

Knowledge Sharing Workshops on FGM/C

Policy and programme implementation

December 2017

Hargeisa, Somaliland



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Summary

In 2016/17, Population Council (PC) sponsored research into FGM/C in Somaliland, supported by the Norwegian Agency for Development Cooperation (Norad), through the project ***FGM/C Research Capacity Building*** which seeks to strengthen the capacity of Norad partners to generate and use evidence for decision making in relation to FGM/C. Knowledge sharing workshops took place in December 2017, involving over 40 policy makers and programme implementers working to end FGM/C in Somaliland.

The **aim** of the workshops was to pilot a new approach to disseminating research findings to increase the impact of research findings on decision making in programme, policy and investments in FGM/C.

An open space approach was used to provide a forum for key stakeholders

- to review recent key research evidence on FGM/C in Somaliland
- to explore UNICEF's Six Elements of Abandonment and assess their relevance and usefulness in the Somaliland context
- to link research evidence with decision making in program, policy and investments for FGM/C
- to develop an action plan stimulated by the research findings

Participants were exposed to three pieces of stimulant material: two research studies carried out in Somaliland, sponsored by Population Council in 2016-2017 and the UNICEF Six Elements of Abandonment.

Amal Ahmed, from Somaliland Family Health Association (SOFHA), presented the findings from *FGM/C in Somaliland: knowledge, attitudes and perceptions (SOFHA / ORCHID / PC)* and described how SOFHA has adapted their programmes as a result of the research findings. The findings confirmed the shift in type of cut from pharaonic towards the intermediate and sunna and the move towards medicalisation and also identified the decision making dilemmas faced by health professionals and the lack of current involvement of schools in ending FGM/C. See section 2 and appendix C and [Orchid Project](#) website for more detail.

Mohamed Yussuf, from PC, presented the findings from a qualitative study to explore the recent shifts in FGM/C and their societal drivers and how health systems can be strengthened to prevent and manage FGM/C. The findings identified key weaknesses in the health systems in relation to both prevention and supporting girls and women in dealing with the consequences of FGM/C. See section 2 and appendix D for more detail. The full report will be available on the [Population Council](#) website in early 2018.

Following the presentations, participants identified the following six key themes for further discussion; medicalisation, policy, behavioural/social change, child rights, further research and the role of NGOs and CBOs. The open space discussions were linked to the research and the Six Elements, drawing on the context within which participants were operating and the current key issues in Somaliland.

On the final day of the workshops, participants developed draft action plans taking their learning from the workshops forward in their work. The action plans of representatives from the Ministries of Education and Health included developing materials and guidelines for health workers and teachers. The Ministry of Labour and Social Affairs will focus on moving forward with the establishment of a legal framework on FGM/C. Whilst the Ministry of Religious Affairs is currently clarifying its stance on the sunna before producing a Fatwa on FGM/C. NGOs and CBOs included a wide range of activities in their action plans. There was a shift in the type of activity which they intend to use towards strengthening the capacity of schools and health workers and engaging communities, especially rural ones, in more non-judgemental dialogue and supporting them in identifying ways of abandoning FGM/C.

PC, SOFHA and Orchid Project will be following up with participants on progress towards their intended actions to assess the knowledge sharing workshops as a means of disseminating research and supporting organisations to use the findings from research to enhance their work to end FGM/C.

In summary, the interactive and participatory nature of the knowledge sharing workshops resulted in participants engaging in the research findings at a deeper level than the traditional conference style of dissemination event and in making more explicit links between the research findings and participants' work. This represents a new way of using research findings to inform decision-making which will require further reinforcement before it is fully embedded.

1. Introduction

Population Council (PC), supported by the Norwegian Agency for Development Cooperation (Norad), is currently implementing a project called ***FGM/C Research Capacity Building*** which seeks to strengthen the capacity of Norad partners to generate and use evidence for decision making in relation to FGM/C. Through this project, two key pieces of research have been undertaken in Somaliland in 2016/17, one by Orchid Project (OP) in partnership with Somaliland Family Health Association (SOFHA) and the other by PC researchers.

The findings from both of these research studies have significant implications at both policy and programme levels in Somaliland and were the subject of knowledge sharing workshops involving key stakeholders working to end FGM/C in Somaliland.

Aims and intended learning outcomes

The overall **aim** of the workshops was to pilot a new approach to disseminating research findings to increase the impact of research findings on decision making in programme, policy and investments in FGM/C.

The approach involved providing a forum for key stakeholders

- to review recent key research evidence on FGM/C in Somaliland
- to explore UNICEF's Six Elements of Abandonment and assess their relevance and usefulness in the Somaliland context
- to link research evidence with decision making in program, policy and investments for FGM/C
- to develop an action plan stimulated by the research findings

The **intended learning outcomes** from the workshops were:

- For policy makers and programme implementers to have
 - increased awareness of the findings of recent research and the UNICEF Six Elements of Abandonment and the implications for their role in working to end FGM/C in Somaliland
 - identified ways in which they can enhance their own work through applying the lesson learned from the research and UNICEF's Six Elements
 - enhanced networking among key actors, involved in both policy and programme implementation
- For Population Council and Orchid Project to have increased knowledge on the potential value of
 - Open Space as a means of disseminating research findings
 - UNICEF's Six Elements of Abandonment in the context of Somaliland.

The knowledge sharing workshops took place at the Ambassador Hotel, Hargeisa, Somaliland over three days, December 4th – 6th 2017. The lead facilitator was Katy Newell-Jones from Orchid Project, UK. The planning and facilitation team also included Chantalle Okondo (PC), Mohamed Yussuf (PC), Amal Ahmed (SOFHA), Mohamed Abdi (SOFHA) and Khadra Abdilahi Yusuf (SOFHA).

Following these workshops Population Council will remain in contact with each of the participating organisations with the intention of reviewing progress against the action plans in 6-9 months.

2. Workshop process

The first challenge was to bring together the key actors in relation to FGM/C in Somaliland to engage with each other and the research findings. Somaliland Family Health Association (SOFHA) are uniquely placed as central contacts in Somaliland, operating primarily at community level, but also involved with government ministries at the policy level.

The approach adopted was based on the concept of open space, whereby enabling spaces are created within which participants are exposed to stimulant materials and then are supported in identifying key

issues to take forward in the form of open dialogue and exchange. The role of stimulant material was to stimulate discussion, rather than to teach participants.

Three pieces of stimulant materials were selected; two research studies and the UNICEF Six Elements of Abandonment. The two pieces of research being disseminated have been carried out over the last year and include key findings which could enhance the effectiveness of both policy and programme implementation.

The process of the workshops is illustrated in the figure below. Each of the two research studies and the Six Elements of Abandonment was presented followed by discussions in small groups identifying key issues and linking the findings with participants own practice.

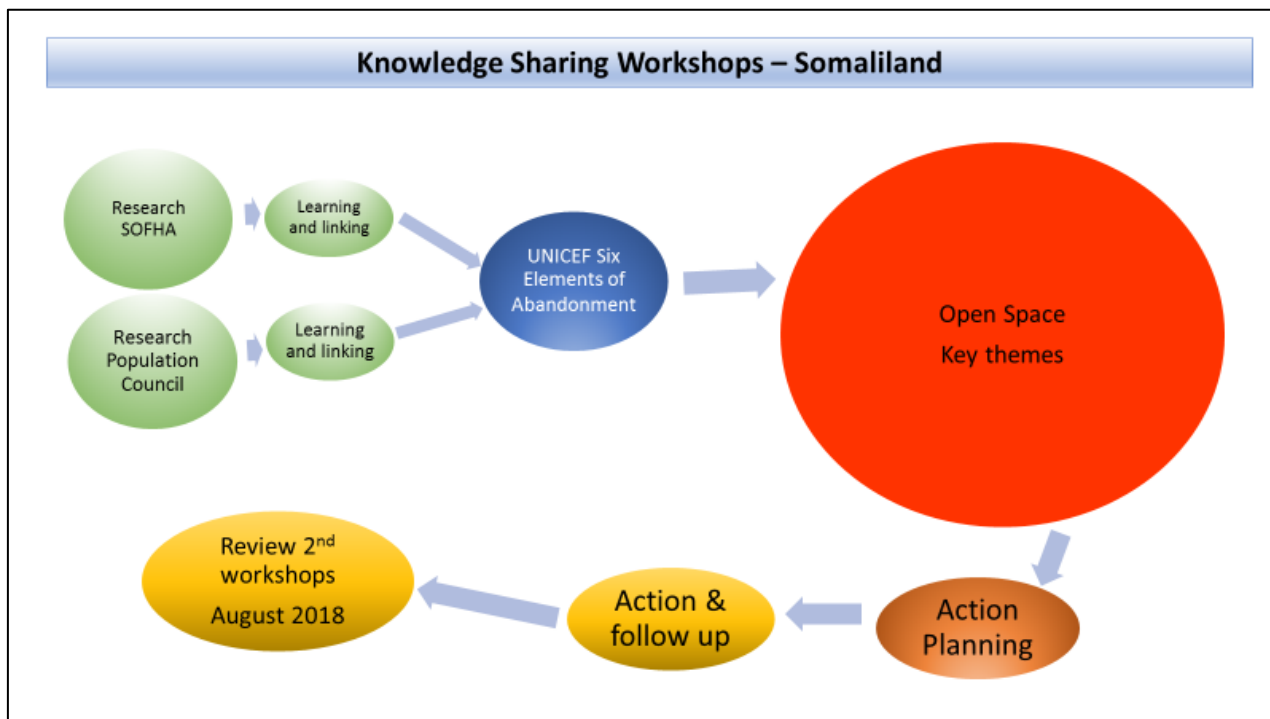


Fig. 1 The process of the Knowledge Sharing Workshops

Participants then engaged in a process of identifying and selecting key themes for further discussion using ranking and voting. The result was the selection of six key topics; medicalisation, policy, behavioural/social change, child rights, further research and the role of NGOs and CBOs. These topics were linked to the research and the Six Elements, drawing on the context within which participants were operating and the current key issues in Somaliland. Participants felt passionately about these topics and many held strong views.

Two series of open space discussions took place with three topics being discussed in parallel. Participants were free to engage in which ever discussion they wished to, rather than being directed by the facilitators. The groups included policy makers and programme implementers and all included both women and men. Participants directed their own discussion with most discussion being in Somali and flipcharts being written in Somali, Arabic or English. After each open space discussion, participants shared their learning in threes, with one from each topic before sharing among the whole group. The open space sessions had high energy and engagement with robust discussion at times and honest exchange of opinions and experiences.

The open space discussions were followed by a relatively short session on action planning, during which participants were encouraged to develop action plans identifying how they would take their learning from these workshops and implement changes in their work.

Stimulus material

Three pieces of material were used to stimulate dialogue and exchange. The first two were presentations on the findings from two pieces of recent research sponsored by Population Council. The last stimulus material was the UNICEF Six Elements of Abandonment.

FGM/C in Somaliland: knowledge, attitudes and perceptions (SOFHA / ORCHID / Population Council)

SOFHA's research was a mixed methods study carried out across 5 regions of Somaliland and involved interviews with 1847 participants supported by key informant interviews and focus group discussions.

Key findings included

- Prevalence remains high (98.9%) with a change in the type of cut being used from pharaonic to intermediate and sunna, especially among younger women (aged 15-24 years)
- 72% of community members had heard messages about FGM/C from the radio, CSOs/NGOs, TV, health workers being the most common sources and the most commonly heard message was to abandon the pharaonic cut
- 96% of women and men knew there were different types of cut, the majority knew about a range of complications
- Less than 5% of those women who sought help about complications of FGM/C went to health workers or health facilities, instead they approached their grandmother, mother or sister
- 11% of girls and women aged 15-24 years were cut by health professionals. This figure is rising and health professionals face decision-making dilemmas in the relation to FGM/C
- 905 of community members want to see the abandonment of the pharaonic cut but less than 5% want to see total abandonment
- Teachers currently hold the same range of opinions on FGM/C as the general population
- Youth would like to become more involved in ending FGM/C, although primarily ending the pharaonic cut.

Amal Ahmed, from SOFHA finished her presentation highlighting ways in which SOFHA has adapted their programme in the light of the research findings, including actively encouraging girls in schools to seek medical assistance from health care facilities, providing workshops for teachers to explore their own opinions about FGM/C and including decision-making dilemmas in workshops for nurses and midwives.

She concluded pointing out that the research has been powerful in both informing and validating the work of SOFHA and also confirming FGM/C not just as a key issue for SOFHA but as a key national issue.

See appendix C and the [Orchid Project](#) website for the full research report.

Changes in FGM/C in Somaliland (Population Council)

Population Council as the lead partner in the "[Evidence to End Female Genital Mutilation/Cutting \(FGM/C\) Research Programme](#)", recently completed a qualitative study to (a) explore and understand potential shifts in FGM/C and their societal drivers and (b) assess how health systems can be strengthened to prevent and manage FGM/C. It involved 232 people in 24 focus group discussion, 28 in-depth interviews with healthcare workers and health systems manager and 20 key informant interviews with key stakeholders in urban and rural areas in Boroma district (Awdal) and Hargeisa district (Waqooyi Galbeed).

Key findings included

- Respondents used the terms sunna and pharaonic to describe cutting. Sunna being used to describe a 'tradition' or 'duty' and being a milder form of cutting
- A change away from the pharaonic is reported, especially in urban areas which is seen as a positive change and less harmful
- Girls are being cut younger, at 6-7 years
- An increase in medicalisation is reported which is being supported by religious leaders
- There are reports of 'abandonment, however, this usually means the abandonment of the pharaonic, rather than the abandonment of all types of FGM/C, including the sunna
- Those abandoning FGM/C experience negative attitudes from other community members including being seen as non-Muslim, impure and promiscuous
- Barriers to change include the lack of anti-FGM/C law, the perceived religious basis of the practice and the lack of anti-medicalisation policies and guidelines

- Health care providers, especially in rural areas, lack the systems and structures to adequately support survivors of FGM/C
- Health care workers, especially in rural areas, lack training on FGM/C
- No guidelines, policies, procedures or referral systems are in place to support the abandonment of FGM/C or to manage the health complications of cutting effectively.

Mohamed Yussuf finished his presentation by posing some key questions including (a) how can the confusion and ambiguity as to what the term sunna means and the links with Islam be resolved? (b) why are girls being cut younger? (c) what role(s) are health care workers playing? How can they be supported in playing positive roles towards ending FGM/C?

See appendix D for a summary of the research. The full report will be available on the [Population Council](#) website in early 2018.

UNICEF Six Elements of abandonment

Since 2016, Orchid Project has been using UNICEF’s Six Elements of Abandonment as a framework around which to facilitate knowledge sharing workshops with groups of programme implementers in Kenya and Tanzania. They are taken from chapter 4 of UNICEF’s Technical Note: [Coordinated Strategy to Abandon Female Genital Mutilation/Cutting in one Generation](#) (2007) which describes a human rights-based approach to FGM/C programming, drawing on the UNICEF Innocenti Research Centre, including Senegal, Egypt and Sudan. The Six Elements focus on the social dynamics of the practice at the community level and are summarised below and in appendix E .

UNICEF Six Elements of Abandonment
1. A non-coercive and non-judgemental approach in which the focus is on fulfilling human rights and empowering girls and women
2. Community awareness of the harm caused by the practice
3. Collective choice of a group that intermarries or is closely connected in other ways
4. Explicit, public affirmation by communities of their collective commitment to abandon FGM/C
5. A process of organised diffusion that ensures the decision spreads rapidly from one community to another and is sustained
6. An environment that enables and supports change.

The Six Elements were explained briefly before participants discussed them in groups, exploring to what extent they were relevant in the Somaliland context, what new insights they had gained and how they might influence their work, both at policy and programme implementation levels.

3. Open dialogue sessions

Medicalisation

Both research presentations included evidence of increased medicalisation of cutting and this is a topic which is seen as central to achieving total abandonment of all types of cutting. A slide describing a decision-making dilemma facing a midwife in a rural setting asked to cut young girls stimulated robust debate with some feeling that even trying to understand her dilemma was condoning her actions. This dilemma was an example of the importance of UNICEF’s element 1 (non-judgemental dialogue).

There were widely differing views among participants on the role of health workers in relation to FGM/C. Most felt that they should not be involved in cutting, although some who support the continuation of a sunna which pricks and does not cut, felt that midwives and nurses should be trained to perform this action. The flipchart (left) summed up the current situation.

The text says:

After long years of community awareness: little progress from pharaonic to sunna

Sunna needs health professional to do it

No health professional is allow to do it

No policy, procedures, guidance & laws



The three suggested actions from the medicalisation open space group were:

- Developing a code of conduct for health workers on medicalisation
- Health system strengthening to prevent, respond to, treat and prevent FGM/C complications
- Capacity building of health care workers and religious leaders on impacts of FGM/C as agents of change.

Policy

Most participants felt that the current policy vacuum is holding back progress towards abandonment and needs to be addressed urgently. A minority, however, feel that policy making should not be rushed for fear that if a law is enacted in the current climate the opportunity to legislate for the abandonment of all types of cutting, including the sunna will be missed.

The policy making discussion group explored two aspects of policy making:

- FGM/C policy making by MOLSA, focused on total abandonment, which the group saw as having been drafted, reviewed but needing translation and validation,
- The current process the religious scholars and MORA are undertaking, which involves reviewing the definition of sunna, deciding the status of sunna (obligatory, recommended to be done, left to individual choice, or obligatory not to do).

Religious leaders are seen as highly influential, with most participants believing that the anticipated fatwa could be a significant turning point in the movement to end FGM/C. However, currently, there is confusion about what constitutes sunna, under Islamic Law in Somaliland and this is further confused by the use of the term sunna² among community members to describe a cut which involves stiches and is an intermediate between the pharaonic and the traditional sunna (a prick or snip). It appears that if the religious leaders are divided on an issue in Somaliland, then a law can be introduced through a presidential decree.

The three suggested actions from the policy open space group were:

- All stakeholders should work collectively to lobby, advocate and encourage through (a) setting up pressure groups to accelerate a presidential decree and (b) promote a cabinet discussion for ministers to approve a presidential decree
- FGM/C policy should be circulated / distributed to stakeholders, community CSO etc for discussion and to encourage community dialogue
- MORA should share their stands on FGM/C by producing documentation to share with other stakeholders.

Behavioural / social change

Behaviour / social change in relation to FGM/C is seen as a crucial aspect of bringing about change at the community level. This group took the findings from the SOFHA research in particular and found the Six Elements particularly relevant, especially the need for collective choice, creating an enabling environment for change and organised diffusion.

The three suggested actions from the behaviour / social change open space group were

- Male intervention – actively encouraging the involvement of traditional leaders, religious leaders, youth and fathers through (a) community to community approaches (b) inter-personal communication (c) school clubs (d) media programmes targeting youth and men
- Platform groups – establishing active groups to mobilise opinion on FGM/C across communities and involving survivors, raising awareness in school, recognising FGM/C champions and encouraging the participation of health workers and teachers
- Community education – involving (a) community outreach programmes with awareness raising campaigns and capacity building training (b) community conversations using community dialogue, panel discussions, drama, poetry and song.

Child rights

Human rights approaches to ending FGM/C have not tended to be used in Somaliland, instead the focus is on health risks and complications. The open space discussion on child rights and FGM/C was a powerful and highly emotive discussion in which the participants explored the links between FGM/C and many of the recognised child rights, including health, education, freedom from violence etc. For many this was the first time they had been involved in such discussions and all felt that child rights should be incorporated into initiatives to end FGM/C.

The three suggestions actions from the child rights open space group were

- Recognition by all working on FGM/C that FGM/C violates child rights to life, bodily integrity, health, education, freedom from violence and many other rights
- Need more awareness raising that child rights are already recognised in Islamic Law, the Somaliland constitution and different policies (child rights policy, alternative care policy) These are rights which are approved under Somaliland law
- Child Rights should be included in community awareness using sharia law and the Six Elements of Abandonment.

Further research

As a result of discussing the research findings, participants identified gaps in their knowledge which could benefit from investigation. The group discussed the relative merits of qualitative and quantitative research as well as key stakeholders whose perspective is currently poorly understood, including traditional FGM/C practitioners and religious leaders.

The three suggestions actions from the further research open space group were

- To provide facts and figures to convince the stakeholders on the issue of abandonment
- To support lobbying and advocacy work on FGM/C
- To examine the position of religious leaders and Islamic Law on FGM/C to prove the standpoint of sharia law on FGM/C

Role of NGOs and CBOs

Two thirds of participants represented NGOs or CBOs and so it was very apt for the role of NGOs and CBOs to be selected as a topic. The group discussed their role in (a) lobbying at a national level for the introduction of laws, guidelines and improved services, (b) communicating information about laws, guidelines and improved services to community members and (c) working directly with community stakeholders to raise awareness and promote change through collective choice.

This group based their suggested activities on the research findings and the Six Elements of Abandonment and focused on the role of engaging the community in open dialogue, providing opportunities for them to share their experiences and develop their own solutions in relation to FGM/C.

The suggested actions from the role of NGOs / CBOs open space group were

- Key mentoring role within the community in relation to FGM/C
 - o to create grassroots community programmes
 - o to create safe spaces for vulnerable members of communities

- to recognise and identify key issues within our communities, including FGM/C
- to serve as community facilitator
- to advocate for community needs
- to be integral service providers
- to collaborate with government institutions
- to create tailored programmes for at risk youth.

4. Action planning

Participants split into two groups: policy makers and programme implementers. Participants considered actions which they would like to see taken forward as a result of the KSW by themselves and others. The action plans are included in appendices F and G. They include a range of action, some closely linked to the research and the discussion topics of the workshops and others less so.

(a) Actions participants would like others to undertake (see appendix F)

Participants felt there is a need for each of the Ministries present to be pro-active in relation to the prevention of FGM/C.

The Ministry of Health (MOH) was called on to

- establish clinics to support prevention and also manage services for survivors
- promote and build the capacity of nurses and midwives
- advocate for the approval and implementation of anti-medicalisation code of conduct to stop medicalisation of FGM/C

The Ministry of Religious Affairs (MORA) was called on to

- engage religious leaders to arrive at a consensus and clarify their stand on FGM/C, including their definition of the sunna
- produce a fatwa on FGM/C eradication as well as all other forms of GBV

The Ministry of Labour and Social Affairs (MOLSA) was called on to

- engage all parliamentarians, including cabinet ministers, to pass the sexual offences bill and the anti-FGM/C policy (law)

The Ministry of Education (MOE) was called on to

- ensure that FGM/C abandonment is explicitly captured in the national curriculum

Policy makers also UN agencies and programme implementers to incorporate child rights and increased community awareness using the UNICEF Six Elements of Abandonment.

Programme implementers called for the NAFIS Network and other CSOs to

- lobby and advocate for an anti-FGM/C law
- map their interventions and work to reduce duplication and increase collaboration
- implement the FGM/C policy once finalised
- undergo training in UNICEF Six Elements of Abandonment
- incorporate Islamic perspectives of FGM/C in their programming
- use mass/social media to support behavioural change

(b) Actions participants would like to take forward within their own organisations (see appendix G)

Policy-based action plans were developed for 4 Ministries (Labour and Social Affairs, Religious Affairs and Education, Health). MOE intends to develop new curriculum materials on FGM/C. MOH intends to focus on anti-medicalisation guidelines and training for health workers. MOLSA takes a strong legalistic approach, intending to criminalise FGM/C through legislation. MORA focuses on achieving clarity on its stance towards the sunna and producing a fatwa on FGM/C. Each of these largely represented a renewed vigour for existing activities, however, the MOE, in particular had taken on board the need for activities to be participatory and non-judgemental, rather than just involving telling teachers, pupils and parents about

the complications caused by cutting. MOH discussed the decision-making dilemmas faced by health workers at length and whilst they think there should be sanctions against any health workers who perform FGM/C, they will take the pressures faced by health workers into greater account when developing their guidelines and training materials.

Programme implementing organisations have identified a range of activities arising from discussions at the workshops.

- WAAPO and NAFIS intend to actively support the development, approval and implementation of **legislation on FGM/C, inter-ministerial dialogue and parliamentary training.**
- PAP, Candlelight and NAFIS intend to work with **religious scholars and religious leaders.**
- EAUH and PSI intends to carry out **further research.**
- IRADA and NAGAAD intends to build the capacity of **schools and teachers.**
- WARSAN will focus on increasing the **media** involvement in campaigning to end FGM/C.
- SWLA, ActionAid, GAVO, and WORDA will be supporting **community dialogue**, raising awareness of the harm caused by FGM/C.
- WAAPO, WORDA, TGG, NAGAAD, SOWDA and Y-Peer will be working more closely with **youth** organisations, trying to use some of UNICEF's Six Elements, especially non-judgemental dialogue, community awareness of the harm caused by FGM/C, collective choice and enabling environment.
- PSI intends to engage communities in finding **solutions to health challenges.**
- SOFHA and SOWDA intend to increase resources working with **rural communities.**
- VOSOMWO intend to work with **traditional FGM/C practitioners.**
- Candlelight intends to link community education with **livelihoods.**
- The World Bank representative intends to investigate alternative incomes for **traditional FGM/C practitioners.**

The Action Plans represent the wealth of activities with which participating organisations are involved and also the overlap between organisations.

It is interesting to note that the suggested efforts to reduce medicalisation of cutting is focused mainly on guidelines and legislation, with few working to support health workers in making difficult decisions, or in raising awareness among cut girls and women of the health services available to support them.

5. Review

Participants identified the following as the most useful aspects of the first two days:

- UNICEF's Six Elements of Abandonment and how they relate to social change in Somaliland (16)
- Open discussions on Policy, Social change and Medicalisation (8)
- The ranking and selection of the most important topics to discuss from the research and Six Elements (5)
- The importance of behaviour change in the society (7)
- The current state of FGM/C policy, updated and translated and the challenges faced by government in developing policy (6)
- The confusion and misunderstandings of the sunna type and the Ministry of Religious Affairs' preparations to develop a fatwa on sunna type (5)
- Male involvement towards ending FGM/C in Somaliland / men as survivors of FGM/C (4)
- Anti-FGM/C youth clubs
- Community awareness according to the traditional leaders and religious leaders and You tube.

Strengths of the Knowledge Sharing Workshops

Representation: The workshops successfully attracted representatives from key government ministries, agencies and organisations working towards abandonment of FGM/C in Somaliland. A total of 46 people participated, with 35-40 people participating on each day. See appendix A for a list of participants.

Active participation: The interactive nature of the workshops, with short presentations followed by structured discussion, feedback and plenary sessions resulted in high level of engagement and interaction.

The selection of topics for dialogue by participants, through ranking and voting by participants, was seen as a 'bottom-up' approach which participants found empowering.

Research presentations: The two research presentations were concise (40 minutes), focused, relevant and accessible to participants. They included both qualitative and quantitative data which enabled some critique of research methodology. Previously, some had viewed SOFHA's research as relevant only to SOFHA. However, all agreed that the findings had national relevance and application.

UNICEF's Six Elements of Abandonment: This framework was seen as both challenging and valuable to both policy makers and programme implementers. It was new to all present. The Population Council team had heard of it but not considered it in depth. Participants initially selected the three elements they considered to be most relevant to the Somaliland context. They then identified key lessons and how the elements selected could be useful. Elements 1, 2, 3 and 6 were the most commonly selected (see appendix E).

Comments from the plenary included:

"It [element 1] is very relevant to Somaliland because we have been blunt and harsh in speech as well as judgement in speech so we should be less judgemental and welcoming communication with empathy"

However, the Six Elements were introduced only briefly and participants were keen to learn more and to explore them in greater depth. Phrases like *collective choice, non-judgemental, non-coercive* continued to be used throughout the workshops.

Linking research evidence to decision-making: The structure of the workshops, moving stepwise from the presentation of the research, through the identification of key issues, discussion and exchange to action planning supported participants in making links between the research findings and their work. This process was new to many and may need further support in order to become embedded.

Child rights: The explicit discussion of FGM/C from a child rights' perspective was new to most participants and resulted in many widening their view of the harm caused by the practice to include the right to education, freedom from violence, freedom of expression and the right to choose.

Networking and collaboration: The strong focus on dialogue and exchange, rather than presentation and questions, resulted in participants extending their networks, learning about the work of others and exploring opportunities for collaboration.

Bridging the policy-programme divide: The successful recruitment of such a diverse range of participants, including representatives from the four ministries, resulted in opportunities for dialogue between policy makers and programme implementers on key issues. Participants actively used the open space approach to engage directly with key actors. For example, CBO members were able to talk directly to representatives from MORA to try to understand their position on the definition of the sunna and the possible future fatwa on FGM/C. Equally, the MOH representatives were able to hear from those involved at community level about the pressures health professionals are under to perform the sunna and other forms of cutting.

Action planning: The inclusion of action planning as part of the workshop process supported participants in applying their learning from the research findings into their existing role. Time was somewhat limited for this process and some of the action plans do not link directly to the research findings but re-state existing priorities and approaches. However, several of the action plans include new activities arising from the research and the UNICEF Six Elements.

Aspects for strengthening / further development

There were some suggestions for improvement from participants. Several participants would have liked to have had access to the research reports in advance of the workshops, in particular the Population Council research the report of which will be finalised in early 2018. Many participants would have liked the workshops to have gone on for longer, although they felt that the available time was used effectively. In addition, several participants would like to further information on the UNICEF Six Elements of Abandonment

Participants: Almost all of the key stakeholder groups were represented, however, youth groups, university student organisations and teachers organisations were not represented and could be included in the future, especially as these groups have a strong role to play in the abandonment of FGM/C.

Research briefing notes: The briefing notes were valued by participants, however, these would have been more helpful had they been (a) linked more directly to the presentations (b) included bullet points of findings (c) available for participants to familiarise themselves with before the presentations, possibly by circulating prior to the workshops (c) more explicitly used in the open dialogue sessions.

Supporting participants in bridging the research-practice gap: Many participants found the process of identifying the key research findings and linking them to their own work initially challenging. This process could have been supported by breaking down the steps more explicitly (e.g. having bullet points of key findings available on the tables).

Action planning: Some of the action plans remain quite vague. Participants might have benefitted from specific examples of actions and further time to discuss and present their intended actions. Remote support could assist organisations in narrowing down their intended actions further.

Clarity of instructions for sessions: The format of the workshops was new to many of the team and almost all participants. At times greater clarity on specific sessions would have been useful. In future, greater time for the whole team to become familiar with each activity would be useful.

Investment: Participants were ambitious in their action planning. Although some individual conversations took place about the resourcing required, this was not explicitly addressed. The action planning phase could be strengthened by the inclusion of resource mobilisation.

Evaluation: Feedback from participants included both oral and written feedback, however, it could have been more structured and therefore provided more in-depth information.

6. Looking forward

Action plan

The action plans will be circulated to each participating organisation for them to review, clarify, adapt and implement.

On-going support for participants

Population Council, SOFHA and Orchid Project will provide a range of on-going support, in Somaliland and remotely, to participating organisations as they implement their action plans and measure / assess the impact of their initiatives.

Follow up workshop

Population Council is investigating the possibility of bringing together workshop participants in August 2018 to share progress against their action plans.

UNICEF Six Elements of Abandonment

SOFHA and many other organisations were keen to obtain more information on the UNICEF Six Elements of Abandonment and to explore ways of integrating them into their work. : Orchid Project have used the Six Elements as a framework to inform their knowledge sharing workshops. They seem to resonate with people working in communities where decision making seems to be strongly linked to social norms. However, further exploration, including conversations with UNICEF would be useful in understanding the evidence base behind the Six Elements and their current status globally in order to ensure that any further investment in their use is worthwhile.

Revising and improving the model of dissemination

This model of disseminating research findings has already generated a great deal of interest and engagement among policy makers and programme implementers. However, it would benefit from further evaluation and refinement based on the areas for strengthening (above) and also further feedback over the implementation and follow up stages.

Positioning the Knowledge Sharing Workshops in relation to the United Nations Joint Programme (UNJP)

The Knowledge Sharing Workshops have brought to the fore the growing readiness for change in Somaliland, demonstrated in both research study findings, from the pharaonic cut (WHO type III) to the sunna (WHO type I). Further clarification is being sought, on the status of the sunna under Islamic Law in Somaliland, through on-going discussions led by the MORA. This may result in a fatwa from religious leaders in 2018.

The current research evidence provides clear opportunities to inform and improve programme outcomes to accelerate change to end FGM/C in one generation and also to provide better support to girls and women who have undergone FGM/C. The Population Council, UNJP and TGG should enhance and maintain strong relationships with stakeholders through collaborative research to facilitate the translation of research into programs, policies, and investment.

7. Conclusions

Overall the knowledge sharing workshops were successful in providing an open forum for policy makers and programme implementers in Somaliland to engage with the research findings, identify key issues of relevance to their own work and to being the process of informing their decision-making processes for future initiatives to end FGM/C.

Some of the key factors were

- Attracting a cross section of key actors in ending FGM/C, including both policy makers and programme implementers
- Presenting the research findings in a way that was accessible and relevant to participants
- Providing a structured series of open spaces within which participants could engage with each other and the research findings, gradually building from identifying the key findings, then engaging in dialogue on key issues with those who have up to date contextual knowledge, then exploring possible options for future activities and then linking these to current priorities in their existing work and developing action plans for implementation.

On-going support and a review of progress and impact will be essential in order to fully assess the impact of this pilot approach to disseminating research findings

Appendix A Participants

Organization	Name	Title	Policy / Programme
Action Aid	Hana Mohamed Abdi	Legal / Women Rights	Programme
ANPPCAN	Noura Osman Mohamed	Project Assistant	Programme
Candlelight	Amoun Aden	FGM/C PM	Programme
Edna Adan University Hospital	Abdirisah Osman Mohimed	Research Assistant	Programme
GAVO	Haasmin Cabdi	Project Officer	Programme
IRADA	Tayasir Ahmed Omar	Executive Director	Programme
IRADA	Abdirizak Essa Yousuf	Research Assistant	Programme
MOE	Ayaan H Yousuf	Director of Gender Department	Policy
MOH	Amina Abdi Finger	Family Health Focal point / Obstetrics and Fistula	Policy
MOH	Safia Dualeh Farah	Family Health focal point / FGM/C	Policy
MOH	Fosia Jamaa Yusuf	Fundraising Office	Policy
MOLSA	Luul Aden Geddi	Director of Planning	Policy
MOLSA	Mohamed Abdirahman Aden	Gender Office	Policy
MORA	Jimale Alrahman Madar	Head of Research	Policy
MORA	Xaasin Mahomed Muse	HR	Policy
MORA	Khadar Mohamoud Husa	Programs	Policy
NAFIS	Hibu Mohamoud Abdi	Program Officer	Programme
NAGAAD	Mustafe Ahmed Hassan	Programme Coordinator	Programme
Population Council	Chantalle Okondo	Programme officer	Programme
Population Council	Mohamed Yussef	Researcher	Policy
PSI	Nasir Osman Hassan	Research and MEL Officer	Programme
SOFHA	Amal Ahmed	Executive director	Programme
SOFHA	Mohamed Abdi	Programme officer	Programme
SOFHA	Khadan Abdilahi Yusuf	Clinic Manager	Programme
SOWDA	Ibrahim Mohamed Ismail	Program Manager	Programme
SWLA	Mohamed Ahmed	Executive Director	Programme
The Girl Generation	Abdifatah Mahad Kasin	Country Program Officer	Programme
UNFPA	Abdirisak Ali	Program Coordinator	Policy
UNICEF	Safia Yonis	Gender Officer	Policy
VOSOMWO	Faisa Abdilahi Dirie	Protection	Programme
VOSOMWO	Hibo Muhamoud Ali	Protection Field Monitor	Programme
WAAPO	Abdalle Mohamed Jama	Director	Programme
WARSAN	Zahra Abdiwahab SuAhmed	AD	Programme
WHO	Mariam Dahir	Medical doctor	Policy
WHO	Deq Jama	Obstetrician	Policy
WORDA	Kinzi Hussein Qowden	Executive Director	Programme
Y-PEER	Abdirahman Mohamed Eiman	Project Officer	Programme
Y-PEER	Hibo Cabdikarim Adam	Finance Officer	Programme
ORCHID PROJECT	Katy Newell-Jones	Lead facilitator	Programe

Appendix B Timetable

KNOWLEDGE SHARING WORKSHOPS on FGM/C in SOMALILAND HARGEISA, SOMALILAND 4-6th December 2017

TIMETABLE

DAY 1 Research on FGM/C in Somaliland Monday 4th December		
9:00-9:15	Introduction and welcome remarks	Luul Aden Geddi, Director of Planning, MOLSA Amal Ahmed, Executive Director, SOFHA
9:15-9:30	Overview: Knowledge Sharing Workshop Names, expectations and ground rules	Katy Newell-Jones, Orchid Project (OP)
9:30-10:15	Research Project 1: FGM/C in Somaliland: knowledge, attitudes and perceptions	Amal Ahmed SOFHA
10:15-11:00	Questions on SOFHA research	Katy Newell-Jones, OP Mohamed Abdi, SOFHA
11:00 -11:15	BREAK	
11:15-11:45	Exploring links and identifying key issues	Chantalle Okondo, Population Council (PC)
11:45 -12:45	LUNCH	
12:45 -1:30	Research Project 2: Changes in FGM/C in Somaliland	Mohamed Yussuf, PC
1:30 -2:30	Questions on Population Council research	Mohamed Abdi, SOFHA
2:30 - 3:15	Exploring links and identifying key issues	Chantalle Okondo, Population Council (PC)
3:15: - 4:00	Summarising key points from the research in groups	Katy Newell-Jones OP

Research studies

For each of the pieces of research there will be opportunities to explore

1. Questions about the research

Following each presentation there will be 15 minutes for people in groups around tables to discuss and formulate their questions **about** the research. These will then be presented in plenary session, with time for the presenter to respond.

2. Key topics linked to each research project

Each presentation is followed by a session where participants are encouraged to think about key issues, arising from the specific research presentation and, if possible, relevant to their own area of involvement in FGM/C.

These are then fed back in short plenary session and captured on flip chart and will form the topics for discussion in the Open Space sessions.

DAY 2 Exploring the implications of the research		
Tuesday 5 th December		
9:00 -9:30	Overview of the day Paired review of the previous day	Katy Newell-Jones OP
9:30 – 10:30	Gallery walk and presentations on key topics Ranking and voting on key topics <i>How can the research findings from these two pieces of research enhance my work to end FGM/C?</i>	Chantalle Okondo, Population Council (PC)
10:30 -10:45	BREAK	
10:45 – 11:45	UNICEF Six elements of abandonment Presentation followed by group discussion and identification of most useful elements	Katy Newell-Jones OP
11:45 – 12:45	LUNCH	
12:45 -2:15	Open Space (sessions Medicalisation, Policy, Behavioural /Social Change) Topics identified by participants	ALL
2:15 – 3:00	Plenary	Katy Newell –Jones, OP

UNICEF Six Elements of Abandonment
1. A non-coercive and non-judgemental approach in which the focus is on fulfilling human rights and empowering girls and women
2. Community awareness of the harm caused by the practice,
3. Collective choice of a group that intermarries or is closely connected in other ways
4. Explicit, public affirmation by communities of their collective commitment to abandon FGM/C
5. A process of organised diffusion that ensures the decision spreads rapidly from one community to another and is sustained
6. An environment that enables and supports change.

Open Space

There are three blocks of Open Space time. Participants are invited to make suggestions of topics which they are willing to ‘convene’ under the general heading of

How can the research findings from these two pieces of research enhance my work to end FGM/C?

Convening means being present and being prepared to throw some thoughts and questions into the discussion.

Participants can choose which groups they join, staying as long as they feel engaged. Some groups might only have 2 or 3 members. Large groups might choose to split to enable everyone to contribute.

Each group will have a rapporteur from the organising team, who will note the key points.

All members of the group are encouraged to ‘post’ their own learning from the group on the Open Space noticeboard for others to read and comment.

DAY 3 Looking forward Wednesday 4 th December		
09:00 – 09:15	Overview of day – memory game	Katy Newell –Jones, OP
9:15 -11:00	Open Space (sessions Child Rights, Further research, Role of CBOs & NGOs Topics identified by participants	ALL
11.00 – 11:30	BREAK	
11:30-12:15	Feedback and plenary	Katy Newell-Jones Mohamed Abdi
12:15-1:00	LUNCH	
1:00 – 1:15	Introduction to Action Planning	Chantalle Okondo
1:15-2:30	Action planning work groups – policy and programming groups	ALL
2:30 – 3:30	Final plenary	Katy Newell-Jones

Action planning

The purpose of these workshops is to share the research studies in order to inform policy-making and programme implementation in Somaliland.

All participants are invited to share their intentions to use the findings from these research studies to improve their work.

Each organisation, Coalition, or National Task Force, is invited to contribute to the shared Action Plan to be produced by Population Council, SOFHA and Orchid Project.

The organising team will stay in touch over the coming months and Population Council is hoping to support a follow up knowledge sharing workshop in August 2018 where participants will share their actions and the outcomes.

Action plans will be produced with the following information:

Organisation(s) name:	Individual or several organisations, Coalition or National Task Force
What activity?	What do you intend doing either new or differently? Please give as much detail as you can.
Why?	Which research finding has triggered this activity?
Who?	Who will lead this activity? Please give contact details
When?	When will it take place?
What outcome?	What difference do you hope to see? How will you measure this?
Started / Hope to / Intend to	Select one of these

Appendix C Briefing: FGM/C in Somaliland: knowledge, attitudes and perceptions (SOFHA)

Executive Summary

This report summarises research findings into the prevalence and attitudes around female genital cutting (FGC) in 20 communities across 5 regions of Somaliland (Awdal, Maroodi Jeex, Sanaag, Saaxil and Togdheer). A mixed method approach was adopted involving a community survey of 1847 individuals (53% female, 47% male). There was a specific focus on young people, who accounted for 47% of the interviewees, and also on the role of schools in promoting abandonment of cutting. The community survey was supported by selected focus group discussions and key informant interviews. This research found that the prevalence of FGC in the 5 regions studied is 98.9% across all age groups, city, semi-city and village communities.

The type of cut young women and girls report as having undergone is changing from the pharaonic towards the intermediate cut and sunna. Among 15-24 year olds, 38% underwent the pharaonic cut, 33% the intermediate cut, 27% the sunna and less than 1% remain uncut. This change is greatest among young women who attend school.

There is evidence of increasing pressure towards the medicalisation of cutting. 11% of young women (15-24 years) interviewed were cut by a health professional (nurse, midwife, doctor), with 16% of women reporting that their own daughters were cut by a health professional. The trend is strongest in city and semi-city communities and among those who have attended school.

90% of men and women want to see some kind of abandonment, although desire for abandonment exists primarily in relation to the pharaonic. Only 5% want to see the abandonment of all types of cutting. Men appear to be more open to change than women, with only 2% of men wanting to retain the current situation in regard to FGC, compared with 17% of women. Women experience a greater pressure to conform to social norms on FGC and a lack of communication between men and women suggest that women's perception of men's preferences might not always be accurate.

The level of awareness among community members about FGC is higher than anticipated. Virtually all of those interviewed (96%) knew that there were different types of cut used in their communities. The vast majority of women (94%) and men (97%) were able to list complications resulting from cutting with stitches. These findings suggest that decisions about cutting are being made despite people knowing about the types of cut and many of the complications involved. This suggests that lack of knowledge is unlikely to be the primary reason for continued cutting in most instances.

Over half of women said they had experienced severe pain as a result of being cut, irrespective of the type of cut they had undergone. An even higher proportion (75%) of women said that they have suffered long-term complications as a result of being cut; 77% of women who had undergone the pharaonic cut and 60% who had undergone the sunna. Two thirds of these have sought support in dealing with complications arising from being cut, predominantly from a family member. Less than 5% sought support from a health professional or health provider. There was little evidence of schools supporting health seeking behaviour in relation to FGC by offering advice on managing complications arising from being cut or of encouraging girls to access health facilities.

Most schools are not actively involved in the movement towards the abandonment of cutting. Few schools have developed policies or whole school approaches to FGC. Advice offered to girls and their parents is limited and often based on the personal efforts

In Somaliland, traditionally most girls and women have undergone the pharaonic cut (WHO type III) with a very small number of girls undergoing the sunna, which involved no stitches (WHO type I). Recently, there has been an increase in the use of the intermediate cut, often referred to as sunna2 (WHO type II). This is seen as causing less damage than the pharaonic cut, yet still partially closes the vaginal orifice with two or three stitches. In this research, the term 'sunna' is used to refer only to WHO type I, which requires no stitches and the term 'intermediate' is used for WHO type II. The community researchers were trained to clarify the precise type of cut to which participants were referring, asking, in Somali, whether or not stitches were involved and if so whether the vaginal orifice was partially or completely closed.

of individual teachers. Twice as many (84%) teachers felt that schools had a role to play in relation to FGC than had actually spoken about it at school (42%). More awareness raising as well as capacity building is needed among teachers in order for them to be effective change agents.

Although 72% of people have heard messages about FGC there is little dialogue taking place among families. In community meetings and workshops, community members are expected to listen to 'facts' presented by 'experts'. In most school sessions parents and girls are expected to be passive listeners, rather than being encouraged to discuss their experiences and opinions about FGC. In focus group discussions, participants reported that these were the first opportunities to exchange opinions and discuss FGC among themselves and many reported changing their opinions on the type of cut they would prefer their daughters to undergo.

Decision-making in relation to FGC involves complex decision-making dilemmas. Parents, for example, are balancing conforming to the social expectations to verify their daughters' purity and virginity by cutting, whilst simultaneously not wanting their daughters to suffer from complications as a result of being cut. Midwives and other health professionals are faced with the contradiction between their personal preference, their understanding of their professional role and the pressure they feel under to minimise the harm done to an individual girl. Teachers are faced with balancing their personal opinions on cutting and their understanding of the role of their school.

It appears that decision-making in relation to FGC is less to do with having accurate knowledge, and more to do with making difficult decisions. This has implications for the kinds of activities and interactions which are most likely to successfully bring about changing attitudes and, in turn, abandonment of FGC.

Further research is required to understand the factors influencing decision-making at family and community levels in Somaliland.

Appendix D Briefing: Changes in FGM/C in Somaliland (Population Council)

The Evidence to End FGM/C research programme, which is funded by the United Kingdom's Department for International Development (DFID), seeks to produce a global evidence base on the most effective approaches to ending female genital mutilation/cutting (FGM/C) in different contexts and inform policy, programming, and strategic investments for its abandonment. Research 2: Female genital mutilation / cutting in Somaliland: A qualitative study exploring potential shifts in the practice and their societal drivers 2016 - 2017; Multi-Country study

Principal Investigator: Richard A. Powell, Independent Consultant; Co-PI: Mohamed Yussuf, Population Council

In building a bigger picture of where, when and why is FGM/C practiced, and what changes are occurring, Population Council-Kenya conducted a research project to (i) To explore and understand potential shifts in FGM/C & their societal drivers, and; (ii) Determine how health systems can be strengthened to prevent & manage the practice. The study sought to (i) Explore views & experiences of married and unmarried men and women on FGM/C & potential changes in its practice (i.e., in terms of age, cut severity and medicalization); (ii) Explore individual, familial & societal factors contributing to any changes to FGM/C practices and continuing them; (iii) Explore how interventions intended to engage healthcare workers as change agents and / or as treatment providers, rather than providers of FGM/C services work and impact, and; (iv) Determine how the capacity of healthcare systems can be strengthened to respond to the management of women & girls who have undergone cutting and preventing the practice

The study team implemented a range of research activities to ensure the study objectives are achieved: -

- 1- *Primary research*: Undertook a cross-sectional qualitative study design, employing multiple research methods: (i) conducted 24 focus group discussions (FGDs) with married mothers and fathers and unmarried men and women and community members to determine the impact of existing FGM/C interventions; (ii) 28 In-depth interviews (IDIs) with health workers and health system managers; (iii) 20 KIIs with key stakeholders. The study was conducted in two regions in Somaliland, namely Awdal and Maroodi Jeex (Waqooyi Galbeed). The study targeted Borama and Hargeisa districts in Awdal and Maroodi Jeex regions respectively. Interviews / discussions were conducted in relevant local languages by trained research assistants. Data collection continued until thematic saturation was attained. Data was coded thematically and analysed using NVivo V11 software.

Thematic Findings.

- Only two types of cut were described by respondents: pharaonic and Sunna. Sunna, as a perceived milder form, entailed the pricking, nicking or cutting of the prepuce of the clitoris causing it to bleed and was viewed as being more 'healthy' for the child.
- The practice was framed as mainly either cultural or religious in nature. Specifically, the pharaonic cut was seen as culturally inherited, while the Sunna form was viewed by many as supported by religious teachings.
- Respondents generally reported a shift away from the pharaonic to the Sunna cut, with the transition more evident in urban compared with rural areas, where the former cut is more prevalent.
- The change in the type of cut practiced was attributed primarily to awareness generation and issue sensitization in the community by two groups: health care workers and religious leaders.
- There appears to be a gradual decrease in the age at which FGM/C is performed on young girls, which now ranges between 5-8 years.
- Whilst there is some evidence of the medicalisation of FGM/C within Somaliland (in terms of health professionals as cutters, the location of cutting and any surgical or medicinal interventions to ease the process), the evidence is suggestive rather than conclusive.
- Health care providers managing women and girls with FGM/C face multiple challenges in their work given FGM/C is not a resource priority. Most patients with complications live in the rural areas where there are low-level facilities, providers who have no training in the management of FGM/C and who lack the equipment and medicines necessary to manage complications. They also reported a lack of referral hospitals for FGM/C cases.
- The shift from the invasive pharaonic cut to the perceived less severe. However, programmatic work that focuses on the eradication of more invasive forms of FGM/C without addressing the Sunna cut as part of an agenda of total abandonment of all manifestation of the practice could be perceived as condoning and reinforcing its continuation.

Appendix E UNICEF Six Elements of Abandonment

The following description of the Six Elements of Abandonment is taken from UNICEF's Technical Note: [Coordinated Strategy to Abandon Female Genital Mutilation/Cutting in one Generation](#), 2007, (chapter 4).

1. An approach which is not forced or judgemental with a focus to fulfil human rights and empower girls and women

- Communities raise the issue of FGC when they increase their awareness and understanding of human rights and make progress towards areas of immediate concern e.g. health and education
- Despite taboos, the issue emerges because the group are aware FGC causes harm
- Community discussion contributes to new understanding that girls would be better off if everyone abandoned the practice

2. Community awareness of the harm caused by the practice

- People share experiences through non-judgemental public discussion + non-directive reflection → costs of FGC more evident

3. The collective choice of a group that intermarries/is closely connected

- FGC a community practice, most effectively given up by the community acting together rather than individuals acting on their own
- Ability of group members to organise and take collective action can result in transformation of the social convention

4. Explicit public affirmation of collective commitment to abandon

- Community makes clear their will to abandon FGC
- Various forms – joint public declaration in a large public gathering, authoritative written statement of collective commitment to abandon

5. Organised diffusion to ensure the decision spreads rapidly from one community to another and is sustained

- Communities engage neighbouring villages so the decision to abandon can be spread and sustained
- Engage communities exercising a strong influence
- When decision sufficiently diffused → social norm has shifted and now serves to pressure individuals to abandon the practice

6. An environment that enables and supports change

- Commitment of government at all levels to introduce appropriate social norm measures and legislation, complemented by advocacy and awareness efforts
- Civil society integral to enabling environment
- Media role in facilitating the diffusion process

Appendix F Actions for others to take

I would like others to do.....	
Policy makers	Programme implementers
<ul style="list-style-type: none"> • MOE should ensure FGM/C education is explicitly captured in the national curriculum • MORA should engage and have dialogue with religious leaders to develop a common Fatwa and clarify their stand • MOLSA should engage parliamentarians to pass and approve the sexual offenses bill • Child rights advocacy by all program implementers • UN agencies and programme implementers should support wider anti-FGM/C program coverage to increase community awareness at the grassroots level by using UNICEF's six elements of abandonment • Establishment of clinics by MOH that provide FGM/C prevention and management services for survivors 	<ul style="list-style-type: none"> • NAFIS network and other CBOs should lobby and advocate to influence and accelerate the enactment zero tolerance and anti-FGM/C policy/law • NAFIS/non NAFIS members must do mapping of intervention areas to stop duplications and share lessons learned • Mainstreaming of all interventions • FGM/C policy should be finalized, approved and implemented by all groups in the community to facilitate the abandonment efforts • Knowledge and experience sharing that address improvement for collective change • MOH should advocate for the approval and implementation of anti- medicalization code of conduct for health professionals to stop medicalization • MOH should promote and build the capacity of nurses and midwives to have well trained professionals • MOH should establish health centres for the prevention and management of FGM/C • The government through MOLSA and other ministries should engage cabinet ministers and parliamentarians to pass the anti-FGM/C policy (law) for total abandonment • MORA should produce fatwa on FGM/C eradication and should have collective decision against FGM/C and all other forms of GBV to stop the problem • Mass/social media involvement in behavioural change communication for the community and the state should support this • MORA should engage religious leaders to have a consensus to prevent FGM/C and should be specific about what sunna is and if it is a choice to do it or not to do it so that we can work on that • State should engage all Islamic scholars to discuss and forbid it (FGM/C) • Civil society and other service providers should have training on UNICEF's six element of abandonment for them to implement in their projects • MOLSA & MOH should do supervision of FGM/C activities in all region to monitor and evaluate projects impacts • NGOs programs should be based on needs and not program based because interventions will not be effective without the commitment of the people • Research utilization of programme and understanding of Islamic perspectives of FGM/C by all stakeholders • Reconciliation of anti FGM/C policy and religious Fatwa by MOLSA and MORA

Appendix G Action plans from policy makers and programme implementers

Below are the **draft** action plans produced in the final session of the workshops by participants. These have been sent to participants for them to review.

Organisation(s) name:	Action Aid
What activity(ies)? <i>Please give as much detail as possible</i>	<ul style="list-style-type: none"> - Community awareness based on being non-judgemental, using the six elements of UNICEF of FGM/C for the upcoming projects - More reports of FGM/C problems and solutions
Why? <i>Which research findings have triggered this activity?</i>	<p>Research 2:</p> <ul style="list-style-type: none"> - The thematic findings is what it needs to further research and make reports or awareness to stop it
Who?	Hibo Adam Ahmed – 0634449310 ; hanuunacadey@gmail.com
When?	2018 first months
What outcome(s)? <i>How are you going to measure this?</i>	<ul style="list-style-type: none"> - FGM/C prevalence to decrease - Every institution to fulfil its duties and work on human rights
Started/Hope to/Intend to	Hope to totally abandon FGM/C

Organisation(s) name:	Candlelight
What activity(ies)? <i>Please give as much detail as possible</i>	<ul style="list-style-type: none"> - Mainstreaming community education on FGM/C with livelihood projects
Why? <i>Which research findings have triggered this activity?</i>	<ul style="list-style-type: none"> - Previous project evaluations that support the mainstreaming of the activity
Who?	FGM/C P&M officer – Amun awdhan@candlelightsom.org
When?	Mid of 2018
What outcome(s)? <i>How are you going to measure this?</i>	<ul style="list-style-type: none"> - Strengthen community education on FGM/C and change their negative attitudes while improving their livelihood
Started/Hope to/Intend to	Intend to do so

Organisation(s) name:	Edna Adan University (EAH) & Edna Adan University Hospital (EAUH)
What activity(ies)? <i>Please give as much detail as possible</i>	<ul style="list-style-type: none"> - Further research through university research on FGM/C complications
Why? <i>Which research findings have triggered this activity?</i>	<ul style="list-style-type: none"> - Behaviour change
Who?	Edna Adan research office (Abdirsaag5296@gmail.com)

When?	Feb / June 2018
What outcome(s)? <i>How are you going to measure this?</i>	- Traditional leaders and religious leaders also the civil societies??
Started/Hope to/Intend to	Intend to

Organisation(s) name:	General Assistance and Volunteer Organisation (GAVO)
What activity (ies)? <i>Please give as much detail as possible</i>	- Apply six elements of abandonment from UNICEF - Community awareness (in 8 communities) and we will use elements one, two and six
Why? <i>Which research findings have triggered this activity?</i>	- Because these can teach us the importance of the messages
Who?	Yasmin Abdi – slhg@gavosoma.org ; 4522473
When?	Early 2018
What outcome(s)? <i>How are you going to measure this?</i>	- Teaching us to be more understanding when discussing issues around FGM/C
Started/Hope to/Intend to	Intend to – to be more compassionate

Organisation(s) name:	Initiative for Research and Development Action (IRADA)
What activity (ies)? <i>Please give as much detail as possible</i>	- Training 40 primary teachers on the medical consequences of FGM/C at Berbera District
Why? <i>Which research findings have triggered this activity?</i>	- National FGM/C survey conducted by Edna Adan Hospital illustrates FGM/C prevalence in Somaliland is at 98.7%
Who?	In IRADA iradasom@gmail.com / +252 63 4514036; www.iradasom.org
When?	26 to 28 December 2017
What outcome(s)? <i>How are you going to measure this?</i>	Train primary school teachers on the medical consequences of FGM/C will change the young girls' perception of assuming FGM/C practicing is a traditional and religious duty. Then the young will avoid to cut and never agree with their parents
Started/Hope to/Intend to	We hope to mainstream the medical consequences of FGM/C

Organisation(s) name:	Ministry of Education (MOE)
What activity (ies)? <i>Please give as much detail as possible</i>	To develop supplementary learning material for FGM/C in all system schools

Why? <i>Which research findings have triggered this activity?</i>	Because of the prevalence still is high and no guidelines in the education system
Who?	MOE/HS – Director of Gender : marwo_ladan@hotmail.com
When?	2018 – February to September
What outcome(s)? <i>How are you going to measure this?</i>	The outcome will be to reach total abandonment of FGM/C
Started/Hope to/Intend to	Started

Organisation(s) name:	Ministry of Health (MOH)
What activity (ies)? <i>Please give as much detail as possible</i>	<ul style="list-style-type: none"> - Anti-medicalisation - Code of conduct: <ul style="list-style-type: none"> o Needs translating o Continuous supervision o Awareness through drama, poetry, video
Why? <i>Which research findings have triggered this activity?</i>	Reduce number of FGM/C procedures performed by health workers
Who?	Doctors , midwives, nurses auxiliary TBAs, community health workers, FHW
When?	As soon as possible
What outcome(s)? <i>How are you going to measure this?</i>	All health professionals abandoned all forms of FGM/C : <ul style="list-style-type: none"> - Less complications - Survival of patients and their care
Started/Hope to/Intend to	As soon as possible improvement of awareness, reduction of complications, improvement / reduction of FGM/C made by health care workers

Organisation(s) name:	Ministry of Labour and Social Affairs (MOLSA)
What activity (ies)? <i>Please give as much detail as possible</i>	<ul style="list-style-type: none"> - Approving and implementing FGM/C legal frameworks <ul style="list-style-type: none"> o FGM/C policy o FGM/C Bill o GBV policy
Why? <i>Which research findings have triggered this activity?</i>	<ul style="list-style-type: none"> - NAFIS network – 2011 research - SOFHA/ORCHID PROJECT research - Population Council research - Action Aid / Edna Hospital research
Who?	Ministry of Labour and Social Affairs Luul Aden Geedi – luul_aden@hotmail.com
When?	March 2018
What outcome(s)?	<ul style="list-style-type: none"> - To criminalise FGM/C practices in Somaliland context - Total abandonment of FGM/C

<i>How are you going to measure this?</i>	<ul style="list-style-type: none"> ○ FGM/C law approved ○ FGM/C law implemented
Started/Hope to/Intend to	Started

Organisation(s) name:	Ministry of Religious Affairs (MORA)
What activity (ies)? <i>Please give as much detail as possible</i>	- To develop a one common (FATWA) on position of religious leaders on FGM/C
Why? <i>Which research findings have triggered this activity?</i>	- Because civil society organisation need to find one position of the religious leaders as per the research findings
Who?	Religious leaders / MORA – C/Xakiin Mahmed Muse, safaari1@gmail.com
When?	Within one year – 2018
What outcome(s)? <i>How are you going to measure this?</i>	- Fatwa production
Started/Hope to/Intend to	Hope to

Organisation(s) name:	The Network Against FGM/C in Somaliland (NAFIS)
What activity(ies)? <i>Please give as much detail as possible</i>	<ul style="list-style-type: none"> - Establish advocacy steering committees who lead the efforts to push the approval of the policy - Establish a platform of exchanging knowledge and experience for religious perspective from other countries (Bringing Islamic scholars who abandoned FGM/C to Somaliland and taking ours out for cross learning)
Why? <i>Which research findings have triggered this activity?</i>	<ul style="list-style-type: none"> - Still the prevalence of FGM/C is too high, the only way out is the approval of the policy - The knowledge of Islamic scholars on FGM/C and the need of total abandonment should be enhanced
Who?	NAFIS, SOFHA and WAAPO Hibo Mohamoud email: hibo@nafisnetwork.net
When?	2018 -2019
What outcome(s)? <i>How are you going to measure this?</i>	<ul style="list-style-type: none"> - The National ANTI-FGM/C policy is approved and girls rescued - The knowledge of the religious leaders is enhanced and they are ready to agree on total abandonment
Started/Hope to/Intend to	2018 – 2019

Organisation(s) name:	NAGAAD Network
What activity(ies)? <i>Please give as much detail as possible</i>	<ul style="list-style-type: none"> - Working with CECs and girls and boys forums at Sanaag schools on increasing FGM/C awareness raising at school levels. <p>CECs = community education committee</p>

Why? <i>Which research findings have triggered this activity?</i>	<ul style="list-style-type: none"> o Less than 5% of the victims sought support from health centres
Who?	Mustafa, NAGAAD SNAP project officer – mustafehz@gmail.com
When?	June – 2018
What outcome(s)? <i>How are you going to measure this?</i>	Number of girls seeking support increased
Started/Hope to/Intend to	Intend to

Organisation(s) name:	Parent Action Plan (PAP)
What activity (ies)? <i>Please give as much detail as possible</i>	<ul style="list-style-type: none"> - Need more awareness – in view of religious prospects
Why? <i>Which research findings have triggered this activity?</i>	<ul style="list-style-type: none"> - To understand well why FGM/C prevalence is high
Who?	Parents
When?	During school holidays
What outcome(s)? <i>How are you going to measure this?</i>	<ul style="list-style-type: none"> - Understand the side effects of FGM/C / complications - Happy family life
Started/Hope to/Intend to	As soon as possible – family understands each other, reduce the prevalence of FGM/C and its complications

Organisation(s) name:	Population Services International (PSI)
What activity (ies)? <i>Please give as much detail as possible</i>	We will ask the community the solutions of their health related problems instead of imposing solutions. These solutions would be an innovative and applicable in the context of the Somali people
Why? <i>Which research findings have triggered this activity?</i>	We have currently undertaken “Human –centred design research” and “Social Network Analysis”. On the first we have identified what problems could be solved starting from the user/practitioner and ends with solutions that are tailored with users. On the other, it identifies influencers, gate keepers and information providers among the complex social networks.
Who?	Population Service International (PSI) in partnership with Ministries of Health in Somaliland / Somalia. Nasir Osman nahassan@psi.org ; Tel: 063 4422294
When?	In progress
What outcome(s)? <i>How are you going to measure this?</i>	<ul style="list-style-type: none"> - A significant change /impact on Somali health we will measure with international indicators of health impact, equity, cost effectiveness, quality and sustainability
Started/Hope to/Intend to	Started

Organisation(s) name:	Somaliland Family Health Association (SOFHA)
What activity (ies)? <i>Please give as much detail as possible</i>	- Increase community awareness for FGM/C prevention in rural areas (two regions)
Why? <i>Which research findings have triggered this activity?</i>	- FGM/C in Somaliland: knowledge, attitudes and perception - Changes in FGM/C in Somaliland <ul style="list-style-type: none"> o Awareness is not fully reached in rural areas
Who?	SOFHA Team: Mohamed.abdi@somalilandfamily.org
When?	2018
What outcome(s)? <i>How are you going to measure this?</i>	- To increase knowledge of FGM/C complications in rural areas - Around 60% of those communities will get FGM/C awareness
Started/Hope to/Intend to	

Organisation(s) name:	Somaliland Women Development Association (SOWDA)
What activity (ies)? <i>Please give as much detail as possible</i>	- Community awareness – through community conversations with different people in the community including males and females, youth, traditional leaders, religious leaders in both rural and urban areas
Why? <i>Which research findings have triggered this activity?</i>	- Awareness and sensitization of the community
Who?	Ibrahim, programme manager (koosaar01@hotmail.com)
When?	Next year September 2018
What outcome(s)? <i>How are you going to measure this?</i>	- Number of community conversation sessions conducted / reached
Started/Hope to/Intend to	Intend to

Organisation(s) name:	Somaliland Women Legal Association (SWLA)
What activity (ies)? <i>Please give as much detail as possible</i>	- Evidence awareness - Because we feel the more people talk about it the more can be done
Why? <i>Which research findings have triggered this activity?</i>	- Because we want real change to happen for the FGM/C campaigns
Who?	Mohamed Ahmed, Executive Director and Yasmin Abdi
When?	Early 2018
What outcome(s)?	- A better understanding of the issues facing FGM/C

<i>How are you going to measure this?</i>	
Started/Hope to/Intend to	Hope to – for more people to have open discussions

Organisation(s) name:	The Girl Generation (TGG)
What activity (ies)? <i>Please give as much detail as possible</i>	<ul style="list-style-type: none"> - Building ANTI-FGM/C youth network - Ending FGM/C ambassadors - Building the capacity of our members - Grant – technical and financial support
Why? <i>Which research findings have triggered this activity?</i>	<ul style="list-style-type: none"> - The involvement of youth - 36% youth are understanding the types, complication - Understanding of role of media - The social change recommendations from partners
Who?	Abdifatah Mahad, Program Officer – a.kasin@options.co.uk
When?	2017 – 2018 , November – January
What outcome(s)? <i>How are you going to measure this?</i>	<ul style="list-style-type: none"> - Ending FGM/C ambassadors - Influential people with capacity - CSO movement of ending FGM/C - Improving the movement - Building the capacity of CSO, individuals
Started/Hope to/Intend to	Started

Organisation(s) name:	Voice of Somaliland Minority Women Organization (VOSOMWO)
What activity(ies)? <i>Please give as much detail as possible</i>	<ul style="list-style-type: none"> - Training FGM/C practitioners on FGM/C complications
Why? <i>Which research findings have triggered this activity?</i>	<ul style="list-style-type: none"> - The traditional practitioner are not aware of the risks of FGM/C
Who?	Faisa Abdilahi; faisalucky2@gmail.com VOSOMWO
When?	In 2018; June
What outcome(s)? <i>How are you going to measure this?</i>	<ul style="list-style-type: none"> - Number of traditional FGM/C practitioners have been trained and understand the complications of FGM/C
Started/Hope to/Intend to	Next year – Hope to do

Organisation(s) name:	Women's Action Advocacy and Progress Organisation (WAPO)
What activity (ies)? <i>Please give as much detail as possible</i>	<ul style="list-style-type: none"> - Support youth forum - CCM Activities - Women coalition, - Parliamentary training / Exposure visit - Training religious' leaders to announce zero tolerance - Policies changes sessions. - Implementation of research findings

Why? <i>Which research findings have triggered this activity?</i>	<ul style="list-style-type: none"> - Change behaviour - Policy pass - Learning
Who?	Cr- project officers “Farah/ Instisar” intisar950@gmail.com , farahkayse@gmail.com epzeLmoha@gmail.com
When?	2018; Q1-Q4
What outcome(s)? <i>How are you going to measure this?</i>	<ul style="list-style-type: none"> - FGM/C policy being approved - Changed attitude of the social welfare committee in parliament - Changed attitude for youth and community Measures <ul style="list-style-type: none"> - Their case studies; their actions - Number of participants reached
Started/Hope to/Intend to	Intend to

Organisation(s) name:	Women Action for Rights and Safety Normalization (WARSAN)
What activity (ies)? <i>Please give as much detail as possible</i>	<ul style="list-style-type: none"> - Newspaper – will produce a journal magazine to raise community awareness of FGM/C problems
Why? <i>Which research findings have triggered this activity?</i>	Community awareness to end FGM/C, Limited community awareness towards FGM/C
Who?	Zalira Abdiwahab Sl. Ahmed faadumazahra@gmail.com
When?	Start in December 2017 to end April 2018
What outcome(s)? <i>How are you going to measure this?</i>	Greater awareness amongst youth Number of youth reached with messages on awareness of FGM/C
Started/Hope to/Intend to	Started

Organisation(s) name:	Women Rehabilitation and Development Association (WORDA)
What activity(ies)? <i>Please give as much detail as possible</i>	<ul style="list-style-type: none"> - Youth peer to peer education on FGM/C as human rights through the 6 elements (1,3 and 4) of abandonment (youth – male and female in separate workshops - Women to women open discussion forums for behaviour change on FGM/C (Women IDPs meeting)
Why? <i>Which research findings have triggered this activity?</i>	<ul style="list-style-type: none"> - Female genital cutting in Somaliland research by SOFHA/ ORCHID project that highlighted the decision making dilemmas that women and youth experience in relation to FGM/C
Who?	Kinzi Hussein / Muse Jama – worda_org@yahoo.com
When?	January to February 2018

What outcome(s)? <i>How are you going to measure this?</i>	<ul style="list-style-type: none"> - Level of understanding by using case studies on continuous community forums - Voluntary community action on GBV and FGM/C
Started/Hope to/Intend to	Intend to conduct in January and February 2018

Organisation(s) name:	World Bank
What activity (ies)? <i>Please give as much detail as possible</i>	<ul style="list-style-type: none"> - To encourage a simple FGM/C practitioner by giving them alternative income
Why? <i>Which research findings have triggered this activity?</i>	<ul style="list-style-type: none"> - Because they do this work – to get their daily life income as evidence by research done
Who?	World Bank – Foos-Jama@hotmail.com
When?	March 2018
What outcome(s)? <i>How are you going to measure this?</i>	<ul style="list-style-type: none"> - To reduce the community practitioners of FGM/C
Started/Hope to/Intend to	Started

Organisation(s) name:	Y- PEER
What activity (ies)? <i>Please give as much detail as possible</i>	<ul style="list-style-type: none"> - Engaging the youth both in rural and urban areas - Train youth on FGM/C complications
Why? <i>Which research findings have triggered this activity?</i>	Research implemented by NAFIS network that reports FGM/C prevalence at 98%
Who?	Somaliland youth peer education network; executive director – Mohamed Dama – 0634417564; dhamac2005@hotmail.com ; slypeernet@yahoo.com
When?	May 2018
What outcome(s)? <i>How are you going to measure this?</i>	To reduce the perceptions of the community toward FGM/C
Started/Hope to/Intend to	May 2018

Appendix H Abbreviations

ANPPCAN	African Network for the Prevention and Protection Against Child Abuse and Neglect
CBO	Community Based Organisation
DFID	Department for International Development
EAH	Edna Adan Hospital
EAUH	Edna Adan University Hospital
FGD	Focus Group Discussion
FGM/C	Female Genital Mutilation / Cutting
FHW	Family Health Workers (?)
GAVO	General Assistance and Volunteer Organisation
GBV	Gender Based Violence
IDI	In-depth Interview
IDP	Internally Displaced Person
IRADA	Initiative for Research and Development Action
KII	Key Informant Interview
KSW	Knowledge Sharing Workshop
MOE	Ministry of Education
MOH	Ministry of Health
MOLSA	Ministry of Labour and Social Affairs
MORA	Ministry of Religious Affairs
NAFIS	Network Against FGM/C in Somaliland
NAGAAD	Nagaad
NGO	Non-governmental Organisation
NORAD	Orchid Norwegian Agency for Development Cooperation
OP	Orchid Project
PAP	Parent Action Plan
PC	Population Council
PSI	Population Services International
SOFHA	Somaliland Family Health Association
SOWDA	Somaliland Women Development Association
SWLA	Somaliland Women Legal Association
TBA	Traditional Birth Attendant
TGG	The Girl Generation
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UNJP	United Nations Joint Programme
VOSOMWO	Voice of Somaliland Minority Women Organisation
WAAPO	Women's Action Advocacy and Progress Organisation
WARSAN	Women Action for Rights and Safety Normalisation
WHO	World Health Organisation
WORDA	Women Rehabilitation and Development Association
Y-PEER	Y-Peer Youth Network