

# 2020

## Community Driven FGM/C Abandonment and Women Empowerment in Somaliland: Baseline Report for UN Trust Fund



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## **Acronyms**

CLA	cluster level association (of the self-help groups)
CLHE	Candlelight for Environment, Education and Health (ISF implementing partner)
CMC	community management committee
CSO	civil society organization
FGM/C	female genital mutilation/cutting
FGD	focus group discussion
GBV	gender-based violence
IDP	internally displaced people
IGD	inter-generational dialogue
ISF	International Solidarity Foundation
KII	key informant interview
NAFIS	Network against Female Genital Mutilation in Somaliland (ISF implementing partner)
SHG	self-help group
VAWG	violence against women and girls



## Introduction

International Solidarity Foundation (ISF), Network Against FGM/C in Somaliland (NAFIS), and Candlelight for Environment, Education and Health (Candlelight) implement a UNTF funded 3-year project “Community Driven FGM/C Abandonment and Women Empowerment in Somaliland”, starting in January 2020.

The project aims to empower local communities in Somaliland to abandon all forms of female genital mutilation/cutting (FGM/C). To achieve the objective, the project enhances awareness of physical, social and psychological health effects of FGM/C, and of religious and human rights aspects to FGM/C. The project also promotes women’s agency in identifying and claiming their right to bodily integrity; and coordinated grassroots movement to advocate for FGM/C abandonment. The project will mainstream FGM/C awareness raising and women’s legal rights training in economic empowerment projects and women’s self-help-groups especially in the rural and internally displaced people’s (IDP) communities. Local duty bearers and opinion leaders are mobilized to publicly advocate against FGM/C, and local discussions forums and public pledges to abandon FGM/C are supported (see ANNEX 1 Results Framework).

This report sums up and analyses the baseline data as well as describes ethical considerations and methodologies applied in the data collection.

## Methods and ethical concerns

The baseline data was collected by NAFIS and Candlelight teams, supported by ISF Somaliland team, in January-June 2020. ISF Adviser on Gender Equality (the editor of this report, based in Finland), trained the teams about OMBEA, participated in the pilot data collection in the field, and compiled the data in this report from NAFIS and Candlelight summary documents. The data was collected through **surveys, focus groups discussions (FGD), and key informant interviews (KII)**. The surveys were conducted using OMBEA audio response system (digital group data gathering tool).

On the goal level, the survey & FGD **respondents** consist of SHG members and parents to the girls to be saved from FGM/C. On the outcome/output level, respondents consist of the targeted change agents who are expected to impact the parents’ and SHG members’ knowledge and attitudes. The **sample sizes** for the survey were calculated to produce 95% confidence level and +/-5% confidence interval (see ANNEX 2-3 project sites and sample sizes). The aim was to construct the samples from all targeted regions, but COVID-19 outbreak in March 2020 restricted travelling and social gatherings so that data could not be collected from as many regions as intended.



The different groups participating in the data collection were mutually exclusive, and separate data collection activities were carried out with each target group and project site. On the goal level, for example, SHG members and parents constitute separate samples and have different data collection tools. Furthermore, each secondary beneficiary category ('change agents') was addressed separately.

Collection of **demographic background information** of the survey participants was minimized for several reasons. Firstly, based on the pilot studies conducted in two rural villages with uneducated and partly illiterate people, the team also realized that the surveys should not exceed 10 questions. Thus, all unnecessary background questions were excluded to avoid risking the actual survey questions. In terms of age, it can be approximated from the target group s/he belongs to. Regarding religion, basically everyone in Somaliland is a Muslim and people might be offended if it is asked, or at least find it a very irrelevant question.

As the topics addressed in this project relate to violence against women and girls, special attention was paid and ISF Ethics and Safety Guidelines for EVAW projects followed to ensure participant safety and to **avoid any risks of distress and re-traumatization** of VAWG survivors. However, instead of survivors, many of the direct participants to the project activities (and thereby data collection) are opinion leaders and change agents (secondary beneficiaries) such as religious and traditional leaders, media, and students. Women's self-help group (SHG) members are the major exception to this.

There were some challenges in **framing the survey questions**. As noted in UNTF feedback to our initial tools, some of the statements entailed a risk to re-affirm existing stereotypes about domestic violence and gender norms. When rephrasing the questions, we aimed to avoid this risk, but had to compromise sometimes to keep the questions simple and understandable to the participants. For example, during the pilot surveys, we realized that asking 'Do you believe that genital cutting is necessary to protect girls against immorality?' is clearer to participants and produces more variety in responses than 'Do you believe that genital cutting is useless (or not necessary) in protecting girls against immorality?'

There were also challenges in finding appropriate **Somali translations** for some of the words and phrases in the questionnaires. For example, we considered carefully how to refer to 'milder' types of FGM/C (other than pharaonic). The (Arabic) word 'sunnah' often used in Somaliland refers to the traditions and practices of the Prophet Muhammad, that constitute a model for Muslims to follow. As it thereby entails a risk of legitimizing those types of cutting referred to with this word, we decided to use terms pharaonic cutting and other types of female genital cutting.

Furthermore, we noticed that multiple response questions do not work with the often-illiterate respondents, and that even when only one response is allowed, there



should be maximum 3 response options. Hence, we decided to prioritize yes/no answers, and avoided 'other' as an option.

Before each data collection session, the purpose and methodology (including anonymity and confidentiality) were carefully explained to the participants. Because many of the participants were illiterate, **consent** was then asked orally (see ANNEX 4 OMBEA data collection guidelines, ANNEX 5 Guidelines for FGD with parents, ANNEX 6 Guidelines for FGD with the SHG members).

The OMBEA audience response system guarantees full **anonymity** as there are no individual identifiers in the data it produces. However, as the surveys were often arranged in not so spacious village community houses or schools, special concern was paid to prevent participants from sharing aloud their responses, seeing or otherwise affecting each other's responses. The participants were seated as separately as possible, and there were minimum 3 people (partner and ISF project staff and additional enumerators) in each OMBEA team to assist participants with the response pads in order to prevent participants from assisting each other. Regarding focus group discussions (FGD) and key informant interviews (KII), anonymity was secured by saving the data with references to target group, timing, and location, without individual identifiers.



## Goal level results

The goal of the project is that in the project communities focusing in Togdheer, Sahil and Maroodijeh regions, daughters to targeted parents avoid FGM/C, and women in the targeted self-help groups (SHG) are empowered to claim for women's right to bodily integrity by the end of the project. There are three indicators to monitor the progress at the goal level, two of them addressing the parents (and thereby girls), one addressing the SHGs.

### Parents

Both implementing partners NAFIS and Candlelight contribute to increasing parents' awareness, changing their attitudes and behavior regarding FGM/C. The baseline data regarding parents' awareness, attitudes, and behavioral *aims* was collected with OMBEA digital group data collection tool and enriched with focus group discussions (FGD). Below, the quantitative OMBEA survey data is first presented, followed by findings from the FGDs.

#### OMBEA survey data

OMBEA digital group data gathering tool was used to conduct a survey to produce data for goal indicators 1-2:

- **Goal indicator 1:** Proportion of targeted parents who report knowledge and attitudes supporting FGM/C abandonment
- **Goal indicator 2:** Proportion of targeted parents who aim to expose their daughters to milder cutting or no cutting at all

Altogether 659 parents (253 in Maroodijeh, 152 in Togdheer, 58 in Awdal, and 196 in Sahil regions) participated in the survey, in groups of maximum 30 participants. They replied to 11 questions with 2-3 reply options (mostly yes/no options; no multiple choice). Questions 1-10 constitute an index for monitoring the goal indicator 1, and question 11 feeds into the goal indicator 2. The baseline (as well as follow-up and target) level results consist of the proportion (%) of desired responses (indicating favorable knowledge and attitudes) in relation to all responses. In the table below, the results are presented both by question, and summed up into an index comprising the indicator data.



Table 1 Proportion of desired responses among parents at baseline level

<b>SURVEY QUESTION (desired response bolded)</b>	<b>baseline (n=659)</b>	<b>target</b>
Q1 Can pharaonic cutting cause girls and women physical health problems? <b>YES/NO</b>	92%	100%
Q2 Can other types of cutting genitals cause girls and women physical health problems? <b>YES/NO</b>	53%	100%
Q3 Can pharaonic cutting cause girls and women psychological problems? <b>YES/NO</b>	87%	100%
Q4 Can other types of cutting genitals cause girls and women psychological problems? <b>YES/NO</b>	48%	100%
Q5 Can pharaonic cutting cause girls and women social problems? <b>YES/NO</b>	79%	100%
Q6 Can other types of cutting genitals cause girls and women social problems? <b>YES/NO</b>	48%	100%
Q7 According to Islam, pharaonic cutting is <b>forbidden</b> /permitted/required?	87%	100%
Q8 According to Islam, other types of cutting female genitals are <b>disapproved</b> /permitted/required?	60%	100%
Q9 Is pharaonic cutting necessary to protect girls against immorality? <b>NO/YES</b>	88%	100%
Q10 Are other types of cutting female genitals necessary to protect girls against immorality? <b>NO/YES</b>	87%	100%
<b>Goal ind. 1</b> Proportion of targeted parents who report knowledge and attitudes supporting FGM/C abandonment ( <b>Q1-Q10</b> )	<b>72%</b>	<b>100%</b>
Q11 If you could decide freely, would your daughters undergo <b>no cutting at all</b> (most desired response)	32%	≥50%
<b>cutting or pricking without stiches</b> (2 <sup>nd</sup> most desired response)	62%	n.a.
pharaonic cutting	5%	0%
<b>Goal ind. 2</b> Proportion of targeted parents who aim to expose their daughters to milder cutting or no cutting at all	<b>94%</b>	<b>n.a.</b>

Regarding parents' understanding of the negative health effects of FGM/C (questions 1-6), it is clearly evident that the risks of pharaonic cutting are well identified, whereas only half of the respondents attach risks with other types of cutting.

Regarding parents' understanding of Islam's stand on FGM/C, (questions 7-8), a clear majority (87%) found pharaonic cutting to be forbidden in Islam. In terms of other types of cutting, 60% of parents considered it as disapproved by Islam. However, there were major differences between different sites: in average 82% of



parents engaged by NAFIS in more urban Maroodijeh and Togdheer regions were of the opinion compared to only 38% of parents engaged by Candlelight in rural Awdal and Sahil regions.

Questions 9-10 were set to monitor parents' views of girls' morality (premarital sexual relationships) and different types of FGM/C. Clear majority of parents seemed to detach morality from genital cutting, and there was no major difference between different types of cutting (88% for pharaonic and 87% other types of cutting).

In sum, the extent of parents with some knowledge and favorable attitudes for ending FGM/C (72%) is promising. This may partly be attributed to previous awareness raising conducted by the partners in some of the project communities.

Yet, two thirds of parents aim to expose their daughter to some type of cutting as indicated by their replies to question 11. Interestingly, only 5% aim to have their daughters undergo pharaonic cut. This result is well aligned with their understanding of health, religious, and moral perspectives related to this type of cutting, but significantly lower than the resent estimates of the current prevalence of the pharaonic cutting. At best, the result may indicate a breakthrough in awareness raising. At worst, it entails significant underreporting due numerous efforts by both governmental and non-governmental actors in Somaliland to end especially the pharaonic cutting, and due to socially desirable answers given to actors who are known to work against FGM/C. Furthermore, even parents who seriously *aim* to save their girls from all or at least pharaonic cutting, when the daughter(s) get to the age of cutting, the social pressure from the other family members and wider community may become so heavy that the parents end up cutting their girls anyway.

Also, while around half of the respondents attach risks with other types of cutting, 60% consider them as disapproved by Islam, and 87% do not think they protect girls against immorality—that is, majority of parents have knowledge and attitudes against other types of cutting, too—62% of them still aim to have their daughters undergo other 'milder' types of cutting. This shows that the path from knowledge and attitudes to behavior is long and not straight forward.

### **Focus group discussions**

Focus group discussions (FGD) were conducted with groups of parents to elaborate the survey results (see ANNEX 5 Guidelines for FGD with parents). The data consists of interviews in three regions, 10 communities, with altogether 81 parents in total (53 female / 28 male), divided as follows:

Table 2 Geographical and gender disaggregation of parents participating in FGDs

region	village	female	male
Sahil	Suuqsade	5	3
	Go'da win	5	3
	Isku dar	5	3
	Go'da yar	5	3
Togdheer	Koosaar	5	4
	Caqiboo	6	2
Maroojideeh	Hargeisa west (State house IDP)	6	2
	Hargeisa north (Daami IDP)	5	3
	Hargeisa east (Mohamed Mooge IDP):	5	3
	Hargeisa south (Ayax IDP)	6	2
<b>total</b>		<b>53</b>	<b>28</b>

Firstly, the responses given indicated no significant gendered differences.

Participant in all FGD reported to have received some information about the risks of FGM/C from sources such as health care professionals, NGOs, SHG members, religious leaders and community committees, seminars, Maternal centers, and Ministry of Health Development. Only parents from Hargeisa West (State House IDP) said they had not received any type of information or campaigning against FGM/C.

Pharaonic cutting was in general perceived as very damaging and traumatizing to woman. Respondents agreed on the health-related problems being severe, affecting the woman both physically and mentally. They listed problems like fistulas, depression, infections and abdominal pain, fear of sexual intercourse, menstruation problems and prolonged labor, keloid cysts, infertility and back pain.

Regarding other types of cutting FGD participants did not mention any significant health problems or pain during the procedure. They mostly think that girls recover quickly from this type of procedure. However, participants in Caqiboo village brought up that other types of cutting may result in same type of problems as pharaonic cutting, including social impacts such as the girls dropping out of school. Also in some Hargeisa villages, parents mentioned fear, pain, HIV and other infections as eventual consequences of other types of cutting.



Sunnah type of cutting is commonly regarded as only partial removal of the clitoris, or scratching for a little blood without any cutting or stitching. It was related to ideas of beauty norms, and a belief that it will make the clitoris stop growing.

Most of the respondents in all villages were aware that pharaonic cutting is prohibited according to Islam. Sunnah cutting is viewed as permitted, and even compulsory according to Islam.

Many parents seemed confused about FGM/C, as religious leaders are sending out conflicting ideas and mixed messages: religious leaders are preaching about sunnah cutting which makes the villagers think it is compulsory for all girls. For example, Koosaar parents expressed that it is unacceptable to leave the girls untouched in their community. On the other hand, parents in for instance Hargeisa North (Daami IDP) understand religious leaders advise so that “no flesh of a girl’s body should be cut”.

According to the FGD participants, the most significant reason for cutting the girls are related to culture and to religious duties. The cutting is performed to make the girl “pure” and to remove a “harmful” part of the body. Among all respondents in all villages, the clitoris is believed to grow into the size of a penis if not removed. An uncut girl is perceived as shameful, whom no man will want to marry. Some parents also believe cutting protects girls from rape and protects their virginity.

## **Self-help group members**

NAFIS contributes to increasing SHG members’ awareness and capacity to claim for women’s rights to bodily integrity. The baseline data was collected with OMBEA digital group data collection tool and enriched with focus group discussions (FGD). Below, the quantitative OMBEA survey data is first presented, followed by findings from the FGDs.

### **OMBEA survey data**

OMBEA digital group data gathering tool was used to conduct a survey to produce data for goal indicator 3:

- **Goal indicator 3:** Proportion of targeted SHG members who report knowledge, attitudes, and behavioural aims indicating capacity to claim for women’s rights to bodily integrity

Altogether 359 SHG members (235 in Maroodijeeh and 124 in Togdheer regions) participated in the survey, in groups of maximum 30 participants. They replied to 14 questions with 2-3 reply options (mostly yes/no options; no multiple choice). The baseline (as well as follow-up and target) level results consist of the proportion (%) of desired responses (indicating favorable knowledge and attitudes) in relation to all

responses. In the table below, the results are presented both by question, and summed up into an index comprising the indicator data.

*Table 3 Proportion of desired responses among SHG members at baseline level*

<b>SURVEY QUESTION (desired response bolded)</b>	<b>baseline (n=359)</b>	<b>target</b>
Q1 Can pharaonic cutting cause girls and women physical, psychological, or social problems? <b>YES/NO</b>	93%	100%
Q2 Can other types of cutting genitals cause girls and women physical, psychological, or social problems? <b>YES/NO</b>	70%	100%
Q3 According to Islam, pharaonic cutting is <b>forbidden/</b> permitted/required?	95%	100%
Q4 According to Islam, other types of cutting female genitals are <b>disapproved/</b> permitted/required?	77%	100%
Q5 Is pharaonic cutting necessary to protect girls against immorality? <b>NO/YES</b>	89%	100%
Q6 Are other types of cutting female genitals necessary to protect girls against immorality? <b>NO/YES</b>	93%	100%
Q7 Is beating acceptable to discipline a wife? <b>NO/YES</b>	90%	100%
Q8 Who should be blamed if a girl/woman faces sexual harassment or abuse in a public place? <b>harasser/</b> woman	96%	100%
Q9 Who should be blamed if a girl/woman is raped? <b>rapist(s)/</b> woman	96%	100%
Q10 In cases of SGBV, are the victims entitled to free health services? <b>YES/NO</b>	36%	100%
Q11 In cases of SGBV, are the victims entitled to free legal assistance? <b>YES/NO</b>	26%	100%
Q12 To get legal assistance, where should the SGBV victims refer to? <b>police/</b> community committee/elders	82%	100%
Q13 If the government doesn't commit to enacting the anti-FGM law, are you willing to mobilize? <b>YES/NO</b>	92%	100%
Q14 If the government doesn't commit to enacting the SGBV law, are you willing to mobilize? <b>YES/NO</b>	94%	100%
<b>Goal ind. 3</b> Proportion of targeted SHG members who report knowledge, attitudes, and behavioral aims indicating capacity to claim for women's rights to bodily integrity ( <b>Q1-Q14</b> )	<b>81%</b>	<b>100%</b>

The differences in SHG members' views concerning pharaonic cutting versus other types of cutting (questions 1-6) are lesser than in the parents' poll. In general, a

clear majority of SHG members view all types of cutting as harmful, not forbidden or disapproved by Islam, and not necessary to safeguard a girl's morality.

In terms of attitudes to violence against women, (questions 7-9), almost all participants (90 to 96%) condemn wife-beating and victim blaming.

In terms of their knowledge about available public health and legal support services for VAW victims (questions 10-12), the share of desired answers is significantly lower than in the other questions, (36% and 26% compared to the average 81%). However, 82% refer a victim to the police (instead of e.g. community elders).

An overwhelming majority of women claim willingness to mobilize for criminalization of FGM/C (92%) and SGBV (94%).

### Focus group discussions

The data consists of interviews in two regions, 6 IDP communities, with altogether 48 female participants, divided as follows:

*Table 4 Geographical disaggregation of SHG members participating in FGDs*

region	village	female
Togdheer	Koosaar	8
	Caqiboo	8
Maroojideeh	Hargeisa west (State house IDP)	8
	Hargeisa north (Daami IDP)	8
	Hargeisa east (Mohamed Mooge IDP):	8
	Hargeisa south (Ayax IDP)	8
<b>total</b>		<b>48</b>

There were no major regional differences among participants FGM/C attitudes. However, Koosaar SHG members were the only ones to mention the money involved in the continuation of FGM/C. Practitioners are paid SH 500,000 (around 70\$) for the procedure, and after marriage the woman will have recurrent infections that results in visits to the physicians more frequently.

Most communities agree on the health-related consequences being milder with other types of FGM/C, but Ayaha (Hargeisa South) believe other types of cutting has no health-related complications at all.

The views on sunnah cutting (other types of cutting) were more or less similar in all communities. SHG members from Daami believe that sunnah cutting must be done, or the girl is unable to pray or make good deeds. They also believe the cutting results in good behavior. Ayaha (Hargeisa South) participants believe that sunnah



cutting is religious and that the practice cannot be abandoned due to religious reasons. They also believe that men prefer a girl who has undergone the procedure. However, it is noteworthy that there were no men to confirm the statement at the SHG discussion as all participants were women. There were also notions that the girls themselves want to be cut to beautify the genital area. One significant reason for FGM/C was said to be that it reduces a girl's sexual desire and that there is an "extra part of the female genital organ that needs to be removed to become clean and pure".

Regarding domestic violence, the participants maintained that domestic violence is not acceptable these days, while there was a time when beating was viewed as the husband showing his love for his wife.

Regarding non-partner sexual violence, abuse, or harassment, FGD participants from Hargeisa SHGs stated that the community often blames the victim if she goes outside at night or is dating someone. The women themselves also presented a view that a girl is partly to blame if she puts herself at risk by walking in a dark place or at night.

It was also said that women can be blamed if they do not have any physical marks from the attack. Women can then be isolated from community and called names such as "the one that was raped" especially by men. But this does not normally happen, especially if the woman has physical marks from the attack.

Ayaha SHG members were the only ones to state that there is no way to put the blame on the victim in case of sexual harassment, abuse or rape.

Women from Daami (Hargeisa) group responded that their moral responsibility as women motivates them raise their voice against VAW in the community. They also mentioned that they face challenges when traditional and/or religious leaders interfere in a rape case with the police and the GBV center. Thereby the victim often loses her rights. Another challenge they mentioned is that efforts to defend women's rights and more specifically VAW victim's rights can be seen as an attempt to destroy a family or interfere in the "family issues".

## Outcome level results

There are altogether eight indicators to monitor the progress at the outcome level. The indicators consist of concrete actions assumed to be taken by targeted change agents following the increased awareness on FGM/C, women's bodily integrity and self-determination (which in turn is monitored at the output level).

*Table 5 Outcome level baseline and target levels*

<b>RRF LEVEL</b>	<b>INDICATOR</b>	<b>baseline level</b>	<b>target level</b>
<b>OUTCOME 1</b> CSO members (NAFIS)	Extent targeted CSOs who advocate for zero tolerance of all forms of FGM/C	<b>74</b>	<b>150</b>
	Extent targeted CSOs who participate in regional and national coordination meetings in the past 6 months	<b>74</b>	<b>150</b>
<b>OUTCOME 2</b> Religious & traditional leaders/CMCs (NAFIS & Candlelight)	Nr of public sessions where targeted religious leaders have talked against FGM/C in the past 6 months	<b>392</b>	<b>900</b>
	Extent targeted CMCs and CLAs who have made collective declaration to abandon FGM/C since project start	<b>11</b>	<b>96</b>
<b>OUTCOME 3</b> Media & students (NAFIS & Candlelight)	Nr of TV/radio programs or journal articles addressing FGM, produced by targeted media in the past 6 months	<b>12</b>	<b>90</b>
	Nr of sessions or academic articles addressing FGM, produced by targeted students in the past 6 months	<b>41</b>	<b>200</b>
<b>OUTCOME 4</b> CLA members (NAFIS)	Extent targeted SHGs with and advocacy plan for women's right to bodily integrity since project start	<b>3</b>	<b>90</b>
	Nr of sessions addressing right to bodily integrity and civic rights, conducted by CLAs and respective SHGs in the past 6 months	<b>1</b>	<b>270</b>

## Output level results

Outputs and related indicators relate to the different groups of change agents sensitized and mobilized during the project. Below, their knowledge and attitudes at the baseline level are discussed by group.

### CSO members

NAFIS contributes to output 1.1 “CSOs have better understanding on harmful effects of all types of FGM/C, religious and human rights aspects to FGM/C”. OMBEA digital group data gathering tool was used to conduct a survey to produce data for output 1.1 indicators:

- **Indicator 1.1.1:** Proportion of targeted CSO members who think that all types of genital cutting have negative consequences for girls and women
- **Indicator 1.1.2:** Proportion of targeted CSO members who think that no type of FGM/C is mandated by Islam
- **Indicator 1.1.3:** Proportion of targeted CSO members who think that women and girls have right to bodily integrity and self-determination

Altogether 81 CSO members (60 from Maroodijeh and 21 from Togdheer regions) participated in the survey, in groups of maximum 30 participants. The participants replied to 16 questions with 2-3 reply options (mostly yes/no options; no multiple choice). Questions 2, 4 and 6 constitute an index for monitoring the output indicator 1.1.1, questions 7-8 feed into the output indicator 1.1.2, and questions 9-16 into output indicator 1.1.3. The baseline (as well as follow-up and target) level results consist of the proportion (%) of desired responses (indicating favorable knowledge and attitudes) in relation to all responses. In the table below, the results are presented both by question, and summed up into an index comprising the indicator data.

*Table 6 Proportion of desired responses among CSO members at baseline level*

<b>SURVEY QUESTION (desired response bolded)</b>	<b>baseline (n=81)</b>	<b>target</b>
Q1 Can pharaonic cutting cause girls and women physical health problems? <b>YES/NO</b>	100%	100%
Q2 Can other types of cutting genitals cause girls and women physical health problems? <b>YES/NO</b>	90%	100%
Q3 Can pharaonic cutting cause girls and women psychological problems? <b>YES/NO</b>	98%	100%
Q4 Can other types of cutting genitals cause girls and women psychological problems? <b>YES/NO</b>	93%	100%



Q5 Can pharaonic cutting cause girls and women social problems? <b>YES/NO</b>	100%	100%
Q6 Can other types of cutting genitals cause girls and women social problems? <b>YES/NO</b>	89%	100%
<b>IND 1.1.1</b> Proportion of targeted CSO representatives who think that all types of genital cutting have negative consequences for girls and women ( <b>Q2/4/6</b> )	<b>91%</b>	<b>100%</b>
Q7 According to Islam, pharaonic cutting is <b>forbidden/</b> permitted/required?	100%	100%
Q8 According to Islam, other types of cutting female genitals are <b>disapproved/</b> permitted/required?	93%	100%
<b>IND 1.1.2</b> Proportion of targeted CSO representatives who think that all types of FGM/C are against Islam ( <b>Q7-Q8</b> )	<b>95%</b>	<b>100%</b>
Q9 Is pharaonic cutting necessary to protect girls against immorality? <b>NO/YES</b>	96%	100%
Q10 Are other types of cutting female genitals necessary to protect girls against immorality? <b>NO/YES</b>	99%	100%
Q11 Is it acceptable to marry a daughter against her will? <b>NO/YES</b>	94%	100%
Q12 Is it acceptable that a person gets married before reaching maturity? <b>NO/YES</b>	98%	100%
Q13 Which is more important for a girl's future? <b>education/</b> marriage	81%	100%
Q14 Is beating acceptable to discipline a wife? <b>NO/YES</b>	96%	100%
Q15 Who should be blamed if a girl/woman faces sexual harassment or abuse in a public place? <b>harasser/</b> woman	100%	100%
Q16 Who should be blamed if a girl/woman is raped? <b>rapist(s)/</b> woman	99%	100%
<b>IND 1.1.3</b> Proportion of targeted CSO representatives who think that women and girls have right to bodily integrity and self-determination ( <b>Q9-Q16</b> )	<b>95%</b>	<b>100%</b>

As the table illustrates, the CSOs' understanding on harmful effects of all types of FGM/C, and of religious and human rights aspects to FGM/C seems to be at very satisfying level. Their baseline results are the best among the change agents discussed below. Furthermore, there is less variation between individual questions compared to other change agents. It is questionable, though, to what extent CSO members from more rural regions would have replied similarly, knowing that



opposition to all types of FGM/C is strongest in the urban areas from where the participants were selected due to COVID-19 restrictions on social gatherings, travelling etc. Additionally, socially desirable replies are possible considering that NAFIS conducted the survey among its member organizations who are aware of NAFIS’ zero tolerance policy towards all types of FGM/C. Furthermore, despite good baseline levels, the CSOs do not currently have a unified voice, some of them promoting zero tolerance while others opposing pharaonic cutting.

## Religious leaders

NAFIS and Candlelight both contribute to output 2.1 “Religious leaders have better understanding on harmful effects of all types of FGM/C, religious and human rights aspects to FGM/C”. OMBEA digital group data gathering tool was used to conduct a survey to produce data for output 2.1 indicators:

- **Indicator 2.1.1:** Proportion of targeted religious leaders who think that all types of genital cutting have negative consequences for girls and women
- **Indicator 2.1.2:** Proportion of targeted religious leaders who think that no type of FGM/C is mandated by Islam
- **Indicator 2.1.3:** Proportion of targeted religious leaders who think that women and girls have right to bodily integrity and self-determination

Altogether 86 religious leaders (40 from Maroodijeh, 20 from Togdheer, 6 from Awdal, and 20 from Sahil regions) participated in the survey, in groups of maximum 30 participants. They replied to 16 questions with 2-3 reply options (mostly yes/no options; no multiple choice). Questions 2, 4 and 6 constitute an index for monitoring the output indicator 2.1.1, questions 7-8 feed into the output indicator 2.1.2, and questions 9-16 into output indicator 2.1.3. The baseline (as well as follow-up and target) level results consist of the proportion (%) of desired responses (indicating favorable knowledge and attitudes) in relation to all responses. In the table below, the results are presented both by question, and summed up into an index comprising the indicator data.

*Table 7 Proportion of desired responses among religious leaders at baseline level*

<b>SURVEY QUESTION (desired response bolded)</b>	<b>baseline (n=86)</b>	<b>target</b>
Q1 Can pharaonic cutting cause girls and women physical health problems? <b>YES/NO</b>	98%	100%
Q2 Can other types of cutting genitals cause girls and women physical health problems? <b>YES/NO</b>	52%	100%
Q3 Can pharaonic cutting cause girls and women psychological problems? <b>YES/NO</b>	91%	100%



Q4 Can other types of cutting genitals cause girls and women psychological problems? <b>YES/NO</b>	55%	100%
Q5 Can pharaonic cutting cause girls and women social problems? <b>YES/NO</b>	92%	100%
Q6 Can other types of cutting genitals cause girls and women social problems? <b>YES/NO</b>	48%	100%
<b>IND 2.1.1</b> Proportion of targeted religious leaders who think that all types of genital cutting have negative consequences for girls and women ( <b>Q2/4/6</b> )	<b>52%</b>	<b>100%</b>
Q7 According to Islam, pharaonic cutting is <b>forbidden/</b> permitted/required?	98%	100%
Q8 According to Islam, other types of cutting female genitals are <b>disapproved/</b> permitted/required?	61%	100%
<b>IND 2.1.2</b> Proportion of targeted religious leaders who think that all types of FGM/C are against Islam ( <b>Q7-Q8</b> )	<b>78%</b>	<b>100%</b>
Q9 Is pharaonic cutting necessary to protect girls against immorality? <b>NO/YES</b>	83%	100%
Q10 Are other types of cutting female genitals necessary to protect girls against immorality? <b>NO/YES</b>	76%	100%
Q11 Is it acceptable to marry a daughter against her will? <b>NO/YES</b>	73%	100%
Q12 Is it acceptable that a person gets married before reaching maturity? <b>NO/YES</b>	81%	100%
Q13 Which is more important for a girl's future? <b>education/</b> marriage	79%	100%
Q14 Is beating acceptable to discipline a wife? <b>NO/YES</b>	87%	100%
Q15 Who should be blamed if a girl/woman faces sexual harassment or abuse in a public place? <b>harasser/</b> woman	90%	100%
Q16 Who should be blamed if a girl/woman is raped? <b>rapist(s)/</b> woman	100%	100%
<b>IND 2.1.3</b> Proportion of targeted religious leaders who think that women and girls have right to bodily integrity and self-determination ( <b>Q9-Q16</b> )	<b>84%</b>	<b>100%</b>

As the table illustrates, while most religious leaders associate harmful effects with pharaonic cutting, in average only 52% associate negative effects with other types of cutting. Consequently, 98% find pharaonic cutting forbidden by Islam, while 61% find other types of cutting disapproved by Islam. While there were no notable



regional differences regarding indicators 2.1.1 and 2.1.3, significantly less (58%) religious leaders in Awdal and Sahil regions than in Togdheer and Maroodijeh regions (87%) regarded other types of cutting as disapproved by Islam. Increasing their understanding on the negative effects of all types of female genital cutting might contribute to more religious leaders condemning also the ‘milder’ types of cutting. Considering that many people believe FGM/C to be mandated by Islam in Somaliland, it is important to bring forth religious leaders’ views condemning all types of FGM/C and other violations against women and girls’ bodily integrity.

## Traditional leaders/CMC members

NAFIS and Candlelight both contribute to output 2.1 “Traditional leaders/CMC members have better understanding on harmful effects of all types of FGM/C, religious and human rights aspects to FGM/C”. OMBEA digital group data gathering tool was used to conduct a survey to produce data for output 2.2 indicators:

- **Indicator 2.2.1:** Proportion of targeted traditional leaders/CMC members who think that all types of genital cutting have negative consequences for girls and women
- **Indicator 2.2.2:** Proportion of targeted traditional leaders/CMC members who think that no type of FGM/C is mandated by Islam
- **Indicator 2.2.3:** Proportion of targeted traditional leaders/CMC members who think that women and girls have right to bodily integrity and self-determination

60 traditional leaders (40 from Maroodijeh and 20 from Togdheer regions) and 79 CMC members (19 from Awdal and 60 from Sahil regions), altogether 139 people, participated in the survey, in groups of maximum 30 participants. They replied to 16 questions with 2-3 reply options (mostly yes/no options; no multiple choice). Questions 2, 4 and 6 constitute an index for monitoring the output indicator 2.2.1, questions 7-8 feed into the output indicator 2.2.2, and questions 9-16 into output indicator 2.2.3. The baseline (as well as follow-up and target) level results consist of the proportion (%) of desired responses (indicating favorable knowledge and attitudes) in relation to all responses. In the table below, the results are presented both by question, and summed up into an index comprising the indicator data.

*Table 8 Proportion of desired responses among traditional leaders/CMC members at baseline level*

<b>SURVEY QUESTION (desired response bolded)</b>	<b>baseline (n=139)</b>	<b>target *</b>
Q1 Can pharaonic cutting cause girls and women physical health problems? <b>YES/NO</b>	97%	100%
Q2 Can other types of cutting genitals cause girls and women physical health problems? <b>YES/NO</b>	63%	100%



Q3 Can pharaonic cutting cause girls and women psychological problems? <b>YES/NO</b>	94%	100%
Q4 Can other types of cutting genitals cause girls and women psychological problems? <b>YES/NO</b>	64%	100%
Q5 Can pharaonic cutting cause girls and women social problems? <b>YES/NO</b>	91%	100%
Q6 Can other types of cutting genitals cause girls and women social problems? <b>YES/NO</b>	55%	100%
<b>IND 2.2.1</b> Proportion of targeted traditional leaders/CMCs who think that all types of genital cutting have negative consequences for girls and women ( <b>Q2/4/6</b> )	<b>60%</b>	<b>100%</b>
Q7 According to Islam, pharaonic cutting is <b>forbidden</b> /permitted/required?	95%	100%
Q8 According to Islam, other types of cutting female genitals are <b>disapproved</b> /permitted/required?	53%	100%
<b>IND 2.2.2</b> Proportion of targeted traditional leaders/CMCs who think that all types of FGM/C are against Islam ( <b>Q7-Q8</b> )	<b>73%</b>	<b>100%</b>
Q9 Is pharaonic cutting necessary to protect girls against immorality? <b>NO/YES</b>	89%	100%
Q10 Are other types of cutting female genitals necessary to protect girls against immorality? <b>NO/YES</b>	87%	100%
Q11 Is it acceptable to marry a daughter against her will? <b>NO/YES</b>	81%	100%
Q12 Is it acceptable that a person gets married before reaching maturity? <b>NO/YES</b>	85%	100%
Q13 Which is more important for a girl's future? <b>education</b> /marriage	86%	100%
Q14 Is beating acceptable to discipline a wife? <b>NO/YES</b>	85%	100%
Q15 Who should be blamed if a girl/woman faces sexual harassment or abuse in a public place? <b>harasser</b> /woman	86%	100%
Q16 Who should be blamed if a girl/woman is raped? <b>rapist(s)</b> /woman	98%	100%
<b>IND 2.2.3</b> Proportion of targeted traditional leaders/CMCs who think that women and girls have right to bodily integrity and self-determination ( <b>Q9-Q16</b> )	<b>87%</b>	<b>100%</b>

Similar to religious leaders, most traditional leaders and CMC members associate harmful effects with pharaonic cutting, but in average only 60% associate negative



effects with other types of cutting. As a result, 95% find pharaonic cutting forbidden by Islam, while only 53% find other types of cutting disapproved by Islam. Support for women and girls’ right to bodily integrity was at a rather good level (87%). Also similar to religious leaders, there were no notable regional differences regarding indicators 2.2.1 and 2.2.3, but significantly less (66%) CMC members in Awdal and Sahil regions than traditional leaders in Togdheer and Maroodijeh regions (81%) regarded other types of cutting as disapproved by Islam.

## Media

NAFIS contributes to output 3.1 “Media has better understanding on harmful effects of all types of FGM/C, religious and human rights aspects to FGM/C”. OMBEA digital group data gathering tool was used to conduct a survey to produce data for output 3.1 indicators:

- **Indicator 3.1.1:** Proportion of targeted media representatives who think that all types of genital cutting have negative consequences for girls and women
- **Indicator 3.1.2:** Proportion of targeted media representatives who think that no type of FGM/C is mandated by Islam
- **Indicator 3.1.3:** Proportion of targeted media representatives who think that women and girls have right to bodily integrity and self-determination

Altogether 63 media representatives (42 from Maroodijeh and 21 from Togdheer regions) participated in the survey, in groups of maximum 30 participants. They replied to 16 questions with 2-3 reply options (mostly yes/no options; no multiple choice). Questions 2, 4 and 6 constitute an index for monitoring the output indicator 3.1.1, questions 7-8 feed into the output indicator 3.1.2, and questions 9-16 into output indicator 3.1.3. The baseline (as well as follow-up and target) level results consist of the proportion (%) of desired responses (indicating favorable knowledge and attitudes) in relation to all responses. In the table below, the results are presented both by question, and summed up into an index comprising the indicator data.

*Table 9 Proportion of desired responses among media representatives at baseline level*

<b>SURVEY QUESTION (desired response bolded)</b>	<b>baseline (n=63)</b>	<b>target *</b>
Q1 Can pharaonic cutting cause girls and women physical health problems? <b>YES/NO</b>	100%	100%
Q2 Can other types of cutting genitals cause girls and women physical health problems? <b>YES/NO</b>	69%	100%
Q3 Can pharaonic cutting cause girls and women psychological problems? <b>YES/NO</b>	95%	100%



Q4 Can other types of cutting genitals cause girls and women psychological problems? <b>YES/NO</b>	65%	100%
Q5 Can pharaonic cutting cause girls and women social problems? <b>YES/NO</b>	83%	100%
Q6 Can other types of cutting genitals cause girls and women social problems? <b>YES/NO</b>	58%	100%
<b>IND 3.1.1</b> Proportion of targeted media representatives who think that all types of genital cutting have negative consequences for girls and women ( <b>Q2/4/6</b> )	<b>64%</b>	<b>100%</b>
Q7 According to Islam, pharaonic cutting is <b>forbidden/</b> permitted/required?	97%	100%
Q8 According to Islam, other types of cutting female genitals are <b>disapproved/</b> permitted/required?	84%	100%
<b>IND 3.1.2</b> Proportion of targeted media representatives who think that all types of FGM/C are against Islam ( <b>Q7-Q8</b> )	<b>84%</b>	<b>100%</b>
Q9 Is pharaonic cutting necessary to protect girls against immorality? <b>NO/YES</b>	89%	100%
Q10 Are other types of cutting female genitals necessary to protect girls against immorality? <b>NO/YES</b>	94%	100%
Q11 Is it acceptable to marry a daughter against her will? <b>NO/YES</b>	84%	100%
Q12 Is it acceptable that a person gets married before reaching maturity? <b>NO/YES</b>	95%	100%
Q13 Which is more important for a girl's future? <b>education/</b> marriage	83%	100%
Q14 Is beating acceptable to discipline a wife? <b>NO/YES</b>	98%	100%
Q15 Who should be blamed if a girl/woman faces sexual harassment or abuse in a public place? <b>harasser/</b> woman	97%	100%
Q16 Who should be blamed if a girl/woman is raped? <b>rapist(s)/</b> woman	98%	100%
<b>IND 3.1.3</b> Proportion of targeted media representatives who think that women and girls have right to bodily integrity and self-determination ( <b>Q9-Q16</b> )	<b>92%</b>	<b>100%</b>

As with the other change agents, media representatives unanimously associate harmful effects with pharaonic cutting, while in average only 64% associate negative effects with other types of cutting. Yet, a clear majority finds all types of cutting forbidden or disapproved by Islam. Interestingly, however, baseline levels for

indicators 3.1.1. and 3.1.2 were clearly better in Togdheer (76% and 95% respectively) than in the capital region Maroodijeh (58% and 78% respectively). Support for women and girls' right to bodily integrity is close to unanimous (92%) and there are no notable regional differences.

## Students

Candlelight and NAFIS both contribute to output 3.2 "Students have better understanding on harmful effects of all types of FGM/C, religious and human rights aspects to FGM/C". However, as student mobilization entails a more central component in the Candlelight 'share' of project, only students targeted by Candlelight are included in the data collection for output 3.2. OMBEA digital group data gathering tool was used to conduct a survey to produce data for output 3.2 indicators:

- **Indicator 3.2.1:** Proportion of targeted students who think that all types of genital cutting have negative consequences for girls and women
- **Indicator 3.2.2:** Proportion of targeted students who think that no type of FGM/C is mandated by Islam
- **Indicator 3.2.3:** Proportion of targeted students who think that women and girls have right to bodily integrity and self-determination

Altogether 100 students (50 from Maroodijeh and 50 from Togdheer regions) participated in the survey, in groups of maximum 30 participants. They replied to 16 questions with 2-3 reply options (mostly yes/no options; no multiple choice). Questions 2, 4 and 6 constitute an index for monitoring the output indicator 3.2.1, questions 7-8 feed into the output indicator 3.2.2, and questions 9-16 into output indicator 1.1.3. The baseline (as well as follow-up and target) level results consist of the proportion (%) of desired responses (indicating favorable knowledge and attitudes) in relation to all responses. In the table below, the results are presented both by question, and summed up into an index comprising the indicator data.

*Table 10 Proportion of desired responses among students at baseline level*

<b>SURVEY QUESTION (desired response bolded)</b>	<b>baseline (n=100)</b>	<b>target</b>
Q1 Can pharaonic cutting cause girls and women physical health problems? <b>YES/NO</b>	99%	100%
Q2 Can other types of cutting genitals cause girls and women physical health problems? <b>YES/NO</b>	56%	100%
Q3 Can pharaonic cutting cause girls and women psychological problems? <b>YES/NO</b>	84%	100%



Q4 Can other types of cutting genitals cause girls and women psychological problems? <b>YES/NO</b>	39%	100%
Q5 Can pharaonic cutting cause girls and women social problems? <b>YES/NO</b>	70%	100%
Q6 Can other types of cutting genitals cause girls and women social problems? <b>YES/NO</b>	36%	100%
<b>IND 3.2.1</b> Proportion of targeted students who think that all types of genital cutting have negative consequences for girls and women ( <b>Q2/4/6</b> )	<b>44%</b>	<b>100%</b>
Q7 According to Islam, pharaonic cutting is <b>forbidden/</b> permitted/required?	98%	100%
Q8 According to Islam, other types of cutting female genitals are <b>disapproved/</b> permitted/required?	56%	100%
<b>IND 3.2.2</b> Proportion of targeted students who think that all types of FGM/C are against Islam ( <b>Q7-Q8</b> )	<b>77%</b>	<b>100%</b>
Q9 Is pharaonic cutting necessary to protect girls against immorality? <b>NO/YES</b>	76%	100%
Q10 Are other types of cutting female genitals necessary to protect girls against immorality? <b>NO/YES</b>	49%	100%
Q11 Is it acceptable to marry a daughter against her will? <b>NO/YES</b>	79%	100%
Q12 Is it acceptable that a person gets married before reaching maturity? <b>NO/YES</b>	78%	100%
Q13 Which is more important for a girl's future? <b>education/</b> marriage	71%	100%
Q14 Is beating acceptable to discipline a wife? <b>NO/YES</b>	86%	100%
Q15 Who should be blamed if a girl/woman faces sexual harassment or abuse in a public place? <b>harasser/</b> woman	92%	100%
Q16 Who should be blamed if a girl/woman is raped? <b>rapist(s)/</b> woman	92%	100%
<b>IND 3.2.3</b> Proportion of targeted students who think that women and girls have right to bodily integrity and self-determination ( <b>Q9-Q16</b> )	<b>78%</b>	<b>100%</b>

Slightly surprisingly, students score lowest (44%) amongst the various change agents regarding their knowledge on harmful effects of other types of FGM/C. Yet, 56% regard other types of FGM/C as disapproved by Islam. In contrast to media representative, baseline levels for indicators 3.2.1. and 3.2.2 are better for students

in the capital region Maroodijeh (51% and 81% respectively) than for students from the Togdheer region (36% and 73% respectively). This may be at least partly due to Candlelight and other NGOs and CSOs engaging with universities in Maroodijeh for a longer time.

## Cluster level associations (CSA)

NAFIS contributes to output 4.1 “CLA members have better understanding on harmful effects of all types of FGM/C, religious and human rights aspects to FGM/C”. OMBEA digital group data gathering tool was used to conduct a survey to produce data for output 4.1 indicators:

- **Indicator 4.1.1:** Proportion of targeted media representatives who think that all types of genital cutting have negative consequences for girls and women
- **Indicator 4.1.2:** Proportion of targeted media representatives who think that no type of FGM/C is mandated by Islam
- **Indicator 4.1.3:** Proportion of targeted CLA members who think that women and girls have right to bodily integrity and self-determination

Altogether 310 CLA members (207 from Maroodijeh and 103 Togdheer regions) participated in the survey, in groups of maximum 30 participants. They replied to 16 questions with 2-3 reply options (mostly yes/no options; no multiple choice). Questions 2, 4 and 6 constitute an index for monitoring the output indicator 4.1.1, questions 7-8 feed into the output indicator 4.1.2, and questions 9-16 into output indicator 4.1.3. The baseline (as well as follow-up and target) level results consist of the proportion (%) of desired responses (indicating favorable knowledge and attitudes) in relation to all responses. In the table below, the results are presented both by question, and summed up into an index comprising the indicator data.

*Table 11 Proportion of desired responses among CLA members at baseline level*

<b>SURVEY QUESTION (desired response bolded)</b>	<b>baseline (n=310)</b>	<b>target</b>
Q1 Can pharaonic cutting cause girls and women physical health problems? <b>YES/NO</b>	97%	100%
Q2 Can other types of cutting genitals cause girls and women physical health problems? <b>YES/NO</b>	88%	100%
Q3 Can pharaonic cutting cause girls and women psychological problems? <b>YES/NO</b>	98%	100%
Q4 Can other types of cutting genitals cause girls and women psychological problems? <b>YES/NO</b>	89%	100%
Q5 Can pharaonic cutting cause girls and women social problems? <b>YES/NO</b>	97%	100%



Q6 Can other types of cutting genitals cause girls and women social problems? <b>YES/NO</b>	87%	100%
<b>IND 4.1.1</b> Proportion of targeted CLA members who think that all types of genital cutting have negative consequences for girls and women ( <b>Q2/4/6</b> )	<b>88%</b>	<b>100%</b>
Q7 According to Islam, pharaonic cutting is <b>forbidden</b> /permitted/required?	98%	100%
Q8 According to Islam, other types of cutting female genitals are <b>disapproved</b> /permitted/required?	89%	100%
<b>IND 4.1.2</b> Proportion of targeted CLA members who think that all types of FGM/C are against Islam ( <b>Q7-Q8</b> )	<b>91%</b>	<b>100%</b>
Q9 Is pharaonic cutting necessary to protect girls against immorality? <b>NO/YES</b>	94%	100%
Q10 Are other types of cutting female genitals necessary to protect girls against immorality? <b>NO/YES</b>	95%	100%
Q11 Is it acceptable to marry a daughter against her will? <b>NO/YES</b>	97%	100%
Q12 Is it acceptable that a person gets married before reaching maturity? <b>NO/YES</b>	98%	100%
Q13 Which is more important for a girl's future? <b>education</b> /marriage	89%	100%
Q14 Is beating acceptable to discipline a wife? <b>NO/YES</b>	98%	100%
Q15 Who should be blamed if a girl/woman faces sexual harassment or abuse in a public place? <b>harasser</b> /woman	100%	100%
Q16 Who should be blamed if a girl/woman is raped? <b>rapist(s)</b> /woman	99%	100%
<b>IND 4.1.3</b> Proportion of targeted CLA members who think that women and girls have right to bodily integrity and self-determination ( <b>Q9-Q16</b> )	<b>96%</b>	<b>100%</b>

As the table illustrates, the CLA members' understanding on harmful effects of all types of FGM/C, and of religious and human rights aspects to FGM/C seems to be at very satisfying level. Furthermore, there is little variation between individual questions and regions (Togdheer and Maroodijeh).

# ANNEX 1 Results Framework

		Indicator 1	Indicator 2	Indicator 3
<b>Project Goal</b>	In the project communities focusing in Togdheer, Sahil and Marojideh regions, daughters to targeted parents avoid FGM/C, and women in the targeted SHGs are empowered to claim for women's right to bodily integrity by the end of the project	Proportion of targeted parents who report knowledge and attitudes supporting FGM/C abandonment (INDEX) <b>OMBEA/PARENT questionnaire Q1-10 &amp; FGDs</b>	Proportion of targeted parents who aim to expose their daughters to milder cutting or no cutting at all <b>OMBEA/PARENT questionnaire Q11</b>	Proportion of targeted SHG members who report knowledge, attitudes, and behavioural aims indicating capacity to claim for women's rights to bodily integrity (INDEX) <b>OMBEA/SHG questionnaire Q1-14 &amp; FGDs</b>
<b>Outcome 1 (NAFIS)</b>	Local CSOs have a unified message and coordinated actions against FGM/C	Extent targeted CSOs who advocate for zero tolerance of all forms of FGM/C in the past 6 months <b>KII</b>	Extent targeted CSOs who participate in regional and national coordination meetings in the past 6 months <b>KII</b>	
<b>Output 1.1 (NAFIS)</b>	CSOs have better understanding on harmful effects of all types of FGM/C, religious and human rights aspects to FGM/C	Proportion of targeted CSO representatives think that all types of genital cutting have negative consequences for girls and women <b>OMBEA/OUTPUT questionnaire Q1-6</b>	Proportion of targeted CSO representatives who think that no type of FGM/C is mandated by Islam <b>OMBEA/OUTPUT questionnaire Q7-8</b>	Proportion of targeted CSO representatives who think that women and girls have right to bodily integrity and self-determination <b>OMBEA/OUTPUT questionnaire Q9-16</b>
<b>Outcome 2 (NAFIS &amp; Candlelight)</b>	Religious/traditional leaders and CMC members actively engage in efforts against FGM/C	Nr of public sessions where targeted religious leaders have talked against FGM/C in the past 6 months <b>KII</b>	Extent targeted CMCs and CLAs who have made collective declaration to abandon FGM/C since project start <b>KII</b>	
<b>Output 2.1 (NAFIS &amp; Candlelight)</b>	Religious leaders have better understanding on harmful effects of all types of FGM/C, religious and human rights aspects to FGM/C	Proportion of targeted religious leaders who think that all types of genital cutting have negative consequences for girls and women <b>OMBEA/OUTPUT questionnaire Q1-6</b>	Proportion of targeted religious leaders who think that no type of FGM/C is mandated by Islam <b>OMBEA/OUTPUT questionnaire Q7-8</b>	Proportion of targeted religious leaders who think that women and girls have right to bodily integrity and self-determination <b>OMBEA/OUTPUT questionnaire Q9-16</b>
<b>Output 2.2 (NAFIS &amp; Candlelight)</b>	Traditional leaders/CMC members have better understanding on harmful effects of all types of FGM/C, religious and human rights aspects to FGM/C	Proportion of targeted traditional leaders/CMC members who think that all types of genital cutting have negative consequences for girls and women <b>OMBEA/OUTPUT questionnaire Q1-6</b>	Proportion of targeted traditional leaders/CMC members who think that no type of FGM/C is mandated by Islam <b>OMBEA/OUTPUT questionnaire Q7-8</b>	Proportion of targeted traditional leaders/CMC members who think that women and girls have right to bodily integrity and self-determination <b>OMBEA/OUTPUT questionnaire Q9-16</b>
<b>Outcome 3 (NAFIS &amp; Candlelight)</b>	Media and students actively engage in efforts against FGM/C	Nr of sessions & academic articles addressing FGM, produced by targeted students in the past 6 months <b>KII</b>	Nr of TV/radio programs and journal articles addressing FGM, produced by targeted media in the past 6 months <b>KII</b>	
<b>Output 3.1 (NAFIS)</b>	Media has a better understanding on harmful effects of all types of FGM/C, religious and human rights aspects to FGM/C	Proportion of targeted media representatives who think that all types of genital cutting have negative consequences for girls and women <b>OMBEA/OUTPUT questionnaire Q1-6</b>	Proportion of targeted media representatives who think that no type of FGM/C is mandated by Islam <b>OMBEA/OUTPUT questionnaire Q7-8</b>	Proportion of targeted media representatives who think that women and girls have right to bodily integrity and self-determination <b>OMBEA/OUTPUT questionnaire Q9-16</b>
<b>Output 3.2 (NAFIS &amp; Candlelight)</b>	Students have better understanding on harmful effects and religious aspects of all types of FGM/C, and on women and girls' right to bodily integrity and self-determination	Proportion of targeted students think that all types of genital cutting have negative consequences for girls and women <b>OMBEA/OUTPUT questionnaire Q1-6</b>	Proportion of targeted students who think that no type of FGM/C is mandated by Islam <b>OMBEA/OUTPUT questionnaire Q7-8</b>	Proportion of targeted students who think that women and girls have right to bodily integrity and self-determination <b>OMBEA/OUTPUT questionnaire Q9-16</b>
<b>Outcome 4 (NAFIS)</b>	CLAs engage in advocacy for women's bodily integrity with respective SHGs	Extent targeted SHGs with and advocacy plan for women's right to bodily integrity since project start <b>KII</b>	Nr of sessions addressing right to bodily integrity and civic rights, conducted by CLAs and respective SHGs in the past 6 months <b>KII</b>	
<b>Output 4.1 (NAFIS)</b>	CLA members have a better understanding on harmful effects and religious aspects of all types of FGM/C, and on women and girls' right to bodily integrity and self-determination.	Proportion of targeted CLA members think that all types of genital cutting have negative consequences for girls and women <b>OMBEA/OUTPUT questionnaire Q1-6</b>	Proportion of targeted CLA members who think that no type of FGM/C is mandated by Islam <b>OMBEA/OUTPUT questionnaire Q7-8</b>	Proportion of targeted CLA members who think that women and girls have right to bodily integrity and self-determination <b>OMBEA/OUTPUT questionnaire Q9-16</b>



## ANNEX 2 Candlelight project sites and sample sizes

Candlelight	total		M&E sampling unit 1				M&E sampling unit 2				M&E sampling unit 3						
			site	change agents		parents reached by		site	change agents		parents reached by		site	change agents		parents reached by	
				nr	sample size	nr	sample size		nr	sample size	nr	sample size		nr	sample size	nr	sample size
<b>UNTF output</b>	change agents	parents reached															
2.1 religious leaders*	30	300	Magalo Cad	5	all target	200	49	Magalo Qalooc	5	all target	200	49	God Weyn	5	all target	200	49
2.2 CMC members*	90	900		15	all target				15	all target							
3.2 students**	100	100	Hargeysa	50	all target	50	40	Burao	50	all target	50	40					

Candlelight	total		M&E sampling unit 4				M&E sampling unit 5				M&E sampling unit 6						
			site	change agents		parents reached by		site	change agents		parents reached by		site	change agents		parents reached by	
				nr	sample size	nr	sample size		nr	sample size	nr	sample size		nr	sample size	nr	sample size
<b>UNTF output</b>	change agents	parents reached															
2.1 religious leaders*	30	300	Goda Yar	5	all target	200	49	Suqsade	5	all target	200	49	Iskudar	5	all target	200	49
2.2 CMC members*	90	900		15	all target				15	all target							

\*The targeted religious and CMCs operate in the same communities as CLAs/SHGs and will hence partly reach the same audiences. In the PARENT questionnaire the 'main source' for anti-FGM advocacy will be asked

\*\*The students are expected to reach future parents, i.e. their peer students who comprise the 'parent group' in their case



## ANNEX 3 NAFIS project sites and sample sizes

NAFIS	total		M&E sampling unit 1				M&E sampling unit 2				M&E sampling unit 3						
			site	change agents		parents/SHGs reached by change agents		site	change agents		parents/SHGs reached by change agents		site	change agents		parents/SHGs reached by change agents	
				nr	sample size	nr	sample size		nr	sample size	nr	sample size		nr	sample size	nr	sample size
UNTF output	change agents	parents/SHGs															
1.1 CSO members*	915	1830	Awdal	135	49	270	60	Sahil	135	49	270	60	Sool	135	49	270	60
2.1 religious leaders**	120	1200	Hgsa west	20	10	400	55	Hgsa east	20	10	400	55	Hgsa north	20	10	400	55
2.2 traditional leaders**	120	1200	Hgsa west	20	10			Hgsa east	20	10			Hgsa north	20	10		
3.1. media	180	n.a.	Hargeisa	120	42	n.a.	n.a.	Burao	60	21	n.a.	n.a.		n.a.	n.a.	n.a.	n.a.
3.2 students***	100	100	Hargeisa	100	49	100	49		n.a.	n.a.	n.a.	n.a.		n.a.	n.a.	n.a.	n.a.
4.1. CLA members	1800	13500	Hgsa west	300	53	2250	62	Hgsa east	300	53	2250	62	Hgsa north	300	53	2250	62
NAFIS	total		M&E sampling unit 4				M&E sampling unit 5				M&E sampling unit 6						
			site	change agents		parents/SHGs reached by change agents		site	change agents		parents/SHGs reached by change agents		site	change agents		parents/SHGs reached by change agents	
				nr	sample size	nr	sample size		nr	sample size	nr	sample size		nr	sample size	nr	sample size
UNTF output	change agents	parents/SHGs															
1.1 CSO members*	915	1830	Togdheer	135	30	270	60	Sanaag	135	49	270	60	Maorodije	240	60	480	80
2.1 religious leaders**	120	1200	Hgsa south	20	10	400	55	Burco/Kos	20	10	400	55	Burco/Aqi	20	10	400	55
2.2 traditional leaders**	120	1200	Hgsa south	20	10			Burco/Kos	20	10			Burco/Aqi	20	10		
3.1. media	180	n.a.		n.a.	n.a.	n.a.	n.a.		n.a.	n.a.	n.a.	n.a.		n.a.	n.a.	n.a.	n.a.
3.2 students***	100	100		n.a.	n.a.	n.a.	n.a.		n.a.	n.a.	n.a.	n.a.		n.a.	n.a.	n.a.	n.a.
4.1. CLA members	1800	13500	Hgsa south	300	53	2250	62	Burco/Kos	300	53	2250	62	Burco/Aqi	300	53	2250	62

\*CSO members will identify the parents they have reached; NAFIS will conduct strategic sampling amongst these people. **Due to COVID-2019, baselines for CSO members were collected only in Togdheer and Maorodije/national, and the parents they are expected to reach were left out.**

\*\*The targeted religious and traditional leaders operate in the same communities as CLAs/SHGs and will hence partly reach the same audiences. In the PARENT questionnaire the 'main source' for anti-FGM advocacy will be asked

\*\*\* Student data collected solely by Candlelight.

# ANNEX 4 OMBEA data collection guidelines

## Before going to field

- Make sure the response pads are connecting and have valid batteries, and that you have the questionnaire available offline.
- Take along
  - min. 2 laptops (one for polling in English; one for showing the questionnaire in Somali)
  - flip charts or other paper and pens (in case the system fails)
  - extra batteries for the pads
  - enough staff to facilitate the survey (min. 3), majority of whom should be women when the participants are mostly or exclusively women.

## In the community, before starting the survey

- If several surveys are conducted in the same village, make sure that one person participates in only one survey (e.g. either as a parent or as a CMC member, not both)
- If possible (and when several surveys are carried out anyway), group participants according to their gender
- Explain the OMBEA technology, share the pads and explain the buttons
- Open the OMBEA app and the respective questionnaire. Explain the purpose and data management and ask for informed consent following the scripts in the respective OMBEA questionnaires

## Polling

- Organize the team so that one leads the polling, and minimum two help the participants with the pads (participants should not assist each other because then they may impact also the reply).
- Start polling and first, make sure everyone is connected (a green light blinks when they press the yellow button). When asking questions, avoid leading the participants towards the 'right' answer.
- **Show the results of (only) the warmup questions<sup>1</sup>** to demonstrate how OMBEA works.
- When finished with the last question, generate a Question Report (SHGs) or **Group Report/Count** (for the other groups) in Excel format and **save it in the following format:** Report TARGETGROUP Location Timing YYYY (e.g. Report PARENTS Magaalo Cad Semi-Annual 2020.xls)
- After checking that the report is ok, **Clear results > Session history**
- Collect the pads and ensure you get back as many as you delivered!

## I hereby confirm that I have read and understood the OMBEA data collection policy

Date, organization

Signature and print name

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<sup>1</sup> All survey results will be discussed in an FGD with selected participants. Showing all survey to all participants entails some risks. If, for example, majority of the respondents support eradicating FGM, showing such results may support the project targets, and increase the confidence of those still hesitant to abandon, but it may also cause anxiety and hostility among those still supporting the practice, eventually even increasing the risks of uncut girls being cut as soon as possible. With parents, you can consider discussing the OMBEA results immediately after the poll in groups divided by gender, simultaneously collecting the FGD data.



## ANNEX 5 Guidelines for FGD with parents

### Preparations

- Recruit maximum 10 respondents who have knowledge of what you want to study; ensure variety of the respondents (regards gender, age, ethnicity etc.). Consider if men and women should be interviewed separately or together
- Have minimum one moderator and one notetaker. When interviewing women on sensitive topics, it is preferable that the moderator is a woman
- Ensure the location is secure for the participants, and privacy is guaranteed.

### Before starting the discussion

- Presentation of the facilitators
- Purpose of the FGD:
- We are interested in learning more about the parents' knowledge and attitudes on female genital cutting in this community, based on the results of the survey we conducted earlier.
- This will take approximately one hour.
- Anonymity, confidentiality, and consent:
- All information will be kept confidential:
- You can skip any questions that you do not want to answer
- If you do not wish to continue, you have the right to withdraw from the discussion, without penalty, at any time.

### During the discussion

#### Tips for the moderator

- Listen and express interest in what the informants tells you through more of a friendly conversation, not a strict question & answer exchange
- Remain neutral - don't approve or disapprove
- Be flexible - take out or add in questions as the study progresses. Let the informant lead
- Encourage informants to expand on their answers and give as many details as possible - informants' tendency is to abbreviate answers - Use "describe," "tell me about" - Do not move on to a new topic until you feel you have explored the informants' knowledge on the question at hand
- Draw out differences in opinion, ask for details and tactfully move things forward when the conversation is drifting.
- Ensure that everyone speaks while not favouring any particular participant.
- Closing: Thank the informants. Allow them to ask questions. Affirm the participants that no one deserves to be violated or abused and inform them of their rights under the law.

#### Tips for the notetaker

- Record each interview with a new page (if using notebook), with date, time, location, group
- Use wide margins to make it easy to add to notes at any time.



- Take notes in the language spoken during the discussion.
- Make your transcript as close as possible to the discussion! Do not filter the discussion or elaborate more than what has been said.
- Write quickly without worrying about spelling.
- Verify notes with the moderator right after each interview. Add additional information (description of the site, observations etc.) Summarize the main discussion points: both the topics of shared understanding and the topics of disagreement.

### **Questions**

Always document at least the following background information:

- date, location (school, village house etc.), duration
- name(s) of the facilitators
- nr and gender disaggregation of participants

Improvise more questions where necessary as the discussion proceeds.

#### Perceptions of FGM/C practices

- What kind of information regarding FGM/C practices is disseminated by the different actors in your community (religious/traditional leaders, SHG members, health providers etc.)?
- What kind of problems are associated with pharaonic cutting in your community?
- What kind of problems are associated with other types of cutting in your community?
- How is sunnah cutting understood and practiced in your community?
- How do you interpret the replies on the religious status of different FGM/C practices in your community (referring to OMBEA results)?
- What are the most significant reasons for cutting the girls in this community?
- How do you interpret people's aims to cut if they were free to choose, and in case everyone else in the community ceased to cut (referring to OMBEA results)?



## ANNEX 6 Guidelines for FGD with the SHG members

### Preparations

- Recruit maximum 10 respondents who have knowledge of what you want to study.
- Have minimum one moderator and one notetaker. When interviewing women on sensitive topics, it is preferable that the moderator is a woman
- Ensure the location is secure for the participants, and privacy is guaranteed.

### Before starting the discussion

- Presentation of the facilitators
- Purpose of the FGD:
  - We are interested in learning more about the self-help group members' knowledge and attitudes on female genital cutting and women's rights, based on the results of the survey we conducted earlier.
- This will take approximately 1-1,5 hours.
- Anonymity, confidentiality, and consent:
  - All information will be kept confidential:
  - You can skip any questions that you do not want to answer
  - If you do not wish to continue, you have the right to withdraw from the discussion, without penalty, at any time.

### During the discussion

#### Tips for the moderator

- Listen and express interest in what the informants tells you through more of a friendly conversation, not a strict question & answer exchange
- Remain neutral - don't approve or disapprove
- Be flexible - take out or add in questions as the study progresses. Let the informant lead
- Encourage informants to expand on their answers and give as many details as possible - informants' tendency is to abbreviate answers - Use "describe," "tell me about" - Do not move on to a new topic until you feel you have explored the informants' knowledge on the question at hand
- Draw out differences in opinion, ask for details and tactfully move things forward when the conversation is drifting.
- Ensure that everyone speaks while not favouring any particular participant.
- Closing: Thank the informants. Allow them to ask questions. Affirm the participants that no one deserves to be violated or abused and inform them of their rights under the law. Share with the participants a list of available legal and health services for SGBV victims.

#### Tips for the notetaker

- Record each interview with a new page (if using notebook), with date, time, location, group
- Use wide margins to make it easy to add to notes at any time.



- Take notes in the language spoken during the discussion.
- Make your transcript as close as possible to the discussion! Do not filter the discussion or elaborate more than what has been said.
- Write quickly without worrying about spelling.
- Verify notes with the moderator right after each interview. Add additional information (description of the site, observations etc.) Summarize the main discussion points: both the topics of shared understanding and the topics of disagreement.

### **Questions**

Always document at least the following background information:

- date, location (school, village house etc.), duration
- name(s) of the facilitators
- nr and gender disaggregation of participants

Improvise more questions where necessary as the discussion proceeds.

#### Perceptions of FGM/C practices

- What kind of problems are associated to pharaonic cutting in your community?
- What kind of problems are associated with other types of cutting in your community?
- How is sunnah cutting understood and carried out in your community?
- How do you interpret the replies on the religious status of different FGM/C practices in your community (referring to OMBEA results)?
- What are the most significant reasons for cutting the girls in this community?

#### Perceptions of other SGBV practices

- Under which conditions is domestic violence (wife-beating) acceptable in your community?
- What are the victim protection mechanisms referred to in such cases in your community?
- What are the prosecution mechanisms referred to in such cases in your community?
- Under which conditions can women be blamed when exposed to sexual harassment, abuse, or rape?
- What are the victim protection mechanisms referred to in such cases in your community?
- What are the prosecution mechanisms referred to in such cases in your community?

#### Participation (behavioural aims)

- (in case of major difference in OMBEA replies to willingness to support anti-FGM versus anti-SGBV laws:) Why do you think women in this community are more willing to mobilize for the one cause over the other?
- Are there some barriers to taking action in your community?



### **Referral script if respondent discloses violence**

If study/project participant has disclosed experiences of VAWG, approach them privately after the FGD and read script below:

I would like to thank you very much for helping us. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by hearing from women themselves that we can really understand relationships and families.

From what you have told us, I can tell that you have had some very difficult times in your life. No one has the right to treat someone else in that way. However, from what you have told me I can see also that you are strong and have survived through some difficult circumstances.

This is a *[telephone number]* where any VAWG survivor can call to receive support and counseling services. Please do contact them if you would like to talk over your situation.

You can also go to a *[local support center]* anytime. You can go whenever you feel ready to, either soon or later on.

OBS! If the case requires urgent medical or psychosocial care, refer directly to *[medical/women's center]*.