

JOINT SUMMARY REPORT 2011-2015

NORWEGIAN CHURCH AID  
AND SAVE THE CHILDREN IN ETHIOPIA  
AND SOMALIA PROGRAMMES ON

# 'FEMALE GENITAL MUTILATION/ CUTTING'

WITH THE SUPPORT OF  
ROYAL NORWEGIAN EMBASSY IN ETHIOPIA AND KENYA

# FOREWORD

Female Genital Mutilation (FGM) is considered as one of the most serious forms of violation to the health and integrity of women and girls. Ethiopia and Somalia are countries where this tradition is deeply embedded in society.

This document presents the summary of five years of work in Ethiopia and two years in Somalia which was carried out by Save the Children and Norwegian Church Aid (NCA) and our partners. The two organizations joined hands to learn from each other, local authorities and local partners for greater outreach and impact. For families and communities to reach the decision to abandon the practice and change behaviour that is embedded in culture and traditions is not an easy process, and it requires multi faceted action and methodology.

This long term intervention has resulted in a documented 30% reduction of new incidences of FGM in target areas in Ethiopia. In addition, the joint programme has also contributed to mobilizing faith actors in the fight against FGM. The declarations of faith based organizations against FGM have been incorporated in the National Strategy on Harmful Practices.

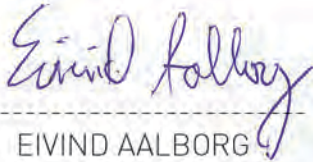
In Somalia, the joint programme supported the Puntland Ministry of Women and Development and Family Affairs, (MOWDAFA) in the putting in place and in the translation of a new policy against FGM, as well as its dissemination to communities in Puntland. Faith actors and communities in Puntland also passed declaration against the abandonment of FGM.

These achievements are a few examples from the joint programmes in Ethiopia and Somalia, which are first and foremost due to the efforts of thousands of women and men, girls and boys; NCA and SC staff and partners; who stood up against harmful practices and positively changed the lives of the girl child. Thank you for your continued efforts!

These programmes would not have taken place without the long term commitment and funding support of the Norwegian Government through the Royal Norwegian embassies in Ethiopia and Kenya (for Somalia) and Norad. As Somalia and Ethiopia are pilot countries in the Norwegian Ministry of Foreign Affairs' Strategy for increased efforts to reduce FGM 2014-2017, we believe that these two programmes have contributed substantially to the fulfilment of the strategy.

However, there are many more communities that need to see a similar change and the work must go on.

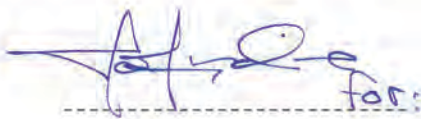
Norwegian Church Aid and Save the Children would like to express our gratitude to the Norwegian Government as well as to the relevant authorities in Somalia and Ethiopia for its' support and commitment to stop harmful practices, including FGM.

**JULY 2017**

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# CONTENTS

Forward
Added value of the joint program
Ethiopia Programme
Overview of Female Genital Mutilation/Cutting in Ethiopia
A joint effort
Program goal
Our impact
Highlight of results (2011-2015)
Challenges
Good practices and Lessons
Networking and Coordination
Somalia Programme
Overview of Female Genital Mutilation/Cutting in Somalia
First phase (Pilot) of the project 2014-2015
Highlight of results (2014-2015)
Challenges
Good practices and lessons
Implementing partners profile

# ACCRONYMS

<b>CC</b>	Community Conversation
<b>CECs</b>	Community Education Committees
<b>DFID</b>	Department For International Development
<b>EOC</b>	Ethiopian Orthodox Tewhido Church
<b>ETR</b>	End Term Review
<b>FBOs</b>	Faith Based Organizations
<b>FGM/C</b>	Female Genital Mutilation/Cutting
<b>GBV</b>	Gender Based Violence
<b>GTP</b>	Growth and Transformation Plan
<b>HPs</b>	Harmful Practices
<b>IRCE</b>	Inter Religious Council of Ethiopia
<b>MoH</b>	Ministry of Health
<b>MoJJRAR</b>	Ministry of Justice Religious Affairs and Rehabilitation
<b>MoWDAFA</b>	Ministry of Women, Development and Family Affairs
<b>MTR</b>	Mid Term Review
<b>NCA</b>	Norwegian Church Aid
<b>ODWaCE</b>	Organization for the Development of Women and Children in Ethiopia
<b>RLs</b>	Religious Leaders
<b>PMC</b>	Population Media Center
<b>SC</b>	Save the Children
<b>SGBV</b>	Sexual and Gender Based Violence
<b>SNNPR</b>	Southern Nations, Nationalities and Peoples Region
<b>TASS</b>	Tadamun Social Society
<b>UN</b>	United Nations
<b>UNFPA</b>	United Nations Populations Fund
<b>UNJP</b>	United Nations Joint Programme
<b>UNICEF</b>	United Nations Children Fund
<b>WHO</b>	World Health Organization

## ADDED VALUE OF THE JOINT PROGRAMMES

Save the Children and Norwegian Church Aid (NCA) have been working on FGM in Ethiopia since 2006/7 and in Somalia since 2014. The two organizations have long-standing presence, experience and local knowledge in both countries. This has added value to the joint programmes in both countries towards for the achievement of the joint programme aimed at contributing towards efforts on zero tolerance to all forms of FGM/C. NCA is mandated and has long term partnership with faith based organizations. This created trust among faith based institutions and other local leaders to work closely with NCA on sensitive issues including FGM and other Harmful practices. On the other hand, Save the Children has been at the forefront with child protection efforts. The FGM program is also under this unit much of the experience has been drawn from other related programs including mobilizing and empowering children and girls, using different child led initiatives. Moreover, Save the Children's direct partnership with local government bureaus has made the work to be easily integrated with the government system and structures.

In Somalia, the NCA/Save the Children joint Programme is quite new, established as a pilot initiative in 2014-2015 based on the learnings from the joint programme in Ethiopia and the UN joint programme work in Somalia. The programme intervention strategy was mainly through partnership with a local partner in Puntland for Save the Children namely Tadamun Social Society (TASS), and through direct implementation for NCA in all project locations.

In Ethiopia, partners are diverse in nature ranging from faith based, grassroots level organizations, government bureaus, professional associations, alliances/network based, and experts on media work. This made the joint program more comprehensive and facilitated inter-organizational learning, which made it possible to tap into the expertise of each organisation during different exposure visits (field visits) and experience sharing. The program has demonstrated the importance of a holistic approach working at different levels, with a wide range of stakeholders and sectors, and it has demonstrated the need to combine various strategies in partnership with organizations that have a good knowledge and understanding of the local context.

Though there are a number of partners working on this project, the joint program clearly delineates geographic areas for each partner to avoid duplication of efforts.

The programmes in both countries are very much in line with the priorities of the Norwegian government as expressed in its "Strategy for Intensifying International Efforts for the Elimination of Female Genital Mutilation for the period 2014-2017". The strategy makes a specific reference to the strategic partnership with NCA and Save the Children and states that the Government will "continue Norway's efforts to eliminate FGM in Ethiopia". In addition, the program is in line with the Ethiopian Government priorities and commitment to end FGM and Child marriage by 2025.

The smooth partnership with the Ministry of Women and Children Affairs in Ethiopia as a mandated Government sector has created enabling environment for both NCA and Save the Children in terms of supporting the ministry technically and financially especially in the commemoration of international days and other events. Both organizations are steering committee members of the National Alliance to End Child Marriage and FGM. Implementing partners are also actively collaborating with women and children bureaus at different levels.

The UN joint program has been running in the country for a long time. As this program plays a bigger role in the country's policy formulation and implementation of high-level commitments, both NCA and Save the Children collaborate with the UN joint program in inviting them in different platforms and sharing of good practices as well as getting financial support to complement the existing joint FGM program.

### **Collaboration between Ethiopia and Somalia programs**

- Different learning platforms were created for the two joint programmes to draw lessons and improve the quality of the programming. As the Ethiopia program lasted for almost a decade, different strategies and lessons were drawn from the Ethiopia experience in the development of the Somali program.
- Practical experience sharing platforms were organized where NCA/Save the Children and their partners in Ethiopia shared experiences to the Somalia team. In 2014, the two country programmes organised an annual review meeting with review the progress and achievement of the Somalia newly established joint initiative and to draw lessons on best practices from the Ethiopia joint programme. Through these learnings, the Somalia programme is using community dialogues, working with religious leaders and male change agents among other strategies towards addressing social norms that promote harmful practices such as FGM/C and child, early, and forced marriage. Being a young programme implemented in a country where FGM has been deeply entrenched into people's way of life over the years, the programme continues to draw lessons from Ethiopia and other similar programmes to build on efforts towards positive change.
- Collaboration between the two country programmes has also provided a platform for faith actors in Ethiopia and Somalia to interact and learn from each other on the effects of FGM/C, including ways on engaging and influencing other leaders and communities towards change. These experiences are particularly useful for religious leaders from Somalia, given that majority are still divided in their understanding and opinion on abandonment of all forms of FGM/C.
- Given the value the collaboration adds to the work of the two country programmes, NCA and Save the Children will continue to prioritize interventions that will promote learnings for staff, partners and key stakeholders towards the attainment of the respective country programme goals.



## **ETHIOPIA PROGRAMME**

**NO GIRL OR WOMAN SHALL UNDERGO FGM:  
ACCELERATING CHANGE TOWARDS ZERO  
TOLERANCE TO FGM IN ETHIOPIA**

NORWEGIAN CHURCH AID AND SAVE THE CHILDREN  
JOINT PROGRAMME REPORT (2011-2015)





*An ex circumciser in Gode, Somali region shows a thorn used to stitch a girl who has undergone FGM.*

## OVERVIEW OF FEMALE GENITAL UTILATION/CUTTING IN ETHIOPIA

Female Genital Mutilation (FGM) is considered as an extreme form of violation to the health and integrity of women and girls. The practice involves “all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organ for cultural or other nonmedical reasons.” In 2012, the United Nations General Assembly adopted the first-ever resolution against FGM (67/146), calling for intensified global efforts to eliminate it. World Health Organization figures indicate that more than 200 million girls and women worldwide have undergone FGM. Half of them live in three countries, one of which is Ethiopia with 23.8 million women and girls having undergone the practice (UNICEF).

According to the Demographic and Health survey (2016), the national prevalence of FGM/C in Ethiopia among women 15-49 is 65% with varying regional prevalence. The Monitoring and Welfare survey indicated that FGM/C prevalence among girls 0-14 years is 23%. Efforts were made both internationally and nationally towards the abandonment of FGM. In 2012, the UN General Assembly adopted a resolution on the elimination of FGM/C. The Ethiopian government ratified many international instruments and enacted national legislations and policies to fight the practice at large though there are still challenges in translating the instruments at local levels. Multilateral, Bilateral organizations, Civil Societies and faith based organizations are working towards ending this practice in Ethiopia.

## A JOINT EFFORT

In 2006, Norwegian Church Aid and Save the Children initiated a joint programme aiming to contribute to the national effort to abandon FGM. The joint programme was implemented in two phases. Phase one; from 2006 to 2010, with a budget of NOK 23 million; and Phase two, from 2011 to 2015, with a budget of NOK 50 million. The second and most recent phase of the joint programme is entitled “No Girl or Woman Shall Undergo FGM: Accelerating Change towards Zero Tolerance to FGM in Ethiopia – ETH 3030/ETH-09/027. The programme was implemented together with 27 partner organizations composed of local, faith based and government partners at different levels in 68 districts of seven regions as well as at the federal level.

## PROGRAMME GOAL

The joint programme in Ethiopia set out to reduce the prevalence of Female Genital Mutilation by 31% in the areas we intervened by the year 2015.

## OUR IMPACT

Over the five-year period, the programme directly reached 1,404,240 people and more than 7,680,000 people indirectly through media and mass campaigns.

The overall goal of the second phase programme has been to reduce the FGM prevalence by 31% in the intervention areas. A baseline/end-line survey (2015) confirmed that the average prevalence of FGM in the intervention areas was reduced by more than 31% with variations in different regions. Reduction in prevalence is here defined as % reduction of new incidents of FGM on girls between 0-18 in intervention areas. This achievement was possible due to the collaboration and coordination with a wide range of organizations with solid knowledge about the national and local contexts and the use of a combination of approaches and methods. We have witnessed a change in the attitude of communities we worked with towards the abandonment of FGM. This has been evidenced by the increased number of uncut girls, community declarations made against the practice, steady increase in the number of ex-practitioners, public pledge to stop the practice, men and boys increased engagement to protect girls and the emergence of a critical mass that says no to FGM in the intervention areas.

FGM has become an agenda to be incorporated in traditional community based organizations' and clan systems' bylaws. Reported and tried cases have increased in the second phase of the programme which indicated the progress in the attitude of the target communities we worked with. The joint programme has also contributed to mobilizing faith actors to talk openly about FGM in the faith setting which has traditionally been a taboo in Ethiopia. The joint programme considers the contribution of religious leaders and faith institutions in setting FGM on the agenda as a big leap forward. Faith based organizations showed proactive involvement in creating dialogue about FGM, in reaching consensus and making declarations against the practice. The declarations of faith based organizations against FGM have been incorporated in the National Strategy on Harmful Practices. This indicates that FBOs have become influential actors in policy making. These joint programme interventions also translated into practice in different forms such as the inclusion of FGM in school curriculums, sermons, and regular religious activities.



Young girls in Siraro, Oromia region publicly declare they stand against FGM

## HIGHLIGHTS OF RESULTS (2011-2015)

### OUTCOME 1 IMPROVE THE ATTITUDE OF COMMUNITIES AGAINST FGM/C

The joint programme's partners worked alongside communities to improve their attitude about FGM/C through community mobilization mechanisms. One of the mechanisms has been the continuous community dialogues that not only helped bring change in attitude but also in practice. The community conversations helped members to recognize FGM/C as harmful, suggested possible solutions and helped communities to reach consensus in the form of public declarations. Community members have started using the declarations to impose sanctions against any member of the community who exposes girls and women to FGM/C.

The joint programme's partners worked with ex-practitioners who carried out FGM/C on young girls as a means of earning an income. Many of them were not aware that it causes health problems and even death. Having been made aware of the health consequences, the practitioners abandoned the practice and some became agents of change educating others. This not only helped rescue girls from the practice but also curbed the cycle of carrying on the practice. Girls and women are often the focus of FGM/C interventions, given that women usually carry out the practice. However, we believe programmes should equally engage every member of the community especially men and boys, since marriageability, i.e. preference to marry a circumcised girls, is part of the reason why FGM/C persists. The joint programme contributed to changing the attitude of men and boys through establishing boys' clubs and providing awareness.

#### **In Numbers**

- Three kebeles of Gode and Adale and three Kebeles of Denan woredas of Somali region publicly declared that FGM/C is a crime and has no religious basis. Similarly, Yallo & Golina Woredas of the Afar Region, eight Woredas of Harari region and four Kebelets of Shinele Zone of Somali region officially declared the total abandonment of FGM/C. Totally, 86 declaration events were conducted against FGM/C by various community based organizations, community conversation groups, and associations. The end line baseline survey (2015) reveals that a majority of the people in the intervention areas have heard about anti FGM/C declarations and adopted it as a customary law in their localities with 62.6% in Afar, 77.7 % in Amhara, 69 % in Harari, 69.4 % in Somali, 90.7 % in Oromia, and 76.6 % in SNNPR. The study also indicates that knowledge about FGM/C is high in the intervention areas ranging from 81% in Harari to 97% in Somali and Oromia.
- 1,204 ex-practitioners stopped practicing FGM/C in the intervention areas. 112,878 uncut girls were registered, while 153 uncut girls clubs were established in Somali and SNNPR intervention areas.
- We reached 23,842 young men through trainings, school interventions and establishing in and out of school boys' clubs. As a result, 13,939 young men in Somali, Oromia, and Southern region declared publically to protect, support and accept to marry uncut girls, while 205 uncut girls got married in Kembata, Wolayta, Dasenech and Erboere areas.

## OUTCOME 2

### THE ENFORCEMENT OF STATUTORY NATIONAL, REGIONAL CUSTOMARY/TRADITIONAL LAWS AGAINST FGM/C AND OTHER HARMFUL PRACTICES IN THE INTERVENTION AREAS

One of the focus areas of the joint programme has been to enhance the capacity of local structures for a locally-led outcome. The joint programme's partners provided trainings to improve the capacity of local structures on anti-FGM/C laws. This helped bring the issue to the attention of 7,978 law enforcing officers (judges, prosecutors, police) and government officials in Afar, Somali, Harari and SNNPR, which enabled them to consistently enforce the law by identifying cases, making thorough investigations, taking cases to court, and to follow up on verdicts. Through direct engagement of Norwegian Church Aid, Save the Children, religious leaders and community based organizations contributed to strengthening customary laws used by existing local structures such as Idir, Afochas and Anti-FGM/C Committees. The joint programme's partners worked in close contact with local structures such as "Aba Gada" and "Afocha". The influential "Aba Gada" members integrated the issue of FGM/C in their customary law and sensitized communities. They made public declarations against FGM/C and other harmful practices in the presence of community members. The improved awareness of the community on the law against FGM/C and the well positioned local structures are helping community members to take FGM/C cases to law enforcement bodies and to community/clan leaders in areas where customary laws are highly influential.

#### In Numbers

- The Afar Regional state parliament endorsed an anti-FGM/C law and the programme supported the local structures and government structures in Afar to actively engage in the promotion of the law and its consistent enforcement at village, Kebele and Woreda levels.
- 511 traditional leaders in the Somali region passed a resolution to penalize perpetrators and incorporated by-laws in their local congregations. 93 community based organizations: Idirs and Afochas included issues of FGM/Charmful practices and Gender Based Violence in their bylaws with articles that put penalties and sanctions on perpetrators.
- 570 FGM/C cases were reported to the police and local structures. So far, 225 cases have received verdict at the court level and 46 cases were handled by customary laws. The verdict varies between three to six months imprisonment and payment of 500-2000 Birr.

## OUTCOME 3 FAITH COMMUNITIES INTEGRATE FGM/C INTO THEIR ENGAGEMENTS

Over the last five years, faith based organizations have taken commendable steps to mobilize their respective faith communities. The Ethiopian Orthodox Tewahedo Church (EOC), the Ethiopian Catholic Church and Evangelical Church Fellowship of Ethiopia launched books on the topic; "Theological reflection in the teaching of the Bible on FGM/C" and "The Tamar Campaign against Gender Based Violence (GBV)". Based on these documents, they passed resolutions and have made public declarations against FGM/C and other forms of GBV. Similarly, the Islamic Supreme Council of Ethiopia in cooperation with the Ethiopian Muslims Development Agency, facilitated a national level research on Islamic view of FGM/C and the trend of shifting to "Sunna". The research outcome showed that Sunna is becoming favored in some Muslim dominated areas against infibulation. Consensus was reached to continue sharing the findings to regional level leaders and to conduct a series of consultations at all levels to address the issue.

### In Numbers

- 507,673 individuals from different faiths were reached with messages on FGM/C and other harmful practices. According to the baseline/ end-line survey, next to parents, religious leaders were found to be highly influential to bring change on FGM/C.
- Following the higher level declarations, 29 different religious institutions publicly denounced FGM/C and passed resolutions. 65 theology colleges and bible schools have decided to include HPs including FGM/C in their academic curriculums and started offering courses.
- In the reporting period, a total of 200,000 copies of Birhan Magazine and Smeatsidk were produced and distributed with stories on FGM/C. Messages on FGM/C were transmitted in Hiyaw Tesfa Radio and El Shadai TV and assumed to reach about 10,000,000 faith communities.



Religious leaders and Minister of Women Children and Youth during a national dialogue forum on harmful traditional practices

## OUTCOME 4 ASSIST WOMEN AND GIRLS AFFECTED BY FGM/C AND OTHER HARMFUL PRACTICES IN NEED OF MEDICAL AND OTHER PSYCHOSOCIAL SERVICES

The joint programme's partners facilitated health and psychosocial support to girls and women who have undergone FGM/C. This was achieved through the established referral linkages between local structures such as "Iddirs" with health institutions and different income generation groups. By creating further linkage with Women and Children Affairs offices at Woreda level, it was possible to identify girls and women and assess the type of support they required and facilitate for their treatment.

Especially Obstetric Fistula survivors are often neglected and stigmatized by their own community, which not only limits their social circumstances but also their economic status. To help them become economically self-reliant, the programme provided business trainings and seed capital to kick start own businesses. This support has enabled the girls and women to regain their self-esteem. Some of them were able to publicly speak about their experiences, how they were disconnected from their peers and families, which helped build awareness among their community.

The joint programme's partners also collaborated with 260 Health Extension Workers and 282 Traditional Birth Attendants and provided them training on FGM/C. This enabled them to incorporate the issue of FGM/C into their daily engagement with the community, helped them identify cases, refer survivors to health services, and provide basic counseling when necessary.

### In Numbers

- A study the partner ODWaCE conducted in 2015 including 288 women at Karamara Hospital in Somali Region on the complication of FGM/C during labor and delivery, clearly showed the magnitude of health problems. These included post-partum haemorrhage, post-partum infection, and perinatal asphyxia, low birth weight, birth injuries and still birth that mothers face as a result of FGM/C.
- A total of 479 girls and women who were suffering from FGM/C complications such as urinary tract infection, pelvic inflammatory, prolonged labor (because of stitched vaginal opening caused by infibulations/type III of FGM/C), fistula and menstrual problems, were provided with medical support and basic counseling due to the strengthened linkage between Health Extension Workers, Traditional Birth Attendants, Women and Children Affairs Offices and partner organizations.
- More than 8,364 school girls who have undergone FGM/C and child marriage received counseling and returned to school with the support of the joint programme's partners who also provided them with basic educational and sanitary materials.

## OUTCOME 5 THE IMPLEMENTATION OF FGM/C AS A NATIONAL AGENDA AT REGIONAL AND LOCAL LEVELS

Norwegian Church Aid, Save the Children, and implementing partners worked closely with governmental stakeholders and facilitated events on FGM/C which helped draw the attention of policy makers to take steps on the issue at national regional and local levels. The Ministry of Women, and Children Affairs was engaged from the beginning of the programme and initiated a National Strategy on Combating FGM/C and other Harmful Practices which materialized in 2013. The Ministry played a crucial role in the process of strengthening the FGM/C national network and contributed to include the issue in the Growth and Transformation Plan (GTP II).

During the London Girls Summit in 2014, the Ethiopian government made a commitment to end FGM/C and child marriage by 2025. As a follow up, the Government launched the National Girls Summit in Addis Ababa in July 2015 to secure concrete commitments from sector ministries and to define long and short term strategic and programatic action plans. The "National Alliance to end FGM/C and Child marriage" was also launched during the summit. The coordinating organizations and the Faith Based Organizations contributed during the summit. As a follow up of the summit, the Inter Religious Counsel of Ethiopia (IRCE) has been recognized as lead agency to coordinate FBOs engagement in Ethiopia. Both Save the Children and Norwegian Church Aid are also members of the National Alliance to End Child Marriage. Both organizations are actively involved in supporting the alliance.



Members of anti FGM club in Gode, Somali region

## CHALLENGES

- Although the community declared against FGM/C in most intervention areas, the shift from “Infibulations” to “sunna” has become an increasing trend. In some areas of the Somali Region officials and the community seem to promote sunna as a good practice. This shows there needs to be more effort to change the norm to total abandonment. NCA with the support of UNFPA fund in cooperation with ODWACE held regional consultation with religious leaders and Save the Children in collaboration with Population Media Center has engaged Somali and Afar region religious councils to exchange experiences on what strategies to use and how they can collaborate. Other setbacks in the effort to abandon the practice have been medicalization in which individuals with medical experience carry out the practice illegally while some families resort to clandestine practices to protect themselves from being criminalized.
- Limitations related to law enforcement at local level was observed as a challenge. Much emphasis was given to train and sensitize law enforcing officials, the community, social structures and community conversation members at large on existing legal instruments. Reporting mechanisms were established and strengthened from schools and the community so that the community could identify and report cases. Partners also started to accompany survivors to the legal aid and follow up the verdict.
- During mid-2014, there was an outbreak of infection in Kembatta Tembaro zone where KMG-Ethiopia registered remarkable results in decreasing FGM/C prevalence. The plague was caused by fungus and affecting girls' reproductive organ. Using this as an opportunity, some FGM/C ex-circumcisers linked it with being uncircumcised and with this misconception, more than 500 girls were forced to undergo FGM/C in which three girls died. KMG took the initiative to educate the community through mass campaigns, involving media, religious leaders and the government. Two perpetrators were taken to court and verdicts were passed in some areas.



## GOOD PRACTICES AND LESSONS

Four reviews conducted over the five years of the joint partnership indicate that the programme has registered promising results. This was confirmed by key findings of reviews conducted during the programme period: the Mid-term review (MTR, 2013), the Evaluation of Norway's Support to Women's Rights and Gender Equality in Development Cooperation, Ethiopia Case Study Report (Norad Report 2/2015), the End Term Review Report (Norad, ETR, 2015) and the End line Baseline Survey (NCA/SC, 2015).

The programme used a variety of complementary strategies that proved to be efficient in bringing social change in different contexts. The interventions targeted stakeholders at different levels; community leaders, religious leaders, elders, women and men, girls and boys, in and out of school children and a wide range of sectors such as health, education and legal sectors. Working at national and regional levels in the society has also proved to increase the efficiency.

The role of faith based organizations and that of religious leaders has been key in changing the social norm. The different evaluations have showed that the work with national level inter-faith religious leaders has had a positive effect in the target areas. However, to remain effective and harness this potential, we recognize the need to monitor and support linkages trickling down at community level.

The enforcement of customary laws and inclusion of articles that prohibit members of community based organizations from practicing FGM/C has been an achievement that helps foster community change towards the abandonment of FGM/C. Anti FGM/C declarations initiated by the community were decisive steps towards making a collective action on the practice.

Although changes are evident in most intervention areas where traditional circumcisers are becoming change agents and stopping the practice, evidence shows that there is a trend towards medicalization of FGM/C. In some areas retired health workers are carrying out the procedure. Another concerning trend is in which parents are getting their daughters circumcised at a very young age so that it is less likely to be detected while some parents are taking their children to neighbouring communities for the practice. In addition, in Muslim dominated areas, transition from infibulation to 'sunna' has become an increasing trend, especially in Afar and Somali Regions. We believe this requires an unprecedented effort among actors and further study to get a better understanding of the dynamics in the shift.

We have also learned that access to clinical services for health complications due to FGM/C is an area that requires more attention by actors. Complications related to urination, menstruation problems, infection, cyst, chronic pain. This needs to be well documented in the health management system of the health sector, which requires lobbying and capacity building of health systems and government health offices. There is also a need to strengthen referral linkages.

Overall, the programme has demonstrated the importance of a holistic approach of working at different levels, and with a wide range of stakeholders and sectors, the need to combine a wide range of approaches, as well as working through organizations that have a good knowledge and understanding of local context. It is difficult to single out which approach has been the most effective and which one is less effective. It seems rather to be the cumulative effect of the holistic strategy and the whole range of activities running for an extended period of time that brings sustainable change in attitudes and behavior.

## NETWORKING AND COORDINATION

The coordinating organizations, Save the Children and Norwegian Church Aid created synergy among the affiliated Government and community organizations through the joint programme. Both worked towards strengthening networks for a better coordinated effort. Government offices such as Women and Children Affairs, Health and Education Bureaus, Woreda/Kebele Administration offices and community based organizations such as religious institutions, clan leaders and elders have collaborated in the joint effort against FGM/C.

Coordination established with professional associations such as the Ethiopian Public Health Association contributed for research undertakings such as a study on the Health Consequences of FGM/C. Save the Children and Norwegian Church Aid also closely worked with UN agencies to share information, resources and avoid duplication of efforts. Supporting regional FGM/C networks led by the Ministry of Women and Children Affairs also by facilitating discussion forums and exposure visits helped mobilize the expertise of stakeholders.

Save the Children and Norwegian Church Aid have supported the ministry of Women, and Children affairs technically and financially during the observation of events including Feb 6 (The International Day of Zero Tolerance for FGM/C), March 8 (Women's Day) and 16 Days of Activism against Gender Based Violence. In the same manner, the implementing partners in the different regions developed close working relationships with sector offices in reporting cases, referring FGM/C survivors to health facilities and microfinance enterprises. Both Save the Children and NCA are also members of the National Alliance to End Child Marriage and FGM/C and Engagement of Men Network.



Children discuss FGM/c in one of the schools in Puntland. Photo by Ahmednaji Bashir, NCA

# **SOMALIA PROGRAMME**

## **ACCELERATING CHANGE TOWARDS ZERO TOLERANCE TO FGM/C IN SOMALIA NCA/SAVE THE CHILDREN JOINT PROGRAMME REPORT 2014-2016**

### **OVERVIEW OF FGM/C IN SOMALIA**

Population Reference Bureau (2014) indicates a high prevalence of FGM/C in Somalia, at around 98% for women aged 15–49 throughout Somaliland, Puntland and South Central Somalia. A Tostan project evaluation report further indicates that, girls as young as five years old undergo the most severe form of FGM/C, infibulation or the Pharaonic procedure in homes or in medical facilities, both in rural and urban areas.

In all regions of Somalia, the term Sunna circumcision can refer to Type I, II and III of FGM/C, and self-reporting on what type women have undergone is often not accurate. The effects of FGM/C on maternal and reproductive health are serious for both mothers and infants. FGM/C makes births more complicated where caesarean section and postpartum hemorrhage are more common. Studies show that 1-2 infants per 100 births die as a result of FGM/C. Numbers are expected to be higher where women deliver outside a hospital or obstetric setting (WHO: Effects of FGM and child birth in Africa).

The high rate of FGM/C in Somalia is driven by deep cultural traditions, values and social norms. Local leaders, government institutions, international and local agencies, religious scholars and grassroots activists have attempted to promote the elimination of FGM/C with varying degrees of success. A DFID report on FGM/C indicates that Pharaonic infibulation (a severe type of FGM/C) is decreasing, particularly in areas of continued anti-FGM/C interventions in urban areas. Increased awareness among religious leaders who have influence in their communities was cited to be one of the contributing factors. Despite all these efforts, FGM remains a concern that needs continuous and concerted efforts as well as strong commitment from all stakeholders at all levels.

## 1<sup>ST</sup> PHASE (PILOT) OF THE PROJECT-2014-2015

The two-year Female Genital Mutilation (FGM) pilot project was launched in 2014 in Somalia based on the NCA and Save the Children strategic partnership for the abandonment of FGM in Ethiopia and closely aligned to the UN Joint Programme (UNJP) on FGM implemented by United Nations Children's Fund (UNICEF) and United Nations Populations Fund (UNFPA). The overall goal of the NCA/SC joint programme is to contribute towards a reduction in all forms of FGM/c in Somalia.

Through the joint partnership, NCA and Save the Children implemented the project in four districts in Gedo and Puntland, with NCA as the lead organization that sub-grants to Save the Children. NCA worked through direct implementation while Save the Children worked through an implementing partner, Tadamun Social Society, (TASS). The project's entry point was mainly through Religious and community leaders as key change agents, given their standing and influence at community and national level.

The project also targeted local authorities/relevant government ministries, schools & community groups (youth, men/fathers, women/mothers boys & girls) as well as circumcisers/ex-circumcisers among others.

The main strategies used include use of Media (Radio and print), community dialogues, capacity building of various stakeholders, mobilization and awareness raising, theological reflections, advocacy through mass campaigns and engagement with various duty bearers at local and national level.

### Three Outcome Areas

1. SGBV survivors have access to safety and Justice
2. Faith and community-based organizations influenced to transform and change beliefs, attitudes, behaviours and practices that uphold GBV
3. Faith and community-based organizations are mobilized to prevent and reduce all forms of harmful practices

## HIGHLIGHTS OF RESULTS (2014-2015)

### OUTCOME 1: GENDER BASED VIOLENCE SURVIVORS HAVE ACCESS TO SAFETY AND JUSTICE



*Women celebrate 16 days of activism campaign in Gedo region*

Mass awareness campaigns were conducted including the use of media across the target locations to sensitize the community on the available FGM/C and related health services. During the reporting period, over thirty (30) survivors with complications related to FGM/C including fistula were supported to undergo restorative surgery and counselling, hence transforming their lives and restoring their dignity. NCA and Save the Children worked in close collaboration with the ministry of health in Puntland to support survivors' access medical and psychosocial support through referrals to available hospitals.

The end of project evaluation report (2015 Protecting Women and Girls against Gender Based Violence (GBV), and Harmful Practices (HPs) and Participation of Women in Peacebuilding) indicated that a majority of women and girls (74.1%) in the target areas were aware of which health services were available and where to find them within their locality.

## OUTCOME 2: FAITH AND COMMUNITY-BASED ORGANIZATIONS INFLUENCED TO TRANSFORM AND CHANGE BELIEFS, ATTITUDES, BEHAVIOURS AND PRACTICES THAT UPHOLD GBV

A strategic entry point used to engage communities and influence them towards the desired change was working through religious leaders and local leadership structures in the target locations. Religious leaders (RLs) are influential in both political and social spheres, and have a broad following in society. Their presence in local communities, coupled with their capacity to influence change allow them to mobilize grassroots support, earn the trust of vulnerable groups, and influence cultural norms. With their involvement in local communities and their standing as moral leaders, many religious leaders in Somalia command the respect of local and national authorities, which can make them valuable agents of change.

During the reporting period, 80 religious leaders from the four targeted districts of Gedo and Puntland were engaged through a theological reflection workshop where the capacity of leaders on FGM/C was built and had an opportunity to learn and discuss the issue from religious and health perspectives. Despite some divisions in perspective among some religious leaders on sunna type of FGM, there was a general agreement that FGM is harmful and not supported by Islam. As a result, a religious leaders' documentation on key messages on FGM abandonment was developed, which they use to create awareness among community members in mosques and public events. This was a key milestone for the project, as the religious leaders play a key role in influencing change in the community.

**Community conversations (CC)** were an instrumental approach in influencing communities and local leaders towards change in all project locations. These were conducted on monthly basis engaging men, women, youth, community & local leaders as well as children in schools. A total of 400 beneficiaries were engaged through these discussions hence creating awareness, building their capacities and actively engaging them towards making informed decisions on FGM/C abandonment. As a result, CC beneficiaries voluntarily engaged in peer-to-peer information sharing in the community and within their families. Religious leaders and youth also engaged in creating awareness through mosques, community gatherings and other forums. By the end of the 1st phase of the project, 40 families were documented to have publicly declared commitment towards FGM/C abandonment in Save the Children targeted areas i.e. Bosaso and Qardo as a result of the project efforts.

**Advocacy campaigns:** Three calendar events were marked during the period in all project locations. These included the International FGM/C day, International Women's day on 6th February & 8th March respectively; as well as the 16 days of activism on 25th November to 10th December. These events served as mass awareness and advocacy campaigns for change in communities' behaviours, attitudes and practices that uphold SGBV as well as promoting women's rights and dignity at all levels. NCA and Save the Children in collaboration with various stakeholders contributed towards these campaign events in targeted project locations. Some of these stakeholders included religious and community leaders, women groups, local authorities and relevant ministries such as Ministry of Women, Development and Family Affairs (MoWDAFA) and Ministry of Justice and Religious Affairs (MoJJRAR), UN and NGOs, local networks and SGBV working group forums at field and Nairobi levels. Among the various strategies used, mass awareness campaigns and the use of media such as radio and print were powerful strategies in reaching vast populations. Through these outreaches, the end of project evaluation indicated that an estimated 1.2M beneficiaries were reached with key FGM/C messages across the target areas majority (over 60%) being female.



A community forum on FGM/c in Gedo region. Photo by Abukar Haji, NCA

As a result of capacity building efforts, teachers and Community Education Committees (CECs) were able to integrate anti FGM/C messages into the school activities. School head teachers supported FGM/C interventions while teachers and community education committees actively supported the dissemination of anti FGM/C messages in the schools. In addition, capacity building for local authorities,

ministry staff, local organizations and FGM/C networks was conducted to support in FGM/C abandonment efforts. As a result, a majority of these stakeholders are actively engaged in supporting anti FGM/C interventions at community and national levels. A total of 191 stakeholders (105 female; 86 male) were empowered through the project.



*Male youth in a school club discussing FGM/c in Gedo region. Photo by Abukar Haji, NCA*

**Men engagement:** The level of male engagement significantly improved by the end of the project period. Men are now taking time to discuss FGM/C issues which were previously viewed as women issues. Men have witnessed the health complications resulting from FGM/C and have incurred costs in medical bills that they now understand that FGM/C is a community wide problem demanding the attention of all. Discrimination of girls who are not cut was reported to be reducing and a proportion of young men who have been sensitized through the project are willing to marry uncut girls. This is one key milestone that will be enhanced in the next phase of the project.



## **OUTCOME 3: FAITH AND COMMUNITY -BASED ORGANIZATIONS ARE MOBILIZED TO PREVENT ALL FORMS OF HARMFUL PRACTICES**

NCA and Save the Children identified volunteer change agents in the target locations and trained them to enable them effectively disseminate FGM/C messages in the community. A total of 100 change agents were engaged and were instrumental in disseminating messages in both urban and rural areas and also supported the project initiatives throughout the project period. They include, religious and community leaders, youth, women and men among others. This engagement was critical to facilitate wider coverage as well as cultivating ownership of community members towards FGM/C abandonment efforts. Religious leaders have been key agents towards mobilizing communities for positive change.

Despite the fact that some are still divided on the FGM abandonment agenda, a considerable number has been quite supportive in dissemination of key messages. The end of project evaluation conducted during the year highlighted that some religious leaders have been at the forefront in supporting FGM/C abandonment efforts. For instance in Gedo, religious leaders pushed traditional circumcisers to offer public apologies and commitment to stop the practice, which was done without hesitation. In another scenario, religious leaders barred an FGM/C practitioner from attending 'hajj' annual Muslim festival in Mecca on the account of using "unholy blood money" earned from circumcision.

In the same district, two Muslim clerics are practicing zero tolerance to FGM/C and openly show off their daughters, who are uncircumcised in an effort to act as role models to the community.



Religious leaders' engagement in Puntland. Photo by Ahmednaji Bashir, NCA.

## Challenges

- The project's effort to promote zero tolerance to FGM/C through religious leaders was curtailed by their division in perspectives and acceptance of Sunna type of FGM. Although a shift from the extreme form of FGM/C to Sunna by communities is a progressive milestone, continuous engagement is important to ensure that they understand and support efforts on zero tolerance and disseminate the same message to communities in their spheres of influence.
- The medicalization of FGM/C was a key challenge to the reduction of the practice particularly in Puntland where the trained health staffs would utilize public facilities to practice FGM/C to their clients at a fee. Considering that this takes place in a concealed set up, it was not easy to hold health workers accountable. In this regard NCA-Save the Children will prioritize working closely with the ministry of health to map and target health workers for engagements against the practice.

- Limited availability of specialized health professionals to deal with FGM related complications including fistula in some project areas such as Gedo region hence necessitating outsourcing of services which was expensive and unsustainable for the programme. In Puntland referral pathways were weak hence not adequately serving the survivors. In addition, the judicial system was either weak or nonexistent in the project locations, meaning punitive measures for FGM/C perpetrators were not enforced despite having a policy in place against FGM/C in Puntland
- Insecurity in some of the project locations particularly in Gedo region posed a threat to effective implementation of the project. The presence of militia groups made it difficult to frequently access Garbaharrey district as planned. However, NCA was able to establish a good relationship with community members including the militia who are members of the community by being open and transparent about the project objectives who in turn supported the project ensuring minimal interruptions.
- FGM/C prevalence is high in rural areas since there have been minimal interventions in these areas. Majority of these rural communities still uphold FGM/C with community leaders not willing to discuss FGM related issues. However, with continuous engagement with the leaders and community members through community dialogue and awareness campaigns, majority have begun to understand the impact of FGM/C hence supporting the ongoing efforts.
- Fluctuation of the NOK against the dollar during the project period caused the project to lose a considerable amount of funds, resulting to a reduction in some project activities.

## GOOD PRACTICES AND LESSONS

A number of important lessons have emerged from the past two years of work of the NCA-Save the Children Joint Programme that will serve to inform the next phase of the programme to sustain the gains made;

- Continuous efforts and strong commitment is needed from all stakeholders at all levels towards zero tolerance.
- More needs to be done to maintain the momentum and active engagement particularly among men and boys as role models in effort to eliminate HPs
- Continued advocacy and respectful persuasion is needed to correct misconception among some religious leaders in regards to delinking FGM from Islam.
- A participatory approach to the planning, implementation and evaluation processes results in greater ownership of the programme by national- and community-level stakeholders.

## NETWORKING AND COORDINATION

Norwegian Church Aid, Save the Children and partner TASS, actively participated in relevant networking and coordination forums in different platforms such as child protection working groups, FGM task force, GBV working groups and Education cluster forums among others. These forums provided an opportunity for partners working in similar fields to create synergies that enhanced service delivery, and helped to learn from each other and create networks that were useful for improved programming. In addition, NCA and Save the Children worked closely with government ministries such as Ministry of Justice, Religious Affairs and Rehabilitation, Ministry of Women, Development and Family Affairs in Puntland and Local Authorities in Gedo region in various fronts such as engagement and mobilization of religious leaders, celebration of major events such as International Women's day, Day of the African Child and 16 Days of Activism on Gender Based Violence among others. The Ministry of Health in Puntland was also a key stakeholder in supporting health related interventions initiated by NCA/Save the Children for FGM survivors. The programme also worked closely with the UN Joint Programme among other partners in dissemination of Saxarla campaign messages that aim to protect the girl child from FGM/C.

## LIST OF IMPLEMENTING PARTNERS NCA & SAVE THE CHILDREN (ETHIOPIA & SOMALI)

### IMPLEMENTING PARTNERS IN ETHIOPIA

#### NORWEGIAN CHURCH AID:

- Ogaden Welfare Development Association (OWDA)
- Organization for the development of women and children in Ethiopia (former- Ye Ethiopia Goji Limadawi Dirgitoch Aswogaj Mahiber-EGLDAM)
- Ethiopian Orthodox Tewahedo Church Development and Inter Church Aid Commission (EOTC-DICAC)
- Ethiopian Evangelical Church Mekane Yesus- Development and Social Services Commission, North Area Work (EECMY-DASSC- NAW)
- Relief Society of Tigray (REST)
- KMG-Ethiopia
- Ethiopian Evangelical Church Mekane Yesus – South West Synod (EECMY-SWS)
- Beza Youth Health and Counseling Center
- Tamira Reproductive Health and Development Organization,
- African Development Aid Association (ADAA)
- Inter Religious Council of Ethiopia (IRCE)
- Evangelical Churches Fellowship of Ethiopia (ECFE)
- Ethiopian Muslim Development Agency (EMDA)
- Ethiopia Catholic Secretariat (ECS)

#### SAVE THE CHILDREN:

- Somali Region Bureau of Women's, Children's, and Youth Affairs
- Population Media Center
- Mother and Children Development Organization
- CARE-Ethiopia
- Afar Women's Affairs Bureau
- Rohi-Weddu Pastoral Women Development Organization
- Population Media Center
- Harrari Region Bureau of Women's, Children's, and Youth Affairs

### IMPLEMENTING PARTNERS IN SOMALIA

#### SAVE THE CHILDREN:

- Tadamun Social Society Organization- SC partner

NORWEGIAN CHURCH AID AND

SAVE THE CHILDREN IN ETHIOPIA AND SOMALIA PROGRAMMES ON

# 'FEMALE GENITAL MUTILATION/CUTTING'

**JOINT SUMMARY REPORT 2011-2015**

WITH THE SUPPORT OF ROYAL NORWEGIAN EMBASSY IN ETHIOPIA AND KENYA



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