



ANNUAL REPORT 2016



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TABLE OF CONTENTS

Communication from the Executive Director	02
01 NAFIS 2016 Projects	03
02 Case Stories	07
03 2016 NAFIS Achievements	08
04 2016 Picture Gallery	09
05 Challenges and Lessons Learnt	11
06 Planned Activities for 2017	12
07 NAFIS OPERATIONAL FRAMEWORK	14
08 Summary of Financial Report	15
Twelve Champions Model for Change	17
NAFIS Member organizations	18
NAFIS Core Staff	19
NAFIS Board of Directors	20



KNH Delegation visiting in SHG project sites



Communication from the Executive Director

As 2016 closes, there have been a lot of Anti-FGM/C interventions at NAFIS network which contributed immensely to abandon and outlaw this practice in Somaliland. FGM/C irreparably damages girls' bodies, inflicting excruciating pain. It causes extreme emotional trauma that can last a lifetime. It increases the risk of deadly complications during pregnancy, labor and childbirth, endangering both mother and child. It robs girls of their autonomy and violates their human rights. It reflects the low status of girls and women and reinforces gender inequality, fueling intergenerational cycles of discrimination and harm.

Despite all the progress we have made toward abolishing this violent practice, thousands of girls – many of them under the age of 15 – have been forced to undergo the practice this year alone. Sadly, they will join the almost 200 million girls and women around the world that are already living with the damage FGM causes – and whose communities are already affected by its impact but living in denial.

In 2015, the Sustainable Development Goals recognized the close connection between FGM/C, gender inequality and development – and reignited global action to end FGM by 2030.

For instance, in 2016, NAFIS facilitated different dialogues between the stakeholders to create massive voice against the practice and published several position papers to sensitize the duty bearers to understand the issue. NAFIS in collaboration with the other civil society organizations

developed anti-FGM/C advocacy strategy to accelerate outlawing this practice. NAFIS also in collaboration with Ministry of labor and social affairs reviewed, summarized and re-organized the draft anti-FGM/C policy to be ready to table to the cabinet of Ministries.

As 2017 dawns, we must demand faster action to build on this progress. That means calling on Somaliland government to enact and enforce policies and law that protect the rights of girls and women and prevent FGM/C. It means 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 appreciate our generous donors and partners: Kindernothilfe (KNH), United Nations development Program (UNDP), International Solidarity foundation (ISF), Forum SYD, Somali Swedish Research Association (SSRA), Health Poverty Action (HPA), European Union (EU), Action Aid International 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 abolishes FGM Once and for all – and in doing so, helps create a healthier, better world for all.

01 NAFIS 2016 Projects

KNH Projects

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

Self Help Group Approach
HEALTH POVERTY ACTION

Project Title: Somaliland terminating oppression against women and girls program “STOP FORUMSYD Project in partnership with SSRA

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

ISF Project

Project Title: Enhancing Coordination Mechanism of Anti-FGM stakeholders and creating advocacy strategy for Anti-FGM/C policy and law

UNDP Project

Project Title: 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 2016, 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.



THEMATIC AREA 1: Capacity Building for NAFIS member organizations and other stakeholders

- NAFIS developed twelve champions' model for change. This model assumes that a collective decision made by several community members to stop FGM/C might be significant strategy towards FGM/C abandonment as well as a motivation to the government to endorse a zero tolerance policy to all forms of FGM/C. It is grounded on three key factors; influencing the practice of FGM/C, Environment, Experiences and Education.
 - NAFIS trained 20 member organizations to familiarize them with the new model for change. The members gained knowledge from the trainings on how to implement the model in their various areas. Also Twelve Champions Model for Change implementers manual was developed and given to each of the member organizations and a follow-up training given to member organizations on how to implement the model.
 - In collaboration with the Ministry of Labor and Social Affairs NAFIS trained Anti-FGM/C Task Force composed of representatives from organizations, line ministries and FGM/C activists. They developed better understanding of all forms of FGM/C and its complications and harmonized their messaging, reporting format and ways of improving information sharing mechanisms.
 - NAFIS conducted project management, monitoring and psycho-social counselling training for NAFIS staff and staff of the FGM/C survival support centers (model centres). The aim of the training was to strengthen the capacity of the staff in the areas of project management, monitoring and psycho-social counselling. The participants learned project cycle management, project planning and activity monitoring tools , also gained knowledge about effective psycho-social counselling for FGM/C survivors.
 - NAFIS in collaboration with Ministry of Health selected 18 new Mother and Child Health centers (MCHs) named Sister MCHs, trained two health workers per MCH to give daily counseling and referral to FGM/C survivors. The participants learned the health complications, psycho-social counseling, and community awareness on FGM/C and referral mechanism of FGM/C survivors to the health complications via model support centers.
 - NAFIS developed Intergenerational dialogue guide/manual. Also trained 10 facilitators from Cluster Level Association (CLAs) of the community institutions. The results and impact of these activities are; a well elaborated intergenerational guide with local language is in place, there are 10 skilled community facilitators in all districts of Hargeisa, and the guide made Inter-generational dialogues meetings standardized and easy to facilitate.
 - NAFIS Network trained 20 parliamentarians on psychological & Health effects of FGM/C to the girls/women. At the conclusion the training parliamentarians deeply discussed the need of outlawing this harmful practice, particularly the upper-house members suggested taking the lead since this issue is related to culture and religion. The training and ensued commitment from the parliamentarians showed that they are committed to pass anti-FGM/C law.
 - The Self Help Group Approach has a salient positive impact on many families by empowering them socially, economically and politically.
- IN SOCIAL EMPOWERMENT: During 2016, 30,000 children were enrolled in schools, enabling them to access education, and also, 15,000 children were facilitated to access health services from nearby health facilities. In addition, 50 women from poor families underwent fistula operations whose cost was met by NAFIS. Furthermore, five (5) circumcisers were introduced to income generating activities, hence putting down the knives. SHG improved family relations and fighting among themselves dropped tremendously. The project also, increased awareness on health and hygiene in the community. Ability to address social issues at the community/village level was equally improved. Contribution to need-based community proj-

ects such as food collection to poor-drought affected people was also achieved. Over and above all, equal status, participation and decision making power at household level (Having independent opinion on issues, right to make choices, broader and goal directed thinking, feeling and acting) was realized.

IN ECONOMIC EMPOWERMENT: SHG enhanced standard of living as a result of 1,110 (one thousand one hundreds and ten) new businesses created which increased income to beneficiaries. There was improved access to livelihood related services such as credit, market etc. Also, there was a greater access to financial resources outside the household and vulnerability to crisis situations like famine, flood, riots,

and death/accident in the family reduced. Participation in household decision making on how money will be spent was realized as well as women receiving business skills including profit and loss knowledge. All these improved employment opportunities and income generation opportunities that enhanced cash economy and consequently reducing migration.

POLITICAL EMPOWERMENT: The project improved the ability of the communities to influence policy at different levels. SHGs trained the communities on good governance and equipped them to lead and enhanced their participation in local governance. Therefore, people are now able to seek direct representation in structures that serve them.

THEMATIC AREA 2: Coordination and Networking

- NAFIS in collaboration with MOLSA held two national level and six regional level coordination meetings in the second half of the year for Anti-FGM/C stakeholders. Participants were from line ministries, NAFIS Member Organizations, civil society organizations, International organizations, UN agencies and other Anti-FGM/C stakeholders. The result of coordination meetings was a creation of a platform of information sharing, experience exchange and identification of common challenges and strategies to combat FGM/C at the national level. The impact of the coordination meetings was: Anti-FGM/C policy was reviewed and summarized into 37 pages and can easily be read by the stakeholders; MoLSA established Anti-FGM/C task forces in all regions of Somaliland; Gender focal points were rejuvenated in MOLSA, MOH and MOE to respond to FGM/C. These coordination meetings also increased the information sharing among anti-FGM/C stakeholders and presented all FGM/C interventions in Somaliland, challenges met during their campaigns and the way forward to overcome these challenges.

THEMATIC AREA 3: Policy Framework (Advocacy and Lobbying for Anti-FGM/C Policy and Law)

- NAFIS in collaboration with anti-FGM/C stakeholders organized a commemoration of International Day of FGM/C Zero Tolerance event in Hargeisa. It attracted about 150 participants with media coverage. This year NAFIS was able to convince many policy makers including parliamentarians on the need of outlawing this harmful practice. This makes easy to get approval the anti-FGM/C law.
- Anti-FGM/C policy Review: In collaboration with MOLSA, NAFIS hired an expert who reviewed the Anti-FGM/C policy draft and summarized the document. This makes it possible to translate the document into Somali language to be tabled before the cabinet of Ministers.
- NAFIS Network in collaboration with MARWO Foundation developed a short film which exposes the health, social consequences and different experiences of FGM/C to women throughout their life. After the final documentary film was produced, NAFIS disseminated the film to the member organizations, government institutions, health service provider (the hospitals and MCHs) and the local organizations that campaign for FGM/C eradication in Somaliland in order to use them for their FGM/C education programs. A total of hundred (100) DVDs were disseminated. Also, the film was uploaded on NAFIS' website.

- NAFIS developed, validated and finalized anti-FGM/C advocacy strategy for civil society organizations with 5 year implementation plan to influence policy makers, high level decision makers and religious leaders to adopt the national anti-FGM/C policy.
- Also NAFIS established advocacy working group who meet on monthly basis and working towards the implementation of the anti-FGM/C advocacy strategy to pass the policy for zero tolerance position.
- During 16 days of activism, NAFIS produced and disseminated Anti-FGM/C IEC materials (brochures, bill-board and flyers), these IEC materials were strong advocacy messages to decision makers. NAFIS also organized interactive TV show for policy makers to advocate the adoption of the anti-FGM/C policy.

THEMATIC AREA 4: Peer and Parental dialogues on FGM/C Issues

- NAFIS Network with funding from UNDP conducted two Inter-regional Consultation meetings with 56(19 male&37 female) representatives from traditional leaders, religious leaders, heads of the line ministries, representatives from CSOs, and University students.

The results and impact of these meetings were: All the participants agreed to get Anti-FGM/C policy and law banning the harmful practice; they also committed themselves to the abandonment of the practice and becoming the ambassadors of change by advocating for community abandonment of the practice and their acceptance of the policy and law. Also there are individual commitment statements to become agent of change in their respective regions.

THEMATIC AREA 5: FGM/C Survivor Supports

NAFIS has a three support centres in Awdal, Borama (Sheikh Osman), Moridijeex, Hargeisa, (Magan) and Togdheer, Burao (Farah Omar). These support centres offer door to door visits (Outreach), office counselling, referral, monthly group discussion and medication for the poor FGM/C survivors.

In this year the number of beneficiaries was

<i># of survivors given counselling</i>	<i># of cases referred</i>	<i># of supported cases</i>	<i># of outreach household visit covered</i>	<i># of participants in the monthly group discussions</i>	<i>Total</i>
2487	238	23	675	1080	4503

NAFIS produced and disseminated 150 stickers which targeted the survivors of FGM/C to seek help from the health providers and posted to all the hospitals, MCHs and public places in Hargeisa and Burao. NAFIS also printed and disseminated 250 referral books for health service providers.

THEMATIC AREA 6: Research and Documentations

NAFIS conducted research for the adolescent knowledge, attitude and their perspective for marriage in three region Maroodi-jeex, (Hargiesia and Salahlay) Awdal (Borama and Dilla) and Togdheer (Burao and Beer). The research is finalized and validated.



02 Case Stories

Case 1: I became alive again

Sahra Elmi, not the real name, is a twenty-nine year old mother who has six children and living with HIV/AIDS. She has neither relatives nor close friends who she can live with or support her. Stigma and discrimination about the HIV/AIDS is very high among communities for lack of knowledge, information and myths surrounding about the disease.

"I live in different IDP camps in Hargeisa because when people come to know my HIV/AIDS status they evict me. Because of this, I am forced to move to another location without them knowing, that's where I live with my children. My children are isolated as they could not go to school or play with other children." GAVO community facilitators, one of the SHG promoting organizations in Hargeisa paid her a visit at her home and identified her actual situation. The community facilitators told her that she would not

be discriminated if she joined self-help groups and would benefit from good neighbourhood, since she had complained about neighbours. She therefore, accepted to join SHGs. She encountered a warm reception and welcome within the group. During SHG meetings when her turn came, the group went to her home ate and drank what she had prepared and she presided over the meeting.

Sahra has been referred to Talo-wadaag who helps people living with HIV/AIDS and her physiological state has changed tremendously. Her confidence has come back. She took an investment from her group and started a business of cloth selling to her group and other SHGs in the village. While talking to community facilitators she said "My emotions are very quite well because I became a live again". Even my children are back to school, they attend with joy."

Case 2:

Ms. Asha Farah, not real name who is 30 years old married with one child visited NAFIS support centre in F. Omar MCH in Burao. She was suffering from a cyst in the outer part of her genitals caused by FGM/C. When she had FGM, she acquired infection and her genitals developed a lump and which grew bigger. When she got married and got the first child, the cyst increased with pain, and then she requested NAFIS to help her with operation cost because she was unable to cover the cost. The counsellors of F. Omar MCH centre took her to DARYEEL MEDICAL CENTER (Burao). Dr Muse examined her and confirmed that it was cyst which was caused by FGM. NAFIS covered laboratory, surgery and medical cost of the victim and operation was done successfully.



03 2016 NAFIS Achievements

NAFIS Network realized tremendous achievements which were made under each of the following thematic areas:

- Twelve Champions Model of Change implementers manual has been developed and given to member organizations.
- Anti-FGM/C taskforce coordinated by MOLSA and composed of representatives of organizations, line ministries and FGM/C activists has been formed and has developed better understanding of all the forms of FGM/C complications and harmonized their messages.
- Parliamentarians have increased their understanding of psychological & Health effects of FGM/C to the girls/women.
- Media houses have increased their effectiveness in reporting on the issues of FGM/C.
- The knowledge of community dialogue facilitators on inter-generational dialogue has increased, and the manual developed will facilitate sustainability of the intervention even after the life-span of the project.
- A Platform has been created for information sharing, experience exchange and identifying common challenges and strategies to combat FGM/C at the national level.
- FGM/C policy has been reviewed and summarized and can easily be read by the stakeholders.
- A 3- year Advocacy Strategy 2016 -2019 and an Advocacy Implementation Plan Nov 2016 –Nov 2017 have been developed.
- Anti-FGM/C Awareness Drama was developed.
- Counseling, outreach awareness, care, medication and referrals for FGM survivors were done successfully.
- 18 sister clinics have been Selected, recruitment of FCHWs and their training was successfully carried out.
- Research for adolescent knowledge, attitude and their partner preference for marriage in three regions Maroodi-jeex, Awdal and Togdheer was conducted.
- SHG Approach received an enormous boost from Vice president of Somaliland H.E Mr. Abdirahman Ismail Saylici, the state minister of MOLSA, Mr. Abdi Dahir Amud, the Vice Minister of Planning Mr. Kaiser, and Minister of Religious Affairs (MORA) Sh. Osman, Vice minister of Information Ms. Shukri Harir Ismail, Vice Chair of Kulmiye Party Mr. Mohamed Kahin Abdi who led and officiated NAFIS in launching Self Help Group Approach ceremony.
- Representatives from the Media houses have assured that, they will voluntary participate in the campaign against FGM/C, as this will help in creation of enabling and safe environment for Somaliland girls.
- NAFIS has been able to achieve an expanded referral system of FGM/C survivors in (Togdheer, Awdal and M. Jeeh) regions of Somaliland.

04 2016 Picture Gallery



Launching Ceremony of 16 days of activism



Meeting with Forum Syd Delegation from Sweden



Monitoring visit to FGM response project in Burao



Monitoring Visit with FGM response project in Borama



NAFIS & ISF Meet the Minister of Labor and Social Affairs



NAFIS and SSRA visited Al-hayad Teaching Hospital Borama



Refresher Training for Anti-FGM taskforce in Somaliland



SHG Launching Ceremony. Vice President Mr. Abdirahman Saylici talking to SHG Entrepreneur woman



Intergenerational dialogue meeting participant reading NAFIS brochures disseminated to them about FGMC effects after the meeting on 15.12.2016 in Gacan libah district, Hargeisa.



Inter-regional Consultation meeting on 18.12.2016 in Burao, Tog-dheer region (NDP Project).



NAFIS Advocacy Strategic Plan Team



Ex-minister of MoLSA reading Position Statement on FGM Practice in Somaliland developed by NAFIS



Twelve Champions' Model for Change for NAFIS Members



CLA training



Consultation Workshop for Anti-FGM Advocacy Development on 22-23 Feb, 2016 at Gulaid Hotel, Hargeisa



Referesh Cluster level formation Training Workshop

05 Challenges and Lessons Learnt

Challenges Faced??

- Lack of commitment by policy makers on FGM/C eradication made it difficult for NAFIS to achieve fully the intended objectives.
- Limited awareness on FGM/C implications by the legislators and the general public has made them not agree that FGM/C causes pregnancy and child birth complications in women.
- Some of the local organizations promoting certain type of FGM/C(Sunna),therefore the zero-tolerance campaign is not getting the momentum it deserves.
- Anti-FGM/C policy is still a draft; hence there is no policy for reference during advocacy and lobbying.
- There is no law banning FGM/C in Somaliland, therefore proponents of FGM/C believe it is lawful to practice it.
- There is no consensus among religious leaders on FGM/C issues. Because of this the practice is going on-proponents capitalizing on the stand-off.
- Most of awareness programs and community education towards FGM/C are limited to urban areas.
- The number of male participants in Inter-

Lessons Learnt??

In the process of implementation of Anti-FGM/C activities and challenges therefore encountered,NAFIS has learnt the following:

- Community strongly believe and listen to religious leaders unless religious leaders declare fatwa against FGM/C community will continue practicing.
- Enactment of law is important for the punishment of FGM/C perpetrators.
- More sensitization and awareness programs on FGM/c implications are needed by the: Policy makers, Legislators, Religious leaders and Communities.
- For effective discussions and engagement during Inter-generational dialogue, there is need to separate both male and female youth from older male and female respectively into FGDs then later bring them into a plenary session.
- The “Twelve Champions’ model for Change” as an approach to FGM/C eradication in Somaliland, is the way to go since a concerted and voice from below sinks very fast and well to stakeholders in Anti-FGM/C campaign.



06 Planned Activities for 2017

The planned activities for the year 2017 are based on the thematic areas as contained in NAFIS strategic plan 2016-2018.

The activities for the year 2017 therefore, fall under the following themes, objectives and strategies:

Theme 1: NAFIS Development and Growth.

Objective 1: To strengthen the organizational capacity of NAFIS.

Outcome 1.1: Increased effectiveness and efficiency of the operational and technical capacity of NAFIS.

Strategy 1.1: Build operational and technical capacity of NAFIS. Gender mainstreaming for the NAFIS, CLHE and CCBRS Staff.

Outcome 1.2: The capacity of Advocacy Working Group is strengthened.

Strategy 1.2: Strengthen the capacity of member of Advocacy Working Group. Provide mentoring to Advocacy working group members on advocacy, lobbying skills, policy analysis, policy and legislation monitoring.

Outcome 1.4: Effective monitoring and evaluation system is established.

Strategy 1.3: Establish an effective monitoring and evaluation system. Develop a clear 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.

Outcome 2.1: Change in FGM perception, attitude and practice through implementation of the Self-Help Group Project.

Strategy 2.2: Implement the Self-Help Group programs. Continue Implementing the Self-Help Group (SHG) Project and extending it to all six regions of Somaliland.

Outcome 2.2: Change in FGM perception, attitude and practice through implementation of the inter-

generational dialogues.

Strategy 2.2: Implement inter-generational dialogues program. Continue implementing the intergenerational dialogues in the six regions of Somaliland.

Outcome 2.4: Change in FGM perception, attitude and practice through implementation of Sexual and Gender Based Violence trainings.

Strategy 2.4: Implement Sexual and Gender Based Violence trainings.

Activities: Development of gender responsive training modules for educational programs for women health and women's empowerment and, Development of gender mainstreaming guideline. Awareness raising on FGM/C hazards in ten sites. Training duty bearers of the project sites about the sexual and reproductive health rights of girls/women. Training on Women's health issues 16 days Activism. Climate change and food security policy analysis & engagement with line ministries (discussions and trainings). Hold a training for Ex TBAs/circumcisers (15 participants per training) on three regions covered by circumciser's mapping survey implemented by NAFIS 2015, to engage them to become agent of change by targeting the mothers.

A 3-day training head of schools and education staff (50 participants per training) on new approaches to anti-FGM campaign per six regions. Train Religious Leaders about the Health & Psychological effects of FGM/C to the girls. Training Programme for journalists and University students on Effective Reporting on FGM/C. Train the MPs on Psychological & Health effects and human right violations of FGM/C to the girls.

Outcome 2.5: Change in FGM perception, attitude and practice through implementation of FGM awareness programs and debates using the media.

Strategy 2.5: Raise awareness through debates and the media programs.

Activities: Continue raising awareness using media means: Radio, TV, NAFIS newsletter, Social Media

and NAFIS website. Create awareness on the consequences of FGM/C using IEC materials during the International advocacy days (FGM/C Zero Tolerance Day February 6, International women's Day March 8, African Children's Day June 16, and the 16 days of Activism against GBV in 2017).

Theme3: Policy Framework

Objective 3: To promote stronger protection mechanisms for girls and women at risk of FGM/C.

Outcome 3.1: Enactment of Anti-FGM policy and law.

Strategy 3.1 Organize and hold coordination and networking meetings.

Activities: Hold national and regional coordination and networking meetings with key stakeholders. Hold monthly meetings with key stakeholders. Hold quarterly meetings for duty bearers. Hold a dialogue meeting between MPs and members of Advocacy Working Group on the proposals for the anti FGM/c Bill.

Conduct dialogue meeting between the AWG and trained religious Leaders to build collective support for anti-FGM/C policy and law. Organize panel discussion among religious leaders, policy makers and CSO on FGM/C on the Day of African Children. Organize a TV panel discussion with legislators and religious leaders as panellists during the 16 Days of Activism against Violence Against Women & Girls. Organize an interactive TV & Radio show with policy makers and religious leaders as panellists on anti FGM policy. Quarterly Follow Up Meetings with the Journalists to ensure Effective Reporting on FGM/C Issues. Organize Tripartite Dialogue meeting (Legislators, Policy Makers and Advocacy Working Group). Facilitate Advocacy Working Group Monthly Meetings. One Sub-Regional Conference (50 participants per day per sub-region) On the Elimination of Female Genital Mutilation "Towards a political and religious consensus against FGM" (Voices from below).

Theme 4:Support of FGM victims, survivors and girls 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.

Outcome 4.1: Better comprehensive services provided to women and girls at risk of FGM/C, to FGM survivors 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 revise the curricula of nurses/midwives, Community Health Workers (CHWs) in order to integrate FGM/C in their training manuals and conducting review performance and sustainability meeting for health authorities. Continue providing technical and financial support to the FGM support centres in Hargeisa, Burao and Borama.

Work closely with the ministry of health and health professional associations to assess the referral pathways of FGM victims and improve the referral systems.

Theme5: Partnership and Collaboratin

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: Continue Strengthening & developing new partnerships with local and international organizations.

Theme6: Research and Documentation

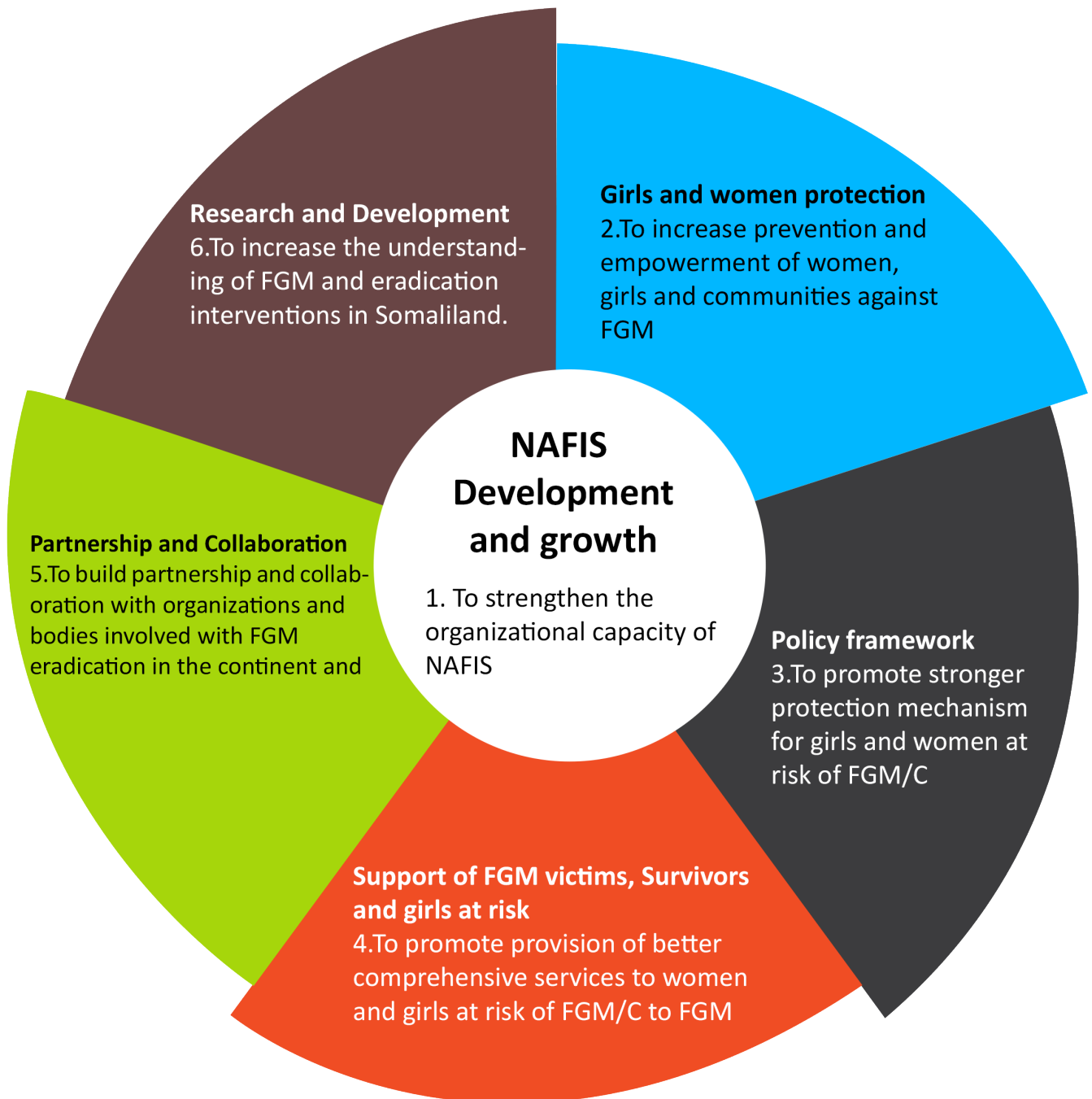
Objective 6: To increase the understanding of FGM and eradication interventions in Somaliland.

Outcome 6.1: Well established research unit in NAFIS with adequate technical capacity, systems and equipment for research activities.

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

Activities: Conduct a baseline study for the project 'Enhancing Holistic Approach In combating FGM In Somaliland'.

07 NAFIS OPERATIONAL FRAMEWORK



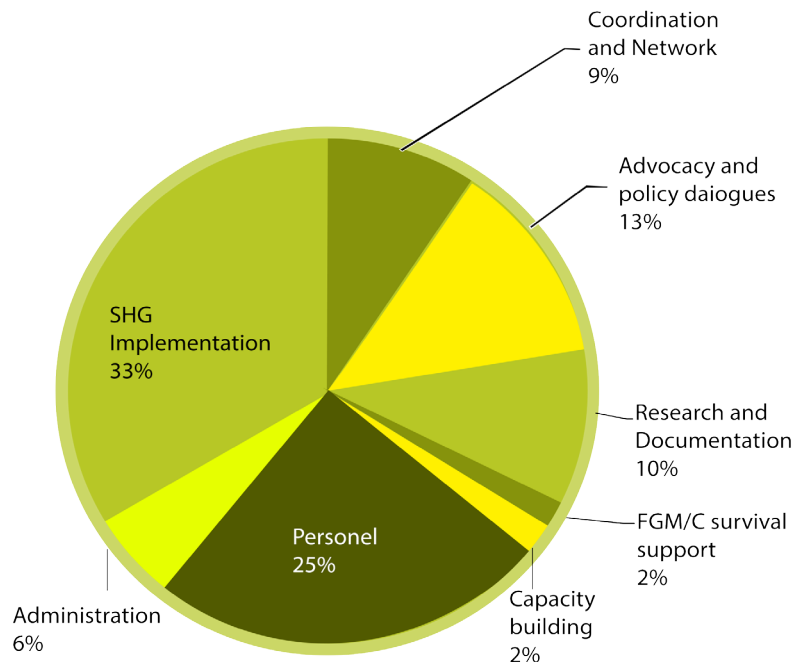
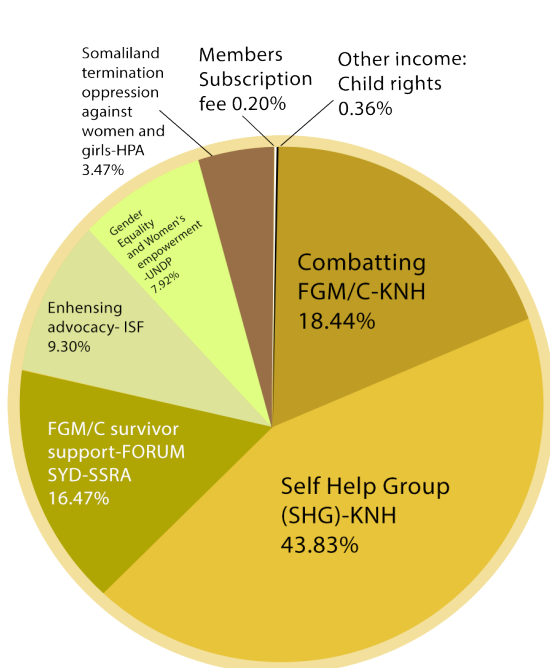
08 Summary of Financial Report

INCOME

Combatting-FGM/C-KNH	18.44%
Self Help Group (SHG)- KNH	43.83%
FGM/C survivor support-FORUM SYD-SSRA	16.47%
Enhancing advocacy- ISF	9.30%
Gender Equality and Women's empowerment-UNDP	7.92%
Somaliland termination oppression against women and girls-HPA	3.47%
Other income: Child rights	0.36%
Members Subscription fee	0.20%
total income	100.00%

Expenditure

Coordination and Network	9.25%
Research and Documentation	9.97%
FGM/C survival support	1.74%
Capacity building	1.98%
Advocacy and policy dialogues	12.89%
Personnel	24.81%
Administration	5.91%
SHG Implementation	33.45%
total expenditure	100.00%



The Audit Certification

We have audited the abovementioned Financial Statements of NAFIS NETWORK AGAINST FGM for the year from 1st January 2016 to 31st December 2016. The financial reporting framework that has been applied in their preparation is applicable International Accounting Standards (IAS) 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, statues, other regulations, agreements and usual practice.

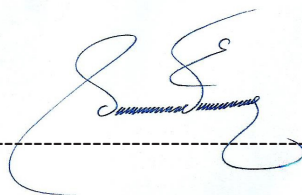
Audit Conclusions:

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: 3rd March 2017

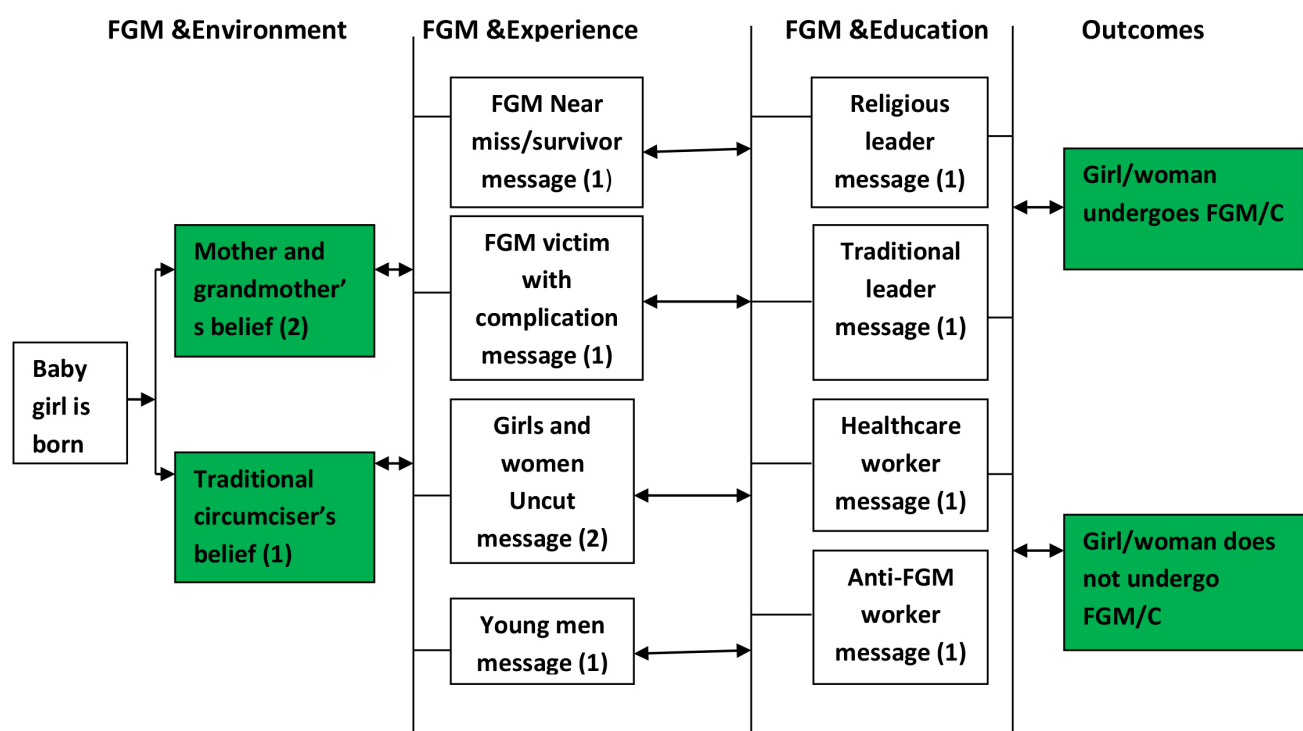
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Twelve Champions Model for Change

FGM eradication model: “The twelve champions’ model for change”

The twelve champions’ model for change is a bottom-up 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 1044 and reach out through face to face awareness sessions to at least 207,360 girls, women and men by 2018.

NAFIS Member organizations

NO	Acronyms	Full Name
1	AWODA	Ayaan Women Development Association
2	AWVO	Alkawnin 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	Ubox 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



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