



NAFIS NETWORK

# ANNUAL REPORT

2014

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## Network Against FGM in Somaliland



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## 1. Word of the Network Director

NAFIS witnessed tremendous achievements in its campaign against Female Genital Mutilation/Cutting (FGM/C) in Somaliland. In order to enhance complementarity of activities, NAFIS has organized a series of coordination meetings for organizations engaged in the fight against FGM/C at regional and national levels. This has greatly enhanced networking and collaboration among role players leading to a synergy of meaningful interventions that yielded positive results. The network has also created good working relations with main line ministries like the Ministry of Labor & Social Affairs, Ministry of Endowment & Religious Affairs and Ministry of Health and parliament.

In collaboration with member organizations, NAFIS conducted advocacy meetings with law makers on the need for initiating anti-FGM/C act which is an indispensable tool for FGM/C eradication campaign in Somaliland. Moreover, NAFIS has successfully delivered capacity building trainings to its member organizations so that they would become professionally capable of designing and executing ant-FGM/C interventions.

We could not have made such achievements without financial support from our funding agencies like Kindernothilfe (KNH), UNDP, Forum SYD, SSRA. We are greatly indebted to these funding agencies for the continued assistance which made it possible for NAFIS to coordinate and lead national anti-FGM campaign in Somaliland.

Sincerely

Abdirahman Osman Gaas

Network Director



## 2. Background

Network against FGM/C in Somaliland (NAFIS), is a non-political, non-governmental network. NAFIS was established in late 2006 in Hargeisa by a number of local NGOs working towards the eradication of FGM/C. Currently, NAFIS has a membership of 20 organizations operating in all the regions of Somaliland. As the only nationwide network of its kind, the main purpose of NAFIS is to combat all forms of FGM/C in Somaliland through coordination and networking, policy framework, research and documentation, capacity building for they key stakeholders and media awareness.

### **NAFIS was established to:**

Coordinate all the FGM/C efforts carried out by local and international NGOs and government institutions.

Act as policy framework/lobby and advocacy strategies as national level.

Build the capacity gabs of members and other key stakeholder, to effectively and smoothly implement their interventions.

Build information base including detailed reports about the female genital mutilation.

### **NAFIS Goal:**

“Vulnerable and marginalized people, especially women and girls, will have greater influence on decisions and policies which affect their lives in order to reduce their vulnerability and risk to FGM/C “

### **NAFIS Vision**

“NAFIS envision a society where all forms of violence against women and girls are eliminated”.

*This is our dream...and... We envisage to work towards achieving this dream...NAFIS would like to realize a country where women and girls are free from violence and painful practices. NAFIS endeavors to empower marginalized groups like women to participate in decisions affecting their lives and have united stand against GBV, especially FGM/C.*

### **Our Mission**

“Striving to achieve total eradication of FGM/C through advocacy and lobbying, Coordination, information sharing and capacity building of stakeholders”.

*Only when people (women & girls) with whom NAFIS works can make important choices about their personal, economic, social or political future can they transform their lives...for the better and in a sustainable way. In other words...since we work with marginalized groups, it is only when they manage their own lives that there can be meaningful positive change and improved quality of life and in a sustainable manner*



### 3. Awareness raising on SGBV & FGM/C

Behaviour change communication is of paramount importance for elimination of female genital mutilation FGM/C and sexual gender based violence SGBV. To this end, NAFIS carried out a range of activities geared towards raising the awareness of the general public about far-reaching negative implication of SGBV/FGM on human rights, health, and psychosocial wellbeing of survivors. Some of the core interventions implemented by NAFIS are as following:

#### 3.1. Sexual Gender Based Violence

In order to build the capacity of the local community to participate in campaigns addressing FGM/SGBV, thirty youth representatives were selected from three IDP camps namely Mohamed Moge, Akara and Sheik Nour in Hargeisa. Then they were trained as youth peer educators through provision of TOT on SGBV and community mobilization activities. Consequently, this has created a sense of ownership in targeted communities and led them to have active participation in awareness raising activities.

The trained peer youth educators facilitated fifteen speak-out sessions on SGBV/FGM which primarily centered on domestic violence, FGM/C, rape and child neglect. Additionally, nine inter-generational dialogues meetings have been conducted in each IDP camp.

**Table 1: number of persons reached through speak-out sessions**

Location	# of speak out session	# of persons reached	Total
		Female	Male
<b>Akara IDP</b>	5 sessions	119	170
<b>Sheik Nour IDP</b>	5 sessions	115	79
<b>M. Moge IDP</b>	5 sessions	109	131
			<b>343 380 723</b>

**Table 2 : Inter-generational dialogue meetings on SGBV/FGM**

Location	# of dialogue meetings	# of persons reached	Total
		Female	Male
<b>M. Mooge</b>	3 meetings	29	46
<b>Sheik Nour</b>	3 meetings	42	33
<b>Akara</b>	3 meetings	31	44
			<b>102 123 225</b>

### **3.2. TV Spot Message**

Since use of mass media is an indispensable vehicle for reaching the general public, NAFIS developed TV and radio spot messages carrying sensitization messages on portraying FGM as an old traditional practice that has no roots in Islam and causes serious health and psychosocial effects on human. Furthermore, these messages which were aired through Somaliland National TV and Radio Hargeisa persuaded local community to abandon FGM in order to end its adverse consequences.

### **3.3. NAFIS Newsletter**

At the planning phase of 2014 activities NAFIS and KNH identified the great need of newsletter to sensitize the different stakeholders and present ongoing efforts among this issue. Therefore NAFIS published two issues which were written in Somali and English during this year (2014). The newsletters have been disseminated to the stakeholders in all regions of Somaliland and also through mail circulations.

## **4. Capacity building**

Provision of capacity building to its member organizations is one of the main programmatic interventions of NAFIS. In regard, an array of capacity building trainings on an array of subjects have been organized and delivered to member organization as elaborated below.

### **4.1. Child protection training module 1**

With financial, material and facilitation assistance from KNH, a capacity building training on child protection was provided to the organizations implementing SHG program and KNH partners in May, 2014. During the training, participants have been exposed to international human rights instruments on child protection and they can be domesticating in the context of Somaliland. In addition to that, participants were introduced to diverse forms of abuse, exploitation and maltreatments perpetrated



against children. Responsive mechanisms to these violations against the child also have been explored during the training.

The participants were enabled them to assess their situation, status in respect to protection of children from harm and also appreciate the importance of having child protection policy (CPP) for their organization. The different sessions such as cultural and legal framework, types of abuses, risk analysis, preventive strategies, case management, etc were so helpful. The partners understood the process of elaborating CPP with the



involvement of children and other stakeholders. According to the participants, identification of child protection risks and management, self-Audit tool, case management System, preventive strategies such as human resources, standards for communication, guideline for partners and Code of Conduct for staffs were very relevant.

Moreover, at the conclusion of the training they have developed their action plans in order to translate child protection policies training into implementable strategies with clear timelines. After six months of technical support by the KNH national trainer on child protection, the organizations developed their respective child protection policies.

#### **4.2. Fundraising Training**

To strength the fundraising skills and capacity of member organizations, NAFIS has conducted two days fundraising skills training for its member organizations. Twenty five representatives from member organizations were given knowledge and skills in fundraising. After the training some of trained organization secured funds from International





organizations. This will contribute to both financial and institutional sustainability of member organizations so that will be able to continue anti-FGM/C activities effectively.

### **4.3. Confidentiality and Safety Training for None FGM/C Girls**

NAFIS organized a three days training workshop on confidentiality and safety (none FGM girls) for 25 participants from NAFIS member organizations. The purpose of the training was to improve their capacity and have common position in untouched girls by keeping their confidentiality and other hand using them as role models. During the training the participants shared many ideas and cases that they met in the field.

In conclusion the participants appreciated the training and stated that it was useful and include their activities in fight against FGM. .



### **4.4. Gender Based Violence Management Information System Training**

In order to get reliable data that will inform campaigns against gender based violence carried by member organization, NAFIS organized and delivered 2 days training on GBV violence management information system to its member organizations. The training is designed also to enhance information sharing and networking mechanism between NAFIS and its member organizations. Representative from all regions were invited to participate in the training. Thanks to the training, member organizations acquired knowledge & skills and enabled to apply GBVMIS to their work.



#### **4.5. Exposure Visit of NC to Ethiopia and Malawi**

Somaliland Self-help Group (SHG) National Coordinator Abdirisak Mohamed paid <sup>st</sup> exposure visit to Ethiopia from 31 January to 10 February 2014. The Visit was organized by Consortium of SHG promoters (**CoSAP**) in Ethiopia. The objective of the Visit was to have in-depth understanding and knowledge of how the SHG approach has worked in Ethiopia. During the visit of NC with accompanied by CoSAP project coordinator visited three main capital cities like Adis Ababa, Nazareth and Jigjiga.



During the visit of these three locations with had different meetings with 4 SHG groups & 2 CLA office reflections in Jigjiga, one SHG & office reflection sessions and debriefing session with CoSAP team with present of Sinafikish (KNH, country coordinator in Ethiopia).

SHG Coordinator participated in National Coordinator's Meeting/Worshop held in Blantyre Malawi from 25 May-03 June, followed by visit to SHGs and CLA's in Malawi. The National Coordinators on same continent (e.g. Africa, Asia and Latin America) normally meet once every year for a week. Thus 11 National Coordinators from 11 African countries and 2 countries from Latin America Haiti and Jamaica attended the meeting. At these meetings, a lot of sharing of experiences and learning together took place. Representatives from Kindernothilfe are present at these yearly meetings and the discussions often inspire modifications to the approach.

#### **4.6. SHG Refresher Training for POs and CFs:**

SHG Refresher Training for project officers and community facilitators from promoting organizations where conducted in Hargeisa from 16 to 20 August <sup>thth</sup> 2013, 33 representatives from the promoters

attended the training. The main objectives were the main objectives of this training are to refresh the SHG concept, to share experience & find solutions for



challenges on the formation & management of SHG.

The training was facilitated by Sinafikish from Ethiopia with help of SHG Coordinator and it was interactive and participatory methodology.

## 5. Coordination and networking

NAFIS plays an effective role in networking and coordination in the field of FGM not only among its member organization but also among the wider actors in the field. Coordination meetings at national and regional levels which provide a forum of information exchange and experience for stakeholders are organized by NAFIS. In the year 2014, five regional coordination meetings were conducted and in collaboration with Ministry of Labour & Social Affairs (MoLSA) nine monthly coordination meetings were held in Hargeisa.

Furthermore, two national coordination meetings have been conducted. During the national coordination meeting, achievements, challenges and opportunities in relation to FGM are discussed at national level and with broader participation; key Ministries and relevant actors like sheikhs, doctors and legislative bodies and civil society organization were participated in the national coordination meeting. It is very important to underscore that debate on Islam and FGM featured in discussion.



Apart from the religious leaders all other actors' belief zero tolerance of all forms of FGM/C and this debate seems to have its shape in the coming years.

The regional, monthly and national coordination meeting resulted in enhanced networking and collaboration among role players leading to a synergy of meaningful interventions that will yield gradual positive results with the time. NAFIS as coordination body is well-positioned to enhance complementarities of interventions by diverse actors so that FGM is effectively addressed from the pedestal of concerted efforts.



## 6. Advocacy and lobbying

Developing a legal and policy framework against FGM is very essential for FGM eradication campaign in Somaliland, Hence, NAFIS has implemented advocacy and lobbying meetings targeting key policy makers and influential groups like members of the parliament, religious leaders and ministries in order to raise their awareness and bring them at the forefront of the campaign against FGM/C.

The PMs had little awareness about FGM. since religious leaders are not united on the elimination of all type of FGM, the MPs were not receptive to the initiation of anti FGM act without prior consensus between all or the majority of the religious leaders.

This is indicative of the need for continuing advocacy campaigns so that religious leaders and PMs are transformed into active change agents in the campaign against FGM/C in Somaliland.



### 6.1. Dialogue meetings with religious Leaders

In Somaliland context, one of the drawbacks of religious approach is that clerics are apparently divided over the legitimacy of FGM in Islam. Certain clerks of Shafi'i School of jurisprudence assert that the practice of female circumcision is substantiated by some Islamic sources or Hadiths whereas such argument is discredited by other leading Muslim scholars who view religious sources cited by the proponents of the FGM as unauthentic ones. As a result the apparent opposing views held by clerks on the issue of FGM/C make it very difficult for the Ministry of Endowment & Islamic Affairs to publicly declare FGM/C as un-Islamic practice.



In collaboration with Ministry of Endowment and Islamic Affairs, NAFIS organized a dialogue meeting for religious leaders in December 2014. the aim of the meeting was help religious leaders discuss FGM and come up with a common stance towards FGM abandonment in Somaliland. The honourable minister of the Ministry Ministry of Endowment and Islamic Affairs presided over the meeting. Religious leaders discussed breaking the silence by speaking out publicly against though some of them regarded it as

an advanced move and preferred not to do so until a consensus between the religious leaders is reached.

## 7. Support Centers for FGM/C Survivors

NAFIS established three FGM/C victim support centers in Hargeisa, Borama and Burao and hired 6 qualified counselors to support the survivors of FGM/C.

Support Centers Provides:

- Daily counseling for FGM/C survivors

- General health education to antenatal, postnatal and OPD patients

- Offers necessary care for patients with FGM/C complications

- Referrals and documentation of FGM/C affected cases to the appropriate health service facilities

- Door to door counseling to the project Target areas (Dami IDP in Hargeisa, Sheikh Osman IDP in Borama and Farah Omar in Burao).

- Information collection and case findings

- Provide extra treatments for the poorest survivors

**Table 3 : Support Centers Beneficiaries:**

No Direct Beneficiaries	Beneficiaries	Total
<b>1</b> Number of Visitors given Counseling	1819	1819
<b>2</b> Number of survivors given referral to the service providers (Gargaar Hospital, Al Hayat Hospital and Burao Genaral Hospital and Magan Hospital)	102	102
<b>3</b> Number of poor victims referred and supported in medicalization	5	5
<b>4</b> Number of families visited during the door to door outreach awareness <b>5</b>	993	993
Number of monthly group discussions	280	280
<b>Total</b>	<b>3199</b>	<b>2461</b>



## 8. Community Based FGM/C Prevention through Drought Mitigation interventions

The Integrated Social Development Approach has a comparative advantage as awareness raising activity and activity addressing livelihood needs are done in parallel. One of the lessons learned from previous FGM awareness interventions is the fact that local communities in remote rural areas have such pressing livelihood problems that they may not be receptive to FGM campaigns. However, they are more likely to internalise awareness raising message if it is part and parcel of development projects addressing their prioritized felt needs. Therefore, in collaboration with its member organizations, NAFIS implemented drought mitigation activities ranging from awareness raising on water-borne and communicable diseases, provision of water purification tablets, trainings in water harvesting, nutrition and farming practices.

### 8.1. *Health awareness on communicable diseases*

Awareness raising on water and sanitation has been conducted in Toon and Sharmarke villages in Marodijeh region; four hundred persons from the local communities were sensitised to water and sanitation. Additionally, two hundred persons have been trained in water-borne diseases. It is also mentioning that 2600 buckets containing tablets for water treatment were distributed to the local community.

In the meantime, local communities were given inter-active sensitization sessions on FGM/C and its negative complications in order to empower them to take decisions to abandon the practice of FGM/C.



### 8.2. *Water harvesting & water treatment*

Community members in Darasalam and Baliga-Cas villages benefited equally from all implemented activities. Around 500 household in both villages directly or indirectly benefited from water sanitation and hygiene activities.



Likewise, around 2000 children living there also benefited. In addition, the organizations distributed water Jerry-cans and water purification tablets for fifty (50) poor families in both villages.

During the follow up and monitoring the beneficiaries affirmed their acknowledgement and appreciation about these interventions and they also agreed to abandon FGM/C.

### **8.3. Farming skills and seeds distribution for agro-pastoral communities**

In Bender-wanag and Bali Ahmed 40 farmers were given training to enhance their skills of good farming practices, 40 tractor plough hours have been given for 20 farms, gathering 40 women on FGM session, to explain to them FGM complications particularly the long terms problem such fistula, cysts, tumors etc. IEC materials were also distributed.



### **8.4. Nutritional skills for poor families Burao IDPs**

In Sheikh Ali Hussein and KOSAR IDPs in Burao 100 people from different households benefited from five trainings which were about local food nutrition skills training to improve and enhance IDPs community understanding of local food preparation so they can give their children and family highly nutritious food with affordable price.



## **9. Research and documentation**

Lack of reliable data on prevalence of FGM/C as well as attitudes and behaviour of the population was hardly available; this had negative implication on programming of campaigns against FGM/C in Somaliland. Hence, to fill the void, NAFIS commissioned a nationwide research on prevalence, perception and attitude of FGM/C in all six (6) regions of Somaliland. The final report has been produced, validated and disseminated to the stakeholders. Here is the summary of the major findings:

On the **prevalence**, out of 1,986 women interviewed, the rate of FGM/C was 99.8%. 4 (0.2%) of the women from urban areas were not cut. The study shows that rural/pastoral circumcision stands at 100%. The average FGM/C performance age is eight years. Pharaonic type is performed at 82.3% in rural areas while 80.7% in urban areas. Sunna circumcision is not clearly understood by the respondents. In rural areas, 99.5% of cutting is done by the traditional circumcisers while at 95.7% in urban areas. In this study, 2/3 of the women support Sunna to be performed in the health facilities for their daughters. The study further established that the mothers are the ones who lead the decision for cutting their daughters, at 75% in the rural and 68% in the urban. Both parents decision is 19% in the rural and 14% in the urban. In both set ups fathers only make decision at 2%.

FGM/C is **perceived** by the community to be performed as a fulfilment of Islamic religious requirement as found at 20% and cultural obligation at 66%. It is a good practice that enhances marriage perspectives; protect girls from rape and immoral behaviour and “increase husbands’ pleasure”, wanting to save their daughters and the family from insults and discrimination within the community. Family and the opinion leaders of the community especially of religious leaders influence the need to perform FGM/C.

The study established that there had been allot of awareness created through civil

society

organizations; urban community was well informed about FGM/C and its impacts to the females but not rural community: the health providers also lacked training and guidelines on the ~~management~~ of FGM/C complications, concerted efforts of interventions among the partners was also missing.

As per **future trends**, 90.5% of people interviewed think it is impossible to eradicate the practice. They were perplexed by the idea of untouched women. Results indicate a positive perspective where 90.5% of the women interviewed at MCHCs wanted their daughters to be cut while 9.3% have decided to abandon FGM/C. Some of the religious leaders interviewed admitted their daughters were not cut. This indicates a positive acceptance and change in the NAFIS Network interventions towards FGM/C abandonment with 90% of mothers also accepting Sunna type of FGM/C from the pharaonic type. Majority of the youths also wants FGM/C eradicated.

## 10. Self-Help Group (SHG) Approach



**The self-help approach (SHG)** is a successful instrument for combating poverty in a sustainable way.

It empowers the very poor, the majority being women, socially, economically and politically

Empowering them to live a life of dignity with their children in the community.

The Self Help Group approach is based on 2 basic principles:

1. Every human being has tremendous, Allah-given potential. This hidden potential in the poor can be unleashed if the right environment is provided.

Society has pushed certain sections of her people to the Margin saying that they are “No good”. These vulnerable and marginalized sections slowly accept and internalize the state they are thrown into. The SHG process helps them question this state and come out of it step by step.

2. As an individual the poor are voiceless, powerless and vulnerable. By bringing them together as a homogenous collective aware of their rights, they have tremendous strength.

The SHG approach is all about rebuilding strong and homogenous communities thereby bringing people together and empowering them. “Value systems” that were broken and abandoned are systematically restored in the community.

### **Three Levels of SHG Approach:**

**Level 1” Self-Help Group (SHG):** Self Help Groups are made up of 15 to 20 members. They regularly meet weekly and save and give loan within the group for business. They also support each.

**Level 2” Cluster Level Association (CLA):** CLA is network of SHGs. CLA does forming and strengthening for SHG groups, Address social issues; establish value system in the community mobilizing resources and services (need based).

**Level 3” Federation**

When there are more than 10 strong Cluster Level Associations a Federation can be formed.

The federation has the following roles including take over from the promoting NGO and build a strong People’s Institution, provide need based services to the community and positively influence People’s thinking and polices.

SHG approach has introduced in Somaliland in the year 2013. KNH in cooperation with NAFIS Network organized 2 days orientation workshop in Hargeisa. And 42 participants from 20 Somaliland local NGOs attended the workshop in April 2013. Then 11 NGOs applied to promote SHG and became the first batch to start implementing the approach in Hargeisa and two other regions. Accordingly the first SHG training for project officers and community facilitators was conducted in October 2013. The pilot phase was from October 2013 to April 2014, and the partners were expected to establish 5 SHGs each in their respective selected operational areas.

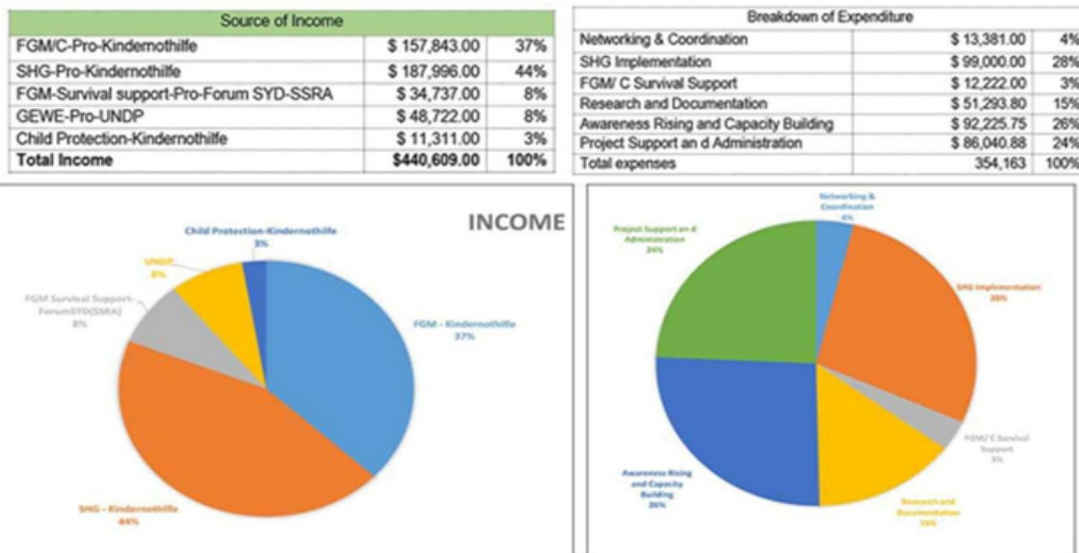
The SHG Approach is currently started in two main regions in Somaliland Marodi-Jeeh region (Hargeisa), there are 8 SHG promoting organization implementing the SHG Approach and Togdheer region( **Buroa, Beer and Yirowe**), There are 3 SHG promoters in this region.

Currently there are **251** SHGs in Somaliland (In Hargeisa there is 183 women groups while in Togdheer region 68 SHG groups).

Total Saving of All SHGs in Somaliland is **\$51503**; Total Capital is **\$56225**.



# Financial Report



## The audit certification

We have audited the financial statements of NAFIS Network for the year ended 31<sup>ST</sup> December 2014, which comprise the statement of financial activities (SOFA), the Balance sheet and related notes. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards generally accepted accounting practice (GAAP).

This report is made solely to the charitable company's members, as a body in accordance with international Accounting standards. Our audit work has been undertaken so that we might state to the charitable pony's members those matters we are required to state to them

in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than charitable company and its members as a body, for your audit work. For this report or for the opinions we have formed.

We therefore, conclude in accordance with the general accepted accounting Practice (GAAP) standers/procedures 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 this financial year and free from misstatements and irregularities.

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

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*Elite Yukay*



## NAFIS Member Organizations

#	Name	Acronym
1	Somaliland Red Crescent Society	SRCS
2	Somaliland National Youth Organization	SONYO
3	Somaliland women's Research and Action Group	SOWRAG
4	Somaliland Youth and development Association	SOYONDA
5	Somaliland Health Education Environment Agriculture Development Association	SOHEADA
6	Alkownin Women Voluntary Organization	AWVO
7	Ubax social welfare organization	USWO
8	Ayaan Women Development Association	AWODA
9	Women Action for Rights and Safety Network	WARSAN
10	Barwaaqo Voluntary Organization	BVO
11	Candlelight for Health Education and the Environment	CLHE
12	Horn of Africa voluntary youth committee	HAVOYOCO
13	Women Rehabilitation & development Association	WORDA
14	Women health education development organization	WOHEDO
15	Women interaction Group	WIAG
16	Voice of Somaliland minority Women	VOSOMWO
17	TAWAKAL Women organization	TAWAKAL
18	Somaliland women & children with Disability	Han
19	Comprehensive Community Based Rehabilitation in Somaliland	CCBRS
20	Taakulo Somaliland Community Organization	TASCO

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