



**INTERNATIONAL  
SOLIDARITY  
FOUNDATION**



**NAFIS NETWORK**  
Network Against FGC in Somaliland

## Terms of Reference

### Consultant for the final evaluation of the project **Community Driven FGM/C Abandonment and Women Empowerment in Somaliland**

<b>Location:</b>	Somaliland
<b>Application deadline:</b>	October 30 <sup>th</sup> , 2022
<b>Languages required:</b>	English, Somali
<b>Starting date:</b>	latest 21 November, 2022
<b>Expected duration of assignment:</b>	circa 14 weeks

## 1. Background and context

### 1.1. Background and context of the project

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

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

These norms justify harmful practices and VAWG and discourage justice or health-seeking behavior. FGM is one mechanism to control women's sexuality. The belief is that cutting the tip of the clitoris (cf. WHO type I, often called 'sunna' in Somaliland) makes girls sexually inactive and faithful for their husbands. FGM prevalence remains close to universal at 99.8%. About 82% of women have undergone

the most severe ‘pharaonic’ type which includes sewing closed the cut parts (cf. WHO type 3), believed to safeguard premarital virginity. However, less extensive sunna and intermediate types of FGM are gradually becoming more common in urban areas.

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

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

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

## 1.2. Description of the project

<b>Organization</b>	International Solidarity Foundation (ISF)
<b>Project title</b>	Community Driven FGM/C Abandonment and Women Empowerment in Somaliland
<b>Project duration</b>	1 Jan 2020 – 31 Dec 2022
<b>Budget and expenditure</b>	\$ 1,661,512 (of which \$ 232,200 ISF contribution)
<b>Geographical areas</b>	All regions of Somaliland, focusing in Toghddeer, Sahil and Maroodi-Jeeh regions
<b>Specific forms of violence addressed by the project</b>	female genital mutilation (FGM)
<b>Main objectives of the project</b>	The main objective of the project is to empower local communities in Somaliland to abandon all forms of FGM. To achieve the objective, both empirical expectations (what people believe others will do) and social expectations (what people believe others expect of them) upholding FGM need to be addressed, as well as women’s marginalized position in decisions concerning their bodies. The results the project aims

	<p>to achieve in target communities are 1) awareness of physical, social, and psychological health effects, of religious and human rights aspects to FGM, and of growing local FGM opposition; 2) women’s enhanced agency in identifying and claiming their right to bodily integrity; and 3) coordinated grassroots movement to collectively advocate for FGM abandonment.</p>
<p><b>Key assumptions of the project</b></p>	<p>The intervention logic is based on social change theories, whereby increased knowledge and awareness affect attitudes that gradually change behaviour. Hence, the action has trained and sensitized local change agents (see below) about harmful consequences, unacceptability, and preventability of VAWG (especially FGM). All activities are interrelated, aiming to challenge empirical expectations (what people expect others to do) and normative expectations (what people believe others think they ought to do) about violent and harmful practices.</p> <p>The intervention logic is based on the following assumptions of the amount of people reached by each change agent: each CSO member reaches (and impacts) 2 parents; each religious/cultural leader impacts 10 parents; each student impacts 1 parent; and families have in average 2 girls (4 children). Similarly, each woman attached to Cluster Level Associations represents 10 self-help groups with 20 women of whom they reach 15.</p>
<p><b>Description of targeted primary and secondary beneficiaries</b></p>	<p>Final beneficiaries include over <b>11,000 girls</b> who are saved from FGM when targeted change agents (secondary beneficiaries) have been trained on the health risks, religious and human rights aspects concerning FGM, and mobilized to call for FGM abandonment. The secondary beneficiaries include 915 people attached to local CSOs, 150 religious leaders, 210 traditional leaders and community management community members, 180 local journalists, and 200 university students. These change agents (secondary beneficiaries) are expected to reach 3-15 families each (see assumptions above) who will renounce their decision to cut their daughters.</p> <p>Final beneficiaries also include <b>13,500 internally displaced women</b> who belong to women’s self-help groups (SHG), and whose marginalized position is among the root causes upholding FGM and other forms of VAWG. 1800 women attached to Cluster Level Associations (CLA) that coordinate SHGs (secondary beneficiaries) are trained on human rights and legal perspectives to bodily integrity and mobilized to train their respective SHGs. SHG women thereby gain confidence to share experiences, participate in community dialogues, and claim for effective measures to abandon all forms of VAWG in Somaliland. Subsequently, the process will break social barriers and expand the role and status of women who will become</p>

	women's right promoters and increase community movement to renounce VAWG.
<b>Key implementing partners and stakeholders</b>	Network Against FGC in Somaliland (NAFIS) and Candlelight for Environment, Education and Health (until December 2021)

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

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

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

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

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

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

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

- **Output 3.1:** Media has a better understanding on harmful effects of all types of FGM, religious and human rights aspects to FGM
  - o Training media personnel to ensure their engagement in Anti-FGM advocacy campaign (NAFIS)

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

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

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

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

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

- Activity 5.2.5: Distribute 1-month foodstuff for poorest households in target communities (Candlelight)

## 2. Purpose of the evaluation

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

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

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

## 3. Evaluation objectives and scope

### 3.1. Scope of evaluation

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

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

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

### 3.2. Objectives of the evaluation

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

## 4. Evaluation questions and criteria

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

<b>Evaluation Criteria</b>	<b>Mandatory Evaluation Question</b>
<p><b>Relevance</b> <i>The extent to which the project is suited to the priorities and policies of the target group and the context.</i></p>	To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?
<p><b>Effectiveness</b> <i>A measure of the extent to which a project attains its objectives / results (as set out in the project document and results framework) in accordance with the theory of change.</i></p>	<p>1. To what extent were the intended project goal, outcomes and outputs (project results) achieved and how?</p> <ul style="list-style-type: none"> <li>• Does qualitative evaluation data demonstrate similar result attainment to the quantitative inhouse surveys?</li> <li>• To what extent are the attained results related to the project activities?</li> </ul>
<p><b>Efficiency</b> <i>Measures the outputs - qualitative and quantitative - in relation to the inputs. It is an economic term which refers to whether the project was delivered cost effectively.</i></p>	<p>2. To what extent was the project efficiently and cost-effectively implemented?</p> <ul style="list-style-type: none"> <li>• Are there cost intensive key activities that have led to only moderate results?</li> <li>• Are there key activities that have led to significant results at relatively low cost?</li> <li>• What activities could have produced same (or better) results with same (or lower) cost?</li> </ul>
<p><b>Impact</b> <i>Assesses the changes that can be attributed to a particular project relating specifically to higher-level impact (both intended and unintended).</i></p>	<p>3. To what extent has the project contributed to ending violence against women, gender equality and/or women’s empowerment (both intended and unintended impact)?</p> <ul style="list-style-type: none"> <li>• Has the sensitization of secondary beneficiaries (CSOs, religious/traditional leaders, CMCs, students, and journalists, see outputs 1.1.-3.2) contributed to their role in ending FGM (outcomes 1-3)? How, why? If not, what is restraining them?</li> <li>• What kind of impact have the mobilized secondary beneficiaries (see above) had on the FGM attitudes and behaviors of the community members (goal), if any?</li> <li>• Have the trained CLA women (output 4.1) engaged respective SHG women in advocacy for women's bodily integrity (outcome 4)? What kind of impact has this had on the SHGs sense of empowerment (goal)?</li> </ul>

	<ul style="list-style-type: none"> <li>Has the CSO capacity building (outputs 5.1-5.2) led to enhanced institutional resilience and adaptation (outcome 5) and/or some other unexpected negative or positive outcomes?</li> </ul>
<p><b>Sustainability</b> <i>Sustainability is concerned with measuring whether the benefits of a project are likely to continue after the project/funding ends.</i></p>	<p>4. To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?</p> <ul style="list-style-type: none"> <li>Will the secondary beneficiaries continue advocating against FGM?</li> <li>Will the parents uphold changed attitudes on FGM and act upon it (reject the cut)?</li> <li>Will the empowered SHGs continue claiming for their rights?</li> <li>Will the capacitated CSOs utilize their resources in favor of women and girls?</li> </ul>
<p><b>Knowledge generation</b> <i>Assesses whether there are any promising practices that can be shared with other practitioners.</i></p>	<p>5. To what extent has the project generated knowledge, promising or emerging practices in the field of EAW/G that should be documented and shared with other practitioners?</p> <ul style="list-style-type: none"> <li>How promising are the new solutions that were piloted in the project to combat FGM/VAW in Somaliland?</li> <li>How could they be further developed?</li> <li>Are there some promising practices elsewhere that could have been piloted / added value to the project?</li> </ul>
<p><b>Gender Equality and Human Rights</b></p>	<p>6. To what extent have human rights based and gender responsive approaches been incorporated through-out the project?</p> <ul style="list-style-type: none"> <li>Has the selection of beneficiaries been participatory and inclusive?</li> <li>Have beneficiaries, local authorities etc. been sufficiently informed and involved throughout the project lifecycle?</li> <li>Has the project supported duty bearers to respect, protect and enforce human rights, particularly women's right to bodily integrity?</li> <li>Has the project capacitated women and girls (rights holders) as active agents to change in their own lives and communities?</li> <li>Has the project affected women and men differently? How?</li> <li>Has the role/status/power of women expanded due to the project? How?</li> <li>Has the project addressed negative gender stereotypes and patriarchal belief systems that subordinate women and expose them to violence and other forms of discrimination?</li> </ul>

## 5. Evaluation design and methodology

### 5.1. Proposed evaluation design

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



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

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

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

## 5.2. Documents to be consulted

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

- Project proposal (2019) and additional funding submission for the COVID-19 response (2020)
- Project baseline report (August 2020), including the quantitative data collection tools applied in semi-annual and annual follow-up data collection
- 2020 and 2021 project annual reports and 2022 endline data summary
- Project midterm evaluation report (2021)
- Compiled baseline and semi-annual follow-up data summary
- Detailed list of beneficiaries and project sites
- Self-Help Group (SHG) Approach in a nutshell (NAFIS)
- Country Profile: FGM in Somaliland and Somalia (NAFIS, 2019)
- The Somaliland Health and Demographic Survey (Central Statistics Department, Ministry of Planning and National Development, Somaliland Government, 2020)
- A Reflection on the Gender Equality Agenda in Somaliland (SIHA, 2020)
- Somaliland Gender Gap Assessment (NAGAAD, 2019)

## 5.3. Proposed data collection methods and analysis

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

However, particularly regarding the examination on whether the eventual increase in opinion leader mobilization had expected impact among the targeted community members (see 5.1 evaluation design), the consultant can suggest quantitative survey tools to explore the reach of the opinion leaders'

messages among the target communities. The eventual survey questionnaire should not, however, significantly overlap with the OMBEA surveys applied by the project team in monitoring data collection.

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

#### 5.4. Proposed informants and sampling methods

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

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

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

Purposive, convenience and quota sampling will be applied for focus group discussions, to ensure that all target groups, both genders, and all geographical regions are sufficiently covered, and that people selected as informants have enough time and outlook for the data collection. As qualitative data collection does not require statistically representative samples, a subset of approximately 10-20% of the secondary beneficiaries (direct participants) will be selected, divided as follows, for example

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

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

- 60-90 SHG women (of the total 13,500): 2/3 from Maroodijeh region target IDPs; 1/3 from Burao district target IDPs

- 60-90 mothers and fathers (expected to save total 11,000 girls/final beneficiaries from FGM): sample from Isku dar, Go'daweyn, Go'da yar, Suuqsade, Magaalo cad and Magaalo qaloooc districts

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

## 6. Evaluation ethics

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

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

## 7. Key deliverables of the evaluator and timeframe

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

3	Final Evaluation Report	No later than <b>2 months after the project end date</b> . The Final Report needs to meet the minimum requirements and structure specified in this guideline for UN Trust Fund's review and approval.	<b>By 23 February 2023</b>
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## 8. Evaluation team composition

### 8.1. Roles and responsibilities

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

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

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

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

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

### 8.2. Required competencies of the lead consultants

#### Senior Evaluator

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

- Language proficiency: fluency in English is mandatory; good command of Somali language is desirable.

#### Evaluation Field Manager

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

## 9. Management arrangements of the evaluation

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

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

The **Evaluation Management Group (EMG)** has regular follow-up meetings throughout the process to ensure oversight of the process, to support the ETM with administrative and logistical support to the evaluation team, and to provide a sounding board to avoid any conflicts of interest. As the ETM is based in Helsinki, the EMG also coordinates with the Stakeholder Reference Group throughout the process. The EMG consists of the ETM and the following ISF and NAFIS local staff members:

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

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

- Ministry of Employment Social Affairs and Family (MESAF) representative

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

## 10. Timeline of the entire evaluation process

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

Stage of Evaluation	Key Task	Responsible	Number of working days required	Timeframe
<b>Inception stage</b>	Briefings of evaluators to orient the evaluators	ETM, EMG	<b>9 working days (starting latest Nov 21<sup>st</sup>)</b>	<b>First week</b>
	Desk review of key documents	Evaluator/s		<b>First week</b>
	Finalizing the evaluation design and methods	Evaluator/s		<b>Second week</b>
	Submit draft <b>Inception report</b>	Evaluator/s		<b>By 1 Dec 2022 (Thursday)</b>
	Review <b>Inception Report</b> and provide feedback	ETM, EMG, SRG	<b>5 working days</b>	<b>By 8 Dec 2022 (Thursday)</b>
	Incorporating comments and revising the <b>inception report</b>	Evaluator/s	<b>3 working days</b>	<b>By 13 Dec 2022 (Tuesday)</b>
	Submitting final version of <b>inception report</b>	Evaluator/s		
	Review final <b>Inception Report</b> and approve	ETM	<b>5 working days</b>	<b>By 20 Dec 2022 (Tuesday)</b>
<b>Data collection and analysis stage</b>	<i>(Desk research, if needed in addition to the earlier review of key documents)</i>	Evaluator/s	<b>max 2 working days</b>	<b>By 8 Jan 2023 (Sunday)</b>
	In-country technical mission for data collection (visits to the field, interviews, questionnaires, etc.)	Evaluator/s	<b>10 working days</b>	
<b>Synthesis and reporting stage</b>	Analysis and interpretation of findings	Evaluator/s	<b>10 working days</b>	<b>By 22 Jan 2023 (Sunday)</b>
	Preparing a validation meeting to present findings for comments	Evaluator/s		
	Preparing a <b>first draft report</b>	Evaluator/s		

	Review of the draft report with key stakeholders for quality assurance	ETM, EMG, SRG	<b>10 working days</b>	<b>By 3 Feb 2023 (Friday)</b>
	Consolidate comments from all the groups and submit the consolidated comments to evaluation team	ETM		
	Incorporating comments and preparing <b>second draft evaluation report</b>	Evaluator/s	<b>6 working days</b>	<b>By 12 Feb 2023 (Sunday)</b>
	Final review and approval of report	ETM	<b>5 working days</b>	<b>By 17 Feb 2023 (Friday)</b>
	Final edits and submission of the <b>final report</b>	Evaluator/s	<b>5 working days</b>	<b>By 23 Feb 2023 (Thursday)</b>