



**INTERNATIONAL
SOLIDARITY
FOUNDATION**

Mid-Term Evaluation of BVO, SOYDAVO and Y-PEER projects

Assessing ISF's VAWG Prevention Efforts in Somaliland

Suvi Lensu, 2024

INTERNATIONAL SOLIDARITY FOUNDATION

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Acknowledgements

I would first like to thank my supervisor and the ISF programme team manager, Maria Santavuo, for her support and inspiration in undertaking this internal assessment of ISF's partner projects in Somaliland. This process not only deepened my understanding of the projects but also greatly increased my awareness of the broader Somaliland context—its many challenges as well as its diverse opportunities. I would also like to express my immense appreciation to Amal Mohamed, who was an exceptional companion and interpreter. She approached every conversation with great seriousness and care, and her contribution was truly invaluable. To all the BVO, Soydavo and Y-PEER staff—especially Abdiwahab Hussein, Fuad Ali, and Farhia Hussein—and of course Suhur Abdi Jama and Abdinasir Mose Mohamed from the ISF Somaliland team: thank you for your tireless cooperation throughout this process. It was a pleasure working with you all.

Background

The International Solidarity Foundation (ISF) is a Finnish development organization, founded in 1970. It has a vision to be an organization with a leading role in the empowerment of women and girls in East Africa by 2030. It envisions a world where women and girls are empowered to build their own future, their self-determination is fully realised, and their right to bodily integrity respected.

The goal of ISF's 2022 – 2025 programme, funded by the Ministry of Foreign Affairs of Finland (MFA) is to strengthen the bodily integrity and livelihood resilience of women and girls in Kenya, Somaliland and Ethiopia. It has five expected outcomes:

1. Judicial and moral duty bearers take action to mitigate violence against women and girls
2. Women and girls collectively claim their rights
3. Women's sphere of influence has expanded
4. Women benefit from services and networks that support livelihood reform
5. Improved capacity of farm systems to mitigate and adapt to climate change

The programme includes development projects implemented by local partners, such as NGOs, community-based organizations, and women-led businesses, aiming to empower local civil societies. ISF's operating model focuses on empowering women and their organizations, capacitating judicial and moral duty bearers, and strengthening local CSOs. Central to this model are learning and innovation, which ISF supports through regular quarterly reports, annual tracking of changes, and mid-term evaluations typically conducted by external, often local, consultants. The programme is implemented through development projects led by local partners, including NGOs, community-based organizations, and women-led businesses. It seeks to empower local civil society actors by supporting women and their organizations, strengthening the capacities of judicial and moral duty bearers, and reinforcing civil society structures.

ISF's operating model emphasises learning and innovation, supported by quarterly reporting, annual tracking of change, and mid-term and final evaluations. Final evaluations are always conducted by external consultants, while mid-term evaluations are sometimes carried out in cooperation with both internal staff and external—often local—consultants. While previous evaluations have generated valuable data on successes and challenges, particularly through quantitative and efficiency-focused reporting, they have often lacked

qualitative depth. Participatory methods such as focus group discussions and semi-structured interviews have been used, but the analyses have frequently fallen short in explaining why change occurs—or fails to occur. To address this limitation, ISF is piloting a new approach: an in-house, qualitative, and participatory mid-term evaluation of three implementing partners—Y-PEER, BVO, and Soydavo. The aim is to gain a deeper understanding of the subjective experiences of both the beneficiaries of the projects and the facilitators and staff who work directly with communities. This pilot was initiated by ISF Programme Manager Dr. Maria Santavuo and subsequently led by Senior Adviser Dr. Suvi Lensu, both of whom hold PhDs in the social sciences and have previously applied qualitative methods in their research on gender-based violence (GBV) (Väkiparta 2019; Lensu 2024). The initiative was grounded in the belief that those closely involved in designing and implementing the programme often possess the strongest motivation to understand its impact and to critically examine both its successes and limitations. Although internal assessments are sometimes perceived as biased, this mid-term evaluation—being an internal ISF requirement rather than a donor-imposed obligation—prioritised qualitative and participatory methods over the use of external consultants. As such, the piloting of this approach was both timely and valuable, resulting in fruitful learning for both ISF and its partners.

This paper begins by introducing the topic of Female Genital Mutilation (FGM) in the context of Somaliland, where the prevention of this harmful practice (HP) has been the central focus of the three projects evaluated. However, other forms of GBV—such as child and early marriage, intimate partner violence (IPV), and sexual violence—also emerged as significant concerns during the evaluation. Therefore, the paper explores how these forms of violence are interlinked with FGM and considers what could be done to better integrate the prevention of various forms of GBV and HP in future programming.

After the introduction, the paper outlines the methodological approaches used, including the ethical guidelines that informed the process. It then provides a brief background on each implementing partner's project, along with a summary of the evaluation process, including the sites visited and the groups engaged. The main findings are presented next, highlighting key best practices as well as challenges noted during the evaluation. The paper concludes with a set of recommendations directed at both the implementing partners and ISF itself.

Introduction: FGM and Evaluating Prevention

Recognized internationally as one of the most severe forms of violence against women and girls, FGM encompasses all procedures that involve the partial or total removal of external female genitalia, or other injuries to female genital organs, conducted for non-medical reasons. Predominantly performed on minors by traditional practitioners, the practice violates children's rights and disregards their bodily autonomy. FGM offers no health benefits and inflicts extensive harm, including severe bleeding, urinary issues, and long-term complications like cysts, infections, and childbirth difficulties, which increase the risk of newborn deaths. Beyond these physical consequences, FGM often results in irreversible damage, such as chronic pain, sexual dysfunction, and social and psychological challenges, leading to school dropouts, early marriages, and heightened reproductive health risks. In the most severe cases, FGM can lead to death, either during the procedure or from complications later in life, such as maternal mortality during childbirth (WHO).

While FGM is deeply rooted in gender inequality, decades of efforts to eliminate the practice have seen limited and slow progress. Currently, over 230 million girls and women across 30 countries in Africa, the Middle East, and Asia have undergone FGM. This harmful practice reflects entrenched patriarchal ideologies and reinforces gendered roles in social, political, and economic spheres, making its eradication particularly

challenging. Although reasons for FGM vary by context, they often include beliefs related to marriageability, sexual control, adherence to perceived religious or cultural norms, supposed health and hygiene benefits, and rites of passage marking the transition from girlhood to womanhood. Additionally, societal stigmas and taboos around menstruation, ideals of beauty, and notions of femininity contribute to its persistence (UNICEF 2024).

FGM is not merely a one-time act of violence but a practice with lifelong repercussions that impact not only the girls and women who undergo it but also their families and communities across generations. Therefore, addressing FGM requires more than just targeting the practice itself; it necessitates challenging and transforming the deep-seated beliefs, norms, and gender expectations that sustain it. This includes understanding the broader socio-cultural, religious, and sometimes political contexts, which can be complex, especially in conflict-affected or unstable regions. Successful prevention of FGM requires a holistic approach that involves diverse stakeholders, including local communities, religious leaders, policymakers, and international agencies, all working within context-specific settings. Despite the critical need for this multifaceted approach, donor agencies often seek clear, linear evidence of progress, preferring a narrative of steady improvement. However, the reality of eliminating FGM is far more nuanced, marked by both advancements and setbacks. The slow decline in FGM prevalence underscores that no single strategy fits all contexts, and achieving meaningful change demands patience, adaptability, and an appreciation of the complex social dynamics at play (Väkiparta 2019; Proudman 2022; Matanda et al. 2023).

While FGM is classified as one of the most severe violations of the rights of girls and women, it is also considered a harmful practice. This term highlights not only the harm inflicted but also the nature of violence, which is rooted in cultural or religious reasoning, meaning that the motives behind FGM do not stem from an intentional desire to harm or violate girls and women but from an ingrained notion of how their bodies should appear and what they symbolize within a specific cultural or belief system. Thus, the term ‘harmful practice’ can be more accurate as it emphasizes both the inflicted harm and the violence inherent in the practice, which is often carried out by parents or close family members. Therefore, one of the key considerations in preventing FGM is the transformation of gender power relations and dynamics. This raises the issue of the equal value and role of girls and women, which remains one of the most difficult challenges in social change globally. Gender norms intersect with other social categories such as race, class, caste, ethnicity, sexuality, and ability, making change more complex. Furthermore, because gender norms permeate both public and private spheres, altering them in one context does not necessarily result in changes in another, requiring parallel shifts in both.

In the context of FGM prevention, educating girls and women about their bodily and human rights is important, but it is meaningless unless structural and legislative frameworks are also challenged. Moreover, the support of boys and men—at both the family and community levels, as well as in the public sphere—is crucial for the recognition and realization of these rights. While ISF’s approach aims to address these interconnected areas, it is based on the well-established socio-economic model that targets individuals, communities, and structural levels. However, most evaluations focus solely on certain indicators and numerical measurements, which often fail to capture the potential for change or the challenges hindering it. Batliwala and Pittman (2010), in their study *Capturing Change in Women’s Realities*, critically highlight how current monitoring and evaluation frameworks used by NGOs and multilateral organizations may not adequately address feminist and holistic approaches. To effectively assess interventions and methods in FGM prevention, it is crucial to apply research methodologies that take into account the cultural and religious roots of this harmful practice, its embedding within family and community structures, and the broader challenges affecting both program implementation and the lives of participants.

Addressing FGM in Somaliland

Women's participation in social, political, and economic spheres in Somaliland remains extremely limited. As part of Somalia, Somaliland ranks lowest globally—193rd—in the 2024 Gender Equality Index. Due to its lack of international recognition, Somaliland has not signed key international women's rights treaties. Nonetheless, its Constitution mandates adherence to the Universal Declaration of Human Rights, with Article 36 specifically guaranteeing gender equality. In practice, however, the clan-based governance system, *Xeer*, and Islamic law, *Sharia*, dominate decision-making processes. *Xeer* prioritizes collective clan interests and often undermines individual rights—particularly those of women, whose social roles are defined in terms of dependence on men. Violence against women and girls (VAWG) is addressed under *Xeer* only in the most extreme cases, often leaving survivors without adequate protection. Women's rights organizations in Somaliland have long advocated for laws addressing FGM, sexual violence, and IPV. Yet their efforts are hindered by fragmented civic space and the entrenchment of clan politics (SIHA 2024). Ongoing internal and regional conflicts, combined with environmental degradation and humanitarian crises, have displaced millions, leaving women and girls particularly vulnerable to violence and poverty-induced discrimination.

Currently, there is no legal ban on FGM in Somaliland. The practice is widely—but mistakenly—believed to be a religious obligation in Islam. Nonetheless, the endorsement of a zero-tolerance policy on FGM in late 2024 marked a significant milestone in the decades-long struggle against the practice (SIHA 2024). Its impact, however, remains limited in the absence of enforceable legal protections. According to the Somali Health and Demographic Survey, 99% of women aged 15–49 have undergone FGM—the highest prevalence in the world. An estimated 64% have been subjected to the most severe form, Type III (infibulation), which involves sewing the vaginal opening closed (Directorate of National Statistics 2020). While this extreme form is declining in urban settings, the medicalization of FGM is on the rise, with health practitioners increasingly performing the procedure in clinical settings. Child marriage is also widespread: around 24% of Somali women are married before the age of 18. In cases of sexual violence, it is not uncommon for girls to be forced to marry their abuser in an attempt to preserve the family's 'honour' (UNFPA 2023). FGM is frequently a prerequisite for child marriage, making it essential to address both harmful practices together, as their prevention is deeply interlinked.

Preventing FGM in such a context faces numerous obstacles. Effective prevention requires long-term engagement to shift deep-seated beliefs and attitudes—a particularly challenging task in settings like Somaliland. However, Somali culture, which is strongly community- and family-oriented, also provides important entry points for intervention. Core values such as trust, well-being, and generosity can be harnessed to support efforts to prevent violence. Maternal and reproductive health also hold significant cultural value, as having many children is often associated with prosperity. In addition, hygiene and sanitation are seen as important, partly due to their strong connection with Islamic teachings. Religion and artistic expression—particularly poetry, drama, and music—carry substantial cultural weight and can serve as powerful vehicles for social change.

Approach and Objective of the Mid-Term Evaluation

This evaluation focuses on three implementing partners—Soydavo, Y-PEER, and BVO—each working to eradicate FGM in different regions of Somaliland, in Sanaag and Togdheer. Recognizing the above-mentioned challenges and opportunities, Soydavo, Y-PEER, and BVO have developed culturally grounded, community-based approaches. Their programmes incorporate participatory artistic activities and aim to

engage a broad range of stakeholders, promoting gender-transformative attitudes across individual, community, and structural levels.

To facilitate both structured analysis and cross-partner comparison, the evaluation identified several shared intervention areas. One central focus was the community-led mechanisms—most notably the **Anti-VAWG Committees** (and in Y-Peer’s case **Role Models’ Group** serving similar purpose)—which have been established across all three partner programmes. These committees are democratically selected and include representatives from diverse community groups, including parents, youth, women’s self-help groups, religious scholars, and traditional leaders as well as social and health workers (when present). Their role centres on peer mobilisation: conducting house-to-house awareness campaigns, challenging religious and cultural misconceptions (such as the belief that FGM is a religious requirement), offering peer support, and serving as trusted local points of contact for survivors. The committees meet regularly to identify and discuss issues within the community, and many bring concerns forward in public village meetings.

A second common area of focus was the work done with **school-based and youth-led clubs**. These clubs—some mixed-gender and other girls-only—play an essential role in peer education and youth engagement. Partners use creative methods such as drama, poetry, and debate within schools to foster critical reflection on harmful gender norms and to encourage collective action among young people.

A third unique initiative evaluated was Y-PEER’s **Mobile Caravan-model**. This approach uses mobile outreach to deliver awareness-raising sessions on FGM, child marriage, and IPV through drama, music, and poetry. Specifically designed for pastoralist communities and rural areas with low literacy rates and limited infrastructure, the mobile caravan brings prevention messaging to remote villages that might otherwise lack both access to information and safe reporting mechanisms. Through culturally resonant art forms, the approach creates inclusive spaces for dialogue and raises awareness among groups traditionally excluded from such discussions.

Overall, the evaluation aimed to assess the relevance, and adaptability of these community-driven approaches in advancing the shared goal of ending FGM and other forms of VAWG in Somaliland. Additionally, the evaluation sought to uncover unexpected results, overlooked aspects, and patterns of behaviour, beliefs, and values that could inform future programming. Echoing the critiques raised by Batliwala and Pittman (2010), it is essential that evaluations adopt culturally appropriate and holistic methods—especially in the context of gender-related programming. Similarly, as Bell and Aggleton (2012) argue, understanding the lived realities of participants requires ethnographic methods, rather than standardised survey questions. These methods may include participant observation—visiting the homes, workplaces, and everyday environments of study participants—as well as techniques that foster dialogue and reduce the power imbalance between researcher and respondent, such as in-depth conversations and semi-structured interviews. Visual and documentary tools can also help capture the texture of everyday life and real-world contexts.

While such methods are typically applied in long-term anthropological research, they are rarely feasible in the fast-paced, consultant-led evaluations of NGO projects. However, in this case, the Senior Adviser—who led the research and has a PhD in anthropology—made a deliberate effort to integrate as many holistic and participatory methods as possible into the evaluation. This included co-creating the evaluation design with the implementing partners, jointly selecting which project activities would be most valuable to examine, and conducting interviews in the participants’ home environments, often in rural villages or internally displaced peoples’ (IDP) camps. This was important not only for building trust but also for observing challenges such as long travel distances or lack of infrastructure that affect participation. All interviews were conducted in

Somali, with interpretation into English. Visual and arts-based participatory tools were used to encourage participant engagement and stimulate meaningful conversation. The methods used are described in detail below, after the ethical consideration.

Ethical Considerations, Participant Selection and Limitations

The evaluation followed clear ethical standards to ensure transparency, cultural sensitivity, respect for participants' rights, and a strong commitment to the principle of *do no harm*. It was led by ISF's Senior Adviser (based in Helsinki) in close collaboration with the ISF Somaliland team, the Ethiopia-based GBV Coordinator, Amal Mohamed, and the three partner organizations—Soydavo, Y-PEER, and BVO. Conducting the evaluation in-house allowed for stronger contextual understanding, trust-building, and opportunities for shared learning.

Planning was carried out jointly, with all partners involved in shaping the design, identifying activities, and selecting participants. Given the sensitivity of topics such as FGM and IPV, great care was taken to ensure voluntary participation, informed consent, and full confidentiality. Partner organisations facilitated introductions to a diverse group of community members—including youth, religious leaders, teachers, parents, health workers, and survivors—ensuring that engagement was safe, appropriate, and respectful.

All participants were clearly informed of their rights, including the right to withdraw at any point, and all data was anonymised. Interviews and discussions were conducted in Somali, with ISF GBV Coordinator, Amal Mohamed serving as interpreter to support accurate and culturally sensitive communication. Conversations took place in safe, familiar settings, with only the Senior Adviser and GBV Coordinator present, to ensure privacy and minimise any potential discomfort or risk. All responses were anonymised during documentation and analysis. No identifying information was linked to participants' quotes or feedback. The research team took extra care to create a respectful and non-extractive environment, particularly given the potential risks of retraumatisation or community backlash. By embedding ethical practices at every stage—from design and data collection to analysis and dissemination—the evaluation aimed to uphold participants' dignity, agency, and safety while contributing meaningfully to the broader understanding of FGM prevention in Somaliland.

While the evaluation aimed to engage a diverse range of community members across age, gender and social positions, there were several limitations that shaped its scope. The time allocated for field data collection was limited, reducing opportunities to spend extended time in villages and gain deeper contextual insight. Importantly, while some partner organisations had already begun integrating disability inclusion into their programming, this evaluation did not explicitly assess or compare efforts related to disability. This was primarily due to the fact that disability inclusion had not been implemented consistently across all projects at the time of the evaluation. In addition, training for Somaliland partners on disability inclusion was scheduled to take place only after the evaluation period. For any future review or evaluation, it will be essential to incorporate this dimension more systematically to ensure a more inclusive and representative analysis.

Methods: Exploring Community-Led Change

This mid-term evaluation adopted a qualitative approach to examine the relevance, sustainability, and—most importantly—community ownership of the FGM prevention strategies implemented by the partner organizations. Rather than measuring outcomes through standard indicators alone, the evaluation aimed to understand how change is experienced, perceived, and shaped by communities themselves.

Research on VAWG shows that gender norms, attitudes, and behaviours shift slowly, often in non-linear and context-specific ways. This makes it essential to go beyond narrow definitions of success and instead explore how and why certain approaches resonate—or fail to—with communities. To capture these dynamics, the evaluation was grounded in ethnographic and anthropological methods. These approaches prioritise lived experience, cultural context, and relational dynamics. Instead of relying on pre-set metrics, the research emphasised open-ended inquiry through in-depth conversations, participatory tools, and observation. This helped uncover the pathways through which community-led change is taking shape, including the social meanings, challenges, and values attached to ongoing prevention efforts.

1. Photovoice

Photovoice is a participatory visual method that enables individuals to document, reflect on, and communicate their lived experiences through photography. By combining visual and narrative elements, it encourages deeper reflection and facilitates dialogue on complex or sensitive issues. In this evaluation, photovoice was used both as a preparatory task and a participatory tool to engage partner organizations in shaping the inquiry process.

Prior to the start of data collection, all three implementing partners were invited to submit at least five photographs taken during their regular field activities. These images offered early insight into the community contexts, challenges, and implementation practices of each organization. They also served as a foundation for participatory analysis during the evaluation's kick-off workshop.

During the workshop, the submitted photographs were used in group discussions to model how visual tools like photovoice can be used to facilitate qualitative inquiry. Partners were asked to reflect on each image using prompts such as:

- “What do you see?”
- “Why is this important?”
- “Why did you choose this image?”

This process allowed participants to articulate the meaning behind their images, deepening the evaluation team's understanding of the nuanced, everyday realities of VAWG prevention work. The discussions sparked by the photographs were notably rich and provided critical contextual depth that might not have emerged through standard interviews or surveys.

As a demonstrative example, BVO presented a photograph of a school club activity in which a group of students learned about the harms of FGM and early marriage. The photo captured a drama session developed by the students under BVO's guidance, where participants role-played scenarios involving forced marriage and the consequences of FGM. According to BVO, using drama allowed students to engage with these taboo topics more openly than traditional teaching methods would have allowed. One photo prompted the telling of a student's personal story of early marriage and school dropout, which became a cautionary narrative for her peers. The discussion that followed helped the evaluation team and partners explore the complexities of working with vulnerable youth and survivors—insights that would likely not have surfaced through more conventional lines of questioning.

Through photovoice, the evaluation process not only gathered meaningful qualitative data but also demonstrated how creative, participatory tools can open up space for reflection, learning, and dialogue on sensitive and deeply rooted issues.



Figure 1. BVO's school club activity. Photography by BVO.

2. Community Observation and In-Depth Semi-Structured Interviews

Community visits, though time-limited, incorporated a range of semi-structured interviews and focus group discussions (FGDs) to explore participant experiences and perceptions. These discussions were held with a diverse range of community members, intentionally balancing gender, age, and social roles—including youth, elders, single mothers, widows, and individuals with decision-making power. The approach aimed to capture a broad spectrum of perspectives across different community segments.

After a clear explanation of the purpose of the visit and ethical guidelines—including voluntary participation and anonymity—conversations followed a semi-structured guide that addressed:

- Participation in activities and trainings
- Feedback mechanisms and involvement in project planning
- Community and family reactions to participation
- Challenges faced in advocacy or implementation
- Perceptions of community change, impact, and remaining challenges
- Experiences of violence and the perceived relevance of partner interventions
- Suggestions for improvement

Interviews remained open-ended to allow space for deeper reflection, often revealing contextual insights and personal narratives that enriched the evaluation. Spontaneous follow-up questions helped clarify community-specific issues and identify key events or turning points.

3. Visual Mind Mapping with Youth Groups

Visual Mind Mapping was introduced as a participatory method especially tailored for youth participants, who often face social hierarchies that limit their ability to voice opinions publicly. This technique helped create a more accessible and inclusive environment, encouraging meaningful reflection.

Participants were presented with a series of images depicting people, emotions, aspirations, and everyday scenarios—such as a determined individual, a school, nature, or a family setting. They were asked to select images that resonated with their experience in the project and respond to guiding prompts such as:

- “What does this image tell about your experience?”
- “How did you feel after participating in the activities?”
- “What has changed since you became part of the project?”

In a second round, they chose images symbolizing their hopes and goals—such as education, travel, professional roles, or community leadership. These selections opened up discussions on whether the project had influenced their self-perception, aspirations, or understanding of violence and rights.

Throughout the evaluation process, the evaluator took detailed written notes, including observations on the tone and atmosphere of each session. No recordings were made to protect participants’ anonymity. At the end of each field visit, a debriefing interview was conducted with one representative from each partner organization to reflect on implementation challenges, achievements, and lessons learned, as well as the evaluation process itself.



Figure 2. Youth group in Visual Mind Mapping Exercise.

SOYDAVO – Somaliland Youth and Development Voluntary Organization

- **Project Focus:** Establishing and strengthening community mechanisms to prevent SGBV and FGM
- **Overall Goal:** To enable communities to reject SGBV and FGM through shifts in attitudes, behaviours, and improved livelihoods
- **Implementation Period:** 2022–2025
- **Annual Budget (2024):** €135,000
- **Geographical Scope:** Carmale, Yufle and Dayaxa villages in Sanaag Region; and Abdilahi Mulac, Barwaaqo, 18 May (Kurlibaax and Nabad iyo Nasiimo), and Durdur IDP Camp (Burao) in Togdheer Region.
- **Direct Beneficiaries (2022–2025):** 4,280 people (2,800 women, 1,400 men, 80 girls), including 200 persons with disabilities
- **Estimated Final Reach:** 23,600 individuals (15,000 girls and 18,600 women)
- **Evaluation Focus Site and Local Context:** Durdur IDP Camp, Togdheer Region

The evaluation focused on Soydavo's work in the Durdur IDP Camp, where the organisation has engaged diverse community groups in the prevention of FGM, child marriage, and IPV. At the camp, Anti-VAWG Committees, youth clubs, and community groups have become central platforms for raising awareness, promoting behaviour change, and building protective networks.

Established in 2017 in response to severe drought and conflict-related displacement, Durdur IDP Camp now hosts around 1,100 households. The camp population includes recent arrivals displaced by ongoing violence in the region. While residents have been granted land rights, basic infrastructure remains severely lacking. There is no formal education within the camp—only Quranic instruction is available locally, with formal schools accessible only in Burao town. Similarly, the nearest health services are located in Burao. External actors such as SOS Children's Villages and WHS have contributed infrastructure—such as the "SOS Road" and communal water points—but municipal support remains minimal. The presence of multiple clans has also led to social tensions within the camp. Livelihoods are precarious. Women primarily collect firewood and make charcoal for sale in Burao, activities that often expose them to violence and exploitation. Men run small-scale businesses inside the camp. Residents describe Durdur as perceived by outsiders as marginal—frequent incidents of theft, harassment, and sexual violence disproportionately affect women and children.

Participants engaged in evaluation:

- Anti-VAWG Committee: 2 men and 4 women
- Self-Help Group (SHG): 6 women
- Parents' Committee: 4 men and 6 women
- Girls' Club: 6 adolescent girls
- Traditional and Religious Leaders: 2

Summary of the findings:

The Anti-VAWG Committee was originally established by previous INGOs working in the camps and initially focused on hygiene education. Soydavo promptly built on this foundation and began training the existing Anti-VAWG Committee in VAWG prevention. Alongside this, Soydavo initiated the training of women's Self-Help Groups (SHGs), girls' clubs, parents' groups, as well as religious and traditional leaders, strengthening these groups' collaboration, advocacy, and capacity-building. With Soydavo's support, community structures such as the SHG, Parents' Group, and Girls' Club now actively participate in outreach, case referrals, and addressing issues such as FGM, intimate partner violence, sexual violence, and family disputes. Soydavo has played a central role in coordinating these groups into a functional and interconnected network that shares information and refers cases among one another. The Anti-VAWG Committee, for example, supports the Girls' Club by helping them reach their peers more effectively and managing cases of violence.

This networked approach has improved the community's ability to respond to the lived realities in the camp. Initially, the community did not welcome these groups, as they perceived more urgent needs in areas like education, health, and infrastructure. However, due to the absence of formal local government support and the lack of access to health clinics or law enforcement, the Anti-VAWG Committee has become a vital bridge between the community and formal systems. Over the last few years, the committee, peer support groups, and the broader network have become increasingly appreciated by the community. One example of their impact was when the committee successfully identified and reported a perpetrator of sexual violence—an action widely regarded as both effective and essential in deterring future incidents. As a result, there is growing demand among participants for more training in case management and survivor-centred approaches. However, communication challenges—such as lack of prepaid phones or internet access—limit their ability to coordinate with Soydavo, which does not have a permanent presence in the camp.

While all groups reported tangible progress—such as preventing FGM through peer advocacy, prosecuting perpetrators, and promoting healthier parenting practices—persistent challenges remain. Traditional and religious leaders have received limited VAWG training and continue to support Sunnah (Type I) forms of FGM, despite the programme's zero-tolerance approach. Parent groups emphasized the need to address all forms of VAWG as interconnected. For example, as the camp has seen increased targeting of girls by outsiders—including gang rape—some families have reverted to extreme forms of FGM (Type IV or pharaonic cutting, where the outer lips are sewn together), believing it may prevent assault by making rape more difficult. Moreover, community members emphasized the need for flexible programming that reflects the complex realities they face, highlighting that FGM is not their only challenge—nor necessarily the primary one. They noted that donor restrictions, particularly the narrow focus on FGM, often limit their ability to respond to broader forms of VAWG. Nonetheless, the trust built through these initiatives has paved the way for important shifts, such as men beginning to speak out against sexual violence and IPV during Friday prayers, and the formation of youth football clubs to promote alternative forms of engagement. It is evident that with support from Soydavo, the groups and the committee have widened their awareness-raising efforts to go beyond FGM alone.

Material gaps remain a significant barrier. Soydavo has not provided essential resources such as phones or basic infrastructure like lighting or safe training spaces, unlike previous NGOs, making their work more difficult and less accepted by the community. This lack of material support undermines both reporting mechanisms and safety, particularly at night when most cases of rape occur. Despite these challenges, groups like the Girls' Club have successfully formed strong peer networks and have been effective in reaching out to

girls at risk or in vulnerable situations of violence. However, their coping strategies—such as walking in groups—place the responsibility for safety on the girls themselves, rather than addressing the underlying structural violence.

Finally, though not the primary focus of this evaluation, issues related to vocational training and VAWG risks also emerged. Women in Soydavo's tailoring training were selected based on vulnerability, widowhood, or status as single mothers. However, whenever they were sent for training in Burao, they were away from their children for extended periods and could not take them along, exposing them to increased risks. In places like IDP camps, where women and children often lack social protection without the presence of their family or clan, these vulnerabilities must be carefully considered.



Figure 3. Dur Dur IDP camp, interviewing site.

Y-PEER – Somaliland Youth Peer Education Network

- **Goal:** Zero tolerance for all forms of FGM and violence against women and girls (VAWG); reduction in all forms of FGM and VAWG in project areas
- **Timeframe:** 2022–2025
- **Annual Budget (2024):** €145,000
- **Geographic Focus:** Xaafis Soomaal, Dayacan, Caydhaha IDPs in **Erigavo district in Sanaag region**; Dayaxa, Nuura villages in **Sheikh district in Sanaag region**; and Cadaw Yurura, Ali-Saahid, Ina Dhakool villages in **Buroa district in Togdheer region**
- **Direct Beneficiaries (2022–2025):** 3,900 (2,900 women, 950 men, 40 boys, 10 girls; 80 persons with disabilities)
- **Final Beneficiaries:** 20,800 (13,000 girls, 7,800 women)
- **Evaluation Focus Sites and Local Contexts:** Ina Dhakool (pastoralist village in Togdheer) and Sheekh (semi-urban city in Sahil):

The evaluation of Y-PEER projects was conducted in two different field sites. The first site, Ina Dhakool, is a village primarily composed of a pastoralist community. Following a particularly dry season, many residents migrated in search of grazing land for their livestock. As a result, the original plan to interview a broader range of participants, including fathers and youth, was not feasible, as they had already moved with the cattle. Consequently, data collection in this community was more limited, with the remaining participants mainly consisting of women's groups and community leaders. It was also evident that the extreme poverty affecting the village made engagement in long interviews difficult, as people struggled to focus.

The second site, Sheekh, is an urban town in Sahil. Interviews were conducted within the town and nearby IDP camps, all in a compound organized by the locally owned cooperative association Ururka Haweenka Hormuud. The visit also included a courtesy meeting with the town's mayor, who spoke about the strong collaboration with Y-PEER. He highlighted that local authorities have received training on FGM prevention, focusing on reaching the most vulnerable households and working with umbrella organizations. He noted that there has been a shift in community mindset, with increased awareness of FGM's health consequences, and that advocacy against child marriage has been a key focus. While service provision has improved, he emphasized the lack of financial support, particularly for handling sexual violence cases.

Groups interviewed:

- Parents' Group: 6 women (*Ina Dhakool*)
- Traditional/local leaders: 2 men (*Ina Dhakool*)
- Role Models Group: 3 women, 3 men (*Sheekh*)
- Youth Club: 10 girls, 10 boys (*Sheekh*)
- Parents' Group: 2 women, 2 men (*Sheekh*)
- Local councillor and Mayor (2 men) (*Sheekh*)

Summary of the findings:

In both Ina Dhakool and Sheekh, efforts to combat VAWG have been met with significant community involvement and positive responses, though challenges remain in terms of sustainability and broadening impact. In Ina Dhakool, the Parents' Group, in collaboration with religious leaders, has been instrumental in reinforcing training on FGM and IPV. Trained by Y-PEER on the negative effects of IPV, child marriage, and FGM, the group organized awareness sessions across different parts of the village. They held monthly meetings to discuss their agenda, schedule activities, and review their progress. When not present regularly, phone communication was established to provide real-time guidance for their FGM work. They have also addressed rape awareness by incorporating cultural, legal, and religious perspectives into their approach and connecting survivors with service providers. The groups and committees valued being brought together, as regional and local connections have strengthened their collective efforts. However, they suggest more frequent trainings, as the current sessions—sometimes limited to just one per topic—are insufficient for effective advocacy.

It was particularly highlighted that the added advantage of Y-PEER staff being a trained nurse provides an excellent platform to educate the community about the complex and often long-term health consequences of FGM, even years after the cutting. Awareness efforts have been especially effective when framed around religious teachings, highlighting the importance of adapting interventions to the community's cultural context. Despite this, the group stressed the need for more frequent awareness sessions, as the impact of information can fade due to the long intervals between training.

Sexual violence awareness, which was added to the project based on community requests, has gained traction through targeted interventions like the Caravan Series. This series, which uses music, dance, and drama to engage the community—particularly youth—has proven effective. However, there is a call for more frequent sessions to keep young men engaged and informed.

Addressing IPV remains a challenge, particularly due to the widespread use of khat and limited livelihood opportunities, which exacerbate household conflicts. Traditional conflict resolution methods are often used, though they fail to fully address the underlying issues and lead more violence. There is also a significant need for broader support systems and interventions to mitigate the effects of economic stress on IPV.

In Sheekh, the Role Models' Group has highlighted gaps in advocacy efforts, particularly the lack of a designated coordinator for activities in schools. Strengthening these connections between local institutions and advocacy efforts is seen as key to improving intervention effectiveness. The Youth Club members, despite learning valuable skills in advocacy, such as public debate need to further strengthen their understanding of how violence intersects with societal structures and personal growth—recognising that it is not limited to isolated or one-time incidents. This highlights the importance of integrating these broader connections into future training.

Both communities agree that the Caravan Series has been the most effective method for raising awareness, though its infrequency limits its long-term impact. The combination of a positive atmosphere and culturally familiar methods (music, poetry and dance) has proven particularly effective among those with little or no formal education. In addition to FGM awareness, IPV discussions have been incorporated using traditional songs that discourage domestic violence. Through the Caravan Series, Y-PEER has also increased its visibility—both through material items such as T-shirts and caps, and through its strong public presence with the decorated van. While the Caravan Series received the most praise, many respondents criticized its infrequency—only being held once per year per community. This highlights the need for more frequent

interventions to achieve a lasting impact and the need for complementary support from local committees to sustain momentum in the meantime (for example Anti-VAWG committees).

Environmental factors, such as the arrival of new groups in Ina Dhakool and the mobility of pastoralists, have added complexity to FGM prevention efforts. New arrivals often bring conservative views that resist change, and further training is needed to engage these groups effectively. In Sheekh, rural areas face challenges due to low literacy and limited access to health information, making it harder to implement FGM awareness initiatives. Expanding outreach and building capacity in these areas is critical to achieving broader success.



Figure 4. Community centre in Ina-Dhakool

BVO - Barwaaqo Voluntary Organization

- **Mission:** Reduce all forms of violence against women and girls.
- **Goal:** Decrease the prevalence of early marriage and FGM in target villages.
- **Timeframe/Project Phase:** 2022–2025
- **Annual Budget (2024):** €90,500
- **Geographical Scope:** Ceel-seme, Ceel Bilicile, Hawlwadaag, and Barwaaqo villages in the Odweyne district in Togdheer region.
- **Direct Beneficiaries (2022–2025):** Estimated 4,500 (200 girls, 2,000 women, 500 boys, 1,800 men), including 80 persons with disabilities (PwD).
- **Final Beneficiaries (2022–2025):** Estimated 36,000 (14,000 girls, 9,000 women).

- **Evaluation Focus Site and Local Context:** El-Hume in Togdheer Region

The evaluation was conducted in the village of El-Hume, located in Togdheer, comprising approximately 500 households. The village is characterized by its relatively better infrastructure compared to neighbouring rural communities. It features a women's farming cooperative, originally supported by an NGO but now operating independently and sustainably, providing both subsistence and commercial benefits. El-Hume also has a water collection tank and an irrigation system, making it an attractive settlement for pastoralist groups during drought periods. Additionally, the village hosts a primary school, and students in higher grades can access education via bus, eight kilometres away. While illiteracy is prevalent, particularly among adults, there are notable exceptions, especially among women, with youth increasingly gaining access to education.

Targeted groups for evaluation:

The evaluation focused on the effectiveness of Anti-VAWG committees and affiliated groups in preventing FGM, early marriage, and IPV. The following groups were interviewed during the evaluation:

- Anti-VAWG Committee: 4 women
- Parents' Group: 5 women, 4 men
- Traditional and Religious Leaders: 2 men
- School Club: 5 girls, 5 boys

Summary of the findings:

BVO initiated the project in the village by ensuring the consistent presence of their own staff during sensitive phases. BVO staff spent days—and at times even overnight—in the village to facilitate dialogue, reflecting a rare, embedded approach. The relationship of trust with communities was not assumed but built over time through negotiation and presence, resulting in some very successful outcomes.

The formation of the Anti-VAWG committee and associated community groups—comprising parents, youth, religious, and traditional leaders—was initiated through inclusive processes that aimed to give local actors a sense of agency from the outset. While women's literacy remains limited, the project actively engaged them in planning and implementation, enabling the most vocal women to emerge as community educators and protectors. The participatory selection and training of groups resulted in a wide base of actors capable of carrying out regular household-level awareness work and maintaining reporting systems. Their ability to challenge the social silence around rape and advocate for its inclusion in the VAWG agenda is a clear marker of their increased capacity and legitimacy. Furthermore, referral and reporting mechanisms have gained traction, even in the absence of formal state services.

The zero-tolerance stance toward FGM is one of the clearest markers of impact. Initially focused on the abandonment of Pharaonic FGM, the collective work of the committee, parents' group, and BVO—supported by ISF—led to a full rejection of all forms of cutting, including the widely accepted Sunnah type. The shift from harm reduction to zero tolerance was rooted in repeated, localized discussions on health risks, religious misconceptions, and women's bodily rights. In doing so, the initiative not only tackled the practice itself but also disrupted its underlying purpose: the control of female sexuality. This repositioning of girls' bodies as not needing control represents a transformative step away from patriarchal norms. The idea that women are “created perfectly by God” became a key religious message that both reframed community beliefs and created space for religious leaders—particularly external ones—to support abandonment.

While religious and traditional leaders initially aligned with the Anti-Pharaonic message, their partial endorsement of Sunnah cutting and justification of early marriage “when necessary” points to the limits of influence within more conservative segments of the community. However, the more progressive shifts reported by women and youth groups—particularly around sexuality, rights, and peer-to-peer support—highlight growing independent thinking that challenges normative hierarchies. This tension between younger groups’ transformation and elders’ partial resistance may indicate an intergenerational shift underway, supported by the programme’s focus on education, youth leadership, and mixed-gender dialogues.

The school club’s evolution from passive students to active advocates underscores how youth have internalized and localized the prevention agenda. Their drama performances, public speaking, and involvement in discreet referrals mark a significant empowerment process that has helped them challenge gender norms, support peers, and respond to violence. Importantly, this participation has changed how boys view girls’ bodies and sexuality—shifting away from objectification and control toward respect and equality. This shift is vital for both FGM and sexual violence prevention, as well as for changing attitudes toward intimate partner violence in the future.

Parent group members also reported personal transformations, particularly in how male household heads shifted their perceptions of the work—from seeing it as “women’s issues” to recognizing it as valuable community protection. This is a powerful indicator of gender norm change, grounded in the visible social value of VAWG prevention. The regular meetings, structured feedback loops, and established escalation pathways show the extent to which community-based structures now take responsibility for surveillance and protection.

Overall, the project’s framing of FGM and early marriage as both a human rights violation and a broader socio-economic burden has been strategic and well-received. Positioning these practices not only as harmful to girls but also as threats to education, household stability, and economic resilience created community-wide buy-in. This shift from a women-focused to a society-focused framing has strengthened prevention as a collective responsibility—including meaningful male engagement, which was particularly championed by BVO.

However, it was highlighted that the system’s reliance on BVO for coordination and funding poses sustainability risks. WhatsApp-based outreach and meetings currently depend on volunteers’ own resources, and the lack of financial continuity threatens to undermine hard-won community structures. The geographical spread and incoming displaced populations also pose real challenges: as new households settle in search of water and pasture, they bring different practices and lower levels of exposure to anti-FGM messaging. The increased cases of sexual violence linked to these dynamics further underline the need to expand activities into sub-villages and new settlements, along with more frequent trainings and dialogue spaces.



Figure 5. BVO sign in El-Hume village.

Conclusion and Recommendations

Overall, all partners have made significant impact in their projects through their strongly bottom-up, community-based approaches. Drawing direct comparisons between them is difficult, as each has responded to context-specific challenges and opportunities in a locally grounded way. Working in rural, urban, or IDP settings comes with different challenges, as explored in the summaries.

Soydavo has been instrumental in providing structure in very weak and informal settings, bridging gaps in services and referrals through their approach in the IDP context. Their initiation of some male engagement through Friday prayers and sports clubs has widened the reach and shifted attitudes—moving beyond women's empowerment to encouraging men to take responsibility.

Y-PEER has been effective in engaging nurses and Islamic leaders in FGM prevention, thereby addressing both religious and cultural perspectives. Their Caravan Series was widely praised and considered effective, relevant, and engaging.

BVO, on the other hand, has leveraged its deeply rooted community presence and skilled facilitation sessions to open up discourse that goes beyond prevention, addressing root causes of violence and gender inequality.

With both best practices and gaps in mind, the following recommendations are issued to the three implementing partners, as well as to ISF Somaliland and Helsinki more broadly.

Strengthening Anti-VAWG Committees as Community-Led Protection Mechanisms

All three partner organisations demonstrated strong and adaptive work through their Anti-VAWG committees, as well as through parent, youth, and women's groups. Particularly in areas where government structures are weak or absent, these committees have filled critical protection and coordination gaps. They serve as essential bridges between local communities and institutions such as police, health workers, and ISF-supported CSOs. Over time, they have gained credibility and community trust—enabling them to encourage reporting and support the prevention not only of FGM, but also of intimate partner violence and sexual violence.

The committees have established strong connections with religious leaders, youth groups, and other community networks. Their impact was especially notable in Soydavo's intervention in the IDP camp, where the committees have begun to function as informal governance structures. They proactively coordinate with parent and youth groups and communicate emerging issues, offering a rare form of community-led safety infrastructure in settings disconnected from formal government services.

These committees represent a locally grounded, culturally embedded response to violence prevention in fragile and underserved contexts. Their ability to build trust, mobilize local actors, and respond in real time to community needs has proven them to be effective and sustainable mechanisms for protection, accountability, and community-based governance in Somali settings. Given these positive outcomes, ISF and its partners should continue to support and expand the role of Anti-VAWG Committees.

Looking ahead, efforts should be made to formalise the role of these committees by integrating them into local governance and service delivery systems. This includes strengthening their connections not only within their communities but also with referral pathways, health services, and local authorities—however limited these may be. Including committee members in coordination meetings would enable community voices to feed directly into decision-making processes, enhancing both responsiveness and legitimacy. Institutional recognition of these committees would reinforce inclusive, context-sensitive governance and ensure the continuity of their essential role.

Supporting CSO's Embedded Community Presence Approaches

The evaluation of BVO's work in El-Hume highlights the effectiveness of a layered, inclusive, and community-rooted approach in addressing entrenched practices such as FGM and child marriage. This strategy goes beyond awareness-raising, working instead toward long-term norm change and local ownership of prevention. For example, community discussions went beyond health risks to engage with sensitive issues such as women's autonomy, sexuality and bodily control.

Among the three sites, BVO's approach stood out for its adaptability, local responsiveness, and embeddedness. It demonstrates that prevention is most effective when grounded in community-led dialogue, cross-group collaboration, and a long-term vision that links norm changes with concrete mechanisms for accountability. Lessons from this model—especially regarding its emphasis on women's agency—could inform other partner strategies.

Addressing the Interconnected Forms of VAWG

While FGM remains a central focus due to donor requirements, all partners reported high levels of sexual violence and IPV. Many participants expressed concern that prevention efforts can fall short when more immediate threats—such as rape, particularly in IDP settings—are not addressed. For instance, some families

reportedly resort to the extreme forms of FGM as a perceived form of protection against rape, especially in displacement contexts.

BVO, for example, faced difficulties in addressing child marriage, especially when rape-related ‘honour’ dynamics (such as girls being pressured to marry perpetrators) came into play. Preventing practices like child marriage and FGM must be closely linked to addressing both public and domestic sexual violence. Even if full protection services are unavailable, partners must find ways to at least mitigate and prevent such violence as part of their broader programming, with the support of ISF.

In addition, referral mechanisms—though already introduced by the partners—would benefit from further investment. Material support such as phones, transport allowances, or pre-identified connections to health, legal, and protection actors could improve the functionality of these systems. Currently, VAWG prevention is often framed in attitudinal terms, but integrating material and logistical support would enhance the effectiveness and sustainability of both the referral pathways and the work of Anti-VAWG Committees.

Promoting a Zero-Tolerance Approach to All Forms of FGM

In the Somali context, the term FGM is often understood to refer only to the most severe form (Type III, pharaonic cutting), while so-called “milder” forms such as *sunnaah* (typically Type I) are not always recognised as harmful or even categorised as FGM. It is therefore essential to consistently emphasise that prevention efforts must address *all* forms of cutting—including *sunnaah*—and be grounded in a clear zero-tolerance approach.

Across all partner project sites, staff were committed to this zero-tolerance stance and promoted it actively. However, they reported challenges in shifting perceptions among elders and religious leaders, many of whom continued to view *sunnaah* as religiously permissible or harmless.

Notably, the BVO-led project moved beyond the debate over whether *sunnaah*—especially when medicalised—is required by the Qur’an. Instead, it promoted a more holistic message focused on bodily autonomy and the right of women and girls to untouched sexuality. Combined with their strong community presence, this approach appeared particularly effective and should be considered in future interventions seeking to promote zero tolerance.

Y-PEER’s integration of religious messaging with health-risk awareness was also seen as effective. This cross-cutting approach, combining multiple entry points, holds promise for supporting broader acceptance of a zero-tolerance stance and should be further scaled and adapted across projects.

Strengthening Community Involvement in Planning and Implementation

Across all sites, participants expressed a strong desire for greater involvement in planning and decision-making processes. Many reported being unaware of training schedules or felt excluded from key phases of project design. In fragile contexts—particularly in displacement settings—limited livelihood opportunities and instability further complicate sustained engagement in prevention efforts. This was especially evident in IDP camps, where exclusion from planning processes reinforces existing marginalization.

A dedicated recommendation is therefore warranted to ensure that planning processes are inclusive and participatory, taking into account factors such as mobility, economic realities, and the broader social context. Transparency must also be a core principle throughout: communities should be informed not only of the project’s plans and objectives, but also of the designated channels for providing feedback or reporting concerns. In this regard, ISF’s Somaliland office should take a lead role in ensuring that such transparency is

consistently upheld and integrated into programme development and delivery. Regular monitoring visits to implementation sites are essential—not only to track progress, but also to maintain ongoing dialogue with communities, strengthen accountability, and adapt to evolving needs on the ground.

Strengthening Continuity and Connection in Awareness-Raising Efforts

Y-PEER's approach effectively combined religious and health-based messaging, helping to overcome barriers related to low literacy. This strategy proved particularly impactful in FGM prevention. Involving respected religious leaders alongside trained health professionals increased credibility and cultural relevance.

However, many participants—especially in rural areas—still lacked the ability to recognise symptoms or understand the root causes of VAWG. Current awareness-raising sessions are too infrequent to support long-term learning and behaviour change. Instead of prioritising the scale or number of participants, future efforts should focus on deeper, more frequent, and participatory sessions—particularly in low-literacy settings.

The Caravan Series was widely praised for its creative and accessible format and should be expanded. However, to ensure continuity and accountability within target communities, the Caravan must be more intentionally linked with ongoing, community-based structures—such as Anti-VAWG committees, parent groups, and other local awareness initiatives. Strengthening these connections can help maintain momentum between visits and embed messages more deeply within the community fabric.

Promoting a Holistic Understanding of VAWG

While training participants received information on the health, religious, and cultural consequences of VAWG, many lacked a deeper understanding of the long-term, cross-cutting effects on individuals, families, and society. This gap was particularly noticeable among youth and school-based groups. During visual mapping exercises, participants often struggled to connect harmful practices with issues such as personal development, self-esteem, or family wellbeing.

Current trainings tend to emphasise a binary framing of right versus wrong. A more holistic and comprehensive approach is needed—one that clearly illustrates the broader personal and societal harms caused by different forms of violence. Such approaches can help cultivate intrinsic motivation to question and ultimately reject harmful practices.

More importantly, VAWG prevention must go beyond coping mechanisms to address structural drivers of violence. For example, in Soydavo's girls' group, participants described learning protective strategies like walking in groups to avoid sexual violence. While practical, this places the burden of safety on girls rather than addressing the conditions that enable violence. To move toward genuine prevention, the focus must shift to tackling those underlying structures—and engaging men, especially young men, as part of the solution.

If implementing partners currently lack the capacity to deliver this type of training, ISF can play a supportive role by helping to strengthen these approaches. This may include providing targeted capacity-building on more creative, community-centred methods—such as intergenerational dialogues—that foster deeper awareness and social reflection.

Expanding Male Engagement

Men and boys remain critical stakeholders in the fight against VAWG. Initiatives such as engaging imams during Friday prayers or including boys in drama-based Caravan Series interventions were well received and should be scaled up. Young men expressed interest and openness when approached through familiar,

engaging, and culturally relevant methods. The evaluation recommends expanding such tailored male engagement initiatives, ensuring that boys and men are not only included but actively contribute to reshaping gender norms and community protection.

Planning sustainable EVAWG interventions

The sustainability of EVAWG efforts is a central concern, particularly given that meaningful change requires long-term shifts in gender norms and dynamics at individual, community, and structural levels. While this transformation is necessarily gradual, NGO-led projects often operate within fixed timeframes, raising questions about how to embed their approaches within existing systems to ensure continuity.

For example, in the BVO-led intervention, several community volunteers noted that their ability to carry out awareness activities and household visits relied heavily on project funding—covering basic needs such as transport and small refreshments during gatherings to encourage community participation. Although these costs were relatively low, they are often not affordable without external support, highlighting a gap in sustainability planning.

Soydavo demonstrated a promising approach by linking women's savings groups with Anti-VAWG committees. These groups jointly assessed cases of violence and provided immediate support when needed. Integrating savings groups and cooperatives into broader Anti-violence structures could offer one sustainable model—but such linkages should be planned from the outset of the project, not introduced at the end. Embedding these structures early allows them to mature and gain acceptance within the community before external support is withdrawn.

Another important strategy, as noted in earlier recommendations, is to link established community groups to formal governance and service systems—such as health centres and the police. This enhances their legitimacy and allows for more coordinated referrals and responses.

Finally, Anti-VAWG committees and associated groups (e.g. youth or parent groups) should be connected to wider civil society networks. As many committee members themselves noted, they would benefit from opportunities to share experiences, benchmark activities, and maintain momentum beyond the project period. Facilitating peer exchanges, creating WhatsApp groups, or other low-cost communication platforms—supported by the implementing CSOs—can strengthen this continuity and help institutionalise local ownership of Anti-VAWG efforts.

Contextualising Work in IDP Camps and Fragile Settings

Social dislocation and the breakdown of traditional protection systems are particularly severe in Somali IDP camps. Women without male relatives face heightened vulnerability to violence—especially sexual violence—compounded by poor infrastructure such as the lack of lighting, transport, and communication tools; sexual violence is frequently reported in unlit areas, where the absence of electricity or phones makes both prevention and reporting extremely difficult. Livelihood activities, while essential for resilience, can also create unintended risks. Vulnerable women—such as widows or single mothers—who are selected for training often leave their children unattended, leading in some cases to child abuse or exploitation. Many participants also reported having to travel long distances in unsafe conditions due to the lack of on-site services. When development actors such as ISF, BVO, Y-PEER, and Soydavo operate in informal, high-risk settings like IDP camps, it is critical that planning processes are more integrated—bringing together anti-

VAWG efforts, livelihoods programming, and coordination with external actors such as INGOs, service providers, and government stakeholders. Development interventions in these fragile environments must go beyond awareness and prevention—they must also include mitigation measures, including material and infrastructure investments, to reduce exposure to violence. At a minimum, all actors working in displacement settings should adhere to the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action (IASC 2015). These set out minimum standards for protection, mitigation, and survivor support across sectors.

Recommendations for IDP Camps and Fragile Settings

- **Integrated Planning:** Improve coordination between livelihoods and protection activities during the design phase, particularly in high-risk settings.
- **Basic Infrastructure Investments:** Treat street lighting, electricity, and safe transport as essential components of SGBV prevention—not just as response mechanisms.
- **Specialised Partnerships:** Engage partners who can address the full spectrum of GBV, including sexual violence, not just FGM, particularly in areas where FGM is not the most immediate threat.
- **Proximity of Services:** Deliver livelihood trainings and support services within IDP camps to reduce the need for risky travel and mitigate secondary risks like child neglect.
- **Structural Advocacy:** Advocate for IDP camps to be included in formal governance systems and recognised as part of the state’s service delivery responsibilities.
- **Accountability Frameworks:** Ensure that IDP settings are incorporated into municipal and regional safety plans and protection monitoring mechanisms.

Final Dissemination

Finally, it is recommended that, following the validation workshops, all partners integrate these considerations into their current exit strategies and future project plans within the communities. In addition, the actions and recommendations should be disseminated to the communities engaged in the evaluation. This should be done by presenting the findings either to all participants or, for example, to representatives of each group interviewed, with the process and outcomes reported back to ISF. It is vital that all community members feel engaged in the evaluation and review process from beginning to end, and that they see their voices have had meaning.

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