

# SAACID



## FINAL REPORT

### CIDA – SAACID

#### ANTI-FGM PROGRAMME

#### ADALE – MIDDLE SHABELLE

**Type of Activity:**

Health  
Education  
Women's advocacy

**Date of Completion:**

30 September 2003

A 4-day workshop was conducted for 50 of Adale District's leaders. The workshop was called to develop a grassroots strategy for the elimination of FGM in the whole district through the development of new rituals to maintain group cohesion and identity.

Grassroots ownership was a cornerstone of SAACID's strategy for this programme. The workshop exceeded SAACID's expectations, which unanimously adopted the eradication message and developed a concrete strategy to achieve the goal of FGM eradication through the development of new rituals.

The following methodology was adopted:

**Mission:** The Adale community will completely eradicate the FGM practice

**Goal:** In the year 2006 all FGM procedures will have decreased by ninety percent

**Objective:** In the year 2008 no man living in Adale District will marry a circumcised girl

**Strategy:**

- To conduct awareness-raising for the community in large population clusters
- To develop new community rituals to celebrate girls who are not circumcised
- To immediately designate ceremonial places, which will be attended by all the community to observe the new rituals
- Everyone will observe these new rituals and discussion will take place. After agreement, all villages in the district will adopt the same ritual pattern. The girls will also receive gifts to celebrate their transition from girl to young woman.

- To establish alternative income-generating employment activities for the current women who circumcise girls
- To include the problems of the FGM in the school syllabus of SAACID's primary and secondary school operating in Adale Town

## **Background History**

Adale Town is situated about 165 kilometres northeast of Mogadishu - on the coast. Adale District is part of the Middle Shabelle Region of Somalia. The topography of the district is semi-arid. The people in the district engage in pastoralism (40%), fishing (40%) and rain-fed agricultural (20%) activities. Besides Adale Town, there are 13 main villages in the district (11 of which are being targeted in this programme). It is estimated that about 35,000 people live in the district.

SAACID has had continuous operations in Adale District, Middle Shabelle since 1991.

SAACID continues to operate a hospital and health outposts and a primary and secondary school in the district.

SAACID has run two previous anti-FGM programmes in Adale District. One in 1996 in partnership with ADRA - Somalia; and, one in 2001 in partnership with CIDA.

The 1996 programme concentrated on health and psychological issues related to FGM, without taking a position on the issue.

The 2001 programme concentrated again on the health and psychological consequences of the procedure, but advocated behavioural change away from the 'pharonic' form of FGM. The 'pharonic' form being the most invasive form of FGM, with all genitalia removed and full infibulation (the stitching up of the vagina to leave a hole only the size of a grain of rice for urinating and menstrual flow) of the vagina.

In the first 2 programmes, only Adale Town was targeted. It was found that, although the population was responsive to the messages within the programme that advocated behavioural change, little change actually occurred (in terms of modified FGM practices), as people feared ostracization and marginalisation from the rest of the clan.

This current programme is attempting to absorb the lessons learned and is targeting Adale Town plus the 11 largest villages that make up the district. The strategy is to inform and educate the critical leaders and critical mass of the clan; and in this way to modify behaviour.

This strategy seems to be supported by the baseline data that SAACID collected. Virtually all men and a large majority of women want change. They just seem to lack the catalyst for change to occur.

SAACID is taking a strong position for complete eradication of the FGM practice.

SAACID is attempting to empower the local population - particularly local leaders - in this process. So that the local population takes ownership of the process of change. So that the programme is not just another educational exercise, but is a grassroots exercise in behavioural change; and the process and rate of change is identified and implemented by the community themselves.

This current programme is only operational for three months and expenditure is a little over US \$6,000. The process is thus on a tight schedule. SAACID is relying on:

- Past experience
- Lessons learned from previous anti-FGM programmes in the district
- A level of group memory of the previous anti-FGM programmes
- Informing and educating a critical mass of the population in the district
- Seeding ownership of the process to the local leaders and community
- SAACID's ongoing relationship with the district

SAACID has now completed and compiled a baseline survey of attitudes in the district. The next step - which this report is covering - is a 4-day workshop for all critical local leaders in the district.

Fifty leaders participated in the workshop, including women's leaders, district leaders, religious leaders, elders, village leaders, youth leaders and circumcision practitioners.

The workshop outlined:

- The aims of the programme
- The time-line involved for the current programme
- Education of FGM issues
- The results of the baseline survey
- Engendering these leaders to take ownership of the process
- Proposing complete eradication of FGM for the entire district
- Developing a joint strategy that would propose concrete steps and new rituals to modify behaviour in the district
- Indicate concrete outputs and a time-line for medium-term change

## **Introduction**

The 4-day workshop was conducted from Monday June 1 to Thursday 4 June 2003. It was held at SAACID Centre in Adale Town. Participating in the workshop were fifty persons from diverse groups within the Adale community - including religious leaders, district authorities, women's leaders, traditional elders, youth leaders, village leaders and circumcision practitioners.

CIDA's official monitoring agency - the Mennonite Central Committee for Somalia also had an official present - Mrs. Chantal Logan.

SAACID used three officers for the workshop - including two qualified nurses - one man and one woman.

## **Workshop Methodology**

The methodology used was participatory and voluntary. The SAACID team facilitated the workshop and used various methods for implementation, including group-work and brain storming to obtain ideas from the participants.

Time was given in the plenary sessions for debate and the exchange of ideas.

### **Day One – June 1, 2003**

Registration was made. Then all were welcomed the participants and representatives from the district. The District Authorities officially opened the workshop. The agenda was then set out; and a code of conduct was agreed upon:

Opening Ceremony

Registration

Introduction and Expectations

Objectives and ground rules

Participants briefing on FGM activities in their villages

Facts of FGM

The participants also stated their expectations of the workshop. A summary of the expectations is as follows:

That the workshop will uplift the awareness of the participants in the need to eliminate the practice of the FGM

That it will contribute to community efforts to reach agreed goals

That the workshop will help the participants understand more about the Islamic view of FGM

That it will help the participants to exchange ideas and experience on the FGM

That the workshop will facilitate understanding among the participants and build their own strategy against the FGM

## **Workshop Goals**

After making the necessary introductions and explanations of workshop goals, SAACID officers outlined to the participants the participatory philosophy SAACID wanted to use for the workshop - it was agreed upon. SAACID officers then outline what ideas it had on implementing real change and asked if the leaders of Adale agreed to use those ideas as a starting place that they could then build their own strategy on - again all participants agreed to this approach.

## **Workshop Objectives**

We then moved on to explain the main objectives of the workshop:

- Share their own experience, concerns, and hopes for the elimination of FGM in their community.
- Demonstrate and highlight the role and interaction of culture, as expressed in personal and community values, in shaping the perceptions and attitudes toward the practice of FGM.

- Demonstrated skills in interpersonal communication and group facilitation for social change
- A full understanding of the physical and sexual health issues, as well as the legal and ethical implications of FGM.
- Demonstrate skill in helping individual and groups interpret and reform those values that support FGM in the communities in which they are working
- Critically compare and evaluate approaches to social change that are appropriate to the Somali context
- Identify potential community catalysts and stakeholders or interest groups that would mitigate positive change
- Develop as a team in learning project planning and implementation
- Developing a concrete strategy - with concrete outputs and time-line - for medium-term behavioural modification in the district

Participants briefing on FGM activities in their villages

The participants made the following briefing on the FGM activities in their villages:

That the earlier workshop on the FGM conducted by SAACID from September 2001 (CIDA funded) made a positive impact on the people attitudes towards to the practice of the FGM. People increasingly wanted to change the practice. Men wanted to get rid of FGM and women wanted it modified to some sort of 'Sunna' practice. 'Sunna' comes in three different levels:

- a) A pin prick on the clitoris
- b) Partial removal of the clitoris and several stitches (partial infibulation)
- c) Partial removal of the clitoris and removal of the labia major and partial infibulation

With the education of the previous SAACID/CIDA programme many people changed the practice from the very intrusive 'pharonic' circumcision FGM style and started the practice of 'Sunna' circumcision.

### **Facts of FGM**

The participants narrated many facts on the negative consequences of FGM that have occurred to the women in the district. Two examples of their experiences are as follows:

1. There was one case in which an unmarried girl who unfortunately got her external genital parts removed and was infibulated ('pharonic'). As a consequence, the girl had complications after developing two tumours in the area. The tumours had the shape of testicles and she kept the tumours a secret - she thought she was changed to be partially a man.

Later, a man proposed to marry her, but she was very worried about the testicles (tumours). Before accepting the proposal she decided to refer her problem to a gynaecological doctor and explained to him that she was about to marry and that she had a problem of testicles grown in her genital area. After checking, he immediately realised that she had tumours.

The doctor decided to cut the tumours out. The operation was successful and now she is happily married. Yet, the woman has suffered severe psychological problems of thinking she was partially a man for much of her life.

2. An old man married a young infibulated girl ('pharonic') and decided to break her infibulated area in one night to avoid being said that he is old and weak. He tried his best but failed to achieve his objective. Later, he found that his male organ suffered wounds as result of the friction, and the covering skin of the organ had been removed as a result of the strong thrusting to achieve penetration.

The man was later taken to hospital for treatment and the girl was de-infibulated by a midwife.

The SAACID facilitator explained that FGM causes many complications to many girls and women during their periods and at childbirth. In addition, it causes fibroses, urine retention, bleeding and pain during intercourse.

After many such stories it was agreed that there was little benefit to the procedure and that all participants agreed to develop a strategy to eliminate the procedure over the medium term.

### **Day 2 – 2 June 2003**

The agenda of the workshop in the second day was as the following:

- Rumour games
- Types of questions
- Characteristics of personal communication
- Listening Paris
- Decision Making

This session was entirely devoted to train the participants in communication skills. SAACID programme officers used a variety of activities to do this, including a rumour game activity, the types of questions they should pose and the characteristics of personal communication through listening pairs that revealed the body language. In addition, the participants learned the skill of decision-making process. All the examples given were related to FGM aims and objectives.

### **Day Three – June 3, 2003**

The agenda for the workshop on day 3:

- Behavioural change - processes and strategies
- Message development
- Advocacy
- Working with policy makers
- Working with the media

The facilitator explained to the participants the stages of behavioural adoption that included awareness, information seeking, processing, reaching response, examining option, trial and multiplier reinforcement.

Further the facilitator mentioned to the participants how to develop message sheet that are included the following steps:

- Search and issue problems
- Seeking solutions
- To understand message concept
- And to select the media channel to be used

After that the facilitator explained to the participants what advocacy is and then the participants decided to nominate an anti-FGM advocacy group with a mandate to jointly educate the community and foster public dialogue on the issue and support positive policy and behavioural change.

The group will conduct an educational campaign through:

- 'Town' meetings
- Health festivals
- Community get togethers
- School outreach campaign

The participants were trained in lobbying techniques with the policy makers which are included:

- To find out the policy makers' opinion on the issue of FGM
- Be professional
- Do home work on who is this person
- How I can get his or her support
- Bring the beneficiaries of the programme - like the younger girls, who nearly died of FGM to be advocates for change

In addition, the facilitator explained to the participants how to work with the media, which is important for public awareness on the campaign against the FGM practice.

Then, the participants were divided into four groups and worked on the question on how they could work with media as Adale people. The groups finding were:

- Provide focal information about the program and issues
- Ask the media group to challenge unsubstantiated 'facts' and misinformation
- Never allow misinformation about the program to stand unchallenged
- Organize radio or newspaper interviews for the anti-FGM advocacy group

Day Four – June 4, 2003

After a short recap on the last session, we went on to set the agenda of the workshop for fourth and last day, which was as the following:

- Anatomy and physiology of female genital organs
- Islamic position on FGM
- Vision for the programme and setting goals and objectives
- Closing
- Anatomy and physiology of female genital organs

The facilitator explained to the participants the anatomy and physiology of the external female genital organs and the function of each part, and showed them a diagram on the topic.

From the diagram they were shown different types of FGM like Sunna, clitoridectomy, infibulation, and how each is performed and who performs.

### **Islamic position on FGM**

One religious man spoke and said that in the Koran Allah said that He made men and women in a beautiful image. The religious man said that Somali women argue that not having the FGM procedure is ugly. He asked how it was possible for Allah to make something that was ugly? He said that it is haram to cut or damage in any way the human body; and the any form of FGM was against Allah's will and design.

Another religious man among the participants was invited to brief the leaders on the Islamic position on the practice of the FGM, and he mentioned that Islamic teaching is totally against the performance of the FGM. He mentioned that in accordance to the Islamic religion twenty-five camels should compensate each removed female genital organ. So that, if a 'pharonic' procedure was performed, then 100 camels should be given in compensation. He indicated that Islamic law says the victim has the right either to forgive the acts of FGM or inflict similar action on the person who conducted the operation of the FGM.

The religious man added as an example that the act of performing FGM equals the removal of one important sense organ - such as the tongue. If someone's tongue is cut he or she will lose the power of taste. He said that the case of removing the female clitoris is similar to cutting out the tongue of someone and she will automatically be senseless for sex for the rest of her life.

He also said that God indicated in the Quran Verses from Surat Tiin which was "we have indeed created man in the best mould" The sheikh added that "the mould means symmetry, form, nature, constitution, and said that the verse points out that there is no fault in God creation - to man, God gave the purest and best nature, and man's duty is to preserve the pattern on which God has made him". Therefore, it was against God's Will to conduct the FGM procedure.

He again reiterated this when he said that "the Almighty has created men in the best shape", and he said "anyone who conducts or supports FGM is like saying God's creation is wrong and I will make corrections".

### **Vision, Programme and Setting Goals and Objectives**

The facilitator explained to the participants how to set programme strategy, and then they were asked to make their own strategy. The following is a summary of what the Adale leadership concluded:

#### **Problem statement: FGM**

**Vision:** The Adale community will completely eradicate the FGM practice

**Goal:** In the year 2006 all FGM procedures will have decreased by ninety percent

**Objective:** In the year 2008 no man living in Adale district will marry any circumcised girl

**Strategy:**

- To conduct awareness-raising for the community in large population clusters
- To develop new community rituals to celebrate girls who are not circumcised
- To immediately designate gathering ceremonial places that will be attended by all the community to observe the new rituals. Everyone will observe these new rituals and discussion will take place. After agreement, all villages in the district will adopt the same ritual pattern. The girls will also receive gifts to celebrate their full femininity.
- To establish alternative income-generating employment activities for the current women who circumcise girls
- To include the problems of the FGM in the school syllabus

SAACID promises to stay engaged as a partner of the community on this issue. SAACID will look for donors for training the women who circumcise. SAACID will look for donors to continue the education process.

**Summary of the Village Awareness-Raising Component**

This component of the programme comprises a description of the anti-FGM awareness-raising activities in the 11 main villages in Adale District. These activities were a core component of this programme.

Previously SAACID had conducted anti-FGM programmes that only targeted Adale Town (2001). It was concluded from these activities that substantive structural change could not occur unless the overwhelming majority of those living in Adale District concurred to stop FGM as a general practice. Thus a supplementary CIDA proposal was drawn up (this one) to provide educational and structural 'depth' to the anti-FGM message.

This village component of the programme was conducted in two distinct time periods. Three villages were provided with awareness-raising training and asked to mobilise from 22-30 June 2003. The other 8 villages received visits and were mobilised in a block, between 3-16 July 2003.

Key people especially invited to each village meeting were the traditional elders, women's group leaders, circumcisers, community health workers; traditional midwives; youth group leaders; religious leaders and village authorities.

The aim of the village outreach activities was to:

- Explain the aims and objectives of the anti-FGM programme
- To enlighten the health consequences of FGM for the girls – the future would be mothers, men and the society
- To explain that FGM deprives females of the opportunity to lead a happy sexual life and experience far fewer complications at birth time
- To develop community-based committees campaigning for social change of attitude on the practice of FGM

- To conduct awareness in general health and hygiene
- Explain what was discussed and agreed to at the Adale Town conference for district leaders
- Again get village level input (we had already do a baseline survey to get village level attitudes)
- Develop a genuine partnership with each village and get them to take ownership and responsibility for the success of the programme
- Explain the role and responsibilities of SAACID and local communities in relation to the stakeholder – CIDA; and to develop a strategy and time-frame for the eradication of FGM in the district
- Facilitate the generation of crucial inputs from the community on the FGM issue and jointly undertake the programme implementation

The village meetings built on the primary seminar that was held in Adale Town for all the district's key leaders. These leaders returned to their villages prior to the education and mobilisation visits by SAACID and discussed the issue with their local communities. As such, the leaders had already done much of the mobilisation work for SAACID. All village level leaders supported the programme. This was also true for the religious leaders who unanimously provided support for the eradication message in every village. This was not just the 'big' religious leader in Adale Town, but every village religious leader supported the anti-FGM message. Women's groups and women's leaders and elders also supported the message. The cross-spectrum of local village leaders all supporting the eradication of FGM convinced many sceptical women to take the message seriously (our survey indicated that women in the 15-35 age group were the greatest obstacle to change on this issue). The support of all key village and district level leaders was garnered through the comprehensive workshop that was held in Adale Town early on in the programme. The time lapse gave these leaders time to digest the workshop and have private discussions on the best way to approach an anti-FGM awareness campaign at village level. Much of the groundwork for the village level visits had already been positively pre-empted by the leadership that took part in the workshop held in Adale Town.

SAACID's role became one of linking the local village-level programmes together and providing an environment whereby each village was assured that all other villages were supporting a similar goal.

The village meetings were extremely successful with all villages accepting and adopting the anti-FGM message. A signifier of their support for the programme has been that they have all set up village-level advocacy committees to continue to campaign for change within their local communities. A second signifier of change was the substantive timetable all have agreed to for the complete eradication of the FGM practice - by 2008 90% of the district's girls will no longer be circumcised.

Another signifier of the district's acceptance of the anti-FGM message was the agreement to allow girls from all parts of the district to travel to Adale Town for an inaugural anti-FGM affirmation. This official affirmation will be done by both the girls and the parents who have the time and means to travel to Adale Town for the event. Those who cannot travel will be encouraged to set up similar affirmations in their local villages. This inaugural affirmation will be conducted in the presence of the monitoring INGO for this programme – the Mennonite Central Committee.

## **Village activity methodology**

The village activity methodology was participatory and the SAACID facilitators used various techniques including leading questions, debates, brainstorming and group work sessions to draw out their ideas and inputs on the anti-FGM initiative.

The facilitators allocated time for debate and the exchange of ideas among the participants.

The SAACID facilitators were comprised of two male and one female senior nurses who have had specific training in conducting training workshops and meetings.

## **Village schedule**

Burdheere Village	22 – 24 June 2003
Addow Uul Village	25 – 27 June 2003
Haji Ali Village	28 – 30 June 2003
Geel Gub Village	3 – 4 July 2003
Bur Da' ar Village	5 – 6 July 2003
Ali Guduud Village	7 – 8 July 2003
Hassan Geedi Village	9 – 10 July 2003
Mohamed Said Village	11 – 12 July 2003
Nuur Dugle Village	13 – 14 July 2003
Wargaadhi Village	15 – 16 July 2003

Raage Elle Village could not be covered as result of clan based skirmishing that made security unacceptably high.

Expectations of the visits:

- Exchange of ideas and knowledge on FGM and health and hygiene
- Upgrading the awareness of the participants in the skills and mechanisms for campaigning against FGM
- Provide the participants with an opportunity to work jointly
- Assist the participants to set up their own strategy to eradicate the FGM practice in the coming years
- The visit would promote understanding among the participants

## **FGM activities**

During the visits it was obvious to the SAACID team that following the FGM workshop held in Adale Town the village participants had retained most of what was taught and discussed in that workshop. Also, there was an evident retention of knowledge from previous anti-FGM campaigns that had to a degree filtered down to the village level. Participants were very active in formulating ideas on how a long-term anti-FGM could be conducted and sustained in the each village.

The participants mentioned that they were using, among other things, conducting an awareness-raising campaign, which would be conducted by a previously trained person.

The participants reported that they had strategically used awareness-raising methods within the community and mentioned facts relating to the implications resulting from FGM. Participants used existential examples to get the anti-FGM message across to the wider community in each village. One story that was used was of a fifteen year old girl who was married and it happened that she became pregnant without being de-infibulated. Late in the delivery stage there was no passage for the expected baby, and she could not urinate normally causing the filling up of the bladder. Afterwards, following a very painful labour for three consecutive days, the baby died and her bladder ruptured.

Each village established an advocacy group campaigning against the practice of FGM. Each village committee was comprised of religious leaders, women, youth and community elders.

### **Islamic view of FGM**

The religious leaders participating in the various villages declared that Islamic teaching is against the practice of FGM. One of the religious leaders, Sheikh Hassan Sheikh Ahmed Faqay, mentioned that any person who performs circumcision is committing offence against the teaching of Allah by removing the essential parts of a human being.

He mentioned that Islam also indicates that Allah created human beings in a perfect form and any person attempting to change that form was against the teaching of Islam.

Important points made during the village visits

- To reach maximum community awareness on the anti-FGM issue
- To train the circumcisers in the health and social problems in regard to FGM
- Religious leaders to take a leading role in advocacy against the practice for the FGM practice
- Community acceptance of the conclusions and community pledges to take part in the implementation of the programme
- The communities raised the desire to extend the programme in future for continuity and sustainability

### **Village activity goals**

- To introduce new ideas to the targeted villages and Adale Town to facilitate the establishment of a new community-based participatory strategy for change of attitude toward the FGM practice, which will eventually be a catalyst for the complete elimination of FGM in the entire district
- To promote the creation of an environment in which the FGM practice will be discouraged with a view to eradicate the practice
- To promote the creation of an enabling environment, which will be supportive of those who discard the FGM practice
- Long Term Goals
- To promote women's and girls health education and well being through the eradication of all forms of FGM practice.
- Eliciting information from the community

The SAACID facilitators used techniques leading to learning about primary community themes - such as, 'what are the people worried about, sad about, angry about, fearful about and hopeful about'? The facilitators also gave consideration to other key elements, including:

### **Economics**

How do people make their living?

What is the economic worth of daughters?

What is the cost of FGM versus the cost of refusing it (e.g. bride price, marriage opportunities Vs physical health or sexual fulfilment)?

Do women generate income independently?

### **Values and beliefs**

- What are the women's expectations for themselves and their daughters?
- In what ways are women's roles different from that of men?
- How FGM is viewed compared to male circumcision?

### **Community decision-making**

- Who within the community controls access to the community?
- Who decides when a child will be circumcised?
- How are problems and disputes resolved?
- What issues do husbands and wives discuss – who else mediates in family matters?

In addition, SAACID developed leading questions to methods seeking out community meeting places, and raised questions on where and when do village people do their visiting at:

- Village market days
- Watering places
- Homes
- Health posts
- Mosques
- Meeting places under trees

SAACID also introduced the idea of a building-block process to adopting long-term structural behavioural change:

The first point was developing awareness of the problematic nature of FGM. The community needed to become aware of the new concepts, and their relevance, which they considered important enough to pay attention to. For example, they needed to become aware that FGM is a broad social problem, rather than just an individual family problem.

What was needed was to develop other local stakeholders within the community and to get them to take ownership of the process. In this way they could stimulate new ideas, and mobilise the particular people required who are valued among the community and listened to. Developing an active village-level leadership mechanism was seen by SAACID as a key to sustainability and long-term structural change.

SAACID highlighted that the community needed to acquire more information about FGM and later they needed to process that information, evaluate its importance, grade its relevance in the local context and reach necessary decisions. They were also required to operationalise ideas, so that they could be transferred from a discussion format to practical implementation steps. SAACID also highlighted that its long-term role would be to encourage and reinforce the decision to eradicate FGM in the district. The establishment of a village committee to continue the education process was encouraged by the SAACID team.

### **FGM is violation against girl children**

The overall lessons given on FGM to the community at all the villages included that FGM is violation against the human rights of girls as defined by the United Nations Convention on the Rights of the Child (CRC); and the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW). Explanation was also given by the religious leaders that Islamic teaching is against the practice of FGM, and since the community is overwhelmingly Muslim, the community should obey these rules and obligations, which prohibit the practice of FGM.

SAACID suggested to the community to make the CRC and CEDAW adoptable in their local communities. The community authorities at the respective villages pledged to advocate and raise awareness on the issue, which would eventually lead to the formal enacting of such conventions at village, district and regional level.

### **The effects of FGM on a woman's life**

The SAACID facilitators explained to the communities at each village on the immediate physical complications of FGM including haemorrhage; wound infection - such as tetanus, urine retention, blocking of urethra, and shock from bloodless and pain after the procedure.

The communities were also reminded that FGM also had long-term complications on women's reproductive health, that included exacerbation or development of anaemia pain full or blocking menses, abscesses and dermoid cysts or keloid formation; increased risk of maternal and child morbidity and mortality due to obstructed labour; and infertility.

The SAACID team explained to the respective communities the techniques for a growth-centred participatory approach to change relying on trust in the following:

- Trust in potential that already existed, that enabled a change of attitude on FGM - whether they are aware of or not
- Trust in oneself as an individual and community to provide the kind of environment and experience, which permits that potential to spread out

In addition, the SAACID facilitators highlighted to the communities some attributes of a participatory, growth-centred approach to change that included:

- Decentralised decision making – trusting those on the ground to make informed decisions
- Low-key role of facilitator letting others create interpret, share, receive credit
- Flexibility – being able to adjust course as needed

- Developing a core structure that would then serve as the basis for each individual and community to contextualise, and thus internalise, the behavioural change necessary to eradicate the FGM practice

### **The approaches of change in the community**

During the training visits, the community in each village was observed to have made some changes. The changes were the development of a growth-oriented programme on FGM and are assumed to enable the participants to:

- Development of an increased sense of self worth, dignity and awareness of their own strengths
- More resourceful, inventive and creative, more open to trying new things, more capable of generating solutions
- Growth in judgment including the ability to examine critically their own beliefs and practices and make sound decisions on course of action
- Was better able to solve problems based on fuller exploration of their causes and alternative solution
- Acquired planning skills relevant to their situation. Including setting goals and selecting meaning to attain them

### **Strategies developed at village level**

Each village decided to establish an advocacy committee - comprised of women's groups, elders, religious leaders, health providers, traditional healers, poets, youth groups - and have set out a joint strategy to eliminate all forms FGM.

The channel they will be used was to make New Year seasonal festivals for collected girls who have reached the age of circumcision, and then instead of subjecting them to the FGM procedure a new anti-FGM affirmation procedure will be implemented. This will surely raise the girl's morale and the community as well.

The long-term goal of the strategy of the community was to reach at time of completely eliminating of all forms of FGM in the targeted areas.

The strategy included a lobby and awareness-raising mechanism among the communities at the markets places, wells, mosques and gathering places for the people in the communities and those visiting from more remote rural areas.

### **Evaluation of the village visits**

- The communities expressed that they liked the village format and said that it was interesting
- The community participants noted that they gained valuable knowledge and information sharing on the FGM and health and hygiene issues
- The communities desired additional similar workshops to reach the even more remote rural areas
- They all agreed to establish a committee at the district level to follow up the FGM elimination programme
- The representatives from the district authorities and the communities at the respective villages appreciated SAACID and CIDA for the programme. The communities requested an increase in such pro-active programmes, which they saw as valuable for the society living in the targeted areas

## **Background information on the villages**

This section is provided to give an existential feel for the conditions under which the villagers live (also see the photos provided for 7 of the villages).

While there was a lot of discussion in each village about the anti-FGM initiative and the personal experiences of those discussing the practice, SAACID did not take extensive notes of each meeting. As such, one notable life experience or message has been highlighted from each village to give the essence and spirit of the discussion in each village and how the people perceive the practice and how they desire long-term change.

### **Burdheere Village**

Burdheere Village is located 38 kilometres southwest of Adale Town, and there are an estimated 50 families living in the area. There are other nomadic people living in much smaller nearby rural villages, and their livelihood mainly depends on livestock herding and rain fed agriculture. There is also some small business and kiosk activity - selling tea, milk, among other things.

The village has no market day at all, but the people travel mostly on foot and use donkey carts and camels to the nearby villages to purchase essential goods that they may require.

Unfortunately, due to clan-based wars that erupted in the area some seven years ago, the only well dug in the area has been totally destroyed. This has caused the people to go to distant villages with borehole wells and water catchments to get water for both human and livestock consumption.

The village lacks any proper school facilities, but has several make shift Quranic schools. The villages are also without a hospital, but it has one small health post run by a male community health worker. The outpost was built ADRA and SAACID in 1995. The health worker was trained in the same programme.

The average extended family size is estimated at 9 per family.

The average monthly income per family is estimated to be about US \$12.

A woman attending the gathering cited her life experience of FGM and said: “if I could only turn back time - and if I knew then what I know now - I would have fought with tooth and nails against the FGM practice. FGM became a life long trauma for me. I will always remember being operated on four times to ensure that I was properly infibulated. I always remember the burning urine and not been able to empty my bladder. I will also never forget the peer pressure and my wanting to be like everyone else. Now I am married and I find I have gynaecological complications when having periods and childbirth”.

### **Addow Uul Village**

Addow Uul Village is located 32 kilometres southeast of Adale Town; and there are an estimated 250 families living in the area. There are other rural nomadic people living in some nearby smaller villages; and their livelihood mainly depends on agro- pastoral activities. The

people practice small business and have kiosks, selling tea and milk among other things. Their business activities are linked with surrounding villages and Mogadishu as well.

The village has a market day on Mondays and the items mainly sold range of livestock - including camel, sheep, goats, donkeys - and mainly imported crops - such as beans, sorghum, sugar and maize - from Mogadishu, Bay and the Jowhar District of Middle Shabelle Region.

The village has two borehole wells, one is run by engine and the other is operated with human power.

The village is without school, but has several Quranic schools.

The village is also without a hospital, but has one small health post run by male community health worker. The outpost was built by an ADRA-SAACID programme in 1995. The health worker was also trained in the same programme.

The estimated extended family size is in excess of 9 people per family.

The estimated average monthly family income is US \$15.

A traditional midwife attending the workshop informed the gathering that a married wife with children contacted her and told her that she was circumcised with the mild Sunna Type of FGM (partial excision of genitalia and partial infibulation of the wound) in her young age before marriage. To the midwife's surprise, the women requested to be again subjected to the FGM procedure – this time the Pharonic type (complete excision of all genitalia and complete infibulation of the wound). The midwife asked why she was interested in being circumcised this way now. The woman replied that she was obeying her husband's will and desire. She added that he would like her to do so, as he believed that the Sunni Type was not sufficient and good enough in the eyes of Allah. He suggested that the Pharonic form was better for her.

The midwife said that she told the woman that she was lucky to have escaped the crippling form of Pharonic FGM that has destroyed the better and happy lives of many Somali women. The midwife said that she totally rejected the woman's request to perform the Pharonic form of FGM on that woman and sent her away.

### **Haji Ali Village**

Haji Ali Village is located 25 kilometres north of Adale Town; and the number of families residing in the area is estimated to be about 300 families. There are other rural nomadic people living in nearby smaller villages, and their livelihoods mainly depend on agro- pastoral activities. The people practice small business and some have kiosks selling tea and milk among other things. Their business activities are linked with surrounding villages and Mogadishu as well.

The village has a market day on Thursdays and the items sold range from livestock - including camel, sheep, goats, donkeys - and crops - such as beans, sorghum, sugar and maize.

This village is the same as Addow Uul Village in many aspects, and similarly, has two borehole wells - one is run by engine and the other is used with human power.

The village is without school, but has several Quranic schools. The village is also without a hospital, but has one small health post run by a male community health worker (built by ADRA-SAACID in 1995; the health worker was trained in the same programme).

The average extended family size is estimated to be in excess of 9 people.

The average monthly family income is estimated to be about US \$15 per month.

An elder man participating in the workshop narrated that his daughter (Malaby) many years ago escaped from the village following an attempt to circumcise her with the Pharonic type of FGM when she was at the age of nine. Malaby had been told many horrifying stories about many girls who had undergone this painful unkind process. She was too frightened and shaken to withstand such an ordeal which was in store for her. As such, she secretly decided to flee to Mogadishu with people travelling to the city with a Land Rover. In Mogadishu City she contacted and lived with her educated uncle who worked as senior clerk for the government. Her uncle (Omar) saved her from the FGM procedure and educated the girl who at last became a teacher in a primary school. The old man agreed that upon long reflection that the procedure should be abolished, as it was not in the interests of Somali women or men.

### **Geel Gub Village**

The village of Geel Gub is located at 27 kilometres north of Adale Town; and there are an estimated one thousand people living in the area, who are mainly agro-pastorals. There are another unaccounted number of people living in surrounding rural area whose livelihood much depends on this village. The main road from Mogadishu to Galgagud Region passes through the village.

The village has no hospital or school, but has one health post with one a male community health worker, which is provided for by SAACID.

The village has limited commerce in livestock and much depends on the business link with Mogadishu. The village has a weekly marketplace on Wednesdays, and livestock and different foodstuffs are sold with at that time.

The village has two borehole wells and two water catchments.

The average extended family size in the village is estimated at 9 people.

The average monthly family income is estimated at US \$15 per month.

During the SAACID village meeting on anti-FGM awareness-raising, a sheikh (Omar Sheikh Mohamed) gave an explanation of FGM and its history to the community. He mentioned that it was derived, in his opinion, from a Pharaoh King ruling Egypt in ancient times. The king wanted to completely castrate women and make them never feel the desire for sex with men. This idea, he said, has reached to this part of Sub-Saharan Africa. The sheikh said that this type of circumcision was not Islam, but is forbidden in accordance to Islamic teaching. The sheikh mentioned that Islam teaches that girls circumcised this way have the right to receive half of their life compensation.

The Sheikh suggested that it was high time to entirely halt the practice of this type of FGM, and added that the community should establish a working committee comprised of the different social sectors of the village people - including the midwife, Community Health Worker (CHW), village commissioners and the elders. He said the committee should hold a meeting once per month, while other additional meetings should be convened on Wednesdays - which is the market day for the Geel Gub village. He also said that the village should participate in a new affirmation ceremony, which prohibits the FGM procedure on girls.

### **Bur Dacaar Village**

The village of Bur Dacaar is located 39 kilometres north of Adale Town; and it is estimated that about 300 families live in the village. The primary work activity is agro-pastoralism. There are other unaccounted number of people living in surrounding rural areas whose livelihood much depends on this village. The village has no hospital or school, but has one health post with one male community health worker (the health post was provided for by ADRA-SAACID in 1995; the health worker was trained as part of the same programme).

The village has limited commerce in livestock and much depends on the business link with the surrounding villages. The village has no marketplace, but the people travel to Ali Guduud village about ten kilometres to the east to purchase their basic needs.

The village has no borehole wells, but they use three water ponds for human and animal consumption.

The average extended family size is estimated at about 9 people per family.

Average extended family monthly income is estimated at about US \$15 per month.

In the course of the discussions, one of the elders in this village (Raage Adle), speaking on FGM complications, mentioned that his son married a girl and divorced her after six months of marriage. This resulted from his experience of finding it very difficult and painful for him and the girl to have sex after penetration became impossible due to being strongly infibulated following circumcision. He added that the girl was divorced three times because of same reason. The elder mentioned that later on the girl was taken to a gynaecological doctor who de-infibulated her and she has settled happily with marriage and children.

The elder suggested to the community to wage a campaign for the complete elimination of the FGM practice, as he said this practice hugely damaged the healthy social lives of the people both directly and indirectly. He also suggested that the stakeholders (SAACID and donors) continue to make awareness-raising within the community for the long-term elimination of the FGM practice.

Ms. Faduma Hassan Mohamed said informed the workshop that her daughter was circumcised by traditional midwife and suffered from a huge haemorrhage. The girl fell into shock and died after the attempt to halt her bleeding failed. Ms. Faduma recommended that such an unhealthy practice, which leads to irrecoverable loss to the entire community should be completely stopped.

## **Ali Guduud Village**

The village of Ali Guduud is located approximately 47 kilometres northeast of Adale Town; and the number of families living in the area is estimated to be about 500. The community are primarily agro-pastoralists. There are another unaccounted number of people living in surrounding rural area, whose livelihood much depends on this village. The village has no hospital or school, though the village has several Quranic schools. There is one health post with one male community health worker (the outpost was constructed by ADRA-SAACID in 1995 and the health worker was trained as part of the same programme).

The village has limited commerce in livestock and much depends on business links with the surrounding villages. The village conducts marketing activities on Fridays. On the other days, most of the people travel to other markets located in nearby villages.

The village has three borehole wells, but they use three water ponds for human and animal consumption.

The average extended family size is estimated at more than 9 people per family.

The average monthly income per extended family is estimated to be approximately US \$15 per family.

Sheikh Ali, one of the religious leaders in the Ali Guduud village, said that FGM is a problem that needs to be changed, and he said that in accordance to the Islamic teaching only the clitoris has to be made to bleed mildly and not totally removed or infibulated. He mentioned that FGM is a practical violation against the rights of human beings - in particular for the girls. He suggested that it be forbidden to subject our girls with the FGM procedure.

A traditional midwife, called Maka Mohamed Nur, reported that she had performed many FGM circumcisions, and presently had started to consult with the parents concerned what type of circumcision they preferred for their girl children. She mentioned that she voluntarily explains the health consequences and possible complications of the FGM procedure and advises the parents not to opt for FGM for their girl children. She said that most of the parents agreed not to do the FGM on their female children, and added that the public of Ali Guduud village had decided in principal to change the habit of the FGM practice.

## **Hassan Geedi Village**

The village of Hassan Geedi is located 54 kilometres northeast of Adale Town and the number of families living in the area is estimated at about 100. The people are primarily agro-pastorals. The village has no hospital or school, but has one health post with one male community health worker (the health post was built by a joint ADRA-SAACID programme in 1995; the health worker was trained by the same programme).

The village has limited commerce in livestock and much depends on the business links with surrounding villages. The village has no marketplace, but the people travel to the nearby Mohamed Saciid Village (about eight kilometres away) to the northeast to purchase their basic needs.

The village has no borehole wells, but they use two water ponds for human and animal consumption (built by ADRA-SAACID).

The average extended family size is estimated at 9 per family.

The average extended family monthly income is estimated at US \$10 per family.

Sheikh Muse Adde, one of the prominent religious leaders in the village, mentioned during the workshop that FGM is not popular anywhere in the world because it removes an important part of the female organ. He questioned, as an example, if God creates human beings with one long hand and one short hand, or with one big eye and one small eye, or provides you with an extra organ. He asked would that be a fearful thing. He said that God has created human beings in perfect shape, and suggested that it was wise to leave girls' organs as God has created them originally. He requested parents, especially mothers, to save their daughters from being subjected to the FGM procedure. He advised that God will punish those traditional midwives and male doctors who perform such a type of circumcision. A midwife, who was in attendance pledged to discontinue performing the FGM procedure.

In conclusion, all the participants agreed on jointly working towards the elimination of the FGM practice in the village.

### **Mohamed Saciid Village**

The Mohamed Saciid Village is located 62 kilometres northeast of Adale Town. The population living in the area is estimated to be eighty families; plus other nomadic families living in the smaller villages in the vicinity. Their livelihood mainly depends on rain-fed agriculture and livestock herding - such as camels, goats, sheep and cows. The village has no schools or hospital, but has one small health post (built by ADRA-SAACID in 1995) and there several Quranic makeshift schools in the village.

The village has no borehole wells, but water ponds for catching rainfall from the Gu' and Deyr seasons are used for human and animal consumption.

The average extended family size is estimated to be over 8 people per family.

The average monthly income for each extended family was estimated to be US \$8 per month per family.

A traditional elder named Yusuf Aybakar reported to the workshop that the village had to change the practice FGM, because it was observed that it has acute repercussions for society. He mentioned that females subject to FGM are similar to a person whose tongue was cut out and without any feeling of taste. For such a reason, he said that the village should halt the practice of FGM in the village.

A women in the community revealed that previously they believed it was a religious obligation to perform FGM, but now they have realised it was to the contrary and must be stopped.

## **Nur Dugle Village**

Nur Dugle Village is located 72 kilometres northeast of Adale Town. The population living in the area is estimated to be about 200 families; with an uncounted number of people living in nearby villages. Their livelihoods mainly depend on livestock herding - such as camels, goats, sheep and cows. The village near the main road linking Mogadishu to the Galgaduud Region, and there small business is being practiced mainly in makeshift restaurants and shops. The villages are famous for their domestic mats and hats used in the nomadic places.

The village has no schools or hospital, but has one small health post (built in 1995 by an ADRA-SAACID programme). There are several Quranic makeshift schools that provide a modicum of education to the children of the village.

The village has one deep borehole well built by ADRA-SAACID, and in addition, there are six water ponds for catching rainfall in the Gu' and Deyr seasons.

The average extended family size is estimated at more than 9 per family.

The average extended family monthly income is estimated at about US \$20 per family.

A man within the community of elders, named Yusuf Hassan Mohamed, informed the workshop that his daughter (Sahra Yusuf) who was eighteen experienced difficulty in having normal menstruation and bleeding. She was suspected of being pregnant and she was later taken to hospital and was declared otherwise. The doctor later de-infibulated after signing that the family were in agreement through written signature. Thereafter, he said that a black ball coloured blood came out from the girl and relieved her from the ordeal she had been experiencing. The elder mentioned that he became too angry and wanted to kill the traditional midwife who performed the FGM procedure on his daughter.

## **Wargaadhi Village**

Wargaadhi village is located 52 kilometres northeast of Adale Town. The population living in the area is estimated to be 150 families. There are other nomadic people living in nearby villages, and their livelihood mainly depends on livestock herding - such as camels, goats, sheep and cows. The village has no schools or hospital, but has one small health post (built by ADRA-SAACID in 1995) and several Quranic makeshift schools. The village has marketing activities on daily bases.

The village has the first hand dug borehole well built in the 1940s, but there are no water ponds for water catchment. The average extended family size is approximately 8 per family. The average monthly income for each extended family is about US \$12.

A man from the village (Hussein Addow), about sixty eight years old, informed the workshop that he was married to women who gave birth to beautiful girl child. She decided to circumcise the girl after reaching at the age of five. The man refused his daughter to be subjected to such a horrible act, but the women secretly circumcised the girl. The man became aware of this fact after the girl became critically sick with non-stopping bleeding and later died of loss of blood and lack of proper medical treatment. The man became too angry and divorced his wife.