

Advocacy, Counseling, Support Provider Training and Community Outreach to Eliminate Harmful Practice

In Mali, 94% of women have undergone the traditional practice of female genital cutting (FGC), which can result in serious health complications and even death. Most Malian women are excised as young girls before reaching the age of five. Current political will against FGC is strong in Mali. With core funds, PRIME II is assisting the Ministry of Health (MOH) in training and supporting health service providers to participate in activities aimed at eliminating the practice. Preliminary results are encouraging, with trained providers showing improvement in their ability to identify and manage complications of FGC, counsel and interact with clients on FGC-related issues, and conduct health talks about FGC with community members.



Reviewing Results in PRIME II

Oct. 2001–Sept. 2002

Case Studies:

- Kenya PAC
- Bangladesh RTL
- Dominican Republic RTL
- Ghana PI
- Rwanda HIV/AIDS
- India CPSM
- Dominican Republic CDQ
- Ghana RTL
- Benin RTL
- Rwanda PI
- **Mali FGC**
- Francophone PAC/Nigeria MAQ

Background: Previous efforts to steer traditional excisors—usually older women—away from FGC have not had the desired impact in Mali because of the continued strength of deeply rooted customs that encourage parents to seek out and pay the excisors for the service. Public campaigns that emphasized the health risks of FGC have contributed to increased “medicalization” of the practice by some health professionals. While the majority of Malian providers say they are against FGC, many feel uneasy about discussing the elimination of the practice with certain groups, especially men. Male involvement and support from older women are vital to this effort to change a practice that amounts to a normative behavior. Responding to needs identified by a 1998 Population Council study and working in the context of broad-based FGC elimination efforts, PRIME II’s assistance in Mali encompasses national FGC policies and priorities, pre- and in-service training, and strengthening provider, community and NGO partnerships. PRIME has paid particular attention to building the MOH’s capacity to prepare and support providers and establishing links with NGO community animators and Community Health Committees that will ensure their support for the project.

Interventions: PRIME assisted a MOH/NGO technical working group in the development and field-testing of a national performance-based FGC curriculum. From March to July 2002, PRIME used the curriculum in the training of regional trainers and 120 reproductive health providers, meeting the project’s target. A gender perspective based on Mali’s “Gender and Health” policy was introduced in the curriculum, and is specifically aimed at increasing male involvement in FGC

elimination. PRIME also helped finance a 35-minute video on FGC that has been distributed to government ministers, members of parliament and mayors at the request of the President of Mali. The video serves as a technical tool to help providers recognize FGC complications, and is part of an FGC resource package that contains the national FGC training curriculum and a poster and flipchart to assist providers during counseling and group health talks. To evaluate the project, PRIME is comparing a group of providers in two districts who have not participated in the interventions with providers in the three implementation areas, Koulikoro and Bougouni districts and Bamako Commune I. Measurement techniques include written knowledge tests, interviews with providers and clients, observation of providers in simulated and actual situations, provider diaries tracking client counseling and group health talks, and review of clinic data.

Results: While a formal follow-up performance evaluation is scheduled for January 2003, preliminary results are promising:

- Written knowledge tests on prevention and management of FGC complications administered six weeks post-training demonstrate significant improvement from baseline. Of the sample group, 96% reached at least half of the maximum score of 40 points, compared with a baseline of 19%; 42% of the providers scored above 30, as opposed to zero at baseline. A comparison of observation scores for providers in a variety of areas related to identification and appropriate management of complications, client-provider interaction and counseling also show consistent and often significant improvement from baseline.
- In the 25 sites visited, members of Community Health Committees had been sensitized by the trained providers to ensure their support for FGC education. The committees have become advocates and mediators for the providers, dealing with the resistance of some community leaders to group health talks and other activities. In the six weeks since training, providers in the sample group conducted an average of four group health talks and two community education sessions. These sorts of activities were almost nonexistent at baseline.
- The PRIME II learning package has already been adopted by Plan International in Mali. Attesting to the increased capacity of the MOH, Plan/Mali used its own resources to hire PRIME-trained MOH trainers to train their service providers using the package.

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