



**INTERNATIONAL
SOLIDARITY
FOUNDATION**



Mid-term Evaluation Report for the Community- Driven FGM/C Abandonment and Women Empowerment project – Somaliland

**Submitted by:
Hamse A. Koshin**

Initials

Table of Content

Table of Content.....	II
List of Acronyms	III
Executive Summary.....	IV
Introduction.....	I
Rationale	I
About ISF	I
Purpose and Scope of the Study.....	I
Key questions.....	2
Approach and Methodology to the Research.....	3
Desk Review:	3
Sampling.....	4
Data analysis and interpretation	5
Mobilisation of Respondents	5
Ethical Consideration and Safeguarding	5
Management of the Study.....	6
Key Findings.....	7
Relevance	7
Effectiveness	9
Effectiveness in terms of performance.....	9
Effectiveness in terms of design and approach.....	14
Implementation challenges.....	15
Efficiency.....	16
Financial Efficiency.....	16
Human Resource Efficiency	16
SWOT Analysis	17
Impact	18
Sustainability	19
Ownership.....	19
Active coordination.....	20
High willingness to continue voluntary engagements.....	20
Conclusion	21
Recommendations.....	23
Annexes.....	24
Annex A: Information and Consent Sheet	24
Annex B: Focus Group Discussion-FGD for Parents	25
Annex C: Focus Group Discussion-FGD for Traditional, Religious and Community Leaders.....	26
Annex D: Focus Group Discussion-FGD for Media Personnel.....	27
Annex D: Focus Group Discussion-FGD for Students	28
Annex F: Key Informant Interview for and CSO/MESAF.....	29

List of Acronyms

ISF	International Solidarity Foundation
NGO	Non-Governmental Organisations
NAFIS	Network Against FGM/C in Somaliland
Candlelight	Candlelight for Environment, Education and Health
FGM/C	Female Genital Mutilation/Cutting
COVID19	Corona Virus Disease 2019
CSO	Civil Society Organisations
VAWG	Violence Against Women and Girls
KIIs	Key Informant Interviews
FGDs	Focus Group Discussion-
OECD-DAC	Organisation of Economic Cooperation and Development/Development Assistance Committee
EU	European Union
GDPR	General Data Protection Regulation-
PSHEA	Protection of Sexual Harassment, Exploitation and Abuse
DIP	Detailed Implementation Plan
UNTF	United Nations Trust Fund
CF	Community Facilitator
NDPII	National Development Plan II
SDGs	Sustainable Development Goals
TWG	Technical Working Group
ToC	Theory of Change
CMCs	Community Management Committees
MESAF	Ministry of Social Affairs and Family
VAWG	Violence Against Women and Girls
GEWE	Gender Equability and Women Empowerment
SWOT	Strength Weakness Opportunity and Threat

Executive Summary

The Community-driven FGM/C Abandonment and Women Empowerment project is a three-year project started in January 2020 to December 2022. The project is funded by the United Nations Trust Fund-UNTF through ISF. To local implementing partners NAFIS Network and Candlelight partner ISF for implementation. The primary purpose of the evaluation was to confirm how the applied strategies and implementation methods were suitable to produce desired outcomes. In addition, the evaluation data explored the opportunities and gaps in the project's operational environment while looking at the project's overall impact, effectiveness, efficiency, and sustainability. Equally, the evaluation findings purposed to inform management decisions in revisiting the adopted approaches for future programming. The evolving situation of COVID19, which led to delays in implementation, the midterm evaluation involved only three outcomes (outcome 1-3) which aimed at saving daughters from FGM/C. The remaining outcome 4 and 5 on empower women to claim their right to bodily integrity will be evaluated through the final evaluation as the activities for these outcomes has only started recently—a mixed-method approach of primary and secondary data to respond to the key evaluation questions. The main research approach was qualitative methods, while and secondary qualitative data was also utilised. A total of nine KIIs and ten FGDs were carried out, where various stakeholders from direct and indirect beneficiaries participated.

Findings reveal the project to be meeting the key evaluation themes. The project was relevant to local needs, priorities and stakeholder's visions. The adopted strategies, tools and mechanism was also relevant. The project was efficient concerning overall performance, design and approach, and has effectively addressed the implementation challenges, including COVID19. Findings explored the project's efficient utilisation of resources. This included the financial performance where all the three evaluated outcomes recorded an average of 96.5% burn rates as of the evaluation time. This was made possible to careful planning during budgeting where activity allocation was made in line with value for money. Human resource utilisation was also high. The right number of staff was recruited for the project where other support staff were allocated proportionately to the project's hours. In SWOT analysis, the strength and opportunity for the project outweigh the weakness and threats, which gives the project greater chances of success by the end of the project period. The project record impact as evidence of change in knowledge, attitude and practice was recorded in the discussions. Six communities made a declaration to ending FGM/C where during the evaluation, some participants noted they already stopped cutting their daughters. Finally, the project has a high sustainability level where the embedded community-centred approach, availability of active coordination mechanisms, and high willingness of key stakeholders to continue engaging in voluntary activities will make the project results last longer.

The report concluded that the project is on the right track, and the three evaluated outcomes performed highly and delivered the desired results. Evidences show that the project has the right resources to continue performing highly during the remaining period. The report concludes, among other things, to revise the media approach and engage more independent media personal. Also, the report recommends increasing inter-ministerial coordination while bringing other relevant ministries, including the Ministry of Health, Education and Justice, on board. These institutions will strengthen current efforts to pass the FGM bill and finalise other ongoing policies.

Introduction

Rationale

This Report is delivered as part of the service contract with International Solidarity Foundation-ISF to undertake a mid-term evaluation for the Community-driven FGM/C Abandonment and Women Empowerment project. Two local non-governmental organisations, Network Against FGM/C in Somaliland (NAFIS) and Candlelight for Environment, Education and Health (Candlelight), implement the project. This report was made based on an analysis of primary and secondary data as part of the midterm evaluation review. Findings are purely generated from the available data and reflection on consultants understanding and interpretations of the findings.

This report provides insights on the project overall performance over the past one and half years. Specifically, this exercise has looked at only three outcomes (outcome 1,2 and 3). The evaluation report findings are presented based on the key evaluation questions of relevance, effectiveness, efficiency, impact and sustainability. The report concludes key findings and actionable recommendations deduced from the results.

About ISF

International Solidarity Foundation (ISF) is a Finnish non-governmental organisation founded in 1970. ISF has been operating in Somaliland since 2001, supporting the livelihoods of vulnerable communities and addressing discrimination and violence against women, particularly female genital mutilation/cutting (FGM/C). In 2019, ISF received a three-year (2020-22) funding from the United Nations Trust Fund to End Violence Against Women (UN Trust Fund) to carry out the 'Community-driven FGM/C Abandonment and Women Empowerment project together with NAFIS and Candlelight. The project aims to save daughters to targeted parents from FGM/C and empower women in the targeted self-help groups (SHGs) to claim the right to bodily integrity.

Purpose and Scope of the Study

The primary purpose of the evaluation was to confirm how the applied strategies and implementation methods were suitable to produce desired outcomes. In addition, the evaluation data explored the opportunities and gaps in the project's operational environment while looking at the project's overall impact, effectiveness, efficiency, and sustainability. Equally, the evaluation findings were purposed to inform management decisions to revisit the adopted approaches for future programming.

Considering the evolving situation of COVID19, which leads to delays in implementing some activities that have only recently launched, this midterm evaluation was restricted to the assessment of strategies and activities feeding into the outcomes 1-3 and related outputs. Therefore, the assessment findings only cover half of the project's aim to save daughters from FGM/C. Outcome 1-3 and relevant outputs are as follows:

- Outcome 1. Local CSOs have a unified message and coordinated actions against FGM/C
 - Output 1.1. CSOs have a better understanding of harmful effects of all types of FGM/C, religious and human rights aspects to FGM/C
- Outcome 2. Religious/traditional leaders and Community Management Committee (CMC) members actively engage in efforts against FGM/C

- Output 2.1 Religious leaders have a better understanding of harmful effects of all types of FGM/C, religious and human rights aspects to FGM/C
- Output 2.2 Traditional leaders/CMC members have a better understanding of harmful effects of all types of FGM/C, religious and human rights aspects to FGM/C
- Output 2.3 Traditional leaders/CMC members have a better understanding of harmful effects of all types of FGM/C, religious and human rights aspects to FGM/C
- Outcome 3. Media and students actively engage in efforts against FGM/C
 - Output 3.1 Media has a better understanding of harmful effects of all types of FGM/C, religious and human rights aspects to FGM/C
 - Output 3.2 Students have a better understanding of harmful effects and religious aspects of all types of FGM/C and on women and girls' right to bodily integrity and self-determination.

The study left out two more outcomes (outcome 4 and 5) due to their disruption by the COVID19 pandemic. Activities under these objectives were recently started and were considered to have not yet delivered impact; therefore, they will only be measured during the terminal evaluation. Below are outcome 4 and 5;

- Outcome 4: CLAs engage in advocacy for women's bodily integrity with respective SDGs (NAFIS)
 - Output 4.1:CLA members have a better understanding of harmful effects and religious aspects of all types of FGM/C and on women and girls right to bodily integrity and self-determination.
- Outcome 5: ISF, NAFIS and its member CSOs (including Candlelight) 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 (incl. Candlelight) 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.
 - Output 5.2:NAFIS and Candlelight have 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

Key questions

The key questions guiding the evaluation include:

Impact

- Are the applied strategies and activities appropriate and adequate to achieve the project goal (FGM/C prevention) and project outcomes 1-3?
- Are the applied strategies and activities reaching (all) relevant actors?
 - Are NAFIS and Candlelight reaching relevant individuals among CSOs, rel/trad.leaders, media, students? Are they addressing them with feasible activities (training, meetings, workshops, ICEs etc.)? What (other) factors have contributed to these change agents' increased awareness and engagement?

- Are targeted CSOs, rel/trad.leaders, media, students reaching parents? With what kind of FGM messages? Do these messages have an (expected) impact on parents? What (other) factors have contributed to parents' increased awareness?
- Have the project interventions led to some unintended (positive or negative) outcomes?
- What kind of strategies and activities should be undertaken to strengthen the project impact?

Effectiveness

- Which factors have facilitated/hindered the achievement of the expected results?
- Could a different approach (strategies and tools) produce better results?

Efficiency

- Is the use of human and economic resources efficient in relation to the achievements?
- Are the communication methods efficient? What kind of communication methods and channels could be used to make the project more efficient?
- Is the collaboration with key stakeholders efficient and mutually satisfying?
- Are there actors and/or institutions whose engagement could improve the efficiency of the project?
- What are the strengths, weaknesses, opportunities, and threats of the project's implementation process?

Sustainability

- What are the factors that might influence the sustainability of the impact and/or results?
- What kind of strategies should be undertaken to strengthen sustainability?

Approach and Methodology to the Research

Considering that systematic quantitative data collection was made during the implementation, the assessment used a mixed-method approach of primary and secondary data to respond to the key evaluation questions. Therefore, qualitative methods were the main research approach during the evaluation while utilising primary and secondary qualitative data.

Below are the key sources of data/information.

Desk Review: While the ToR was the primary reference and guiding document for rolling out the assignment, the consultant reviewed other relevant project documents. ISF team created a shared MS Teams folder and provided access to the consultant. Essential project information is available in the shared folder, and the consultant has reviewed the below documents which formed the basis for this inception report. A review of internal documentation also included a systematic review of the existing project data collection tools and analyses; this review allowed the consultants to produce an evaluation report consistent with current work within ISF and adds to existing lessons learned and best practices.

1. [ISF_UNTF Annual Report 2020](#)
2. [ISF_UNTF Jan-June 2020 Report](#)
3. [Compiled UNTF baseline & follow up data summary](#)
4. [UNTF Beneficiaries M&E sites sample sizes](#)
5. [NAFIS National Coordination Meeting Report](#)
6. [NAFIS Awdal regional coordination report](#)
7. [Candlelight-Student advocacy skill training report](#)
8. [Candlelight Anti-FGM Youth Forum Advocacy report](#)

The consultant proposed the appropriate methodology in this review, relevant respondents to participate in data collection, proper data collection tools, and representable sample size.

While using a mixed method of primary and secondary data, the main methodology for this assignment was qualitative data collection. An interview guide was developed for both Key Informant Interviews (KIIs) and Focus Group Discussion (FGDs) as an instrument of data collection. Questions were designed to an open-ended standard to allow respondents enough latitude to freely express what they feel important regarding their subjective understanding of the project activities they participated in and the resultant change. This structure enabled the research to follow the conversation and identify new areas, themes, and topics relevant to the discussion. Questions in the guide were painstakingly derived from the desk review analysis and framed within the OECD-DAC evaluation approach. To further ensure the instrument's validity, the consultant engaged ISF technical teams to secure the tools' validity, relevance, and coherence.

Sampling

Considering the literature review that depicts the project's key stakeholders, the consultant proposed two sampling layers. This first layer is the primary beneficiaries, and the second layer was the secondary beneficiaries. Table 1 showed the proposed sample size for both KIIs and FGDs. The purposive and convenience sampling design was used to pick up the right respondent for interviews and discussions. The consultant relied on the knowledge and experience of the two partners to invite respondents into the discussions. This remains the main reason for choosing the purposive sampling method. Based on the available project documents, key institutions and individuals were mapped out.

A total of nine interviews were conducted through KIIs. Four project staff comprising three female and one male, one male government official from Ministry of Employment, Social Affairs and Family-MESAF and four CSO all-female were interviewed through KIIs. In addition, a total of ten FGDs were also organised, comprising (an average of eight participants in each FGD). One FGD was held with regional religious leaders in Hargeisa and their target parent groups. An additional FGD was carried out in Hargeisa with parent groups in Sheik Omer IDP, a NAFIS targeted area. In addition, four more FGDs were carried out in the two rural villages of Go'da Weyn and Suuqsade, targeted by Candlelight. CMC and their targeted parents participated in these discussions in each of the villages. Two more FGDs were targeted with students in Buroa and Hargeisa as well, while only one FGD was held with media personnel in Hargeisa

Table 1: Sample Size

Sn	Respondents	Sample Size
Key Informant Interviews		
1	Project Staff	4 (1 NAFIS, 1 Candlelight, 2 ISF)
2.	Government Authorities	1 MESAF official
3.	Civil Society Organisations/	4 (2 in Hargeisa, 2 in Buroa)
Total		9 interviews
Focus Group Discussions (8 participants in each)		
1.	Religious and Traditional leaders	1 (one Hargeisa IDP)
2.	Parents targeted by CMC, Rel./Trad. leaders	4 (same IDPs as above)

3.	Community Management Committees (CMC)	2 (in different rural Candlelight villages)
4.	Students	2 FGDs (1 in Hargeisa, 1 in Buroa)
5.	Media staff	1 (1 in Hargeisa)
Total		10 FGDs

Data analysis and interpretation

The primary data collected through interviews was prepared for analysis to make the information meaningful. Among the several qualitative data analysis tools, this assessment was employed content analysis for both the audio records and transcripts. Content analysis is a process of analysing qualitative data by thoroughly scrutinising and explaining a piece of qualitative data to find out the emerging pattern, themes, bias, and relationships of their meanings. This method involves using more analytical codes and categories derived from existing content and explanations relevant to the study focus, which enabled the consultant to immerse in the raw data, using these themes and those that emerged from the information itself.

Detailed notes taken during the interview sessions and audiotapes were imported to the NVIVO program. Notes were transformed into MS Word and MS Excel documents for compatibility and replicability purposes. To make data precisely elaborative to the evaluation question, a set of coding frames was developed through open coding, where several codes came out in the process. This minimised several themes using axial coding to answer the evaluation questions and reflect the evaluation objectives. Data contained in these codes were prepared for analysis and interpretation. To do so, the consultant interpreted data according to the themes and patterns explored to show how the concepts, ideas and opinions of the respondents relate to each other and how they reflect on the evaluation context.

By this analysis, a generalisation towards the evaluation objective was made. Also, general recommendations derived from the key findings provided suggestions to capitalise and strengthen positive performance observed while adjusting any gaps the evaluation discovered.

Mobilisation of Respondents

NAFIS and Candlelight endeavour all the necessary mobilisations of respondents, particularly for the high-profile respondents for KIs and FGDs. Therefore, the consultant relied on NAFIS and Candlelight in all organisations and appointments were made on time and respondents were adequately sensitised to the exercise. However, the Lead researcher provided technical guidance on this as far as the identification of participants is concerned.

Ethical Consideration and Safeguarding

Considering the necessity to uphold the data protection principles during this process, the consultant ensured the data generated through these interviews, which involves the human subject, is managed with strict procedures. Furthermore, various issues regarding data protection were addressed to realise that human subjects in the study are dignified. Before interviews and discussion, participants were briefed about the evaluation and the underlying objectives. Confidentiality and anonymity were also assured to them to hearten in the interviews. Voluntary participation was also informed to the participant by stressing that they will neither gain any entitlements for their participation nor withdrawal from the study.

Moreover, it was made clear to the respondents that their information will be protected under the European Union's General Data Protection Regulation-GDPR and that it will not be used other than for the purpose they consented. All this information was summarised in the information and consent sheet attached to all data collection tools.

More ethical issues to observe during the process

- **Consideration of the protection of children, vulnerable groups and adults with specific vulnerabilities.** The consultant considered the protection of children, vulnerable groups (girls, people with disabilities, and people in displacement) and adults with vulnerabilities in various ways. Sampling strategies was also designed to support protection, with specific FGDs taking place with vulnerable groups. For example, FGDs was gender-disaggregated and female facilitator conducted female FGDs.
- **Ensuring PSEA.** The consultant followed ISF Policy against Sexual Exploitation and Abuse and ISF Policy against Sexual and Gender-Based Harassment
- **Appropriate, safe, non-discriminatory participation of stakeholders.** The consultant designed the project tools to ensure the appropriate, safe, non-discriminatory participation of stakeholders.
- **Confidentiality and anonymity of participants.** The consultant ensured that data is anonymised at the source with no names, birth dates, or identifying information collected. All data was stored responsibly.

Management of the Study

ISF supervised the study to ensure that the terms of reference are adhered to and produced quality work. In addition, ISF was responsible for reviewing and approving all tools and reports and confirmed that the consultant receives comments on draft reports within agreed timeframes. More specifically, the assignment was guided by ISF Adviser on Gender Equality.

ISF was, in particular:

- a) Provided all logistics support, including invitations for the potential respondents/participants.
- b) Provided consultancy fee for the task
- c) Reviewed and approved the study instruments/tools
- d) Supported the consultant during the entire process of planning, data collection and reporting; and
- e) Provided input to the draft report and final report.

The Consultant was diligently carried out his work in line with the requirements of the terms of reference and the contract. More specifically, the consultant:

- a) Developed methodology and tools for the data collection and analysis process. The tools were shared and approved by CARE before starting fieldwork
- b) Developed a practical work plan for the work
- c) Did a field travel and data collection
- d) Consulted with relevant stakeholders for their views on the study subject and debrief ISF after completing the assignment and validate the findings prior to submitting the final report; and
- e) Prepared and submit a final evaluation report to ISF as per the time frame set in the ToRs.

Key Findings

Findings according to OECD Evaluation Criteria as specified in the ToR

Relevance

The Community Driven FGM/C Abandonment and Women Empowerment in Somaliland was signed in January 2020 by UN Women, ISF, NAFIS, and Candlelight. The project aims to save daughters from FGM/C and empower women to claim their right to bodily integrity.

Generally, the project's theory of change applied strategies for implementation, and selected relevant stakeholders were relevant and appropriate to address the contextual needs on the ground to bring the FGM/C to an end. First, the prevalence of FGM/C in Somaliland is relatively high where the available data demonstrate an average of 99% prevalence rate with a small margin of difference in rural and urban settings (See UNICEF, 2020 -98%, Action Aid, 2018 - 99.4% (98.7% in urban and 99.8% in rural communities), MICS 2011- 99.1%, Edna Adan University Hospital (2006-2009, 97%, 2009-2011 98% and NAFIS 2014 - 100% in rural and 99.8% in urban communities). The higher rates of the practice necessitate addressing and responding to this problem through collective efforts from all relevant actors and stakeholders. Therefore, the project was well-framed with this need as referenced in the projects main goal of safeguarding daughters from all forms of cutting and preserving their bodily integrity.

In addition to the project's relevance to the needs, the project has its roots in Somaliland's laws, policies, and priorities. The project was relevant to the Somaliland National Development Plan II – NDPII, being the utmost guiding document for all development and humanitarian work in Somaliland. The NDP II endorse the Sustainable Development Goals-SDGs and has preservations to end FGM/C in Somaliland. The Social Development Pillar of the NDP II denotes the plights of cutting for Somaliland girls and articulated efforts to improve the girls' safety and wellbeing. Both the Health and Education sub-themes of this pillar has indicators to reduce the high prevalence rates of cutting in Somaliland. Under the health sub-theme, the NDP II aims to reduce the harmful practices of female genital mutilation by 10 %. The education sub-theme aims to improve the probation of secondary School students aware of the impact of FGM and other reproductive health problems to 70%. This is also clearly mentioned in the resilience and human rights section, where policies and laws are extensively discussed.

Further to relevance, the project's aim was relevant to the mandates, vision, and priorities for all the stakeholders involved. ISF and NAFIS have an exclusive mandate to address and respond to FGM/C practices, where Candlelight is among the priority interventions under the Health and GBV themes. In addition, all NAFIS members have ending FGM/C in their mandate. Other stakeholders involved in the project have more significant roles in bringing this practice to an end and vice versa. Thus, their collaboration and engagement were relevant and supported the collective efforts to ensure the health, safety, and wellbeing of Somaliland girls.

One key point to note regarding the relevance is the adopted approach for the project, a community-based method that put the community at the epicentre of the program and enables them to take the lead in addressing and responding to these harmful practices. This has been clearly coming out of the community discussions. More people expressed their readiness to openly discuss and share information about the consequences of the cutting with the rest of the community. One female FGD participant said, "We feel this is our problem, and we strongly

believe that we should be the first to talk about the negative consequences the cutting will cause to our girls in all their life stages. Therefore, we continuously tell our people and family about its effects and encourage them to stop doing it". Another female participant also echoed the same by saying

"This is a community problem, and we need to stand up for the responsibility to stop cutting out daughters collectively. Any community member, be it the parents [father and mother], youth, teachers, religious leaders, and others, has a significant role in first stopping the practice and sharing information with the rest of the community". *Female FGD participant.*

In addition to the community-centred approach, the project's ToC remains appropriate in addressing and responding to the problem of cutting faced by almost all girls in Somaliland. Building and establishing community-based solid structures, the project also ensured establishing a vibrant coordination mechanism to bring together relevant actors from government, CSO, INGO and UN. The platform provides space for information sharing, prioritising problems, coordinating efforts and unifying messages. Findings reveal that co-implementing partners and CSO, particularly NAFIS members, has been active in various coordination forums. Such effort led to creating a separate FGM Technical Working Group-TWG from the traditional GBV TWG, which created a niche platform to discuss specific FGM-related issues.

Implementing partners adopted clear selection criteria, which is widely communicated with the relevant beneficiaries. As noted by one project staff "There were a set of selection criteria which guides the engagement of beneficiaries including community-level beneficiaries and students" she continues by saying

"students were selected based on the faculty they were studying, and health, social work, and law students were of high priority to select. In addition, their willingness to involve community-level awareness-raising, participate in dialogues, training and research and advocate through social media was equally important."

Students groups participated in training on advocacy and researching to build their skills to research independently on the various negative consequences of the practice and disseminate information widely. These skills proved relevant to the work students were expected to undertake. As referenced in the findings, all the participants in the student groups FGDs acknowledged the skills they gained. They thoughtfully explained how such skills harnessed their calibre to advocate for change in ending the FGM practice. One male student in the FGD said

"the first time I participated in the FGM training, I was too shy to even concentrate the discussion. My friends also teased me about my involvement in FGM through my peer student groups, and sometimes, I was near to quit. However, I found my confidence building over time and with the advocacy and reaching training I attended, and I am fully confident. I speak louder than my peer female in the group. I participated in TV and radio discussion, talk people publicly and write my social media accounts on a frequent basis."

The selection criteria of the parents were also relevant as the intervention only targeted parents who have an uncut daughter who is under 13 years of age. Such purposive targeting helped to maximise the effectiveness of the messaging and enables ease of impact tracing.

In addition to the coordination efforts, student engagement proves strategic stakeholder identification which adds greater value to the projects ToC. Students played a pivotal role in engaging youth groups for information sharing through discussions and writing. However, despite media being a key stakeholder in this regard, findings reveal that media involvement in this project did not stand up to a level where they could share information about the FGM with the public. Results indicate that only one female media personnel FGD participant has voluntarily produced or shared program on FGM. The rest of the participants denoted they have never work on TV or radio programs on FGM or have even shared articles through their social media accounts. Only half of the media personnel FGD participants noted they worked on programs relating to FGM, but only through customised and sponsored programs and during international commemoration days.

During the proposal and inception stages, the project team carried out a full stakeholder mapping exercise to specify key project stakeholders that will have greater interest and influence. This led to enlisting core project stakeholders comprising parents, community groups, youth, media, CSO, and government line ministries. The stakeholder identification and selection process were also relevant and appropriate. The project was built on existing efforts for previous projects and has continued to work on established stakeholders. All the project staff respondents concurred the project continued to work excising structures. One staff member conferred, "we had previous ISF projects in the current project locations and utilised them to continue working with them". The project also has good integration with other project being implemented in the same area. For instance, NAFIS selected to mainstream the project location with its Self Help Group-SHG locations to create integration with its existing structure and multiply the effects.

Lastly, the means of communication used for sharing information with community-based structures remain relevant. Local facilitators used diversified means to deliver required messages and information to the community groups. This includes formal training session where Somali translated notes were used. Community Management Committees-CMCs used to carry out public awareness-raising, informal mothers group meeting and face-to-face awareness-raising targeted mothers with uncut daughters.

Effectiveness

Effectiveness in terms of performance

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

A review of project progress reports indicates that the focus of this outcome is to establish effective coordination among relevant FGM stakeholders. Both available project progress reports and evaluation data reveal that the project has performed highly on this outcome. According to the UNTF annual report 2020, NAFIS organised regional and national coordination meetings where a total of 305 people from different CSOs throughout the country participated. The main points discussed included strategies to impact parents' attitudes on FGM/C. this corroborated with evaluation findings that clearly show the project's contribution in establishing

an active coordination mechanism. "One of the key success of this project in terms of coordination is that it enabled creating a separate FGM technical working group," said by MESAF official participated in the KIIIs. He continues to explain what the coordination platform enables by saying, "in the TWG, members discuss reporting, case management, data protection, and provide capacity building opportunities on referral mechanisms, reporting mechanism and coordination mechanisms". All co-implementing partners and CSO has been actively engaging in national and regional level coordination mechanism.

As noted in the annual report, the targets for indicator 1.1 and 1.2 was met with 99 CSO are actively taking part in FGM coordination meetings. This is against a baseline of only 74 CSO engaging in coordination meetings during the inception and a target of 100 CSO to be reached by the end of the project.

According to UNTF annual report, all the three key activities under this outcome were successfully implemented and achieved on time. NAFIS Network organised national and regional coordination meetings, organised a joint commemoration of International FGM/Women's/African Child Days & 16 Days of Activism against VAWG and held regular debriefing and feedback meetings. This was done in collaboration with other CSOs. During the 16 days of activism, NAFIS broadcasted the commemoration and closing ceremony through TV and radio and sent a press release. Furthermore, IEC materials were distributed to mark the 16 days of activism against FGM/C.

The available quantitative data also denotes an improved knowledge and attitude of CSO in ending FGM. The annual data collected through indexed questions and the OMBEA audio response system among 30 CSO representatives indicate positive changes in knowledge and attitudes. 93% of respondents now think that all types of genital cutting have negative consequences for girls and women (baseline 91%). Furthermore, 100% (baseline 95%) believe that Islam mandates no type of FGM/C and that women and girls have the right to bodily integrity and self-determination.

This information corroborates with the evaluation findings that all the four CSOs participated in the interviews emphasised their role in coordinating various coordination levels. "[we] participate national FGM coordination meeting held by MESAF on an annual basis, the last was taken place in Hargeisa" another interviewee representing a CSO in Buroa also noted, "coordination meetings are held in Buroa and led by MESAF regional coordinator. We are an active member in this platform and share other members about our work".

Despite all NAFIS members having FGM in their mandate, some noted they don't currently work on an exclusive FGM goal. One CSO representative in Hargeisa mentioned that they do not now have an active FGM project; however, they mainstream all their projects into gender, which allows them to integrate FGM-related topics in their programming. The interviewee noted, "such integration enabled us to participate in international commemoration days for children and women actively. A big theme during these commemoration days is to advocate ending FGM/C". another CSO representative in Hargeisa also noted the same and mentioned that they only participate in international commemoration days for women and children whereby they organise TV and radio show as well as distribute various IEC material to disseminate FGM related information.

Findings reveal that although FMC coordination at various levels is effective and brings more actors onboard for information sharing and coordinate efforts, inter-ministerial coordination between relevant ministries is missing. MESAF Official noted

"We have successfully established the FGM TWG and create a vibrant coordination mechanism among FGM stakeholders, yet we feel the inter-ministerial level coordination among MESAF, Ministry of Justice, Mistry of Religious Affairs, Ministry of Health and Ministry of Education is missing. All these ministries have a pivotal role in the effort to end cutting in Somaliland. They have a role in policy influencing, unifying message, bringing justice to perpetrators, and educating people about the negative consequences of cutting. So, bringing them to the same table for the same cause is equally imperative as in the current FGM TWG."

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

According to the evaluation findings and available project documents, the project has been effective in terms of outcome 2. The project engaged two tiers of religious leaders, one at the regional level led by NAFIS Network and another one at the village level led by Candlelight. The annual data collected through indexed questions and with OMBEA audio response system among 50 religious leaders indicate a positive change in knowledge and attitudes: 71% (baseline 52%) of religious leaders now think that all types of genital cutting have negative consequences for girls and women, and 81% (baseline 79%) believe that Islam mandates no type of FGM/C. Still, knowing that some prominent religious leaders support Sunna type of FGM/C mainly, religious leaders hesitate to support zero tolerance. 93% (baseline 84%) have attitudes supporting women and girls' bodily integrity and self-determination.

The aim of regional level religious leaders was to make them focal and carry out at regional level awareness-raising through Mosques in Friday speech and through Islamic schools. According to UNTF annual report 2020, NAFIS conducted training for the religious leaders in four different project sites in the capital area to increase knowledge and understanding of the harmful consequences of FGM/C and to make them advocate against FGM/C in mosques and Qur'an schools. This was confirmed through the evaluation findings where religious leaders who participated in the FGD noted they consistently talk about the FGM issue in their Friday day speeches. One male FGD participant in Hargeisa noted

"Since I was taught of the negative consequence of cutting, I did my research on the Islamic religion's stance on the matter. In Islam, only a small prick in the clitoris to bleed is permissible and can be left intentionally. I teach my community on this through Friday speeches."

The rest of the religious leaders in the group also denounced the practice of cutting, clearly articulating religious stance, particularly the Pharaonic type of cutting. All the religious leaders in this group noted they raise awareness against the pharaonic type but encourage the Sunnah type. They had strong references to the MoRA's fatwa in 2018, mentioning that the ministry and other prominent religious leaders in Somaliland promote the practice of Sunnah type. One participant said, "we [somali people] practice the Shafi'ia madhhab - one of the four major traditional schools of Islamic law in Sunni Islam, which believe cutting is strongly preferred

practice but can be left out and thus our ministry of religion and its scholars agreed to this teaching and understanding" he continued to say " we share the community about the same "

Three more religious leaders in the FGD noted they have gone the extra mile to organise three public speech for women in the State House IDP camp to discuss mothers on the negative consequences of the cutting, particularly the pharaonic type, clarified the religious stance on this practice and encouraged them to stop and adopt the sunnah type.

When discussing how their community perceives them in talking about FGM, one participant echoed, "there are some people who think NGO sponsors us, but that never discourage us from telling Islamic teachings, because we believe this as a pressing social problem which is against the religion. So, it is our responsibility to speak lauder and clarify the virtuous to our people."

Also, Candlelight engaged rural religious leaders in six targeted rural communities in training and discussions as reported in the UNT annual report 2020. Evaluation findings explored the relevance of these activities to change village level traditional leader's knowledge and attitude towards ending FGM. All village-level religious leaders FGD participants acknowledged that the training and meetings they attended led to a change in their knowledge and attitude. They emphasised they learned more about the practice's negative consequences, including health, economics, education, employment, and wellbeing. One participant in Go'da weyn village who is a prominent religious leader and the district court judge conferred "I knew little about the health and social implications of the practice until I attend various training. Now I am knowledgeable, and I advocate for ending any type of cutting in my village" another one from Suqsade village also noted "many parents mainly mothers come to me seeking clarification on the religion's stance on cutting. Most of them want to know about Sunnah, and I instruct them they do only pricking."

Similar to religious leaders, CMCs and traditional leaders' engagement was effective. These groups were targeted with structured training and discussions led by Community Facilitators-CF. the CFs used to carry out routine activities (3 days a week and one day each week after COVID19) to educate participants on various topics FGM, basic human right and advocacy skills. One CMC member in Go'da Weyn said

" a female CF is based in this village; she finished university. All members come into this hall three days each week, and she teaches us the root history of FGM, its consequences, and how we can tackle this harmful practice. Participants also discuss the topic of the day and share suggestions or experiences on how the CMC can take the lead of ending the practice in this village and nearby. "

This led to a significant improvement in CMCs and traditional leaders' knowledge and attitude towards ending the cutting. Annual data show that 77% (baseline 60%) of traditional leaders and CMCs now think that all types of genital cutting have negative consequences for girls and women, and 84% (baseline 73%) think that Islam mandates no type FGM/C. 94% (baseline 87%) have attitudes supporting women and girls' bodily integrity and self-determination. This has not led to change increase in awareness levels but has led to change in practice. According to UNTF report 2020, fifteen influential community committee members in each 6 Candlelight target villages have made declaration statements to eliminate FGM/C. CMCs have now given public declarations to end FGM/C in 6 Candlelight-targeted rural villages.

The common message declared in the rural communities targeted by Candlelight is that "we, [community] declare and have committed to eliminating all forms of female genital cutting, and appeal to other communities in Somaliland to stop this harmful practice". The target villages have wanted to share with the neighbouring communities the idea that FGM/C is a non-medical practice that damages female genital organs and has long term physical and psychological consequences and a violation of women and girls' rights. In addition, the cutting is traumatising to young, innocent girls.

This information corroborates with the evaluation findings where all CMC members who participated in the discussion noted their worthy efforts against FGM in their community. CMC members in Go'da Weyn village affirmed they closely work with Candlelight and local authorities such as the police in reporting once female circumcisers come into their community. One female FGD participant in Go'da Weyn said, "in connection to our declaration, we informed the police and other local authorities that we don't allow FGM practitioners to come to our village. Since then, we report whenever we identify someone has arrived to undertake the practice. Thankfully, local authorities have been supporting us on this".

Further to the training, CMCs noted they benefited from an exposure visit to the project sites in the Awdal region. Participants praised the exposure trip as an eye-opener to see how other communities are dealing with the challenges in ending FGM/C. "the trip provided an opportunity to interact with other CMC members in the Awdal region. We exchanged ideas and shared experience," noted on male CMC member. In addition, participants also noted they observed cultural differences regarding the terminologies used for cutting and other social norms that encourage the continuation of the practice.

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

Generally, finding in both the available project documents and the evaluation findings show mixed results regarding the project's performance against this outcome. According to the annual report, NAFIS has organised a 2-days training session for 30 media professionals (20 women and ten men), covering aspects such as negative consequences of FGM/C and strategies for the media to partake in the fight against FGM/C, e.g. by mainstreaming anti-FGM/C messages in regular programs and by cooperating with NAFIS to produce articles and awareness programs to educate the larger community. However, as revealed in the evaluation findings, the media personnel have done little to contribute to bringing the FGM/C to an end. From the discussions with media personnel, only a handful of the participants involved in TV and radio programs raise awareness to stop FGM/C.

One of the main challenges cited by the participants is that there is a perceived notion by the media house management that FGM related programs are sponsored by NGOs and should be charged. In addition to this, the effectiveness of the media engagement was contributed to the controversial views (zero tolerance versus support for Sunna cutting) of religious leaders, which confuse the media professionals and the public. Hence, media professionals hesitate to address FGM/C and SGBV issues to avoid any pressure or negative feedback.

The same is noted in the annual data collected from 20 media professionals with denoting regressive attitudes towards FGM/C. The data indicates some stagnation among the media professionals, 45% (baseline 64%) who think that all types of genital cutting have negative consequences for girls and women, and 74% (baseline 84%) believe that Islam mandates no type

FGM/C. 84% (baseline 92%) have attitudes supporting women and girls' bodily integrity and self-determination.

Students engagement was substantially effective as students from various universities in Hargeisa and Buroa were trained on health, religious, and human rights aspects of FGM/C by Candlelight. The training brought university students from Burao University, Alpha University, Hargeisa University, Edna University, Admas University, and New Generation University. The main objective of the training was to strengthen the advocacy capacity of the Candlelight Anti-FGM Youth Forum members. The training boosted students' confidence to debate FGM publicly, improved their advocacy and networking skills, and provided an opportunity to interact with peer groups.

The annual data was collected through indexed questions and with OMBEA audio response system among 49 students. There is a significant positive change in their knowledge and attitudes. 73% (baseline 44%) now think that all types of genital cutting have negative consequences for girls and women, and 80% (baseline 77%) think that Islam mandates no type of FGM/C. 92% (baseline 78%) have attitudes supporting women and girls' bodily integrity and self-determination.

Students formed vibrant youth groups in their respective cities and brought together youth groups from various domains through panel discussions, debates and open forums. One female respondent in Buroa noted, "our group meet frequently, and we usually discuss an innovative way to engage other peers and discuss the FGM/C issue. We organised a various session with youth groups, particularly university students. Candlelight supported the operation cost" another female student FGD participant in Hargeisa mentioned, "this year [2021] we carried out a one-day training session for university students where we teach participants the negative consequences of the practice, the religions stance and the human rights aspect" she expressed that participants liked the session and requested to have a more similar session where more students can participate.

Effectiveness in terms of design and approach

The project has an effective and visible contribution as it provides significant input and change for all the targeted stakeholders and beneficiaries. The project developed a holistic implementation strategy which enabled to adapting the changing context.

The targeting approach for all primary and secondary beneficiaries was effective and enabled us to easily track the impact. All students, religious/traditional leaders, and CMC have a designated number of parents to be influenced during the project period. This was clearly communicated with the secondary beneficiaries, and it has been observed that they are working on it.

The targeted number of CSO organisations had a unified message and has been advocating for zero tolerance on FGM/C. They have also been lobbying and advocating for the finalisation of the FGM policy, bill and act, which has been under the process for the past four years.

The targeting approach for students has been effective as well, as 100 like-minded students from relevant faculties were brought together. In this approach, young men were also on board and were in the forth-runners in all youth-led activities. Young men demonstrated confidence and openness in all discussion and confirmed their increased knowledge, skill, and confidence. Students also echoed they target relatives and other parents who have an uncut daughter and

openly discuss with them the calamity that is waiting to happen for their daughters should they perform cutting on them.

The project's Monitoring and Evaluation framework also proved to be effective in achieving the desired results. The project has a well-thought theory of change that clearly highlight the logical outcome of the intervention. The project has SMART indicators with clear and realistic targets. The M&E plan details the data collection and analysis plans for every indicator while clearly noting the timelines and responsible people. A baseline data collection was carried out at the project start, and the progress for each indicator has been tracked on a regular basis.

The project's governance structure was also effective as the workload was strategically split across the two local implementing partners. Each partner is responsible for the activities of relevance with their vision, mission, and access while all were contributing to the same outcomes. NAFIS Network was responsible for implementing national and regional level activities, while Candlelight was tasked to focus on more grass root and community-based activities. This strategic partnership brought diversity in terms of expertise, skill and access to the project and facilitated the implementation.

Another important aspect of effectiveness was the project's flexibility to adopting the changing contexts. As the COVID19 pandemic erupted in March, the co-implementing partners carried out a reprogramming exercise where specific activities were shifted to respond to the emergent humanitarian needs. Activity 2.2.1 and 2.2.2 was revised to accommodate the COVID-19 response whereby the target communities were provided with hygiene kits, and hand wash stations were installed. As well as carried out awareness about COVID-19 and FGM/C through IEC materials and door to door awareness (teams wearing PPE), respectively.

Lastly, the project team employed effective use of technology where they have used various state of the digital art solutions, including the OMBEA tool for data collection, ZOOM and MS Teams, as well as key social media technologies including WhatsApp. This facilitated effective communication among the key members and will be discussed further in the efficiency section.

Implementation challenges

The project has two main issues affecting its overall operation. The COVID19 pandemic was the main implementation obstacle the project has faced as it first delayed the rollout of some key activities. One project staff noted, "at the beginning of the COVID19, there has been uncertainty around how the project will be rolled out as staff were sent to work from home and the limited government interactions to avoid the spread of the virus. This was unusual, and staff worried about how the field level implementation can be carried out," she continued "afterwards, this became a new normal" in addition, the reprogramming of some key activities to COVID19 response has a bearing effect on the project's ToC.

Equally, the religious ruling-Fatwa released by the MoRA has created a burden for all the efforts against FGM/C in general and, in particular, this project. It created disillusionment about the messaging, discouraged media personnel involvement and changed public acceptance of Zero tolerance. MESAF official noted that "in the coordination meetings, some NGO prefer to abide by the religious ruling, thus trying to advocate the continuation of Sunnah" he described this to be different from the ministry's position on Zero tolerance. In addition, discussions with religious/traditional leaders, CMC and even parents had references on the fatwa.

Project teams have noted there were delays in transferring funds to partner accounts which sometimes delayed the implementation. However, the project teams have collectively addressed this by fast-tracking the activities, which eventually carried out within the planned timelines.

Efficiency

Financial Efficiency

The project's financial performance was efficient, which clearly indicated the proper utilisation of the available monetary resources. According to the annual report, the project's financial performance for the three indicators of interest was Outcome 1 - 97.52%, Outcome 2 - 95.80% and Outcome 3 - 96.44%. For all the indicators of interest, there was neither overspending nor underspend for the designated budget. This indicates how efficient project resources were utilised in a timely manner.

Similar information is available in the evaluation discussions where all the project staff participated in the interview accredited the efficient resource utilisation. All staff recognised that during the proposal stage, well-thought budgeting was carried out, and enough amount of the budget was extended for all activities. One key project staff noted that "The project has utilised the available resources efficiently. In terms of budgeting everything was decided at the market price at proposal level to avoid resource burnout" another member added the same by saying, "all activities were spent in a way that created value for money for the project, and align relative market price".

A key contributing factor for efficient resource utilisation is ISF and local partners having a clear procurement process. Particularly project staff were trained on the UNTF procurement process and were familiar with the compliance issues, thresholds and approval levels any procurement should go through. In addition, despite local partners remain independent in all procurements as indicated in the contractual agreements, yet ISF has oversight in the procurement process to make sure transparency and equity. One staff noted, "we inform ISF in all procurements they sit in bid openings and have one confidence vote similar to the rest of the procurement committee". Another one agreed by referring "local implementing partners are free in their procurement process, and ISF has the overall technical oversight". Therefore, technical adequacy for project staff and a clear procurement process enabled the efficient utilisation of the resources.

Despite the COVID19 pandemic caused delays in implementation and suspension of some activities, yet the three outcomes of interest were implemented on time as of the evaluation time. The project also has one and a half year remaining. Thus, there was no need to request an extension in terms of implementation timelines that would have cost the project.

Human Resource Efficiency

In addition to the efficient financial performance of the project, findings also reveal that operational costs, particularly the human resource were commensurate to deliver impactful results, as already discussed in the effectiveness section. The project expanded resources to recruit skilful people to lead both NAFIS and Candlelight activities. As discussed by all project staff involved in discussions, this enables local implementing partners to attract talent, which led to the realisation of the project's desired targets and outcomes. Both NAFIS and Candlelight hired qualified Project Managers with relevant experience and qualification who take care of the

overall project, including planning, budgeting, implementation, monitoring and reporting. Candlelight particularly hired Project Officer and Community Facilitators who are responsible for the field level implementation.

All the hired project staff had the right calibre, which helped smooth and efficient implementation. "At partner level, local people with long experience in the community was hired just to minimise the cost. With this engagement, no time was lost to rollout the activity as the project team has a good relationship with the community" this notion was also confirmed widely among the staff discussion where one noted, "the project staff were passionate and technically equipped on the FGM/C". Such relevant skill of the project staff had an absolute contribution to the project's efficient implementation.

At the ISF level, a Gender Equability and Women Empowerment-GEWE Advisor was hired to support the project. The advisor is dedicated to the project and provided overall technical support on all matters regarding the implementation of Outcome 5 and COVID19 response. He is expected to identify new strategies to mitigate SGBV and FGM/C. Yet, he provided support to the wider team. Despite the advisor joined toward the end of the first year of the project, yet, his contribution was acknowledged among the team. "since the GEWE advisor was on board, we observed timely and quality implementation for key activities. He supports the team on a day-to-day basis and as required". Equally, ISF Global Gender Advisor based in Helsinki was also a resourceful technical person who provided unwavering support throughout the project. She has been remained available to all project staff and has supported various aspect of the project. The rest of the ISF staff has only charged the project at the specific time they supported. Each ISF staff has a proportionate time allocation to provide technical support for the project. Again, this proved the equitable distribution of human resources for the project.

All project staff had attended various training to harness their skill and competency. Primarily all UNTF manuals, including procurement, M&E, budget, reporting, among others, were trained on the staff and was shared for reference. This sharpened staff's knowledge of the UNTF protocols, which enabled compliance throughout the implementation. Similarly, the CFs had also attended training that increased their awareness levels and fostered their communication skills.

Findings also reveal efficient utilisation of available technologies, which enabled timely information sharing and appropriate decision making. All staff noted that the main media of communication was through emails and face-to-face; however, as a result of the COVID19 pandemic, which limited interactions, all meetings were shifted online. The key technologies used include ZOOM and MS Teams, which provide advanced features including organising meetings, documentation, chatting and transfer of large size files. In addition, Skype, WhatsApp and SMS were also widely used among the team to quickly catch up with someone. Despite most of these platforms have open-source accounts, yet it improved access to information among the staff and enhanced timely information sharing, which evidently recorded and had a subsequent bearing on the project's efficiency.

SWOT Analysis

The SWOT analysis of the projects operating environment also reveals that the project was efficient that it has more strength and opportunities than weaknesses and threats.

Strength	Strength	Weakness	Weakness
	<ul style="list-style-type: none"> - The project is community-centred - Strategic and competent local partners manage implementation. - CSO members taking part in coordination were senior staff who are decision-makers - People targeted at community level engagements including parents, prominent reli/traditional leaders, CMCs where decision makers in their respective capacities. - Complementing with other projects - Availability of technical assistance - Skilful project staff 		<ul style="list-style-type: none"> - Absence of inter-ministerial coordination meeting. - Some NGOs are still promoting Sunnah cutting which dents the efforts on Zero tolerance. - The project supports more urban and peri-urban communities. - More leading time for financial reporting and transfer. - Limited capacity of ministries to collect routine and timely information.
Opportunity	Opportunity	Threat	Threat
	<ul style="list-style-type: none"> - The security situation is reliable. - People are receptive to listen to FGM information and willing to stop the Pharaonic type of cutting. - Fund gaps from UNTF are contributed from MFA and private fundraisers. - Active CSO - Effective coordination mechanism - 		<ul style="list-style-type: none"> - The strategic advisory group Fathwa was a real threat in terms of having a unified message. - Absence of a clear definition of what Sunnah type constitute

Impact

The project has reached a good milestone and has successfully ensured changes in terms of knowledge, attitude, and practice among key project beneficiaries, including religious/traditional leaders, CMCs, parents, youth students and alike.

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 prioritise issues. It also enabled unify the messages being shared to the public by TWG members.

For all community-based structures, an increase in knowledge and attitude was observed. All participants in the discussions from these groups noted after they attended or participated in training, meeting and awareness-raising sessions, their knowledge on the harmful consequences of the practise has improved, which led change in their attitude. One male participant noted, "historically, this practice [FGM] was believed as something the religion prescribes. It is also believed that the preserved purity and chastity of the girl. However, now we learnt that it leaves lifelong illness for the girl. It also leads to school dropout, health complication during birth, economic burden and for the worst, mental and emotional distress". Participant also widely

discussed their increased knowledge that a pharaonic type is a criminal act according to Islam, contrary to what people believed in the past.

Most of the participants noted that there had been a change from the pharaonic type of cutting to Sunnah type, which they denoted to have widely practised among their communities. "now the pharaonic type has stopped. Only a handful of the society does particularly in rural areas". The same notion was widely referred to by other respondents, including government officials, CSO and project staff. This observation corroborates that FGM prevalence is still high and is widely practised among the community.

At the community level, an obvious change affected by the project is a change in the mindset of men and women at the local level, as observed during the evaluation. Both men and women spoke coherently about the harmful effects of FGM and openly recounted the stories of their lives. This kind of change is not likely to be reversible. In addition, the evaluation findings document the willingness of parents to stop cutting. A female CMC noted

"I have four daughters. I cut the older two and stopped to perform any cutting at all for my two young daughters, who are 8 and 9 years old" similar declarations were seen a male parent who noted, "I never cut any of my three daughters" when asked about if he faces any challenge or backlash from the community, he said "I tell this publicly. I challenge people by telling them its negative consequences. I am also known to religion, and I equally understand that it has no base in the religion."

Equally, more people in the FGD discussions with community-based structures noted they would stop cutting should they have a strong reference from the religion that even Sunnah type can be left out.

Although there is a significant transition from the pharaonic type of cutting to Sunnah type by name, evaluation findings explore a wide range of confusion of what Sunnah type constitutes. The Fatwa ruling didn't set a clear definition of what Sunnah cutting mean according to Islamic teaching. This led to a very subjective practice where people seem to have stopped to most severe form of cutting but rather what has changed is the term but not the practice. "there is no difference between pharaonic and sunnah cutting, still stitching is made upon girls on what people widely believe to be sunnah type". This was concurred by the various study respondents.

Sustainability

Considering the gains the project has achieved over the implementation period, key issues were observed that would contribute to the project's sustainability and enable the results to last longer. This includes;

Ownership

The community-centred approach is a positive step towards the long-term sustainability of the project. This approach put the community at the centre stage of all effort to address and respond to the plights of the practice, which led the community to feel ownership. It was observed high buy-ins from the community level structures where they publicly declared the stopping of this practice in their community. In addition, more people involved in voluntary activities to raise awareness in their community against the FGM practice.

Those who precipitated the training, including students, and CMCs have also shared the skills and knowledge with the community. These efforts were all carried out voluntarily and will sustain after the project exits.

Active coordination

The FGM TWG is a long-lasting platform that will continue to provide space to advocate for the cause in bringing the FGM practice to an end. This platform enabled the unification of the FGM awareness-raising message where most of the members take the zero-tolerance message. There is also high buy-ins from MESAF where the leadership introduced a country level structured for the TWG. Such a structure decentralised the information sharing and provided access to engage and coordinate regional and district level efforts.

High willingness to continue voluntary engagements

Findings from the midterm evaluation explore the high willingness for participants to continue engaging in voluntary activities to address the various consequences of the cutting. All the participants in the discussions, including traditional/religious CMC, community facilitators, students and media personnel, have expressed their intent to continue educating people about the plights of cutting. Also, from the discussions, it was evident that some stakeholders like CMC and students went the extra mile to reach more people outside their communities.

Conclusion

Generally, the project was carried out diligently, with all the three evaluated outcomes achieved successfully, on time and on budget. The evaluation questions were built on the OECD DAC evaluation criteria of Relevance, Effectiveness, Efficiency, Impact and Sustainability. The project reflected all the five criteria used to measure performance.

The project was relevant and appropriate to address and respond to FGM problems in Somaliland. The project was in line with Somaliland National Development Plan II – NDP II. The NDP II endorses the Sustainable Development Goals-SDGs and has provisions to end FGM/C in Somaliland. The Social Development Pillar of the NDP II denotes the plights of cutting for Somaliland girls and articulated efforts to improve the girls' safety and wellbeing. Both the Health and Education sub-themes of this pillar have indicators to reduce the high prevalence rates of cutting in Somaliland.

Also, the project was relevant in terms of the theory of change, applied strategies for implementation, and selected relevant stakeholders to address the contextual needs on the ground to bring the FGM/C to an end. Furthermore, the project's aim was relevant to all the stakeholders' mandates, vision, and priorities. ISF and NAFIS have an exclusive mandate to address and respond to FGM/C practices where Candlelight FGM issues are among the priority interventions under the Health and GBV themes. In addition, all NAFIS members have FGM/C in their mandate.

During the proposal and inception stages, the project team carried out a full stakeholder mapping exercise to specify key project stakeholders that will have greater interest and influence. This led to enlisting core project stakeholders comprising parents, community groups, youth, media, CSO, and government line ministries.

Findings also reveal the effectiveness of the project. The project meets the outcome one objectives by establishing effective coordination among relevant FGM stakeholders. In addition, the project meets outcome two objectives by transforming the knowledge and attitude of the traditional/religious leaders and CMC towards ending FGM. The project engaged two tiers of religious leaders, one at the regional level led by NAFIS Network and another one at the village level, which Candlelight leads. Religious leaders served as community agent and carried out regional and community level awareness-raising through Mosques in Friday speech and through Islamic schools.

Similar to religious leaders, CMCs and traditional leaders' engagement was effective. These groups were targeted with structured training and discussions led by Community Facilitators-CF. The CFs used to carry out routine training (3 days a week and one day each week after COVID19) to educate participants on various topics FGM, basic human rights and advocacy skills.

However, mixed results were found out regarding the outcome three objectives. Student groups have been influential and carried out numerous activities to raise awareness-raising among their peer. They have organised various meetings, training, debates and contributed to research publications. They have also been active in social media platforms where they constantly shared information towards ending FGM.

However, as revealed in the evaluation findings, the media personnel have done little to contribute to bringing the FGM/C to an end. From the discussions with media personnel, only a handful of the participants involved in TV and radio programs raise awareness to stop FGM/C.

The project has an effective and visible contribution as it provides significant input and change for all the targeted stakeholders and beneficiaries. The project developed a holistic implementation strategy which enabled to adapting the changing context.

The targeting approach for all primary and secondary beneficiaries was practical and enabled us to easily track the impact. In addition, the targeted CSO organisations had a unified message and have been advocating for zero tolerance on FGM/C. The project's Monitoring and Evaluation framework also proved to be effective in achieving the desired results. The project adopted a relevant governance structure that strategically split the workload across the two local implementing partners. Lastly, the project's flexibility proved to of greater relevance as it enabled the project to adapt to the changing contexts.

The COVID19 pandemic was the main implementation obstacle the project has faced as it first delayed the rollout of some key activities. Equally, the religious ruling-Fatwa released by the MoRA has created a burden for all the efforts against FGM/C in general and this project. It created disillusionment about the messaging, discouraged media personnel involvement and changed public acceptance of Zero tolerance. Project teams have noted there were delays in transferring funds to partner accounts which sometimes delayed the implementation. However, the project teams have collectively addressed this by fast-tracking the activities, which eventually carried out within the planned timelines.

In terms of efficiency, the project has utilised all the resource allocated for the three indicators of interest. The project has neither overspent activities nor underspent which denotes how efficient resources were used. All activities are budgeted at market price. Operational costs, mainly the human resource was commensurate to deliver impactful results. The project expanded enough resources to recruit skilful people to lead both NAFIS and Candlelight activities.

In addition, continuous technical support was provided by the Gender Equability and Women Empowerment-GEWE Advisor, who was dedicated to this project. The advisor is dedicated to the project and provided overall technical support on all matters regarding implementation. Despite the advisor joined toward the end of the first year of the project, yet, his contribution was acknowledged among the team. "since the GEWE advisor was on board, we observed timely and quality implementation for key activities. He supports the team on a day-to-day basis and as required". Equally, ISF Global Gender Advisor based in Helsinki provided unwavering support throughout the project. Each ISF staff has a proportionate time allocation to provide technical support for the project. Again, this proved the equitable distribution of human resources for the project.

All project staff had attended various training to harness their skill and competency. Primarily, all UNTF manuals, including procurement, M&E, budget, and reporting, were trained on the staff and shared for reference. This sharpened staff's knowledge of the UNTF protocols, which enabled compliance throughout the implementation. Similarly, the CFs had also attended training that increased their awareness levels and fostered their communication skills.

On impact, the project has reached a good milestone and has successfully ensured changes in terms of knowledge, attitude, and practice among key project beneficiaries, including religious/traditional leaders, CMCs, parents, youth students and alike.

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 status, coordinate efforts, and prioritise issues. It also enabled unify the messages being shared to the public by TWG members.

At the community level, a noticeable change is effected by the project. Both men and women spoke coherently about the adverse effects of FGM and openly recounted the stories of their lives. This kind of change is not likely to be reversible. In addition, the evaluation findings document parents who stopped cutting at all where many more demonstrated willingness to stop cutting their daughters.

Lastly, on sustainability, the community-centred approach is a positive step towards the project's long-term sustainability. This approach put the community at the centre stage of all effort to address and respond to the plights of the practice, which led the community to feel ownership. The FGM TWG is a long-lasting platform that will continue to provide space to advocate for the cause in bringing the FGM practice to an end. This platform enabled the unification of the FGM awareness-raising message where most of the members take the zero-tolerance message. There is

Recommendations

- There was no significant difference between the work community level and a regional level religious leaders are supposed to do. Thus, the project should revise their selection criteria and their areas of responsibility, particularly regional level religious leaders. Selecting a more prominent religious leader is equally advised.
- Program people should rethink the engagement approach for the media personnel. Now that media staff face challenge from the media houses management to voluntarily air programs around FGM, other alternatives should be sought out. One option could be engaging independent media people. In Somaliland, there are several high-profile independent journalists who are active in social media and can be easily convinced comparing to those working for media corporations. There is also social media influencers whose programs are connected by youth groups. They can be engaged as well and can serve the purpose.
- It is imperative to consider engaging key government actors who are not on the project's stakeholder list. This includes the ministry of health, ministry of justice and ministry of education, which will have a commendable share in policy influencing and awareness-raising.
- Organising religious debates would help to clarify the meaning of Sunnah, which is not clearly defined in the fatwa and created more confusion and misunderstanding. In Puntland, the government has passed the FGM Act, which outlaws the FGM practice. The government is organising public debates with leading religious leaders to defend their stance.
- Working with the Ministry of Religious Affairs is imperative in two ways. First to clarify the sunnah practice and set limits for it. Secondly, to convince them to amend the fatwa and emphasise that the practice can be left out as prescribed in Islam.

Annexes

Annex A: Information and Consent Sheet

Information Sheet and Consent form for Mid-term Evaluation of the Community-driven FGM/C Abandonment and Women Empowerment project – Somaliland

Dear Sir/Madam;

We are cordially inviting you to participate in a Mid-term Evaluation of the Community-driven FGM/C Abandonment and Women Empowerment project. Two local Non Governmental Organizations-NGOs implement the project: Network Against FGM/C in Somaliland-NAFIS and Candlelight for Environment, Education and Health-Candlelight.

The project is aimed to address

The primary purpose of the evaluation is to confirm how the applied strategies and implementation methods are suitable to produce desired outcomes. In addition, the evaluation data will explore the opportunities and gaps in the project's operational environment while looking at the project's overall impact, effectiveness, efficiency, and sustainability. Equally, the evaluation findings will be used to inform management decisions in revisiting the adopted approaches for future programming

We select you based on your role, participation, and experience with the project's issues, which is pertinent for this evaluation.

Confidentiality

Interview tapes and transcripts will be held confidentially. They will not be used other than for the purposes described above, and third parties will not be allowed access to them (except as may be required by the law). However, if you request it, you will be supplied with a copy of your interview transcript so that you can comment on and edit it as you see fit. Your data will be held in accordance with the EU's General Data Protection Regulation-GDPR.

Anonymity

Interview data will be held and used on an anonymous basis, with no mention of your name, date of birth or telephone number. But only the organisation will be referred to if deemed relevant and important.

Voluntary Participation

Your participation in this study is completely voluntary, and you will neither gain nor loss anything for your participation. You can decide not to answer any part of the interview and can stop and withdraw from the interview at any stage.

Consent

I have been fully informed about the aims and purposes of the project. And I understand that all information I give will be treated as confidential, and the researcher and ISF will make every effort to preserve my anonymity.

Name and Sign

Annex B: Focus Group Discussion-FGD for Parents

Facilitator Name:		
Interview Date:		
Interview Start Time:		
Interview End Time:		
Location:		
Respondent Name and org		
Geder of the respondent	Male	Female
Number of respondents having under under 12 grils		

*** **FGD should not be longer than 90 minutes.**

Instruction: After greetings, introduce yourself, state the objective of the interview and summarise the key points in the consent and information sheet. Ensure respondents signs the consent form in group where necessary. Then, proceed with the questions. For all the questions write answers in a provides space in the document and don't forget to record the session only when the respondents accept. In order to collect reliable data, please be patient with the respondents. At the end of the interview, please do not forget to THANK the respondent (s) for their time and contribution.

Relevance: *Is the intervention doing the right things?*

- Where do gender issues fall into the social issues in this community? Use a flib chart and draw a ladder to scale/rank the issues and see where FGM/C is placed. Participant would first discuss the issues in general and will place the issues on the steps in the ladder.
- Have you received any awareness raising messages or other form of information sharing that address these issues highlighted particularly FGM/C? if yes, what information have you received? How? And from who? With what kind of FGM messages? Do these messages have (expected) impact on parents? What (other) factors have contributed to parents' increased awareness?
- How did you find the information sharing means, content and languages used are appropriate, understandable and accessible for target communities?
- How did these information sharing activities appropriate and effective for the needs mentioned in this community?

Effectiveness: *Is the intervention achieving its objectives?*

- To what extent did the activity help prevent individuals and households from adopting harmful social practices, including cutting their daughters?
- How have you been selected?

Impact: *What difference does the intervention make?*

- Has there been any change in the cutting practised/is practised in your household?
- What has brought into this change? Who influenced this decision?
- What factors appear to facilitate or inhibit these changes? Have you consulted anyone about the decision? If yes, who? What has been the reactions from the person consulted in regard to this decision?

Sustainability: *will the benefits last long?*

- What factors might influence the sustainability of the change in knowledge, behaviour, or practice towards ending FGM/C?
- What factors appear to facilitate or inhibit these changes?
- What measure have you put in place to share your experience and the positive outcome from taking decisions to not cut your daughter?

Annex C: Focus Group Discussion-FGD for Traditional, Religious and Community Leaders

Facilitator Name:		
Interview Date:		
Interview Start Time:		
Interview End Time:		
Location:		
Respondent Name and org		
Gender of the respondent	Male	Female

*** **FGD should not be longer than 90 minutes.**

Instruction: After greetings, introduce yourself, state the objective of the interview and summarise the key points in the consent and information sheet. Ensure respondents sign the consent form in group where necessary. Then, proceed with the questions. For all the questions write answers in a provided space in the document and don't forget to record the session only when the respondents accept. In order to collect reliable data, please be patient with the respondents. At the end of the interview, please do not forget to THANK the respondent (s) for their time and contribution.

Relevance: *Is the intervention doing the right things?*

- What are the key gender issues in your community?
- What activities have you undertaken to address these challenges? How did the activities/interventions appropriate and effective for the needs mentioned in this community?
- What kind of FGM messages have you been disseminating? Do these messages have (expected) impact on parents? What (other) factors have contributed to parents' increased awareness?
- How did the training you received offer you a skill or change your perspective in addressing this issue to the public, particularly ending FGM/C?
- How did you target people whom benefited your awareness raising?

Effectiveness: *Is the intervention achieving its objectives?*

- To what extent did the activity help prevent individuals and households from adopting harmful social practices, including cutting their daughters?

Impact: *What difference does the intervention make?*

- Has there been any change in the cutting practised/is practised in this community?
- What has brought into this change?
- What factors appear to facilitate or inhibit these changes?

Sustainability: *will the benefits last long?*

- What factors might influence the sustainability of the change in knowledge, behaviour, or practice towards ending FGM/C?
- Do those people who participated in training continue/committed to using the skills gained, share it with the community, and advocate in ending FGM/C?
- What factors appear to facilitate or inhibit these changes?

Annex D: Focus Group Discussion-FGD for Media Personnel

Facilitator Name:		
Interview Date:		
Interview Start Time:		
Interview End Time:		
Location:		
Respondent Name and org		
Geder of the respondent	Male	Female

*** **FGD should not be longer than 90 minutes.**

Instruction: After greetings, introduce yourself, state the objective of the interview and summarise the key points in the consent and information sheet. Ensure respondents signs the consent form in group where necessary. Then, proceed with the questions. For all the questions write answers in a provides space in the document and don't forget to record the session only when the respondents accept. In order to collect reliable data, please be patient with the respondents. At the end of the interview, please do not forget to THANK the respondent (s) for their time and contribution.

Relevance: *Is the intervention doing the right things?*

- Where do gender issues fall into the social issues in this community? *Use a flip chart and draw a ladder to scale/rank the issues and see where FGM/C is placed. Participant would first discuss the issues in general and will place the issues on the steps in the ladder.*
- How did the activities appropriate and effective to bring gender issues, particularly FGM/C, to the attention they deserve?
- As a result of your participation in this project, what activities have you carried out to address these issues and raise awareness against FGM/C? With what kind of FGM messages have you been disseminating? Do these messages have (expected) impact on parents? What (other) factors have contributed to parents' increased awareness?
- How did the training you received offer you a skill or change your perspective in addressing this issue to the public?

Effectiveness: *Is the intervention achieving its objectives?*

- To what extent did the activity or messages you provided help the FGM/C issue to bring into the public attention? Have you received any feedback that your work added value in ending FGM/C?
- Who were the key target group for your production, and how the means you used to pass out the message appropriate, understandable, and accessible to them?
- How effective was the targeting approach in achieving the activity goal?

Impact: *What difference does the intervention make?*

- Has there been any change in the cutting practised/is practised in this community?
- What has brought into this change?
- What factors appear to facilitate or inhibit these changes?

Sustainability: *will the benefits last long?*

- What factors might influence the sustainability of the change in knowledge, behaviour, or practice towards ending FGM/C?
- What measure are in place for you/your organisation to sustain the gains realised through the effort highlighted?

Annex D: Focus Group Discussion-FGD for Students

Facilitator Name:		
Interview Date:		
Interview Start Time:		
Interview End Time:		
Location:		
Respondent Name and org		
Geder of the respondent	Male	Female

*** **FGD should not be longer than 90 minutes.**

Instruction: After greetings, introduce yourself, state the objective of the interview and summarise the key points in the consent and information sheet. Ensure respondents signs the consent form in group where necessary. Then, proceed with the questions. For all the questions write answers in a provides space in the document and don't forget to record the session only when the respondents accept. In order to collect reliable data, please be patient with the respondents. At the end of the interview, please do not forget to THANK the respondent (s) for their time and contribution.

Relevance: *Is the intervention doing the right things?*

- Where do gender issues fall into the social issues in this community? Use a flip chart and draw a ladder to scale/rank the issues and see where FGM/C is placed. Participant would first discuss the issues in general and will place the issues on the steps in the ladder.
- As a result of your participation in this project, what activities have you carried out to address these issues and raise awareness against FGM/C? With what kind of FGM messages have you been disseminating? Do these messages have (expected) impact on parents? What (other) factors have contributed to parents' increased awareness?
- How did the activities appropriate and effective to bring gender issues, particularly FGM/C, to the attention they deserve?
- How did the training you received offer you a skill or change your perspective in addressing this issue to the public?

Effectiveness: *Is the intervention achieving its objectives?*

- To what extent did the activity or messages you provided help the FGM/C issue to bring into the public attention? Have you received any feedback that your work added value in ending FGM/C?
- Who were the key target group for your production, and how the means you used to pass out the message appropriate, understandable, and accessible to them?
- How effective was the targeting approach in achieving the activity goal?

Impact: *What difference does the intervention make?*

- Has there been any change in the cutting practised/is practised in this community?
- What has brought into this change?
- What factors appear to facilitate or inhibit these changes?

Sustainability: *will the benefits last long?*

- What factors might influence the sustainability of the change in knowledge, behaviour, or practice towards ending FGM/C?
- What measure are in place for you/your organisation to sustain the gains realised through the effort highlighted?

Annex F: Key Informant Interview for and CSO/MESAF

Facilitator Name:	
Interview Date:	
Interview Start Time:	
Interview End Time:	
Location:	
Respondent Name and org	
Geder of the respondent	

*** **KII should not be longer than 60 minutes.**

Instruction: After greetings, introduce yourself, state the objective of the interview and summarise the key points in the consent and information sheet. Ensure respondent signs the consent form where necessary. Then, proceed with the questions. For all the questions write answers in a provides space in the document and don't forget to record the session only when the respondent accepts. In order to collect reliable data, please be patient with the respondents. At the end of the interview, please do not forget to THANK the respondent (s) for their time and contribution.

Relevance: *Is the intervention doing the right things?*

- Lets start the role of your organisation in this project and how you involved during the implementation phase? What key activities have you taken part or implemented separately?
- Are the applied strategies and activities appropriate and adequate to achieve FGM/C prevention, coordinate and unify CSO messages on ending FGM/C?
- What kind of FGM messages have you been disseminating? Do these messages have (expected) impact on parents? What (other) factors have contributed to parents' increased awareness?
- Who did you engaged with or coordinated to roll out these activities?
- How did you ensure relevant beneficiaries and stakeholders are targeted, identified, and cooperated? What kind of FGM messages have you spread out and in what form have you shared with?
- How did the project align with and contribute to the country's and organisational-level broader strategic objectives and policy/program?

Effectiveness: *Is the intervention achieving its objectives?*

1. How effective was the coordination and engagement between the various stakeholders working on thid goal? What activities have you carried out to make this happen?
2. To what extent do you believe that the various activities you have taken appear to have achieved their intended outputs and outcomes to reduce and eventually end FGM/C?
3. Could a different approach (strategies and tools) produce better results? Why and how?

Impact: *What difference does the intervention make?*

1. Are the applied strategies and activities reaching (all) relevant actors, including beneficiaries and stakeholders?
2. How does the messaged dessiminated deliver change in the targeted community i.e. parents? What (other) factors have contributed to community/parents' increased awareness?
1. What changes—expected and unexpected, positive and negative—were experienced by the targeted beneficiaries and other stakeholders?

Sustainability

1. What measure are in place for you/your organisation to sustain the gains realiaised through the effort highlighted?
2. What are the factors that might influence the sustainability of the impact and/or results?
3. What kind of strategies should be undertaken to strengthen sustainability?