



NAFIS NETWORK

ANNUAL REPORT

2015

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Annual Report

2015

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Our girls have the right to be safe
from the harms of FGM/C

It is time that

Female Genital Mutilation/cutting (FGM/C) is widely practiced in many countries in Africa, the Middle East and Asia. Here in Somaliland, the prevalence rate of FGM/C is very high. According to a nationwide research conducted by NAFIS Network in 2014, ninety nine point eight percent (99.8%) of Somaliland girls between the ages of 7-9 undergone some form of FGM/C, most often the most severe form of infibulations. This harmful practice continues to cause immense lifelong physical and psychological problems for the affected women and girls.

Network against FGM/C in Somaliland (NAFIS) has been at the forefront in the efforts of eliminating FGM/C in Somaliland for the past ten years. Fortunately at the same time, 2015 marked a global groundswell of hope for gender equality. In September world leaders met at the United Nations and committed to the 17 new Sustainable Development Goals and honored that Goal 5 commits “achieving gender equality and empower all women and girls” by the year 2030.

It is the time to accelerate the pace for change. We're motivated by the commitment and courage of our members and the generosity of our donors. We believe that courage plus support equals our girls are safe from the practice of FGM/C.

In this annual report, you will learn more about NAFIS Network's work as a champion for abandoning FGM/C in Somaliland. Our approach continues to be two-pronged-supporting the women who have survived from the complications of FGM/C on the one hand and preventing FGM/C from being practiced by engaging youth, scholars, traditional leaders, communities groups to address publicly on the harmful effects of FGM/C. We strive for empowering the civil society organizations to campaign more against FGM/C. But we also know that solutions to end FGM/C does not only evolve in raising awareness and educating community; we need to have a law banning all forms of FGM/C, thus, in 2015 we laid the way for important new efforts to engage the policy/ decision makers and the religious leaders for FGM/C issues.

You can also learn about our bold 3 years strategic plan to accelerate progress towards promoting the rights of women/girls and total eradication of FGM/C. It centers around twelve model champions of change, focusing on where we think it will make the biggest difference in the fight against FGM/C. This is our roadmap for the future.

Amina Mohamud Warsame (Milgo)
Chair of the Board of Directors

Securing A Better Future For Somaliland Girls And Women

Our origin

Network against FGM/C in Somaliland (NAFIS) «Safeguarding women and girl at the risk of FGM» has grown dramatically since 2006. It's the only nationwide FGM network in Somaliland. Currently, there are 20 active organizations who are members of the network and they operate in all regions of Somaliland.

The Help we offer

NAFIS believes that Female Genital Mutilation of any type is a harmful practice and a violation of the human rights. Our work entails coordinating all the efforts by anti-FGM stakeholders, building their capacities to deliver effectively, implement FGM related research studies, advocate for enactment of anti-FGM policies and support the survivors of this harmful practice.

Our achievements for 2015

NAFIS and its partners made great achievements in the effort of ending female genital mutilation in all the regions of Somaliland and the accomplishments made included:

- Anti-FGM/C advocacy: NAFIS conducted strong advocacy campaigns against the practice of FGM/C with religious leaders, parliament houses, ministries, university students and traditional leaders to accept zero tolerance of FGM/C practice.
- Women empowerment: Through the Self Help Group approach, NAFIS built the capacity of 330 women to learn their basic rights and roles in the communities by empowering them socially, economically and politically and created 240 small scale profitable businesses.

The Self Help

- Group approach indirectly promotes children's school enrolments and improved their nutrition and health.
- Research and documentation:

and Mapping of FGM/C circumcisers in three regions of Somaliland". The findings showed out of the 106 circumcisers identified, majority continued to perform FGM due to financial reasons followed by "it's the only skill they know" and cultural belief respectively. However, different views were held on whether FGM/C is forbidden or allowed in Islam. The circumciser's belief the demand of practicing of FGM/C is driven by mothers followed by parents, young women and grandmothers respectively.

- 12 Champions model of change: The year 2015 witnessed the development of a new model of fighting the practice of FGM/C in Somaliland. This model was realized during the development of the 2016-2018 NAFIS Strategic Plan. The model uses a bottom to top approach theory which assumes that a collective decision made by several communities to stop FGM might be a significant strategy towards FGM abandonment as well as motivate the government to endorse a zero tolerance policy to all forms of FGM. The model is grounded on three key factors influencing the practice of FGM: Environment, Experiences and Education.

Acknowledgments

Our appreciation goes to our generous partners: Kindernothilfe (KNH), UNDP, Forumsyd, ISF and GBV Preventive network for your prolonged donations and collaborations. We owe our accomplishment to our hardworking and tireless staff and guidance from our board of directors

Mr. Abdirahman Gaas
Executive Director
NAFIS Network

01

2015 NAFIS On going Projects in

• KNH projects

1. Project Title: Combating FGM/C in Somaliland through Drought Mitigation, Harmonized Policy/Law and Coordinated Capacity Building of Anti-FGM/C stakeholders

2. Project Title: Self Help Group Approach

FORUMS project in partnership with SSRA

Project Title: Community Education and FGM/C Survivors Support in Somaliland

• ISF Project

Project Title: Enhancing Coordination Mechanisms of Anti-FGM/C Stakeholders and Creating Advocacy Strategy for Anti-FGM/C Policy/Law in Somaliland

• UNDP project

Project Title: Strengthening Gender Equality and Women's Empowerment

For many years different organizations have worked in a variety of campaigns in Somaliland with the common aim of abolishing this harmful practice of FGM/C. Experience over the past years has shown that there are no quick or easy methods that can bring change. However, lessons show that in order to have effective results and create a change in the practice of FGM/C, there is a need for evidence based, sustainable interventions that target and involve different players in the community.

During the year 2015, the practice of FGM/C in Somaliland witnessed progress in change of perception, attitude and practice. Through the NAFIS projects, different actors were brought together from the government sector, member organizations including religious leaders, community leaders and CSO's.

The actors took a proactive role to advocate for eradication of FGM/C and more than ever before the FGM/C issue is being discussed openly by the public. However, though progress has been made FGM/C practice remains a social-cultural, religious linked practice still held high to the heart by many Somalilanders.

This section describes the different projects that NAFIS Network implemented in 2015.

Project Title: Combating FGM/C in Somaliland through Drought Mitigation, Harmonized Policy/Law and Coordinated Capacity Building of Anti- FGM/C stakeholder

Thematic Area: Coordination and networking

Network against FGM/C in Somaliland organized 9 monthly coordination meetings, 5 regional coordination meetings and 2 national coordination meetings in 2015. The objectives of these meetings were to harmonize Anti-FGM/C interventions and to establish a zero tolerance consensus against FGM/C through stakeholders' collaboration and coordination. NAFIS Network also organized a national FGM/C conference and the objectives of the conference included launching the findings of FGM/C research in Somaliland and discussing the future national strategies for FGM/C abandonment by different stakeholders. The coordination and networking meetings was key towards harmonizing the interventions that different actors are implementing to fight the practice, and bringing to light new insights from the study conducted on the prevalence, attitude and practice of FGM in Somaliland.

Thematic Area: Capacity Building for NAFIS member organization and other stakeholders

Network against FGM/C in Somaliland with financial support from KNH started the third phase of drought mitigation interventions that were implemented by NAFIS member organization. The member organizations were divided into three groups the first group were composed : CCBRS, TASCO, HAN, HAVAYOCO and WAIG member organizations which adopted an holistic approach towards eradication of FGM/C. This group integrated awareness raising and campaign against Female Genital Mutilation (FGM) with trainings on nutrition, food preparation and cooking skills. Other interventions included poultry management trainings and distribution of hens to the families trained, awareness raising on waterborne diseases, sanitation and hygiene. the second group were CLHE, WOHEDO, SOWRAG, SRCS and BVO which implemented a project on awareness raising on FGM/C, village hours (Land Preparation for Farmers) and seeds distribution in Galoole 1 and Galoole 2 while the third group was WORDA, TAWAKAL, VOSOMWO, SOHEADO and AWVO formed the third group which implemented tree planting and crop improvement techniques and also distributed seeds and tools for farming in Arabsiyo and Gogol-wanaag in Marodijeeh region. This strategy is based on the fact that FGM/C is a sensitive issue that is not easily discussed in the open by families and in most of the cases, families easily engage in discussions when their immediate needs are first addressed by the advocacy groups.

Thematic Area: Research and documentation

NAFIS network successfully held the FGM/C research validation workshop on 29 January 2015 at Gulaid Hotel in Hargeisa, Somaliland. Forty participants from different FGM/C stakeholders in all the regions of Somaliland attended the workshop. During the session, the participants had interesting discussions, dialogues and debates about the findings of the study with most of the participants getting embarrassed that the prevalence rate was rather higher than expected. Nonetheless, the participants approved the research report collectively and agreed to disseminate the findings to the relevant stakeholders.

Project Title: Self Help Group Ap

Thematic area: Capacity building for member organizations and other stakeholders

The Self Help Group approach is a powerful development model which recognizes poverty not only as material development but also as a continuous process of disempowerment. It aims at transforming individuals and communities from poverty and hopelessness to a state of self-reliance and empowerment. The Self Help Group objectives include social empowerment, economic empowerment and political and personal development of members and their community.

This model is introduced in Somaliland in April 2013. eleven (11) local organizations implement this approach in Marodijeh and Togdheer regions, NAFIS is the hosting organization for the program. Below is an overview of the three levels of the SHG approach:

“Level 1” Self-Help Group (SHG)

Self Help Groups are made up of 15 to 20 members and the functions of the SHGs are:

- Regular weekly meeting.
- Regular saving.
- Credit management.
- Book keeping.
- Social action programs and Community action programs.
- Awareness and training.
- Linkages with other development players.
- Networking with relevant SHGs

“Level 2” Cluster Level Association (CLA)

CLA is the network of SHGs formed by 8 to 10 groups and the primary roles of CLA include:

- Forming and strengthening SHGs
- Strengthening of the members of SHGs
- Community Planning and implementing need based projects (CAPs)
- Addressing social issues by establishing value system in the community
- Mobilizing resources and services (need based)
- Taking up administrative roles
- Linkages and networking

“Level 3” Federation

When there are more than 10 strong Cluster Level Associations a Federation can be formed and the roles of the federation include:

1. To take over from the promoting NGO and build a strong People’s Institution.
2. To provide need based services to the community.
3. To positively influence People’s thinking and policies
4. To work towards peace, security and justice in the community.

The Self Help Groups have become the basis for action and change by building a relationship for mutual trust between the SHG promoting organization and the members through constant contact and genuine efforts. NAFIS Network has witnessed the growth of the Self Help Groups since 2013 in Maroodi Jeex and Togdheer regions and while applying the integrative approach families can now actively participate at length in discussions about FGM/C.

Further visit www.SHGSomaliland.org



Project Title: Community Education and FGM/Survivors Support in Somaliland

Thematic Area: FGM/C Survivors Support

In 2015, progress was achieved in providing support to the FGM/C survivors through the “FORUMSYD project in partnership with SSRA”. NAFIS network provided: psychosocial training for counselors; medical care and referrals to survivors; counseling at the health facilities using the door to door outreach program, and also monitored the project periodically to determine if expected outcomes were being met as planned. The following are highlights of the activities:

a) Psychosocial training for counselors in Borama and Burao

The purpose of the training was to build the capacity of the counselors to gain more knowledge in psychosocial skills and how they identify survivors with psychosocial problems. The counselors gained competencies in providing psychosocial support to the survivors.

b) Medical care and referrals

During the door to door visits to the survivors and counseling sessions at the support centers, the staff met very poor victims. In most of the cases the survivors failed to relate their health problems with FGM/C and didn't know where to seek help. If the victims afforded medical services they were given referrals to relevant health service providers but if they were very poor, the expenses were covered by NAFIS Network.

c) Counseling

The counseling sessions were conducted at individual and group level within the centers. The counselors started the sessions by introducing and explaining the purpose of the counseling and the areas of discussion during the sessions included: FGM/C, breastfeeding, vaccination and how to care for small children with diarrhea & dehydration and respiratory infection. They also explained about the myths and false beliefs surrounding FGM/C and noted the opinions given by the survivors. In the event they met or were informed about someone with severe FGM/C complications, they provided counseling and referral and when the staff assessed the survivors and were convinced that the survivor cannot afford to pay for medical care, NAFIS provided financial support.

d) Door to door visits

The outreach program involved door to door visits; three days a week to poor communities. Due to the sensitivity of the FGM/C issue, the counselors had to introduce a discussion with the family members regarding other relevant issues such as communicable diseases before discussing about FGM/C. The counselors then assessed the family's level of understanding on FGM/C and created awareness about FGM as a social problem and human right issue. The counselors also cleared

the religious and cultural misconceptions that cause perpetuation of female genital mutilation. In addition, the counselors gave advice on the most appropriate health facilities FGM/C survivors can visit for help.

FGM/C survivor health care support

NAFIS offered financial support to the poor women and girls who had FGM/C related complications. Before receiving financial help, the FGM/C survivors followed the NAFIS protocols by going through gynecologists to ascertain that the complications were as a result of FGM/C and thereafter a consent form was signed by the head of the family giving permission for the surgical intervention to be carried out. The treatment process entailed either a surgical procedure or simple treatment by administering drugs and throughout the process, the counselors followed up the cases to ensure the best care is given to the FGM/C survivors.

e) MONITORING

The periodic monitoring done by the NAFIS staff members and BOD indicated successful results as many people travelled to seek help in the centers from Burao and Borama as well as the neighboring villages.

f) COMMUNITY CONVERSATIONS

Community Conversations promote changed and informed decision-making by creating opportunities for regular, open discussion of situations, values and behaviours relating to FGM. Every month 20 members from the families visited during implementation of the project were invited to a 2 hour discussion on the issue of FGM/C. The counselors facilitated the discussion but the 20 individuals were allowed to give their diverse views and opinions with the hope to get a consensus. Community conversations have created a conducive space for individuals to easily share their perception and attitudes regarding FGM/C and the sessions provide an opportunity for many to learn about the harmful effects of FGM/C and change their views towards abandonment of the practice.

Project Title: Strengthening Gender Equality and Women's Empowerment

Thematic Area: Peer and parental dialogue on FGM/C issues

NAFIS conducted 25 intergenerational dialogue meetings in each of the five districts of Hargeisa during the course of the project. This is a participatory approach that engages members of the community across sexes and generations to feel empowered to change behaviors. The goal of this approach is to build people's communication skills and confidence to articulate viewpoints and learn how to bring about collective change. This approach enabled the local people within the five districts to engage in discussions about SGBV and FGM related problems, share the challenges they face, identify the specific improvements needed and demonstrate their commitment to implement them.

Thematic Area: Capacity Building for NAFIS member organization and other stakeholders

NAFIS Network organized and facilitated 6 SGBV+FGM training interventions that brought together religious leaders, traditional leaders, health professionals and various government officials in the six regions of Somaliland sexual gender base violances to discuss on the FGM/C issue. The training gave insights about the history of FGM, the religious misconceptions regarding the practice of FGM/C and the health complications that result from the practice.

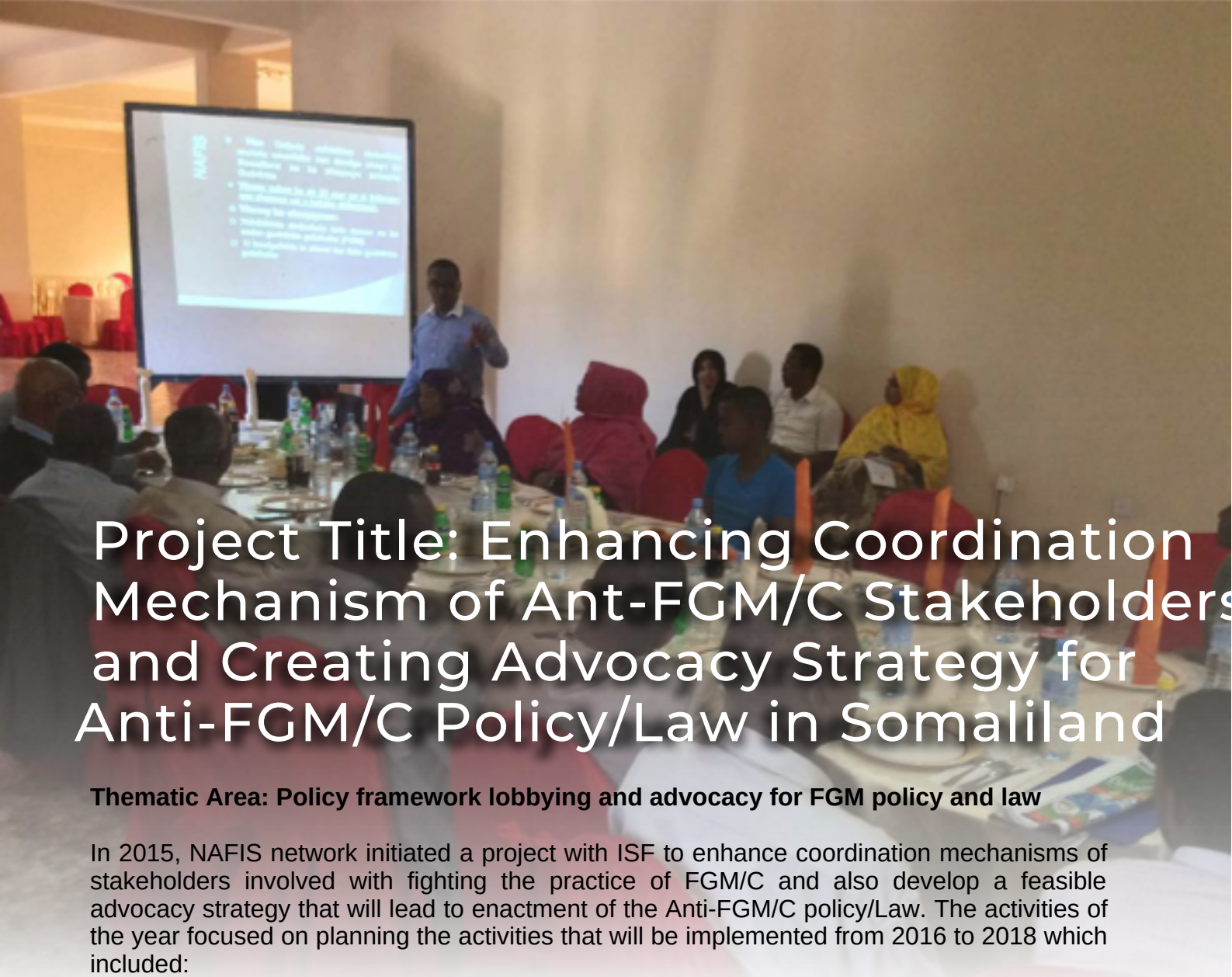
The project also involved introduction of IEC materials on Billboards and TV announcements regarding the FGM/C issue resulted to the positive response and appreciation to NAFIS from the members of the community with some giving their feedback on video clips aired on Kalsan TV.

Thematic Area: Policy framework lobbying and advocacy for FGM policy and law

Creating an environment conducive to dialogue and critical thinking on the cultural, religious and social factors that lead to support of FGM/C is vital towards reaching to a consensus that FGM/C is an harmful practice and a violation of the human rights of girls. NAFIS Network conducted 12 consultation dialogue meetings in 6 regions namely Awdal, Maroodi-Jeex, Sahel, Togdheer, Sool, and Sanaag. These meetings laid a strong foundation for the advocacy journey towards creating an acting law against the FGM practice in Somaliland.

Thematic Area: Research and documentation

NAFIS successfully launched the first national level research about the prevalence, perception and attitudinal change of female genital mutilation in Somaliland. This descriptive cross-sectional survey was conducted between March to June 2014 and quantitative data was collected through questionnaire from 1,986 females of reproductive age (49-15) from 19 MCHs from all the six regions of Somaliland to ascertain the prevalence of FGM/C. Data triangulation was done by collecting qualitative information through interview schedules using focus group discussions (FGDs) from women, men, females & male youths and traditional circumcisers while key informant interviews were conducted with religious leaders, MoLSA, MoRA, MoH, MoE (gender department), SLNMA, SMA and Somaliland parliament (Health Caucus), the findings is page 12.



Project Title: Enhancing Coordination Mechanism of Ant-FGM/C Stakeholders and Creating Advocacy Strategy for Anti-FGM/C Policy/Law in Somaliland

Thematic Area: Policy framework lobbying and advocacy for FGM policy and law

In 2015, NAFIS network initiated a project with ISF to enhance coordination mechanisms of stakeholders involved with fighting the practice of FGM/C and also develop a feasible advocacy strategy that will lead to enactment of the Anti-FGM/C policy/Law. The activities of the year focused on planning the activities that will be implemented from 2016 to 2018 which included:

- Consultation meetings with government line ministries and CSO's involved with FGM/C issues
- Consultation meetings with the parliamentarians to assess their views about anti-FGM/C policy/law
- Forum for traditional leaders to take a common stand against all forms of FGM/C
- Baseline survey
- Roundtable panel discussion among Anti-FGM/C stakeholders
- Consultation meeting with the most prominent religious leaders to assess their arguments about ending FGM/C and developing a law banning all forms of circumcision
- Forum discussion for university students to engage them in fighting against FGM/C

02

Case Stories



Case1: Fasia Ibrahim Muhumed

Fosia Ibrahim Muhumed, a 34 year old FGM/C survivor in Borame was one of the many women dealing with the harmful effects of FGM practices. After getting married, Fosia experienced consistent pain during intercourse, and due to the fear of failing to become pregnant or have a proper delivery, she eventually lost her marriage through divorce. Fosia developed a tumor, and after meeting with the NAFIS staff, she was counseled and referred to a gynecologist, where she underwent surgery. Following recovery, she re-united with her husband and now they are living happily with a baby boy.

Fosia appreciated the help offered to her and reported that thousands of women in the country are in need of that support. She stated that the psychological support offered by the NAFIS staff has been integral in enhancing her recovery process, and strongly recommends NAFIS to continue raising awareness against FGM/C.



Photo: Siraad Wacays in her shop, after joining the SHG

Case 2 Siraad Wacays

Siraad Wacays, a mother of 8 children is currently a member of Golis Self Help Group, which was founded in 2014. Siraad has over the years relied on herself solely to provide for her children, and before joining the Golis group, she only relied on her small shop to feed her 8 children. This difficulty forced her to distribute her children among her relatives, where some served as domestic workers, and hence were not able to attend school. However, her worry is no more as she has in the recent past taken loan three times from the SGH group and expanded her business. She can comfortably cater for all her children now from the revenue streams received from the shop. Siraad was able to repay her loan, took back her children, and are currently enrolled in primary schools.

Case 3: Training Participant, 17th October, 2015

Another case story that inspired many during a training session was given by one of the training participants. The case was about gender based violence committed to a FGM/C survivor on her wedding night. This was a story that was narrated sometime back to the training participant by a nurse. The nurse told her that she met a woman who was violated by her husband in the rural areas of Lasnood, Sool region. The husband mutilated his wife by cutting her reproductive organ with a knife at the first night of their marriage and she started bleeding profusely and had to be taken to a health center in Lasnood for treatment where the nurse who narrated the story met her. Cases have been reported before, whereby FGM/C survivors during their wedding night are abused by their husbands and undergo an awful painful experience. After listening to this horrible experience, the participants who had attended the training resolved to ensure that no girl undergoes female genital mutilation in Somaliland

03

2015 NAFIS Achievements

NAFIS network realized vital achievements which were made under each of the following thematic areas **Child protection**

- There is enhanced knowledge and skills on child protection and practical implementation of the child protection policies and corresponding Child Protection Initiatives. This achievement resulted from the Child protection training module II that was conducted to 13 organizations¹
- There is increased awareness and discussions among scholars, politicians, traditional leaders, religious leaders and the youth regarding FGM/C consequences and the religious leaders do condemn the Pharaonic FGM/C and affirm it's not founded on any religious principle. In addition, they agreed to discuss about the FGM issues publicly.

FGM/C Survivors Support

FGM/C survivors received services in the support centers established in Hargeisa, Borama and Burao and 6 health care workers were hired who provided psychosocial care to 11679 clients in 2015.



¹The 13 organizations are KNH partners and out of this, two (2) are NAFIS Network & BAAHI KOOB while 11 are SHG promoting organizations.



Beneficiaries Of The Three Support Centers

The table below shows the beneficiaries of the project from January 2015 – Dec 2015

No	Direct beneficiaries	Male	Female	Total
1.	Participants of psychosocial& Counseling training	0	6	6
1.	Counselors given psychosocial training in Borama and Burao	15	45	60
2.	Number of visitors given counseling at the three centers	0	6504	6504
3.	Number of survivors given referral to the service providers (Hargeisa general Hospital, Edna Hospital, Allale Hospital, Al-Hayat Hospital and Magan Maternity Hospital).	0	427	427
4.	Number of cases referred and supported	0	32	32
5.	Participants of the monthly group discussion meetings	0	1180	1180
6	Number of families visited during the door to door outreach activities	0	3470	3470
SUB TOTAL		15	11664	11679

Research and documentation

1) Research validation workshop and a national FGM conference was held whereby the research study on **“Assessment of Prevalence, Perception and Attitudes of Female Genital Mutilation in the six regions of Somaliland”** was endorsed, launched and disseminated to all actors involved with FGM eradication programs.

The key findings of the study included:

» The prevalence rate of FGM/C was 99.8 % and out of this more than 95.7 % were conducted by traditional circumcisers.

» The type of FGM that was commonly performed in both the rural and urban areas was infibulation. » Although the Sunna type was not clearly understood by the respondents, 2/3rds of the women supported Sunna to be performed in the health facilities for their daughters.

» FGM/C was perceived to be performed as a fulfillment of cultural obligation and Islamic religion requirement and the study further established that the mothers are the ones who mainly lead the

decision for cutting their daughters as compared to fathers.

» 90.5% of the respondents stated they think it is impossible to eradicate the practice. However, 9.3 % of the women interviewed at MCHC’s had decided to abandon FGM/C and some of the religious leaders admitted their daughters were not cut. They also stated that

Pharaonic type of FGM/C had

no religious basis and promised to campaign for eradication of FGM in religious platforms like in

- » Positive changes were also observed with 90% of the mothers accepting Sunna type of FGM/C from the Pharaonic type and majority of the youths wanted FGM/C to be eradicated.
- » The health providers lacked training and guidelines on the management of FGM/C complications
- » The following recommendations were made:
 - » There is need to pass the anti FGM/C policy through full dialogues with government, religious and community leaders as role models of Zero Tolerance to FGM/C
 - » Needs assessment and in-service training of health workers on post FGM/C complications management should be conducted
 - » Anti-FGM/C programs should be integrated in all the educations curriculums
 - » Concerted efforts of interventions among the anti-FGM/C partners is required

2) NAFIS Network conducted another study titled “Assessment and Mapping of FGM Circumcisers Maroodi Jeex, Togdheer, and Awdal Regions” which was finalized in 2015 and the study showed the following:

- » •Out of the 128 FGM circumcisers identified, 83 % of the circumcisers are currently continuing to perform FGM/C, while 17 % abandoned the practice of FGM/C mainly as a result of trainings and awareness they received and when alternative jobs were provided.
- » On average there are 5 circumcisers in every location, the mean age of circumcisers is 52 years old the circumcisers have been working for up to 17 years on average.
- » 64% of the circumcisers reported they like and prefer Sunna circumcision while 14 % of the circumcisers prefer pharaonic circumcision
- » The three main driving factors behind the practice of FGM/C included financial reasons followed by “it’s the only skill circumcisers know and due to cultural beliefs respectively.
- » Circumcisers believe the demand of practicing of FGM/C is mainly driven by mothers followed by parents, young men, young women and grandmothers respectively.
- » The following are recommendations that were proposed from the findings of the study:
 - » Considering the outstanding factor leading to FGM practice is financial reasons, provision of alternative sources of income will be vital towards eradication of the practice.
 - » Though the study showed the change process seems to be towards transition from Pharaonic type to Sunna Type of FGM/C rather than abandonment, key actors can still play major roles in campaigning towards total abandonment of all types of FGM/C and the government should enact policies and laws that will punish circumcisers to discourage perpetuation of the practice.
 - » Trainings and awareness raising should also include literacy modules and critical thinking skills to develop the ability of circumcisers to make rational decisions to abandon the practice considering the severe and life-threatening health effects like bleeding that some FGM/C survivors experience.
 - » The recently developed model by NAFIS Network called the “12 champions model of change” can be an integrative approach that can bring together key players who can lead the process of change towards total abandonment of FGM/C.
 - » There is need to conduct further studies on how best FGM/C circumcisers can be involved in leading the change process towards total abandonment of FGM/C.

NAFIS organized and facilitated 9 monthly coordination meetings, 5 regional coordination meetings and 2 national coordination meetings in 2015. These meetings involved member organizations, government line ministries, religious leaders, the youth and women associations. All actors agreed to zero tolerance to all forms of FGM except the religious leaders.

Nonetheless, there is increased awareness among many key stakeholders about the need to pass the FGM policy and discussions are on-going on how to reach to a consensus to enact the FGM policy as law.

Peer and Parental dialogues on FGM/C issues

The inter-generational dialogue meetings have resulted to increased level of awareness among many parents on the harmfulness and complications of FGM/C on their daughters especially in the urban areas. The total number of beneficiaries were; 1169 (716 females, 453 males).

In addition to the ongoing lobbying and advocacy activities being made by NAFIS to advocate to ensure Anti-FGM/C policy and law has been put in place, NAFIS network secured funding from ISF for a three years project that will focus on enhancing the coordination mechanisms of stakeholders involved with fighting the practice of FGM/C and also develop a feasible advocacy strategy that will lead to enactment of the Anti-FGM/C policy/Law.

The capacity building trainings on drought mitigation increased awareness to the communities about FGM issues. The strategy aimed to address their immediate needs so that they can open up to discuss on issues pertaining FGM/C. The themes of the interventions included: water storage and farming practices, nutrition skills to maintain maternal and child health, tree planting, crop improvement techniques and seeds distribution. The programs were implemented in Arabsiyo and Gogol-wanaag, Dhubato and Diinqal, and Galoole 1 and Galoole 2. The total beneficiaries of the drought mitigation interventions were 950 households.

The SGBV+FGM training interventions gave insights about the history of FGM and cleared the religious misconceptions regarding the practice of FGM/C and the health complications that result from the practice among different key stakeholders. The total number of beneficiaries were 261 (144 females & 117 males).

Somaliland witnessed a significant increase in awareness of the public regarding FGM and SGBV by broadcasting FGM messages via TV and Radio Spot messages and also through dissemination of the NAFIS newsletter.

The Self Help Group approach has had enormous positive impact to many families by empowering the families socially, economically and politically. This has enlightened the members to claim for their rights and can easily discuss about the social issues affecting them. This has opened the doors for families to easily engage and discuss openly issues pertaining FGM and SGBV. Out of this approach the SHG's have made savings that significantly benefit the members of the groups. By 2015, the total of savings in all the SHGs in Somaliland amounted \$ 178,608 USD with 8249 women, 40486 children and 343 SHGs in Hargeisa while in Togdheer regions 154 Self Help Groups, a total of 497 SHGs with 6640 new businesses established.



The table below shows the savings made from the Self Help Group Statistical Data

Promoting organization	Operational area	Number of SHGs	Number of SHG members	Number of children	Number of CLAs	Total saving of SHGs	Total capital of SHGs	Total loans given out	Loan to savings ration
ADO	Buroa	50	818	4090	2	\$13,702	\$13,943	\$13,943	1:1.18
BVO	Hargeisa	44	763	5040	2	\$20,212	\$20,890	\$19,970	1:0.9.7
CCBRS	Hargeisa	60	1100	3456	3	\$20,156	\$21,193	\$17,778	1:0.84
CLHE	Hargeisa	48	960	2250	2	\$18,780	\$19,560	\$18,908	1:0.97
GAVO	Hargeisa	21	378	5984	1	\$19,466	\$20,957	\$19,309	1:0.93
SOWDA	Hargeisa	44	748	2992	2	\$19,789	\$20,670	\$19,980	1:0.97
SOWRAG	Hargeisa	38	659	3052	2	\$12,612	\$13,267	\$14,218	1:1.27
SOYDAVO	Buroa	54	870	2754	2	\$9,862	\$10,498	\$8,670	1:0.83
TASCO	Buroa	54	815	4890	2	\$18,250	\$12,570	\$10,800	1:0.86
WORDA	Hargeisa	36	348	1998	2	\$18,250	\$12,570	\$10,800	1:0.86
WAAPO	Hargeisa	48	790	3980	2	\$12,280	\$12,490	\$11,980	1:09.56
Total		497	8249	40486	22	\$183,359	\$178,608	\$166,356	1:0.90



In Pictures 2015

NAFIS in high level meetings, trainings and workshops on Female Genital Mutilation



Photo: Seated third from the left, Amina Milgo (NAFIS Network board chairperson) during an international conference of alliance associations advocating for the programme of action on Population and Development beyond 2014 in Amman / Jordan 10 June/2015



Photo: SHG national coordinators meeting in Ethiopia, 27th November 2015



Photo: Anti-FGM Stakeholders forum meeting in Uganda on 4th December 2015



Photo: Workshop participants during a monitoring and evaluation training facilitated by ISF in November 2015



Photo: Completion Ceremony of CCE Workshop in Hargeisa, Somaliland on 16th December 2015



Photo: Launching of FGM Research on the prevalence, perception and attitude of FGM in Somaliland, 29th January 2015



Photo: Participants during child protection training in Hargeisa, 2nd April 2015



Photo: Safety net exercise during a child protection training in Hargeisa, 2nd April 2015



Photo: A national coordination meeting in Hargeisa, 16th December 2015



Photo: A Consultative dialogue meeting in Burao, October 2015



Photo: Empowering women economically Through the Self Help Group approach in Hargeisa, 16th June 2015



Photo: Inter-generational dialogue meeting in Hargeisa on 15th November 2015



Photo NAFIS chairperson Ms.Amina Participated on 59th session of the Commission on the Status of Women (CSW) in New York March 1) 2015)



Photo: A Self Help Group Approach session in Ethiopia during an exposure visit on 10th February 2015



Photo: Anti FGM actors during the international Day of Zero Tolerance to FGM Celebration on 6th February 2015



Photo: Anti FGM actors during the international Day of Zero Tolerance to FGM Celebration on 6th February 2015

Working With NAFIS: Donors' Messages

05

Over the years, NAFIS Network has been implementing projects with the financial and technical support from different donors. These are messages from the donors stating their experience while working with NAFIS.

I am pleased and honored to write a foreword about the success made by NAFIS and its member organizations in 2015.

To promote the abandonment of FGM/C, coordinated and systematic efforts are needed, and they must engage whole communities and focus on human rights and gender equality. These efforts should emphasize societal dialogue and the empowerment of communities to act collectively to end the practice. Since it was founded a few years ago NAFIS has significantly addressed the gap that had existed for many years with regard to lack of coordination among anti-FGM/C actors in Somaliland.

NAFIS, jointly with more than 20 member organizations, lead activities to accelerate the abandonment of FGM/C. On behalf of Kindernothilfe, Germany I thank the team of NAFIS for their incredible work. Together we are making progress towards the end of FGM and fulfilling our vision of a world where every girl and woman lives free from FGM/C.

Asia Abdulkadir
Country Coordinator, Kindernothilfe,
(Germany)

"...In 2016, International Solidarity Foundation (ISF) will start a new project in Hargeisa, Somaliland, with NAFIS network. This project was planned during the year 2015. The planning process included different analysis, trainings for the partner organization and workshops with local leaders and community members. The project aim is to enhance coordination mechanisms of Anti FGM stakeholders and creating advocacy strategy for FGM/C policy/Law"

Airi Kähärä
ISF

"...Since January 2014, UNDP Gender Equality and Women's Empowerment (GEWE) project has been working with NAFIS on prevention and response to FGM. A number of important strategic interventions were implemented with commendable achievements.

Notably, NAFIS spearheaded the Somaliland FGM prevalence study which has revealed the FGM prevalence rate of Somaliland. The study has not only proposed strategic recommendations, but also highlighted key entry points. As UNDP GEWE project manager, I had constant interaction with NAFIS about the implementation of UNDP supported project and I found the staff and the management professional, committed and passionate about their work.

Throughout the two year we were working together, NAFIS demonstrated accountability and transparency. I personally appreciate NAFIS and the staff for the excellent work they are doing for the people"

Bilal Egeh
Gender Project Manager,
UNDP

".....SSRA (Somali – Swedish Research Association), a Swedish NGO, has collaborated with NAFIS since 2011. NAFIS has a wide range of activities from central to community levels. SSRAs contribution to NAFIS is focused on the health sector. The NAFIS – SSRA project includes a number of Support Centers located at MCH clinics, where project trained midwives give counseling and medical care for women suffering from complications of FGM, if necessary referrals to higher levels for surgery. Together with care and counseling, local mobilization and awareness raising of the negative effects of FGM are vital components of the project. The outcome so far is very positive. SSRA is happy to continue our support to NAFIS for the next three years when the project will extend outreach to more inaccessible areas.

SSRA visits NAFIS at least once a year and We have frequent e-mail contact throughout the year. Our experience of NAFIS is that it has developed its

competence admirably over the years we have been in contact. For a complex and sensitive issue such as FGM, a rights-based approach is the only viable long term strategy. This approach is clear in all NAFIS documents and project plans. Implementing a rights-based strategy is a matter of context and timing, which NAFIS seems to handle with great competence. Equally, NAFIS management capacity seems to have kept up very well with it expanding responsibilities and activities".

Annika Johansson
SSRA coordinator,
SSRA-NAFIS collaboration
(Stockholm)

06

Challenges Faced And Lessons Learnt NAFIS

Challenges NAFIS faced in 2015

- FGM is firmly founded on cultural and religious beliefs and the main driving factor for circumcisers to perform FGM is financial reasons
- There is lack of consensus to Zero tolerance to all forms of FGM by religious leaders. Some of them support the practice of the Sunna type of FGM
- Varied opinions on Zero Tolerance to all forms of FGM/C between government institutions showing weak political will to endorse Anti-FGM policy and law
 - Lack of clear understanding regarding the differences between the Sunna and pharaonic type of FGM among mothers who assert their daughters are undergoing the 'Sunna' type of FGM yet their
- description still fits within the category of the infibulation type of FGM
 - Conflicting media messages regarding FGM abandonment from different FGM stakeholders

Lessons Learnt

- Eradication of FGM/C requires a multi-sectoral approach and all key stakeholders play vital roles in influencing communities to abandon the harmful practice
- Religious leaders need more dialogue meetings and trainings on FGM/C to reach to consensus of zero tolerance to all forms of FGM/C
- Developing and using strong advocacy strategies can push for enactment of Anti-FGM policies and laws to criminalize the practice of FGM and punish perpetrators
- Provision of alternative means of income to FGM/C circumcisers might prove effective in reducing the practice of FGM/C and lead towards total abandonment
- Concerted efforts of interventions among the anti-FGM/C partners is required
- Raising more awareness to the communities is key towards change of perception, attitude and practice and the recently developed 12 champions model of change can be an effective strategy of raising awareness and can also be used as a bottom to top approach that can each to enactment of Anti-FGM policies and law

07

Planned Activities For 2016

The activities planned for the year 2016, are based on the recently developed NAFIS strategic plan 2016-2018

The activities for the year 2016 fall under the following themes, objectives and strategies:

Theme 1: NAFIS Development and Growth **Objective 1: To strengthen the organizational capacity of NAFIS**

Strategy 1.1: Build operational and technical capacity of NAFIS

Activities: Conduct training needs assessment for NAFIS staff and provide training and skills development for at least three staff & review the efficiency of administrative, human resource policy, procurement policy, transport policy, and financial policy and implement the recommendations made.

Strategy 1.2: Build a well-structured and sustainable Network

Activities: Continue implementing activities as per the organization structure and hold planning meetings with the member organizations to ensure they are well acquainted with their roles and responsibilities; Continue holding coordination meetings with the line ministries and involve all key stakeholders to avoid duplication of activities; Continue securing funding from a variety of sources and seek funding from at least two more donors to support new NAFIS programs such as The Twelve Champions Program.

Strategy 1.3: Strengthen the capacity of member organizations

Activities: Continue providing technical support to build the capacity of member organizations on “leading change”; Continue conducting capacity building trainings for member organizations on models of

eradicating FGM such as conduct a training on “the twelve champions model for change” **Strategy 1.4: Establish an effective monitoring and evaluation system**

Activities: Review monitoring and evaluation system, orient the staff to use the system and continue maintaining an effective documentation and sharing of lessons learnt

Theme 2: Girls and women protection

Objective 2: To increase prevention and empowerment of women, girls and communities against FGM

Strategy 2.1: Implement the Twelve Champions Model of change program

Activities: Establish the Twelve Champions model of change committee of 6 key people and hold monthly meetings; Conduct the twelve champions model of change program in the six regions of Somaliland

Strategy 2.2: Implement the Self Help Group program

Activities: Strengthen the Self Help Group Project in the two regions of Somaliland and explore to initiate a SHG project in one more region;

Strategy 2.3: Implement the women empowerment interventions

Activities: Continue implementing the women empowerment interventions

Strategy 2.4: Implement inter-generational dialogue program

Activities: Continue implementing the intergenerational dialogues in the six regions of Somaliland

Strategy 2.5: Raise awareness through debates and the media programs

Activities: Continue raising awareness using media means: Radio, TV, NAFIS newsletter and NAFIS website

Strategy 2.6: Implement Sexual and Gender Based Violence trainings

Activities: Continue implementing Sexual and Gender Based Violence trainings to the key FGM/C actors in all the regions of Somaliland.

Theme 3: Policy framework

Objective 3: To promote stronger protection mechanisms for girls and women at risk of FGM/C Strategy 3.1: Hold coordination and networking meetings for key stakeholders

Activities: Continue advocating and lobbying for enactment of FGM policy with Key stakeholders; Hold national and regional coordination and networking meetings with key stakeholders; Hold monthly meetings with key stakeholders

Theme 4: Support of FGM victims, Survivors and girls at risk

Objective 4: To promote provision of better comprehensive services to women and girls at risk of FGM/C to FGM survivors and victims of FGM/C Strategy 4.1: Promote provision of better comprehensive services to women and girls at risk of FGM/C to FGM survivors and victims of FGM/C

Activities: Collaborate with the Ministry of Health to conduct a training needs assessment for health workers on FGM management and collaborate with health professional associations to conduct the trainings to %10 of the health care workers in two regions; Continue providing technical and financial support to the FGM support centres in Hargeisa, Burao and Borama and open another center in one more region; Work closely with the ministry of health and health professional associations to assess the referral pathways of FGM victims and improve the referral systems

Theme 5: Partnership and Collaboration

Objective 5: To build partnership and collaboration with organizations and bodies involved with FGM eradication in the continent and abroad

Strategy 5.1 **Build partnership and collaboration with organizations and bodies involved with FGM programs in the continent and abroad**

Activities: NAFIS to participate in one study tour to one country in the continent to share good practices; Facilitate a visit by at-least one organization or body in the continent to share good practices with NAFIS and member organizations; Continue Strengthening & developing new partnerships with local (1) and international organizations (1)

Theme 6: Research and Development

Objective 6: To increase the understanding of FGM and eradication interventions in Somaliland

Strategy 6.1: Establish a research unit in NAFIS and build the technical capacity, systems and equipment for research activities

Activities: Develop the operational framework and themes for the research program and establish NAFIS Research Committee; Build the capacity of the research coordinator in qualitative and quantitative research through a mentor with vast experience in FGM studies; Develop a tool for collection and dissemination of promising practices in FGM eradication in collaboration with member organizations and partners involved with FGM eradication programs

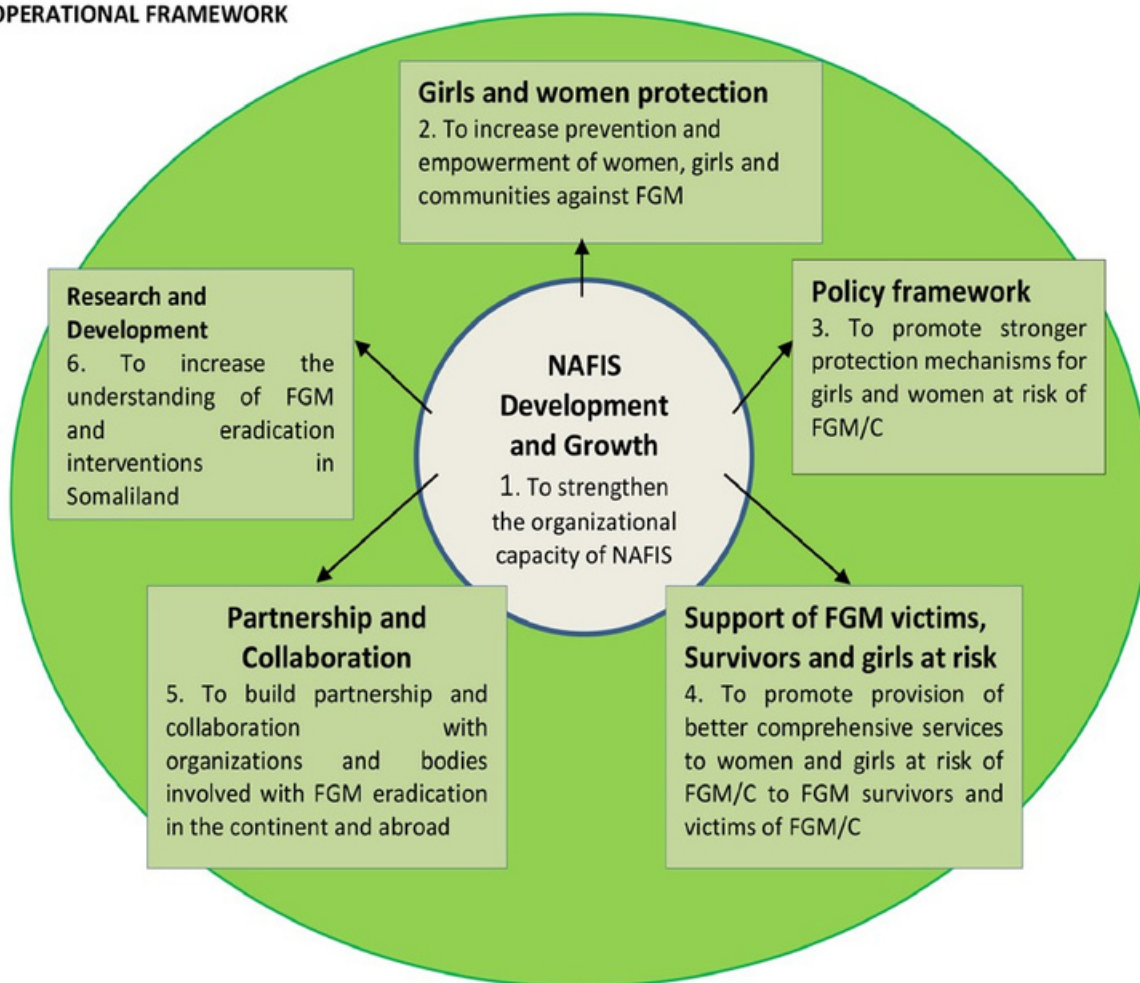
Strategy 6.2: Conduct FGM related research studies and disseminate the findings to inform all stakeholders

Activities: Develop two research proposals on FGM (Interventional studies) to be reviewed for approval by the NAFIS research committee; Seek for ethical approval and conduct two research studies on FGM (Interventional studies); Disseminate the findings to all stakeholders and develop an action plan on how to implement the recommendations

Strategy 6.3: Promote publication of FGM research studies in local and international journals and presentation of the studies in local and global conferences

Activities: Establish and sustain partnerships with at least one academic or research institutions involved with FGM studies in the country; Establish and sustain partnerships with at least one academic or research institutions involved with FGM studies in the continent and abroad; Publish at least 2 FGM research studies in the national and international journals; Apply for at least 4 grants for FGM research available internationally and secure the funds

NAFIS OPERATIONAL FRAMEWORK



08

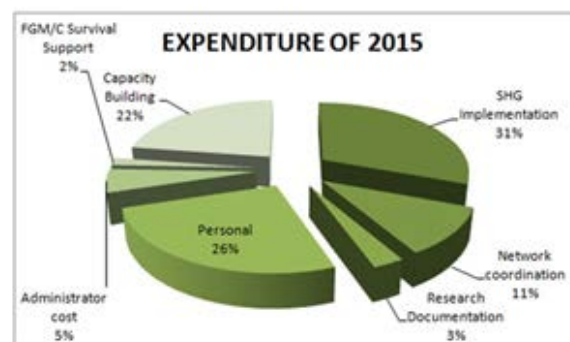
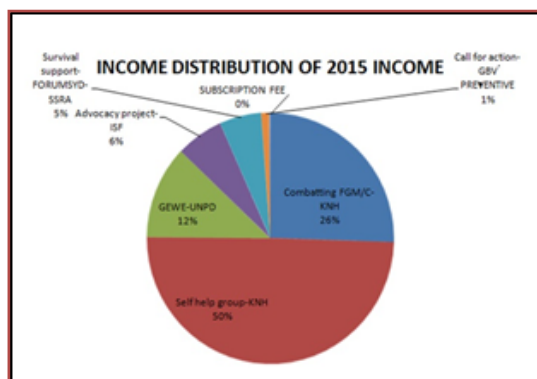
Summary Of Financial Report

INCOME DISTRIBUTION OF 2015

FUNDING AGENCY	INCOME	%
Combating FGM/C-KNH	\$120,587.00	\$25.54
Self-help group-KNH	\$234,163.72	\$49.60
GEWE-UNPD	\$56,539.00	\$11.98
Advocacy project-ISF	\$29,400.00	\$6.23
Survival support-FORUMSYD-SSRA	\$25,853.49	\$5.48
Call for action- GBV PREVENTIVE	\$5,000.00	\$1.06
SUBSCRIPTION FEE	\$550.00	\$0.12
TOTAL INCOME	\$472,093.21	\$100.00

EXPENDITURE OF 2015

Breakdown Exdutuire	INCOME	%
SHG Implementation	\$ 132,000.00	30.67
Network coordination	\$ 46,540.04	10.81
Research Documentation	\$ 12,420.00	2.89
Personal	111,486.30	25.91
Administrator cost	\$ 23,074.60	5.36
FGM/C Survival Support	\$ 7,432.64	1.73
Capacity Building	97,405.15	22.63
TOTAL Expenditure	\$ 430,358.73	100.00



The Audit Certification

We have audited the abovementioned Financial Statements of NAFIS NETWORK AGAINST FGM for the year from 1st January 2015 to 31st December 2015. The financial reporting framework that has been applied in their preparation is applicable International Accounting Standards (AIS) and Generally Accepted Accounting Principles (GAAP) and International Financial Reporting Standards (IFRS).

Our Opinion

In our opinion and to the best of our information, records, books and documents given to us, NAFIS's financial reports relating to the abovementioned project and its period are on compliance and give a true and fair view in conformity with donors' requirements and terms of the agreement and applicable laws and regulations. Therefore, in our opinion we give an UNQUALIFIED OPINION for audit assurance and the amounts in the financial statements show accurate and correct in accordance with the grants and project receipts funded by various donors and disbursements in all material respects during the period. It is also our opinion that business processes and internal controls have been established, supporting documents that the transactions covered by the project accounts comply with the appropriations grants, statutes, other regulations, agreements and usual practice.

Audit Conclusions:

Our audit inspection and observations has been very satisfactory and we examined all documents relating to the financial Activities including the fixed asset register.

International Auditing Standards (IAS 240) requires that we plan and perform the audit to obtain reasonable assurance whether the financial reports are free of material misstatements. Our audit observation also includes examining on test basis of original documents and evidence of supporting documents with the expenditures amounts in the financial reports.

We therefore conclude in accordance with the Generally Accepted Accounting Principles (GAAP) issued by the International Federation of Accountants (IFAC) these financial statements give a true and fair view of the state of affairs and of its surplus or deficit for financial statement are free from misstatements and irregularities.

Finally, during the audit inspection, we did not encounter any fraud, misused and deception of the financial statement. We congratulate the Director and his finance team to the fantastic work and financial plan they perform and we advice them to implement our recommendations to continue the good work and improving the financial reporting systems for the Organisation.



Date: 4th February 2016

Musa NOOR (BA HONES, IFA, CIPIA, CPA, MAAT, MACIE, ACCA, PGD)
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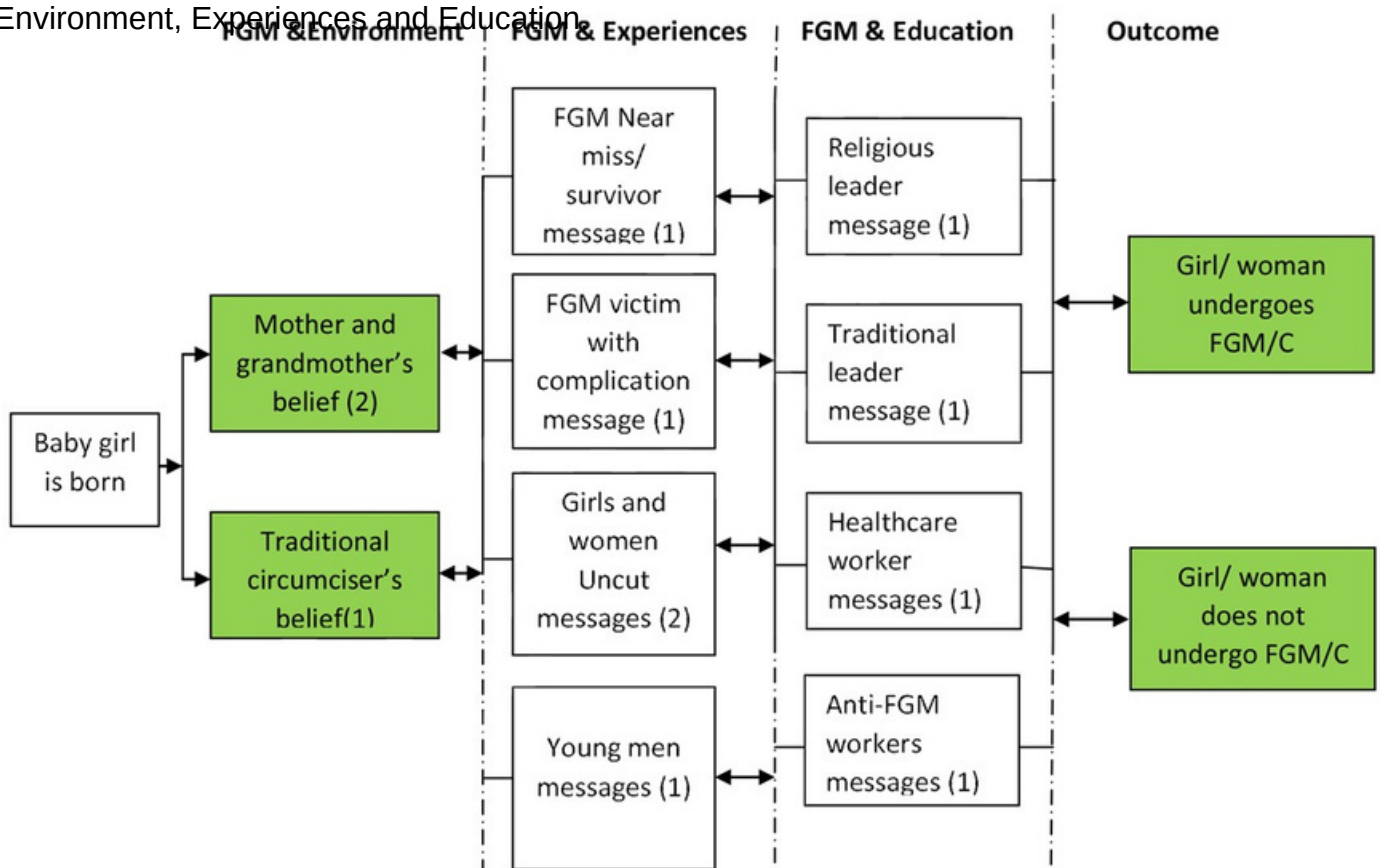




The twelve champions' model for change¹

"FGM eradication model: "The twelve champions' model for

The twelve champions' model for change is a bottom to top approach theory which assumes that a collective decision made by several communities to stop FGM might be a significant strategy towards FGM abandonment as well as motivate the government to endorse a zero tolerance policy to all forms of FGM. The model is grounded on three key factors influencing the practice of FGM: Environment, Experiences and Education.



Birth of a baby girl-----

>Probability of FGM The twelve champions' model for change was operationalized into a well-structured and organized program with activities that will be implemented by a group of 12 key figures per month in each of the six regions to eradicate FGM practice in Somaliland.

The primary goal of the twelve champions program will be to build the numbers of the uncut girls and FGM near misses/survivors to at least 1944 and reach out through face to face awareness sessions to at least

NAFIS Member Organization

Acronyms	Name
AWODA	Ayaan Women Development Association
AWVO	Alkawnin Voluntary Organization
BVO	Barwaqo Voluntary Organization
CCBRS	Comprehensive community Based Rehabilitation in Somaliland
CLHE	Candlelight for health and education
HAN	Somaliland women & children disability
HAVOYOCO	Horn of Africa voluntary youth committee
SONYO	Somaliland National Youth Organization
SOWRAG	Somaliland women and Research Action Group
SOYONDA	Somaliland Youth and development Association
SRCS	Somaliland Red cross society
TASCO	Taakulo Somaliland Community
USWO	Ubox social welfare organization
VOSOMWO	Voice of Somaliland minority Women
WAIG	Women interaction Group
WARSAN	Women Action for Rights and Safety Network
WOHEDO	Women health education development organization
WORDA	Women Rehabilitation & development Association
TAWAKAL	TAWAKAL Women Organization
SOHEADA	Somaliland Health Education Environment Agriculture Development Association



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