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ABOUT THE EVALUATION	
Evaluation year:	2004
Conducted by:	Morris Rukunga, Fatuma Mohammed and Abdi ALI
Country:	Somalia (Gedo)
Region:	Eastern Africa
Theme/DAC sector:	130.20

SUMMARY OF THE EVALUATION

Title of Evaluation Report:

Rapid assessment on Female Genital Mutilation in Gedo

Background:

Somalia republic is at the Horn of Africa. It borders Kenya to the Southwest, Ethiopia to the west and Djibouti to the Northwest respectively. The population is approximated to be 8 million. Somalia is 632, 000 kilometre sq. The country is divided into 16 provinces. Gedo is one of the southern region provinces.

NCA initiated FGM program in Gedo Somalia after a consultation meeting with women leaders from Garbaharre and Burdhubo in August 2001. In this forum, the women requested NCA to assist them understand and develop strategies to address FGM in the Somali community. It was therefore proposed that, in order for the program to make an impact, it was prudent to target the entire seven Districts of Gedo region with a spilling effect to the bordering Districts of Mandera, Kenya and Dolo Ethiopia. Since then, NCA has organized consultation workshops, conducted three training programs for 25 Tots (carefully selected groups of women, men, boys and girls), provided training materials, translated documents for circulation, and distributed badges and T/shirts with anti FGM messages.

Although all the above has been done, the war on FGM has just begun, it is estimated that 98% of the women in Somalia have undergone FGM, with 95% having undergone the severe type known as paranoiac or infibulations. NCA, FGM program may not have produced easily visible impact due to restrictive factors like, the short time the program has been implemented, deep rooted culture, low level of literacy especially among women, insecurity, war and the impact of poverty that diverts attention to livelihood. However NCA endeavors to sustain continued activities aimed at eradicating FGM among the Somali community

Purpose/ Objective:

1. Assesses the effectiveness, efficiency and impact of the trained Tot's
2. Establish feasible action plan for each District to undertake community outreaches
3. Effect action plan in each district
4. Assess the impact of FGM program in the region
5. Make appropriate recommendation for future intervention

Methodology:

- *Assessment design:* Both quantitative and qualitative methodologies were utilized in this assessment. A triangulation method was used, where data was sourced with different methodologies from different respondents and the cross examined to establish facts.
- *Assessment sites and sampling procedure:* The rapid assessment covered four Districts out of seven Districts in Gedo region, Southern Somalia. These are Elwak, Garbaharre, Burdhubo and Bardhera

- *Literature review:* A review of relevant materials and documents on abandonment of FGM in the region was done. The focus was on the impact of those trained and the feasible outreaches carried.
- *Informant interviews:* In-depth interviews were conducted with a cross-section of stakeholders. These included:-Trained Tots, religious leaders, youth, women leaders and community members.
- *Focus Group Discussion:* A series of focus group discussion were held with the youth, women and religious leaders. These generated in-depth data on the status of FGM in their respective Districts and the way forward for the eradication of FGM in the region. A checklist of questions guided discussions and notes were taken Verbatim.

Data management analysis

- Quality control of data was ensured throughout the impact assessment. During the data collection process, the consultants ensured that all interviews were successfully carried out and issues needing follow-up identified. Interviews and the Focus Group Discussions (FGDs) were recorded verbatim. Data was subsequently thematically coded for analysis. Quantitative data was analysed and presented.
- A participatory approach was embraced, as respondents were involved in discussion and ultimately arriving at reasonable conclusions on the way forward for the eradication of FGM practices in Gedo region.

Case study

Case studies of selected messages used to persuade communities' to abandon FGM practices with relevant lessons were compiled

Key Findings:

- It is clear that the silence on FGM is finally broken. Women and men jointly come together to discuss the effects of FGM. At the same time discussions on FGM have created a forum where the parents can discuss the future of their daughter as far as FGM issues are concerned.
- The level of awareness and sensitization has tremendously improved, for example, 95% of the respondents in Bardhere and 90% in Garbahareey towns, 80% in Burdhubo and 56% in El wak have heard about anti FGM messages either from NCA staff, Tots, BBC, Shabelle or Mogadishu radios.
- The position of Islam on FGM, which is, women are not supposed to be cut, have created many debates among Islamic scholars with no q'uranic references. This seems to have inculcated among the local population in the Districts leading to a change of perception in regard to FGM.
- It was encouraging to note that an estimated 98% of the respondents revealed that they have in away been influenced by the anti FGM messages.
- Advocacy against FGM in Somalia needs to be approached with caution where people are sensitised to mobilise themselves to abandon FGM culture under supportive structures with external influence and experience sharing.
- The use of Tots in awareness creation, sensitization and advocacy against FGM has been very effective and resourceful e.g. 14 out of 25 respondents (56%) in Bardhere for instance benefited directly from NCA TOT messages. They were able to mention the Tots names and the actual venues where the Messages are communicated. The villagers confirmed that the TOTs have held numerous sensitisation forums and house to house awareness creation visits
- FGM is a collective cultural pattern with benefits and sanctions anchored in a broad system of social behaviour, collectively-initiated action tends to be more effective in achieving its abandonment than individual 'just-say-no' tactics. This is evidenced by the number of respondents who identified various stakeholders as their sources of the anti FGM messages. These sources include religious leaders, the media, and health providers, other NGOs on the ground and the NCA Tots.
- As the linkage between women's concerns and community well being is established and their empowerment is brought into focus, it is essential to involve men in programming learning and deliberations involved in addressing FGM.
- That information disseminated should be cautiously handled since this can create a mismatch. At another level the information can further be misinterpreted and misconceived. This was learnt from the Manderla declaration in December 2003, which was conducted to advocate for a change from infibulations (cutting the clitoris, labia minora, labia majora and the raw

surfaces are stitched together) to Sunna (cutting of clitoris). The emphasis was on “..... if the community cannot abandon infibulations, then the clitoris should be cut”. The declaration recommended Sunna and discouraged infibulations legitimizing female circumcision.

Constrains and Challenges.

1. Paradigm of religion and Culture. The Somali community are predominantly Muslim and Islam is considered more than a religion but as a social system, culture and civilization. Most respondents still view FGM as an Islamic rite
2. Free movement of the Tot's was limited by increased insecurity due to clan and inter clan conflict hence advocacy campaign is yet to reach the rural community.
3. The programme relies on volunteers for all its implementation activities and advocacy. These volunteers often are not paid any incentives thus making it difficult to concentrate on the planned programme activities on the eradication of FGM.
4. FGM is seen as a source of income for those performing it. The practitioners reported that on average Sshs. 50,000 an equivalent of \$3 is charged on every child that undergoes FGM. This is well illustrated by incisor Zeinab Birikh of Garbaharre when she says, “I raise my grand children from the earnings I make from circumcision but if I am given ready soup to drink I will abandon”.

Recommendations:

- NCA team should prioritise the youth because they are tomorrow's parents, are not wed to old traditions and can be influenced easily about the harmful effects of FGM.
- There is need to support the Tot's in the outreach programmes, build each groups' unique contributions, monitor, evaluate and reward the innovative efforts of the team for instance that of Bard here team.
- Religious leaders should be involved in the fight against FGM and encouraged to build their technical skills in anti- FGM programme implementation. There is also a need for the position of Islam vis-à-vis FGM and women's sexuality to be clarified.
- To avoid disharmony among community members, any approach used to address the practice of FGM should be comprehensive and integrated, involving all members of the community. Project staffs and volunteers need to be trained on conflict resolution and how to develop support groups to anti-FGM activities. This will enhance staff ability in choosing the right participants without basing selection on clan or family relations. A special effort to reach the marginalized communities to be made.
- There is need to conduct more community/ district based training so as to provide friendly and effective message delivery and to educate distant and difficult to reach members of the community. The religious training at the district level and the movement of the AT team seemed to have evoked more discussions than any other intensive training undertaken outside the districts.
- Train the practitioners as change agents and motivating them to inform and educate the community and families about the harmful effects of FGM. Also training the practitioners to have an alternative source of income (income generating activities) and giving them the resources or equipment they need to allow them to earn a living.
- There is need for substantial I.E.C materials, including posters, calendars, leaflets, brochures, T-Shirts, songs, dramas, and videos. T-shirts for instance could read “stop girls' circumcision”

Comments from Norwegian Church Aid (if any):

This rapid evaluation was conducted in June 2004 and the findings have been useful to design and implement the activities for the year 2005. The findings and recommendation have formed the basic foundation of the way forward and highlighted areas of concern as well as the intervention strategies that need to be implemented.

It is quite evident that FGM is an old cultural ritual that has been deeply entrenched in Somali customs. The practise is further compounded by the misinterpretation that FGM is an Islamic religion requirement. This poses overwhelming challenges to criticize a lifestyle in a predominantly Muslim community. A lot more emphasis needs to be put in advocacy and sensitization to reverse prevalence rate of 98%. This will no doubt require a sustained fight with resources both material and man-kind.

THE REPORT

OF

THE

RAPID ASSESSMENT ON THE FEMALE GENITAL MUTILATION

ACTIVITIES NORWEGIAN CHURCH AID IN SOMALIA

JUNE 2004

PREPARED BY: FATUMA MOHAMMED AND ABDI ALI

Acronyms	4
EXECUTIVE SUMMARY	6
1.0 BACKGROUND	8
PURPOSE	10
2.0 METHODOLOGY	11
Assessment design	11
Data management analysis	13
3.0 MAJOR FINDINGS :IMPACT ASSESSMENT RESULTS	14
• Education	15
Effectiveness and impact trained (Trainer of trainers) TOTs	15
4.0 CONSTRAINTS CHALLENGES AND LESSONS LEARNT	18
Lessons learnt.....	19
5.0 RECOMMENDATIONS AND SELECTED MODEL ON ERADICATION OF FGM.	20
ANNEXES	23
References	Error! Bookmark not defined.

Acronyms

AT
BBC
Corporation
FGD
FGM
I.E.C
Communication
NCA

Assessment Team
British Broadcasting
Focus Group Discussions
Female Genital Mutilation
Information Education and
Norwegian Church Aid

Acknowledgement.

This report is, partly, a result of consultations and discussions among various stakeholders in Gedo region, of southern Somalia. It is difficult to mention all the participants of these proceedings by name. However, we would like to express our gratitude to the programme personnel of the Norwegian Church Aid Somali Programme and the districts councils of the region visited.

We wish to thank the programme coordinator – Morris Rukunga and the staff in the field for their relentless support and invaluable company through out the exercise.

Finally we wish to appreciate the community of Gedo for without their reception and support the assignment may not have been a success.

Special thanks goes to Ali Mohamed Hassan (Ali Madhobe) a representative of the Somali living in Diaspora for his advice to the community of Gedo in being a role model.

EXECUTIVE SUMMARY

This report represents the results of an 18-day Rapid assessment study on FGM carried out 9th –26th July 2004 in 4 Districts of Gedo Region, Southern Somalia at the request of the Norwegian Church Aid-Somalia programme.

For the problem of FGM to be effectively addressed, an assessment of the success of the activities of local intervention groups such as Tots, which include religious leaders, women groups and the youth in Elwak, Garbahare, Burdhubo and Bardera Districts will be critical.

The assessment of the challenges and constraints faced by these groups will certainly provide the stakeholders and development institutions with the necessary insight to deal with the problem even more effectively. It is expected that this study will contribute towards the achievement of the goal of eradicating FGM in the region.

Effectiveness and impact of the TOTS:

In spite of the small number of trained TOTs (five from each district), the impact of the activities of these groups has been tremendous. A lot of awareness has been created among the local population and the locals can now openly discuss the practice of FGM. It is no longer a taboo subject among the local people to talk of the adverse effects of FGM, especially on women. Indication of perception change vis-à-vis FGM were evident in the areas visited. For instance, in Bardera District, the TOTs have created awareness forums at a number of villages close to the headquarters.

Past interventions

Though an excellent idea aimed at message delivery, the site selection of TOTs lacked the immediacy necessary for effective content delivery. The TOTs were few in number and were trained far away from their respective localities. This reduced the extent to which advocacy would be carried to cover the target population.

Impact of FGM programme in the region.

The programme has engendered empowerment and debate in the regions. The local people can now debate the dangers and adverse effects of FGM. The position of Islam on FGM, which is that women are not supposed to be cut, have created many debates among Islamic scholars with no quranic references, also seems to have been inculcated among the local population in

the Districts. This has led to a change of perception regarding FGM. Some among the local community are emerging from dyed-in-the wool approach to the practice and embracing debate. The Somali in the Diaspora also seem to have been touched by the anti-FGM message and are thus visiting the region to engage the locals in debate on the dangers and risks of FGM.

Action plan for outreaches in each district.

To eradicate FGM, all the intervention groups encompassing the youth, the religious and women groups have drawn a six month community action plan targeting all the people in the region, from the urban to the rurals, including even the nomadic shifting groups. However, youths in Elwak and Garbahare did not seem to be actively involved in the advocacy unlike their counterparts in Burduba and Bardhera Districts.

The practice of FGM has had far-reaching consequences on the local populace, particularly women. It has contributed directly to the high incidence of maternal mortality in the Somali society and to a broad range of other female health problems. It therefore demands the involvement and participation of the local community groups in order to effectively tackle the malpractice. It is now widely recognized that the perpetuation of FGM among the Somalis has had negative physical, psychological and social effects on the local women; and has no religious basis. The assessment gives special emphasis to the involvement and activities of local intervention groups at the grassroots level aimed at eradicating the malpractice

1.0 BACKGROUND.

The Somali community are traditionally nomadic, a natural response to the harsh arid topography in which they live. Somali are a society with many communities. Majority of nomadic population is divided into shifting composite of clans and sub clans whose relations have historically been characterized by competition and sporadic conflicts.

A large minority of ethnic Somali mainly located in the southern interriverines areas are either settled or semi nomadic, and many speak distinct dialects. A further category of the population is the occupational caste that is mainly ethnic Somali but “outcasts” in the sense their artisan tasks are considered inferior. They are forbidden to intermarry to other groups. (Lewis 1961). There also exist residual groups of the pre-Somali Bantu inhabitants of the Horn, the descendants of the ex – slave groups.

Somalia republic is at the Horn of Africa. It borders Kenya to the Southwest, Ethiopia to the west and Djibouti to the Northwest respectively. The population is approximated to be 8 million. Somalia is 632, 000 kilometre sq. The country is divided into 16 provinces. Gedo is one of the southern region provinces

The Somali society has been transformed by the revenges of conflict, and exigencies of survival. The traditional organization of Somali nation according to clans has encouraged some of the worst excesses of violence but has also offered some shelter from those excesses, the dynamic Somali system of kinship and customary law has been responsible for indiscriminate killing, ethnic cleansing and subjugation of ethnic and occupational minorities.

The status of Somali women differs across societal groups and to a certain extent across geographical areas. Some distinctions, such as those between rural and urban or nomadic and agricultural are important enough to merit attention.

Somali women have always played a crucial role as bearers of loyalties between lineages, clans or kin but they have to a large extent then restricted to the private domain and domestic confines. Before the fall of the government in 1991, women passed from private patriarchy to public masculinity based on the tenets of scientific socialism in which women were no longer excluded from public arena but were incorporated and subordinated within it. During these period women were said to be equal to men - an issue which the religious leaders opposed but were executed for going against.

In search for peace, analysis of the civil war has been typically focused on clan based of Somalia functional conflict, an almost exclusively male domain. The role of the other half of Somali population, both in sustaining the war and in containing it, has received only superficial examination.

Some women are typically cast in the role of mothers, wives, sisters and daughters – victims of circumstances beyond their control. Efforts to reinvent Somali women as breadwinners, negotiations and partisans of a lasting peace have tended to reinforce a simplistic division of gender roles without recognizing the many domains in which the roles of men and women coincide and even overlap.

The civil war has introduced contradictory forces on the status of women. On the one hand, pre-war progress in the promotion of women's rights has been eroded as modern state structures give way to more traditional modes of social organization, in which men define the public domain and women are relegated to a submissive and generally unrecognised role. On the other hand, women have acquired new importance as merchants, providers, and heads of families as they take up the functions abandoned by men when they go off to war.

Although Somali kinship system is principally patrilineal, affinal (maternal) ties retain an important social role. Many clans include the names 'habar' or 'bah' implying that they have evolved from 'uterine' alliances between brothers from a common mother (Lewis 1961). In the family, the role of the maternal uncle (abti) is believed to be of special significance to a child. And at the time of burial, the deceased is generally identified in reference to the mother rather than the father.

Unlike a man, a woman's kinship affiliation will usually change at least once, and sometimes more often, during her lifetime. She is part of the father's lineage until she is married, then she becomes linked to her husband's lineage by marriage and, more importantly, by the children of the union. After marriage, she retains her father's name, but 'belongs' in law to her husband through the marriage contract. However, despite her loyalties to her husband and children, she is perceived throughout her life principally as a member of her father's lineage.

The eventually 'loss' of a daughter to another lineage group is one of reasons that boy children are typically valued more highly than girls. Newly married or expectant couples are traditionally wished 'wiil iyo caano' (a boy and milk) by well-wishers. This

is not done for a girl. Furthermore, boys can contribute to the size and protection of the clan. Such prejudices are compounded by the unequal treatment received by the children of different sexes at an early age, particularly with respect to education. Men consider the education of girls, even in q'uranic schools less important than the education of boys: girls are regarded as intellectually inferior, while boys are educated to train their rhetorical capacity and to be economically self-sustaining. If a lack of financial resources means that not all the children in the family can attend school, boys will be given priority. Even if a family can afford to educate all its children, young daughters are often required to provide valuable labour in the household and rural protection, which could be disrupted by schooling. A woman who gives birth to boys, therefore, earns greater prestige than mothers of girls only.

Boys are circumcised according to qur'anic law, girls, however, are traditionally infibulated in a manner that arguably contradicts Islamic dictates. The practices of pharaonic circumcision and infibulations contribute directly to the elevated incidence of maternal mortality in Somali society and to a broad range of other female health problems. In Somalia's strongly patrilineal and nomadic society, infibulation is considered an important guarantee of a woman's virginity, her honour, and her eligibility for marriage. The perpetuation of this practice is endorsed at least as widely among women as among men.

PURPOSE

The primary aim of this study is to provide a critical analysis and assessment of the activities of local groups aimed at the eradication of FGM.

OBJECTIVES.

The objectives of the study were to:

1. Assess the effectiveness and impact of the trained TOTs.
2. Establish feasible action plan for each district to undertake community outreaches.
3. Assess the impact of the FGM programme in the region.
4. To make appropriate recommendation for future interventions.

2.0 METHODOLOGY

Assessment design

Both quantitative and qualitative methodologies were utilized in this assessment. There was triangulation of methods, sources of data and data with a view to making the impact assessment suitable to the special demands and unique realities for the people of Gedo region. The specific approaches adapted in pursuit of this assessment objectives and so as to collect data from various interest groups and actors in FGM eradication in Gedo region included having focussed group discussions as well as having interviews with individuals deemed to have vital information. This included the TOTs trained, the religious leaders, the youth and the women groups.

Quantitative data captured such data as that on perception and attitude change towards FGM. The qualitative methodologies on the other hand were used to validate as well as compliment the quantitative findings. This was through in-depth interviews, discussions and observations. The qualitative paradigm was used because of its advantages in seeking to understand people's interpretation and perceptions about FGM and thereby providing an in-depth and contextually relevant interpretation of the communities' perceptions in eradicating FGM practices.

Assessment sites and sampling procedures.

The rapid assessment covered four Districts out of seven Districts in Gedo region, Southern Somalia. These are Elwak, Garbahare, Burdhubo and Bardhera. Efforts were made to capture the diversity of the communities in these Districts on how advocacy on FGM was carried. The sampling of these communities was done under the direction of the programme coordinator NCA-Somalia programme. Since there was insecurity in the other three Districts of Luuq, Bulahawo and Dolo where inter-clan wars killed more than seventy people in the month of June, before the impact assessment commenced, the exercise was conducted in the other four districts of the region namely, Bardhere, Burdhubo, Elwak and Garbaharre.

The respondents of this impact assessment were purposively sampled from among those TOTs trained, religious leaders, Youth, Women groups and ordinary community members. In total the sample included twenty(20)TOTs, forty(40)religious leaders, forty(40)women, twenty(20)youths and a hundred (100) Community members in the four Districts. The purposive sampling approach was utilised so as to capture data from across-section of respondents deemed best placed to give information on FGM intervention programmes in the region. In all cases, gender balance and religious norms were upheld as a norm.

Data collection procedures.

Data collection entailed a process and a procedure, which included;

Literature review

A review of relevant materials and documents on abandonment of FGM in the region was done.

The focus was on the impact of those trained and the feasible outreaches carried.

Informant interviews

In-depth interviews were conducted with a cross-section of stakeholders. These included:

- Trained TOTs.
- Religious leaders.
- The youth.

The women leaders and

- Ordinary community members.

This was basically a dialogue between the consultants and the respondents. The issues covered included:

- The number of training given
- The content
- The community's perception.
- Methods of outreaches.
- Current FGM status.
- On going activities

These issues however served only as a guide. Probing, as much as possible was done and note was taken of information volunteered by respondents. All information was recorded as verbatim as possible.

Focus Group Discussion

A series of focus group discussion were held with the youth, women and religious leaders. These generated in-depth data on the status of FGM in their respective Districts and the way forward for the eradication of FGM in the region. A checklist of questions guided discussions and notes were taken Verbatim.

Case study

Case studies of selected messages used to persuade communities' to abandon FGM practices with relevant lessons were compiled.

Data management analysis

Quality control of data was ensured throughout the impact assessment. During the data collection process, the consultants ensured that all interviews were successfully carried out and issues needing follow-up identified. Interviews and the Focus Group Discussions (FGDs) were recorded verbatim. Data was subsequently thematically coded for analysis. Quantitative data was analysed and presented. A participatory approach was embraced, as respondents were involved in discussion and ultimately arriving at reasonable conclusions on the way forward for the eradication of FGM practices in Gedo region.

3.0 MAJOR FINDINGS :IMPACT ASSESSMENT RESULTS

Overview of assessment sites.

This impact assessment was carried out in Gedo, which constitutes of seven districts namely Bula Hawa, Luuq, Dolo, Burdhubo, Elwak, Bardhere and Garbahareey, which served as the provincials headquarter. District councils govern the districts. The councils economic survival depends on revenues collected from commercial transporters operating on the routes. Majority of the districts inhabitants pursue a nomadic life of wandering from place to place with their livestock and a small percentage are either settled agriculturists like Burdhubo, Bardhere, luuq and Dolo or live in urban centres. The nomadic is governed by the availability of water and pasture either within the districts or outside the districts and only come back when conditions are favourable. (FGD Bardhere). To cope with harsh climatic conditions, Somali pastoralists have devised a herding system known as *jilei* (shifting system), to cope with the disease and drought against their animals. The circle of the year for the Somali nomads is the rotation of four seasons of January, April, July and October. The January to March season is the hardest season of the year when livestock may die of thirst and debility. The long rains follow this season during the month of March to May. It is during this period that marriages are arranged, circumcision is performed and Koranic schools intensify their activities. This is because the season is cool and FGM is perceived to be less risky in that the girls are said to bleed less and there is plenty of milk and food to nourish the infibulated child. While the rest of Somalia has had some level of administration and governance stability, Gedo has been faced by vibrant inter-clan wars that saw switching of clans support, loyalty in, about and aside one another. For the last eight years, there has been little Aid agency settlement in the region. Attempts to tackle emergencies and crisis are limited to the periphery and can be equated to those of guerrilla tactics. Recent insurgence against Aid agencies has seen the withdrawal of organizations like MSF (Doctors without frontiers) and ADRA. The region is almost forgotten in terms of international support, assistance and access to basic necessities is almost impossible. As key informant Habiba Hashi noted, " It is for this reason that the people of Gedo hold Norwegian Church Aid close to their heart for having stuck with them at all eventualities.

While the rest of Somalia has had some level of administration and governance stability, Gedo has been faced by vibrant inter-clan wars that saw switching of clans support, loyalty in, about and aside one another. For the last eight years, there has been little Aid agency settlement in the region. Attempts to tackle emergencies and crisis are limited to the periphery and can be equated to those guerrilla tactics. Recent insurgence

against Aid agencies has seen the withdrawal of organizations like MSF (Doctors without frontiers) and ADRA. The region is almost forgotten in terms of international support, assistance and access to basic necessities is almost impossible. As key informant Habiba Hashi appreciates, "It is for this reason that the people of Gedo hold Norwegian Church Aid close to their heart for having stuck with them at all eventualities.

NCA interventions in Somalia Gedo region started in 1993 and have undertaken the following programmes.

- Education
- Water
- FGM and HIV
- Peace building initiatives
- Emergency and relief distribution.

Effectiveness and impact trained (Trainer of trainers) TOTs

All the TOTs from the districts had established premises that they identified with FGM activities. The TOTs used the venues as resource centre to disseminate information. They stored their training materials disbursed to them and also those that they collected themselves. Burdhubo team had posters from UNICEF that communicated the message easily. The group (burdhubo) had a drama team in place that performed drama, poems and songs on FGM eradication.

Bardhere for instance had its location in the MCH making it easy to reach a large audience that are relevant targets. The Garbahareey team worked closely with the Gedo women group who are situated in the district council's offices. These networking and liaising with the political leaders have led to good political utterances on the issues pertaining to eradication of FGM as is indicated by the words of their district commissioner Abdullahi Garane, "We the district council have decided to put under custody any woman we find cutting our girls".

The Bardhere team has aggressive outreach initiatives from the main trading centres to a number of villages. These include Gurman, Kurman and Sarinleey. Videotapes and pictures on the foras evidenced the activities of the group.

Both Bardhere and Burdhubo carried out public address by the use of mobile microphones. 95% of the respondents in Bardhere and 90% in Garbahareey towns, 80% in Burdhubo and 56% in El wak have heard about anti FGM messages either from BBC, Shabelle or Mogadishu radios. However 14 out of 25 respondents 56% in

Bardhere for instance benefited directly from NCA TOT messages. They were able to mention the TOTs names and the actual venues where the Messages were disbursed. The villagers confirmed the TOTs held sensitisation foras and house to house awareness creation. They could narrate the medical and religious messages relating to FGM.

All the teams have explored religious channels. The Friday religious gathering is a special occasion where the men are reached. This has impacted in that the men are more informed on FGM issues than women. The youth were reported to have been the most easily to convince. Areas like Garbahareey and Elwak however, have no active youth groups and this generated awareness gap as far as the youth was concerned.

Impact of FGM programme in the region.

To an extent it is clear that the silence on FGM is broken. Women and men jointly come together to discuss the effects of FGM. At the same time discussions on FGM have created a forum where the parents can discuss the future of their daughter as far as FGM is concerned.

An overall 98% of the respondents revealed that they have in away been influenced by the anti FGM messages. A negligible number of them pledged not to do FGM on their daughters at all. In Bardhere for instance 21 out of 25 respondents confirmed that they would change the practice – from infibulation to at least a certain form of “mild” cutting.

Sarinleey, Bardhere township and Kurman have taken up the messages and have now opted for “sunna” of which, upon probing they described it as pricking of the clitoris. The respondents perceive that they have undergone some level of change or “improvement” .The respondents pattern of perceived change¹ was summarized into a mental map as below.

¹Change in this context is meant to mean a move to a cut, which is perceived by the communities to be milder than what they have been practicing before for instance clitoridectomy involved the cutting of the whole clitoris but a move to pricking means no cut at all involved.

²What perceived to have been practiced

Clitoridectomy
Excision

Infibulation

what perceived as practiced

- pricking
- clitoridectomy.

- excision + -
cutting of labia
majora and
Application of
herbs without
stitching and
thorning³.

The above illustration is further emphasised on by 40 years old Hamdiyo Mahat when she says, “the fact that we now have discussions on several types to choose from or abandon is a clear indication that there is change. Before we could only perform one type – the pharaonic”.

² These perceived changes were described by all the communities..

³ Although the communities who practice infibulation see themselves as having attained some level of change, this improvement is only limited to perception. This is because cutting the labias and applying herbs will fuse the raw flesh together and the end result will be as good as infibulation.

4.0 CONSTRAINTS CHALLENGES AND LESSONS LEARNT.

Constraints and Challenges.

Paradigm of religion and Culture.

The Somali are predominantly Muslim. Islam is a religion but a social system, a culture and a civilization. It has value ideas and goals, which it regards as the culmination of human perfection in all aspects of life. Its legislation is comprehensive. It does not deal exclusively with questions of faith and worship alone but also regulates moral behaviour, social interactions, family formation, community development and international regulations. Practices like FGM help to underline some of contradictions between Somali tradition and the tenets of Islam faith. The religious leaders therefore confirm this phenomenon in that they are Muslims at one point and a product of their society at another point. They understand the religion but will also argue “ a tradition abandoned has God’s anger with it”. The religious leaders will search for the slightest and weakest hadiths to justify their stand.

Lack of Logistical support.

The programme has not reached the community especially those in the rural areas, which seem to have the most need. The assessment revealed that the ToTs could not reach the rural due to lack of resources.

Volunteerism

The programme relies on volunteers for all its implementation activities and advocacy, This volunteers often are not paid any incentives thus making it difficult to concentrate on the planned programme activities on the eradication of FGM.

Accused of payment.

At another level the TOTs enthusiasm and commitment is suspected not to go without reward and hence are accused of taking payment, this could at times lead to their message being dismissed. This is further complicated by the cultural “caste label” which marginalizes some communities like the Somali Bantu, during sharing of perceived “resources” which is attributed to the project.

Insufficient information, education and communication materials.

There are few I.E.C materials available to supplement the sensitization, seminars and training.

Practitioners

FGM is seen as a source of income for those performing it. The practitioners reported that an average of Somali Shs. 50,000 an equivalent of \$3 is charged on every child that undergoes FGM. This is well illustrated by excisor Zeinab Birikh of Garbaharrey when she says, “ I raise my grand children from the earnings I make from circumcision but if I am given ready soup to drink I will abandon”. Professionalism in FGM is therefore preferred to traditional birth attending since the latter offers only blessings from God. This coupled with the perceived simplicity of “sunna” has encouraged cropping of new persons performing the surgery to earn a living

Lessons learnt

1. Approaching FGM as a social custom that people can mobilise themselves to abandon under supportive conditions appears to produce markedly better results than treating it, as a scourge to be eliminated principally through outside stricture in the region was visible.
2. As FGM is a collective cultural pattern with benefits and sanctions anchored in a broad system of social behaviour, collectively initiated action tends to be more effective in achieving its abandonment than individual ‘just-say-no’ tactics. This is evidenced by the number of respondents who identified various stakeholders as their sources of the anti FGM messages. These sources include religious leaders, the media, and health providers, other NGOs on the ground and the NCA TOTs.
3. As the linkage between women’s concerns and community well being is established and their empowerment is brought into focus, it is essential to involve men in programming and in the learning and deliberations involved in addressing FGM. Because this is done for them.
4. That information disseminated should be cautiously handled since this can create a mismatch. At another level the information can further be misinterpreted and misconceived. This was the case with the Bardhere team who misunderstood the Manderla declaration to mean an agreement towards working at a change to Sunna /pricking type of FGM. The emphasis by the group was on “... if cannot abandon at all, then the smallest bit should be cut” instead of focussing on the declared collaborative efforts of fighting FGM.

5.0 RECOMMENDATIONS AND SELECTED MODEL ON ERADICATION OF FGM.

- NCA team should prioritise the youth because they are tomorrow's parents, are not wed to old traditions and can be influenced easily about the harmful effects of FGM. More specifically the youth groups in Elwak and Garbahareey have disintegrated and could be reformed.
- There is need to support the TOTs in the outreach programmes, build each groups' unique contributions, monitor, evaluate and reward the innovative efforts of the team for instance that of Bardhere team.
- Religious leaders should be involved in the fight against FGM and encouraged to build their technical skills in anti- FGM programme implementation. There is also a need for the position of Islam vis-à-vis FGM and women's sexuality to be clarified.
- To avoid disharmony among community members, any approach used to address the practice of FGM should be comprehensive and integrated, involving all members of the community. Project staffs and volunteers need to be trained on conflict resolution and how to develop support groups to anti-FGM activities. This will enhance staff ability in choosing the right participants without basing selection on clan or family relations. A special effort to reach the marginalized communities to be made.
- There is need to conduct more community/ district based training so as to provide friendly and effective message delivery and to educate distant and difficult to reach members of the community. The religious training at the district level and the movement of the AT team seemed to have evoked more discussions than any other intensive training undertaken outside the districts.
- Train the practitioners as change agents and motivating them to inform and educate the community and families about the harmful effects of FGM. Also training the practitioners to have an alternative source of income (income generating activities) and giving them the resources or equipment they need to allow them to earn a living.
- There is need for substantial I.E.C materials, including posters, calendars, leaflets, brochures, T-Shirts, songs, dramas, and videos. T-shirts for instance could read "stop girls' circumcision"

SELECTED MODEL

For the community to work with those trained to carry the advocacy, its essential to build up their trust and co-operation. FGM is an issue of human social behaviour and

therefore the action to prevent it is fundamentally to change the attitudes of those practicing.

Attitudes are changed by persuasions, by the empowered of the stakeholders and by identifying the vested interests for the greatest number of power holders in changing this behaviour.

Social change is also helped through the interpretation of the correct teaching of Islam concerning FGM among the Somali Muslims community. The messages used to persuade communities to abandon FGM must be multidirectional and holistic in nature.

Below is an illustration of the model.

Health messages
(Health providers).

- Highlighting physical health complications
- The effects of trauma on the girls' psychology.
- A missing 'limb'.

Religious messages
(Imams /sheikh)

- Is FGM a religious requirement?
- The role of global religious leaders on the practice
- Create dialogue for change.

Education messages
Youth/women

- The knowledge about the implications of FGM.
- Change of perception and attitudes.
- Act as role models for the change.

The above model in future is expected to increase positive individual decisions about the eradication of FGM practices. This can lead to understanding the consequences of FGM practices a long-side good reproductive health practices. Consequently the model paves way for perception and attitudinal changes with the end results, individuals and the wider community can holistically join or create a movement against practices.

Plans of action for each district.

All stakeholders ranging from the centre of the District to the village level applied a participatory approach to come out with community action plan.

This community action plan had a time frame of six months. Analysis of the district plan of action revealed that the communities of the four districts assessed in Gedo region are homogeneous in terms of language, culture and religion they therefore have naturally expressed the same felt needs and activities. The religious leaders, the youth, women, practitioners in the four District drew their action plans and was summarized by the AT on the basis of target groups plans. The assessment however has revealed some districts have more channels to explore than others. This therefore has necessitated additional/extra activities for Bardhere and Burdhubo to emphasis on. (See annexe 2).

ANNEXES

Annexe 1: Case study

Case study:

Mrs Maryan of Burduba district narrated how her daughter under went FGM and was almost to die. She stated, the young Abdia aged five years was lured to lie down by aides of a circumcisor, held firm by the limbs and the trunk, gently pinned to the ground as the infibulations was affected on her. For that brief moment the cut lasted, little Abdia, remained bravely stiff and motionless. But that was not to be for long as suddenly the celebration of immediate past appeared marred by unexpected bleeding from her cut wound. By minutes, Abdia appeared more sick, pale, haggard and disturbed. Her black eyes remained dull with pain and was filled with leap, her little frame drained of strength. At first, she strangled to conceal her suffering by pretentiously fiddling with the notches or strings that held her legs together in what was truly for an attempt to un tie. When this proved futile as narrated, she called for her mother sobbing in when she could not stand the severe pain. Hoyoo!! Hoyoo!! (Mum mum) I am dead! Untie my legs. The narrated, on close examination the wound revealed bleeding with blood dripping down her thighs soaking the piece of clothes covering little Abdicate underneath earth floor was painted sticky red too. Suddenly the room where operation was consummated by emotions of despair and as mother ran for those talking about FGM in the village to seek assistance while the circumciser kept on heaping more wheat floor, powdered charcoal but all was in vein. A trained tot from the village rushed the little Abdia to a clinic near by to be stitched and medicated. The circumciser was still saying ‘digbax wa athi’ this is normal to bleed in circumcision. The mother of little Abdia vowed to abandon FGM as a result of this Experience.

Detailed plan for Bardhere and Burdhubo.

Bardhere

Activities

- Explore the Shabelle radio partnership by:-
 - broadcast on medical, psychological and social aspects of FGM/HIV.
 - drama and folk music
 - religious sermons
- Incorporate FGM activities in to schools in:-
 - interschool competitions
 - drama, folk songs, sports.
 - curriculum e.g reproduction sessions in science lessons.

Garbahareey

Activities

- Intensify religious advocacy
- Work in partnership with the women groups in mobilisation, sensitization and awareness creation and monitoring.
- Reconstitute and reactivate strong youth groups.

Burdhubo

Activities

- Strengthen youth group activities.

Elwak

Activites

- Re-form and reconstitute active youth groups.
- Explore possible radio partnership
 - broadcast on medical, psychological and social aspects of FGM/HIV.
 - drama and folk music
 - religious sermons

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Plan of Action for religious leaders.

Activity	By who	Where	Constraints/challenges	Community contribution	Resource	Expected out-put
Mobilization and sensitisation	-Religious leaders.	-mosques, madaras, open air market, schools, during festivities.	-Opposition/ resistance. -poverty	-Commitment and volunteerism. -resource space	-microphones -transport -meals -I.E.C e.g posters, banners, billboards.	-change behavior perception
Training workshop.	Religious leaders	Towns/ villages	-Lack of logistical support.	-Provide venue. -share their knowledge voluntary.	-Training materials. - Training costs.	Clarify stand on
Monitoring	Committee elected by religious leaders.	Areas where advocacy were administered.	-Insecurity. -Voluntarism. - Logistics.	Report.	Logistics.	-Report indicate change
Evaluation	-NCA staff. -Religious leaders.	Target areas.	-Mobilise communities. - schedule meetings. -meeting venue	Provide honest information to the evaluators.		Report

Plan of Action for practitioners

Activity	Who	Where	Constraints/c hallenges	Community support	Resource	Expected output
Identify and mobilise practitioners	TOT practitioners	Town / villages	Resistance by the earners.	Register and keep record of the practitioners.	Logistics	Compiled record of the practitioners.
Training - TBAs. - Excisors.	-External experts. -Religious leaders	Towns	Funding	-Share experiences - Venue	Logistics	-Defined roles.
Mobilization and sensitization of the community	practitioners	-Delivery & Madhaxshub venues	-Insecurity - vastness of the target Area	volunteerism	Logistics	-Changed behaviour -Reduction of circumcisors
Monitoring	TOT Practioners	Sensitized Areas	Mobility	-participation -Report		Indicators of change.
Evaluation	NCA staff	Sensitized Areas	-Insecurity -Land vastness	- informationh sharing -participation	Logistics	Report

Plan of Action for the Youth.

Activity	Who	Where	Challenges	Community support	Resource	Expected output	Time Frame
Identification & formation of Active youth Groups	TOTs / Community	Four Assessed districts	Conflict	Assist identification		Active groups formed	1 month
Outreaches- songs, poems, drama, inter school competition	Formed active groups in the districts	Target Areas	- Religious leaders resistance -Insecurity	Venues, participation	- microphnoes -costumes -Banners I.E.C materials -Logistics	- Sustainability & ownership. -Enhanced awareness	4 months
M & E	NCA & TOT	Sensitized Areas	Mobility	Participation	Logistics	Report	1 month

Plan of Action for Women groups.

Activity	Who	Where	Challenges	Community support	Resources	Expected Output	Time Frame
Training	TOTs	Assessed Districts/ villages		Participation	-Training materials & Logistics	Enhanced knowledge on FGM.	2 months
Outreaches	Women	Target Areas	-Mobility -Resistance	-Venues - Volunteer in training	- Microphones -Logistics -I.E.C materials	-Change of perception & attitudes. - Behavioural change	3 months
Monitoring	Women Groups	Sensitized Areas	Quality of information	Participation	Logistics	Report	2 weeks
Evaluation	NCA	Operation Area.	Mobility	- Participation -venue & schedule meetings.	Logistics	Report	2 weeks

Plan of Action for religious leaders.

Activity	By who	Where	Constraints /challenges	Community contribution	Resource	Expected out-put
Mobilization and sensitisation	-Religious leaders.	-mosques, madaras, open air market, schools, during festivities.	-Opposition/ resistance. -poverty	-Commitment and volunteerism. -resource space	-microphones -transport -meals -I.E.C e.g posters, banners, billboards.	-change in behaviour attitude, perception
Training /workshop.	Reigious leaders	Towns/ villages	-Lack of logistical support.	-Provide venue. -share their knowledge voluntary.	-Training materials. - Training costs.	Clarify Islam's stand
Monitoring	Committee elected by religious leaders.	Areas where advocacy were administered.	-Insecurity. - Voluntarism - Logistics.	Report.	Logistics.	-Report on indication change behaviours.
Evaluation	-NCA staff. -Religious leaders.	Target areas.	-Mobilise communitis - schedule meetings. -meeting venue	Provide honest information to the evaluators.		Report

Plan of Action for practitioners

Activity	Who	Where	Constraints/challenges	Community support	Resource	Expected output
Identify and mobilise practitioners	TOT practitioners	Town / villages	Resistance by the earners.	Register and keep record of the practitioners.	Logistics	Compiled record of the practitioners.
Maintaining TBAs. Excisors.	-External experts. -Religious leaders	Towns	Funding	-Share experiences - Venue	Logistics	-Defined roles.
Mobilization and sensitization of the community	practitioners	-Delivery & Madhaxshub venues	-Insecurity - vastness of the target Area	volunteerism	Logistics	-Changed behaviour -Reduction of circumcisors
Monitoring	TOT Practitioners	Sensitized Areas	Mobility	-participation -Report		Indicators of change.
Evaluation	NCA staff	Sensitized Areas	-Insecurity -Land vastness	- informationh sharing -participation	Logistics	Report

Plan of Action for the Youth.

Activity	Who	Where	Challenges	Community support	Resource	Expected output	Time Frame
Identification & formation of Active youth Groups	TOTs / Community	Four Assessed districts	Conflict	Assist identification		Active groups formed	1 month
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M & E	NCA & TOT	Sensitized Areas	Mobility	Participation	Logistics	Report	1 month

Plan of Action for Women groups.

Activity	Who	Where	Challenges	Community support	Resources	Expected Output	Time Frame
Training	TOTs	Assessed Districts/ villages		Participation	-Training materials & Logistics	Enhanced knowledge on FGM.	2 months
Outreaches	Women	Target Areas	-Mobility -Resistance	-Venues - Volunteer in training	- Microphones -Logistics -I.E.C materials	-Change of perception & attitudes. - Behavioural change	3 months
Monitoring	Women Groups	Sensitized Areas	Quality of information	Participation	Logistics	Report	2 weeks
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