





2016 Annual Reporting  
Somalia

UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change

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Reporting Period: 1 January – 31 December 2016

2016 Budget: UNFPA: **400,000USD**      UNICEF **897,750 USD**      Total **1,397,750 USD**

2016 Expenditures & Commitments:

UNFPA **373,832** as budget programmable

UNICEF **986,980 USD** (\*\*including 335,000 USD brought over from Kenya programme)

Total **1,360,812 USD**

### Summary of key achievements:

- **Community Engagement:** 150 community declarations with 90,000 people for zero tolerance and total abandonment of FGM, 1,007 religious leaders were engaged/mobilized to end FGM, 518 girls saved from FGM, 5,215 FGM community dialogues have been conducted and social norm change towards total abandonment promoted through the leadership of religious leaders, Y-Peer Network and innovative social norms programme - Communities Care.
- **Coordination:** Coordination and technical capacities of service providers and actors working on FGM total abandonment strengthened, with trainings and decentralized coordination mechanisms addressing total abandonment FGM.
- **Service Provision:** Service points addressed FGM related complications; for example, 72 obstetric fistula repair surgeries performed over the period of January-August 2016 while 157 survivors received medical and psychosocial services in Puntland.
- **Legislation:** Puntland – Fatwa released and FGM legislation is in parliament for approval; Somaliland – FGM bill pending before Parliament and there is a draft FGM policy waiting to be taken to the Council of Ministers; South and Central Somalia – community, religious and political support still being garnered for issuance of Fatwa and to support finalization of the Anti-FGM Policy and Legislation



<Community Declaration gathering in Puntland>

Furthermore, 2016 has seen the release of new data that shows the campaign to end FGM is having results at the community. A 2016 UNICEF, UNFPA and World Bank survey conducted with Johns Hopkins University has found a significant reduction in the FGM incidents reported from 98% to 65%. It has also shown dramatic shifts in social norms where the majority of men and women are opposed to continuation of the FGM.

### Main Report

#### I. Background on Joint Programme efforts in country

The 2012 provisional Constitution of Somalia and the Somalia's National Gender Policy (2013) are clear about the need to eradicate harmful traditional practices, such as Female Genital Mutilation/Cutting (FGM/C), and to improve services for the management of its complications. Puntland is leading the way in the approval of a policy rejecting all forms of FGM and development of legislation to eliminate FGM and its religious leaders have issued a FATWA calling for total abandonment. Legislation has also been developed at the Federal Government of Somalia and Somaliland,

however, pressing for enactment of this legislation may be counterproductive in the current political context where key religious and political leaders continue to link FGM with Islam. There is still evidence of limited commitment to legislate against the practice, which is becoming a huge concern for actors working in the field of FGM. The government has shelved parliamentary initiatives due to the ongoing election processes, drastically affecting expectations of passing the pending zero tolerance bills into laws. However, a steady progress toward abandonment of the practice is seen and acknowledged.

New evidence shows FGM campaigning efforts over the past decade have led to a significant reduction in FGM incident rates from the frequently quoted rate of 98%. A UNFPA, UNICEF and World Bank funded GBV Survey that was undertaken by Johns Hopkins University (JHU) in late 2015<sup>1</sup> has found a significant reduction in the practice of FGM with a national lifetime incident rate of 65%. The study found large regional differences with FGM incident rate in Somaliland at 66%, 77% in Puntland and 53% in Southern and Central Somalia. While the survey was limited to urban residential areas and IDP sites in government controlled areas, and rates are presumed to be higher in rural and pastoralist communities, decreasing incident rate in urban areas is illustrative of shifts in beliefs and the impact of FGM campaigning efforts. Obtaining primary data from rural areas, largely under the control of Al Shabab will remain a challenge, however, it is notable that Al Shabab rejects FGM and does not, therefore, oppose shifting social norms which are supportive of total abandonment (but as a group is largely silent on the issue).

The survey also shows that social acceptance of FGM is waning. 82% of women surveyed disagreed with FGM and only one third of women said they had cut their daughters. The majority of men also disagreed with the practice, with many not properly understanding what FGM is. Importantly, more than 70% of the men stated that they would marry a girl who was not cut indicating that the cultural importance placed on FGM in preparing a girl for marriage is no longer strong. Essentially, personal beliefs on FGM have shifted with a critical mass of people opposing the practice. For that reason, it is an important moment in time to scale up social norms programmes which demonstrate that there will be no negative repercussions for women and girls who are not cut.

The key challenge in achieving total abandonment of FGM in Somalia remains the association of FGM with Islam and the status and role of women within the emerging Islamic state of Somalia. Despite many religious leaders openly advocating for total abandonment of FGM citing religious text to demonstrate that FGM is a 'cultural' practice and not a religious requirement, there is a strong and vocal group of traditional, religious, political leaders and civil society organizations who advocate for 'Sunna' FGM arguing it is a less-invasive procedure that is a religious requirement. 'Sunna' FGM, however, has not been properly defined in Somalia. It is widely accepted that it is 'milder' than the 'Pharaonic' type procedure. Essentially, the argument for 'Sunna' is associated with minimising health complications whilst simultaneously meeting perceived religious obligations. The shift towards Sunna demonstrates broad community awareness on the health complications of FGM. Countering this argument to achieve total abandonment requires continued partnerships with religious leaders to completely disassociate FGM from Islam. This work must be handled sensitively in order to preserve the authenticity of religious leaders who advocate for total abandonment but are frequently attacked as being puppets of western propaganda.

## **II. Strategic approach to the acceleration of FGM/C elimination in country**

At present, the development of policy and legislation to prevent FGM has stalled due to elections and the perceived linkages between FGM and Islam. Despite this, there is some momentum and following elections, we will maintain advocacy to try to ensure FGM bills are enacted in 2017. Furthermore, there is strong evidence that FGM campaigns and awareness raising efforts have allowed space for increased debates and personal agency in deciding how or if to practice FGM. It is clear that many families/people understand the negative health and psychological consequences of FGM and have some personal agency in what type of FGM to have performed on their daughters and where they do it. Evidence suggests, people are making choices with a view to achieving the best interests of their child (within parameters defined by their cultural/religious/political leaders). In Somalia, it is not simply a question of whether to

<sup>1</sup> To be published in first quarter of 2017 pending approval from the government.

cut or not to cut their daughters, there are multiple considerations that families are reflecting upon when making decisions regarding FGM, including:

1. Whether the cut is an obligation within Islam
2. If the cut is an obligation within Islam, what kind of cut is obligatory – Pharaonic or Sunna
3. What is a Sunna cut and who can do it and ensure it meets religious obligations
4. How to ensure the cut is done in a safe, hygienic manner

The decisions that people make with respect to these issues are heavily guided by influential religious leaders and traditional authorities and the perceived harm done to their daughters by cutting (or not cutting) in terms of social acceptance, marriage, religious piety and stigma. While some families and communities continue to practice Pharaonic FGM impervious to the national campaigns that are reaching almost all communities through targeted dialogue, radio, drama and other means of communication. The ‘noise’ on FGM has increased on a national scale and filtered down to remote communities in both Al Shabab and government controlled areas reducing stigmatization on the issue and creating a fertile atmosphere for change. There is an undeniable shift away from Pharaonic Type FGM in Somalia and many people are making ‘protective’ choices to bring their daughters to clinics and hospitals for the cut (Sunna or Pharaonic) rather than relying on traditional birth attendant (TBA)’s practicing in unhygienic environments. Some are abandoning the practice altogether and the recent GBV Survey by Johns Hopkins University demonstrated a groundswell of people whose personal beliefs are in opposition to the practice.

Therefore, we believe the social norm can be shifted with strategic investments in the next few years. As such, whilst technical advocacy for the passing of legislation will be maintained, priority investments will be targeting the following key outcomes:

1. To disassociate FGM from Islam (through issuance of FATWAs, dialogue with religious leaders, public awareness of Islamic doctrine supportive of abandonment and countering the arguments of pro-FGM religious leaders.
2. Continued community mobilization and challenging of FGM through targeted gender and social norms change programmes

### **III. Progress from 1 January to 31 December 2016 by work plan output**

#### **Outcome 1 : Programme countries enact legal and policy frameworks for eliminating FGM which are appropriately resourced and implemented (in line with AU and UN Resolutions)**

##### **Output 1.1: Policy makers mainstream the commitment to end FGM/C throughout Government**

Efforts have been made to develop FGM elimination policies and FGM Acts in Puntland, Somaliland and at the Federal Government of Somalia (FGS) level.

**POLICY** – In Puntland, FGM Taskforce members, academics, activists and local authorities continue to disseminate the zero tolerance FGM Policy. This, however, requires a detailed implementation plan and accountability framework to ensure its full implementation by all stakeholders and actors which will be developed in 2017.

FGM policies have not been endorsed in Somaliland or at the FGS level to date. At the Federal level, in 2015, the Cabinet endorsed a policy which supports ‘sunna’ type of FGM, however, dialogues are ongoing under the leadership of Ministry of Women and Human Rights Development (MOWHRD) with support from Ministry of Endowment and Religious Affairs (MOERA) to amend the policy to support abandonment of all forms of FGM. According to sources within the government, if a policy were to be rushed through at this point in time – in both Somaliland and at the federal level – then an unacceptable compromise allowing ‘sunna’ type FGM is the most likely outcome. However, in Somaliland, cabinet ministers have requested a Somali translation of the FGM/C policy for their endorsement

demonstrating consensus is building for endorsement of this policy. Nonetheless, activists are awaiting the outcome of elections at the FGS and in Somaliland to reassess the strategy moving forward to ensure broad commitment for a policy that calls for total abandonment.

LEGISLATION – Again, Puntland’s administration is most progressive in terms of legislation to eliminate all forms of FGM. The FGM zero tolerance bill is also still awaiting enactment in Puntland. Dialogue and advocacy with religious leaders continue for its easy passage in 2017. However, it is notable that Puntland has enacted its Sexual Offences Bill demonstrating commitment to addressing harmful practices.

At the FGS level, an FGM Bill was drafted in 2015 and is being promoted through MoWHRD and MoERA within the FGS. However, similar to the FGM Policy, there remains opposition within the government and amongst traditional and religious leaders to an FGM Bill outlawing all types of FGM. Some parliamentarians are supportive of Sunna type FGM. Therefore, in the last quarter of 2016, advocacy efforts to finalise and achieve enactment of the Bill have stalled awaiting the outcome of the presidential elections. The MoWHRD plans to finalise the new bill following the elections in 2017 where it will advocate with the incoming parliamentarians and develop an appropriate strategy based on the emerging political context.

In Somaliland, FGM legislation was developed in 2013 but has not been passed due to the challenges in building consensus on total abandonment to FGM. There is broad agreement on the abandonment of Pharaonic FGM. However, many stakeholders are advocating for the acceptance of ‘Sunna’ FGM which is generally understood to be a lesser invasive form of FGM, but no clear definition on the practice has been agreed. Similar to the FGM Policy in Somaliland, the FGM Bill is also still being negotiated by the line ministries and FGM task force for its approval by the cabinet.

In 2016, one advocacy and lobby workshop for the cabinet ministers spearheaded by the first lady of Somaliland was conducted for the approval of FGM policy. Thirty participants including parliamentarians, GBV working group and FGM taskforce members and government officials (including political parties) attended. Seven individuals were selected to be pressure groups for the achievement of legal and policy framework against FGM.

The Sexual Offences Bill is currently with the parliament and waiting for approval and there are positive signs from parliamentarians whom Ministry of Labour and Social Affairs (MOLSA) and NAGAAD effectively engaged under the support of UNFPA, where issues of FGM and child marriages are also highlighted. Six big events were carried out in six regions of Somaliland. The first lady of the republic of Somaliland attended and addressed the public on zero tolerance to FGM and vowed for the approval of laws and policies. Her statement is uploaded in the di-monitoring.



*<First Lady of Somaliland delivering the statement during the FGM Day event>*

**Output 1.2: Policy makers increasingly utilize disaggregated data and best practices to enforce law and implement evidence based programmes to progressively eliminate FGM/C**

The indicators from the Di monitoring have been very instrumental for this year's Somalia planning and reporting. Government and civil society organizations have consistently referred to it from the FGM coordination plan developed in 2016, which was guided by common outcomes, outputs and indicators agreed on as country and reflected in Di Monitoring. FGM indicators were localized in the three zones and sensitized all relevant stakeholders to harmonize efforts for the total abandonment of FGM in Somalia.

Training was provided to FGM taskforce members, government and donors utilizing the *Manual on Social Norms and Change* developed globally by the UNFPA/UNICEF Joint Programme. The training and the manual were well received and has promoted requests for more support and in-depth training on establishing social norms programmes amongst civil society partners. Further training (utilizing the manual) to build technical capacity in changing social norms to achieve zero tolerance to FGM innovations in communities will be rolled out in 2017.

**Output 1.3: Program managers and experts have capacity to implement the national and decentralized policies to end FGM/C in a coordinated way**

Extensive technical engagement with the FGM Taskforce in meetings and training have seen through a strengthened coordinated response to zero tolerance FGM practice by CSOs, government, UN and donors. In Somaliland, FGM taskforce members invited religious leaders to support the approval of FGM policy through the establishment of a religious network for the total abandonment of FGM. The MoERA and MoWHRD have focused advocacy on key religious and traditional leaders as the gatekeepers of Islamic interpretation at both a legislative/parliamentary and community level. The MoERA, in particular, has undertaken extensive regional, community and national level activities to strengthen the capacity of leaders in understanding, interpreting and communicating that FGM is not a religious obligation. Key activities implemented in 2016 with the aim of building consensus for enactment of legislation and policy include the following:

- 2 Workshop on abandonment of all forms of FGM & Advocacy of abandonment of Child Marriages – 120 religious leaders/elders participated.
- 2 Regional Consultative Forums and formation of Religious and Traditional leaders networks to advocate for abandonment of all forms of FGM, FATWA issuance, endorsement of the anti-FGM policy and legislation – 350 religious leaders from regional states attended. The network has activity plans, and UNFPA intends to continuously engage with the network in 2017, as well.
- 6 media debates with prominent religious leaders on the subject of FGM were aired on Somali National TV.
- 1 National Dialogue Forum for Religious Leaders Networks & Elders on FGM and harmful traditional practices and issuance of Fatwa and support finalization of the Anti-FGM/C Policy and Legislation – 250 religious leaders from regional states attended.
- 4 regional religious leaders dialogues on total abandonment of FGM/C – around 451 religious leaders from regional states attended.
- 1 Inter-ministerial meeting on FGM legislation

While there remains no consensus for the abandonment of all forms of FGM, the above activities have been successful in building collective understanding on the medical and health complications of the worst forms of FGM practiced in Somalia (Infibulation/Pharaonic). There is broad consensus amongst religious leaders on abandoning Pharaonic type FGM. Continued capacity support to government through the MoERA with religious leaders and scholars on FGM initiatives is required to build a critical mass of religious leaders who are committed to disassociating FGM from Islam – a fundamental milestone in achieving total abandonment of all forms of FGM in Somalia.

40 media professionals improved their knowledge and understanding to FGM and GBV. All of them showed maximum interest in reporting GBV and FGM which they believed sensitive issue before the training.



Increased the knowledge of 130 university students in eight universities through school clubs creation and sensitization on the medical consequences of FGM/C. Managed that students (adolescent girls) can openly discuss the problems of FGM/C and supported total abandonment of the practice.

400 copies of GBV/FGM/C articles were produced and disseminated to the youth in universities, schools, government institutions, municipalities, and GBV stakeholders. Published in local websites and shared in the social media which approximately reached 24,000 youth.

**Outcome 2 : Service providers provide timely, appropriate and quality services to girls and women at risk of or having experienced FGM in select districts in programme countries**

**Output 2.1 : Service providers have the capacity to provide FGM/C-related services**

Through UNFPA-supported fistula campaign, 72 obstetric fistula repair surgeries were performed over the period of January-August 2016 in Puntland, while 157 survivors received medical and psychosocial services. In Somaliland, 80 FGM survivors were supported in the health clinics and MCHs. 210 mothers got relevant information on the health consequences of FGM/C. Both financial and technical supports were provided for these services and information-sharing. The revised midwifery curriculum, supported by UNFPA, also incorporates FGM prevention and management, which enables midwives to be properly equipped to handle the issue. The revised midwifery curriculum is currently being rolled-out in Somalia.

**Output 2.2 : Service delivery points have the capacity to provide FGM/C-related services**

**Outcome 3: A majority of individuals, families and communities in programme areas accept the norm of eliminating FGM/C.**

In Puntland, more than ten thousand community members were reached with awareness-raising messages and sensitization to abandon FGM. Social Norm and Behavior Change has seen through extensive sensitization and mobilization conducted at various levels to prompt positive changes in social norms and behaviors. In addition to the general community sensitization and engagement, specific focus was placed on the mobilization of religious leaders and young people who are key change agents in Somali society. Media program for the approval of legal/policy framework on the total abandonment of FGM was conducted in Somaliland. In this, the message reached 10,000 individuals who regularly connect to media programs.

**Output 3.1: Individuals, families and communities in programme areas are increasingly educated about the harms and norms related to FGM/C and alternatives the practice.**

- Community awareness: 1000 community members reached through radio talk shows on zero tolerance of FGM
- 1200 people reached in Gardho, Bosaso, Galkayo and Garowe through two awareness campaigns on the zero tolerance of FGM
- 5,000 community members sensitized through nine awareness raising campaigns on GBV and FGM in view of the International Women's Day
- 1,000 people from Ajuuran, Shabelle and Balay village reached with zero tolerance of FGM messages through

outreach campaigns.

In the celebrations of international FGM day and IWD in Somaliland, 12,000 who follow Y-PEER social media site received adequate information on the consequences of FGM/C and vowed total abandonment. 6 big events were organized by the ministry of labor and social affairs and reached 12,000 individuals through outreaches and media coverage. Printed 600 copies of the referral pathway to support the elimination of FGM/C. Raised awareness and mobilized public opinion to the elimination of FGM/C, reaching approximately 12,000 community members. Media coverage and debates of women political participation to lobby and advocated for legal support of GBV survivors. Relevant IEC materials carrying tangible messages developed and distributed. Also in Somaliland, 40 FGM/C circumcisers engaged and convinced them to stop the practice. All FGM/C circumcisers agreed to educate community on the consequences of FGM/C but requested alternative means for the way forward.

An additional 5,215 FGM community dialogues were conducted which directly targeted FGM reaching approximately 60,000 individuals. In Somaliland, this comprised of 6 dialogue sessions facilitated by religious leaders who were selected as strong advocates for total abandonment. A total of 400 community leaders including government officials, men, women, boys, girls, traditional leaders, and religious leaders participated. The aim was to create more common ground between people who have different experiences and perspectives on FGM with a view to building understanding of others' experiences and opinions to facilitate the process of change. The sessions also helped community members to understand the value/benefits of abandoning FGM as well as understand the Islamic position on FGM. The formal dialogue sessions were followed up with continuous advocacy and sermons by religious leaders and traditional leaders at the community level. Ongoing monitoring by community facilitators and project officers indicate that informal debates following dialogue have become critical in the change process where community members can challenge and question their beliefs in a 'safe' and comfortable environment with advocates and change makers who have been provided intensive capacity support.

- 30 village and IDP mothers were trained on the consequences of FGM/C



In Mogadishu, UNICEF has just completed a 3 year pilot social norms programme called Communities Care. The programme targets social norms that are the root causes of Gender Based Violence and harmful gender practices (through social norm change theory). The pilot programme has been implemented in 2 communities and was researched thoroughly by Johns Hopkins University. The programme directly targets community leaders who participate twice per week in facilitated discussions on gender issues and harmful social norms over a 13 week period culminating in a public declaration and creation of a community action plan. The programme methodology aims to change social norms through personally challenging influential community leaders on their belief systems, power relationships and social norms following which they are supported with resources to campaign on these issues within their community. Through a guided discussion course, the participants/leaders gain understanding on how gender discrimination, violence and harmful gender practices are undermining individual rights and community development/cohesion. Towards the end of the programme, participants (community leaders) themselves identify the key issues that they wish to confront in their community – they then have a public declaration announcing their



views to the wider community through dance, poetry, song, drama or public statements and implement a community action plan to change key harmful social norms in their community. What is notable is that in all the 104 public declarations (and subsequent action plans) that were developed by community leaders, FGM was referenced as a social norm to be changed. Subsequently, a total of 20,333 community members were challenging to change their beliefs on FGM alongside other critical gender issues including girls education, domestic violence, services for survivors of rape, sharing of household chores and non-blaming of rape survivors. The JHU research has found significant change in social norms as a result of this programme. A 4<sup>th</sup> data point (post endline) will be gathered in the first quarter of 2017 following which research findings will be released.

*"Our religion forbids some bad acts that our men are doing against our women and girls such as neglecting them and assuming that they are not part of the community. (...) Some of the harmful norms, that our people believe are from our Islamic religion such as Pharaonic circumcision, neglecting girls, forced marriage etc. are not from Islam"* **Yaqshid religious leader.**

*"In one of my sermons, I stood in the mosque and talked about FGM and early marriages and their negative effects to the community. After a couple of days, I overheard people talking about the sermon and debating on the issues and saying how helpful it was to them."* **Imam from Yaqshid**

*"I was refusing my daughter to go the school also I wanted her to undergo FGM but now I stopped."* **Mother in Yaqshid**

### **Output 3.2: Individuals, families and communities are increasingly mobilizing collectively to abandon FGM/C**

Somaliland Family Health Association (SOFHA), in collaboration with the Ministry of Labor and Somalia Affairs (MOLSA) and other stakeholders, held a two-day workshop for stakeholders in Hargeisa. The participants reviewed and harmonized the FGM indicators in Somaliland and created a mechanism for tracking progress towards the indicators.

In South Central, community capacity building on protection of girls from FGM was held in Balacaa district, Middle Shabelle region in South Central. 150 communities declared FGM/C abandonment and reports on actions from the three zones. As a result of the establishment of community based child protection mechanisms and training of service providers, joint programme partners were able to effectively intervene to directly save 206 girls from FGM in Puntland, 282 girls in Somaliland and 30 girls in Southern and Central Somalia. This information is collected and shared via Joint Programme partners, which is consolidated at the zonal levels and shared with UNICEF/UNFPA. A further 200 FGM practitioners trained on FGM and later became advocates on total abandonment of FGM in their communities in Dollow, Luuq and Belet Hawa in South Central Somalia. A further 250 religious leaders were engaged for the abandonment of FGM in Puntland and 306 religious leaders mobilized to end FGM/C in Somaliland.

#### **IV. Partnerships and knowledge exchange at national and decentralized levels**

UNFPA and UNICEF, through the GBV sub cluster, held a workshop on social norms in Nairobi. The meeting explored different methodologies and challenges encountered in social norms programming in order to increase sectoral learning that can support the design of new interventions. The workshop explored social norms in gender programming, including how normative systems can be changed and their impact on FGM and GBV issues more broadly as well as new methodologies and challenges encountered in social norms programming. The UNICEF/UNFPA globally developed *Manual On Social Norms and Change* was also introduced during the workshop. Population Council also presented their planned research on FGM in Somalia.

UNICEF and UNFPA have supported the work of Population Council through facilitating meetings with key stakeholders and networks in Somaliland as they embark on longitudinal research on the societal drivers of FGM, shifts in norms relating to the movement away from Pharaonic FGM to Sunnah FGM and other information critical to ending the practice. Following consultations with government, community and civil society stakeholders in mid-2016, Population Council have completed the initial data collection exercise during the last quarter of 2016 in Hargeisa and

Borama.

The GBV Survey completed by Johns Hopkins University has been drafted and is in the process of being validated by government in Puntland, Somaliland and at the Federal Government level. This survey referenced in section 1 provides evidence that FGM campaign and advocacy work over the past decade is having significant impact in changing personal beliefs and shifting the social norm towards total abandonment of FGM. UNICEF, UNFPA, the World Bank, CISP (data collection agency) and Johns Hopkins University held workshops in Hargeisa, Garowe and Mogadishu with respective ministries and civil society partners to validate and educate stakeholders on the findings from this important research.

UNICEF has also completed the initial pilot of the Communities Cares programme (see section Output 3.1 above) which has shown significant impact in changing social norms. Also researched by Johns Hopkins University, a fourth data point will be collected in the first quarter of 2017 following which we'll have a clear understanding of the impact of the programme in shifting harmful social norms including FGM.

**V. Regional partnerships and exchange**

UNFPA, in collaboration with Ahfad University for Women in Khartoum, convened a workshop on FGM in Khartoum. The workshop brought together religious leaders from Somalia, Egypt, Sudan and scholars from Al-Azhar University in Egypt. Action plans were developed for each zone and are currently being implemented. Below is the action plan table developed:

**Somalia Action Plan**

	Action	Lead Agency	Partners	Estimated Budget	Note
1	Establishment of network for Somali religious leaders (starting from district level to National level) to pave the way for declarations	Ministry of Religion Affairs (SL) Ministry of Justice, Religious affairs and Rehabilitation (PL) - Ministry of Religion and Endowment (SCZ)	UNFPA and UNICEF	\$5,000 (Somaliland)  \$5,000 (Puntland)  \$5,000 (South Central)	Costing is needed for consultations, travels and dialogues  Total for activity in three zones is \$15,000
2	Organize sensitization and dialogue workshops, targeting sheikh/Imams, and female religious leaders and organize exclusive sessions for women in all regions.	Ministry of Religion Affairs (SL)  Ministry of Justice, Religious affairs and Rehabilitation (PL) - Ministry of Religion and Endowment (SCZ)	MOLSA, MOH UNFPA MOJRAR MOH	\$3,000 (Somaliland)  \$3,000 (Puntland) \$ 3,000 (South Central) -	Total cost for the three zones is \$9,000

3	Conduct comprehensive researches on FGM/C across the three zones (Somaliland, Puntland and South Central ) and discuss findings at national conferences, quarterly meetings by the ministry of Religious Affairs of the three zones	Ministry of Religion Affairs (SL) Ministry of Justice, Religious affairs and Rehabilitation (PL) - Ministry of Religion and Endowment (SCZ) IRADA SL Hayaan Institute of Research centre and policy studies PL MoH FGS, RHWG (SCZ)	MOLSA, MOJRAR UNFPA	\$11,000	To be discussed by a lead focal point from the three zones.
<b>Total funding requested=\$35,000</b>					

**VI. Publications and Programme Tools**

There is a guideline on Clinical management of Rape protocol, which was developed and endorsed in 2015, and detailed out FGM complication management as well. In Somaliland, 210 health providers were trained and sensitized on the CMR protocol and has served 80 FGM/C survivors.

**VII. Insights and lessons learned from 2016**

The impact of the interventions needs to be thoroughly evaluated in order to draw lessons to benefit other thematic areas such as Female Genital Mutilation (FGM), early and forced marriage, and how it best fits into broader Gender-Based Violence (GBV) service provision

Di monitoring training supported and harmonized the FGM programme interventions once the common indicators were discussed and agreed at the FGM task force meeting in the three zones.

**VIII. Challenges and Solutions in 2016**

Political instability/election process delaying the implementation of some of the activities, for example policies and legislations.

Different religious perspectives continue to stifle progress on zero tolerance to FGM. Limited service points, specifically providing comprehensive services on the management of FGM complications, particularly that of psychosocial support and counselling.

**Solutions:** invest much more in 2017 on promoting community social norm change innovations and dialogues, and service provision targeting Psychosocial support and counselling.

**Annex 2:** Please provide any additional information

**Below is the table of implementing partners for the Joint Programme:**

Source of funding	Implementing Partner	Program focus area	Region	Districts
<b>FEDERAL GOVERNMENT OF SOMALIA</b>				
<b>Regions:</b> Hiran, Middle Shabelle, Bakool, Bay, Lower Shabelle, Gedo, Middle Juba, Lower Juba, Benadir, Karkar				
UNICEF	Ministry of Religious Affairs & Endowment (MORAE)	Religious leaders dialogue on abandonment of all forms of FGM/Issuing of FATWA on FGM	<b>Banadir</b>	Mogadishu
UNICEF	Somali Aid Foundation (SAF)	<b>Community Dialogues to declare total abandonment of FGM/C.</b>	<b>Banadir</b>	Mogadishu & Dollow district
UNICEF	CEDA	<b>Community Dialogues to declare total abandonment of FGM/C.</b>	<b>Banadir &amp; Gedo</b>	Mogadishu & Dolow
UNFPA	Ministry of Women and Human Rights Development	community based consultation on the draft of zero-tolerance of FGM legislation	Banadir, Galgaduud, Hiiran, Middle shabelle, Bay	Mogadishu, Adado, Beledwein, Jowhar, and Baidoa
UNFPA	Daynile Family center, Dherkenley Family center, Hodan Family center	Giving life saving services to newly circumcised girls who underwent severe forms of FGM, community awareness-raising on FGM issues	Banadir	Daynile district, Dherkenley, Hodan district district
UNFPA	Ministry of Health (Karan Health Center, Abdiaziz HC, Arif HC, Warta Nabadda HC, Barwaqo HC, Daynile Hospital, SOS Hospital)	Collecting data on FGM cases at the health clinics	<b>Banadir</b>	Abdiaziz, Kaaran, Warta Nabadda, Daynile, and Hamarweyne
<b>PUNTLAND</b>				
<b>Regions:</b> Bari, Nugaal, Galgaduud Mudug				
UNICEF	TASS	Community Dialogues, Religious leaders	<b>Bari, Nugal, Mudug, Karkaar, Sanag,</b>	Bossaso, Iskushuban, Garowe, Birta dheer, Kalabayr, Jalam

			<b>Highland, Garadfu, Galdogob</b>	Dangoroyo, Cuun, Timirka, Galkacyo Bacadweyn, Roon, Abaarey, Gardo, Waciye, Badhan, Dhahar, Dhahar, Baargaal, Galdogob
UNFPA	PUNCHAD		<b>NUGAAL, Mudug</b>	BALI BUSLE, BACAADWAYN
UNFPA	SAAB Foundation		<b>Bari</b>	
UNFPA	RFI		<b>Nugaal, Sanaag</b>	Garowe IDPs Badhan and Laasqoray Dhahar and Beeraagta qol
UNFPA	Laasqoray Concern		Sanaag	
UNICEF	MOJRAR	Awareness raising on FGM/C in Universities and Schools	Bari, Nugaal, Karkaar, Sanaag	Bosaso, Garowe, Qardho, Badhan, Bosaso, Boame, Elbuh, Goldogob, Qarxis village, Dhahar, Galkayo, Armo, Eyl
UNICEF	MOWDAFA/PWA		Bari, Nugal	Bossaso, Ufevn, Armo, Ayl, Garowe
UNICEF	MOH	Health centres on Health aspects of FGM and community	Karkaar, Bari, Nugal, Mudug, Sanag, Highland, Cayn, Sool	Gardo, Bossaso, Garowe, Galkacyo, Galdogob, Badhan, Dhahar, Buuhoodle, Boocame,
<b>SOMALILAND</b>				
<b>Regions: Awdal, Woqooyi, Togdheer, Sanaag, Sool</b>				
<i>UNICEF</i>	TASS		<b>Sanag</b>	Badhan Dhahar
UNICEF	TASS		<b>Sool</b>	Buhodle
UNFPA	Initiative for Research and Development Action (IRADA)	Community Dialogues, Religious leaders	<b>Marood ijeex, Gabiley</b>	Gabiley Wajale, Ibrahim Koodbuur, Ahmed dhagax, Gacan-libaax

UNFPA	Initiative for Research and Development Action (IRADA)	Community Dialogues, Discussion forums for FGM Practitioners, and Support community declaration.	<b>Awdal</b>	Borama, Dilla, Hayeyaabe
UNFPA	Initiative for Research and Development Action (IRADA)	Community Dialogues, Discussion forums for FGM Practitioners, and Support community declaration.	<b>Sahil</b>	Berbera
UNICEF	International Horn University (IHU)	Religious leader's dialogues on FGM/C abandonment, and support community public declarations on FGM/C abandonment.	M.jeex, & Awdal	Hargiesa, Gabiley.

**Annex 3:** Please share a link for high resolutions pictures with appropriate caption.

STORY – [https://www.unicef.org/somalia/reallives\\_18051.html](https://www.unicef.org/somalia/reallives_18051.html)

STORY – [https://www.unicef.org/somalia/reallives\\_18009.html](https://www.unicef.org/somalia/reallives_18009.html)

**Batula Sid Barakow, former FGM practitioner now activist against FGM**

VIDEO – <https://www.youtube.com/watch?v=8qdhAE9fhpc&feature=youtu.be>



Batula (centre, in green dress) talks about the harm of FGM to a group of women and children. © UNICEF Somalia/2016/Ismail Taxte

Batula is a traditional birth attendant and has been working for the past 25 years. Because of her reputation and medical skills, many families take their girls to her and ask her to carry out Female Genital Mutilation (FGM) on them. FGM is a deep-rooted cultural practice in Somalia with virtually every Somali girl and woman (98 per cent) having undergone it.

*“When a girl was brought to me for circumcision, I would start preparing a mixture of charcoal and myrrh to stop the bleeding. I would tie one of her legs to a person and the other leg to another person. A third person would sit behind her and hold onto her back, while I would be seated right in front of her.*

*To stop her from crying and to hold back her screams, her family would start beating up drums to make her yelling disappear into the air.*

*Fathers believed their daughters won't be married if they're not cut. Mothers and grandmothers were the ones who brought the girls to me, so that they can check the virginity of their daughters. In fact I did it myself to my eldest daughter. I used to inspect her every time she comes from school or from outside. If it wasn't sewn, then I would know a man had an affair with her.*

*I believed that FGM was a big part of culture and tradition and that no man should marry a girl who did not go through FGM. Now I know what I did was wrong. I can confirm that there is nothing good in it.*

*As a mother, it really pains me to see women suffering because of my past mistakes of doing FGM. I will make sure that none of my granddaughters will go through such pain ever again. I sincerely repent to ALLAH and ask for His forgiveness for making the girls go through that hell.*

*It's bad in every respect. It must stop!”*



**<Prominent religious leaders from the International Horn University in Somaliland, leading the discussion on the engagement of religious leaders for the total abandonment of FGM>**



**<Prominent religious leaders from the International Horn University in Somaliland, leading the discussion on the engagement of religious leaders for the total abandonment of FGM>**



#### Annex 4: Financial Report Template

##### Summary of Financial Report: 1<sup>st</sup> January – 31<sup>st</sup> December 2016

Office	2016 Budget	Expenditure as at 22nd December 2016 (as captured in the financial system)	at Commitments (please see note below) including OFA	Balance	Utilization Rate
UNFPA	400000 (\$373,832 as budget programmable)	223,906.00	120,543.00	29,383.00	92%
UNICEF	\$897,750	986,980.01	0	(\$89,230.01)	110%
<b>Combined Total</b>	<b>\$1,271,582</b>	<b>1,210,886.01</b>	<b>120,543.00</b>	<b>-59,847.01</b>	<b>105%</b>

NB - Overexpenditure due to absorption of unutilised funds from the Kenya programme (\$334,000)

##### Financial Report by Outcome and Output (1 January-31 December 2016)

Output	Office	2016 Budget	Expenditure	Commitments (including OFA)	Balance	Utilization Rate
<b>Outcome 1: Programme countries enact legal and policy frameworks for eliminating FGM which are appropriately resourced and implemented (in line with AU and UN Resolutions)</b>						
<b>Output 1.1</b>	UNFPA	62,391	35,978	26,413	1,865	100.0%
Policy makers mainstream the commitment to end FGM/C throughout Government	UNICEF	75000	117360.48			156.5%
	<b>Total</b>	<b>137,391</b>	<b>153,338</b>			<b>111.6%</b>
<b>Output 1.2</b>	UNFPA					
Policy makers increasingly utilize disaggregated data and best practices to enforce law and implement evidence based	UNICEF					



are increasingly mobilized collectively to abandon FGM/C	UNICEF	150000	231825.37			155%
	Total	194,329	257,619			133%
<b>Staff cost at UNFPA / UNICEF level</b>						
Staff cost at UNFPA / UNICEF level	UNFPA	39,042	33,870		5,172	86.8%
	UNICEF	133,000	112,120.17			84.3%
	Total	172,042	145,990			84.9%
<b>M&amp;E related expenditure</b>						
M&E related expenditure	UNFPA	3700	-1926		5,626	-52.1%
	UNICEF	19,950				0.0%
	Total	23,650	-1,926			-8.1%
<b>Operational / administrative costs</b>						
Operational / administrative costs and other costs	UNFPA	21,012	8,583		12,429	40.8%
	UNICEF	79,800	16226.13			20.3%
	Total	100,812	24,809			24.6%
<b>Budget Narrative:</b>						

