SUPPORT TO THE AFRICA-LED MOVEMENT TO END FEMALE GENITAL MUTILATION (FGM)

Political Economy Analysis, Somalia/Somaliland

Short Version

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Options

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ORCHID PROJECT
WORKING TOGETHER TO END FEMALE GENITAL CUTTING

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AFRICA CO-ORDINATING CENTRE FOR THE ABANDONMENT OF FGM/C

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Contents

List of Abbreviations 3
1. Introduction 4
2.Country Characteristics 5
3. FGM/C prevalence 7
4. National Legal Framework 9
5.Stakeholder mapping 11
6. Stakeholder Map 15
7. Partner Presence 16
8.The root causes of FGM/C in Somalia/Somaliland 17
9. Programme Mapping 18
10.Evidence synthesis 20
11.Media Analysis 21
12.Cross Border FGM/C 22
13.Conclusions 23
Bibliography 25

List of Abbreviations

ALM	Africa-led Movement
CSO	Civil Society Organisation
DHS	Demographic and Health Survey
FCDO	Foreign, Commonwealth and Development Office
FGM/C	Female Genital Mutilation/Cutting
GBV	Gender Based Violence
GDP	Gross Domestic Product
HDI	Human Development Index
IMF	International Monetary Fund
PEA	Political Economy Analysis
SDG	Sustainable Development Goal

1. Introduction

The UK Government (Foreign, Commonwealth and Development Office - FCDO) has a vision of a world free from Female Genital Mutilation/Cutting (FGM/C) by 2030, in line with the Sustainable Development Goals (SDGs). The importance of eliminating FGM/C is reflected in Target 5.3 of the SDGs. A programme has been established entitled 'Support to the Africa-led movement (ALM) to end FGM/C' to contribute to global efforts to achieve that vision.

Why do we need a Political Economy Analysis and how will we approach it?

Political Economy Analysis (PEA) draws out the political and intersectional dimensions of a context and then actively uses this information to inform programming. PEA analysis is necessary at the start of a programme in order to ensure intervention design maximizes opportunities (e.g. government buy-in and civil society organisation (CSO) infrastructure) and thinks through how to navigate challenges. This PEA is focused on mapping the landscape in relation to ending FGM/C. Questions around the level and extent of government commitment, the existence and effectiveness of legislation and policies, prevalence rates and diversity (religion, ethnicity, age, type, socio economic factors and triggers), the capacity and resource strength of civil society as a vehicle to end FGM/C as well as the nature and number of interventions already in existent are all captured in this PEA analysis. We believe with this detailed PEA insight the programme can make strategic and evidence-based decisions around where to work and which interventions should be resourced because they are most likely to work.

Impact of COVID-19 (from Theory of Change)

The emergence of the COVID-19 pandemic may hamper progress towards ending FGM/C by 2030, even in countries that have experienced a decline in the practice.[1] UNFPA states that as a result of COVID-19; " it is anticipated that 2 million cases of FGM/C will occur between 2020 and 2030 that could have been averted, resulting in a 33 per cent reduction in the progress toward ending this harmful practice."[2] The sudden surge in FGM/C is attributed to COVID-19 containment measures such as movement restrictions and night curfews, school and medical centre closures and the fact that community and health workers are no longer able to move around freely educating communities and supporting and protecting vulnerable girls.

All the stakeholders interviewed in Somaliland and Somalia shared that COVID-19 has had a significant impact in terms of increasing the opportunities for girls to be cut. For example, *"It has impacted a lot, previously, young girls used to go to school, and this meant the cutting session was very short, it was only July. But during COVID-19 holidays and cutting can happen any time."* (INGO stakeholder Somaliland)

The sudden loss of income for female school staff has also triggered an increase in the number of women offering to perform FGM/C. "*Women who used to find income from schools, could not get any source of income, so they started to practice FGM to generate income."* (UN stakeholder Somaliland)

[1] Orchid Project, *Policy Briefing: Impacts of COVID-19 on Female Genital Cutting* (Orchid Project 2020) available at <https://www.orchidproject.org/wp-content/uploads/2020/11/COVID_female_genital_cutting_FGC_policy_briefing_Orchid_Project_FINAL.pdf> 17 December 2020

[2] UNFPA, UNICEF (2020) (n. 13)

2.Country Characteristics

Population – Somaliland: The Somaliland population in 2014 was estimated at 3.5 million (1.8m males and 1.7m females)[3].

Population – Somalia: The Somalia population (excluding Somaliland) in 2014 was estimated at 8.8 million (4.5m males and 4.3m females).[4]

Languages, ethnic backgrounds, and religion – Somaliland & Somalia: In Somalia and Somaliland, the main ethnic group is Somalis, representing 85% of the population. Other major ethnic groups include Bantu (Jareer)[5] and other non-Somali groups, such as Benadiri, other occupational groups and religious minorities (Ahraf and Shekhal). National languages are Somali and Arabic. Somali society is structured along clan divisions. The main four dominant clans in South Central (Somalia excluding Somaliland) are Darod, Hawiye and Dir, traditionally nomadic and pastoralist groups, and Rahanweyn (or Digil-Mirifle), traditionally associated with farmers and agro-pastoralists[6]. The Isaaq clan is the major dominant clan in Somaliland.[7] The dominant religion is Sunni Islam. Other religious minorities are Somali Christians which is a dispersed religious group across different clans and ethnic groups[8]. In 2004, the Transitional Federal Government (TFG) Charter declared Islam as the official religion of Somalia. Consequently, other religious groups are not officially recognized.

Political system – Somaliland: In 1960, after gaining its independence from Britain, the Somaliland state united with the former Italian Somaliland – what is now Somalia – to form the Somali Republic. In 1991 Somaliland re-declared its independence, breaking its union with the Somali Republic in the wake of a long-running insurgency in Somaliland and the descent of southern Somalia into civil war. Somaliland has its own political system, government, police force and currency, but its self-declared independence remains unrecognised by the United Nations, and Somalia continues to consider Somaliland as a federal member state[9]. Since 2001, Somaliland's political system has been a multi-party democracy, with a separation of power between the legislature, executive and judiciary. In 2014, the government approved a decentralization policy, which stipulated the establishment of District Councils[10]. There are fourteen regions in Somaliland.[11] The first district council election took place in 2012 and the next one is scheduled for 2021, along with the upcoming parliamentary election for the House of Representatives[12].The presidential election took place in 2017.

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[3] The last population census in Somalia was conducted in 1975. Up to date, the most accurate population measure is the 2014 Population Estimation Survey (PESS), UNFPA, available at: https://somalia.unfpa.org/sites/default/files/pub-pdf/Population-Estimation-Survey-of-Somalia-PESS-2013-2014.pdf [Last Accessed 4 March 2021]

[4] 2014 Population Estimation Survey (PESS), UNFPA, available at: https://somalia.unfpa.org/sites/default/files/pub-pdf/Population-Estimation-Survey-of-Somalia-PESS-2013-2014.pdf [Last Accessed 4 March 2021]

[5] "Bantu" is a term used to refer to a number of small, non-Somali groups, not all of whom are actually of Bantu descent. The term gained prominence during the early 1990s and many groups that have more specific names (Gosha, Shiidle, Hintire, etc) and tend to refer to themselves, to varying degrees, as "Bantu". Jareer is a somewhat pejorative term for Somali Bantus, which means "hard hair," referring to the perceived differences in physical characteristics between Somalis and non-Somalis.

[6] Martin Hill, 2010. No redress: Somalia's forgotten minorities. Minority Rights Group International, available at https://minorityrights.org/wp-content/uploads/old-site-downloads/download-912-Click-here-to-download-full-report.pdf [Last Accessed 8 March 2021]

[7] 2006, Somaliland: The Other Somalia with No War. International Crisis Group, available at https://www.crisisgroup.org/africa/horn-africa/somaliland/somaliland-other-somalia-no-war [Last Accessed 8 March 2021]

[8] Martin Hill, 2010. No redress: Somalia's forgotten minorities. Minority Rights Group International, available at https://minorityrights.org/wp-content/uploads/old-site-downloads/download-912-Click-here-to-download-full-report.pdf [Last Accessed 8 March 2021]

[9] BBC News (2017) Somaliland Profile. Available at http://www.bbc.co.uk/news/world-africa-14115069

[10] Improving Delivery of Public Services to Citizens through Decentralization Legislation - in Somaliland, UNDP, available at http://www.undp.org/content/dam/somalia/docs/JPLG_Decentralization%20-%20Service%20Delivery%20%20Somaliland.pdf [Last Accessed 8 March 2021]

[11] https://www.slministryofplanning.org/images/Statistics/SomalilandInfigures2016.pdf

[12] 2020. Somaliland: Major Election Stakeholders Concur on May 2021 Polls. Somaliland Sun, available at https://www.somalilandsun.com/somaliland-major-election-stakeholders-concur-on-may-2021-polls/ [Last Accessed 8 March 2021]

Political system – Somalia: The current political system in Somalia is a federal parliamentary republic and multi-party democracy with a separation of powers between the legislature, executive and judiciary. The Transitional Federal Government (TFG) and parliament were established in 2004. With the approval of **Somalia's provisional constitution in 2012,** the transitional government was replaced by the permanent apparatus of the Federal Government of Somalia (FGS). However, the process of formalization of the constitution is still underway[13]. Somalia is administratively composed of 18 regions and 5 Federal Member States, as well as the Benadir Regional Administration, which sits apart from any of the member states.[14]

The current parliament of Somalia is composed of 329 members. Established in 2012, members of parliament were appointed by a technical committee, following the 4.5 power-sharing formula[15], which gives equal representation to the four "major clans". The **president** is elected by a two-thirds majority vote of the federal parliament for a term of four years. The last presidential elections took place in 2017. Both parliamentary and presidential elections are planned for 2021[16]. Somalia finds itself currently in the middle of a political crisis, especially after the latest deadline set for the elections on the 8th of February 2021 was not met. Despite the increasing pressure for a universal, one-person-one-vote election, the elections will take place through an indirect vote based on constituency caucuses. However, the electoral model is yet to be approved[17].

GDP – Somalia & Somaliland: According to the International Monetary Fund, the Gross Domestic Product (GDP) of Somalia (including Somaliland) is $5.4 billion (nominal) and $14.7 billion (PPP)[18]. Somalia ranks 154th in the IMF GDP rank, and 189th according to the UN. The GDP growth was 2.8% in 2018, 2.9% in 2019 and 1.5% in 2020. The GDP per capita was $133 (real GDP) in 2019. According to the Somaliland Ministry of Finance Development, the Gross Domestic Product (GDP) of Somaliland was $2.573 billion (nominal) and $1.632 billion (real) in 2017[19]. The nominal GDP growth was 9% in 2015, 5% in 2016, and 11% in 2017[20], and the average annual growth between 2012 and 2017 was 2%[21]. The GDP per capita was $675 in 2017.

Human Development Index – Somalia & Somaliland: Due to the lack of available data, Somalia (including Somaliland) does not feature in the HDI ranking[22]. Based on the available data, between 1990 and 2017[23], life expectancy increased by 11.3 years, representing an increase of 25%. There has also been a decrease in employment to population ratio by 2.4%, representing a percentage change of 5.2%.

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[13] Vanda Felbab-Brown, 2018. Developments in Somalia. Brookings Institute. Available at https://www.brookings.edu/testimonies/developments-in-somalia/ [Last Accessed 8 March 2021]
[14] Somalia views Somaliland as part of the federal republic, but Somaliland is not, formally, a Federal Member State.
[15] Josh Linden, 2019. Somalia's Democratic Transition: A Framework for Electoral System Design. The Ace Project. Available at https://aceproject.org/regions-en/countries-and-territories/SO/somalia2019s-democratic-transition-a-framework-for [Last Accessed 8 March 2021]
[16] Mohamed Odowa, 2021. Somalia's clan system: undermining democracy? Deutche Welle. Available at https://www.dw.com/en/somalias-clan-system-undermining-democracy/a-56512779 [Last Accessed 8 March 2021]
[17] Mohammed Dhaysane, 2020. Somali leaders agree on election model. Andalou Agency. Available at https://www.aa.com.tr/en/africa/somali-leaders-agree-on-election-model/1948503 [Last Accessed 8 March 2021]
[18] World Economic Outlook Database, International Monetary Fund, available at https://www.imf.org/external/datamapper/profile/SOM [Last Accessed 8 March 2021]
[19] The latest available information for GDP in 2017.
[20] 2019, Budget Outlook Paper for 2019/2020, Somaliland Ministry of Finance Development. Available at http://slmof.org/wp-content/uploads/2019/07/Budget-Outlook-Paper-Final-26-07-2019.pdf [Last Accessed 8 March 2021]
[21] 2018, Statistical Release Gross Domestic Product 2012-2017, Somaliland Ministry of Planning and National Development. Available at http://slmof.org/wp-content/uploads/2019/05/GDP-report-2012_2017-1.pdf [Last Accessed 8 March 2021]
[22] UNDP, Human Development Report 2020, The Next Frontier: Human Development and the Anthropocene, available at http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/KEN.pdf [Last Accessed 9 March 2021]
[23] The latest accessible HDI data was collected for Somalia in 2017. Data was downloaded from: https://data.humdata.org/dataset/hdro-data-for-somalia [Last Accessed 8 March 2021]

3. FGM/C prevalence

National prevalence: Somalia/Somaliland has one of the highest prevalence rates of FGM/C in the world. Data from the 2006 and 2011 MICS show that the prevalence of FGM/C among women aged 15-49 in Somaliland increased from 94.4% to 99.1%. In the North East Zone (Puntland), the FGM/C prevalence remained stable (at 98%). Girls and women in rural areas are slightly more likely to undergo FGM/C than those in urban areas.

Regional variations: The practice of FGM/C in Somalia/Somaliland is almost universal across all regions, with prevalence ranging from 97.4% in Nugal in the North East Zone to 99.7% in Sanaag in Somaliland.

Socio-economic indicators: FGM/C prevalence among women aged 15-49 remains almost universal across different social-economic groups, both in **Somaliland** and **North East Zone**.

Age of cutting: Nearly all women who undergo FGM/C in Somaliland and in the North East Zone (Puntland) are cut before age 15 (96% and 98%, respectively). Most women are cut between the ages of 5-9 years (64% in Somaliland and 70% in the North East Zone), about a third are cut between the ages of 10-14 years (31% in Somaliland and 28% in the North East Zone), 1% are cut before age 5 in both settings, while less than 1% are cut at age 15 or older (0.6% in Somaliland and 0.2% in the North East Zone). A higher proportion of youngest women (15-19) than oldest women (45-49) are cut before age 10 in both Somaliland (68% and 54%, respectively) and in the North East Zone (75% and 64%, respectively), indicating a **trend towards cutting at younger ages** over time.

Type of FGM/C and practitioners: The overwhelming majority of women who have undergone FGM/C in Somaliland (84.9%) and the North East Zone (86.7%) had been sewn closed (also known as infibulation). Less than 10% of the women in both settings had flesh removed and less than 3% were nicked. About a quarter (27.7%) of girls aged 0-14 in Somaliland and 30.6% of those in the Northeast Zone had undergone some type of FGM/C. Of these girls, 11.6% of those in Somaliland and 22.5% of those in the North East Zone had their genital area sewn closed. The majority of girls had not undergone FGM/C by the time of the survey (72.3% in Somaliland and 69.4% in North East Zone).[24] This can be explained by their age and it is likely that most of not all of them will have gone on to be cut. The majority of women in both Somaliland and the North East Zone are cut by traditional practitioners (87% and 78%, respectively) while 12% of those in Somaliland and 20% of those in the North East Zone are cut by a health care professional. The estimates show a **trend towards medicalization** of the practice in both settings. For instance, in Somaliland, the proportion of youngest women (15-19) who are cut by a health care professional is seven times higher than that of oldest women aged 45-49 years (21% and 3%, respectively). Similarly, in the North East Zone, 28% of youngest and 15% of oldest women are cut by a health care professional.

Attitudes towards FGM/C: Data from the MICS 2011 shows that knowledge about FGM/C in the two settings is high: 99.8% of women in Somaliland and 99.4% of women in North East Zone have heard about the practice. The proportion of women who have heard of FGM/C who believe that **FGM/C should continue** is relatively high: 28.9% of women in Somaliland and 57.8% of women in North East Zone believe that the practice should continue. However, in the MICS 2006, this percentage was much higher: 64.5% of women (in all regions in Somalia/Somaliland) believed that the practice should continue (against 32.8% who believed that FGM/C should end).

Estimates of the number of girls at risk: The estimates show that over half a million girls alive today in Somaliland and about a quarter million of those the North East zone are at risk of FGM/C by the time they are 18 years old. The number of girls at risk was over 100,000 in two of Somaliland's regions (Woqooyi Galbeed and Togdheer) and one region in the North East zone

[24] Please note that this is the current (and not final) FGM/C status of the girls aged 0-14 years.

(Mudug). The number of girls at risk of FGM/C in the other regions also remains high (between 47,000 and 98,000) given the high prevalence of the practice in these settings.

Ratifications human rights treaties

The Federal Republic of Somalia (as opposed to Somaliland) has ratified some treaties that are relevant to the elimination of FGM/C, including the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights and the African Charter on Human and Peoples' Rights. However, it has not signed/ratified the Convention on the Elimination of All of Discrimination against Women (CEDAW) and the African Youth Charter, it has signed the Maputo Protocol in 2006, but hasn't ratified it yet, and it has signed the African Charter on the Rights and Welfare of the Child in 1991, but hasn't ratified it yet.

4. National Legal Framework

National Law: There is currently **no national legislation in place that criminalises and punishes FGM/C** in Somaliland.[25] Although a new anti-FGM/C law was drafted in Somalia a few years ago (which aims to criminalize all forms of FGM/C), it is still pending cabinet endorsement and has not yet been forwarded to Parliament to be adopted. In addition, the Federal Ministry of Women and Human Rights Development (MoWHRD) in Somlia has prepared a draft law on Sexual Offences and a draft law on Child Rights (which both aims to criminalize child marriage and FGM/C), which are also still pending approval by Parliament.[26] All these laws faced opposition from religious leaders who are divided on the issue of whether the practice of FGM/C is harmful, and the age of maturity of a child.[27] Somaliland's constitution under article 8 (2) provides that *'programmes aimed at eradicating long lasting bad practices shall be a national obligation'*. Article 24 of the constitution states that everyone shall have the right to security of his person, that injury to the person is prohibited, and that crimes *'against human rights'* such as *torture* and '*mutilation*' shall have no limitation periods. Further Article 36 sets out the Rights of Women, providing that 1) the rights laid down in the constitution *shall be enjoyed equally by men and women save for matters which are specifically ordained in Islamic Sharia* and 2) the Government *shall encourage, and shall legislate for, the right of women to be free of practices which are contrary to Sharia and which are injurious to their person and dignity (28TooMany, 2018b, p. 3).*

National Policies: A **draft Zero Tolerance Policy** on FGM/C has been developed in Somalia which aims to guide the implementation of the new anti-FGM law once passed by Parliament.

In **February 2018**, the Ministry of Religious Affairs in Somaliland issued a *Fatwa* against Type III FGM/C. In contrast, 'Sunna' (Type 1 FGM/C) is considered obligatory.[28] It stated that those who perform infibulation will face punishment and victims could get compensation. However, there are no further details in the *Fatwa* on punishments, who would pay the compensation and how much compensation will be paid. A proposed bill from the Ministry of Labour and Social Affairs that would criminalize and punish FGM/C throughout Somaliland was due to be drafted and put before parliament in 2018 but no further details are available. (28TooMany, 2018b, p.3).

Stakeholder reflections on legal framework

Somaliland: Many stakeholders expressed the urgency of seeing specific anti FGM/C legislation in place and that this must include type IV. "*The most important is to get a law and it is our first priority, to find the law that restrains people so that they fear performing FGM."* (INGO stakeholder) Many felt that the continued commitment towards 'Sunna' made the criminalization of all forms of FGM/C a challenge: *"The government and some of the NGOs support to continue the Sunna (easy type of FGM) but for us we are against all types of FGM. … For all forms of FGM are wrong and it is not our religion. So, we want to get the law and to enforce it, which will give awareness to the community telling them not to circumcise the girls at all, not touch at all."* (Stakeholder from a National Level organisation)

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[25] Article 15(4) of the draft Constitution of Somalia (2012) does prohibit the 'circumcision of girls'. However, there are no provisions that establishes a punishment and/or penalty for violating this provision in the Constitution – hence the need to adopt a national law.
[26] For more information, see https://reliefweb.int/report/somalia/unfpa-calls-passage-sexual-offences-bill-based-human-rights-and-protection-women-and.
[27] Human Rights Committee, *Initial report submitted by Somalia under article 40 of the Covenant pursuant to the optional reporting procedure*, CCPR/C/SOM/1, January 2021, available at https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CCPR%2fC%2fSOM%2f1&Lang=en [Last Accessed 22 March 2021].
[28] What is meant by Sunna is confusing. As a report by 28 Too Many states; "Sunna may or may not involving stitching, but in many cases even more severe types of FGM are being labelled 'sunna'" https://www.28toomany.org/static/media/uploads/Country%20Research%20and%20Resources/SomaliaSomaliland/somalia_and_somaliland_country_profile_executive_summary_v1_(march_2019).pdf

Somalia: Many of the stakeholders interviewed expressed frustration about the slow halted progress of the FGM/C bill. One government official from the Ministry of Women shared; "*I was one of the people involved in the development of the FGM bill that is currently in the cabinet. And hopefully, if it remains unchanged and properly enacted, it will actually be a very important normative framework that can be used to ensure we eradicate the FGM in Somalia. This is a significant step towards the eradication."* A stakeholder from an INGO shared; "*…there is a lot of tracking of commitments that were initially made. The environment was more conducive about three years ago and a lot of important clinical commitments and legislation was introduced moving towards zero tolerance of FGM, but everything is moving backwards now."*

5.Stakeholder mapping

Government stakeholders – Somaliland: In Somaliland, the Ministry for Labour and Social Affairs (MoLSA) is the leading government institution on the eradication of FGM/C. Through its Gender Based Violence (GBV) department, the MoLSA is mainly engaged in leading policy and legislation development on FGM/C, awareness-raising and coordination of national stakeholders[29]. Moreover, MoLSA has adopted a comprehensive approach to eradicating FGM/C, through the involvement of all community sectors and women's organizations and with extensive outreach efforts in isolated communities[30]. It also leads the GBV working group and chairs the FGM taskforce. In 2018, MoSLA was also one of the main government institutions challenging the religious *fatwa* issued by the Ministry of Endowment and Islamic Affairs, as it encouraged the practice of Sunnah circumcision[31]. However, MoSLA's efforts to push against decriminalization of Sunnah circumcision have been criticized by the members of civil society as insufficient[32].

Government stakeholders – Somalia: The leading government institution on FGM/C issues in Somalia is the Ministry of Women, Family Affairs and Human Rights Development (MoWHRD). However, the Ministry of Women's Development and Family Affairs (MoWDAFA) is another equally significant government institution involved in the eradication of FGM/C in Puntland, a federal state of Somalia[33]. The MoWHRD implements activities in the areas of legislation and policy development, advocacy efforts, community engagement and awareness-raising. To date MoWHRD, with the support of the Ministry of Justice (MoJ), has been the leading institution on the development of the anti-FGM Bill, which, however, has not been passed by the Upper House of the National Assembly[34]. MoWDAFA's main areas of intervention in relation to FGM/C include education, awareness-raising, child protection, and legislation[35]. Also, MoWDAFA is closely involved in community mobilization efforts and activities aimed at creating alternative livelihoods for female cutters. In the past, the Ministry also established 'female cutters community networks' to act as ambassadors of change[36].

Other (non-state) stakeholders: In total 39 non-state stakeholders involved in ending FGM/C in Somaliland were identified. Among the UN agencies, the main stakeholders are UNFPA and UNICEF, while UNHCR's FGM/C programming predominantly targets internally displaced and refugee populations. UNFPA and UNICEF mainly implement activities in sectors of health, sexual and reproductive health, protection services, education, social norm change and community engagement. There also exists a body of **international and national non-governmental organisations**, civil society (consisting of women and youth organisations) as well as religious actors and activists active in the anti-FGM/C space in Somaliland.

In Somalia, a total of 38 non-state actors engaged in eradicating FGM/C were identified. The major UN agencies targeting FGM/C are UNFPA, UNICEF, UNDP, and to a lesser degree UNHCR. The main implementing areas include health, sexual and reproductive health, protection services, education, social norm change, advocacy, and women's political empowerment. UNHCR is implementing activities that are more narrowly targeting internally displaced and refugee populations, especially in relation to GBV prevention. The UNFPA-UNICEF Joint

[29] Information provided by Action Aid.
[30] Crawford and Ali, 2015. Situational Analysis of FGM/C Stakeholders and Interventions in Somalia, available at: http://www.heart-resources.org/wp-content/uploads/2015/11/Situational-analysis-if-FGM-stakholders-and-interventions-somalia-UN.pdf [Last Accessed 18 March 2021]
[31] Information provided by UNFPA.
[32] Information provided by NAGAAD and NAFIS.
[33] Crafword and Ali, 2015. Situational Analysis of FGM/C Stakeholders and Interventions in Somalia, available at: http://www.heart-resources.org/wp-content/uploads/2015/11/Situational-analysis-if-FGM-stakholders-and-interventions-somalia-UN.pdf [Last Accessed 18 March 2021]
[34] Information provided by Ifrah Foundation.
[35] Ibid 1.
[36] Ibid 1.

Programme remains the largest anti-FGM intervention in Somalia. There are also individual religious, political and traditional actors as well as activists speaking out against the practice of FGM/C in both Somalia and Somaliland.

Findings from Key Informant Interviews - Somaliland

Government Commitment to see change: There were differences in opinion expressed over whether the government was or was not displaying commitment toward ending FGM/C. Those that felt the government was not committed expressed views such as; "*There is no zero tolerance in any action, because there are conflicts of mandates within the Ministries, the Ministry of Religion and Endowments says sunnah type must be practised while what the others want is zero tolerance of FGM."* Some non-government stakeholders saw things differently and gave positive views on ministerial commitment. One INGO stakeholder shared; "*Yes. The government supports end FGM activities …. The government has ministries and departments with social workers who work to end FGM. They also have a budget to implement their activities in relation to FGM."*

The challenges of achieving abandonment: Shift in type rather than reduction of incidence: A majority of the stakeholders were keen to stress that progress had been made but that achieving a complete end to FGM was going to be a challenge. Progress had been made in terms of shifting from the type of FGM perceived as the most severe, to 'Sunnah'. Those who saw this shift as positive based their argument on health grounds. For example, a stakeholder from a national organisation stated, *"The main success is the Fircooni (pharaonic) type has been prohibited and that is some progress, and the Sunnah type is being performed which is better than Fircooni. At least with sunnah girls are not stitched and that is progress as the pain is reduced and it improves the difficulty of childbirth, and menstruation. So, the worst kind of FGM, the Fircooni has decreased."* Other stakeholders expressed concern that this shift could not be taken as the end goal. Sunnah is still FGM and so should not be regarded as any kind of victory. They saw this shift as a challenge specifically because it was being framed as a success. For these stakeholders, Sunnah is not a sign the rights of girls and women have improved and so there is still a long way to go; *"I think the challenge that will continue is that if the scholars insist on this Sunnah it will perpetuate the practice of FGM, it won't be challenged any more as it will be seen as having been abandoned. As long as we do what we call the sunnah, only the name has been changed (from FGM), and it will always exist if nothing is done and the scholars do not come together, and the law against all forms of FGM is absent."*

Medicalisation: An increase in medicalisation was noted by a number of stakeholders; "*FGM has been medicalized, health professionals are still practicing it, and this means FGM continues. Professionals still want to make money from it and so there is no incentive to stop."* (Female activist).

Religion and FGM/C: A majority of participants shared the view that FGM/C is seen as a religious necessity. This view remains deeply rooted and entrenched in the mind-set of many in Somaliland. Changing this belief poses a significant yet critical challenge; *"I think the challenge that will continue is that if the scholars insist on this Sunnah it will perpetuate the practice of circumcision. As Sunnah becomes more popular the view will emerge that FGM has ended. In fact, all that has happened is that the name has changed from FGM to Sunnah, the practice still remains."* (National Stakeholder)

Effectiveness of Civil Society: There were a range of views expressed on whether or not civil society was effectively engaged in ending FGM/C in Somaliland. A majority felt that whilst the organisations existed, they were only active as a long as there were specific funded projects. Commitment outside of resourced activities was questioned by some stakeholders; "*It is not from the core of their heart; it is just fund based efforts."* (National NGO stakeholder) This view was shared by a second national NGO stakeholder who felt that some interventions are just driven by funding, not making a difference; *"FGM activism are fund-based projects. Even to people who are getting awareness they were being paid, just to receive the awareness. So, they used to go to the*

awareness centres to just get paid, they were never asked if they thought FGM is wrongdoing. The starting point was not correct."

Interestingly it was felt by some interviewees that civil society could be seen through the work of women's organisations. "*Women's organisations are vocal and want an end to FGM, because they see it as their problem"* (female activist).There is also recognition of the role that youth organisations play in ending FGM/C; "*Yes, there are associations that have not been conducting tangible activities related FGM, but there are youth organizations willing to participate to end FGM but they do not have the resources to undertake any activities as far as is needed."* (National NGO stakeholder).

Existence and visibility of a movement: Views differ on the existence of a movement. Some stakeholders claim there is a visible movement which has been in existence for some time. "*Yes, it has (a movement) been proceeding for a long time and has made some headway in terms of achieving the things that need to happen.".* (INGO stakeholder) Another stakeholder from a UN agency shared; "*Yes, it (a movement) exists. We see it on days like 6th February which is named international FGM day."*

Findings from Key Informant Interviews - Somalia

Government Commitment to see change: A number of stakeholders shared that most of the attention on FGM/C comes from the Ministry of Women. "*Mostly the Government activities are awareness raising, specifically the Ministry of Women are the most active."* (Stakeholder from an INGO) The Ministry of Women claims to be proactive in the reporting of FGM. According to an official from the Ministry, "*Every month we have conducted cluster meetings related to FGM issues with the Ministry of Women and police. We share all the cases that have happened in the city that each sector has documented. We make a monthly report."* However besides noting the cases that have happened, it was not clear what course of action is taken by the Ministry.

The challenges of achieving abandonment: A shift to 'Sunna' was noted by a number of stakeholders. Some of them, particularly at government level, regard this as an actual decline in FGM/C. For example an official from the Ministry of Women shared; "*In the past or now, in past FGM used to be considered a women's issue, but now it seems to be declining, and it seems as religious issue and now when girls are circumcised, they are circumcised as sunnah type, since it's considered as religious issue."* ***The turbulent political situation has unsurprisingly had a huge impact on progress; "****The political situation is causing delays. The situation is blocking any other significant work from happening, nobody wants to make a decision, or drive anything that is politically or socially unpopular. So, the political situation is at the moment an issue. And the second thing I would say, I think there is a very strong Islamic influence. We are being told that it is driven from the gulf states and that is having an impact on the political climate, it is counteracting the work that's been done on FGM ending."* (UN stakeholder)

Religion is a key barrier. "*The main barrier, I would say it is a very strong traditional and religious belief that conducting FGM is a must, is important and has to be done. One of the barriers is also, the stigma that is set on girls and young women that are not circumcised. Address the hearts and minds and thinking around FGM is the number one step. And that kind of awareness rising has not been done in a successful way. So, any new program should actually first research how can we address this in a way that is perhaps new. We should not fall into the same old practices, towards the same projects, and the same tools."* (Stakeholder from a National Level NGO)

Lack of commitment to ending FGM/C. A number of stakeholders felt that commitment across sectors was limited. *Mostly there is no evidence of end FGM/C activities. But we have a One Stop Centre where we register the FGM victims that are referred to Baidoa Hospital. They are also treated in the Hospital*. (Government Official Ministry of Health) However besides this the other challenge according to another government stakeholder remains resourcing of the FGM/C sector; "*The biggest challenge is the lack of funding from the Ministry for projects. If they were to invest in FGM or GBV the same way they invest in political participation, a lot would have been accomplished. Second, there is a lack of knowledge and FGM training as well as a rift among*

religious scholars, some of whom support and work with you while others say it is a taboo to talk about it and should be avoided. A suggestion is to include FGM in school curriculums and teach students so that they understand more about FGM." (Government official Puntland)

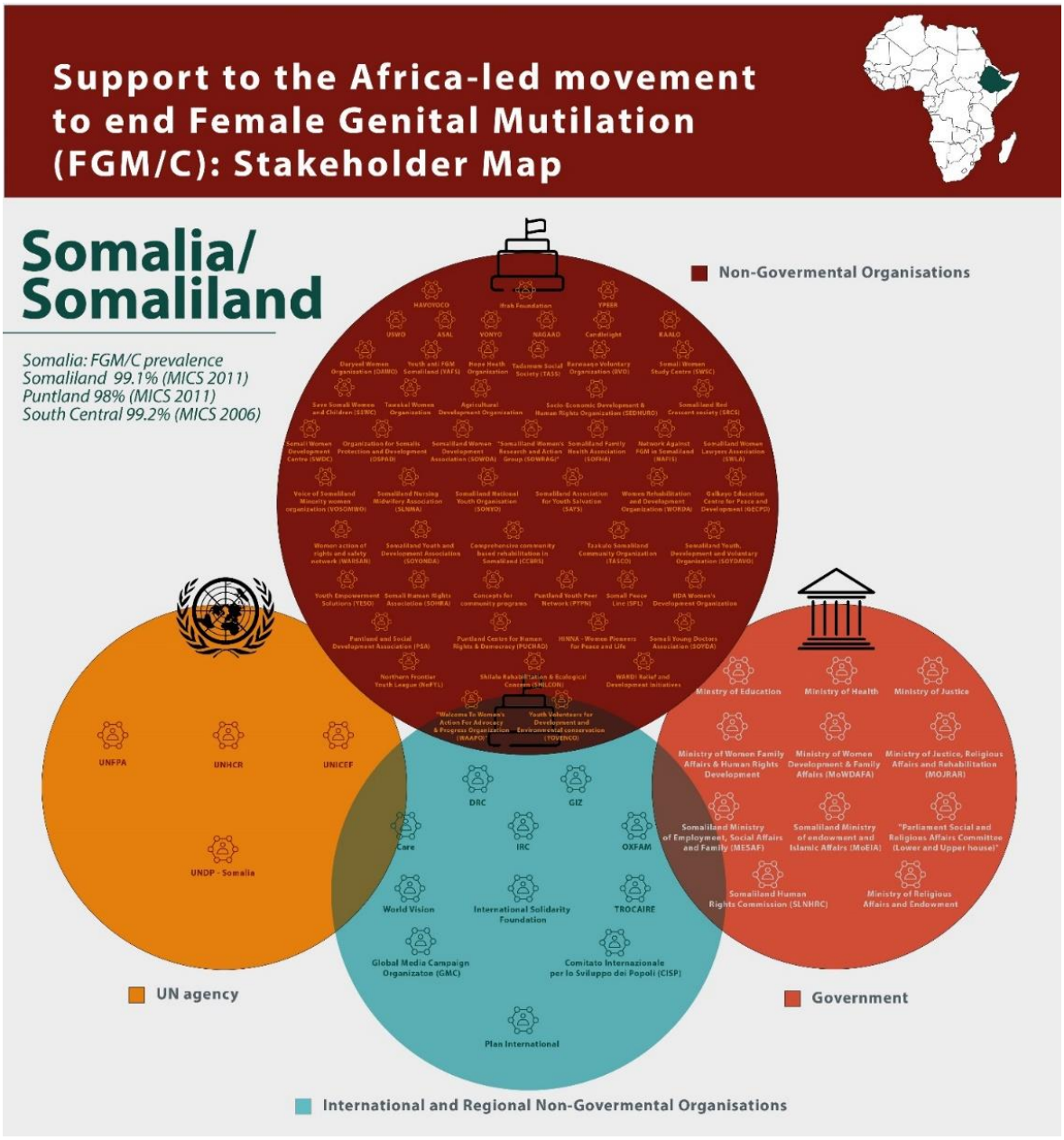
FGM/C integrated into GBV response: FGM/C at government level seems to be integrated as part of a broader GBV portfolio. "*As the ministry of women our responsibility includes GBV, under GBV also we conduct some activities related to rape, sexual abuse and FGM."* (Official from the Ministry for Women).

Effectiveness of Civil Society: Most stakeholders agreed that civil society was active on the issue of ending FGM/C. "*They engage very well but they don't lead cases, they support awareness, human rights and gender equality. The most active are youth groups and women led organisations."* (INGO stakeholder)

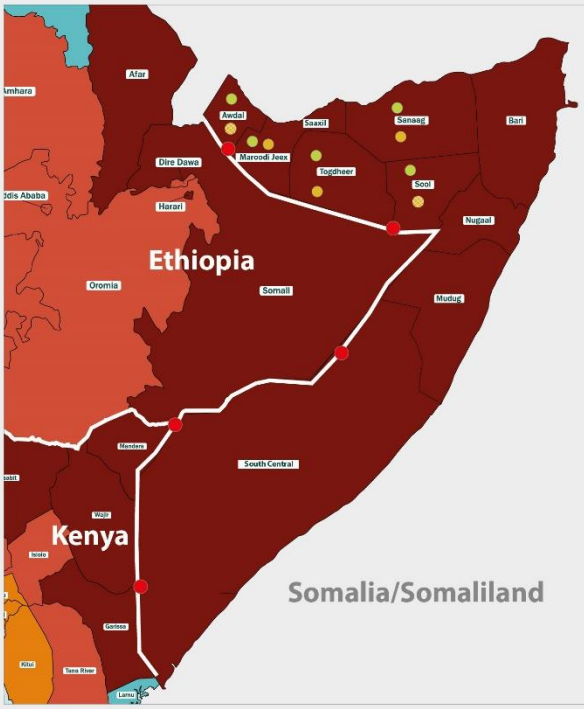
The visibility and importance of women-led organisations was clear also in the following passage: "*Women's organizations are more active than ministries, they are more motivated. They raise awareness and also provide medical support to women suffering bleeding in pregnancy. Women's groups play a big role and are very strong in articulating zero tolerance."* (Stakeholder from a National NGO)

Existence and visibility of a movement: Most stakeholders interviewed felt that a movement was not really visible. The following stakeholder response was common across those interviews. "*A movement is not visible. There might be several movements, small and bigger, but they are not visible."* (UN stakeholder) Another stakeholder shared a more optimistic view; "*I think it's not visible, but behind the scenes, there are lots of people who are working on it. And I feel that it is becoming more of a movement."* (Stakeholder from a National NGO)

6. Stakeholder Map



7. Partner Presence



Somalia/ Somaliland

Somalia: FGM/C prevalence
Somaliland 99.1% (MICS 2011)
Puntland 98% (MICS 2011)
South Central 99.2% (MICS 2006)

Partner Presence

Action Aid
- Yes

Partners intend to work under ALM

Action Aid
- Yes
- If budget allows

- Borderlines for high-risk cross-border FGM/C occurence

FGM/C Prevalence
- Very high prevalence (more than 80%)
- Moderately high prevalence (51-80%)
- Moderately low prevalence (26-50%)
- Low prevalence (10-25%)
- Very low prevalence (less than 10%)

8.The root causes of FGM/C in Somalia/Somaliland

Female Genital Mutilation/Cutting (FGM/C) is a deeply rooted social cultural norm among the Somali community and is upheld by long standing customs, traditions and religious beliefs that foster gender-based discrimination. The Somalis in Somalia and Somaliland are a patriarchal clan-based society where an individual's lineage and in turn their identity is traced through their father (Affi., 2020). Girls and women are socialized to accept a subservient position within the home and patriarchal norms give control of women and their children to the male head of the household (UNICEF, 2016). This deep-rooted culture underpins the power relations between Somali men and women (Affi., 2020) and provides for extreme gender inequalities in the social-economic and development pathways availed to women (UNFPA b., 2019). The majority of Somali women are either excluded from decision-making and do not own any assets, if they do work it is poorly paid and generally unskilled with little autonomy over their income (UNFPA b., 2019).

9. Programme Mapping

a) Somaliland

These findings are from analyses of the end FGM/C-related programmes repository for Somaliland implemented between 2000 and August 2016. Additional analyses of the FGM/C-related programmes implemented from 2016 to date have been updated for the purposes of this PEA. The compendium captured a total of four programmes for Somaliland while an additional four interventions were implemented from 2016 to date. The final analyses have covered eight intervention programmes, while five were disregarded because they could not meet the criteria as they were research studies.

The findings showed that FGM/C-related programmes implemented in Somaliland fit into various specific thematic areas. In total, there were 15 thematic areas for which the implemented interventions have been categorized. The themes include awareness creation, human rights approach, capacity building, advocacy, community dialogues/engagement and behavioural change, use of creative art as well as using peer to peer training among other to address FGM/C. Of the programme thematic areas, awareness creation (87.5%), capacity building (87.5%), community dialogues/engagements (50%) and community discussions on FGM eradication (50%) were the most implemented interventions across Somaliland. However, evidence base programming (12.5%), peer to peer training (12.5%), health approach (12.5%) production of appropriate IEC materials (12.5%) and using creative art to raise FGM/C awareness (12.5%) were the least implemented programmes across Somaliland.

FGM/C-related interventions implemented in Somaliland targeted various groups (stakeholders)

Most of the programmes targeted women (100%), girls (100%), men (87.5%), boys (87.5%), religious leaders (87.5%), community leaders (87.5%), youth (75%), and policy makers (62.5%). The stakeholders' that were least targeted through the anti-FGM/C related programmes included: cultural elders (12.5%), circumcisers (12.5%), media practitioners (12.5%), internally displaced people (12.5%) and teachers (12.5%).

FGM/C-related interventions implemented in various geographic regions in Somaliland

The analyses show that anti-FGM/C related programmes implemented since 2000 to date in Somaliland were country-wide and in specific regions. Most of the programmes were implemented in Woqooyi Galbeed (45.5%), Togdheer (27.3%), Awdal (18.2%), and Sanaag (9.1%) respectively. There were however no programmes implemented in Sool in Somaliland. The most expansive FGM/C-related programmes were funded by UN agencies through the Joint Programme on FGM/C.

b) Somalia

The findings showed that FGM/C-related programmes implemented in Somalia fit into various specific thematic areas. In total, there were 19 thematic areas for which the interventions have been categorized. The themes include awareness creation, human rights approach, capacity building, advocacy, community dialogues/engagement and behavioural change, use of creative art as well as peace building initiatives to address FGM/C. Of the programme thematic areas, awareness creation (100%), capacity building (94.4%), community dialogues/engagements (83.3%) and advocacy (55.6%) were the most implemented interventions across Somalia. However, women/girl empowerment (5.6%), behaviour/attitude change (5.6%), legal approach (5.6%), production of appropriate IEC materials (5.6%) and using peace building initiatives to address FGM/C (5.6%) were the least implemented programmes across Somalia.

FGM/C-related interventions implemented in Somalia targeted various groups (stakeholders)

The analyses show that FGM/C-related programmes implemented since 2000 to date targeted different stakeholders. Most of the programmes targeted women (100%), girls (100%), religious leaders (94.4%), community leaders (88.9%), men (88.9%), policy makers (83.3%), boys (61.1%), and health care workers (55.6%). The stakeholders that were least targeted through the anti FGM/C-related interventions included: traditional birth attendants (5.6%), grass root organizations (5.6%), FGM/C survivors (5.6%), and activists (5.6%).

FGM/C-related interventions implemented in various geographic regions in Somalia

The analyses show that anti-FGM/C related programmes implemented since 2000 to date in Somalia were country-wide, within regions as well as involving neighbouring counties. Most of the FGM/C-related programmes were implemented across the regions with very minimal differences in the concentration of the interventions across the geographic regions. Additionally, all the regions had at least three FGM/C-related programmes implemented. The most expansive FGM/C-related programmes were funded by UN agencies through the Joint Programme on FGM/C.

10. Evidence synthesis

Legislative interventions: One study found that in Somalia (Somaliland), legal interventions such as they are given the lack of a legal framework criminalising FGM/C, have sometimes resulted in increased medicalization (cutting by healthcare providers) of the practice. It also led to changes in the type of cut where there was a shift from 'Pharaonic' (infibulation or FGM/C type III) to 'Sunna' (FGM/C type I or II) (Vestbøstad and Blystad, 2014; P, OBS; →).

Formal education: An increase in educational attainment was associated with lower risk of FGM/C among women and girls (Rawat; 2017; P; OBS; →).

Community engagement: Three studies assessed the impact of community engagement approaches on FGM/C in Somalia. The Community Education and Empowerment Programme (CEEP) was implemented by TOSTAN. Evidence showed that the programme did not have a significant effect on FGM/C practice as over 70% of the women still practised FGM/C. However, there was a change in perceptions and attitudes towards FGM/C. Findings from Somalia showed that a change in attitude does not always translate to FGM/C abandonment (UNICEF Innocenti Insight, 2010; P; OBS; ↑). Kipchumba et al (2019) assessed the effects of community dialogues on FGM/C and child marriage in Somalia and Somaliland, and found that the dialogues raised awareness on negative consequences of FGM/C, which led to a change in the type of FGM/C being practised and medicalization, but not support for total abandonment (Kipchumba et al., 2019; P; OBS; ↑). Another study by Ogalleh (2014) found that community education contributed to change in attitudes towards FGM/C and change in behaviour i.e. change from practising Pharaonic to Sunna type but not necessarily FGM/C abandonment (Ogalleh; 2014; P; OBS; →).

Religious/cultural leaders: Kipchumba et al (2019) observed that in Somalia, FGM/C was often associated with religious and cultural obligations with traditional and religious leaders wielding substantial power and influence. In such instances, religious and cultural leaders played an important role in influencing communities' perceptions about FGM/C and behaviour mostly through making public declarations or edicts (Kipchumba et al., 2019; P; OBS; ↑). Therefore, religious and cultural leaders were effectively used to pass on messages to the community and to question the religious and cultural underpinnings of the practice.

Conversion of excisors: Evidence showed that there were efforts to convert and provide excisors with alternative sources of income, but such efforts were not successful. In most cases, it resulted in increased medicalization (women and girls being cut by health professionals) of FGM/C (Vestbøstad and Blystad, 2014; P, OBS; →).

11.Media Analysis

Overall, the media sector in **Somalia** remains one of the most vibrant and diverse in the Horn of Africa.[37] A USAID media mapping exercise in 2019 found that there are overall 63 radio stations, 88 news websites, 27 newspapers and 22 TV stations. The majority (77%) of media outlets were privately owned in 2019[38]. The majority of the Somali population listens to radio (82%), while 55% were estimated to watch TV[39]. Overall, Somalia has one of the highest rates of mobile network coverage in the region[40] with high mobile phone ownership estimated by USAID at 93%[41]. The same study also found that around 49% of respondents owned a smartphone and 47% used their phones to access the internet. Internet access is lower for women. The use of social media is increasing especially among the young. The most popular social media platforms are Twitter, Facebook, followed by WhatsApp[42].

How FGM/C is covered in the Somalia media: Somalia-based radio stations that broadcast on FGM/C include Radio Dhusamareeb, Radio Adado, Radio Hayaan[43], Radio Ggoobjoog, Radio Mogadishu, Radio Bar-kulan, Wajir County radio[44], Radio Warsan, and South West Radio[45]. In Puntland, Radio Garowe is the main radio station covering FGM/C related topics[46]. Overall, a limited number of radio stations produce regular content on FGM/C related issues. There are a number of social media influencers on FGM/C issues in Somalia and these range from individual activists and campaigners (female and male) as well as institutional stakeholders (Save the children, Ifrah Foundation (Ifrah Ahmed), Global Media campaign, UNFPA, Dayaa Women Group[47], WIMISOM, UNSOM[48], Somali Women Development Centre and Somali Women Study Centre).

Somaliland has a thriving print media. The circulation statistics of newspapers are low due to high newsprint prices and low literacy levels among large sections of the population[49]. Television is increasingly popular in urban areas, both at home and in public places[50]. **Radio is the most prominent media in Somaliland.** Somaliland has only one government-owned local radio station, Radio Hargeisa, which covers all areas of Somaliland. There are two international FM stations, BBC Somali Service and Voice of America Somali Service (VOA).[51] Facebook is the most utilized social media platform, followed by Twitter as sources of information in Somaliland.

How FGM/C is covered in Somaliland's media: There are no dedicated programmes in the media focused on FGM/C. FGM/C tends to be covered in relation to women's health. Activism on Facebook and Twitter is very visible with NGOs using the platform for advocacy, awareness, and public education. The Youth Anti-FGM Somaliland is an example of a group of activists who are actively using Facebook as a platform. Voices that have been heard the most over the media on matters of FGM/C in last few years are dominated by individuals from the civil society in Somaliland, Ministers of the two key Ministries dealing with FGM/C and individual activists (e.g. Edna Aden Ismail, founder of the Edna Aden Hospital Foundation).

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[37] Information provided by the Global Media Campaign.
[38] USAID, 2019. Somalia Media Mapping and Landscape Survey.
[39] USAID, 2019. Somalia Media Mapping and Landscape Survey.
[40] Information provided by the Global Media Campaign.
[41] USAID, 2019. Somalia Media Mapping and Landscape Survey.
[42] USAID, 2019. Somalia Media Mapping and Landscape Survey.
[43] Radios listed on the Facebook page of Global Media Campaign.
[44] Radios listed on the Facebook page of Ifrah Foundation.
[45] Information provided by Somali Women Development Centre.
[46] Information provided by Independent Journalist.
[47] For example, see: https://www.hiiraan.com/news4/2020/Nov/180737/anti_fgm_campaign_will_succeed_when_men_are_actively_involved_say_survivors.aspx
[48] Information provided by Independent Journalist.
[49] Stateless Persons, 'Report Somalia : Media and Journalism', 2016, 1–19.
[50] Infoasaid.
[51] Infoasaid, 'Somalia Media and Telecoms Landscape Guide January 2012', 2012, 1–92 <http://www.alnap.org/resource/7609>.

12.Cross Border FGM/C

Evidence suggests that participants from a study conducted in Kenya reported existence of cross-border FGM/C among Somalis of Kenya and Somalia, as well as between the Kuria of Kenya and Tanzania. The study highlighted criminalization of the practice and strict enforcement of the law in Kenya as the main driver for cross-border FGM/C with families moving to Tanzania and Somalia where anti-FGM/C legislation and enforcement is weaker (Kimani et al., 2018).

Tackling cross-border FGM/C: Currently there are several efforts to tackle cross border FGM/C including regional cooperation, action plans, national laws and policies, international declarations, and extraterritorial provisions in FGM/C laws. Stopping cross-border FGM/C requires a regional approach and the engagement of intergovernmental organizations through multilateral collaboration on policies and legislation, and the development of joint communication strategies that discourage individuals and families from crossing borders for FGM/C (UNFPA-UNICEF, 2019)

Security Assessment:

Officially there is no border between Somalia and Somaliland. The FCDO travel advice for instance, does not differentiate between the two states as Somaliland still has no global recognition of its independence. The country has a military, police force and currency different to that of Somalia and there are border checks, but these are not aggressively enforced. There are border exclusion zones that vary in distance depending on the adjacent country. The Ethiopian/Somali-Somaliland border carries a 100km exclusion zone. The Ethiopian/Eritrea/Djibouti has an exclusion zone apart from main highways and tourist locations close to the main highway. The restrictions are varied and should be researched prior to travel.

13. Conclusions

This conclusion summarises the enabling environment within Somalia and Somaliland; the need for the programme; and the design challenges and opportunities to accelerate ending FGM/C.

Enabling environment

- End FGM/C programming is well-established and fairly widespread, supported by a range of international actors. Many anti-FGM/C programmes exist, distributed across most administrative regions of Somalia (with the exception of regions with high security risks). They are funded by UN agencies (UNFPA, UNICEF), the European Union, DFID (now FCDO), and the Norwegian Agency for Development (NORAD). The UNICEF-UNFPA Joint Programme on FGM/C has been implemented since 2008 with sustained funding, and is now in its third phase.
- End-FGM/C programmes in Somalia are largely girl-focused and aim to empower girls. Specific interventions include empowerment through training, provision of basic needs, and educational support for survivors. They also focus on the family unit as the functional unit of the community. A few public declarations abandoning FGM/C have been made.
- Committed women's organisations and networks; active civil society working to end FGM/C (though subject to resource constraints)

Urgent need

- Large number of girls at risk (>750,000 girls today are at risk of FGM/C before the age of 18 years)
- No national legislation in place criminalising FGM/C
- Gender transformative approaches are highly relevant in this context, where the root causes of FGM/C are linked to gender inequality and the control of women.

Opportunities (whether through the consortium or grantees):

- Shifting the dominant health-driven framing/narrative for ending FGM/C, which has driven a 'harm reduction' approach, leading to changes in the type of FGM/C practiced and medicalisation, rather than a focus on abandonment of all forms of FGM/C
- Developing strategies to address the emerging shift in FGM/C practice from Type 3 to Type 1 or 2 (referred to as 'sunna') and to prevent further medicalisation
- Building on and leveraging existing end-FGM/C programmes which aim to empower families and communities to end the practice (focusing on awareness creation, capacity building, and/or community dialogues). This must involve learning lessons from past and current programmes where they have not led to reduced prevalence. It may require adapting, trialling and evaluating approaches to community-based interventions that aim to reduce prevalence of *all* forms of FGM/C.
- Anti-FGM/C programmes in Somalia integrate FGM/C interventions into peace building initiatives, presenting opportunities to address FGM/C in humanitarian contexts. This is important given women and girls are most vulnerable during conflict.
- Many people believe FGM/C is a religious obligation. There is an opportunity to tackle this misconception. Particular consideration is required as to how to tackle religious misconceptions through gender transformative approaches that empower and centre girls, as some religious institutions/leaders may be prepared to speak out against FGM/C, but not to in the context of gender equality and rights for women and girls.
- Supporting civil society to realise draft end FGM/C laws and policies and promote their implementation. Promoting tighter wording of key legislation to stop the normalization of Sunnah as obligatory.
- Capacity development to better integrate ending FGM/C into the training of teachers and health workers

- Integrating end FGM/C messaging into school curricula alongside efforts to get more girls into school, for longer
- Better use of media platforms. Due to the low literacy levels, relatively low ownership of televisions, and limited use of mobile phones for accessing the internet, radio stations are the most appropriate channel to reach urban and rural areas. Radio also provides a degree of anonymity that facilitates the engagement of prominent political and religious leaders, former female excisors and survivors. To achieve social norms change, there is a need to build comprehensive media strategies, which incorporate engagement of a variety of stakeholders, especially women and girls, religious leaders, politicians, doctors and midwives, civil society members, and female and male activists.
- Building partnerships with key media stakeholders, both at national and local levels, to boost sustainability of media campaigns
- Building on existing local leadership by continuing to support engaged Somali/Somaliland journalists and activists leading media campaigns on women's rights, GBV and FGM/C, e.g. working with community ambassadors and young journalists, trained by Ifrah Foundation and Global Media Campaign, who have become effective leaders calling for ending FGM/C in their communities.

Design challenges:

- Despite end FGM/C programming, prevalence has remained near universal, with a shift in practice from Type 3 to Type 1 or 2. This shift could jeopardise FGM/C abandonment because many believe 'sunna' (usually Type 1 or 2) is not FGM/C.
- Lack of legislation against FGM/C, which is an important missing part of the enabling environment. The lack of robust legislation is fuelling cross border cutting particularly from Kenya.
- Large number of internally displaced people as a result of conflict and environmental problems (including floods and droughts)
- High risk of terrorist attacks throughout Somalia including Somaliland
- Challenges presented by the Covid-19 pandemic, which will likely reduce opportunities to engage with line Ministries and other government structures being, as they will be under considerable additional pressure. Additional restrictions to travel/outreach work beyond those posed by security risks.
- Many religious leaders promote Sunna and don't see it as a form of FGM/C.

Recommendations for ways of working:

- Community dialogues need to include key influential actors such as religious leaders. Gatekeepers (notably religious and community leaders) should be deliberately involved for programme success
- Working with key government departments in both Somalia and Somaliland is critical

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