



## AED Initiative

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### FGM Reduction Concept Note

**Requesting Organization: AED Initiative** Aid & Education Development Initiative

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**Proposed Project Title: FGM Reduction, Gender Empowerment and Protection Program**

**Number of Target Beneficiaries: 200 HH**

**Project Duration: 4 Months**

### Organization Background

**AED Initiative (Aid & Education Development Initiative)** is a registered nonprofit organization that works to contribute towards social and sustainable development in Somalia. AED Initiative focuses on humanitarian development programs including through promoting education, community empowerment, aid development and livelihood support. The main

## Somalia Program

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strategy of AED Initiative is work collectively with potential partners, community sectors, social development initiative and humanitarian volunteers with aim of working together towards development. **AED Initiative** has recently completed FGM reduction for Community Group in partnership with **Portable Practical Education Practices (PPEP)** a leading international development organization.

### Some photos of the past FGM reduction work that AED Initiative implemented in partnership with PPEP



## Project Rationale

**Female genital mutilation (FGM)**, also known as **female genital cutting** and **female circumcision**, is the ritual removal of some or all of the external female genitalia. Typically carried out by a traditional circumciser with a blade or razor, with or without anesthesia, The age at which it is conducted varies from days after birth to puberty; most girls are cut before the age of five. They include removal of the clitoral hood and clitoris, and in the most severe form (known as infibulation) removal of the inner and outer labia and closure of the vulva; in this last procedure, a small hole is left for the passage of urine and menstrual blood, and the vagina is opened for intercourse and childbirth. Health effects depend on the procedure, but can include recurrent infections, chronic pain, cysts, an inability to get pregnant, complications during childbirth and fatal bleeding. The practice is rooted in gender inequality, attempts to control women's sexuality, and ideas about purity, modesty and aesthetics. It is initiated and usually carried out by women, who see it as a source of honour, and who fear that failing to have their daughters and granddaughters cut will expose the girls to social exclusion. In Somalia, the practice is a traditional rooted practice and efforts to stop FGM have been ongoing but the communities do not seem to be fully aware of the harmful effects of the practice. Within the AED initiative areas of operation, awareness on effects of FGM has been going on,. However, due to the magnitude and the impact of FGM brings on girls and women as well as the entire community, it was found necessary to address FGM practice adequately. Challenges of fighting FGM in Somalia are lack of adequate knowledge of the effects of the practice, the secrecy surrounding it, and the shielding of the practitioners.

AED Initiative gives special reference to FGM as a human rights problem and clearly recognizes the implication of the practice as a form of violence against girl children and women, and this perspective affirms that girls and women should be protected from violation of their rights.

**FGM Reduction, Gender Empowerment and Protection Program** will be of great benefit to the girls, women and the community at large.

The Project aim at educating the community through trainings, sensitization and community campaign forums enabling the communities to understand the effects and hazards associated with the practice. Religious leaders and local leaders will play an integral role in the implementation of the project.

### **Hazards/Complications of FGM**

Majority of the communities in Somalia including local practitioners, traditional birth attendants and traditional communities don't have the knowledge about the hazards and complication of FGM practice and that is why FGM has become common within Somali communities. So it is important that that communities are well empowered and educated to prevent FGM practice and participate in awareness programs to eradicate it.

#### **Complications of FGM**

<b>Physical</b>	<b>Psychological</b>	<b>Sexual</b>
<ul style="list-style-type: none"> <li>- Severe pain due to the operation being performed with crude instruments and without anesthetic.</li> <li>- Hemorrhage. Excision of the clitoris involves cutting the clitoral artery which has a strong flow and high pressure. Packing, tying or stitching to stop bleeding may not be effective and this can lead to hemorrhage.</li> <li>- Acute urine retention can result from swelling and inflammation around the wound, the girl's fear of the pain of passing urine on the raw wound, or injury to the urethra.</li> <li>- Infection is very common as a</li> </ul>	<ul style="list-style-type: none"> <li>- For some girls, mutilation is an occasion marked by fear, submission, inhibition and the suppression.</li> <li>- Some girls and women are ready to express the humiliation, inhibition and fear that have become part of their lives as a result of enduring genital mutilation.</li> <li>- For some girls and women, the experience of genital mutilation and its effect on them psychologically are comparable to the experience of rape.</li> <li>- The experience of genital mutilation has been</li> </ul>	<ul style="list-style-type: none"> <li>- Excised women may suffer painful sexual intercourse (dyspareunia) because of scarring, narrow vaginal opening, or obstruction of the vagina due to elongation of labia minora, and complications such as infection.</li> <li>- Vaginal penetration for women with a tight introitus may be difficult or even impossible without tearing or re-cutting the scar. This may lead to loss of self-esteem and sexual dysfunction.</li> <li>- Vaginismus may result from injury to the vulval area and</li> </ul>

<p>result of unhygienic conditions; use of unsterilized instruments.</p> <ul style="list-style-type: none"> <li>- Difficulties in menstruation can occur as a result of partial or total occlusion of the vaginal opening. Such difficulties include dysmenorrhea and haematocolpos (accumulation of menstrual blood in the vagina).</li> <li>- Fistulae (holes or false passages) between the bladder and the vagina (vesico-vaginal) or between the rectum and vagina (recto-vaginal), can develop as a result of injury to the soft tissues during mutilation,</li> <li>- Problems in childbirth are common, particularly following severe forms of mutilation, because the tough scar tissue that forms causes partial or total occlusion of the vaginal opening.</li> </ul>	<p>associated with a range of mental and psychosomatic disorders; such as sleepness,night mares, loss of appetite, panic attacks.</p> <ul style="list-style-type: none"> <li>- Girls who have not been excised may be socially stigmatized, rejected by their communities, and unable to marry locally, which may also cause psychological trauma.</li> </ul>	<p>repeated vigorous sexual intercourse.</p> <ul style="list-style-type: none"> <li>- Inhibition of coitus because of fear of pain may damage the marital relationship and even lead to divorce</li> </ul>
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**Advocating for Social Behavior Change**

Harmful traditional practices sometimes seem impossible to change. Efforts to alter or eradicate them require the cooperation and understanding of community leaders, policy makers, and the people who have experienced or witnessed hardships these practices cause. Community education is critical to increasing public awareness of the negative consequences of these practices and changing societal norms. Laws condemning harmful practices must be implemented and enforced. When respectful of tradition, advocacy can unite communities, reinforcing practices which benefit all members, while at the same time confronting those which damage the integrity and diminish the humanity of girls and women.

**Results Framework**

## Somalia Program

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Objective	Outcome Indicator(s)	Target	Sources of Verification
Eradication of Female Genital mutilation practice through community trainings, Community mobilizations and Campaigns for six months.	--Number of trainings held - Number of people benefited from the trainings. - Number of community Awareness sessions held - Number of Campaigns Held	200HH	<ul style="list-style-type: none"><li>- Beneficiary Registers/lists</li><li>- Training reports</li><li>- Progress Reports</li></ul>

### Implementation Plan

The project will carry out mobilization sessions for community leaders and members of the community (religious leaders, Administration, community elders, youth, women leaders, teachers, traditional birth attendants, health workers) from the household level, village level to district level through educational campaigns on Gender Based Violence/harmful effects of FGM, and child rights issues. Awareness raising using posters, videos, drama will comprise the information materials. The project will use International days to reach out and disseminate information to more people.

Meetings will be held to deliberate on human rights, child rights and protection, gender issues, and health of girls and women. Training will target women group members, youth, traditional practitioners, Traditional Birth Attendants, teachers, men, chiefs, religious groups among others. Lessons will focus on human rights, child rights and protection, gender issues, FGM and health of girls and women. Other trainings will include advocacy, communication, and mobilization for change and leadership development.

### **Work Plan**

Activity	july,15	Aug,15	Sept,15	Oct,15
Community Mobilization and Awareness sessions				
Trainings and Capacity Buildings				
Anti-FGM campaigns				
Information, Education and Communication materials				
Monitoring and Evaluation				

### Monitoring and Evaluation

Monitoring will focus on reviewing project achievements/accomplishments versus targets, identifying issues and concerns affecting the implementation, and designing courses of action necessary to address those issues. A regular staff feedback session will be conducted to analyze monitoring results and prepare action plans. Monitoring tools and data collection forms will be specifically calibrated to the needs of the project. A participatory evaluation will be conducted following completion of the project with beneficiaries, community elders, project staff, and local government officials.