



ANNUAL REPORT 2017

**Increased Acceptance of Abandoning
The Harmful Social Norm of FGM/C
in Somaliland**



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Communication from the Executive Director

2017 was a period of transition and progress on many fronts for Ending FGM/C campaigns in So-maliland; As the government underwent a presidential election as well there were severe droughts which hindered to carryout awareness campaigns.

however, Religious leaders of Somaliland to devise a consensus on a law banning this practice. Although not the desired outcome a FATWA was issued banning the practice of type one FGM/C.

17,604 (seventeen thousand six hundred and four women) families benefited from self-help group approach (Danwadaag) in Marodijeh, Togdher and Sahil regions, in addition 12470 small business were established and successfully functioning.

Two approach is aimed at alleviating poverty by empowering those poorest socially, economically and politically

NAFIS have implemented a Social Transformation Model Integrating through FGM/C counseling and referral centers in Awdal, Marodijeh and Togdher regions. A total of 5527 FGM/C survivors were given psychosocial counseling and medical referral, 37 cases were supported with their surgery operations.

As 2018 dawns, we must demand faster action to build on this progress. That means calling on the new government to enact and enforce policies and laws that banning all forms of FGM/C. Creating greater access

to support services for those at risk of undergoing FGM and those who have survived it. It also means driving greater demand for those services, providing families and communities with information about the harm FGM causes and the benefits to be gained by ending it. And ultimately, it means families and communities taking action themselves and refusing to permit their girls to endure the violation of FGM. We do appreciate our substantial supporters and partners: Kinderhilfe (KNH), United Nations development Program (UNDP), International Solidarity foundation (ISF), Forum SYD, Somali Swedish Research Association (SSRA), Health Poverty Action (HPA), Amplify change, European Union (EU), Action Aid International (AAIS) and Somaliland Government and NAFIS member organizations. We owe our achievements to our hardworking, motivated and tireless staff and also the guidance from our board of directors.

Let us make this the generation that ban all forms of FGM/C once and for all.

Abdirahman Osman Gaas
Executive Director

01

NAFIS 2017 PROJECTS

1. Self Help Group Approach
2. Enhancing holistic approach in combatting FGM in Somaliland through behavioral change, legislation and involvement of new actors' project.
3. Drought emergency response to SHG members in Hargeisa Marodi-jeex region.
4. Developing a sustainable, climate-adjusted approach to food security and increasing resilience
5. Enhancing Coordination mechanisms of Anti-FGM stakeholders and creating advocacy Strategy for FGM policy/Law
6. Gender Equality and Women's Empowerment Project
7. Community Education on FGM/C and Survival Support/ Somaliland Termination of oppression Against Women and Girls Projects
8. Advocating for Zero Tolerance to Female Genital Mutilation/ Cutting (FGM/C) in Somaliland
9. Empowering Communities to Collectively Abandon FGM/C

About Us

NAFIS works alongside other anti-FGM/C organizations in capacity building, public awareness raising, FGM survivors support in Somaliland. We campaign to ensure religious/traditional leaders, policy and law makers, show leadership in combatting FGM/C against women and girls. We recognize women/girls as leaders in this struggle and ensure that any donor finance available is effectively and efficiently committed to eradicate these harmful practices.

About this Report

2017 Annual Report provides an overview of the work and achievements of NAFIS. This Report complies with the International NGO Accountability Charter and the Global Reporting Initiative (GRI). This section therefore, describes different project interventions undertaken and achievements by NAFIS Network. For more than two decades, Somaliland has witnessed different anti-FGM/C civil society organizations and activists tirelessly work on capacity building, public awareness, lobby and advocacy campaigns with one objective of achieving zero-tolerance to FGM/C practices. Experience over these decades depicts a no near-end to this persistent practice. Notwithstanding, concerted efforts are called upon for creation of an effective and efficient evidence-based approach that exhibit sustainable interventions that are all inclusive-player at different levels of the Somali community. There was a tremendous progress in anti-FGM/C campaigns that saw perception, attitude and practice change. NAFIS managed to bring different anti-FGM/C actors from all rank and file (Government and private sector, member and non-member organizations, religious and community leaders and CSOs at large). The proactive step taken by the anti-FGM/C actors brought in actors who were previously left out of the campaign and increased anti-FGM/C public discussions with policy and law makers commitment to eradication of FGM/C practices. In spite of all this progress, however, the practice still remains firmly entrenched in the sociocultural and the situation complicated more by the belief that it is a religious obligation.



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OVERALL 2017
IMPLEMENTED PROJECTS

Activities conducted by NAFIS in 2017 are result-based as illustrated in this section under respective projects.

1. Drought emergency response to SHG members in Hargeisa Marodi-jeex region project:

- The project benefited 2040 families/households (1320 in Hargeisa and 720 in Burao). Each household received 25kg of Rice, Sugar, Flour and Wheat; 7 litres of cooking oil, 10kgs of dates, 2500gms milk powder and 2500gms Instant drinking powder, 10 pieces of laundry soap, 240 pieces of Aqua tabs and 24 Tins of Tuna fish. This was courtesy funding from KNH.

2. Developing a sustainable, climate-adjusted approach to food security and increasing resilience Project:

- Developed Gender responsive training modules for educational programs of women's health, empowerment and Gender mainstreaming guideline.
 - Awareness raising on FGM/C hazards particular 10 sites of the project.
 - IEC Materials & Media spots were developed and used while conducting Awareness raising on FGM/C hazards in 10th Villages of BMZ project location in Maroodi-jeh region.
 - Monitoring field trip visits which have a positive feedback about project acceptance in this region.
- The project was funded by BMZ through KNH.

3. Gender Equality and Women's Empowerment project:

- 4 Media Advocacy Meetings and Interactive TV talk shows on FGM in 16 days activism were conducted.
 - Conducted 2 advocacy meetings for religious leaders in Hargeisa.
 - Developed two frequent radio messages and aired on Radio Hargeisa for 60 days.
 - Anti-FGM/c draft at MORA ministry level was developed during the Religious Advocacy meetings in Hargeisa which awaits approval.
 - A platform among the line ministries to amplify their voice to collectively lobby for FGM/C policy approval was created.
- The project was funded by UNDP.

4. Enhancing Coordination mechanisms of Anti-FGM stakeholders and creating advocacy Strategy for FGM policy/Law project:

- Awareness on the consequences of FGM/C during the International day of FGM/C Zero Tolerance (February 6th, 2017) was conducted.
- Mentoring was provided to Advocacy Working group members on advocacy, lobbying skills, policy analysis, policy and legislation monitoring.
- Togdheer, Sanaag and Sool Regional Coordination meetings were successfully conducted.
- Religious Leaders were trained about the Health & Psychological effects of FGM/C on the girls.
- Four Quarters Follow Up Meetings with the Journalists to ensure Effective Reporting on FGM/C Issues were conducted.
- An interactive TV & Radio show with policy makers and religious leaders as panelists on anti FGM policy was organized and weekly basis advocacy message on Social Media (twitter and Facebook) were posted.

The project was funded by ISF.

5. Empowering Communities to Collectively Abandon FGM/C project:

- The project saw NAFIS NETWORK members trained on lobbying and advocacy.
- Information Education and Communication (IEC) materials were developed and disseminated during Commemoration of international zero tolerance day.
- MOLSA national level dialogue meeting between the religious leaders was also supported.
- A handbook for mainstreaming FGM/C prevention into programmes was developed. The project was funded courtesy of COMIC Relief through Somaliland Action Aid.

6. Advocating for Zero Tolerance to Female Genital Mutilation/ Cutting (FGM/C) in Somaliland project:

- Organizations that support Sunna circumcision of FGM/C were mapped out in Somaliland.

- M&E system was established and NAFIS staff trained on its application to inform progress made in Advocacy process and good practice on Anti-FGM/C policy.

- Interactive television talk shows on Anti-FGM draft policy and Bill was carried out.

- First quarterly press conference on the draft Anti-FGM policy and Bill was held.

The project was funded by Amplify Change.

7. Enhancing holistic approach in combating FGM in Somaliland through behavioral change, legislation and involvement of new actors' project:

- Conducted a comprehensive baseline assessment and validation workshop for NAFIS next five years project which aims to enhance holistic approach in combating FGM in Somaliland and through behavioral change, legislation and involvement of new actors.

- Conducted One-on-one meetings with non NAFIS member organizations across Somaliland.

- NAFIS in collaboration with Ministry of Labor and Social Affairs organized three regional coordination meetings (Togdheer, Sanaag Sahil, Awdal and Sool) regions of Somaliland.

- Educational and experience sharing exposure visit to Uganda and had experience sharing in interaction with Uganda FGM stakeholder

- With the collaboration of the ministry of religious affairs and endowment conducted three dialogue meetings for religious leaders to influence the draft of anti-FGM policy towards Zero tolerance of FGM/C

- Quarterly dialogue meetings with non-NAFIS members across 6 regions of Somaliland were held and they were trained on FGM/C main streaming and integrating FGM/C into their ongoing projects.

- Conducted Anti-FGM/C Campaign of Youth Forum in Togdheer, Sanaag and Sool regions.

- Youth Forum Platforms were established in eastern regions of Somaliland for the youth to be able to advocate and lobby for the passage and implementation of anti-FGM/C policy, law and also gain knowledge to be able to educate and influence other youth groups and the community to change their attitude and practices towards FGM.

- Developed NAFIS M&E framework and mentoring guidelines and updated existing Policy The project was funded by KNH.

8. Community Education on FGM/C and Survival Support/ Somaliland Termination of oppression Against Women and Girls projects:

- With financial support from Forum SYD through SSRA and HPA, NAFIS was able to incorporate Female Genital Mutilation (FGM) education module into the curriculum of female community health workers named "Marwo Caafimaad."

- Trained the health trainees on the use of the FGM/C module in Awdal, Marodijeh and Togdheer regions.

- Promoted health education outreach awareness campaign to clients in the targeted sister MCHs by providing them with valuable and comprehensive health educations including reproductive health and FGM medical and social consequences.

- Counseling sessions, referrals, and medical financial supports were provided to the FGM/C survivors in Awdal, Tog-dheer and Maroodi-jeex regions.

- Psychosocial counseling was given to 3, 121 visitors at the three model centers. 391 survivors were given referral to the service providers.

- 37 cases were supported and referred to Gaar, Daryeel, Al HAYAT and Alaale Hospitals.

- A total of 1,978 MCHs clients were given FGM/C awareness inside sister MCHs.



Beneficiaries at the three support centers (Hargeisa, Buro, Borama).

No.	Direct beneficiaries	Total
1.	Number of visitors given psychosocial counseling at the three model centers	3, 121
2.	Number of survivors given referral to the service providers	391
3.	Number of cases supported and referred to Gargaar, Daryeel, Al HAYAT and Alaale Hospitals	37
4.	Number of MCHs clients given FGM/C awareness inside sister MCHs	1,978
	TOTAL Beneficiaries	1,031

9. Self Help Group Approach Project:

As shown in the table below; A total of **273** SHGs were formed. **3,618** beneficiaries belonging to SHGs and **47,732** children were reached. **39** CLAs were established. A total savings of **\$217,953** and total capital of **\$248,622** was realized. This project was also funded by KNH.

TASK	Achieved in 2017	Overall achievements since 2013	Remark
Number of SHGs formed	273	981	Each SHG consists of 20 neighboring families who come together every week, discuss their issues and make savings
Number of beneficiaries belonging to SHGs	3618	17,604	Number of families that belong to the SHG and benefiting from it.
Number of Children	47,732	103,874	Children of the benefiting families from SHGs.
Number of Business created		12,470	According their savings, each SHG invest in some individual business owned by the members with their money.
Number of CLAs established	39	86	Each 8-10 SHGs form small umbrella called cluster level association (CLA)
Total Savings	\$280,538	\$886,035	Amount of money saved by the members of the SHGs
Total Capital	\$677,622	\$1,311,900	Total money SHG program in Somaliland has.

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SUCCESS CASE STORIES

NAFIS witnessed successful impact on the beneficiaries of both FGM/C and SHG projects. In this section we have highlighted only five out of many cases we have documented. Therefore, this sample is a surrogate of the remaining case stories.

Case 1: FLOURISHING WOMEN SHG BUSINESS

Shabcaan a mother of six children and a member of Barwaaqo Self Help Group in Mohamed Mooge Area had been living a poor-pathetic life with her children. She struggled with her children as the husband was suffering from mental illness. "In my mind I didn't think of being able to work because I knew it would not be possible to work long away with my children and my husband alone at home." Somali say "Businesses run by women cannot succeed". When this mother first found out about the SHG approach, she didn't understand the concept of holding together as a group which is united but still joined the group quite reluctantly. After being a member of the group for some time, she understood that those that have less can still come together and do something beneficial together. The trainings and concepts provided by Candlelight (Local NGO) were in fact beneficial to her. The self-help group she joined gave her a special re-assurance and encouraged her that she could work and be able to take care of her family. She was initially advanced a loan of **300,000 SL SH**. From this she set up a shop from which she is able to fend for her family let alone schooling for her children. She appreciates SHG approaches on how it lifted her. "I am living a self-sufficient and sustainable life" She concludes.

Case 2: New Healthy Life

Hamda, a mother of 8 children, living in Hargeisa. She wasn't just mutilated once, but twice. Why! Because she fell down and her wound damaged and had been mutilated her again. What matters is all these procedures are going without medical assistance, neither sterile equipment. It was kept her immobility in order to protect her from wounding again. This is where her problems started, it was tightly rubbed her legs for almost **2 weeks**. imagine a newly opened wound had left without medical assistant!

For instance, Hamda, has physical impairment (one of her legs) due to the tightened of her legs for a while, and later she developed vaginal cyst, she got stigma and discriminated herself and desperately wished to die because of her hopeless in life.

One day she met with Self Help Group Members and received some information on what support and assistances that NAFIS provides for those who had FGM complications, from there she felt like having some hope in her situation and she was referred to the FGM Support center, after various counselling it was referred her to the hospital for further medical treatments. Hamada had medical operation and recovered A visit was paid by NAFIS to her house, and really, she was so impressed for the vital support that she received as she thanked in everyone.

Case 3: Deka's Case

Deka, living in Aden Suleiman IDP in Togdheer region, she is an FGM survivor, suffered FGM medical complications for 8 years. One day she met with NAFIS social worker in Aden Suleiman MCH during outreach awareness, NAFIS social workers advised her to visit F.Omar MCH for further counselling and investigations. After her first visit it was referred her to DARYEEL medical center for further medical investigations and treatment. And lastly, she had been operated by removing a keloid vaginal cyst. All the medical costs were covered by NAFIS Network with the financial support of Health Poverty Action (HPA).

Case 4: New Healthy Life

Asha, a mother of three living with disability, she lives in Beer Village, which is in the North/East of Burao city, around 20 KM. Her husband decided to marry again and deserted her. She could not foot for the family bills in the absence of her husband. Fortunately, the SHG approach concept was introduced in Beer village by local NGO – The Agricultural Development Organisation (ADO), she became one of the first members who joined this Self-Help Group. She was an active woman with innovative business ideas and came up with a business idea of making chapatti and samosas and selling them to members of the local community. Because this work did not require her to leave her home and sell in the middle of town, she did it and still able to look after her children and take care of household duties. Business started booming from the beginning and she moved on to selling her products to local stores and eventually opened her own small shop. Remembering the problems she faced before, she stated that, “Discrimination, abuse and stereotyping are things that our people are born with, especially to women. How can you work when you’re disabled, you should just stay at home, and take care of your children?” I benefited from encouragement, cohesions, investment and trainings. It was an eye opener.” She added, “I am now able to cover all my personal needs along with my family’s needs. My children now go to school; there is nothing I need from anybody else. All thanks to Allah and to those who gave us this concept and led us towards this approach with supporting us to become successful.

Case 5: Young Girl’s Health Restored

Najma, a 13 years old young girl lives in Oog village –Saraar Region with her family. Najma had FGM/C in a very young age. She immediately developed medical conditions including recurrent infections, in her puberty she developed other medical conditions including irregular menstrual cycles, and dysmenorrhea. After a while it was referred her to NAFIS FGM/C survivors support center where Najma and her mother received counselling, and referred her to the hospital where she received full medical treatment of removing a keloid vaginal cyst. For now, Najma recovered and doing great.



04 NAFIS 2017 Milestones



During 2017, NAFIS realized increased acceptance of the elimination of the social norm upholding FGM/C in Somaliland and increased savings and capital through SHG Approach projects. The following achievements would not have been possible without financial support and advice, as well as the commitment from beneficiaries and other stakeholders

- project officers, community facilitators and CLA book writers received business coaching training.
- Organizations that support Sunna circumcision of FGM/C in Somaliland were successfully mapped out.
- NAFIS M&E system was established and staff trained on to apply it in order to inform progress made in Advocacy process and good practice on Anti-FGM/C policy.
- A handbook for mainstreaming FGM/C prevention into programmes has been developed.
- Female Genital Mutilation (FGM) education module was incorporated into the curriculum of female community health workers named “Marwo Caafimaad” and trained the trainees on it in Awdal, Marodijeh and Togdheer regions.
- Gender responsive training modules for education programs for women health and empowerment, and Gender mainstreaming Guideline have been developed.
- Anti-FGM/C draft code at the Ministry of Health has been developed.
- 42 nurses and midwifery have been trained in FGM/C complications.
- TBAs trained in FGM/C awareness.
- Created child right protection in schools has been established in schools.
- Monthly GBV working group for the stakeholders in each region have been created by MoLSA.
- A total of 6 Anti-FGM/C youth forums (each forum 40 participants) in the eastern regions of Somaliland have been established.
- Youth have been trained in FGM/C education and its health complications.
- NAFIS MEAL Framework and mentoring guidelines have been developed and existing M & E policy for the Organization was updated.
- There is increased acceptance of the elimination of the social norms perpetuating FGM/C in Somaliland

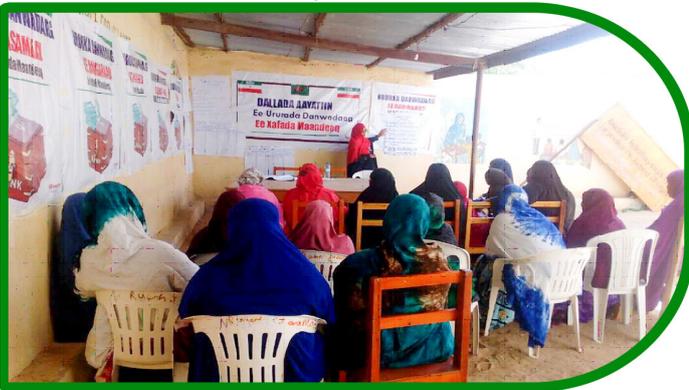
05 2017 Picture Gallery



Advocacy meeting for Religious leaders in Hargeisa



Quarterly Meeting for the Journalists



Capacity building training for CLA and SHG members



Advocacy Working Group Meeting



Togdheer Regional Coordination Meeting



Mainstreaming FGM/C Prevention into Programmes Handbook Training



NAFIS Chairperson speaking on 6th February International day of Zero Tolerance to FGM/C



Advocacy Training for NAFIS Members



6th February International day of Zero Tolerance to FGM/C



Strategic Meeting with ISF delegation and partners in Burao



FGM/C Counseling Support



Sanaag Regional Coordination Meeting



Monitoring at NAFIS model centers



NAFIS and Forum SYD meeting in Stockholm, Sweden



FGM Awareness raising(Gadhka Warsame Xaad)



FGM/C Outreach Awareness to the MCHs clients

06

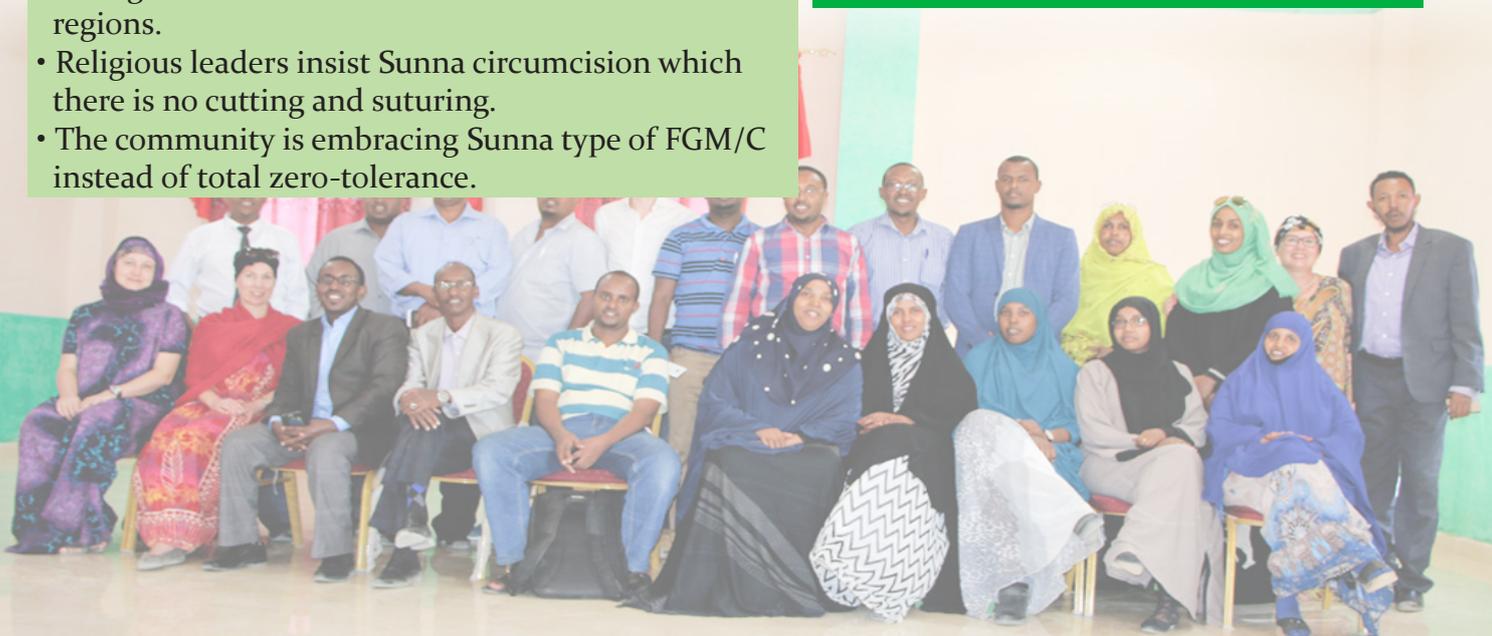
2017 Bottlenecks and Learnt Best Practices

Bottlenecks

- Somaliland Presidential elections diverted the attention of most policy and law makers from FGM/C commitment.
- Formation of the Somaliland new Government which brings in new officials different from those NAFIS has engaged before.
- Presidential election campaigns delayed SHG event day which resulted demotivation of some of the SHG groups.
- There were a number of delays for conducting religious leaders' meetings due to the preparations of the last Presidential elections in Somaliland in November, 2017. Thus, declaring the position paper of the religious leaders on FGM/C is still pending and postponed to the next year.
- Limited male participations in the fight against FGM/C and its interventions.
- Misconception on the Sunna Type of female circumcision within the community which challenging the FGM awareness campaigns.
- Parts of the community especially the Grandmothers are still claiming the necessity of practicing this traditional harmful practice (Female genital mutilation/ Cutting).
- Droughts affected the whole work in the eastern regions.
- Religious leaders insist Sunna circumcision which there is no cutting and suturing.
- The community is embracing Sunna type of FGM/C instead of total zero-tolerance.

Learnt Best Practices

- It is good to consider the Government plans during projects' planning phase in order to ensure that the plans are in line with the government's strategic plan
- Religious leader to have a vital role in FGM/C public awareness raising campaigns since the community respects the religious leaders more.
- Visitation to SHG and CLA members will be in the afternoons as in the mornings they are running their businesses.
- NAFIS has learnt that, community is likely to continue the Sunna of FGM/C unless the religious leaders declare Fatwa for zero tolerance position.
- Most of the LNGOs are working in the main cities and overlapping while there is a gap in rural areas



Planned Activities for 2018

Planned activities for the year 2018 are project-based as contained in NAFIS project implementation.

ISF-Combating FGM/C through Advocacy, Policy dialogue and Mass Movement

Objective: Girls and women's rights are better fulfilled as national policy makers, religious leaders and CSO's take stronger stand against all forms of FGM/C practice in Somaliland.

Result/Outcome 1: The common approach of civil society organizations and Advocacy Working Group to advocate for eradication of FGM has been strengthened.

Activity 1: Commemoration of International day of FG-M/C Zero Tolerance (February 6th, 2016).

Activity 2: Commemoration of International Women's Day (8 March).

Activity 3: Commemoration of African Child Day 16 June.

Activity 4: Commemoration of the 16 Days of Activism Against Violence Against Women & Girls.

Activity 5: National Coordination and Regional Coordination meetings

Activity 6: Hold quarterly debriefing and feedback meetings on advocacy process by AWG.

Result/Outcome 3: Religious/Traditional leaders, youth, media and the community are engaged to support the national Anti-FGM/C policy.

Activity 1: Organize annual inter-regional dialogue meetings for religious and traditional leaders in order to get their support for policy approval

Activity 2: Biannual coordination meeting for media personnel to ensure their engagement and support of Anti FGM/C advocacy Campaign.

Activity 3: Support two universities to write papers on FGM/C Issues/consequences to support Anti-FGM/C National Policy advocacy as an evidence.

Results/Outcome 5: Monitoring & Evaluation.

Activity 1: Baseline; Annual Project data Collection 2018

Activity 2: Communication strategy workshop for ISF partners.

Raising Voices: Advocating for Zero Tolerance to Female Genital Mutilation/Cutting(FGM/C) in Somaliland

Activity 2: Mobilize other organizations and Self Help Groups (SHGs) to support NAFIS policy advocacy issue.

Sub-activity 2.1: Map out non- NAFIS organizations.

Sub-activity 2.2: Hold one-on-one meeting with the management of the identified non-member organizations to discuss NAFIS policy advocacy issue.

Sub-activity 2.4: Produce and disseminate accurate advocacy materials (quarterly policy briefs, 10 statements, 6 newsletters, 6 opinion pieces) that advance NAFIS advocacy agenda and make the case for continued support against all forms of FGM.

Activity 3: Lobby policy-makers from line-ministries to adopt Anti-FGM policy.

Sub-activity 3.1: Hold 6 lobbying meetings with high level officials from MOLSA, MOH, MOJ, and MORA to adopt the draft Anti-FGM policy without changing the language for "Zero Tolerance for FGM.

Sub-activity 3.3: hold 4 round table discussions with policy makers from line-ministries.

Sub-activity 3.4: Disseminate current and up to date information on FGM/C to the line-ministries.

Activity 4: Carry out media advocacy.

Sub-activity 4.1: Carry out interactive television talk shows on Anti-FGM draft policy and Bill.

Sub-activity 4.2: Hold quarterly press conference on the draft Anti-FGM policy and Bill.

Activity 5: Lobby and engage the legislatures in the Lower House and Upper House of the national parliament to draft Anti-FGM Bill.

Sub-activity 5.1: Organize high level meetings with Committee members of Social Affairs from the Upper House to draft the Anti-FGM Bill.

Sub-activity 5.2: Organize tripartite meetings with Committee members of Social Affairs from Lower House, CSOs and Religious Leaders to discuss the proposals for drafting Anti-Bill.

Sub-activity 5.3: Lobby the individual members of parliament to support eradication of all forms of FGM.

Activity 6: Carry out monitoring and evaluation of the intervention.

Sub-activity 6.1: Carry out monitoring Review.

SSRA-Community Education on FGM/C and Survival Support in Somaliland

Activity 1: Refer girls and women with severe FGM problems to higher level of medical care.

Activity 2: Provide counseling for women and men attending the Support centers.

Activity 3: Quarterly Monitoring to NAFIS support centers (Awdal, Marodijeh and Togdheer).

Activity 4: Workshop with local, regional and national health authorities to review performance and sustainability of the project. One expert/facilitator recruited on gender, health and rights.

Activity 5: Select expert to develop and test appropriate educational material on FGM/C and marriage choice for adolescents.

Activity 6: Outreach mobilization each month in one MCH (2 days per week)

KNH_Enhancing Holistic Approach in Combating FGM in Somaliland through behavioral change, legislation and involvement of new actors

Objective 1: To create critical mass against FGM/C by mobilizing 80% of the already mapped non-NAFIS members organizations, youth groups country wide, and institutions of learning at secondary and tertiary levels including institutions for medical personnel.

Activity 1: Produce and disseminate user friendly IEC materials to facilitate awareness, Media Engagement.

Activity 2: Establish youth forum for Anti FGM campaign for in and out of school youth through collaboration with Taakulo Somaliland community (TASCO)..... Quarterly meetings.

Activity 3: Initiate dialogues; one with policy makers from the curriculum development unit in Ministry of education and Social affairs parliamentary committee to commit to review the school curriculum to include FGM education at primary education.

Objective 2: To consolidate linkages and engagement of state and non-state actors for the approval of the anti-FGM policy without alteration of the language –Zero Tolerance to FGM by end of the project.

Activity 1: Hold feedback and debriefing quarterly meetings with 20 NAFIS members and non-member organizations to harmonize their position and take collective actions towards the zero tolerance for the first 3 years.

Activity 2: Hold national and regional coordination meetings on anti-FGM and regular anti-working groups meetings.

Activity 3: Regional Coordination meetings (5 meetings each year for the five regions).

Objective 3: To engage the executive and legislators to protect the rights of girls and women from FGM by enacting the anti-FGM law.

Activity 1: Organize two tripartite meetings with members of Social Affairs Parliamentary Committee, NAFIS and Ministries to analyze the draft anti-FGM Bill.

Activity 2: Collect, synthesize and repackage data on FGM to provide concrete evidence for enactment of anti-FGM law.

Activity 3: Carry out media advocacy for enactment of the anti-FGM law.

Objective 4: Identification of new actors and building their capacity.

Activity 1: Hold 5 Sub-Regional Conferences that will bring men, women, girls, boys, religious leaders, local government officials, local elected leaders, clan leaders and other Anti-FGM stakeholders.

KNH-Self Help Group Approach

Activity 1: Advocacy and lobby for SHG approach in Somaliland.

Activity 2: Bi-annual director's meeting forum.

Activity 3: Financial support for SHG promoting organizations.

Activity 4: Quarterly Review meeting for project officers.

Activity 5: SHG Event day.

Activity 6: Federation formation and management training SHG.

Activity 7: SHG Bi-annual Newsletter /Publication.

Activity 8: Capacity building of the people's institution.

Activity 9: Business training.

Activity 10: Bi-annual Monitoring and supervision.

Activity 11: Experience sharing and Learning among SHGs /CLAs.

Activity 12: IEC advocacy Material promoting SHG work in Somaliland.

Activity 13: NC meeting?

KNH-MBZ-Developing a susatainable,climate-adjusted approach to food security and increasing resilience in the Maroodi Jeeh region of Somaliland

Activity 1: International of FGM day celebration.

Activity 2:Participate International Women's Day 8th March-through press conference, electronic FGM/C messages and printing media articles on yearly bases.

Activity 3: Awareness raising on FGM/C hazards particularly wherever 10 project sites will be conducted.

Activity 4: Printing of IEC Materials & Media spots.

Activity 5: Tripartite Dialogue meeting.

Activity 6: Training on Women's health issues 16 days Activism.

Activity 7: Quarterly meetings duty bearers for three years (12 meetings).

Activity 8: Training in capacity building of gender mainstreaming for three organizations Project Staff.

Activity 9: Climate change and food security policy analysis & engagement with line ministries (discussions and trainings).

Activity 10: Bi biannual National Coordination Meetings with line ministries.

Others

Activity 1: Auditing.

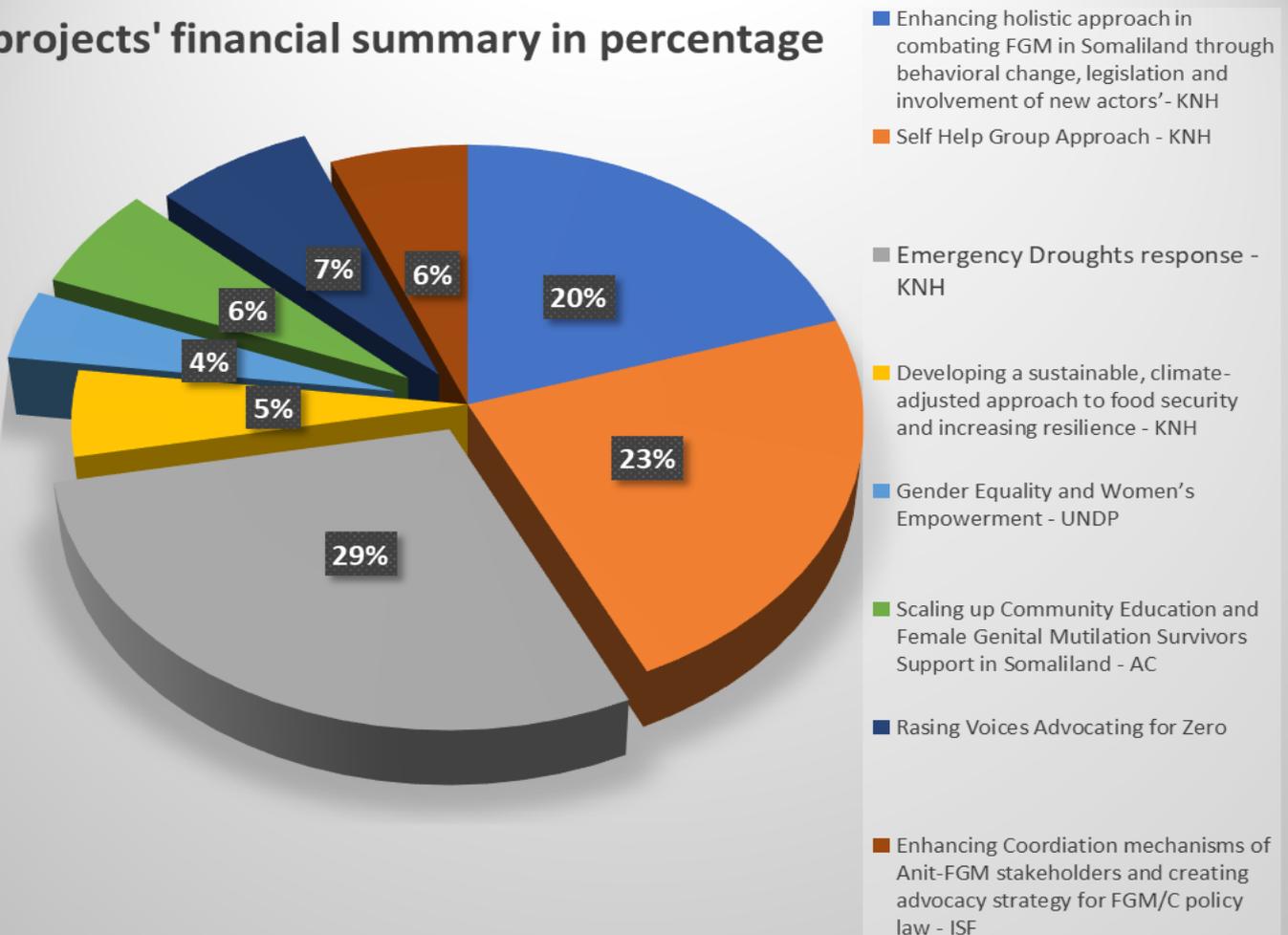
Activity 2: Quarterly Monitoring field visits

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Summary of 2017 Financial Report

Project	Proportion
Enhancing holistic approach in combating FGM in Somaliland through behavioral change, legislation and involvement of new actors-KNH	20%
Self Help Group approach -KNH	23%
Emergency in droughts Response-KNH	29%
Developing a sustainable, climate adjustated approach to food security and increasing resilience-SSRA	5%
Gender Equity and Women Empowerment	4%
Scaling up Community Education and Female Genital Mutilation Survivors Support in Somaliland-AC	6%
Raising Voices Advocating for Zero	7%
Enhancing Coordination mechanisms of Anti-FGM stakeholders and creating advocacy strategy for FGM/C policy/law-ISF	6%

projects' financial summary in percentage





CERTIFIED PUBLIC ACCOUNTANTS OF KENYA CPA(K)

**REPORT OF THE INDEPENDENT AUDITOR
TO THE MEMBERS OF
NETWORK AGAINST FGM IN SOMALILAND (NAFIS NETWORK)**

We have audited the accompanying financial statements of the Network Against FGM in Somaliland (NAFIS Network), set out on pages 5 to 23 which comprise the statement of financial position as at 31st December 2017 and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the period then ended, and a summary of significant accounting policies and other explanatory notes.

Directors' Responsibility for the Financial Statements

The directors are responsible for the preparation and fair presentation of these financial statements. This responsibility includes: designing, implementing and maintaining internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion of these financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial statements.

..Auditing, Advisory And Taxation Services....

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CERTIFIED PUBLIC ACCOUNTANTS OF KENYA CPA(K)

Opinion

In our opinion the accompanying financial statements give a true and fair view of the state of financial affairs of the organization as at 31 December, 2017 and of its surplus and cash flows for the year then ended in accordance with the Generally Accepted Accounting Principles and the terms of reference.

The engagement partner responsible for the audit resulting in this independent auditor’s report is CPA Wycliffe N. Michoki – P/No 1999.

M. N. Cliff & Associates

M.N Cliff & Associates
Certified Public Accountants (K)
2nd Floor, Eastern Wing, Waumini House
P. O. Box 25593-00100
Nairobi
Date: **23rd March 2018**.....



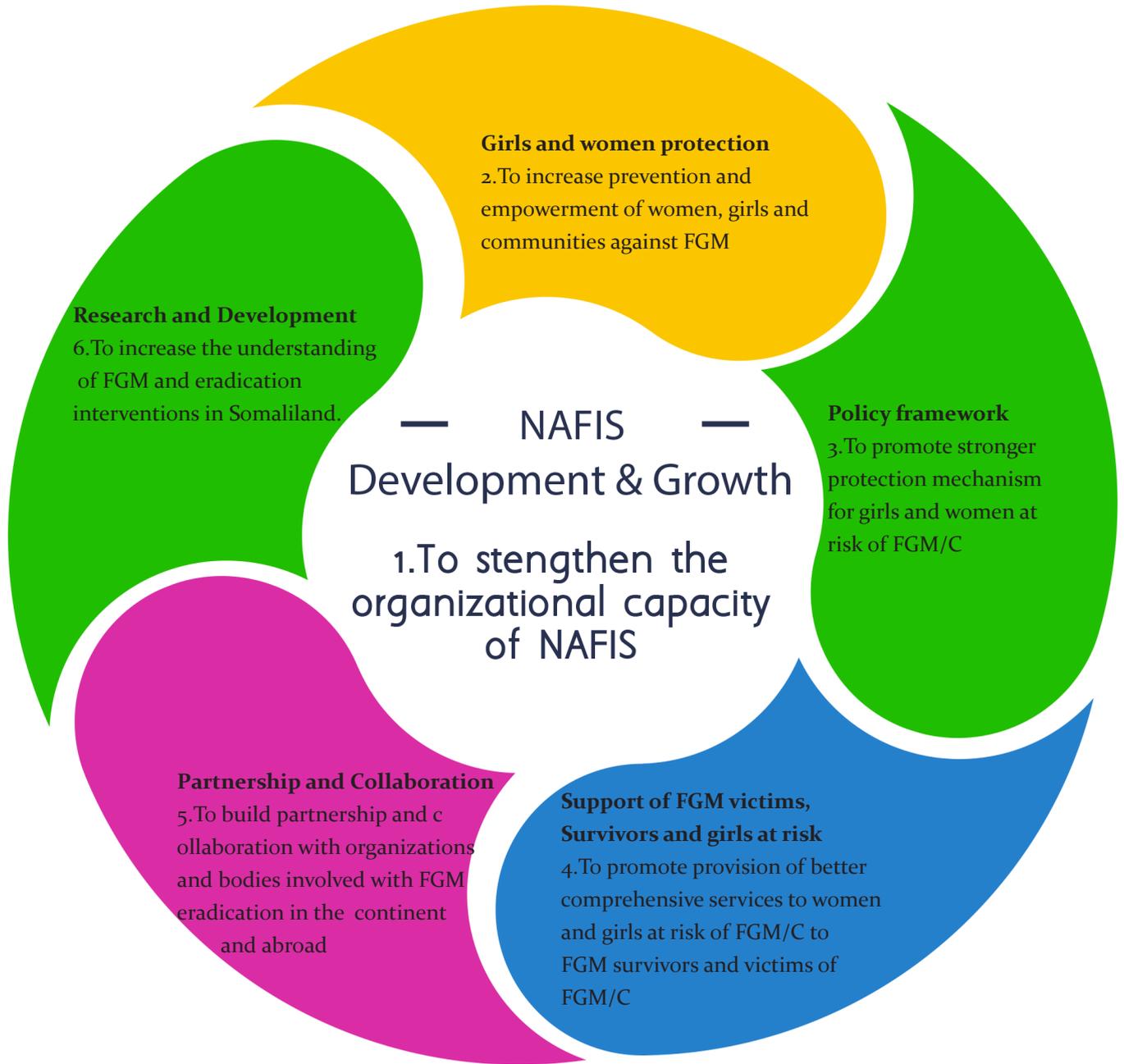
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09

NAFIS OPERATIONAL FRAMEWORK

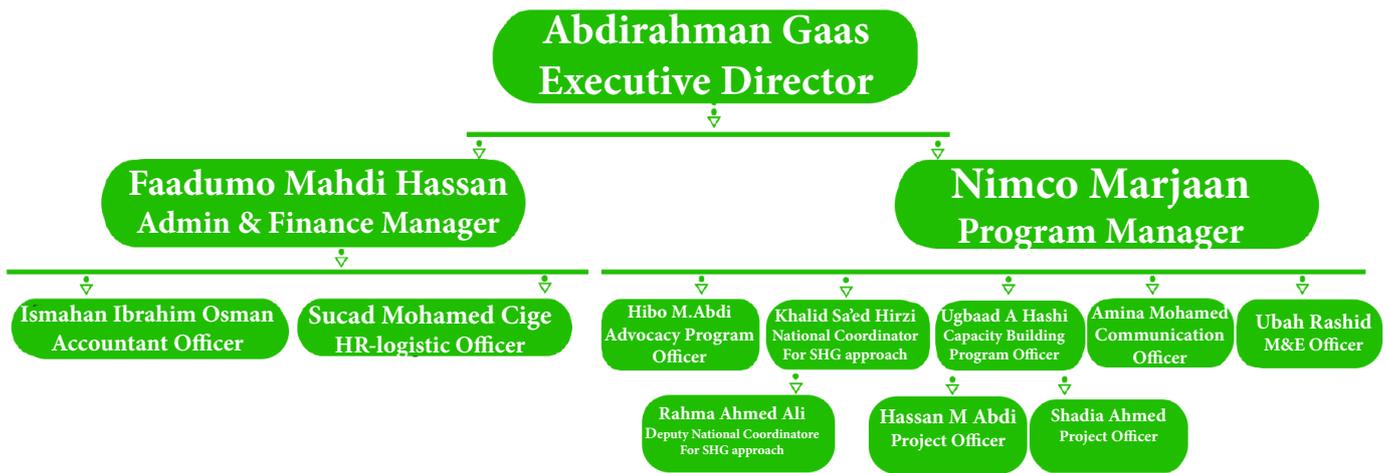


NAFIS

Member Organizations

1	AWODA	Ayaan Women Development Association
2	AWVO	Alkawin Voluntary Organization
3	BVO	Barwaaqo Voluntary Organization
4	CCBRS	Comprehensive Community Based Rehabilitation in Somaliland
5	CLHE	Candlelight for health and Education
6	HAN	Somaliland Women & children disability
7	HAVOYOCO	Horn of Africa Voluntary Youth Committee
8	SONYO	Somaliland National Youth Organization
9	SOWRAG	Somaliland Women and Research Action Group
10	SOYONDA	Somaliland Youth and development Association
11	SRCS	Somaliland Red cross Society
12	TASCO	Taakulo Somaliland Community
13	USWO	Ubax Social Welfare Organization
14	VOSOMWO	Voice of Somaliland Minority Women
15	WAIG	Women Interaction Group
16	WARSAN	Women Action for Rights and Safety Network
17	WOHEDO	Women health Education Development Organization
18	WORDA	Women Rehabilitation and Development Association
19	TAWAKAL	Tawakal Women Organization
20	SOHEADA	Somaliland Health Education Environment Agriculture Development Association

NAFIS CORE STAFF & Departments



NAFIS Board of Directores





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