



World Bank



FEMALE GENITAL MUTILATION/CUTTING IN SOMALIA



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Acronyms and Abbreviations

AID	.Association for Integration and Development
AIDOS	.Italian Association for Women in Development
AIDS	.Acquired Immune Deficiency Syndrome
BCC	.Behaviour Change Communication
BCI	.Behaviour Change Intervention
CARE	.Cooperative for Assistance and Relief Everywhere
CBO	.Community-Based Organization
CEOSS	.Coptic Evangelical Organization for Social Services
COGWO	.Coalition for Grassroots Women Organizations
DHS	.Demographic Health Survey
FAO	.Food and Agriculture Organization of the United Nations
FC	.Female Circumcision
FGC	.Female Genital Cutting
FGM/FGC	.Female Genital Mutilation
GC	.Genital Cutting
GECPD	.Galckayo Education Center for Peace and Development
HAVOYOCO	.Horn of Africa Voluntary Youth Committee
HMIS	.Health Management Information System
IEC	.Information, Education and Communication
IFRC	.International Federation of Red Cross and Red Crescent Societies
IPPF	.International Planned Parenthood Federation
IRC	.International Rescue Committee
KAPB	.Knowledge Attitudes, Practices and Beliefs
LICUS	.Low-Income Countries Under Stress
MCH	.Mother and Child Healthcare
MYWO	.Maendeleo Ya Wanawake Organization
NCA	.Norwegian Church Aid
NGO	.Non Governmental Organization
NPA	.Norwegian People's Aid
PATH	.Program for Appropriate Health Technology
PBUH	.Peace Be Upon Him
PSA	.Puntland Student Association
PYA	.Puntland Youth Association
RAINBO	.Research, Action and Information Network for Bodily Integrity of Women
REACH	.Reproductive, Education and Community Health Project
RH/FP	.Reproductive Health / Family Planning
SACB	.Somalia Aid Coordination Body
SFHCA	.Somalia Family Health Care Association
TBA	.Traditional Birth Attendant
U.N.	.United Nations
UNDP	.United Nations Development Program
UNFPA	.United Nations Population Fund
UNHCR	.United Nations High Commission for Refugees
UNICEF	.United Nations Children's Fund
UNIFEM	.United Nations Women's Fund
USAID	.United States Agency for International Development
WAWA	.We Are Women Activists
WFP	.World Food Program
WHO	.World Health Organization
YES	.Youth Employment for Somalia

Foreword

The World Bank and the United Nations Population Fund (UNFPA) are pleased to present this assessment of female genital mutilation (FGM)/female genital cutting (FGC) programs in Somalia as a framework for intervention. This report resulted from consultations with various stakeholders in Nairobi and Somalia. It represents the first attempt in assessing the progress made towards the eradication of FGM/FGC in Somalia.

The report highlights the enormous cost and high prevalence of FGM/FGC in Somalia. It explores the health, religious, cultural, economic and human rights perspectives of FGM/FGC. It captures responses from Somalis, civil society, communities, regional authorities and global partners. Since FGM/FGC is deeply engrained, innovative traditional measures are required to initiate behaviour change. The report examines ways of achieving such changes. The lessons learnt from FGM/FGC programs provide the basis for targeted and strategic follow-up initiatives to hasten its eradication.

The World Bank and UNFPA have actively supported the global fight against FGM/FGC, which undermines women's health and well-being. Both institutions believe that where FGM/FGC is universal, it should be integrated into reproductive health, education and social protection strategies.

Recommendations outlined here, particularly the six critical foundations necessary for the successful implementation of an FGM/FGC program, should be useful to those fighting against FGM/FGC. We hope the report will provide strategic and long-term interventions, which will ultimately eliminate FGM/FGC in Somalia.



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Acknowledgments

This assessment report of FGM/FGC eradication programs in Somalia is the outcome of extensive consultations with partners from Northwest/Somaliland, Northeast/Puntland and Central and Southern Somalia, nongovernmental organizations (NGOs), community-based organizations (CBOs), regional authorities and international partners.

The report grew from the collaborative effort of the World Bank and UNFPA, who envisioned a joint assessment of FGM/FGC eradication programs and activities in Somalia as a guide to their current and future interventions.

Our gratitude goes to the World Bank – Makhtar Diop, Country Director for Kenya, Eritrea and Somalia and Dr. Khama Rogo, Lead Specialist World Bank and to UNFPA – Fama Ba, Director of the Africa Division, Dr. Akinyele Dairo, Senior Advisor and Dr. Uche Azie, Director of CST/Harare for providing the vision. We are grateful for the guidance and facilitation of Priya Gajraj, Somalia Coordinator at the World Bank. Jacqueline Desbarats and Jeylani Dini of UNFPA Somalia, Sylvia Danailov of UNICEF and Isabel Candela of NOVIB (Oxfam Netherlands) offered valuable support to the assessment team. We thank Shamis Salah, Program Assistant at the World Bank, for her administrative support.

We acknowledge agencies represented in the Somalia Aid Coordination Body for providing valuable feedback, lists and contact persons of local and international bodies involved in FGM/FGC eradication. We are indebted to various stakeholders, regional authorities, religious leaders, women's organizations, youth groups, traditional birth attendants, doctors, nurses, international organizations, the United Nations (U.N.) agencies in Somalia who shared their strategies, experiences, and challenges in the campaign against FGM/FGC. Our thanks extend to all partners in Central and Southern Somalia who provided feedback.

We thank Ms. Hawa Mohamed, Executive Director of Galckayo Education Center for Peace and Development, who met the assessment team in Garowe and Mr. Osman Mohamed (Shuke), Executive Director of the Puntland Development Research Center, who mobilized women and youth groups while providing insight into Somali culture. Mr. Shuke offered invaluable information on the interaction between the Xeer (Somali customary law), Sharia (Islamic law) and secular laws and how they affect the FGM/FGC discourse. The commitment from all these partners to save Somali girls and women from the devastating effects of FGM/FGC was truly inspirational.

Lastly, we thank all persons who commented on the report and whose wisdom is incorporated here.

The assessment team—Dr. Asha A. Mohamud, Adolescent Sexual and Reproductive Health Specialist, African Youth Alliance Project, UNFPA Country Support Team, Zimbabwe & Agnes McAntony, Consultant, World Bank

Executive Summary

Between 100 and 140 million women and girls have undergone mutilating operations on their external genitalia, suffering permanent and irreversible health damage. Every year, two million girls are subject to mutilation, which traditional communities call "female circumcision" and the international community terms "female genital mutilation" (FGM), or "female genital cutting" (FGC). FGM/FGC inflicts serious physical, psychological and sexual complications on women and girls.

FGM/FGC has relentlessly been condemned by the U.N. and the international community. It was denounced by the U.N. in 1952, at a World Health Organization Regional meeting in Khartoum, in 1979, and in a 1984 conference in Senegal, which was attended by members from 20 African countries.

The 1993 Vienna U.N. Convention on Human Rights declared that:

"The World Conference supports all measures by the United Nations and its specialized agencies to ensure the effective protection and promotion of human rights of the girl child. The Conference urges States to repeal existing laws and regulations and remove customs and practices which discriminate against and cause harm to the girl child."

The Platform of Action of the 1995 World Conference on Women also urged governments, international organizations and nongovernmental organizations to develop policies and programs to eliminate FGM/FGC and all forms of discrimination against the girl child.

It is estimated that 98 percent of Somali women and girls have undergone some form of genital mutilation. About 90 percent have been subjected to the most drastic form (type III or Pharaonic circumcision – see definitions in section 2.1.2). Since the 1991 collapse of its central government, Somalia has lacked established institutions, infrastructure, human resources and a secure environment suitable for development programs.

Despite a harsh and uncertain environment, a vibrant civil society has been born in Somalia. Hundreds of NGOs, including women and youth groups, are actively involved in assisting victims of war, displaced persons, ethnic minorities, orphans, returned refugees, drought-stricken nomads and rural communities. These civil society groups receive significant humanitarian and development assistance from U.N. agencies and 40 international NGOs¹ operating in Somalia. The Somalia Aid Coordination Body (SACB) was established to coordinate and facilitate information sharing among donor agencies, mostly based in Nairobi, Kenya. FGM/FGC eradication programs and activities are coordinated through the SACB FGM/FGC Task Force, which meets every month.

This assessment is aimed at guiding the World Bank, UNFPA and their partners in current and future anti-FGM/FGC initiatives. Programmatic and policy issues which emerged during the assessment are reflected in the relevant sections of the report. The following are key issues and recommendations:

¹ Somalia Human Rights Report, NOVIB Somalia, 26 February 2003.

Global Partners and Civil Society Responses

Issue I. *FGM/FGC eradication activities are mostly short term, small scale, and ad hoc in nature.*

Recommendation 1: *International donors need to raise funds for supporting projects, which last five years and above. They should also be committed to releasing funds annually to guarantee satisfactory performance ratings.*

Recommendation 2: *International donors should develop a joint strategic framework for FGM/FGC eradication. They should support components of the program, which cover all successful aspects of anti-FGM/FGC foundations. This may require donor meetings to develop a framework, targeting the use of current resources, roles, responsibilities as well fundraising and program strategies.*

Recommendation 3: *International donors need to continue their coordination efforts at the global level while improving local coordination and sharing of resources.*

Issue II. *Despite significant interest and action against FGM/FGC among the Somali NGOs, networks and volunteers, there is limited technical capability in the design, implementation and evaluation of anti-FGM/FGC programs.*

Recommendation 1: *International donor agencies should develop and implement a capacity-building plan for staff and volunteers of women's and youth organizations involved in FGM/FGC eradication programs. This plan should include areas such as strategies and lessons learnt, behaviour change, communication, advocacy, skills and participatory facilitation techniques.*

Recommendation 2: *International-funding agencies should expose Somali activists – men, women and youth – to current literature and best practices in global anti-FGM/FGC initiatives. They should also fund study tours to successful programs such as the Tostan project in Senegal and Maendeleo Ya Wanawake Organization's project in Kenya. Somali religious leaders should join the tours to meet with their global peers and scholars opposed to FGM/FGC. They should visit Muslim countries that do not practice FGM/FGC. This will enhance an understanding that FGM/FGC is not an Islamic requirement.*

Recommendation 3: *Anti-FGM/FGC activist organizations should organize consensus-building meetings for their own staff, volunteers, consultants and medical doctors to discuss key messages related to FGM/FGC eradication in their programs. Similar meetings are essential for members of the umbrella networks to unify the voices of change.*

Recommendation 4: *In order to bring about credible change in communities and influence staff and volunteers, NGO leaders and activists should not circumcise their own daughters.*

Recommendation 5: *Anti-FGM implementers should weigh the options of whether to link or de-link FGM and HIV/AIDS prevention and awareness-raising programs. This is because it is a challenge for the reproductive health program to advocate for stopping of circumcision on one side and then to promote condom use for HIV and AIDS prevention when the two issues play upon the community's underlying fears about alleged uncontrolled sexuality. Additionally, both issues need innovative strategies and in-depth attention which can be hampered by pushing them together as is currently being reported in the field.*

Response from Regional Authorities²

Issue: *Representatives from Ministries of Health and other agencies complained that although some NGOs and community-based organizations (CBOs) lack the capacity and expertise to fight FGM/FGC, they are more likely to get support from international donor agencies.*

² The report uses the term "regions" to designate Northwest (Somaliland), Northeast (Puntland), and Central and Southern because of common usage and readability and is not an indication of any position on the part of the World Bank regarding this issue. The World Bank follows the United Nations in adhering to the principle of territorial integrity of Somalia and it therefore considers Somalia a single entity.

Recommendation 1: *International-funding agencies should encourage Ministries of Health and other regional governmental agencies to coordinate and supervise anti-FGM/FGC and HIV/AIDS prevention programs. To improve collaboration, their capacity should be enhanced and action plans financially supported as components of anti-FGM/FGC interventions.*

Recommendation 2: *International development and funding agencies should assist staff of regional authorities to draft policy, legal documents, counseling and treatment guidelines for FGM/FGC survivors and enhance the protection of the rights of women and girls. Legislation to promote gender equity and equality while eliminating harmful customary practices should be adopted.*

Response from Communities

Issue: *Anti-FGM/FGC behaviour change interventions need interpersonal channels of communication to support mass media or general public education methods. To uproot a deeply engrained cultural practice like FGM/FGC, media should play an effective role in raising awareness and promoting role models.*

Recommendation 1: *Initiate community-based interventions using participatory learning and action processes, preferably in communities where other development interventions have already been introduced (water, sanitation, clinics, and schools) and building rapport between community leaders and development agencies (national and international). The utilization of the PEN-3 method aimed at analyzing cultural practices (see section 3.5.5) should be ensured, and traditional methods of community dialogue and conflict mediation techniques used.*

Recommendation 2: *Develop appropriate training software, in local languages, which will include curricula, facilitators' guides, presentation materials, videos and fact sheets. There should be tested and, based on their success, replicated in various communities.*

Recommendation 3: *Train competent facilitators to support both national and community-based interventions.*

Lessons Learnt and Best Practices

A successful anti-FGM/FGC movement must have the following six basic foundations:

- Strong and capable institutions implementing anti-FGM/FGC programs at the local, national and regional levels.
- A committed government which supports FGM/FGC eradication with positive policies, laws and resources.
- Institutionalization of FGM/FGC in national reproductive health, education/literacy and development programs.
- Trained staff that can recognize and manage the physical, sexual and psychological complications of FGM/FGC.
- Coordination among governmental and nongovernmental agencies at the local, national, regional and international levels.
- An advocacy movement, which fosters a positive political and legal environment and increases support for programs and public education.

Program implementers must be competent and capable of designing, implementing and evaluating systematic and research-based anti-FGM/FGC interventions. They should target audiences and communities in accordance with their stages of new behavioral adoption.

Issue: *Based on the six basic foundations, many organizations in Somalia have made great progress in the fight against FGM/FGC. Others remain at the rudimentary stage. Many women and youth organizations are committed to the campaign. At the regional and sub-regional levels, groups focus on*

women and girls' issues, public education, human rights and literacy. However, most need capacity strengthening in research, advocacy, treatment of complications, evaluation of data and influencing behaviour change.

Recommendation 1: *Anti-FGM/FGC implementers and donor agencies should build on the six critical foundations necessary for a successful anti-FGM/FGC movement.*

Recommendation 2: *Anti-FGM/FGC programs should be research-based, systematically designed and with short- and long-term objectives.* To achieve these objectives, it is imperative to integrate an FGM/FGC module into periodic national surveys such as the demographic health survey (DHS) and censuses. It is essential to conduct targeted research and evaluation studies, synthesize findings and emerging best practices and lessons learnt.

Recommendation 3: *Program implementers must ensure crucial anti-FGM/FGC messages respect community peculiarities and are consistent, flexible and innovative.* To ease tension between those advocating for the total eradication of FGM/FGC and those advocating for cutting lesser amount of tissue to reduce medical complications, training and consensus building among implementers is imperative.

Recommendation 4: *Attractive, easy-to-use, and research-based training and educational materials are required to support local, regional, and national interventions.* Current educational materials focus specifically on the health and religious aspects of FGM/FGC. Current materials do not address ethical, human rights, economical and cultural dimensions and myths and misconceptions about women's sexuality and human rights. Such materials cannot dismantle the "Mental Maps" or belief systems or convince communities to decide against the practice.

Recommendation 5: *Program implementers should base their priorities on cost-effective community and audience selection strategies and on the community's stages of new behaviour adoption.* Program implementers should prioritize audiences according to their knowledge, attitude and practice levels. They should focus on the educated and urbanized that are likely to change. Those who changed earlier can positively influence immediate and extended families, clan members and rural and nomadic folk.

Recommendation 6: *Anti-FGM/FGC program implementers and donors should establish easily accessible counseling and treatment services for women suffering from FGM/FGC-related complications.* Most health providers attempt to treat the physical FGM/FGC complications but they lack specialized training to handle sexual and psychological issues. A few experts need to be identified, supported and assisted in clinical training, fistula repairs, de-infibulation, removal of abscesses and cysts and reconstructive surgery.

Recommendation 7: *Donors and implementers should make concerted efforts to reverse the medicalisation of FGM/FGC. They should offer comprehensive anti-FGM/FGC training for health providers involved in-service and pre-service activities.* Training programs should address the health, sexual, psychological, cultural, legal and ethical complications of FGM/FGC. A successful program implemented in Kenya's Nyamira District, showed that with a comprehensive approach, health providers could stop circumcising their own daughters and daughters of others and bring about behaviour change in the community.

Recommendation 8: *Anti-FGM/FGC program planners and donors should develop intervention packages, which can be implemented through demonstration projects.* Well-designed and evaluated innovative demonstration programs can help generate successful lessons that can be infused into national and regional level, thus hastening the elimination of FGM/FGC.

Chapter 1



Photo courtesy of: UNDP, Somalia.

Introduction

1.1 Background

Somalia is one of the poorest countries in the world. Civil strife and clan battles followed the 1991 overthrow of Siyaad Barre. State failure has had a devastating and profound impact on Somalia's human development, with collapsed political institutions and a decayed social and economic infrastructure.

Somalia's victims of war, hunger stricken rural and nomadic people folk, internally displaced persons, ethnic minorities, orphans and returned refugees, have been exposed to debilitating conditions. Thousands of women and girls have been exposed to poverty and harmful cultural practices. However, hundreds of Somali nongovernmental organizations, women and youth groups have played a critical role in assuaging this suffering. These Somali civil society institutions receive significant support from U.N. agencies and some 40 international NGOs³ still operating in Somalia where they provide humanitarian and development assistance. Despite substantial gains in critical sectors such as health, education, water and sanitation, socio-economic indicators reveal that the situation remains below pre-war levels as shown in the table below.³

SOMALIA AT A GLANCE (Estimates) ⁴	
Estimated population	Somalia (Million) 6.8 (7.5, pre-war)
	Urban (%) 34 (23.5)
Unemployment status (%)	Somalia 47.4
	Urban 61.5
	Rural and nomadic 4.7
Per capita household income (\$)	Somalia 226
	Urban 291
	Rural and nomadic 195
Adult literacy (1%)	Somalia 19.2 (24)
	Urban 34.9
	Rural and nomadic 10.9
Gross Primary school enrolment rate (%)	Somalia 16.9
	Boys 20.8
	Girls 12.7
Population with access to at least one available and affordable health facility (%)	Somalia 54.8 (28)
	Boys 62.7
	Girls 36.4
Population with access to safe (treated) water (%)	Somalia 20.5 (29)
	Urban 53.1
	Rural and nomadic 4.1
Population with access to sanitation (means of excreta disposal, %)	Somalia 49.8 (18)
	Urban 93.0
	Rural and nomadic 28.2
Housing characteristics/structure (%)	Permanent 24.1
	Semi- permanent 56.5
	Temporary 19.3
No. of radios per 1000 population	Somalia 98.5 (4)
	Urban 139.0
	Rural and nomadic 78.2
Distribution of children born by place of delivery (%)	At home 88.2
	Hospital 8.8
	Other 2.2
	No response 0.8
Distribution of children born by source of assistance (%)	TBA 53.8
	Family member 18.7
	Nurse/midwife 22.6
	Doctor 2.2
	Self 1.3
	No response 1.4
Women's participation in household decision making (%)	Educating children
	Make decisions 18
	Consulted in decision making 63
	No role in decision making 14
	No response 4

1.2 Justification

FGM/FGC is a traditional practice in which part of or the entire external female genitalia is removed. Some communities refer to it as female circumcision (FC). The severe effects of FGM/FGC on the health of girls and women have been widely documented. FGM/FGC results in complications at birth for both mother and child, sometimes leading to death.⁵ The United Nations Children's Fund (UNICEF) estimates that FGM/FGC, which is a common practice in Somalia, covers 98 percent of the total female population.⁶ The practice has strong repercussions on the health of women and on the social, political and economic fabric at the individual and community levels.

FGM/FGC eradication programs which started in the early 1980s, collapsed with the 1991 fall of the Somali government. Since then, international NGOs, Somali organizations and donor agencies have reinitiated program activities throughout Somalia. However, questions remain about the level of coverage, strategies, messages used, the overall effectiveness of projects and activities and what lessons learned and best practices have emerged.

This assessment of FGM/FGC eradication programs in Somalia, jointly initiated by the World Bank and UNFPA, aims at guiding current and future program efforts of both organizations. The two organizations have been actively involved in the global fight against FGM/FGC. The Bank believes that anti-FGM/FGC initiatives should be integrated into reproductive health, education, social protection and rural development strategies. UNFPA has made FGM/FGC eradication part of its mandate in implementing the 1994 International Conference on Population and Development (ICPD) Program of Action. UNFPA supports FGM/FGC eradication programs in most of the 28 African countries where FGM/FGC is practiced. This includes the innovative Alternative Rites of Passage Programs in Kenya and the REACH project in Uganda. Both institutions are members of the FGM/FGC Task Force of the Somali Aid Coordination Body (SACB).⁷ This joint assessment builds on their ongoing work in the areas of health and HIV/AIDS in Somalia.

1.3 The Assessment: Its Purpose and Objective

The purpose of the assessment was to undertake an appraisal of FGM/FGC programs and activities in Somalia. It was specifically expected to:

- Undertake an in-depth review of the FGM/FGC practice in Somalia, including responses from regional authorities, communities, civil society and international partners.
- Examine projects that are undertaken on FGM/FGC in Somalia by Somalis and the international community and then extract best practices.
- Assess opportunities as well as constraints for engagement on FGM/FGC issues in Somalia.
- Recommend potential areas where the Bank and UNFPA may improve and/or engage to support the elimination of FGM/FGC in Somalia.

The study paid close attention to community-based mechanisms or approaches used in Somalia to address FGM/FGC and assess their success rates.

³ NOVIB, 2003. Somalia Human Rights Report.

⁴ World Bank/UNDP-Somalia, 2003. Social Economic Survey.

⁵ World Bank. "Ending Female Genital Cutting: The Bank's Role."

⁶ World Vision update. July 2004.

⁷ SACB, 2004. Somali Aid Coordination Body Handbook, page 4. SACB Constitutional Documents.

1.4 The World Bank in Somalia

The World Bank included Somalia as one of the four pilot countries in the Africa region for the Low-Income Countries under Stress (LICUS) initiative. The program seeks to provide proactive support through partnerships to countries with extremely weak policies, institutions and governance.

In June 2003, a joint World Bank/United Nations Development Program (UNDP) country re-engagement note was formulated and endorsed by the Bank's Board of Directors. The strategy aims at laying the initial framework for long-term engagement in Somalia. It will also facilitate institutional and policy changes while improving basic social outcomes. The initiative focuses on four carefully selected areas of reform and uses key agents of change, particularly the private sector. The four identified strategic entry points for reengagement are: (a) support to macroeconomic data analysis and dialogue; (b) creating an enabling environment for the livestock and meat industry; (c) coordinated action plan to address HIV/AIDS; and (d) capacity building for skill development and centers of training. These are being implemented by U.N. agencies and international NGOs. The Bank is exploring support to FGM/FGC eradication activities.

1.5 UNFPA in Somalia

Since resuming its support to Somalia in early 1995, UNFPA has continued to expand its partnership and collaboration with relevant partners in executing different projects in core sectors. For instance:

- In 1995, UNFPA financed two reproductive health and family planning projects, which were executed by the World Health Organization (WHO) and the International Planned Parenthood Federation (IPPF). The projects' activities included rehabilitation of health facilities, provision of basic reproductive health and family planning services and training of health professionals and traditional birth attendants (TBAs).
- In 2003, UNFPA supported six core sector projects: four in reproductive health and HIV/AIDS, one in data collection and analysis and one in advocacy and capacity building. Integrated into UNFPA's reproductive health and advocacy programs are advocacy, creation of awareness and community dialogue, behaviour change, HIV/AIDS and the eradication of FGM/FGC.
- UNFPA currently co-funds the five-year Well Women Media Project (Sahan Saho), which is broadcast over the BBC Somali service. It targets the Somali-speaking Horn of Africa (Somalia, Djibouti, North-eastern Kenya and Zone five in Ethiopia). Implemented by Health Unlimited, the program utilizes a drama and magazine format and disseminates messages on reproductive health, HIV/AIDS prevention, stigma reduction and elimination of FGM/FGC.

1.6 Assessment Methodology and Process

The assessment team utilized the following methods of information gathering:

- Literature review of organizational profiles, reports, strategy papers and educational materials such as videos.
- Meetings with members of the SACB in Nairobi: World Bank, UNFPA, UNIFEM, UNICEF, NOVIB (Oxfam Netherlands), Norwegian People's Aid (NPA), Norwegian Church Aid (NCA), World Vision, Cooperative for Assistance and Relief Everywhere (CARE), the International Federation of Red Cross and Red Crescent Societies (IFRC) and SACB FGM/FGC task force.
- Field visits to Somaliland and Puntland (Hargeysa, Bossaso, and Garowe) and series of meetings with international and national NGOs and CBOs, umbrella women and youth organizations, TBAs; and circumcisers, religious persons, health providers, tutors from four nursing schools, teachers in non-formal schools and government authorities from the Ministries of Health.
- For the south and central zone, the assessment team met with national and international NGOs and U.N. agencies, national NGO focal persons and tutors from two nursing schools who are also members of the professional nursing association in Mogadishu. Given the difficulty in accessing

this part of Somalia, the team communicated extensively with local agencies through email and telephone and reviewed documents, activity reports and studies.

- A debriefing meeting was held for the SACB FGM/FGC task force members following field visits. Comments were incorporated into the report.
- Presentation of various versions of the report to the World Bank and UNFPA staff and incorporation of their comments.

This report is heavily informed on the methodology by a WHO dossier, *Female Genital Mutilation: What Works and What Doesn't: a Review*, compiled and edited by Dr. Asha Mohamud with the assistance of two other colleagues.⁸

1.7 Structure of the Report

The report comprises a background, major findings, key issues, recommendations and four annexes. Annex I provides detailed profiles of the partners, their FGM/FGC eradication-related activities and strategies. Annex II details a bibliography containing brief summaries of FGM/FGC-related materials that were reviewed for the assessment. Annexes III and IV contain the agenda for the assessment and the list of persons interviewed.

1.8 Limitations of the Assessment

The study is not inclusive of all FGM/FGC eradication activities in Somalia since there was a limited time frame and access for the field visits, interviews and document review. Due to lack of access to organizations in South and Central Somalia, the team relied on basic information to make objective judgments of their true experiences and lessons learned. Therefore, the findings should be viewed as work in progress. Future in-depth assessments, further observation of actual field activities of the agencies visited and interviews with various program beneficiaries will provide a more comprehensive review.

⁸ Mohamud, Ali, and Yinger, 1999. "Female Genital Mutilation: Programs To Date: What Works and What Doesn't." Department of Women's Health, WHO.

Chapter 2



Photo courtesy of: UNICEF, Somalia.

2. Background on FGM/FGC in the Somali Context

2.1 Brief Background on FGM/FGC in Africa and in the Somali Context

2.1.1 The practice of FGM/FGC

Many women and girls suffer permanent and irreversible damage to their health and well-being with two million girls being subjected to it annually. Most survivors of FGM/FGC live in 28 African countries including Somalia. They are also found in the Middle East and Asia. Others live among immigrants in Europe, Australia, Canada and the USA.⁹ Unless effective interventions are found and communities convinced to abandon the practice, this archaic and harmful culture will continue to thrive.¹⁰ Despite efforts by national and international organizations, strategies used in combating FGM/FGC must be improved to eradicate it.

2.1.2 Definition, classification, and terminologies

According to WHO, FGM/FGC comprises all procedures involving partial or total removal of the external genitalia or injury to the female sexual organs. This could be either for cultural, religious, or other non-therapeutic reasons. The WHO classifications of the different types of FGM/FGC practiced today are shown in box 1. A discussion on terminology is found in box 2.¹¹

Box 1. Types of FGM/FGC¹²

Type I	Excision of the prepuce, with or without excision of part or all of the clitoris.
Type II	Excision of clitoris with partial or total excision of the labia minora.
Type III	Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening
Type IV	(infibulation). Pricking, piercing or incising of the clitoris and/or labia. Stretching the clitoris and/or labia. Cauterization by burning of the clitoris and surrounding tissue. Scraping of tissue surrounding the vaginal orifice (<i>anguriya</i> cuts) or cutting of the vagina (<i>gishiri</i> cuts). Introduction of corrosive substances or herbs into the vagina to cause bleeding or for the purpose of tightening or narrowing it. Any other procedures that fall under the above definition.

Type II or excision of the clitoris accounts for 80 percent of all operations in Africa. Among Somali and Sudanese women, 80 to 90 percent undergo type III or infibulation, which accounts for only 15 percent of cases in Africa. Ethnic Somalis in Kenya and Ethiopia practice infibulation which is also common among other ethnic groups in Ethiopia and Eritrea. At times, the tissue cut during infibulation is equated with that removed in simple vulvectomy, indicated in some lesions that are not amenable to conservative surgery, such as extensive micro-invasive cancer of the vulva.¹³

⁹ UNICEF ESARO. June 1996, "Female genital Mutilation; Brainstorming meeting". Nairobi.

¹⁰ Mohamud, Ali, and Yinger, 1999. "Female Genital Mutilation: Programs To Date: What Works and What Doesn't." Department of Women's Health, WHO. Geneva.

¹¹ WHO, 2000. Fact Sheet No. 241, June. Geneva.

¹² No official definition of FGC was found, but rather references to it as synonymous with FGM/FGC.

¹³ Karim, Dr. Mahmoud, 1995. "Circumcision and Mutilations of Males and Females: Medical Aspects."

Box 2. The question of terminology

Controversy and questions of terminology have pervaded the history of the FGM/FGC eradication movement. The term "female circumcision" (FC) was questioned and discarded. It was seen as equating FGM/FGC with male circumcision, a less harmful operation. At a WHO meeting in the late 1980s, African women activists and the international community, agreed to use the term "female genital mutilation" (FGM). Nevertheless, many agencies considered it value-laden and judgmental. Although lacking consensus and similarly value-laden, some agencies have adopted "female genital cutting" (FGC) as a more neutral term.

In a recent SACB HIV/AIDS working group meeting, the terminology issue (FGM vs. FGC, and eradication vs. abandonment) was extensively discussed. It was resolved that SACB continues use of FGM and eradication as endorsed by the 2002 Addis Ababa Declaration. FGC, it was argued, does not capture the severity of the practice and may create complacency. SACB members also agreed to monitor international consensus on FGM-related terminology.

All international declarations and consensus documents, human rights conventions, international agencies and the U.N. General Assembly statements and documents, use the term FGM. Most of the Laws enacted by 14 African countries and 10 industrialized countries also use the term FGM. The Inter-African Committee on Harmful Traditional Practices (IAC), which has chapters in all countries with FGM prevalence, re-affirmed the use of FGM during their International Conference on Zero Tolerance for FGM held in Addis Ababa in February 2003.

As parents intend to circumcise their daughters by using a procedure which involves cutting normal genitalia (FGC) leading to the medically confirmed outcome of female genital mutilation (FGM), and because most agencies currently working in Somalia and SACB use the term FGM, the terms FC, FGC, and FGM will be used interchangeably in this report.

SACB Statement on FGM/FGC Eradication¹⁴

Definition

FGM constitutes all procedures, which involve partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or any other non-therapeutic reasons.

Statement

The concern with FGM is based upon recognized human rights standards and the health consequences, which vary in gravity according to the extent and nature of the procedure but which constitute, even in its milder forms, an unacceptable violation of human rights.

While the international community is committed in respecting cultural differences, it is vital to support the efforts of active members of the Somali community in sending a clear and unambiguous message that FGM is universally unacceptable. It is an infringement on the physical and psychosexual integrity of women and girls and constitutes violence against them.

With this purpose we state that:

- We are committed to support the Somali community in the total eradication of all forms of FGM/FGC.
- We agree to stop using the word "*Sunna*" to wrongly describe practices involving the partial or total removal of tissue or clitoridectomy, as this could provide a false sense of religious justification to a practice that has none.
- We oppose any form of medicalisation of the practice as an inappropriate strategy, as this legitimizes, reinforces and endorses its continuation.

We therefore resolve to:

- Join the efforts of active members of the Somali community in advocating for the total eradication of all forms of FGM in all territories inhabited by Somali people.
- Develop better understanding of the social and cultural origins, long standing beliefs and attitudes related to this practice.

¹⁴ SABC 2004. "Statement on FGM/FGC Eradication." SABC. Nairobi, Kenya.

- Promote an approach based on dialogue and mutual respect with the community, aiming at building bridges for impacting desired attitude change.
- Support local authorities in their endeavors to educate all sectors of the Somali community about the harmful effects of all types of FGM.
- Support local authorities in the creation of an enabling environment where positive social change is possible, including:
 - Legal protection from harmful practices such as FGM, sexual violence and exploitation.
 - Promotion of educational and economic opportunities for boys and girls.
- Call on: health providers, religious and political leaders, elders, teachers, youth, women's groups and the Somali Diaspora to support and participate actively in the total eradication of FGM and its harmful effects.

We appeal

To all Somalis and international partners to provide long term support and funding for the eradication of all forms of FGM wherever the Somali people live.

**An alternative term to 'eradication' is 'abandonment' which similarly points to the cessation of all forms of FGM.*

Endorsed February 6, 2004

2.1.3 Age and type of FGM/FGC and terminology in Somalia

The FGM/FGC qualification age varies from one African country to another. It ranges from infancy in Eritrea, Ethiopia and Mali to seven-month pregnant women in Nigeria. In Somalia, it was traditionally performed in adolescence as initiation into womanhood. However, unlike other parts of Africa, circumcision in Somalia is no longer considered a rite of passage. Girls are now circumcised between the ages of five and eight, often within the privacy of their homes. A recent baseline study conducted by Health Unlimited in Awdal, Somalia and Mandera District in Kenya, confirms five to eight years as the circumcision age range. Hawa Aden of Galckayo Education Center for Peace and Development (GECPD) noted that 100 percent of six to eight year-olds who enrolled in the school system had been infibulated.¹⁵

In most parts of Somalia, traditional circumcisers, *guddaay*, conduct most operations. The number of professional health providers who circumcise girls is also increasing. Interviews with two members of the Professional Nursing Association in Mogadishu revealed that almost all the association's members carry out a "milder form of circumcision" for a fee. They also discourage the work of traditional circumcisers and the Pharaonic FGM/FGC. Complications arising from FGM/FGC are turning more families towards health providers, trained TBAs and nurses who perform whatever type of FGM/FGC parents' desire.

This medicalisation of FGM/FGC started at the dawn of Somalia's independence when a Lebanese medical practitioner, began circumcising girls in Martini Hospital in Mogadishu under sterilized and anaesthetic conditions. He claimed to minimize damage and dangers associated with FGM/FGC. He conducted partial or total clitoridectomies without infibulations for those who demanded "*Sunna*" circumcision. Other health providers emulated him, spreading services to Mogadishu's elite. WHO, UNFPA and UNICEF condemn health providers who perform FGM/FGC.

¹⁵ Personal Communication with Hawa Aden, March 2004

Box 3. Somali terminology for FGM/FGC

Gudniin: Circumcision (referring to all forms of FGM/FGC).

Halalayn: Purification, which also means circumcision (all forms). This name implies that the uncircumcised is perceived as unclean (physically and spiritually) and needs to be purified.

Guddaay: Circumciser.

Gudniin Fadumo: Faduma's circumcision (Prophet Mohamed's daughter's alleged circumcision that refers to infibulation or Pharaonic type. There is no evidence that any of the Prophet's daughters were circumcised, indicating erroneous legitimization of FGM/FGC for Somalis).

Gudniinka fircooniga ah: Pharaonic circumcision meaning infibulation or type III FGM/FGC.

FGM/FGC: Infibulations or gudniinka fircooniga ah (a recent term-99 percent of people interviewed refer to it while discussing FGM/FGC).

Sunna: A variety of operations. These range from pricking the clitoral hood to the partial and total excision of clitoris. Part or complete removal of clitoris followed by sectional excision of labia and suturing two-thirds of the vulva. It also refers to various degrees of cuttings and total suturing of the vulva just as in normal infibulations. This is too general and devoid of the symbolic pricking of the clitoral hood implied by Sunna (following the Prophet's teachings). There is no clear evidence that Prophet Mohamed PBUH endorsed the practice. The term Sunna should therefore be eliminated from the program materials since it erroneously legitimizes FGM/FGC.

2.1.4 Prevalence of FGM/FGC

The occurrence of FGM/FGC in Africa is as varied as the continent's cultural practices. It varies from five percent in Zaire to 75 percent in Mali, and 70 percent in Burkina Faso to 98 percent in Somalia.¹⁶

FGM/FGC is a difficult practice to monitor especially where it operates illegally and underground. However, it is useful to repeatedly measure the national and district-level prevalence rates to check whether the practice is decreasing, stagnating or increasing. A prevalence rate survey carried out in 1993 in Somalia's five major cities showed that 98 percent of Somali women have been subjected to FGM/FGC. Up to 90 percent had undergone infibulation. UNDP and UNFPA have conducted other surveys at the district, national and regional levels and their national data is still being analyzed. NOVIB and NPA are currently designing another national-level study to measure the knowledge, attitudes, practices and beliefs that inform FGM/FGC.

Studies conducted in the Northeast (Puntland)¹⁷ and Northwest (Somaliland)¹⁸ reported a universal practice of FGM/FGC in both urban and rural areas. More than 90 percent of respondents claimed to have undergone the Pharaonic procedure.¹⁹ Another study, "Maternal Morbidity and Mortality in Mudug Region", revealed that 97 percent of respondents had undergone Pharaonic circumcision.²⁰ A 2003 baseline study for the Well-Women Media Project conducted by Health Unlimited in Awdal Region in Somalia and Mandera District in Kenya, showed FGM/FGC prevalence level of 94 percent.²¹

¹⁶ UNICEF ESARO June, 1996. 'Female Genital Mutilation; Brainstorming Meeting'. Nairobi.

¹⁷ Abubakar, 2001. Critical Reproductive Health Project.

¹⁸ Ferguson and Odhiambo, 1999. "Safe Motherhood Baseline Survey." CARE Somaliland.

¹⁹ Cited in "A Report on the Assessment of Level of Awareness in and Discussion on Issues of FGM/FGC, Safe Motherhood and STI/HIV/AIDS among Somali-Speaking Horn of Africa Community." Health Unlimited, 2003. Nairobi.

²⁰ Peters, Annette, 2001. "Maternal Morbidity and Mortality in Mudug Region, Somalia." MSF-Holland.

²¹ Health Unlimited, 2003. "A Report on the Assessment of Level of Awareness in and Discussion on Issues of FGM/FGC, Safe Motherhood and STI/HIV/AIDS among Somali-Speaking Horn of Africa Community." Nairobi.

²² WHO, 2000. Fact Sheet No. 241, June. Geneva.

²³ Health Unlimited, 2003. "A Report on the Assessment of Level of Awareness in and Discussion on Issues of FGM/FGC, Safe Motherhood and STI/HIV/AIDS among Somali-Speaking Horn of Africa Community." Nairobi.

Available data indicates that FGM/FGC does not respect status. A study conducted by the University of Nairobi, covering Northeast and Northwest Somalia, found the same universal practice with little or no difference in prevalence among different socio-economic groups, urban, rural or nomadic settlements.²² The study, which focused on Galbeed, Awdal, Bari, Nugal and Mudug regions among others, showed that it did not matter whether or not respondents were educated. The Awdal and Manderla study also confirmed that there were insignificant variations related to social background such as education, settlement and income when it comes to FGM/FGC.²³

2.1.5 Health consequences of FGM/FGC

Long-term consequences of FGM/FGC include infibulation cysts, keloid scar formation, damage to the urethra resulting in urinary incontinence, pain during sexual intercourse, sexual dysfunction and difficult childbirth, difficult menstrual periods.²⁴ If the operation is conducted in unhygienic surroundings and/or using shared instruments, the victims are exposed to deadly infections like tetanus and HIV/AIDS.

Somalia's rural and nomadic communities have recorded some of the most drastic forms of FGM/FGC. Lack of access to health facilities worsens the complications of FGM/FGC. Somali women undergo the 'three feminine pains': circumcision, wedding and labor. These pains must be endured as an integral part of womanhood (see poems at the end of the report). In reference to pain suffered during the wedding, a young newly wed woman exclaims in poetic Somali:

"My mother is proud of the household items she contributed, my father is concerned with the animals he received and they are oblivious to the knife and suffering inside the hut!"²⁵

More Somalis are questioning this tradition. Awareness programs have exposed the illegitimacy of some of these cultural practices. Clark reported that 92 percent of the 450 women interviewed associated a variety of problems with FGM/FGC. Sixty-nine percent singled out menstrual pains, 50 percent infections, 34 percent bleeding, 32 percent difficult delivery, while 27 percent mentioned painful sexual intercourse.²⁶ In another study on perceived disadvantages of FGM/FGC, while 41 percent respondents saw nothing wrong with the practice, 17 percent mentioned menstrual problems, 13 percent touched on urinary tract infections, 12 percent talked of pain during the circumcision procedure and eight percent cited childbirth problems.²⁷

The respondents in the Awdal and Manderla study cited many FGM/FGC complications: 37 percent irregular and painful menstruation, 30 percent bleeding, 25 percent urinary complications, 20 percent infections and 14 percent prolonged labor. Most studies indicate that urban residents are more aware of the health complications from FGM/FGC than their rural or nomadic counterparts.²⁸ The Awdal and Manderla study revealed that 75 percent of urban women were more likely to recall specific problems encountered, such as pain and bleeding, compared to 60 of the rural women and 56 percent of the nomadic females. Urban women were more specific about the ordeal of their first sex and subsequent sexual experiences. The rural and nomadic women referred to wedding problems and family discord when addressing sex-related issues.

Nevertheless, most people associate FGM/FGC complications only with the Pharaonic circumcision. This might be due to lack of clarity of messages or poor channels of communication.²⁹

²⁴ UNICEF-Somalia/SACB-Health Sector/UNIFEM, February 2001. "Symposium on the total eradication of Female Genital Mutilation". Nairobi.

²⁵ Saying learned when author of this assessment interviewed young married women in Allanfuto, Lower Shabelle, Somalia, 1988.

²⁶ Clark, Damon, and Maureen Malave, 2001. "Maternal and Child Health in Baseline Survey." IRC. Cited on Health Unlimited Baseline Survey of Sahan Saxo-WWMP. Nairobi.

²⁷ Ferguson and Odhiambo, 1999. "Safe Motherhood Baseline Survey." CARE Somaliland.

²⁸ Health Unlimited, 2003. "A Report on the Assessment of Level of Awareness in and Discussion on Issues of FGM/FGC, Safe Motherhood and STI/HIV/AIDS among Somali-Speaking Horn of Africa Community." Nairobi.

²⁹ Kaphle, Shanti, 2000. "Report of Qualitative Research on the Communication Channels in Use in Somalia." UNICEF-Somalia.

2.1.6 Reasons for practicing FGM/FGC and the mental map guiding the assessment³⁰

FGM/FGC is so deeply embedded in society that its elimination requires a clear understanding of the cultural perceptions, and beliefs it feeds on. Since culture is the body of learned beliefs, customs, traditions, values, preferences and codes of behaviour commonly shared among members of a particular community, it becomes the mirror and filter for information and reality. It is the mental map for community survival. Every community member is thus bound by culture. Unquestioningly, men, women, young, old, powerful and powerless, are influenced by it. They share similar mental maps, at times varying and evolving according to education, life experiences, exposure to mass media and other cultures.³¹

Although the origins of FGM/FGC remain blurred, communities that practice it share similar mental maps. They have compelling reasons for eliminating with the clitoris and other external genitalia. All reasons, as indicated in figure 1, fit into an elaborate mental map. The reasons range from spiritual to religious, sociological to hygienic, aesthetic to sexual. The clitoris and female genitalia are considered as ugly, dirty and capable of growing to unsightly proportions and making women spiritually unclean. They are also deemed to prevent women from maturing and rightfully identifying with age-mates, ancestors and the human race. Mythology even has it that the external genitalia can turn birth attendants blind, produce abnormal infants, cause insanity or lead to the death of a husband and a father. They could also grow to unseemly proportions (Mohamud 1997).

Once educated people discard these beliefs, complicated psychosexual reasons emerge focusing on dangers that may befall the girl, her family, potential husband and society, if the genitalia are not eliminated. A young woman's sexuality is therefore to be controlled to save her from becoming oversexed, losing her virginity, disgracing families or failing to get married. A woman is also a cause of mistrust to a potential husband and a threat to the existence of the entire community.

There are community enforcement mechanisms that compel communities to continue the practice of FGM. For example, in Somalia, uninfibulated women are easily divorced while in Kenya and Sierra Leone, there is sworn secrecy among FGM/FGC candidates to bar disclosure of its pain and agony. Somalis also require that those marrying into the communities be circumcised. Songs and poems deriding the uncircumcised are sung during the ceremonies. The fear of god, anger and possible punishment of ancestors is instilled in them. Somalis even have a saying that:

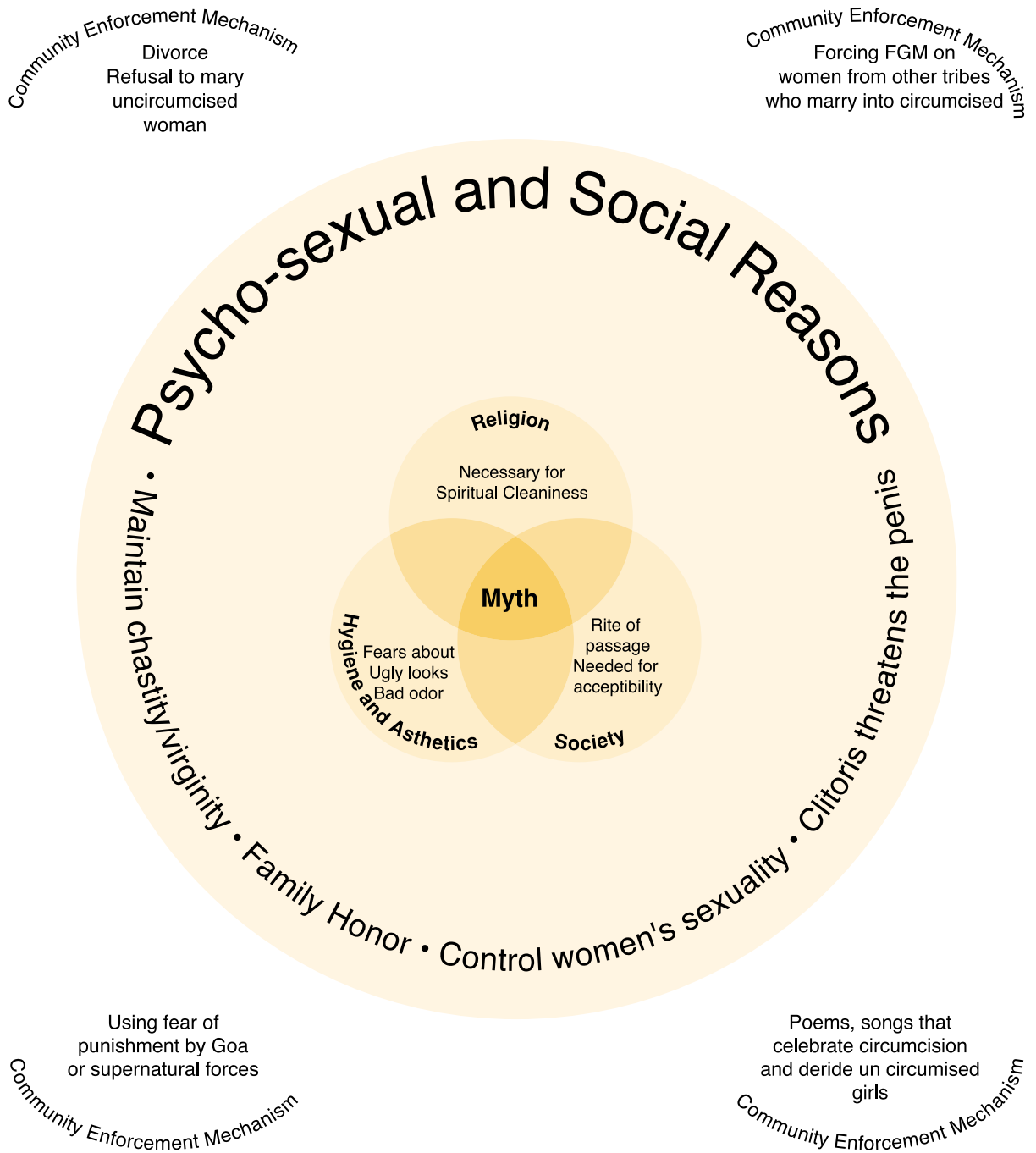
"Caado la gooyo, Carra Allay Leedahay" – meaning, "stopping a tradition brings the anger of God".

The mental map is similar in most of Africa. Some Muslim countries, however, tend to associate FGM/FGC with Islam. In Kenya, Ethiopia, Sierra Leone and Burkina Faso, communities emphasize FGM/FGC as a rite of passage. Eritrea and Nigeria emphasize humanity and mythology respectively. In Nigeria, it is even believed that if the head of a newborn touches the clitoris, it will die. It is clear that for anti-FGM/FGC campaigns to succeed, a deep philosophical and even religious understanding of the entire belief system is necessary.

³⁰ Excerpt from "Female Genital Mutilation: Programs To Date: What Works and What Doesn't." Mohamud, Ali, and Yinger, 1999. Department of Women's Health, WHO. Geneva.

³¹ Crane, Beth, and Asha Mohamud. Communication for Change. A Curriculum for Health Workers and Program Planner Program for Appropriate Technology in Health (PATH). Washington DC.

Figure 1. Why the practice of FGM/FGC continues - Mental Map³²



³² Diagram from "Female Genital Mutilation: Programs To Date: What Works and What Doesn't." Mohamud, Ali and Yinger, 1999. Department of Women's Health, WHO.

Box 4. The *xeero* symbolism in Somaliland

The practice of *xeero* (read as *heero* which means "a bowl" in Somali) symbolizes the difficulty the bridegroom has to undergo in order to have sexual relations with his wife. The *xeero* ceremony usually takes place on the seventh day after the wedding, either in the couple's home or the bride's family home. A bowl containing traditionally preserved meat (*odkac*) and mashed dates is placed in a woven container with a lower and upper part. The bowl is placed in the lower side and covered with the top part. The basket is then dressed up like a woman and tied with a long rope forming multiple loops and knots. During the ceremony, males from the groom's side will attempt to open the *xeero* while following certain protocol. They cannot for instance touch the legs before taking out earrings or exposing the face.

A knowledgeable, stick-wielding woman from the girl's family presides over the ceremony. She hits the hands of any errant man. Those who make mistakes are required to entertain the audience with song, dance, poetry, jokes or a riddle. The groom's male relatives search for individuals who are experienced, talented and knowledgeable in Somali culture to perform leading roles. Clapping of hands, entertainment, and then male relatives remove the *xeero*. The audience is then allowed to eat the goodies from the basket. Some families bring multiple, decorated *xeeros* with abundant edibles (*odkac*) for guests. This exciting event enables families to know each other. It is a highly symbolic occasion. The man figuratively goes through the infibulation barrier to consummate marriage and enjoy sex with his wife.

In most cases in Northern Somalia, however, a midwife may be called to deinfibulate. This occurs once the "virginity" or artificial infibulation scar has been verified. It is believed that it saves husbands from the ordeal or damaging their sexual organs. Other parts of Somalia are replete with tales of men using sharp objects to break the artificial barrier.



Several Xeeros full of Odkac and dates decorated for a wedding in Hargeisa, 3/04

Since the pre-war Somalia, belief systems have been modified to varying degrees by intense information campaigns and interventions that is there is increased knowledge about the practice and changes to attitudes towards it in some communities while others are still in the pre-awareness level. For example, a WHO study involving 1,744 women aged 15 to 49 years in Northeast and Northwest Somalia found that 90 percent of women prefer that FGM/FGC be continued.³²

This overwhelming support for FGM/FGC stems from the following reasons: religion, custom and tradition, preservation of virginity, hygienic reasons, fear of stigma peer pressure and pleasure for husband.³³

In a study in Northwest/Somaliland, 36 percent cited culture and religion as benefits of FGM/FGC while 42 percent saw no benefits. 12 percent thought FGM/FGC prevented premarital sex while 16 percent believed that it enhances beauty.³⁴ The Awdal and Mandera study revealed that 63 percent rural, 56 percent nomadic and 42 percent urban respondents thought FGM/FGC was an Islamic requirement. 53 percent urban, 29 percent nomadic and 27 percent rural respondents denied its linkage to Islam. 73 percent rural, 64 percent nomadic and 54 percent urban respondents said that they planned to circumcise their daughters.³⁵

More than two-thirds of men and 35 percent women said it was a harmful practice, which should be discarded. Urban youth displayed more knowledge on the health effects of FGM/FGC, and the sexuality of women than adults. Many respondents are aware of the dangers of circumcision both at the time of circumcision and the high probability of life long health problems, including prolonged labour and maternal mortality³⁶. Despite the large support for continuation of FGM/FGC especially the *Sunna* type, it is clear that the mental map is shifting. A sustained campaign especially among educated groups and the youth will bring about behaviour change breakthrough in the war against FGM/FGC.

³² WHO, March 2000. 'Baseline KAP survey on Reproductive Health and Family Planning in NE and NW Regions of Somalia'. Nairobi

Nevertheless, anti-FGM/FGC activists must overcome their own values and biases. They must respect Somali culture in order to tackle FGM/FGC. This report attempts to review FGM/FGC eradication programs against the knowledge, commitment, and cultural acceptance of implementers, without which, behaviour change campaigns and interventions may fail.

2.1.7 Behaviour change communication and the conceptual framework for the assessment³⁷

Behaviour change, a complex and difficult objective, is the ultimate goal to eliminating FGM/FGC and other harmful traditional practices. To win the elusive fight against FGM/FGC, information, education and communication strategies have shifted to behaviour change communication (BCC) and behaviour change intervention (BCI).

Traditional IEC activities have focused on promoting, informing, motivating and teaching. They have impacted positively on family planning, child survival, nutrition, and HIV/AIDS. Superficial approaches may segment audiences, focusing on awareness and attitudes rather than behaviour change. Since behaviour is a very individual issue, it might take years to impact on it.

Educational materials need to be appropriately pre-tested and the production of messages should involve target audiences. The old-fashioned style of demanding: "stop circumcising", "use family planning", "AIDS kills", or "plan your family or you will be poor", may no longer work. Clearer and more innovative styles are required.

Implementers also need appropriate training and skill building to help literally and figuratively break barriers that inhibit behaviour change. How for instance do they help to mentally arm parents who are willing to resist circumcising their daughters? BCI recognizes that behaviour change campaigns must be feasible culturally sensitive, multi-faceted and multi-strategic.

In his 1962 *Diffusion of Innovations Theory*, behavioral scientist Everett Rogers postulated that "new ideas/behaviors are not adopted in a single decision and that between awareness of innovations and adoption, there is a complex process". Prochaska et al. described this complex process or the stages of behaviour adoption which includes "pre-contemplation, contemplation, preparation for action, action, and maintenance". If simplified, the steps an individual must take to change behaviour, including awareness, information seeking, personalizing and processing information, examining options, response and decision making, trial, positive reinforcement and group experience sharing (see figure 2).

The decision by anyone to reject FGM/FGC encompasses changes at different levels. It involves recognizing its harmfulness, the power of refusing or making desirable choices and being able to act. Others eventually emulate them. However, the risk of failure is fuelled by community repercussions.

³³ World Vision Somalia, 2003. FGM in Waajid District Bakool Region in Somalia. September.

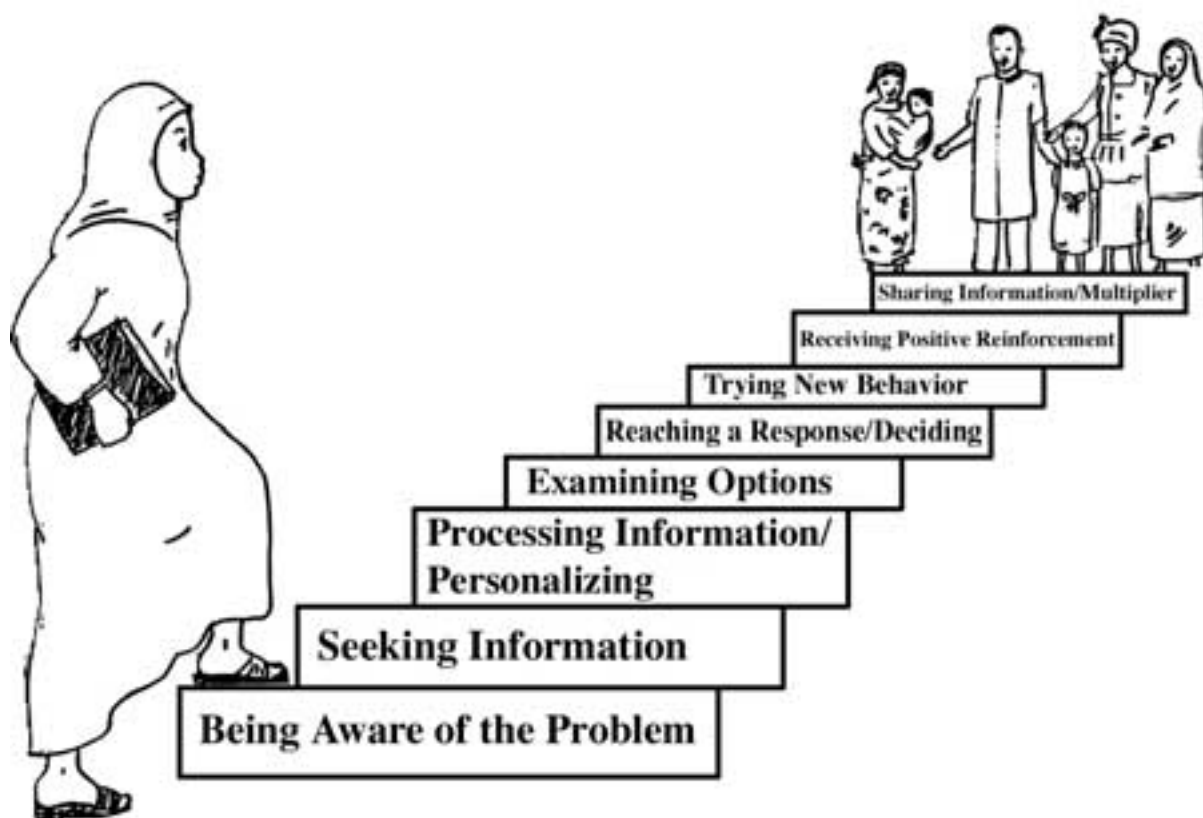
³⁴ Ferguson and Odhiambo, 1999. "Safe Motherhood Baseline Survey." CARE Somaliland.

³⁵ Health Unlimited, 2003. "A Report on the Assessment of Level of Awareness in and Discussion on Issues of FGM/FGC, Safe Motherhood and STI/HIV/AIDS among Somali-Speaking Horn of Africa Community." Nairobi.

³⁶ UNICEF 2002, "Assessing the current status of the Nomadic Population in Somalia". November. Nairobi.

³⁷ Excerpt from "Female Genital Mutilation: Programs to Date: What Works and What Doesn't." Mohamud, Ali, and Yinger, 1999. Department of Women's Health, WHO. Geneva.

Figure 2. Stages of behaviour adoption and change³⁸



Throughout the campaign close attention must be paid to the reception and absorption of messages. In *Diffusion of Innovations*, Everett Rogers suggests the use of the mass media for rapid and effective influence. Through the media, he argues, audiences can accept new ideas (Rogers 1983). However, during the initial stages of campaign adoption, interpersonal channels are more influential. Therefore, communication strategies must merge the use of the media, community or interpersonal interventions to break into difficult groups such as grandparents, traditional leaders and circumcisers.

Old habits die hard. They become even harder to discard if they are culturally rooted. Changing behaviour or attitudes towards FGM/FGC is therefore a Herculean task. It may even be easier to influence people's perception towards family planning, sex, and HIV/AIDS than FGM/FGC. Since FGM/FGC is a communal practice, those willing to discard it meet stiff and hostile resistance. Family and community pressures at times derail the determination to abandon FGM/FGC. This calls for communal decision making and consensus building.

This assessment examines whether anti-FGM/FGC program implementers pay close attention to behaviour change intervention strategies. It seeks to establish how they define the problem, the vision they strive for and why the anti-FGM/FGC programs were established. It also asks the following questions: What is the balance between national and community programs? Do implementers trust and nurture the potential of communities to define the problem? Do they use good interpersonal communication skills, participatory research, dialogue and team work? Do they attempt building community consensus? Do they help girls make appropriate decisions? What messages do they use? Do their messages consider the FGM/FGC mental maps? Do their health communication strategies evolve from the traditional IEC to a BCI approach? What impact do they elicit and what lessons are learnt?

³⁸ Excerpt from "Female Genital Mutilation: Programs to Date: What Works and What Doesn't." Mohamud, Ali, and Yinger, 1999. Department of Women's Health, WHO. Geneva.

2.2 Case Studies of Community-Based Behaviour: Change Interventions and Lessons Learnt

2.2.1 Foundations for FGM/FGC elimination

Eradicating FGM/FGC in Somalia will be a long and arduous process. It is a major campaign requiring long-term commitment and a concrete foundation in support of sustainable behaviour change. A 1999 WHO review of programs in Sub-Saharan Africa and the Eastern Mediterranean countries states the following as a prerequisite:

- Strong institutions capable of implementing anti-FGM/FGC programs at the local, national and regional level.
- A committed government that supports FGM/FGC eradication with resources, positive policies, and laws.
- Institutionalization of FGM/FGC into national reproductive health, literacy, and development programs.
- Trained staff that can recognize and manage the physical, sexual, and psychological complications of FGM/FGC.
- Coordination at the local, national, regional, and global level among governmental and non governmental agencies.
- An advocacy movement that fosters a positive political and legal environment, increased support for programs and public education.

The program will also need innovative behaviour change interventions.

2.2.2 Four community-based projects that registered success in Africa³⁹

Much of the creative and effective anti-FGM/FGC work has been carried out by NGOs at community level despite great national programs. A country assessment reveals the importance of pilot and small-scale projects to illuminate strategies which work at the community level. Four projects, considered pillars of success in Africa, were reviewed for a WHO publication. These were: Tostan (Break Through) in Senegal; Coptic Evangelical Organization for Social Services (CEOSS) in Egypt; Maendeleo ya Wanawake Organization (MYWO) in Kenya; and the REACH Project in Uganda. The four registered success in assisting families stop FGM/FGC. They applied strategies based on community empowerment, consensus building, collective decision-making or communal contracts.

1. Tostan, Senegal: A ten-year-old NGO implemented a community-based education and literacy program in rural Senegal. It conducted a year-long education program covering sanitation and disease transmission, child and women's health, human rights, project planning and implementation, and bookkeeping. The core of its program is to arm women with problem-solving skills, self-awareness and assertiveness through guided group discussions and outreach.⁴⁰ After one of Tostan's activities, a group of women trainees from Malicounda Bambara village mobilized fellow villagers against FGM/FGC. They and twenty-nine others pledged to abandon the practice by September 1996.

Evaluation of the project

The population council is currently evaluating the FGM/FGC component of Tostan's work. One analyst, Gerry Mackie, has argued that the process Tostan used and the results achieved, reflect social changes similar to those applied in China a century ago to eliminate foot binding. The Chinese experiment lasted ten years (Mackie, 1998). In the Tostan experience people are:

- Made aware of alternatives that not everyone performs excision.
- Educated on the health advantages of avoiding to perform FGM/FGC.
- Collectively convinced to halt FGM/FGC as opposed to one person or family standing out alone. The success of anti-FGM/FGC cannot be divorced from the community. The project shows that addressing illiteracy and providing skills are keys to empowering women and encouraging them to address their many problems.

2. CEOSS, Egypt. The CEOSS anti-FGM/FGC program allocates every community leader a geographic area to monitor approximately ten girls annually. They enter information such as whether or not the girls have been excised on specially designed charts. If a girl does not undergo FGM/FGC by age 13, she is considered a successful case. The monitoring is complemented by seminars, meetings with religious leaders and community training courses.

The CEOSS program registered eradication of FGM/FGC in six to eight villages among them Al Tayeba and Deir El Bersha. Success was registered in more Christian villages than in Muslim ones. CEOSS focused on young girls who are most at risk. It relies on community leaders, annually sets realistic and achievable targets, and focuses on all family members. It is a highly participatory project.

3. Alternate Rite of Passage Project. Whilst building community values, the alternative rite of passage helps the girls avoid mutilation. The ceremonial initiation helps them retain information and privileges associated with the traditional FGM/FGC occasions. Since 1996, MYWO and the Program for Appropriate Health Technology (PATH) have implemented two different forms of alternative rites of passage strategy.

The two organizations developed the program based on research, which indicated that girls enjoyed association with FGM/FGC because of the benefits involved with it: gifts, food, merrymaking, respect, maturity, and peer recognition. MYWO identifies families whose daughters are eligible for excision, recruits, and educates them in readiness for the symbolic ceremonies. They developed a conceptual framework and four steps for the program:

- Identification of families whose daughters are eligible for circumcision and convincing parents to discard FGM/FGC.
- Withdrawal of the girls from the community into seclusion for one week in a process that mimics the traditional procedure.
- Instruction on traditional wisdom, how to relate to the opposite sex, courtship, and sex education. They are also given lessons on unwanted pregnancies, HIV/AIDS, sexually transmitted infections, contraception, importance of girls' education, human rights, gender, building skills, self-esteem, decision making, resistance to peer, and communal pressure. During the training, the girls are convinced to say "no" to circumcision. In seclusion, the girls work with their mentors to develop songs and dances regarding "circumcision with words/advice and not the knife". They use the same rhythms used to deride the uncircumcised girls.
- Public reintroduction of the girls into the community through celebration and feasting at a public ceremony presided over by district dignitaries.

Mothers of the first 30 girls ushered into adulthood in August 1996 formed a support group, which later became an NGO called "Ntaniro na Mugambo", or Circumcision with Words or Advice. The mothers dedicated themselves to reaching other villages and ushering more girls into adulthood. By the year 2000, more than 6,000 girls had gone through the passage. Most of these were ushered through group rites of passage while others especially in Kisii went through home-based rites of passage ceremonies.

Evaluation of the project

The MYWO and PATH project was systematically documented and evaluated. By 2001, with more than 5,000 projects established countrywide, the MWYO/PATH's technical and financial capacities could barely cope with the demand. It became one of the few anti-FGM/FGC projects in Africa to document social transformation in the making. By December 1999, about 1600 girls from Tharaka, Narok and

³⁹ Excerpt from Mohamud, Ali and Yinger. Female Genital Mutilation: Programs to Date: What Works and What Doesn't. Department of Women's health and Health Systems and Community Health. World Health Organisation. A review, 1999. Geneva.

⁴⁰ Walt, Vivienne, 1998. "Village by Village, Excising the Ritual." The Washington Post, Washington D.C., USA.

Gucha districts had gone through the ARP and by April 2001, approximately 3000 girls from Gucha, Meru, Narok and Samburu districts under went ARP.⁴¹

Knowledge of the harmful effects of FGM/FGC has increased with the majority of citizens in the project areas recognizing FGM/FGC as a violation of girls' rights. Almost everyone in ARP families felt that the practice should be abandoned. Among the non-ARP households, more parents were in favor of discontinuation of the practice.⁴² The majority of boys are now willing to marry uncircumcised girls - a prerequisite to abandonment of FGM/FGC. The eradication of FGM/FGC has now entered the public discourse in Kenya.

The Population Council assessed the Alternative Rites of Passage component of the MYWO/PATH project⁴³ in the three districts of Tharaka, Narok and Gucha, covering four ethnic groups. It evaluated the effect of training on participants. It compared the knowledge, attitudes and practices concerning FGM/FGC and reproductive health among households and individuals who participated in the ceremony and those who had not. Data was collected through 37 focus group discussions, 53 key informant in-depth interviews, a household survey and nine case studies of participating families. The study found that:

- "Those families which allowed their daughters to participate in the Alternative Rite (AR) had more education and information despite the fact that female parents in AR families may not have attained a higher level of education. They were unlikely to be members of the Catholic or Pentecostal churches, less likely to be laborers or farm workers, but likely to be of higher socio-economic status. Their female parents exhibited more positive gender attitudes and had likely stopped cutting their daughters."⁴⁴
- "Those living in AR families were far more likely than those in non-AR families to believe that there are no benefits of FGM/FGC and that the practice should be abandoned. They were likely to know the adverse health problems associated with FGM/FGC and that it contravenes the rights of girls and women."⁴⁵
- "The Family Life Education (FLE) training that the girls who adopt the AR are exposed to has an effect on their awareness and knowledge on reproductive health. The most recent curriculum for training of trainers suggests that those involved in the AR with parents or adolescents are better informed on health implications of FGM/FGC and that it contravenes the rights of girls and women."⁴⁶
- "The MYWO sensitization activities which preceded and accompanied the AR have played a role in the behaviour change process among those who decided to discontinue the practice. It is clear however that these sensitization activities have not functioned in isolation from other influences in the communities such as churches, and individual beliefs that the practice should be discontinued. The success of an AR in eradicating FGM/FGC depends on the socio-cultural context under which FGM/FGC is conducted."⁴⁷

⁴¹ Chege, Askew and Liku. An Assessment of the Alternative Rites Approach for Encouraging Abandonment of Female Genital Mutilation in Kenya. Population Council- Frontiers in Reproductive Health. 2001. Page 4. Nairobi.

⁴² Ibid, Page 32.

⁴³ Excerpts from Chege, Askew and Liku. An Assessment of the Alternative Rites Approach for Encouraging Abandonment of Female Genital Mutilation in Kenya. Population Council- Frontiers in Reproductive Health. 2001. Nairobi.

⁴⁴ Ibid, Page i

⁴⁵ Ibid, Page 28

⁴⁶ Ibid, Page 1

⁴⁷ Ibid, Page 47

The Population Council also reported that:

"It appears that the girls who participated in ARP training have less positive attitudes towards family planning among married partners and adolescents, and condom use. This suggests that there may be need to review not only the content of the training but the way in which it is conducted."⁴⁸

The MWYO/PATH project staff reported that contraception was a contentious issue during the design of the training program for the ARP. The main objective of the project was to eliminate FGM/FGC and improve reproductive health. This explains the overemphasis on abstinence rather than the use of contraceptives.

While verifying the successes of the ARP and acknowledging the overall contribution of the bigger communication for change intervention in the community, the Population Council study could not reach firm conclusions on several issues:⁴⁹

- The study notes that the role played by offering the alternative rite as the logical conclusion in a series of sensitization activities is not completely clear. It could be proposed that the opportunity to participate in an Alternative Rite also acts as a 'preparation' activity that preceded actually the behaviour change of not cutting a daughter, by providing those who have already contemplated the decision with sufficient social support to act upon it. Or, it could be argued that it represents the 'action' stage itself in the change process, by providing an explicit opportunity for those who have already changed their behaviour by not cutting their daughters to demonstrate the fact publicly that this action has been taken.
- For the approach to be replicated successfully elsewhere, a good understanding of the rituals' role and meaning is needed.
- The study notes that the AR is part of a series of evolving activities required for effective behaviour change. Therefore AR cannot be assessed without reference to activities preceding it.
- It is not possible to disaggregate from this study whether the sensitization activities sped up the process of attitude and behaviour change that had already started or whether they have served to trigger a change.

These key findings are consistent with the overall MYWO/PATH project evaluation objectives, strategies, and messages. The MYWO/PATH project had postulated that behaviour change was achievable if the program focused on the educated, the young, churches such as the Seventh Day Adventists, and others opposed to FGM/FGC but who are still circumcising their daughters and not taking action. The project then targeted them with specific training and educational activities aimed at first informing them about all dimensions of FGM and then assisting them to make deliberate decisions against the practice. This was followed by recruitment as change agents or peer educators. Such groups should be linked to training programs, clerics, teachers, parents, women's organizations, project staff, and peer educators.

Lessons from the PATH/MYWO projects suggests a need for:

- Use of a qualitative and quantitative baseline study to guide audience segmentation and related messages while focusing on the decision-makers for each girl.

⁴⁸ Excerpts from Chege, Askew and Liku. *An Assessment of the Alternative Rites Approach for Encouraging Abandonment of Female Genital Mutilation in Kenya*. Population Council- Frontiers in Reproductive Health. 2001. Nairobi.

⁴⁹ *Ibid* Page 28

- Building behaviour change theory into the project design and focusing on known early adopters of change.
- Conducting thorough research into the belief systems and focusing on dismantling the mental maps using complementary strategies and messages that build on each other.
- Thorough understanding of cultural practices after which a conceptual framework on how they can be modified with the acceptance of the community is devised.
- Using multiple grants. A one-year demonstration project stretched into five annual grants, which finally made an intervention and brought about behaviour change.
- Investing in the evaluation and documentation of the project so that others can easily adopt, adapt and replicate.⁵⁰

Thus most of the issues raised through the population council study were pertinent and were specifically used by the PATH/MYOW project by design rather than by default.⁵¹

4. REACH Project, Uganda. The REACH (Reproductive, Education and Community Health) project was designed in 1996 for the Sabin community to enhance the reproductive health of the people in Kapchorwa District, eastern Uganda. The community was encouraged to discard FGM/FGC while promoting good cultural practices. REACH was also meant to provide accessible and affordable reproductive health services.

REACH, which became an annual event, was designed with the involvement of the community and the Sabin Elders Association. Each year's programming is planned based on the results of the previous year. A steering committee oversees overall project implementation and meets quarterly to monitor progress and suggest corrective measures. According to the project evaluation, REACH activities led to a 36 percent reduction in the incidence of FGM/FGC in one year. It registered a 90, 60 and 43 percent decline in the Kaserem, Kabei, and Sibi sub-counties respectively.

Evaluation of the project

The REACH project registered a marked decrease in the practice of FGM/FGC. The percentage of girls and women undergoing the practice decreased. Another report indicated that REACH activities led to a reduction in the incidence of FGM/FGC in one year.

These four projects though successful can benefit from each other's experiences. The REACH and MYWO projects could complement their community decision-making approaches with outreach to families, identification of girls at risk, allaying of fears, fostering family decision-making, and building confidence and self-esteem. The CEOSS's scheme of monitoring girls at risk also has plenty to offer. However, there were reports, that a few girls from the REACH project were forcefully circumcised by their in-laws several years later. This shows the need for better empowerment and self-esteem building for the girls and their families.

The Kenyan and Senegalese projects used simple approaches to raise awareness about the legal and human rights issues. Learning about human rights in a relaxed atmosphere empowered participants to make positive decisions for their daughters. Collective decision-making has great significance for rural communities where communal decision-making is still valued.

⁵⁰ Chege, Askew and Liku. An Assessment of the Alternative Rites Approach for Encouraging Abandonment of Female Genital Mutilation in Kenya. Population Council- Frontiers in Reproductive Health. 2001. Nairobi

⁵¹ Dr. Asha Mohamud and Karin Ringheim, the Program for Appropriate Technology in Health's Response to Population Council's Evaluation of the ARP Strategy. 2001. Project files.

It is also important to link up communities that share borders. For example, the Bambara in Mali, Burkina Faso, and Senegal; the Peuls in Guinea and Senegal; the Somalis in Djibouti, Ethiopia, Kenya, and Somalia; and the Kiswahili speakers in Kenya, Uganda, and Tanzania – can benefit from cross-border programs. It is also useful to link up communities not practicing FGM/FGC with those that practice it. It is recorded that some Malians upon visiting non-practicing ethnic groups in neighboring countries discarded FGM/FGC.

These programs show that focusing on community-based interventions, using interpersonal approaches to educate the public, empowering leaders to analyze issues and devise acceptable solutions, is effective in FGM/FGC elimination. These projects demonstrate the need to focus on young girls and specifically assisting their duty bearers to make deliberate against the practice.

2.2.3 Current FGM/FGC eradication programs and activities in Somalia

This assessment sought out community-based mechanisms or approaches within the Somali context weighing their success and failures. The assessment team reviewed anti-FGM/FGC activities and programs of many agencies and developed organizational profiles (see annex 1). Crosscutting issues that emerged from individual agencies are summarized in the following section.

Chapter 3



3. Assessment Findings

3.1 Positive responses from international partners and the civil society organizations

Existence of strong, committed and capable institutions in the anti-FGM/FGC crusade is a major boost in the strategy against FGM/FGC. According to a NOVIB-Somalia human rights report,⁵² at least 40 international NGOs and hundreds of Somali civil society organizations operate in various parts of Somalia. With the support of U.N. and international NGOs, the Somali agencies are strengthening their networking and capacity building in management, fundraising, education, health, and environmental services. FGM/FGC eradication programs and activities are implemented mainly under the following two modalities:

1. Implementing FGM/FGC eradication projects with specifically earmarked funds by donors

During the assessment, nine agencies: Candle Light, GECPD, the Association for Integration and Development (AID), IFRC, SAACID, NPA, NCA, National Committee, World Vision, and UNICEF mentioned receiving anti-FGM/FGC project funds. Most of these projects received one- to two-year funding, making it difficult for them to develop both short- and long-term FGM/FGC eradication strategies.

2. Receiving funds for education, human rights, gender and HIV/AIDS; work with the option of including FGM/FGC as a topic to be addressed

The majority of agencies visited or interviewed reported implementing FGM/FGC eradication as an integrated package. UNICEF made it part of its Communication and Social Mobilization Program under its reproductive health component. It served as part of UNICEF's intervention in HIV/AIDS and Child Protection Initiative. CARE International implemented FGM/FGC under its integrated reproductive health program, which focuses on reduction of maternal and infant mortality, prevention of HIV/AIDS and elimination of FGM/FGC.

Umbrella women's organizations like We Are Women Activists (WAWA), Coalition for Grassroots Women Organizations (COGWO), the Somali National Women's Organization (Nagaad), Horn of Africa Voluntary Youth Committee (HAVOYOCO), address FGM/FGC in their awareness and advocacy initiatives. They focus on HIV/AIDS prevention and advocacy against FGM/FGC in literacy and non-formal education programs, gender, health, and human rights activities.

The Well Women Media Project (*Sahan Saho*) has an integrated five-year radio communications project reaching the Somali-speaking Horn of Africa population through the BBC Somali service. These radio messages reach almost all of the Somali zones and provide unifying messages. Nevertheless, aside from occasional funds for workshops and campaigns during the International Women's Day, many agencies lack money for FGM/FGC eradication.

A strong coalition of zonal networks for women, youth and other interest groups has taken root in Somalia. This includes: COGWO, WAWA and Nagaad in Central, South, Northeast/Puntland and Northwest/Somaliland. Youth networks include: Puntland Student Association (PSA), Puntland Youth Association (PYA), Youth Employment for Somalia (YES) in Northeast/Puntland, and HAVOYOCO in Northwest/Somaliland. There also exist human rights networks that are either part of other umbrella networks or operating on their own. Many similar NGOs exist in Southern Somalia.

The UNICEF Child Protection Initiative has given youth networks technical assistance in organizational development and leadership. It has also offered child protection networks the opportunity to get training in community outreach, FGM/FGC, child rights and protection, skill building, and non-formal education.

⁵² NOVIB, 2003. "Somalia Human Rights Report." Somalia, February.

Approximately a third of the network member organizations are currently involved in FGM/FGC awareness according to NOVIB, which plays a critical role in strengthening civil society organizations and providing core support to many women and human rights networks.

NOVIB-Somalia has been crucial in funding and providing technical assistance to mark the International's Women's Day and World FGM/FGC Day activities in Somalia. These international celebrations helped galvanize women and youth networks into establishing an anti-FGM/FGC coalition in the three zones. Small and large organizations that participated in the Women's Day activities enjoyed establishing, strengthening and networking opportunities that were created.

This networking provided support to streamline strategies and messages on FGM/FGC from various organizations and resolve their different and contradictory programmatic goals. If network members refuse to circumcise their daughters, the campaign against FGM/FGC will be elevated.

3. Better understanding through research and evaluation

Following years of civil war, anti-FGM/FGC programs had to begin from scratch. New programs required an in-depth understanding of community values, beliefs, practices, rules of interaction, and decision-making. This called for qualitative and quantitative research into various spheres of the community and the FGM/FGC discourse.

Projects also require in-built monitoring and evaluation components to guide implementers. Macro International conducted the first ever-national baseline research in Somalia in 1983 under the contraceptive prevalence survey.

Several national, zonal, and district-specific studies have been conducted over the past five years. These include national studies by: UNICEF, UNDP/UNFPA; zonal-level studies by WHO (Puntland and Somaliland), and the Awdal and Mandera research by Health Unlimited. SAACID and World Vision undertook district studies in Garowe, Adale, and Wajid focusing on maternal mortality and reproductive health. ICRC has completed a baseline study for its anti-FGM/FGC intervention in Northwest/Somaliland, probing maternal and child health centers, while NOVIB-Somalia and NPA are currently designing a national-level knowledge, attitudes, practices, and beliefs study focusing on FGM/FGC issues.

The assessment team analyzed evaluation reports by UNICEF and UNFPA both touching on FGM/FGC eradication in the Somali-speaking Horn of Africa. This increase in research and baseline studies indicates an upsurge in interest by the international donors and local NGOs in the fight against FGM/FGC. Results of many studies are yet to be made available. Due to varied methodological questions, use of differing sample sizes, geographic locations, and definitions of terms, it is difficult to compare results and monitor programmatic progress.

3.2 Responses from regional authorities

Representatives of the Ministries of Health in Northwest/Somaliland and Northeast/Puntland have intimated their interest in eradicating FGM/FGC and improving the health of women and children in their respective areas. They defined their role as that of setting up policies and guidelines, coordinating program activities, ensuring quality control of messages, and monitoring activities and success stories.

The Northeast/Puntland has issued a ministerial decree prohibiting Pharaonic circumcision. It conducts occasional sensitization seminars and participate in workshops organized by NGOs. A Ministry of Health representative acknowledged that the current law banning only Pharnaocic circumcision (Type III) fall short of meeting international standards, which call for the total eradication of FGM/FGC. They

have indicated that they would try to revise the law appropriately. Laws enacted in other African countries, he noted, would enable them to shorten the process of drafting the anti-FGM/FGC legislation. Somaliland Ministry of Health representatives also voiced their interest in drafting anti-FGM/FGC policies and treatment guidelines for those suffering from FGM/FGC-related complications. These ministry officials believe that although it may be possible with time to halt Pharaonic circumcision, it will be difficult convincing people to stop all forms of circumcision.

The ministries cited previous existence of an FGM/FGC coordination body that involved relevant government organs in FGM/FGC eradication activities. This coordination body collapsed due to lack of financial support. They bemoaned the fact that donor agencies bypassed them and only supported NGOs. One official stated thus:

"NGOs and CBOs, mostly women and youth, without the necessary qualifications, are springing up all over the place to address FGM/FGC and HIV/AIDS. They believe there is money to be accessed and consequently, many of them are passing misinformation through the radio and other fora."

With appropriate financial and technical support, the ministries said they would be able to develop policies and guidelines. The Ministry of Health in Somaliland will draft and pass anti-FGM/FGC laws, while the Ministry of Health in Puntland will provide technical assistance and coordinate and monitor programs being implemented by NGOs and CBOs.

NGOs in Hargeysa, Bossaso, and Garowe reported good collaboration with regional authorities. Many regional officials, they said responded positively to invitations to officiate at workshops and major events. The NGOs noted that the level of political commitment to FGM/FGC eradication was less than ideal and resentment still exists. The assessment team pressed the authorities about their obligations to address FGM/FGC eradication and HIV/AIDS prevention in their communities with or without donor support. The authorities acknowledged their obligation and promised to take action. However, they did not clearly specify what steps they would take.

In Garowe, the assessment team was fortunate to observe a participatory community assessment event carried out by a team of multi-sectoral players: Ministry of youth and sports, Ministries of education, health, and information, youth groups, and an umbrella women's NGO entrusted with the responsibility of identifying vulnerable youth.

The team was to identify internally displaced persons and ethnic minorities living in camps and the problems they faced. With support from UNICEF, the groups were divided into teams with each assigned to a community. The teams met regularly to review their findings and devise solutions to the problems. Team members volunteered time and resources to establish literacy classes for the youth and the homeless.

The Mayor, who is also the chair of the group, promised to seek resources from the government of Puntland to tackle the issues of vulnerable youths. Consistent with observations in participatory development exercises in other communities, the assessment group helped team members understand issues surrounding youth including FGM/FGC and devise solutions. This indicates that with necessary support and participatory methods, officials will be more committed to public health issues over time.

3.3 Responses from communities

Somalis have a very strong oral tradition. Meeting places at town squares, water wells, and restaurants witness narrations of events. In this regard the radio has become a very powerful tool of communication. Oral tradition and the scarcity of entertainment fora ensure that news on events that take place in workshops or seminars spread rapidly in remote and nomadic communities.

At the onset of the anti-FGM/FGC campaign, activists said that it was too sensitive to discuss FGM/FGC. Men and religious leaders took offence to focusing on women's private parts. They condemned those spearheading the campaign. Although this hostility has lessened, religious leaders are still divided on how best to tackle FGM/FGC. Generally, communities seem eager to seek information on the subject. They are enthusiastic to tell their stories and case studies whenever opinions are sought as was done by SAACID in Adale District and AIDOS in Bossaso. Unfortunately it seems that interventions did not manage to help majority of Somalis breakout of the grip of culture.

Despite skepticism amongst the urban youth, the chaotic and dramatic upheavals and cross-cultural exchange between returnees, Somalis from the diaspora and those within, may be the ultimate catalyst needed for bringing about the demise of FGM/FGC.

3.4 Lessons Learnt and Best Practices

3.4.1 Project designs and durations

To initiate behaviour change, it is important to use participatory and responsive strategies that cover multiple and specific community needs. For the FGM/FGC campaign, interventions aimed at its eradication should be short-, medium- and long-term with built-in innovative techniques. In Somalia, very few systematically designed, multi-year and goal-oriented anti-FGM/FGC projects have been implemented. Most agencies are involved in a series of activities targeting multiple audiences in multiple sites (i.e. urban center, camps for internally displaced persons, nomadic and rural communities). Given scant resources, activities remain ad hoc and limited.

The assessment team found very few long-term community-based projects targeting specific villages. Many were in their first year of implementation, and thus lacked sufficient experience to generate significant lessons. Despite the seriousness towards the collection of baseline data, the team encountered only one FGM/FGC-focused evaluation report and another where FGM/FGC was one of topics addressed under an overall communication and social mobilization strategy. Outlined below is a summary of information gathered. This includes strategies used, target audiences, messages and materials used, capacity of implementing partners, and impact of FGM/FGC eradication programs and activities.

3.4.2 Strategies used

Anti-FGM/FGC⁵³ strategies centered on the following:

- **Workshops and seminars.** Most agencies reported organizing workshops and seminars for women's organizations, youth, and religious leaders to educate them on the harmful effects of FGM/FGC and the position of Islam. Many of these workshops and seminars addressed multiple topics such as HIV/AIDS, reproductive health, and child rights, with FGM/FGC being treated as one of the topics of interest. Religious leaders played key roles in most workshops. Agencies are still seeking clarification on FGM/FGC from trusted religious sources.
- **Community outreach is one of the most commonly used strategies.** It involves visiting camps of the internally displaced and neighboring communities, maternal and child health centers, rural villages, and nomadic settlements. At least four organizations in Wajid, Adale, Bossaso, and Hargeysa targeted specific communities for relatively lengthy periods and conducted community meetings, workshops, and village enumerations. Community outreach activities covered FGM/FGC issues too.

⁵³ During the interviews, it was quite clear that in nearly all cases, the term FGM/FGC was used synonymously with Pharaonic circumcision/infibulation/or type III (WHO classification). The term FGC is not known or used in Somalia.

⁵⁴ UNICEF, 2000. "Report of Qualitative Research on the Communication Channels in Use in Somalia." Nairobi.

⁵⁵ Health Unlimited Baseline Survey of Sahan Saxo-WWMP. March, 2003. Nairobi.

- **Anti-FGM/FGC lessons in literacy schools.** Several agencies integrated anti-FGM/FGC lessons in their literacy training programs. Lessons mostly covered the harmful health effects of Pharaonic circumcision or infibulation and the Islamic position. Except for GECPD, where both formal and non-formal schools were reached, most of the other programs targeted attendants of non-formal literacy programs. However, UNICEF reported plans for developing an anti-FGM/FGC manual to be mainstreamed into the formal education system. Tutors from the nursing school in Bossaso also reported that FGM/FGC is being addressed in their school and that students participate in community awareness-raising activities on FGM/FGC.
- **Radio programs.** Radio is the most popular and commonly used source of information in Somalia, especially in urban areas.⁵⁴ About 82 percent of urban and 44 percent of nomadic and rural households own a radio set. Late afternoons and night times are the preferred times for listening to the radio.⁵⁵ The low literacy levels and the fact that Somalia is an oral society, makes radio the first choice for NGO campaigns. The BBC Sahan Saho program remains one of the most popular. According to Health Unlimited, 20 percent of urban and 3 percent of rural and nomadic communities identified *Sahan Saho* as a project on women's health. Local stations normally rebroadcast it because of its popularity. Except for Sahan Saho, other radio programs are unreliable and ad hoc in nature. Some NGOs complained that certain NGOs invite speakers whose radio messages misinform communities. Such situations, they argue are difficult to correct. In her lamentation, one NGO representative quoted a Somali saying: "Been fakatay run ma gaarto" ("Truth cannot catch up with a lie that escaped.")
- **Occasional campaigns. NGOs occasionally organize FGM/FGC awareness campaigns.** NGOs such as Nagaad, WAWA, COGWO, HAVOYOCO, and PYA, and others such as AID, Candle Light, GECPD, said they co-organized anti-FGM/FGC events to mark the World FGM/FGC Day in February and the International Women's Day on March 8. They received support from international bodies such as NOVIB, NPA, UNICEF, Diakonia and CARE International. They made use of parades with banners, motorcades, theatre, radio shows, talks, lectures and press releases. They reported the occasions as successful and useful in raising awareness on the harmful effects of FGM/FGC. However, behaviour change is still elusive. Campaigns are known to spike awareness for a while but things are forgotten unless there are supportive and sustained activities. The supporters of these campaigns reported that the March 8 event is part of a five-year initiative for which funds are being raised.
- **Training and alternative income for circumcisers.** This strategy, which has been tried by several NGOs and projects, initially involves training the circumcisers and TBAs on the harmful effects of FGM/FGC and then trying to introduce them to other sources of income. In Hargeysa, one NGO trained TBAs on the harmful effects of FGM/FGC and safe motherhood issues. These TBAs then joined in community monitoring and FGM/FGC prevention programs. They continued helping pregnant women to deliver and referring them to the appropriate service delivery points if and when they encountered complications during labor. These TBAs reported that they were monitoring the situation and providing *Sunna* as the preferred type of operation. In an interview, some TBAs described cutting a piece of the clitoris, part of the labia minora with the clitoris or using two to three sutures to partially close the vulva. They reported that the communities they represent would not accept something not being cut out of the genitalia. Some TBAs denied ever performing FGM/FGC. Another NGO, GECPD, trained circumcisers in bread making. However, they learned that on being pulled out of circumcision, the circumcisers and TBAs instructed their daughters to take after them. In Borame, it was reported that after training and alternative income, TBAs who declared putting down their tools continued to circumcise but requested that parents not to report them to program officials. Despite these failures, most international and local NGOs continue insisting on alternative income strategies for TBAs and circumcisers in their project areas. They seem oblivious to the fact that the alternative income approach has been proven ineffective in accordance with the principle of supply and demand.⁵⁶ Reasons for this ineffectiveness include: (a) FGM/FGC is a lucrative business and circumcisers who put down their

tools may not be able to maintain their promise; (b) if a group of those circumcisers puts down their tools, others come forward to provide services - attracting even from neighboring countries; (c) income generation and loan programs require resources, time and commitment to succeed and divert attention from anti-FGM/FGC program implementation; and (d) focusing on the circumcisers promotes their status and role in society instead of exposing FGM/FGC as a harmful act and (e) attention to circumcisers diverts attention from the actual decision-makers and the girls that need to be saved from the knife.

- **Religious education.** According to Islamic scholars, each circumciser who cuts the clitoris maims the function of an organ is liable to pay the *diyya* (blood money) for all the girls she has unjustly operated on. This liability must be brought to light in programme messages instead of apologizing for them or compensating circumcisers, whether they are from a minority group or not. They could, however, qualify for economic empowerment like other minority groups, which need support through other development programs.

3.4.3 Target audiences

Most interviewees and documents reviewed indicated that women and religious leaders were the priority target audiences for FGM/FGC programs, followed by circumcisers, youth, boys, and girls. Agencies also targeted the internally displaced in camps, villages surrounding major cities, or specific communities where they have an integrated project. For instance, Candle Light targets Hargeysa and 120 villages, while SAACID focuses on Adale town and 11 surrounding villages. IFRC targets maternal and child health center clients and surrounding communities. The SAACID project uses a community-based participatory approach, with an emphasis on reaching community elders, clan leaders, women leaders, and the youth. Agencies have difficulties reaching pastoral and rural communities due to the lack of transportation. After conducting a baseline study, World Vision recently focused its intervention on Wajid District. Organizations like Horn Relief, which focus on rural and pastoral communities, plan to reach them through the watering wells. They continue using the mobile teacher approach where a teacher moves with at least a dozen families instructing them on literacy, leadership, environmental and health issues. Drought, however, has a negative effect on educational activities for nomads as they address urgent needs for water and survival. Men and the educated elite are the least targeted, despite their being more educated about the harmful effects of FGM/FGC. Except for the families of anti-FGM/FGC activists who are willing to serve as role models, families, both nuclear and extended, where different persons influence decisions, do not seem to feature in target groups identified explicitly. Except in a few cases mentioned, there seems to have been insufficient use of participatory community-based approaches.

3.4.4 Most prevalent messages and program goals

People gave various reasons for practicing FGM/FGC:

- "FGM/FGC is our tradition and stopping it will unleash the anger of God on us."
- "The uncircumcised are dirty and foul smelling."
- "They are not spiritually clean as they cannot pray and one cannot eat animals they kill and the food they cook."
- "Their genitals can grow to unseemly proportions dangling between the legs; FGM/FGC makes them look smooth and beautiful."
- "They can become oversexed and can rape men – therefore, they cannot be trusted by either husband or family. They will engage in premarital and extramarital sex, bringing illegitimate children to the family."

⁵⁶ Mohamud, Ali, and Yinger, 1999. "Female Genital Mutilation: Programs To Date: What Works and What Doesn't." Department of Women's Health, WHO. Geneva.

- "No one will marry an uncircumcised or uninfibulated women – thus the parents have to circumcise."
- "If they are not married then the family will not get bride price."
- "FGM/FGC is a *Sunna* and we must do some cutting to purify the girl. It is sanctioned by Islam."

Some of the enforcement mechanisms cited were:

- "Divorce right after the wedding or during the wedding period."
- "Digging a hole into the bedding or outside the hut during the wedding (it means that I have fallen into a hole and you should avoid this hole)."
- "Demanding the bride price to be returned if one is seen to be open on the wedding night, unless she was de-infibulated for the occasion after confirmation."
- "Songs deriding the uncircumcised as dirty, foul smelling, and ugly, and praising the circumcised as a woman."
- "Requiring that those from outside the culture be circumcised if they do not circumcise traditionally."
- "Since the father is intimately involved in marriage negotiations, he will not start negotiating until the deed is done – he will not even ask. Mother and grandmother know their duties."(See Box 5 -Economic Aspects of FGM/FGC).

Box 5. Economic Aspects of FGM/FGC: What factors contribute to its perpetration?

The Father and the Bride: Are girls circumcised because of bride price? Somalis pay varying amounts: camels, cows, goats, money, and guns for bride price according to their financial status and region. It is not easy to answer this question because bride price is paid in many other African communities where FGM/FGC is not practiced. However, in the Somali context, since marriage and bride price are linked and since being properly circumcised/infibulated is prerequisite to marriage, FGM/FGC and bride price become intertwined.

Fathers play a key role in the decision-making process leading to circumcision of daughters. They will not enter into marriage negotiations unless the girls are deemed marriageable. However, when asked about FGM/FGC, they often heap it on women as a women's affair. Can fathers agree to enter into marriage negotiations if their daughters are not circumcised? Since the issue is one of supply and demand, the answer probably lies with those demanding circumcision and paying the bride price—the future husbands.

The Groom and the Price: One of the most important achievements for a Somali man is to pay bride price, get married and start a family. Often his father and the family will contribute towards the bride price. On fulfilling his part of the bargain—paying the bride price, the groom and his family expect a young woman who is infibulated. Some Somali communities resort to inspection of the bride during the first day of marriage. Swift post-wedding night reactions could lead to divorce, digging a hole in front of the hut or onto the bedding (in Lower Shabelle) and actually demanding the bride price back. These actions are enough to shame any family and to teach them not to fall into the same trap. By linking circumcision/infibulation to the bride price, the groom is in charge of the demand for circumcision. The crucial question is what will it take to eliminate this demand?

The MYWO and PATH Project in Kenya explored this issue and registered some successes, which can provide some lessons for the Somali anti-FGM/FGC campaign. Their intervention targeted young men and explained the various aspects of the practice including its negative effects on women's sexuality and how that could affect their relationship. This led to many young men saying that they will not marry circumcised wives. However, the program thought it to be unethical since many of the marriageable pool of women at that time were already circumcised. Thus the program sought the following three responses from the young men:

- I will not require FGM/FGC as a pre-requisite for marriage.
- I will not circumcise my own daughters.
- I will fight circumcision of girls in my family.

The Circumcisers and the Fees: Both the traditional circumcisers and the health professionals who circumcise earn some income from the practice. It is a fact that as long as the demand is there from parents and husbands who want circumcised/infibulated brides, then the circumcisers will continue to provide the service. The demand for services and parents' willingness to pay is increasing the number of health providers who are willing to take the blade—a behaviour which is condemned by WHO and other international agencies

Conclusion: While FGM/FGC and bride price are linked, it is possible to de-link them as has happened in other African countries so long as we address the demand side of the equation from various angles. Much centers on addressing and demystifying women's sexuality and the effect of FGM/FGC on women, men and families. Ultimately, elimination hinges on the decisions of future grooms.

The most prevalent messages delivered to the various audiences initially identified parts of the vulva, and then focused on the negative health complications during the operation, at the wedding, and childbirth. These complications are mostly associated with infibulation, or *gudniinka fircooniga ah* in Somali, derided as "fircoon's work" or the work of Pharaohs. Although these sets of messages are important, they rely on the community's compassion for the girls or women based on complications encountered. Unfortunately, the community may sympathize with the girls and resolve to reduce the impact of the operation by moving to lesser cut and medications by the health professionals. These health professionals could range from nurses to midwives, nurse aids to hospital cleaners to trained TBAs.

The second most prevalent message is that Islam does not sanction FGM/FGC or Pharaonic circumcision. Religious leaders, especially in rural and nomadic Somalia, are the most trusted sources of information. Anti-FGM/FGC activists therefore ask them to clarify this religious stand during workshops, seminars, community meetings, and over the radio. Using religious evidence, Sheikh almost always condemn FGM/FGC (*gudniinka fircooniga ah*) but conclude that *Sunna* is allowable under Islam. They cite several well-known but weak hadiths or statements quoted from the Prophet ("Peace be upon him" or PBUH), but not authenticated by most trusted Muslim scholars. These religious leaders do not like to make their position public. They prefer addressing small group and at times reach political decisions that support continuation of the practice. For example;

- Funded by international donors, some agencies sent prominent religious leaders on study tours of Saudi Arabia and other Islamic countries that actually practice FGM/FGC. They came back carrying the torch of *Sunna*. "One group that went to Saudi Arabia where FGM/FGC is not practiced came back with a political decision saying that, "Until we are able to put the girls and women indoors as in Saudi, we should be practicing *Sunna*."
- Another well-attended workshop for religious leaders in Garowe also ended up with a political decision in the absence of clear religious evidence of any form of FGM/FGC. They concluded that *Sunna* should continue. One religious leader noted: "If we let the women stop FGM/FGC today, tomorrow they will ask us to ban wife inheritance, followed by polygamy and the Islamic inheritance system; next, they will tell us that the girls should go naked." These anti-women messages appeared in local newspapers and were also propagated in the mosques after the workshop in Garowe. Some of the religious leaders later said that they did not agree with what was happening but decided to keep quiet for fear of alienating their colleagues. Once again, this message falls short of categorically banning FGM/FGC and opens the door to what is termed *Sunna* or following the Prophet's (PBUH) legal rulings, which are good practices to follow.

The move towards *Sunna* and *medicalization* will continue as people learn about the serious health complications of *gudniinka fircooniga ah*. However, all the four types of FGM/FGC operations are performed under this banner, making it a difficult issue to deal with. Neither the circumcisers nor the mothers know the different anatomical parts that are being cut, nor is the definition of what is meant by *Sunna* known. Even when people understand what can be cut under the weak *hadith* - just sniffing the metal to clitoral hood or cutting something very small from the tip of the hood - they do what is close to their previous practice. They are not convinced that FGM/FGC should stop in all its forms. Failure to touch the girl sounds inconceivable to most people, especially in the uneducated and nomadic communities.

Other less-utilized messages include statements that FGM/FGC violates the rights of women and girls (box 6) and negatively affect women's sexuality. Since human rights networks are being formed in all parts of the country and UNICEF is addressing FGM/FGC as part of its child protection work, it is expected that the human rights message will be increasingly disseminated. However, some agencies perceive the human rights angle as alien to the Somali community.

Box 6. FGM/FGC and human rights

Most countries are committed through their constitutions, national laws, policies, and international charters to ensure that the basic rights of children are upheld. The Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child, the Convention on the Elimination of All Forms of Discriminations Against Women, and other international instruments and standards provide a global framework for the protection of the child. Civil strife, conflict and the breakdown of social and political institutions, drastically affected the Somali authorities' obligations to fulfill and uphold children's rights. Where government structures are lacking, however parents, families, communities, and clan leaders must ensure that children grow up in a safe and supportive environment.

Among other rights, FGM/FGC violates the following fundamental right:⁵⁷

- The right to life, liberty, and the security of person.
- The right to non-discrimination.
- The right to choose. Many children are circumcised without their consent and before they attain the age of majority.
- The right to health and bodily integrity.
- The right to be free from harmful practices that are prejudicial to a child's welfare.

To date a third of African countries: Benin, Burkina Faso, Ghana, Central Africa Republic, Chad, Niger, Côte d'Ivoire, Djibouti, Kenya, Senegal, Tanzania, Ethiopia and Togo, have passed laws criminalizing FGM/FGC. Penalties range from six months to a maximum of life in prison. Several countries, such as Burkina Faso, also impose fines. In Egypt, the Ministry of Health issued a decree declaring FGM/FGC unlawful and punishable under the penal code. There have been persecutions and arrests involving FGM/FGC.

Industrialized countries such as the United Kingdom, Australia, Belgium, Canada, Sweden, Spain, Norway, and the United States, which receive immigrants from FGM/FGC-practicing countries, have passed laws criminalizing FGM/FGC.

The former Somalia government discouraged type III circumcisions and infibulation, and the performance of the operation in government facilities. Although Northeast/Puntland has a constitutional article, which bans Pharaonic circumcision, no punishment under the article has been documented.

Walking the talk: The assessment team asked the anti-FGM/FGC activists whether they had stopped FGM/FGC within their household and extended families. One third said they had completely stopped it. On further probing, almost all admitted conducting *Sunna* and not *gudniinka fircooniga ah*. Very few admitted not actually touching their daughters saying that they wanted their daughters to become role models.

The messages and program goals seem to be contradictory: Except for one or two agencies that promote the eradication of all forms of FGM/FGC, the goal of the FGM/FGC elimination program is quite unclear. Many are discouraging *gudniinka fircooniga ah* but consenting to *Sunna* circumcision. *Sunna* started 1,400 years ago and seems set to continue together with other forms of FGM/FGC in Islamic states. Only drastic happenings will uproot it from communities. Unfortunately, many of the groups interviewed saw the shift to *Sunna* as a very positive achievement. Few are now realizing that *Sunna* is a catchall for all types of FGM/FGC. One can conclude that staff of most national and regional NGOs, youth groups, and network members, are not convinced that all forms of FGM/FGC should be stopped. Donor agencies too seem reluctant to demand that their grantees be categorical in messages to the communities that all forms of FGM/FGC should be discouraged and abandoned in accordance with international agreements made in Cairo, Beijing, and various human rights conventions.

Consequently, messages are not coordinated. Some groups will promote *Sunna* while talking about eradication at the same time. This frustrates those calling for the total eradication and zero tolerance for FGM/FGC.

The mental maps and message gaps: Messages and reasons expressed for the continuation of FGM/FGC indicate that agencies merely scratch the surface, without addressing underlying fears about women's genitals, sexuality, and resultant behaviour. They fail to address the repercussions of abandoning one's cherished traditions that define one's identity. They are equally unable to build a critical mass amongst religious leaders who have reconciled religious and cultural beliefs and who make categorical statements about FGM/FGC.

⁵⁷ Rahman, Anika et al., 2000. Female Genital Mutilation: A Guide to Laws and Policies Worldwide. ZED Books.

Nor were agencies able to convincingly educate the community about women's sexuality and the position of Islam: women's sexuality and FGM/FGC (box 7); and women's sexuality and the religious ruling that it is forbidden to change God's creation. The parents' role in the protection of their children under Islam was also not exploited enough. Although FGM/FGC is identified as a violation of human rights, legal literacy is not a strong component of the message types being used. Fortunately, the use of poetry in passing messages about FGM/FGC seemed to be appropriate and effective, especially with the women's groups.

Box 7. Effects of FGM/FGC on women's sexuality⁵⁸

Sexual desire does not arise from the genital area. It flows from psychological and neurological sources. Circumcision does not therefore eliminate sexual desire. Advocates of FGM/FGC believe that the fulfillment of sexual desire depends first and foremost on the clitoris and the labia minora, which have been described as being rich in sensitive nerve endings. The clear implication of this is that pleasurable sensations are inevitably greatly reduced but not excluded in women who have had parts or all of their clitoris and labia minora excised. A study conducted in Egypt in 1965 revealed that out of 331 women interviewed, 28.7 percent claimed to get no satisfaction from their sexual encounters and a further 30.2 percent were sometimes satisfied but did not experience orgasm. However, 41 percent of women with type III circumcision were the least satisfied.

Unfortunately, as witnessed in Sudan and many other countries, the prevalence of infibulation did not stop women from becoming prostitutes.

Comparison of circumcision in prostitutes and non-prostitutes in Sudan

Circumcision type	Prostitutes (200) Percent	Normal clinic patients (4,024) (percent)
Pharaonic	85	75
<i>Sunna</i> (type I, WHO)	12	20
Not Circumcised	4	4

Women are forced into prostitution by despair and for financial reasons. The Sudanese example however demolishes the notion that female circumcision reduces sexual desire, thus prostitution and premarital sex. It is also important to note that many women have been known to engage in premarital sex and then get re-infibulated without raising suspicion. Somali activists could exploit such findings to demystify women's sexuality and the role of FGM/FGC.

3.4.5 Research-based educational materials

The popularity of radio and visual education materials has already been mentioned as preferred channels for exploiting Somalia's oral culture. However, there is a scarcity of good-quality, field-tested, and research-based educational materials written in simple language that can be understood by those literate in the Somali language. This is also true of materials that can be easily understood pictorially. However, there are a number of videos that can be used to initiate dialogue during meetings. Some of those invited to speak on the radio are not adequately informed about FGM/FGC issues, strategies, lessons learned, and the linkages of FGM/FGC to Islam. Short thematic videos that have been professionally produced to address all aspects of the mental map could assist in educating communities about the practice of FGM/FGC and promote decision-making.

High-quality comprehensive training materials such as ready-to-use Power Point presentations, simple handouts, booklets and Somali language curricula are lacking. Existing training materials focusing on the message groups fail to encourage behaviour change.

3.4.6 Behaviour change communication (BCC) and implementing partners

While most change agents and activists were committed to reducing the effect of FGM/FGC on women and girls, they lacked BCC techniques and global lessons from other FGM/FGC eradication programs. Most were simply raising awareness about the harmful effects of FGM/FGC and advocating for change without the requisite BCC and advocacy skills. For instance during awareness-raising campaigns, they would refer to hard questions on FGM/FGC and Islam to ill-equipped Sheikh, perpetuating confusion.

⁵⁸ Karim, Dr. Mahmoud, 1988. *Female Genital Mutilation: Historical, Social, Religious, Sexual and Legal Aspects*. Cairo.

For the FGM/FGC eradication campaign to be effective, a critical mass of anti-FGM/FGC experts who are also excellent facilitators in participatory development processes must be nurtured.

3.4.7 Counseling and treatment of FGM/FGC complications

The key foundation to FGM/FGC eradication work is educating healthcare providers about the various complications arising from the practice. They also should be armed with the necessary skills and resources to manage these complications. Since communities trust healthcare providers, if the latter refused to circumcise their own daughters, they would be good role models. This would boost their importance in the education process.

The assessment team encountered individual doctors who were committed to treating women and girls suffering from FGM/FGC complications in Hargeysa and Bossaso. They also came across an NGO that brought volunteer surgeons to Galckayo from Italy four times a year to treat FGM/FGC complications and/or reconstruct the vulva post-operatively. The medical professionals reported numerous and serious complications that required immediate action including:

- Dermoid cysts and abscesses.
- Fistulae.
- Third-degree tears when delivery took place in rural or nomadic communities.
- Improper deinfibulation of newly married women, involving cutting of the rectum upwards and severing of the anal sphincter.
- Haematocolpos - menstrual blood collection in the uterus and vagina due to very small or lack of a vaginal opening.
- Severe bleeding and shock requiring blood transfusion at a time when the blood supply is unsafe.
- Seriously infected episiotomies.
- Women complaining of a noisy vagina after sitting for a while and standing up to move – a situation resembling passing of gas which caused embarrassment and concern. This was explained as accumulation of air in the vagina, as the opening is exposed since the labia minora and the clitoral hood which cover the area have long been eliminated.
- Deformed vulva and sexual dysfunctions.
- The need to counsel women pre-operatively and post-operatively to assist them integrate into the community, especially after fistula repairs.
- Men whose penises were severely damaged: scrapings and ulcerations and infections, in their attempts to deinfibulate their wives.

Almost all medical doctors in Somalia deal with complications of FGM/FGC during their private practice. However, there are few programs that target the treatment of the large number of women and girls suffering from FGM/FGC complications. There are currently no guidelines or doctors trained on how to operate on women with certain complications, such as cysts, in ways that do not increase the amount of normal tissues eliminated with the cysts. Also missing are statistics on the number of deaths, hospitalization cases, blood transfusions and safety in the health facilities.

The sexually-related complications of FGM/FGC have not been researched. They need urgent investigation especially in relation to clitoridectomies, so as to stem the argument by proponents of *Sunna* who focus only on complications of infibulation.

Many women and girls suffer in silence. They need counseling services that are advertised and easily accessible, with appropriately trained professionals and referral lists. In a country with a high prevalence of type III FGM/FGC, these services are urgently needed. It is expected that as the anti-FGM/FGC campaigns intensify, more women will relate their problems - three feminine pains to FGM/FGC, and seek counseling and treatment. In Hargeysa, Dr. Abdirahman narrated the tale of a woman in her sixties who had a large cyst. She told him that she hid it from her husband by pushing the cyst upwards during sexual encounters. The fact that the husband was oblivious of this grave situation hints at the glaring lack of sexual intimacy.

⁵⁹ World Vision. Somalia update July 2004.

⁶⁰ U.S Department of State, January 1999. "Female Genital Mutilation in Somalia". Washington DC.

It is also crucial to integrate FGM/FGC education into pre-service training programs for nurses, doctors, and other health professionals. Preventing new trainees from taking the blade after graduation is an important and ethical step. Supporters of service delivery points, maternal and child health centers and hospitals, such as the Red Cross Society, should consider including FGM/FGC complications in their health management information system (HMIS) forms, and the incidence of FGM/FGC in their rapid survey data sources.

3.4.8 Impact of FGM/FGC eradication programs

The report has already alluded to a World Vision report, which revealed a 98 percent FGM/FGC prevalence rate among women and girls in Somalia.⁵⁹ It has also indicated that various ministries joined hands with the Somali Women's Democratic Organization (SWDO) and the Somali Family Health Care Association (SFHCA) to fight the practice under a comprehensive program funded by the United States Agency for International Development (USAID) under the Family Health Services Project. The Italian Association for Women in Development (AIDOS) also supported SWDO to carry out anti-FGM/FGC educational programs. The two projects raised awareness and changes attitudes towards especially among the educated the urbanized. Specifically, the USAID program employed the following channels:

- In-school curricula supported by the Ministries of Education and National Planning and statistics.
- Seminars and study tours organized by the Somali Family Health Care Association (SFHCA) for policymakers, religious leaders, and the youth.
- Training/workshops for health providers, in-service and pre-service training for nursing personnel and education clients of all the health services supported by the family planning/family health division of the Ministry of Health.
- Reaching out to the youth through youth and sports events held by SFHCA and the family planning/family health division of the Ministry of Health.
- Community education through orientation centers and women's family education centers in collaboration with SFHCA, the Ministry of Health, and the Ministry of Education.
- Anti-FGM/FGC activities of the Somali Women's Democratic Organization, co-funded by AIDOS.⁶⁰

These concerted efforts culminated in to the first International Conference on FGM/FGC in Somalia in 1988. Titled "Strategies towards Bringing about Change", the conference made recommendations for accelerating eradication of all forms of FGM/FGC in Somalia. Unfortunately, the program ended with the collapse of the state.

The assessment team encountered adhoc training, seminars, and outreach activities instead of long-term interventions. However, more organizations are designing, implementing, and conducting one to two year projects some with baseline surveys. Some of these organizations include: the Red Cross Society, CARE International, World Vision, Candle Light, GECPD, AID, SAACID, National Committee, NPA, and NCA. However, most of these projects are small scale in nature, relatively new, and have yet to be evaluated to assess their contribution towards behaviour change.

The team reviewed two qualitative evaluation documents; one conducted by UNICEF as part of its 2002 country program evaluation and another commissioned by NPA for its Horn of Africa anti-FGM/FGC program. The NPA program stretched as far as Djibouti and northeast Kenya. The two reports had the following key findings:

A. Key Findings for UNICEF's Country Program Report 2003

UNICEF has been involved in anti-FGM/FGC activities in Somalia since 1996. Some of its achievements include:

- Supporting a series of awareness-raising seminars on FGM/FGC attended by women's groups, politicians, religious leaders, health professionals, opinion leaders, members of the public, and local authorities in Northwest/Somaliland. It has established a national intersectoral committee and several regional committees.

⁶¹ UNICEF, 2002. "Evaluation of UNICEF's Program in Somalia, Final Report." Nairobi.

- In 1997, UNICEF organized a communication for change training workshop in Hargeysa for 32 Somali women's NGOs, health professionals, and UNICEF zonal staff. The aim was to change the behaviour and attitude of participants with regard to FGM/FGC and to seek total eradication of FGM/FGC. Participants pledged not to circumcise their daughters and to support the eradication of FGM/FGC. Follow-up indicates that most of the trainees became leaders in the various organizations working against FGM/FGC. Most have also refused to circumcise their daughters and are convincing their colleagues to join them.
- In 1999, UNICEF Somalia supported knowledge, attitudes, practices, and beliefs study. It organized a national FGM/FGC eradication consultative meeting in the Northwest/Somaliland to develop a plan of action for the total eradication of FGM/FGC.
- In 2000, further workshops and a one-week study tour were organized for nine Sheikh from three zones. They visited the International Center for Islamic Studies, at Al Azhar University, in Cairo. As a follow up, a consultative scholar in Islamic studies and a gynecologist from Al Azhar University visited Somalia. During their visit consultative meetings were held with elders, sheikh, women's groups, politicians, health workers, programmers, and educators. At one consultative seminar, one of the regions declared total eradication of FGM/FGC as its goal.
- In 2001, in collaboration with Al Azhar University and local authorities, a training of trainer's workshop was conducted for participants from different regional FGM/FGC working groups. The workshop led to increased knowledge about the harmful effects of FGM/FGC and awareness that Islam did not sanction it. Religious leaders and elders agreed that social norms such as purification rites, discouragement of premarital and extramarital sexual activities, and the fear that the uncircumcised would remain unmarried impact more directly on FGM/FGC's prevalence than do Islamic decrees. As a follow-up to the consultations, a national consensus-building meeting involving imams from Medina and other religious scholars was held.

The evaluation report notes that UNICEF Somalia has supported a number of interventions with the aim of awareness raising, social mobilization, and behaviour change. It has also supported programs on hygiene education, youth mobilization, breast-feeding promotion, HIV/AIDS awareness, promotion of girls' education, and the eradication of FGM/FGC.

The report adds that in totality, these events do not add up to sustained and strategic interventions. Their impact is therefore limited. It notes that behaviour change and awareness rising are long-term processes which require sustained household and community participation.

For instance, a three-day breast-feeding promotion program can only bear fruit if it continuously works with households. While acknowledging the effects of the emergency context, lack of resources, and little political will and commitment, the evaluation team recommended that these initiatives be strengthened at the community level. UNICEF currently lacks a structure or mechanism to do this at the community level.⁶¹

B. Key findings from NPA's evaluation report for its Horn of Africa program

NPA's evaluation report found that:

- The project communities were ignorant of the social, economic and health implications of FGM/FGC. With the exception of a few youth groups, men were less informed and least involved in project activities. Misconceptions and myths persist. Some felt fearfully helpless about their daughters' marriage perspectives if FGM/FGC was stopped. Many were surprised when they heard of Muslim communities that did not circumcise women.
- Efforts to educate the community were hampered by the lack of training content and IEC materials such as posters, billboards, and videos.
- Funding of FGM/FGC activities was short term and limited to sensitization efforts. Some projects only had three to seven months funding.
- FGM/FGC was marginalized when addressed alongside HIV/AIDS mainly due to inadequate capacity by implementing partners.

- Staff of implementing partners either had inadequate training or none at all. This led to the obvious confusion on whether the goal was total eradication or the move to *Sunna*. Many the implementing partners applied similar strategies, such as seeking income generation for circumcisers. Such strategies had little impact on FGM/FGC.
- Inadequate research and baseline studies may have contributed to the inability to address community needs and issues regarding FGM/FGC.

Nevertheless, the NPA project managed to break the silence on FGM/FGC in its areas of operation. Circumcisers became less proud of their work. Fewer TBAs continued advertising for their services.

The type of FGM/FGC varied between families, depending on the level of exposure. Families with relatives living in Saudi Arabia opted not to circumcise. Others to went *Sunna*. Increased awareness gave birth to more anti-FGM/FGC implementers from project areas.

Here are some of the key recommendations made by evaluators of the NPA program:

- There should be capacity building for staff involved in project formulation, technical assistance, and implementation on the ground. There should also be change agents in the target communities.
- NPA works with its implementing partners to harmonize the programmatic goal of zero tolerance, or the gradual move from infibulation to *Sunna*.
- Shift program strategies to attitudinal and behaviour change, facilitate study tours within the country, identify and empower role models whose experiences can be shared.
- Since FGM/FGC requires in-depth analyses and may be marginalized if grouped together with HIV/AIDS, the two should be delinked at the initial stages.
- NPA initiated a pilot community-based intervention baseline research whose findings can be used to expand the program to the Horn of Africa.
- Increase collaboration and networking between NPA departments, and with national and global agencies in the anti-FGM/FGC work.
- Build partnership with other donors to mobilize resources for community needs in the FGM/FGC eradication efforts and other related developmental needs.
- Develop and avail materials for public education and for training change agents. They are currently in dire shortage.
- Capitalize on the crucial role of religious leaders in fighting FGM/FGC in Somalia. Organize more training for them, and involve religious leaders from countries that do not circumcise females.

The NPA and UNICEF findings are consistent with the conclusions of this report. It is clear that widespread interventions are unlikely to yield any results in attitudinal change or behaviour modification, especially when all implementing agencies are new in the anti-FGM/FGC fight and lack the necessary software. Because of the entrenched nature of FGM/FGC, community-based projects will offer the necessary interpersonal channels of communication that can address myths and misconceptions and allay fears about women's sexuality.

C. Assessing the extent to which foundations of successful programs are in place in Somalia

Using an increasing scale of 0 to 10, the assessment team appraised the situation as summarized in box 8. Such assessment has its own limitations since it represents the situation at a particular point in time.

Box 8. Summary of assessment and scores allocated

Foundation	Assessment	Score (0 to 10)
1. Strong and capable institutions implementing anti-FGM/FGC programs at the national, regional, and local levels.	<ul style="list-style-type: none"> • Many organizations are working at the national and regional levels. • Limited implementation at the community level. • Medium to low capacity. 	<p>Score: 5</p> <ul style="list-style-type: none"> • Upgrading of capacity of implementing partners in all areas of anti-FGM/FGC program planning, implementation, evaluation and documentation is needed.
2. A committed government that supports FGM/FGC eradication with positive policies, laws and resources.	<ul style="list-style-type: none"> • No central government in Somalia. • Limited scope of regional authorities. • No laws criminalizing the practice except in Puntland. No policies, guidelines, or resources from regional authorities, including Ministries of Health. 	<p>Score: 2</p> <ul style="list-style-type: none"> • Need to solicit support and commitment from regional authorities where applicable. • Assist them to draft policies, laws, and guidelines for anti-FGM/FGC programming.
3. Institutionalization of FGM/FGC issues into national reproductive health, literacy and development programs.	<ul style="list-style-type: none"> • Limited institutionalization of anti-FGM/FGC messages, especially the harmful effects of Pharaonic FC, in literacy programs and a nursing school in Bossaso. • Institutionalization of the nursing curriculum still in process. • Institutionalization in formal schools' curricula being discussed. • FGM/FGC addressed in some of the reproductive health programs but not systematic. 	<p>Score: 3</p> <ul style="list-style-type: none"> • Concerted efforts are needed to institutionalize anti FGM/FGC programs in the nascent private and public Somali institutions. This includes health personnel training programs, formal school systems (including any institutions of higher learning), literacy and vocational training programs; and community development initiatives, including those for pastoral communities.
4. Trained staff who can recognize and manage the physical, sexual and psychological complications of FGM/FGC.	<ul style="list-style-type: none"> • No treatment guidelines for addressing FGM/FGC complications. • Treatment done on ad-hoc basis by individual doctors. • One program brings volunteer doctors four times a year to Galckayo and Bossaso for reconstructive surgery, fistula repair and other corrective surgery. It is not able to meet demand. • Two fistula hospitals in the pipeline. • NOVIB-Somalia is currently training some counselors to address FGM/FGC and other issues. • No documentation of complications in hospitals and other health facilities, including private sector. 	<p>Score: 3</p> <ul style="list-style-type: none"> • This area needs immediate action since many women and girls are suffering, unable to access treatment or being treated on a trial basis. • Capacity exchange needed between doctors involved in corrective surgery. • Need to increase the number of counselors and make counseling services available and known. • Check level of blood transfusions on girls and follow up on the safety of the blood supply. • Capture FGM/FGC complications in hospital and clinic statistics. • Add FGM/FGC to community-based periodic health-related surveys.

<p>5. Coordination among governmental and nongovernmental agencies at the international, national, regional and local organizational levels.</p>	<ul style="list-style-type: none"> • Good coordination at the international level among members of SACB, the subcommittees and focal persons. • Some co-funding and collaboration on projects is visible. • Umbrella women and youth NGOs exist and build capacity of agencies and initiate coordination activities. 	<p>Score: 7</p> <ul style="list-style-type: none"> • Coordination can be improved, especially in the area of joint planning and programming. • Co-sponsoring of capacity-building events and materials. • Build capacity of umbrella organizations to convene periodic meetings and facilitate sharing of experiences, technical assistance and resources. • Umbrella organizations can also monitor activities and provide feedback on areas of strength and weakness.
<p>6. An advocacy movement that fosters a positive political and legal environment, increased support for programs and public education.</p>	<ul style="list-style-type: none"> • An advocacy movement is emerging but is still in infant state (women NGOs, youth groups, international agencies that are supportive and committed). • Legal environment is limited by lack of government. • Advocacy and public education activities are ongoing on a small scale and focus mostly on awareness raising. • Increasing number of civil society organizations, understanding the rights-based approach and being trained as human rights defenders could benefit the movement if mobilized. 	<p>Score: 6</p> <ul style="list-style-type: none"> • Advocacy movement needs capacity building in advocacy skills and strategies. • Advocacy movement needs capacity building in behaviour change communication and FGM/FGC programming. • Advocacy movement needs capacity development in building, expanding the base of, and maintaining coalitions. • Expanding coalition base requires persuading other stakeholders to join the movement so that it has a broader base of support, not only from women NGOs but also from religious and professional associations and men.

In conclusion, this review indicates that with all the commitment of the international community and the Somali civil society organizations, limited successes have been registered. These include:

- Some awareness raising, especially in urban centers on the harmfulness of FGM/FGC and the fact that Islam does not sanction at least the Pharaonic circumcision.
- Some of the more educated and urbanized are shifting towards *Sunna*, and are increasingly going to the health professionals.
- Few religious leaders are acknowledging that FGM/FGC in all its forms can be abandoned.
- Some of the heads of activist organizations are acting as role models and have stopped circumcising their daughters. A few others who have been exposed to cultures outside Somalia have also stopped circumcising.

Unfortunately, the assessment also indicates that these program activities have limited impact on the prevalence of FGM/FGC, which if falling between 94 to 98 percent is still unacceptably high in Somalia.⁶²

⁶² Health Unlimited, 2003. "A Report on the Assessment of Level of Awareness in and Discussion on Issues of FGM/FGC, Safe Motherhood and STI/HIV/AIDS among Somali-Speaking Horn of Africa Community." Nairobi.

3.5 FGM/FGC Elimination in Somalia: Opportunities and Constraints

FGM/FGC poses an imminent threat to the health, happiness, and fundamental rights of Somali girls and women. Opportunities for engagement in the campaign fortunately outweigh the constraints. With a large pool of a committed network of fighters in form of organized women and youth groups, there is hope.

These networks are committed to addressing social and economic issues within their families and communities. Some of them already have significant capacities in organizational development, grant management, leadership skills, literacy, environmental protection, human rights, income generation, and support for pastoral communities. Some are capable of implementing systematic behaviour change communication interventions, at the national and community levels. All they require are grants and appropriate technical assistance. Specific population groups also present special opportunities for the final dismemberment of belief systems and mental maps that sustain FGM/FGC in Somalia and the Somali-speaking Horn of Africa.

3.5.1 Realizing the potential in youth

In 2000, Somalia had an estimated 3.2 million young people aged between 10 and 24 years. This number is projected to reach 7.2 million by 2025.⁶³ These young people need to participate in formal and non-formal educational activities, social mobilization, and skill-building opportunities especially those geared towards eradicating FGM/FGC, preventing sexually transmitted infections and HIV/AIDS, protecting the environment, and improving reproductive health and gender equity and equality. Many can make use of the myriad youth networks in Somalia.

Although limited in scope, the Health Unlimited qualitative data opens windows on young people's readiness for change with regard to FGM/FGC. There is already overwhelming consensus amongst youth of both sexes that *Sunna* will and should replace Pharaonic FGM/FGC.

Consistent with global trends, young men in urban settings are more knowledgeable about sexuality. They do not condone FGM/FGC and doubt its religious basis. They have been swayed mainly by its undesirable health complications and the fact that it denies women sexual pleasure. Generally, youth adopt new ideas more easily. Convincing them to move from their overwhelming support for *Sunna* is an achievable goal.

Males should also be convinced not to circumcise their own daughters, or demand that their wives be circumcised. However, it is unrealistic and unethical to insist on convincing them not to marry circumcised women since their age mates are already circumcised. The focus should therefore be placed on not making circumcision a prerequisite for marriage and preparing the community for a society that is free from all forms of FGM/FGC.

Girls in their formative years could be convinced to reject all forms of FGM/FGC, given their negative experiences. However, they need to be handled delicately to avoid psychological trauma and loss of self-esteem. They need to first accept the fact that FGM/FGC is a harmful cultural practice that needs to be abandoned. Their energies should then be channeled towards saving their siblings and daughters from FGM/FGC. In addition to treatment of complications, the potential feelings of loss and counseling should be addressed.

⁶³ Population Reference Bureau, 2000. "The World's Youth 2000: Datasheet." Washington, D.C. USA.



Photo courtesy of: HAVAYOCO Youth in Hargeisa.

3.5.2 Harnessing the potential of the Islamic religion

Although there is too much reliance on Islamic clerics and confusion about a possible religious backlash, clerics present a huge opportunity for the fight against FGM/FGC. They can play a role in educating the public and declaring their stand against FGM/FGC. There is a need for:

- Identifying educated and moderate clerics for comprehensive training on all aspects of FGM/FGC; health, sexuality, culture and tradition, human rights, gender, and the Islamic perspective on FGM/FGC (box 9). The trainee clerics should interact with their counterparts from Islamic countries that do not practice FGM/FGC. These should exclude Egypt, Yemen, and Sudan, which share the same cultural mental map with Somalia. Preferably the other religious leaders should be of the Sunni rather than Shiite group. The trainees should also learn about communities in Senegal and Kenya that stopped practicing FGM/FGC. It should then establish its own mission statement and an organization like Muslim Men Against FGM/FGC. This group should be trained in behaviour change and given materials and resources for mobilizing support. Religious Somali women are also ready for change. They are able to interpret the *hadiths* and
- other religious references, including Quranic verses, that support women's sexuality and freedom from artificial alterations of their bodies. Such women are currently at the forefront as *Sunna* accepters. Some have completely abandoned the practice. Like the male clerics, they need empowerment and opportunities to network with other moderate Muslim women from non-FGM/FGC-practicing countries. They should form their own anti-FGM/FGC network as well as work within the existing ones.

Box 9. What is the position of Islam on FGM/FGC?

The Islamic legislation or *Sharia* is based on four main sources: (a) the *Quran* (Koran); (b) authentic sayings of Prophet Mohamed (PBUH) or *hadith*; (c) good behaviour modeled after the Prophet's acts (*Sunna*); and (d) unanimity and analogy (*fiqh*). Analogy and unanimity are views of justice expressed by Muslim scholars and reasoning reached by Muslim jurists. The jurists of the four orthodox Islamic doctrines adopted different views on the issue of FGM/FGC and there has been a recent urging of Muslim scholars to settle the matter. This has not yet been achieved. However, many Muslim scholars oppose the practice for various reasons, including:

- Lack of reference to female FGM/FGC in the Quran.
- There is no confirmed saying from Prophet Mohamed (PBUH) supporting the practice.
- There is one unconfirmed saying around which discussion of the exact position of Islam revolves. This saying is judged inauthentic, as there is a break in the chain of transmission from the Prophet (PBUH). It says that in answer to *Um Ateya*, the Prophet (PBUH) replied:

"If you circumcise do not mutilate (*intehak*), it would be enjoyable for the male and preferable for the female." Practically all translations omit the "if" and relate it as "circumcise but do not cut deeply" or "lower but do not overdo".

Once "if" is included in the statement; the element of order or obligation disappears. Thus even if this unauthenticated hadith is accepted, Islam can be said to permit a mild transient cut (similar to sniffing of the knife to the prepuce) but does not require it. This led to allowing of the pricking of the tip of the prepuce with a needle among scholars who supported the idea that Islam allows the practice but does not require it. Others totally opposed any nicking of the prepuce or any other part. There are other *hadiths* that refer to female circumcision but none that made it a requirement or an obligation.

- There is no report that the daughters of the Prophet (PBUH) were circumcised, but there is evidence that he had his grandsons circumcised.
- Islam says that a Moslem who has an organ cut is entitled to *fidya* (blood money). Therefore, any cutting of the clitoris obligates paying of *diya* by those who commit the act. This is also because the cutting is harmful and has no benefit.
- A confirmed tradition from Prophet Mohamed (PBUH) reports him saying, "Do not harm or be harmed." FGM/FGC is inflicting harm on children without their consent.
- The negative psychosexual effects of FGM/FGC contradict the Quran, which states: "And among His signs is this, that He created from you mates from among yourselves, that ye may dwell in tranquility with them, and He has put love and mercy between your hearts" (Quran: The Sura of the Rum (Roman Empire) Verse 21).
- Islam acknowledges sexual pleasure within marriage thus defeating the notion that sexual desire or pleasure among women is un-Islamic.
- "We indeed created man in the fairest of stature", meaning that there are no flaws in God's creation and human beings should strive to keep his creation intact (Quran 95:4).
- The Quran also states: "So set thy face to the religion, a man of pure faith – God's original upon which He originated mankind. There is no changing God's creation. That is the right religion: but most men know it not" (Quran 30:30).
- Most Islamic countries, including Saudi Arabia, Iraq, Iran, Turkey, Morocco, Syria, Pakistan, Algeria, Palestine, and Islamic states in the former Soviet Union do not practice any form of female circumcision. They however circumcise boys as obligated by Islam.

In conclusion, FGM/FGC is a pre-Islamic cultural practice whose harmful effects Prophet Mohamed may have tried to minimize. It is not an Islamic requirement, since all Muslim in the countries mentioned above would have adhered to it.

Source: Karim, Dr. Mahmoud, 1988. *Female Genital Mutilation: Historical, Social, Religious, Sexual and Legal Aspects*

3.5.3 The educated and urbanized

Studies clearly show that there is no difference in the prevalence of FGM/FGC among various socio-economic categories. The Health Unlimited study found that 73 percent of rural, 64 percent of nomadic, and 54 percent of urban mothers said they planned to circumcise their daughters.⁶⁴ It is clear however that urban people, especially women, are more knowledgeable about the harmful effects of FGM/FGC. They also know that Islam does not sanction the practice.

⁶⁴ Health Unlimited, March 2003. "Assessment of Level of Awareness in and Discussion on issues of FGM, Safe Motherhood and STI/HIV/AIDS among Somali speaking Horn of Africa Community". Nairobi.

Fifty-three percent of urban mothers in this study state that Islam does not sanction FGM/FGC. However, although 54 percent say they will not circumcise their daughters, "not circumcising" does not necessarily mean, "I will not carry out any sort of FGM/FGC". It could mean that they will not do the drastic form of Pharaonic circumcision. Further research is needed to clarify certain ambiguities arising from existing studies and terminologies.

Anti-FGM/FGC programs will benefit more by targeting those who are ready for change. Behaviour change interventions should first target those who have already considered changing their behaviors or are weighing the options even if change was for the least forms.

3.5.4 Targeting men: Fathers

Recent studies indicate that men and women share similar beliefs and values when it comes to FGM/FGC. However, although men expect all of their daughters to be circumcised to qualify for marriage, they are removed from the actual action and are often ignorant of its negative effects on women and girls. In the already cited study by Health Unlimited in Mandera, Kenya, and in Borama, Northwest/Somaliland, more than two-thirds of men thought that FGM/FGC was harmful and should be abandoned, compared with 35.5 percent of women. Although this is not a nationally representative study, it shows that given more information about the damaging effects of FGM/FGC and its various cultural, religious, economic, physical, sexual, and psychological dimensions, men will be able to support its total eradication.

Urbanized and educated men exposed to un-circumcising countries are more adaptable to change. It is worth mentioning that as indicated in the section on FGM/FGC complications, men are silent sufferers of the effect of FGM/FGC. Many suffer trauma to the penis and sexual health. Because of the culture of silence associated with sexuality and manhood, they are unable to voice their concerns or to break away from a belief system that ties trust in their wives and relationships with the practice of infibulation.

All parents must protect the rights of their children so they can be free from torture and degrading practices under religions, national laws, and human rights conventions. The claim that men are bystanders in the decision-making process, even when they are opposed to the circumcision of their daughters, is a serious dereliction of duty. Men disapproving of the practice should be encouraged to voice their rejection to, and make deliberate and informed decisions and to strengthen the behaviour change communication interventions.

Men are currently marginalized in the fight against FGM/FGC, both as target audiences and change agents. It is important to establish and support male-led networks such as a concerned fathers' network, to spearhead some of the FGM/FGC eradication projects. It is quite clear that women circumcise girls for men. A good illustration involved an Eritrean doctor, whose mother-in-law kept pressuring his wife to circumcise his daughter. After various interventions, the doctor called his mother-in-law and informed her that if his daughter was circumcised in any way, under her guidance or anyone else's insistence: "she should plan to take her daughter home, since she will be just approving her divorce papers". That statement stopped the mother-in-law in her tracks. More men could stop the FGM/FGC practice by making the right decision.

3.5.5 The community approach

Community-based interventions are critical in supporting national-level advocacy or behaviour change programs. Although media can help in creating awareness and changing attitude, interpersonal communication is best suited for allowing people to critically examine their values, beliefs, norms, and practices.

The 2002 UNICEF Country Evaluation Report states that certain social mobilization activities addressing FGM/FGC:

"were not together adding to sustained interventions that are being continually and strategically implemented, especially at the community level, and thus the impact of such interventions was limited."⁶⁶

To achieve their behaviour change goals, the programs require strategic frameworks, long-term and sustained household and community-level initiatives. It is important to design community-based projects (see section 2.2.2 above), which incorporates all community members. With their clear participation, findings can then be analyzed.

The process must however be delicately moderated to steer communities from affirming the importance of harmful traditional practices. Conflict often arises on what space facilitators should be given to help bring about change without imposing outsider values on communities. The facilitator's main goal is always to add fuel to the eradication of FGM/FGC. Agencies working in Somalia have argued that they respected the communities' decisions to practice a lesser form of FGM/FGC. Some have even started to support such decisions. This may sound like promoting participatory social change ideals, but it is deviating from the global stance against FGM/FGC and the fight against FGM/FGC is not value free. It values the health and being of women and girls.

In such situations, it is useful to apply the PEN-3 model advocated by African health and cultural specialists. The model allows communities to identify existing beliefs and practices, such as those surrounding FGM/FGC, and to categorize them into positive, existential, and negative. Positive practices such as breast-feeding are to be promoted while negative ones like FGM/FGC are eliminated or alternative found for its significance. Existential practices have neither negative nor positive implications like placing an ostrich egg on the fence to ward off the evil eye. This should be left alone.

To engage the community in in-depth examination of cultural practices, a community-based anti-FGM/FGC program should address and dismantle other dimensions of the mental map. They should respond to all the communal fears regarding FGM/FGC. Fears such as the women's genitalia growing grotesquely, women being unable to control their sexuality and thus raping men, being a family disgrace should be allayed.

It is important too to clarify that sexual desires are controlled from the brain and involve multiple bodily processes: visual, hearing, fantasies, emotions, and touching. This will demystify beliefs that the genitalia control women's behaviour. Showing and giving examples of millions of uncircumcised Moslem women brought up to be upright, respected and trusted by society, spouse and families add to the demystification.

To facilitate the process of community change, it is imperative to design a set of discussion guides or flipcharts dealing with the different dimensions. Each group should then go through every topic and issue. On reaching a positive response, they can then move on to the next topic. The last discussion should center on individual and group decision making then reach a consensus on the FGM/FGC practice.

It is only after a critical mass within each target group religious leaders, traditional leaders, women's groups, girls and boys has reached its own individual and group consensuses, that it is appropriate to organize consensus building fora for diverse groups. After that the results can be widely publicized.

It is counterproductive to attempt achieving consensus on banning all forms of FGM/FGC based on clarifications from unconvinced religious leaders. Such attempts can cause undesired results as is currently the case in Somalia.

The last discussion should aim at building consensus among community members. Once that has been achieved, a public declaration against FGM/FGC in all its forms should be made. Successes such as these can spark other communities into action. However, the community-based projects should never take place within the areas of one sub-clan. They should be implemented in areas of different sub-clans so that one group is not labeled or ostracized.

Anti-FGM/FGC initiatives should ideally be initiated with a participatory learning and action (PLA) process in communities. As noted in the UNICEF evaluation report, they should get overall community support by establishing programs where development activities are already ongoing, it is likely that communities' first priority will be to address survival such as water, healthcare, and education. If development agencies address these needs first before shifting gear to FGM/FGC, they will easily win the trust between themselves, the community, and leaders.

One can also apply lessons from UNICEF's approach to primary education, which included developing a comprehensive primary school package of curriculum, pedagogy, textbooks, teacher training, information systems, community education committees, and school construction guidelines before spreading the package simultaneously across a large number of schools.

The lesson is that a systematic, sectoral software package should first be prepared and when the opportunity arises, it can be implemented on a large scale.⁶⁵ An anti-FGM/FGC software package – including materials that can dismantle the mental map, and trained facilitators – is urgently needed in Somalia. Such software will guide the process and eliminate the current confusion regarding programmatic goals and objectives. As stated above, it is important to experiment with community-based approaches in different clans to avoid insulting the group that first declares its intentions of stopping the practice.

Finally, donors need to coordinate interventions so that their efforts will have an additive effect in the same strategic direction. In this regard, each donor can support an aspect of the eradication program drawn from the same strategic framework, as should be the case in the preparation of a future Common Country Assessment and United Nations Development Assistance Framework.

Coordination and complementary programming should also be encouraged among the Somali NGOs and CBOs. This will increase synergy, cross-fertilization, sharing of resources and will help eschew duplication of efforts and mixed messages.

3.5.6 The regional media approach

The best form of media for an orally active society like Somalia is obviously the radio. It is the most powerful and breaks across language and literacy barriers. Considering the power and acceptance of radio in Somalia, the Sahan Saho, program should be utilized to the maximum. With well-produced programs and news events, it can have a positive impact on communities in Somalia and the Horn of Africa. FGM/FGC is and should be considered a developmental issue. The radio program should therefore be expanded to give sufficient time to each of the topics addresses. FGM/FGC needs a forum of its own, given the severity of its complications and the complexity of associated beliefs. The program should strive to give equal voice to all its target communities. The communities should also be able to identify with the voices, characters, dialect, testimonials or discussions on the program.

There is a need for increased local orchestration and advertisement through shared experiences by anti-FGM/FGC networks. Listener groups should be formed and monitored in conjunction with implementing partners in each of the communities instead of being done by the producers alone. Best practices should be documented. Successful role models who have discarded FGM/FGC should be

⁶⁵ Evaluation of UNICEF's Country Program in Somalia. Final Report, Page 109. October 2002. Nairobi.

given a voice on the programs. They can tell of their struggles, challenges and triumphs. They can narrate how they defended their daughters and wives and eventually their victory.

3.5.7 Improved monitoring and evaluation

The crucial documentation and evaluation of anti-FGM/FGC activities can be done in tandem with systematic and long-term interventions. There may be a need for carrying out one baseline using the module developed by Macro International for the demographic and health surveys. This anti-FGM/FGC module has been properly field tested, validated, and used in African countries, such as Eritrea, Kenya, Egypt, Central African Republic, Ivory Coast, and Mali. Using this module will allow the sharing of best practices and comparison of Somali data with that from other African nations. It will also eliminate poor-quality results if supervision and appropriate technical assistance is available. To ensure comparability of studies, those conducting the DHS must review the methodologies, sampling, questions and definitions used for the Somali Prevalence Survey conducted in the early 1980s. It had included a pre-cursor FGM/FGC module of the current DHS FGM/FGC module.

The current collection of baseline data for focused projects is a positive move that needs to be supported and encouraged. Program implementers must however bear in mind that reduction in prevalence will not show at the community level during a one- to two-year project. They will need qualitative, process-type assessments, indicators and project specific evaluations to guide interventions for the short term. The periodic DHS survey and other national data can test cumulative effects of subsequent grants in the same project communities and national trends.

Many implementing partners in the field do not have access to the many studies and assessments conducted in different parts of the country. They complained that they could not benefit from the findings. To overcome such constraints, copies of all FGM/FGC-related studies and assessments, should be sent directly to the roster of those involved or to the umbrella NGOs. Implementers can also synthesize key findings into simple issue-oriented fact sheets, and then distribute them through local NGOs and CBOs. The data could also be disseminated through mass media programs.

Drawing on the Somalis in the diaspora

Drawing on the background, education, experiences and the language skills of the Somalis in the diaspora presents a unique potential for rebuilding Somalia and contributing to the eradication of FGM/FGC. These experiences and potential can be summarized as follows:

- Many educated Somalis are living or working in developed countries and regions such as Canada, United States, Europe, and Australia. Many are frustrated by their inability to get into the productive sectors of their receiving countries, since they cannot break certain barriers. Most of these professionals, including doctors and nurses, have a wealth of knowledge, skills and experiences that can be updated and mobilized for local and global use. International donors interested in rebuilding Somalia and its human resources, can recruit these professionals in the diaspora, provide them with refresher courses and offer them incentives or jobs which can sustain their families. The current Doctors Program being implemented by WHO and other agencies can be expanded to nursing, teaching and other fields. This is important since Somalis in the various zones have limited foreign language skills and usually absorb limited knowledge from foreign consultants. Except for one or two leaders of the local women's and youth organizations, most members are barely literate in English and therefore will gain very little from courses conducted in English. This calls for rethinking the modalities of capacity building through international consultants, perhaps coupling Somalis with these consultants and later leaving the Somalis in charge. Capacity building can also be organized from within Somalia by offering consultancies to capable individuals from one NGO to provide technical assistance to others within the country where security allows. The cost of these consultancies would often be a fraction of foreign consultancies while at the same building local capacities.

- Most Somalis in the diaspora have been exposed to outside cultures that do not circumcise. Many have stopped FGM/FGC and have the courage to declare this publicly. Meanwhile, other Somalis in the diaspora continue practicing FGM/FGC. To avoid laws of their host nations, they conduct FGM/FGC in nations that allow it. Positive role models that have stopped the practice should be sponsored to speak up and address their communities. Messages and voices from local Somalis who are against FGM/FGC could be distributed to the diaspora. Videotapes of anti-FGM/FGC program should also be distributed among them.

3.5.8 Constraints

There are major constraints in carrying out anti-FGM initiatives. Insecurity makes work in Northwest/Somaliland, Northeast/Puntland and Southern and Central Somalia a major challenge. Other problems, which hamper programming in Somalia, include lack of established governmental and nongovernmental institutions, infrastructure, a banking system and dearth of qualified professionals.

Chapter 4



4. Key Issues and Recommendations

This section raises salient issues and recommendations given in this report. Other key findings have already been mentioned in detail.

4.1 Responses from International Partners and Civil Society Organizations

Coordinated by SACB, many international donors, including U.N. agencies, support the essential programs implemented in Somalia. Many of these agencies, such as UNICEF, UNFPA, WHO, Diakonia-Sweden, the European Union, Equality Now, NOVIB-Somalia, NPA, NCA, World Vision, CARE International, the Red Cross Society, Health Unlimited and UNIFEM, support FGM/FGC eradication projects and activities. The World Bank is also interested in FGM/FGC eradication.

Issue: FGM/FGC eradication activities mostly occur on a small scale, ad hoc and short-term basis. This report noted that because FGM/FGC is a deeply entrenched practice, bringing about behaviour change requires research and systematically designed and longer-term interventions. Many organizations are often given support for implementing activities like workshops, seminars, small research, study tours and sponsorship to a conference. Others are given one-year projects. With very few systematically and strategically designed, implemented and evaluated programs, this approach negatively affects the morale and effectiveness of implementing agencies thus affecting the desired objectives. Although FGM/FGC eradication activities of the donors are well coordinated in Nairobi, many partners complain that coordination and joint programming is minimal in Somalia.

Recommendation 1: *International donors need to fundraise for and support long-term projects (of at least five years) with the possibility of committing and releasing funds on an annual basis pending satisfactory performance by the grantees.* Donors that have shorter country program periods can also plan five-year interventions with the caveat that multi-year support will be contingent on availability of funds. This approach will allow the grantor and grantees to have a vision and a plan for the program.

Recommendation 2: *International donors should develop a joint strategic framework for FGM/FGC eradication. (They should support complementary components of the program to successfully cover all aspects of anti-FGM/FGC foundations).* Complementarities could be based on support for thematic areas such as counseling and treatment, research and evaluation of projects, mass media support, software development and regional or zonal programs. This will require donors to discuss joint framework, targeting use of current resources, roles, responsibilities and fundraising strategies for a more comprehensive and longer-term programming.

Recommendation 3: *International donors need to continue their coordination efforts at the international level while improving coordination and sharing of resources locally.* Many Somali women and youth NGOs implement anti-FGM/FGC programs either as umbrella organizations or as members of such umbrella networks. Despite this positive notion, not all member agencies of any given network may be involved in the FGM/FGC work. What matters is that those involved remain committed and eventually make great progress in raising awareness about the harmfulness of FGM/FGC.

Issue: There is need to strengthen staff knowledge about the various dimensions of FGM/FGC and improve their technical capability to design, implement and evaluate anti-FGM/FGC programs. Agencies are adept in awareness-raising skills but lack behaviour change, advocacy and participatory facilitation techniques. These skills are critical in bringing about social change at the community and national levels. Better understanding of the current successes and failures of the global anti-FGM/FGC movement will also assist organizations in understanding ineffective strategies, like that of offering alternative incomes to circumcisers. In some cases, confusion arises when members or staff from the same network, give different messages. Some support the total eradication of FGM/FGC while others encourage *Sunna*. This exposes lack of synergy in activists' efforts. Some field activists say that addressing FGM/FGC with HIV/AIDS prevention undermines the campaign.

Recommendation 1: *There is need to upgrade the technical capacity of staff and volunteers of women and youth organizations in FGM/FGC eradication strategies, lessons learnt; behaviour change communication (BCC); advocacy, skills; and participatory facilitation techniques.* Skill building should also include counseling, conflict resolution and mediation. Assisting with individual and communal decision-making skills should also be part of the BCC training.

Recommendation 2: *Anti-FGM/FGC activist organizations should organize consensus-building meetings for their own staff, volunteers and consultants. This should formulate an agreement on key messages related to the total eradication of FGM/FGC.* Similar consensus-building meetings are also needed for members of the umbrella networks to unite their voices. It is important to train participants in all the dimensions of FGM/FGC, and dismantle their negative belief systems before involving them in the consensus-building exercise. The aim should be that all staff and volunteers would eventually support the no tolerance stance for all forms of FGM/FGC.

Recommendation 3: *NGO leaders and activists should continue being role models. They should not circumcise their own daughters. They should persuade staff and volunteers in their own agencies to follow suit.* Once they have recruited a sizeable mass of un-circumcising families, they should be encouraged to publicly declare their positions on radio and via other media. Communities should collectively decide when such a massive move of public declaration is feasible. When activists change their own behaviour and declare their intentions publicly, their messages will be more convincing.

Recommendation 4: *Anti-FGM/FGC implementers should weigh the options of linking FGM/FGC and HIV/AIDS prevention and awareness-raising programs.* Integrating HIV/AIDS prevention into all reproductive health programs is important. More crucial is the message that: "circumcising multiple girls with the same blade may cause HIV and AIDS." The linkage between FGM/FGC and HIV/AIDS is replete with underlying fallacies. First, communities practice FGM/FGC in order to reduce women's sexuality.

The community also believes that HIV and AIDS are fuelled by promiscuity. Religious leaders have even agitated for the burning of condoms, which are viewed as 'instruments of promiscuity'. Therefore it is a major challenge for the reproductive health programs to advocate for FGM/FGC eradication, condom use and HIV and AIDS prevention in the same breathe. FGM/FGC eradication requires in-depth dialogue, debunking myths, providing accurate information about religion, the female anatomy and sexuality.

4.2 Responses from Regional Authorities

Meetings with representatives of the Ministries of Health in Northwest/Somaliland and Northeast/Puntland indicated that they were generally interested in the eradication of FGM/FGC. They perceived that current programs are important for improving the health of women and children. They identified their role as that of setting up policies and guidelines, coordination of program activities, quality control of messages and monitoring of activities.

Issue: Representatives from the Ministries of Health and other agencies complained that international donor agencies are likely to support NGOs and CBOs than government institutions. They deplored the lack of capacity and expertise of some of the agencies implementing HIV/AIDS prevention and FGM/FGC eradication activities. They reported that without the necessary oversight and technical quality control, many of these NGOs and CBOs would pass erroneous information to the communities.

Recommendation 1: *International-funding agencies should encourage the Ministries of Health and other governmental agencies to coordinate and supervise anti-FGM/FGC prevention activities by ensuring that NGO staff and volunteers pass scientifically correct and non-contradictory messages.* The staff of regional authorities should also receive capacity building in the latest information, strategies, lessons learned and guidelines adopted by the global community.

Recommendation 2: *International development and funding agencies should also assist staff of regional authorities to draft counseling and treatment guidelines for FGM/FGC survivors. (They should also help draft policy and legal documents to protect the rights of young people).* Legislative language should be incorporated into regional authorities' constitutions. It can be drawn from the laws adopted by the other African countries or accessed from the Center for Reproductive Law and Policy in New York. Laws aimed at promoting gender equity and equality and remove customary laws and practices that impede women's health, should also be drafted.

4.3 Responses from Communities

Somalis use their oral tradition to narrate recent and past events and also retell stories and information. Lack of entertainment fora provides a fertile opportunity for the rapid spread of information given at workshops, seminars and other right channels. The social upheavals of the last decade may have exposed Somalis to foreign cultures which might have facilitated social change in deeply held tradition.

Issues: Anti-FGM/FGC behaviour change interventions need interpersonal channels of communication to support mass media or general public education methods. Traditional channels of communication are appropriate for reaching remote and nomadic communities. Participatory methods of community and social change that build on local conflict mediation and facilitation techniques may bring about behaviour change.

Recommendation 1: *Design participatory community-based interventions, which utilize the PEN-3 method described in section 3.5.5 and should have traditional methods of community dialogue and conflict mediation techniques to support mass media and other national interventions.*

Recommendation 2: *Develop appropriate software training packages for use in as many communities as possible (see the community approach, section 3.5.5).*

Recommendation 3: *Train competent facilitators to support national and community based initiatives. Facilitators should be comfortable supporting a no tolerance stance on FGM/FGC.*

Recommendation 4: *Initiate community-based interventions with a PLA process, preferably in communities that already have development interventions such as water, sanitation, clinics and schools.*

4.4 Examining Projects: Lessons Learnt and Best Practices

It has been clearly stated that a successful anti-FGM/FGC movement must have six basic foundations in place (box 7). Program implementers must be competent in designing, implementing and evaluating systematic and research-based anti-FGM/FGC interventions. They must also target audiences and communities according to stages attained in new behaviour adoption.

Issues: An assessment of the six basic foundations in Somalia shows some having passed the halfway mark. Others are in their rudimentary stages. Program designs also lack systematic approaches, strategies, consistent messages and appropriate materials. They tend to focus on awareness raising and fall short of moving audiences along the continuum of behaviour change. Most anti-FGM/FGC programs and activities reach only small numbers of audiences.

Recommendation 1: *Anti-FGM/FGC implementers and donor agencies should build on the six critical foundations.*

Recommendation 2: *Anti-FGM/FGC programs should be research-based, designed systematically and with short- and long-term objectives. This means conducting appropriate baseline and end-line studies into programs, adopting systematic and theory-based strategies and developing appropriate*

action plans that address the coverage, quality and cost of strategies and actions. Program implementers need to use a set of indicators to guide program focus and evaluation.

Recommendation 3: Program implementers must ensure consistency in the most crucial messages of the anti-FGM/FGC movement, while still respecting flexibility and innovation. This means that messages for the total eradication or lesser cut, the position of Islam, effects of FGM/FGC on women's sexuality and the rights violated by FGM/FGC, should all be consistently addressed by staff and volunteers.

Recommendation 4: Attractive, easy-to-use, research-based training and educational materials are needed to support local, regional and national programs. Building on the oral traditions, simple reading materials, cartoons and illustrated text can be developed into literacy programs.

Recommendation 5: While all communities and audiences need to be targeted with anti-FGM/FGC interventions, program implementers should base their campaigns on the most cost-effective and audience-selected strategies. They should prioritize key decision-makers in the fight against FGM/FGC. They should then recruit those most likely to change. It is only after impacting on those that easy to change that the programmers should shift focus on recalcitrant groups (i.e. nomadic and the uneducated).

Recommendation 6: Anti-FGM/FGC program implementers and donors should establish easily accessible treatment and counseling services for women suffering from FGM/FGC-related complications. They should empower those already engaged in counseling and build the capacity of medical doctors, nurses and lay counselors.

Recommendation 7: Anti-FGM/FGC program planners and donors should first develop the necessary software, implement it in demonstration-type projects and then scale it up based on lessons learned. The human rights networks, currently being established and strengthened by NOVIB-Somalia and the child rights defenders being strengthened by UNICEF, can be rapidly strengthened in FGM/FGC programming. Organizations involved in political dialogue and known to be members of political parties will not be the most appropriate ones for implementing anti-FGM/FGC programs. They may not solicit support from all religious, cultural and political groups.

4.5 Opportunities and Constraints for Re-engagement on FGM/FGC Elimination in Somalia

As stated above, opportunities for engagement in Somalia far outweigh the constraints. The World Bank can prioritize and support components of the anti-FGM/FGC programming needs based on its comparative advantage and organizational priorities.

4.5.1 Potential areas for World Bank support

- Support a community-based demonstration project with the objective of scaling up where appropriate. The program should be implemented by a local NGO with the technical support of an international agency or agencies, including a university that can offer research, evaluation and documentation services. Most of the resources should be channeled into the implementation of the program, while a quarter can be spent on evaluation and technical assistance. The project should be funded for a period of five years, but positive results achieved earlier could be used to refine the intervention and to replicate it in other areas.
- Aid in the establishment of counseling and treatment services. Upgrade the capacity of medical doctors, nurses and lay counselors in collaboration with WHO.
- Include a strong anti-FGM/FGC component in other health services programs supported by the World Bank.

- Co-fund the expansion of the cross-border media program Sahan Saho.
- Support youth development programs in literacy, entrepreneurship, vocational skill building and grafting in a strong anti-FGM/FGC component.

4.5.2 Potential areas for UNFPA support

- Continue to support and expand Sahan Saho.
- Integrate a strong anti-FGM/FGC program into the current UNFPA-supported reproductive health project using a specific theory-based, long-term intervention design.
- Co-fund community-based demonstration project as described above with the Bank and other donors.
- Support the design, introduction and evaluation of a research-based training and educational software for anti-FGM/FGC programming for either all or specific audiences.
- After reviewing the current NOVIB/NPA baseline results, decide whether to support a demographic and health survey-type module on FGM/FGC in Somalia that is consistent with data collected from the rest of Sub-Saharan Africa, Egypt, Yemen and other Arab states.
- Offer other appropriate support.

The eradication of FGM/FGC calls for persistence, patience and perseverance by all stakeholders. Success can be achieved in small, incremental doses to break barriers. Eventually, with joint and strategic planning, girls will be initiated into a world without circumcision or infibulation, as stated by Dahabo Elmi and Halima Warsame in the closing poems.

Poems



Photo courtesy of: UNDP Somalia.

Initiate them into the World of Love not Feminine Sorrows

Poem on Female Genital Mutilation⁶⁶

By Dahabo Elmi Muse

Translated by Amina Haji Aden (Yaheen)

Pharaoh, who was cursed by God
Who did not hear the preaching of Moses
Who was led astray from the good word of Torah
Hell was his reward!
Drowning was his fate!

The style of their circumcision,
Butchering, bleeding, veins dripping with blood!
Cutting, sawing, and tailoring the flesh!
This loathsome act, never cited by the Prophet (PBUH)
Nor acknowledged by hadith
Nonexistent in Abu Hureyra,
No Moslem ever preached it!
Past or present, the Quran never preached it!

And if I may think of my wedding night,
Awaiting me were caresses
Sweet kisses, hugging, and love?
No. Never!
Awaiting me was pain, suffering and sadness
In my wedding bed there I lay groaning,
Curling like a wounded animal, victim of feminine pain,
At dawn ridicule awaits me,
My mother announces,
Yes, she is a virgin!

When fear gets hold of me
When anger seizes my body
When hate becomes my company or companion
I get feminine advice, "it is only feminine pain," they say,
And feminine pain perishes like all feminine things!

The journey continues, or the struggle continues as modern historians say!
As the good tie of marriage matures
As I submit and sorrow subsides
My belly becomes like a balloon
A glimpse of happiness appears
A hope, a new baby, a new life!
Ah, a new baby endangers my life
A baby's birth is death and destruction for me!
It is what my grandmother called the three feminine sorrows
And if I recall my grandmother said,
The day of circumcision, the wedding night, and the birth
Of a baby are the three feminine sorrows,

As the birth bursts and I cry for help the battered flesh tears,
No mercy, push they say! It is only feminine pain and feminine pain
Perishes

When the spouse decides to break the good tie,
When he concludes divorce and desertion,
I retire with my wounds,
And now hear my appeal!
Appeal for dreams broken

Appeal for my right to live as a whole
Appeal to you and all peace-loving people

Protect, support, and give a hand to innocent little girls, who do no harm, trusting and obedient to their parents, elders
And all they know are only smiles,
Initiate them to the world of love, not to the world of feminine sorrow!

⁶⁶ First prize winner of poetry competition for Benadir female poets, recited during the closing ceremony of the International Seminar, June 1988.

Bar Baa Igu Taala aan Weligeed Tirmayn⁶⁷
(I have (harbor) a mark that can never be erased)

By

Halima Cali Warsame, Garowe District

Toban anoon gaarin tabar weyna aan lahayn;

(Before I reached ten and was not so strong)

Tooray igu qalatay habar aan tacliin labarin;

(An old uneducated woman cut me with a knife)

Qodaxday igu taagtay hilibkay tiqiqahayeen;

(Piercing me with thorns to tightly suture the flesh)

Tiftii Kaadida wadnaha tash layga yiri oo;

(My heart was pierced with the first drops of urine)

Bar baa igu taala aan weligeed tirmayn.

(I have a mark that can never be erased)

-//-

Markaan taaba qaaday oon taladiisa guur u kacay;

(When I grew up and prepared for marriage)

Salaanta utaagay toolmanahaan jeclaa;

(When I raised my hand to greet my handsome love)

Tacab qaadashiyo gurigii mar laysla tegay;

(When we collected our house hold goods and entered our home)

Taabashaddii horeba wadnaha tash layga yiri;

(My heart was pierced with the first touch)

Bar baa igu taala aan weligeed tirmayn.

(I have a mark that can never be erased)

-//-

Tiftii igu gorordhay tarantii Ilaah alkumay;

When God created a life out of the few drops that managed to get in)

Talalka cudurka tiiraanyadii walaca;

(When I suffered with the morning sickness)

Markay taarikhdi dhamatay ee fooshii timi;

(when the time finished and labor came)

Tooray looqaaday hilibkii marhore la tolays;

(A knife was taken for the already sutured flesh)

Tararacidd jirka wadnaha tash layga yiri;

(My heart was pierced with the tearing skin)

Barbaa igu taala aan weligeed tirmayn

(I have a mark that can never be erased)

-//-

Towsda cudurkaasana iilkaan la tagahayaa; ee

(I will take its (FGM/FGC) consequences to the grave)

Taa nawada qaaday gabdhihiina uga tura.

(Save your girls from this that engulfed us all!)

Reported and Translated By: Asha Mohamud

⁶⁷ Bar Ba igu taala aan weligeed tirmayn can be translated as, "I have a mark that can never be erased" or figuratively, the pain and suffering is forever edged into my memory"

Annexes

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Annex 1

**Organizational Profiles:
Associations, CBOs and Networks Working on the Eradication of
FGM/FGC in Somalia**

Northwest/Somaliland

Cooperative for Assistance and Relief Everywhere (CARE) International – Somalia

Brief description

CARE, a nongovernmental, non-profit international organization, has a mission - to serve individuals and families in the world's poorest communities. With abundant global diversity, resources and experience, CARE promotes innovative solutions. It advocates for global responsibility and capacity building for self-help. It also provides economic opportunities, delivers emergency relief, addresses all forms of discrimination and influences policy decisions.

Since 1981, at the invitation of the government of former president Siyaad Barre, CARE began giving support to refugees in Somalia. Its activities since then have included large-scale emergency relief activities, refugee assistance, water facility construction, primary health care, small-scale enterprise development, local institutional building and primary school education.

CARE's programme's, strategies and activities

Currently CARE is implementing six projects, some of which are integrated in nature:

- **Civil Society Strengthening and Expansion Project** whose aim is to improve the capacity of civil society organizations in planning and managing development projects. This happens through training and provision of grants for livestock, health, income generation and agriculture.
- **Project for Reintegration of Returnees.** This project provides micro-credit to male and female returning refugees who head households. It also gives food security through cash for work programs for rural populations. The project builds infrastructure and provides enterprise-based vocational training to the youth. It also offers marketable skills in fields such as: carpentry, tailoring, telephone and electrical installation.
- **Primary Education Support Project for the Ministry of Education.** This project supports the establishment of family life education (FLE) centers serving women at the grass roots. It teaches them literacy, numeracy as well as tailoring skills. While training teachers and other school staff, it provides computers and furniture. Currently, CARE supports 12 FLE centers, each with 160 to 200 students who undergo a four-year program.
- **Reproductive Health Project** provides rehabilitation, equipment and medicine to mother and child health centers, six of which are currently under renovation, and maternity wards in Hargeysa. It also trains health professionals and other staff. In the rural Somalia, CARE supports Candle Light in training traditional birth attendants (TBAs) and community health workers in educating the community about FGM/FGC and HIV/AIDS.

Other CARE-supported projects include trucking water to the drought-affected Sool Plateau in northeast Somalia. It targets 9,933 households - the Puntland Health Partnership Program and agricultural support projects in southern Somalia.

Current FGM/FGC eradication activities

For the past five years CARE has supported FGM/FGC eradication in Somalia through short-term endeavors. Some of CARE's key activities in Somaliland include:

- Involvement in national committee meetings on FGM/FGC (which no longer take place).
- Integrating FGM/FGC in micro-credit training.
- Supporting TBA training on safe delivery and the harmful effects of FGM/FGC through Candle Light in Hargeysa.
- Addressing FGM/FGC within mother and child healthcare (MCH) services.

- Supporting discussions with the community using videos and other educational materials.
- Funding a three-month radio program using drama and storytelling formats.
- Cosponsoring Nagaad's anti-FGM/FGC campaign and rallies during the March 8 commemorations

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Candle Light

Brief description

Candle Light is an NGO formed in 1995. It envisions a nation that is literate, skilled, healthy and economically self-reliant. One that enjoys ideal social justice with its people living in a clean, protected and self-sustaining environment. It has a wide local and regional network, and is a member of the Nagaad women's umbrella organization based in Hargeysa, the Resource Management Somalia Network, the International Network to Analyze, Communicate and Transform the Campaign against FGM/FGC and others. It is dedicated to developmental issues in Sahil, Togdheer and Hargeysa in Somali, with a keen focus on health, education, environment and income generation.

Candle Light programs, strategies and activities

Candle Light focuses its efforts on non-formal education and vocational training for youth above 14 years through training centers in Hargeysa and Burao. The Burao training institution has 700 students. 100 of these are involved in technical skills building, numeracy and literacy activities. In the health sector, Candle Light's program aims to reduce maternal mortality, prevent HIV/AIDS and eradicate FGM/FGC from its targeted rural and nomadic communities. The organization renovates and equips MCH centers in remote areas, distributes clean delivery kits to pregnant women at a subsidized cost, trains health professionals and TBAs, conducts outreach educational activities, establishes environment protection clubs, produces an environmental newsletter and operates income-generating activities. Different donors support Candle Light's program activities. The main funding agency NOVIB supports many of its health, education and environmental programs; CARE International rehabilitates MCH centers, trains health staff and village health committees; UNICEF aids with the clean delivery kits; while the Public Welfare Foundation supports its anti-FGM/FGC activities.

Current FGM/FGC Eradication Activities

For several years Candle Light was one of the members of the National Committee on FGM/FGC coordinated by UNICEF.

Candle Light initiated a specific anti-FGM/FGC project with the support of the US-based Public Welfare Foundation. The project aims to educate women and communities in Hargeysa and 120 villages. To date, it has established a resource center, collected videos for community education, conducted outreach activities for community and religious leaders, and trained TBAs on the harmful effects of FGM/FGC, maternal health, clean delivery and recognition of danger signs that require referral services.

It also educates mothers and communities against Pharaonic circumcision. The TBAs say they advocate for total eradication of FGM/FGC but most communities are unwilling to accept uncircumcised daughters.

Candle Light's program has not been evaluated but the agency believes that its sectoral area programs are making a difference on communities they serve. These areas include: non-formal education, income generation, TBA training, MCH rehabilitation and anti-FGM/FGC community education. Candle Light has managed to break the silence on FGM/FGC and raise awareness on its harmful effects on women and girls. The agency staff reports that more people in urban areas like Hargeysa are opting for *Sunna* and abandoning Pharaonic operations, thanks to their efforts. However they are less successful in rural and nomadic areas. Candle Light believes in total eradication of FGM/FGC and does not endorse *Sunna*. It is aware that major and brutal forms of circumcisions are conducted under the guise of *Sunna*.

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Horn of Africa Voluntary Youth Committee (HAVOYOCO)

Brief description

The Horn of Africa Voluntary Youth Committee (HAVOYOCO) is a youth development organization founded in 1992 by 60 young people from Hargeysa. 16 of its original founder members remain. The aim of the organization is to provide support to the community following the principle that communities can create sustainable solutions for their own problems. Currently HAVOYOCO has a total of 74 staff and volunteers aged between 12 and 35 years.

HAVOYOCO's programs, strategies and activities

HAVOYOCO participates in many development projects carried out by national and international agencies in Somaliland and Zone 5 in Ethiopia. These projects include emergency food and water distribution in Sanaag and Togdheer regions, environmental cleaning activities and HIV/AIDS prevention campaigns. HAVOYOCO's main program strategies include conducting center-based vocational training for young people, with special focus on low-income and internally displaced girls, and using circus events to educate the community about social problem such as HIV/AIDS, FGM/FGC, chewing of kat, skin bleaching by girls and environmental protection.

There are currently 165 students in the vocational training centers learning literacy, tailoring, handicraft and cooking. 70 percent of girls who undertake internship or receive computer and management training have found jobs elsewhere or employed by HAVOYOCO.

Current FGM/FGC eradication activities

HAVOYOCO does not have a specific anti-FGM/FGC project; however, it integrates FGM/FGC awareness raising and advocacy into all its activities. It produced seven dramas to be staged during its circus events; one of them featured FGM/FGC, while the others featured HIV/AIDS, skin bleaching by girls, protection of the environment, prevention of kat chewing, educating disabled children and small arms control.

HAVOYOCO has conducted some anti-FGM/FGC workshops, addressed the negative consequences of FGM/FGC and the fact that FGM/FGC is an Islamic requirement. HAVOYOCO also participates in *Sahan Saho* radio debates on FGM/FGC and HIV/AIDS, and in the anti-FGM/FGC rallies organized by Nagaad during the February and March 8 commemoration rallies in Hargeysa.

Although HAVOYOCO has not evaluated its activities, it has witnessed the FGM/FGC landscape changing. When it was formed it was anathema to mention FGM/FGC in public. Today, most people believe that Islam does not require the practice. HAVOYOCO states that although more people support *Sunna*, their justification is very weak and FGM/FGC in all its forms can be eradicated.

Contacts

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Health Unlimited: Well Women Media Project for the Somali-Speaking Horn of Africa

Brief description

Health Unlimited is a registered British international NGO whose mission is to support the poor achieve better health and well being. The agency gives priority to vulnerable groups, particularly indigenous people and communities affected by conflict and political instability. It provides primary health care services, health education and capacity building for staff and local authorities. Health Unlimited also trains health workers, promotes community action for disease prevention, improves access to state health services and builds local program sustenance capacity. Health Unlimited currently operates in 20 countries worldwide. Its regional office is in Nairobi, Kenya.

Health Unlimited's programs, strategies and activities

Health Unlimited is implementing a five year (2002-2007) Sahan Saho, radio program on health education. It targets the Somali-speaking Horn of Africa people (Djibouti, north-eastern Kenya, Zone 5 in Ethiopia, Djibouti, Somaliland, Puntland and central and southern Somalia). Among its donors are UNFPA and the European Commission. Supported by UNFPA and UNHCR, Sahan Saho is broadcast over the BBC Somali service. The project, which employs 14 people, is based in Hargeysa. It addresses safe motherhood, reproductive health, FGM/FGC eradication, prevention of sexually transmitted diseases and HIV/AIDS. Health Unlimited also supports primary health care and capacity building for local health authorities in Somalia.

The program uses two formats, a seven-minute drama followed by a supportive eight-minute magazine. Each drama covers three topics such as FGM/FGC, HIV/AIDS and reproductive health, followed by the magazine featuring interviews, personal testimonies and group discussions. The program is officially aired at 5.45pm on Mondays and at 9.15pm on Thursdays. Once broadcast on BBC, it is rebroadcast over local and national radio in Hargeysa, Galckayo, Djibouti, Mogadishu and in Kenya.

The program was developed in phases as follows:

- **Planning phase.** Health Unlimited carried out a baseline survey focusing on priority community information needs. It revealed that 40 percent of respondents needed information on FGM/FGC, 30 percent on safe motherhood, 25 percent on sexually transmitted infections and 5 percent on HIV/AIDS. The low response to HIV/AIDS information could be attributed to little awareness about the devastating effects of the pandemic. The planning phase was followed by project development and implementation phases:
- **Phase one;** Project development. Based on issues identified during the baseline and on community values, traditional beliefs and practices, Health Unlimited (a) developed the conceptual framework for the project, including imaginary villages, characters, and scenarios; (b) trained actors; (c) produced 25, 15-minute programs to be aired on BBC Somali service; and

(d) established 30 audience groups from the typical project audiences to listen, discuss, and provide feedback on programs and future directions to the producers orally and through questionnaires.

- **Phase two, implementation.** This will build on participatory assessment, monitoring, and evaluation through a network of grass-roots women's organizations. Assessment of the project will be carried out after six months.

The productions are based on visits to Somaliland, northeastern Kenya, Eastleigh in Nairobi, the Somali-Ethiopia border, and Djibouti. Health Unlimited is awaiting registration in Zone 5 in Ethiopia to facilitate production in that area.

Current FGM/FGC eradication activities

FGM/FGC is integrated into the sexual and reproductive health programs addressed in Sahan Saho and aims at increasing community dialogue, raising awareness, and ultimately reducing the incidence of FGM/FGC and reinfibulation among the Somali-speaking peoples in the Horn of Africa.

Sahan Saho, which only started in January 2004, is still too young to be evaluated for impact. However, the audience of the program will be assessed by NOVIB during their knowledge, attitudes, and practices survey on FGM/FGC in Somalia. Health Unlimited will carry out the survey after six months of programming followed by other assessments and monitoring events. It will utilize findings from these studies and feedback from listener groups, the project advisory committee, local NGOs, and Somalis in the Diaspora to improve the content and quality of programming. However, Somalis are currently showing interest in the program. Discussions on FGM/FGC and other issues are increasing. A feature on the program appeared in the magazine Drum Beat in January 2004.

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Nagaad

Brief description

Nagaad is a women umbrella organization. Established in 1997 and comprises 32 organizations. It is based in Hargeysa. Its vision is to help establish a world based on gender equality and equity. Nagaad strives to ensure equal treatment, participation of women and their equitable access to benefits and resources. It endeavors to empower Somali women, establish good internal and external communication and networking with other women groups.

Nagaad's organizational structure consists of a general assembly and a board of directors. An executive director manages it; two program officers, an environment network coordinator, an administrator, an accountant, a cashier, a driver and subordinate staff.

Nagaad's member organizations are grouped into the following networks:

- Education, which consists of: formal education of the girl child, extracurricular activities to prepare girls join formal schooling and skill training for the self-employed.
- Environment - garbage collection, reforestation and recovery of plastic wastes.

- Human rights - training to investigate and record violations.
- Income generation.
- Health network - community awareness on FGM/FGC and HIV/AIDS and training of TBAs.
- Food security support for women returnees to till the land and generate food and income.
- Action research to assist Nagaad to investigate key women issues, formulate programs and participate in advocacy and policymaking.

Nagaad also has a political forum, which designs political agendas aimed at winning women political power and participation in political party activities.

Nagaad's objective is to empower women of Somaliland by (a) establishing good communication and networking between them and other women groups; (b) strengthening the capacity of its members in implementing effective projects that facilitate the realization of their goals; and (c) monitoring network activities and progress towards achieving its overall goals.

NAGAAD's programs, strategies and activities

Nagaad focuses on building the capacity of its board of governance, staff, youth and members of its network in the areas of resource mobilization, management, strategic planning and rights-based programming. In 2003, Nagaad conducted four capacity-building training events for network members and three for its staff. It also supports women participation in the decision-making in governance. It fights for the eradication of all forms of violence against women by organizing advocacy campaigns for women rights.

Current FGM/FGC eradication activities

Nagaad integrates FGM/FGC eradication in its overall advocacy agenda, enhances its member's abilities to implement anti-FGM/FGC programs and participates in and monitors network activities. For instance:

- Candle Light trains TBAs to stop circumcising girls.
- Nagaad is a member of a regional network working on a Strategic Initiative for the Horn of Africa (SIHA or "health"). Through this initiative, women in the Horn agreed to work on FGM/FGC eradication campaigns during the International Women's Day on March 8, 2004. This campaign, which will become an annual event for at least five years, is a collaborative initiative with NOVIB-Somalia and Amnesty International.
- Nagaad and its members participate in the Sahan Saho program.
- One of Nagaad's success stories is the fact that some of its members have stopped circumcising their daughters.
- Some of Nagaad's staff has been trained on trauma counseling. Others are on internship outside Somalia, learning how to document human rights violations. The trained cadre will help Nagaad respond to the needs of girls traumatized by FGM/FGC complications.

Contacts

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Samo Development Organization (SDO)

Brief description

Samo Development Organization (SDO) is a non-profit, independent, politically unaligned organization. It serves the needs of Somali people. It was established in 1999 under its former name of Somali Reproductive and Family Health Association. The name was changed to reflect SDO's broadening base in serving various communities. SDO has 12 permanent staff, five part-time and more than 20 volunteers.

It focuses on helping the poor, oppressed, and vulnerable groups such as women and children. Involving women and youth at the grass-root commit SDO to supporting self-reliant and sustainable development programs. It strives to enhance the well being of people in Somalia through superior technical and resource assistance. It aims at solving critical social problems in: health, education, youth development, and environment.

SDO's programs, strategies, and activities

SDO undertakes training of health personnel on HIV/AIDS control and prevention. It supports several health facilities and conducts outreach services in Galckayo and Hargeysa. The donors for the programs are NPA, UNHCR, UNIFEM, and Family Planning International Assistance (FPIA).

Current FGM/FGC eradication activities

Most of the staff has been trained on the dangers of FGM/FGC and related issues. Although there is no specific project on FGM/FGC, SDO has integrated in its programs; reproductive health and HIV/AIDS. An FGM/FGC education campaign is incorporated in the outreach services in the health facilities in Galckayo and Hargeysa, where the health aspect of FGM/FGC is addressed. Several community dialogues on FGM/FGC have been initiated where religious leaders and community elders have been invited to discuss the issue.

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Youth Employment Summit (YES)

Brief description

YES is a network of 84 youth organizations formed in 2002. It operates in Puntland, South Somalia, and Somaliland. It has two coordinators, 24 advisory board members, and 13 members on the steering committee. It strives to improve the living conditions of the youth in the Somali population through education and capacity building in the areas of: conflict resolution, HIV/AIDS, FGM/FGC, violence prevention, and life skills. It is also involved in employment creation and raising systematic advocacy to influence government, the community, and international organizations to help youth groups attain their missions.

YES programs, strategies, and activities

The YES network is involved in advocacy and lobbying for youth activities, skill development, training, coordination and networking. The activities undertaken include:

- Youth empowerment development.
- Advocacy for education creation for youth.
- Demobilization of militia.
- Environmental sustainability.
- Peace promotion.
- Capacity building of network members through training and income generation. Out of 20 youths trained in information technology, nine are already working.
- Coordination of the member organizations.
- Organize exchange programs for youth. At the moment two are in Cairo, Egypt.
- There is a proposal by nine member organizations submitted to the Global Fund for Women.

Current FGM/FGC eradication activities

It has no specific project on FGM/FGC but has integrated the practice within other programs of advocacy and gender issues. Examples include:

- Involving the youth to hold discussions on the Internet, courtesy of the World Bank. Apart from HIV/AIDS and FGM/FGC, other discussions have been on youth, education, employment, and peace.
- Hold coordination meetings on gender issues, including FGM/FGC and human rights.
- Held advocacy activities during International Women's Day, 2004.

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International Federation of Red Cross and Red Crescent Societies (IFRC)

IFRC mission statement

IFRC's mission is to improve the lives of vulnerable people by mobilizing the power of humanity.

Somali Red Crescent Society (SRCS) mission statement

To prevent and alleviate suffering by working with communities, local authorities, and other partners to provide quality services to the vulnerable people of Somalia in accordance with the fundamental principles of the Red Cross and Red Crescent movement.

The relationship between the Red Cross and the Red Crescent

IFRC promotes the humanitarian activities of national societies among vulnerable people. By coordinating international disaster relief and encouraging development support, it seeks to prevent and alleviate human suffering.

The federations, the national societies, and the International Committee of the Red Cross (ICRC) constitute the International Red Cross and Red Crescent movement.

Outline of the SRCS program

SRCS runs a network of 44 integrated MCH clinics in Somalia. IFRC supports 26 clinics, two bilaterally supported by the German Red Cross. ICRC supports the remainder.

Activities

The activities include preventive, promotive, and curative services, mainly targeting mothers and children less than five years of age:

- Immunization.
- Antenatal and postnatal care.
- Growth monitoring.
- Malaria control and prevention.
- HIV/AIDS.
- Disaster preparedness and response.
- Surgical services for the war wounded under ICRC.
- Physiotherapy support services and rehabilitation for the disabled.
- Support to two hospitals: Garowe hospital, supported by IFRC, and Keysane hospital, supported by ICRC.

FGM/FGC eradication activities in Somaliland

FGM/FGC is incorporated into the MCH activities, which started in October 2003 and supported by the German Red Cross. In other regions FGM/FGC is incorporated into health education and HIV/AIDS awareness campaigns.

Objective

Its objective is, through the awareness campaigns; discourage FGM/FGC practices in Somaliland districts in the catchments of SRCS MCH clinics.

Activities

- Field visits to discuss FGM/FGC implementation with SRCS branches.
- Meetings with partners, such as UNICEF and health authorities.
- Survey carried out in December on knowledge, attitudes, and practices. Report is validated and ready for distribution.
- IEC posters developed and in use.
- Manual translated into Somali is already in use.
- Workshop conducted for all SRCS branch locations, highlighting facts and information about FGM/FGC, risks factors, and how to advocate for the eradication of FGM/FGC. Beneficiaries are women groups, community elders, religious leaders and the youth.

- Ongoing health education sessions at community level, both at the static clinic and as part of the outreach services.

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Northeast/Puntland

Association for Integration and Development (AID)

Brief description

AID is a non-profit NGO founded in 1997 in Sweden. Its mission is to fight against harmful traditional practices affecting the health of women and children. Its special focus is on FGM/FGC and it hopes to empower women to exercise their individual rights and enjoy life and personal achievements. Its activities revolve around health, water, and child rights.

AID programs, strategies, and activities

Although AID started its work targeting harmful practices, it has expanded its mandate to: HIV/AIDS prevention, improving water supply by sinking boreholes in Armo District, establishing mini water supply systems and conducting a socio-economic data collection assessment survey in Armo, Kobdhahad, and Ufeyn villages. AID staff participate in national and international workshops related to FGM/FGC eradication, child protection, HIV/AIDS prevention, improvement of reproductive health, promotion of breast-feeding, and developing legal tools to monitor human rights violations.

Planned activities for 2004 include: socio-economic data collection in the three focus districts of Armo, Beyla, and Ufeyn; provision of curative and preventive health services in remote areas of Bari Region; planting acacia trees in parts of Puntland affected by deforestation; organizing workshops and training events, sports activities, and theatre; producing educational materials; water and sanitation projects in remote areas; establishing day-care centers; and carrying out human rights, gender, and democratization activities.

Current FGM/FGC eradication activities

AID has been fighting FGM/FGC among Somali communities in Sweden and other European countries from its Swedish headquarters. It however opened an office in Bossaso, Puntland in 2003. Among its strategies is awareness creation through interactive radio debates, workshops for religious leaders, community outreach, and face-to-face dialogue between youth, women, men, and clerics. It also conducts research on FGM/FGC.

AID's achievements include:

- Organizing a workshop for 50 religious leaders who came up with a declaration against FGM/FGC.
- Conducting a survey on FGM/FGC.
- Producing a video that won an Amnesty International award and which has been widely viewed in Sweden.
- Training 36 former circumcisers; nurses and midwives. Ten of them pledged to stop circumcising.
- Participating in the advocacy activities of the anti-FGM/FGC networks to commemorate the International FGM/FGC day on February 6 2004.
- AID is especially proud of the fact that its staff members among them the professional cadre, accountant and driver, agreed to become role models and not circumcise their own daughters. AID has also convinced dozens of individuals, including the heads of police in Bossaso, not to

circumcise their daughters. AID believes that behaviour change at the family level is the best way to stop FGM/FGC in Somalia before large-scale abandonment can be sought.

During their outreach in the villages, AID encountered limited but positive signs of behaviour change. In one community, they met a Sheik who is married to two un-circumcised women. He pledged not to circumcise his daughters. The sheik, however, will not go public for fear of being ostracized. In another village, AID encountered a religious group (Tima weyn or "big hair") who stopped practicing Pharaonic circumcision and have shifted to *Sunna*. The religious group intermarries; to avoid rejection by those practicing Pharaonic circumcision.

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The Cooperation of Medical Services and Development (COMSED) and Galckayo Medical Center (GMC)

Brief description

COMSED is a registered NGO based in Crotona, Italy. Galckayo Medical Center (GMC) is its local affiliate in Somalia. Both COMSED and GMC work in the health sector and are devoted to the provision of medical services to the Somalia community. After five years of running an outpatient hospital in Galckayo and assessment of the health situation in the district, COMSED opened a new maternity and paediatric wing at GMC.

Dr. Abdul Giama, President of COMSED and GMC, visits Galckayo thrice a year, often accompanied by a team of Italian voluntary doctors drawn from different medical fields of specializations. They offer free surgery, and treatment. COMSED's program activities include: maternity, paediatrics, outpatient services, surgery, general diagnosis, preventative medicine, prenatal and postnatal care, reproductive healthcare, and treatment of infertility. The hospital is equipped with a laboratory for normal diagnosis and pre-surgery HIV/AIDS tests.

Current FGM/FGC Eradication Activities

COMSED/GMC is particularly involved in post-FGM/FGC interventions such as treatment and reconstruction of resultant complications. The hospital conducts an average of 25 serious fistula reconstructive operations during the doctor's visit to Galckayo. Patients come from as far as Ethiopia, Djibouti, Hargeysa, and Mogadishu. Diagnosis and post-FGM/FGC consulting and operations are performed. While undertaking this treatment, parents, traditional FGM/FGC women performers, medical and social workers are involved to alert them on resultant complications and dangers of FGM/FGC. COMSED believes that the combined FGM/FGC treatment and awareness creation is making a strong impact on the campaign for the eradication of FGM/FGC. COMSED does not believe in the *Sunna* compromise. The interpretations of *Sunna* are vastly different and unreliable. COMSED advocates the total eradication of FGM/FGC.

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Galckayo Education Center for Peace and Development

Brief description

Galckayo Education Center for Peace and Development (GECPD) is an education center established in 2000. It has 17 classrooms, a playground, a library, a water well, generators, and a small management unit responsible for office operations and capacity building. GECPD's mandate is to strengthen women capacity to seek, defend, and advocate for their fundamental rights; promote education for girls, women, youth, and the community, social reconstruction and the peaceful reconstruction of Somalia. GECPD is a founding member of the WAWA network in Bossaso and is the focal agency for formal and non-formal education. GECPD trained 21 WAWA members, who are involved in this program. Less than 2 percent of its 72 teachers are men.

GECPD's programs, strategies, and activities

Women empowerment through education is the primary focus of GECPD's work, which is implemented mostly in Mudug Region in Puntland. This area includes: Galckayo, South Mudug, Galdogob, and Jirriiban. About 7,600 girls and women are currently enrolled in GECPD's educational institutions. The educational program is structured as follows:

- Formal education (grades one to eight) for girls aged seven to 18. In addition to the formal education, the girls study health and human rights issues, civic education, and peace. They are also introduced to computers at grade five. They graduate at grade eight when computer literate.
- Adult education for women offers an 18-month program, which incorporates literacy, numeracy, health and human rights education.
- A six-month basic literacy program (ABC) for women, which also focuses on literacy, numeracy, women's rights, civic education, and peace.
- The Second Chance program is for those considered too old to be in the other training programs. It offers them the ability to read and write basic words and numbers.

Current FGM/FGC eradication activities

GECPD anti-FGM/FGC activities include:

- Integrating a gender based anti-FGM/FGC component in all formal and non-formal training programs.
- Advocating for eradication of all forms of FGM/FGC at national and regional levels.
- Training teachers committed to supporting the agency's anti-FGM/FGC stance. The teachers use plays, quizzes, and songs on FGM/FGC. The girls at various campaign forums perform them.
- Conducting a five-day workshop for 40 sheikh in Garowe, Puntland. The workshop elicited a great discussion and debate among religious leaders, women's groups, and the youth. Unfortunately, participating clerics never gave "total eradication of FGM/FGC" verdict.

- Engaging 16 circumcisers in bread making. It was revealed later, however, that while they were out of commission, the circumcisers' daughters and sisters inherited the blade.
- Organizing zero tolerance for FGM/FGC workshops for youth in Bossaso, and collaborating with other WAWA network members to organize discussions, rallies, and radio talks during the World FGM/FGC Day and the International Women's Day.

GECPD has not yet evaluated its anti-FGM/FGC activities. However, by assessing its own achievements and limitations, it notes that it has raised awareness and initiated a community dialogue on whether to totally eradicate the practice or adopt *Sunna*. Says Hawa Aden Mohamed, Director of GECPD:

"The issue of FGM/FGC is on the table in all regions and villages of Puntland, but moving it from there is not an easy task".

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Horn Relief

Brief description

The Horn of Africa Relief and Development Organization is an NGO dedicated to creating sustainable peace and development in Somalia through grass-roots capacity building, youth leadership building, empowerment of women, and protection of the environment. Horn Relief promotes assists Somali communities, especially pastoralists, to define and satisfy their development needs. Horn Relief believes that access to resources, political decision-making, and education should be open to all individuals regardless of gender.

Horn Relief's programs, strategies, and activities

Horn Relief implements several programs in Sool Plateau, Taleh, Erigabo, and Lascaanod, targeting mostly pastoral communities. Its Program activities include:

- Emergency relief to drought-affected pastoralists. Priority is given to those who lost most of their livestock and burden camels, by trucking water and food to them. A US\$50 cash relief is given to sustain most affected families.
- A pastoral youth leadership project, which is an innovative education program utilizing participatory methodology. Its objective is to develop leadership skills and knowledge to pastoral youth that will lead to the initiation of a peaceful, democratic, and self-reliant society. In addition to good leadership, young people learn about animal and human health and environmental protection. Training offers knowledge on new and emerging diseases such as HIV/AIDS while confronting FGM/FGC. The project is funded by NOVIB and uses mobile teachers who each move with 20 pastoral families. The course lasts 20 days. Ten villages are targeted and each has four annual training events.
- Environmental protection activities include tree planting and awareness creation on problems associated with burning of trees for firewood.
- Women literacy program.
- Emergency water rehabilitation program.

Current FGM/FGC eradication activities

In the area of FGM/FGC, Horn Relief uses a community education and empowerment approach in eastern Sanaag and Sool and parts of Bari Region. The project targets 11 villages. It has reached six of them. Each village receives four training events of 15 to 20 days each. Each event involves 40 to 60

girls, who are the priority audience for the project. Other audiences include women, men, circumcisers, and religious leaders. Some religious leaders preach against the Pharaonic type of FGM/FGC and communicate to the community that they will be held responsible on the Day of Judgment.

The program has not been evaluated. Horn Relief feels that most people are currently aware that FGM/FGC is harmful and is not mandated by Islam. One religious leader recommended that people should stop practicing all forms of FGM/FGC. However, according to Horn Relief, the community is not ready to accept total eradication. Their strategy has been to recommend inserting a cooled, fire-sterilized needle into the clitoral prepuce to cause bleeding, so as to satisfy the perceived *Sunna* requirement.

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Mudug Youth Organization (MYO)

Brief description

Mudug Youth Organization is a CBO established in 2002. It is a non-profit and non-political organization based in Galckayo-Mudug region. It is a member of an umbrella body called DUDmudug. It strives to protect Somalia youths from HIV/AIDS, FGM/FGC, and other societal ills.

MYO programs, strategies, and activities

MYO focuses on conducting training of teachers as HIV/AIDS counselors. They are also involved in advocacy activities such as the promotion of breast-feeding and creating awareness of the dangers of HIV/AIDS. They do this by staging dramas on World Breast-Feeding Day and World Aids Day.

Current FGM/FGC eradication activities

MYO focuses on advocacy on HIV/AIDS and FGM/FGC among the youth. It does not have a specific program on FGM/FGC.

Contacts

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Norwegian People's Aid (NPA)

Brief description

NPA was established as a membership-based solidarity organization in 1939, on the initiative of the Norwegian Confederation of Free Trade Unions. NPA has deep roots in the labor movement's struggle for political freedom, social and economic freedom, equal justice, and cultural growth. The organization is based on a tradition of organized unity, common responsibility, and collective efforts. NPA's roots go back to the earliest traditions of international solidarity and humanitarian efforts in Norway. It has a long history of assisting the needy. It believes in five values, namely unity, solidarity, human dignity, peace, and freedom. The three thematic components of NPA's programs worldwide are: (a) development of democratic participatory rights, rights of access to land and resources, the protection of the rights of indigenous people, and the elimination of all kinds of violence against women, including FGM/FGC; (b) action against landmines; and (c) political and humanitarian issues.

NPA programs, strategies, and activities

NPA has been involved with the three major sectors of health, water and education. Its program

activities have focused on clinical health, support for TB Centers, public health, clean potable water. Reliable water resources have been created to help local communities cope with repeated droughts. NPA has helped establish a system of primary schools, and one vocational training center. It emphasize on community mobilization and the importance of the girl child education. While helping to improve local livelihoods, and protect the environment, NPA assists with livestock projects. It concentrates on populations living in Sool and Sanaag regions, and extends to locations in Puntland and Somaliland.

Current FGM/FGC eradication activities

NPA is committed to the total abandonment of FGM/FGC. In Somalia, its first project, which started in Sool in 1999, aimed at preventing of all forms of FGM/FGC. Activities have since been expanded to cover Mandera district in Kenya in 2001 and Galckayo, Mudug region in 2002. NPA commissioned a large-scale research into the practice of FGM/FGC in parts of Somalia, Kenya and Djibouti.

It is currently chairing the FGM/FGC Task Force reporting to the SACB Working Group on HIV/AIDS.

NPA helps create awareness on the detrimental effects of FGM/FGC by providing IEC materials to key partners and for dissemination among project activists. It has endeavored to provide alternative livelihood to the FGM/FGC practitioners. Advocacy and networking with the Somali Diaspora, civil society, religious leaders, women and youth groups for the total abandonment of FGM/FGC is seen as key for successful approach.

While creating awareness on the harmfulness of FGM/FGC and campaigning for its demise, NPA also supports women and girls who suffer from FGM/FGC complications. They plan to construct two 'Fistula Repair Hospitals' in Somalia.

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Puntland Youth Organization (PYO)

Brief description

PYO is a nongovernmental, non-profit CBO created in 2000. It is part of the YES network in Hargeysa. It strives to develop and rebuild the Somali nation. It focuses on the youth, political empowerment of women and on raising women's social status through strategic awareness programs that will produce attitudinal change.

PYO programs, strategies, and activities

PYO build capacity in youth by providing literacy education programs and skill training to improve the status of women.

Current FGM/FGC eradication activities

PYO carries out advocacy activities on HIV/AIDS and FGM/FGC. There is no specific program on FGM/FGC but the messages are integrated within the HIV/AIDS program. At one point the group held a workshop of 300 people where circumcisers, mothers, and fathers were enlightened on the negative effects of FGM/FGC. PYO also reaches out to schools with anti-FGM/FGC messages. It conducted a random sample survey in Bossaso to get a feel of the community perception on FGM/FGC.

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Somalia Agro Action Community (SAACOM)**Brief description**

SAACOM is a voluntary non-profit development-oriented organization established in 2003. Its main office is in Garowe, capital city of Puntland. SAACOM focuses on agriculture, informal education, and health activities. It is committed to improving life and providing technical support to marginalized Somali groups. SAACOM aims to be an agent of change, helping communities that have undergone behavioral and attitudinal changes.

SAACOM's programs, strategies, and activities

SAACOM has mobilized women of reproductive age in remote locations to adopt safe motherhood practices. It also undertakes institutional capacity building in the community to ensure that institutions effectively manage welfare activities. It assists farmers by improving their skills and adopt the application of improved farming techniques to increase their crop yields.

SAACOM also trains schoolteachers in remote locations to improve the quality of education. It owns and runs farms, which offer staff free produce and the rest is sold for profit. The staff also undergoes a literacy program.

Current FGM/FGC eradication activities

There is no specific program on FGM/FGC.

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SAACOM's programs, strategies, and activities

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Current FGM/FGC eradication activities

There is no specific program on FGM/FGC.

Contacts

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We Are Women Activists (WAWA)

Brief description

Established in March 2000, WAWA, a network of 22 women NGOs and individuals in Puntland, seeks a society in which women are respected. Its mission is to enhance women participation in decision-making and resource management, access to job opportunities and education, and political involvement. The WAWA network was established by 15 women's NGOs involved in human rights, peace promotion, social services, and women's empowerment.

The network was started to enable women to improve their livelihood by creating employment, economic and educational opportunities, and to advocate for women's rights in decision-making and political participation. Its emphasis is human rights protection and good governance.

WAWA's projects focus on lobbying, advocacy, and capacity building for member organizations in the fields of information technology, communication, organizational development, management, strategic planning, and social mobilization.

WAWA has an organizational structure, which consists of a general assembly, a board of directors, a chairperson and vice-chairperson, a treasurer and legal advisor, a coordinator, a cashier, and an accountant. It has offices in Galckayo, Bossaso, and Baran, with a total of 11 staff.

WAWA's programs, strategies, and activities

WAWA's specific program objectives and activities include:

- Mobilizing local and international resources to implement capacity-building activities for WAWA network members, including training in organizational development, decision-making, advocacy, leadership, and civic education.
- Training its own board members on advocacy and fundraising skills.
- Strengthening linkages between WAWA network members, the civil authority, regional, national, and international women's organizations.
- Advocating for women's accessibility and participation in social development sectors like education, health, and income generation, and promoting overall equity and equality for women. This includes equitable allocation of resources and participation in decision-making in matters of economics and state planning.
- Providing resources to network members for implementing relevant activities consistent with their mandate and capacity.
- Monitoring and evaluating progress in women's participation in all national and state development activities, as well as the activities and the capacities of the member NGOs.

WAWA has recently been very active in three program areas: (a) peacemaking; (b) a three-month English training course for network members and young women; and (c) computer training. WAWA is also engaged in HIV/AIDS prevention and FGM/FGC eradication activities together with its network members, as well as educational activities for young women.

WAWA pays special attention to the issues of diversity and the rights and capacities of member NGOs when providing resources for program implementation. WAWA enjoys the trust of its current members and is seen as a credible and transparent organization. Seventeen NGOs and CBOs are currently on a waiting list to become WAWA network members.

Current WAWA anti-FGM/FGC activities

The main focus of WAWA is to build the capacity of network members regarding FGM/FGC and to monitor their activities and results achieved. During the 2004 International Women's Day, WAWA, its member organizations, and civil society groups, and the youth, implemented a human rights campaign with emphasis on FGM/FGC elimination. WAWA staff also takes a leadership role in social mobilization and advocacy against FGM/FGC, HIV/AIDS, and violence against women and children. Recently,

WAWA members took part in a community inquiry activity, sponsored by UNICEF. The inquiry aimed at identifying vulnerable children and violations of their rights. WAWA members conduct radio discussions, video shows, regional and national workshops on FGM/FGC. Some of the WAWA members currently carrying out FGM/FGC awareness campaigns:

- Ocean Training and Promotion (OTP), established in 1993. It implements water supply programs, supports fishing communities with nets, and conducts gender-related activities including anti-FGM/FGC education. It also trains girls in computer and laboratory skills. OTP targets camps of internally displaced persons and villages around Bossaso with education on FGM/FGC, rape, and other violence issues. Some of OTP's staff stopped circumcising their daughters.
- Somali Fruit is a network member started by women displaced from Mogadishu. They started donating five kilos of different fruits and vegetables to one woman at a time to allow her to start a vegetable- and fruit- selling business. From selling five kilos on the ground, the women moved to a small table, a fruit stall, and finally to a store. The group currently has 15 stores, each housing at least three women fruit sellers. After succeeding in that endeavor, the group started participating in cholera prevention, gender and human rights activities. It fights against Pharaonic circumcision, through awareness raising in their areas of operations.
- Other members focusing on FGM/FGC include Hodman Relief and Kulmis.

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Central/South Somalia

African Rescue Committee (AFREC)

Brief description

AFREC was established in Kismayo, Lower Juba Region, in July 1992. It was founded by a group of concerned Somali intellectuals in response to increased suffering, starvation, and death in the communities struck by civil conflict and famine. The group established small-scale community-based relief and rehabilitation projects. Key organs of AFREC are a board of directors, an executive director, a program director, project officers, an accountant, and support staff. Areas of focus are food security, water and environmental sanitation, education, HIV/AIDS, and FGM/FGC. AFREC strives to empower the people of Somalia out of dependence and into prosperity. It aims at promoting a peaceful environment that enhances sustainable development and harmonious coexistence.

AFREC's programs, strategies, and activities

AFREC has been involved in the rehabilitation of damaged water points in Juba valley, and has established and supported primary schools in the area.

Current FGM/FGC eradication activities

AFREC believes in the eradication of all forms of FGM/FGC.

The anti-FGM/FGC activities that AFREC is carrying out are integrated in all of their programs, and mainly involve advocacy. Initially, the program has used small-scale awareness-raising activities targeting AFREC staff, volunteers, and youth groups. The focus is on all social groups, schoolchildren, elders, and local authorities.

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Coalition for Grassroots Women Organizations (COGWO)

Brief description

COGWO is a network with 20 women organizations and 11 women individual members. The coalition was formally established in January 1996. With its headquarters in Mogadishu, member organizations operate in five regions: Banadir, Middle Shabelle, Lower Shabelle, Hiraan and Galgadud. COGWO's main goal is to eliminate FGM/FGC and other forms of violence against women, and to strengthen the capacity of members. A board of directors comprising 11 competent women governs the network. The board meets once a month, while the general assembly meets once every two months. COGWO works for the social, political, and economic empowerment of Somali women. Its three goals are: peace, women's rights, and capacity building.

COGWO's programs, strategies, and activities

COGWO focuses on peace building, promotion of women rights, capacity building, and networking. Women's rights promotion focuses on two objectives: (a) educating the public and soliciting their support for the rights of women in different aspects of life, including political participation; and (b) working on the elimination of violence against women. COGWO's main avenue for accomplishing its goals is through neighborhood peace building. It is engaged in promoting a culture of peace among the residents of the 16 districts in Banadir Region. Committees of seven members drawn from the district commissioners and other active members of the locality have been established throughout these districts. The main task of the committees is to act as a go-between among the neighborhoods by raising the awareness of the local population, sensitizing them on the needs and concerns of women such as security, health, and violence. They also seek collective solutions required to effect change. The center for the documentation of violence against women records various violations against, including domestic violence, rape, exploitation, and child abuse. Over 180 cases have been documented. The center records, monitors, and counsels victims. It also offers limited healthcare assistance.

Current FGM/FGC eradication activities

The documentation center fights FGM/FGC by conducting awareness-raising programs and seminars for TBAs and other health workers involved in the execution of this practice. COGWO was also involved in advocacy against FGM/FGC during International Women's Day, 2004. Through its efforts, mothers can now speaking out against FGM/FGC and share the problems they face due to the practice. Some circumcisers are seeking alternative means of livelihood in the urban centers, and young men have joined the advocacy against FGM/FGC.

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Family Economic Rehabilitation Organization (FERO)

Brief description

The collapse of the Somali central government precipitated the decay of social, political, and economic institutions. This prompted Somali women intellectuals to jointly reflect on how to rectify the situation. A series of critical reflections culminated in the formation of FERO in 2002. FERO aspires to transform conflict into lasting reconciliation and peace among all Somalis, foster good health among all the people, build the economic capacity of the people at the family level, and mobilize people to conserve the environment which feeds them.

FERO's programs, strategies, and activities

FERO's activities include:

- Carrying out an HIV/AIDS awareness workshop in Mogadishu for teenage girls from schools and camps for internally displaced persons.
- Conducting an HIV/AIDS awareness workshop targeting schooling and non-schooling teenage boys.
- Establishing the Somali Women's Peace and Education Center in Mogadishu. The center implements sewing, computer studies, nutrition, and peace education programs. Members also practice peace building among themselves and in their homes.
- Organizing an AIDS awareness workshop for 80 Somali women participants in Mogadishu.

Current FGM/FGC eradication activities

Awareness campaigns are currently in progress as a follow-up to the FGM/FGC initiative launched in 2003. The campaigns involve widening the scope of the target groups to include all sections of society. To concretize the anti-FGM/FGC campaigns, FERO is in the process of establishing an anti-FGM/FGC section at the Somali Women's Peace and Education Center in Mogadishu. This is the first part in a series of efforts aimed at making the FGM/FGC information center a focal point in fighting the practice. FERO was instrumental in launching a Somali initiative against FGM/FGC. It has held advocacy workshops on FGM/FGC for women and girls.

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FATXA for Relief and Development Organization

Brief description

FATXA is a non-political, non-profit humanitarian organization for relief and development. FATXA was founded in January 1991, soon after the fall of the Somali government. Its founders were a group of male and female Somali intellectuals. It started its humanitarian emergency operations at its birthplace, Mogadishu, long before the arrival of the international community.

FATXA is committed to supporting the communities of Banadir, Lower Shabelle, Middle Juba, and Lower Juba regions through education, health, agriculture, sharing good governance, peace building, and conflict resolution.

The organizational structure consists of the general assembly, a board of directors, a chairperson and vice-chairperson, a treasurer, and members for the Lower Juba and Lower Shabelle regions. It has three departments: health, education and agriculture, finance and administration.

FATXA's programs, strategies, and activities

FATXA was involved in emergency feeding for displaced people in Mogadishu Polytechnic in 1991 and 1992, with the collaboration of the late Annelina Tonneli, an anti-FGM/FGC activist. It also offered basic primary education in Mogadishu Polytechnic camp for internally displaced persons with the help of the United Nations Mission in Somalia (UNISOM) and CARE International in 1992–1996. It carried out water well rehabilitation with the help of UNISOM and Médecins sans Frontières (MSF) France in Kurtunwarey and Lower Shabelle in 1993–1994. Ongoing activities involve the following:

- Enhancing non-formal education in Mogadishu, Lower Shabelle, and Merka.
- Strengthening of income-generating projects in Lower Shabelle and Merka.
- Primary and secondary schooling in Mogadishu.

Current FGM/FGC eradication activities

FATXA calls for the total eradication of FGM/FGC. Previous projects were evaluated by donor agencies, like UNICEF, MSF France, ICRC, and UNISOM. FATXA is involved in advocacy activities against all forms of violence against women among them FGM/FGC, rape, and compulsory marriage. Its eradication of FGM/FGC and prevention of HIV/AIDS activities are conducted through awareness and community training.

Workshops targeting women's groups, community members, religious leaders, mothers, community elders, and TBAs have been conducted, with focus on health.

Some victims of FGM/FGC, usually old mothers, have publicly come out and work with FATXA in their advocacy activities.

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Norwegian Church Aid (NCA)

Brief description

NCA strives to promote peace and democratic values, unity with respect for diversity, sustainable productivity, and development. Its values include compassion, justice, participation, peace, and sustainable management of God's creation. NCA has had a program in southern Somalia since 1993, and evaluation of its activities has been done. NCA's vision is: "Together for a just world," and its areas of focus include human rights, the environment, gender, and development.

NCA's programs, strategies, and activities

NCA's activities include:

- Promoting the fundamental rights of the needy and the oppressed.
- Participating in joint activities that translate charity into practical action.
- Basic primary education, adult education, and teacher training.
- Shallow wells construction.
- Newsletter on NCA's projects.

Current FGM/FGC eradication activities

NCA has been active in seven districts in Gedo Region since 2002. Training of trainers has been carried out for 25 women leaders. Its other activities include advocacy targeting circumcisers and religious leaders, production of IEC materials on FGM/FGC including videos, T-shirts, and posters, and a newsletter highlighting activities on FGM/FGC. NCA also gives support to translation of Moslem manuals and documents in order to provide knowledge about the Islamic view on circumcision to religious leaders. NCA has also made deliberate efforts to monitor its activities and has had various consultations with the communities at the project sites in order to assess progress and enable them to plan better for the program.

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The National Committee on FGM/FGC

Brief description

The National Committee (NC) on FGM/FGC was established in June 2001, in Mogadishu. Affiliated to the International Committee on FGM/FGC, NC is run by nine volunteer members among them the chairperson, and vice-chairperson. Under the vice-chairperson are five parallel offices: political, health, education, elders, and religious. NC envisions an FGM/FGC-free environment, through multidisciplinary and wide-ranging activities.

NC's programs, strategies, and activities

NC's strategies include: capacity building, awareness raising, advocacy and lobbying, mobilization, networking, and documentation.

NC is involved in advocacy and lobbying in making Somali women visible in public life and decision-making processes at national level. NC is participating in the Somali National Peace and Reconciliation Conference, which started in Kenya from October 2002. It has participated in the adoption of the Transitional Federal Constitution and the preparation of five other documents of national status.

Current FGM/FGC eradication activities

Anti-FGM/FGC activities include training and information campaigns, special programs for religious leaders and youth participation, the alternative employment opportunities program, media deployment, collaboration with actors on the ground, and advocacy for zero tolerance of FGM/FGC.

The FGM/FGC project was evaluated between 19 and 26 October 2003, by the senior program officer from the Inter-African Committee, Addis Ababa, Ethiopia.

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RADES

Brief description

RADES is a regional NGO currently active in Kenya and Somalia. Its main operational areas are in Lower and Middle Juba regions, Somalia.

RADES programs, strategies, and activities

The activities of RADES revolve around water chlorination, advice on managing water points, building and renovating public toilets, and conducting workshops on gender.

Current FGM/FGC eradication activities

FGM/FGC is incorporated in the gender workshops.

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Save Somali Women and Children of Somalia (SSWC)

Brief description

SSWC is a national Somali women's nongovernmental humanitarian organization. It was founded in 1992 by a group of Somali women intellectuals in response to their moral obligation. Through empowerment, advocacy, awareness, and mobilization, SSWC aims to promote women's rights and facilitate women's advancement and mainstreaming. SSWC is based in Mogadishu and has a management team of seven with an advisory board of nine and one secretary. It strives for a peaceful, human centered, democratic and united Somalia.

SSWC programs, strategies, and activities

SSWC is involved in the following:

- Serving women's rights, concerns and development issues in Somalia.
- Peace building and promotion of leadership among women in the prevention, management, and resolution of the conflicts in Somalia.
- Creating consciousness on gender matters.
- Education and skills training.

Current FGM/FGC eradication activities

- SSWC hosts and cooperates with the Inter-African Committee on FGM/FGC and its Somali chapter, the National Committee, which focuses on promotion of viable strategies for the eradication of FGM/FGC in Somalia.
- Consistent advocacy and lobbying on the way to zero tolerance of FGM/FGC in Somalia.
- Engage a rights literacy project with special focus on FGM/FGC and on traditional early or forced marriage.

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SAACID

Brief description

SAACID, which means 'to help', is registered in Australia, Kenya, and Somalia. It is a women's NGO that focuses on practical measures to enhance the life options of women, children, and the poor. It was established in 1990. The headquarters is in Australia. It has: a country director in Somalia, an advisory committee, a deputy country director, finance and administration section, and the five sectors of health, education, women's advocacy and women's rights, food security, and business. SAACID envisions all developing countries as contexts in which people can reach their full potential, with equitable access to food, shelter, healthcare, and education. SAACID argues for complete eradication of FGM/FGC.

SAACID programs, strategies, and activities

SAACID has been involved in the creation of a women's micro-credit scheme. It runs primary, secondary, and vocational training schools for local communities and operates tuberculosis clinics, basic healthcare centers, and health posts.

Current activities on FGM/FGC

SAACID acknowledges that FGM/FGC is endemic. The reality is that it takes time and tenacity to modify behavioral patterns. SAACID has undertaken a baseline survey on FGM/FGC in Adale District and has held various advocacy activities with elders, clerics, youth, and women leaders. It has initiated the formation of 11 village committees, composed of women group elders and health providers, to oversee all anti-FGM/FGC activities. They have also initiated a specific component of FGM/FGC in their schools, both at the primary and intermediate levels, where the girls get a certificate after a 10-month course. SAACID has also initiated affirmation ceremonies where the mothers and girls publicly say no to FGM/FGC.

SAACID is happy with its operational model of success in empowering villages to take ownership of the eradication process. The organization provides educational inputs, logistics, administrative and managerial support. It believes that the conclusions and implementation processes belong to the local communities. The Mennonites evaluated the program though not in any rigorous or systematic manner.

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SOMLINK Relief and Development Organization

Brief description

SOMLINK is an indigenous Somali NGO based in Mogadishu with operational bases in Middle Shabelle and Galgaduud regions of Somalia. A group of Somali intellectuals from both genders and with varying academic backgrounds lay the foundation of the organization in 1994. SOMLINK was established for the welfare and promotion of peace among Somalis through relief, rehabilitation, and development programs. The projects undertaken by SOMLINK include food security, fishing, primary education, and peace promotion. In any project that SOMLINK undertakes, an implementation committee consisting of traditional elders and women's groups of around seven is formed. The committee selects the project beneficiaries. SOMLINK envisions communities capable of improving their quality of life to enable them to reach a self-reliance pattern in a peaceful atmosphere devoid of clan conflicts and disputes that may lead to violence. Areas of focus include peace, primary education, and health activities.

SOMLINK's programs, strategies, and activities

- Participated and facilitated dialogue with the local community in Mogadishu for the release of ICRC staff and U.N. expatriates kidnapped in Mogadishu in 1998 and 2001. Convinced the local community of Balcad District (Banadir Region) to protect and release Italian expatriates working for the International Commission of North and South after rival militia in the area threatened their lives.
- Facilitated 30 conflict management training sessions and 14 peace fora for the rural population in SOMLINK's project area. The training sessions focused on identifying causes of conflicts, methods for solving conflicts, case studies, and discussions with communities living with chronic conflicts.
- Introduced inshore fisheries and a group grantee credit project in Cadale District (Middle Shabelle Region). Assisted targeted fishermen by training them in fishing skills and supplying lobster nets and new wooden fishing boats.
- Has one primary and intermediate school in Abdul-Aziz District of Banadir Region. Five hundred children (60 percent girls and 40 percent boys) aged 7 to 14 learning seven subjects in the Somali and English languages. Twelve teachers are employed in the school as volunteers.
- Initiated an MCH center in Karan District, which is no longer operational due to lack of funds.

Current activities on FGM/FGC

Although SOMLINK lacks specific programs on FGM/FGC, it is included in the school curriculum. SOMLINK voluntarily implemented various FGM/FGC awareness activities in its project sites. It has a group of dedicated women who contribute voluntary efforts in campaigning for the eradication of FGM/FGC in Southern Somalia. SOMLINK uses cultural and religious methods in raising awareness of women concerning the problem of FGM/FGC. SOMLINK members need further training, dissemination of materials, transportation, and media support.

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World Vision

Brief description

World Vision is a non-profit relief and development organization currently operating in more than 100 countries. World Vision's humanitarian interventions in Central and Southern Somalia began in 1992. The organization is involved in the design and implementation of multicultural emergency relief and rehabilitative programs. The interventions include emergency relief, agricultural assistance and recovery, food aid, primary education, health and nutrition projects designed to improve the quality of life within the targeted areas, particularly of vulnerable groups. World Vision's focus is on food security, health and nutrition, education, and grassroots peace building.

World Vision's programs, strategies, and activities

Activities include the following:

- FGM/FGC: capacity building for TBAs.

Education: Construction and rehabilitation of classrooms and provision of basic education facilities

- Food security: training farmers in better cropping methods.
- Primary healthcare: treatment, nutrition, and safe motherhood.
- Peace building: supporting community peace initiatives through sports and theatre arts.

Current FGM/FGC eradication activities

In 2002, World Vision started an FGM/FGC awareness project as part of its health program. In 2003, it conducted an independent knowledge, attitudes, and practices project for Waajid in Bakool. Of the 32 villages 24 were sampled. It was found that 92 percent of the population had undergone infibulation. There is a three-year project currently going on in Southern Somalia in Bakool, Middle Juba, and Bay. A project committee comprises a local chief, sheikh, TBA, and two health workers. World Vision has also integrated FGM/FGC into other sectors, such as child rights.

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Zaytun Development Agency

Brief description

Zaytun Development Agency is a nongovernmental, non-profit organization dedicated to helping people in need of assistance in order to alleviate the suffering of victims of civil war and disasters, especially in Somalia. In the area of health, Zaytun Development Agency aims to develop a protective approach to problems created by the HIV epidemic in the Somali community. It helps to educate the community at home and in the Diaspora about the dangers, management, and control of HIV/AIDS.

Zaytun assists the Somali community in Hiraan Region of Somalia and Somalis living in Ohio State, USA, to improve their responses to HIV/AIDS. Zaytun has been very active in Hiraan since 1999, and will continue to increase its role in the fight against malaria and tuberculosis.

Zaytun was founded in November 1999 by group of Somalis in the Diaspora. It joined a well known NGO consortium in Central Somalia, the Hiraan National NGOs Consortium, and has maintained close ties with other regional NGOs.

Zaytun's programs, strategies, and activities

- Implemented programs to distribute non-food items to the vulnerable in Beletweyn and Jowhar, Somalia.
- Carried out a project of canal clearance in Bulo Burte District in Hiraan.
- Organized fundraising for medicine for Beletweyn hospital, and raised funds for Hiraan public library; the first library ever opened in the central region of Somalia.
- Established a small malaria laboratory in Bulo Burte.
- Distributed several hundred eyeglasses and brochures about river blindness, trachoma, diabetes, glaucoma, and cataracts.
- Planning to carry out a virtual learning program on HIV/AIDS.

Current FGM/FGC eradication activities

Zaytun integrates an anti-FGM/FGC component into its HIV/AIDS programs and has organized several advocacy workshops in central Somalia areas of : Beletweyn, Bulo Burte, Maxaas, and Jalaqsi.

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Donor Agencies

Equality Now

Brief description

Equality Now is an international human rights organization dedicated to the protection and promotion of the rights of women around the world. Issues of concern to Equality Now include FGM/FGC and other harmful traditional practices, denial of reproductive rights, trafficking in women, lack of women's participation in decision-making, and all forms of violence and discrimination against women.

The mission statement of Equality Now states:

Through mobilization of public international pressure, Equality Now works to campaign for the reform of laws and practices that discriminate against women; to contribute towards the global campaign to end violence against women; and to promote the equal partnership of women in decision-making.

Current FGM/FGC eradication activities

1. The Fund for Grassroots Activism to End FGM/FGC.

Equality Now supports the efforts of local organizations through the Fund for Grassroots Activism to End FGM/FGC, which was initiated in 2000. Several organizations from: Djibouti, Egypt, Ethiopia, Eritrea, the Gambia, Guinea, Kenya, Nigeria, Mali, Senegal, Somalia, Somaliland, and Tanzania have benefited from the fund. A description of projects of partners in Somalia/Somaliland is provided below.

- **Galckayo Education Center for Peace and Development (GECPD)** works to inform, educate, and empower women to understand the harmful effects of FGM/FGC. It also aims at strengthening women's capacity to seek, defend, and advocate for their fundamental rights in all spheres of life, and promote education for girls, women, youth, and the community for social reconstruction and the peaceful rebuilding of Somalia. GECPD uses sensitization and outreach, integration of FGM/FGC in the school curriculum, production of IEC materials, collaboration and networking with other organizations, and gender-focused community mobilization. Its awareness activities have broken the silence surrounding FGM/FGC. GECPD's strategy includes the participation of religious leaders. Two committed sheikh are willing to discuss FGM/FGC.
- **Women Inter Action Group (WIAG).** WIAG's objectives are to mobilize women to participate in the rehabilitation and development of Somaliland and to advocate for the cause of women. The strategy that WIAG has adapted is to first engage the community rather than the policymakers. WIAG targets women and girls since they are most affected by FGM/FGC. It engages TBAs through awareness, training, and group discussions. With a grant from the FGM/FGC Fund, WIAG will first produce educational materials for use in its campaign, then identify eight core groups of 20 members each from the eight locations of Hargeysa to be trained and equipped with knowledge and skills to advocate against the practice within their respective locations. These core teams serve as WIAG's connection to the community and as change agents.

2. Annual meetings. Each year the grantees of the Fund for Grassroots Activism to End FGM/FGC meet to exchange project work experiences, share lessons, and deliberate innovative ways to end FGM/FGC. The first meeting was held in Nairobi in 2002, where activists discussed their campaigns and how to demolish the pillars sustaining FGM/FGC. Application of a human rights framework was also reviewed.

The 2003 meeting of the FGM/FGC Fund was held in July in Atlanta, Georgia, where the first documented case of FGM/FGC in the United States was publicized earlier in the year. Activists from

nine African countries: Eritrea, Ethiopia, the Gambia, Guinea, Kenya, Mali, Senegal, Somalia, and Tanzania, met in Atlanta to exchange ideas and collectively strategize on the eradication of FGM/FGC in their own communities. The FGM/FGC Fund grantees also met with local organizers in African immigrant communities in Georgia to discuss effective outreach strategies to end the underground practice of FGM/FGC in the US. Participants supported the introduction of a state law in Georgia prohibiting FGM/FGC. The grantees welcomed the opportunity for a second similar meeting in Atlanta, Georgia.

The third annual meeting took place in June 2004, where former circumcisers from Djibouti, Kenya, the Gambia, Guinea, Mali, and Tanzania shared their experiences, successes, and challenges with the FGM/FGC Fund grantees.

3. Awaken. Since 1997, Equality Now has been publishing *Awaken*, a forum designed to facilitate communication among activists around the world working to end FGM/FGC, as well as the exchange of information, ideas, and strategies to stop the practice. *Awaken* remains one of the few forums for groups and individuals to share new initiatives and successful strategies in the campaign against FGM/FGC. Equality Now continues to receive a steady flow of letters from groups working in practicing communities, in which they indicate the usefulness of *Awaken*.

4. Women's campaign action. Equality Now is campaigning with activists in Tanzania urging the government to enforce the 1998 anti-FGM/FGC law to protect girls. Other women's action campaigns were taken in the Gambia and USA.

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Diakonia Sweden

Diakonia is a Swedish NGO with international cooperation with civil societies in different parts of the World. Diakonia's humanitarian and development work aims for a just world where all human beings have a right to a life of dignity, which meets the basic needs for food, shelter, basic education, health care, cultural and spiritual identity as well as conditions for exercising the rights and responsibility of a citizen. Its oval thematic areas are: *Human Rights and Democracy, Social and Economic Justice, Gender Equality and Equity.*

Overall Strategy

Diakonia's Overall strategy is to support local communities through the establishment of programs that strengthen the capacity of civil society organization and local authorities. These programs put special emphasis on gender, quality and equity, building peace, culture and conflict prevention strategies, as well as the promotion of human rights.

Current Activities in Somalia

Diakonia has been working in Somalia since 1994. Their work is transparently conducted in co-operation with the civil society and local authorities. It is also coordinated with other international organizations. Diakonia is implementing various projects in the North Eastern Zone, Puntland state of Somalia, particularly in Nugal and North Mudug Regions. Presently, Diakonia is actively implementing two major programs namely Education and Democracy and Legal and Human Rights.

In its legal and human rights programs, Diakonia in partnership with UNDP is implementing activities that ensure justice; human rights and the rule of law are enhanced. In the education and democracy

programs, Diakonia focuses on the rehabilitation/construction of schools, capacity building for the Ministry of Education, establishment of local institutions such as Puntland Community College and Teacher Training College, capacity building for women's NGOs and CBOs and women literacy and adult education program.

Female Genital Mutilation Activities

In Puntland, Diakonia is involved in the following three activities:

- FGM/FGC activities are integrated in the functional literacy training for women supported by Diakonia. The literacy program was first established in the Nugal region in 1999 and has since then expanded to Mudug, Bar, Sanag and Sool. The functional literacy campaign runs for six months in each phase and reaches thousands of women. FGM/FGC eradication through awareness rising is one of the most important objectives of this campaign.
- Diakonia supported local women NGOs in collaboration with the women's affairs department of the Ministry of Labor, Youth, and Sports in celebrating the International Women's Day in Puntland. Women and youth were involved in the March 1 to 8 2004 weeklong activities whose main focus was the promotion of zero tolerance on FGM/FGC.
- Diakonia supports an FGM/FGC project implemented by Galckayo Education Center for Peace and Development. The project duration is six months and will target mainly education officials and students. The main objectives of the project are to build awareness of FGM/FGC and its harmful effects, train trainers and develop a training manual on FGM/FGC.

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European Commission

Programs, strategies, activities

The overall long-term objective of the Commission Strategy for Somalia is to contribute to the alleviation of poverty and to the promotion of a peaceful, equitable and democratic society. Its intervention objective is to support sustainable improvement of the livelihood of the Somali people. Enhance people's food security, economic growth, access to basic public and social services, and establish good governance.

To achieve objectives, poverty and political dilemma must be sufficiently addressed. Multi-sectoral approach with particular reference to the empowerment of civil society should also be undertaken to achieve national reconciliation.

The European Parliament through a motion in 2001 (5-0285/2001) condemned FGM/FGC and called on Member States and the European Commission to support its eradication initiatives.

Current FGM/FGC eradication activities

In Somalia, the European Commission currently supports two main initiatives: the Sahan Saho radio

and the anti-FGM/FGC campaign led by three women's networks (COGWO, WAWA and NAGAAD) with the support and backstopping of NOVIB.

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NOVIB-Somalia

Brief description

NOVIB (Oxfam Netherlands) has been involved in Somalia and Somaliland since 1995. It supports local civil society organizations and networks. In 2001 NOVIB-Somalia, the European Commission and others, initiated the Strengthening Somali Civil Society Project. The project provides support to civil society organizations through research, information gathering, awareness raising, capacity building, and networking. In October 2002 a second project was established by NOVIB-Somalia to support civil society engagement with the Somali national reconciliation process.

Activities

- Produced two complementary research reports: "Mapping Somali Civil Society" and "Donor Assistance Study".
- Information and awareness materials produced, including a quarterly newsletter, *Karti*.
- Capacity-building initiatives, including support for the development of a civil society code of conduct, training in financial management, trauma counseling, human rights, and monitoring skills.
- Support to the first annual Somali civil society symposium in Hargeysa in 2003.
- Funding for the G-10 human rights groups to consolidate their capacities to carry out systematic human rights investigations, documentation, monitoring, and advocacy. The G-10 operates as a loose network whose aim is to seek the support of the international community and its participation in ending the prime sources of human rights violations in their communities: armed conflict and statelessness. They are based and operate in Somalia, Puntland, and Somaliland, and include COGWO, the Dr. Ismail Jumalle Human Rights Organization (DIJHRO), Dulmidiid Center for Human Rights, Heegan Human Rights Network, ISHA human rights, Peace and Development Organization, Peace and Human Rights Network (PHRN), Somali Young Women Activists (SOYWA), and Kisima Peace and Development Organization.
- Funds five networks on education.
- Capacity building of 28 consultants in 20 organizations.
- Funded the development of a code of conduct network – "Fourteen Principles to Be Adhered to When Working with Local Organizations".

Funded activities on FGM/FGC

In coordination with Amnesty International's global campaign, NOVIB supported the development and planning of a *Stop Violence Against Women* campaign by Somali women's networks. The networks involved in the campaign are Nagaad, COGWO, and WAWA. At the planning and training seminar, the networks concurred that the most pressing form of violence against women in Somalia/Somaliland was FGM/FGC. They decided to focus the campaign on its demise.

The five-year campaign was launched during the International Women's Day, throughout Somalia. The launch attracted plenty of local and international attention. It created the necessary momentum for the campaign. NOVIB is currently supporting the networks to undertake: knowledge, attitudes, practices, and beliefs survey on FGM/FGC. NOVIB also funds HAVOYOCO in Hargeysa.

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United Nations Children's Fund (UNICEF)

Brief description

After World War II, European children were threatened by famine and disease. To save these children and provide: food, clothing and healthcare, UNICEF was created in December 1946 by the United Nations. UNICEF is mandated by the UN General Assembly to advocate for the protection of children's rights, help meet their basic needs and expand their opportunities to realize their full potential. UNICEF is the driving force that helps build a world where the rights of every child are realized. It has the global authority to influence decision-makers, and the variety of partners at grassroots level to turn the most innovative ideas into reality.

Mission statement

UNICEF is guided by the Convention on the Rights of the Child and strives to establish children's rights as enduring ethical principles and international standards of behaviour towards children.

UNICEF insists that the survival, protection and development of children are universal development imperatives integral to human progress.

UNICEF mobilizes political will and material resources to help countries, particularly developing ones, to build their capacity for appropriate policies and deliver services for children and their families.

Focus areas

The five areas of focus for UNICEF globally and for the period of 2002-2006 include: girl education, early childhood, immunization, fighting HIV/AIDS, protecting children from violence, exploitation, abuse and discrimination. Key issues include, ensuring continuing education for all girls, improving health of infants and children under five, ensuring vaccination of children, implementing laws, policies and programs that protect children, and preventing infections of HIV/AIDS among young people.

UNICEF's programs, strategies, and activities

The key programs include: health; nutrition; water and sanitation; education; communication, protection, participation, planning, monitoring and evaluation.

The key overall goals for the UNICEF Somalia program for the period 2004-2008 are:

- Goal # 1:** Reduced mortality and morbidity of infants and children under five years of age.
- Goal # 2:** Reduced maternal mortality and morbidity.
- Goal # 3:** Increased learning by children and youth through basic education.
- Goal # 4:** Reduced violence, exploitation, abuse and discrimination of children and women.
- Goal #5:** Reduced prevalence and prevention of the spread of HIV/AIDS.

Current FGM/FGC eradication activities

UNICEF is firmly committed to respecting the cultural identity and traditions of countries in which it works. It is however clear about the unacceptability of traditional practices that violate human rights, and specifically the rights of children. Action on eliminating harmful traditional practices such as FGM/FGC is specifically mandated by the Convention of the Rights of the Child.

In its work UNICEF will,

'...Develop, fund and implement interventions for the reduction of physical and psychological violence against children, whether in the family, the community, in schools and other institutions or in the form of harmful traditional practices'. Violence and abuse include physical, sexual and psychological violence against children within the families, in schools and communities and in the State and non-State institutions: gender related violence and female genital mutilation'.

Currently, the focus of UNICEF interventions is on advocacy and mobilization of communities. The FGM/FGC prevalence in Somalia is almost universal. There is stigma and discrimination attached to abandoning the practice. UNICEF is therefore committed to the creation of an enabling environment where individuals are empowered to make decisions based on the best interest of their children. This strategy is based on the belief that the practice will only end by targeting the circumcisers, while engaging the families with young girls, and focusing on future parents. Influential community leaders should also be targeted. Reducing the demand for FGM/FGC will render it obsolete.

The UNICEF interventions fall into two categories:

- Interventions aimed at behaviour change through awareness-raising and increased capacity of individuals and communities to make choices that break the current 'norm' (short-term impact).
- Interventions aimed at change in the societal norms i.e. change in the status of FGM/FGC as a desirable act within the society at large (long-term impact).

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Somalia Aid Coordination Body (SACB)

Brief description

SACB was established in 1993 at the 4th Coordination Meeting on Humanitarian Assistance for Somalia facilitated by the U.N. in Addis Ababa. It is a voluntary body, which aims at providing a framework for developing a common approach for the allocation of international aid to Somalia. It comprises 117 partner agencies, which include main bilateral and multilateral donors, U.N. agencies and international NGOs. There is also a network of local Somali organizations, which regularly participate in the meetings. SACB is mandated to:

- Provide policy guidance and practical assistance to implementing agencies on issues of policy, security, and operational constraints.
- Provide policy and operational coordination for rehabilitation and development activities, particularly at the sector level.
- Develop recommendations for the allocation of resources to different groups.
- Provide a base for possible resource allocation.

It operates through a network of committees supported by a secretariat. It has three main committees: executive, steering, and consultative and five sectoral committees: health and nutrition, education, food security and rural development, water and sanitation, and infrastructure. Given its voluntary nature, SACB reaches decision by consensus. All decisions of SACB, at all levels, are issued in the form of recommendations, emphasizing the non-authoritarian nature of the body.

Without legitimate and internationally recognized forms of governance in Somalia, SACB became a reference point, a source of information and advice for the formulation of decisions by external actors in the majority of situations.

Mission statement of the SACB health sector

"To provide adequate technical support and resource assistance to communities and aid agencies working in south and central Somalia, Somaliland, and Puntland to develop standard healthcare delivery systems to serve all peoples of Somalia."

The main goal of the SACB health strategy framework is to provide access to good quality and affordable health services to all communities in Somalia.

Its overall goal is to support common and agreed strategies and approaches for improving and sustaining an efficient healthcare delivery system. Its priority areas include: health information, human resources development, essential supplies including drugs, infrastructure, role of communities in co-managing health services and healthcare financing. The aim is sustainable health service delivery that is equitable, cost effective, and accessible to the majority of Somalis.

Overreaching goals:

- Increased Somali capacity to develop its own health policies, health systems, and plans.
- Improved maternal and child health status, decreasing preventable morbidity and mortality rates.
- Decreased burden caused by communicable diseases and other avoidable causes of mortality, especially among the vulnerable groups.
- Improvement of the health status of the population by reduction of harmful traditional customs and practices.
- Increase community participation, knowledge, attitude, and practices towards the development of a self-sustainable healthcare system promoting better health among the communities in Somalia.

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World Health Organization (WHO)

Brief description

WHO is currently supporting several health programs in Somaliland, Puntland, and Central and Southern Somalia. It supports Ministries of Health with: tuberculosis, HIV/AIDS, and malaria control, and reproductive health programs, family planning, antenatal and postnatal care, refurbishing and equipping laboratories, and in-service and pre-service training for health professionals. Currently there are four pre-service nurse-training institutions in Somalia; one in Hargeysa, one in Bossaso, and two in Mogadishu. The schools operate differently as follows:

- In Hargeysa, the U.N. agencies (WHO/UNDP/UNHCR) collaborated to renovate, equip, and restart the Institute of Health Sciences in Somaliland using the premises of the old nursing school, destroyed during the civil war. The agencies bought a Land Cruiser, equipped the laboratory, bought computers and books for the library and students, and offered pay incentives for seven tutors. Two classes of 30 students each are currently attending their first year of the three-year program.
- The Somali Nursing Institute in Bossaso also has a three-year program and has already produced one batch of nurses. Two other batches are currently enrolled.

- One of the nursing schools in Mogadishu (Somali Registered Community Health Nursing, SRCHN) is supported by the Italian SOS charitable organization run by Hermann Gmeiner, which also supports a village for orphaned children, a hospital, and community outreach activities. The school has a four-year curriculum with strong community outreach and skills-building components. The first batch of students started schoolwork during the fall of 2001. A total of 60 students are currently enrolled in three levels. The agency is planning to build an SOS orphan center in Hargeysa.
- The High Nursing Institute of Mogadishu University is a private non-profit organization and offers a three-year program. The academic program started in September 2000 and 34 nurses have already graduated. Students pay a subsidized price of US\$20 dollars per month. Only those who can afford attend this school.

WHO currently supports the development of a standardized curriculum for the four nursing schools. A curriculum development workshop was facilitated by a WHO consultant from Sudan and was held in Hargeysa during the FGM/FGC assessment team's field visit. Team members met tutors from all the four schools, as well as the consultant, to learn more about the anti-FGM/FGC activities implemented in the schools, and the extent to which the new curriculum outline addresses FGM/FGC elimination.

FGM/FGC eradication activities

Since the Institute of Health Sciences started recently, many of the relevant courses, such as obstetrics and gynaecology, have not yet began. Anti-FGM/FGC activities have not been sufficiently integrated into the school program. However, the tutors cover the health complications of FGM/FGC, including immediate and long-term health complications such as bleeding, infections, keloids, and obstetric fistula, during relevant sessions.

However, WHO Hargeysa office has been carrying out anti-FGM/FGC awareness-raising activities in Hargeysa and villages like: Dila, Ali Baday, and Borama. With financial support from UNFPA, WHO also conducted a knowledge, attitudes, and practices study on FGM/FGC throughout Somalia. It trained sheikh to discuss FGM/FGC eradication, sanitation, and the harmful effects of kat in the mosques during Friday prayers or at any other time when there is a crowd in the mosque. This program has led to the breaking of the silence surrounding FGM/FGC and has increased the dialogue on the issue at the community level. However, the program ran out of resources, and WHO staff are currently advocating for its re-initiation. WHO also plans to facilitate the inclusion of FGM/FGC in the new curriculum being developed.

The curriculum of the Somali Nursing Institute in Bossaso includes FGM/FGC eradication and AIDS preventions as two main topics. Students receive a 20-page anti-FGM/FGC booklet, watch videos, stage dramas and plays for communities, participate in the anti-FGM/FGC activities of local youth networks and NGOs, and also take part in 15 minute radio discussions of FGM/FGC on Tuesdays. Some of the school graduates were also hired by the local women's groups as community health and FGM/FGC educators. For example, students attended zero tolerance workshops organized by Hawa Aden from Galckayo and the March 8.

The two institutions in Mogadishu (SOS Nursing and High Nursing Institute of Mogadishu University) do not include anti-FGM/FGC education in their formal or non-formal programs. SOS Nursing's human resource manager informed the assessment team that the school has the potential to institutionalize anti-FGM/FGC activities in its curriculum and later in the community outreach activities, if a proposal for this integration is submitted to the director of the school, Sister Leonella, who lives in Flora Hostel in Nairobi, Kenya. The principal of the High Nursing Institute also stated that he is planning to adopt the curriculum being designed with WHO's assistance, and if an anti-FGM/FGC component is included, his school will teach the subject in the relevant topics and practice sessions.

Two tutors from Mogadishu also reported on the existence of a Somali Professional Nursing Association (SOPNA) in Mogadishu, which has 150 members. They said that almost all members of this association circumcise girls for a fee. They recommended a capacity-building initiative for themselves and the leadership of the association so as to train their members to stop circumcising girls. The community can then be educated on the deleterious effect of FGM/FGC. One of the tutors acknowledged recommending *Sunna* to mothers to reduce the drastic effect of infibulation. She said she could stop advocating for *Sunna* if there is consensus.

FGM/FGC content in the new curriculum outline

The assessment team also met the WHO consultant, Dr. Hayat Fadlalah, to review the curriculum outline for its anti-FGM/FGC content. The team and the consultant noted that the current content is inadequate. That it only focuses on awareness on long-term and short-term complications of FGM/FGC. That it lacks a behaviour change component to convince the student nurses to stop circumcising girls. The assessment team recommended expanding the content to include examination of culture, traditional beliefs, and community values. It should also look into: the effect of FGM/FGC on women's sexual and psychological health; Islam and FGM/FGC; FGM/FGC and nursing ethics; FGM/FGC and human rights; and stages of behaviour change adoption and decision making skills. It should emphasize on making deliberate decisions against FGM/FGC at the individual, familial, and community levels.

The potential of the nursing institutions in the FGM/FGC eradication movement

Training institutions have a chance to thrive in Somalis. Their curricular and educational materials should benefit from the global experiences in anti-FGM/FGC work to ensure production many professionals willing to discard the blade. The medicalization of FGM/FGC by graduates must be stopped. WHO and the international donor agencies have the opportunity to lay foundations for the eradication of FGM/FGC. The same applies to medical schools, universities, and other emerging institutions of learning.

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Annex 2

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- Aimee, L. K and Tapsoba, I. 1994. "Charity Will Not Liberate Women: Female Genital Mutilation in Burkina Faso." In Private Decisions Public Debate: Women, Reproduction and Population. Panos Publication Ltd., London.
- Allan, Stuart. 1999. News Culture. Open University. Buckingham. Philadelphia.
- Abdi, Fatuma, and Linet, Miriti. 2003. "FGM/FGC in Waajid District, Bay-Bakool Region." World Vision, Somalia.

The specific objective of the study was to conduct an operational research to gather baseline data on community values, beliefs, practices, and rules of interactions. It endeavored to develop effective and integrated strategies for prevention and elimination FGM/FGC. Quantitative and qualitative paradigms were utilized. Some of the cited findings include: the community is ignorant of the health, social, and economic implications of FGM/FGC; the community believes that FGM/FGC purifies the girl and maintains her chastity till marriage. The report noted that whereas many people reported the practice of *Sunna*, it was not clear what it entails. Different people have different definitions and procedures under the name. Some recommendations include the need to set up an information base in Waajid, and establish support mechanisms for girls and women who have not been circumcised.

- Ahmed, Ali Noah. 2003. "Somali YES Country Network Rules and Regulations." Youth Employment Summit (YES), Somaliland.

The document outlines the mission, vision, and goals of YES. It states the composition, selection process, and powers of the executive team, steering committee, and advisory committee and the accepted behaviour from the donor community and the government.

- AIDOS (Italian Association for Women in Development)/No Peace without Justice. 2004. "Cairo Declaration for the Elimination of FGM/FGC." The Afro-Arab Expert Consultation on Legal Tools for the Prevention of Female Genital Mutilation, Cairo, Egypt, June 2003.

The declaration calls on governments to safeguard the rights of women and children in accordance with their obligations as state parties or signatories. The declaration was adopted by experts from: Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Democratic Republic of Congo, Djibouti, Egypt, Eritrea, Ethiopia, the Gambia, Ghana, Guinea, Ivory Coast, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Sudan, Tanzania, Togo, Uganda, and Yemen. Some of the key recommendations emanating from the consultation include the need to adopt specific legislation addressing FGM/FGC, and the need for governments to formulate time-bound objectives and strategies. It was noted that adequate national resources must back plans of action and programs.

- Al-Sabbagh, Muhammad. 1996. "The Right Path to Health: Islamic Ruling on Male and Female Circumcision". WHO, Regional Office for the Eastern Mediterranean. Alexandria, Egypt.

The book notes that Islam obligates male circumcision. Female clitoridectomy or *Sunna* is not religious obligations. Female circumcision is not a sign of respect because all the hadiths endorsing it are poor in authenticity. It is more of a custom rare in all Islamic countries.

- Amnesty International. 2004. "Female Genital Mutilation: A Human Rights Information Pack." London, UK.

This highlights the different types of FGM/FGC, the procedures followed, geographic distribution of FGM/FGC, sexual and psychological effects. Reasons for FGM/FGC survival include: religion, cultural

and gender identity, and control of women's sexuality. A testimony on FGM/FGC from Sierra Leone is also included.

- APRODEV (Association of World Council of Churches related Development Organizations in Europe). 2001. "Gender and Violent Conflict: Conference Report." Report on conference., Sweden. September. Gender Orientation on Development (GOOD).

The conference was organized to reflect on the role of gender in violent conflict, a relatively unexplored area for development agencies. It was noted that gender relations are contextual and any solutions to conflict have to be locally generated and based on the diversity of women and men narratives. Working with both genders on power relations is of key importance. Since there can be no development without peace, organizations must recognize the importance of peace building for their work. The report notes that development and humanitarian agencies are increasingly venturing into conflict prevention and peace building.

- Baden, Sally. 1992. "The Position of Women in Islamic Countries: Possibilities, Constraints and Strategies for Change." Bridge Online Reports No. 4, prepared for the Special Program WID, Netherlands Ministry of Foreign Affairs (DGIS). Bridge Institute of Development Studies, University of Sussex, UK.

Focuses particularly on Egypt, Yemen, Mali, Bangladesh, and Sudan. Explores religious texts of Islam and Islamic law, their implication for women, the relationship of Islam and various pre-Islamic practices such as dowry, seclusion, veiling, and FGM/FGC. Looks at the links and tensions between modernists, Islamists, and feminist movements in Islamic countries. The economic, political, and socio-cultural dimensions of women's position in Islamic countries are reviewed. It notes that seclusion and veiling of Muslim women is not Islamic. It notes that there is no clear reference to FGM/FGC in the Koran. Infibulation for certain groups is a marker of cultural or ethnic superiority. Some interesting notes include the suggestion that veiling represents a way to save money on clothing for working or student women on low income. Veiling is also seen as a way of commanding respect from male colleagues, and many females feel freer in their social interaction in the public sphere.

- COGWO (Coalition for Grassroots Women Organizations). 2004. "Wide Campaign to Eradicate FGM/FGC." Southern Somalia.
- Chege, Askew and Liku. 2001. An Assessment of the Alternative Rites Approach for Encouraging Abandonment of Female Genital Mutilation in Kenya. Population Council- Frontiers in Reproductive Health.

Maendeleo Ya Wanawake(MYW) and Program for Appropriate Technology(PATH) has been implementing an Alternative Rite of Passage programme as part of its effort to eradicate Female Genital Mutilation. This approach has not been systematically documented or assessed. This study addressed the factors that influenced some families and individuals to adopt the alternative rite while others, exposed to same messages discouraging Female Genital Mutilation, decide not to.

- Clark, Damon, and Maureen Malave, Maureen 2001. "Maternal and Child Health in Baseline Survey". IRC.
- Crisell, A. 1986. Understanding Radio. London: Methuen.

Crisell discusses the value and power of radio as a tool of mass media.

This highlights anti-FGM/FGC activities before and during the International Women's Day commemorated on March 8 2004 in Jowhar in Middle Shabelle Region, Beletweyn in Hiraaan Region,

and Baidoa in Bay Region. Some of the highlighted events include drama, a youth forum, and a basketball game for girls where the winning team got a cup named "Kick off the FGM/FGC".

- Ferguson and Odhiambo. ,1999."Safe Motherhood Baseline Survey". CARE Somaliland.
- FERO (Family Economic Rehabilitation Organization). 2003. "FGM/FGC Workshop for Somalia Women: Summary Report." Report on proceedings of workshop. Mogadishu, Somalia.

This is a report on a four-day workshop held by FERO for 50 Somali women aged 18 to 60. The discussions revolved around the health effects, economic costs, historical perspectives, traditional and religious angles of FGM/FGC. Also shared were personal experiences, prevalence rates, and past efforts related to FGM/FGC. It was recommended that there was a need to: create more awareness on effects of FGM/FGC, develop a training of trainers syllabus on FGM/FGC, conduct research on the health effects of FGM/FGC, coordination mechanisms, and extending anti-FGM/FGC messages to schools and the media. The report notes that infibulation should be rejected and *Sunna* encouraged since complete stoppage of FGM/FGC is impossible.

- Guardian. 2004. "The Time Has Come to Disarm. Health/Nutrition/Population." Newspaper report. London, UK.

Highlights the story of Anna Lena Toneili, an anti-FGM/FGC activist killed in Somalia. She assisted many tuberculosis and HIV/AIDS patients. It highlights the strategy of targeting circumcisers to eradicate FGM/FGC.

- Gudeta, T. 1994. "The Silent Shame, Obstetric Fistulae in Ethiopia". In *Private Decisions Public Debate. Women, Reproduction and Population*. London: Panos Publication Ltd. London.

The book details stories told by various African journalists on the dangerous effects of FGM/FGC. It quotes victims, medical and political authorities and religious leaders. It emphasizes that the practice has no Islamic roots at all.

- Health Unlimited. 2003."A Rreport on the Assessment of Level of Awareness in and Discussion on lissues of FGM/FGC, Safe Motherhood and STI/HIV/AIDS among Somali –Speaking Horn of Africa Community." Nairobi.

The purpose of the study was to produce baseline sexual and reproductive health data related to awareness and discussion in the target audience of; effects of Female Genital Mutilation, STIs & HIV/AIDS and Reproductive Health against which the effect of the main project intervention, the soap and magazine radio programmes, can be assessed later in the 2002-2007 WWMP-SSHA project period.

- Health Unlimited . March 2003. "Baseline Survey of Sahan SAXO-WWMP."
- Hussein, Lula. 1995. "Report on the Ottawa Consultations on FGM/FGC." Horn of Africa Resource and Research Group. Canada.

The Inter departmental ad hoc working group on FGM/FGC organized discussions on FGM/FGC with women and youth representatives in Canada. The objective was to explore appropriate ways of educating members of the Somali community in Canada on FGM/FGC, health risks involved and cultural sensitization. It also sought recommendations on how the federal government might discourage the FGM/FGC practice by Somalis living in Canada.

- IRIN (Integrated Regional Information Networks, U.N. Office for the Coordination of Humanitarian Affairs). 2004a. "Africa: Focus on Efforts to Eradicate Female Genital Mutilation." www.irinnews.org, 5 June 2004.

The report highlights the commemoration of the international day on zero tolerance to FGM/FGC. First ladies from Burkina Faso, Nigeria, Mali, Djibouti, and Guinea urged for the stamping out of FGM/FGC. There is a feature on European countries among them Britain and Norway, that have banned FGM/FGC. The adverse effects of FGM/FGC are spelt out. A hospital in Addis Ababa where the doctors repair fistulas is mentioned while it is noted that FGM/FGC is now seen as a major vehicle for HIV/AIDS transmission.

- IRIN (Integrated Regional Information Networks, U.N. Office for the Coordination of Humanitarian Affairs). 2004b. "Global: International Women's Day." www.irinnews.org, March 8 2004.

The highlights how major organizations used the International Women's Day to expose the proliferation of sexual violence against women and the increasing numbers of women infected by HIV/AIDS. Both trends are aggravated by gender inequality. Major international and U.N. agencies all agreed that the central and urgent issues facing women in 2004 are: sexual violence and HIV/AIDS. The London-based Amnesty International used the day to launch a global campaign to stop violence against women. The International Committee of the Red Cross launched a new operational manual: "Addressing the Needs of Women Affected by Armed Conflict: An ICRC Guidance Document".

- IRIN (Integrated Regional Information Networks, U.N. Office for the Coordination of Humanitarian Affairs). 2004c. "Campaign against FGM/FGC Launched on Women's Day." www.irinnews.org, 2004.

Highlights an anti-FGM/FGC campaign launched simultaneously in Hargeysa, Bossaso, and Mogadishu by four women's networks – COGWOW, WAWA, Nagaad, and the Women's Development Organization (IIDA). The event was marked by: rallies, demonstrations, and drama performances with the theme that FGM/FGC is not a religious requirement. The president of the transitional national government of Somalia, Abdiqassim Hassan, addressed the audience.

- Jowhar, Hali. 2002. "A Literature Review of Past KAP Studies and Related Documents on HIV/AIDS and STIs, Reproductive Health and FGM/FGC in Somali-Speaking Horn of Africa." Health Unlimited. Somaliland.

The aim of the review was to identify elements to be included in a planned knowledge, attitudes, and practices (KAP) survey in 2002. Twenty-seven documents, seven of them KAP surveys, were reviewed. Only one addressed FGM/FGC in northeastern Kenya. It was recommended that in future baseline KAP surveys and studies, a coordinated approach be designed. It observes that Somalis in the Diaspora, whether residing in Nairobi, a refugee camp in Ethiopia, or a suburb in Stockholm or Toronto, maintain very close links with the global Somali community. Irrespective of location, Somali speakers in general may provide insight with regards to attitudes and practices and also constitute part of a global target group. Eastleigh in Nairobi, Kenya, where many Somalis mostly from Mogadishu reside, could be used for a sample study.

- Karim, D. Mahmoud. 1995. "Circumcision and Mutilation of Males and Females: Medical Aspects." Cairo, Egypt.
- Ministry of Health. 2000. "Puntland Health Regulations." MOH, Puntland.

There are 13 articles that outline conditions obligatory for opening a pharmacy, private clinic, and private laboratory. Other conditions include those pertaining to imported drugs, local NGOs, alien doctors, private midwives, the duties of the Ministry of Health and other ministries, and prohibition of

activities against social health. On FGM/FGC, the ministry prohibits the practice of Pharaonic circumcision, and points out that anyone practicing it will face legal penalties.

- Mahmoud, Karim. 1988. "Historical, Social, Religious, Sexual and Legal Aspects". Faculty of Medicine, Ain Shams University, Cairo, -Egypt.

In this illustrated book, Dr. Mahmoud provides excellent background information and insights into the practice of Female Genital Mutilations from different perspectives including historical, social, religious, sexual and legal based on his own experiences in Egypt and research as well as on an extensive literature search from the region. The sections on FGM and sexuality and FGM and Islam are particularly very revealing and are a must read for those working in Islamic countries where FGM is practiced. Dr. Mahmoud also gives testimonies of his own personal experience fighting FGM as a Medical Doctor/Professor, researcher and activist through the Egyptian Taskforce and other fora. The anti-FGM Program in Egypt is presented as a case study.

- Mohamud, Asha, and Beth Crane, Beth. 1997. "UNICEF/MOHL Workshop on Communication for Change: Toward the Eradication of FGM/FGC." Trip report. Hargeysa, Somaliland.

UNICEF's goals in sponsoring the workshop were to initiate program planning and strategy development towards the eradication of FGM/FGC in Somalia. It also aimed at arresting the current movements towards *Sunna* and medicalization of FGM/FGC. The main purpose of the two week training of 32 participants in communication for change techniques was to first convince the participants themselves of the need for total eradication of FGM/FGC, then to spread that conviction to their spouses, extended families and to the community.

They were equipped with the ability to develop FGM/FGC programs that would translate to behaviour change in the community and move towards total eradication of FGM/FGC. The workshop created: a cohesive group of 32 sensitized and highly motivated anti-FGM/FGC activists, a position statement from participants, personal advocacy plans for each participant who pledged not to circumcise their daughters, and a draft national program plan which proposed the formation of a technical committee for coordination of FGM/FGC activities. There were also recommendations for UNICEF.

- Muriithia, Njeri, and Fatuma Abdi, FatumaFatuma,. 2002a. "Consultative Workshop." Norwegian Church Aid (NCA), Gedo Region, Southern Somalia.

The objective of the consultation was to find out where and how to make interventions in addressing FGM/FGC, and identify ways that the NCA can address FGM/FGC in Gedo Region. The targeted districts include Elwak, Luuq, Burdhubo, Garbahaarey, Bula Hawa, Bardera, and Dolo. Group discussions were held for women, young girls, men, young men, and religious leaders. Plenary presentations were conducted. The perspectives of clerics, women, men, boys and girls were recorded, possible strategies for addressing FGM/FGC formulated, hindrances noted, and action plans drafted. It was found that women viewed total eradication reluctantly because they believed FGM/FGC to be a religious requirement. They feared that girls would not preserve their virginity till marriage and would not be able to marry. The women also said that the community needs time to internalize the idea of total eradication of FGM/FGC. They feared being the first ones to advocate for total eradication. It was recommended that focus shift on men in programming.

- Muriithia, Njeri, and Fatuma Abdi, FatumaFatuma,. 2002b. "Gedo Region: Somalia FGM/FGC Consultation Exercise." Norwegian Church Aid (NCA), Southern Somalia.

The objectives of the consultations were to monitor ongoing anti-FGM/FGC activities and identify technical support that NCA could provide to the groups. The districts covered were Garbahaarey,

Burdhubo, Baardhere, Elwak, Dolo, and Bula Hano. In-depth interviews and a PRA questionnaire were among methods used to identify specific needs of different stakeholders in each district. Some recommendations included establishing FGM/FGC department, and targeting religious leaders to advocate for FGM/FGC's total eradication while teaching youngsters aged 3 to 14 recitation of the Quranic verses.

- NCA (Norwegian Church Aid). 2001. "Report of the Consultative Exercise on FGM/FGC in Garbahaarey and Burdhubo Districts." Southern Somalia.

The objective of the consultations was to identify where and how NCA can intervene in addressing FGM/FGC in Somali communities. Some of the findings suggest that although the communities say they practice *Sunna*, on being probed, they admitted practicing infibulation. The girls' parents are the ones who insist. It is a family affair, not a communal one. Some of the structures identified on the ground that could be utilized in the FGM/FGC campaign include the youth and women groups, schools, health committees, religious leaders, TBAs, and circumcisers. A key recommendation put forward was to train program staff to respond to the communities on the issue of FGM/FGC.

- NCA (Norwegian Church Aid). 2004. "Special Feature on FGM/FGC." Norwegian Church Aid Magazine.

The magazine highlights NCA's work on FGM/FGC in Kenya, Somalia, Sudan, Eritrea, Mauritania, Ethiopia, and Mali.

- NOVIB-Somalia. 2003. "Report on Human Rights."

The objective of the report is to provide a view of the human rights situation in Somalia, Somaliland, and Puntland from the perspective of Somali human rights defenders. Their findings are then communicated to the regional and international community. It articulates the position of Somali human rights organizations regarding what needs to be done to address human rights violations in the country. It is addressed to the United Nations Office of the High Commissioner for Human Rights, and urges the prompt implementation of its mandate to facilitate such engagements and collaborations. Some of the highlighted violations against women include rape, FGM/FGC, abductions and killings, and discrimination in the workplace. Case studies on FGM/FGC are highlighted. It is recommended that a program for civil society organizations, developmental and humanitarian agencies working in Somalia be designed. That it addresses human rights abuses in the country. That the commissioner should urgently appoint the special rapporteur on violence against women to establish the extent of violations of women rights in Somalia.

- NOVIB-Somalia. 2004. "Somali Women Network Launch First United Campaign to Eradicate FGM/FGC."

This is a brief on an anti- FGM/FGC campaign held during the 2004, International Women's Day. Three women's networks in: Hargeysa, Bossaso, and Mogadishu; WAWA, NAGAAD, and COGWO advocated against FGM/FGC. They used rallies, demonstrations, theatre, plays, and interviews. The event was covered in the media. The initiative is part of a global campaign led by Amnesty International and coordinated in the region by the Strategic Initiative for the Horn of Africa (SIHA), a regional women's network.

- NOVIB-Somalia/European Commission. 2004. "Somalia National Reconciliation Conference, Mbagathi, Kenya."

The report emphasizes the event organized by the Somali Women's Resource Center, with support from NOVIB-Somalia and the European Commission, to mark International Women's Day. It took place at the venue of the Somali peace talks in Mbagathi. It mainly focused on the eradication of FGM/FGC,

and was promoted with speeches, entertainment by artists, poems, songs, and drama. A key point of discussion was that male attitude is the driving force of FGM/FGC. That in the absence of a unified women's front, Somali men will continue refusing to marry uncircumcised girls.

- NPA (Norwegian People's Aid). 2001. "Contribution of NPA towards Total Elimination of FGM/FGC Practice in Sool Region." Horn of Africa Program, Puntland, Somalia.

The project was a result of the frequent complications encountered at the Lascaanod regional referral hospitals supported by NPA through the emergency public health project based in Sool Region. It targeted four districts in the region. The issues raised in the workshops held ranged from creating awareness of the legislation in place in Somaliland and Puntland to the negative effects of FGM/FGC and the religious stand on FGM/FGC.

Other activities included the establishment of a regional technical committee on FGM/FGC in Sool Region, through collaboration with UNICEF. A direct outcome of the project was the inclusion, by the chief imam of Sool Region, of a 15-minute session on FGM/FGC in the regular Islamic teachings. Also, health workers at three mother and child healthcare centers were conducting awareness-raising activities on FGM/FGC on an ongoing basis.

- NPA (Norwegian Peoples Aid). 2003. "Mutilating the Flower." Video.

In Somalia, the youth are referred to as ubax, or "flower", hence the title of this video. The video is dedicated to the late Annalena Tonnelli who was an anti- FGM/FGC activist who also did a lot of work to assist both tuberculosis and HIV/AIDS patients. The video is about NPA's work in Mandera in northeastern Kenya, and Lascaanod and Galckayo in Somalia. Some key organizations that are funded by NPA are highlighted, for example Habiba International Kenya, Galckayo Educational Center for Peace and Development in Galckayo, and Samo Development Organization in Gaalkacyo. NPA's role of coordinating the U.N., donors, and NGOs on FGM/FGC is highlighted. Some key organizations involved in the anti- FGM/FGC campaign, such as EPAC in Mandera, Kenya, and SETAT in Kapenguria, Kenya, are highlighted and there is a note on the London-based Black Women's Health and Family Support. There is an interview with Kenya's Minister of State Hon. Lina Kilimo, who escaped FGM/FGC. It ends with the note that girls need to have educational opportunities and an enabling environment free from the threat of FGM/FGC.

- Nyong'a, V. 1999: "Female Circumcision". "In Kenya, Demographic and Health Survey 1998. Macro International Inc, Calverton, Maryland. Nyong'a discusses and details the negative effects and prevalence of FGM/FGC in Kenya especially rural areas.
- Osarenren, Linda. 2003. "Evaluation Report of AIC-Somalia Activities 2001–2003." Southern Somalia.

The report notes that one of the major successes of the National Committee (NC) is that its members have not allowed their daughters to be subjected to FGM/FGC. The report highlights the partners of NC, its strengths, weaknesses, and opportunities, and its threats and constraints. A key recommendation made is the need to change the name Somali NC to reflect a close relationship with the parent organization, and to include other harmful traditional practices as well as FGM/FGC. The proposed name is the Inter-African Committee on Traditional Practices Somalia (IAC Somalia). The new name will bring increased visibility in Somalia, and will prevent the present situation in some African countries where the name of the NC had no link with AIC, and people have to be told that such organizations are IAC affiliates.

- Peter, Annette. 2001. "Maternal Morbidity and Mortality in Mudug Region , Somalia". MSF-Holland.
- Population Reference Bureau. 2000. 'The worlds' Youth 2000 Data Sheet'. Washington DC, US.
- Program for Appropriate Technology in Health (PATH), Washington, D.C. 1998. "Towards Eradication of FGM: Communication for Change Curriculum- A Curriculum for Trainers of Public Health Workers, Community Organizers, Youth Advocates, and Teachers."—CD Rom. Washington DC.

This curriculum is organized into 13 modules that build on each to plan, implement and evaluate an anti-FGM program. The Manual uses participatory social development approach to change and covers topics such as framework for behaviour change; community assessment methods; program design and implementation; media and materials development; interpersonal communication and counseling; advocacy; leadership, teamwork and conflict resolution; program integration and monitoring and evaluation issues. All section uses an embedded participatory teaching methodology for both knowledge building and skill development sessions. It includes summary of participatory training techniques used, a sample agenda for adaptation, pre- and post-test; daily evaluation format and a final evaluation format. Organizations can use different modules during the different phases of the program from the community assessment, to training on behaviour change and advocacy, to materials development and program planning and implementation. Later sessions on conflict resolution and leadership can be used later in the program. Implementation tools are also included such as steps for planning a workshop or any other project event.

This curriculum has been field-tested in Kenya through the Maendeleo Ya Wanawake Project, Eritrea, Somalia, and Mali before being finalized for wider dissemination to anti-FGM implementers in the Africa Region. Only SAACID was found to be using this manual during the Somali Program Assessment.

- PYA (Puntland Youth Association). 2003. "Perception of FGM/FGC by the Community: Survey." Bossaso, Puntland, Somalia.

This is a random sample survey on community perception of FGM/FGC, particularly regarding causes, effects, and possible solutions. It was found that 73 percent of the community support *Sunna*, 80 percent perform FGC at home, 60 percent share the blade, 40 percent believe that a girl who is not circumcised could be a problem, and 80 percent believe that FGM/FGC should stop. Some of the recommendations include the need to have income-generating activities for circumcisers, the need to target men, and the desirability of making the community aware that the *Sunna* recommended is often not the one that is actually being performed, which is almost equivalent to infibulation. Awareness that type I FGM/FGC is not a religious obligation is important.

- Rahman, Anika et al., 2000. Female Genital Mutilation : A guide to Laws and Policies Worldwide. ZED Books.
- SAACID. 2001. "Campaign Against FGM/FGC in Adale Town: Final Report." Training workshops held in Adale, September–November 2001. South Somalia.

This was a three-month training event that targeted health providers, religious groups, and women's groups. The objective of the training was to increase knowledge of the negative health, sexual, and psychological effects of FGM/FGC. A key recommendation that emanated from the training was the need to develop clear strategies for effective communication of FGM/FGC. A committee composed of seven people with representatives from women's groups, sheikh, and health providers was formed to oversee anti- FGM/FGC activities in the area.

- SAACID. 2003a. "Baseline Survey Questions for Adale District." South Somalia.

This comprises a set of 17 questions to gauge the general awareness of the community regarding the complications of FGC.

- SAACID. 2003b. "Basic Formal Education on FGM/FGC: Course for Somali Students on FGM/FGC, Syllabuses and General Information." South Somalia.

The objective of the syllabus is to create awareness of the health problems associated with FGM/FGC and recognize the need for its eradication. The target is students in the intermediate and secondary levels of education. It is a 10-month course (44 hours) and a certificate of participation is given to the students. The topics covered include history of FGM/FGC, reasons why it is practiced, who performs it, short-term and long-term effects, the Islamic view of FGM/FGC, and human rights.

- SAACID. 2003c. "CIDA-SAACID Anti-FGM/FGC Program: Final Report." Adale, Middle Shabelle, South Somalia.

The report outlines some major activities undertaken in Adale District, targeting 11 villages. Some key activities include the development of an FGM/FGC syllabus for Adale primary and secondary school and initiation of a ceremony for girls and parents who pledge that the girls will not undergo FGM/FGC.

- SAACID. 2003d. "Report of the SAACID-CIDA Adale Anti-FGM/FGC Training Workshop." South Somalia.

This was a four-day training workshop that targeted 50 leaders. The representatives included women and youth, religious, village, and district leaders, and elders and circumcisers. The objective was to create more awareness on the negative health effects of FGM/FGC and to clarify the religious stand relating to FGM/FGC. A key recommendation from the training was that more awareness needs to be created on the dangers of FGM/FGC, FGM/FGC need to be covered in the school syllabus, there should be income-generating activities for circumcisers, and there needs to be a community ritual to celebrate girls who are not circumcised.

- SAACID. 2003e. "Report on the Anti-FGM/FGC Activities in the Villages of Adale District, Middle Shabelle Region." South Somalia.

The report highlights some key outputs, which include the formation of village-level advocacy committees to continue the campaign for change within their local communities, and the inaugural anti-FGM/FGC affirmation ceremony where the girls and parents make a stand against FGM/FGC. Another key output is an agreement with the community that by 2008 90 percent of the district girls will no longer undergo FGM/FGC. The report gives a brief overview of the 11 villages where the advocacy committees have been formed, including case studies on FGM/FGC, and the size and monthly income of the families.

- SAACID. 2003f. "Respondents to Questions Relating to FGM/FGC: Survey." Middle Shabelle region, south Somalia.

The aim was to develop baseline data in the Adale District of Middle Shabelle Region of Somali for an anti-FGM/FGC program. The survey found that the community is aware of the health and psychological effects of FGM/FGC. There is a trend away from Pharaonic circumcision towards *Sunna*. Females are more resistant to change than males, especially in the age bracket 15 to 35. Some of the hindrances cited in the survey include traditions and parents. Although religion is not explicitly mentioned, it is assumed that it is included in traditions.

- SAACID. 2004. "FGM/FGC Programming." South Somalia.

The report notes the advocacy activities done on FGM/FGC and the strategy employed of targeting villages where village committees composed of district leaders, women's groups, and health providers are formed to oversee all activities geared towards the eradication of FGM/FGC in the district. They meet once a month. So far, 10 villages are involved.

- SAACOM (Somali Agro Action Community). 2004. "Brief of SAACOM Activities 2003–2004." Puntland, Somalia.

This is a brief of SAACOM activities during 2003–2004. It covers five sectors: income generation, job creation, infrastructure, agriculture, and maternal health. Under maternal health, awareness activities on FGM/FGC, HIV/AIDS, sexually transmitted infections, and family planning have been undertaken.

- SACB (Somalia Aid Coordination Body). 1999. "Strategic Framework in Support of the Health Sector in Somalia." Nakuru, Kenya.

The European Commission Somalia Unit and USAID funded the workshop. Objectives included supporting the development of community involvement and partnerships in planning, management and financing of health service delivery, and increasing the human resource capacity of the health sector to facilitate adequate service delivery of the minimum healthcare package and to support the improvement of coordination between all stakeholders in the health sector, at all levels and between the various sectors. A key recommendation was the need to develop a strategic plan outlining priority activities, responsibilities, resources required, and commitment from donors and other stakeholders.

- SACB (Somalia Aid Coordination Body). 2003. "Handbook." SACB. Nairobi, Kenya.

This is an introduction to SACB. It expounds on the structure of SACB and the operational document. It notes the following sectoral committees within SACB: education, food security and rural development, governance, health, and water. HIV/AIDS and FGC are covered under the health component.

- SACB (Somali Aid Coordination Body). 2004. "Statement on FGM/FGC Eradication." SACB. Nairobi, Kenya.

The document starts with the definition of FGM/FGC and goes into the health and human rights dimensions. The statement advocates for support for the community in abandoning FGM/FGC, opposes *Sunna* and medicalization, and resolves to make a collaborative effort with the Somali community to understand the causes of FGM/FGC. There is an emphasis on dialogue and mutual respect and on the need to work with local authorities in addressing the issue. The statement ends with an appeal to Somalis and international partners to provide long-term support and funding for the abandonment of all forms of FGM/FGC, wherever the Somali people live.

- SWDO (Somali Women's Democratic Organization). 1988. "Female Circumcision, Strategies to Bring about Change: Proceedings of the International Seminar of Female Circumcision." Mogadishu, South Somalia.

The seminar was organized by the Italian Association for Women in Development and was held at the venue hall of the headquarters of the peoples' parliament and attended by government officials and representatives of national and international NGOs. The objective of the seminar was to devise strategies aimed at the total eradication of FGM/FGC and to draw the attention of Somali policymakers to the health hazards of female circumcision and its implications for the social and economic development of the country. Four working groups on law, religion, health, and information and training

were formed. The recommendations from these groups recognized several needs: for the government to make clear-cut policy statements on female circumcision, for the Ministry of Religious Affairs to take the lead to inform the public of the negative effects of FGM/FGC and that it is not a religious requirement, for the gathering of data on FGM/FGC-related problems, and for training programs for doctors, nurses, midwives, and TBAs. It was also noted that health centers, especially in remote areas, could use childbirth picture books with additional information on how to prevent excision by the Women's International Networks News.

- UNICEF(United Nations Children's Fund), November 2002. "Assessing the Current Status of the Nomadic Population in Somalia." Nairobi.

Taking into considerations the political, economic and cultural changes that have occurred during the past decade and lack of information on the nomadic population, UNICEF supported this study, so as to assess the status of selected nomadic communities and propose recommendations to help guide the development of a comprehensive programme strategy to address the needs of the nomadic population as a whole.

- UNICEF(United Nations Children's Fund). ESARO, June 1996."Female Genital Mutilation: Brainstorming Meeting." June. Nairobi.

This meeting covered various topics which included: current strategies for FGM elimination and Future Strategies for FGM Elimination

- UNICEF (United Nations Children's Fund). 2002a. "UNICEF's Priorities for Children 2002–2005."

The document elaborates UNICEF's five focus areas: girls' education, early childhood, immunization, fighting HIV/AIDS, and protecting children from violence, exploitation, abuse, and discrimination. Key aims include: getting all girls in school and making sure they remain in school, healthier infants and children under five, immunization of all children, implementing laws, policies, and programs that protect children, and preventing infections of HIV/AIDS among young people.

- UNICEF (United Nations Children's Fund). 2002b. "Women's Rights in Islam and Somali Culture." The Academy for Peace and Development, Hargeysa, Somaliland.

The study falls within the framework of a broader UNICEF program and process aimed at promoting a gradual and consistent positive change in social and cultural attitudes to achieve women's emancipation without employing disruptive and confrontational strategies. Religious leaders and experts in Somali culture were engaged in an in-depth exploration of women's rights under Islam and Somali culture with the overall aims of contributing to the knowledge of both women and men in reference to Islamic principles, and building consensus between religious leaders and scholars in order to advance respect for women's rights within Somali society. Some of the angles explored include the socio-economic situation of women and the compatibility of the provisions of CEDAW (the Convention on the Elimination of Discrimination Against Women) with Islam and Somali culture. A key recommendation was that in order to advance women's rights in a manner that is compatible with the Somali culture, it is extremely important to understand the roles and status of men and women in the Somali clan system. The distinct gender roles of men and women are the gateway to better understanding of the restrictions and limitations on women's rights. The promotion of education for girls and women is noted to be an essential precondition for the realization of other rights.

- UNICEF (United Nations Children's Fund). 2004. "Eradication of FGM/FGC in Somalia." Somalia.

This consists of case studies collected by UNICEF as part of a larger survey on knowledge, beliefs, and practices related to FGM/FGC. The studies reveal the complications and negative consequences

of FGM/FGC, which can be broadly divided into four thematic areas: medical, for example difficulties in breathing and the inability to urinate; psychological (both men and women), for example a husband unable to deinfibulate his wife eventually commits suicide; dangerous traditional practices accompanying FGM/FGC, for example a husband applying a corrosive chemical on the vagina of the wife, who later loses consciousness; and the cultural stigma associated with girls who are not circumcised, for example a bridegroom from Canada goes back when he realizes from his prospective father-in-law that the girl has not undergone FGM/FGC. The case studies illustrate the three stages that the Somali people are at: complete lack of awareness, minimal awareness but negligible behaviour change, and awareness and behaviour change.

- UNICEF(United Nations Children’s Fund). 2000. "Report of Qualitative Research on the Communication Channels in Use in Somalia". Nairobi.
- UNICEF-SACB-UNIFEM (United Nations Children’s Fund, Somalia Aid Coordination Body, United Nations Women’s Fund). 2001. "Symposium on the Total Eradication of FGM/FGC." Nairobi, Kenya.

The symposium created an opportunity to review the nature of FGM/FGC and the struggle against the practice in Somalia, and analyzed the medical complications arising as a result. Topics presented included FGC and Islam, Quranic arguments on the practice, the rights of children and women, and education as a tool for total eradication of FGM/FGC. There was also SACB health sector input and discussions. Some of the recommendations included the need for coordination between agencies and groups involved in FGM/FGC activities, which should be facilitated through regular meetings. In the absence of a well-established Somali government, there was emphasis on the importance of strengthening existing support mechanisms, such as SACB and the FGM/FGC intersectoral committees, in order to ensure effective monitoring and supervision of initiatives linked to FGM/FGC.

- UNIFEM (United Nations Women’s Fund). 1998. "Somali Women in War and Peace".

In Somalia Between Peace and War. : Somali Women on the Eve of the 21st Century. Nairobi, Kenya.

The book details the effect of the civil war in Somalia on women. It tells of their suffering after all government structures collapsed, their struggles to make sense of the dreadful happenings, and their survival tactics.

- UNIFEM (United Nations Women’s Fund). 2004. "Goal Three: Promote Gender Equality and Empower Women."

This is part of a larger document by UNIFEM on gender and concerns target four, "elimination of gender disparities in primary and secondary education preferably by 2005, and at all levels of education by 2015".

It notes the current levels of female enrolment and women in politics, poses challenges, and puts forward recommendations. It notes that females comprise 36 percent of the total primary school enrolment numbers. In Somaliland, female enrolment is 17 percent in secondary schools; in Puntland it is only 13 percent. In 2002, female literacy rate was 8 percent. Close to ten women are in key positions in government, both in Somaliland and Puntland. Low literacy rates and low enrolment of girls in schools are seen as major challenges, and it was noted that increased enrolment in education would probably have a deep-reaching impact on gender equality, since close to 13 percent of the population of Somali is under 15 years.

- United States Department of State. 1999. "Somali Report on FGM/FGC or FGC." January. Washington, D.C.

The report looks at the practice of FGM/FGC, its incidence, FGC attitudes and beliefs, and outreach activities since 1977. Special emphasis is laid on the Somali Women's Democratic Organization (SWDO), which was the implementing agency appointed by the former government for the abolition of infibulation. During the 1980s there was a center at the Somali Academy of Arts and Sciences to carry out research into the physical, psychological, and social aspects of FGM/FGC. After the collapse of the government in 1991, the technical basis for the study of infibulation was destroyed. The report notes that the former government policy was for complete eradication, but this was never translated into law.

- Walt, Vivienne. 1998, "Village by Village, Excising the Ritual". The Washington Post, Washington D.C., USA.
- WHO, Department of Women Health. 1999. "Female Genital Mutilation: Programs to Date: What Works and What Doesn't". Mohamud, Ali and Yinger. Geneva.

The document contains current status of and trends in FGM programming and identifies crucial elements that need to be prioritized for future support. WHO commissioned PATH to review FGM in countries in the WHO African and Eastern Mediterranean Regions.

- WHO. ,2000. "Fact Sheet." No.241. ,June.

This is an analysis of FGM by WHO. It covers definition of FGM ,health consequences of FGM, who performs FGM, at what age and for what reasons; prevalence and distribution of FGM and current WHO activities related to FGM.

- WHO. 2000. "Baselineline KAP survey on Reproductive Health and Family Planning in NE and NW regions of Somalia" March.

The survey was carried out by Population Studies and Research Institute, University of Nairobi. It covered Galbeed, Awadal, Bari, Nugal and Mudug. The objective of the study was to provide baseline information on :Reproductive Health, Sexually Transmitted Infections, HIV/AIDS and Female Genital Mutilation.

- World Bank/UNDP-Somalia 2003."Social Economic Survey." Report No.1. Somalia Watching Brief. Nairobi, Kenya.

The report is a statistical report compiled from an integrated household survey undertaken during November 2001 to July 2002.It's a monitoring mechanism used by the World Bank to keep track of social economic developments in conflict/post conflict countries by collecting critical macro-economic data.

- World Vision Somalia, 2000. "Female Genital Mutilation in Waajid District Bakool Region in Somalia." September.

The study was conducted by Fatuma M. Abdi and Linet Miriti. The study aimed at obtaining relevant data on culture, perceptions and beliefs associated with FGM in Waajid District so as to develop effective and integrated strategies for prevention and elimination of Female Genital Mutilation

- World Vision. 2004. "Somali Update." July. Nairobi, Kenya. Somali update July 2004.
- YES (Youth Employment Summit). 2003a. "Progress Report." Somaliland.

The report highlights achievements for 2003, including launching the International Youth Day on 12 August, establishment of the Yes Global campaign on 9 September, and the launching of the International Peace Day in Bossaso, Gardo, Garowe, and Galckayo. Other activities noted include advocating for national policy on youth and the publication of a newsletter, *The Voice of the Youth*, covering major YES Somalia achievements, constraints, and progress made. It carries messages to the stakeholders and influences them to take actions supporting youth activities.

- YES (Youth Employment Summit). 2003b. "Somali YES Member Organizations in Puntland, Somaliland, and South Somalia." Somaliland.

This is a list of YES members, totaling up to 11 networks.

- Yusuf, Saeda. 2003. "FGM/FGC in Somalia." Somali Women's Development Group (SOWDEG). South Somalia.

This paper starts by defining the types of FGM/FGC according to the WHO classification, and the cultural, sociological, and economic reasons why FGM/FGC is practiced. The paper notes that the mortality rate of girls and women due to FGM/FGC complications is high, but records are not available, and that the extent of trauma and impact it has on a woman's life is unknown. Recommendations include the need to protect women and girls in the constitution, and laws to go hand in hand with public education. Counseling, guidance, and education on health risks for victims and practitioners are also recommended.

Annex 3

Agenda for Field Visits and Interviews

Agenda for World Bank/UNFPA Mission to Somalia

Date (2004)	Organization/Individuals	Location	Agenda
Wednesday 25 February	Save Somalia Women and Children (SSWC)	Nairobi	Consultations
Monday 1 March	Save Somalia Women and Children (SSWC)	Nairobi	Collecting documents
Tuesday 2 March	RADES (South Somalia)	Nairobi	Consultations
Thursday 11 March	Priya Gajraj, Asha Mohamud, Agnes McAntony	World Bank, Nairobi	Briefing
Thursday 11 March	Jacqueline Desbarat and Dr. Jeylani Dini (UNFPA) Sylvia Danailov (UNICEF) Hendrica Okondo (UNIFEM) Dr. Imanol (SACB)	Nairobi	Consultations
Friday 12 March	Morris Rukungu (NCA) Annastacia Olembo (World Vision) Emmanuel Kwame (IFRC) Isabel Candela (NOVIB) Hodan Karani (NPA)	Nairobi	Consultations
14–25 March: SOMALI MISSION	Asha Mohamud: ASRH Policy and Advocacy Specialist, UNFPA country support team for Southern Africa Agnes McAntony: Research Assistant, World Bank	Somalia	Mission in Somalia to undertake consultations on FGM/FGC
Monday 15 March	Nagaad WHO Nursing school HAVOYOCO Health doctor	Hargeysa	Consultations Watching plays and video on reproductive health issues (HAVOYOCO)
Tuesday 16 March	UNICEF Candle Light HAVOYOCO Director Sahal Organization Health Unlimited Health doctor	Hargeysa	Consultations
Wednesday 17 March	CARE Ministry of Health WHO HAVOYOCO Candle Light	Hargeysa	Consultations/ document collection (HAVOYOCO) Interview with sheik, focus group discussions with TBAs (courtesy Candle Light)
Thursday 18 March	Social center Horn Relief	Bossaso	Consultations
Friday 19 March	Horn Relief YES AID PYA	Bossaso	Consultations/ document collection (Horn Relief)
Saturday 20 March	WAWA YES AID PSA	Bossaso	Consultations/document collection (YES, AID)
Monday 22 March	Puntland Research Center GECPD Ministry of Health WHO SAACOM Health doctor	Garowe	Consultations
Tuesday 23 March	Diakonia Ministry of Education	Garowe	Consultations
Friday 26 March	Debriefing meeting: Priya Gajraj, Asha Mohamud, Agnes McAntony SACB	World Bank, Nairobi	Meetings
Wednesday 31 March	FERO SOMLINK	Nairobi	Consultations

Annex 4

List of Persons Interviewed

List of Interviewed Persons: Mission to Somalia

Location	Person Met	Organization
1. Puntland	Deka Aden	Puntland Youth Organization
2.	Fatma Jibaell	Horn Relief
3.	Gary Jones	Norwegian Peoples Aid (NPA)
4.	Hawa Jama	We Are Women Activists (WAWA)
5.	Hawa Mohamed	Galckayo Education Center for Peace and
6.	Hodan Karani	Development (GECPD) Norwegian Peoples Aid (NPA)
7.	Hussein Ali	Mudug Youth Organization
8.	Jamila Said	Association for Integration and Development (AID)
9.	Mohamed Waldo	The Cooperation of Medical Services and Development (COMSED)
10.	Ragge Abdikadir	Social center
11.	Raage Baare	Mudan Youth Umbrella
12.	Roda Farah	Somali Agro Action Community (SAACOM)
13. Somaliland	Abdinasir Abubakar (Dr.)	Samo Development Organization (SDO)
14.	Ahmed Awale	Candle Light
15.	Chris Shem	Health Unlimited
16.	Daw Mohamed	CARE
17.	Fiazi Abdi	Youth Employment Summit (YES)
18.	Sado Awad	Nagaad
19.	Shukri Ismael	Health Unlimited
20. South Somalia	Abdi Aziz Osman	RADES
21.	Abdi Raghe	African Rescue Committee (AFREC)
22.	Abdulkadir Hussein	SOMLINK
23.	Annastacia Olembo	World Vision
24.	Asha Elmi	Save Somali Women and Children (SSWC)
25.	Faduma Dirshe	FATXA for Relief and Development Organization
26.	Marian Yusuf	Coalition of Grassroots Women Organizations (COGWO)
27.	Morris Rukunga	Norwegian Church Aid (NCA)
28.	Nurta Mohammed	Coalition of Grassroots Women Organizations (COGWO)
29.	Samuel King'onja	Coalition of Grassroots Women Organizations (COGWO)
30.	Tony Burns	SAACID
31.	Zahra Fahra	Family Economic Rehabilitation Organization (FERO)
32. UN / NGO Representatives	Asia Ahmed	World Health Organization (WHO)
33.	Dahabo Farah	Diakonia Sweden
34.	Hendrica Okondo	UNIFEM
35.	Jacqueline Desbarats	UNFPA
36.	Jeremy Hopkins	UNICEF
37.	Jeylani Dini	UNFPA
38.	Isabel Candela	NOVIB
39.	Mohammed Nur	UNICEF
40.	Sylvia Danailov	UNICEF
41. Others	Abdirahman (Dr.)	Health Doctor: Hargeysa
42.	Abdi Cawad	Director General of Health: Garowe
43.	Emmanuel Kwame	International Red Cross
44.	Habibo Nur (Dr.)	Health Doctor: Garowe
45.	Imanol Berakoetxea (Dr.)	Somalia Health Coordinator
46.	Maryam Omar	International Red Cross

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