The Movement to End Female Genital Mutilation in Somaliland:

Preliminary Findings from Doctoral Research

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Project Lead

Kit (Catriona) Catterson is a PhD Candidate at The University of Sydney, in the Department of Government and International Relations. The working title of her PhD research project is 'The Movement to End Female Genital Mutilation in Somaliland' and her research explores how the unique context and history of Somaliland influences the movement to end FGM in the country. Kit conducted her data collection for this research project in September-October 2019 in Hargeisa, Somaliland.

Kit is also an international development professional, specialising in FGM, GBV and SRHR programming. Kit held the role of Programme Manager for the DFID-funded programme, 'The Girl Generation – Together to End FGM', a social change communications programme implemented across 10 African countries (2014-2019). Kit consults for international aid and development organisations on the above issues, specialising in technical programme design for bid development, programme evaluations, safeguarding and risk management, and programme management.

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Cover Image: Sign outside Hargeisa Cultural Centre Craft Fair, September 2019. Credit: K. Catterson

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Contents

Acronyms

FGM	Female Genital Mutilation
IMF	International Monetary Fund
INGO	International Non-Governmental Organisation
MCH	Maternal and Child Health
MOLSA	Ministry of Labour and Social Affairs
MORA	Ministry of Religious Affairs
NGO	Non-Governmental Organisation
SONYO	Somaliland National Youth Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
YPEER	Youth Peer Education Network
UN	United Nations

Executive Summary

The movement to end female genital mutilation (FGM) has been active in Somaliland since the 1970s, however despite this the prevalence rate of the practice continues to hover at around 98-99 per cent. Studies by local NGOs indicate that rates of infibulation (Type III FGM) are decreasing in favour of clitoridectomy (Type I) or 'sunna cut'. Reports and anecdotal evidence suggest that the medicalisation of FGM is increasing in Somaliland.

My doctoral research explores the movement to end FGM in Somaliland, looking specifically at the experiences, motivations and insights of those working to end the practice in various ways (as NGO workers, healthcare professionals, government employees, independent activists and others). This report explores the preliminary findings from my field visit to Hargeisa, Somaliland in September-October 2019, where I conducted structured interviews with 33 participants. These findings include the varying interpretations of sunna and activists' response to the fatwa; the role of religious leaders and other key stakeholders; views on medicalisation of the practice and the role of healthcare professionals; and competing opinions on the global movement, donor engagement, and how Somaliland's status as an unrecognised country impacts the local movement.

A key preliminary finding is that there are competing opinions about whether the ultimate goal of the movement should be to pursue total abandonment of all forms of FGM (including sunna cut), or whether to pursue a shift from infibulation to sunna with a view to potentially pursuing total abandonment once this initial shift has occurred. This divergence is shaped by a lack of a shared understanding of the concept of 'sunna' among actors in the movement working to end FGM. Evidence suggests that there are competing interpretations among activists as to whether sunna is a religious obligation or optional choice, and what the practice of sunna actually involves; some claim it is a 'small pinch' while others indicate that it may involve clitoridectomy or excision. Closely related are findings on the disparate reactions by activists to the release of the 'fatwa' on FGM by the Ministry of Religion in February 2018, with the movement evenly split as to whether the fatwa constitutes a positive step forward for the movement, or an incredibly problematic step backwards. Actors' perception of the fatwa can be seen to be closely tied to their opinions on the nature of sunna. Both findings contribute to an understanding of the lack of harmonisation of the movement's messaging. Evidence suggests that this lack of cohesive messaging is proving problematic at the grassroots level, where communities are being exposed to contradictory campaigns.

A further finding of this research relates to the significant influence of religious leaders in Somaliland's society and how this impacts the movement. While participants were split on whether the fatwa should be celebrated as the first time that religious leaders have broken their silence on FGM, or rejected as contrary to the ultimate goal of the movement – overall there was a consensus that religious leaders hold the ultimate influence over the people, and their opinion and voice holds significant weight in society.

Perceptions of the roles for different actor groups are captured in this report; significantly, the majority of participants believed that the Somaliland Government's priority should be to introduce legislation prohibiting FGM. Participants also felt that the medicalisation of the practice should be prohibited, and a number felt that the role of healthcare professionals should be to cease performing

the practice. Healthcare professionals who were interviewed for this research were, overall, against the medicalisation of the practice.

This research also looks at Somaliland's status as a non-recognised de-facto state, and if that has any influence on the way(s) in which the local movement is able to engage with the global movement to end FGM. While the majority of participants considered themselves to be a member of a global movement to end FGM, they also felt that Somaliland's status presented significant barriers to their full engagement, including travel restrictions and subsumption under the banner of Somalia. A number also felt that a lack of international recognition meant that the country does not qualify for bilateral aid. Instead, the majority of funding for end-FGM activists in the country comes from INGOs direct to local NGOs in the form of grants and programme funding. Participants had mixed experiences dealing with donors; some found the experience to be collaborative and supportive, while others felt that INGOs had little understanding of the local context, did not adequately include local NGOs and local knowledge in programme design, and attempted to implement 'one size fits all' projects that were incompatible with Somali culture and values.

Overall, what is covered in this report is a preliminary overview of the data collected during my field work in Somaliland in 2019. I intend to finalise my doctoral thesis in 2021 which will delve deeper into these issues and findings.

Introduction

Background

The movement to end female genital mutilation (FGM) in Somaliland has been active since the 1970s. Beginning with dedicated individual women activists who were outspoken about the consequences and harms of the practice, the movement has grown to now include actors from many areas of society – women, men, youth, NGO workers, healthcare professionals, government employees and many more. Despite the ongoing efforts of the movement, the prevalence rate of FGM in Somaliland continues to remain very high – reported at 99.8 per cent in 2014.[1] The report from 28 Too Many, *Country Profile on Somalia and Somaliland,*[2] in March 2019 indicates that whilst overall prevalence rates remain high, rates of infibulation are decreasing and rates of clitoridectomy and excision are increasing – suggesting a positive proportional decrease in severe forms and proportional increase in less severe forms. Recent studies by local non-governmental organisations (NGOs) show an increasing trend in the medicalisation of FGM in Somaliland - that is, FGM being performed by healthcare professionals (nurse, midwife or doctor) - particularly in urban areas, and a lack of legislation banning FGM or criminalising the medicalisation of the practice provides an enabling environment for the practice to continue.[3]

On 6th February 2018, the Ministry for Religious Affairs (MORA) released a fatwa[4] which banned the practice of infibulation (or 'pharaonic cut') and not only promoted the continuation of 'sunna' but declared sunna to be a religious obligation[5]. For some, the fatwa marked a successful milestone for the movement – that the government and religious leaders had finally taken an official position on the issue and broken their silence, and that infibulation was declared to be prohibited. For others, the fatwa is seen as undermining the mission of the movement to abandon all forms of FGM, as they consider sunna to be a form of FGM. The fatwa has caused a significant fracture in the Somaliland movement, with actors now split as to what the mission of the movement should be, what the term 'sunna' truly means in practice, and what the way forward in addressing the practice should be.

Added to this is the fact that Somaliland is an unrecognised, de-facto state. The status of the country presents obstacles for how Somalilander activists can engage with the global movement to end FGM. The high level of international donor engagement on FGM in Somaliland can also be seen to have both positive and negative effects. Somaliland announced its separation from Somalia and independence in 1991. Nearly 30 years later, Somaliland has not been formally recognised by any state (or indeed by all of its inhabitants) despite the fact that scholars argue there is a broad acceptance of the fact that

[1] NAFIS Network (2014) *Assessment of the Prevalence, Perception and Attitude of Female Genital Mutilation in Somaliland*, https://nafisnetwork.net/wp-content/uploads/2019/07/FGM-Research-Report-2014-1.pdf

[2] 28 Too Many (2019) *Country Report: FGM in Somalia and Somaliland*, https://www.28toomany.org/static/media/uploads/Country%20Research%20and%20Resources/SomaliaSomaliland/country_profile_somalia_and_somaliland_v1_(march_2019).pdf

[3] 28 Too Many (2018) *FGM and the Law,* https://www.28toomany.org/static/media/uploads/Law%20Reports/the_law_and_fgm_v1_(september_2018).pdf

[4] A fatwa is a non-binding legal opinion on a point of Islamic law given by a qualified jurist or recognised authority. In this case, the fatwa provided an opinion on the practice of FGM in Somaliland, and was released by the recognised authority, the Ministry of Religious Affairs. Allow non-binding, the fatwa was incredibly influential in Somaliland.

[5] NB: While in many contexts, 'sunna' is understood as the sayings/teachings of the Prophet Mohammed, in Somaliland 'sunna' is often a shorthand term for a particular form of female genital intervention.

it meets most international criteria for such recognition.[6] The lack of recognition has meant that Somaliland has been denied access to forms of support typically received by post-conflict and developing countries.[7] Somaliland has been unable to receive bilateral and multilateral aid, including support from the World Bank, the International Monetary Fund (IMF), and the African Development Bank;[8] and relies therefore on funding from INGOs whose financing typically bypasses the government of Somaliland and is received directly by local NGOs. As my research indicates, the priorities of INGO donors are not always aligned with the priorities of local NGO actors.

I became interested in the movement to end FGM in Somaliland through my work with the UK Department for International Development (DFID)-funded programme, *The Girl Generation – Together to End FGM*, a social change communications programme implemented in 10 African countries, including Somaliland, from 2014-2019. I travelled to Hargeisa, Somaliland in July 2017 and again in March 2018 and met many local activists working to end FGM through NGO projects and individual activism. I became interested in the unique operating context of the local movement in Somaliland, which set it apart from other countries in the region and across Africa. By visiting in March 2018 soon after the fatwa was released, I was exposed to the immediate reaction among the activist community – senses of confusion, anger, gratitude, achievement and failure were all common emotions.

There have been no academic studies of the movement to end FGM in Somaliland to date (though non-academic reports recording NGO and INGO activity are available). While there is research available on FGM in Somalia, and less so in Somaliland, the majority of this research constitutes either ethnography of survivor experiences,[9] prevalence rates and reasons for the continuation of the practice, or health complications.[10] [11] As a result, there is little available data on actors working to end the practice in Somaliland to help understand their actions, motivations, behaviours and opinions. I therefore decided to conduct this study through my PhD candidacy at the University of Sydney in Australia. From a research perspective this is a significant study as the Somaliland movement to end FGM has the potential to shed light on how local social movements engage with global movements in unique circumstances, how actors within a local movement perceive power dynamics and relationships, and to provide vital information about the movement in Somaliland. From a practical perspective, I hope that this research will provide Somalilander activists with a 'bird's eye view' survey of their movement, to support understanding of where disconnect and lack of common understanding exist, and to see where actors may be working at cross-purposes. I hope too that this research will be helpful for international donors and the global movement engaging with Somalilander activists, to provide a better understanding of what the local movement finds helpful and unhelpful.

[6] Phillips, S. G. (2016) When less was more: external assistance and the political settlement in Somaliland. *International Affairs, 92*(3), p. 632

[7] Bradbury, M. (2008) *Becoming Somaliland*. Oxford: James Currey.

[8] Kaplan, S. (2008) The Remarkable Story of Somaliland. *Journal of Democracy, 19*(3), 143-157.
p. 152

[9] Abdalla, R. H. D. (1982). *Sisters in affliction : circumcision and infibulation of women in Africa*. London: Zed Press.

[10] Vestbøstad E. and Blystad, A. (2014). Reflections on Female Circumcision Discourse in Hargeysa, Somaliland: Purified or Mutilated? *African Journal of Reproductive Health / La Revue Africaine de la Santé Reproductive, 18*(2), 22-35.

[11] Lunde, I. B. a. S., M. (2014). Female genital cutting in Hargeisa, Somaliland: is there a move towards less severe forms? *Reproductive Health Matters, 22*(43), 169-177.

Methods

This report details some preliminary findings and initial analysis of my field work data collected in September – October 2019 for my doctoral research on the movement to end FGM in Somaliland. This report is produced solely for the information of and feedback to the participants of my research, who were generous enough to give me their time and insights through one-to-one interviews.[12] While my full thesis will be completed in 2021 and will be far more comprehensive and considered, this interim report outlines preliminary findings, portraying how opinions are divided among the movement. Analysis provided here are my initial thoughts on what the data suggests, however this may be subject to change before my final thesis is completed in 2021.

In September 2019 I travelled to Hargeisa, Somaliland to conduct interviews with individuals who met the following criteria:

- Were 18 years or older
- Identified as Somali and/or Somalilander
- Considered themselves to be working in some way to end female genital mutilation

I originally had hoped to interview 20 participants but was fortunate to conduct 33 interviews thanks to 'snowballing' sampling of participants. All interviews were conducted in Hargeisa, and most of my participants both lived and worked in Hargeisa, however some had been born or grown up in other areas of the country. A handful of participants were based in other regions of Somaliland for work, however I interviewed them when they visited Hargeisa. A few of my participants had spent time in Diaspora countries during and after the civil war, but all were now based in Somaliland. No Westerners or non-Somalis were interviewed. Interviews were structured, meaning that the same questions were asked of all participants – except for two, where the participant had a particular specialist area of knowledge that I wanted to explore in more detail. Interviews lasted between 35 to 120 minutes depending on the participant – those interviewed during work hours typically had less time to spare, and some participants had more detailed answers to share than others. All interviews were conducted in English with the exception of two, for which translators were engaged.

This report presumes that the reader will already be somewhat familiar with Somaliland's history, context, politics and other background information. Where this information is particularly relevant or was emphasised by participants in interviews, I have provided explanatory information. However, this report is not designed to give a comprehensive overview of all aspects of life in Somaliland that impact and influence the practice of FGM in the country; it is designed only to provide a summary of my research findings and to put those findings in context. For a more comprehensive background on FGM in Somaliland, please see 28 Too Many's Country Report on Somalia and Somaliland, published March 2019.

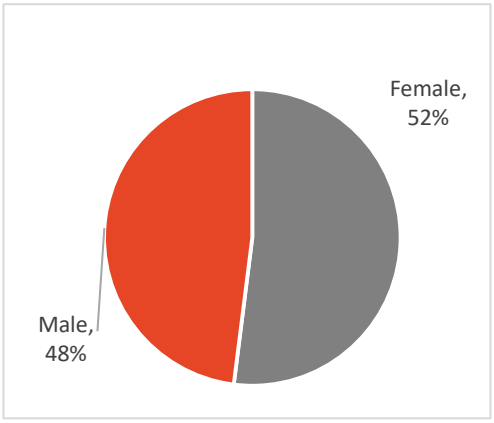
[12] Approval for my research was granted by the Human Research Ethics Committee of the University of Sydney in May 2019

Research Participants

Gender of Participants

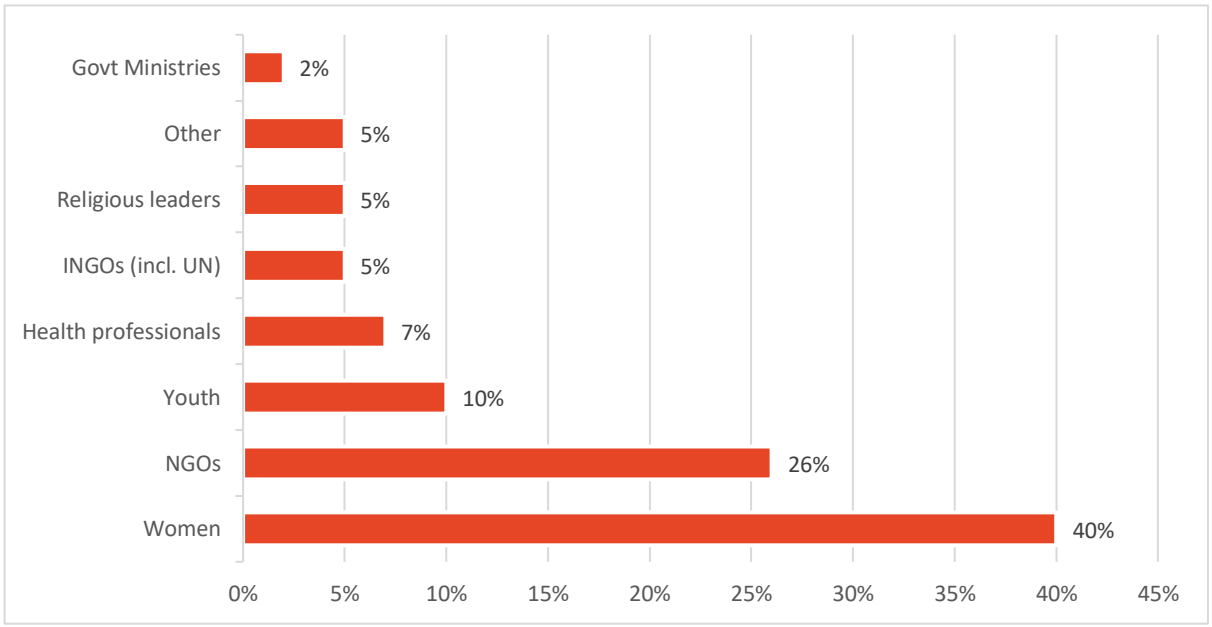
The gender split of participants was essentially equal: 17 female and 16 male participants were interviewed. This was not by design. I had originally aimed to interview 20 participants, with the hope of exceeding that number.

Figure 1: Gender of participants



Whilst the participants are composed almost equally of men and women, I do not believe that this is representative of the entire movement. When asked which groups in society were doing the most work to end FGM in Somaliland, 40 per cent of participants responded that women were driving the movement, both historically and presently. 26 per cent of participants believed NGOs were doing the most work; while 10 per cent of participants stated that youth[13] were doing the most.

Figure 2: Who is doing the most work to end FGM?



Interestingly, male participants were more likely to say that women were leading the movement, while female participants were more likely to attribute the movement's momentum to local NGOs. Given that most of the early NGOs working on end FGM issues - including NAFIS, NAGAAD, BVO, WAAPO, WARSAN, and others – were founded and led by women, I find it reasonable to assume that many of these respondents were indirectly referencing women as the driving force of the movement.

[13] There is no universally agreed international definition of 'youth.' For the purpose of my report I define 'youth' as people between the ages of 18-35.

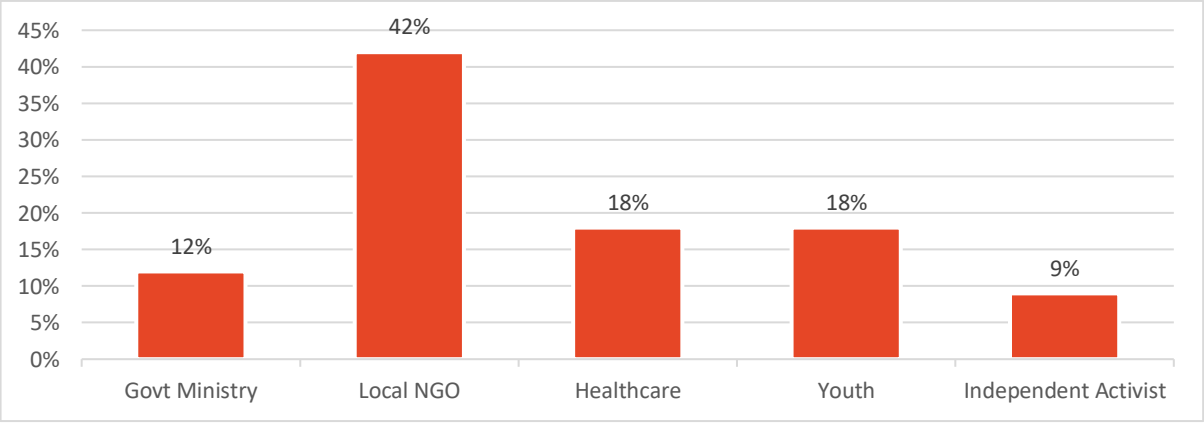
When posed with the hypothetical scenario of what roles women and men should play in the movement, 45 per cent of respondents believed that the role for women was to lead the movement. 21 per cent believed that women and men should play the same role in shaping the movement; and 7 per cent believed that men should lead the movement. The remaining respondents believed women and men had other specific roles outside of leadership.

The even gender split therefore may not be truly representative of the makeup of the movement; this could be explained by several factors. One may be in the methods that I used to recruit participants. I was aware of certain individuals and many organisations due to my previous work in Somaliland and solicited these individuals first. Somaliland is a patriarchal society and several senior positions are still held by men, especially in organisations whose remit is much broader than FGM or women's issues. Some of these organisation leaders delegated the interviews to their female colleagues but in most cases I interviewed the head of the organisation first, before trying to secure further interviews among staff. Snowballing also has its biases – when people recommend others to whom you should speak, they can unconsciously (or consciously) be recommending those similar to themselves, with views similar to their own.

Roles in the movement

Participants were not directly asked how they would categorise their role in the movement to end FGM in Somaliland, however they were invited to speak broadly about their work, what role they held, their work history, and what brought them to their current place in the movement. Many participants played a number of roles in the movement– they considered themselves to be youth activists, as well as NGO workers. Some were healthcare professionals working in the NGO space, with some continuing to practice healthcare, and others using their experience for health awareness programmes. The roles and identities of persons in the movement are therefore complex and interwoven. In order to provide an overview of roles, I weighted participants' 'primary' role based on the one that they spent most time speaking about in their interviews with me.

Figure 3: Role in the end FGM movement



The majority of participants associated their role in the movement with their work in various NGOs, at 42 per cent (n. 14). I was able to interview six healthcare professionals (18 per cent) and six people who described themselves as activists or advocates for ending FGM (18 per cent); these included

lawyers, journalists, independent consultants and others. While a number of my participants were youths, the majority of them did not primarily identify as such. I was also able to interview four government employees; one each from the Ministries of Labour and Social Affairs, Health, Education, and Religion.

Findings

Sunna

A key finding from my research interviews was that among the community of those working to end FGM in Somaliland there is not a shared understanding of the definition of 'sunna', or whether sunna is a religious obligation or an optional choice. There is also not a shared understanding of what the goal of the movement should be; whether the aim should be to a) totally abandon FGM and/including sunna; b) abandon infibulation and encourage people to move to optional sunna for now, and in future generations encourage people to also abandon sunna; or c) abandon infibulation but encourage people to practice sunna as an obligation.

As a starting point, the lack of a common understanding about what 'sunna' entails is clearly problematic. Below lists a variety of the definitions that were provided by participants in interviews:

- **Sunna as a form of FGM:**

  "Generally, many people consider that there is four types of FGM, so Type 1 and Type 2 are many times considered as sunna."

  "Sunna is Type 1 […] Totally there is no difference, Type 1 and sunna."

  "Sunna and the real FGM have no difference."

  "Sunna also is a type of FGM. I think. In my idea. Because it's a human rights violation because of – because it makes bleeding"

  "How everyday people use it is anything other than Type III or infibulation, they call sunna. So [there are] many different practices within it"

- **Sunna as religious option or obligation?**

  "Sunna, the word sunna, means something optional […] when you do something sunna you get reward from Allah, from God. You are rewarded for the good thing you have done. And if you just leave it, you are not penalized."

  "Some of the people say sunna is optional, some others say it somehow obligatory. But, for me, I can define something optional."

  "You know, sunna, it means you can do or don't. You can perform or you cannot perform […] But, you know, in Islamic context there is different school of thought by the sheikhs, which can sometimes define what sunna is. So, each sheikh has his own definition of sunna."

  "It's not obligatory. It's not a duty that Islam requires for you to perform.

  "We have to just follow our Prophet, and sunna is what our Prophet have done, then you have to follow him that way… [Sunna is] something you have to do."

- **Sunna in practice:**

"[The situation] is very challenging because the people who usually do FGM are not trained, do not know anatomy of the genitalia, so no one can easily – and they have never been to training – so they just do what they want."

"It's just prick, like a stick prick. So very, very, small, no bleeding, nothing."

"Some are saying sunna meaning don't suture. Cut a little and do not suture, that's what they mean. But practicality, when it comes to practice, they cut, and they suture."

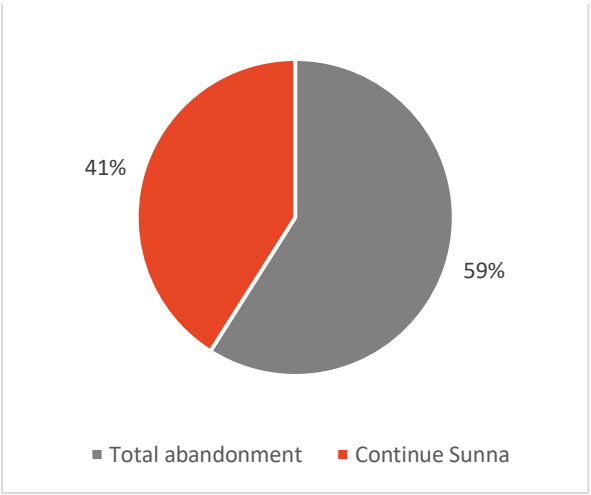
"Some people they believe like sunna is cutting some part of organs and then sewing the small part. That's some part of the community they believe sunna is like that. While some other people they believe sunna is cutting labia minora and labia majora, and some part of the clitoris, but not sewing. They say that that's the sunna type. So, in general, in the community there is no common understanding for sunna"

"It's like cutting – not even the cutting, it's just touching the clitoris of young girl."

"Cut some features, not all, of the female genitalia […] cutting clitoris, some, half. But not cutting it all."

Total abandonment versus continuation of sunna

Figure 4: Opinion on total abandonment vs. continue sunna

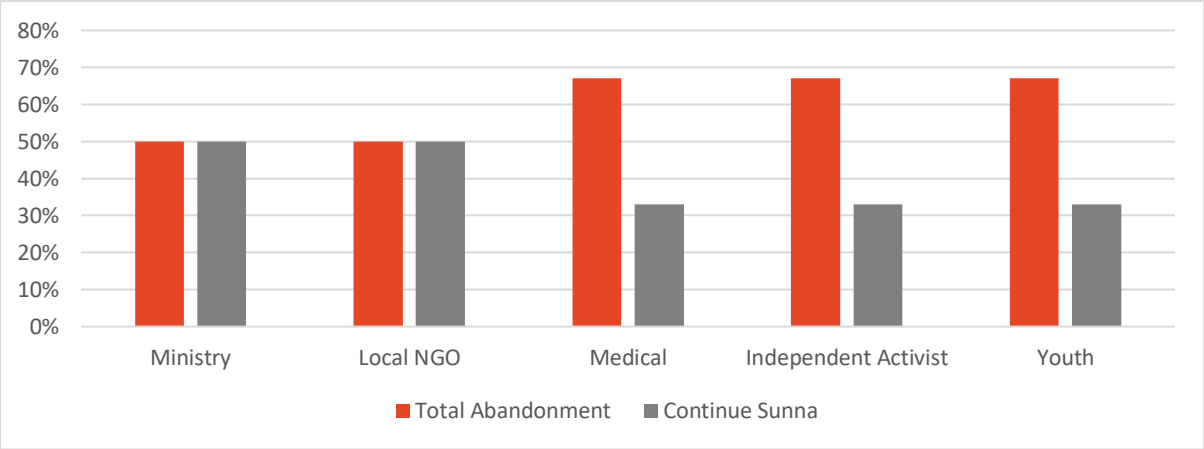


When asked whether they would promote total abandonment (or 'zero tolerance' as it is also called) or would support the continuation of sunna (either as an obligation or an option), 59 per cent of participants favoured abandoning FGM in all forms, including sunna. 41 per cent favoured the continuation of sunna, either as a pragmatic position (lessening harm) or out of religious conviction (as a religious obligation).

Women and men were roughly equally as likely to support total abandonment (59 per cent likely versus 63 per cent).

When we look at opinions of participants on total abandonment vs continuation of sunna by role, it is interesting to see that Ministry employees (those with the power to draft and enact legislation) were split 50/50 about whether sunna should continue, as were local NGO representatives (who arguably have the strongest lobbying power).

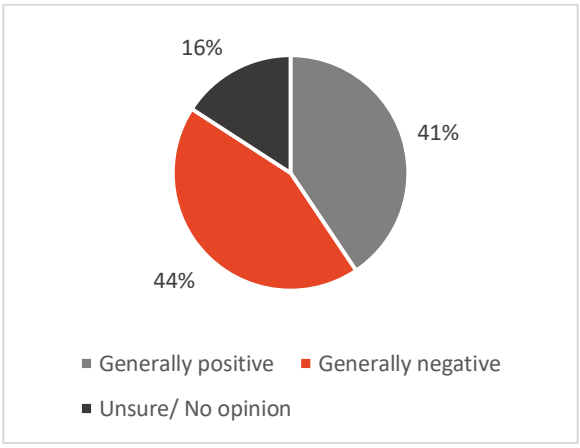
Figure 5: Opinion on total abandonment vs. continue sunna by role in movement



Views on the fatwa

One of the key focuses of the interviews was on the introduction of the fatwa against FGM in February 2018 and participants' reactions to this document. The results were fairly evenly split – 41 per cent of participants were generally positive about the fatwa, while 44 per cent were generally negative about it. 16 per cent were either unsure or declined to give their opinion. It is important to note that of those who were generally positive about the fatwa, few were actively enthusiastic about it – most considered it to be flawed and contradictory, but at least a step in the right direction.

Figure 6: Opinion on the fatwa



Men were more likely than women to have a positive view of the fatwa, (56 per cent of men versus 29 per cent of women). Meanwhile, 47 per cent of women viewed the fatwa as a setback, or as having more problems than positives; only 38 per cent of men shared this view. Women were more likely to be unsure of their opinion, with 24 per cent either declining to give a definitive opinion or expressing the view that more time would need to pass before we could know for sure, comparing with only 6 per cent of men who felt this way.

Of those who were generally positive about the fatwa, there were two main reasons given as to why: that the fatwa represented the first time the government or religious leaders had taken a definitive position on FGM and broken the silence on the matter; and/or that in the absence of formal legislation on FGM the fatwa could provide some guidance to minimise harm. The following interview quotes demonstrates some participants' thoughts:

- **It is the first time the government/religious leaders have taken a position on FGM, which is an achievement for the movement:**

"In general, fatwa I can say its positive step forward, because of 2 years, 4 years ago – no one can speak this issue, even the government are not involved. So, this is a step forward."

"To have a fatwa brings, you know, to the forefront the confidence that our religion, Islam, and religious scholars are backing this campaign […] they've come on our side. That's how I see it, I welcome it."

- **In the absence of a law, the fatwa provides guidance:**

  "Before there is no strategic plan, there is no policies, but now we have fatwa. Fatwa shows us less harm […] But still there is no measurement […] it's still not confirmed the amount and the incision that we can make."

  "I can say that the fatwa was one of the biggest achievements of ending FGM in Somaliland, from my own perspective. Because what I have seen is that since from 1991 up to now, no one was declaring any kind of these things. Maybe there is no FGM policy, there no FGM law, there is no anti-medicalisation, and all those things are not yet approved, are not yet clear. But the fatwa, the religious leaders were writing [it] […] So I see that as a very good opportunity."

Those who were opposed to the fatwa gave a few reasons for their objections. Those who understand sunna to be a form of FGM considered the fatwa's declaration that sunna is an obligation (Article 1) undermined decades of total-abandonment messaging to communities, creating contradiction and confusion among the end FGM movement.

Others were concerned that the definition of 'sunna' was not made clear, leading to fears that many would still practice infibulation. And some saw the drafting process of the fatwa to have been flawed, without input from experts or from women.

- **Creates contradiction and confusion about total abandonment vs sunna:**

  "I always raise the voice that we should be consistent in our strategy, otherwise we are creating more confusion than clarity. On an issue like this of advocacy if you are not consistently clear you will not do anything good, you are simply undermining some others…sending all of these contradictory messages doesn't help. One saying sunna, one saying zero tolerance, its causing confusion"

  "Absolutely negative. Because there was a lot of confusions between the government and civil society and also the community."

- **Definition of sunna not clear in fatwa document:**

  "Sheikhs never saw the genitals of the girls and they cannot measure how much to cut and how much to leave. They have no practical views of the things they are talking about […] They say, 'it is sunna' but they are not giving clear instructions of what to cut and what not to cut, because they don't know what to cut."

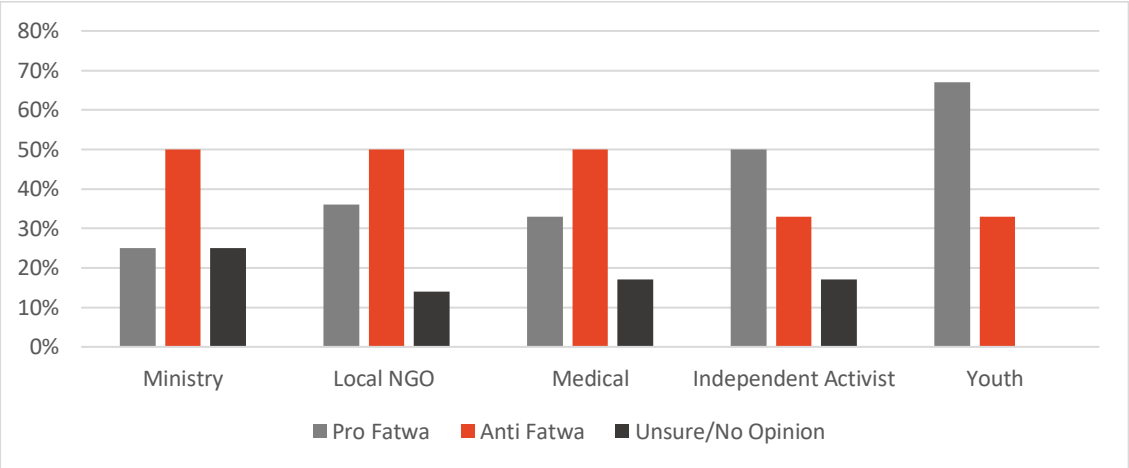
"They said sunna, but they do not clarify what kind of sunna? How [many] inch they are cutting? Are we sewing?"

- **Drafting process flawed:**

  "Even I reject it, openly. Because it is not the right way that the people - 5 or 10 scholars come together and zero women, you know? The kind of committee who work on that fatwa doesn't have any member of females, first. Secondly, they never consult with the female doctors […] so it was like purely misogyny and purely men issue. And this is actually, I get nervous about this, because it was affecting women, they are talking about women, but they are not including women's voice on that fatwa."

When broken down by roles, we can see some trends in groups likely to support or not support the fatwa. Ministry employees, local NGO staff and healthcare professionals were more likely to feel generally negative about the fatwa, while youth were much more likely to see it as a step in the right direction – if not a perfect solution.

Figure 7: Opinion on fatwa by role in movement



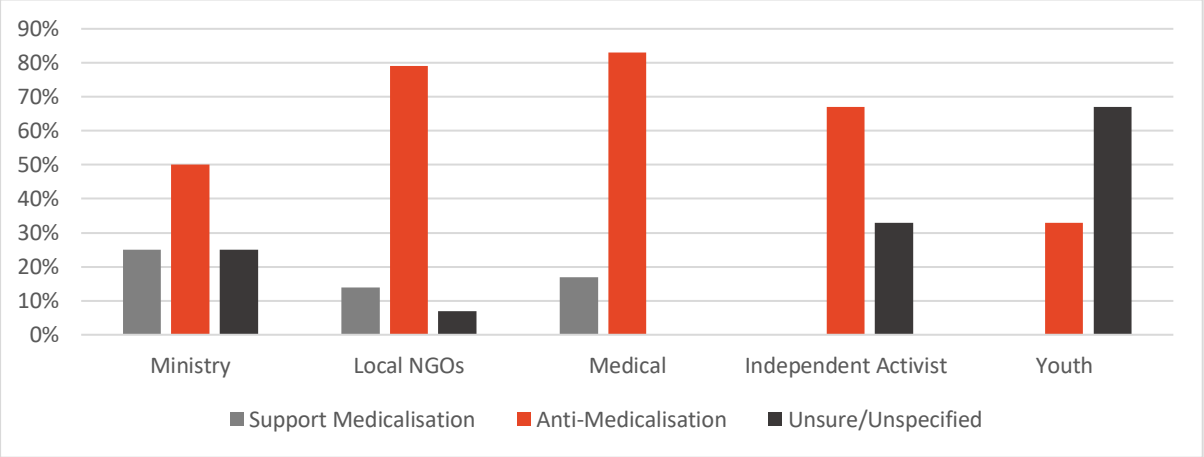
Medicalisation of FGM

Medicalisation refers to the performance of FGM by healthcare providers or in healthcare facilities, rather than by Traditional Birth Attendants (TBA). The Action Aid Midterm Review 2018 conducted by Orchid Project[14] indicates that medicalised FGM is on the rise in Somaliland. Between 2016 and 2018, the percentage of women reporting that their daughters had undergone medicalised FGM rose from 16 to 44 per cent, which is a significant and rapid increase.

[14] Newell-Jones, K. (2018) Action Aid International Somaliland (AAIS) programme on FGM/C: Midterm Review, Orchid Project.

Findings on the medicalisation of FGM in Somaliland are complex and require some unpacking. Of those interviewed, 68 per cent of participants were against the medicalisation of the practice, while 13 per cent believed that FGM should be medicalised to reduce the risk of harm and adverse consequences for the woman – maintaining that a healthcare professional would ensure the procedure is performed using sterile equipment and anaesthesia, and with professional training on the female anatomy. 19 per cent of participants were unsure or did not wish to commit to a firm opinion on the matter. Women and men were equally likely to believe the practice should be medicalised.

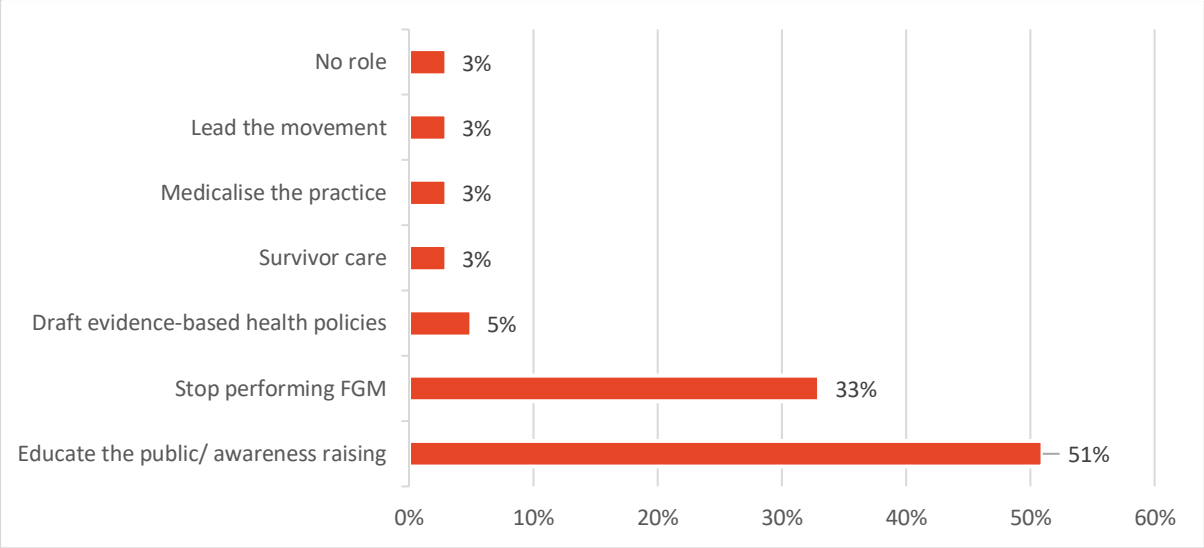
Figure 8: Opinion on medicalisation of FGM by role in movement



The majority (83 per cent – n.5) of healthcare professionals I spoke with believed that the practice should not be medicalised – even in the case of sunna.

A further interesting finding on medicalisation is participants' view on the role that healthcare professionals should play in the movement to end FGM. These answers were provided by participants in their own words; they were not given a selection of choices or suggestions, and some participants gave multiple answers which led to 39 total answers (from 34 respondents). Despite this there was remarkable consensus: 33 per cent of responses indicated that healthcare professionals' most important role to play in the movement was to cease performing the practice. This suggests that several participants are concerned that medicalisation is increasing or has become a norm. Of those who gave this answer, 62 per cent were women which may indicate their closer awareness of trends in the practice through conversations with female relatives. 51 per cent of responses focused on the role of healthcare professionals to provide information to the public and to raise their awareness about the harms of the practice. Healthcare professionals who were interviewed mainly saw their role as being to educate the public and raise awareness, however a couple noted increased medicalisation and stated that this should be stopped.

Figure 9: Role of healthcare professionals in the end FGM movement



Other stakeholders in the movement

Youth

Youth are often considered to be the key stakeholders in ending FGM, and the most important people to target with awareness-raising campaigns. A number of participants emphasised the role of youth as the ones who are able to break the cycle of FGM for the next generation – as future parents, they are the ones who are able to choose whether FGM continues for their daughters. A number of youth-focused organisations, including YPEER, SONYO and Youth Anti-FGM, focus their efforts on youth education and awareness-raising, peer-to-peer influencing and engagement, and youth-led activism. A number of participants noted that this generation of youth in Somaliland is the best-educated to date, with an ever-growing number of (particularly urban) young people completing secondary and tertiary education. Many studies[15] [16] [17] across various countries have shown the strong positive correlation between higher levels of education for women and lower FGM rates of their daughters.

However, there are also barriers for youth in engaging with the movement to end FGM in Somaliland. Despite their education, university graduates are facing poor employment prospects due to the economic situation in the country – thus for many, their priorities are focused on livelihood rather than activism. Somali culture is also deeply respectful and deferential according to age and marital status. As one participant explained,

[15] International Centre for Research on Women (ICRW) (2016) *Leveraging Education to End Female Genital Mutilation/Cutting Worldwide*, https://www.icrw.org/wp-content/uploads/2016/12/ICRW-WGF-Leveraging-Education-to-End-FGMC-Worldwide-November-2016-FINAL.pdf

[16] UNICEF (2013) *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*, https://www.unicef.org/publications/index_69875.html

[17] Ahanonu, E.L. and Victor, O. (2014) Mothers' perceptions of female genital mutilation, *Health Education Research*, 29(4)

> *"Because our culture and beliefs, all the time youths [are] depending on the older people, the families. They are not the decision-makers. Even if the young girl, or young boy – youth – are go to the religious people, they are not listening with them. If they go to the community elders, they are not listening to them […] The only thing that youth can do is to encourage the marriage of the young girls who are not circumcised. But the community mobilization, they are not doing nothing. The only decision that they have is to accept marriage of the uncircumcised girl […] Why? Because Somali people all the time, when you get marriage, when you get children, that is the time you are independent your family. We are not same to the other people in Europe and the others who are taking their independence for 18 years old. If you are not married, if you are single – if you are 30 years, still you are under the instruction and control of your father and mother."*

Under this mindset, which is reflected in the comments of many older participants, it is not proper for a youth to attempt to educate their elders about any issue – especially a sensitive one like FGM. A related challenge that youth face when taking an active role in the movement is a perception by their elders that they have been corrupted by foreign influences:

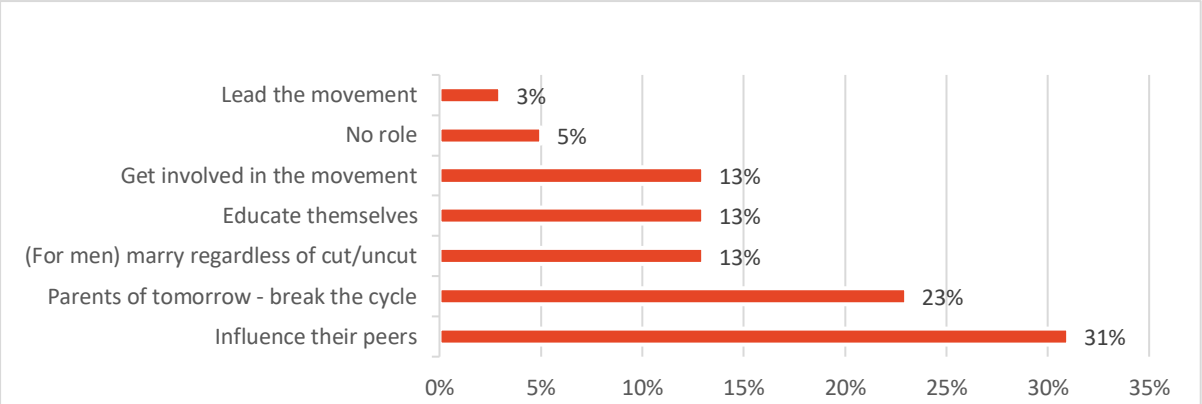
> *"Simply, the elder will be saying, 'ah, this young girl, or this young boy, youth! They are following the international and international people. They are going to the internet and the others and they have other information coming from the abroad'. So [the elders] are not listening."*

As one participant also relayed:

> *"I receive backlash […] They approach me, and they told me that's not right to talk about like western, 'you have a western ideology'. And I said, 'let me tell you, the western, or the girls from the first world, or Europe and in America, never felt the pain of FGM that I felt. So how can somebody tell me to talk about something that they never knew, while I know most of it?'"*

Despite these challenges, however, youth are very active in the movement to end FGM. When asked about the role for youth in the movement, 30 per cent of participants stated that it was the responsibility of youth to break the cycle for the next generation by choosing, as parents, not to cut their daughters. 23 per cent believed it was the role of youth to influence their peers not to cut their daughters. Only one respondent (a youth participant) thought that the role for youth was to lead the movement – and this likely is linked with the reasons above. A couple of elderly participants felt that youth should take no role in the movement and should be guided by their elders.

Figure 10: Role for Youth in the movement



Women were more likely than men to think of their role as being to break the cycle of FGM as future parents. This may be connected with the fact that in Somaliland FGM is almost exclusively considered 'women's business' – organised by mothers and grandmothers without the involvement of male family members. Therefore, women may see it as being their responsibility to resist pressure they may face from female family members when they become mothers to daughters.

On the other hand, men were four times more likely than women to see the youth role as being for men to marry women regardless of their FGM status. This is quite a bold goal, as marriages in Somaliland are typically a family affair – marriage negotiations involve male elders of the two families, and the couple in question may have limited involvement. Under this norm, it would be understandably challenging for a young man to insist on marrying an uncut woman.

Somaliland Government

In addition to age and generation, another factor influencing the practice and prevalence of FGM is the country's governance. Somaliland has a presidential system, with a bicameral parliament. There are two houses of the government – the House of Representatives and the House of Elders (Guurti); Members of the House of Representatives are theoretically directly elected by the people every 5 years, however there have been significant delays between some elections. Somaliland's legal system is a mixture of civil law, Islamic law, and customary law. Islamic law takes precedence over all laws, and customary law also has a strong influence.

When running for election in 2017, the current President, Musa Bihi Abdi threw his support behind the movement to end FGM in Somaliland and made the following commitment:

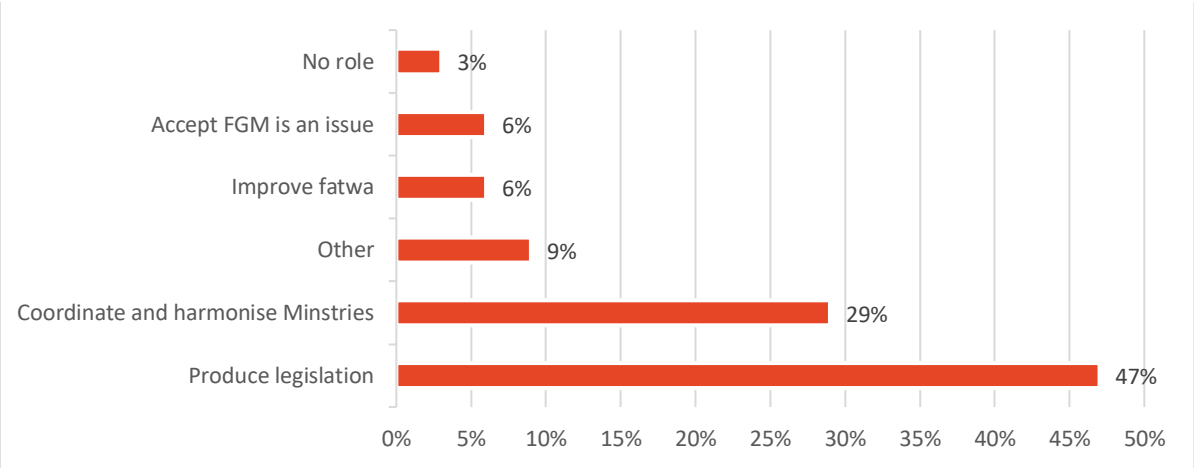
> *"What is needed now is the political leadership to bring focus and clarity to this campaign led by Somaliland's hundreds of activists and campaigners. If I am elected president, I will do exactly that."*

Despite this pledge, there is still no legislation prohibiting FGM in Somaliland, nor legislation prohibiting healthcare professionals from performing the practice. Participants expressed frustration that the government was failing to act on the issue to provide them with backing and support to do their work. As one participant put it,

"The role of the government for long is invisible. They say they are involved; they say they talk about it, but it is invisible."

The same participant commented that they felt despondent and impotent when they came across a situation in a rural setting where a TBA was about to perform FGM on two girls in a local family. With no legislation prohibiting the practice, the participant wasn't able to call the police or stop the TBA in any way. They felt powerless and let down by the government which hadn't provided them with the basic resources to address the issue. Overall, 47 per cent of participants shared this feeling – and felt that the priority for the government should be in producing legislation to ban FGM.

Figure 11: Role for Government in the movement to end FGM



Participants also frequently complained that the government's contradictory approach to FGM was a serious barrier to progress, and that it was causing confusion amongst the community. The Ministry for Labour and Social Affairs (MOLSA) has traditionally held the role of 'line ministry' for FGM – working with NGOs and activists, engaging in workshops, and leading on the drafting of the FGM bill (still in progress – led by a task force under MOLSA, based on total abandonment). MOLSA, the Ministry of Health (MOH) and Ministry of Justice (MOJ) have all traditionally held 'zero tolerance' or total abandonment positions towards FGM. Many participants complained that MORA unilaterally released the fatwa (which, as discussed above, supports sunna) without consultation with other ministries, and with very limited community or expert consultation (anecdotal evidence suggests only one doctor was consulted). Ministry employees who spoke with me admitted to now being in a difficult position – they feel they cannot openly contradict their ministerial colleagues but have been blindsided and restricted in their ability to pursue total abandonment work. 29 per cent of all participants felt that the government needed to improve their function to coordinate and harmonise the mission and messages amongst the ministries.

Religious Leaders

Somaliland is an Islamic country, and more than 99 per cent of the population practice Islam – specifically Sunni Islam from the Shafi'i school of belief and practice. Religious leaders are the ultimate influencers and authority figures in Somaliland; more so than the government or the President. As

discussed above, Islamic law takes precedence over all other forms of law in Somaliland, and religious leaders are therefore often called upon to be the ultimate arbiters in society. While education and literacy levels have risen exponentially in the last 20 years, historically the majority of the population had poor levels of education and poor access to information beyond their immediate communities and regions; religious leaders were the main source of guidance, education and information not only about religious, moral and ethical matters, but on practical, political and many other areas.

> *"The sheikhs they have ultimate legitimacy. Sometimes they say these people are representing our God. These people they believe, the people they believe that the sheikh is representing our God. And there's no one that can say against them one word."*

> *"If [religious leaders] come against your advocacy, totally you will die. You will not die, but your issue will die."*

Feelings about the role for religious leaders in the movement to end FGM in Somaliland were complex. Most participants expressed a deep reverence for religious leaders and yet were disappointed by their actions (the fatwa) and inactions (failure to speak about FGM in mosques, failure to support total abandonment). Many felt that religious leaders were not engaging fully with addressing FGM because of a belief that the movement to end the practice was 'donor-driven' or led by foreigners.

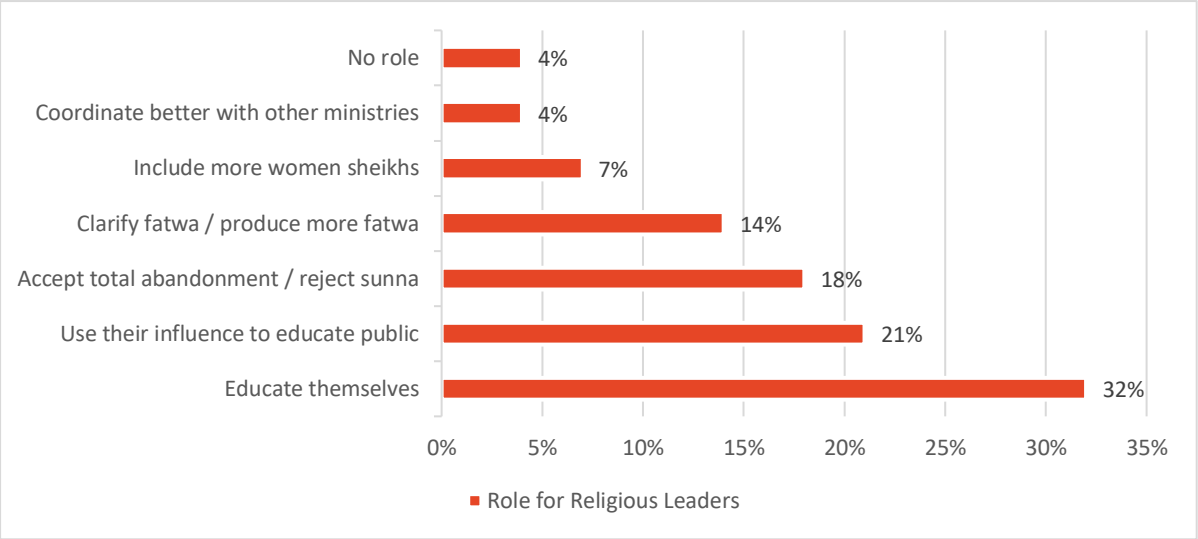
> *"Another biggest challenge is religious leaders also, their mission is always against everything from the outside, they say its Western idea coming from somewhere else, it's not our culture."*

Many were critical of Article 1 of the fatwa (including those supportive in principle of the fatwa as a step forward). Many expressed concerns that Article 1 declares sunna to be an obligation rather than an optional practice; 'sunna' under many participants' understanding meant 'optional'. Indeed, a couple of participants explained that the very definition of the term sunna is 'optional'. These participants felt that those behind the fatwa were mistaken in treating sunna as an obligation.

A sheikh who was involved in the drafting of the fatwa had a very different understanding of sunna, however:

> *"Sunna is our obligation; we can't leave it alone. We can't leave because our Prophet did it and we have to follow the path that our Prophet had done and that is some areas that we have some misunderstanding with the NGOs. They think that something that you can do, and something that you can't do sometimes. But sunna, no, you can't forget it. You should have to do it whatever time is, whatever kind it is. But we are deciding that the pharaonic should be stopped. But we can't stop the sunna because our Prophet have done."*

Figure 12: Role for religious leaders in the movement



Participants mainly thought that the role for religious leaders was to better educate themselves about FGM – with 32 per cent suggesting this. Two healthcare professionals that I spoke with commented that religious leaders had very poor understanding of the female genitalia, and therefore were not in a position to be guiding others as to what they should or shouldn't cut. One participant gave an anecdote about a religious leader who believed that sunna cut meant the removal of the "rooster's crest" that dangled from the female genitals. The healthcare professional in question had to advise the religious leader than no such organ existed on a woman.

21 per cent of participants wished for religious leaders to use their influence and their platform to break the silence about FGM and to counsel their communities to abandon the practice. 18 per cent hoped that religious leaders would embrace total abandonment, and, relatedly, 14 per cent thought that religious leaders should amend the fatwa or release a new fatwa which either clarifies what they mean by sunna or supports total abandonment.

Connection with the Global Movement & Relationship with Donors

Participants were asked if they considered themselves to be part of a 'global movement' to end FGM – whether they felt connected with others working to end FGM in other countries or felt included in global platforms and events. 58 per cent felt strongly that they were a member of the global movement; 27 per cent felt 'somewhat' connected with the global movement – some felt that their contributions to ending FGM were far more locally focused and they weren't personally connected with others working on the issue elsewhere, but they felt united with others by a common goal, and liked to see what others were doing through social media. 12 per cent did not feel connected with a global movement.

Of those who felt strongly connected with a global movement, the majority felt this way through participation in global end FGM platforms and campaigns which allowed them to share information and learn from others in other countries; through attendance at global end FGM events or exchange visits which allowed them to create networks of support and learn from others; and through feeling united by a common goal that cut across nationality, culture and religion. Of the four participants who did not feel connected with a global movement, three expressed their desire to be connected in the future, while the fourth explained that they felt Somalilanders should focus on building their own locally led movement.

Figure 13: Do participants consider themselves part of a global movement to end FGM?

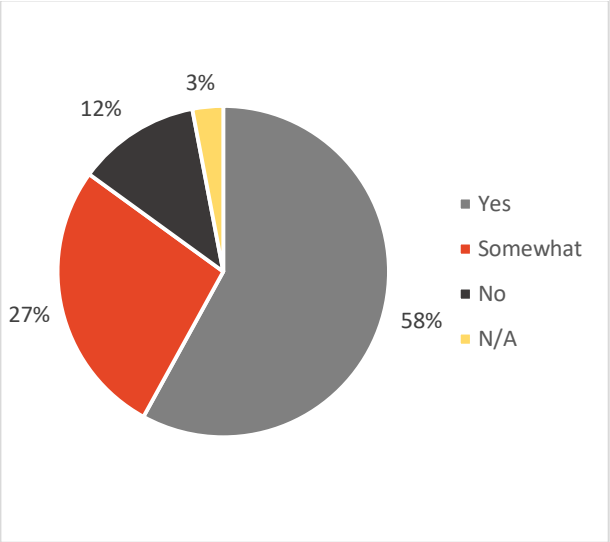
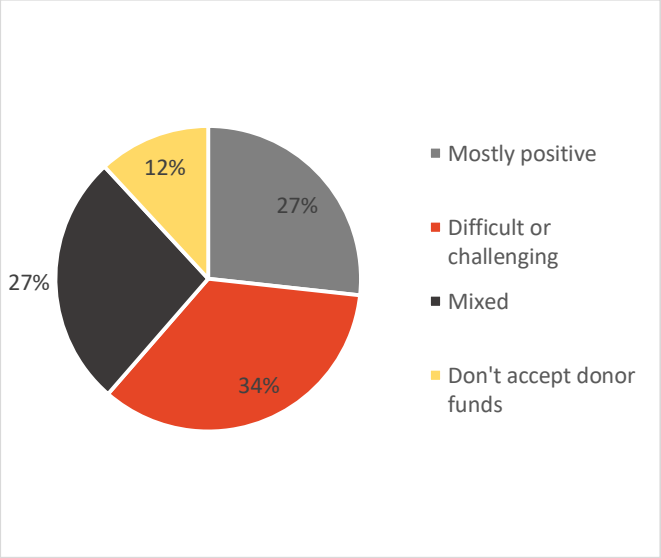


Figure 14: Participants' feeling about donor relationship(s)



When it came to their relationships with international donors (primarily UN bodies such as UNFPA, UNICEF, etc; INGOs; and foundations) the results were mixed. 7 participants had not had personal dealings with donors as this was handled by other members of their organisations – they therefore did not feel confident speaking about donor relationships and their data is excluded from this summary. 27 per cent of participants who responded to the question reported having mostly positive relationships with donors (either currently or in the past), while 35 per cent reported mostly having difficult or challenging relationships with donors. 27 per cent felt that their dealings with donors were mixed – with some upsides and downsides; while 12 per cent told me that they actively refuse donor funding.

Participants were most likely to feel positively about their relationship(s) with their donor(s) when the funding levels were fair, adequately covered overheads, and were transferred in a timely manner; and when their donor was hands-on in a way that felt collaborative and supportive, allowed the local staff to learn from international experts and build their skills, but didn't suffocate the local NGO and try to dominate decision-making.

Participants were most likely to feel that their relationship(s) with their donor(s) were difficult or challenging when they felt that they hadn't been able to feed into the project design; when they felt the donor was ignorant about the local context and unwilling to listen – pressing ahead with ideas that participants felt were inappropriate or ill-suited to the community; when they were slow to commit

or disburse funds; or when they unfairly changed the expectations and targets when they project was already well underway.

Some spoke broadly about the overall dynamic between international donors and the local NGO landscape in Somaliland. A number of participants expressed their frustration that competition for donor funding was a distraction amongst the movement, and that success in proposal-writing was less to do with the strength of the project idea and more to do with how it aligned with INGOs' favourite buzzwords. Participants commented that INGOs should do more to support local NGOs to work together rather than pitting them against each other, which renders all parties involved more financially, and less outcome focused. Related to this, many participants commented that donors often have different agendas or objectives, and as a result, the local NGOs they fund end up working at cross-purposes in the same community. These participants felt that international donors had a role to play in harmonising their own agendas by communicating with each other.

Of the participants who remarked to me that they choose not to apply for or accept donor money, they all shared the same reasoning – that they would rather sacrifice funding than sacrifice their autonomy and ability to implement end FGM activities in the way they see as most culturally and contextually appropriate. These people, who represented three local organisations, recognised that communities often reject 'donor-driven projects' and wished to have the freedom to work with communities in more authentic ways. As one participant commented sadly,

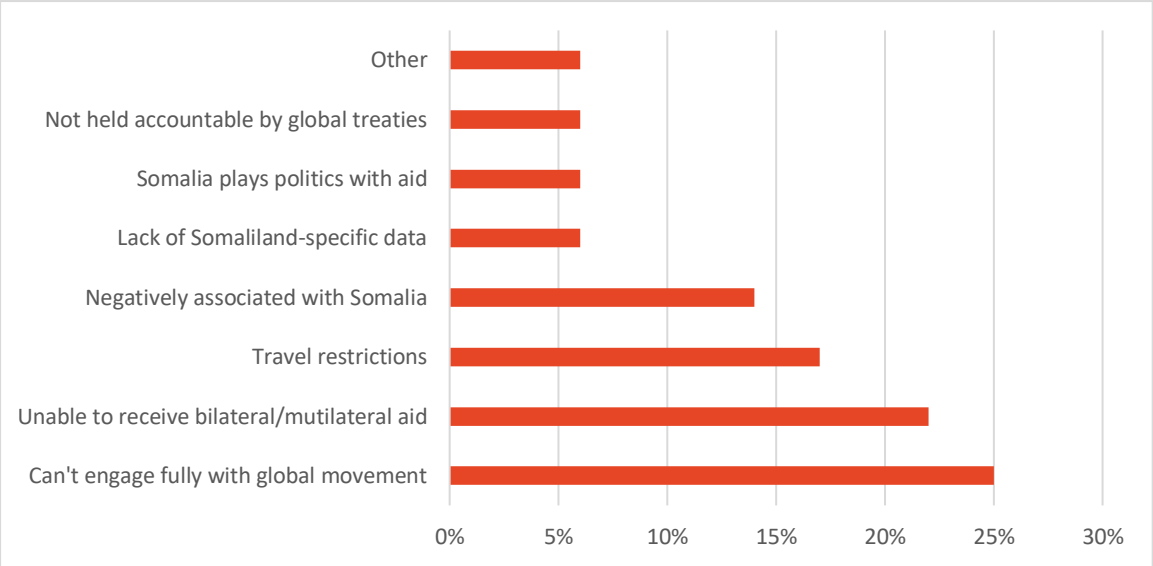
> *"I think there's a lot of funding for FGM here, and sometimes that is part of the problem. Everyone is involved on FGM issues, even they're not committed. Sometimes you're in a meeting or a workshop and you are discussing things, and then out in the break you are drinking a coffee and a person is saying 'you know, I think sunna FGM is fine' and you say 'oh but you work for the organisation that says [zero tolerance]!'"*

Somaliland Recognition

When thinking about Somaliland's status as an independent, but unrecognised, country, with reference to FGM, the majority of participants felt that a lack of international recognition had a negative or restrictive effect on the movement. 61 per cent of participants felt that the lack of recognition was an issue for the movement, while 33 per cent categorised recognition as a 'political issue' and FGM as a 'social issue'; few considered these two spheres to overlap or interact. One participant was not asked this question, and one other categorised the lack of recognition as both a *"blessing and a curse."*

Of those who felt that Somaliland's lack of recognition by the international community caused barriers for the local movement, they gave the following reasons:

Figure 15: How Somaliland's lack of international recognition affects the local movement to end FGM



The most common answer was that a lack of recognition restricted Somaliland's ability to engage with the global movement. By this, participants meant a variety of things – some meant that they were unable to engage as Somalilanders (i.e. only invited to represent Somalia at conferences/events which some found to be unacceptable); some meant that they were unable to engage at all due to lack of resources and ability to travel. Some felt that they had to spend so much of their time engaging with donors and others just explaining that Somaliland exists.

Relatedly, participants felt that travel restrictions limited their ability to engage. Travel restrictions referred to the lack of recognition of Somaliland passports by other governments. Participants commented that Ethiopia and Djibouti were two of the few countries that were flexible with allowing Somaliland passports, while internationally they are not recognised. Some Somalilanders travel using Somali passports, or Ethiopian or Djiboutian if they have ancestry – however some are unable to apply for travel documents that are recognised by the international community and are therefore unable to travel to conferences or events to network with and learn from other members of the global movement. Those travelling on Somali passports were also subject to many visa challenges.

> *"That is the biggest challenge. The biggest challenge. We don't have access to the global debates and discussions."*

> *"I think we are, as a community, as a country, we are in jail. Because we have no external access [outside of] the country."*

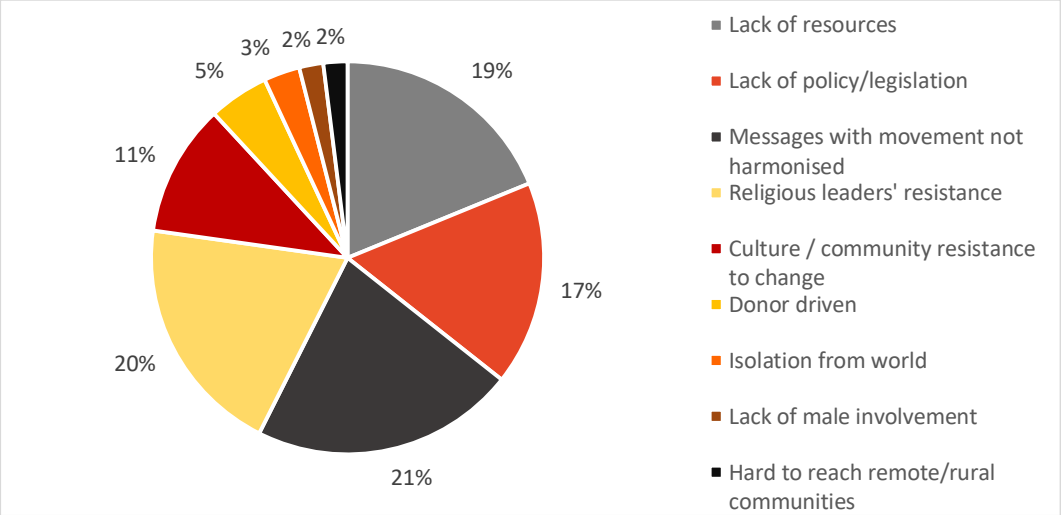
Those who commented on Somaliland's inability to receive bilateral (country-to-country) or multilateral (World Bank, IMF etc.) aid remarked that this had a disempowering and even crippling effect on the Somaliland government. With foreign aid sidestepping the government and working directly with dozens of NGOs, it was felt by some that the Somaliland government was stripped of any ability to coordinate, convene or harmonise the movement. One participant commented that a gap this had caused was that the Ministry of Education had been rendered unable to mainstream any kind of standardised end-FGM education programmes in schools.

Challenges and opportunities for the movement

Greatest challenges facing the movement

Participants were asked to list what they perceived to be the greatest challenges facing the movement currently. Most participants listed a number of challenges, and most listed the following as their 'top four': lack of resources, lack of legislation, message of the movement not harmonised, and religious leaders' resistance. Some gave greater emphasis to one or the other – but typically participants felt that these four factors were interplaying to create barriers to the movement's progress.

Figure 16: Greatest challenges for the movement



A lack of resources (both funds and personnel) was felt to create competition within the movement for donor attention. As mentioned above, Somaliland does not qualify for bilateral or multilateral aid/loans from other countries or from global economic institutions. This means that virtually all funding for end FGM activities comes from INGOs or other foreign bodies, leading to competition within the movement, and to perceptions by the community that efforts to end FGM are 'donor-driven' or a 'western agenda'. The competition for funding was also seen to contribute to the fractured messaging within the movement. Local NGOs dependent on foreign funds were typically contractually bound to promote 'zero tolerance' messages; other organisations that did not have FGM-specific programmes (instead broad GBV or women's health programmes) were sometimes not so bound and would use other messages. When the fatwa was released promoting sunna, this led to situations where a community would be visited one week by organisation 'A' promoting total abandonment, and the following week by organisation 'B' promoting sunna.

17 per cent of responses indicated that a lack of legislation was a significant challenge; as previously discussed, many activists felt that without a law to back up their work they were powerless to convince people to abandon the practice.

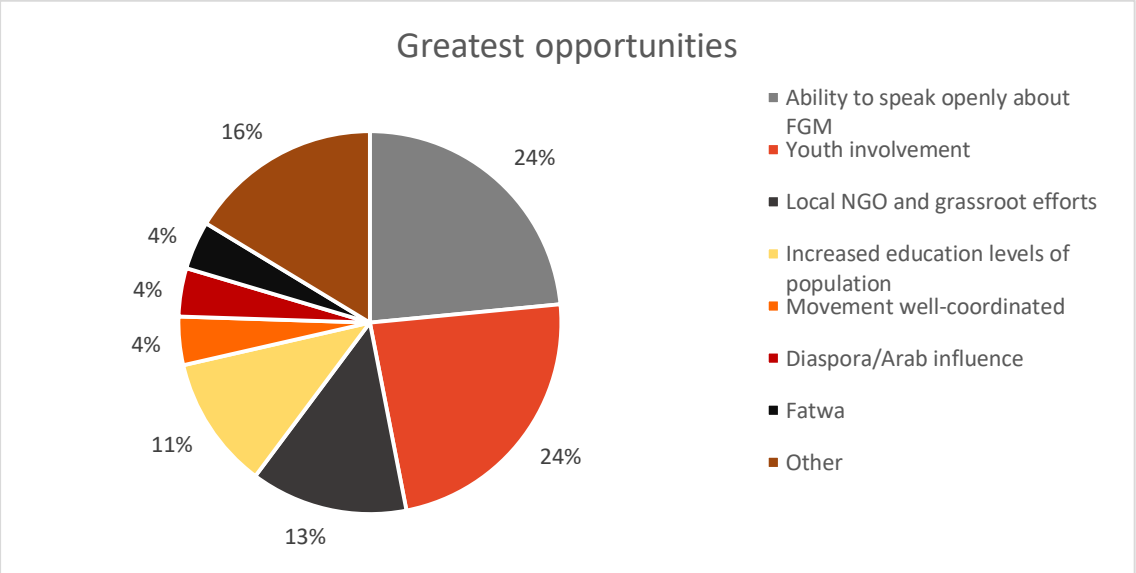
Greatest opportunities for the movement

The final question asked of participants during the interviews was what they saw as being the greatest opportunities for the movement to end FGM in Somaliland. A number of different responses were given – the most common of which were youth involvement in the movement (23 per cent) and the fact that people were now able to speak openly about FGM in Somaliland – the silence has been broken (23 per cent). It is interesting to see the premium on youth involvement here, given earlier results which indicated that participants didn't see youth as being the leaders of the movement. Their role in breaking the cycle for the next generation and ending stigma by marrying women regardless of their FGM status were clearly significantly valued, even if at this stage participants do not feel comfortable with the movement being youth-led.

The fact that people are now able to speak publicly and openly about FGM in Somaliland was emphasised by participants as being a game-changer, or a ground-breaking achievement for the movement which provides them with the foundations on which to build and grow the movement.

> *"I think 20 years ago, people were not discussing FGM at all. FGM was a taboo subject. Now it is a matter discussed everywhere, discussed by religious leaders, traditional elders, government institutions. We talk about legislation, draft laws and bills especially. There is improvement in terms of conversations."*
>
> *"The debate is already open; the conversation is happening. It is no longer a taboo subject and as issue in this country."*

Figure 17: Greatest opportunities for the movement



Conclusion

The movement to end FGM in Somaliland has made some significant gains during its existence. Since Former First Lady of Somalia and leading end-FGM activist, Edna Adan Ismail, first spoke publicly about FGM at a health conference in 1976, the movement has worked to break the silence about something which was an incredibly taboo and sensitive subject, not even discussed between women. We can also attribute the decline of infibulation in favour of less severe forms of FGM to the movement – awareness campaigns about the health complications and harms of the practice have clearly been influential. The unfortunate side-effect of highlighting the health effects of FGM is that the practice has become increasingly medicalised; FGM is now being performed in more MCHs and hospitals than ever before, or by healthcare professionals in the home.

Overall, the most striking message the data suggests that the movement, despite being active for a number of decades, lacks coordination and a consistent, harmonised message that would help to provide it with more guidance and traction. It is a significant problem that among those working to end FGM in the country, there is not a shared and unified understanding of what 'FGM' is, what 'sunna' is, and whether there is any overlap between the two. There is no unified stance on whether to pursue a total abandonment approach, which would mean encouraging the cessation of FGM and all forms of sunna; to pursue ending FGM but continuing sunna; or to take a pragmatic approach and encourage this generation of parents to choose sunna over infibulation in the hopes that the generation after that will choose total abandonment. Without these common understandings, the movement is fractured and working at cross-purposes. Communities are becoming deaf to FGM campaigns because they are consistently hearing contradicting messages instructing them how to behave – this is leading them to dismiss all messages.

Religious leaders are seen to play a very significant role in these debates – their influence among the community is paramount and their voices are listened to above all others. While some emphasise that it should be recognised and celebrated that religious leaders have broken their silence and spoken publicly about FGM for the first time, breaking the centuries-long taboo that prevented the practice from even being acknowledged, others are frustrated and disappointed that the fatwa implies that sunna is not a form of FGM and is an obligation. This has caused a great deal of confusion about what the physical practice of sunna should involve, and whether sunna is from Hadith or the Qur'an. Many feel that female sheikhs should be included in these debates and are currently not.

Another critical challenge for the movement is the perception that efforts to end FGM (and especially total abandonment efforts) are donor-driven, influenced by outsiders. Fear of western interference, the erosion of Islamic culture and religion, and the imperial/colonial all play into this perception. The methods and practices of the international aid and development sector play directly into this perception. INGOs and private donors almost exclusively fund short term programmes to minimise their own risks and commitments. Project funding ranges from as limited as six months for grassroots seed funding, to five years for committed, large NGOs. However, FGM is a deeply rooted social norm that has been practiced in the region for thousands of years. Neither a six month nor five-year programme is a sufficiently long investment to break such a long-standing norm. However, the other side of this is that many in the movement find their engagement with international donors to be positive, with the relationship bringing essential funding, technical skills building, being responsive to local NGO needs and changing circumstances, and providing support through partnership.

While donor relationships may be seen as a double-edged sword, interaction with the global movement overall appears to be positively perceived by the end FGM community, who view this engagement as an opportunity to share lessons learned, knowledge and methods; to build networks of support; and to feel united by a common purpose. An example of this is when Somalilander youth activists travelled to Kenya to attend the first Pan-African Youth Summit on Ending FGM, organised by a global end-FGM platform, The Girl Generation, along with over 100 other activists from 17 different countries. At the summit, the Somalilander youths met with and learned from youth networks from Kenya, Nigeria and other countries; they shared their lessons about how they built their networks. When the Somalilander youths returned home, they established Youth Anti-FGM and have drawn upon their global contacts for support throughout formation and development.

Many see Somaliland's status as an unrecognised state to be a barrier to the movement to end FGM. While Somalilanders are proud of the fact that they achieved peace and nation-building without external funding or support, the downside of being ineligible for bilateral and multilateral aid, is that donor funds bypass the government and channel directly to local NGOs – which renders the Somaliland government somewhat of a spectator to the movement rather than an active player. Lack of recognition also ties Somaliland to Somalia in most global eyes, which presents significant barriers to Somaliland accessing global platforms independently and under their own name; there is somewhat of tendency in global politics to view Somalia as a 'failed state' which leads to similar assumptions about Somaliland's governance. Data is typically collected for Somalia and not disaggregated to allow us to understand demographics and trends in Somaliland, although this is slowly changing.

Ultimately what is captured here is merely a snapshot of the data that I collected during my trip to Somaliland, and a preliminary analysis of this data. I have developed this report as an interim 'placeholder' until my research is fully developed and completed in 2021, and to provide an overview of the 'lay of the land' of the end FGM movement as I perceive and understand it. It is my hope that some of this information on what others are thinking and feeling will help those within the movement to better understand the sentiments across the movement, and to highlight areas where harmonisation and communication could be prioritised.