

GENEVA FOUNDATION
FOR MEDICAL EDUCATION AND RESEARCH



Training course in female genital mutilation 2023

A public health approach to addressing female genital mutilation



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Acknowledgement

The Geneva Foundation for Medical Education and Research (GFMER) team expresses its heartfelt appreciation to the Department of Sexual and Reproductive Health and Research of the World Health Organization for its collaboration in organizing this course and for the sponsorship provided to participants of the course.

Our profound gratitude goes to the Course Coordinators, Dr Wisal Ahmed and Dr Christina Pallitto (Department of Sexual and Reproductive Health and Research, WHO), Dr Raqibat Idris, the Course Manager (GFMER) and Mrs Fionna Poon, the Course Administrator (GFMER) for their support throughout the course.

We would also like to appreciate and thank our coaches and all the course resource persons (Dr Wisal Ahmed, Dr Vernon Oyaro, Dr Christina Pallitto, Dr Raqibat Idris, Dr Aseel Mugahed, Dr Fariza Rahman and Dr Melaku Samuel) for their invaluable contributions towards the success of the course.

Special thanks to WHO HQ and all regional offices for the sponsorship provided to participants of the course, and to other institutions that funded their employees to take the course.

Finally, our appreciation goes to all the participants and coaches who completed the course evaluation surveys, inspiring and helping us to improve our course.

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Background:

“Training course in female genital mutilation 2023 A public health approach to addressing female genital mutilation” is one of the online training courses organized by the Geneva Foundation for Medical Education and Research (GFMER) in collaboration with the World Health Organization (WHO) Department of Department of Sexual and Reproductive Health & Research. The aim of this course is to build essential knowledge and skills related to FGM prevention and care and to sensitize health professionals on WHO resources and tools for the different roles they play as health systems decision makers, agents of change among their peers, patients and community.

The course coordinators were Dr Wisal Ahmed and Dr Christina Pallitto of the WHO Department of Sexual and Reproductive Health and Research. The duration of the course was four weeks from [22](#) March to 18 April 2023.

The course core team comprised of:

WHO Headquarters

- Dr Wisal Ahmed
- Dr Christina Pallitto
- Dr Vernon Oyaro

Geneva Foundation for Medical Education and Research

- Dr Raqibat Idris
- Dr Fariza Rahman
- Ms Fionna Poon
- Prof Aldo Campana

About the course:

1. Course participants

<https://www.gfmer.ch/SRH-Course-2023/fgm/participants.htm>

A total of 99 health professionals from 33 countries participated in the course. Countries with the highest number of participants were Kenya, Somalia, Ethiopia, Sudan, Sierra Leone, Nigeria and Egypt. Among the participants, 69 (70%) were female and 30 (30%) were male (Figure 1). More than half of the participants (52%) were in the age group 35-44 years, 25% were from the ages 45-54 years, 14% from 25-34 years and 8% were from the ages of 55 years and above (Figure 2). Participants were working mostly as midwives/nurses (32%), doctors (30%), program managers/ implementers (23%), as SRHR advocate (4%) and in other allied health professional (3%) (Figure 3). Majority of the enrolled participants were from Africa (56%), Eastern Mediterranean region (28 %) and European region (11%) (Figure 4). Of the total 99 enrolled participants, 92 completed the course (completion rate of 93%) and were awarded with certificates co-signed by WHO and GFMER.

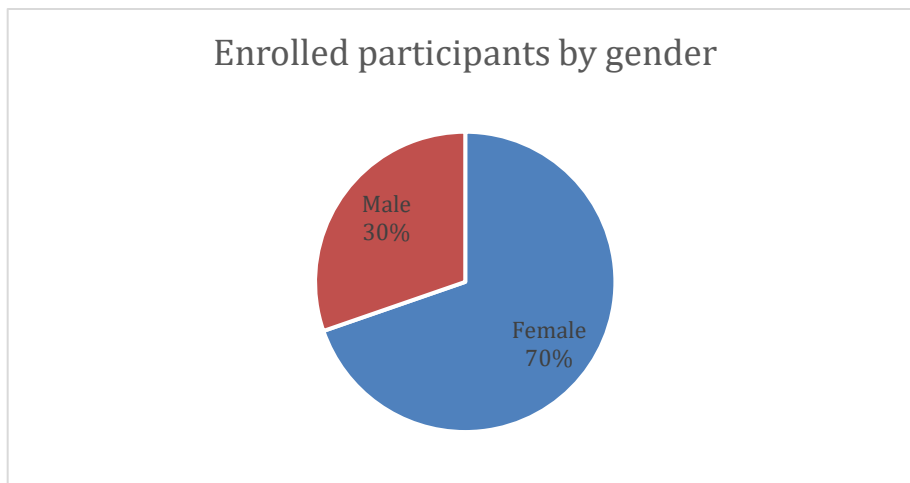


Figure 1: Enrolled participants by gender

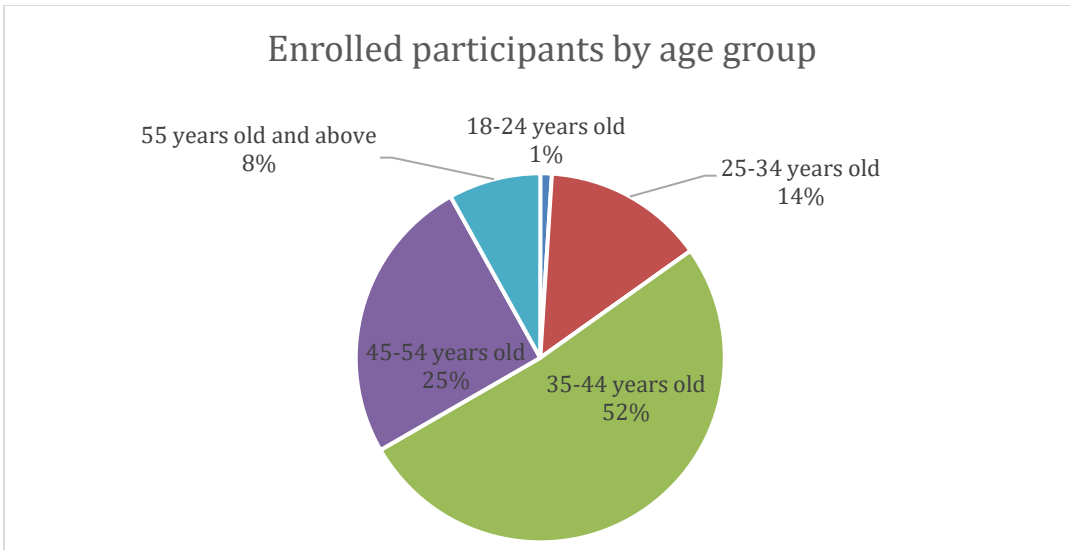


Figure 2: Distribution of participants according to age

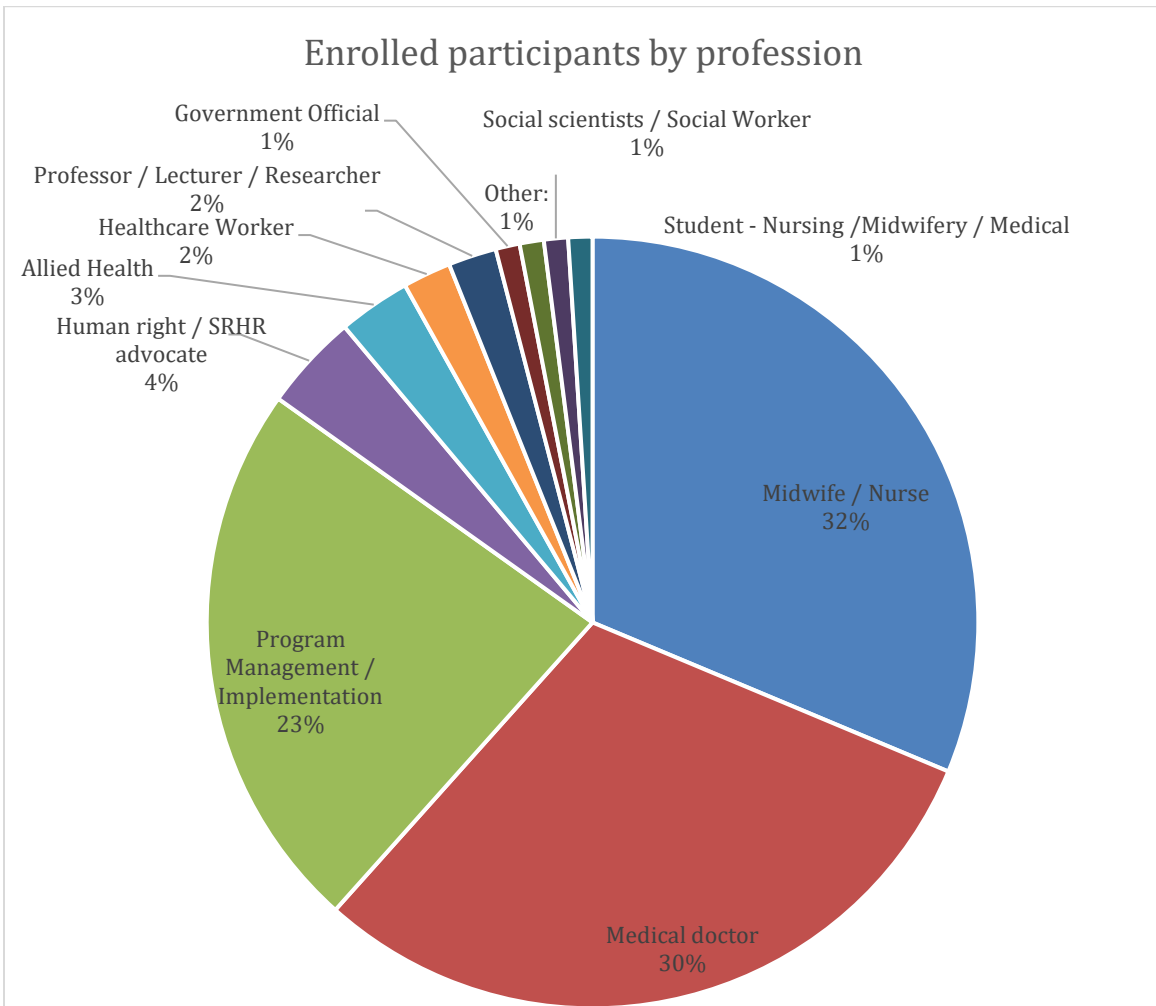


Figure 3: Profession of the participants

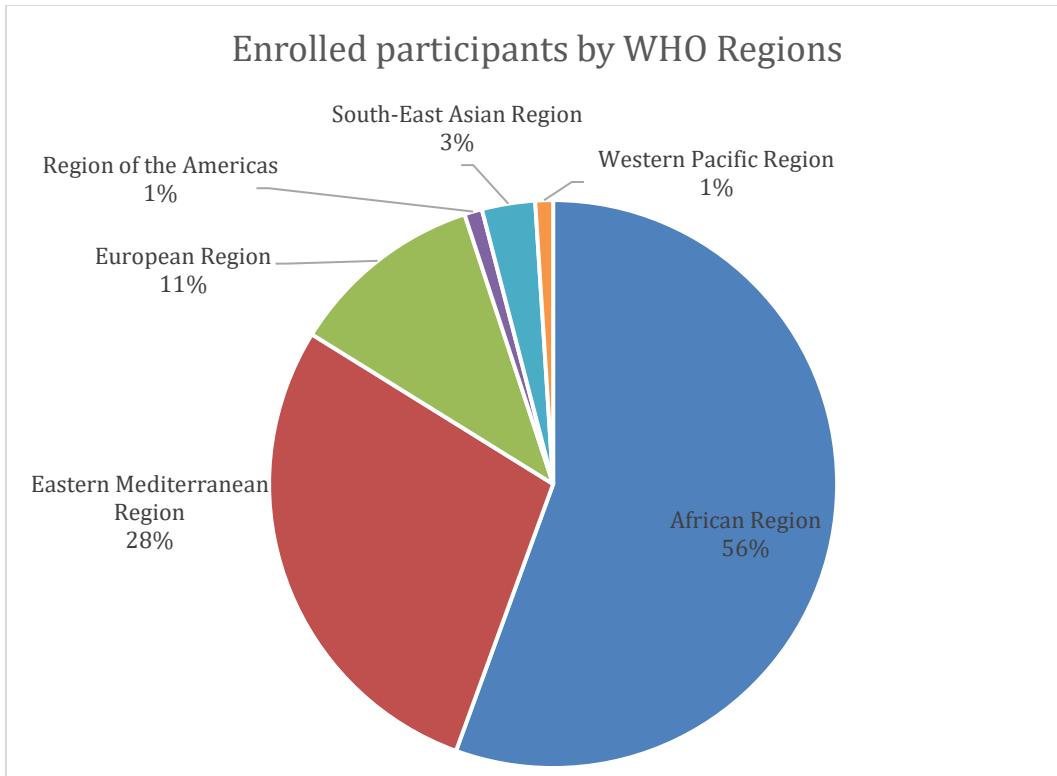


Figure 4: Participants according to WHO regions

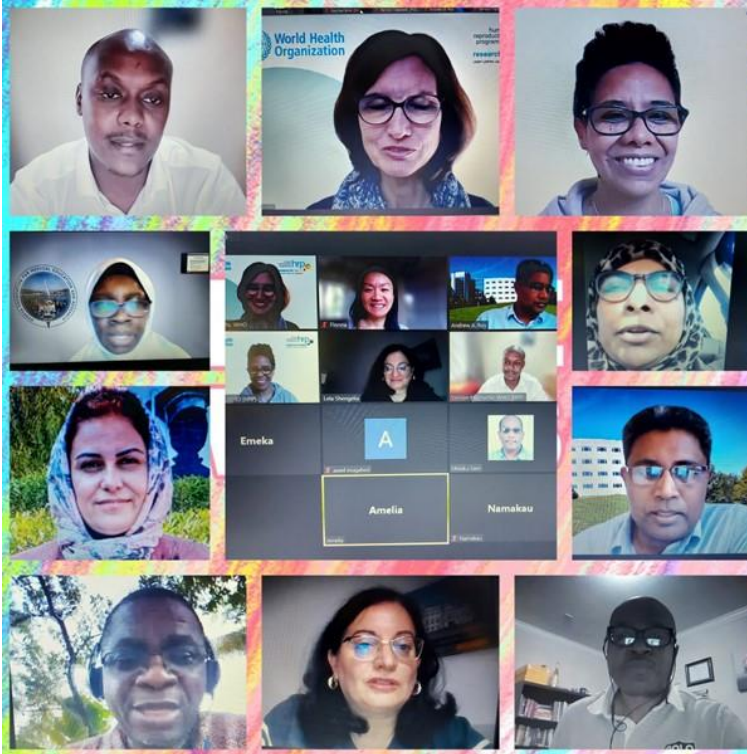
2. Recruitment of the participants

Participants of the course were recruited by announcements of GFMER through its website, network, social medias, coaches and country coordinators, by WHO regional, country offices and other WHO network as well as regional NGOs and health ministries. Majority of the participants were nominated and sponsored by WHO HQ.

3. Coaches for the course

<https://www.gfmer.ch/SRH-Course-2023/fgm/tutors.htm>

GFMER engaged [11 coaches](#) from 10 countries to mentor the participants. An online orientation session was held for coaches for quality and standardized tutoring (group picture below). Participants were distributed under coaches according to countries or regions. The main responsibility of the coach was to guide the participants, review the assignments and give feedback, coordinate the group work, and assist them to prepare the finished product. Coaches communicate with the participants via e-mail, WhatsApp and met with them regularly via Zoom/Google meet.



4. Teaching method

The teaching methods for the course consisted of on-line lectures (video recordings, didactic presentations), key readings, additional references and audio-visual materials, and referrals to related websites. The course materials could be downloaded for offline reading. At the beginning of the week the module content were posted in the GFMER website. The link to each module was sent to individual participants and coaches as well.

Before and during the course, regular meetings were held between the organizing partners to ensure adequate preparation and smooth running of the course.

5. Course module

The course was divided into 4 modules. Participants were required to read the materials and prepare the assignment and submit to their respective coaches by a given deadline.

The course topics were:

Module 1: Introduction and FGM Beliefs, traditions, and values

Module 2: Person-centred approach for FGM prevention and care

Module 3: Management of FGM-related complications

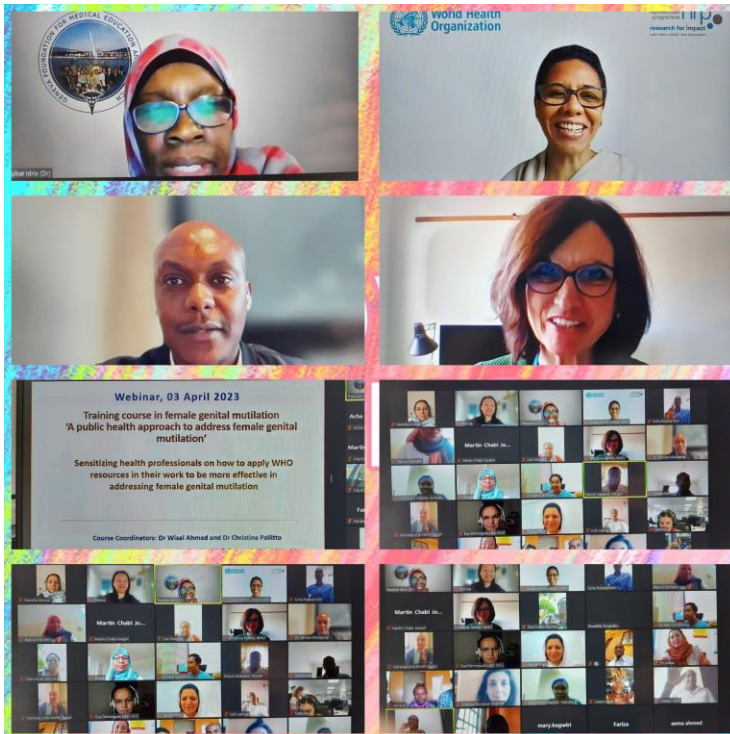
Module 4: Health sector response to addressing FGM: Advocacy, strategic health planning and FGM Research – overview of ethical guidance

6. Assignments and group work

The course was assessed by weekly individual assignments, and a group work at the end of the course along with an MCQ. Coaches marked and provided feedback on the assignments using the marking guides provided. In the group work, participants had to prepare a strategic analysis and a 3-month planning using 4 pillars of health sector response in a given presentation template. The groups posted their work in the course Google Groups for peer review.

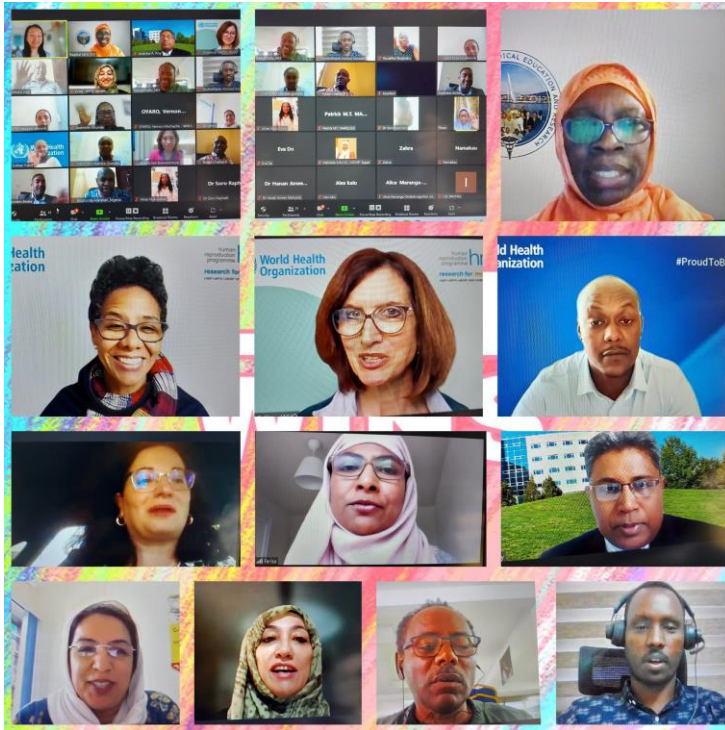
7. Live sessions

During the course, there were two live sessions, a webinar and the end of the course meeting. The [webinar](#) was organized in the middle of the course, where participants and coaches submitted their questions and the course coordinators and Dr Oyaro responded accordingly (group picture below). The peak attendance in the webinar was 64.



In the [end of the course meeting](#) held on 19 April 2024, participants, coaches, course

coordinators reflected on the course and shared their experiences, suggestions and comments. About 50 people attended this meeting (group picture below).



8. Google Groups

A Google Groups platform was created for the course specifically to encourage interaction between participants, coaches and course resource persons, and for experience sharing and discussions on FGM prevention response. Every week a topic was posted for discussion. Participants, coaches and course resource persons shared their opinions, experiences, challenges, and suggestions on FGM prevention response. The Google Groups also acted as a platform for sharing the group work of participants and for their peer review.

9. Certification

At the end of the course, participants who successfully completed the assignments, took part in the group work, and passed the MCQs were awarded with a certificate co-signed by GFMER and WHO.

Course evaluation report:

After the course, participants and coaches were invited to complete separate course evaluation survey forms to assess their perceived levels of satisfaction and usefulness of the course and to identify areas of improvement. A link to an anonymous online survey to evaluate the course was sent to participants and coaches upon completion of the course. Participation in the survey was voluntary. The survey included questions to collect participants' demographic data, appraisal of the course, open-ended questions for additional comments and to express their likes and dislikes about the course as well as suggestions on how to improve it.

1. Participants Survey

Total 60 out of 99 participants volunteered in the survey to give a participation rate of 60%. The course was highly rated by 96.6% of participants who responded with a rating of 'excellent' or 'good'. Only 2 participants (3%) rated the course poor and fair. The majority of the participants (90-95%) felt that the course was well structured with clear objectives, have adequate content and clearly presented, assignments were relevant and appropriate, the course corresponded to their expectations, and they would apply the knowledge gained from this course in professional practice. However, 20% of the participants gave their opinion that the allocated time was not adequate. Up to 95% agreed that the topics covered in the four modules were relevant to their professional practice and 97% of the participants found the recorded presentation useful.

Participants were happy with the overall quality of coaching received during the course with a 95% response rating of excellent and good. But 3% participants were not pleased with the quality of coaching. They informed that the coaches were responsive, encouraged to contact when needed, provide constructive feedback on the assignments in time. Majority of the participants found Google Groups useful but 20% did not agree with this statement. We are also content to see that most of the participants (97%) said that they would recommend the course to others. Respondents to the survey gave some suggestions to help improve the course, which the course organizers will consider as necessary for future courses. Some of the suggestions are:

- Allocate more time beyond the 4 weeks.
- Use a more interactive platform.
- Improve the group assignment template.
- Dividing the last module into 2.
- The group assignment should not be the last task; maybe midway.
- It is good to add Islamic view of FGM to make understand that it is not written in the Koran.
- Reduce the content of the course.
- Give an extra time for completion of each module.
- More time for participants to reflect their ideas, experiences and suggestions through live and online sessions.
- Add MCQ type of questions exams as compared to essay.
- Oral examinations to reduce on time spent on typing and editing assignments.
- More group discussions between participants to exchange and get benefits from experiences and training.
- Multiple Choice Questions (MCQs) should be integrated or added to every section or module in addition to the weekly assignments.
- Allocate more time for group work.
- Shorter assignments and more flexible submission deadlines.
- Organize a meeting/webinars with all participants to meet face to face and discuss about importance, challenges, they face in ground.
- Research and Ethics protocols be more consolidated and simplified.
- More realistic examples for using value clarification including some experiences to facilitate its use by more participants.

2. Coaches survey

All coaches participated in the survey, and they all rated the quality of the course high (Excellent and Good). They all agreed with the statement that the course objectives were clear; the course was well organized with adequate content that help the participants to learn. They also agreed that the individual, group assignments and the webinar were relevant, appropriate for the participants and helpful for learning.

All coaches found the marking guide timely, clear and useful with reasonable marks allocated to each question.

Of the 11 coaches, 9 found their participants active in-group work but 2 coaches rated participants interaction as fair and poor. The possible reason might be the timing as the course was arranged during Ramadan and participants faced challenges as they had the commitment for job and family along with their religious duties. Moreover, internal conflict broke out in one of the countries, Sudan, during the course and in some countries poor internet connection made communication difficult. But the distribution of the participants with the coaches' time zone was found very helpful for communication between coaches and participants. WhatsApp, Zoom and Google Meet were the mostly used app for communication.

All coaches informed that they encouraged their participants to remain active, responded any time when contacted and provided constructive feedback in time. Regarding use of Google Groups, coaches gave a mixed reaction - 60% informed that Google Groups was useful and 40% informed that maybe it was useful. Coaches informed that time limitation was the main challenge.

Important suggestions from the coaches are as follows:

- Inclusion of experience of a person who has undergone FGM at a particular clinic and how she was helped as success story as well as the HCW.
- The correct Islamic position regarding FGM should be highlighted.
- Inclusion of country specific experiences and challenges.
- Group assignment should be simplified since many participants do not have public health background but are physicians.
- Quasi experimental study as part of research-based project evaluation.
- Module 4 should have extra one week.
- Include FGM history and the cultural interactions.

Conclusion:

The training course in 'Female genital Mutilation' was arranged for the first time by WHO with the collaboration of GFMER with the aim to sensitize health professionals on WHO resources and tools for the different roles they play as health systems decision makers and agents of change among their peers, patients and community. From the

outcome of the course and feedback from coaches and participants this objective was achieved, and participants have been equipped with enough knowledge and tools to contribute at their work and communities to bringing about an end to FGM. The organization of subsequent trainings and in other languages will build on the manpower resources in the different countries for this important mission.