



## UNIVERSITY OF ICELAND

ADDRESSING FEMALE GENITAL MUTILATION (FGM) THROUGH PROMOTING LITERACY FOR  
GIRLS AND WOMEN IN RURAL PUNTLAND-SOMALIA.

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## Dedication

This project proposal is dedicated for all people fighting against Female Genital Mutilation (FGM).



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The statements made and views expressed herein are solely my own.

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## Glossary of terms

Female Genital Mutilation- refers to all procedures involving partial or total removal of the external female genitalia for cultural practice or non-medical reasons (WHO, 2008).

Gender identity- The gender that one perceives themselves to be: male, female, ambivalent, or neutral.

Gender Inequality- It is a condition in which one of the gender controls power and resources and marginalizes the other from obtaining benefits and resources.

Gender-The definition of a person as male or female. It is sometimes based on the shape of their sexual organs. Other times, it is based on the presence of X and/or Y chromosomes in each cell of the body. Sometimes it is based on the individual's own gender identity -- what the person believes themselves to be.

Human rights- Human right are invaluable rights enjoyed by human beings without any criterion except being a human



## ABBREVIATIONS

FGM	Female Genital Mutilation
FGM/C	Female Genital Mutilation/Cutting
UNICEF	United Nations Children's Fund
WHO	World Health Organization
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
UDHR	Universal Declaration on Human Rights
NGOs	Non-Governmental Organizations
UN	United Nations



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## EXECUTIVE SUMMARY

Efforts to comprehend and eliminate Female Genital Mutilation (FGM) in Somalia have generally been conceived and carried out by health professionals and experts based outside of the localities their efforts target. My starting point as a researcher of my own local community and cultural context drawing on my own personal knowledge and experience as well as my research findings is that FGM hopelessly harms young girls and women 's bodies perpetrating horrifying torment, endangering their health and reproductive lives, and perpetuating their social inequality as adults. A further grounding for my research is the belief that Somali women themselves, as both victims and perpetrators of this practice, should be actively engaged and involved in its elimination—both to increase the likely success of its elimination and to ensure the systems and cultural practices that replace FGM or are affected by its elimination cohere with Somali women's own understanding of their best interests. The purpose of this paper is to explain and present the design for implementation of a program with two principle aims: 1. To educate Somali women, girls, and practitioners in my local community as to the illegitimate rationales, adverse reasoning, and unavoidable harm to girls associated with FGM; and 2. To redirect the efforts of FGM practitioners and community leaders away from FGM, towards practices that empower Somali girls, and to ensure the sustainability of such changes by leveraging the expertise and social capital of these influential community leaders.

FGM mirrors the low status of young girls and women and fortifies sexual orientation imbalance and gender inequality, energizing intergenerational cycles of segregation, damage and harm. Regardless of all the advances made towards nullifying this brutal practice, millions of young girls less than 15 years old will be compelled to experience and undergo the procedure in the current year. Tragically, they all will be part of the just about 400 million young women and girls within the globe currently existing on effects of FGM and which groups are now influenced by its effect according to WHO (2008). Advocacy initiatives aimed at addressing FGM/C are target a diverse audience and include aspects of the practice involving custom, religion, and thoughts of women' sexuality.

FGM that is very well known and practices in Somalia, the commonest being type 3 (Alluded usually as infibulation and in Somalia the "Pharaonic circumcision") (WHO 2008). 80% of FGM



procedures to young girls and women constitute the most destructive method called Infibulation. The less harmful FGM practice or type 1 (Alluded regularly as clitoridectomy and in Somalia some of the time called "sunna") is practiced for the most part in the waterfront towns of Mogadishu, Brava, Merca and Kismayu. The techniques leave a lifetime of physical enduring and damage to young and older women. In fact, all Somali women are in one way or another subjected to one of these types. An approximation by United Nations Children's Fund (UNICEF) puts the rate of Somalia women who have experienced this FGM at 98% (UNICEF, 2013). Prior appraisals put the rate at 96-98% making Somalia the country with the highest prevalence rate of FGM/FGC. Prior appraisals put the rate at 96-98% making Somalia the highest prevalence rate of FGM/FGC pervasiveness rate of FGM/FGC practice.

This project will advocate to the Somali government to develop laws and policies aimed at protecting the rights of women and girls at risk of FGM/C. The project will work towards the creation of a network of community champions who will provide voluntary services at grassroots levels and protect girls at risk of those faced with effects of FGM. Information sharing to service providers, perpetrators and victims/at risk groups will be used to address the root causes of the practice. This will target families, government, local authorities, health professionals, FGM practioners and community groups. The information will include brochures, mass media, radio and TV presentations and documentaries on FGM.

My project will work with local institutions to develop an Anti FGM curriculum or ensure the anti FGM curriculum is included in an existing curriculum. The development and inclusion of this component will involve stakeholder engagement in the design and implementation of specific modules for students of secondary schools to learn and gain knowledge which will eventually influence their thinking on eradicating FGM amongst themselves and for future generations. The outcome implies giving young girls and women a voice to make informed choices and decisions regarding unsafe cultural practices. Finally, the project will engage the community and other groups on how to keep girls in school and to encourage them to abandon FGM/C practices.

# CHAPTER ONE: BACKGROUND

## 1.0 Introduction

This chapter will focus on discussion about Somalia as a country, its people, area coverage and population. The history of origins, political struggles, social cultural aspect, the economic cost incurred, laws and policies, religion perspective, education, human rights tools and its relation to FGM and how each played a key role in promoting or abandoning FGM within and outside Somalia. The chapter concentrates on Justification, the problems statement of this project, main aims, objectives, outcomes, project location, timeframe, the target group, challenges and overall budget expected in implementation of this 3 years' project in Somalia.

## 1.1 Somalia Background

In the last number of years, the battle against FGM in Somalia has taken many courses and structures which included addressing FGM consequences, generation of materials to raise awareness and bring issues to light on the physical harm from the practice, grassroots mobilizations and advocacy for proper functioning policy against FGM and integration of talks with different stakeholders on FGM to health programs and departments and social development projects. The majority of these methodologies have been founded on studies that clarify the sociocultural reason for the slicing and endeavor to focus on the main drivers of FGM which is mostly practiced on girls and women of age 5-15 according to UNICEF and USAID Somalia (USAID, 2000).

Somalia is one of the countries that lies on the east coast of Horn of Africa sharing boarder with Ethiopia and Kenya and has a total land mass of 637,540 square kilometers. Somali has the longest coast line which comprises of both Indian Ocean and Red seat that extends to roughly 1,880 miles (BRE-RN, 2012).

According to the population estimation survey (2014) of Somalia has 12.3 million people are estimated to live in Somalia where about 85 percent of its residents are ethnic Somalis, who have historically inhabited the northern part of the country (UNFPA, 2014).



Figure 1: Map of Somalia .



The Map is indicating Somalia, a nation in northeastern Africa, on the landmass known as the Horn of Africa. Delineated on the guide is Somalia and the encompassing nations with universal borders, the national capital Mogadishu (Somali: Muqdisho), region capitals, real urban areas, fundamental streets, and real air terminals, and the area of the unrecognized self-proclaimed sovereign condition of Somaliland, a self-sufficient region in north west i.e Puntland of Somalia.

## 1.2 History, Origins Context

Some evidences found shows that FGM was somehow practiced in Ancient Egypt over 5000 years ago (Madsen, Elizabeth 2002). Historical writings in Egypt around 5th century B.C.E. and in Greece about 2nd century B.C.E show that FGM was practiced. Some of the suggestion regarding the spread of FGM from Egypt to other communities in the world include Research done by Carla which concluded FGM was known by some Sudanese communities as ‘pharaonic circumcision’, (Pasquinelli, 2004) but the paradox is still there where the same practice is called ‘Sudanese’ circumcision in parts of Egypt ( Kouba, 1985).



It is vividly clear that FGM has been practiced for generations in parts of the world and almost in 28 African countries. The practice is deeply embedded and rooted in complex cultural societies which has driven and separated women from women in all social, political and cultural aspects. It has been encouraged and prevailed till today due to the powerful symbols related to religion and culture and women roles in societies.

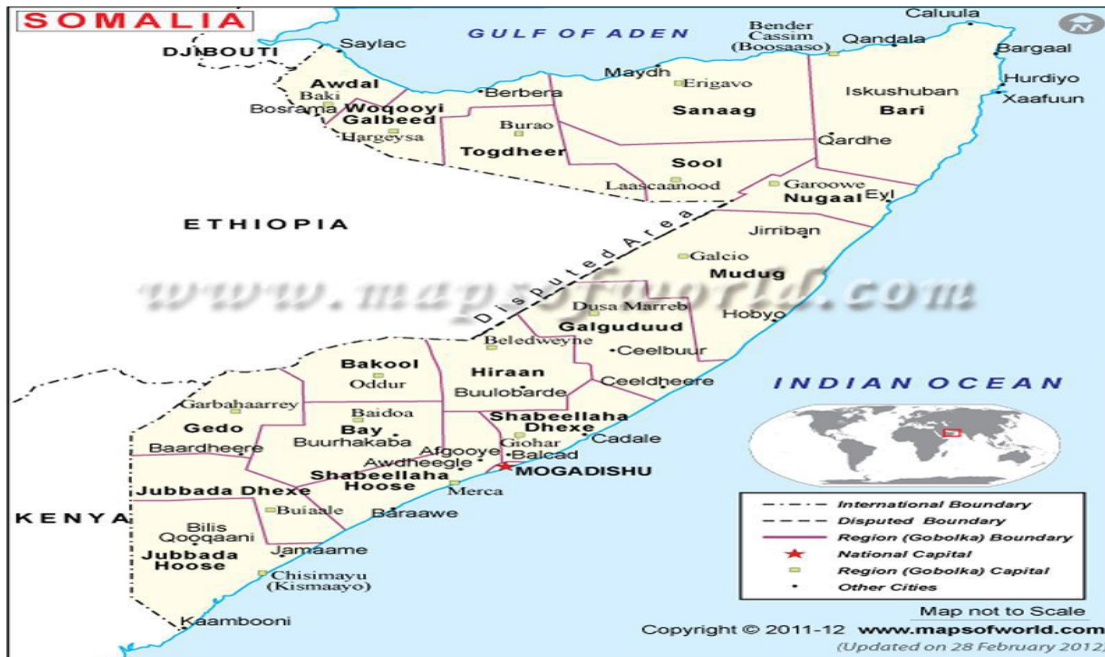
### 1.3 Political Context

Somalia has experienced a drawn-out time of contention and weakness in the course of the most recent 30 years, with extraordinary battling, populace relocation, sustenance frailty, philanthropic emergency and summed up absence of incorporated administration structures. Somalia has been fractionalized into three genuine spatial and political substances, basically South Central Somalia where the official capital city (Mogadishu) is discovered, Puntland in the north-east, and Somaliland in the north. Until twentieth August 2012, the Transitional Federal Government (TFG) was the true blue and all-inclusive saw government of Somalia. It was confined for a long extend to a couple scopes of South Central and did not have as far as possible and experts over the entire space (World Bank, 2015).

Given the emergency level in so many regions following a decade of war, it has been a stunning achievement in 2015 when the prime minister of Somalia Mr. Sharmarke said he was committed to both criminalize FGM in Somalia by enactment, legislature, advocacy, literacy and communal group participation. FGM ought to talk about at higher political levels to initiate changes through a national strategy prohibiting FGM and create ownership to the leaders. If political on-screen characters institute laws and push to relinquish FGM in Somalia all other working stakeholders and groups working towards FGM abandonment which incorporates media, educators, schools, legal aid, health experts, police, legislators, and families at grassroots levels to eradicate FGM will be relevant and put FGM to rest in a more precise and proficient way.



Figure 2: SOMALIA POLITICAL MAP



### 1.4 Social Cultural Context

According to United Nations (2012) FGM is known among a portion of destructive social practices to be fought and eradicated by social orders in Africa, Asia and among immigrants in Europe and some parts of America. UN (2012) named FGM as a barbaric, and hurtful social practice which should be battled by all practicing societies in the world. FGM has been more related to Islam across Africa and Asia. Although people connect FGM perception with Islam religion teachings, FGM has prevailed in different religions including Islam, Christianity and non-theistic believers.

The FGM practioners and supporters argue that FGM is part of cultural symbol and customary traditions that cannot be neglected very easily. Somali people have initiated the ritual as a rite of passage of girl to womanhood, protecting girl’s virginity till marriage, maintaining family honor and reducing girl’s sexual feelings. The girls or woman will then be socially accepted and belong to her entire community without discrimination (WHO, 2008). There is still no clear difference why FGM in Somalia prevalent in rural village settings than in main towns, but due to the ethnical diversity, education and sharing of information on FGM consequences helps people have different perception to neglect and stay away from the practice. Example in





Kenya, for example girls residing in rural zones are four times subjected to FGM than girls in urban zones due the key education and awareness received on the consequences of FGM (UN, 2012).

Sexuality is another powerful justification for the practice of FGM and FGC and why it is always associated with notions of girls' and women's control. Female Mutilation is attached with cleanliness and attractiveness by both men and women in the research conducted in Egypt (WHO, 2008). During the research, FGM was seen as women fidelity and husbands' sexual pleasure following marriage. It was understood as protection against pre-conjugal sexual action, and in that capacity, to forestall indiscrimination and safeguard virginity, as often as possible known to decreases a lady's sexual longing and guaranteeing her modesty preceding marriage (Masterson and Swanson, 2000).

FGM can likewise rise the probability of a young lady contracting HIV and infections due to the use of unsterilized equipment by practioners. The circumciser most of the time perform FGM on two or more young girls consecutively. The primary connection between FGM, HIV/AIDS and uplifted powerlessness for transmission, in any case, originates from the expanded occurrence of regenerative area and lower pelvic diseases that give an "entryway" for HIV to transfer to body after getting contact with the infection (WHO,2008).

Women are marginalized people in Somalia and are always culturally discriminated and are more often stigmatized in association to neglecting FGM practice. The struggle is very important especially with FGM prevalence in Somalia context with 95-98 percent (World Bank, 2004). Change of attitude should take place in order for women not to witness and feel the pain their daughters endure during and after the procedure, both emotional and economic hardship their daughter's future will face by remaining unmarried or divorced or becoming infertile.

### 1.5 Economic Costs

FGM is a potential budgetary weight to wellbeing frameworks. A review in light of information from six African nations which Somalia was among found that expenses related with the



medicinal administration of obstetric inconveniences coming about because of FGM were proportional to 0.1–1% of aggregate national expenditure on women of reproductive age (Peterman A, 2009). The family cost incurred is to a great extent obscure; a review from Nigeria assessed the cost of treating post-FGM difficulties in a pediatric facility to be US\$120 per young lady (Ekenze, 2007). A current review from Gambia found that every 1 out of 3 women looking for gynecological details looked for assistants due to immediate after effect of FGM. In numerous situations, operation was necessary, demonstrating FGM difficulties are critical fetched for gynecology administrations (Kaplan A et al, 2011).

### 1.6 Legal Frameworks And National Policies On FGM

Since 1991, the re-rise of standard law, the augmented utilization of sharia law and the fall back on faction based types of political portrayal have implied women have been practically prohibited from all political and legal structures in various parts of the nation. The Xeer (Traditional Somali law) perceives the privileges of men yet constrains the privileges of women, which means their lives are of unequal incentive to those of men. Sharia law offers women more noteworthy equity than the Xeer, however must be regulated by men; practically speaking it is frequently twisted in light of a legitimate concern for the last mentioned. In spite of the fact that Somalia's Family Law expresses that females and male have square with legacy rights, both sharia law and customary practices frequently keep women from getting equivalent shares or any share whatsoever (UNDP, 2012)

As indicated by World Bank, (2004), Somalia has no working laws or approaches supporting FGM abandonment. FGM/FGC abandonment projects which begun in the mid-1980s, caved in with 1991 fall of the Somali government. From that point forward, global NGOs, Somali associations and benefactor organizations have re started project exercises within Somalia. Nonetheless, enquiries on the scope, techniques, communications utilized, the general viability of tasks and exercises, lessons realized and best practices and the more significantly change by policy makers to order completely working laws to boycott FGM (World Bank, 2004) The best and most effective way of eliminating FGM will be through enactment of FGM ban policy and structure that will solve the problem at both micro levels and change people attitude towards the practice.





## 1.7 FGM and Religion Context

The large majority of the people in Somali are Muslim, with the larger part being Sunni. Somalia is the main Islamic nation in the world with 100% convergence of Sunni Muslims (Kettani, 2010) The effect of religious conviction on the continuation of FGC is significant and has been generally recorded. Incalculable religious researchers and pioneers concur, be that as it may, that neither the Qur'an nor Hadith educate Muslims to perform genital cutting (Masterson and Swanson, 2000). Adversaries of the practice say that it is the confusion of Islamic writings and the absence of official and valid clarifications that lead non-researchers to stick to the unsafe work on, supposing it a commitment with which adherents must consent or be liable to discipline (Toubia, 1995).

Numerous religious pioneers have turned out emphatically against FGM. For instance, Professor Ali Gomaa, the Grand Mufti of Egypt, delivered a Fatwa about FGM in 2006 which expressed that not exclusively were there "no written grounds for this customs in the Qur'an [or] with respect to authentic custom of the Prophet 'but that, "Female Genital Mutilation honed nowadays hurts ladies mentally and bodily. Along these lines, the exercise should essential be ceased in support of Islamic teaching, in particular do no mischief to another as per the rule of the Prophet Mohammed 'Acknowledge no damage and do no damage to a fellow being'" (Robinson, 2006).

The variety crosswise over Africa in FGM rates coordinates the varieties in ethnic organization of the diverse districts. At the end of the day, ethnic personality assumes an essential part in the commonness of FGM. In Benin, for instance, the areas with elevated amounts of FGM are possessed by ethnic gatherings with the most elevated rates of FGM levels in the nation (UNICEF, 2013). There are additionally enormous varieties between religious gatherings inside nations. For instance, in India most FGM is polished by the Dawoodi Bohra, a Shia Muslim gathering that moved from Yemen in the sixteenth century.



## 1.8 FGM And Education

After 1991, the formal education system in Somalia collapsed. From that point forward, education has been reorganized through private means including expansions of Madrassa (Koranic Schools). Somalia is listed one of the lowest adult literacy levels in the world which is around 24 percent. The local government and the Somali Diaspora plus international community have also come forward in supporting and restoring essential and optional schools plus campaigns to improve girls and women education in different fields especially on FGM. (UNDOS, 1995)

Young girls are generally subjected to FGM before they finish education. Girls are additionally for the most part not included in the choice and decision to carry out FGM. Thus, it is helpful to know the education status of the girls experiencing FGM. Both in nations with elevated amounts of FGM and in those with lower levels example in Somalia, most of the girls drop out of school due to physical torment and pain from FGM procedure experience and forced to marriage by parents after going through FGM. This has always tended to correspond to increase in FGM rates. Education appears to have a critical part in changing social standards and norms around FGM and leads individuals and groups to forsaking the practice (UNICEF, 2013). Given that restriction to FGM is higher among women who have secondary education, in social orders where women are demoralized from teaching themselves and ending up plainly socially and fiscally autonomous, it may be harder to change thoughts regarding FGM. But for instant if Anti-FGM module is directly introduced and taught in schools, this will challenge the social norms and break barriers by giving the girls voices to make decision on their rights thus end FGM completely in Somalia.

## 1.9 International Agreements On Human Rights.

Human rights are intense instruments. Human rights are ideas that have frequently been blamed for being western-forced and, with their accentuation on the individual, maybe contradictory to African qualities. The encounters of the Village Empowerment Program in Senegal, nonetheless, propose that human rights are capable apparatuses to present a widespread idea of human poise and an esteem framework that advances self-respect, recasting people's connections to their groups (Tostan, 1999). Somali has not signed and



ratified fully some of the most important international tool like CEDAW which supports eradication of FGM (Masterson and Swanson, 2000).

### 1.10 Problem Statement

FGM is far reaching, practically widespread, in Somalia, with a pervasiveness of 97-98 percent every now and again reported (WHO, 2008). The practice is likewise extremely basic among tribal Somalis in different parts of Eastern Africa. As indicated by WHO (2012), FGM has no medical advantage at everything except rather hurts girls and women, violates their human rights from numerous points of view. Majority of Somalis practice the most serious mutilation as classified by WHO to be type 3. The exemption to this general picture of FGM in Somalia is the obsolete culturally blended groups living at the ocean shoos cities (Mogadishu, Merka and Brava) where type I customarily has been the basic sort. Some of the groups, in any case, had started in the years prior to the common war affected by the larger part populace ('traveling' Somalis) who performed different types of infibulation. FGM is boundless both in large cities and country zones, yet examines demonstrate that urban inhabitants when all is said and done are more mindful of unfriendly wellbeing outcomes of FGM than the nomadic occupants in rural settings. Many Somalis are additionally scrutinizing FGM and progressively connecting it to convention and not a religion factor.

In regard to customs, FGM is indicated as demonstration of sanitization (halalayn gotten from Arabic). The word is used to refer to all types of FGM practice, suggesting the uncut young woman is seen as impure (bodily and profoundly) and should be cleansed. The cutting and stitching (qodob) of the vulva makes a wonderful and ethically straight woman, who in suspicion of marriage quite a long while later, can speak to her family respectably. Somalis are progressively performing 'sunna' operations rather than infibulation, seeing the previous as legitimated by religion. As mentioned earlier, in the Halal range where occupants are firmly identified with Somali individuals, sunna has turned into the normal circumcision sort as of late (WHO, 2008)

To address some of the problems above, the project will develop and introduce Anti-FGM to two secondary schools, (students age 13-18) because of the maturity of student and influence



they have over their parents to prevent FGM practice on their younger sisters. Most of them will be parents after few school years and be in a position to protect their girls from undergoing the practice.

The chiefs, clan elders, religious leaders and royal kings from different clans in Somalia are powerful elements in decision making and influence to the community. Therefore, working with them to support to end FGM through advising and raising awareness to the community to eradicate the harmful practice will have a bigger impact. Finally, the project will strengthen media campaigns and other forms of communication dissemination to support and publicize FGM/C abandonment, sensitize and lobby to decision and policy makers about enacting laws enforcing FGM practice abandonment which is harmful to the health of girl-child and women in general.

### 1.11 Project Justification

Female Genital cutting has turned into a worldwide issue and no longer just the worry of rehearsing African countries. In spite of this worldwide acknowledgment and endeavors to take out the practice, FGC remains solidly inserted in the acts of numerous social orders. Destruction supporters and advancement specialists progressively perceive that with a specific end goal to end FGM, a fuller comprehension is required of why FGM is played out, its significance, and the partners included. People and group of women and men embrace FGM for an assortment of reasons that can shift from nation to nation and can distinctive ethnic groups. Anyhow, researchers propose that custom, religious conviction, and thoughts of women' sexuality and control over that sexuality basically adds to continuation of FGM (WHO, 2008).

WHO approximated that over 3million girls and women go through FGM procedure annually and as of today 100 - 140 million women are affected by FGM/C practice. FGM Practice has been widely and currently in 28 countries within African, some Asia countries, middle East and immigrants in America and Europe. It expressed, that FGM/C practice rises above social, cultural, financial and age figures and demoralize people, families, and social orders around the world (WHO, 2008).



Somali culture is a traditionalist Islamic culture, in which talking about and raising sexuality issues, for example, HIV/AIDS, FGM and child rights is regularly unseemly, touchy and dubious and sometimes a taboo (WHO, 2008). There is a profound conviction that FGM has its foundations both in Somali culture, additionally in Islamic doctrine (UNICEF, 2013). The gatherings with the best impact in the public arena are the religious pioneers. Thus, persuading sheikhs and others in places of significance in the religious pecking order to talk about these issues and speak with standard individuals freely on them decisively will absolutely clear route for a more open and dynamic discourse on this issue at community level.

The project will develop and introduce Anti-FGM education or program to two secondary schools (students age between 13-18) because of the maturity age of student and the influence they have over their parents to prevent FGM practice on their younger sisters. Most of them will be parents after few school years and be in a position to protect their girls from undergoing the practice. The chiefs, clan elders, religious leaders and royal kings from different clans in Somalia are powerful elements in decision making and influence on the community. Therefore, working with them to support to end FGM through advising and raising awareness to the community to eradicate the harmful practice will have a bigger impact. Finally, the project will strengthen media campaigns and other forms of communication dissemination to support and publicize FGM/C abandonment, sensitize and lobby decision and policy makers about enacting laws enforcing FGM practice abandonment which is harmful to the health of girl-children and women.

### 1.11.0 Project AIMS

To increase knowledge on the consequences and harmful effects of FGM practice as a strategy for eliminating the practice within Somali communities in rural Puntland.

#### 1.11.1 Project Results

1. An anti-FGM curriculum and learning module for secondary schools is developed.  
Increase literacy level for girls and women in rural settings.



2. An anti-FGM curriculum is enacted and a learning module introduced at 2 Secondary high schools in Galkayo-Somalia
3. The capacity of duty bearers, decision makers and right holders in addressing FGM/C is increased
4. FGM/C abandonment is publicized through strengthened media implication.
5. Decision and policy makers are more willing to enact laws enforcing FGM practice abandonment

### 1.11.2 Expected Results

Development and introduction of Anti-FGM curriculum to secondary schools will educate both girls and boys at schools to adapt and become aware of FGM and its harmful consequences which will enable them resist and pass this to their parents and community to neglect the practice. The program will increase girl's literacy level by retaining more girls in schools who are cut and admit more un cut girls whose families will be educated and dismiss FGM. The educated girls and boys can influence their parents to end FGM at homes. The same age group also has a probably to start families after high schools therefore, information, behavior change against FGM practice and attitude change gained from schools will prevent them to circumcise their future girl children.

The project will give women and girls voices, empower women and girls to decide not to be cut and give them capacity to advocate and claim their human rights. Through campaigns, trainings and social media platforms programs to different stakeholders including health professions, government officials, community elders, religious leaders, FGM practioners, Civil society and women networks, parents and establishment of community champions which basically is be led by men will provide, enhance, share and disseminate firsthand information on FGM experiences and abandonment to Community. This will lead to breaking barriers of FGM practice and prevention by the above actors.

Lastly the project will advocate through higher consultative meetings with duty bearers and policy makers to lobby for enactment of FGM abandonment policy and law. This law will improve coordination between joint up system of culture, Islamic religion and statutory law and benefit the society eradicate the practice at grassroot levels.



### 1.11.3 Project Location, Programme Duration and Timeframe, Partnership, Beneficiaries and Participants, Risk Assumption and Budgeting

#### *a) Project Location*

The Project will be implemented at Galkayo town, Puntland Somalia. One of the schools will be based in the main town and the second school will be based more in a rural Galkayo setting to evaluate the different impact and how both students and community adapt and welcome the Anti-FGM curriculum.

#### *b) Programme Duration and Time Frame*

Duration: September 2017- September 2020.

The project will run and completed within three years which will include one year pilot project to test the anti FGM curriculum in two secondary schools at Galkayo, Puntland Somalia. Monitoring will be done throughout the project period whereas Evaluation and reporting will be prepared and submitted on quarterly bases (every three months) One month after completion of the entire project, the final report will be submitted to the donor, stakeholders and disseminated to the public for advocacy to integrate into the formal education system of Somalia.

During the development and introduction of Anti-FGM as pilot to 2 secondary schools, A number of sideline activities will also be running focused on:

- Petitioning and campaigning to stakeholders and partaking government officials to oblige themselves and enact policy against FGM or, where conceivable, to practically implement on the ground.
- Involving government delegates, civil society, international organizations and donors in the preparation of module for workshops, trainings and awareness raising which will reinforce coordination among them to promote an incorporated approach against FGM.
- Conducting Information campaigns and workshops for health professionals, FGM practioners, Community leaders and established community champions on FGM consequences and how to fight against it.
- Sharing of information in regard to FGM in media outlets and producing materials with FGM messages to the community.



*c) Partnership*

UN Agencies, INGOS, LNGOS, national and decentralized Governments, donors, Universities, consulting agencies and personnel's, community-based organizations, Islamic religious authorities' organization and the media.

*c) Beneficiaries and participants*

The project beneficiaries will be both boys and girls of age 13-18 enrolled in the 2 selected secondary school within and outside Galkayo. The girls may have already undergone the practice and the fact that they experience the wrathless of the procedure and know it violated their rights, therefore, education should be the key to overcome the harmful practice.

Government officials, religious leaders, FGM practioners, health professions, community leaders and parents will also participate in awareness raising, trainings and policy workshops which will give the visibility to challenges during the public debates, meetings and declared support from the religious leaders and government officials will help abandon FGM in Somalia. The project is going to be preliminary to dismiss and criminalize the ones using social and religious justification to continue with the practice. The resident and local civil societies including NGOs, religious leaders, communal leaders plus FGM, gender expertise will be part of developing and preparing the Anti-FGM curriculum plus the training packages. The actors will reinforce more visibility and vibrant promise by politicians and religious scholars to enact laws/policies against FGM in Somalia.

The ministry of women affairs and ministry of Education will work in hand together with local NGOs and the community in all parts of arrangement and execution of the venture specifically selection of members, design of Anti-FGM curriculum, training programs, and implementation of sideline activities. This project is planned to appeal for both national and international donors and encourage them set up dependable joint efforts and financially support the new administration in relation to eliminating FGM in Somalia.

The FGM anti-Curriculum will also be translated to Somali language as part of encouraging and promoting national language use and also inspire the government interpret their promise into tangible financial measures, such as the creation of national budget lines, gender budgeting lines to support local civil societies engage in promoting the abandonment of the practice.





Therefore, the project will target 240 students from two secondary schools both girls and boys of age 13-18 years through Anti FGM curriculum module. The project will target and train 4 teachers and 2 headteachers on Anti-FGM curriculum. The project will provide awareness, workshops and train the target group of 300 people in nine major group sessions. They include: - 30 FGM or circumcision practitioners, 30 women, 30 men, 30 religious leaders, 30 teachers and lecturers, 30 government officials, 20 health professions, 20 community elders, 20 Lawyers, 20 civil societies, 20 youth and women networks and lastly 10 community champions. The indirect beneficiaries reached through media, websites and awareness and during policy advocacy is estimated to be around 2500 people in Somalia.

*d) Risk Assumption*

Shortage of funding is a major risk and consequently, the project could be downsized or not implemented at all. In this case, the project will be reduced in terms of schools to be piloted to 1 school with less participants admitted for anti-curriculum module and less participants for awareness raising and training workshops. As to the material and the human rights perspectives, there are no real dangers that could influence the accomplishment of the project, since Puntland government is exceptionally dedicated against FGM practice.

Despite the fact that confirmation shows that noteworthy advance can be made in quickening the procedure of relinquishment, it is essential to contemplate that reduction in frequency might be hard to quantify within the period of 3 years' from the begin of an intrusion. As far as social affectability, it will be important to foresee and recognize a portion of the dangers related with the distinctive periods of the program. It would likewise be useful to suspect how diverse areas of the group and society may respond to the intercession. In this case, it is basic to know about the likelihood of a traditionalist reaction from the group.

The potential dangers inside Somalia settings will be considered and measured to ensure guarantee that the validity of the project and its accomplices is protected. In this sense, it is urgent that the legislature and contributors are not seen as granting a specific motivation or



ideological system, which is not to the greatest advantage of the group. Thus, watchful thought will be given to how issues are conceptualized and confined.

Puntland government is very committed to new initiatives that promote gender equality in the society, therefore involving them throughout will lead to success of this project implementation. The project will ensure all stakeholders in education and school principals who are always from religious backgrounds are provided with awareness, information and training on FGM and involve them throughout the process of this project planning, formulation implementation and even evaluation. Religious leaders have a unique power to promote a transformation and change in the Somali society. They are able to reach different levels of society when willing to participate in progressive discussions, and are the only group able to convince the community of the fact that FGM has no basis in Islam. They are trusted and respected, and in this sense, provide an appropriate mouthpiece for new ideas supporting human rights, but which may be perceived as detrimental to old Somali culture.

*e) Overall Budgeting*

ESTIMATED BUDGET	YEAR 1: \$69,000
	YEAR 2: \$50,000
	YEAR 3: \$43,000
Total programme costs:	\$ 162,000



Figure 3; Illustrates the Relationship of FGM, Family, school drop out and other external factors.



The diagram shows the relationship between FGM, Literacy and external factors playing around it which this project will use to challenge the traditional norms to end FGM through literacy programs in schools and in the community.



## CHAPTER TWO: CURRENT FGM PRACTICES AND CONSEQUENCES

### 2.0 Introduction

This chapter covers the fully meaning of Female Genital Mutilation(FGM), the different types practiced, rational behind people practicing the act, consequences caused by FGM, and the people who perform FGM and by what age. This chapter will also discuss a case study on health effect of FGM, it will analyze FGM as a gender inequality issue, give overview of FGM internationally and in Africa, the prevalence of FGM in Somalia and the theories defining FGM including Feminism among others.

### 2.1 Meanings of Female Genital Mutilation

According to World Health Organization (WHO) the term ‘female genital mutilation or cutting (FGM/C) refers to all procedures involving partial or total removal of the external female genitalia for cultural practice or non-medical reasons (WHO, 2008).

WHO perceives FGM as a violation of the human rights of young girls and women. It reflects deep traditional imbalance between the genders, and constitutes an outrageous type of discrimination on women. It is almost dependably done on minors and is an infringement of the privileges of children. The practice additionally abuses human rights to health, security and physical uprightness, the pleasure of being free from torment and unfeeling, brutal or debasing treatment, and the privilege to life when the procedure brings about death.

An expanding number of worldwide instruments underscore the responsibilities of numerous country states to end destructive practices including FGM/C. A portion of the significant instruments incorporate the Universal Declaration of Human Rights; the Convention on the Elimination of All Forms of Discrimination Against Women and the Convention on the Rights of the Child. A dedication towards consummation hurtful practices is additionally incorporated into the arrangements of activity radiating from the International Conference on Population and Development, the Fourth World Conference on Women and the UN Special Session on Children, and in addition various UN General Assembly Resolutions. African States have additionally made a coordinated sense of duty regarding take every single fitting measure to dispense with unsafe social and social practices, as outlined in the African Charter on the



Rights and Welfare of the Child and in the Protocol on the Rights of Women in Africa ('Maputo Protocol') and the African Charter on Human and Peoples' Rights (AHA Foundation, 2015)

Many projects implemented and supported by UNFPA, UNICEF, WHO and other agencies have aimed at addressing FGM at community level have been targeting community leaders and elders through awareness and workshops in Somalia. One of the intervention projects by international agency is: -

Norwegian People's Aid (NPA) has been supporting a venture with Galkayo Education Center for Peace and Development and Hanaqaad Women's Umbrella Association as local implementing partners on a Somali Women's strengthening venture. The objective is to strengthen the capacity of associations in battling violence against women. The target persons were women and young girls. Activities incorporated advancing instruction by giving grants and teachers' incentives, and creating awareness on FGM and HIV/AIDS. Subsidizing to the Galkayo Education Center for Peace and Development for 2007 is NOK 203 000.

Incorporating some of the above project objectives, the Anti FGM Curriculum, will be able to directly target and reach more girls of age 13-18 who are affected and always left out of the previous projects through education and empower them have voices to decide and advocate to end FGM in the Somalia society.

## 2.2 TYPES of FGM Practices

According to WHO (2000) there are 4 types of FGM practices such as:

TYPE I: Excision of the prepuce, with or without all parts of the clitoris.

TYPE II: Excision of the prepuce and clitoris with partial or total removal of labia minora.

TYPE III: Infibulation/Excision of part or all the external genitalia and stitching of the sides together to varying degrees.

TYPE IV: All forms including pricking, piercing or incising, scraping and stretching of the clitoris and/or labia.



*Pictures of youth girls who have undergone FGM*

### 2.3 Main Rational Cited for FGM Practice by WHO

FGM is practice in Somalia and other places in the world due to the below rationales as stated by WHO (2000);

- psychosexual reasons: diminishment or end of the delicate tissue of the external genitalia, especially the clitoris, keeping in mind the end goal to lessen sexual craving in the female, keep up purity and virginity before marriage and constancy amid marriage, and increment male sexual delight.
- sociological reasons: distinguishing proof with the social legacy, initiate young women into womanhood, social joining and weight from loved ones and the support of social attachment.
- Rite of passage for girls: Girls who start to experience Menstrual cycle are believed to reach puberty stage and they must be cut to fit in the society profile and role as a woman and join womanhood.
- FGM preserves virginity before marriage and ensures faithfulness during marriage: Remaining a virgin until marriage is strongly encouraged in most African societies. So much so that virginity confers a prestige and, even more than the morality of the girl herself, it symbolizes the morality of her family.
- FGM helps to increase the male's pleasure: According to certain social groups the clitoris is analogous to the penis and increases male arousal, leading to premature ejaculation. In these societies, when the sexual act is completed too rapidly (even



though it is beyond the man's control), it is considered an insult and causes resentment and conflict within the marriage.

- Cleanliness reasons: the outer female genitalia are viewed as messy and unattractive and are to be evacuated to advance cleanliness and give tasteful interest.
- Myths: improvement of richness and advancement of child survival.
- Religious reasons: Some Muslim groups practice FGM as a religious obligation forgetting that FGM predates Islam.

#### 2.4 Consequences of FGM Practice

FGM has no medical advantages, and it hurts young girls and women in numerous ways. It includes expelling and harming normal female genital tissue, and meddles with the regular functioning of girls and women's bodies. The risk increases as with the seriousness of the procedure (WHO, 2007)

Immediate effects of FGM are: severe pain, loss of blood (hemorrhage), shock, swelling of genital, fractures or dislocations of clavicula, fever, infections including HIV transmission, urinary difficulties, injury around genital tissue and sometimes leads to death (Reisela, and M.Creighton, 2014)

Long-term consequences can include: infertility, pain while sitting or walking, urinary problems (urinary tract infections); vaginal problems e.g itching; menstrual problems (painful menstruations, difficulty in passing menstrual blood, etc.); sexual problems (pain during intercourse, decreased satisfaction, etc.); increased risk of childbirth complications; psychological problems (depression, anxiety, post-traumatic stress disorder, low self-esteem) and health complications of female genital mutilation (Reisela, and M.Creighton, 2014)

#### 2.5 Who Performs FGM and at What Age?

In societies where it is an acknowledged standard, female genital mutilation is drilled by supporters of every religious conviction and in addition animists and non-adherents. FGM is generally performed by a conventional professional with unrefined instruments and without analgesic. Among the more well-off in the public eye it might be performed in a health care services office by qualified health staff. WHO is against medicalization of the considerable number of sorts of FGM. The age at which female genital mutilation is performed changes



from area to area. It is performed on newborn children a couple days old, female youngsters and teenagers and, occasionally, on mature women(WHO,2000)

## 2.6 Health effects: results from a study in Somalia

A study on medical problems resulting from FGM based on interviews with women in Mogadishu, Somalia, found that a considerable number of women had suffered from a range of medical problems including: hemorrhages, infections, urine retention, pelvic inflammatory disease, infertility, and difficulty during labor.

In addition, women who had just been married suffered from pain during sexual intercourse as well as additional problems related to childbirth. Women with FGM Type 3, also known as infibulation, had up to 5 times longer second-stage labor than women who had not been subjected to FGM. Women who had been infibulated were therefore faced with health hazards and pain at multiple points throughout their lives (Abusharaf, 2013)

## 2.7 FGM As A Gender Inequality Issue

Gender Inequality focuses on FGM as a harmful practice associated with specific gender roles and gender power relations within communities. It is aimed at building collective understanding around main concepts associated with gender, such as gender equality, division of labor, access to resources, power, empowerment and how those issues relate to FGM.

In many general societies that practice FGM, we see signs of profoundly gender inequality. Female circumcision is bolstered and embraced by all family members and if one fails or tries to leave, she provokes the entire society and faces segregation both within his family and community at large. Some girls in Somalia who refuse to undergo FGM or ran away mostly end up as an outcast and must leave the area and not seen again.

FGM is embedded in the gender power relations within communities and societies which practice it; nevertheless, it can be abandoned if the gender roles, power relations and social norms associated with the practice are modified. Some of the key issues of the gender analysis





are presented below to provide a frame to contextualize FGM as a gender related issue and explore the relation between FGM, social change and women's empowerment.

## 2.8 Overview of FGM in International Context

FGM has been accounted for to happen in all parts of the world, however it is most pervasive in the western, eastern, and north-eastern areas of Africa, a few nations in Asia and the Middle East and among certain immigrant's groups in North America and Europe. In the vicinity of 100-140 million young girls and women on the planet are calculated to have experienced FGM, and 3 million young girls are assessed to be at danger of experiencing the procedure every year. (WHO, 2008). In Africa, FGM is practiced on girls and women in more than 28 countries. Prevalence of FGM/FGC in Africa varies from 5% in DRC to 95% in Mali and 70% in Burkina Faso to 98% in Somalia (UNICEF 2016).

FGM/FGC is a troublesome practice to monitor particularly when it's done underground. Studies conducted in Northeast (Puntland) and Northwest (Somaliland) revealed a general routine with regards to FGM/FGC in both urban and rural areas. A review directed by the University of Nairobi, covering North East and North West Somalia, found a similar all-inclusive practice with practically no distinction in pervasiveness among various financial groups, urban, provincial or nomadic settlements (WHO, 2000).

## 2.9 International Response to FGM

Expanding on work from earlier decades, in 1997, WHO issued a joint proclamation against the act of FGM together with the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA). Since 1997, extraordinary endeavors have been made to balance FGM, through research, work inside groups, and changes in broad daylight strategy.

Advance at worldwide, national and sub-national levels incorporates: more extensive universal association to stop FGM; worldwide observing bodies and resolutions that censure the practice; changed lawful systems and developing political support to end FGM (this incorporates a law against FGM in 26 nations in Africa and the Middle East, and additionally in 33 different nations with vagrant populaces from FGM rehearsing countries); prevalence of FGM has diminished in many nations and an expanding number of ladies and men in honing



groups bolster finishing its practice. Inquire about likewise demonstrates that, if honing groups themselves choose to surrender FGM, the practice can be killed quickly. (WHO 2008)

## 2.10 International Day of Zero Tolerance to Female Genital Mutilation/Cutting (FGM/C)

This is a United Nation's day that is observed on February 6th, consistently. The goal of the day is to make mindfulness on the practice and look for more noteworthy support for the abandonment of FGM/C. The day was embraced taking after the gathering of the Inter-African Committee on Traditional works on influencing the wellbeing of women and girls (IAC) held on February 6th, 2003.

## 2.11 The Prevalence of FGM Somalia

Nearly twenty-six years of conflict in Somalia, resulting in widespread displacement, massive human rights violations, livelihoods collapse and poverty have greatly weakened the capacity of families and communities to ensure the protection of their girls and boys. This situation is compounding an already challenging environment for women and girls in which traditional practices faced by much of the female population of the country undermines the realization of women's and children's rights (WHO 2008).

The pervasive practice of Female Genital Mutilation/Cutting (FGM/C) is one of the most dramatic examples of harm perpetuated on girls and women. Unarguably, Female Genital Mutilation is a subject that has been widely discussed among different practitioners and at different levels. Irrespective of the differential views, one consensus is the fact that FGM is a harmful practice with unbounded negative consequences on young girls, and in some cases children in Somalia.

FGM/C is defined as procedures involving partial or total removal of female genitalia. Somalia recorded with 98 percent being the highest prevalence rate of girls cut from age 5-15 years (UNICEF, 2006), and with the majority being subjected to the most severe type of the practice called 'phaoronic', usually involving infibulations. While the practice is considered generally harmful, the paucity of information on the subject continues to make it extremely difficult to



tackle of problem in a more meaningful way. In Somalia, FGM is an element of rite of passage for women from age of 5-15 years for honor and social identity. Some practice it for the perception of “safeguarding” women’s virginity till marriage, increase sexual pleasure for men and some literacy take it as a religious duty (WHO, 2008).

Many cases have been seen, reported and documented from the villages and from the hospitals in relation to FGM practice in Somalia. Women have died due to FGM complication during delivery and young girls lost their lives due to severe bleeding after the procedure. Despite many international laws against FGM and no validation from religious perspective plus global advocacy to end the practice, FGM has still remained with Somalia’s traditions and customs (WHO, 2008).

International law is clear that FGM/C is a violation of the human rights of girls and women and is therefore an unacceptable practice. Action to eradicate the hurtful practice is specially mandated by the Convention on the Rights of the Child (CRC), and FGM/C falls within that mandate. Work to combat FGM has been on-going in several countries of Africa, and there is evidence from countries such as Egypt and Senegal that inroads can be made into the practice, even where it is an age-old and closely held tradition. However, these results take time, commitment and long term funding to achieve.

## 2.12 Theoretical Framework of the project (models)

### 2.12.0 Feminist understanding of FGM.

Feminist theory aims to understand the nature of inequality and focuses on gender politics, power relations and sexuality. Themes explored in feminism include discrimination, objectification and class

#### *a) Objectification (especially sexual objectification).*

Here we see that clitoris is objectified to enhancing feeling for women and therefore fully cut or partially cut to reduce the feeling and keep the girls from engaging in bad behaviors or sex. Men want women who are cut because they feel pride of having a virgin woman, a small space to penetrate which will make him feel good. Therefore, Men see women as just sex objects and not partners to work together and enjoy having sex together.



*b) Class.*

People from rich families are less likely to take their girls for the FGM process and for those who do, take their girls and women to more advanced trained nurses or practitioners who perform FGM in a secured, clean places example in hospitals and use sterile equipment's. Few communities in the urban centers afford the procedure because they can afford the price. Here the parents or the trained practitioners can suggest the girls to undergo the minor practice which is called Sunii i.e type 2. Whereas in rural setting, the FGM practitioners are not trained but learn through experience and inherit the skills from their mothers and grandmothers. At most all the practitioners have no clean and sterile equipment and sometimes use a blade, a knife, a broken bottle or other nasty sharp materials on several girls at a time or re use it later which probably rusts before used again. This has caused infections and killed many young girls due to excessive bleeding. Most of the procedure done is infibulation with less healing medication.

#### 2.12.1 Social convention theory

Utilization of socially delicate methodologies and the social tradition demonstrate specifically, gave imperative bits of knowledge to organizing the investigations of FGM/C social tradition and other self-authorizing social traditions that are unsafe to children and women. Social tradition hypothesis concentrates on the relationship of basic leadership, i.e. that the choice of one individual is reliant on the choice of others, accordingly making it exceptionally troublesome for one individual or family to stop the practice, regardless of the possibility that they perceive the destructive results of FGM/C. By highlighting the aggregate way of FGM/C rehearse, social tradition hypothesis clarifies why a group is a basic for the advancement of deserting on a huge scale.

#### 2.12.2 Social change theory

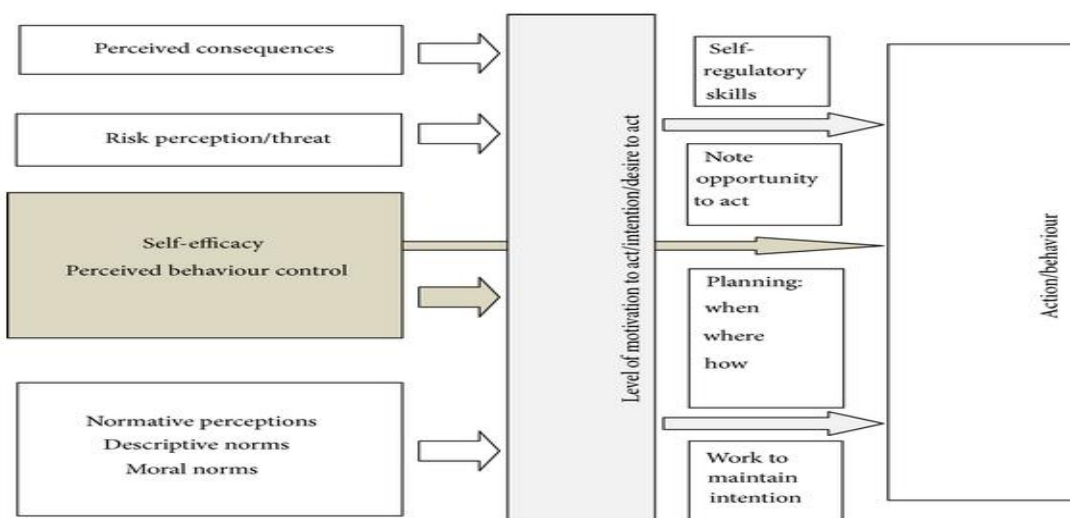
FGM/C is a work on showing profound established sexual orientation imbalances and separation. The practice is seen as a vital stride to raise and secure young girls and make them qualified for marriage. FGM/C is upheld by social traditions and standards and held set up by frameworks of complementary encounters of prizes and endorses. In people group where FGM/C is generally drilled, harmony states exist, whereby approvals are substantially more grounded than impetuses for any family to go astray from the social desires of FGM/C.



Sanctions incorporate being barred from social customs and impetuses incorporate the blessings and social acknowledgment including marriageability among others. FGM/C is established by an arrangement of related convictions, observations, ceremonies and customs that are commonly fortifying (UNICEF, 2005).

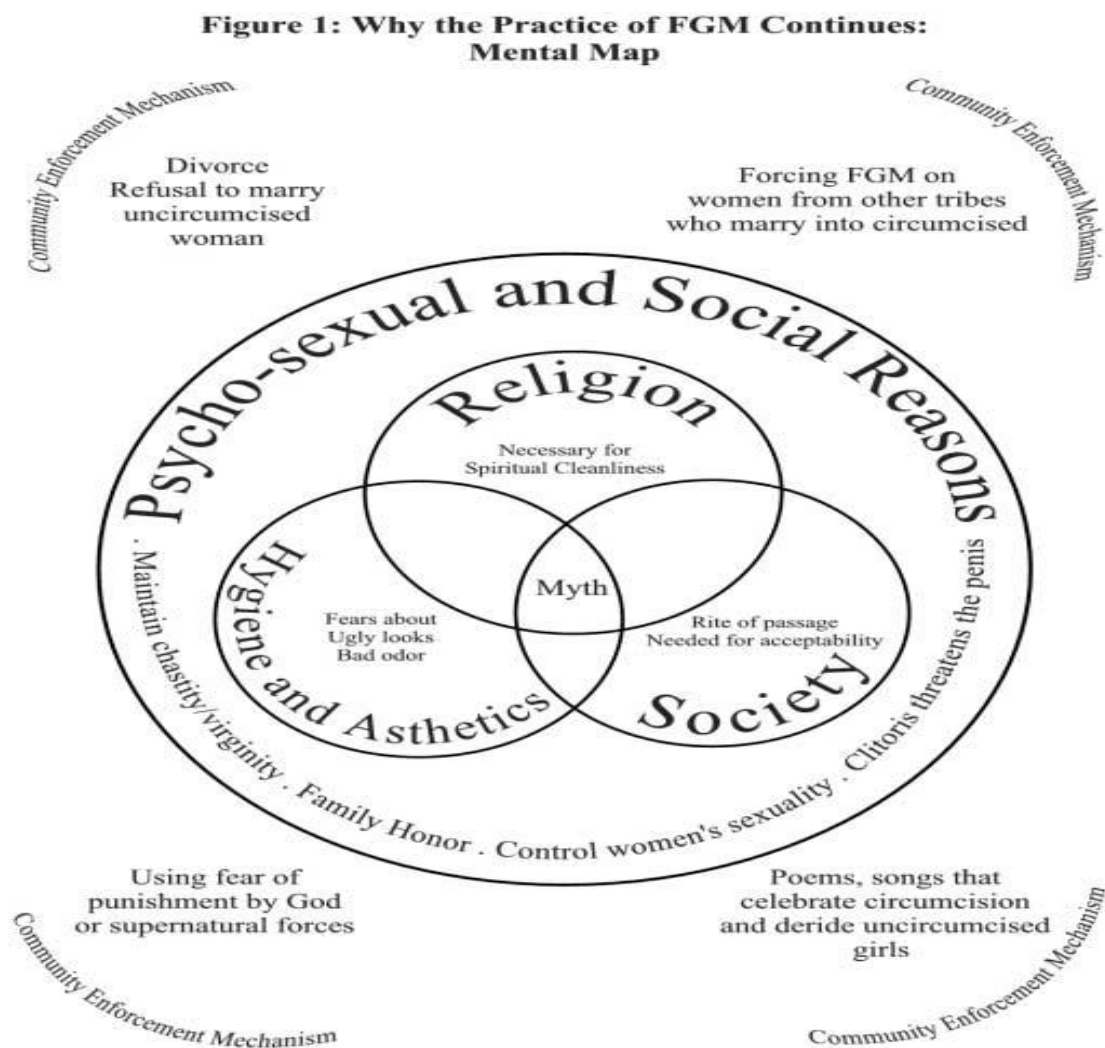
Changing people groups and social orders from this harmony state in which all young women are liable to FGM/C to one in which no young woman is liable to FGM/C is a gigantic test. Families will surrender FGM/C just when they trust that most if not all group individuals will settle on a similar decision in the meantime. This can be supported by program and approaches, which advance familiarity with the contrasting options to slicing through dependable new data, presented in are-socialization prepare. messages covering an extensive variety of themes are incorporated inside esteemed group administrations reacting to group needs. Conditions essential for change and deserting are all encompassing arrangements and program that consolidate discourse and address complex social elements related with the practice, while likewise difficult built up sex connections, suppositions, mentalities and generalizations. The discourse and talks produced give open doors for mutual reflection and participatory consultation, drawing on human rights standards, and assuming a vital part in achieving this aggregate change. Inside such settings, families change their practices so as to understand their fundamental qualities without hurting their young girls and women.

Figure 4: Social Cognitive concepts appearing in many individualistic behavior change theories



## Conceptual Framework.

Diagram 5: a conceptual framework for understanding the role of FGM for those communities in which it is found.



Source: adapted from: Asha Mohamud, Nancy Ali, Nancy Yinger, World Health Organization and program for Appropriate Technology in Health (WHO/PATH), FGM program to date: What works and What Doesn't (Geneva: WHO, 1999): 7.



## CHAPTER THREE: PROJECT IMPLEMENTATION

### 3.0 Introduction

This chapter will entail the whole procedure needed to implement this project which includes a brief description, Approaches, project goals and objectives, activities, resources both human and structural, schedule of implementations, monitoring and evaluation and Reporting aspect. This section will also cover the budget cost, workplan and Log frame of the project.

### 3.1 Project Description

The project will run for 3 years but will first pilot an Anti FGM curriculum course for one year at two secondary school in different environmental areas within Galkayo, which will aim at providing knowledge to students in schools, parents and also train the teachers to disseminate and teach the course. This project will aim at positively influencing students, other youths and parents to support abandonment of the FGM practice in Somalia and keep girls in schools. Through the Anti FGM curriculum, the project will expand and scale up to other schools across Somalia with the aim of reaching more girls and students. Through the sideline projects on campaigns, training, workshops, social media and community champions, the project will aim at educating the community on FGM, advocate for abandonment of FGM and push the policy makers together with other relevant stakeholder to enacting law enforcement on total abandonment of FGM in Somalia.

### 3.2 Approach

This project will focus on 4 main approach strategies towards eradicating FGM and increasing literacy level for girls in Schools.

1. To develop an Anti FGM curriculum for two secondary schools in Galkayo Somalia as a pilot project by involving the community, Ministry of education and Ministry of women in promoting and accrediting the module. This is intended to enhance the knowledge and skills given to students by teachers on FGM.
2. To improve the management and coordination capacities of the both institutions, ministry of Education and Ministry of women affairs, the project will also work to develop a multi-sectoral dialogue involving, for instance, the health, education and





women ministries, with the aim of bolstering Anti- FGM, Anti-GBV and Gender campaign for the population in Puntland.

3. The project will promote public and private institutions and strengthen educational and technical skills of teaching personnel's through trainings, awareness and dialogues by using the human rights-based community empowerment models. This will accelerate dialogue process on rights between society groups and duty bearers, provide workshops, training and campaigns, develop community champions and use of social media to sensitize the community on FGM consequences.
4. Conduct a targeted dialogue with the Somalia's religious leaders together with distinguished international Islamic scholars to encourage better planning and reach consensus on FGM/C abandonment. This is aimed at contributing to the possibility of high-level policy, legal development and positive attitude change on FGM/C abandonment.

The religious leaders approach is grounded on the belief that in order to bring about large-scale and enduring FGM/C abandonment, initiatives must take into account the complex social dynamics that surround the perpetuation of the practice at all levels of society.

### 3.3 Project Goals

To increase knowledge on the consequences and harmful effects of FGM practice as a strategy for eliminating the practice within Somali communities in rural Puntland.

The overall goal of this project will address Female Genital Mutilation through introduction of an Anti-FGM curriculum in two mixed secondary schools at Galkayo targeting boys and girls of age 13-18 which will eventually keep girls in school and increase their literacy level. In addition, the project is aimed to raise awareness and educate community members which includes the health professions, government officials, religious leaders among others about the harmful cultural practice, and advocate towards abandoning Female Genital Mutilation (FGM) while strengthening and protecting rights of women and children through workshops, trainings, social media platform, engaging community champions and push policy makers to enact laws enforcing FGM abandonment in Somalia.





### 3.4 Specific Objectives

1. FGM practices are reduced through the implication of youth/Secondary school's students
2. Policies against FGM are developed and duty bearers engaged to enforce them.

### 3.5 Results/Outputs

- 1.1. An anti-FGM curriculum and learning module for secondary schools is developed.  
Increase literacy level for girls and women in rural settings.
- 1.2. An anti-FGM curriculum is enacted and a learning module introduced at 2 Secondary high schools in Galkayo-Somalia
- 2.1. The capacity of duty bearers, decision makers and right holders in addressing FGM/C is increased
- 2.2 FGM/C abandonment is publicized through strengthened media implication.
- 2.3. Decision and policy makers are more willing to enact laws enforcing FGM practice abandonment.

*Result 1.1. An anti-FGM curriculum and learning module for secondary schools is developed. Increase literacy level for girls and women in rural settings.*

#### **Indicators**

1. Baseline assessments conducted
2. Training and workshop conducted for 50 participants for discussion on the new Anti-FGM curriculum
3. One module of Anti-FGM curriculum developed
4. The curriculum researched and published for use as pilot for 2 selected schools in Galkayo.

#### **Activities**

##### 1. Needs Assessment

- Conduct a need assessment (key informant's interviews, Focus Group Discussions, Forums, desk reviews). The assessment will reach a number of 300 people including students, religious leaders, parents, government officials, clan elders and chiefs,



teachers, civil societies and NGOs. The assessment will be conducted for 1 month. Hire experts and researchers to formulate the questions and enumerators for data collection and analyses the data.

## 2. Trainings and workshops

- Conduct a workshop on the findings of the need assessment on whether the Anti-FGM curriculum is needed or not. (participants present will include-government officials, teachers, religious and community leaders, parents, student representatives, FGM practioners, Civil societies, NGOs, media, Legal agencies). The findings will be shared and designated and the next step will be discussed and agreed upon by all parties. The workshop will be a 2 days' session.

## 3. Development of Curriculum

- After discussions, the next step will be on development of the curriculum (Curriculum experts, Human rights experts, teachers, Government officials). All experties will work hand in hand for 3 months to finalize the development of the curriculum. Conduct a workshop on the curriculum developed and invite all stakeholder. The curriculum review will be held for 1 week by all relevant participants (participants present-government officials, teachers, religious and community leaders, parents, student representatives, FGM practioners, Civil societies, NGOs, media, Legal agencies).

## 4. Reaserach and Publication

- The curriculum will link students with their families and societies. After all is finalized and the parties agree on the next step. The curriculum will be published in collaboration with ministry of education and pilot in 2 secondary schools.

*Objective 1.2. An anti-FGM curriculum is enacted and a learning module introduced at 2 Secondary high schools in Galkayo-Somalia*

### Indicators

1. Anti-FGM curriculum introduced to 2 secondary schools reaching 240 students for whole one year.



2. 18 teachers and 2 school directors trained on Anti-FGM curriculum.
3. 240 pre and post evaluations conducted for all students registered for Anti-FGM curriculum.
4. Outcome from students evaluated from both secondary schools and 70% increase on knowledge of student reported.
5. Organize and conduct one conference or workshop to the relevant stakeholder about the Anti-FGM impact on student's awareness on FGM

#### **Activities**

- The Anti-FGM curriculum will be introduced in 2 Secondary schools grade 1-4. Both schools will be in different environment i.e urban and rural settings to assess and redress both acceptance and progress of curriculum by students and community. The reason of having it in Secondary school is due to the maturity level of students, the influence they have on their families to prevent younger sisters from undergoing FGM and also due to their current stage of getting married and have children who they can prevent from FGM practice. The 2 schools chosen will be in rural area and one in urban area. FGM as a cultural practice is more dominant in rural areas unlike urban areas. This will give a broader picture and perspective on how the curriculum will be welcomed by both communities and addressing the challenges.



- 18 Teacher and 2 directors from both schools will be trained (pre and post evaluation) on Anti-FGM curriculum. Training manual will be prepared for 2 weeks by the experts and later training conducted for 2 months continuously. The training will be conducted by curriculum experts, Human rights experts, teacher and Government officials)
- Conduct Pre and post-evaluation of FGM awareness of students. The questionnaire (criteria's) will be developed by the experts and distributed to schools for pre and post evaluate students awareness of FGM on the first day of the class and last day of the module.
- Evaluate the outcome and effects of the anti-FGM learning module in 2 the two secondary schools in Galkayo-Somalia. The project will be evaluating how much the module increased the awareness of students about FGM after every 4 months for one year. The evaluation will be carried out by a committee comprising of the experts, government officials, community leaders, religious leaders, teachers etc.
- Organize and conduct one conference or workshop to the relevant stakeholder about the Anti-FGM impact on student's awareness on FGM. Lastly establish report and disseminate to the government and other relevant stakeholders to incorporate Ant-FGM curriculum in all secondary schools in Puntland

*Result 2.1. The capacity of duty bearers, decision makers and right holders in addressing FGM/C is increased.*

### **Indicators**

1. 2 community discussions and dialogues organized on FGM/C abandonment and 60 participants reached that are committed to abandonment of FGM/C.
2. No of 300 persons reached through awareness campaigns, workshops and training on FGM abandonment
3. A number of 70 stakeholders participate in 2 regional consultative meeting to advocate and, share roles of youths and provide information on FGM/C abandonment.
4. 200 beneficiaries reached through 2 public awareness to contribute to public declaration on FGM abandonment.



5. 200 participants reached through Football tournament to support eradication of FGM/c.
6. A number of 10 youth community champions established to protect girls from FGM practice at community level.
7. A number of 20 TOTS FGM practioners trained and engaged in alternative job creation activities.

### Activities

- Conduct 2 dialogue sessions and engage communities, health workers, and educators to understand the risks of FGM/C to women and girl
- Organize and conduct 9 session of workshops and training for all stakeholder on FGM abandonment.
- Organize 2 regional level consultative meetings among 70 youth, students, teachers, parents, government representative, religious leaders, community champions, NGOs etc to discuss the role of youths and Student on FGM/c abandonment in relation to human rights.
- Facilitate 2 public awareness with 200 participants from Youth centers, Villages, health professions, IDP's, Universities, community champions, religious leaders, elders, clan chiefs and students from 2 secondary school to lead in public declarations which will eventually contribute to national declarations and total abandonment of all forms of FGM/C
- Organize 1 Football Tournament events in support of FGM/C abandonment targeting 100 youth and 100 community members to Support FGM/C acceleration process in Galkayo-Puntland.
- Organize and establish 10 youth community champions 7 males and 3 females to undergo capacity building and later volunteer to protect girls from undergoing FGM at grassroot levels. The community champions will mobilize the community and share information on FGM consequences and ways to eradicate FGM at community levels.
- Train 20 TOTS FGM practioners and create employment opportunities for them in Galkayo- Puntland. The TOTS will raise awareness to other FGM practioners and the community on FGM consequences and abandoning FGM in their communities. The



trained FGM practioners will be the ambassadors to end FGM at grassroots level. The project will support FGM practioners open centers in their communities to train girls on other alternative positive measure to adult hood, marriage guidance, household chores and rearing of children etc. The TOTs will also organize girls support and speak out sessions to provide peer support to girls who have not under gone FGM/C .This will create job employment and resource to FGM practioners.

*Result 2.2 FGM/C abandonment is publicized through strengthened media implication.*

**Indicators**

1. Participated by 200 participants. Present samples of the dialogues that took place in form of CDs.
2. Launch of the songs and poems competitions in the schools and through the media.
3. Champions to be rewarded with trophies, Presentation of the songs and drama by 100 students to other stakeholders- parents etc.
4. Use the theater for 10 youth to strengthen youth capacity on mobilizing the community on FGM/C abandonment
5. Updates of articles and photos to the websites and electronic groups on monthly basis
6. FGM message released to local media platforms.
7. Distribution and utilization of the 500 produced materials

**Activities**

- Support and complement community dialogue forums/platforms and youth dialogues sessions with national media, and traditional forms of communications contributing to FGM/C abandonment on a large scale.
- In close collaboration with 2 local NGOs who are working on the 'Child to Child' clubs on child protection, the project will Identify schools and document personal stories and consequences of FGM, opinions and messages of FGM/C abandonment.



- Organize theatre festival for youth who are not in school facilitating travel, hall hire, costumes, props, actors allowance for 10 youths (out of school) on FGM/C abandonment program
- Build and update social network on Facebook page, Blog and E-groups among Somali youths, where articles, photos and story on FGM/C be published after the events.
- Facilitate media coverage like newspapers, radio and TV plus SMS service provider who will convey messages on FGM/C abandonments.
- Print & Distribute T-shirts, sun caps and stationery, Production, distribution and utilization of 800 promotional materials, posters, brochures and booklets will be used to convey messages on FGM/C abandonment.

*Result 2.3. Decision and policy makers are more willing to enact laws enforcing FGM practice abandonment.*

#### **Indicators**

- No of 30 parliamentarians engaged on the need to support total abandonment of FGM/C.
- No. of 2 high level meeting held by 30 religious leaders, youth, women, Students and other stakeholder to parliament to petition the President and the parliament to support the law on total abandonment of FGM/C and not to support sunna as any alternative
- A memorandum prepared and signed by 2000 youth leaders in support of total abandonment and presented to the parliament and the president in support of total abandonment of FGM/C law.
- Developed and prepared 15 talking points to facilitate debates.

#### **Activities**

- Hold 2 forums to engage the parliament in education campaigns linked to enforcement of legislation and make them accept total abandonment of FGM/C
- Organize 2 high level religious leaders to accompany youth, women, Students and



other stakeholder to parliament to petition the President and the parliament to support the law on total abandonment of FGM/C and not to support sunna as any alternative

- Collect signatures from 2000 youth in support of FGM/C abandonment and present to the parliamentarians and President
- Hold TVs and Radios debates on FGM/C abandonments by Secondary school students enrolled to Anti-FGM module, FGM practioners, youths, parliament members, religious leaders, health professions community members,

### 3.6 Program benchmarks and accomplishment

Timely completion and submission of activity, progress and monthly, quarterly and annual reports to Donor and government, quality of photographs accompanying the reports, Quality of data presented in activity, progress and annual reports to both donor and government, number of activities implemented by the project at individual or group level.

**Quality Assurance of Program activities:** - Develop all the draft messages and materials and submit to Donor and government for approval before printing. All materials will support FGM/C total abandonment and not promote any form of FGM/C. Materials will be printed upon approval of the drafts by donor and government.

### 3.7 Monitoring

Monitoring will be done through the project period. Prepare and submit each activity report to donor and government after the completion of each activity. This will help in quality control of the project final product and to ensure that all the activities are implemented according to the agreed standards with donor and government. Quarterly progress reports will be submitted indicating achievements, challenges and way forward. In addition, the partner will prepare and submit minimum of two success stories each quarter. The project will also monitor key staff on their personal performance management appraisals.

**A Joint Steering Committee** will be set up, comprising all agencies and donors that are signatories to the Joint Programme. Committee members may invite observers to take part in committee activities as required. The role of the Joint Steering Committee is to:





- Facilitate the effective and efficient collaboration between participating
- UN Agencies and Donors for implementation of the Joint Programme.
- Approve the joint work plan and consolidated budget.
- Instruct the Administrative Agent to disburse funds, as per the approved budget.
- Agree on modification/s to the Joint Programme
- Review the implementation of the Joint Programme

**To research and document** best practices and success stories on prevention of FGM/C. In 2018 in the form of a booklet partner will develop a simple data collection tool to facilitate the collection program data on the advocacy events organized by the trained Teachers, FGM practioners, and community Champions. The data collected will be compiled on quarterly basis in preparation for preparation of the half year and annual reports. One of the key monitoring activity in 2018 will be to document the activities implemented through the program. This will form part and parcel of all progress reports submitted to government and donor.

### 3.8 Internal and External Evaluation

This evaluation will look for sharp decrease in FGM/C prevalence over a period of 3 years (specific time- frame), which was sustainable over time. The process of abandonment undertakes many stages. Therefore, the evaluation will cover several stages which includes, Students enrolled for Anti-FGM curriculum are convinced of the harmful cultural consequences of FGM/C. The group including all stakeholders developed a concept that is strong enough to declare and insist on abandoning FGM i.e behavioral change.

The government and religious leaders to sign public statements and public list of subscriptions to reject FGM/C and circulated to all communities and policy makers to enact laws to abandon FGM practice in Somalia. The evaluation will also show whether programs have been able to bring about a social change within the community and to mobilize the villagers for better environmental hygiene, respect for human rights and improvement of health, as well as specifically reducing support for the practice of FGC. Finally, there will be evaluation and report writing at the end of the project.



### 3.9 Stakeholder Analysis

The most important stakeholders within the community, who are simultaneously beneficiaries, are the girls and women who suffer from harmful practices that are regarded as traditions within their particular context. Therefore, supporting processes of change within these communities will entail working with religious leaders, local government especially ministry of education and ministry of women affairs plus other developed local NGOs that are active at community level. Moreover, implementation activities will have to ensure engagement of traditional, religious and government leaders.

At the international level, stakeholders would include governmental and non-governmental organizations and private foundations that are committed to supporting the achievement of the MDGs, with specific reference to empowerment and ensuring the rights of young girls and women. In Somali, several Donors and UN/INGOs have established working groups that work towards coordinating and supporting FGM initiatives within Somalia. The donors include UNFPA, UNHCR and UNICEF. This project will work closely with all the stakeholder and donors to enhance collaboration and common effort to eradicate FGM in Somalia.

### 3.10 Human Resource/Management of The Project

#### *Project Manager*

The project manager plays a primary role in the project, and is responsible for its successful completion. The manager's job will be to ensure that the project proceeds within the specified time frame and under the established budget, while achieving its objectives. Project manager will make sure that projects are given sufficient resources, while managing relationships with partners and stakeholders. The project manager will develop project plans, help in recruiting staff and lead and manage the whole project team. The project manager will also overlook the whole project implementation and regularly update the government, donors and other relevant stakeholders.



*Specialist-gender and curriculum expert*

The experts will be in charge of guiding and assist in developing and training the stakeholders on important aspect needed in developing and implementation of the Anti-FGM curriculum and all the other sideline activities materials. The experts will ensure all gender aspect is incorporated from the budgeting to implementation on the ground.

*Administration Assistant*

The Administration will be in charge of ensure all office work is under control plus all financial cost are incurred as planned and according to the budget in place. The Administration person will be in charge of filling system within the office and ensure all documentations are safely stored and easier to retrieve for references or during monitoring and evaluation.



## ANNEX.

### 1.BUDGET SUMMARY (COST PROPOSAL OR FINANCIAL PLAN):

Item Description	YEAR 1(USD)	YEAR 2(USD)	YEAR 3 (USD)
Research and development of Anti-FGM curriculum	\$ 20,000	-	-
Introduction or Anti-FGM to 2 secondary schools	\$10,000	\$6,000	\$5,000
Capacity Building and Advocacy	\$6,000	\$7,000	\$6,000
Media Production campaign	\$2,000	\$2,000	\$2,000
Lobby for Anti-FGM policy and law	\$4,000	\$5,000	\$3,000
Advocacy meetings and workshops	\$4,000	\$7,000	\$4,000
Monitoring and Evaluation	\$3,000	\$3,000	\$3,000
Staff and Management	\$20,000	\$20,000	\$20,000
<b>Sub Total Cost</b>	<b>\$69,000</b>	<b>\$50,000</b>	<b>\$43,000</b>
<b>TOTAL BUDGET</b>	<b>=USD 162,000</b>		



2.LOGICAL FRAMEWORK ON FEMALE GENITAL MUTILATION PROGRAMME.

GOAL				
To increase knowledge on the consequences and harmful effects of FGM practice as a strategy for eliminating the practice within Somali communities in rural Puntland				
OBJECTIVES/Outcomes	INTERVENTION LOGIC/Activities/	VERIFIABLE INDICATORS	SOURCES OF INFORMATION	ASSUMPTIONS/RISK
1.FGM practices are reduced through the implication of youth/Secondary school's students  2.Policies against FGM are developed and duty bearers engaged to enforce them				
Results/Outputs				
1.1. An anti-FGM curriculum and learning module for secondary schools is developed	1. Conduct a need assessment  2.One training and 1 workshop conducted for 50 participants on	One baseline assessments conducted.  Training and workshop conducted for 50 participants for	Baseline measures.  Publications and report	Communities reject the programme, with possible counter-movement against FGM/C practice.



	<p>discussion of the finding from the baseline on Anti-FGM curriculum.</p> <p>3. Development of the Anti-Curriculum Module</p> <p>4. Research and publication of the Anti-FGM curriculum for use in 2 secondary schools.</p>	<p>discussion on the new Anti- FGM curriculum</p> <p>One module of Anti-FGM curriculum developed</p> <p>The curriculum researched and published for use as pilot for 2 selected schools in Galkayo.</p>	<p>Anti-FGM module in place</p> <p>Publications and report</p>	<p>Effective collaboration with academia and selected partners.</p>
<p>1.2 An anti-FGM curriculum is enacted and a learning module introduced at 2 Secondary high schools in Galkayo-Somalia</p>	<p>1.The Anti-FGM curriculum will be introduced in 2 Secondary schools grade 1-4.Both schools will be in different environment i,e urban and rural settings to assess and redress both acceptance and progress of curriculum by</p>	<p>Anti-FGM curriculum introduced to 2 secondary schools reaching 240 students for whole one year.</p>	<p>TESTS</p> <p>Registration forms</p> <p>Attendance sheets</p> <p>Admission forms</p> <p>Report cards</p>	<p>Acceptance by the community and local educational institutions</p> <p>Capacity/resources to administer course</p>



	<p>students and community</p> <p>2. Teacher and 2 directors from both schools will be trained (pre and post evaluation) on Anti-FGM curriculum.</p> <p>3. Conduct Pre and post-evaluation of FGM awareness of students.</p> <p>4. Evaluate the outcome and effects of the anti-FGM learning module in 2 the two secondary schools in Galkayo-Somalia</p> <p>5. Organize and conduct one conference or workshop to the relevant stakeholder</p>	<p>18 teachers and 2 school directors trained on Anti-FGM curriculum.</p> <p>240 pre and post evaluations conducted for all students registered for Anti-FGM curriculum.</p> <p>Outcome from students evaluated from both secondary schools and 70% increase on knowledge of student reported.</p> <p>Organize and conduct one conference or workshop to the relevant 25</p>	<p>Report and registration list</p> <p>Pre and post evaluation tests.</p> <p>Evaluation report</p> <p>Evaluation Report</p> <p>Participants list and activity report</p>	
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	about the Anti-FGM impact on student's awareness on FGM	stakeholders about the Anti-FGM impact on student's awareness on FGM		
2.1. The capacity of duty bearers, decision makers and right holders in addressing FGM/C is increased.	<p>1. Conduct 2 dialogue sessions and engage communities, health workers, and educators to understand the risks of FGM/C to women and girl</p> <p>2. Organize and conduct 9 session of workshops and training for all stakeholder on FGM abandonment.</p> <p>3. Organize 2 regional level consultative meetings among 70</p>	<p>2 community discussions and dialogues organized on FGM/C abandonment and 60 participants reached that are committed to abandonment of FGM/C.</p> <p>No of 300 persons reached through awareness campaigns, workshops and training on FGM abandonment</p> <p>A number of 70 stakeholders participate in 2 regional consultative</p>	<p>Survey, focus group discussions</p> <p>Attendance sheets training session reports</p> <p>Training reports photos participants list</p> <p>Activity report Participants list Photos</p>	





	<p>youth, students, teachers, parents, government representative, religious leaders, community champions, NGOs etc to discuss the role of youths and Student on FGM/c abandonment in relation to human rights</p> <p>4. Facilitate 2 public awareness with 200 participants from Youth centers, Villages, health professions, IDP's, Universities, community champions, religious leaders, elders, clan chiefs and students from 2 secondary school to lead in public declarations which will eventually contribute to national declarations and total abandonment</p>	<p>meeting to advocate and, share roles of youths and provide information on FGM/C abandonment.</p> <p>200 beneficiaries reached through 2 public awareness to contribute to public declaration on FGM abandonment</p>	<p>Activity Report</p>	
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	<p>of all forms of FGM/C.</p> <p>5. Organize 1 Football Tournament events in support of FGM/C abandonment targeting 100 youth and 100 community members to Support FGM/C acceleration process in Galkayo-Puntland.</p> <p>6. Organize and establish 10 youth community champions 7 males and 3 females to undergo capacity building and later volunteer to protect girls from undergoing FGM at grassroot levels. The community champions will mobilize the community and share information on FGM consequences and ways to</p>	<p>200 participants reached through Football tournament to support eradication of FGM/c.</p> <p>A number of 10 youth community champions established to protect girls from FGM practice at community level.</p>	<p>Activity reports.</p> <p>Signed participants lists.</p> <p>Letter of support from ministry of sports and education.</p> <p>Signed list of the public declaration</p> <p>Activity Report</p>	
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	<p>eradicate FGM at community levels.</p> <p>7. Train 20 TOTS FGM practioners and create employment opportunities for them in Galkayo-Puntland. The TOTS will raise awareness to other FGM practioners and the community on FGM consequences and abadoning FGM in their communities</p>	<p>A number of 20 TOTS FGM practioners trained and engaged in alternative job creation activities</p>	<p>Activity Reports</p>	
<p>2.2 FGM/C abandonment is publicized through strengthened media implication.</p>	<p>1. Support and complement community dialogue forums/platforms and youth dialogues sessions with national media, and traditional forms of communications contributing to FGM/C abandonment on a large scale.</p>	<p>Participated by 200 participants. Present samples of the dialogues that took place in form of CDs</p>	<p>Dialogue reports Quarter reports Photos CD's with records  Interviews with women and other members of the community</p>	<p>Active partici- pation by commu- nity and collabora- tion of local and national authority.  Mass Media Pogrammes opens up space for community dia- logue</p>



	<p>2. In close collaboration with 2 local NGOs who are working on the 'Child to Child' clubs on child protection, the project will identify schools and document personal stories and consequences of FGM, opinions and messages of FGM/C abandonment</p>	<p>Launch of the songs and poems competitions in the schools and through the media</p> <p>Champions to be rewarded with trophies</p> <p>Presentation of the songs and drama by 100 students to other stakeholders, parents etc.</p>	<p>Activity reports</p> <p>Lists of the 100 students mobilized and participating in the completions on FGM/C abandonment.</p> <p>Present photos that was taken during the events</p>	
	<p>3. Organize theatre festival for youth who are not in school facilitating travel, hall hire, costumes, props, actors allowance for 10 youths (out of school) on FGM/C abandonment program</p>	<p>Use the theater for 10 youth to strengthen youth capacity on mobilizing the community on FGM/C abandonment</p>	<p>Activity report</p> <p>Signed participants list</p> <p>Copies of the films and CDs.</p>	



	<p>4. Build and update social network on Facebook page, Blog and E-groups among Somali youths, where articles, photos and story on FGM/C be published after the events.</p> <p>5. Facilitate media coverage like newspapers, radio and TV plus SMS service provider who will convey messages on FGM/C abandonments.</p> <p>6. Print &amp; Distribute T-shirts, sun caps and stationery, Production, distribution and utilization of promotional materials, posters, brochures and booklets will be used to convey messages</p>	<p>Updates of articles and photos to the websites and electronic groups on monthly basis</p> <p>FGM message released to local media platforms</p> <p>Distribution and utilization of the 500 produced materials</p>	<p>10 articles printed monthly. Present the articles that were updated monthly on the website</p> <p>Articles, and SMS send and released through media coverage on FGM abandonment</p> <p>500 materials to be distributed. Present material samples in hand with the report</p>	
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	on FGM/C abandonment .			
2.3. Decision and policy makers are more willing to enact laws enforcing FGM practice abandonment.	<p>1. Hold 2 forums to engage the parliament in education campaigns linked to enforcement of legislation and make them accept total abandonment of FGM/C</p> <p>2. Organize 2 high level religious leaders to accompany youth, women, Students and other stakeholder to parliament to petition the President and the parliament to support the law on total abandonment of FGM/C and not to support sunna as any alterative</p>	<p>No of 30 parliamentarians engaged on the need to support total abandonment of FGM/C.</p> <p>2 high level meeting held by 30 religious leaders, youth, women, Students and other stakeholder to parliament to petition the President and the parliament to support the law on total abandonment of FGM/C and not to support sunna as any alterative</p>	<p>Activity reports</p> <p>Signed list of parliamentarians met</p> <p>Signed list by 30 participants who meet the parliament</p> <p>Evidence of ratified legal documentation.</p>	<p>Political will and Government commitment.</p> <p>FGM/C may become clandestine</p>



	<p>3. Collect signatures from 2000 youth in support of FGM/C abandonment and present to the parliamentarians and President</p>	<p>A memorandum prepared and signed by 2000 youth leaders in support of total abandonment and presented to the parliament and the president in support of total abandonment of FGM/C law</p>	<p>Copies of the memorandum signed by the 2000 youth leaders</p> <p>Activity Reports</p>	
	<p>4. Hold TVs and Radios debates on FGM/C abandonments by Secondary school students enrolled to Anti-FGM module, FGM practioners, youths, parliament members, religious leaders, health professions community members.</p>	<p>Preparing of 15 talking points to facilitate debates</p>	<p>Facilitation of the debates and results reached</p>	



### 3.PROJECT WORKPLAN

Workplan project FGM :To increase Knowledge on the practice of FGM as a strategy for eliminating the practice within Somali communities in rural Puntland											
Description of Activity	YEAR 1			YEAR 2			YEAR 3			Deliverables	Responsibility
	Quarter 1	Quarter2	Quarter3	Quarter1	Quarter2	Quarter3	Quarter1	Quarter2	Quarter3		
<b>Result 1.1. An anti-FGM curriculum and learning module for secondary schools is developed. Increase literacy level for girls and women in rural settings.</b>											
Conduct a need assessment	■	■	■								Baseline Report
One training and 1 workshop conducted for 50 participants on discussion of the finding from the baseline on Anti-FGM curriculum		■									Beneficiary list ,report
Development of the Anti-Curriculum Module		■	■								reports
Research and publication of the Anti-FGM curriculum for use in 2 secondary schools			■								reports
<b>Result 1.2. An anti-FGM curriculum is enacted and a learning module introduced at 2 Secondary high schools in Galkayo-Somalia</b>											
The Anti-FGM curriculum will be introduced in 2 Secondary schools grade 1-4.Both schools will be in different environmenet i,e urban and rural settings to assess and redress both acceptance and progress of curriculum by students and community			■	■	■	■	■	■	■		Registration list, Report
Teacher and 2 directors from both schools will be trained (pre and post evaluation) on Anti-FGM curriculum.		■	■								reports
Conduct Pre and post-evalutaion of FGM awareness of students.			■			■					reports
Evaluate the outcome and effects of the anti-FGM learning module in 2 the two secondary schools in Galkayo-Somalia						■	■				reports
Organize and conduct one conference or workshop to the relevant stakeholder about the Anti-FGM impact on students awareness on FGM								■			reports
<b>Result 2.1. The capacity of duty bearers, decision makers and right holders in addressing FGM/C is increased</b>											
Conduct 2 dialogue sessions and engage communities, health workers, and educators to understand the risks of FGM/C to women and girl	■	■	■								Report
Organize and conduct 9 session of workshops and training for all stakeholder on FGM abandonment.	■	■	■	■	■	■	■	■	■	■	Report
Organize 2 regional level consultative meetings among 70 youth, students, teachers, parents, government representative, religious leaders, community			■	■		■	■				Report
Facilitate 2 public awareness with 200 participants from Youth centers, Villages, health professions, IDP's, Universities, community champions, religious			■				■				Report
Organize 1 Football Tournament events in support of FGM/C abandonment targeting 100 youth and 100 community members to Support FGM/C acceleration process in Galkayo-Puntland					■						Report
Organize and establish 10 youth community champions 7 males and 3 females to undergo capacity building na dilater volunteer to protect girls from undergoing FGM at grassroot levels.The community champions will mobilise the community and share information on FGM consequences and ways to eradicate FGM at community levels.			■	■	■	■	■	■	■	■	Report
Train 20 TOTS FGM practioners and create employment opportunities for them in Galkayo- Puntland.The TOTS will raise awareness to other FGM practioners and the community on FGM consequences and abandoning FGM in their communities			■	■	■	■	■	■	■	■	Report
<b>Results 2.2 FGM/C abandonment is publicized through strengthened media implication.</b>											
Support and complement community dialogue forums/platforms and youth dialogues sessions with national media, and traditional forms of communications contributing to FGM/C abandonment on a large scale.		■	■								Report
In close collaboration with 2 local NGOs who are working on the 'Child to Child' clubs on child protection , the project will identify schools and document personal stories and consequences of FGM, opinions and messages of FGM/C abandonment				■							Report
Organize theatre festival for youth who are not in school facilitating travel, hall hire, costumes, props, actors allowance for 10 youths (out of school) on FGM/C abandonment program			■	■							Report
Build and update social network on Facebook page.Blog and E-groups among Somali youths, where articles, photos and story on FGM/C be published after the events.			■	■	■	■	■	■	■	■	Social media functioning
Facilitate media coverage like newspapers, radio and TV plus SMS service provider who will convey messages on FGM/C abandonments.			■	■			■		■		Project Manager
Print & Distribute T-shirts, sun caps and stationery, Production, distribution and utilization of promotional materials, posters, brochures and booklets will be used to convey messages on FGM/C abandonment			■	■			■		■		Report
<b>Result 2.3. Decision and policy makers are more willing to enact laws enforcing FGM practice abandonment</b>											
Hold 2 forums to engage the parliament in education campaigns linked to enforcement of legislation and make them accept total abandonment of FGM/C						■	■				Report
Organize 2 high level religious leaders to accompany youth, women, Students and other stakeholder to parliament to petition the President and the parliament to support the law on total abandonment of FGM/C and not to support sunna as							■	■			Report
Collect signatures from 2000 youth in support of FGM/C abandonment and present to the parliamentarians and President				■	■	■	■	■	■	■	Signed document with signatures
Hold TVs and Radios debates on FGM/C abandonments by Secondary school students enrolled to Anti-FGM module, FGM practioners, youths, parliament members, relious leaders, health professions community members.								■	■		Report
<b>Monitoring and evaluation</b>											
Ensure all program activities and materials produced are within the agreed upon quality standards	■	■	■	■	■	■	■	■	■	■	Report
Monitoring and evaluation	■	■	■	■	■	■	■	■	■	■	Report





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