



**INTERNATIONAL  
SOLIDARITY  
FOUNDATION**

# **Final Evaluation Report**

**Community-Driven FGM/C Abandonment and Women  
Empowerment project - Somaliland**

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## LIST OF ACRONYMS AND ABBREVIATIONS

|               |   |
|---------------|---|
| CLA           | cluster level association (upper level of SHG, see below)     |
| CMC           | community management committee                                |
| CSO           | civil society organization                                    |
| FGD           | focus group discussion  |
| FGM/C         | female genital mutilation/cutting                             |
| GDP           | gross domestic product  |
| IP            | implementing partner(s)                                       |
| ISF           | International Solidarity Foundation                           |
| KII           | key informant interview                                       |
| MESAF         | Ministry of Employment, Social and Family Affairs, Somaliland |
| NAFIS         | Network against Female Genital Mutilation in Somaliland       |
| SHG           | self-help group   |
| SL            | Somaliland  |
| SLHDS         | Somaliland Health and Demographic Survey                      |
| SORADI        | Social Research and Development Institute                     |
| TOR           | terms of reference  |
| UN Trust Fund | United Nations Trust Fund to End Violence Against Women       |
| UNDP          | United Nations Development Plan                               |
| USD           | United States Dollars   |

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## **DISCLAIMER**

This report has been prepared by an independent evaluator, SORADI for ISF, for services specified in the terms of reference and contract of engagement. The information contained in this report shall not be associated with concerned institutions nor evaluation respondents. Naturally, all errors are our own.

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# 1 Executive Summary

According to a 2020 UNFPA report, the prevalence of FGM/C is extremely high in Somaliland. At least 98 percent of women aged 15 and 49 were circumcised according to the report. A number of projects are being implemented simultaneously in Somaliland to abandon the practice. The government has set up policies and strategies to eradicate FGM/C alongside partners and line ministries. The 'Community Driven FGM/C Abandonment and Women Empowerment in Somaliland' project was implemented in several towns and districts in Somaliland between the period 1 January 2020 to 31 December 2022. The main objective of the project is to empower local communities in Somaliland to abandon all forms of FGM/C.

This evaluation study sought to evaluate the project's relevance, effectiveness, efficiency, impact, sustainability, as well as knowledge created and the integration of gender equality and human rights principles. The evaluation aimed to identify takeaways and prospective new/good practices in the area of EAWG, particularly ending FGM/C in order to help ISF, NAFIS, and the donor (UN Trust Fund) in the design and development of similar future programs. On short term, the evaluation will inform ISF and NAFIS partnership on FGM prevention from onward, as well as ISF's plan to establish similar activities in Puntland and the Somali region in Ethiopia, both planned to take place in 2023.

Key recommendations following the evaluation data collection and analysis include to continue with the project so as to not lose momentum and synergy created, with focus on Eastern regions of Sool and Sanaag, which are needier and harder to reach. The engagement and training of religious leaders and community structures should be increased to further utilize their social influence capacity. Also, other types of change agent must be trained and engaged in FGM abandonment campaigns, particularly media related actors who can reach wide audiences. Engagement of women's own self-help groups (SHG) and related upped-level cluster level associations (CLA) was shown very effective avenue of community FGM attitude change and women empowerment, as well as advocacy powerhouse to support FGM bill and policy approvals. Also, efforts to support the government and local CSOs, and established coordination forums that bring them together should be continued and upscaled. More visibility could be created for the project achievements to inspire others, to scale up the achievements, to strengthen regional dynamics and local structures for the abandonment of FGM/C. Campaigns aiming to destigmatize uncut girls could be set up, aligned with systematic research on its impact on girls.

Another lesson learnt is that despite the multifaceted efforts, FGM is still not a priority in Somaliland and there is very little political will to make it a priority issue. Better collaboration and communication is needed for synergy. Also, more research and public discussion is needed on harms and perceived benefits of varying types of FGM/C, and their impact on girls. A missed opportunity is the cross-communities: contributions to spreading changing social norm across communities, within and across districts. There is indeed potential to spread this project's approaches and achievements nationwide, mapping, for instance, if GBV service centers or legal aid service points for SGBV survivors could be utilized.

## 2 Background and context

Somaliland is said to have an estimated population of about 4.5 million people based on the Somaliland Health and Demographic Survey (SLHDS) conducted in 2020. Although Somaliland has experienced difficulties relating to conflict, wars and political issues, recent years has seen the state progress and reach some milestones with regards to governance, gender equality and women empowerment. Livestock keeping and agriculture is the main contributor of economic development with the estimated GDP of 2.5 billion USD annually. The majority of the population at 74% is under 30 years of age with an average household size of six according to the SLHDS 2020 report.

Due to low employment opportunities in both urban and rural areas of Somaliland, there are still high poverty rates of up to 37% which highlights the nature of challenges that people in Somaliland particularly women and girls undergo with regards to improving their livelihoods and contributing towards economic development. The high poverty which continues to prevail in Somaliland is an enabler of some of the other social problems such as increased gender disparity, early marriages, practicing of FGM among other vices. Through FGM projects and programs, education and access have been created in the country to give more opportunities that can help reduce the poverty level which in turn results in the bridging the gender parity gap, abolishment of harmful traditional and social practices like FGM and early marriages.

To do so, there is need for coordination between government, civil society groups, law makers, policy makers, religious leaders among other stakeholders not only in the development of suitable frameworks but in the enforcement of the law which is central to the eradication of FGM and enhancing women empowerment in Somaliland. Based on the report by SLHDS 2020, over 70% of women in Somaliland suffer from discrimination, physical assault and forceful early marriages which is against the women rights as enacted by the United Nations. The data and statistics underline the importance of addressing the situation and the need to eradicate FGM in the Somaliland community. Most of the efforts towards abolishment of FGM and other related harmful practices with the bid to enhance the capacity building for women empowerment which is externally driven by development agencies. There's need for more initiatives and interventions from the government and federal government on the fight against FGM not only in Somaliland but across the country.

Since the year 2000, the issue of FGM/C has increasingly been shaped within a human rights-based approach and perspective, providing a universal imperative to encourage the elimination of the practice. At the regional level, the Maputo Protocol has marked an important step in the diffusion of the human-rights-based approach. Today, the customary beliefs and practices appear to overwhelm the institutions and existing laid down frameworks to curb FGM in the community. Following the enactment of the sustainable development goals in 2015 at the United Nations (UN) assembly, there has been multiple projects and programs developed and implemented by the national and regional governments with regards to the abandonment of FGM and enabling women empowerment from both a policy and practice perspective. This evaluation project sought to evaluate the effectiveness, relevance, efficiency, sustainability, impact, knowledge created and integration of cross-cutting issues such as gender equality and human rights principles into the projects with respect to FGM abandonment and women empowerment in Somaliland. By doing so, the outcomes and output of the evaluation will help in strengthening the existing efforts and offering guidance on the existing mechanisms as well as improved decision making from the executive management hierarchy.

## 2.1 Description of the project

|  |  |
|--|--|
| <b>Organization</b>  | International Solidarity Foundation (ISF)  |
| <b>Project title</b>                                       | Community Driven FGM/C Abandonment and Women Empowerment in Somaliland   |
| <b>Project duration</b>                                    | 1 Jan 2020 – 31 Dec 2022   |
| <b>Budget and expenditure</b>                              | Budget \$ 1,429,312 / Expenditure \$ 1,395,524   |
| <b>Geographical areas</b>                                  | All regions of Somaliland, focusing in Toghddeer, Sahil and Maroodi-Jeeh regions   |
| <b>Specific forms of violence addressed by the project</b> | Female genital mutilation (FGM)  |
| <b>Main objectives of the project</b>                      | <p>The main objective of the project is to empower local communities in Somaliland to abandon all forms of FGM. To achieve the objective, both empirical expectations (what people believe others will do) and social expectations (what people believe others expect of them) upholding FGM need to be addressed, as well as women’s marginalized position in decisions concerning their bodies. The results the project aims to achieve in target communities are 1) awareness of physical, social, and psychological health effects, of religious and human rights aspects to FGM, and of growing local FGM opposition; 2) women’s enhanced agency in identifying and claiming their right to bodily integrity; and 3) coordinated grassroots movement to collectively advocate for FGM abandonment.</p>  |
| <b>Key assumptions of the project</b>                      | <p>The intervention logic is based on social change theories, whereby increased knowledge and awareness affect attitudes that gradually change behavior. Hence, the action has trained and sensitized local change agents (see below) about harmful consequences, unacceptability, and preventability of VAWG (especially FGM). All activities are interrelated, aiming to challenge empirical expectations (what people expect others to do) and normative expectations (what people believe others think they ought to do) about violent and harmful practices.</p> <p>The intervention logic is based on the following assumptions of the amount of people reached by each change agent: each CSO member reaches (and impacts) 2 parents; each religious/cultural leader impacts 10 parents; each student impacts 1 parent; and families have in average 2 girls (4 children). Similarly, each woman attached to Cluster Level Associations represents 10 self-help groups with 20 women of whom they reach 15.</p> |



|  |  |
|--|--|
| <b>Description of targeted primary and secondary beneficiaries</b> | <p>Final (primary) beneficiaries include over 11,000 girls who are saved from FGM when targeted change agents (secondary beneficiaries) have been trained on the health risks, religious and human rights aspects concerning FGM, and mobilized to call for FGM abandonment. Final (primary) beneficiaries also include 13,500 internally displaced women who belong to women’s self-help groups (SHG), and whose marginalized position is among the root causes upholding FGM and other forms of VAWG.</p> <p>The secondary beneficiaries (direct participants) include 915 people attached to local CSOs, 150 religious’ leaders, 210 traditional leaders and community management community members, 180 local journalists, and 200 university students. These change agents expected to reach 3-15 families each (see assumptions above) who will renounce their decision to cut their daughters. Moreover, 1800 women attached to Cluster Level Associations (CLA) that coordinate SHGs are trained on human rights and legal perspectives to bodily integrity and mobilized to train their respective SHGs. SHG women there by gain confidence to share experiences, participate in community dialogues, and claim for effective measures to abandon all forms of VAWG in Somaliland. Subsequently, the process will break social barriers and expand the role and status of women who will become women’s right promoters and increase community movement to renounce VAWG.</p> |
| <b>Key implementing partners and stakeholders</b>                  | <p>Network Against FGC in Somaliland (NAFIS) and Candlelight for Environment, Education and Health (until December 2021)</p>   |

## 2.2 Strategy and Theory of Change/Results chain

This study employed the functionalist social change theory, which is a theory that argues that a change in either production, distribution or coordination will force the others to adapt in order to maintain a stable state society. Social change may disturb the equilibrium and threaten the mutual interdependence of the people within that society, but the ultimate goal is to bring about change in society.

When applied to the context of this FGM evaluation study, the goal of the evaluation project was to ensure the shift from the practice of FGM to total abolishment of the harmful cultural practice in Somaliland without having harmful repercussions. The results chain therefore comprised of the following outcomes, outputs and activities:

### **Outcome 1: Local CSOs have a unified message and coordinated actions against FGM**

- ***Output 1.1: CSOs have better understanding on harmful effects of all types of FGM, religious and human rights aspects to FGM***
  - Activity 1.1.1 Organizing national and regional coordination meetings (NAFIS)
  - Activity 1.1.2: Organizing joint commemoration of International FGM/Women's/African Child Days & 16 Days of Activism against VAWG (NAFIS)
  - Activity 1.1.3: Organizing regular debriefing and feedback meetings (NAFIS)

### **Outcome 2: Religious/traditional leaders and CMC members actively engage in efforts against FGM**

- **Output 2.1: Religious leaders have better understanding on harmful effects of all types of FGM, religious and human rights aspects to FGM**
  - Activity 2.1.1: Organizing trainings & dialogues for religious leaders to ensure their support for FGM eradication (NAFIS & Candlelight)
  - Activity 2.1.2: Engaging religious leaders in trainings etc. with community members (NAFIS & Candlelight)
- **Output 2.2: Traditional leaders/CMC members have better understanding on harmful effects of all types of FGM, religious and human rights aspects to FGM**
  - Activity 2.2.1: Training community leaders on harmful consequences of FGM, human rights and Islamic perspectives (NAFIS & Candlelight)
  - Activity 2.2.2: Supporting community facilitators to organize dialogue, exposure visits etc. (NAFIS & Candlelight)
  - Activity 2.2.3: Supporting community leaders to prepare collective declarations to abandon FGM (NAFIS & Candlelight)
  - Activity 2.2.4: Organizing consultation meetings with community leaders (NAFIS)

### **Outcome 3: Media and students actively engage in efforts against FGM**

- **Output 3.1: Media has a better understanding on harmful effects of all types of FGM, religious and human rights aspects to FGM**
  - Training media personnel to ensure their engagement in Anti-FGM advocacy campaign (NAFIS)
- **Output 3.2: Students have better understanding on harmful effects and religious aspects of all types of FGM, and on women and girls' right to bodily integrity and self-determination**
  - Activity 3.2.1: Training students on health, religious, and human rights aspects of FGM (Candlelight)
  - Activity 3.2.2: Producing drama, media broadcast & research articles on FGM with students (NAFIS & Candlelight)
  - Activity 3.2.3: Training students in advocacy skills and supporting them to organise public events (Candlelight)

### **Outcome 4: CLAs engage in advocacy for women's bodily integrity with respective SHGs**

- **Output 4.1: CLA members have a better understanding on harmful effects and religious aspects of all types of FGM, and on women and girls' right to bodily integrity and self-determination**
  - Activity 4.1.1: Training & coordinating Rights Ambassadors from among the CLA members (NAFIS)
  - Activity 4.1.2: Training CLA members on legal/human rights perspectives to bodily integrity and on civil rights (NAFIS)
  - Activity 4.1.3: Training CLA Federation on legal/human rights perspectives to bodily integrity and on civil rights (NAFIS)

**Outcome 5: ISF, NAFIS and its member CSOs are institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to EAW/G with a focus on the most vulnerable women and girls.**

- **Output 5.1: ISF, NAFIS and its member CSOs have put in place mechanisms to improve institutional resilience to crises including COVID-19, which ensures the stability of projects and sustainability of the organization[s] in the longer term.**
  - Activity 5.1.1: Recruit an Advisor on gender equality and women’s empowerment (ISF)
  - Activity 5.1.2: Recruit an Organizational Development Advisor to support NAFIS members' institutional capacity building, incl. identifying training needs, organizing trainings and providing close support to partners (NAFIS)
  - Activity 5.1.3: Train NAFIS member CSOs (incl. Candlelight) about 1) fundraising, 2) community engagement and mobilization, 3) advocacy and lobbying, and 4) data collection, analysis, and reporting (NAFIS)
  - Activity 5.1.4: Promote tele commuting capabilities (video conferencing) of NAFIS and its member CSOs (NAFIS)
  
- **Output 5.2: NAFIS has improved knowledge, skills and capacities to maintain or adapt EAW/G interventions and reach the most vulnerable women and girls while responding to the impact of the COVID-19 pandemic or other crises.**
  - Activity 5.2.1: Raise awareness with mobile theatres in target IDPs (NAFIS)
  - Activity 5.2.2: Raise awareness through SMS and Interactive Voice Response (NAFIS)
  - Activity 5.2.3: Improve the capacity of CLAs through online engagement, provision of equipment and trainings (NAFIS)
  - Activity 5.2.4: Provide protective gear and soap for CLA/SHG members, community management committees (CMCs), IDPs and poor families in remote villages (Candlelight)
  - Activity 5.2.5: Distribute 1-month foodstuff for poorest households in target communities (Candlelight)

### 3 Purpose of the evaluation

The project ‘Community Driven FGM/C Abandonment and Women Empowerment project in Somaliland’ has come to an end in December of 2022. It was implemented between the period 1 January 2020 to 31 December 2022. This external final evaluation is executed with the aim of evaluating the project against seven criteria: effectiveness, relevance, efficiency, sustainability, and impact, as well as the intersecting criteria of gender equality and human rights.

In addition, the evaluation targeted to identify the key takeaways and prospective or new good practices in the area of EAWG, particularly reducing FGM to help ISF, NAFIS, and the donor UN Trust Fund in the design and development of new follow-up programs in the future and also inform ISF and NAFIS partnership in the field FGM prevention in Somaliland from 2023 to 2025, as well as ISF’s plan to establish similar activities in Puntland and the Somali region in Ethiopia (planned to take place in 2023).

The evaluation is designed to look at project impact in examining the changes brought by the project through focused assessment on outcomes and assess whether and how the eventual increase in knowledge and attitudes (outputs 1.1.-4.1) has contributed to the anticipated outcomes 1-4 (increase in mobilization) as well as any other unexpected negative or positive outcomes.

Additionally, the evaluation assessed whether and how the mechanisms put in place and capacity building initiatives taken (outputs 5.1-5.2) have produced the desired outcome 5 (improved institutional resilience

and adaptation of EVAW/G interventions to the COVID- 19 pandemic's effects) as well as any other unexpected negative or positive results. Accordingly, the evaluation relied on qualitative data collection, nonetheless, a comparison and triangulation with the project end-line monitoring quantitative report is carried out.

## 4 Evaluation Objectives and scope

### 4.1 Scope of evaluation

The evaluation covered the entire project duration (January 2020 – December 2022) and targeted all project targeted regions in Somaliland: Awdal (Magaalo Cad & Magalo Qalooc), Toghddeer (Buraq & Suuqsade), Maroodi-Jeer (Hargeisa) and Sahil (Isku dar, Go'daweyn & Go'dayar). The evaluation focused on project goal, outcome and output measuring the projects impacts, in process quality; level of effectiveness, effective and relevance, as well as identifying good emerging practices that helps in fighting FGM. Also, the evaluation aimed to identify and register some lessons and best practices for the future programming and partnerships on FGM in Somaliland.

Targeted evaluation respondents include project targeted secondary and primary beneficiaries as well as stakeholders including implementing partners and NGOs/CSOs with alike projects. The evaluation targeted representatives targeted women, rescued girls, women in the CLA and self-help groups, the implementing partners and stakeholders to determine their level of implementation of the projects while taking into account their initial proposals, set goals and agreements reached, as well as respective government line institutions and authorities at central and respective targeted regions in Somaliland.

### 4.2 Objectives of the evaluation

The study had the following objectives:

- To evaluate the entire project (January 2020 – December 2022), against the effectiveness, relevance, efficiency, sustainability, knowledge generation and impact criteria, as well as the cross-cutting gender equality and human rights criteria (*defined below*);
- To identify key lessons and promising or emerging good practices in the field of ending violence against women and girls, for learning purposes

## 5 Evaluation questions and criteria

This section explains the evaluation criteria as well as a narrative explanation for the criteria. For detailed list of evaluation questions, see Annex B and D.

| Evaluation Criteria  | Mandatory Evaluation Question  |
|--|--|
| <b>Relevance</b><br><i>The extent to which the project is suited to the priorities and policies of the target group and the context.</i> | To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls? |
| <b>Effectiveness</b><br><i>A measure of the extent to which a project attains its objectives /</i>                                       | To what extent were the intended project goal, outcomes and outputs (project results) achieved and how?                              |

|   |  |
|---|--|
| <p><i>results (as set out in the project document and results framework) in accordance with the theory of change.</i></p>   | <ul style="list-style-type: none"> <li>• Does qualitative evaluation data demonstrate similar result attainment to the quantitative inhouse surveys?</li> <li>• To what extent are the attained results related to the project activities?</li> </ul>  |
| <p><b>Efficiency</b><br/><i>Measures the outputs - qualitative and quantitative - in relation to the inputs. It is an economic term which refers to whether the project was delivered cost effectively.</i></p> | <p>To what extent was the project efficiently and cost-effectively implemented?</p> <ul style="list-style-type: none"> <li>• Are there cost intensive key activities that have led to only moderate results?</li> <li>• Are there key activities that have led to significant results at relatively low cost?</li> <li>• What activities could have produced same (or better) results with same (or lower) cost?</li> </ul>  |
| <p><b>Impact</b><br/><i>Assesses the changes that can be attributed to a particular project relating specifically to higher-level impact (both intended and unintended).</i></p>                                | <p>To what extent has the project contributed to ending violence against women, gender equality and/or women’s empowerment (both intended and unintended impact)?</p> <ul style="list-style-type: none"> <li>• Has the sensitization of secondary beneficiaries (CSOs, religious/traditional leaders, CMCs, students, and journalists, see outputs 1.1.-3.2) contributed to their role in ending FGM (outcomes 1-3)? How, why? If not, what is restraining them?</li> <li>• What kind of impact have the mobilized secondary beneficiaries (see above) had on the FGM attitudes and behaviors of the community members (goal), if any?</li> <li>• Have the trained CLA women (output 4.1) engaged respective SHG women in advocacy for women's bodily integrity (outcome 4)? What kind of impact has this had on the SHGs sense of empowerment (goal)?</li> <li>• Has the CSO capacity building (outputs 5.1-5.2) led to enhanced institutional resilience and adaptation (outcome 5) and/or some other unexpected negative or positive outcomes?</li> </ul> |
| <p><b>Sustainability</b><br/><i>Sustainability is concerned with measuring whether the benefits of a project are likely to continue after the project/funding ends.</i></p>                                     | <p>To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?</p> <ul style="list-style-type: none"> <li>• Will the secondary beneficiaries continue advocating against FGM?</li> <li>• Will the parents uphold changed attitudes on FGM and act upon it (reject the cut)?</li> <li>• Will the empowered SHGs continue claiming for their rights?</li> <li>• Will the capacitated CSOs utilize their resources in favor of women and girls?</li> </ul>  |
| <p><b>Knowledge generation</b><br/><i>Assesses whether there are any promising practices that can be shared with other practitioners.</i></p>   | <p>To what extent has the project generated knowledge, promising or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners?</p> <ul style="list-style-type: none"> <li>• How promising are the new solutions that were piloted in the project to combat FGM/VAW in Somaliland?</li> <li>• How could they be further developed?</li> <li>• Are there some promising practices elsewhere that could have been piloted / added value to the project?</li> </ul>  |
| <p><b>Gender Equality and Human Rights</b></p>  | <p>To what extent have human rights based and gender responsive approaches been incorporated through-out the project?</p> <ul style="list-style-type: none"> <li>• Has the selection of beneficiaries been participatory and inclusive?</li> <li>• Have beneficiaries, local authorities etc. been sufficiently informed and involved throughout the project lifecycle?</li> </ul>   |

|  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>• Has the project supported duty bearers to respect, protect and enforce human rights, particularly women’s right to bodily integrity?</li> <li>• Has the project capacitated women and girls (rights holders) as active agents to change in their own lives and communities?</li> <li>• Has the project affected women and men differently? How?</li> <li>• Has the role/status/power of women expanded due to the project? How?</li> <li>• Has the project addressed negative gender stereotypes and patriarchal belief systems that subordinate women and expose them to violence and other forms of discrimination?</li> </ul> |
|--|---|

## 6 Evaluation Team

The evaluation team consisted of a senior evaluator, an evaluation manager, a report editor, some field enumerators and FDG facilitators. The senior evaluator was tasked to provide overall leadership and full management of the evaluation process while ensuring the quality of the evaluation. The senior evaluator led the consultancy assignment from start to finish including the data collection and report writing process. The Senior evaluator was responsible for the overall quality of data collection, analyses and report writing and for managing the team under the supervision of evaluation task manager.

Apart from the administrative management role, the evaluation manager was in charge of the evaluation data collection phases, with the support and oversight of the senior evaluator. The report editor on the other end, was directly involved in advising and editing of the report. The FDG facilitators and enumerators were engaged by the SORADI evaluation team for field data collection function. Below is an overview of the roles and responsibilities of each team member:

| NO | NAME AND POSITION                        | ROLES AND RESPONSIBILITIES  |
|----|--|---|
| 1  | <b>Sahra Koshin - Senior Evaluator</b>   | <ul style="list-style-type: none"> <li>- In-charge of overall leadership of the evaluation project.</li> <li>- Managing the evaluation process from start to finish.</li> <li>- Leading the technical aspects of the evaluation.</li> <li>- Ascertaining the quality of the evaluation.</li> <li>- In liaison with the evaluation manager to ensure a thorough and efficient data collection process, analysis and report writing.</li> </ul> |
| 2  | <b>Roble Muse - Evaluator Manager</b>    | <ul style="list-style-type: none"> <li>- Administrative management.</li> <li>- Part of data collection team under supervision of senior evaluator.</li> <li>- Part of data analysis under supervision of senior evaluator.</li> </ul>   |
| 3  | <b>Dr. Mohamed Fadal - Report Writer</b> | <ul style="list-style-type: none"> <li>- Overseeing report writing.</li> <li>- Ensuring quality of the report is maintained.</li> </ul>   |
| 4  | <b>Enumerators and FDG Facilitators</b>  | <ul style="list-style-type: none"> <li>- Data collection in the field.</li> </ul>   |

## 7 Methodology

### 7.1 Evaluation design

The evaluation team adopted an end-line evaluation design to enable the tracing of changes in attitudes and knowledge of the beneficiaries especially at the output and goal levels. The end-line evaluation design follows a 'before and after' model to determine the changes made by the project within a given period of time. A pilot test was done on the evaluation design prior to the commencement of the actual evaluation project.

### 7.2 Data sources

Secondary data sources included documents from the Ministry of Planning and National Development, survey reports, project annual reports and periodic assessment reports from different project sites and other relevant documents on the theme and context. The key background documents to be reviewed by the consultants included:

- Project proposal (2019) and additional funding submission for the COVID-19 response (2020)
- Project baseline report (August 2020), including the quantitative data collection tools applied in semi-annual and annual follow-up data collection
- 2020 and 2021 project annual reports and 2022 end-line data summary
- Project midterm evaluation report (2021)
- Compiled baseline and semi-annual follow-up data summary
- Detailed list of beneficiaries and project sites
- Self-Help Group (SHG) Approach in a nutshell (NAFIS)
- Country Profile: FGM in Somaliland and Somalia (NAFIS, 2019)
- The Somaliland Health and Demographic Survey (Central Statistics Department, Ministry of Planning and National Development, Somaliland Government, 2020)
- A Reflection on the Gender Equality Agenda in Somaliland (SIHA, 2020)
- Somaliland Gender Gap Assessment (NAGAAD, 2019)
- 2-3 additional academic articles that NAFIS provided from the local universities whom they helped produce<sup>1</sup>

### 7.3 Data collection methods and analysis

40 interviews with key informants such as community management members (CMCs), religious leaders, ISF and NAFIS staff, and local media representatives were conducted to seek their responses on the impact of the study such as the effectiveness, knowledge, sustainability and impact of the anti-FGM projects and women empowerment programs in the state. 20 FDGs with 184 participants (103 female and 81 male) were also conducted across various regions of Somaliland that encompasses individuals from different target groups and gender.

The interviews with key informants were divided into project leadership and management stakeholders such as ISF and NAFIS, and secondary beneficiaries. The first group was involved in the management

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<sup>1</sup> University of Hargeisa, "FGM and the role of policy and policy makers" (<https://nafisnetwork.net/wp-content/uploads/Final-draft-FGM-research-on-policy-makers-1-1.pdf>)

Ali Ahmed (2022), "Female Genital Mutilation/cut Assessing Perspectives and attitude change of youth related to FGM in Burao, Somaliland" (<https://nafisnetwork.net/wp-content/uploads/Nafis-Article-3.pdf>)

process, addressing the challenges during the project and providing recommendations for the future whereas the second group was focused on the outcomes and impacts of the project primarily on knowledge and sustainability. While being guided by the evaluation criteria, the FDGs centered on the secondary beneficiaries in different locations.

Through the leadership and management of the senior evaluation consultant, the data was collected using KIIs and FDGs. The data extracted the empirical study, and the literature review was compiled, preprocessed, coded and analyzed. The data analysis results were presented in tables and charts while providing discussions, interpretations and implications of the findings. From the data analysis output, subsequent achievements were noted, and the lessons learned on FGM abandonment and women empowerment projects in Somaliland. The data analysis procedure of both qualitative and quantitative analysis included:

- Transcription of KIIs and FDG notes
- Thorough scrutiny
- Coding and data analysis
- Data display and presentation
- Data verification and conclusion

To ensure maximum confidence in findings, the following steps were taken to ensure quality and consensus:

- During the inception phase, SORADI tested the tools and questions before the actual data collection process started.
- SORADI ensured that all participants gave their consent to participate in any activity related to the data collection. Applicant also ensured that respondent's opinions were adequately captured without coercion, influence or asserting undue time constraints.<sup>2</sup>
- An online file sharing system was used for data collection, and these was displayed and analyzed through automatic dashboards accessible to the team.
- Completed data sets and analysis were documented and shared with ISF for their review and commentary.
- Preliminary findings were shared with ISF team discussions to capture their feedback to include in the analysis.
- Furthermore, SORADI team worked closely with the team the organization has selected and assembled in a systematic and conducive manner.
- A WhatsApp group was created for easy communication between SORADI team members and to check on data collection process to ascertain accuracy and validity. SORADI ensured regular updates on the progress as scheduled in the work plan matrix and that ethical principles below are adhered to.

### 7.3.1 Key Informant Interviews (KIIs)

Targeted Key Informants can be categorized into two main groups; 1) samples drawn from project management stakeholders; ISF, NAFIS, line ministries and other stakeholders and 2) secondary beneficiaries targeted by different project components. For the first group the focus shall be more on the management process (efficiency, effectiveness, coherence, gender equality and human rights mainstreaming), challenges, lessons learnt and any recommendations for the future. The focus of the

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<sup>2</sup> See consent form in Annex E.



second group shall be the impact and outcomes of the project with an emphasis on relevance, impact, sustainability, knowledge and alike criteria.

| SNO                       | CATEGORY OF KII RESPONDENT   | SAMPLE SIZE |
|---------------------------|--|-------------|
| <b>GROUP 1</b>            |  |             |
| 1                         | Ministry of Employment, Social & Family Affairs<br>- Regional Coordinators: 3<br>- Central (project/sector focal point): 1 | 4           |
| 2                         | ISF Team<br>- Leadership (Country Lead & HQ): 2<br>- Project Team (HQ): 3  | 5           |
| 3                         | NAFIS Team<br>- Leadership (Executive/Program head): 1<br>- Project team (Project Manager/Coordinator): 2                  | 3           |
| 4                         | Candlelight Team<br>- Leadership OR project team: 1  | 1           |
| 5                         | UN Trust Fund Portfolio Manager  | 1           |
| 6                         | NGOs/CSOs with similar projects/target locations   | 1           |
| <b>GROUP 2</b>            |  |             |
| 1                         | Local media representative (Hargeisa & Burao)  | 2           |
| 2                         | University student activist group chairpersons   | 2           |
| 3                         | CMC Chairpersons (1 from each location)  | 4           |
| 4                         | CLA chairwomen   | 2           |
| 5                         | Religious Leaders (1 in each of 4 locations)   | 4           |
| 6                         | Traditional leaders  | 3           |
| 7                         | Internally displaced women   | 3           |
| 8                         | Parents & rescued girls  | 5           |
| <b>TOTAL PARTICIPANTS</b> |  | <b>40</b>   |

### 7.3.2 Focus Group Discussions (FGDs)

Twenty focus group discussions (FGDs) with 184 participants (103 female and 81 male) were conducted to also collect data from the field in all the project locations. They targeted secondary beneficiaries in different locations and investigated on project impact and outcomes focusing on efficiency, relevance, impact, sustainability and knowledge generation, as well as the recommendations for the future programming. FGD questions considered the different roles and engagements of FGD participants in the project. The table below shows the number of FGDs in the project sites.

| CATEGORY of FGD                        | Number of FGD & Participants |            |           |
|--|------------------------------|------------|-----------|
|  | FGDS                         | Female     | Male      |
| Religious Leaders FGD in Hargeisa      | 2                            | 0          | 17        |
| Religious Leaders FGD in Magaalocad    | 1                            | 0          | 8         |
| Religious Leaders FGD in Go'da weyn    | 1                            | 0          | 7         |
| Traditional leaders FGD in Hargeisa    | 2                            | 0          | 15        |
| Traditional leaders FGD in Burao       | 1                            | 0          | 0         |
| CMC Members FGD in Magaalo Qalooc      | 1                            | 5          | 5         |
| Local Journalists FGD in Hargeisa      | 1                            | 8          | 2         |
| Local Journalists FGD in Burao         | 1                            | 7          | 2         |
| University Students FGD in Hargeisa    | 1                            | 8          | 2         |
| University Students FGD in Burao       | 1                            | 8          | 3         |
| CLA and SHG Women FGD Hargeisa         | 1                            | 10         | 0         |
| CLA and SHG Women FGD Hargeisa         | 1                            | 10         | 0         |
| CLA and SHG Women FGD Burao            | 1                            | 10         | 0         |
| Parents FGD in Magaalo Cad             | 1                            | 7          | 3         |
| Parents FGD in Go'da yar               | 1                            | 7          | 3         |
| Parents FGD in Suuq Sade               | 1                            | 6          | 3         |
| Parents FGD in Mohamed Mooge, Hargeisa | 1                            | 9          | 0         |
| Parents FGD in Sheekh Nuur, Hargeisa   | 1                            | 9          | 0         |
| <b>TOTAL</b>                           | <b>20</b>                    | <b>103</b> | <b>81</b> |

### 7.3.3 Participant Observation during fieldwork

Observation and participant observation are useful anthropological data collection tools that SORADI used to observe, explore and learn about the knowledge and attitudes of communities towards FGMC. It observed the situation and lived realities of families in the sites in terms of their experiences and perspectives of FGM/C but also parents who reported knowledge and attitudes supporting FGM/C abandonment. This gave SORADI additional data to record about transformative change and progress, attitudes but also information about stigma on girls who have not undergone FGM/C. This helped generate qualitative data that can meaningfully add to better understanding of both men's and women's experiences in the community. SORADI travelled to the study locations and to where the action is—women's communities, homes, workplaces, recreational sites, places of commercial interaction, meeting and sacred sites, and the like. SORADI built rapport with participants and spent time observing and interacting with them to achieve the needed data to gain a sufficient range of experiences, conversations, and relatively unstructured interviews for analysis.

### 7.3.4 Field notes, journals and logs

SORADI team took field notes while in the field and during interviews and observations as part of the data collection process. A journal notes of field activities on sites visited were observed and recorded or easy retrieval. These field notes were written in a textbook that was purchased for this sole purpose only.

Alongside these field books, the team, having undergone training, also took down on everything they observed in a personal daily journal. Observations of daily experiences, interactions and encounters made in the field with the key informant interviews particularly with parents and participants of group discussions in the field. This helped record interactions and observations on a daily basis on knowledge and attitudes supporting FGM/C abandonment.

## 7.4 Sampling methods

The endline monitoring data collected by NAFIS and ISF teams prior to the evaluation mainly consists of quantitative survey data collected with OMBEA audio response system (digital group data gathering tool). Hence, in this evaluation, only qualitative data collection methods described above were applied. Accordingly, sampling methods applied included purposive, convenience and quota sampling.

Purposive sampling was applied to identify KII participants, where 1 to 5 informants were selected across different categories like the CSOs, government authorities, religious and traditional leaders, community management committees and parents.

Purposive, convenience and quota sampling were applied to identify focus group discussion participants, to ensure that all target groups, both genders, and main target regions are sufficiently covered. In average, 3 people participated in each FDG as described in the table (FDG participants) above.

Purposive sampling targets specific characteristics of the participants which is ideal for an evaluation project that seeks to obtain precise answers on the efficiency, sustainability and impact of a particular project. However, given that generalized assumptions are made by the researchers when choosing the 'right' participants selected from the targeted secondary beneficiaries from each respective location and group, there is susceptibility of evaluation bias which might jeopardize the credibility and reliability of the evaluation outcomes. Suitable when collecting data from homogeneous groups, quota sampling is useful when selecting participants for discussions especially when the researcher has certain interest in the respondents with respect to the subject under evaluation.

## 7.5 Limitations to the evaluation

This evaluation assignment was intended to gauge the 'before and after' of the FGM project, as such the evaluation focused on changes in attitudes and behaviors of both the primary and secondary beneficiaries. However, regarding project achievements in quantitative terms, the evaluation team relied on monitoring reports and project records, as agreed in Inception Report. Accordingly, only qualitative tools were applied in this evaluation, which somewhat limits the data.

Also, the lack of trackability or evidence on the actual numbers on the primary beneficiaries reached and the shift of focus to the secondary beneficiaries can jeopardize the validity and credibility of the evaluation, even if the evaluation team closely engaged and collaborated with NAFIS on the mobilization of respondents and the field plan. Throughout the evaluation, it was tough to find numeric data to verify progress made with regards to the abolishment of FGM practice, given that project was engaging secondary beneficiaries as bridges to primary beneficiaries.

Sometimes interviewees didn't turn up for interview meetings or they came late. Also, Somaliland is a patriarchal society that limits the full participation and engagement of women in discussions and interviews with non-relatives, especially those whose husbands and fathers didn't allow them. Furthermore, FGM is a sensitive topic which involves sexuality and genitals; thus, some people did not want to speak openly about this and especially not in the presence of men.

Also, some limitations include participants giving socially desirable responses due to sensitive interview topics, biased information or mis-presentation on the state of issues that respondents may sometimes share. The evaluation team employed purposive sampling to ensure inclusive selection of informed participants, and paid attention to eventual biases at all times during the execution of the evaluation.

Lastly, the possibility of stigmatization of women and girls who come forward to provide important information during the evaluation process had some impact on who were willing to be interviewed. To mitigate this, the evaluation was led by a woman and women's FDGs were facilitated by female enumerators. Furthermore, to ensure that no person is risked nor forced to the process, the evaluation secured the voluntary informed consent of all participants and respondents during the evaluation process.

## 8 Evaluation ethics

SORADI team had put in place specific safeguards and protocols to protect the safety (both physical and psychological) of respondents and those collecting the data and to prevent harm. This served to ensure that the rights of the individual are protected and participation in the evaluation does not result in further violation of their rights. SORADI team are conversant with evaluation research ethics that ought to be adhered to during such an exercise. Adherence to these ethics and guiding principles was important to prevent misrepresentation of the evaluation study research. In this case, since we are dealing with human participants (women and girls), the following assessment ethics were observed in the undertaking of the assignment.

- Seeking informed consent for voluntary participation in interviews and focus groups.
- Ensuring fairness, transparency and confidentiality whenever requested.
- Ensure that no discrimination of the respondents during the evaluation based on age, religion or belief and ethnicity.
- Ensure and maintain a Do No Harm approach through the scoping study cycle.

Furthermore, SORADI is committed to processing data in accordance with both ISF and international set standards. We guaranteed that personal data was:

- Processed lawfully, and in a transparent manner in relation to individuals.
- Collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes; further processing for archiving purposes in the public interest, scientific or historical evaluation research purposes or statistical purposes was not considered to be incompatible with the initial purposes.
- Adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed.
- Informed consent was obtained and SORADI ensured that the names of individuals consulted during data collection would not be made public;
- Data collectors were trained in collecting sensitive information and specifically data relating to violence against women and any members of the evaluation team on these issues.
- Data collection tools were designed in a way that is culturally appropriate and did not create distress for respondents. For example, women enumerators were assigned to collect data from women and girls and men to collect data from men given that the Somali tradition does not allow men and women to be in the same room with close proximity.

- Data collection visits were organized at appropriate times and places to minimize risk to respondents. For example, to avoid hostile reception or attacks in the targeted communities, prior information about the team visit was shared. Local communities were involved in the exercise and as part of the enumerators to help create awareness as well inform communities on the importance of the evaluation project and how it will help them in the quest to eliminate FGM and empower more women in the community. Also, assurance of protection to the respondents will be made in case of profiling after the evaluation exercise.
- Where necessary, SORADI team provided full information on how individuals in situations of risk can seek support (referrals to organizations that can provide counseling support, for example).

## 9 Findings and analysis

This section presents the findings and analysis per evaluation questions for all the 7 criteria. In addition, the findings and analyses established under each criterion are also inspired by stakeholder disaggregated achievements and lessons learnt presented in Annex I.

### 9.1 Relevance

To evaluate the relevance (To what extent do the achieved results continue to be relevant to the needs of women and girls?), this chapter describes, for instance, how targeted beneficiaries perceive the relevance of the interventions and how appropriately the project activities have been implemented.

**SHG, CLA & CMCs** respondents noted that the project was key in addressing their concerns particularly on increasing the awareness of negative health consequences of FGM; complications during menstrual cycle, pregnancy and child delivery, clearing and popularizing Islamic FGM viewpoints, rescuing girls and equipping them with skills to handle perceived discrimination.

*“There has been some peer commenting and stigmatization as buuryo-qab as (negative word for uncut) of the rescued girls, this was coming from the mothers, but with the mother’s awareness this peer influence is also disappearing.” (KII participant in Statehouse Hargeisa SHG)*

Women in SHGs, CLAs, and CMCs were capacitated and empowered to assert their bodily integrity rights by raising awareness about FGM complications, Islamic viewpoints, advocacy and communication skills, as well as civil and human rights. This allowed the SHGs, CLAs, and CMCs to conduct awareness-raising, advocacy, and information-sharing activities related to the project goals. In addition, particularly female FGD respondents indicated that the project was relevant as it addressed what they had gone through as victims or supporters of FGM and are now more enlightened and empowered to counter it.

**SHGs** played a pivotal role in women empowerment not only through awareness but also the transition of FGM practitioners into gainful employment or other revenue sources, through the investment initiative in their funds. The FGD participants noted that following their enhanced understanding on the negative impacts of FGM, they targeted 10 local FGM practitioners, invited them to join the SHG, provided them a loan to start an alternative income source and stop cutting. It is worth noting that the project did not directly fund the alternative income component, but the capacity building provided by the project trained CLAs and SHGs indirectly resulted in increased awareness of not only FGM harms but also of the fact that

circumcisers have no alternative source of income. Hence, the SHGs applied their investment programs to address the problem.

*“During my adulthood there was a culture of checking bride’s virginity which the FGM was the only testimony, the bride that does not have this would not only be discriminated but divorced and would have been forced to leave its settlement, I personally know girls who have been isolated from their community, but it has changed now.” (KII participant in Statehouse Hargeisa SHG)*

**Religious leaders**, CMC members, and other members of the community indicated that through the project they openly and confidently talk about FGM, have the courage to support and even spearhead FGM abandonment individually and in the community. Respondents from FGDs and KIIs noted that religious leaders are now more pro-active and more knowledgeable to FGM and are taking a leading role in support of anti-FGM interventions. This has been identified very relevant and impactful initiative by the project, given that religious leaders are influential and well heard in Somaliland, but have not been very much involved in FGM awareness-raising due to the varying Islamic viewpoints. However, the project efforts to harmonize the Islamic viewpoints and training of 150 religious leaders on FGM health complications resulted in convincing religious leaders to support the abandonment of FGM/C and mainstream anti-FGC awareness messages in Friday prayers.

Trained 242 **community management committee (CMC) members, community facilitators and ambassadors** conducted altogether 512 education and awareness raising sessions on FGM abandonment, and reached over 10,000 parents, whose understanding on FGM, Islamic religion and health complications as well legal/human rights perspectives on bodily integrity and civil rights were improved. Accordingly, the parents and other community members reported to the evaluation team that the project addressed the lack knowledge and misinformation on FGM risks, women and girls’ rights. Hence, they regard it very relevant for the community to alter viewpoints on FGM.

*“We have gained a lot from the project, because earlier we were okay with FGM and satisfied to do on our girls, despite its odds our belief was an appeal for it but now due to project awareness and education session, we went to the counter side; our pervious beliefs are corrected, its problems are well highlighted, social pressure eased so incentive prevail for its favor.” (Parents FGD participant in Magaalo Qalooc)*

*“The reason of fearing discrimination was to please the upcoming or future husbands who preferred circumcised girls. But nowadays boys aren’t aware of these things and marry girls without thinking about FGM also they become adult on a time were FGM is declared to be harmful.” (Parents FGD participant in Magaalo Qalooc)*

Respondents from **universities** noted that the project was relevant given its focus in addressing women’s empowerment and missing rights, in an approach integrating them with the larger community. The project successfully trained 300 students from three universities in Hargeisa and Burao on advocacy and communication skills so they could take part in public efforts to stop FGM. The interviewed students noted that the project empowered them to actively and openly speak out about FGM and women's and girls' health and rights in a more bold and familiar fashion.

*“For me, this project helped me to feel the responsibility that I have in my community and at first, I did not think of benefiting anyone other than myself with my medical knowledge.” (FGD Participant, Hargeisa University Students)*

The inclusion of **journalists** in training and reporting on FGM or creating FGM programs has been widely accepted and lauded as an integral aspect to reach a wider audience. 155 media practitioners and young journalists, both male and female, were trained and provided with information on the risks of FGM, its health consequences for women and girls, legal perspectives (including clear position of the Somaliland constitution on harmful practices), human rights perspectives, Islamic perspectives and FGM case study documentation. Accordingly, the trained journalists reported a clear change in their understanding and position on FGM and increase in their reporting and production of programs on the topic, including debates with key experts, respected doctors and other relevant stakeholders, which reached and sensitized wider audiences.

Lastly, the project’s relevance was clear from the pivotal role it played in buttressing **government’s** efforts to eradicate FGM. The project supported the ministry to revise and enhance the quality of FGM policy draft with more inclusivity, consultative process and harmonized zero tolerance stand. The project facilitated the coordination among relevant stakeholders and the finalization of the policy for cabinet approval. Also, the project supported MESAF regional coordination meetings in all target regions. The government (through MESAF) noted that the project design was in line with the ministry’s priorities, particularly women and girls’ protection and empowerment, as well as institutional capacity strengthening. MESAF is greatly indebted to the project for its support in coordination and policy development and established a national FGM BODY consisting of 7 ministries, Somaliland human right commission and CSOs representatives, responsible for advocating and lobbying for the approval of the policy at the cabinet and president. In addition, the coordination and networking mechanism that the project has supported, and the platform created for information and experience-sharing, have minimized overlapping of activities, improved referral pathways, and increased the number of psycho-social, counseling, medical, and legal support services provided for survivors.

### **Conclusion:**

The project was designed to address the social and cultural factors that uphold the FGM practice, through awareness raising and FGM negative health and social impacts, and through empowering women and girls to claim their rights and reduce economic vulnerability, through engaging men, religious and local leaders to respect women’s bodily integrity, and through enhanced capacities of supportive institutions and local structures. The use of a multi-dimensional and multi-stakeholder approaches in the project has been instrumental in getting all stakeholders on board and strengthened community ownership to project interventions.

## **9.2 Effectiveness**

To evaluate the effectiveness (To what extent were the intended project goal, outcomes and outputs achieved and how?), this chapter describes the project achievements in light of the quantitative project end-line monitoring report (Annex H) carried out by the project team (NAFIS and ISF)

### **Parents (goal level)**

Endline monitoring data indicates that parents who have gained knowledge and attitudes supporting FGM/C abandonment through the project has increased from a baseline of 72% to 100% of all the targeted

parents. This is a clear indication that parents are now more informed and bolder to take a stronger stand against FGM. In addition to this, the endline data shows that parent who are now ready and willing not to expose their daughters to FGM had increased from a baseline of 32% in 2020 to 83% in 2022. At the beginning of the project 62% of parents would expose their daughters to cutting/pricking without stitches, but by the end of the project the number had reduced to 17%. On the same note, while 5% of the parents would expose their daughters to pharaonic cutting in 2020, the number had reduced to 1% a clear indication of the project's success and impact in reducing the prevalence of FGM in target locations.

Aligned with the endline data, the consultants found that mothers' courage to spare their daughters from FGM has been enhanced and girls' preference to undergo FGM as means to gain self-esteem has been reduced, through education on FGM harms and religious viewpoints, and through reducing the discrimination and peer pressure. Also, checking for virginity during the wedding, which has been one of main drivers for the severe pharaonic FGM (which includes sewing closed) has decreased due increased adoption of the milder Sunni practice, and thereof reduced fear among mothers about discrimination of uncut girls, The project utilized this leverage created through the joint and continued efforts on the theme by different stakeholders including NAFIS and the project.

#### **SHGs (goal level)/CLAs (outcome 4 level)**

Endline monitoring data shows that 99% of SHG members reported knowledge, attitudes, and behavioral aims indicating capacity to claim for women's rights to bodily integrity against a baseline of 81% in 2020. As a result of capacity enhancement, 90 SHGs, have rolled out advocacy plans for women's right to bodily integrity against a baseline of 3.

CLA members were trained to mobilize them as peer trainers among their respective SHGs (each CLA represents 10 SHG with 20 women members). The endline monitoring data shows that the number of targeted CLA members who thought that all types of genital cutting have negative consequences for girls and women rose from 88% to 97% in 2022. In addition, the numbers of targeted CLA members who thought that no type of FGM/C is mandated by Islam rose from 91% to 100% at the end of the project, besides this, data also shows that the proportion of targeted traditional CLA members who thought that women and girls have right to bodily integrity and self-determination rose from 96% to 99% in 2022.

Evaluation data, such as the quotes and the case study below, are aligned with the monitoring data:

*“Strengthening the capacity of grassroot women structures has very positive impact on FGM abolishing through both awareness, advocacy, and commitments.” (SHG/CLA declarations).*

*“The component targeting communities, the engagement of stakeholders was smooth given that NAFIS was already actively engaging with communities and supported their targeted structures such as SHGs, CLA.” (NAFIS Project Manager)*



**Case Study from Burao SHG: "A women with Fistula"**

*I was circumcised at Pharaonic type (Type 3) when I was 8 years old. I had experienced continuous severe pain in my childhood, and on my wedding. I had undergone an operation to reopen, after the operation the pain I experienced increased, at the delivery time of my first baby girl a had a prolonged labor that caused me a fistula. I went through another operation to solve the issue at Burao general hospital. I experienced continuous back pain and emotional damage. I could not afford to continue buying cleaning kits to prevent the leakage of my body fluids. The operation failed and the wound reopened. I had an operation again but still don't feel that I am completely fine. In addition to that, I am a single mom and divorced. In the education and awareness session provided by community ambassadors, I learn that all the pain and health problems I experienced are due to the circumcision that I have undergone, and I am affirmed that my only girl child will not be circumcised as well I am declaring that I am ready to participate the awareness session to share with the communities the health problems I experienced and will be an advocate to abolish the practice and protect young girls from FGM.*

**CSOs (outcome 1)**

Harmonizing the voices and coordinating the efforts of local CSO played a crucial and pivotal role in the fight against FGM in this project. Output level endline monitoring data shows that against a baseline of 91% CSO people who thought that all types of genitals cutting have negative consequences for girls and women, the number remained at 91%. Similarly, the share of CSO people who thought that no type of FGM/C was mandated by Islam, and the share of CSO people who think that women and girls have right to bodily integrity and self-determination remained at 94% and 95% respectively (against baseline 95%). Against a target of 150 CSOs and baseline of 74 CSOs, 144 CSOs now advocate for zero tolerance of all forms of FGM/C. Similarly, 144 CSOs against a targeted 150 and baseline of 74 now actively participate in regional and national coordination meetings and information sharing platforms to improve the referral pathways for FGM (and other forms of VAWG) survivors.

*"Much has been realized during the project including agreeing on standpoint about FGM and reconciling between Sunni and Zero tolerance positions, which was finally achieved among CSOs speaking with one voice and achieved through coordination."*  
(NAFIS Project Manager)

Together with the CSOs, NAFIS and the project supported the line ministry (MESAF) to revise and enhance the quality of FGM policy draft, facilitated the coordination among the relevant stakeholders and finalization for cabinet approval.

**Religious and Traditional leaders/ CMCs (outcome 2)**

The project targeted both religious and traditional leaders in selected locations with specific interventions. Output level endline monitoring data shows that this strategy was successful and had tremendous impact. Against a baseline of 52% of religious leaders who thought that all types of genitals cutting have negative consequences for girls and women, the number grew to 96% in 2022. Incidentally, the number of religious leaders who thought that no type of FGM/C was mandated by Islam grew from 78% to 100% in 2022, a clear indication of the impact within short time. In addition, 98% of all targeted religious leaders now hold the view that women and girls have right to bodily integrity and self-determination (baseline 84%).

On the same note, output level endline monitoring data shows that the number of targeted traditional leaders/CMC members who thought that all types of genital cutting have negative consequences for girls and women rose from 60% to 95% in 2022. In addition, the numbers of targeted traditional leaders/CMC members who thought that no type of FGM/C is mandated by Islam rose from 73% to 97% at the end of the project, besides this, data also shows that the proportion of targeted traditional leaders/CMC members who thought that women and girls have right to bodily integrity and self-determination rose from 87% to 97% in 2022.

The data clearly indicate success and great impact on the knowledge, attitude and behavior of traditional and religious leaders towards FGM and women's bodily integrity. Fundamentally, outcome level endline monitoring data shows that over 1000 sessions within 6 months have been held where targeted religious leaders have talked against FGM/C against a baseline of 392 in 2020. On the flipside, 66 CMCs and CLAs have made collective declaration to abandon FGM/C against a target of 96.

### **Media (outcome 3)**

Taking cognizance of the role played by the media, the action equally targeted media representative in project locations. Towards this end, output level endline monitoring data shows that the number of targeted media representatives who thought that all types of genital cutting have negative consequences for girls and women rose from a baseline of 64% to 91% in 2022, while the proportion of targeted media representatives who thought that no type of FGM/C is mandated by Islam rose from 84% to 97% at the projects end. In addition, the number of targeted media representatives who thought that women and girls have right to bodily integrity and self-determination rose form a baseline of 92% to 95%. Outcome level endline monitoring data shows this played a significant role in changing the media representatives' attitude and knowledge on women's bodily integrity and FGM. The media has been able produced 64 TV/radio programs or journal articles addressing FGM against a target of 90 programs.

### **Students (outcome 3)**

The project team being acutely aware of student's role and influence in society, targeted university for behavior and attitude change during the project lifespan. Output level endline monitoring data shows that the proportion of targeted students who thought that all types of genital cutting have negative consequences for girls and women rose from 44% to 91%, while the proportion of targeted students who thought that no type of FGM/C is mandated by Islam changed from a baseline of 77% to 97%. Besides, evaluation data also shows that the proportion of targeted students who thought that women and girls have right to bodily integrity and self-determination rose from 78% to 95%, a testament of the changed attitudes, behavior and knowledge on FGM among students. Accordingly, outcome level endline monitoring data indicates that students have been able to produce 279 academic articles addressing FGM against a target of 200 within the project period.

## Conclusions:

The project was able to be completed with accomplishment of all set benchmarks on project indicators on time in a cost-effective manner without any reported major changes. Selected project implementing partners and the close engagement with relevant government authorities and line ministry, collective mobilization of CSOs and key local actors (religious and traditional leaders, women, students, journalists, households, and parents) has been identified as strategic and very enabling towards ending FGM and project accomplishments.

Number of beneficiaries reached as per UN Trust Fund categories is listed in Annex C. The below table lists all targeted versus actually reached primary and secondary beneficiaries as categorized by the implementing partners:

| Category                      | Target nr | Reached number | Gap/surplus |
|-------------------------------|-----------|----------------|-------------|
| Primary/SHG women             | 13500     | 13500          | 0           |
| Primary/Girls saved from FGM  | 11260     | 12520          | +1260       |
| Secondary/CSOs                | 915       | 690            | -225        |
| Secondary/Religious leaders   | 150       | 150            | 0           |
| Secondary/Traditional leaders | 210       | 242            | 32          |
| Secondary/Media, journalists  | 180       | 155            | -25         |
| Secondary/Students            | 200       | 300            | 100         |
| Secondary/CLA women           | 1800      | 1970           | +170        |

Beneficiaries interviewed by the evaluation team have noted that their participation in the project planning and implementation has been at par with their expectations and that their contribution has assisted in achievement of project goals and objectives. The program has been able to shift the support for zero tolerance, (milder) Sunni practice and pharaonic practice in the expected way.

## 9.3 Efficiency

To evaluate the efficiency (To what extent was the project efficiently and cost effectively implemented?), this chapter describes, for instance:

- Are there key activities that have led to significant results at relatively low cost?
- Are there any cost intensive key activities that have led to only moderate results?
- What activities could have produced same (or better) results with same (or lower) cost?
- Are there any activities and results that demanded more time than planned? Or accomplished less time than planned?

The inclusion and mobilization of the **SHGs** and their 'upper-level' **CLAs** in urban/IDP communities and **CMCs** in rural communities was identified by respondents as a contributing factor to the project's efficiency as they were already existing local structures. Capacity building provided in terms of awareness and institutional support (communication skills, human rights knowledge and budgeting) to the SHGs, CLAs and other community structures built and empowered them to assert their bodily integrity rights, improved advocacy and created huge value compared to the incurred costs.

Trainings on FGM risks, Islamic perspectives, human rights and community awareness and mobilization approaches provided for various groups of secondary beneficiaries (regarded as change agents) such as

religious and community/traditional leaders, students and journalists, and local CSOs played a critical role to efficiently reach wide audiences by people they trust.

According to the FGDs and KIIs, majority of the respondents reported that the identification and use of **religious leaders** was an indication of efficiency as they have a greater reach and are more influential in the society. Working with moderate religious leaders meant that it was easier to bring them on board to develop and deliver FGM messages, and anti-FGM declarations without a lot of persuasion and resources. Their influence was instrumental reaching many as they used the Friday prayer day to talk about the health consequences of FGM and provide the proper interpretation of Islamic texts on FGM thus addressing misconceptions and misinformation.

*“The religious leaders who deserve to be listened to by the people are also trained and are part of the outreach we do. This needs to be continuous for the message to sink deeper.” (Community Leader in Suuqsade, Sahil Region)*

**Journalists** were trained on FGM health risks, case studies, and Somaliland's legislative system which changed their attitude and improved their knowledge on harmful practice of FGM. These trainings were pivotal as media was not only empowered with FGM knowledge but were able to develop stories, conduct interviews with FGM practitioners, victims, parents etc. and share these stories with the community. On the flip side, respondents noted that the number of trained journalists was small, limiting the efficacy of their inclusion which was exacerbated by the lack of media freedom as most of them were fearful of airing and reporting anti-FGM stories. An increase in the number of journalist trainees and trainings as well as inclusion of editorials was recommended by one journalist and could potentially lead to multiplied results, given that the editorial have decision on the on-media programs. In addition, according to project staff, there was need to increase the number of journalist and provide support to enable them to coordinate and report from the field and rural more frequently and timely for greater impact and inclusion.

*“Fundamentally, the training of journalists, local structures and religious leaders has been instrumental in empowering them to undertake awareness raising, knowledge dissemination and information sharing.” (MESAF Regional Coordinator)*

**University students** were trained in advocacy and communication skills, FGM knowledge, event organizing and campaigning skills. The targeted students noted in FGDs that they were able to reach their fellow students and other youth thus saving many girls from FGM. Mobilization of students and media implied that the implementing partners were able to reach many using few resources.

Lastly, an indication of the project's efficiency was the selection of **NAFIS** as an implementing partner. NAFIS is not only familiar with the project locations but also has vast experience in implementing anti-FGM interventions, coupled with rapport with communities and stakeholders within the target location. NAFIS was able to easily leverage its networks and connections to implement this action efficiently. Moreover, effective coordination, joint planning and regular budget review meetings between NAFIS and ISF enabled timely and effective utilization of project costs. The project was human resource efficient, in terms of the number, skills and performance of engaged staff.

From project management perspective, a need to better integrate budget monitoring and activity monitoring (and nominate one ISF-level Project Manager) emerged, as well as need to complement

project funding/management with institutional capacity building and organizational development of ISF's local implementing partners. This has been done partly with specific COVID-funding from UN Trust Fund and partly with ISF own programme funding but outside of UN Trust Fund funds, staff and admin costs were very limited.

### **Conclusion:**

The project was implemented with a high efficiency in resources used against its achievements. One good lesson from this project was the mobilization, capacitating and active engagement of optimal stakeholders at national and grass-root levels. The engagement of SHG and CLA groups, CMCs, religious leaders, university students and journalists enhance the absorption and ownership of the issue at local level, and thereby projects success and impact.

## **9.4 Impact**

To evaluate the impact (To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment?), this chapter describes, for instance:

- What kind of impact have the mobilized secondary beneficiaries had on the FGM attitudes and behaviors of the community members (goal), if any?
- Have the trained CLA women (output 4.1) engaged respective SHG women in advocacy for women's bodily integrity (outcome 4)? What kind of impact has this had on the SHGs sense of empowerment (goal)?
- Has the CSO capacity building (outputs 5.1-5.2) led to enhanced institutional resilience and adaptation (outcome 5) and/or some other unexpected negative or positive outcomes?

### **Rural target communities:**

As indicated by monitoring data, the project has successfully accomplished changes in terms of knowledge, attitude, and behavioral aims regarding FGM among all secondary beneficiaries as well as parents they have reached out to. There is clear enhancement on their understanding of the FGM health problems, Islamic viewpoints on FGM, women and girls' rights, and hence enhanced engagement in advocacy, educating, and awareness efforts to abandon FGM.

Similarly, according to the evaluation data, the project has had tremendous impact towards abandoning FGM and getting people to change their attitudes and behaviors in the project locations. Respondents targeted by the evaluation reported an extensive change on their knowledge and attitude towards FGM, with more enlightenment on health problems of FGM, Islamic view and other negative consequences, hence changed position on performing FGM and discriminating rescued girls.

*"As a result of this project we don't only rescue our girls from FGM but also reduced the GBV and abuses to girls and behavior of children, as the SHGs actively engaged in these matters." (FGD participant in Hargeisa)*

*"As a result of this project we don't only spare our girls but even the resources/money spent on FGM." (Parent's FGD participant in Go'da yar)*

FGD participants in Magaalo Qalooc CMC noted that in areas where there was resistance or dislike to discuss FGM, it is no longer the case, as community members including, parents, children, elders, men and boys are now fully aware of the health and economic effects of FGM, as well as its Islamic viewpoint. Respondents noted that they have a better understanding of FGM, and its inherent consequences and thus have no reason to support the continuation of FGM/C for their daughters and sisters. This is due to the training and following engagement by religious and traditional leaders as well as other respected community member who are now actively involved in spreading messages and information that educates the community on FGM abandonment. The inclusion of religious and traditional leaders was specifically very influential strategy that resulted a great impact through the community awareness and campaigns, as noted in all FGDs at field. The religious and traditional leader as members of Community Management Committees (CMCs) were capacitated to undertake awareness since they are local structures that have greater reach and influence in communities. The CMC members include both religious and traditional leaders, health professionals and women representatives, which enhanced CMCs' legitimacy and acceptance within the communities.

*"I was highly impacted by the project, particularly by the religion aspect, I suffered the pain of FGM but was just ignoring the pain and other harms because I taught it was a religious obligation but when the committee thought us that it is never based on Islam, decided to stop it." (Parents FGD participant in Magaalo Cad)*

FGM is rooted in cultural and religious misunderstandings, lack of relevant health information and assumptions, thus the CMC have been critical in addressing all these contributing factors leading to an increase in knowledge that has thus affected attitude and behavior towards FGM.

*"Anti-FGM campaigners were used to be discriminated as external agents but following the awareness by the religious leader in the Friday prayers, it gets normalized and turned to a subject of public discussion." (CMC member in Magaalo Cad)*

The use of CMCs has also made it easier for communities to discuss FGM, as the evaluation noted that FGM discussions were unpopular, considered private affairs, something alien and only affected women and was shameful to even mention it public. These perceptions are no longer held as FGM discussions are now being held in public, open spaces freely by all. Interesting is the adoption of FGM messages by religious leaders during their Friday sermons something that was unheard off. In addition, community conversations, radio and tv programs included FGM discussions as part of their agenda.

At the community level, a noticeable change is that both men and women spoke coherently about the adverse effects of FGM and openly recounted their experiences with FGN. This kind of change is not likely to be reversible. In addition, the evaluation findings indicate that there are many parents who have completely vowed to stop cutting their daughters while many more demonstrated willingness to stop cutting their daughters.

*"The most important impact of the project is that you can no longer find a girl in the area who has undergone FGM in the last three years." (Religious leader in Suuqsade, Sahil Region)*

### **Urban areas and IDP communities:**

SHG FGD respondents noted that they have a better understanding of FGM, and its inherent consequences and thus have no reason to support the continuation of FGM/C for their daughters, sisters and other community girls. SHG and CLA members made voluntary bold anti-FGM declarations and commitments due to their enhanced capacity and a leading role in anti-FGM advocacy and lobbying in their respective locations and at national level pushing for more commitments from duty bearers. According to majority of the respondents, there is a reduction in the number of families engaging in the FGM and many are able to be bold enough to shield their daughters from FGM.

SHG FGD and some KII respondents highlighted that positive impact of CLA and federation platforms as well as project-facilitated experience sharing and joint demanding of their rights and re-enforcing bills. According to SHG/CLA KII and FGD responses capacitated SHGs and CLA women have also gained strength via increase in their shared funds, which has contributed to their socio-economic positions and supported vulnerable non-member IDP women. Another significant impact according to these respondents is that the project has led FGM practitioners to abandoning the practice and engaging in alternative source of income, through the supported SHGs.

### **National/political level:**

Moreover, the project contributed towards the development/revision of national FGM policy, supported the establishment of cabinet task force and national coordination forum in support of its approval, and mobilized local voices (SHGs, CLA & federations) for advocacy and pressure group. The project has also enabled an effective coordination mechanism that brings together the various CSO, UN bodies, INGOs and relevant government authorities. This provides a platform where various actors exchange information, update on status, coordinate efforts, and priorities issues.

It was noted that the government provided all requested support needed by the project and its implementing and funding partners (ISF, NAFIS & Candlelight). Furthermore, the government put huge effort and political will in policy development and establishment of coordination forums at the national and regional levels.

The project further facilitated declarations and commitments by the SHG on FGM abandonment on voluntary basis, which has potential to improvise the absence of policy and legal supportive measure to address the issue.

### **Change agents (students, media, CSOs):**

Engagement of journalist and students enhanced community knowledge and awareness on FGM and its health impacts and support to the MESAF in the development of the final draft of the FGM policy.

*For me, the project affected my way of thinking and at first, I believed that circumcision is something to protect the girl so that she does not have illicit sex. Now I know that there is more health, financial and religious problems in FGM. (Student FGD Participant, Hargeisa University)*

The project also unified the voices of CSOs on zero tolerance to FGM and strengthened their capacity to influence people. Prior the project, the CSOs had different positions on FGM, some of them were advocating for sunna circumcision (Type 1), while others promoted zero tolerance, resulting in different

opinions among the community and key stakeholders such as religious leaders. The project created CSO dialogues to convince each other and bring on board respected senior religious leaders, which led the CSOs to agree on zero tolerance position. They signed a commitment, which harmonized their voice and helped minimized the confusion.

The project has supported NAFIS, its member organizations and other local CSOs participation in the national and regional coordination meetings. Their adaptive capacity to the Covid-19 pandemic was improved and the coordination mechanisms that bring together the various CSO, UN bodies, INGOs and relevant government authorities were uphold and strengthened. These platforms enabled various actors to exchange information, experience, update on status, coordinate efforts, and priorities. This institutional support enabled NAFIS to continue operation, meetings and coordination during the Covid-19 pandemic controlling measures and it has been utilized beyond organizational and programmatic meetings, it was especially very useful in review and presentation tasks of the institution, no gaps were reported.

### **Conclusion:**

FGM is rooted in cultural and religious misunderstandings, lack of relevant health information and assumptions, thus the grass-root involvement and capacitating have been critical in addressing the contributing factors, leading to an increase in knowledge that has thus affected attitude and behavior towards FGM. Supported community structures SHG, CLA and CMCs have been very instrumental in reduction of FGM practice, women empowerment and also policy development aspects, it further boosts sustainability of the impact. Institutional support, policy development, strengthened coordination platforms and unified voices of CSOs also form and an excellent complement of project achievements at community level.

There is clear evidence of the project contributing to strengthening community commitment to ending the practice of FGM. The public declarations are a strong indication of this commitment, as are some of the preceding short-term changes such as evidence of the strengthened involvement of community leaders. Evaluation data indicate that the combination of changes at different levels has contributed to influencing (ongoing) changes in social norms relevant in relation to the practice of FGM. Such changes are, for example, indicated by the noted changes in the status of FGM as a (former) taboo topic; the fact that more people reported that they felt more comfortable declaring that they or their daughters had not been cut; or the fact that people talk about cut and uncut girl in new ways.

## **9.5 Sustainability**

To evaluate the sustainability (To what extent will the achieved results, especially any positive changes in the lives of women and girls be sustained after this project ends?), this chapter describes, for instance:

- Will the secondary beneficiaries continue advocating against FGM?
- Will the parents uphold changed attitudes on FGM and act upon it (reject the cut)?
- Will the empowered SHGs continue claiming for their rights?
- Will the capacitated CSOs utilize their resources in favor of women and girls?
- Are any challenges that face the continuity of the created positive results?
- What recommendations would facilitate/ enable the sustainability of the created positive changes?



Fundamentally, nearly all respondents, including traditional/religious CMC, community facilitators, students and media personnel, have expressed their intent to continue educating people about the consequences of FGM. Reached parents and local structures (CMCs, SHG, CLA, Journalist, University Students, Religious and Traditional leaders) confirmed their continuation awareness and campaigning against FGM and rescuing their girls, willingly and voluntarily.

In the rural target communities, **CMC** respondents noted that they have a better understanding of FGM, and its inherent consequences and thus have no reason to support the continuation of FGM/C for their daughters and sisters. **Parents** responses on different FGD also emphasized their determination to abandon FGM, some noted their wish of not performing on prior circumstanced girls.

*“There is a woman in my house who used to perform FGM, when I conveyed the message and I told her about the problems of FGM on girls, she promised to stop it and act agent in reaching to her friends who perform.” (Parents FGD participant in M. Mooge)*

CMCs’ ownership on ending FGM as well as their localization and de-stigmatizations at targeted communities imply positive signal for project impact sustainability. Nonetheless some of CMCs particularly Magaalo Cad and Go’da yar noted that the organization of the scheduled awareness might slightly loose with end of the project but confirmed their upholding of FGM abandoning efforts.

*“Anti-FGM campaigners were used to be discriminated as external agents, but following the awareness by the religious leader in the Friday prayers, it get normalized and turned to a subject of public discussion.” (CMCs member in Magaalo Cad)*

*“The community component is very sustainable given that it has been delivered with huge emphasis through the grassroot structures [CMCs in the rural and SHGs & CLAs in urban] in a project independent fashion, which ensures the continuation of their FGM abandoning activities beyond project.” (NAFIS Project Manager)*

According to respondents in **students** FGDs, using university students in awareness raising is sustainable as the students have the capacity to continue with awareness raising and information sharing among their peers, family, other relative and within their locales. **Journalists** declared the commitment to continue making production and coverages on anti-FGM in different dimensions and angles of community education and women and girls’ rights.

The project facilitated declarations and commitments by the **SHGs and CLAs** on FGM abandonment on voluntary basis, which has potential to improvise the absence of policy and legal supportive measure to address the issue and boost impacts sustainability. As per the KIIs, capacity building and enhancement provided to SHGs and CLA equipped their members to continue with mobilization, women empowerment and anti-FGM campaigns in their communities. The sustenance of SHG and CLA associations, their shared funds and established bi-laws of operation and centering of FGM and women/girls’ rights boosts sustainability of project impacts.

All supported **CSOs** and other community structures, as well as established coordination platforms were all selected due to their focus on and as agents of women empowerment and rights, thus the provided capacity will serve and be utilized in efforts in favor women and girls. Moreover, given that NAFIS mandate

focuses on FGM eradication and it operates for the accomplishment of FGM-free Somaliland, all support provided to its member CSOs will utilize women and girls' protection, empowerment and rights promotion. **MESAF** confirmed that it will work and support NAFIS and the created community level women associates (SHGs) as well as other committees (CMCs) in targeted area.

*"The project's approach that engaged all levels of targeted stakeholders and beneficiaries, created ownership at grass-root, supported structures plus respective MESAF regional offices and capacitated to undertake continuous entrenchment of anti-FGM activities beyond the life of the project." (Director of Gender, MESAF)*

#### **Conclusion:**

The wholistic/comprehensive design of the project and strategies that were utilizing the existing grassroots structures (that are independent of the project) strengthen the sustainability of the project achievements. These structures have been capacitated to continue with awareness raising, information sharing, advocacy and lobbying beyond the project. The community-centered approach that places the community needs and challenges at the center create ownership thus ensuring that the community is willing and able to continue cultivating the project gains.

It is worth noting, however, that SHGs and CLAs are better positioned in the continuation of the FGM efforts, given that they have other activities (shared funds) that will keep them continue their regular meetings and workplans, which is not the case for CMC.

### **9.6 Knowledge generation**

Respondents note that the project has been instrumental in the dissemination of FGM related knowledge and information particularly on the negative health consequences and the Islamic perspectives on FGM. The use of CMC, SHG, journalists and university students has been very effective in getting information and raising awareness within the communities and target locations. Along with the FGM related knowledge, most of the respondents noted the project delivered awareness and trainings which cleared misconceptions they held from FGM prior the project, introduced well on FGM negative consequences and also the rights and gender equity related knowledge.

Some FGD and KIIs participants noted that men have become more aware and appreciate that women bodily integrity is also a human right and thus support anti-FGM interventions, declarations and advocacy against domestic abuses on women, girls and children.

The multi-dimensional and grass-root centered project approach has been very efficient and worthy replication in both future and currently ongoing FGM projects. Evaluation evidence shows that continuous capacity building and enhancement of local women and other grassroots structures plays a significant role in knowledge dissemination and information sharing. The success of this approach worth sharing with more audiences both national and international, for replication due to its huge potential impact and value addition to abandoning FGM practices.

### **Case study: Clash at the Go'da Yar**

*Go'da Yar is an agro-pastoral settlement in Sahil region which is a project target location. There, the project established FGM awareness committee consisting of traditional leaders, community leaders, women, teachers and health workers in the settlement. The committee was given capacity building trainings on FGM awareness raising they have been tasked to carry out in the community. The committee started the awareness and news soon spread in the settlement. An opponent team started spreading false messages accusing the committee of spoiling the culture and religion by publicizing alien and non-Islamic practices inspired by what they called foreign agency. One day, as the committee got out to make their usual awareness raising, they were opposed by people, their work was interrupted and accusations started which led to a crowd, where some people were throwing stones at the committee office. The committee defended their mission and stand and declared that they come with no evil but rather religious based practice with health and social benefits. The two groups finally agreed to call religious leaders and they met for 3 days. They produced a statement. After long research, the Sheikhs declared that the FGM has no place in Islamic religion and that there is no harmful organ on girls' bodies and that awareness committee was not delivering unethically. Since then, the awareness committee has won the will of the people and got space to orient and educate people on FGM harms, which yielded positive results in eradication of at least the Pharaonic type of the FGM and rescued a lot of girls from the risk.*

## **9.7 Gender equality and human rights**

All respondents either in KIIs and FGDs, were unanimous that the project team was inclusive in the beneficiary selection and members of local committees and local authorities and MESAF noted that they were sufficiently informed of the project, its goals, outputs and intended outcomes. Women and girls through SHGs received training and skills to demand their rights and also undertake awareness raising and information sharing on FGM. Young girls and women have been capacitated to be agents of change in their communities and take a leading role in supporting anti-FGM interventions.

*“As men, we understood that circumcised girls are not good for marriage, and we told other men that those uncircumcised girls are in fact better and healthier than the circumcised ones.” (Community Leader as KII in Suuqsade, Sahil Region)*

In the rural setups, the formation and engagement of CMCs including religious and traditional leaders has been very influential strategy and resulted in great impact through the community awareness and campaigns. The CMC composition was inclusive comprising of traditional leaders, religious leaders, schoolteachers, youth, men, health staff and representatives from women in each targeted location thus increasing ownership and acceptability within the communities.

According to the participants at the FGDs and KIIs, the project was implemented using a human rights and gender responsive approaches taking cognizance of the principles of “Do no harm”. Women have a stronger voice and can demand for their rights socially, economically, and politically. Evaluation found out that the project was based on the understanding that FGM/C is a violation of the human rights of women and girls and therefore the joint programme pursues its and thus framed the dialogue with communities with a view to preserve positive cultural values, while eliminating harmful practices. According to

respondents, key actions that contributed to abandonment of FGM in the targeted communities were strengthened community education, dialogue, decision making, increased number of public declarations, increased engagement of leaders, strengthened capacities of CMCs and SHGs, and media campaigns.

In terms of strengthened community education, dialogue, decision making, there was good discussion both vertically and horizontally between all stakeholders. A pool of regional and national gender and human rights experts/FGM experts and practitioners has evolved. This led to a common voice /understanding on FGM in the whole country. Additionally, some FGM Ambassadors have been invited to be become members of other human rights councils, gender equality committees and they will go with their experience from the ISF project.

In terms of strengthened regional dynamics for the abandonment of FGM/C, the strategy the project took to include stakeholders from different levels of society and the resources invested by others influenced the good outcome, particularly the establishment and active enactment of a grassroots change agents and well-established anti-FGM groups. There is access to information on available services and support for FGM survivors. Furthermore, the women's movements and gender issues in Somaliland are often side-lined, people don't like to speak about gender, they think it is a western agenda and against Islam and our culture. This project has enabled discussion framed as a human rights issue with the full involvement of religious leaders and traditional elders.

Through the regional coordination support, the project has contributed to the strengthening of regional and global movements for the abandonment of FGM/C including adequate political commitment, resources, and knowledge. There is now increased regional and global awareness and buy-in and strengthened knowledge production and circulation on the issue of FGM/C, along with the awareness campaigns targeting the locals. The project also supported the writing of papers and policy briefs on FGM/C theme through the universities. However, the UN Trust Fund Portfolio Manager noted that the voices of women and girls who are at risk of FGM didn't fully come out through the project. These women are at risk and their voices need to come out more.

Lessons learned include a better collaboration and communication between direct project beneficiaries and implementing partners for synergy. A missed opportunity is the cross-community contributions to spreading changes to social norm across communities, within and across borders. How can this project and its impact be better benefitted nationwide? There is a GBV service provision center like Baahi-Koob that need them. Also. other CSO's Legal Aid services that provide SGBV survivors legal and psychosocial need the knowledge, impact and synergy created by the project.

## 10 Recommendations

The evaluation concludes that the project met its targets effectively and efficiently, following relevant objectives and activities, relevant implementing partners and strategies, engaged stakeholders and holistic approach. Yet, there's need and demand for more similar initiatives and interventions by Somaliland government in adjacent regions, in both rural and urban areas, to consolidate the gains made through this project and alike. Evaluation recommends replication of the project and expansion of its coverage to the needier and harder to reach Eastern regions (Sool and Sanaag), along with the below list:

- **Engage more religious leaders and CMCs:** The evaluation found that engagement of religious leaders and locally respected CMCs has created positive impact on community knowledge and standpoint on FGM matters, due to their solid social influence. Therefore, engaging more religious leaders and CMCs has the potential for maximized impact. Also, continue to support the previously supported CMCs with refresh trainings and periodic meetings in the form of retreat and experience sharing to ensure they continue and maintain their momentum in community awareness raising.
- **Enhance support for change agents like students and media** and increase their number: The evaluation found that the applied strategy to capacitate and engage such change agents was very crucial to knowledge and attitude change of not only targeted beneficiaries but also public at large. Enhancing the provided support with more focused trainings on case studies, directing of programs and social media utilizations would enhance impact achieved via media. Targeting of editorials of main media is also recommended as a key step. The engagement of university students is also found important and to have double fold impact facilitating social and community change and also enhancing students' engagement on social issues. So, targeting more students with an innovative approaches and platforms like publication and talent competition related FGM abandonment is very recommendable for enhanced impact.
- **Identify lessons learnt through SHGs, CLAs and other women-led community structure engagement.** Replicate the mainstreaming of anti-FGM campaigns and awareness raising through female ambassador training. Consider working with/through women associations, specifically within women-dominated value chains such as milk, dairy, vegetable, which are regarded pro-poor and host a lot of women, who may not able to benefit from other forms of the social change due to their overwhelming engagement in the market.
- **Create bigger lobbying and advocacy platform for FGM Ambassadors** when they are invited to join committees, speak at events, as they tend to receive a lot of regional and national attention.
- **Give space and amplify more the voices and experiences of women and girl at risk:** Publicizing, experience-sharing and exposure of the more courageous rescued girls, parents, SHGs and CLA women and other female community members will convince more audience on the need for FGM abandonment.
- **Conduct more collaborative research** on the actual impact and status of FGM: To update on the current literature on FGM and enlighten further its status, dynamics over the time, supportive factors, existing opportunities and leverages for support and other influential factors.
- **Create and organize more visibility** for the project success to inspire others, for others to duplicate. For example, organize **campaigns with uncut girls** (e.g. Proud of Me) to promote and enhance the courage rescued girls and counter the discrimination they may face.

- **Continue to build on strengthened regional dynamics and coordination** for the abandonment of FGM/C with the engagement of religious and local leaders, the current momentum should not be lost.
- **Mainstream** FGM in the ongoing social protection and social safety net programs.
- **Utilize the constitutional approach** in Somaliland, and the change in people's mindsets that the law is above everything else. Frame FGM abandonment as a human-rights issue directly benefitting children.
- **Support the updating of FGM fatwa** released by the Ministry of Religious Affairs and Endowment in 2018 whereby they declared that FGM is not a religious obligation, while the Fatwa was not in favor of a zero tolerance, only against infibulation (type 3). The current draft FGM policy is pursuing zero tolerance.

# 11 Annexes

## A. Final version of the Terms of Reference

### 1. Background and context

#### 1.1 Background and context of the project

The International Solidarity Foundation (ISF) is a Finnish development organization, founded in 1970. ISF's mission is to support development that strengthens democracy, equality, and human rights globally and challenges people to build a more equitable world. We envision a world where women and girls are empowered to build their own future, their self-determination is fully realized, and the right to bodily integrity is respected. ISF has the vision to be an organization with a leading role in the empowerment of women and girls in East Africa by 2030.

ISF has operated in Somaliland since 2000 to promote women's rights, focusing particularly on the prevention of female genital mutilation (FGM) and promotion of women's livelihoods. The contributing factors to highly prevalent harmful practices are largely attributed to social, cultural, religious, political, and economic norms and structures that condone gender discrimination and unequal power relations. These norms consistently subject women and girls to men and boys and lower them further depending on their clan identity and socioeconomic status. For example, the social norm holds that women and girls belong to a clan or a family, and thus their families hold the ultimate decision over their education, marriage, and access to justice. Moreover, cultural norms and practices require women to protect the honour of the family. In Somali communities, women's sexuality is perceived as a threat to moral fabric of the society if it is not controlled and constrained.

These norms justify harmful practices and VAWG and discourage justice or health-seeking behavior. FGM is one mechanism to control women's sexuality. The belief is that cutting the tip of the clitoris (cf. WHO type I, often called 'sunna' in Somaliland) makes girls sexually inactive and faithful for their husbands. FGM prevalence remains close to universal at 99.8%. About 82% of women have undergone the most severe 'pharaonic' type which includes sewing closed the cut parts (cf. WHO type 3), believed to safeguard premarital virginity. However, less extensive sunna and intermediate types of FGM are gradually becoming more common in urban areas.

Somaliland (and Somalia) has not ratified significant international human rights treaties to ensure the safety of women and girls. Somaliland's legal system is a combination of formal law, customary law (Xeer), and Sharia law, causing confusion among lawyers and judges dealing in an under-resourced judicial system. The Penal Code criminalizes offenses that result in physical or mental illness, but there is no legislation criminalizing FGM. Customary approaches and Islamic principles usually prevail when dealing with VAWG. In 2018, the Ministry of Religious Affairs issued an Islamic law ruling (fatwa) banning the most severe type of FGM (cf. WHO Type III) but it did not provide details of punishments. ISF, together with its local partners, have supported the development of an Anti-FGM Policy and Law in Somaliland. The focus of ISF work, however, is on the primary level prevention of VAWG, i.e., community-based awareness raising including mobilization of local opinion leaders and empowerment of the most vulnerable women.

In 2020-2022, ISF together with two local implementing partners in Somaliland, Network Against FGC in Somaliland (NAFIS) and Candlelight for Environment, Education and Health has implemented a *Community Driven FGM/C Abandonment and Women Empowerment in Somaliland* project funded by UN Trust Fund to End Violence Against Women (UNTF EAW). In 2020, soon after the project had started, the COVID-19 pandemic emerged, posing threat to the rights of women and girls globally, and challenging the project implementation. In order to strengthened institutional and EAW response to COVID-19 (and other crises), ISF was granted additional UNTF EAW funds in June 2020.

In December 2021, ISF partnership with Candlelight for Environment, Education and Health ended, after which all project activities have been implemented by NAFIS. This caused some delays in 2022 but the project implementation will be concluded by December 2022 as planned, with only the 2022 annual reporting and completion of this final evaluation finalized by end of February 2023.

## 1.2 Description of the project

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|--|--|
| <b>Organization</b>  | International Solidarity Foundation (ISF)  |
| <b>Project title</b>                                       | Community Driven FGM/C Abandonment and Women Empowerment in Somaliland   |
| <b>Project duration</b>                                    | 1 Jan 2020 – 31 Dec 2022   |
| <b>Budget and expenditure</b>                              | \$ 1,661,512 (of which \$ 232,200 ISF contribution)  |
| <b>Geographical areas</b>                                  | All regions of Somaliland, focusing in Toghdeer, Sahil and Maroodi-Jeeh regions  |
| <b>Specific forms of violence addressed by the project</b> | female genital mutilation (FGM)  |
| <b>Main objectives of the project</b>                      | The main objective of the project is to empower local communities in Somaliland to abandon all forms of FGM. To achieve the objective, both empirical expectations (what people believe others will do) and social expectations (what people believe others expect of them) upholding FGM need to be addressed, as well as women’s marginalized position in decisions concerning their bodies. The results the project aims to achieve in target communities are 1) awareness of physical, social, and psychological health effects, of religious and human rights aspects to FGM, and of growing local FGM opposition; 2) women’s enhanced agency in identifying and claiming their right to bodily integrity; and 3) coordinated grassroots movement to collectively advocate for FGM abandonment. |
| <b>Key assumptions of the project</b>                      | The intervention logic is based on social change theories, whereby increased knowledge and awareness affect attitudes that gradually change behaviour. Hence, the action has trained and sensitized local change agents (see below) about harmful consequences, unacceptability, and preventability of VAWG (especially FGM). All activities are interrelated, aiming to challenge empirical expectations (what people expect others to do) and normative expectations (what people believe others think they ought to do) about violent and harmful practices.  |



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|---|--|
|   | <p>The intervention logic is based on the following assumptions of the amount of people reached by each change agent: each CSO member reaches (and impacts) 2 parents; each religious/cultural leader impacts 10 parents; each student impacts 1 parent; and families have in average 2 girls (4 children). Similarly, each woman attached to Cluster Level Associations represents 10 self-help groups with 20 women of whom they reach 15.</p>   |
| <p><b>Description of targeted primary and secondary beneficiaries</b></p> | <p>Final beneficiaries include over <b>11,000 girls</b> who are saved from FGM when targeted change agents (secondary beneficiaries) have been trained on the health risks, religious and human rights aspects concerning FGM, and mobilized to call for FGM abandonment. The secondary beneficiaries include 915 people attached to local CSOs, 150 religious leaders, 210 traditional leaders and community management community members, 180 local journalists, and 200 university students. These change agents (secondary beneficiaries) are expected to reach 3-15 families each (see assumptions above) who will renounce their decision to cut their daughters.</p> <p>Final beneficiaries also include <b>13,500 internally displaced women</b> who belong to women’s self-help groups (SHG), and whose marginalized position is among the root causes upholding FGM and other forms of VAWG. 1800 women attached to Cluster Level Associations (CLA) that coordinate SHGs (secondary beneficiaries) are trained on human rights and legal perspectives to bodily integrity and mobilized to train their respective SHGs. SHG women thereby gain confidence to share experiences, participate in community dialogues, and claim for effective measures to abandon all forms of VAWG in Somaliland. Subsequently, the process will break social barriers and expand the role and status of women who will become women’s right promoters and increase community movement to renounce VAWG.</p> |
| <p><b>Key implementing partners and stakeholders</b></p>                  | <p>Network Against FGC in Somaliland (NAFIS) and Candlelight for Environment, Education and Health (until December 2021)</p>   |

### 1.3 Strategy and Theory of Change/Results chain

The **overall goal** of the project is that daughters of targeted parents avoid FGM, and women in the targeted women’s self-help groups (SHG) are empowered to claim for their right to bodily integrity. The results chain consists of 5 outcomes and related outputs and key activities, that are described below. The main original implementing party is given in parentheses (as explained above, all pending activities originally implemented by Candlelight were moved over to NAFIS in 2022).

**Outcome 1:** Local CSOs have a unified message and coordinated actions against FGM

- **Output 1.1:** CSOs have better understanding on harmful effects of all types of FGM, religious and human rights aspects to FGM
  - o Activity 1.1.1 Organizing national and regional coordination meetings (NAFIS)
  - o Activity 1.1.2: Organizing joint commemoration of International FGM/Women's/African Child Days & 16 Days of Activism against VAWG (NAFIS)
  - o Activity 1.1.3: Organizing regular debriefing and feedback meetings (NAFIS)

**Outcome 2:** Religious/traditional leaders and CMC members actively engage in efforts against FGM

- **Output 2.1:** Religious leaders have better understanding on harmful effects of all types of FGM, religious and human rights aspects to FGM
  - o Activity 2.1.1: Organizing trainings & dialogues for religious leaders to ensure their support for FGM eradication (NAFIS & Candlelight)
  - o Activity 2.1.2: Engaging religious leaders in trainings etc. with community members (NAFIS & Candlelight)
- **Output 2.2:** Traditional leaders/CMC members have better understanding on harmful effects of all types of FGM, religious and human rights aspects to FGM
  - o Activity 2.2.1: Training community leaders on harmful consequences of FGM, human rights and Islamic perspectives (NAFIS & Candlelight)
  - o Activity 2.2.2: Supporting community facilitators to organize dialogue, exposure visits etc. (NAFIS & Candlelight)
  - o Activity 2.2.3: Supporting community leaders to prepare collective declarations to abandon FGM (NAFIS & Candlelight)
  - o Activity 2.2.4: Organizing consultation meetings with community leaders (NAFIS)

**Outcome 3:** Media and students actively engage in efforts against FGM

- **Output 3.1:** Media has a better understanding on harmful effects of all types of FGM, religious and human rights aspects to FGM
  - o Training media personnel to ensure their engagement in Anti-FGM advocacy campaign (NAFIS)
- **Output 3.2:** Students have better understanding on harmful effects and religious aspects of all types of FGM, and on women and girls' right to bodily integrity and self-determination
  - o Activity 3.2.1: Training students on health, religious, and human rights aspects of FGM (Candlelight)
  - o Activity 3.2.2: Producing drama, media broadcast & research articles on FGM with students (NAFIS & Candlelight)
  - o Activity 3.2.3: Training students in advocacy skills and supporting them to organise public events (Candlelight)

**Outcome 4:** CLAs engage in advocacy for women's bodily integrity with respective SHGs

- **Output 4.1:** CLA members have a better understanding on harmful effects and religious aspects of all types of FGM, and on women and girls' right to bodily integrity and self-determination
  - o Activity 4.1.1: Training & coordinating Rights Ambassadors from among the CLA members (NAFIS)

- Activity 4.1.2: Training CLA members on legal/human rights perspectives to bodily integrity and on civil rights (NAFIS)
- Activity 4.1.3: Training CLA Federation on legal/human rights perspectives to bodily integrity and on civil rights (NAFIS)

**Outcome 5:** ISF, NAFIS and its member CSOs are institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to EVAW/G with a focus on the most vulnerable women and girls.

- **Output 5.1:** ISF, NAFIS and its member CSOs have put in place mechanisms to improve institutional resilience to crises including COVID-19, that ensures the stability of projects and sustainability of the organization[s] in the longer term.
  - Activity 5.1.1: Recruit an Advisor on gender equality and women’s empowerment (ISF)
  - Activity 5.1.2: Recruit an Organizational Development Advisor to support NAFIS members' institutional capacity building, incl. identifying training needs, organizing trainings and providing close support to partners (NAFIS)
  - Activity 5.1.3: Train NAFIS member CSOs (incl. Candlelight) about 1) fundraising, 2) community engagement and mobilization, 3) advocacy and lobbying, and 4) data collection, analysis, and reporting (NAFIS)
  - Activity 5.1.4: Promote tele commuting capabilities (video conferencing) of NAFIS and its member CSOs (NAFIS)
- **Output 5.2:** NAFIS has improved knowledge, skills and capacities to maintain or adapt EVAW/G interventions and reach the most vulnerable women and girls while responding to the impact of the COVID-19 pandemic or other crises.
  - Activity 5.2.1: Raise awareness with mobile theatres in target IDPs (NAFIS)
  - Activity 5.2.2: Raise awareness through SMS and Interactive Voice Response (NAFIS)
  - Activity 5.2.3: Improve the capacity of CLAs through online engagement, provision of equipment and trainings (NAFIS)
  - Activity 5.2.4: Provide protective gear and soap for CLA/SHG members, community management committees (CMCs), IDPs and poor families in remote villages (Candlelight)
  - Activity 5.2.5: Distribute 1-month foodstuff for poorest households in target communities (Candlelight)

## 2. Purpose of the evaluation

As the project (implemented 1 Jan 2020 – 31 Dec 2022) is coming to an end, and extensive final evaluation is conducted to assess the effectiveness, relevance, efficiency, sustainability and impact of the project, as well as the cross-cutting objectives on gender equality and human rights. All target groups, beneficiaries, associates, and other key stakeholders will be engaged.

The evaluation is expected to identify key lessons and promising or emerging good practices in the field of EVAWG, particularly ending FGM. These findings will inform ISF and NAFIS (and the donor UNTF EVAW) in their programme planning and development. In practice, ISF and NAFIS will utilize the findings in the planning of their 2023-25 cooperation in the field of FGM prevention in Somaliland. In that process, information on which of the components in this project have had most impact and/or should be scaled up is highly valuable. The findings will also inform ISF establishment in Puntland and the Somali

region in Ethiopia (planned to take place in 2023). In both areas, FGM prevention will be in focus of ISF intervention.

The findings will also be disseminated to all ISF implementing partners in Somaliland (and the relevant parts also with partners implementing similar projects in Kenya and Ethiopia) as well as other interested CSOs and key stakeholders (such as government officials and other ISF donors). Beyond East Africa, the evaluation report can be shared with the *Community of Practice on FGM to build bridges between FGM professionals from Africa and Europe*, as well as the UN Women coordinated *SHINE online hub* and *Generation Equality Gender-Based Violence Action Coalition* members.

### 3. Evaluation objectives and scope

#### 3.1 Scope of evaluation

The evaluation will cover the entire project duration (January 2020 – December 2022). The focus of the evaluation is at the goal, outcome, and output level (not inputs/activities level). Geographically, the evaluation and thus data collection will concentrate in the below districts and regions where the project intervention has focused (more detailed indication of the geographical coverage is provided in chapter 5.4):

- Maroodijeh region
- Sahil region: Isku dar, Go'daweyn and Go'da yar districts
- Togdheer region: Burao and Suuqsade districts
- Awdal region: Magaalo cad and Magaalo qalooc districts

ISF and NAFIS will conduct internal endline data collection and reporting starting in December 2022. During the inception phase, eventual overlap between annual and evaluation data collection will be discussed, to minimize the burden on informants on one hand, and to ensure that the endline indicator data is available for the consultant on the other hand.

#### 3.2 Objectives of the evaluation

- **To evaluate the entire project** (1 Jan 2020 – 31 Dec 2022), against the effectiveness, relevance, efficiency, sustainability, knowledge generation and impact criteria, as well as the cross-cutting gender equality and human rights criteria (defined below);
- **To identify key lessons and promising or emerging good practices** in the field of ending violence against women and girls, for learning purposes.

### 4. Evaluation questions and criteria

The table below lists the evaluation criteria and the mandatory evaluation questions that can be complemented during the inception phase:

| Evaluation Criteria   | Mandatory Evaluation Question   |
|---|---|
| <p><b>Relevance</b><br/> <i>The extent to which the project is suited to the priorities and policies of the target group and the context.</i></p> | <p>To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?</p> |

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| <p><b>Effectiveness</b><br/> <i>A measure of the extent to which a project attains its objectives / results (as set out in the project document and results framework) in accordance with the theory of change.</i></p> | <p>1. To what extent were the intended project goal, outcomes and outputs (project results) achieved and how?</p> <ul style="list-style-type: none"> <li>• Does qualitative evaluation data demonstrate similar result attainment to the quantitative inhouse surveys?</li> <li>• To what extent are the attained results related to the project activities?</li> </ul>   |
| <p><b>Efficiency</b><br/> <i>Measures the outputs - qualitative and quantitative - in relation to the inputs. It is an economic term which refers to whether the project was delivered cost effectively.</i></p>        | <p>2. To what extent was the project efficiently and cost-effectively implemented?</p> <ul style="list-style-type: none"> <li>• Are there cost intensive key activities that have led to only moderate results?</li> <li>• Are there key activities that have led to significant results at relatively low cost?</li> <li>• What activities could have produced same (or better) results with same (or lower) cost?</li> </ul>  |
| <p><b>Impact</b><br/> <i>Assesses the changes that can be attributed to a particular project relating specifically to higher-level impact (both intended and unintended).</i></p>                                       | <p>3. To what extent has the project contributed to ending violence against women, gender equality and/or women’s empowerment (both intended and unintended impact)?</p> <ul style="list-style-type: none"> <li>• Has the sensitization of secondary beneficiaries (CSOs, religious/traditional leaders, CMCs, students, and journalists, see outputs 1.1.-3.2) contributed to their role in ending FGM (outcomes 1-3)? How, why? If not, what is restraining them?</li> <li>• What kind of impact have the mobilized secondary beneficiaries (see above) had on the FGM attitudes and behaviors of the community members (goal), if any?</li> <li>• Have the trained CLA women (output 4.1) engaged respective SHG women in advocacy for women's bodily integrity (outcome 4)? What kind of impact has this had on the SHGs sense of empowerment (goal)?</li> <li>• Has the CSO capacity building (outputs 5.1-5.2) led to enhanced institutional resilience and adaptation (outcome 5) and/or some other unexpected negative or positive outcomes?</li> </ul> |
| <p><b>Sustainability</b><br/> <i>Sustainability is concerned with measuring whether the benefits of a project are likely to continue after the project/funding ends.</i></p>  | <p>4. To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?</p> <ul style="list-style-type: none"> <li>• Will the secondary beneficiaries continue advocating against FGM?</li> <li>• Will the parents uphold changed attitudes on FGM and act upon it (reject the cut)?</li> <li>• Will the empowered SHGs continue claiming for their rights?</li> <li>• Will the capacitated CSOs utilize their resources in favor of women and girls?</li> </ul>  |
| <p><b>Knowledge generation</b><br/> <i>Assesses whether there are any promising practices that can be shared with other practitioners.</i></p>  | <p>5. To what extent has the project generated knowledge, promising or emerging practices in the field of EAW/G that should be documented and shared with other practitioners?</p> <ul style="list-style-type: none"> <li>• How promising are the new solutions that were piloted in the project to combat FGM/VAW in Somaliland?</li> <li>• How could they be further developed?</li> <li>• Are there some promising practices elsewhere that could have been piloted / added value to the project?</li> </ul>   |
| <p><b>Gender Equality and Human Rights</b></p>  | <p>6. To what extent have human rights based and gender responsive approaches been incorporated through-out the project?</p>  |

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|  | <ul style="list-style-type: none"> <li>• Has the selection of beneficiaries been participatory and inclusive?</li> <li>• Have beneficiaries, local authorities etc. been sufficiently informed and involved throughout the project lifecycle?</li> <li>• Has the project supported duty bearers to respect, protect and enforce human rights, particularly women’s right to bodily integrity?</li> <li>• Has the project capacitated women and girls (rights holders) as active agents to change in their own lives and communities?</li> <li>• Has the project affected women and men differently? How?</li> <li>• Has the role/status/power of women expanded due to the project? How?</li> <li>• Has the project addressed negative gender stereotypes and patriarchal belief systems that subordinate women and expose them to violence and other forms of discrimination?</li> </ul> |
|--|---|

## 5. Evaluation design and methodology

### 5.1 Proposed evaluation design

The endline monitoring data will be collected by the project team by end-December 2022 and provide quantitative, survey-based information on whether the outputs (changes in knowledge and attitudes among secondary beneficiaries) and the goal (changes in knowledge and attitudes among parents and SHG women) have been achieved. The endline monitoring data also includes quantitative data on the outcome level progress (mobilization among secondary beneficiaries and COVID-response).

The evaluation will **verify** and triangulate the endline monitoring data, examining if qualitative data collection methods demonstrate similar progress as the quantitative surveys, and if so, to what extent the changes are related to the project activities.

The evaluation design will look like an **outcome evaluation** in that it will examine whether and how the eventual increase in knowledge and attitudes (outputs 1.1.-4.1) has led to expected outcomes 1-4 (increase in mobilization) and/or some other unexpected negative or positive outcomes. Similarly, it will examine whether and how the mechanisms established, and capacity building efforts made (outputs 5.1-5.2) have led to expected outcome 5 (enhanced institutional resilience and adaptation of EVAW/G interventions to the impact of the COVID-19 pandemic) and/or some other unexpected negative or positive outcomes.

The evaluation design will look like an **impact evaluation** in that it will review the changes that resulted from the outcomes: Did the eventual increase in opinion leader mobilization have expected (or unexpected) impact among the targeted community members (parents and SHG women) and did that, in turn, lead to expected improvements in the lives of the final beneficiaries (girls avoiding FGM and SHG women claiming for their right to bodily integrity)?

### 5.2 Documents to be consulted

The key background documents to be reviewed by the consultant(s) include but are not limited to:

- Project proposal (2019) and additional funding submission for the COVID-19 response (2020)

- Project baseline report (August 2020), including the quantitative data collection tools applied in semi-annual and annual follow-up data collection
- 2020 and 2021 project annual reports and 2022 endline data summary
- Project midterm evaluation report (2021)
- Compiled baseline and semi-annual follow-up data summary
- Detailed list of beneficiaries and project sites
- Self-Help Group (SHG) Approach in a nutshell (NAFIS)
- Country Profile: FGM in Somaliland and Somalia (NAFIS, 2019)
- The Somaliland Health and Demographic Survey (Central Statistics Department, Ministry of Planning and National Development, Somaliland Government, 2020)
- A Reflection on the Gender Equality Agenda in Somaliland (SIHA, 2020)
- Somaliland Gender Gap Assessment (NAGAAD, 2019)

### **5.3 Proposed data collection methods and analysis**

The monitoring data collected by the project team prior to the evaluation data collection mainly consists of quantitative survey data collected with OMBEA audio response system (digital group data gathering tool). Hence, the evaluation will mainly entail qualitative data collection and analysis, such as key informant interviews, focus group discussions and observations.

However, particularly regarding the examination on whether the eventual increase in opinion leader mobilization had expected impact among the targeted community members (see 5.1 evaluation design), the consultant can suggest quantitative survey tools to explore the reach of the opinion leaders' messages among the target communities. The eventual survey questionnaire should not, however, significantly overlap with the OMBEA surveys applied by the project team in monitoring data collection.

Final decisions about the specific design and methods for the evaluation should emerge in the inception phase from consultations among the project staff, the evaluators, and key stakeholders about what is appropriate and feasible to meet the evaluation purpose and objectives and answer the evaluation questions, given limitations of budget, time and existing data

### **5.4 Proposed informants and sampling methods**

The evaluation follows Ex Post Facto design where control or comparison groups are not available. Hence, the informants comprise of the primary and secondary beneficiaries, as well as key stakeholders.

Purposive sampling will be applied for key informant interviews (KII). KII informants include but are not limited to

- Stakeholder Reference Group members (see chapter 9)
- Ministry of Employment Social Affairs and Family (MESAF) regional coordinators in Maroodijeh, Sahil, Togdheer and Awdal
- UNTF Portfolio Manager and other UN Women Focal Points
- ISF members in the Evaluation Management Team (chapter 9)
- NAFIS members in the Evaluation Management Team (chapter 9)

Purposive, convenience and quota sampling will be applied for focus group discussions, to ensure that all target groups, both genders, and all geographical regions are sufficiently covered, and that people

selected as informants have enough time and outlook for the data collection. As qualitative data collection does not require statistically representative samples, a subset of approximately 10-20% of the secondary beneficiaries (direct participants) will be selected, divided as follows, for example

- 30-60 CSO people (of the total 915) that have participated in NAFIS coordination meetings and/or been capacitated as part of the COVID-19 response intervention: 1/2 in Maroodijeh, 1/2 in Togdheer regions
- 20-30 religious leaders (of the total 150): 1/4 in each of the 4 evaluation target regions
- 20-30 traditional leaders (of the total 120): 2/3 from Maroodijeh region target IDPs; 1/3 from Burao district target IDPs
- 20-30 community management community members (of the total 90): sample from Isku dar, Go'daweyn, Go'da yar, Suuqsade, Magaalo cad and Magaalo qalooc districts
- 20-30 local journalists (of the total 180): 1/2 from Hargeisa, 1/2 from Burao
- 20-30 university students (of the total 200): 1/2 from Hargeisa, 1/2 from Burao
- 30-60 CLA women (of the total 1800): 2/3 from Maroodijeh region target IDPs; 1/3 from Burao district target IDPs

Additionally, a small subset of final beneficiaries will be involved in focus group discussions:

- 60-90 SHG women (of the total 13,500): 2/3 from Maroodijeh region target IDPs; 1/3 from Burao district target IDPs
- 60-90 mothers and fathers (expected to save total 11,000 girls/final beneficiaries from FGM): sample from Isku dar, Go'daweyn, Go'da yar, Suuqsade, Magaalo cad and Magaalo qalooc districts

In case the evaluator(s) decide to additionally apply quantitative data collection methods among the community members in the target villages / IDPs (see 5.3), stratified sampling will be applied, to examine eventual differences in views by location and gender. The exact division of subgroups (strata) will be discussed in the inception phase, and the evaluator(s) will then use systematic sampling to select a sample from each subgroup.

## 6. Evaluation ethics

The evaluator/s must put in place specific safeguards and protocols to protect the safety (both physical and psychological) of respondents and those collecting the data as well as to prevent harm. This must ensure the rights of the individual are protected and participation in the evaluation does not result in further violation of their rights. **The evaluator/s must have a plan in place to:**

- Protect the rights of respondents, including privacy and confidentiality;
- Elaborate on how informed consent will be obtained and to ensure that the names of individuals consulted during data collection will not be made public;
- The evaluator/s must be trained in collecting sensitive information and specifically data relating to violence against women and select any members of the evaluation team on these issues.
- Data collection tools must be designed in a way that is culturally appropriate and does not create distress for respondents;
- Data collection visits should be organized at the appropriate time and place to minimize risk to respondents;



- The interviewer or data collector must be able to provide information on how individuals in situations of risk can seek support (referrals to organizations that can provide counseling support, for example)

## 7. Key deliverables of the evaluator and timeframe

| No. | Deliverable                 | Deadlines of Submission to UN Trust Fund M&E Team  | Deadline  |
|-----|-----------------------------|--|---|
| 1   | Evaluation Inception Report | This report should be submitted by the evaluator <b>within 2-4 weeks of starting the assessment</b> . The inception report needs to meet the minimum requirements and structure specified in the evaluation guidelines.  | <b>By 1 Dec 2022 (draft) and by 13 Dec 2022 (final)</b> |
| 2   | Draft Evaluation Report     | In accordance with the timeline agreed with the evaluator hired by the grantee, however it is recommended that the report is submitted <b>between 1 month and 2 weeks before the final evaluation is due</b> . The Draft Report needs to meet the minimum requirements and structure specified in the evaluation guidelines. | <b>22 January 2023</b>                                  |
| 3   | Final Evaluation Report     | No later than <b>2 months after the project end date</b> . The Final Report needs to meet the minimum requirements and structure specified in this guideline for UN Trust Fund's review and approval.  | <b>By 23 February 2023</b>                              |

## 8. Evaluation team composition

### 8.1 Roles and responsibilities

The Evaluation Team will be consisting of one national or international consultant (Senior Evaluator), one national Evaluation Field Manager, local enumerators (and a report editor). Evaluator(s) must be independent from any organizations that have been involved in designing, executing, managing or advising any aspect of the project that is the subject of the evaluation. Preference will be given to women-led consultant teams, and teams with female enumerators.

The **Senior Evaluator** will be responsible for undertaking the evaluation from start to finish and for managing the evaluation team under the supervision of evaluation task manager from the grantee organization, for the data collection and analysis, as well as report drafting and finalization in English.

The national **Evaluation Field Manager** will be responsible for managing the enumerators and for the practical data collection arrangements.

**Local enumerators** will be responsible for collecting and documenting the data.

A separate **Report Editor** can be included in the evaluation team, depending on the division of work and editing capacity of the Senior Evaluator.

### 8.2 Required competencies of the lead consultants

Senior Evaluator

- Evaluation experience at least 5 years in conducting external evaluations, with mixed-methods evaluation skills and having flexibility in using non-traditional and innovative evaluation methods
- Expertise in gender and human-rights based approaches to evaluation and issues of violence against women and girls
- Experience with program design and theory of change, gender-responsive evaluation, participatory approaches and stakeholder engagement
- Specific evaluation experiences in the areas of ending violence against women and girls
- Experience in collecting and analysing quantitative and qualitative data as well as data visualization
- In-depth knowledge of gender equality and women's empowerment
- A strong commitment to delivering timely and high-quality results, i.e. credible evaluation and its report that can be used
- A strong team leadership and management track record, as well as interpersonal and communication skills to help ensure that the evaluation is understood and used.
- Good communication skills and ability to communicate with various stakeholders and to express concisely and clearly ideas and concepts
- Regional/Country experience and knowledge: in-depth knowledge of Somaliland is required.
- Language proficiency: fluency in English is mandatory; good command of Somali language is desirable.

#### Evaluation Field Manager

- Evaluation experience at least 3 years in conducting external evaluations, with mixed-methods evaluation skills
- Evaluation experiences in the areas of ending violence against women and girls
- Experience in collecting and analysing qualitative data
- A strong commitment to delivering timely and high-quality results
- Good communication skills and ability to communicate with various stakeholders
- In-depth knowledge of Somaliland
- Fluency in English and Somali is mandatory

## 9. Management arrangements of the evaluation

Maria Väkiparta, ISF Programme Manager (based in Helsinki HQ) in charge of PMEL processes at ISF serves as the **Evaluation Task Manager (ETM)** who leads the overall management of the evaluation process and the work of external evaluators to ensure it meets the required standards. She will

- Lead on gathering of the key documents and data to be shared with the evaluators
- Coordinate with the Evaluation Management Group throughout the process to ensure effective communication and collaboration
- Provide administrative and logistic support to the evaluation team
- Collect feedback on the draft TOR, inception, draft and final report and provide consolidated feedback to the evaluator
- Lead the dissemination of the final report

The **Evaluation Management Group (EMG)** has regular follow-up meetings throughout the process to ensure oversight of the process, to support the ETM with administrative and logistical support to the

evaluation team, and to provide a sounding board to avoid any conflicts of interest. As the ETM is based in Helsinki, the EMG also coordinates with the Stakeholder Reference Group throughout the process. The EMG consists of the ETM and the following ISF and NAFIS local staff members:

- ISF: Country Director Ahmed Mire, GBV Field Coordinator Zuhur Abdi Jama and GEWE Adviser Yahye Mohamed Abdi
- NAFIS: Programme Manager Nimo Ahmed, Project Managers Ugbad Ahmed Haashi and Nim’an Aden Abdi, Training coordinator Muse Jama Essa

An external **Stakeholder Reference Group (SRG)** will be set up to provide another sounding board to ETM, advise on the design of the evaluation, and provide contextual expertise. It will convene once during the inception phase (providing inputs for the draft inception report), serve as informants/interviewees during the data collection phase, and convene once during the synthesis and reporting stage (providing inputs for the draft evaluation report). The SRG members include:

- Ministry of Employment Social Affairs and Family (MESAF) representative
- 1-2 CLA chairwomen (representing self-help-groups)
- 1-2 Community management committee (CMC) chairpersons (representing rural target communities)
- University student activist group chairpersons (1 in Hargeisa, 1 in Burao)
- Local media representative
- UNTF Portfolio Manager
- NAFIS Executive Director and Board of Directors Chairperson
- ISF Programme Director

## 10. Timeline of the entire evaluation process

The numbers of working days and deadlines below assume that the evaluator(s) Stakeholder Reference Group (SRG) members, and Somaliland-based Evaluation Management Group (EMG) members work from Sunday to Thursday aligned with the Somaliland work week, while the Finland-based Evaluation Task Manager (ETM) and the US-based UNTF team works from Monday to Friday. Also, in Finland and United States, Christmas holidays take place from around December 23-27.

| Stage of Evaluation    | Key Task  | Responsible   | Number of working days required                             | Timeframe                       |
|------------------------|---|---------------|---|---------------------------------|
| <b>Inception stage</b> | Briefings of evaluators to orient the evaluators                | ETM, EMG      | <b>9 working days (starting latest Nov 21<sup>st</sup>)</b> | <b>First week</b>               |
|                        | Desk review of key documents                                    | Evaluator/s   |   | <b>First week</b>               |
|                        | Finalizing the evaluation design and methods                    | Evaluator/s   |   | <b>Second week</b>              |
|                        | Submit draft <b>Inception report</b>                            | Evaluator/s   |   | <b>By 1 Dec 2022 (Thursday)</b> |
|                        | Review <b>Inception Report</b> and provide feedback             | ETM, EMG, SRG | <b>5 working days</b>                                       | <b>By 8 Dec 2022 (Thursday)</b> |
|                        | Incorporating comments and revising the <b>inception report</b> | Evaluator/s   | <b>3 working days</b>                                       |                                 |

|   |  |               |                           |                                  |
|---|--|---------------|---------------------------|----------------------------------|
|   | Submitting final version of <b>inception report</b>  | Evaluator/s   |                           | <b>By 13 Dec 2022 (Tuesday)</b>  |
|   | Review final <b>Inception Report</b> and approve   | ETM           | <b>5 working days</b>     | <b>By 20 Dec 2022 (Tuesday)</b>  |
| <b>Data collection and analysis stage</b> | <i>(Desk research, if needed in addition to the earlier review of key documents)</i>                     | Evaluator/s   | <b>max 2 working days</b> | <b>By 8 Jan 2023 (Sunday)</b>    |
|   | In-country technical mission for data collection (visits to the field, interviews, questionnaires, etc.) | Evaluator/s   | <b>10 working days</b>    |                                  |
| <b>Synthesis and reporting stage</b>      | Analysis and interpretation of findings  | Evaluator/s   | <b>10 working days</b>    | <b>By 22 Jan 2023 (Sunday)</b>   |
|   | Preparing a validation meeting to present findings for comments  | Evaluator/s   |                           |                                  |
|   | Preparing a <b>first draft report</b>  | Evaluator/s   |                           |                                  |
|   | Review of the draft report with key stakeholders for quality assurance                                   | ETM, EMG, SRG | <b>10 working days</b>    | <b>By 3 Feb 2023 (Friday)</b>    |
|   | Consolidate comments from all the groups and submit the consolidated comments to evaluation team         | ETM           |                           |                                  |
|   | Incorporating comments and preparing <b>second draft evaluation report</b>                               | Evaluator/s   | <b>6 working days</b>     | <b>By 12 Feb 2023 (Sunday)</b>   |
|   | Final review and approval of report  | ETM           | <b>5 working days</b>     | <b>By 17 Feb 2023 (Friday)</b>   |
|   | Final edits and submission of the <b>final report</b>  | Evaluator/s   | <b>5 working days</b>     | <b>By 23 Feb 2023 (Thursday)</b> |

## B. Evaluation Matrix

| Evaluation Criteria  | Indicators/Evaluation Questions   | Data Source (informants) and data collection methods  |
|--|---|---|
| <b>EFFECTIVENESS:</b> To what extent were the intended project goal, outcomes and outputs (project results) achieved and how?                          | <ul style="list-style-type: none"> <li>- To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?</li> <li>- How do targeted beneficiaries perceive the relevance to the interventions and how appropriate its activities have been implemented?</li> <li>- What extend was the program able to adopt and provide appropriate report to context (if changes and emerging needs and priorities of service users?</li> </ul>  | <p>Documents: Project semi/annual reports and endline RRF report prepared by the grantee organization, external midterm evaluation report (2021)</p> <p>KII: ISF team, Project stakeholders NAFIS, relevant government ministries and agencies</p> <p>FGDs and observations: targeted journalists, students, religious and traditional leaders, parents</p> |
| <b>RELEVANCE:</b> To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls? | <ul style="list-style-type: none"> <li>- To what extent were the intended project goal, outcomes and outputs (project results) achieved and how?             <ul style="list-style-type: none"> <li>• Does qualitative evaluation data demonstrate similar result attainment to the quantitative inhouse surveys?</li> <li>• To what extent are the attained results related to the project activities?</li> </ul> </li> <li>- What factors have hindered or enabled implementation and progress, and why?</li> </ul>   | <p>KII: ISF team, Project stakeholders, NAFIS, relevant government ministries and agencies</p> <p>FGDs and observations: targeted journalists, students, religious and traditional leaders, parents</p>   |
| <b>EFFICIENCY:</b> To what extent was the project efficiently and cost-effectively implemented?  | <ul style="list-style-type: none"> <li>- To what extent was the project efficiently and cost-effectively implemented?             <ul style="list-style-type: none"> <li>• Are there cost intensive key activities that have led to only moderate results?</li> <li>• Are there key activities that have led to significant results at relatively low cost?</li> <li>• What activities could have produced same (or better) results with same (or lower) cost?</li> </ul> </li> <li>- Are there any activities and results that demanded more time than planned? Or accomplished less time than planned?</li> </ul> | <p>Documents: Project semi/annual reports</p> <p>KII: ISF team, Project stakeholders, NAFIS, relevant government ministries and agencies, journalists, universities, religious, traditional leaders, parents, students</p> <p>FGDs and observations: targeted journalists, students, religious and traditional leaders, parents</p>                         |
| <b>IMPACT:</b> To what extent has the project contributed to ending violence against women, gender equality  | <ul style="list-style-type: none"> <li>- To what extent has the project contributed to ending violence against women, gender equality and/or women’s empowerment (both intended and unintended impact)?             <ul style="list-style-type: none"> <li>• Has the sensitization of secondary beneficiaries (CSOs, religious/traditional leaders, CMCs, students, and journalists, see outputs 1.1.-3.2) contributed to their</li> </ul> </li> </ul>  | <p>Documents: Project semi/annual reports and endline RRF report prepared by the grantee organization, external midterm evaluation report (2021)</p>  |

|   |  |   |
|---|--|---|
| <p>and/or women's empowerment (both intended and unintended impact)?</p>  | <p>role in ending FGM (outcomes 1-3)? How, why? If not, what is restraining them?</p> <ul style="list-style-type: none"> <li>• What kind of impact have the mobilized secondary beneficiaries (see above) had on the FGM attitudes and behaviors of the community members (goal), if any?</li> <li>• Have the trained CLA women (output 4.1) engaged respective SHG women in advocacy for women's bodily integrity (outcome 4)? What kind of impact has this had on the SHGs sense of empowerment (goal)?</li> <li>• Has the CSO capacity building (outputs 5.1-5.2) led to enhanced institutional resilience and adaptation (outcome 5) and/or some other unexpected negative or positive outcomes?</li> </ul> <p>- Are there any unintended impacts and results that project results and activities created or contributed to?</p> | <p>KII: ISF team, Project stakeholders, NAFIS, relevant government ministries and agencies, journalists, universities, religious, traditional leaders, parents, students</p> <p>FGDs and observations: targeted journalists, students, religious and traditional leaders, parents</p> |
| <p><b>SUSTAINABILITY:</b><br/>To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?</p> | <p>- To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?</p> <ul style="list-style-type: none"> <li>• Will the secondary beneficiaries continue advocating against FGM?</li> <li>• Will the parents uphold changed attitudes on FGM and act upon it (reject the cut)?</li> <li>• Will the empowered SHGs continue claiming for their rights?</li> <li>• Will the capacitated CSOs utilize their resources in favor of women and girls?</li> </ul> <p>- Are any challenges that face the continuity of the created positive results?</p> <p>- What recommendations would facilitate/enable the sustainability of the created positive changes?</p>  | <p>KII: ISF team, Project stakeholders, NAFIS, relevant government ministries and agencies, journalists, universities, religious, traditional leaders, parents, students</p> <p>FGDs and observations: targeted journalists, students, religious and traditional leaders, parents</p> |
| <p><b>KNOWLEDGE GENERATION:</b> To what extent has the project generated knowledge, promising or emerging practices in the field of EAW/G that should be</p>  | <p>- To what extent has the project generated knowledge, promising or emerging practices in the field of EAW/G that should be documented and shared with other practitioners?</p> <ul style="list-style-type: none"> <li>• How promising are the new solutions that were piloted in the project to combat FGM/VAW in Somaliland?</li> <li>• How could they be further developed?</li> <li>• Are there some promising practices elsewhere that could have been piloted / added value to the project?</li> </ul>   | <p>KII: ISF team, Project stakeholders, NAFIS, relevant government ministries and agencies, journalists, universities, religious, traditional leaders, parents, students</p> <p>FGDs and observations: targeted journalists, students, religious and traditional leaders, parents</p> |

|   |   |   |
|---|---|---|
| documented and shared with other practitioners?   | <ul style="list-style-type: none"> <li>- Have project lessons been shared in international platforms and what was the reaction?</li> </ul>  |   |
| <b>GENDER EQUALITY AND HUMAN RIGHTS: the extent to which human rights based and gender responsive approaches have been incorporated through-out the project and to what extent.</b> | <ul style="list-style-type: none"> <li>- To what extent have human rights based and gender responsive approaches been incorporated through-out the project? <ul style="list-style-type: none"> <li>• Has the selection of beneficiaries been participatory and inclusive?</li> <li>• Have beneficiaries, local authorities etc. been sufficiently informed and involved throughout the project lifecycle?</li> <li>• Has the project supported duty bearers to respect, protect and enforce human rights, particularly women’s right to bodily integrity?</li> <li>• Has the project capacitated women and girls (rights holders) as active agents to change in their own lives and communities?</li> <li>• Has the project affected women and men differently? How?</li> <li>• Has the role/status/power of women expanded due to the project? How?</li> <li>• Has the project addressed negative gender stereotypes and patriarchal belief systems that subordinate women and expose them to violence and other forms of discrimination?</li> </ul> </li> </ul> | <p>KII: ISF team, Project stakeholders, NAFIS, relevant government ministries and agencies, journalists, universities, religious, traditional leaders, parents, students</p> <p>FGDs and observations: targeted journalists, students, religious and traditional leaders, parents</p> |

## C. Beneficiary data sheet

| Type of Primary Beneficiary                          | Total number reached by the project  |
|--|--|
| Female domestic workers                              | 0  |
| Female migrant workers                               | 0  |
| Female political activists/ human rights defenders   | 0  |
| Female sex workers                                   | 0  |
| Female refugees/ internally displaced asylum seekers | 13500 (self-help group women)  |
| Indigenous women/ from ethnic groups                 | 0  |
| Lesbian, bisexual, transgender                       | 0  |
| Women/ girls with disabilities                       | 1300 (5% all primary beneficiaries)  |
| Women/ girls living with HIV/AIDS                    | 0  |
| Women/ girls survivors of violence                   | 6750 (50% female refugees/IDPs)  |
| Women prisoners                                      | 0  |
| Women and girls in general                           |  |
| Other (Specify here:) girls saved from FGM           | 12520  |
| <b>TOTAL PRIMARY BENEFICIARIES REACHED</b>           | <b>26020</b>   |
| Type of Secondary Beneficiary                        | Total number reached by the project  |
| Members of Civil Society Organizations               | 690 (nr people from CSOs)  |
| Members of Community Based Organizations             | 242 traditional leaders, CMC members<br>1970 women's CLA members   |
| Members of Faith Based Organizations                 | 150  |
| Education Professionals (i.e. teachers, educators)   | 0  |
| Government Officials (i.e. decision makers)          | 0  |
| Health Professionals (doctors, nurses, etc.)         | 0  |
| Journalists / Media                                  | 155  |
| Legal Officers (i.e. Lawyers, prosecutors, judges)   | 0  |
| Men and/ or boys                                     |  |
| Parliamentarians                                     | 0  |
| Private sector employers                             | 0  |
| Social/ welfare workers                              | 0  |
| Uniformed personnel (i.e. Police, military etc.)     | 0  |
| Other (Specify here: students)                       | 300  |
| <b>TOTAL SECONDARY BENEFICIARIES</b>                 | <b>3507</b>  |
| Indirect beneficiaries reached                       | Total numbers reached by the project   |
| Other (total only)                                   | 6000 parents reached by CSOs, trad./relig. leaders<br>94,000 people reached by anti-FGC videos/dramas<br>20,000 students reached by the 300 trained students<br>10,000 different people reached with COVID & FGM awareness SMS / Interactive Voice Response messages |
| <b>TOTAL SECONDARY BENEFICIARIES</b>                 | <b>130 000</b>   |
| <b>GRAND TOTAL</b>                                   | <b>159 527</b>   |



## D. Data collection instruments

Tool 1: Guiding interview questions with project secondary beneficiaries; CLA, SHG, Parents and CMCs

| EVALUATION AREA                         | GUIDING QUESTIONS  |
|---|--|
| <b>RELEVANCE</b>                        | <ul style="list-style-type: none"> <li>• Are you aware of the existing projects and programs on FGM abolishment and women empowerment in Somaliland?</li> <li>• Were you involved in any capacity in the implementation of the anti-FGM and women empowerment programs?</li> <li>• What have you gained so far in the developed and implemented projects on FGM and women empowerment?</li> <li>• Which skills and knowledge have you gained from the periodic women empowerment programs?</li> <li>• Do the rescued girls from the FGM face discrimination or sidelining as they integrate back to the society?</li> <li>• How does the vulnerable women such as the internally displaced women benefit from the entrepreneurial opportunities being offered by the regional government?</li> <li>• In your view, has the project been successful thus far with regards to the targeted goals and objectives of enhanced women empowerment and abandonment of FGM/C in Somaliland?</li> </ul> |
| <b>EFFICIENCY</b>                       | <ul style="list-style-type: none"> <li>• What could be done differently by CLA, SHG, Parents and CMCs to maximize the benefits of these projects?</li> <li>• How efficient was the support provided CLA, SHG, Parents and CMCs to saved girls and vulnerable women in helping integrate to the community?</li> <li>• What role does the CLA, SHG, Parents and CMCs play to ensure efficient implementation of future projects?</li> <li>• Are the CLA, SHG, Parents and CMCs well trained to keep track and ensure efficient implementation of the project?</li> </ul>   |
| <b>SUSTAINABILITY</b>                   | <ul style="list-style-type: none"> <li>• What are the short- and long-term sustainable measures of the project to ensure abolishment of FGM and enhanced women empowerment in Somaliland?</li> <li>• How can the local individuals, stakeholders and administrative institutions capacity developed by this project be sustained?</li> <li>• How can the skills and support provided to women and self-help groups be sustained?</li> <li>• Do the CLA, SHG, Parents and CMCs have the prerequisite skills to ensure sustainable anti-FGM and women empowerment in these projects?</li> </ul>  |
| <b>IMPACT</b>                           | <ul style="list-style-type: none"> <li>• How have the CLA, SHG, Parents and CMCs contributed in reaching the results of this project?</li> <li>• Does the involvement of CLA, SHG, Parents and CMCs slow down the implementation of the project activities, in any way?</li> <li>• What gaps and problems relating to women empowerment programs in Somaliland have you identified through your engagement with this project?</li> </ul>   |
| <b>KNOWLEDGE GENERATION</b>             | <ul style="list-style-type: none"> <li>• Does the project provide the CLA, SHG, Parents and CMCs with adequate training and understanding on the different types of FGM practices and their harmful consequences?</li> <li>• How does the project involve CLA, SHG, Parents and CMCs to ensure that they offer support towards the empowered women in the society?</li> </ul>  |
| <b>GENDER EQUALITY AND HUMAN RIGHTS</b> | <ul style="list-style-type: none"> <li>• Does the project offer an avenue for CLA, SHG, Parents and CMCs at the communities to know and understand the human rights aspects of the FGM?</li> <li>• What role in the project does CLA, SHG, Parents and CMCs play in training awareness on gender equality and human rights with regards to the abandonment of FGM and improving the capacities for women empowerment at the communities?</li> </ul>  |

Tool 2: Guiding interview questions with implementing stakeholders; ISF, NAFIS and Candlelight

| EVALUATION CRITERIA   | GUIDING QUESTIONS   |
|-----------------------|---|
| <b>EFFECTIVENESS</b>  | <ul style="list-style-type: none"> <li>• What is the current status of the implementation of the anti-FGM programs and women empowerment projects?</li> <li>• What are the key existing laws and policies that support the abandonment of FGM and women empowerment in Somaliland?</li> <li>• What are the achievements of the project towards the set goals and targets?</li> <li>• Which challenges were encountered during the implementation of projects of FGM elimination and women empowerment?</li> <li>• Do the involved stakeholders coordinate and have a well laid down plan for execution within a given timeframe?</li> <li>• Do the continuing projects on FGM abolishment and women empowerment received the necessary support from the government and engaged stakeholders?</li> </ul> |
| <b>RELEVANCE</b>      | <ul style="list-style-type: none"> <li>• 1. What is the relevance of this project in abolishing FGM and enhancing women empowerment in Somaliland?</li> <li>• 2. How relevant is this project in supporting girls at risk of FGM and rescued girls integrate back into their communities?</li> <li>• 3. What direct social and economic benefits has the project provided to girls at risk of FGM and vulnerable women in their communities?</li> </ul>   |
| <b>EFFICIENCY</b>     | <ul style="list-style-type: none"> <li>• What were the challenges if any that caused the delay in the implementation of the project activities according to the set goals and objectives? And how were they addressed?</li> <li>• What lessons have you learnt on how the project can be more efficient in the implementation of activities and actions?</li> <li>• Which efficient support was provided by the implementing partners to ensure the rescued girls are well integrated back to the community?</li> <li>• How effective has ISF and NAFSI project team been in managing this project?</li> <li>•</li> </ul>   |
| <b>SUSTAINABILITY</b> | <ul style="list-style-type: none"> <li>• What is your perception of NAFSI and ISF on the sustainability of the results achieved by this project?</li> <li>• How can CSOs offer skills and business start-up support to vulnerable women to enhance sustainability of FGM abolishment and women empowerment?</li> <li>• What partnership and ownership arrangements need to be put in place by NAFSI and ISF including CSOs to ensure sustainability of the results achieved by this project?</li> <li>• What has NAFSI, ISF and its related CSOs members done to ensure the strengthening of sustainability efforts of FGM eradication and women empowerment in Somaliland?</li> </ul>  |
| <b>IMPACT</b>         | <ul style="list-style-type: none"> <li>• What is the contribution of the NAFSI and ISF towards the achievement of the current project results?</li> <li>• Are there changes in the situation for women and girls in relation to specific forms of violence, FGM and look at both intended and unintended change for both women and girls targeted by the project and those not (if feasible).</li> <li>• What gaps and problems relating to FGM abolishment and women empowerment programs in Somaliland have you identified through your engagement with this project?</li> <li>• What recommendations can you make relating to policy, legislation, capacity building, etc. for women empowerment programs and abolishment of FGM in Somaliland?</li> </ul>   |

|   |   |
|---|---|
| <b>KNOWLEDGE GENERATION</b>             | <ul style="list-style-type: none"> <li>• Which kind of knowledge has been generated from the FGM abandonment and women empowerment projects in Somaliland?</li> <li>• Is there new knowledge on women empowerment and FGM elimination practices that can be documented by NAFSI and ISF and shared with the practitioners and stakeholders?</li> <li>• To what extent has the project generated knowledge, promising or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners?</li> <li>• Is new knowledge on FGM created?</li> <li>• Is the knowledge generated innovative on women empowerment?</li> <li>• Does it build on evidence from other projects or has potential for replication or scale up in other projects or contexts (not include generic lessons or knowledge that has already been frequently documented in this context)</li> </ul> |
| <b>GENDER EQUALITY AND HUMAN RIGHTS</b> | <ul style="list-style-type: none"> <li>• What is the extent of the adoption of gender response and human rights approaches in these projects?</li> <li>• As the implementing partners, has the existing gender equality and human rights policies being complied with in the execution of the projects in the target areas?</li> <li>• What are some of the gender equality and human rights innovations as well as human rights policies that can be identified, developed or documented from the FGM abolishment and women empowerment projects?</li> </ul>   |

Tool 3: Guiding interview questions with relevant government ministries and agencies

| <b>EVALUATION AREA</b> | <b>GUIDING QUESTIONS</b>  |
|------------------------|---|
| <b>EFFECTIVENESS</b>   | <ul style="list-style-type: none"> <li>• What is the role played by the Ministry of Women and Human Rights Development (MWHRD) done to ensure the abolishment of FGM and enhanced women empowerment in Somaliland?</li> <li>• How effective has the project been in enhancing government capacity design and implement women empowerment programs and interventions?</li> <li>• Has the project given equal opportunities to women and girls in the selection of beneficiaries, training, support and other project benefits?</li> <li>• Are there cultural / traditional altitudes that have hindered the delivery of project results?</li> <li>• What government policy and capacity constraints that have hindered the delivery of the project results?</li> </ul> |
| <b>RELEVANCE</b>       | <ul style="list-style-type: none"> <li>• What relevant policies and framework that the government and other related agencies instituted to ensure eradication of FGM and promote women empowerment in Somaliland?</li> <li>• What is the government ministry relevance of this project in eradicating FGM/C and enhancing women empowerment?</li> <li>• How relevant was the project in enhancing government capacity to implement women empowerment programs and initiatives?</li> <li>• In your own assessment, was the project design relevant?</li> </ul>   |

|   |  |
|---|--|
| <b>EFFICIENCY</b>                       | <ul style="list-style-type: none"> <li>• Did the government notice any delays in the implementation of project activities and actions?</li> <li>• If yes, what caused the delays and could they / or were they addressed.</li> <li>• What could the government have done differently to maximize the benefits of the projects towards women and girls?</li> <li>• What lessons have you learnt on how the project can be more efficient in the implementation of activities and actions?</li> <li>• How efficient was the government support to the rescued girls in helping girls' successfully integrate to their community?</li> </ul>  |
| <b>SUSTAINABILITY</b>                   | <ul style="list-style-type: none"> <li>• How can the skills and business start-up support provided to vulnerable women and self-help groups be sustained?</li> <li>• What partnership and ownership arrangements need to be put in place to ensure sustainability of the results achieved by this project?</li> <li>• What are some of the long-term sustainable mechanisms that the government has put in place to ensure sustained realization of the project objective which is elimination of FGM and increased women empowerment in Somaliland?</li> <li>• If and how did the funds utilized strengthen your institutional capacity? Did you find this useful (or not)? why?</li> <li>•</li> </ul>  |
| <b>IMPACT</b>                           | <ul style="list-style-type: none"> <li>• How have the government contributed in reaching the results of this project?</li> <li>• To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)?</li> <li>• What gaps and problems relating to women empowerment programs in Somaliland have you identified through your engagement with this project?</li> <li>• What are the positive and negative outcomes that were not initially planned that this project has delivered?</li> <li>•</li> </ul>  |
| <b>KNOWLEDGE GENERATION</b>             | <ul style="list-style-type: none"> <li>• What are some of the policies and structures put down by the government to encourage the development of new knowledge and best practices in the project?</li> <li>• How does the government contribute towards knowledge generation in FGM abandonment and women empowerment projects in the targeted areas?</li> <li>• From the outcomes of the evaluation of the project, what has the government learned in the implementation of the respective projects?</li> <li>• Which kind of knowledge has been generated from the FGM abandonment and women empowerment projects in Somaliland?</li> <li>• Is there new knowledge on women empowerment and FGM elimination practices that can be documented by NAFSI and ISF and shared with the practitioners and stakeholders?</li> <li>• To what extent has the project generated knowledge, promising or emerging practices in the field of EAWW/G that should be documented and shared with other practitioners?</li> <li>• Is new knowledge on FGM created?</li> <li>• Is the knowledge generated innovative on women empowerment?</li> <li>• Does it build on evidence from other projects or has potential for replication or scale up in other projects or contexts (not include generic lessons or knowledge that has already been frequently documented in this context)</li> </ul> |
| <b>GENDER EQUALITY AND HUMAN RIGHTS</b> | <ul style="list-style-type: none"> <li>• To which extend is the government involved in the assessment of the human rights and gender responsiveness in FGM abolishment and women empowerment projects?</li> <li>• Does the government ministries and other agencies work with the implementing partners as well as project stakeholder to ensure gender equity and respect for human rights in FGM abolishment and women empowerment?</li> </ul>   |

#### Tool 4: Guiding interview questions and group discussions with traditional and religious leaders

| EVALUATION AREA                         | GUIDING QUESTIONS   |
|---|---|
| <b>RELEVANCE</b>                        | <ul style="list-style-type: none"> <li>• Are you aware of the existing projects and programs on FGM abolishment and women empowerment in Somaliland?</li> <li>• Were you involved in any capacity in the implementation of the anti-FGM and women empowerment programs?</li> <li>• What have you gained so far in the developed and implemented projects on FGM and women empowerment?</li> <li>• Which skills and knowledge have you gained from the periodic women empowerment programs?</li> <li>• Do the rescued girls from the FGM face discrimination or sidelining as they integrate back to the society?</li> <li>• How does the vulnerable women such as the internally displaced women benefit from the entrepreneurial opportunities being offered by the regional government?</li> <li>• In your view, has the project been successful thus far with regards to the targeted goals and objectives of enhanced women empowerment and abandonment of FGM/C in Somaliland?</li> <li>•</li> </ul> |
| <b>EFFICIENCY</b>                       | <ul style="list-style-type: none"> <li>• What could be done differently by traditional and religious leaders to maximize the benefits of these projects?</li> <li>• How efficient was the support provided religious and traditional leaders to saved girls and vulnerable women in helping integrate to the community?</li> <li>• What role does the traditional and religious leaders play to ensure efficient implementation of future projects?</li> <li>• Are the traditional and religious leaders well trained to keep track and ensure efficient implementation of the project?</li> </ul>  |
| <b>SUSTAINABILITY</b>                   | <ul style="list-style-type: none"> <li>• What are the short- and long-term sustainable measures of the project to ensure abolishment of FGM and enhanced women empowerment in Somaliland?</li> <li>• How can the local individuals, stakeholders and administrative institutions capacity developed by this project be sustained?</li> <li>• How can the skills and support provided to women and self-help groups be sustained?</li> <li>• Do the traditional and religious leaders have the prerequisite skills to ensure sustainable anti-FGM and women empowerment in these projects?</li> </ul>  |
| <b>IMPACT</b>                           | <ul style="list-style-type: none"> <li>• How have the traditional and religious leaders contributed in reaching the results of this project?</li> <li>• Does the involvement of religious and traditional leaders slow down the implementation of the project activities, in any way?</li> <li>• What gaps and problems relating to women empowerment programs in Somaliland have you identified through your engagement with this project?</li> </ul>  |
| <b>KNOWLEDGE GENERATION</b>             | <ul style="list-style-type: none"> <li>• Does the project provide the religious/traditional leaders with adequate training and understanding on the different types of FGM practices and their harmful consequences?</li> <li>• How does the project involve religious and traditional leaders to ensure that they offer support towards the empowered women in the society?</li> </ul>   |
| <b>GENDER EQUALITY AND HUMAN RIGHTS</b> | <ul style="list-style-type: none"> <li>• Does the project offer an avenue for religious and traditional leaders at the communities to know and understand the human rights aspects of the FGM?</li> <li>• What role in the project does traditional/religious leaders play in training awareness on gender equality and human rights with regards to the abandonment of FGM and improving the capacities for women empowerment at the communities?</li> </ul>   |

Tool 5: Guiding interview questions and group discussions with local journalists and universities students.

| EVALUATION AREA                         | GUIDING QUESTIONS  |
|---|--|
| <b>RELEVANCE</b>                        | <ul style="list-style-type: none"> <li>• Are you aware of the existing projects and programs on FGM abolishment and women empowerment in Somaliland?</li> <li>• Were you involved in any capacity in the implementation of the anti-FGM and women empowerment programs?</li> <li>• What have you gained so far in the developed and implemented projects on FGM and women empowerment?</li> <li>• Which skills and knowledge have you gained from the periodic women empowerment programs?</li> <li>• Do the rescued girls from the FGM face discrimination or sidelining as they integrate back to the society?</li> <li>• How does the vulnerable women such as the internally displaced women benefit from the entrepreneurial opportunities being offered by the regional government?</li> <li>• In your view, has the project been successful thus far with regards to the targeted goals and objectives of enhanced women empowerment and abandonment of FGM/C in Somaliland?</li> </ul> |
| <b>EFFICIENCY</b>                       | <ul style="list-style-type: none"> <li>• What could be done differently by students and media to maximize the benefits of these projects?</li> <li>• How efficient was the support provided students and media to saved girls and vulnerable women in helping integrate to the community?</li> <li>• What role does the students and media play to ensure efficient implementation of future projects?</li> <li>• Are the media journalist and students well trained to keep track and ensure efficient implementation of the project?</li> </ul>  |
| <b>SUSTAINABILITY</b>                   | <ul style="list-style-type: none"> <li>• What are the short- and long-term sustainable measures of the project to ensure abolishment of FGM and enhanced women empowerment in Somaliland?</li> <li>• How can the local individuals, stakeholders and administrative institutions capacity developed by this project be sustained?</li> <li>• Do the students and media journalists have the prerequisite skills to ensure sustainable anti-FGM and women empowerment in these projects?</li> </ul>   |
| <b>IMPACT</b>                           | <ul style="list-style-type: none"> <li>• How have the media and students contributed in reaching the results of this project?</li> <li>• Does the involvement of students and media slow down the implementation of the project activities in anyway?</li> <li>• What gaps and problems relating to women empowerment programs in Somaliland have you identified through your engagement with this project?</li> </ul>   |
| <b>KNOWLEDGE GENERATION</b>             | <ul style="list-style-type: none"> <li>• Does the project provided the students and media with adequate training and understanding on the different types of FGM practices and their harmful consequences?</li> <li>• How does the project involve students and media to ensure that they offer support towards the empowered women in the society?</li> </ul>   |
| <b>GENDER EQUALITY AND HUMAN RIGHTS</b> | <ul style="list-style-type: none"> <li>• Does the project offer an avenue for students and media at the communities to know and understand the human rights aspects of the FGM?</li> <li>• What role in the project does students and journalist play in training awareness on gender equality and human rights with regards to the abandonment of FGM and improving the capacities for women empowerment at the communities?</li> </ul>   |

## E. Participant consent form

**Informed consent:** Hello, my name is \_\_\_\_\_ I am from SORADI and I am here on behalf of International Solidarity Foundation (ISF) to Final Evaluation for the Project Community Driven FGM/C Abandonment and Women Empowerment in Somaliland. As we embark on this Evaluation, we would like to talk to a number of selected people like yourself who are conversant and has been involved in the project directly and indirectly and would be able comment about project's impacts, in process quality and other related information and insights, for the appraisal of project and learning of future related projects.

**Voluntary Participation:** Your participation in this evaluation is completely voluntary. You will make the choice about whether you will participate or not. If you choose not to take part, there will not be any negative impact.

**Procedure and Duration:** the interviewer will record your responses on the questionnaire asked and will also take notes. The interview will take approximately 30 - 55 minutes to complete. During the interview, you will be asked questions on your experience in the project and I would urge you to share any information that might relate resultant impacts and influences as well as any insights of further betterment. Should you have questions at any stage of the process, you are very feel and welcomed to ask at any time.

**Benefits of the study:** The information you provide will be adopted for evaluation of the project and will contribute proper designing of various related interventions in the future.

**Risks:** There are no any direct or indirect risks that your participation in this is anticipated to lead.

**Confidentiality:** Your identity and responses shall be treated with confidentiality and all the information you give will only be used for the purposes of this evaluation. The information you share today is confidential. The discussion and analysis being noted down will be anonymous. So please answer as accurately and truthfully as possible

**Consent to participate:** You may choose not to participate in the Evaluation since participation is completely voluntary. Would you be willing to allow me to continue with the **interview?**

If no, thanks.

If yes:

Name of participant:

Signature/Thump:

Date:

Contact Information (Tell &/or Email) :

Location:

Name of Researcher:

Signature:

Date:

## **F. List of stakeholders interviewed or consulted**

- Traditional elders
- Community management committee (CMC) members
- University students
- Media/journalists
- Religious leaders
- Local CSOs
- NAFIS
- ISF
- Candlelight
- ADO
- Government line institutions
- UN Trust Fund
- self-help groups (SHG) and related cluster level associations (CLA)

## **G. List of documents reviewed**

- Project proposal (2019) and additional funding submission for the COVID-19 response (2020)
- Project baseline report (August 2020), including the quantitative data collection tools applied in semi-annual and annual follow-up data collection
- 2020 and 2021 project annual reports and 2022 end-line data summary
- Project midterm evaluation report (2021)
- Compiled baseline and semi-annual follow-up data summary
- Detailed list of beneficiaries and project sites
- Self-Help Group (SHG) Approach in a nutshell (NAFIS)
- Country Profile: FGM in Somaliland and Somalia (NAFIS, 2019)
- The Somaliland Health and Demographic Survey (Central Statistics Department, Ministry of Planning and National Development, Somaliland Government, 2020)
- A Reflection on the Gender Equality Agenda in Somaliland (SIHA, 2020)
- Somaliland Gender Gap Assessment (NAGAAD, 2019)
- 2-3 additional academic articles that NAFIS helped to produce
- REVISED Annex 1\_Funding Submission
- UN Trust Fund compiled baseline-follow-up-endline data 2020-22



## H. Results framework, baseline, follow-up and endline data

| RRF LEVEL  | INDICATOR  | baseline data |  | annual data 2020 |                | annual data 2021 |                 | annual data 2022 |                              | target |
|--|--|---------------|--|------------------|----------------|------------------|-----------------|------------------|------------------------------|--------|
|  |  | result        | n  | result           | n              | result           | n               | result           | n                            | result |
| GOAL<br>Parents<br>(NAFIS & Candlelight)   | Q1 Pharaonic cutting causes physical health problems   | 92 %          | 659:<br>253<br>Mar. 152<br>Togd 58<br>Awdal<br>196 Sahil | 96 %             | 299            | 99 %             | 291             | 98 %             | 360                          | 100 %  |
|  | Q2 Other types of cutting genitals cause physical health problems  | 53 %          |  | 78 %             |                | 90 %             |                 | 98 %             |                              | 100 %  |
|  | Q3 Pharaonic cutting causes psychological problems   | 87 %          |  | 96 %             |                | 96 %             |                 | 98 %             |                              | 100 %  |
|  | Q4 Other types of cutting genitals cause psychological problems  | 48 %          |  | 80 %             |                | 87 %             |                 | 94 %             |                              | 100 %  |
|  | Q5 Pharaonic cutting causes social problems  | 79 %          |  | 96 %             |                | 99 %             |                 | 97 %             |                              | 100 %  |
|  | Q6 Other types of cutting genitals causes social problems  | 48 %          |  | 78 %             |                | 89 %             |                 | 93 %             |                              | 100 %  |
|  | Q7 Pharaonic cutting is forbidden by Islam   | 87 %          |  | 95 %             |                | 100 %            |                 | 100 %            |                              | 100 %  |
|  | Q8 Other types of cutting female genitals are disapproved by Islam   | 60 %          |  | 76 %             |                | 86 %             |                 | 97 %             |                              | 100 %  |
|  | Q9 Pharaonic cutting is not necessary to protect girls against immorality  | 88 %          |  | 90 %             |                | 100 %            |                 | 97 %             |                              | 100 %  |
|  | Q10 Other types of cutting female genitals are not necessary to protect girls against immorality   | 87 %          |  | 89 %             |                | 98 %             |                 | 98 %             |                              | 100 %  |
|  | IND 1: Q1-Q10 Proportion of targeted parents who report knowledge and attitudes supporting FGM/C abandonment   | 72 %          |  | 87 %             |                | 94 %             |                 | 97 %             |                              | 100 %  |
| IND 2: Proportion of targeted parents who aim to expose their daughters to no cutting at all                   | 32 %   | 65 %          | 85 %   | 83 %             | ≥50%           |                  |                 |                  |                              |        |
| IND 2: Proportion of targeted parents who aim to expose their daughters to cutting or pricking without stiches | 62 %   | 34 %          | 15 %   | 17 %             | n.a.           |                  |                 |                  |                              |        |
| IND 2: Proportion of targeted parents who aim to expose their daughters to pharaonic cutting                   | 5 %  | 1 %           | 0 %  | 1 %              | 0 %            |                  |                 |                  |                              |        |
| GOAL<br>SHG members<br>(NAFIS)   | IND 3: Q1-Q14 Proportion of targeted SHG members who report knowledge, attitudes, and behavioural aims indicating capacity to claim for women's rights to bodily integrity | 81 %          | 359:<br>235 Mar.<br>124 Togd                             | 84 %             | 92<br>all Mar. | 88 %             | 50<br>all Togd. | 99 %             | 300:<br>200 Mar.<br>100 Togd | 100 %  |

| RRF LEVEL   | INDICATOR   | baseline level | semi-ann 2020              | annual 2020 | semi-ann 2021 | annual 2021 | semi-ann 2022 | annual 2022 | cumulat, (if relev.) | target level |
|---|---|----------------|----------------------------|-------------|---------------|-------------|---------------|-------------|----------------------|--------------|
| <b>OUTCOME 1</b><br>CSO members<br>(NAFIS)  | Extent targeted CSOs who advocate for zero tolerance of all forms of FGM/C  | 74             | not collected due COVID-19 | 99          | n.a.          | 124         | n.a.          | 144         |                      | 150          |
|   | Extent targeted CSOs who participate in regional and national coordination meetings in the past 6 months  | 74             |                            | 99          | n.a.          | 124         | n.a.          | 144         |                      | 150          |
| <b>OUTCOME 2</b><br>Religious & traditional leaders/CMCs<br>(NAFIS & Candlelight) | Nr of public sessions where targeted religious leaders have talked against FGM/C in the past 6 months   | 392            |                            | 250         | 256           | 266         | 320           | 1032        |                      | 900          |
|   | Extent targeted CMCs and CLAs who have made collective declaration to abandon FGM/C since project start   | 11             |                            | 17          | 17            | 36          | 36            | 68          |                      | 96           |
| <b>OUTCOME 3</b><br>Media & students<br>(NAFIS & Candlelight)                     | Nr of sessions or academic articles addressing FGM, produced by targeted students in the past 6 months  | 41             |                            | 32          | n.a.          | 140         | 2             | 105         | 279                  | 200          |
|   | Nr of TV/radio programs or journal articles addressing FGM, produced by targeted media in the past 6 months   | 12             |                            | 2           | n.a.          | 17          | 10            | 35          | 64                   | 90           |
| <b>OUTCOME 4</b><br>CLA members<br>(NAFIS)  | Extent targeted SHGs with and advocacy plan for women's right to bodily integrity since project start   | 3              |                            | 63          | 63            | 90          | 90            | 90          |                      | 90           |
|   | Nr of sessions addressing right to bodily integrity and civic rights, conducted by CLAs and respective SHGs in the past 6 months                                  | 1              |                            | 768         | 720           | 720         | 756           | 768         |                      | 270          |
| <b>OUTCOME 5</b><br>COVID-response<br>(ISF, NAFIS, Candlelight)                   | Extent of original key project activities that are back on track 6 and 12 months after the COVID-19 impact  | 9/17           |                            | 17/17       | 11/17         | 17/17       | 13/17         | 17/17       |                      | 17/17        |
|   | Nr of identified and tested new solutions (e.g. digital) in Somaliland to combat FGM/VAW and reach the most vulnerable women and girls while responding to crises | 0              |                            | 0           | 4             | 5           | 1             | 0           | 6                    | 5            |

| RRF LEVEL  | INDICATOR  | baseline |  | semi-ann |       | annual                          |       | semi-ann                        |       | annual                           |           | target         |       |  |       |
|--|--|----------|--|----------|-------|---------------------------------|-------|---------------------------------|-------|----------------------------------|-----------|----------------|-------|--|-------|
|  |  | level    | n  | 2020     | n     | 2021                            | n     | 2021                            | n     | 2022                             | n         | 2022           | n     | level  |       |
| OUTPUT 1.1.<br>CSO members<br>(NAFIS)                                  | Proportion of targeted CSO representatives who think that all types of genital cutting have negative consequences for girls and women                    | 91 %     |  |          | 93 %  |                                 | 93 %  |                                 | 93 %  |                                  | 100 %     |                | 91 %  |  | 100 % |
|  | Proportion of targeted CSO representatives who think that no type of FGM/C is mandated by Islam  | 95 %     | 81<br>60 Mar.<br>21 Togd.                          |          | 100 % | 30<br>all Mar.                  | 97 %  | 15<br>all Togd.                 | 100 % | 30<br>20 Mar.<br>10 Togd.        | 100 %     | 15<br>all Mar. | 95 %  | 40<br>all Mar.                                     | 100 % |
|  | Proportion of targeted CSO representatives who think that women and girls have right to bodily integrity and self-determination                          | 95 %     |  |          | 100 % |                                 | 96 %  |                                 | 100 % |                                  | 100 %     |                | 94 %  |  | 100 % |
| OUTPUT 2.1.<br>Religious leaders<br>(NAFIS & Candlelight)              | Q2/4/6 Proportion of targeted religious leaders who think that all types of genital cutting have negative consequences for girls and women               | 52 %     | 86<br>40 Mar.<br>20 Togd.                          |          | 71 %  | 50                              | 96 %  | 30                              | 98 %  | 50                               | 97 %      | 20<br>all Mar. | 96 %  | 90<br>40 Mar.<br>20 Togd.                          | 100 % |
|  | Q7-8 Proportion of targeted religious leaders who think that no type of FGM/C is mandated by Islam   | 78 %     | 6 Awdal<br>20 Sahil                                |          | 81 %  | 20 Mar.<br>10 Awdal             | 97 %  | 10 Awdal<br>20 Sahil            | 91 %  | 20 Togd.<br>10 Awdal<br>20 Sahil | 98 %      | 100 %          | 98 %  | 10 Awdal<br>20 Sahil                               | 100 % |
|  | Q9-16 Proportion of targeted religious leaders who think that women and girls have right to bodily integrity and self-determination                      | 84 %     |  |          | 93 %  |                                 | 99 %  |                                 | 100 % |                                  | 100 %     |                | 98 %  |  | 100 % |
| OUTPUT 2.2<br>Traditional leaders/CMC members<br>(NAFIS & Candlelight) | Q2/4/6 Proportion of targeted traditional leaders/CMC members who think that all types of genital cutting have negative consequences for girls and women | 60 %     | 139<br>40 Mar.<br>20 Togd.<br>79 Awdal<br>60 Sahil |          | 77 %  | 110                             | 98 %  | 99                              | 98 %  | 112                              | 93 %      | 20<br>all Mar. | 95 %  | 150<br>40 Mar.<br>20 Togd.<br>30 Awdal<br>60 Sahil | 100 % |
|  | Q7-8 Proportion of targeted traditional leaders/CMC members who think that no type of FGM/C is mandated by Islam   | 73 %     |  |          | 84 %  | 20 Mar.<br>30 Awdal<br>60 Sahil | 100 % | 9 Togd.<br>30 Awdal<br>60 Sahil | 93 %  | 20 Togd.<br>32 Awdal<br>60 Sahil | 93 %      | 97 %           | 97 %  |  | 100 % |
|  | Q9-16 Proportion of targeted traditional leaders/CMC members who think that women and girls have right to bodily integrity and self-                     | 87 %     |  |          | 94 %  |                                 | 99 %  |                                 | 100 % |                                  | 98 %      |                | 97 %  |  | 100 % |
| OUTPUT 3.1<br>Media<br>(NAFIS)   | Proportion of targeted media representatives who think that all types of genital cutting have negative consequences for girls and women                  | 64 %     |  |          | 45 %  |                                 | n.a.  |                                 | 95 %  |                                  | 100 %     |                | 91 %  |  | 100 % |
|  | Proportion of targeted media representatives who think that no type of FGM/C is mandated by Islam  | 84 %     | 63<br>42 Mar.<br>21 Togd.                          |          | 74 %  | 20<br>all Mar.                  | n.a.  | -                               | 100 % | 25<br>all Mar.                   | 100 %     | 20<br>all Mar. | 97 %  | 30<br>all Mar.                                     | 100 % |
|  | Proportion of targeted media representatives who think that women and girls have right to bodily integrity and self-determination                        | 92 %     |  |          | 84 %  |                                 | n.a.  |                                 | 99 %  |                                  | 98 %      |                | 95 %  |  | 100 % |
| OUTPUT 3.2<br>Students<br>(NAFIS & Candlelight)                        | Proportion of targeted students who think that all types of genital cutting have negative consequences for girls and women                               | 44 %     |  |          | 73 %  |                                 | 94 %  |                                 | 100 % |                                  | n.a.      |                | 91 %  |  | 100 % |
|  | Proportion of targeted students who think that no type of FGM/C is mandated by Islam   | 77 %     | 100<br>50 Mar.<br>50 Togd.                         |          | 80 %  | 50<br>25 Mar.<br>25 Togd.       | 96 %  | 50<br>25 Mar.<br>25 Togd.       | 97 %  | 60<br>30 Mar.<br>30 Togd.        | n.a.      | -              | 97 %  | 60<br>30 Mar.<br>30 Togd.                          | 100 % |
|  | Proportion of targeted students who think that women and girls have right to bodily integrity and self-determination                                     | 78 %     |  |          | 92 %  |                                 | 99 %  |                                 | 100 % |                                  | n.a.      |                | 95 %  |  | 100 % |
| OUTPUT 4.1<br>CLA members<br>(NAFIS)                                   | Proportion of targeted CLA members who think that all types of genital cutting have negative consequences for girls and women                            | 88 %     |  |          | 85 %  |                                 | 88 %  |                                 | 90 %  |                                  | 97 %      |                | 97 %  |  | 100 % |
|  | Proportion of targeted CLA members who think that no type of FGM/C is mandated by Islam  | 91 %     | 310<br>207 Mar.<br>103 Togd.                       |          | 94 %  | 94<br>all Mar.                  | 84 %  | 79<br>all Togd.                 | 94 %  | 50<br>all Togd.                  | 97 %      | 60<br>all Mar. | 100 % | 60<br>30 Mar.<br>30 Togd.                          | 100 % |
|  | Proportion of targeted CLA members who think that women and girls have right to bodily integrity and self-determination                                  | 96 %     |  |          | 98 %  |                                 | 93 %  |                                 | 98 %  |                                  | 98 %      |                | 99 %  |  | 100 % |
| OUTPUT 5.1<br>Institutional resilience<br>(ISF, NAFIS, Candlelight)    | Nr of participants trained to improve institutional resilience of NAFIS member CSOs  | 0        |  |          |       |                                 | 0     |                                 | 120   |                                  | 160       |                | 125   |  | 640   |
|  | Extent of NAFIS member CSOs that use tele- and videoconferencing technology effectively to coordinate and move interventions online during crises        | n.a.     | n.a.   |          |       |                                 | 0     |                                 | 12    | n.a.                             | n.a.      | n.a.           | 20    | n.a.   | 20/20 |
| OUTPUT 5.2<br>Adapted EAW/G interventions<br>(NAFIS, Candlelight)      | Nr of people reached with COVID & FGM/VAW awareness messages through SMS and Interactive Voice Response (IVR) system                                     | 0        |  |          |       | n.a.                            | 4850  | n.a.                            | 10000 |                                  | 17893     |                | 9900  |  | 10000 |
|  | Nr of households reached with COVID protective gear and soap   | 0        |  |          |       |                                 | 1920  |                                 | 18120 |                                  | COMPLETED |                |       | 18120  |       |
|  | Nr of households provided with basic food supplies   | 0        |  |          |       | 70                              | 1020  |                                 |       |                                  | COMPLETED |                |       | 1020   |       |

## I. Overview of achievements and lessons learned of project

| STAKEHOLDER  | MAIN ACHIEVEMENTS   | KEY LESSONS LEARNT/<br>WHAT WORKED WELL? WHAT HASN'T?  |
|--|---|--|
| <p><b>AT INTERNATIONAL/DONOR LEVEL</b></p> <p>ISF HQ perspective</p> <p>ISF Country Lead &amp; HQ Project Team HQ</p> <p>UN Trust Fund Portfolio Manager</p> | <ul style="list-style-type: none"> <li>UN Trust Fund cooperation has contributed to ISF and its partners reputation and status within the work against FGM in East Africa/Somaliland</li> <li>Breakthrough in international funding for ISF: First-ever UN funding, which has already opened up new possibilities for other international funds.</li> <li>ISF has successfully complied with all donor requirements and demonstrated its ability to manage demanding institutional grants. This has been demonstrated for example in two clean audit exercises (third audit is starting in 2023) and in the positive feedback from UN Trust Fund.</li> <li>UN Trust Fund cooperation has contributed to ISF and its partners reputation and status within the work against FGM in East Africa/Somaliland (maybe you have got similar feedback from ISF Somaliland and NAFIS teams?)</li> <li>ISF has improved various project management practices required by UN Trust Fund and mainstreamed them to all its work</li> </ul> | <ul style="list-style-type: none"> <li>Need to better integrate budget management in Project Managers portfolio (not separate financial management from other project management responsibilities)</li> <li>Need to complement project funding/management with institutional capacity building and organizational development of local partners. This has been done partly with specific COVID-funding from UN Trust Fund and partly with ISF own programme funding (outside of UN Trust Fund project funds as staff and admin costs were very limited in the approved project).</li> </ul>  |
| <p><b>AT THE NATIONAL LEVEL</b></p> <p>Ministry of Employment, Social &amp; Family Affairs (MESAF)</p>   | <ul style="list-style-type: none"> <li>Positive contribution to MESAF's efforts towards ending FGM</li> <li>Supported MESAF towards the development of the FGM Draft Policy</li> <li>Contributions to the creation of favorable national conditions for the abandonment of FGM/C) including a legal framework against FGM/C; evidence-based policies, plans and programs;</li> <li>A national movement for the abandonment of FGM/C and a supportive public opinion.</li> <li>Increased regional and national awareness and buy in</li> <li>Legal and policy reform; Strengthened capacities</li> <li>Partnerships; Contributions to the creation of favorable national conditions for the abandonment of FGM/C) including a legal framework against FGM/C</li> </ul>   | <ul style="list-style-type: none"> <li>FGM is still not a priority, political will</li> <li>efficiency; cost-effectiveness of project?</li> <li>Public abandonment? how so? more research needed on public benefit, need to be more specific about the varying types of benefits, impact to the girlchild, more evidence that support the findings.</li> <li>Are there other sources of evidence that could have been utilized and to balance the evidence used?</li> <li>Missed opportunities to maximize and capitalize on changes in social norms/attitudes towards FGM/C have occurred in the countries where FGM/C is practiced</li> <li>Too donor-dependent, stagnation of activities</li> </ul> |

|  |  |   |
|--|--|---|
|  | <ul style="list-style-type: none"> <li>Evidence-based policies, plans and programs; a national movement for the abandonment of FGM/C and a supportive public opinion.</li> </ul>   |   |
| <b>AT CIVIL SOCIETY LEVEL</b><br>NAFIS Leadership<br>Candlelight<br>NGOs/CSOs with similar projects/target locations<br>Media organisations<br>Local media representative                            | <ul style="list-style-type: none"> <li>Unified voice on Zero Tolerance on FGM</li> <li>Better and more focused coordination of projects with the same thematic areas</li> <li>Established communities of practice and knowledge sharing</li> <li>Established a national coordination forum.</li> <li>Legal and policy reform; Strengthened capacities;</li> <li>Effective media campaigns; Accurate data;</li> <li>Increased regional and global awareness and buy in.</li> <li>Strengthened knowledge production and circulation on the issue of FGM/C.</li> <li>UN Trust Fund cooperation has contributed to ISF and its partners reputation and status within the work against FGM in Somaliland /East Africa</li> <li>Strengthened community education, dialogue</li> <li>Increased number of public discussions</li> <li>Increased engagement of leaders</li> </ul>   | <ul style="list-style-type: none"> <li>Better partnerships, better way of conveying a global message of urgency on the abandonment of FGM/C, based on human-rights, health and development arguments</li> <li>Constant review of regional, national and even global progress towards the abandonment of FGM/C and emphasize the importance of commitment and action to accelerate abandonment within a generation.<sup>13</sup> The global consultation cleared the way forward in</li> <li>Media campaigns could have been more effective</li> </ul>   |
| <b>AT COMMUNITY LEVEL</b><br>Community Management Committees (CMC), Members, CLA chairwomen<br>At the community level<br>University student activist group chairpersons<br>SHG groups<br>Ambassadors | <ul style="list-style-type: none"> <li>A pool of regional and national FGM experts and practitioners,</li> <li>Some FGM Ambassadors have been invited to be become members of other councils, committees and they came with their experience from the ISF project. Strengthened regional dynamics for the abandonment of FGM/C; mix of strategies, not individual approaches, the resources invested by others can also influence the chosen approach?</li> <li>A common voice/understanding on FGM in the whole country.</li> <li>Establishment and active enactment of Grass-roots agents of change.</li> <li>Established anti-FGM groups</li> <li>Access to information on available services and FGM support</li> <li>Women are more knowledgeable and are able to claim their rights to bodily integrity</li> <li>Demonstrate behavior and attitude change towards FGM</li> <li>Contributions to changes to the social norm towards the abandonment of FGM/C in the targeted communities</li> </ul> | <ul style="list-style-type: none"> <li>Better collaboration and communication for synergy</li> <li>A missed opportunity is the cross- communities: (Synergy) Contributions to spreading changes to social norm across communities, within and across borders.</li> <li>How can this project and its impact be better benefitted nationwide? There is a GBV service providing centres like Baahi-Koob that need them. Also, other CSO's Legal Aid services that provide SGBV survivors legal and psychosocial support</li> <li>Acknowledge the success of delivering the outputs as well as the fact that the project has achieved the ambitious target and it is clear in terms of what has been achieved and what not and why not</li> </ul> |

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|  | <ul style="list-style-type: none"> <li>• Strengthened community education, dialogue, decision making Increased number of public declarations Increased engagement of leaders</li> <li>• Accelerated organized diffusion; Strengthened sub-regional dialogue and exchange; Strengthened community education, dialogue, decision making; Increased number of public declarations</li> <li>• Increased engagement of leaders; Accelerated organized diffusion; Strengthened sub-regional dialogue and exchange</li> <li>• Strengthened collaboration between Ambassadors</li> <li>• The women’s movements and gender issues in Somaliland are often side-lined, people don’t like to speak about gender, they think it is a western agenda and against Islam and our culture.</li> <li>• Contribution to the strengthening of regional and global movements for the abandonment of FGM/C (including adequate political commitment, resources, and knowledge)</li> <li>• Increased regional and global awareness and buy in; Strengthened knowledge production and circulation on the issue of FGM/C</li> </ul> | <ul style="list-style-type: none"> <li>• Need to look at equity in a broader sense and recognise that the project is working with some of the most deprived communities in terms of general well-being, and there should be an equity focus.</li> <li>• The issue of equity V vulnerability, rural-urban divide, provide rural areas with information and education on rights.</li> <li>• Since the year 2000, the issue of FGM/C has increasingly been shaped within a human rights-based approach and perspective, providing a universal imperative to encourage the elimination of the practice.</li> <li>• At the regional level, the Maputo Protocol has marked an important step in the diffusion of the human-rights-based approach.</li> </ul> |
| <p><b>AT THE HOUSEHOLD LEVEL</b></p> <p>IDPs<br/>Parents<br/>Rescued girls</p> | <ul style="list-style-type: none"> <li>• Change in social norms</li> <li>• Strengthened knowledge production and circulation on the issue of FGM/C</li> <li>• Engagement of different groups of people has led to changes in social norms/attitudes towards FGM/C.</li> <li>• Strengthened capacities; Effective media campaigns; Accurate data; Partnerships; Contributions to the creation of favorable national conditions for the abandonment of FGM/C) including More knowledgeable on the health consequences of FGM</li> <li>• More bold and confident in rejecting FGM to be done to their daughters.</li> <li>• Girls self-esteem restored</li> <li>• Rescued girls face reduced discrimination and are accepted into the community</li> <li>• Girls are able to claim their rights to bodily integrity.</li> </ul>  | <ul style="list-style-type: none"> <li>• direct social and economic benefits have the project provided to girls at risk of FGM and vulnerable women in their communities?</li> <li>• need for specific evidence from various towns, communities, ensure that there is no generalization across regional contexts</li> <li>• Any contradictions in the draft report? government responsiveness versus the lack of government resources?</li> <li>• sustainability implications need to be made clearer</li> </ul>   |