



NAFIS NETWORK

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NAFIS NETWORK

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Message From the Executive Director



The global has experienced COVID19 pandemic in 2020, this seriously has affected the lives of millions of people worldwide, including Somaliland, although access to health services was a challenge in the country wholly, but the impact of COVID-19 has increased the vulnerability of elderly people and marginalized communities.

This pandemic also impacted our interventions and the program implementation to support the marginalized communities and carryout planned activities such as capacity building trainings, community meetings, and all other related activities to avoid the large gatherings of people in one place in order to prevent our target beneficiaries and communities from Corona Virus.

With the aim of responding to the effects of COVID19 most of our interventions have been repurposed to align them the needs of the impacted communities, NAFIS raised awerence campaigns against COVID 19 targeted the public at large, distributed a massive hygiene kits

and radios with solar to poor adolescent girls in IDPs, PPE kits to health workers.

Despite the overwhelming circumstances, NAFIS worked very hard to advocate for putting in place a national policy and law that protect women and girls from undergoing the harmful tradional practice of FGC with the collaboration of all stakeholders in order to create a massive voice against FGC.

We appreciate our donors and partners for their kind support and assistance that enbled us to transform and create impact the lives of thousands of marginalized people.

Abdirahman Osman Gaas
Executive Director

WHO WE ARE



OUR MISSION

Somaliland girls and women are enjoying fully dignified life, free from any form of female genital cutting and other types of gender-based violence.

VISION

NAFIS endeavoring total abandonment of FGC on girls through advocacy, lobbying, coordination, information sharing, stakeholders' capacity building, and empowering women socially, economically and politically.



**Girls and
women
protection**

**Partnership
and
Collaboration**

**Advocacy
for Policy
and Law**

**OUR
STRATEGY**

**Integrated
Programs**

**Support
FGC
survivors**

**Research
&
Innovation**

RESEARCHES & ARTICLES

A

n evidence-based research assists to gain in-depth information about the harmful practice of FGC and its complications, perceptions of the local communities, existing policy gaps and increase the holistic understanding of FGC. NAFIS with the support of **University of Hargeisa** and **Beder University** carried out various researches on FGC to provide the stakeholders evidence that supports to their advocacy to end the harmful practice of FGC, and the requirement of criminalizing the law of FGC that will protect the young girls from it. NAFIS has produced two academic discussion papers and organized a validation and recommendation meeting with students and other stakeholders including NAFIS member organizations.



“How do Somali Men See Ending FGC?”

The purpose of this paper was to study the Attitudes and

perceptions of men toward practicing FGC and to evaluate the role of men in performing FGC practice and the feasibility of combating it through different strategies.

The findings of this research showed that men are well aware of the female genital mutilation and cutting and its negative impact. Many men reflected that cutting is prohibited in the Islamic religion. Furthermore, the result shows that the majority claimed there is no relationship between cutting and womanhood, although a minority group emphasized the relationship's existence.

The participants discussed the role of men in supporting the efforts to combat FGC. According to the participants, the men have a vital role in ending FGC, including taking responsibility for his family and specifically as the father of daughters. The participants implied that men's participation would accelerate the efforts to tackle FGC.



Farhan – writer of the discussion paper – presenting findings



FGM Activist

“I am a father and I would not allow cutting my daughters, I have been witnessing my wife's suffering very often because of the complications from FGC, and there is no reason to mutilate young girls, if all fathers stand against cutting their daughters I believe the practice would have ended many years ago.” participant in KIIs.

“Knowledge, Attitudes and Practices of FGC among Health Professionals”

Female genital cutting (FGC) is a harmful traditional practice with severe consequences for the health and well-being of girls and women. The health professionals should be at front line in awareness raising campaigns to prevent the FGC practice. Unfortunately, it is believed that the FGC practice is performed by some of the health professionals where the procedure takes place at the health facilities in which they work or provide as a door to door services. It's also believed, that such actions have adversely impacted and undermined the efforts that has been taking place for the last thirty (30) years plus to abandon the FGC practice in Somaliland.

This study aims to examine the above those allegations by using the Knowledge Attitudes

and

Practices (KAP) Survey Model of FGM among health Professionals, with a focus on Maternal and Child Health Center (MCH). The findings will also establish a baseline that can be used to

compare and assess changes over time. Understanding these issues will support advocating

for National anti-FGC medicalization policy and will also enable a specific training programs to

be designed for, which could lead to an effective professional and social change to promote

FGC zero tolerance.

Knowledge towards FGC

The assessment of MCH's staff knowledge on FGC was performed on two levels by first, exploring their understanding of different types of FGC, and the general view on the practice. We also tried to acknowledge the level of awareness and knowledge of its consequences.

Based on the result 62.7% of our respondents claimed to have sufficient knowledge to properly distinguish different types of FGC as shown in Figure 1. However, the assertion of the rest 37.3% seems to be high given the widespread of the practice. It's also believed that health workers do not encounter such practice in their work place as it is most often done in homes by non-medical staff.

Attitude towards FGC

The assessment also focused on the MCH worker's attitude towards FGC practice: believe of future continuation, the feasibility of its elimination and the role of professional health workers in prevention of FGC.

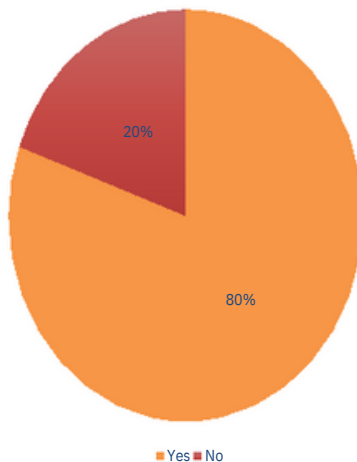
The greater majority of MCH workers 80.4% believed that FGC should not continue as it is practiced today. During interviews and focus group discussion, the emphasis was on the current practice, but the elimination was considered impractical, were as 19.6 claimed to support the practice. Those who supported the practice tend to be older and less educated.

The debate towards the "elimination" seems not to resonate with MCH workers as some believe that "in general circumcision" of young girls is not bad per se but the traditional method which mutilates the human body.



Warsame from University of Hargeisa presenting findings of the paper

ATTITUDE TOWARDS THE ELMINATION OF FGC



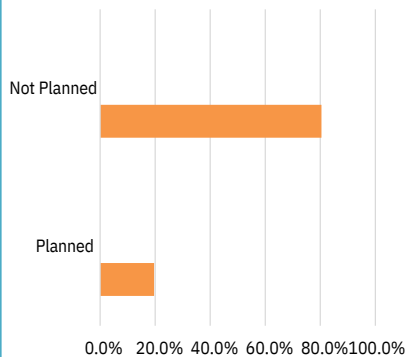
The Practice of FGC

The practice of FGC among MCH workers is assessed by asking respondents if FGC is practiced within in their household. Since the decision regarding the practice might be beyond their will, we have asked if they are planning to perform FGC on their daughter in the future to capture their personal preference. The data shows half of the respondents have witnessed their immediate family perform FGC on young girl.

However, the fast majority, more than 80%, claimed that they will never do FGC to their daughter. One of the most important question in the study asked the respondents was if they have ever carried out FC themselves, the majority, more than 80%, claimed to have not performed the procedure.

This finding shows how MCH workers can benefit from trainings and re-education related with the technical knowledge of FGM/C in order to develop effective strategies to ensure the prevention and proper management of its consequences. However, educating the health workers alone will not necessarily lead to the reduction or elimination of the practice as there are religious and culture angles surrounding the practice of FGM. An effective strategy of capacity building should be carefully designed and include members of the community.

PRACTICE OF FGM WITHIN HOUSEHOLD



Capacity Building & Knowledge sharing





NAFIS has two community Member organization, we build the operational and Technical Capacity of member organizations Staffs to advance the eradication of the harmful traditional practice of FGC in Somaliland by equipping them the necessary tools and knowledge to achieve total abandonment of all types of FGC. The topics they have been provided are including advocacy skills, community mobilization, Child protection, safeguarding, Monitoring and Evaluation and

Table 1: List of trainings delivered during 2020

#	TITLE OF TRAINING	Number of participants disaggregated by Gender		Location
		Male	Female	
		80	-	
1	Training community and religious leaders on harmful consequences of FGM/C, human rights and Islamic perspectives			Hargeisa
2	Train FGC ambassadors on Civic & Human rights	-	32	Hargeisa
3	Training CLA members on legal/human rights perspectives	-	32	Hargeisa
4	to bodily integrity and on civic rights Training journalists on harmful consequences of	20	40	Hargeisa
5	FGM/C, human rights and Islamic perspectives Training head of schools on new approaches to anti-	95	85	Six region of Somaliland
6	Training for Counselors at the support centers FGM campaign	-	5	Five regions

Promoting Self-Help Group Approach



Self-Help Group (SHG) Approach is introduced in Somaliland on September 2013 by NAFIS Network with the support of Kinder Not Hilfe(KNH). SHG is an informal association of poor community with a common objective of working together for their economic empowerment and social development. The main purpose of the SHG is to empower most marginalized and unskilled women in poor residents including Internally Displaced People (IDPs) by providing facilities such as knowledge, skills, motivation and how to sustain their businesses. This approach focuses on three solid pillars; Social, Economic and Political empowerment.

All three are required to enable the poorest people to claim and realize their rights as human beings, citizens and as equal participants in civic engagements. The SHG approach has been working in Maroodi-jeeh, Sahil and Togdheer regions for the last eight years, and recently has been introduced into other regions of

Since in January 2020, the project has made significant progress and impact on SHG members and their children, the project also increased & improved standard awareness and understanding of adequate services at both family and community level. The summary of the accomplished activities is as follows

Summary – SHG Current status

TASK 2013 - 2020
Number of SHGs formed 1,112
Number of members belonging to SHGs 21,330
Number of Children 142,310
Number of CLAs established 100
Number of Federation established 2
Number of CLA belonging to federation 67
Total Savings \$2,355,807
Total Capital \$2,219,491

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Building Partnerships and collaboration with Actors involved ending FGC

National Consultation Meeting to Accelerate National Policy Approval and Draft a Law to End FGC

NAFIS is a nationwide Network that strives to promote ending all types of Female Genital Cutting (FGC) in Somaliland. As part of the effort to protect young girls from this harmful traditional practice of FGC NAFIS held in November 2020 National Consultative meeting participated by all actors: Human Rights defenders, women and youth-led organizations, government agencies, international NGOs, and other Anti-FGC Stakeholders. The main purpose of the meeting was to accelerate the Anti-FGC campaign and to hold government to account by demanding a policy and law to achieve a total abandonment of FGC, and the Government to come up with a roadmap to endorse the policy and law.

The Minister of Employment, Social Affairs, and Family (MESAF), Minister of Health Development (MoHD), Deputy Minister of Livestock, officials from the Ministry of education and members from the Parliament especially the social affairs, Chair of Human Rights Commission (SNHRC) were among the key government officials who have attended and made keynotes during the consultation meeting.

The Ministry of Social Affairs as the lead government institution have pledged that they will put all efforts together in order to have the current FGC national policy endorsed by the Somaliland cabinet as soon as possible as well as they will work with the parliament the enactment of FGC Bill.

Discussions to Advance Endorsement of National FGC Policy

The discussion of FGM/C Policy issue with high level officials from the key line ministries has been long waited and important opportunity officials from NAFIS has paid a visit to meet with H.E Hinda Jama Hersi – the minister of Employment, Social Affairs and Family (MESAF)

which

is the key line ministry in ending FGC. After having a long discussion with her Excellency Miss. Hinda highlighted the impact that FGC has particularly to young girls and women, she also expressed her appreciation of 30 years efforts of ending FGC campaign by thanking all stakeholders. The Minister stated that they have started reviewing the current draft of National FGC policy with consultations with the Ministry of Religious Affairs in order to check the and then both ministers co-operate taking it to the cabinet’s table for final approval.



Right Abdirahman Gaas, Executive Director of NAFIS, Sadia Allin, Head of Mission- Plan International and Lul Geedi Director of Social- MESAF – Discussing Challenges of ending FGC from the different perspectives



Right, Mohamed Barud, - Chairman of SNHRC, H. E. Hinda Jama - Minister of MESAF and Dayib Hassan member of Guurti Participating panel discussion during the national consultative meeting

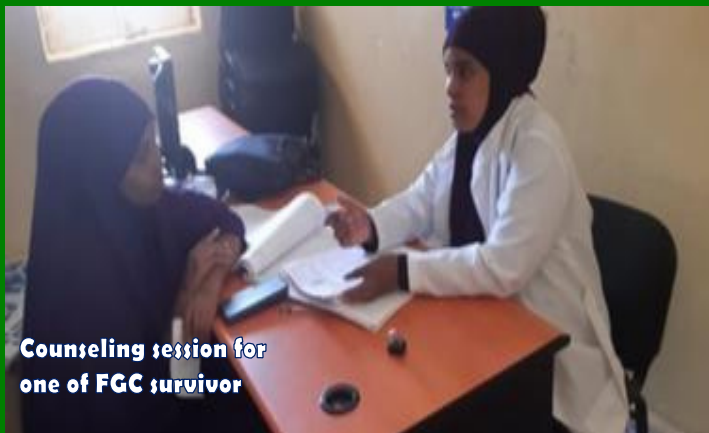
Promote Provision of Better Comprehensive Services to FGC Survivors

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

With the intention to Strengthen the sexual and reproductive health and rights of Somaliland girls and women through eliminating the practice of female genital cutting by offering medical treatment, care and counseling to women with FGC-related problem, parallel with education, awareness raising and mobilization of the communities, informing about risks of FGC, empowering women and families to resist FGC for their daughters. NAFIS have five FGC survivor

support centers in Hargeisa, Borama, Lasanod, Erigavo and Burao Cities, the centers provide

Counseling sessions on regular basis and Monthly group meetings. The survivors found with severe FGC complications are referred to hospitals for specialized surgical treatment, NAFIS pays medical expenses for the FGC survivors.



Counseling session for one of FGC survivor



During year 2020 NAFIS successfully reached out to **10,795** women and girls who visited support centers by enhancing their understanding and knowledge towards the health and social problems of FGC. **8,115** were reached through provision of counseling sessions, while **2,220** families were reached out through outreach campaigns by visiting at the attached sister MCHs and 442

Monthly Group Discussions for Women who visits the FGC Survivors Center women were referred to other

health care providers of Sool,

Sanaag, Togdheer, Awdal and

Maroodi-jeex regions. Moreover;

NAFIS supported **18** women FGC

survivors who had keloid cyst

resulted from FGC and successfully

undergone cyst removal operations



Beneficiaries Table January - December 2020

Name/city of Center	Counseling	Referral	Medical	Outreach Mobilization	Total
Erigavo Center	1,73	19	Support	600	2,531
Las'anod Center	7	1	3	1,96	2,687
Borama Center	2,44	46	0	583	1,762
Burao Center	5	91	6	841	2,414
Hargeisa Center	1,08	94	2	0	1,401
TOTAL Reach	2	20	7	2,220	10,79
	1,47	44	18		5
	7	2			
	1,37				
	4				



Khadra

Khadra is a 25-year-old newly married woman living in Caadadlay, at the age of 10 she underwent FGC Pharaonic type III. "

I remember the day that the cutter came to our village then family accommodated her in our house and spent the night with us, I did not sleep that whole night!!! In the morning, my attempt to escape had failed when my dad caught me and handed me over to the cutter, she pinned me down, after the cutting she used thorn for stitching, it was painful and I felt helpless. After the procedure it took me about a month for the wound to heal

" . Said Khadra. After a year Khadra developed infection, back pain, followed excruciating menstrual pain and later on developed Keloid cyst resulted by the FGC. *Khadra* never shared her problems with anyone including her family, she felt ashamed, anxious, and depressed, she was afraid what people might say when they discover the cyst in her genitals.

However, when she reached at the age of 24 khadra decided to get married anyways. Prior to the marriage Khadra did not tell her soon to be husband about the cyst. And after the wedding her mother-in-law has taken her to the village TBA (Traditional Birth Attendant) to cut her open. Soon after the TBA discovered the cyst she refused to touch her fearing further post cutting complications she gathered her equipment back and said "

" . Now all women in the area came to know the cyst in her private part "

take her to a hospital I was so humiliated because I knew this was going to happen! And I felt scared, shame, guilt, that was the worst day in my entire life, my husband asked me what happened as he got the information from his family, I could said nothing" Said

It took her one month to move away from her village and finally she managed to come to Hargeisa and felt less tension for hoping to get treatment. A woman who had the information about NAFIS FGC support centers

referred her, then *Khadra* visited NAFIS center and got counseling and straightaway has been referred to the hospital to undergo minor surgery and cyst was completely removed.

I will not cut if I ever blessed with daughters, I went through a painful experience and won't let my daughters go through the same I will take part the efforts to ending FGC in my village".

Now, Khadra has recovered and appreciated the support she has got, during a follow up meeting. She was so happy "

" said with a smile in her face adding that "

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Fowsia

Fowzia a mother of seven children has joined SHG in Mohamed Mooge village- Hargeisa, before she was a house wife and was very poor household her family was not able to get daily nutrition/food to feed her kids. Her children were not enrolled the school for not affording to pay the school fees. Their life was misery, she even stated some days she thought running away without knowing where due to the situation she lived in with her seven kids.

However, she joined the SHG in February 2020 and has taken the first loan to start a very small business inside her house by selling cleaning stuffs with same cost compared to the market value. After few months she was able to get the second loan and expanded her business.

"I also took a \$1,000 valued loan from a bank which helped me to grow my business bigger I have now a good number of customers was able to pay back all the loans I have taken from my group and the bank as well. The SHG approach helped me figure out my capabilities".



Fowsia in her business

Fowsia bought a small land and was able to finalize building her own house. She sent her children to a school as they can eat good food every day. She has shown appreciation to the SHG approach and her group by opening for her the window of opportunity to become a business woman.



COVID-19 Prevention and Mitigation Activities

Novel COVID 19 is a contagious disease that affects all most all countries of the world and puts the world in great challenge. Even though, there is a limited testing capacity in Somaliland the number of cases and deaths is progressively increased. This catastrophic case has a great impact in our work with the communities unless preventive measures are effectively undertaken. Number of interventions have been undertaken to respond to the needs of the communities in particular those who are poor and cannot meet their basic needs, the activities were including providing awareness raising campaigns, distributing hygiene kits to marginalized women and adolescent girls in IDPs, providing solar radios to the poor girls in IDPs to enable them continue their classes during the lockdown. All of those activities were aimed to support the communities' readiness for COVID-19 pandemic prevention and its associated factors.



2,500 Girls
Have been provided Solar radios



12,000 Women and Girls
Received Reusable Sanitary Pads and hand washing Soaps

5 MHCs
Provided Personal Protective Equipment



Ayan

Ayan is a 17 years old girl who lives in the state household IDP in Hargeisa, Somaliland. She spent almost half of her life in this IDP camp with her single mother, one brother, and her three sisters. Her mother makes living from cleaning one of the surrounding government offices and financially supports the family with the little salary she receives monthly.

Given that the mother's income is not enough to cover family needs; Ayan supports the mother by selling cookies in front of one of the nearby schools. Concerning the reproductive health goods, Ayan has little experience of getting sanitary pads and soaps (private and not shared).

Complementarily, Ayan used a piece of cloth and shared the soaps with the other family members. as she reflects in her own words when asked “ how frequent she used to get sanitary pads ?” she defines sanitary pads as luxurious items that only the fortunate use:

“My sisters and I didn’t use to get those kinds of luxurious items why did we spend money on those things. It is a luxurious item used by those who have extra to spend. We don’t have enough closes to wear let alone sanitary pads”

Contrary to this, Ayan shares her experience after she received the sanitary pads and the soaps. She reports that she now feels confident when she goes out to sell her cookies. She also tells that the pads are more hygienic than the clothes and comfortable when she is running her business. In her words she says: “ *The sanitary pads are more comfortable than the pieces of clothes I used to have before, it also*

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