

# Sexual Health Quarterly Bulletin

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## English HIV and Sexual Health Commissioners Group

Jackie Routledge, Lancashire County Council and Claire Foreman, NHS England Co-Chairs of the ESHCG

**The HIV and Sexual Health Commissioners Group for England**

The English HIV and Sexual Health Commissioners Group (ESHCG) continues to provide support to all commissioners of HIV and sexual health services across England. The secure (members only) online forum is a useful resource; it allows questions to be posed; experience and practical solutions to be shared; and includes documentation which is beneficial to other members.

The three annual meetings (currently held in London) are a chance to meet other commissioners and network, as well as an opportunity to receive updates from key bodies, such as the Department of Health and Public Health England. Added to this, we usually include an interactive workshop-style session at each meeting. The agenda for our most recent meeting incorporated items on:

- Decreasing rates of late diagnosis of HIV, looking specifically at home-sampling and the role of HIV partner notification in clinics
- NATSAL 3 and what the findings mean for sexual health commissioners

- Update on HIV and STI surveillance data
- Stimulating the market (workshop with opportunities to learn from other areas' experiences).

The next scheduled meeting of the group will be on Monday 18th August 2014. All the information presented at the meeting is shared with members on the secure forum. If you are a commissioner and would like to join the group, please go to the following link: <http://commissioners.nat.org.uk/> and click 'request access to forum' to become a member.

For more information on the group, email [sally.thomas@nat.org.uk](mailto:sally.thomas@nat.org.uk).

## Cumbria & Lancashire Sexual Health Networks Update

by Cathryn Beckett-Hill

On behalf of Lancashire, Cumbria, Blackpool and Blackburn with Darwen



Cumbria & Lancashire  
**Sexual Health  
Networks**

### 2013 Chlamydia and STI Data

For those of you who have not seen, the PHE 2013 Chlamydia Testing Activity Dataset (CTAD) and Sexually Transmitted Infection (STI) dataset were published on 17<sup>th</sup> June. Links to the datasets, the national press release and an article in PHE's Health Protection Report are available at: <http://www.hpa.org.uk/webHPAweb&Page&HPAwebAutoListName/Page/1201094610372>

It includes:

- Sexually transmitted infections annual data 2013, England – tables presenting STI trends and sexual health service provision, with data provided for the last ten years by service area and by area of patient residence.
- Chlamydia Testing Activity Dataset (CTAD), 2013, England – the National Chlamydia Screening Programme 2013 data on chlamydia testing, diagnoses and Diagnostic Rate Indicator achievement, to local authority (LA) level.
- A refreshed 2012 CTAD dataset has also been published. In previous CTAD reports the diagnosis rate for a small number of LAs has been affected by data quality issues (mainly inaccurate or missing patient postcode of residence).

### Integrated Sexual Health Tariff

In Blackpool, from October 2014 we aim to implement full tariff, using Pathway Analytics, to fully understand its impact before we tender in 2015/16. This will inform our decision on whether to tender on full tariff, or full block. The road test will allow us to iron out any technical issues and conduct a financial impact assessment review to inform our decision.

When changing the responsible commissioner status from PCT to LA codes, we were lead to believe that the Provider software contained LSOA codes

which could translate into LA codes, unfortunately, this was not the case. We have since been informed that Blithe do not plan any updates until later in the year. In the interim, we have managed to overcome this problem locally, should anyone be looking to this resolve earlier. We are keen to connect with any other areas that have moved to full tariff or have that intention, in this case, contact [Janet.Duckworth@blackpool.gov.uk](mailto:Janet.Duckworth@blackpool.gov.uk).

In Cumbria we now plan to start shadowing Pathway Analytics alongside our block contract, to inform how we tender for a new contract next spring to be in place by October 2015. However, we need to consider Cumbria's large geography and relatively small population to ensure that local services remain viable.

### Teenage Pregnancy Event 27<sup>th</sup> June

Public Health England hosted a *Cumbria and Lancashire Focus on Teenage Pregnancy Event* on Friday 27 June 2014 in Lancaster. The event focused on strengthening the local strategic approach to addressing teenage pregnancies, including reviewing prevention activities and pathways of support in order to further improve the disproportionately poor outcomes for teenage parents. Speakers include Alison Hadley, Public Health England, Local Teenage Pregnancy Leads and Sexual Health Leads.

Senior colleagues with a strategic lead for children and young people, sexual health and health improvement, who can help govern local programmes and improve outcomes, were invited. Delegates included: directors of public health and senior public health staff; local authority elected members (particularly those with a children and young people or health and wellbeing/social care portfolio); CCG commissioners (for example maternity or abortion leads); local authority

commissioners and strategic leads relevant to both prevention of teenage pregnancy and improving outcomes for young parents; health and wellbeing board members.

### Sexual Health and Contraception Event for Cumbria Primary Care

We had a full house at our event in May with around 60 GPs and practice nurses attending from across Cumbria. This was the first time since the health transition that we have engaged with Cumbria primary care colleagues around sexual health. The aims of the event were to:

- Bring practitioners with an interest in sexual health together
- Update them on the new sexual health commissioning arrangements
- Reassure them about continuation of the current public health contract
- Emphasise the importance of primary care in delivering sexual health services across Cumbria
- Provide an initial opportunity to inform Cumbria's service review and future commissioning intentions
- Share recent epidemiological data
- Discuss primary care activity data around the Public Health Contract
- Clinical updates were also provided: "What's New in Contraception?" and "Reducing Late HIV Diagnoses"

The challenges around training and maintaining competencies were very apparent, and ways to improve training, particularly for rural practices, will now be explored.

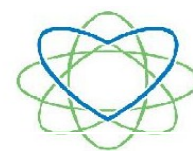
A further workshop was held in the afternoon aimed specifically at Level 2 GPs offering a more complex sexual health service.

Cathryn Beckett-Hill

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## Greater Manchester Sexual Health Network Update

by Sarah Doran, Diane Cordwell, Wendy Alam & Sarah Stephenson



THE SEXUAL HEALTH  
NETWORK  
GREATER MANCHESTER

### HIV Whole Systems Approach

The Health and Social Care Act resulted in significant change in the commissioning of HIV prevention, treatment and care services. Local authorities now have the responsibility for approving HIV prevention services including HIV testing. NHS England and local authorities assign treatment services to care for people living with HIV. Administrators and providers must ensure that the split responsibility in commissioning does not impact on patient outcomes.

The [Greater Manchester Sexual Health Network](#) (GMSHN) covers the 10 local authorities and 12 clinical commissioning groups in Greater Manchester. The Network has developed a whole system approach to sanctioning sexual health and HIV services by bringing commissioners and providers together through:

- Commissioning leads meeting - commissioners from local authorities, NHS England and CCGs meet to ensure there is a robust whole system approach to authorising HIV services
- HIV prevention group – representatives from local authorities, third sector organisations and Public Health England meet to ensure there is a co-ordinated approach to HIV prevention activities
- HIV clinicians group (in development) – HIV clinicians and NHS England's local area team commissioner meet to develop clear treatment pathways and discuss changes to HIV services. The Clinical Reference Group lead and NHS England lead for HIV in Greater Manchester are working with Network members to ensure that

any developments are not isolated and link in with other arrangements at GMSHN.

- Priority Action Group on HIV - to bring all parts of the system together, the Network hosts a priority action group. Included in this are representatives from the Commissioning Leads Group, HIV Clinicians Group, Prevention Group, the Network core team, Public Health England and GPs. This supports the whole HIV pathway and ensures high quality services are delivered.

### Developing a Strategic Framework for Sexual Health in Greater Manchester

Greater Manchester Directors of Public Health are appointing an outside organisation to work with the GMSHN to develop a strategic framework. The Framework will identify priorities and outcomes for Greater Manchester drawn from: high level analysis of the insight gathered from stakeholders; mapping existing GMSHN services and activities and, analysis of sexual health service data and intelligence against the Greater Manchester Public Sector Reform priorities. The governance arrangements for the GMSHN will also be reviewed. The Strategic Framework for Sexual Health in Greater Manchester will be completed by October 2014.

### Chlamydia Screening Programme Update



RUclear? achieved an overall treatment rate of 97% for 2013 (against a 95% target) and a Partner Notification (PN) rate of 0.6 per index, in line with national PN rates.

RUclear? has seen a further increase in postal kit requests over the four quarters of 2013 with an overall return rate of 68% and overall positivity of 8% for Chlamydia.

We currently run a Dried Blood Spot HIV home sampling service for some areas and have a return rate of 60% from these kits and have diagnosed 3 positives since October 2013. We are about to commence a service improvement strategy to look at why people don't return requested kits in an effort to increase uptake further.

### Call and Recall Service

Evidence suggests that 10-15% of young people diagnosed as positive for Chlamydia will also test positive at their next test, this is 2-3 times higher than those who test negative at the initial test. In August 2013 the National Chlamydia Screening Programme (NCSP) updated their policy (on case management) to recommend that those young people testing positive should be offered a re-test approximately 3 months after treatment. We are pleased to say in October 2013 RUclear? commenced offering a 3 monthly '*reminder to take a repeat test*' service via text message to young people who had received a positive diagnosis. There has been a gradual uptake of repeat tests as a result of this service, 18% of positives contacted have repeated a test and out of these, five patients have tested positive again.

For more information visit the website: [www.ruclear.co.uk](http://www.ruclear.co.uk)

### Visit our website:

Further information about the [Greater Manchester Sexual Health Network](#) and contact details can be found at: [www.sexualhealthnetwork.co.uk](http://www.sexualhealthnetwork.co.uk)

## North West - Sexual Transmitted Infections Surveillance

Roberto Vivancos, Consultant Epidemiologist: Public Health England, Field Epidemiology Services North West



Public Health  
England

### New acute STI diagnoses

National data from the GUMCAD (Genitourinary Medicine Clinical Activity Data Set) has just been published: <http://www.hpa.org.uk/web/HPAweb&Page&HPAwebAutoListName/Page/1201094610372>. This includes data for 2013 on all new diagnosis of STIs made at GUM clinics.

We are encouraged by the figures from the North West of England as the downward trend of the last few years continues. However the size of the change by Local Authority is variable, with decreases as high as 27% and increases of up to 18-19%.

Caution needs to be exercised in interpreting these figures, as they include diagnoses of genital chlamydia infection in both GUM clinics and community settings, and changes in commissioning services may affect these numbers.

Further analysis looking at individual diseases will give a better picture of changes in individual local authorities (Table 2 in the national data tables, see link above).

Over the next few weeks we will be working on our STI annual report for the three PHE centres in the North West. So watch this space for an update in the next issue of the bulletin.

### Notes on data:

- Data for chlamydia & 'All New STIs' from 2012 onwards are not comparable to data from previous years.
- Increases in numbers by patient residence may be the result of improved data reporting (primarily affecting 2009-2011).
- Data is from GUM clinics and the National Chlamydia Screening Programme.

LA of residence	All New STIs					
	Rates					Magnitude of change 2012/2013
	2009	2010	2011	2012	2013	
Cheshire East	572.5	535.7	518.2	570.7	568.3	-0.42%
Cheshire West & Chester	650.8	640.6	534.1	605.4	664.4	9.75%
Halton	923.7	822.1	773.9	789.2	717.6	-9.07%
Knowsley	800.3	752.1	743.6	811.3	791.4	-2.45%
Liverpool	1,048.9	1,014.7	1,012.3	1,079.4	1,103.3	2.21%
Sefton	757.2	665.8	667.6	668.3	639.8	-4.26%
St. Helens	926.6	880.1	760.0	696.1	673.4	-3.26%
Warrington	798.3	715.3	681.8	943.8	688.9	-27.00%
Wirral	692.0	671.3	626.3	699.2	726.4	3.89%
Allerdale	651.6	601.2	514.3	423.8	477.8	12.75%
Barrow-in-Furness	686.5	573.2	608.2	507.0	439.8	-13.26%
Blackburn with Darwen	798.2	766.2	613.6	706.1	547.0	-22.53%
Blackpool	1,317.9	1,268.6	1,181.7	1,422.8	1,205.8	-15.25%
Bumley	945.7	929.8	839.9	808.0	661.1	-18.18%
Carlisle	857.3	859.9	691.3	701.2	699.4	-0.26%
Chorley	665.2	610.7	606.9	524.4	619.7	18.18%
Copeland	629.8	545.1	424.8	359.7	351.2	-2.37%
Eden	387.9	506.9	413.3	341.8	330.4	-3.33%
Fylde	615.1	620.3	532.2	574.8	618.3	7.55%
Hyndburn	918.5	864.3	749.9	665.9	631.0	-5.24%
Lancaster	894.8	840.9	814.1	1,147.0	1,137.7	-0.81%
Pendle	687.7	615.2	532.5	592.5	477.6	-19.40%
Preston	1,148.2	1,125.8	1,176.7	1,220.3	1,105.7	-9.39%
Ribble Valley	584.2	534.8	481.7	527.8	420.2	-20.39%
Rossendale	743.9	728.4	623.0	615.8	637.7	3.56%
South Lakeland	355.3	404.3	343.3	385.7	281.3	-27.07%
South Ribble	777.1	736.8	775.8	618.5	703.9	13.80%
West Lancashire	739.7	676.2	622.9	641.9	634.7	-1.12%
Wyre	661.7	620.9	677.9	608.0	685.0	12.65%
Bolton	764.7	757.0	746.9	829.8	850.2	2.46%
Bury	824.4	783.7	736.7	703.5	648.8	-7.79%
Manchester	1,293.8	1,318.7	1,430.3	1,453.7	1,400.8	-3.64%
Oldham	762.5	737.7	636.0	661.4	785.8	18.81%
Rochdale	892.3	831.3	763.0	715.0	744.3	4.09%
Salford	967.0	1,032.2	1,099.4	1,111.8	1,059.5	-4.70%
Stockport	592.7	595.9	595.6	581.9	630.5	8.35%
Tameside	940.1	912.4	994.9	900.8	890.4	-1.16%
Trafford	780.0	714.4	704.1	783.0	718.7	-8.22%
Wigan	608.2	570.4	651.3	814.3	858.9	5.47%

## Sexual & Reproductive Health News & Outputs

Francesca McNeil, Senior Communications Manager



Public Health  
England

### Public Health England Call For Comment

On Friday 23 May, PHE published a **final draft** of two documents for stakeholder comment:

#### 1) Strategic Framework to promote the health and wellbeing of gay men, bisexual men and other men who have sex with men (MSM)

A Strategic Framework is being developed with a focus on enabling MSM to enjoy fulfilling social and sexual relationships, and live healthy lives. An in-depth engagement process has been undertaken to date, including a series of stakeholder workshops. On 27th June 2014 a **summary** was published, which is the first of a trio of documents that will together provide a framework for action over the coming months.

#### 2) A guide to whole system sexual and reproductive health and HIV commissioning

Commissioning responsibilities for sexual and reproductive health (SRH) and HIV have undergone major changes over the 18 months, bringing both new opportunities and new challenges. Reflecting this, in January PHE announced plans to develop a guide to whole system SRH and HIV commissioning. Consultation with a range of stakeholders has been undertaken to inform this initiative, including workshops and informant interviews across England. The final Guide will be published on the GOV.UK/PHE website in late July.

#### New evidence resources published for chlamydia screening and HIV testing and screening

In April 2014, PHE published a package of new resources providing the latest evidence on the impact and economics of opportunistic chlamydia screening,

and HIV screening and testing. These topics were selected as key sexual health indicators within the 'Public Health Outcomes Framework'. Both the **HIV testing documents** and the **chlamydia screening documents** are available online. The aim is to support public health leaders' planning and evaluation of local services, and to provide this audience with useful tools to brief senior local authority and other commissioning staff.

#### Guides to national and local sexual and reproductive health data

The PHE integrated sexual health information group published a new resource in April 2014. This provides a summary of key sexual and reproductive health data sources from PHE and other organisations, with details on how these can be accessed and used. The guide is available **here**.

Alongside this, PHE's reproductive health team produced a useful overview of available conception data sources, to help local areas monitor progress on teenage conception. The document is available **here**.

#### HIV, sexual & reproductive health: Current Issues Bulletin 4

The fourth HIV, sexual and reproductive health bulletin from PHE was issued earlier in May 2014. It focuses on tendering sexual health services. The bulletin is available **here**.

#### HIV Testing and Self-Testing – Frequently Asked Questions

The law on the sale of HIV self-testing kits in the UK changed in April 2014. Although at the moment no self-testing kits have been approved for UK sale, this FAQ resource provides information on HIV self-testing, in preparation for when these do become available. The document is online **here**.

#### Sexual and Reproductive Health Profiles: new resource

On 1 April 2014, the new Sexual and Reproductive Health Profiles launched. The tool is designed to support local authorities, public health leads and other parties with an interest in this area to monitor the sexual and reproductive health of their population and the performance of local public health related systems. The Profiles provide data as interactive maps, charts and tables, across a range of topics, such as teenage pregnancy, abortion, contraception, HIV, sexually transmitted infections and sexual offences. Wider influences on SRH are also included, such as alcohol use, education and deprivation levels. The tool is available as open access, **here**.

#### Shigella awareness materials

Due to ongoing Shigella cases seen among men who have sex with men (MSM) in 2013, PHE and the Terrence Higgins Trust have produced a new awareness-raising poster and leaflet for use in sexual health clinics and gay venues, available for download **here**.

#### Healthcare Workers with HIV practicing Exposure-Prone Procedures

In 2013, the Chief Medical Officer for England announced a policy change removing restrictions on Healthcare Workers (HCW) with HIV practicing Exposure-Prone Procedures (EPPs). PHE has now published interim guidance on implementing the policy and an interim paper-based registration system, **here**. The final web-based register will be available during summer 2014.

## ***“You don’t really hear good stuff about things like that; it’s always bad cos they always complain”*: Long Acting Reversible Contraception, Young Women and Social Norms**

Hannah Madden, Health & Wellbeing Researcher

Long acting reversible contraception (LARC) are methods that require administration less than once per menstrual cycle or month and include IUS/IUD (two types of ‘coil’), the subdermal implant and the contraceptive injection. Nationally, the uptake of LARC has been slower than expected (NICE 2010) and some evidence shows that health professionals, especially GPs, are reluctant to prescribe LARC to adolescent women (Wellings et al 2007, Middleton et al 2011). Public Health Wirral asked the Applied Health and Wellbeing Partnership at Centre for Public Health (Liverpool John Moores University) to find out more about adolescent’s opinions of LARC. Social norms and peer influence have both been found to affect behaviour (Simons-Morton & Farhat 2010, Potard et al 2008, Neighbours et al 2007), and information regarding prevailing social norms can be used to design and target prevention programmes. More information about the social norms relating to LARC amongst adolescent women should enable targeted promotion messages, decrease reluctance to use LARC and, as a consequence, will hopefully increase uptake.

Research objectives:

- To explore commonly held beliefs around LARC in peer groups of young women at risk of teenage pregnancy.
- To explore where knowledge and understanding of LARC comes from and how this information is transmitted within their peer group.

- To explore how information could be communicated to change social norms and increase uptake of LARC.

In summer 2013 four focus groups were conducted with peer groups of women aged 16-27 (mean 18.33 years, median 18 years). Thirty young women took part. Four mentioned already having children and all had given birth when they were 18 or younger. Topics for discussion included awareness of LARC methods, where knowledge came from and how acceptance of LARC could be increased. During the focus groups the researchers expected that myths and incorrect information would be discussed by the young women. To ensure that such misinformation was corrected and not taken as truth an education outreach worker or nurse from Brook attended each session to ensure the focus group did not make young women reluctant to take up LARC in the future. Ethical approval was obtained from the LJMU Research Ethics Committee.

### **Key findings:**

The prevailing opinions of those who had not used LARC were negative. It was unclear whether this was because friends and relatives had had mainly negative experiences, or were more likely to discuss negative experiences, or if the participants were more likely to remember the discussions about negative experiences. Discussions around the positive elements of LARC tended to be vague and non-specific.

*The IUS/IUD just aren’t offered as much...every time I go for my pill check... she offers me the implant or the injection...she’s never mentioned that (IUS/IUD), maybe it’s cos it’s not popular for my age.*

Although some participants discussed friends and relatives talking positively about LARC the majority had only been told about negative experiences. As most information came from friends, relatives and other ‘unofficial’ channels, the information they received was often hearsay, confusing, vague, unclear or simple myths.

The majority of the discussion focused on both the implant and injection methods as the IUS/IUD was thought to be something only older women used and awareness was low about how it looked or worked. Young women felt that the IUS/IUD was not targeted at them and health professionals never suggested it.

The main sources of information about LARC were their friends and older female relatives. Participants discussed these experiences with total belief in the information, and did not appear to be critical of what they had heard, even when the Brook advisor explained how some elements could not be true.

## Long Acting Reversible Contraception, Young Women and Social Norms continued

Some young women had received information from health professionals, including their GP and nurses at Brook or NHS contraceptive and sexual health clinics. Young women reported that they received very little information about LARC at school during lessons or sex and relationship education. Some participants spoke favourably about taking part in a *Bitesize Brook* session at school which covered LARC. They particularly liked education sessions in which they could see and feel the products.

Some participants revealed that they were using or had used either the injection or the implant; some were happy with these methods but some reported having had implants removed or discontinuing as they were unhappy. No participants revealed they used the IUS/IUD.

Discussion about the implant and injection focused on concerns about weight gain, mood swings and hormonal changes, unreliability, chance of becoming pregnant and pain of administration. Heavy or irregular bleeding was mentioned by a minority of participants.

*They say it [injection] stops you having kids for some people full stop, doesn't it?*

Many different personal preferences were mentioned by participants, which were often contradicted by the preferences of other people in the group. For example, opinion was divided on whether:

- having no monthly period was a negative or positive effect of LARC;
- having a contraception method you did not need to take every day was reassuring or worrying and;
- which LARC methods would be painful or unpleasant to be inserted/administered.

*- See I think the opposite...I think like with a pill you know you are taking it...like I think... [the implant] you don't know if it's working  
- But there is no chance that you could ever forget to put it in your arm...it's always there*

All four participants who already had children had discussed LARC with a midwife or nurse and three of them were using LARC. This indicates that teenage mothers are being successfully targeted with information and access to LARC.

Participants felt that the majority of media representation of contraception focuses on condom promotion and the contraceptive pill.

Participants believed if there was more representation of LARC methods in soap operas, reality TV programmes and other programmes aimed at young women, awareness could be raised. Some participants believed if LARC was shown on TV more regularly it would encourage young women to ask their GP or Brook nurse about the methods.

Magazines were discussed as a good channel to communicate messages about LARC to young women. Two groups discussed how information about other contraception and LARC should be included alongside articles on sexual positions in women's magazines.

More information, including the full findings and recommendations, can be found at:

<http://tinyurl.com/mrmyovj>

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## News and events

Sexual Health  
Quarterly Bulletin

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**It Starts With Me summer campaign** Embedding a Life-Course Approach to Transform Health Outcomes for Children & Young People

HIV Prevention England (HPE) has launched the summer instalment of the 'It Starts With Me' campaign focussing on 'Risk Reduction' and 'Increased Condom Use'. HPE has produced a briefing sheet explaining the campaign in more detail as well as advising how to order free resources to support local HIV prevention activities. For more information please click here:

[Campaign briefing - summer 2014](#)

**Tuesday 15th July, Central London**

Whilst child health outcomes in the UK have improved in recent years, they remain poor compared to other European countries. This special symposium offers an opportunity to explore how to improve health and healthcare outcomes for children and young people in the UK. For further details and to book a place please follow the link: <http://www.publicpolicyexchange.co.uk/events/EG15-PPE.php>

**Part of the Picture -**

**LGB drugs and alcohol research**

Part of the Picture presents findings from a five year study by the Lesbian and Gay Foundation (LGF) and the University of Central Lancashire (UCLan) into lesbian, gay and bisexual people's alcohol and drug use. A suite of reports presenting the study's findings and setting out recommendations for policy makers, commissioners and others is now available: [Part of the Picture - findings and reports](#)

**Spotting the Signs**

BASHH and Brook have launched a new child sexual exploitation (CSE) pro-forma to help health professionals dealing with young people who may be at risk of sexual exploitation. The booklet and pro-forma can be viewed here <http://bit.ly/1loWPh9>

**AGC report—Sex, Lives and Commissioning II**

This report from the Advisory Group on Contraception (AGC) offers information on how local authorities are commissioning contraceptive services in England today. It looks at how contraceptive needs are being evaluated as well as funding & delivering open access services. Recommendations are made as a result of findings as to how services can be enhanced to meet the needs of women of all ages. Read the report here:

**New government FGM poster campaign**

The Home Office has launched a new poster campaign urging mothers and carers who suspect a girl in their community is at risk of female genital mutilation (FGM) to call the NSPCC's dedicated helpline for advice and support. Online advertising will also target professionals such as doctors, teachers and midwives reminding them of their role in helping prevent FGM. Find out more here: <http://medfash.createsend1.com/t/r-l-xhdhrz-l-jk/>  
**GOV UK - new FGM campaign - June 2014**