or Kuran.

5. One of the following is not immediate complications of FGM.
    A) Keloids
    B) Urethral injury
    C) Severe pain
    D) Hemorrhagic shock
    E) Urinary retention
6. If a girl comes to you with active bleeding after FGM, what is your immediate action:
    A) Immediate referral
    B) Consulting colleagues
    C) Applying pressure with sterile pad
    D) Giving antibiotics
    E) Giving antipain
7. Abscess:
    A) Can be treated with antibiotics only
    B) Can be treated in a health post
    C) Should be drained before the sun set
    D) Is a collection of hematoma
    E) Is caused by viral infection
8. All of the following are long-term complications of FGM EXCEPT:
    A) Dysmenorrhea
    B) Dermoid cysts
    C) Clitoral neuroma
    D) Chronic vulvar pain
    E) Neurogenic shock
9. All are obstetric complications of FGM EXCEPT:
    A) Hematometra and hematocolpos
    B) Obstructed labor
    C) Increased risk of emergency caesarean section

D) Fetal and neonatal asphyxia

E) Severe perineal tear

10. Deinfibulation can be performed:

A) Before pregnancy

B) During pregnancy

C) During labor

D) Adolescent age

E) ALL

11. All of the following are parts of the female sexual response except:

A) Clitoris

B) Labia majora

C) Labia minora

D) Vaginal opening

E) Uterus

12. A woman who is having excessive feelings of fear, worry, irritability without an apparent cause, and increased heart beat at rest after experiencing FGM some years back is probably due to.

A) Dyspareunia

B) Depression

C) Anxiety disorder

D) Heart disease

E) Somatic pain

13. FGM survivors have:

A) Decreased sexual derive

B) Absent or reduced orgasm

C) Sexual disharmony

D) Apareunia

E) All

14. One of the following is not effective in changing the community's belief about FGM.

A) Publicly condemning the culture and tradition of FGM.

B) Opening community dialogue.

C) Listening to the community's attitudes, values and beliefs with respect.

D) Making sure that the community is involved in decision-making

E) Avoiding imposing your own attitudes and values on the community or individuals.

15. Which of the following does not require referral to higher health facility?

A) Reinfibulation

B) Deinfibulation

C) Obstructive vulvar keloid

D) Urinary retention

E) Urethral injury

True or False

1. _____FGM is not practiced outside Africa.
2. _____In Ethiopia, the FGM prevalence is highest in Amhara and Oromia regional states.
3. _____ FGM is recognized by "three sorrows" of women because of pain on the day of FGM, on the night of wedding and during delivery.
4. _____Reinfibulation can be practiced in those women who requested it after delivery.
5. _____FGM should be practiced in selected society as it brings purity, chastity and honor to marriage.
6. _____Vaginal outlet obstruction due to long-term complications of FGM is common.
7. _____During counseling a women living with Type III FGM, providing too much information is not good.
8. _____Not performing FGM is violating men's rights.
9. _____The patriarchal and patrilineal system has to continue to end FGM in the coming generation.
10. _____As FGM is a traditional practice, there should not be legal body's interference when the procedure is performed in children.

11. _____ FGM survivors can develop mild to severe types of mental health illnesses.
12. _____Service provided to FGM victims is considered as undone if it is not properly documented.
13. _____FGM affects the sexual life of only women.
14. _____Labiaplasty is encouraged as it is performed by gynecologists and plastic surgeon.
15. _____ Ending FGM cannot be thought without the engagement of families and communities.

Answer key:

1. C
2. E
3. B
4. D
5. A
6. C
7. C
8. E
9. A
10. E
11. E
12. C
13. E
14. A
15. A

True or False

1. False
2. False

3. True
4. False
5. False
6. True
7. True
8. False
9. False
10. False
11. True
12. True
13. False
14. False
15. True