

Mapping of SFFGC Supported Health Sector Interventions

**FMoH and WHO
SFFGC Program**

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Terminologies

- FGM = harmful traditional practice that includes all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons
- FGM also includes re-infibulation which is re-suturing/closure often done after delivery
- FGM Medicalization = is practiced by any category of health-care provider in a public or a private clinic, at home or elsewhere

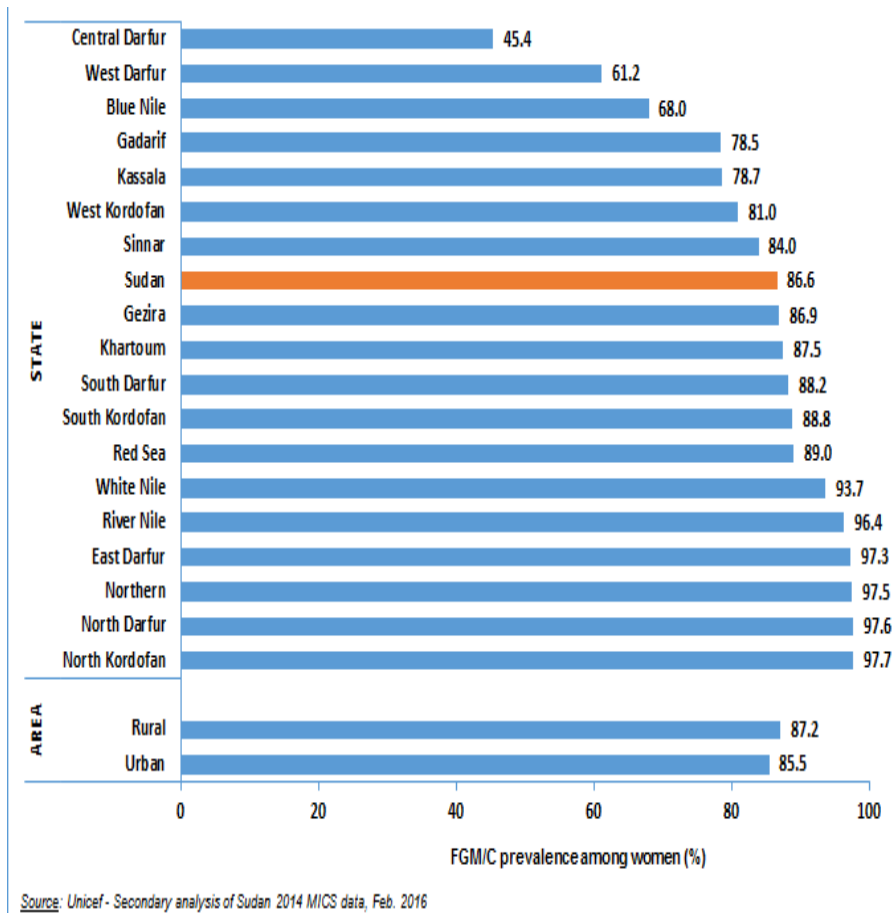


FGM Epidemiology in Sudan

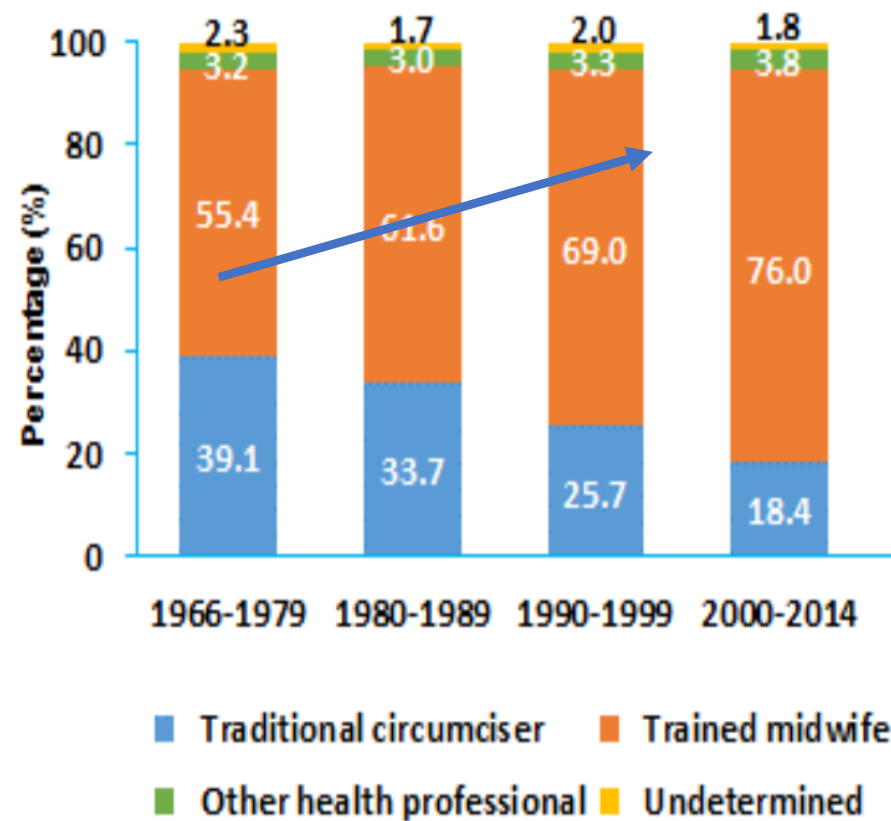
- ~ 87% of females (15-49 years) have undergone Female Genital Mutilation mostly WHO type III (77%)¹
- FGM prevalence is different within generations¹
 - 66.3% [0-14 years]
 - 88.3% [30-34 years]
 - 91.8% [45-49 years]
- Reported re-infibulation in last 12 months between 23 – 31.2% (15-39 years)¹
- 61% of women after delivery experience tightening vulvar operations (including those without FGM) after delivery in 2 hospitals²

FGM AND FGM MEDICALIZATION

FGM PREVALENCE IN STATES



MEDICALIZATION TRENDS



The Health Sector Response that addresses FGM can potentially have a large impact

- Health services are one of the largest networks that directly serve the community /population
- Health outlets provide prevention and care services
- Health Care Providers are respected and influential members of society and can be effective change agents

But there are challenges

- Health system
 - Weakened by limited resources
 - Affected by FGM country context (e.g. laws, religious stance)
- Health Care Providers
 - Are not well equipped with knowledge and skills in FGM prevention and care
 - Affected by social norm and maybe supportive or involved in practicing FGM
 - Not utilizing their position in being effective change agents to stop FGM

Therefore,

The health sector response to address FGM should:

- Health system strengthening approach
- Behavioral/Social norm change approach

Mapping Exercise

- Justification
- Objectives
- Method
- Results
- Conclusion

Justification

Exercise was conducted to meet:

1. Overarching goal of one budget and one health plan for efficient use of resources and coordination
2. DFID 3RD annual review recommendations
- to take specific steps to ensure synergy across all activities to end FGM/C which involve the health sector, to achieve maximum benefit

Objectives

1. Determine the **scope , coverage** and **implementation partners** for Health Sector Interventions using health system building blocks and FGM de-medicalization global strategy frameworks
2. Determine **social norm change approach/behavioral change theory** used
3. Identify areas/activities to strengthen existent response, synergies and coordination of health sector interventions

Method (1)

Quantitative and Qualitative data collected using:

- Interviews using open ended questions with relevant units for UNICEF and UNFPA
- Review of MoH and UN agencies' programmatic data

Method (2)

Data Analysis

- Qualitative data was summarized and categorized into a framework adapted from:
 - FGM de-medicalization four prong strategies
 - Health system strengthening building blocks
- Quantitative data was analyzed using Excel

WHO collected, compiled and analyzed data

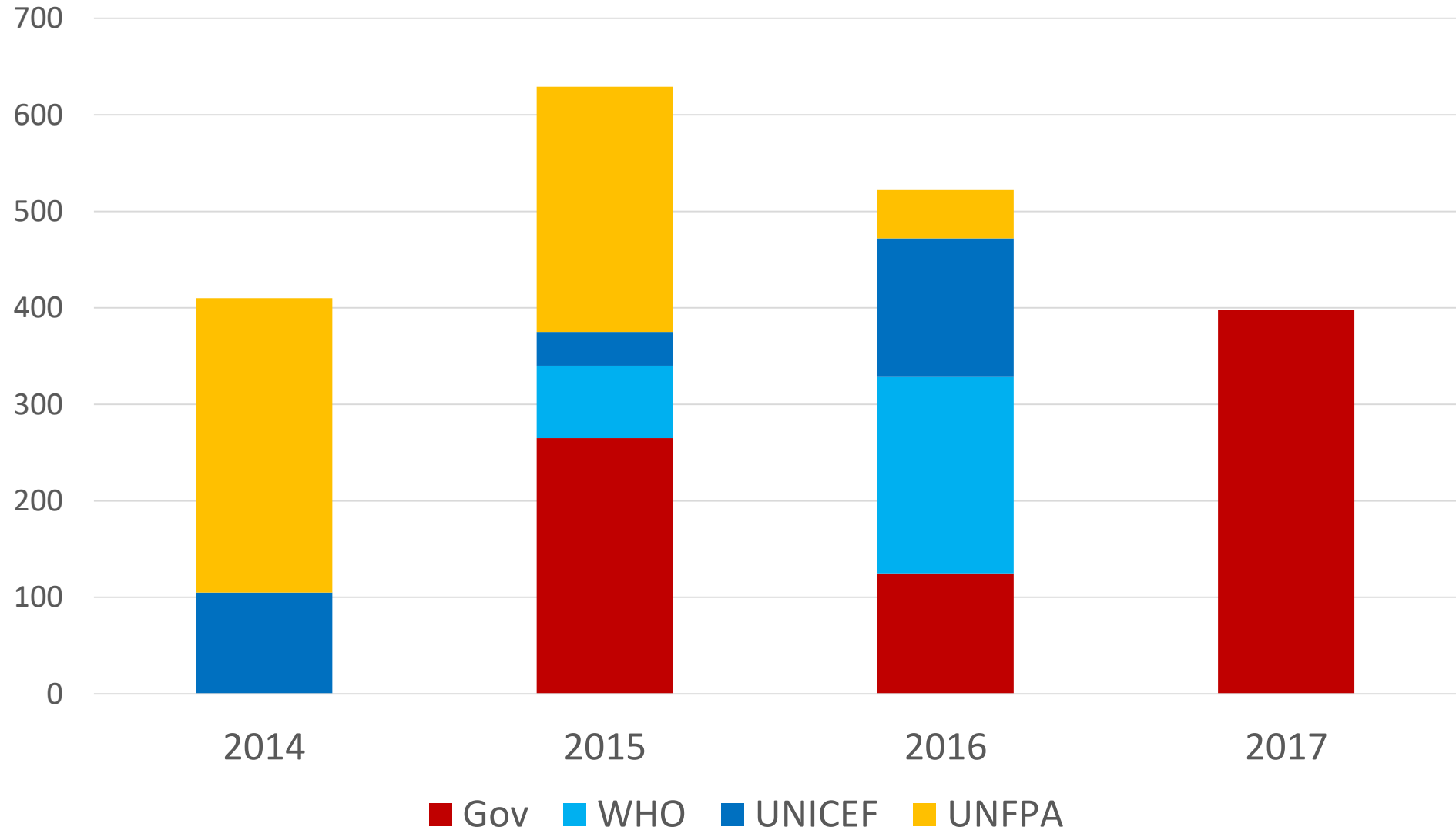
Results

- Objective 1: Determine the **scope** , **coverage** and **implementation partners** for Health Sector Interventions using health system building blocks and FGM de-medicalization frameworks

Health System Strengthening Approach	Sudan Government	UNFPA	UNICEF	WHO
Governance and Finance				
Advocacy for increased political commitment	✓	✓	✓	✓
FGM integration within health policies, strategies and annual plans	✓			✓
Strengthening supportive legislative and regulatory frameworks	✓			✓
Strengthening accountability mechanisms for FGM medicalization	✓			✓

Health System Strengthening Approach	Sudan Government	UNFPA	UNICEF	WHO
Human Resource Development				
Strengthen the knowledge and skills of health-care providers in FGM prevention and care	✓	✓	✓	✓

In-service Midwives Trained Supported by UN agencies or Governmental funds between 2014 - Q1 2017 in Sudan



Coverage of In-service Training in Ten SFFGC States

States	# of midwives 2016	Received in-service training period between 2014 - 2017	Coverage
Gedaref	916	305	33%
Kassala	1,018	303	30%
Red sea	533	105	20%
Khartoum	1,742	294	17%
Northern	600	180	30%
River Nile	592	175	30%
Gezira	1,818	75	4%
Sennar	1,184	70	6%
North Kordofan	1,939	135	7%
South Darfur	1,574	98	6%
TOTAL	11,916	1,740	15%

Health System Strengthening Approach	Sudan Government	UNFPA	UNICEF	WHO
Health Information Systems				
Integrate FGM within HIS e.g. surveillance, M&E	✓			✓
Evidence specifically Implementation research in health systems	✓			✓

Health System Strengthening Approach	Sudan Government	UNFPA	UNICEF	WHO
FGM Prevention and Care Services				
Guidelines, SOPs and job aids	✓		✓	✓
Active FGM prevention and care services outlets	No data			

Health System Strengthening Approach	Sudan Government	UNFPA	UNICEF	WHO
Implementation Partners				
Names	SMoH	FMoH, SMoH, Midwifery School CSO Academia Parliament	SMoH CSO Academia, Parliament	FMoH (SMoH) PHI SMC NMCHP CSO

Results

**Objective 2: Determine social norm
change approach/behavioral change
theory used**

Health System Strengthening Approach	Sudan Government	UNFPA	UNICEF	WHO
Social Norm Change Approach/Behavioral change theory use				
Yes	✓	✓	✓	✓

Results

Objective 3: Identify areas/activities to strengthen existent response, synergies and coordination of health sector interventions

Proposed Recommendations to Strengthen Synergies

- Joint strategic planning and microplanning to avoid duplication
- Identify success stories/opportunities to build on e.g. women's group as watch dogs for FGM can be linked to accountability framework
- Regular meetings to review and update on health interventions

Conclusion (1)

Key Findings

- All elements of HSS and FGM de-medicalization are addressed in different maturation phases
- Coverage is low generally
- Limited overlap in activities between SFFGC partners but not synergistic
- Social norm approaches are multiple and implemented in silos

Conclusion (2)

Key Findings

- Implementation partners are diverse
- Increased joint planning and implementation recommended to increase synergies
- Challenge faced: Limited data – weak M&E systems and more so for FGM activities

Way Forward

- Strengthen M&E framework for health interventions addressing FGM among all health partners.
- Utilize findings for next planning cycle for national health sector plan to address FGM.
- Need to develop strategic health sector response document with conceptual framework in upcoming National FGM Strategy
- Coverage of health system strengthening approach needs to be scaled up to have impact on FGM prevention and care

Thank You!

Q&A

Discussion