



Accelerating the abandonment of Female Genital Mutilation in Somalia

Acknowledgments and Further Information

This case study was produced in collaboration with UNFPA's Gender, Human Rights and Culture Branch, and the Somalia Country Office with input from the following experts and consultant: Nafissatou Diop, Rene Desiderio (Fordham University Institute of International Humanitarian Affairs) and UNFPA partners in the field. For more information about this practice, please contact Pilirani Semu-Banda (semu-banda@unfpa.org).

UNFPA Support and Partners

The UNFPA Somalia Country Office, in collaboration with UNICEF, has been employing a bottom-up approach, engaging religious leaders and civil society organizations about the harmful practice of FGM. The Fund has been mobilizing religious leaders in all three zones to help accelerate abandonment of FGM and to influence authorities to take concrete actions to end the practice.

UNFPA and the former Ministry of Women, Family and Social Affairs have organized a workshop with prominent religious leaders (Imams and Sheikhs) in Puntland. After a thorough review of the Qur'an and Ahadith, the religious leaders unanimously agreed in delinking the practice of FGM from Islamic religion. This contributed and eventually led to the declaration of the 'Fatwa' against the practice of FGM.

UNFPA, together with UNICEF, has been facilitating exposure visits of religious leaders and Ministry representatives from Puntland to Sudan, and those from Somaliland to Djibouti, to exchange information and experiences. The cross fertilization and learning experiences have motivated the Somali participants to take concrete steps to halt the practice, including formulation of the 'Fatwa' against FGM in Puntland. The religious ruling has propelled a strong push towards zero tolerance to FGM, which has been incorporated into the Puntland policy framework and enactment of a law banning all types of FGM.



98% of somali women and girls under go FGM
Photo: UNFPA Somalia/Ruth solomon

Somali religious leaders in Puntland ban all types of FGM, including ‘Sunna’

Female genital mutilation (FGM) is a widespread and deeply entrenched social convention that has been practiced in Somalia for many centuries. Nearly 97 per cent of Somali girls aged 15-19 had undergone the procedure, many of whom have been subjected to the most severe form of FGM. Despite the negative serious health consequences and efforts to abandon the practice, it has persisted due to a common belief that it is a religious obligation, among other notions.

Many Somalis believe that stopping the long-held tradition “will unleash the anger of God,” on them and that women who are uncut are “not spiritually clean and they cannot pray”. They are seen as “unpurified Muslims who are shameful to their traditions and culture”.

In Somalia, as in many other countries where the influence of Islam is pervasive, the role of religious leaders, particularly their views and position on FGM, is critical in convincing individuals, families and communities to halt the practice. They are pivotal agents of change who can bolster and accelerate abandonment of the harmful practice.

Religious leaders and scholars, however, are divided on their interpretation of the Qur’an and other Islamic teachings on how best to address the practice of FGM. There are those, like the religious leaders in Puntland, who advocate for the abandonment of all types of FGM. On the other hand, there is a group who believes that the ‘Sunna’ type of circumcision on girls is an Islamic tradition and should not be abandoned. Those who assert for total abandonment maintain that the Prophet Mohammed (PBUH) was particularly concerned about the good treatment of women, and that he admonished Muslims not to cause damage to themselves or others, and that even the ‘Sunna’ type of FGM is not mild: it is damaging, painful and a traumatic experience that is prohibited (‘haram’) in Islam and falls under the category of disliked (‘makruh’) practices.

Cognizant of the crucial role of religious leaders in obliterating the practice of FGM, UNFPA in partnership with UNICEF, has been working with Islamic scholars and religious leaders across Africa, including Somalia. Engaging one of the most influential groups in Puntland – the Somali Sheikhs and Imams – has not only led to public anti-FGM declarations by religious leaders but the signing of a ‘Fatwa’ or religious ruling against all types of the practice.



Strategies

Various strategies have been adopted in engaging and mobilizing Somali religious leaders in all three regions to address issues relating to the practice of FGM, particularly in light of the widespread perception among their followers that it is a religious requirement.

Workshops, seminars and training for religious leaders have been conducted to raise their awareness, sensitize and educate them on the negative and harmful effects of FGM on the health and well being of women and girls. Other topics have also been included, such as reproductive health, HIV/AIDS and child and women’s rights. Meetings and dialogue among clerics have been convened to enable them to exchange views and discuss privately among themselves Islamic teachings that relate to FGM and the impact of the practice on their followers, especially on women and girls.

The views and position of highly respected Islamic scholars in and outside Somalia, specifically in delinking FGM from Islam have been elicited and widely publicized through mass media. As the most influential and trusted authority in terms of religious guidance, their perspective, pronouncement and endorsement are considered vital in accelerating and eventually ending the practice.

In Puntland, a series of regional dialogue was convened that brought together more than 350 Sheikhs to deliberate and come to a consensus on a religious ruling outlawing all types of FGM. Deliberations among prominent religious leaders and local Islamic scholars also took place to discuss, among others, the content of the proposed ‘Fatwa.’

Religious leaders, government officials and traditional leaders in Puntland went on a study tour to Sudan - a country with a similar religious and cultural context, including the practice of FGM. In addition, a highly respected Sudanese religious scholar worked with Puntland religious leaders in drafting the proposed ‘Fatwa.’

Twenty-five prominent religious leaders in Puntland, consisting of Imams and Sheikhs, held a substantive dialogue focusing on gender-based violence prevention, including halting the practice of FGM in the region. They issued a message that clearly conveyed that, among others, “There is no single verse in the Qur’an that obligates Muslims to circumcise their daughters”, helping pave the way for the incontrovertible release of the proposed ‘Fatwa.’ A committee composed of seven religious leaders from the group was formed that drafted the final version of the ‘Fatwa.’



Progress and results

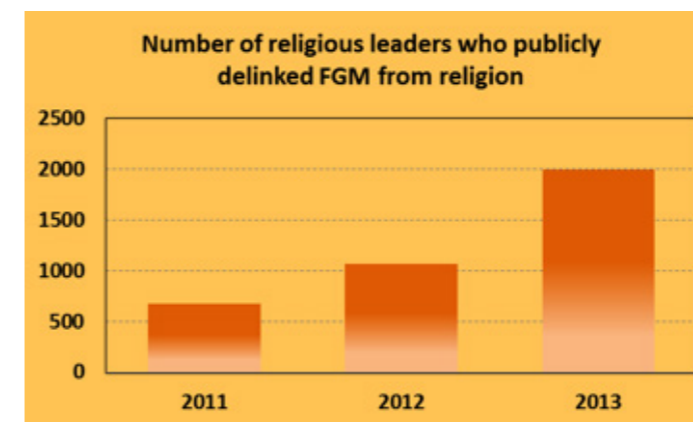
In November 2013, Puntland Islamic scholars declared a ‘Fatwa’ calling for a “complete stopping” of all types of FGM, including ‘Sunna’. The religious leaders maintained that their united stand against the practice is “in line with the guidance from Qur’an and authentic tradition of the Prophet (PBUH)”. They urged “all Somalis, particularly those living in Puntland to abandon, for the sake of Allah, [the] harmful practice and any other acts outside the guidance of Islamic religion”.

The leader of over 500 traditional Chiefs (Sultans) in Puntland, Garaad Abdulahi Ali Ciid, underscored that the ‘Fatwa’ is a key milestone for accelerating FGM abandonment and called for a wide and massive dissemination of the religious ruling to ensure that all community members in the region are fully aware of it.

Just four months after the ‘Fatwa’ against the practice of FGM was issued, the President of Puntland enacted a new law banning FGM in March 2014. The Government policy states that it aims for a total abandonment of FGM practices through effective abandonment strategies and approaches for sustainable behaviour change both at the family level and society at large. These include working with religious leaders and health professionals, sensitizing the community, using the media, providing access to quality reproductive health services and generation of reliable FGM data.

UNFPA organized a series of training programme, targeting nearly 700 religious leaders in Puntland and Somaliland, to strengthen their capacity as actors of change to conduct effective dialogue with individuals and communities on issues relating to FGM. The trained religious leaders have formed a Religious Leaders’ Network of 240 committed Sheikhs in Puntland and Somaliland. The Network has become an engine of social mobilization for the wider community in the FGM abandonment campaign. It is estimated that some 500,000 community members have increased their understanding of the harmful effects of FGM and of the need to abandon the practice, either at Friday prayer or through formal and informal sessions conducted by these religious leaders.

There has been a steadily increasing number of Somali religious leaders who have made public declarations delinking FGM from religion, nearly tripling from 677 in 2011 to 2,000 in 2013 (see Chart below). An explicit public affirmation by religious figures has proven to be an essential element in raising awareness of the practice, especially in practicing communities where it is imperative to clearly disassociate FGM from religious considerations to create an enabling environment for behavioral change.



Lessons learned and good practice

Religious leaders play an important and often a decisive role in furthering the campaign to accelerate the abandonment of FGM. As spiritual guides and counsellors, the views and position of Islamic clerics on the long-held social and cultural convention of FGM are vital in convincing followers to abandon the practice. Explicit public declaration by clerics, including highly respected and authoritative scholars, is a powerful means of persuasion and a compelling testimony that change and a shift in social norm is possible.

Many religious leaders are embracing an expanded role in their communities as a result of their support for the campaign against FGM. They serve as effective anti-FGM advocates educating community members not only on the non-religious ground of the practice but its harmful effects on Somali women and girls. To reach a broader audience, religious advocates are tapping media channels, especially the radio, which continues to be a powerful tool of communication, especially in remote and nomadic communities to correct erroneous belief that FGM is a religious obligation, among other myths and misconceptions.

Conducting dialogue, debates and consensus-building meetings exclusively among religious leaders is important, especially since some are not convinced that FGM should stop in all its forms. While there is universal agreement that the drastic and severe form of ‘Pharaonic’ circumcision should be stopped, some maintain that the milder type, ‘Sunna,’ is acceptable and should continue to be performed on girls. Uniting the voices of Somali religious leaders in all regions to support zero tolerance to all forms of FGM, including ‘Sunna,’ remains as a big challenge.

Capitalizing on the crucial role of religious leaders, it is vital to build a critical mass by training a new generation of Somali clerics to sustain efforts and accelerate FGM abandonment. The training should cover all aspects of the practice, including reproductive and sexual health, culture and tradition, human rights, gender and women’s empowerment, behaviour change and the Islamic perspective on the practice.

The proclamation of a ‘Fatwa’ by eminent religious leaders followed by a Government policy banning all types of FGM in Puntland serves as a good example and model for the other Somali regions, particularly Somaliland, where a draft decree prohibiting FGM is awaiting endorsement from local religious leaders.

While the growing number of Somali religious leaders has become a symbolic and compelling force in accelerating abandonment of the practice, particularly in Puntland, concerted and collective efforts of other key stakeholders, including authorities, traditional and community leaders, youth, women’s organizations, NGOs and the media are imperative to obliterate the practice of FGM.





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Somali youth raising awareness against FGM
Photo: UNFPA Somalia/Ruth Solomon

UNFPA Support and Partners

The UNFPA Somalia Country Office has been closely working with and UNFPA Support and Partners

The UNFPA Somalia Country Office has been closely working with and providing support to Youth Peer Network both in South Central, Puntland and Somaliland, through technical and financial assistance, to raise awareness about the harmful practice of FGM and to mobilize youth for its total abandonment.

The peer-to-peer approach of the Network has been effective, especially since young people have their own way of communicating and engaging with each other. Furthermore, since UNFPA has been collaborating with the Somali authorities, the Fund has been serving as a bridge between the youth networks and the various Ministries working on youth and development.

UNFPA has been facilitating and forging a close cooperation between the authorities and youth networks, including ensuring that the voices and views of Somali youth are heard, inform policy-making and reflected in government plans and programmes. Together, they have joined hands towards accelerating the total abandonment of all forms of FGM in Somalia.

Somali youth taps social media, harnesses technology and other means to curtail and end the practice of FGM

Somalia has the highest prevalence rate of female genital mutilation (FGM) in the world. Nearly 97 per cent of girls aged 15-19 had undergone the procedure, many of whom have been subjected to the most severe form. FGM is a deeply rooted cultural practice, which was traditionally performed in adolescence as initiation into womanhood. However, unlike other practicing communities in Africa, FGM in Somalia is no longer considered a rite of passage. It is now commonly performed on girls as young as five or six years of age, often within the privacy of their homes. The belief is widely held that it is necessary and a prerequisite for marriage, among other things.

FGM is practiced among different socio-economic groups, urban, rural and nomadic settlements. It is a harmful practice with both immediate and life-long adverse health consequences that jeopardize the well being of Somali girls and women and infringe upon their fundamental human rights.

Building on initiatives that have demonstrated success in reducing the prevalence of FGM, UNFPA in partnership with UNICEF joined forces to accelerate its abandonment across Africa, including Somalia. Among other initiatives, community engagement through education and dialogue involving various groups, including young men and women, has slowly been making an impact in altering perception and attitude towards the harmful practice. According to the Population Estimation Survey 2014, conducted by UNFPA, about three-quarters of Somalis are below 30 years, and around 46 percent of the population is below the age of 15. Thus, targeting the young people for the efforts to eliminate all forms of FGM is a must.

Young people's readiness for change regarding FGM is evident with their increasing engagement and support in accelerating the process of abandonment. Public declaration of young men pledging to marry only uncut women and younger women having less interest than older women in continuing the practice suggest that the Somali young people are important catalyst of change in promoting the end of FGM.

Strategies

Youth organizations and networks, led and coordinated by Y-PEER Network, in Puntland, Somaliland and South Central Somalia have been actively involved in various initiatives to accelerate the abandonment of FGM.

Youth organizations have tapped social media to advocate for FGM abandonment primarily among their friends and peer groups. The "Facebook," in particular, has been a very popular and powerful channel where messages, photos and articles are regularly posted. It has served as a forum connecting and bringing together young Somalis in cyberspace, including those in the Diaspora, where they share, discuss and exchange views about the practice. The articles posted are intended to enhance knowledge, increase understanding of the negative consequences of FGM and convey the message that it has no religious ground.

Mobile phone technology has been effectively harnessed by youth organizations to widely disseminate information about FGM and its harmful effects through text messages and photos. The technology has also been used in inviting individuals and groups to participate in various anti-FGM events, including an organized collective action, such as the peaceful demonstration held in the streets and in front of the Parliament in Puntland to protest a legislation that would allow girls to undergo the "Sunna" form of FGM.

Anti-FGM clubs have been formed in high schools and universities that provide a platform, especially for boys and young men, to explore issues surrounding sexuality and the impact of FGM on girls and women. Club activities have included, among others, sponsoring talks and lectures by highly trusted people in the community, such as religious leaders and doctors, on their views about FGM and the important role of students in halting the practice. Club members also conduct role-playing exercises on how they can effectively convey anti-FGM messages and convince their peers, parents, relatives and the community at large to stop the practice. Young men club members have publicly declared that they will only marry women who have not been cut.

The youth networks have been engaging community members, including those living in hard to reach remote areas, in conversations that focus on the merits of abandoning the practice of cutting girls and young women among other issues. The young people convey their messages through drama, comedy, poems and songs that resonate with various members of the local community.

Youth organizations have continued to conduct media campaigns through print publications, radio, television and billboard messages that have stimulated public interest and raised awareness on the human rights and reproductive health aspects of FGM, including the irreversible lifelong health risks faced by women and girls, among other adverse consequences.

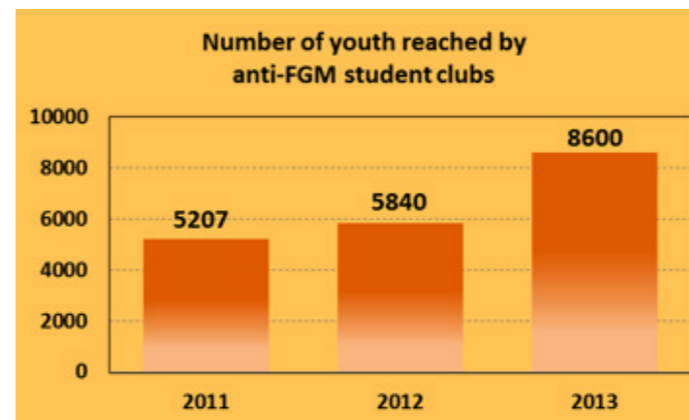
Young men and women who have made a decisive decision to abandon the practice have expressed their commitment through an explicit public declaration. The open repudiation of the practice has taken the form of a joint pledge in a large public gathering or individuals who stood up and made a public announcement, such as male youth who declared that they will not marry women who have been cut.

Progress and results

Facebook and Twitter have been effective social media channels tapped by Somali youth to advocate for FGM abandonment with messages, articles, photos and links sensitizing over 5,000 young people on the topic. Local youth have also been able to link up with other Somali young people living overseas, particularly those who have shown great interest on issues relating to the practice. In Puntland, a Facebook page devoted solely to FGM issues, www.facebook.com/pages/puntland-fgm-coordination, is visited by over 3,000 youth each day. In Somaliland, more than 3000 students are connected to the Y-PEER Facebook page for ending FGM.

Press releases, including more than 60 articles and stories on FGM abandonment specifically focusing on youth have been published in local newspapers and magazines in Somaliland with about 6,000 copies printed and distributed to an estimated 10,000 read-

ers. In addition, some 300 advocacy booklets have been distributed to secondary schools and universities throughout the region to increase awareness on the rights of girls and women and the negative health consequences of the practice, among others. In Puntland, over 500 copies of a popular monthly youth magazine, "Himilo," carrying articles and stories about the negative impact of FGM are printed and disseminated to a large section of youth in the region.



Media campaigns on FGM abandonment through television and radio, such as talk shows, soap operas, phone-ins in the local language and panel discussions often comprised of religious leaders, female doctors, youth and government representatives, among others, have been spearheaded by youth organizations. In Puntland, a forum aired live on radio on the role of youth, health consequences, protection of vulnerable girls and role of religion in ending FGM reached about 30,000 people in and outside the region. Video clips of community and youth dialogue on issues relating to the harmful practice have been aired in cable television broadcast reaching approximately 40,000 households.

In South Central and Puntland, huge and highly visible billboards with messages promoting marriages of girls who have not been cut have been erected in the town centers and often crowded areas, such as bus stations, shopping centers and markets, which have sparked public debates on FGM abandonment. Other thought-provoking messages in the local language include "There is no changing Allah's creation" and "I choose my bride based on love and integrity." The goal is to reach as many people as possible from all walks of life, including and especially young men.

Anti-FGM clubs have been formed in schools and universities throughout the various regions, including six new ones in Hargeisa, Gollis, Alpha, Adamas, New Generation and the International Horn University. A total of 36 clubs continue to motivate and facilitate the active involvement of students on various activities relating to ending the practice of FGM.

In Somaliland, some 2,000 students from secondary schools and universities have been providing training to other peer groups in the region on the harmful effects of FGM and sexual and gender-based violence. The number of youth reached through the anti-FGM school and university clubs has been growing from just over 5,000 in 2011 to 8,600 in 2013 (see chart below).

A growing number of Somali youth, including young men, have been publicly renouncing the practice of FGM. In Puntland, the Youth Network on FGM Abandonment organ-

ized a National Youth Conference where over 350 adolescents signed a public declaration abandoning the harmful practice. In Somaliland, 50 young men said "No" to FGM and publicly pledged that they will not marry girls that were circumcised during the commemoration of the International Day of Zero Tolerance to FGM.

Lessons learned and good practice

As future parents and embodying the hope of the nation, young Somali men and women play an important and catalytic role in bringing about change, accelerating abandonment and eventually obliterating FGM. When young people acknowledge and embrace basic human rights, such as women's right to health, dignity and bodily integrity, they individually and collectively affirm their commitment to support abandonment of FGM and become a powerful force for social transformation and national development.

New social media, such as Facebook and Twitter, have provided rich opportunities for interaction, discussion and dialogue and have been especially effective in addressing and engaging youth and adolescents. Throughout Somalia, young women and men are sharing information, exchanging views and experiences relating to FGM with their Facebook friends and peers.

Mobile phone technology is a powerful, youth-friendly and handy tool that stores information and connects young people to their friends and peer groups. Moreover, it is an effective and low-cost means to engage youth in dialogue and advocacy on issues relating to FGM. The technology has made it easy for young people to organize and participate in activities and has been instrumental in mobilizing students and their supporters to mount organized collective action in support of policies and legislation to ban the practice.

Young people recognize that local media serves as a powerful communications tool to bring FGM issues beyond the youth population to the much larger public realm and bring about change in social norms. In several cities in Somalia, a variety of media events take place every year, especially during the celebration of the annual International Day of Zero Tolerance to FGM. Media coverage of the events through press releases and radio and television news programmes increases public awareness about the detrimental consequences of the practice.

The formation of anti-FGM youth clubs in schools brings together like-minded students who are interested on issues about the harmful practice. The club serves as a platform where in-school youth can exchange views and ideas about FGM, especially its impact on their lives. Club members not only reinforce each other and unite their voices but together they can advocate for FGM abandonment to their schoolmates and those out-of-school youth.

Even when many community members decide to abandon FGM, a successful shift requires that they express their commitment through an explicit public declaration. It is a powerful means of persuasion and a key step in the process of real and sustained change in communities. Public renouncement of FGM by young men who pledge to marry only uncut women is a living testimony that change is possible, and the momentum for such change can be strengthened and sustained.



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Empowered health worker discussing the issues of FGM with Somali mothers
Photo: UNFPA Somalia/Ruth Solomon



UNFPA Support and Partners

With a strong belief that maternal mortality cannot be reduced without addressing various problems that Somali women are facing, and also given the fact that FGM often results in serious complications during childbirth, UNFPA has been seizing every opportunity to integrate FGM into reproductive health policies, programs and plans.

UNFPA Somalia Country Office has been providing technical support to the Ministries of Health over the years in the integration of prevention and care of FGM into reproductive health services in Puntland, Somaliland and South Central.

The incorporation of FGM issues into the training curriculum of midwives and nurses has the effect of saturating the future workforce with the knowledge and skills to address FGM throughout their practice.

Nine clinics (4 in Puntland and 5 in Somaliland) have integrated FGM prevention education in the antenatal care, neonatal care and immunization services.

UNFPA has provided financial and technical support to the Ministries of Health in Puntland, South Central and Somaliland to conduct training for health care providers in the prevention and management of FGM complications. Trained health care providers have become active advocates for ending FGM, raising awareness on the negative health consequences of the practice, among others.

Together with the Ministries of Health in Puntland and Somaliland, UNFPA is playing a pivotal role in coordinating the field-level Reproductive Health Working Groups and FGM Task Forces to place FGM on the regional agenda. Furthermore, UNFPA is closely working with the Goodwill Ambassadors of the Campaign on Accelerated Reduction of Maternal Mortality in Africa for high-level advocacy efforts, highlighting the linkage of maternal health and gender and sexual reproductive health and rights and denouncing all types of FGM.

The strategic approach of various stakeholders, including technical support from UNFPA, has been effective and instrumental in the formulation of the Anti-Medicalization of FGM Strategic Plan (2014-2018) in Puntland. In particular, the evidence-based benchmarks produced by UNFPA proved vital for the strategy.

Integration of prevention and care of FGM into reproductive health services in Somalia

Female genital mutilation (FGM) is a devastating and harmful practice, affecting nearly 97 per cent of Somali girls aged 15-19. Many have been subjected to the most severe form. The practice has detrimental short and long term impacts on the lives of women and girls, especially on reproductive health and maternal and neonatal outcomes.

Studies suggest that women who have undergone FGM are more likely than those who have not to experience prolonged labour, obstetric hemorrhage and obstructed labour, among other adverse reproductive health complications. If skilled early intervention is not provided, both mother and baby may die. If they survive, there is a risk that the women may develop obstetric fistula, which causes constant long term incontinence and often leads to social isolation. Apart from physical complications, girls and women who have been “cut” experience considerable psychological problems, including depression, anxiety and post-traumatic stress disorder.

The consequences of FGM for most women who deliver without skilled birth attendance are often more severe, especially in places where health services are weak or women cannot easily access them. Such is the situation in Somalia where maternal mortality rate is among the highest in the world: one out of every 12 women dies from complications during pregnancy and childbirth. The majority of births take place with the help of Traditional Birth Attendants (TBAs), who often lack skills and training on how to manage birth complications.

An alarming trend of FGM is that the practice has become increasingly medicalized in Somalia. To avoid the high risks of unskilled operations, families seeking the procedure go to trained health care providers. The “medicalization” of FGM wherein the procedure is performed by medical providers, irrespective of location, constitutes one of the greatest threats to its abandonment. In Somalia, as in other countries, medicalization is considered as safer procedure and not as harmful as the other types of FGM. A range of factors motivate trained medical professionals to continue the practice, including prospects of economic gain, pressure and a sense of duty to serve community requests, especially if it is condoned by some religious leaders. The medicalization of FGM must be stopped and condemned because it is a violation of girls’ and women’s right to life, right to physical integrity, and right to health. It is also violating the fundamental medical ethic to ‘Do no harm’.

UNFPA, in collaboration with Ministries of Health and other partners, has been providing assistance to strengthen the role of public health services in preventing FGM. The Fund has been supporting the integration and expansion of FGM abandonment into reproductive health policies, planning and programming.



Strategies

Interrelated strategies have been employed to prevent the harmful practice of FGM and care for Somali girls and women who suffer from its detrimental health consequences. These include strengthening local capacity to improve the quality of reproductive health service delivery systems to address FGM complications and sustain the advances made in halting the practice.

Building the capacity of Somali health care professionals on the prevention of FGM and the management of immediate and long-term complications through training, seminars and workshops is vital. Training sessions include theoretical and practical aspects of managing antenatal care, delivery and postpartum period, including counselling, as part of an improvement in maternal health care. In order to institutionalize capacity strengthening of health care providers on FGM, the prevention and management of the health complications of FGM has been integrated into the curricula of nursing and midwifery students. The integrated content is intended to equip students and the upcoming health workforce with information about FGM, including health consequences and influences on reproductive health in particular, as well as the cultural traditions that underpin it. It also includes topics focusing on the ethical, legal and human rights implications of the practice.

Such capacity building of health care professionals is critical for addressing the issue of medicalization of FGM. In this respect, UNFPA is working together with its partners to strengthen the legal framework to ban medicalization of FGM. Both in Somaliland and Puntland, anti-medicalization strategies are in place, which serve as a legal basis for prohibiting health workers from engaging in such practice as well as for empowering them to prevent FGM and manage complications.

Health care professionals are respected and listened to by individuals, families and communities and therefore play a major role in the abandonment of FGM, particularly in counselling and promoting education against the practice. As advocates and behaviour change agents, nurses, midwives and other health care providers support individuals and families to cope with problems resulting from FGM and assist them in the process of change. They play an important role in community outreach, such as through school programmes and public health education programmes. In collaboration with other stakeholders, they lobby influential people in all relevant forums, such as professional meetings or conferences and political gatherings to encourage them to develop policies, pass laws and become actively involved in efforts to accelerate change and abandon the practice.



Progress and results

Health care providers have been trained in the management of FGM-related complications as shown in the chart below, increasing from 60 in 2012 to 150 in 2014 (see Figure 1). The number of women and girls receiving services for complications increased from 15 in 2011, 60 in 2012 to 300 in 2013.

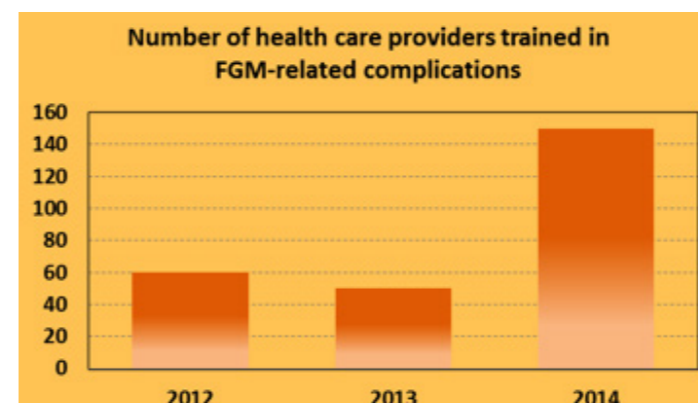
FGM prevention education has also been incorporated in nine health facilities (four in Puntland and five in Somaliland) in ante- and neo-natal care and immunization services.

FGM issues have been incorporated in the training curriculum of nurses and midwives across Somalia. The revised midwifery curriculum is being finalized with UNFPA providing technical support and ensuring that issues relating to gender-based violence, including FGM, are included.

A comprehensive study has been conducted to determine the knowledge, attitude and practice of medicalization of FGM in Puntland and Somaliland. The results have served as solid basis in formulating a strategy in Somaliland against medicalization of FGM. Similarly, in Puntland, a strategy has been devised after a series of consultations with relevant stakeholders. More than 50 trained ‘Health Champions’ have been actively involved in advocacy for FGM abandonment and against medicalization of FGM. Communication materials in the form of brochures and posters have been printed and disseminated as part of a campaign against medicalization. In both Puntland and Somaliland, Professional Health Networks against FGM have been firmly established and have been active in advocacy campaigns.

Ministries of Health in Somaliland, Puntland and South Central are becoming more aware of the important role played by health professionals in preventing and managing FGM and its complications. This can be seen in their leading role in coordinating the field-level Reproductive and Maternal Health Working Groups (4 in South Central and one each in Puntland and Somaliland) and FGM Task Forces (1 each in Puntland, Somaliland and South Central) with support from UNFPA.

As frontline health workers, midwives have unique knowledge about the practices and social dynamics within the community and are able to identify who is performing FGM and when and where it occurs. UNFPA Somalia is taking the lead to work with the Ministries of Health and Midwifery Associations in the three zones of Somalia to implement the tool kit on Engaging Midwives in the Global Campaign to End FGM.



Lessons learned and good practice

Given their proximity to the communities and trust gained of community members, especially women and girls, health care providers can be effective agents for collecting data and information related to FGM. Collection of FGM-related data has been challenging, identified as a gap for evidence-based advocacy, policies and programming. The current initiative by the Ministries of Health, with support from UNFPA, to incorporate FGM-related indicators into Health Management Information System will be a step forward in addressing the data gap.

As respected members of the community, health care providers and midwives in particular can serve as vocal advocates against the practice of FGM. Visible and high-profile participation of health care professionals in anti-FGM events, such as radio and television talk shows, is an effective means to stimulate interest and public dialogue on the health consequences of the practice. Conveying messages that stress the human rights and health aspects of FGM, including the long-term sexual, psychological and obstetrical complications of the practice faced by women and girls, is important in harnessing support to end the practice. Moreover, professional organizations, such as medical, nursing and midwifery associations, can promote ethical guidelines in medical training and in practice.

The medicalization of FGM has to be stopped because it wrongly legitimizes the practice and creates the inaccurate impression that it is beneficial for girls’ and women’s health. Even under sterile conditions, the procedure does not reduce or address long-term complications, including sexual and reproductive health complications, associated with the practice.

Ending the practice of FGM in Somalia is a long and arduous process that requires long-term commitment and concerted action by all key stakeholders, including, among others, health care professionals, religious and community leaders, youth, women’s organizations, policymakers, media and civil society. Building a coalition and forging partnerships allow for the sharing of experiences, comparative advantage and expertise, and the pooling of resources to accelerate cross-sector efforts in the total abandonment of the practice.

