



Strategic Initiative
for Women in the
Horn of Africa



UN TRUST FUND TO END
VIOLENCE
AGAINST WOMEN
AND GIRLS



Strategic Initiative
for Women in the
Horn of Africa



**"PEACE FOR ALL,
JUSTICE FOR
SURVIVORS"**



Project Title:

**WE HAVE RIGHTS - PROTECTING IDP AND
MINORITY WOMEN AND GIRLS FROM SGBV IN
SOUTHWEST SOMALIA AND SOMALILAND**

Implementation Period: 3 Years
(August 2022 ,1 – July 2025 ,31)

This evaluation report was compiled by Bodmando Consulting Group. The report is a product of consultations with multiple stakeholders at community, district, national, and international levels. The analysis presented reflects the views and opinions of the author and not necessarily those of the project partners, or the UN Trust Fund.

Project Name	We Have Rights: Protecting IDP and Minority Women and Girls from SGBV in Southwest Somalia and Somaliland
Location of the evaluation	Southwest Somalia and Somaliland
Period of the project covered by the evaluation	3 years (August 1, 2022 - July 31, 2025)
Date of the final evaluation report	5th October 2025
Name and organization of the evaluators	Names of Evaluators Odimbe David Bwire (International Evaluation consultant) Jimale Mohamoud Gulleid Abdillahi Suge Organization Bodmando Consulting Group
Name of the organization(s) that commissioned the evaluation	The Strategic Initiative for Women in the Horn of Africa (SIHA) Network

LIST OF ACRONYMS AND ABBREVIATIONS

Acronym	Full Name
SIHA	Strategic Initiative for Women in the Horn of Africa
IDP	Internally Displaced Persons
SGBV	Sexual and Gender-Based Violence
SV	Sexual Violence
WRO	Women's Rights Organization
WAAPO	Women Action Advocacy Progress Organization
SWDC	Somali Women Development Centre
KII	Key Informant Interview
FGD	Focus Group Discussion
MEL	Monitoring, Evaluation and Learning
CPG	Community Protection Group
GBV	Gender-Based Violence
UNFPA	United Nations Population Fund
EVAW/G	Ending Violence Against Women and Girls
WHRDs	Women Human Rights Defenders
ToR	Terms of Reference
OECD-DAC	Organization for Economic Co-operation and Development - Development Assistance Committee
UNTF	United Nations Trust Fund to End Violence against Women
VOSOMWO	Voice of Somaliland Minority Women Organization

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EXECUTIVE SUMMARY

The “We Have Rights” project was implemented in Hargeisa (Somaliland) and Banaadir (Somalia), regions characterized by protracted conflict, displacement, weak institutional protection systems, and entrenched patriarchal norms. Internally displaced and minority clan women and girls experience heightened exposure to sexual and gender-based violence due to insecure shelter conditions, limited access to health and legal services, and the dominance of customary dispute-resolution systems that often prioritize clan interests over survivor agency. Although national and regional legal reforms have been introduced, gaps in enforcement and persistent social stigma continue to undermine survivors’ ability to seek justice. These structural and social barriers framed the need for integrated prevention, service delivery, and advocacy interventions as undertaken by the We Have Rights project. With a total budget of USD 1 million, the project was implemented in Hargeisa (Somaliland) and Banaadir (Somalia) through partners Women Action Advocacy Progress Organization (WAAPO) and Somali Women Development Centre (SWDC). It aimed to expand access to health, legal, and psychosocial services; enhance women’s and girls’ protection; and influence gender-sensitive legal and policy reforms through evidence-based advocacy.

Somalia and Somaliland continue to face prolonged conflict, large-scale displacement, and weak institutional protection systems, which disproportionately expose internally displaced and minority clan women and girls to sexual and gender-based violence. Limited access to health, legal, and psychosocial services, combined with the dominance of customary mediation systems that often silence survivors, further restricts their ability to seek justice and recovery. The project was therefore undertaken to strengthen survivor-centred service provision, enhance community protection mechanisms, and support legal and advocacy efforts aimed at reducing impunity and advancing women’s rights.

The evaluation applied a mixed-methods design combining a structured quantitative survey (155 respondents), 4 focus group discussions, and 8 key informant interviews with project partners, service providers, coalition members, and community protection actors. Desk review of core project documents complemented field data. A stratified sampling approach ensured representation across displacement status, minority identity, and age groups. The rationale for this design was to enable triangulation across multiple data sources, capture both measurable changes and lived experiences, and ensure that findings accurately reflect the perspectives of women and girls most affected by sexual violence. Given the sensitive nature of SGBV, the evaluation applied a survivor-centred and do-no-harm approach throughout, including confidentiality safeguards and trained female interviewers.

Key limitations included a likely risk of underreporting of SGBV due to fear, stigma, or trauma among survivors, the exclusion of the male participant group in Hargeisa, possible loss of meaning during translation, and restricted fieldwork access in some IDP sites because of security constraints. These factors may have influenced the depth of findings but were mitigated through triangulation and strong ethical safeguards.

Key Findings

- **Effectiveness:** The project achieved or exceeded most planned outputs. Community awareness reached 12,640 people, surpassing the target of 1,100. Additionally, 110 legal actors were trained, and 82 survivors gained livelihood and peer-support skills. Health and police services demonstrated improved accessibility, while legal and psychosocial services continued to be constrained by limited funding. Coalition networks and community protection groups effectively improved reporting, referral coordination, and access to justice, contributing to visible attitudinal shifts; 81.3% of respondents now reject marital rape compared to widespread acceptance at baseline (71.8%).
- **Relevance:** The project remained highly relevant to the evolving needs of IDP and minority women and girls. Service adequacy ratings rose from 34.7% to 50.97% (“very adequate”), reflecting tangible improvements in survivor-centred delivery. Awareness interventions addressing FGM, marital violence, and legal literacy were contextually grounded, culturally sensitive, and aligned with Somalia’s protection priorities.
- **Efficiency:** The project demonstrated strong value for money through local partnerships, effective coordination, and reduced overheads. Empowering paralegals and community protection actors lowered costs while sustaining outreach. Despite intermittent funding delays, activities were completed within planned timelines, and resources were used judiciously.
- **Sustainability:** Local ownership is a major achievement. Community Protection Groups, paralegal networks, and coalitions established by SIHA continue to function autonomously, reflecting embedded community systems. However, long-term continuity depends on donor and government support, as limited funding and weak institutional frameworks remain constraints.
- **Impact:** The project contributed meaningfully to ending violence against women and promoting gender equality. Survivors now access justice through coordinated referral pathways; women’s visibility in leadership and advocacy spaces has increased; and men are increasingly joining dialogues. These outcomes reflect significant shifts from silence to collective action within target communities.
- **Knowledge Generation:** The project generated critical knowledge products, including Silenced Suffering, legal briefing papers on sexual offenses, and referral pathway directories for Mogadishu and Somaliland. These tools enhanced coordination, provided contextual evidence for advocacy, and now serve as models for replication across the Horn of Africa.
- **Gender Equality and Human Rights:** The project advanced rights-based service delivery by addressing intersectional vulnerabilities linked to displacement and clan marginalization. While inclusion of persons with disabilities requires further emphasis, the intervention strengthened awareness of consent, rights, and justice among highly excluded populations.

Conclusion

Overall, We Have Rights delivered substantial results in protecting displaced and minority women and girls from sexual violence through integrated, survivor-centred interventions and capacity-building. Its grassroots coalitions, community-based protection structures, and evidence-informed advocacy have established strong foundations for sustained progress. Continued investment in local women’s organizations, mental health services, and legal enforcement mechanisms will be essential to consolidate these gains and advance a gender-just Somalia.

BACKGROUND AND CONTEXT

The Strategic Initiative for Women in the Horn of Africa (SIHA) Network is a regional coalition of civil society organizations active in Sudan, South Sudan, Somalia, Somaliland, Ethiopia, Djibouti, and Uganda. Established in 1995 by grassroots women’s rights activists, SIHA is committed to promoting gender equality by addressing systemic discrimination, eliminating gender-based violence, challenging oppressive cultural and religious practices, and enhancing women’s access to justice and economic resources. Through a combination of advocacy, capacity development, and direct support, SIHA strengthens the agency of marginalized populations, particularly in conflict-affected settings, to confront patriarchal systems and advance transformative social change¹.

The “We Have Rights” project was implemented in South Central Somalia (Banadir) and Somaliland against a backdrop of deeply entrenched socio-political and legal challenges. Somalia has been destabilized by decades of civil war, weak governance, and institutional fragmentation, while Somaliland, although comparatively more stable since declaring independence in 1991, continues to contend with legal ambiguities and patriarchal social structures. Both areas are governed through a hybrid legal system comprising statutory law, Sharia law, and customary law (xeer), which often results in conflicting interpretations and undermines the protection of women and girls from sexual and gender-based violence (SGBV)². Socially, the context is shaped by systemic gender inequality and the marginalization of minority clans, including the Bantu, Benadiri, Gaboye, Yibir, and Tumul. These communities experience disproportionate levels of violence, limited access to justice, and exclusion from essential services³. Displacement further amplifies these vulnerabilities, particularly for women living in informal shelters lacking security, water, lighting, or privacy. These conditions not only increase their risk of sexual violence but also undermine their ability to seek redress or recover from trauma.

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² SIHA Network, ‘Terms of Reference – We Have Rights: End of Project Evaluation. Strategic Initiative for Women in the Horn of Africa.’

³ SIHA Network, ‘Silenced Suffering: Unveiling Sexual Violence Against Displaced and Minority Women in Somalia and Somaliland.’

Geographically, the project targeted areas with high GBV prevalence and large IDP populations: Hargeisa in Somaliland and Banaadir in South Central Somalia. In Somalia alone, nearly 3.9 million people were displaced by the end of 2023 due to armed conflict, droughts, and flooding⁴. These factors exacerbate already precarious living conditions and force women into informal labor sectors often in unsafe environments thereby increasing their exposure to abuse, exploitation, and violence.

The political and legal context is also critical to understanding the project’s operation. Despite national and regional efforts to advance protective legislation such as Somalia’s Sexual Offences Bill and Somaliland’s Sexual Offences Act of 2018, progress has been stalled or undermined by conservative religious actors, limited judicial enforcement, and patriarchal resistance⁵. Somalia continues to rely on the outdated 1963 Penal Code, which narrowly defines sexual offenses and offers limited recognition of consent or survivor agency. Informal justice systems, dominated by clan elders, often resolve rape cases through forced marriages or clan compensation, effectively silencing survivors and perpetuating impunity.

These contextual realities underscore the importance of grounding the evaluation within the broader structural, demographic, and institutional landscape. Evaluating a project aimed at expanding survivor-centered services and reforming legal frameworks must consider the pervasive effects of socio-economic marginalization and systemic gender inequality. Understanding community resistance, limited state capacity, and the intersectional nature of vulnerability among displaced and minority women is essential for assessing the project’s effectiveness, sustainability, and transformative potential.

Description of the Project

The We Have Rights project was conceived to confront the pervasive sexual violence (SV) experienced by internally displaced persons (IDPs) and minority women and girls in Somalia, where decades of armed conflict, ethnic marginalization, and political instability have contributed to the normalization of gender-based violence (GBV). The project aligns with the 2022 Humanitarian Response Plan for Somalia, which prioritizes expanded access to GBV services for vulnerable populations, including adolescent girls in IDP camps, women from minority clans, and survivors of female genital mutilation (FGM). It also supports the UN Sustainable Development Cooperation Framework’s objective of ensuring equitable access to essential social services, including GBV prevention and response mechanisms.

Sexual violence in Somalia has escalated significantly, with the United Nations reporting an almost 80 percent increase in rape cases in 2020 compared to 2019⁶. This surge is attributed to persistent insecurity, political volatility, inter-clan violence, and the rise in attacks by armed

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⁴ SIHA Network, ‘Silenced Suffering: Unveiling Sexual Violence Against Displaced and Minority Women in Somalia and Somaliland.’

⁵ SIHA Network, ‘Addressing Sexual Offenses in Somalia and Somaliland Legal Challenges and Legislative Responses.’

⁶ United Nations Assistance Mission in Somalia (UNSOM) and Office of the United Nations High Commissioner for Human Rights (OHCHR). Tackling Sexual Violence in Somalia: Prevention and Protection. United Nations, 2024.

groups such as Al-Shabaab, which systematically use rape as a weapon of war. At the societal level, SV reinforces patriarchal dominance in a context where traditional gender roles are being reshaped by women’s increasing economic and social participation. Marital rape remains unrecognized under the law, and intimate partner violence is often dismissed as a domestic issue, beyond the reach of legal redress⁷.

IDP and minority women and girls are disproportionately affected, facing elevated risks stemming from inadequate protection, precarious living arrangements, and entrenched social exclusion. According to the UNFPA Somalia Annual Report (2022), between 2019 and 2021, IDPs accounted for 74 percent of all survivors who accessed GBV and Comprehensive Maternal and Reproductive Health (CMR) services, with 99 percent of these survivors being women and girls, highlighting their acute vulnerability and systematic exclusion from formal protection mechanisms⁸.

The final evaluation sought to determine how effectively the project has addressed sexual violence (SV) affecting internally displaced and minority women and girls in Somalia, specifically in Hargeisa and Banaadir. It assessed the project’s relevance, impact, and sustainability, as well as its role in enhancing access to services for survivors and strengthening legal protections. Additionally, the evaluation highlighted key lessons, challenges encountered, and innovative practices developed during implementation to guide future interventions and advocacy initiatives.

Organization	SIHA Network
Project title	We Have Rights: Protecting IDP and Minority Women and Girls from SGBV in Southwest Somalia and Somaliland
Project duration	3 years (August 1, 2022 - July 31, 2025)
Budget and expenditure	\$1M
Geographical areas	Southcentral Somalia and Somaliland
Specific forms of violence addressed by the project	sexual and gender-based violence (SGBV)
Main objectives of the project	The project seeks to ensure that by July 2025, displaced and minority women and girls in Somalia will have improved access to safe, survivor-centered health services and strengthened legislation and policy frameworks that promote accountability and justice for sexual violence.
Key assumptions of the project	Strengthening women’s rights organizations (WROs) will lead to increased policy influence and legal reform ⁹ .

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⁷ UNSOM and OHCHR, Tackling Sexual Violence in Somalia.

⁸ UNFPA Somalia Annual Report 2022.

⁹ SIHA Network, ‘Progress Report (PR 3): Semester 5- Aug 24-Jan-2025-’.

<p>Description of targeted primary and secondary beneficiaries</p>	<p>Primary beneficiaries</p> <p>The primary beneficiaries are IDP and minority women and girls aged 10 to 60 years old living in the IDP communities targeted by the project. The context and power analyses conducted by SIHA and its partners revealed that internally displaced and minority women—two ‘categories’ that often overlap are particularly vulnerable to violence due to their gender, lower status within the clan, socio-economic vulnerability, poor living conditions, and lack of support networks.</p> <p>Secondary beneficiaries</p> <p>The secondary beneficiaries include women’s rights organizations (WROs) such as Women Action Advocacy Progress Organization (WAAPO) and Somali Women Development Centre (SWDC), which were supported through capacity-building and advocacy training to enhance their leadership in GBV prevention. Community Protection Groups (CPGs) also benefited as they were trained to identify, refer, and support survivors at the grassroots level. Additionally, religious and traditional leaders were engaged through sensitization sessions to promote positive discourse on women’s rights and challenge harmful social norms. Other secondary beneficiaries include service providers (e.g., legal aid officers, healthcare workers, and psychosocial counselors) and journalists, who received training on survivor-centered reporting to strengthen awareness and shift public narratives around SGBV¹⁰.</p>
<p>Key implementing partners and stakeholders</p>	<p>SIHA Somalia (Banadir and Hargeisa), WAAPO in Hargeisa and SWDC in Mogadishu</p>

Strategy and Theory of Change/Results chain

The project is anchored in a rights-based, survivor-centered approach to tackling sexual violence against women and girls (SVAWG) in Somalia, with a particular focus on displaced and minority groups who experience entrenched discrimination, exclusion, and limited access to services and justice. Its strategy prioritizes expanding access to holistic support services, building the capacity of critical stakeholders, and advancing legal and policy reforms through evidence-driven advocacy and collaborative coalition efforts.

¹⁰ SIHA Network, ‘Baseline Assessment: We Have Rights: Protecting IDP and Minority Women and Girls from SGBV in Southwest Somalia and Somaliland’.

Overall Goal:

By July 2025, displaced and minority women and girls in Somalia will have improved access to safe, survivor-centered health services and strengthened legislation and policy frameworks that promote accountability and justice for sexual violence.

Outcome	Outputs	Key Activities
Outcome 1: Women and girls survivors of violence in 10 IDP communities and from minority groups in Banaadir and Hargeisa have improved access to safe and adequate comprehensive services.	Output 1: 1,100+ community members have increased awareness of survivors' rights and harmful social norms.	<ul style="list-style-type: none"> » Awareness sessions in IDP communities » Women-to-women dialogues » Radio shows » Establishment of community protection groups
	Output 2: 150 frontline service providers trained to deliver survivor-centered services.	<ul style="list-style-type: none"> » Training for service providers » Support to shelters/safe houses » Home counselling visits
	Output 3: 80 judicial/legal actors supported to enhance survivors' access to justice.	<ul style="list-style-type: none"> » Capacity-building workshops for the judiciary » Training paralegals » Dialogues with elders/religious leaders » Provision of legal aid and counselling
	Output 4: 80 SVAWG survivors supported with skills for income generation and peer support.	<ul style="list-style-type: none"> » Peer support training » Peer support group formation » Business skills training- Start-up capital support
Outcome 2: Diverse coalitions of women and girls' rights organizations and grassroots groups, inclusive of IDP and minority women and girls, influence laws and practices to prevent and respond to SVAWG.	Output 5: 200 key stakeholders informed through evidence-based research.	<ul style="list-style-type: none"> » Research on prevalence and drivers » Dissemination events
	Output 6: 15+ media professionals amplify voices of IDP and minority women and girls.	<ul style="list-style-type: none"> » Awareness workshops for journalists » Dialogues with survivors
	Output 7: 10+ women's organizations strengthened for collective action.	<ul style="list-style-type: none"> » Training in rights and law » Coalition-building and advocacy training » Protection/security training for WHRDs

	<p>Output 8: Two active CSO coalitions advocate for SVAWG legislation.</p>	<p>Coalition establishment and quarterly meetings Advocacy strategy development Advocacy campaign implementation- Regional/ international advocacy participation</p>
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PURPOSE OF THE EVALUATION

The final evaluation assessed the effectiveness of the project in addressing sexual violence against internally displaced and minority women and girls in Somalia, with particular emphasis on Hargeisa and Banaadir. It explored the project’s relevance, impact, and sustainability, as well as its contribution to improving access to essential services for survivors and advancing legal protections.

The evaluation also generated learning by identifying challenges faced during implementation, innovations introduced, and lessons that can guide future programming and advocacy strategies. The evaluation was undertaken to assess the project’s overall performance and sustainability of outcomes and to extract lessons for future programming by the SIHA Network and its partners. The findings will be used by the SIHA Network, the UN Trust Fund, and relevant actors to support evidence-based decision-making, inform future funding allocations, design of follow-up interventions, policy advocacy priorities and to enhance accountability. In assessing progress, the evaluation considered how the project contributed to shifts in knowledge, attitudes, and behaviors within target communities and among decision-makers. Attention was also given to the role the project has played in confronting entrenched patriarchal norms and supporting the emergence of a more inclusive and representative women’s rights movement in Somalia. A central feature of the intervention was its support to Somali women’s rights organizations, which have historically led efforts to address sexual violence but are often excluded from policy and governance spaces. By strengthening civil society’s engagement, facilitating collaboration with government actors, and promoting collective advocacy, the project sought to enhance survivor protection and lay the groundwork for systemic change. This evaluation did not only measure outcomes related to service delivery and legal reform but also assessed the broader influence of the project on social and institutional norms. It provided insights into how the initiative helped reshape community attitudes, improve coordination among stakeholders, and reinforce the capacity of local actors to address sexual violence in the context of displacement and structural inequality¹¹.

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 11 SIHA Network, ‘Terms of Reference – We Have Rights: End of Project Evaluation. Strategic Initiative for Women in the Horn of Africa.’

EVALUATION OBJECTIVES AND SCOPE

Scope of Evaluation

The evaluation targeted the following:

- **All project activities:** Implemented over three years (e.g., capacity-building for CSOs, awareness campaigns, advocacy for the Sexual Offenses Bill).
- **Geographic focus:** 10 targeted IDP settlements in Hargeisa and Banaadir, where SV prevalence is high.
- **Target groups:** IDP/minority women and girls, frontline service providers, women's rights organizations (WROs), and policymakers.
- **Cross-cutting themes:** Gender equality, human rights, and intersectionality.

Objectives of the Evaluation

Overall, the evaluation will:

1. Assess the entire project (August 1, 2022 – July 31, 2025) against effectiveness, relevance, efficiency, sustainability, and impact (intended and unintended) in addressing SV against IDP and minority women and girls.
2. Identify lessons learned and promising practices to inform future programming and knowledge generation on ending violence against women and girls
3. Ensure a gender-responsive, human rights-based approach across all criteria.

Specific Objectives

1. **Determine the extent to which the project achieved its intended outcomes**, especially in improving access to survivor-centered services and advancing legal and policy reforms. For example,
 - Awareness of SV rights and services among IDP/minority women.
 - Attitudes of community leaders and service providers toward SV survivors.
 - Engagement of women's groups in advocacy and decision-making spaces.
2. **Document lessons and good practices**, such as:
 - Effective approaches to survivor-centered advocacy (e.g., coalition-building, community engagement, policy and advocacy, and media campaigns).
 - Strategies for engaging religious/traditional leaders in norm change.
 - Innovations in economic empowerment to reduce SV vulnerability.

3. **Evaluate project performance** against OECD–DAC criteria, focusing on:
 - **Relevance and coherence** of the project’s Theory of Change, including the validity of its underlying assumptions and the project’s alignment with Somalia’s Humanitarian Response Plan and community needs.
 - **Impact:** Reduction in SV cases and improved access to justice/services.
 - **Sustainability:** Potential for continued advocacy and service delivery post-project, and the factors influencing long-term impact.
4. **Identify cross-cutting insights**, including
 - How the integration of gender, youth, and climate considerations was integrated into project interventions.
5. **Identify challenges, opportunities, and recommendations** related to:
 - Barriers to policy reform (e.g., resistance to the Sexual Offenses Bill).
 - Gaps in service provision (e.g., medical, legal, psychosocial support).
 - Opportunities for replication or scale-up.

EVALUATION QUESTIONS AND CRITERIA

Evaluation Criteria	Mandatory Evaluation Question
<p>Effectiveness</p> <p>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.</p>	<ol style="list-style-type: none"> 1. To what extent were the intended project goal, outcomes, and outputs (project results) achieved and how? 2. How did they influence project outcomes, including increasing access and protection of women and girls from IDP and minority communities from Somalia? 3. To what extent did the project improve outcomes for IDP/ minority women and girls, including increasing access to quality SV services, shifting harmful community practices and norms, and strengthening legal and policy reforms?
<p>Relevance</p> <p>The extent to which the project is suited to the priorities and policies of the target group and the context.</p>	<ol style="list-style-type: none"> 4. To what extent do the achieved results (project goal, outcomes, and outputs) continue to be relevant to the needs of women and girls? 5. How effective and contextually appropriate were the project’s key strategies, including grassroots women’s advocacy, awareness campaigns, and survivor-centered service delivery?

<p>Efficiency</p> <p>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.</p>	<p>6. To what extent was the project delivered cost-effectively? (e.g., timeliness, budget use, resource optimization).</p> <p>7. To what extent did economic empowerment initiatives reduce the vulnerability of SV among IDP/Minority women?</p>
<p>Sustainability</p> <p>Sustainability is concerned with measuring whether the benefits of a project are likely to continue after the project/funding ends.</p>	<p>8. To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?</p> <p>9. To what extent are the SGBV prevention and response efforts likely to continue post-project based on the capacity and ownership of local partners like WAAPO and SDWC, the durability of established community structures like the Community Protection Groups established in 10 IDP camps, and the women's coalitions?</p> <p>10. To what extent is the government's commitment to enforce laws and policies that protect women and girls from SV?</p>
<p>Impact</p> <p>Assesses the changes that can be attributed to a particular project relating specifically to higher-level impact (both intended and unintended).</p>	<p>11. 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>
<p>Knowledge generation</p> <p>Assess whether there are any promising practices that can be shared with other practitioners.</p>	<p>12. To what extent has the project generated knowledge, promising or emerging practices in the field of EAWW/G that should be documented and shared with other practitioners?</p>
<p>Gender Equality and Human Rights</p>	<p>13. To what extent did the project advance gender equality and human rights by addressing intersectional vulnerabilities like clannism and disability in service delivery?</p>
<p>Lessons & Recommendations</p>	<p>14. What key challenges emerged during implementation?</p> <p>15. What actionable recommendations can inform future programming in Somalia?</p>

EVALUATION TEAM

The evaluation team comprised of a group of professionals with complementary expertise to deliver a robust, participatory, and gender-sensitive end-of-project evaluation for the We Have Rights initiative. It was conducted over a 3-month period from July to October and it encompassed desk review, tool finalization, data collection, analysis, and report writing.

The **Team Leader and International Evaluation Consultant** were responsible for providing overall technical leadership and quality assurance throughout the evaluation process. This included designing the evaluation framework, overseeing methodological rigor, leading data collection and analysis, and coordinating stakeholder engagement. The Team Leader was also responsible for synthesizing findings, guiding report writing, and ensuring all deliverables meet SIHA's standards and the Terms of Reference.

The **National Consultant for Somalia** played a central role in coordinating field activities at the national level. This included facilitating engagements with local stakeholders, managing logistics for fieldwork, and supporting the contextual adaptation of tools. The National Consultant ensured the relevance of data collection processes in line with Somalia's complex political and social dynamics and contributed to analysis and interpretation of findings, particularly those related to gender, protection, and legal frameworks.

The **Field Supervisor for Somalia** was tasked with coordinating and monitoring day-to-day data collection in displacement-affected communities. This role included supervising enumerators, supporting ethical data collection practices, and ensuring that activities are conducted in a culturally sensitive and methodologically sound manner.

The **Programme Manager** supported the evaluation process by ensuring coordination between team members, managing timelines, and contributing to data quality control and documentation. This role also included providing technical inputs to analysis and reporting, drawing from experience in managing mid-term and endline evaluations across humanitarian and development contexts.

The **Editor and Graphics Designer** was responsible for ensuring that all deliverables are professionally formatted, clearly written, and visually appealing. This included conducting peer review of reports.

The **Research assistants** were responsible for day-to-day data collection, such as conducting of the survey, FGDs and interviews.

Description Of The Evaluation Design

Bodmando adopted a mixed methods design, combining both quantitative and qualitative approaches to ensure a comprehensive and balanced assessment of project outcomes. The quantitative component utilized a one-group pre- and post-test design, involving structured surveys administered to the same group of project beneficiaries and stakeholders before and after the intervention. This enabled the measurement of changes over time on key indicators attributable to the project. The qualitative component involved KIIs, FGDs, and case story documentation to capture in-depth perspectives, contextual factors, and lived experiences. In addition, the evaluation employed Outcome Harvesting to identify and analyze significant changes that have occurred as a result of project interventions, particularly those that may not have been anticipated at the outset. This integrated design allowed for triangulation of data, enhancing the validity, reliability, and depth of the evaluation findings.

Data Sources

The evaluation drew on a combination of internal project documentation, stakeholder knowledge, and community-level data to assess the We Have Rights project's effectiveness and outcomes. These materials and information sources were accessed through coordinated support from the SIHA Network, its implementing partners (SWDC and WAAPO), and selected stakeholders across project locations. Specifically: The desk review utilized key project documents provided by SIHA, including the original project proposal, implementation work plans, logical framework, monitoring and evaluation frameworks, semester reports (Semesters 1, 2, 3, 4, 5 and 6), baseline and mid-term reports, the referral pathway guides for Mogadishu and Somaliland, and the mid-implementation monitoring visit report. Additional documents included national and regional policy documents (e.g., the Sexual Offenses Bill, Humanitarian Response Plan for Somalia), and relevant secondary literature such as UNFPA annual reports and SIHA's published briefing papers. These were accessed through SIHA's internal documentation systems, shared digital folders, and online public sources as necessary.

The KIIs generated first-hand qualitative insights from SIHA staff, project partners, government actors, legal and health service providers, religious and traditional leaders, and coalition members. Access to these informants was facilitated by SIHA and its implementing partners through an introductory communication process and scheduling support in both Mogadishu and Hargeisa.

Using simple random sampling, the survey was administered to community members, including survivors and direct beneficiaries of the project, using structured tools designed to measure knowledge, attitudes, service access, and exposure to the project. Data was collected using Kobo Toolbox, and respondent access was supported by local partners and community protection groups. The FGDs drew on insights from targeted groups, including IDP and minority women and girls, youth groups, community protection actors, and paralegals. Participant

selection and access was coordinated with SWDC and WAAPO, who supported mobilization and safe venues in line with ethical standards and cultural sensitivities. All information was accessed and documented with the informed consent of participants, following SIHA's safeguarding protocols and data protection policies, ensuring the confidentiality and dignity of all respondents.

Data Collection Methods and Analysis

Desk Review: The evaluation began with a structured desk review of project documents, contextual literature, and relevant policy frameworks. This provided a foundational understanding of the project's design, implementation progress, and theory of change. Documents included the project proposal, logical framework, semester reports, MEL tools, referral pathway documents, baseline and midterm evaluation reports, research reports, national legal frameworks (such as the Sexual Offenses Bill), and research papers produced by SIHA or partners.

Key Informant Interviews (KIIs): 8 KIIs (4 in Mogadishu and 4 in Hargeisa) were conducted with a purposive sample of stakeholders including SIHA staff, implementing partners (SWDC and WAAPO), legal and health service providers. These interviews explored stakeholders' perspectives on project outcomes, policy influence, service delivery improvements, and implementation challenges.

Survey: A structured survey (155 participants) was administered using KoboToolbox to collect quantitative data from a representative sample of project beneficiaries, including IDP and minority women and girls. The survey assessed outcomes such as knowledge of rights, access to services, perceptions of safety, and awareness of GBV referral mechanisms. Sampling processes ensured diversity in age, location, and community status to reflect the scope of the intervention.

Focus Group Discussions (FGDs): This included 4 FGDs with members of the coalitions; one from each location (Banadir and Hargeisa) and 2 peer support groups, one from each location (Banadir and Hargeisa). These sessions captured collective reflections on changes in community norms, access to justice, and survivor experiences with the project. Discussions were conducted in safe, confidential spaces, with appropriate safeguarding protocols and linguistic facilitation.

Case stories: One or two case stories drawn from each location were documented to illustrate personal narratives of change and to provide deeper insights into the lived experiences of beneficiaries. These case stories complemented the broader data and highlighted tangible, human-centered outcomes of the project.

Data Analysis Methods

Quantitative data from the survey was cleaned and analyzed to generate descriptive statistics and cross-tabulations and compared with the baseline values to assess progress. Analysis focused on outcome-level indicators aligned with the project's log frame, such as changes in awareness, service uptake, and attitudes towards GBV. Qualitative data from KIIs and FGDs

was transcribed, translated as necessary, and analyzed thematically using a coding framework derived from the evaluation questions and the project's theory of change. Thematic content analysis identified patterns across stakeholder groups and regions, particularly in relation to social norm change, survivor empowerment, and legal advocacy outcomes.

The evaluation also applied outcome harvesting as a complementary analysis technique. This involved collecting evidence of significant outcomes; intended or unintended and tracing how the project contributed to these changes through advocacy, capacity-building, and coalition-based interventions. The harvested outcomes were substantiated through document review, stakeholder validation, and triangulation across data sources. All findings were triangulated across methods and sources to ensure validity and credibility. The analysis also applied a gender and intersectionality lens to highlight differential impacts on IDP and minority women and girls, and to inform recommendations for future programming and policy engagement. Additionally, selected substantiated outcomes particularly those reflecting direct beneficiary experiences were documented and presented as case stories to provide qualitative insights and human-interest perspectives that complement the quantitative findings.

Sampling Methods

The evaluation was conducted in the project's two primary target locations: Mogadishu (Banaadir region) and Hargeisa (Maroodi Jeex region). These urban and peri-urban areas were selected for their high concentration of IDPs, minority groups, and the prevalence of GBV, all of which align with the project's objectives and intervention logic. The We Have Rights Project targeted ten IDP camps across Banadir (Mogadishu) and Hargeisa (Somaliland), with a combined population of 16,270 people (12,199 in Hargeisa and 4,071 in Banadir). Banadir and Hargeisa were purposively chosen due to high SGBV prevalence, large, displaced populations, and systemic exclusion of minority women from justice and protection services. Sampling ensured representativeness by age, displacement status, and identity. The evaluation faced some methodological constraints. Male participants in Hargeisa were excluded on the advice of local partners to prevent unrealistic expectations of financial compensation. This omission limited the representativeness of male perspectives in the findings. Given the sensitive nature of SGBV, underreporting was also a likely risk, as survivors may have withheld information due to stigma, trauma, or fear of reprisal. Additionally, translation-related factors may have affected the depth and comparability of qualitative responses across locations. Despite these limitations, methodological rigor was maintained through triangulation, ethical safeguards, and field supervision to ensure the reliability of the evidence base.

A stratified random sampling strategy was applied to the quantitative survey to ensure that the evaluation captures a diverse range of perspectives and experiences among the project's primary target groups. The population was first stratified by geographic areas (Mogadishu and Hargeisa). Within each location, additional strata were formed based on key beneficiary categories, including:

- IDP women and girls
- Minority clan women and girls

- Adolescent girls
- Survivors who accessed medical, psychosocial, or legal services
- Members of community protection groups or coalitions

Once stratification was complete, simple random sampling was then applied within each stratum to select participants for the quantitative survey, ensuring proportional representation across groups. A total sample size of 155 participants was reached through the survey.

For qualitative data collection, purposive sampling was employed. Participants were drawn from among those with rich knowledge of or direct involvement in project activities, such as SIHA staff, implementing partners (SWDC and WAAPO), community protection groups, coalition members, service providers (paralegals, health and legal service providers), local government officials, religious leaders, and selected rights-holders. This approach ensured that the evaluation reflected the layered social dynamics and vulnerabilities addressed by the project, while also allowing for comparative analysis across locations and sub-groups. It was particularly well-suited for capturing the experiences of marginalized populations, such as minority women and girls, who are often overlooked in conventional sampling methods.

Limitations to the Evaluation Methodology

- The evaluation did not include the 30 targeted male community members in Hargeisa. As guided by the local implementing partner, engaging this group would have raised unrealistic expectations about financial compensation, which was not provided for in the project budget. Consequently, these participants were excluded from the survey, and the resulting data is hence not representative of male community member perspectives in Hargeisa. This limitation should be considered when interpreting findings related to community participation and gender representation in this location.
- Given the highly sensitive nature of sexual and gender-based violence and the rights-based focus of the project, there remained a substantial risk of underreporting. Survivors who did not access formal support services or who continue to fear stigma, discrimination, or reprisals may have withheld information or minimized their experiences. This underreporting could lead to systematic bias in the data and may result in an incomplete representation of the project's actual reach and impact particularly in relation to service utilization, social norm transformation, and survivor empowerment outcomes.
- Although local enumerators and translators were engaged to enhance contextual understanding, distinctions in meaning may have been partially lost or altered during translation, especially when dealing with emotionally sensitive or abstract issues. These translation-related constraints may have influenced the accuracy, depth, and comparability of qualitative responses obtained through focus group discussions and key informant interviews.

EVALUATION ETHICS

The evaluation of the We Have Rights project was conducted in strict compliance with the United Nations Evaluation Group (UNEG) Ethical Guidelines for Evaluation, as well as the ethical and safeguarding provisions outlined in the Terms of Reference. Given the sensitive nature of the project particularly its focus on sexual and gender-based violence, the evaluation team implemented comprehensive safety and ethical measures to uphold the rights, dignity, and well-being of all participants, especially survivors and at-risk groups. The approach prioritized confidentiality, informed consent, voluntary participation, and adherence to survivor-centered and “Do No Harm” principles.

Informed Consent and Voluntary Participation

Prior to the commencement of data collection, all participants were provided with clear, age-appropriate, and culturally sensitive information explaining the purpose of the evaluation, the nature and scope of their participation, their right to withdraw at any time, and the measures taken to protect their privacy and data. Participation was strictly voluntary and proceeded only after verbal and written informed consent was obtained. For participants under 18 years of age, assent was secured in conjunction with consent from a parent, guardian, or designated community protector, in line with approved child safeguarding protocols.

Confidentiality and Data Protection

Stringent confidentiality and data protection measures were observed throughout the evaluation. Personal identifiers were not collected. All data was securely stored in password-protected files accessible only to the core evaluation team. During transcription and analysis, identifying details were anonymized to prevent traceability. Focus group discussions were conducted in private and secure venues to ensure participant safety, while all field teams received prior training on maintaining confidentiality, particularly in displacement-affected and high-risk settings.

Do No Harm and Survivor-Centered Approaches

The evaluation adhered to a strict “Do No Harm” principle and integrated survivor-centered methodologies across all stages. Data collection tools and questions were carefully designed to minimize the risk of re-traumatization. Interviews involving survivors or other vulnerable individuals were facilitated exclusively by trained female evaluators in confidential and secure environments. Participants were not required to disclose traumatic experiences unless they voluntarily chose to do so. The evaluation process consistently prioritized the dignity, autonomy, and emotional well-being of every participant. **How field visits were scheduled to minimize risk.**

To ensure safety and support, all data collectors were trained to provide participants with information on where and how to seek assistance for sexual violence, including referral contacts for health, psychosocial, legal, and protection services in Mogadishu and Hargeisa.

During data collection, any participant who indicated distress or risk was offered immediate referral through established pathways. Data collection was scheduled and conducted in safe, private, and neutral locations to avoid stigma, unwanted attention, or risk to participants. Times and venues were selected in consultation with local partners, with flexibility to relocate or reschedule sessions if safety concerns emerged.

FINDINGS AND ANALYSIS PER EVALUATION QUESTION

Evaluation Criteria	Effectiveness
Evaluation Question 1	To what extent were the intended project goal, outcomes, and outputs (project results) achieved and how?

Evaluation Criteria 1: Key Findings

Goal

The goal stated as follows; “By July 2025, displaced and minority women and girls in Somalia will have improved access to safe, survivor-centered health services and strengthened legislation and policy frameworks that promote accountability and justice for sexual violence”.

Analysis of Findings

The We Have Rights project largely achieved its intended goal of improving access to survivor-centered services and strengthening protection mechanisms for internally displaced and minority women and girls in Somalia. Implemented through partners in Hargeisa and Mogadishu, the project enhanced access to psychosocial, legal, and economic support while empowering community structures such as protection groups, peer support networks, and paralegals. These interventions fostered confidence, independence, and recognition for survivors, laying a strong foundation for sustained community-based protection and advocacy.

Qualitative evidence supports these outcomes. A peer support group member (Hargeisa) shared, **“I received business support and was referred to services... I gained more respect and support from the community and my confidence improved.”** Similarly, a community protection group member (Mogadishu) reflected, **“We established community protection groups in the IDPs... whenever a case happens, they know where to refer it, and survivors receive immediate support.”**

These accounts highlight meaningful progress in shifting harmful norms, improving service access, and enhancing survivor protection. Despite persistent challenges such as weak policy enforcement and limited resources, the project’s comprehensive approach

combining survivor support, capacity building, and advocacy has significantly advanced women's rights and community accountability in target areas.

Perceptions of protection from sexual violence showed mixed trends across the project period. Overall, perceived protection levels rose from 66% at baseline to 68% in 2024, before declining to 56% in 2025. This 56% reflects the combined responses of all interview participants across both regions, rather than an average of the regional scores. Because the endline sample included nearly equal numbers of respondents from Hargeisa and Banaadir, the overall figure is shaped by all individual responses, not weighted according to the real population distribution where Hargeisa accounts for a much larger share of the displaced population.

At the regional level, the pattern differed significantly:

- Banaadir reported a higher perceived protection (56% in 2024 and 58% in 2025), while
- Hargeisa showed a decline (44% in 2024 and 42% in 2025).

These differences explain why the final overall score of 56% is higher than Hargeisa's 42%, despite Hargeisa's larger project population. Because the sample sizes were nearly equal across the two regions and because some smaller groups reported higher improvements, the combined average was pulled upward by stronger perceptions in Banaadir, rather than reflecting a proportional, population-weighted regional comparison.

There are other contextual factors over the period that may have contributed to the declining perceptions, particularly in Hargeisa is the seasonal influx of newly displaced households from drought and floods during the project period. Recent independent reports (2023–2025) documented large scale drought –related displacement in both Hargeisa and Banadir including; a report describing thousands of families arriving after losing all their livestock¹² and the president of Somaliland publicly appealing for aid for tens of thousands affected by prolonged drought¹³ This condition was also reported by humanitarian organizations, confirming the worsening drought conditions that were driving continued population movements into urban centers¹⁴. Similar trends were reported in Somalia by WHO and Amnesty international through their reports, noting ongoing arrivals of drought survivors fleeing to other places¹⁵ with IOM estimating the displacement to over 34 million IDPs in Somalia by early 2024¹⁶

Some of these new arrivals were present during the MTR (2024) and the endline (2025) and were randomly included in the sample. As recent entrants into the camp, they often had lower baseline feelings of safety, limited exposure to protection services, and weaker

¹² Radio Ergo (2025), Terrible living conditions in Hargeisa camps for drought-displaced pastoralists

¹³ ² AllAfrica (2025), Somaliland President appeals for aid as prolonged drought worsens.

¹⁴ ReliefWeb (2025), Humanitarian Update: Drought conditions worsening in northern Somalia.

¹⁵ WHO Somalia (2023), Drought-survivors converge on IDP camps to live another day.

¹⁶ ⁵ IOM Somalia (2024), Over 3.4 million people internally displaced in Somalia.

knowledge of reporting pathways. These factors can contribute to lower perception scores regardless of improvements underway in referral mechanisms and community protection structures.

This influx alone does not explain the entire decline in perception but provides an important contextual layer particularly for Hargeisa helping to explain why the perception score did not rise in line with the qualitative evidence showing strengthened survivor support, community mobilization and improved reporting pathways across project locations.

Outcomes

Outcome 1: Women and girls survivors of violence in 10 IDP communities and from minority groups in Banaadir and Hargeisa have improved access to safe and adequate comprehensive services.

Analysis of Findings

Comparison of baseline, mid-term and endline data

There was mixed progress in survivor-centred service access across Somaliland (Hargeisa) and South-Central Somalia (Banaadir) when comparing baseline, MTR and endline data. Medical and health services remained the most accessible throughout the project. During the MTR, the communities reported marginal increases in awareness of medical and educational support services though awareness of safe shelters and psychosocial services declined. This pattern continued into the endline, where access to medical services rose slightly in Banaadir (from 83% to 86%) and remained stable in Hargeisa (from 81% to 79%). Qualitative evidence from a Community Protection Group member in Banaadir confirmed this improvement, explaining that **“whenever a case happens, the community protection groups know where to refer it, and survivors receive immediate support.”** Similarly, a Health Officer in Hargeisa noted that **“trained nurses and outreach workers now respond faster and provide confidential care”**, showing sustained health system capacity at both sites.

Access to police services reflected similar mixed progress. The MTR showed improved awareness of reporting mechanisms, especially in Banaadir (from 65% to 74% at endline). According to a Local Partner Staff in Mogadishu (SWDC), **“people now know where to report, who will handle their case, and what the police can do,”** suggesting growing trust in law enforcement in South Central Somalia. However, in Hargeisa, MTR findings highlighted a weaker focus on protection services, and the endline data confirmed a decline in access to police services (79% to 67%). A Community Protection Actor in Hargeisa explained that police responsiveness fluctuated due to limited transport and case follow-up, explaining the reduction in reported access at endline. Police response decreased because officers often lacked transport to reach survivors in the IDP settlements, especially at night or across distant areas. In addition, cases were not consistently followed up due to limited personnel and resources. This made reporting feel ‘ineffective,’ which reduced survivors’ willingness to engage the police.

Legal services saw a similar mixed pattern across the locations. There was a modest increase in Hargeisa (from 43% to 45% at endline) supported by active paralegals. A WAAPO representative in Hargeisa emphasized that **“trained paralegals are still active in the IDPs and continue supporting survivors,”** demonstrating local ownership of legal empowerment efforts. However, in Banaadir there was a decline from 51% to 34% at endline. KIIs with SWDC legal officers revealed that funding gaps and heavy caseloads made it difficult to provide legal aid services leaving survivors with fewer opportunities to pursue cases and highlighting the need for consistent, long-term investment in legal aid services.

The most significant decline was observed in psychosocial support, dropping from 52% to 29% in Hargeisa and from 65% to 27% in Banaadir. Awareness of these services had started to show a decline during the MTR period and this trend deepened by the end line. Qualitative evidence consistently pointed to a shortage of counsellors and reduced visibility of services. A social worker in Mogadishu explained that **“many women still have no one to talk to after violence; counselling services are very few,”** while a peer support group member in Hargeisa shared that **“we rely on each other for emotional help because trained counsellors rarely visit.”** These accounts highlight the persistent shortage of qualified counsellors and the overreliance on informal peer networks.

Several connected factors specific to the implementation period explain why there was a sharp decline in psychosocial counselling access. First, project-based counsellors who supported settlements earlier in the intervention were gradually phased toward the end of the project. Because these services were not absorbed into government health facilities or other permanent or existing structures, communities lost the only trained professionals available to them. Second, as awareness and reporting improved, more survivors were identified and referred, increasing the demand for counselling. However, the number of counsellors did not increase, creating a clear supply-demand gap across the regions. Third, persistent stigma and misconceptions—including the belief that counselling is for “mental instability”—further discouraged survivors from seeking help even when referrals were available. Finally, the limited number of trained women counsellors and their inconsistent presence in remote settlements further constrained access. Together, these factors explain why psychosocial support declined significantly during the project period even as other areas like medical and reporting pathways strengthened.

Summary

Overall, the project strengthened awareness, confidence in formal systems and referral coordination, particularly for medical care and police services in Banaadir. However, access to psychosocial services and sustained legal assistance weakened due to staff reductions, funding gaps, stigma and limited institutional absorption. This highlights the need for stronger institutional investment in mental health services, survivor recovery, and community-led service continuity to sustain the project’s gains.

Outcome 2: Diverse coalitions of women and girls’ rights organizations and grassroots groups, inclusive of IDP and minority women and girls, influence laws and practices to prevent and respond to SVAWG.

The We Have Rights project largely achieved Outcome 2 by strengthening collaboration among women’s rights organizations, community protection groups, and service providers, particularly through the efforts of WAAPO in Hargeisa and SWDC in Mogadishu. Respondents described improved coordination, collective advocacy, and stronger para-legal and community networks that continue to support survivors. A WAAPO representative noted that *“we have gathered together people we trained, including those from WAAPO and Voice of Somaliland Minority Women Organization (VOSOMWO), to share information and improve the lives of IDP and minority women,”* reflecting sustained coalition activity. Similarly, community actors in Banaadir reported increased awareness and willingness to report violence, with one respondent saying, *“people now understand how to report and are no longer silent even when rape occurs.”* While the project successfully mobilized grassroots coalitions and raised the visibility of minority women’s protection needs, respondents acknowledged that formal policy reforms remain slow and that sustainability depends on continued funding and government commitment.

OUTPUTS

Output indicator	Target set	Achievement (July 2025)
Output 1: 1,100+ community members have increased awareness of survivors’ rights and harmful social norms.	1100	13724
Output 2: 150 frontline service providers trained to deliver survivor-centered services.	150	130
Output 3: 80 judicial/legal actors supported to enhance survivors’ access to justice.	80	110
Output 4: 80 VAWG survivors supported with skills for income generation and peer support.	80	140
Output 5: 200 key stakeholders informed through evidence-based research.	200	160 (60 Mogadishu and 100 in Hargeisa)
Output 6: 15+ media professionals amplify voices of IDP and minority women and girls.	15	40
Output 7: 10+ women’s organizations strengthened for collective action.	10	50 WROs trained. (25 Mogadishu and 25 in Hargeisa)
Output 8: Two active CSO coalitions advocate for SVAWG legislation.	2	2

At endline, the We Have Rights project demonstrated significant achievements across its key outputs, exceeding or meeting most targets and showing clear improvements in community awareness, institutional collaboration, and survivor empowerment.

Awareness and Social Norm Change:

The project reached 13,724 community members against a target of 1,100, reflecting extensive community mobilization and outreach. FGDs with adolescent girls and community protection actors in Hargeisa highlighted that awareness sessions, dialogues, and media engagements successfully broke the silence surrounding SGBV. As one community protection actor in Hargeisa observed, **“when we provide awareness, people give feedback, discuss their problems, and begin to identify solutions.”** In Banaadir, a local SWDC staff member similarly reported that **“people now understand how to report, and they are no longer silent even when rape occurs.”** These testimonies confirm the success of the project’s communication and advocacy strategies in shifting community attitudes and encouraging reporting.

Capacity Strengthening of Service Providers and Legal Actors:

Although only 130 frontline service providers were trained out of the planned 150, the project exceeded its target for legal and judicial actors, training 110 individuals compared to the target of 80. This was partly due to focused partnerships with the Ministry of Justice, SIHA, WAAPO, and SWDC, which enabled intensive capacity-building sessions for paralegals, police, and legal aid providers. A WAAPO key informant in Hargeisa noted, **“paralegals have been created in the legal field; we trained women who are now helping others with their cases.”** These efforts strengthened local justice networks and enhanced survivors’ access to legal redress, a key milestone in building sustainable protection systems.

Economic Empowerment and Survivor Resilience:

The project also met its target for survivor empowerment, supporting 82 women survivors (against 80 targeted) with vocational and peer-support skills. According to an adolescent girl in Hargeisa, **“I received business support and was referred to services... I gained more respect and support from the community and my confidence improved.”** Such testimonies illustrate the success of combining livelihood and psychosocial interventions to restore dignity, confidence, and independence among survivors.

Research, Advocacy, and Coalition Building:

The number of key stakeholders informed through evidence-based research was 160 out of 200 (directly) and the rest through the media. Other advocacy-related indicators significantly overperformed. For instance, 40 media professionals were engaged almost triple the target of 15 helping amplify the voices of IDP and minority women and girls through radio programs, storytelling, and community dialogues. Two active coalitions were also established as planned, with 50 women’s organizations participating in joint advocacy, surpassing the target of 10. A Community Protection Group member in

Hargeisa explained, “*we have gathered together people we trained, including those from WAAPO and VOSOMWO, to share information and improve the lives of IDP and minority women.*” Similarly, a SWDC advocate in Mogadishu confirmed that coalition members had met government actors and discussed draft sexual offences laws, though policy action remained pending.

Influence on Norms and Policy:

Qualitative data indicates that the project strengthened solidarity among women’s rights groups and increased their collective visibility in public and policy spaces. Community dialogues and intergenerational forums allowed survivors, youth, and leaders to challenge harmful traditions. A religious leader interviewed in Hargeisa acknowledged, “after the trainings, people started talking about violence more openly, and some elders now support the idea that rape is a crime.” This signals a gradual but important shift in community discourse on SVAWG.

Conclusions

In summary, the We Have Rights project achieved or exceeded most of its planned outputs, with particularly strong results in community outreach, advocacy, coalition-building, and survivor empowerment. The combination of grassroots mobilization, partnerships with WAAPO and SWDC, and survivor-led networks contributed to these results. Although gaps remained in training coverage for service providers, the project succeeded in transforming awareness into action, strengthening legal and advocacy coalitions, and elevating the voices of displaced and minority women within Somalia’s gender justice landscape.

Evaluation Criteria	Effectiveness
Evaluation Question 2	How did they influence project outcomes, including increasing access and protection of women and girls from IDP and minority communities from Somalia?

Evaluation Criteria 2: Key Findings

Contribution Analysis: Influence of Coalitions on Access and Protection for IDP and Minority Women and Girls

At endline, qualitative evidence shows that the We Have Rights project achieved tangible progress in improving access to protection and justice for women and girls especially from IDP and minority groups largely through the coordinated efforts of women’s rights coalitions and community networks in Hargeisa (Somaliland) and Banaadir (South Somalia).

1. Strengthened Grassroots Coordination and Collective Voice

Coalitions led by SIHA created functional platforms linking paralegals, protection committees, and survivor groups. These structures increased visibility and trust at community level such as a one publication in the Guardian newspaper entitled; [Killing of three women](#)

[in a week sparks femicide protests in Somalia | Global development | The Guardian](#). A paralegal (Hargeisa) explained that **“after the training, women started to report directly to us instead of keeping quiet; we help them reach the right services.”** In Banaadir, a community protection volunteer led by SIHA confirmed similar shifts, noting that **“the groups we formed now support each other and accompany survivors to the police.”** **These networks translated capacity-building inputs into real protective behaviour, improving both reporting and follow-up for SGBV cases.**

2. Expanded Access to Services and Protection Pathways

Coalitions with support from SIHA directly influenced survivor access to multi-sectoral services. Through referral linkages, health facilities, and legal partners, women from IDP settlements could obtain immediate support rather than being referred informally. SIHA’s led activities such as the establishment of the CSOs, coalitions and coordination with the CPGs to lead advocacy initiatives and promoting the effectiveness of referral mechanisms to increase reporting of SV cases also contributed. A Mogadishu social worker observed, **“before, cases were hidden; now survivors reach us through the community groups, and we coordinate with the hospital.”** In Hargeisa, the introduction of paralegal desks enabled minority women to navigate justice processes previously dominated by clan mediation, illustrating a structural shift towards inclusion.

3. Advocacy and Norms Change

Advocacy efforts by SIHA also reshaped local attitudes towards SGBV and the rights of displaced women. Religious and traditional leaders trained under WAAPO began to publicly denounce violence. One community elder in Hargeisa reflected that **“we used to settle rape cases quietly; now we encourage families to report so perpetrators are punished.”** Media engagement particularly radio discussions organized by SWDC amplified survivor stories and reinforced anti-violence messaging. These collective actions contributed to a gradual cultural transition from silence to open dialogue on protection and justice.

4. Institutional Engagement and Legal Influence

SIHA led several advocacy activities, including press statements and policy briefs, in both locations. Through these coalitions, they played a key role in influencing the criminalization of a man who had burned his wife to death in Banaadir. This advocacy was conducted via a press statement developed and signed by the CSOs and presented to the media. Coalitions influenced institutional responses by bridging community and state actors. In Banaadir, an SWDC advocacy officer described holding dialogues with local authorities: **“we met the district office and police, and they now invite us when GBV cases arise.”** In Hargeisa, WAAPO and its partners participated in legal awareness campaigns and paralegal mentoring, ensuring survivors could access courts rather than relying solely on customary mediation. Although national legislative reforms such as the sexual offences bill remain pending, these engagements laid the groundwork for longer-term policy influence.

Conclusions

Contribution Summary

Using contribution analysis logic, the coalition networks and grassroots partnerships contributed substantially to improved access and protection outcomes through:

- Direct mechanisms: paralegal support, referral systems, and community protection groups that increased service uptake and accountability.
- Indirect mechanisms: advocacy, awareness, and norm-shifting efforts that enhanced acceptance of survivors' rights and built institutional linkages.

The evidence across KIIs and FGDs consistently attributes increased survivor reporting, service access, and community responsiveness to the collective, localized action of these coalitions rather than external actors alone. While resource limitations and policy inertia constrained broader legal reform, the project demonstrably transformed community protection dynamics for IDP and minority women moving from isolation and silence towards solidarity and structured support.

Evaluation Criteria	Effectiveness
Evaluation Question 3	To what extent did the project improve outcomes for IDP/ minority women and girls, including increasing access to quality SV services, shifting harmful community practices and norms, and strengthening legal and policy reforms?

Evaluation Criteria 3: Key Findings

At baseline, the We Have Rights project context was characterised by widespread tolerance of SGBV, limited trust in formal institutions, and deeply rooted cultural practices such as FGM and early marriage. Qualitative data at endline, however, reflects notable changes in attitudes, awareness, and behaviour, particularly among women and girls from IDP and minority communities.

1. Attitude Towards Marital Sexual Violence

At baseline, forced sex within marriage was normalised and rarely acknowledged as violence. It was reported that 71.8% agreed with this inequitable perspective, indicating a lack of recognition of forced sex within marriage as rape. By endline, only 16.1 percent of respondents agreed that a man can force his wife to have sex, while 81.3 percent disagreed. Endline FGDs and KIIs show that this attitudinal shift was driven by sustained dialogue, peer discussions, and awareness sessions led by SIHA. A religious leader in Hargeisa confirmed that, **“after the trainings, even men who defended marital rights before now say forcing a wife is wrong.”** Similarly, an adolescent girl in Hargeisa stated, **“we learned about rights and consent; many of us didn't know before that it is violence.”** These accounts demonstrate that community learning processes contributed directly to reducing acceptance of sexual coercion in marriage.

2. Willingness to Report Sexual Violence

The baseline report highlighted that survivors preferred to settle cases through families or clan elders due to fear, stigma, and limited institutional trust. For those who said they would report an incident of sexual violence, the most common options for reporting were to a parent or relative (50.4%), to the police (49.4%), and to a traditional leader (52.7%).

At endline, 75.48 percent of respondents said survivors should report cases to police, while only 17.42 percent disagreed. Qualitative interviews illustrate what drove this increase: community protection groups and paralegals–built linkages with police gender desks and trained service providers. A community protection actor in Banaadir explained, **“when-ever a case happens, the protection group knows where to refer it, and the survivor gets immediate support.”** An SWDC staff member in Mogadishu added, **“people now understand reporting is not shameful; survivors can find help and justice.”** These statements confirm that project–supported coalitions improved confidence in police and justice actors, marking a clear departure from the baseline situation of silence and informal mediation.

3. Beliefs Regarding Female Genital Mutilation (FGM)

At baseline, FGM was widely accepted and described as a symbol of respectability for girls at a percentage of 68%. By endline, 47.1 percent still supported the practice, 44.52 percent opposed it, and 7.1 percent were unsure showing meaningful though incomplete change.

FGD discussions attribute this shift to awareness work by trained religious leaders and women’s rights advocates. A community protection actor in Hargeisa shared that, “after the sessions, mothers started talking about the dangers of cutting; some even stopped.” Likewise, an SWDC key informant in Banaadir noted, “religious leaders told people FGM is not a religious rule, and that made a big difference.” This confirms that while deep–seated traditions persist, there is visible movement towards questioning and abandoning FGM.

Conclusions

Taken together, the baseline and endline findings triangulated with qualitative testimonies show a substantial improvement in awareness, attitudes, and protective behaviour among IDP and minority women and girls. Rejection of marital rape rose sharply, reporting to police became more accepted and accessible, and social support for FGM is being challenged. These outcomes can be traced to coalition–led community mobilisation, peer education, religious engagement, and strengthened referral networks established under We Have Rights.

As one WAAPO paralegal in Hargeisa concluded, **“we now see survivors speaking up, getting support, and changing how our community treats violence.”** This evidence confirms that the project meaningfully advanced both access to quality services and transformation of harmful norms that previously left women and girls unprotected.

Evaluation Criteria	Relevance
Evaluation Question 4	To what extent do the achieved results (project goal, outcomes, and outputs) continue to be relevant to the needs of women and girls?

Evaluation Criteria 4: Key Findings

At baseline, women and girls, particularly from displaced and minority communities reported limited access to survivor-centred services and widespread tolerance of gender-based violence and harmful practices. Quantitative data from the baseline report show that although 83 percent of respondents in South-Central Somalia and 81 percent in Somaliland acknowledged the availability of basic health services for survivors, only 34.7 percent considered these services very adequate, while 16.1 percent rated them somewhat inadequate. Male respondents expressed higher satisfaction levels than females, underscoring persistent gender gaps in access and service quality. The baseline also documented the normalisation of intimate-partner violence, pressure on survivors to remain silent, and the cultural entrenchment of FGM as a marker of respectability.

At endline, these indicators show significant improvement. Service adequacy ratings reveal that 50.97 percent of respondents found services very adequate, 30.32 percent “somehow adequate,” only 9.03 percent reported services as not available, and 7.74 percent rated them inadequate. This represents a major shift from baseline levels, confirming that the We Have Rights project has made tangible improvements in service quality, accessibility, and survivor satisfaction. FGDs and KIIs attribute this to the continued functionality of community protection groups (CPGs) established by SIHA and paralegal networks established by WAAPO and SWDC. A community protection actor in Banaadir stated, *“when a case happens, we don’t keep quiet now; we know who to contact and survivors receive help.”* Likewise, a WAAPO paralegal in Hargeisa confirmed, *“before, women didn’t know where to go; now we link them to the police, hospital, or legal aid.”*

The project’s work on shifting harmful norms also continues to address women’s evolving needs. At baseline, tolerance for marital and sexual violence was widespread; by endline, 81.3 percent of respondents rejected the idea that a man can force his wife to have sex, and 75.48 percent agreed survivors should report cases to police. These changes were reinforced by community dialogues and engagement with religious and traditional leaders. A religious leader in Hargeisa remarked, *“after the trainings, men who once defended it now say forcing a wife is wrong.”*

On FGM, the baseline report described the practice as “deeply ingrained” and “widely accepted.” At endline, 47.1 percent still supported it, 44.5 percent opposed it, and 7.1 percent were unsure. FGDs in both Hargeisa and Banaadir linked this progress to religious and community advocacy. One SWDC staff member in Mogadishu explained, *“religious leaders told people FGM is not a religious rule, and that made a big difference.”*

Finally, the project’s livelihood and peer-support interventions remain highly relevant. Economic independence was consistently mentioned by survivors as essential to sus-

tained safety and dignity. An adolescent participant from Hargeisa shared, **“after the business support, I could help my family and people respected me more.”** These elements directly respond to the baseline finding that economic vulnerability increased exposure to violence and dependence on harmful coping mechanisms.

Conclusions

When compared with baseline conditions marked by inadequate services, silence around sexual violence, and entrenched harmful norms, the endline findings demonstrate that the project’s outcomes remain highly relevant to women’s and girls’ current protection and empowerment needs. The large increase in perceived adequacy of services (from 34.7% to 50.97% “very adequate”) and continued improvement in attitudes towards reporting and gender norms confirm that We Have Rights interventions continue to address the most pressing vulnerabilities of women and girls, especially those from IDP and minority communities.

Evaluation Criteria	Relevance
Evaluation Question 5	How effective and contextually appropriate were the project’s key strategies, including grassroots women’s advocacy, awareness campaigns, and survivor-centered service delivery?

Evaluation Criteria 5: Key Findings

Effectiveness of Grassroots Women’s Advocacy

Qualitative evidence from a WAAPO paralegal in Hargeisa noted, **“Before, women didn’t know who to speak to when violence happened. Now, we meet every month to plan together and speak as one voice.”** A coalition member from Mogadishu confirmed that advocacy **“made leaders fear public backlash; now they listen when we demand action.”** These testimonies demonstrate increased collective agency and legitimacy of women’s movements.

Appropriateness and Reach of Awareness Campaigns

Awareness and community education activities were contextually grounded and culturally sensitive, reflecting both local realities and broader advocacy priorities. During the 16 Days of Activism campaign, SWDC hosted a radio talk show on SN TV focusing on women’s economic and political empowerment ahead of the 2026 elections, reaching an estimated 12,350 indirect beneficiaries. The program strengthened community understanding of women’s rights, sexual violence, and available survivor services. Complementing these efforts, SIHA led additional awareness-raising initiatives linked to global and regional advocacy moments, including the 16 Days of Activism, International Women’s Day, International Day of Peace, and International Day of the Girl Child, thereby amplifying collective action for gender equality and women’s empowerment.

FGDs with adolescent girls and community protection actors revealed that awareness sessions changed community attitudes: one participant from **Banaadir IDP settlement** said, **“Before, men laughed when women spoke about rights; now, some even help to call the police.”** These localized approaches using Somali and Af-Maay dialects and engaging elders and clerics ensured that messaging resonated with both traditional and displaced communities, a key success factor identified in SIHA’s Silenced Suffering, which highlights the importance of community-led dialogue to confront harmful norms.

Survivor-Centred Service Delivery

The project’s service delivery strategy was among its most impactful components. Safe houses in Hargeisa and Banaadir provided integrated medical, psychosocial, and legal support, reaching over 748 survivors of sexual violence in early implementation and exceeding 1,000 direct beneficiaries by Semester 5. Referral pathways developed in partnership with local service providers such as Baahi Koob Centre, SWDC, and SOFHA were well-coordinated, culturally sensitive, and accessible to minority and IDP women.

A protection officer from SWDC in Mogadishu explained, **“The hotline works day and night now; survivors get linked to shelters within hours.”** Meanwhile, a Hargeisa service provider noted that coordination between hospitals and police **“has reduced the time survivors wait for help.”** These integrated services contributed directly to improved perceptions of adequacy, with over 50% of respondents rating services as ‘very adequate’ at endline.

Conclusions

Overall, the project’s combination of grassroots advocacy, awareness campaigns, and survivor-centred service delivery proved both effective and contextually appropriate. Advocacy networks influenced public discourse and policy, awareness campaigns shifted harmful gender norms through culturally relevant platforms, and survivor-centred services built durable local referral systems. Qualitative testimonies from KIIs and FGDs confirm that these strategies empowered women and girls, fostered collaboration among CSOs, and enhanced trust in protection mechanisms demonstrating sustainable progress towards preventing and responding to sexual violence in Somalia and Somaliland.

Evaluation Criteria	Efficiency
Evaluation Question 6	To what extent was the project delivered cost-effectively? (e.g., timeliness, budget use, resource optimization).

Evaluation Criteria 6: Key Findings

The We Have Rights project was implemented in a generally cost-effective and timely manner. Respondents consistently described efficient coordination, strong local partnerships, and optimal use of limited resources, which contributed to effective delivery even in the face of logistical constraints.

According to SIHA, implementation was guided by detailed annual, semester, and quarterly workplans, supported by continuous monitoring and activity reporting to ensure timeliness. One respondent explained that the project operated **“based on quarterly, yearly, and monthly monitoring,”** which helped maintain efficiency and accountability in implementation. SWDC similarly emphasized timely execution, noting that **“it took very little time”** to deliver planned activities and that coordination between community protection groups and local partners reduced delays. WAAPO acknowledged challenges related to funding flow but described how the team adapted to maintain continuity: **“The money sometimes came and went, and we were under pressure, but we still completed the activities.”**

All three organizations emphasized that the project’s success was grounded in resource optimization through community-led delivery mechanisms. WAAPO reported that training and empowering paralegals across IDP settlements reduced operational costs while expanding outreach: **“Paralegals have been created in the legal field... we empower the women who were in the workplace.”** Similarly, SIHA highlighted that producing referral pathway booklets and strengthening existing networks of police, hospitals, and legal aid actors improved coordination and minimized duplication: “Everybody has the contacts; they know who to call when a case happens.”

Conclusions

Overall, the project demonstrated strong value for money by maximizing partnerships, using local expertise, and avoiding parallel structures. The integration of advocacy, service delivery, and coalition-building improved coverage and reduced administrative costs. Although SWDC noted that “resources were used correctly but there’s still a need,” all three organizations affirmed that funds were utilized efficiently, and activities were delivered within expected timeframes. The evidence from these KIIs indicates that We Have Rights was implemented in a cost-effective, timely, and contextually efficient manner, achieving broad impact through prudent resource management and strong community-based collaboration.

Evaluation Criteria	Efficiency
Evaluation Question 7	To what extent did economic empowerment initiatives reduce the vulnerability of SV among IDP/Minority women?

Evaluation Criteria 7: Key Findings

At endline, 40 percent of respondents reported that financial independence had increased their confidence or safety, while 43.87 percent said it had not, and 14.84 percent were unsure. These mixed results indicate that while many women experienced positive personal change from livelihood and skills-training initiatives, others remained constrained by poverty, insecurity, and unequal access to resources.

Qualitative findings from the FGDs and KIIs reveal that women who benefited from small business support, savings groups, or vocational training gained greater confidence and were less exposed to sexual exploitation. In Hargeisa, participants explained that **“before, many women were depending on men or neighbours for food, but now some have income and can take care of their children.”** A paralegal working with WAAPO noted that **“women who earn something speak with more confidence and are not easily mistreated.”** These experiences illustrate how economic independence translated into enhanced self-worth and protection for those directly reached.

In Banaadir, respondents linked economic support with greater respect and social acceptance. Community actors observed that **“women who got skills and capital are respected more,”** while adolescent girls said, **“we don’t have to move around looking for help; that reduces harassment.”** Such testimonies demonstrate that livelihood initiatives contributed to improved safety and social standing among IDP and minority women, aligning with the 40 percent who affirmed increased confidence and safety.

However, both FGD and KII respondents acknowledged persistent gaps. Many women who did not receive direct livelihood support remained economically dependent and therefore continued to face risks. As one community protection member explained, **“the support helped some, but many are still waiting and struggling.”** This perspective helps explain the 43.87 percent who reported no improvement in confidence or safety.

Conclusions

Overall, the evidence shows that economic empowerment initiatives under We Have Rights had a moderate but meaningful impact on reducing vulnerability to sexual violence. For beneficiaries, financial independence improved dignity, confidence, and safety. Yet for the wider population of displaced and marginalized women still excluded from these opportunities, vulnerability remains highlighting the need for sustained and scaled-up livelihood support to consolidate gains in protection and gender equality.

Evaluation Criteria	Sustainability
Evaluation Question 8	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?

Evaluation Criteria 8: Key Findings

The results achieved under the We Have Rights project, particularly improvements in awareness, access to services, and empowerment of women and girls are likely to be partially sustained, primarily through strengthened local structures, community ownership, and continuing advocacy by partner organizations, though financial constraints and weak institutional frameworks may limit full continuity.

Across all KIIs, respondents from WAAPO, SWDC, and SIHA expressed confidence that the systems established; community protection groups, paralegals, referral pathways, and partnerships with service providers will continue operating beyond the project’s lifecycle. One key informant noted that **“the paralegals and protection groups will remain because they are part of the community and not paid staff.”** This was echoed in FGDs where participants confirmed that trained volunteers and paralegals **“still help survivors and share information”** even after project funding phases end. The creation of locally embedded structures, supported by manuals, referral booklets, and strong linkages with hospitals, police, and legal aid institutions, was repeatedly mentioned as a key factor enabling sustainability.

In both Hargeisa and Banaadir, participants emphasized that awareness and attitude changes have **taken root within communities. Women and girls reported that they now “understand what violence is” and “know where to go for help,”** reflecting sustained shifts in knowledge and behaviour. A community protection actor in Hargeisa shared that **“even if the project stops, people will still report cases; they have learned their rights.”** Similarly, in Banaadir, participants stated that **“people now speak out, and even men are joining the discussions,”** indicating social diffusion of change beyond direct beneficiaries.

Economic empowerment interventions also contribute to long-term effects. Women who received livelihood support or skills training said they would continue their businesses, savings groups, and peer mentorship. One woman in the adolescent girls’ FGD from Hargeisa explained, **“we continue meeting monthly to save together and help each other.”** This form of social and economic solidarity demonstrates sustainability through community-driven networks rather than project funding.

However, KIIs also pointed to fragile sustainability due to limited resources and systemic weaknesses. The SWDC informant noted that **“many survivors will still need assistance, but there is no guarantee of funds,”** while WAAPO highlighted that sustained advocacy and service delivery **“depend on donor support and continued coordination.”** FGDs further underscored the challenge that, without ongoing financial or technical assistance, the momentum of awareness campaigns and survivor services may gradually slow.

Conclusions

Overall, the findings suggest that the We Have Rights project built a strong foundation for sustainability at the community and institutional levels, especially through local capacity, protection networks, and changed attitudes. These gains are likely to endure in the medium term due to ownership by community actors and the continued engagement of partner organizations. However, financial dependency, limited government enforcement of protection laws, and the absence of formal support mechanisms for volunteers remain key risks that could affect long-term sustainability once project funding ceases.

Evaluation Criteria	Sustainability
Evaluation Question 9	To what extent are the SGBV prevention and response efforts likely to continue post-project based on the capacity and ownership of local partners like WAAPO and SDWC, SWCCA and VOSOMWO the durability of established community structures like the Community Protection Groups established in 10 IDP camps, and the women's coalitions?

Evaluation Criteria 9: Key Findings

Based strictly on the FGD and KIIs conducted, the evidence suggests that SGBV prevention and response efforts are likely to continue to a moderate to high extent after the project ends, primarily because of strong local ownership by WAAPO and SWDC, the functionality and acceptance of Community Protection Groups (CPGs) within IDP camps, and the ongoing engagement of women's coalitions that have gained legitimacy in their communities.

Across KIIs and FGDs, respondents repeatedly emphasized that the project established local structures and capacities that now operate independently of external facilitation. In the Hargeisa, representatives described that "paralegals have been created in the legal field" and that these volunteers continue to support survivors, mediate cases, and raise awareness even beyond funded periods. Similarly, FGD participants in Hargeisa confirmed that "we meet every month to discuss cases and help survivors," indicating that the CPGs have become self-organized and community driven. These monthly meetings have strengthened solidarity among women and created informal accountability systems for identifying and referring cases of violence.

In Banaadir, KII respondents from SWDC emphasized that community-based structures are now embedded within local leadership and that "people now know where to go and who to call when violence happens." FGDs with community protection actors reinforced this point, noting that "even if the project stops, the protection groups will continue because they belong to the community." The active linkages between these CPGs and formal services particularly the police gender desks, hospitals, and legal aid providers

were described as well-established and functional. These mechanisms reduce dependency on the project and suggest a realistic pathway for sustainability.

The women’s coalitions that were strengthened under the project are also likely to endure. In both locations, participants described ongoing collaboration between local organizations and trained paralegals. In the KIIs, WAAPO highlighted that coalition members “still meet and support survivors through our offices and community groups,” while SWDC noted that “the women are now more confident to speak and lead activities themselves.” This empowerment and visibility are crucial indicators of sustained advocacy capacity at the local level in an initiative whose coordination was supported by SIHA.

However, respondents pointed out that limited financial resources and a lack of consistent institutional support may slow down awareness campaigns and limit the reach of referral services. As one Hargeisa key informant noted, “the work will continue, but it needs support for transport and materials.” Similarly, in Banaadir, community members mentioned that “many survivors still need help, but there is no funding.” These perspectives suggest that while the social and institutional foundations for continuation are strong, the intensity of activities may decline without external support.

Conclusions

Overall, the KIIs and FGDs provide clear evidence that the core SGBV prevention and response systems particularly those rooted in community structures and local organizations have a strong chance of continuing post-project. Local partners demonstrate ownership, community structures are functional and accepted, and coalitions of women remain active. However, the sustainability of scale and quality will depend on whether these groups can access ongoing technical and financial assistance to maintain momentum and respond effectively to survivors’ needs.

Evaluation Criteria	Sustainability
Evaluation Question 10	To what extent is the government’s commitment to enforce laws and policies that protect women and girls from SV?

Evaluation Criteria 10: Key Findings

At the endline, data shows that government commitment to enforcing laws and policies protecting women and girls from sexual violence remains uneven but is gradually improving. Quantitative findings indicate that only 45.16 percent of respondents knew about the Sexual Offenses Bill (SOB) or similar laws, while 52.26 percent were unaware, reflecting limited awareness despite ongoing advocacy efforts.

Qualitative evidence confirms that enforcement remains weak. A respondent from SIHA noted that **“the law exists but implementation remains a problem... women still fear reporting cases.”** Similarly, an SWDC informant in Mogadishu explained that **“the cases take too long in the courts, and sometimes they don’t reach judgment.”** These insights

are consistent with findings from the desk review which described ongoing advocacy engagements with justice and health officials but acknowledge continued judicial delays and political resistance.

At the community level, FGDs with Community Protection Actors in Hargeisa indicated modest progress in institutional responsiveness, with participants noting that **“police gender desks are more active now and they listen to women.”** The reports also confirm that SIHA and WAAPO trained police, health workers, and paralegals to strengthen survivor-centered referrals, leading to improved coordination between communities and formal service providers.

Conclusions

Overall, the combination of quantitative and qualitative evidence suggests moderate progress towards government enforcement of laws protecting women and girls. While legal frameworks such as the SOB exist and awareness is growing through the efforts of SIHA, WAAPO, and SWDC, enforcement remains inconsistent and dependent on sustained advocacy, political will, and institutional support to translate these commitments into real protection for survivors.

Evaluation Criteria	Impact
Evaluation Question 11	To what extent has the project contributed to ending violence against women, gender equality, and/or women’s empowerment (both intended and unintended impact)?

Evaluation Criteria 11: Key Findings

The project made a substantive contribution to advancing gender equality, women’s empowerment, and the realization of human rights by transforming community responses from silence to collective action, strengthening survivor pathways, and amplifying women’s voices and leadership. It supported structural shifts in gender and power relations by promoting women’s rights to justice, dignity, and participation within both community and institutional spaces. KIIs show that community-level systems now function beyond facilitation: WAAPO confirmed that **“paralegals have been created in the legal field”** and continue to support survivors in IDP settlements, while SIHA emphasized that referral tools and contacts now link police, hospitals, and legal aid actors so that cases move faster. FGDs with Community Protection Actors in Hargeisa reported visible practice change **“police gender desks are more active now and they listen to women”** while SWDC noted growing community readiness to use formal channels: **“people now understand where to report and are no longer silent even when rape occurs.”**

Semester reports corroborate these findings, documenting regular community dialogues, engagement of religious and traditional leaders, and coalition actions that kept sexual and gender-based violence on local human rights and policy agendas. Empowerment

outcomes were also evident: women increasingly took public roles in CPGs, spoke in forums, and supported peers. Those who accessed livelihood support reported enhanced self-worth, economic independence, and social respect; factors that reinforce their ability to refuse abuse and claim their rights. Unintended but positive results include men participating more actively in gender and rights discussions, and communities beginning to challenge discriminatory customary settlements that previously denied women equal protection under the law.

Conclusions

Remaining constraints flagged in KIIs/FGDs; court delays, occasional backlash, and resource gaps for shelters/transport temper the scale of impact, but the evidence shows clear contributions to safer reporting, fairer treatment, and stronger women’s agency that are likely to persist through locally owned structures (CPGs, paralegals, coalitions).

Evaluation Criteria	Knowledge generation
Evaluation Question 12	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?

Evaluation Criteria 12: Key Findings

The evaluation finds that the project has generated substantive knowledge and several promising practices in the field of Ending Violence Against Women and Girls (EAW/G), particularly within displacement and minority community settings in Somalia and Somaliland.

The project’s research outputs, notably the “Silenced Suffering” study and the Legal Briefing Paper on Sexual Offenses in Somalia and Somaliland, have become important reference materials that document the lived realities of IDP and minority women, the weaknesses in existing legal frameworks, and the fragmentation of justice systems. These studies provided contextual evidence of how sexual violence manifests in humanitarian and clan-based legal contexts, thus filling critical knowledge gaps in national and regional EAW/G discourse.

Briefing paper on Family law and its impact on women and girls in IDPs and Minority communities.

This paper is a knowledge product because it gathers, analyzes, and presents evidence-based insights on the current state of family law in Somaliland from a human rights perspective. It contributes to knowledge by examining legal, social, and institutional gaps in the Somaliland Draft Personal Law and comparing them with international and regional human rights standards. Through this analysis, the paper identifies discrimina-

tory provisions affecting women and vulnerable groups, such as minorities and internally displaced persons, and offers practical recommendations for legal and policy reform, synthesizing legal research, historical context, and human rights frameworks, the paper serves as a resource for policymakers, civil society organizations, and development partners to advocate for gender equality and inform future reforms.

From an operational perspective, the Referral Pathway Directories developed for Mogadishu and Somaliland are recognized as practical tools for coordination, mapping service providers, and strengthening multi-sectoral responses to survivors. These directories outline local contact points for medical, legal, and psychosocial services such as SWDC, SWLA, Edna Adan Hospital, and Baahi Koob Centre improving referral efficiency and survivor safety. This represents an emerging practice in locally led documentation of service ecosystems that can be replicated by other actors in fragile settings.

Qualitative data from KIIs and FGDs further highlight community dialogues and survivor-centred awareness forums as effective approaches that foster openness around sexual violence, encourage reporting, and shift norms around victim-blaming. A local FGD participant in Hargeisa described, “Before this project, people did not talk about rape in our community; now there are places we can go for help.” Similarly, service providers noted improved coordination and mutual referrals between NGOs and government actors because of SIHA’s convening role.

Conclusions

In summary, the We Have Rights project generated actionable knowledge and replicable practices, including:

- Evidence-based documentation on SGBV prevalence, drivers, and legal responses among displaced and minority women.
- Functional, field-tested referral directories for Somalia and Somaliland.
- Strengthened models for community-led awareness and multi-sectoral coordination.

These outputs and experiences collectively represent emerging practices that should be shared across the ERAW/G community, particularly for adaptation in humanitarian and post-conflict environments where formal protection systems are weak, yet community-led structures remain strong.

Evaluation Criteria	Gender Equality and Human Rights
Evaluation Question 13	To what extent did the project advance gender equality and human rights by addressing intersectional vulnerabilities like clannism and disability in service delivery?

Evaluation Criteria 13: Key Findings

The KIIs and FGDs indicate the project advanced gender equality and rights mainly by surfacing and responding to intersectional risks tied to displacement and minority clan status, which shape access to services and safety. Participants described how IDP camp conditions and daily mobility for work expose women and girls to heightened SV risk; insecure shelters, poor lighting/latrines, and long, isolated routes to jobs or services pushing the project to prioritise survivor-centred referrals and practical protection messaging for those contexts (e.g., safer access to services, reporting options).

The same sources show clannism-related exclusion: minority women reported social devaluation and being left out of camp leadership/decision spaces, limiting their recourse and visibility in referral systems; project convenings and documentation helped elevate these barriers and improve referral awareness among minority groups.

Conclusions

Overall, the qualitative evidence supports gains in norms change (more openness to talk about rape), referral uptake, and coordination, especially for displaced and minority women navigating clan power imbalances but data review did not explicitly detail disability-responsive adaptations in service delivery (for example, accessible facilities or targeted case management), signalling an area for further action and documentation.

Evaluation Criteria	Lessons & Recommendations
Evaluation Question 14	What key challenges emerged during implementation?

Evaluation Criteria 14: Key Findings

Ongoing conflict and checkpoints in Mogadishu and other areas limited field access, disrupted outreach, and made it difficult for survivors to reach service points safely. One KII respondent noted, “Sometimes we could not enter the camp because of fighting, so we relied on phone referrals.”

Deeply rooted norms and shame around sexual violence made disclosure difficult. FGDs revealed that many families hid cases to avoid social judgment, while some elders insisted on clan-based reconciliation instead of formal reporting. Survivors feared retaliation.

Referral actors such as police, legal aid, and psychosocial service providers often lacked resources, clear procedures, and communication channels. KIIs cited inconsistent follow-up and limited government involvement, noting that “some officers do not know the referral contacts.”

Minority and displaced women reported being marginalised during service delivery and community meetings. FGD participants from Gabooye and Bantu groups described being “looked down on” and excluded from leadership roles, reflecting how clan hierarchies shaped access to justice and protection.

Despite advocacy, awareness of the Sexual Offenses laws remained low. Police and elders continued to handle rape cases informally, often prioritising compensation over justice. KIIs stressed confusion between customary law, Sharia, and the formal legal system, which delayed prosecutions.

FGDs highlighted a shortage of shelters, trauma counsellors, and emergency medical services, especially in IDP settlements. Service providers struggled to offer consistent psychosocial follow-up due to high caseloads and limited funding.

KIIs confirmed that service facilities and outreach activities were not fully accessible for women with disabilities, and frontline staff had minimal training in disability-sensitive case handling.

Conclusions

In conclusion, the challenges that emerged during implementation highlight the complex social, institutional, and security environment in which the project operated. Insecurity and restricted access often disrupted field activities, while deep-rooted stigma, clan hierarchies, and weak coordination among service providers limited survivors’ ability to seek and receive timely support. The fragmented legal system, with overlapping customary, religious, and statutory frameworks, further weakened justice outcomes and reinforced impunity for perpetrators. Limited resources, inadequate infrastructure, and the absence of disability-inclusive services compounded these barriers. Overall, while the project made progress in raising awareness and strengthening referral pathways, these persistent challenges underscore the need for continued multi-level engagement combining community dialogue, institutional capacity building, and legal reform to ensure effective and inclusive EAW/G service delivery in Somalia and Somaliland.

Evaluation Criteria	Lessons & Recommendations
Evaluation Question 15	What actionable recommendations can inform future programming in Somalia?

Evaluation Criteria 15: Key Findings

The following recommendations are grounded in the evaluation’s key findings, challenges, and conclusions, reflecting both evidence from field consultations and analysis of institutional, social, and systemic barriers identified during implementation. They directly respond to the main gaps observed across service delivery, legal protection, and sustainability, while building on the project’s documented strengths in community ownership, coalition-led advocacy, and norm change. The recommendations therefore aim to consolidate achievements in gender equality and human rights protection, sustain the functionality of survivor-centred structures beyond donor support, and guide SIHA and its partners alongside government and development actors towards more coordinated, inclusive, and durable approaches to ending violence against women and girls in Somalia and Somaliland.

Institutionalize and fund community-based protection systems: Sustain and expand the CPGs and paralegal networks established under WAAPO and SWDC by integrating them into district protection and justice frameworks. Provide modest operational funding, refresher trainings, and logistical support to ensure continuity of survivor referrals and community monitoring after donor exit.

Address the major gap in psychosocial support reported to have declined from 65% to 27% in Banaadir and from 52% to 29% in Hargeisa by training more female counsellors, establishing mobile mental health outreach teams in IDP settlements, and embedding psychosocial care into existing health service packages.

Expand legal aid provision through partnerships with legal aid clinics and law schools. Build the capacity of paralegals to handle complex SGBV cases, and institutionalize linkages between paralegals, police gender desks, and local courts to shorten case turnaround times and enhance survivor confidence.

Intensify coalition-led advocacy targeting Parliament, the Ministry of Justice, and religious leaders to fast-track the passage and enforcement of the SOB. Develop simplified civic education materials to raise public awareness, given that 52.26% of respondents were unaware of such laws.

Embed disability-responsive adaptations in all EAW/G programming such as accessible facilities, sign language interpretation, and inclusive referral systems and ensure minority women are represented in leadership and monitoring structures to address intersectional exclusion.

Scale up livelihood and savings groups that enhance survivor resilience and reduce dependence. Evidence shows 40% of respondents linked financial independence to improved safety, demonstrating the protective effect of economic empowerment.

Build on the successful norm change that saw 81.3% of respondents reject marital rape. Develop structured male engagement programs through mosques, schools, and youth networks to consolidate gains against SGBV and promote equitable masculinities.

Support the Ministry of Women and Human Rights Development to establish a national SGBV coordination platform that brings together police, justice, and social welfare actors. Reinforce referral pathway use and embed monitoring indicators for accountability.

Institutionalize community-based data collection using Kobo or similar tools to continuously capture SGBV trends. Update and disseminate the Referral Pathway Directories annually to maintain relevance and inter-agency coordination.

Mainstream ERAW/G prevention and response within humanitarian clusters and local peace committees to address the conflict-related risks that often restrict survivor mobility and access to justice in Mogadishu and other volatile areas.

Conclusions

In conclusion, the recommendations outlined above provide a practical roadmap for translating the lessons of the We Have Rights project into stronger, more sustainable ERAW/G programming in Somalia. They emphasize institutional ownership, inclusive service delivery, and survivor-centred coordination across all sectors. Implementation depends on each actor fulfilling a distinct yet interconnected role; government ministries embedding protection systems within national structures, CSOs sustaining community-level response networks, and donors investing in both services and livelihoods. Strengthened collaboration among justice, health, and social sectors will transform fragmented responses into an integrated protection framework. Embedding gender equality, disability inclusion, and accountability within all interventions not only sustains project gains but also moves Somalia closer to a rights-based, survivor-driven approach to ending violence against women and girls.

OVERALL CONCLUSIONS

The We Have Rights: Protecting IDP and Minority Women and Girls from SGBV in Southwest Somalia and Somaliland project made a significant and measurable contribution to advancing women's rights, survivor protection, and gender equality in fragile and displacement-affected contexts. Over three years, the project successfully improved access to essential medical, psychosocial, and legal services for survivors, mobilized communities against harmful norms, and strengthened women's coalitions and paralegal networks that continue to function beyond project funding. Through the leadership of WAAPO in Hargeisa and SWDC in Mogadishu, the initiative transformed community responses from silence to action creating referral systems, community protection groups, and advocacy coalitions that enhanced reporting, justice access, and survivor confidence

The evaluation confirms that the project met or exceeded most planned outputs, reaching over 12,000 community members, training legal and service providers, and establishing enduring coalitions that influence discourse and practice on SGBV. Quantitative evidence shows improved service adequacy (from 34.7% at baseline to over 50% at endline) and sharp declines in tolerance for marital rape and FGM, reflecting meaningful shifts in attitudes and behaviour. Economically, women who gained livelihoods reported greater respect, safety, and independence, underscoring the protective value of empowerment interventions.

However, persistent gaps remain in psychosocial support, legal aid continuity, and government enforcement of protective laws such as the Sexual Offenses Bill. Sustainability is strong at community level where paralegals, CPGs, and coalitions operate voluntarily but constrained by limited institutional financing and weak state accountability. Despite these challenges, We Have Rights has built a replicable model of survivor-centred, community-driven protection grounded in local ownership and advocacy.

In sum, the project has catalyzed measurable social norm change, institutional collaboration, and empowerment for IDP and minority women and girls. Its legacy lies in shifting Somalia's response to gender-based violence from fragmented, reactive interventions towards an integrated, survivor-led system that champions dignity, justice, and equality for all women and girls.

Effectiveness

The We Have Rights project demonstrated strong overall effectiveness in achieving its intended outcomes across both Mogadishu and Hargeisa. The evaluation findings show that interventions were strategically designed and well-aligned to the contextual realities of IDP and minority women, resulting in tangible progress in SGBV prevention, response, and rights awareness. Community dialogues, media campaigns, and capacity-building activities significantly improved public knowledge and shifted social norms evident in the sharp reduction of tolerance toward gender-based violence. For instance, 81.3% of respondents at endline stated that it is unacceptable for a man to force his wife to have sex, compared to much lower awareness at baseline, marking a major behavioral change in attitudes toward consent and marital rights.

The project also strengthened coordination and service delivery systems through the establishment of referral pathways, paralegal networks, and community protection groups under WAAPO and SWDC. These structures enhanced case management and increased survivors' access to medical, psychosocial, and legal assistance. The referral directories produced for Mogadishu and Somaliland further improved collaboration among actors and now serve as living tools for continued multi-sectoral coordination.

In terms of advocacy effectiveness, the project elevated discourse on sexual violence law reform, especially around the stalled Sexual Offenses Bill, and generated credible research and knowledge products such as *Silenced Suffering* and the *Legal Briefing Paper on Sexual Offenses* that are widely cited by stakeholders. However, gaps persist in psychosocial coverage, legal follow-up, and disability inclusion, largely due to funding limitations and institutional weaknesses.

Relevance

The We Have Rights project was highly relevant to the needs, priorities, and lived realities of women and girls affected by conflict, displacement, and entrenched social hierarchies in Somalia and Somaliland. The evaluation confirms that the project directly addressed the most pressing protection gaps sexual and gender-based violence, weak referral mechanisms, and limited survivor access to justice and psychosocial care identified in baseline assessments and corroborated through KIIs and FGDs.

By focusing on IDP and minority women and girls, the project filled a critical service and advocacy gap in communities that remain largely excluded from mainstream protection programs. Its design aligned closely with national and regional priorities, including Somalia's National Gender Policy (2019), the National Development Plan pillar on Human Rights and Protection, and the UN Trust Fund's strategic focus on ending violence against women in fragile and conflict-affected settings. The project's partnerships with local women-led organizations; SWDC in Mogadishu and WAAPO in Hargeisa further enhanced contextual relevance, as these entities possess deep community trust and cultural legitimacy essential for mobilizing change in conservative and clan-influenced societies.

The multi-sectoral approach combining legal reform advocacy, community awareness, capacity-building, and service provision proved contextually appropriate and responsive to survivors' holistic needs. Evidence from KIIs and FGDs indicates that interventions such as community dialogues, paralegal support, and referral mapping were perceived by beneficiaries and local leaders as timely, accessible, and grounded in local realities. The inclusion of religious and clan leaders in awareness activities also increased project acceptance and reduced backlash.

Efficiency

The We Have Rights project was implemented efficiently despite operating in complex, high-risk environments marked by insecurity, displacement, and weak institutional systems. The evaluation finds that resources were well utilized, and outputs delivered within reasonable

timelines and budgets, reflecting prudent financial and operational management by SIHA Network and its implementing partners, WAAPO and SWDC. Coordination between these partners ensured that activities in Mogadishu and Hargeisa complemented each other rather than duplicated efforts, maximizing reach and minimizing administrative overheads.

The project achieved notable outputs such as the production of referral directories, community dialogues, legal aid services, and high-quality knowledge materials like *Silenced Suffering* and the *Legal Briefing Paper on Sexual Offenses* with relatively modest resources. Use of existing community structures, including trained paralegals, CPGs, and local coalitions, proved to be a cost-effective delivery model, as it reduced dependence on external staff while building lasting community ownership. Leveraging volunteerism and partnerships with government institutions and media outlets also allowed the project to extend its visibility and impact at low additional cost.

Operational efficiency was further enhanced through integration of activities. For example, awareness sessions were combined with data collection and service mapping, and training events often doubled as platforms for advocacy and coordination. Procurement, logistics, and field operations were managed locally by WAAPO and SWDC, which improved responsiveness and reduced delays linked to cross-border approvals.

However, certain constraints affected overall efficiency. Insecurity in some districts limited movement and occasionally increased operational costs due to the need for alternative communication and transport arrangements. Delays in disbursement and limited funding for psychosocial services also constrained the pace of implementation in some quarters. Despite these challenges, partners demonstrated flexibility and adaptive management, ensuring that planned outputs were largely achieved within available resources.

Sustainability

The We Have Rights project demonstrated strong prospects for sustainability, particularly through its community-based structures, local partnerships, and institutional linkages. The evaluation shows that the project deliberately invested in approaches and actors that can continue functioning beyond donor funding. CPGs, paralegal networks, and survivor referral focal points established under WAAPO and SWDC have remained active and continue to link survivors to health, psychosocial, and legal services. These local mechanisms are grounded in volunteerism, social accountability, and community trust, which gives them a high likelihood of continuity after the project's closeness.

Sustainability is also evident in the strengthened institutional capacity of implementing partners and government stakeholders. WAAPO and SWDC have built robust coordination with district gender offices, police gender desks, and health providers, ensuring that survivor support is embedded within local protection systems. The project's production of referral directories and training of multi-sectoral actors created practical tools and shared knowledge that partners continue to use in daily operations.

Advocacy and policy engagement further enhanced institutional sustainability. The project's contributions to legal reform processes, particularly the Sexual Offenses Bill, and its partner-

ships with the Ministry of Women and Human Rights Development and the Ministry of Justice, positioned gender-based violence prevention and response as government priorities. This alignment with national frameworks and ongoing dialogue with policymakers increases the likelihood of long-term institutional commitment.

Nonetheless, sustainability faces challenges. Limited government funding for GBV services, dependence on donor resources, and weak enforcement of protective laws could slow progress if not addressed. Some psychosocial and legal aid services risk interruption without sustained financial and technical support. Continued capacity building, funding diversification, and policy advocacy will therefore be crucial.

Impact

The We Have Rights project has generated a significant and measurable impact on the lives of women and girls, particularly those affected by displacement, minority status, and gender-based marginalization in Somalia and Somaliland. The evaluation findings clearly show that the project's interventions have influenced attitudes, behaviours, and systems related to SGBV prevention and response. Community awareness and advocacy activities led to a remarkable shift in perceptions of women's rights and bodily autonomy exemplified by 81.3% of respondents at endline affirming that it is unacceptable for a man to force his wife to have sex, a strong indicator of changing social norms around consent and gender equality.

At the individual level, survivors were provided with psychosocial, legal, and health services through strengthened referral pathways and the establishment of community protection groups. The project directly increased reporting and help-seeking behaviour, especially among IDP and minority women who had previously remained silent due to stigma or fear. Paralegals trained under WAAPO and SWDC successfully assisted survivors in navigating legal and community systems, helping to bridge the justice gap in contexts where formal institutions remain weak.

At the institutional level, the project's support to local organizations and coordination platforms enhanced collective advocacy and multi-sectoral collaboration. The production of knowledge products such as *Silenced Suffering* and the *Briefing Paper on Sexual Offenses* influenced public and policy discourse, providing evidence that continues to inform legal reform efforts around the Sexual Offenses Bill. The referral directories created for Mogadishu and Hargeisa further institutionalized service linkages that remain functional beyond the project period. SIHA also organized a roundtable meeting in Mogadishu with development partners and embassies contributing to policy influence.

The project also contributed to women's empowerment by improving their participation in community dialogues and livelihood activities. Many women reported increased confidence, independence, and respect within their households as a result of project-led economic initiatives and awareness of rights. This transformation not only reduced vulnerability to abuse but also fostered long-term community resilience.

While the project's systemic impact is evident, sustainability of these gains will depend on continued investment in local structures and government accountability. Nevertheless, We

Have Rights stands as a catalyst for social change reducing tolerance for violence, amplifying women's voices, and establishing functional mechanisms that strengthen justice and protection systems for survivors across Somalia and Somaliland.

Knowledge Generation

The We Have Rights project made a substantial contribution to knowledge generation in the field of ERAW/G within Somalia and Somaliland. Through systematic documentation, research, and learning, the project filled long-standing evidence gaps around sexual and gender-based violence, particularly among internally displaced and minority women groups often excluded from mainstream data and policy dialogue.

The project produced several high-quality and widely referenced knowledge products, including the research paper "Silenced Suffering: Unveiling Sexual Violence Against Displaced and Minority Women in Somalia and Somaliland" and the Briefing Paper on Sexual Offenses in Somalia and Somaliland. These publications provided context-specific analysis of the prevalence, drivers, and legal responses to SGBV, as well as critical insights into how customary and religious systems intersect with formal justice mechanisms. The reports also influenced national advocacy around the stalled Sexual Offenses Bill and informed public debate on the need for survivor-centered legislation.

Additionally, the development of Referral Pathway Directories for Mogadishu and Hargeisa represented an innovative form of practical knowledge generation. These directories consolidated service information for medical, psychosocial, and legal actors, serving as operational tools for front-line responders and as reference materials for future coordination and programming.

Knowledge generation was not limited to publications. Through FGDs, KIIs, and endline surveys, the project created learning spaces that captured community perspectives, survivors' voices, and institutional experiences. These processes enhanced local ownership of evidence and informed adaptive decision-making throughout implementation.

Gender Equality and Human Rights

The We Have Rights project made a meaningful and measurable contribution to advancing gender equality and human rights within Somalia and Somaliland. Its design and implementation were firmly rooted in rights-based and gender-transformative principles, ensuring that women and girls especially those affected by displacement, minority status, and poverty were not only beneficiaries but active agents of change. The project's interventions directly challenged patriarchal norms and discriminatory practices that perpetuate gender-based violence and women's subordination, replacing silence with open dialogue, collective action, and advocacy for justice.

Evidence from the evaluation demonstrates clear progress in gender attitudes and norms. At endline, 81.3% of respondents stated that it is unacceptable for a man to force his wife to have sex, signaling a major shift in perceptions of bodily autonomy and marital consent. This attitudinal change reflects the impact of sustained community dialogues, religious leader

engagement, and public campaigns that reframed violence against women as a human rights violation rather than a private or cultural matter.

The project also strengthened the protection and realization of rights through practical systems. The establishment of referral pathways, community protection groups, and paralegal networks expanded access to justice, psychosocial support, and health services, creating tangible mechanisms for rights enforcement at the local level. Survivors, particularly from IDP and minority backgrounds, reported improved confidence in seeking help and greater awareness of their legal and human rights.

By engaging men, boys, and community leaders alongside women's groups, the project promoted shared responsibility in advancing equality, fostering inclusive spaces for dialogue and change. At the institutional level, the partnership with the Ministry of Women and Human Rights Development and advocacy around the Sexual Offenses Bill elevated national attention to women's rights and accountability for violence.

RECOMMENDATIONS

Evaluation Criteria	Recommendations	Relevant Stakeholders (Recommendation made to whom)	Suggested timeline (if relevant)
Overall	<p>Strengthen institutional coordination among the Ministry of Women and Human Rights Development (MoWHRD), WAAPO, SWDC and district authorities to consolidate referral, case management, and advocacy systems across regions.</p> <p>Formalize collaboration frameworks with district gender offices to sustain joint planning, survivors' referrals, and reporting beyond donor cycles.</p>	MoWHRD, WAAPO, SWDC, SIHA Network,	Immediate – next 12 months
Effectiveness	<p>Continue prioritizing IDP and minority women as primary beneficiaries, while expanding inclusive access to persons with disabilities across all protection and referral services.</p> <p>Address gaps in psychosocial support services by increasing trained counselors, improving service visibility, and collaborating with healthcare facilities to institutionalize PSS postings.</p> <p>Align future program cycles with national gender policy frameworks and the Sexual Offenses Bill to improve consistency in survivor centred practice.</p> <p>Strengthen monitoring and evaluation systems to account for regular influxes of newly displaced households and communities through routine demographic mapping, tracking new arrivals in IDP settlements and stratifying samples by length of stay to ensure perception indicators accurately reflect program influence and outcomes.</p>	MoWHRD, SWDC, WAAPO, SIHA Network, Ministry of Health, camp/ settlement authorities, community protection committees, donors	Ongoing

Relevance	<p>Continue prioritizing IDP and minority women as primary beneficiaries, while integrating persons with disabilities into all protection activities to reflect the regional service access disparities highlighted in outcome findings</p> <p>Ensure future project design integrates legal and policing context particularly in Hargeisa where police access declined.</p>	MoWHRD, SWDC, WAAPO, SIHA Network	Ongoing
Efficiency	<p>Maintain decentralized community-based implementation models through local partners and community protection groups to reduce administrative costs and strengthen field responsiveness.</p> <p>Invest in digital data collection and real-time monitoring tools to track and respond to service access gaps (especially PSS and legal aid) and improve real-time referrals.</p>	WAAPO, SWDC, SIHA Network, Donors	Within next funding cycle
Sustainability	<p>Institutionalize Community Protection Groups and paralegal networks under district protection and justice structures with small annual operational grants.</p> <p>Support the absorption of PSS roles into government health facilities addressing the current lack of counsellors after project funded staff were phased out which contributed to service decline.</p> <p>Build the financial and technical capacity of WAAPO and SWDC to independently mobilize resources for ongoing GBV response.</p>	MoWHRD, Local Governments, Donors	1 to 3 years

Impact	<p>Scale up successful models involving community protection groups, legal aid, and advocacy networks to other districts with high GBV prevalence.</p> <p>Strengthen monitoring of long-term survivor recovery including reintegration, emotional wellbeing economic empowerment addressing gaps highlighted in declining PSS access. .</p>	<p>MoWHRD, SIHA Network, Donors, UNFPA</p>	<p>1 to 3 years</p>
Knowledge Generation	<p>Document and disseminate lessons from Silenced Suffering and other project knowledge products through policy briefs, workshops, and digital repositories.</p> <p>Establish a routine evidence-sharing platform among ERAW/G actors for adaptive learning and replication.</p>	<p>SIHA Network, WAAPO, SWDC, MoWHRD</p>	<p>Ongoing</p>
Gender Equality and Human Rights	<p>Strengthen gender-transformative education through schools, faith institutions, and community centres to reinforce equality principles.</p> <p>Integrate gender and human rights training into government staff induction and refresher programs to institutionalize survivor-centred practice.</p>	<p>MoWHRD, Ministry of Education, Faith Leaders, CSOs</p>	<p>Continuous</p>
Others (if any)	<p>Strengthen partnerships between protection, justice and peacebuilding actors to address systemic issues such as police transport limitations and inconsistent case follow-ups which reduced survivor confidence</p> <p>Support youth-led and women-led CSOs to take leadership roles in future program design, advocacy, and monitoring to improve help seeking and reduce stigma around reporting and counselling.</p>	<p>UN Agencies, Local Governments, Donors, Youth Networks</p>	<p>Medium to long term – 2 to 5 years</p>

Case Story 1: Breaking the Silence and Building Protection Networks in Banaadir

In Mogadishu's Banaadir region, a woman from a minority clan living in an IDP camp described how her community's perception of violence has transformed. She explained that before the We Have Rights project, sexual violence was rarely reported, and cases were often settled informally through clan elders or family negotiations. ***"Before, when something bad happened, people said it should stay in the family. If a woman was attacked, she was told to keep quiet because talking brings shame. Many girls suffered silently."***

Through the project's outreach by SWDC, she was trained as a community protection volunteer and participated in several awareness and referral sessions. The training emphasized survivor rights, the importance of timely reporting, and how to link survivors to police gender desks and health facilities. ***"We learned how to talk to survivors, how to listen, and where to take them for help. Now, when a case happens, we know what to do. The community protection groups meet every month, and we keep contact with the police and hospitals."***

Her experience demonstrates the shift from silence to collective accountability. During the endline FGDs, she described a case where a young girl's assault was initially concealed by her family. The community protection group, with her support, persuaded the family to report it to the police gender desk. The survivor was referred to a hospital and later received counselling. ***"It was not easy. People feared stigma. But when the girl got help, others realized that speaking out can bring justice. Since then, more women come forward."***

The ripple effects of such interventions were corroborated by other FGD participants who noted that awareness sessions and radio programs organized by SWDC changed how communities perceive gender-based violence.

Through these sustained community linkages, survivors gain faster access to justice and medical support, while police and legal actors become more responsive to displaced populations. The woman's journey from bystander to protection advocate underscores how local volunteers have become the backbone of prevention and response structures in Banaadir.

Beyond response, the project's peer networks are fostering long-term resilience. The same volunteer now mentors adolescent girls on self-protection, financial independence, and education. ***"When girls have knowledge and small opportunities, they can protect themselves. We tell them that staying silent only helps those who hurt us."***

Her story represents the broader transformation observed across Mogadishu: community-led advocacy replacing silence, and women reclaiming their voice in local protection mechanisms. The sustainability of these efforts is visible in how CPGs now function autonomously, meeting regularly even after the end of project funding, and maintaining partnerships with formal institutions.

Final version of the Terms of Reference

TERMS OF REFERENCE - END OF PROJECT EVALUATION

Project Title	We Have Rights: Protecting IDP and Minority Women and Girls from SGBV in Southwest Somalia and Somaliland
Project Duration	3 years (August 1, 2022 - July 31, 2025)
Project Location	Somalia, Uganda, South Sudan, Sudan, and Ethiopia
Donor	UN Trust Fund to End Violence against Women
Project Partners	WAAPO in Hargeisa and SWDC in Mogadishu
Project Budget	\$1M
Evaluation Commissioning Manager	SIHA's Regional MEL Coordinator will commission the evaluation
Duration	40 days over a 14-week period Starting June 15, 2025
Location	Remote with 40% travel to some of the project implementation countries, where feasible.

BACKGROUND AND CONTEXT

Background and Context of the Project

The Strategic Initiative for Women in the Horn of Africa (SIHA) Network is a regional coalition of civil society organizations operating across Sudan, South Sudan, Somalia, Somaliland, Ethiopia, Djibouti, and Uganda. Founded in 1995 by grassroots activists, SIHA works to advance gender equality by combating systemic oppression, ending gender-based violence (GBV), dismantling harmful cultural and religious norms, and expanding women's access to justice and economic opportunities. Through advocacy, capacity-building, and direct interventions, SIHA empowers marginalized communities, particularly in conflict-affected regions, to challenge patriarchal structures and drive social change.

Since 2022, SIHA has implemented the "We Have Rights" Project in South Central Somalia and Somaliland, funded by the UN Trust Fund. This \$1M initiative prioritizes protecting internally displaced (IDP) and minority women and girls from sexual and gender-based violence (SGBV) in high-risk areas like Hargeisa and Banaadir. The project combines survivor-centered services (medical, legal, and psychosocial support), legal advocacy for progressive legislation (e.g., the Sexual Offenses Bill), community dialogues to challenge harmful norms, and movement-building to amplify marginalized voices. By addressing intersectional vulnerabilities

linked to clan hierarchies, displacement, and gender inequality, the project aligns with Somalia’s Humanitarian Response Plan and the UN Sustainable Development Cooperation Framework, fostering lasting protections for women and girls in fragile contexts.

Description of the Project

The We Have Rights Project was designed to address the alarming prevalence of sexual violence (SV) against internally displaced (IDP) and minority women and girls in Somalia, where decades of conflict, ethnic tensions, and political instability have normalized gender-based violence. The project aligns with the 2022 Humanitarian Response Plan for Somalia, which prioritizes improving access to GBV services for vulnerable groups, including IDP adolescent girls, minority clan women, and FGM survivors. It also supports the UN Sustainable Development Cooperation Framework, which seeks to enhance equitable access to essential social services, including GBV response mechanisms.

Sexual violence in Somalia has surged, with the UN documenting a nearly 80% increase in rape cases in 2020 compared to the previous year. This escalation is linked to insecurity, political tensions, inter-communal clashes, and the intensified activities of armed groups like Al-Shabaab, which uses rape as a weapon of war. At the community level, sexual violence reinforces male dominance in a society where traditional masculinity is increasingly challenged by women’s socio-economic roles. Marital rape is not criminalized, and intimate partner violence is often dismissed as a private matter.

The situation is particularly dire for IDP and minority women and girls, who face heightened risks due to a lack of protection, insecure living conditions, and systemic discrimination. According to a UNFPA Somalia Annual Report (UNFPA, 2022), between 2019 and 2021, 74% of survivors accessing GBV and Comprehensive Maternal and Reproductive Health (CMR) services were IDPs, with 99% being female, indicating heightened vulnerability for displaced women and girls to GBV in Somalia UNFPA, 2022).¹⁷ Compounding these challenges, harmful practices like FGM/C (affecting over 90% of Somali women) and child marriage (with 16% of girls married by age 15) persist, further entrenching gender inequality and sexual exploitation (Federal Government of Somalia, 2020)¹⁸.

Strategy and Theory of Change/Results Chain

The project is grounded in a rights-based and survivor-centered approach to addressing sexual violence against women and girls (SVAWG) in Somalia, particularly targeting displaced and minority women and girls who face systemic discrimination, marginalization, and barriers to accessing services and justice. The strategy centers around enhancing access to com-

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17 UNFPA. (2022). Annual report 2022 – Somalia. United Nations Population Fund. https://somalia.unfpa.org/sites/default/files/pub-pdf/unfpa_somalia_annual_report_2022_1.pdf

18 Federal Government of Somalia. (2020). Somali health and demographic survey 2020. Directorate of National Statistics, Ministry of Planning, Investment and Economic Development. <https://www.nbs.gov.so/survey/somali-health-and-demographic-survey-2020/>

prehensive services, strengthening the capacity of key stakeholders, and enabling legal and policy reform through evidence-based advocacy and coalition building.

Overall Goal:

By July 2025, displaced and minority women and girls in Somalia will have improved access to safe, survivor-centered health services and strengthened legislation and policy frameworks that promote accountability and justice for sexual violence.

Outcome	Outputs	Key Activities
<p>Outcome 1: Women and girls survivors of violence in 10 IDP communities and from minority groups in Banaadir and Hargeisa have improved access to safe and adequate comprehensive services.</p>	<p>Output 1: 1,100+ community members have increased awareness of survivors’ rights and harmful social norms.</p>	<ul style="list-style-type: none"> » Awareness sessions in IDP communities » Women-to-women dialogues » Radio shows » Establishment of community protection groups
	<p>Output 2: 150 frontline service providers trained to deliver survivor-centered services.</p>	<ul style="list-style-type: none"> » Trainings for service providers » Support to shelters/safe houses » Home counselling visits
	<p>Output 3: 80 judicial/legal actors supported to enhance survivors access to justice.</p>	<ul style="list-style-type: none"> » Capacity-building workshops for the judiciary » Training of paralegals- Dialogues with elders/religious leaders » Provision of legal aid and counselling
	<p>Output 4: 80 VAWG survivors supported with skills for income generation and peer support.</p>	<ul style="list-style-type: none"> » Peer support training » Peer support group formation » Business skills training- Start-up capital support
<p>Outcome 2: Diverse coalitions of women and girls’ rights organizations and grassroots groups, inclusive of IDP and minority women and girls, influence laws and practices to prevent and respond to SVAWG.</p>	<p>Output 5: 200 key stakeholders informed through evidence-based research.</p>	<ul style="list-style-type: none"> » Research on prevalence and drivers » Dissemination events
	<p>Output 6: 15+ media professionals amplify voices of IDP and minority women and girls.</p>	<ul style="list-style-type: none"> » Awareness workshops for journalists » Dialogues with survivors

	<p>Output 7: 10+ women’s organizations strengthened for collective action.</p>	<ul style="list-style-type: none"> » Training on rights and law » Coalition-building and advocacy training » Protection/security training for WHRDs
	<p>Output 8: Two active CSO coalitions advocate for SVAWG legislation.</p>	<ul style="list-style-type: none"> » Coalition establishment and quarterly meetings » Advocacy strategy development » Advocacy campaign implementation- Regional/ international advocacy participation

PURPOSE OF THE EVALUATION

The final evaluation aims to assess the effectiveness of the project in addressing sexual violence (SV) against IDP and minority women and girls in Somalia, with a focus on Hargeisa and Banaadir. The evaluation will examine the project’s relevance, impact, sustainability, and contributions to improving survivors’ access to services and advancing legal protections. It will also identify lessons learned, challenges, and innovative approaches that emerged during implementation to inform future programming and advocacy efforts.

This evaluation should align with the project’s dual focus:

1. Strengthening comprehensive services for SV survivors (e.g., medical care, psychosocial support, legal aid).
2. Influencing laws and policies to criminalize SV and ensure accountability, particularly for women and girls from IDP and minority communities.

By capturing shifts in knowledge, attitudes, and practices among target communities and policymakers, the evaluation will highlight the project’s role in dismantling patriarchal norms and fostering a more inclusive women’s movement in Somalia. The project supports Somali women’s rights organizations, which have been leading the fight against sexual violence (SV) but are often excluded from decision-making. By working with civil society, government, and other partners, the project would support the improvement of survivor protection and push for systemic change.

Additionally, this evaluation is expected to highlight key lessons, challenges, and successful approaches from the project. It will also measure changes in community and policymaker attitudes, showing how the project helped challenge harmful gender norms and strengthen the women’s rights movement in Somalia.

EVALUATION OBJECTIVES AND SCOPE

Scope of the Evaluation

The evaluation will cover:

- **All project activities** implemented over three years (e.g., capacity-building for CSOs, awareness campaigns, advocacy for the Sexual Offenses Bill).
- **Geographic focus:** 10 selected IDP settlements in Hargeisa and Banaadir, where SV prevalence is high.
- **Target groups:** IDP/minority women and girls, frontline service providers, women's rights organizations (WROs), and policymakers.
- **Cross-cutting themes:** Gender equality, human rights, and intersectionality.

Objectives of the Evaluation

Overall, the evaluation will:

1. Assess the entire project (August 1, 2022 – July 31, 2025) against **effectiveness, relevance, efficiency, sustainability, and impact** (intended/unintended) in addressing SV against IDP and minority women and girls.
2. Identify **lessons learned and promising practices** (knowledge generation) for future programming.
3. Ensure a **gender-responsive, human rights-based approach** across all criteria.

Specific Objectives

4. **Determine the extent to which the project achieved its intended outcomes**, especially in improving access to survivor-centered services and advancing legal and policy reforms. For example,
 - Awareness of SV rights and services among IDP/minority women.
 - Attitudes of community leaders and service providers toward SV survivors.
 - Engagement of women's groups in advocacy and decision-making spaces.
5. **Document lessons and good practices**, such as:
 - Effective approaches to survivor-centered advocacy (e.g., coalition-building, community engagement, policy and advocacy, and media campaigns).
 - Strategies for engaging religious/traditional leaders in norm change.
 - Innovations in economic empowerment to reduce SV vulnerability.

6. **Evaluate project performance** against OECD–DAC criteria:
 - **Relevance** and coherence of the project’s Theory of Change, including the validity of its underlying assumptions and the project’s alignment with Somalia’s Humanitarian Response Plan and community needs.
 - **Impact:** Reduction in SV cases and improved access to justice/services.
 - **Sustainability:** Potential for continued advocacy and service delivery post-project, and the factors influencing long-term impact.

7. **Identify cross-cutting insights**, including
 - How the integration of gender, youth, and climate considerations was integrated into project interventions.

8. **Identify challenges, opportunities, and recommendations**, including:
 - Barriers to policy reform (e.g., resistance to the Sexual Offenses Bill).
 - Gaps in service provision (e.g., medical, legal, psychosocial support).
 - Opportunities for replication or scale-up.

EVALUATION QUESTIONS AND CRITERIA

The evaluation must address the following questions, structured by OECD–DAC criteria (relevance, effectiveness, efficiency, impact, sustainability), and incorporate intersectional gender and human rights perspectives.

Effectiveness

- To what extent were the intended project goal, outcomes, and outputs (project results) achieved and how?
- How did they influence project outcomes, including increasing access and protection of women and girls from IDP and minority communities from Somalia?
- To what extent did the project improve outcomes for IDP/minority women and girls, including increasing access to quality SV services, shifting harmful community practices and norms, and strengthening legal and policy reforms?

Relevance

(Focus: Appropriateness of approaches for Somalia’s context)

- To what extent do the achieved results (project goal, outcomes, and outputs) continue to be relevant to the needs of women and girls?
- How effective and contextually appropriate were the project’s key strategies, including grassroots women’s advocacy, awareness campaigns, and survivor-centered service delivery?

Efficiency

(Focus: Delivery of outputs, collaboration, challenges)

- To what extent was the project delivered cost-effectively? (e.g., timeliness, budget use, resource optimization).
- To what extent did economic empowerment initiatives reduce the vulnerability of SV among IDP/Minority women?

Sustainability

(Focus: Post-project continuity, local ownership)

- 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?
- To what extent are the SGBV prevention and response efforts likely to continue post-project based on the capacity and ownership of local partners like WAAPO and SDWC, the durability of established community structures like the Community Protection Groups established in 10 IDP camps, and the women's coalitions?
- To what extent is the government's commitment to enforce laws and policies that protect women and girls from SV?

Impact

- To what extent has the project contributed to ending violence against women, gender equality, and/or women's empowerment (both intended and unintended impact)?

Knowledge Generation

To what extent has the project generated knowledge, promising or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners?

Cross cutting

Gender Equality & Human Rights

- To what extent did the project advance gender equality and human rights by addressing intersectional vulnerabilities like clannism and disability in service delivery?

Lessons & Recommendations

- What key challenges emerged during implementation?
- What actionable recommendations can inform future programming in Somalia?

EVALUATION DESIGN AND METHODOLOGY

The evaluation will employ mixed methods, comparing baseline data (qualitative and quantitative) with endline findings to measure changes in survivors' access to services (e.g., referrals, justice mechanisms), shifts in community attitudes toward SV and harmful practices (e.g., FGM/C, child marriage), and policy advancements (e.g., adoption and enforcement of SV laws).

Proposed Evaluation Design

The consultant will use a mixed-methods approach, ensuring alignment with the project's intersectional and survivor-centered framework:

Data Sources

- SIHA-provided: Baseline report, Mid Term Review Report, Semi-Annual Reports, activity reports, Research and advocacy materials.
- Primary data: Field visits to Hargeisa/Banaadir IDP settlements (if safe; otherwise, remote via local consultants).
- Secondary data: Policy documents and other relevant reports and materials

Proposed data collection methods and analysis

- **Desk Review:** Project documents, baseline/end line data, policy drafts.
- **Key Informant Interviews (KIIs):**
 - Survivors (IDP/minority women and girls).
 - CSOs (WAAPO, SWDC), women's groups, legal/health service providers.
 - Government (Ministries of Women, Justice), religious/traditional leaders.
- **Focus Group Discussions (FGDs):**
 - Separate groups for minority women, male allies, and youth.
- **Surveys:**
 - Quantitative data on service access and attitude changes.
- **Disaggregation** by gender, age, minority group, disability, etc.
- **Thematic analysis** of qualitative data; statistical analysis of surveys.

Proposed Sampling Methods

The evaluation will adopt a purposive and stratified sampling strategy to ensure representation of diverse groups, including women of different age groups, women with disabilities, IDPs, and minority communities. Sampling will be guided by project participant data, ensuring that perspectives from IDP and minority communities, coalition members, and policy stakeholders are adequately captured. Where possible, baseline and mid-term review data will be used to triangulate findings and provide a more robust understanding of the project's contribution to systemic change. **The consultant is expected to propose a detailed evaluation methodology in the inception report.**

Field visits

Remote options (phone/video KIIs) are encouraged if fieldwork is restricted.

Level of Stakeholder Engagement

Share draft findings with SIHA/partners for feedback through a sense-making and validation forum to discuss key findings, lessons learned, and best practices, and provide feedback that will be incorporated into the final evaluation report.

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. For survivors under 18, parental/guardian consent must be obtained.
- The evaluator/s must be trained in collecting sensitive information and specifically data relating to sexual 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 risk situations can seek support (referrals to organizations that can provide counseling support, for example, WAAPO, SWDC, BAHICOP)

EVALUATION TEAM COMPOSITION

Roles and Responsibilities

- **SIHA's Role:** Commission the evaluation process, provide project documents and stakeholder contacts, and oversee ethical compliance.
- **Lead Consultant:** Submit weekly progress updates; address risks (e.g., security, data gaps), prepare a PowerPoint presentation and present the final evaluation at a dissemination meeting, and produce a 5-page summary of the evaluation or an infographic. (Templates will be provided.)
- **Local Consultant:** Secure community access and translate tools/interviews (Somali/English).
- **Report Editor:** Provide oversight in drafting and editing of the report

Required Competencies

The Lead Consultant is expected to hold the following qualifications in order to be eligible for this position:

- Relevant academic qualification is preferably a master's degree in one or more of the following disciplines: Social Sciences, Development Studies, Statistics, and Gender Studies.
- Evaluation experience of at least 5 years in conducting external evaluations, with mixed-methods evaluation skills, and 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 analyzing 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 ideas and concepts concisely and clearly.

Other Competencies required:

- Excellent analytical, editing, and writing skills in the English language;
- Proven accuracy and attention to detail;
- Strong interpersonal skills and the ability to communicate and work well with diverse and multicultural supervisors and staff members.
- Demonstrated ability to meet deadlines and work under pressure.

MANAGEMENT ARRANGEMENT OF THE EVALUATION

The evaluation will be led by a consultant or consulting firm (remote or in-country), who will be responsible for the overall design, coordination, and delivery of the evaluation. To ensure contextual relevance and meaningful engagement with affected communities, the consultant or firm must include a Somalia-based consultant within their team (if based outside Somalia). Additionally, they will be responsible for recruiting and managing a team of enumerators to collect field data in selected locations.

Enumerators should be gender-balanced, based in the targeted locations (e.g., Hargeisa and Banaadir), fluent in Somali, and trained in survivor-sensitive research approaches. The consulting team must ensure that all field staff are adequately trained in ethical and confidentiality protocols, particularly regarding engagement with survivors of sexual violence and other vulnerable groups.

TIMELINE OF THE ENTIRE EVALUATION PROCESS

The evaluation will be completed within 14 weeks (see schedule below). All deliverables must align with the project's survivor-centered, intersectional approach and Somalia's context.

Deliverable Schedule

Deliverable/ Task	Person/ Organization Responsible	Days Allocated to this deliverable/ task	Date to be completed/ submitted
Inception Report (Detailed methodology, work plan, ethical protocols- template will be provided)	Consultant/ Consulting Firm	10 days	June 20, 2025
Data Collection Tools (Adapted to IDP/ minority women's needs)	Consultant/ Consulting Firm	3 days	June 24, 2025

Incorporate feedback from SIHA & UNTF on the inception report and data collection tools	Consultant/ Consulting Firm	5 days	June 30, 2025
Data Collection (Remote/ in-person in Hargeisa/ Banaadir)	Consultant/ Consulting Firm (+ Local Enumerators)	20 days	July 30, 2025
Draft Evaluation Report (Shared for SIHA/partner feedback- template will be provided)	Consultant/ Consulting Firm	10 days	August 30, 2025
Incorporate feedback from SIHA & UNTF on the draft report	Consultant/ Consulting Firm	10 days	September 15, 2025
Validation Meeting	Consultant/ Consulting Firm	1 day	September 20, 2025
Final Evaluation Report (Incorporating inputs, 30 pages max, PowerPoint presentation, and a 5-page summary of the evaluation or an infographic - (templates will be provided).	Consultant/ Consulting Firm	10 days	September 25, 2025

Total Duration: 14 weeks over 40 working days.

Note: The Timeline is adjustable based on security/logistics in Somalia. Remote coordination if fieldwork is restricted.

APPLICATION PROCESS

Interested consultants should submit their applications marked: Evaluation Consultancy for We Have Rights Project via <https://airtable.com/appjbUWf8UqznGzsh/shrE5BXRWldfhYned>.

The application should include:

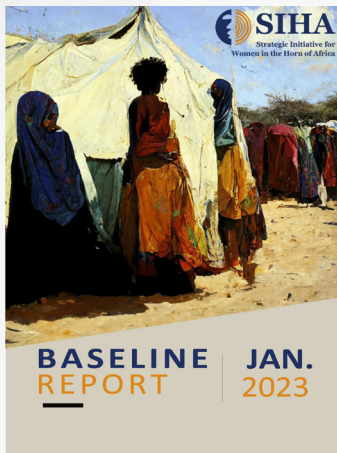
- A technical proposal outlining the understanding of the assignment, methodology, work plan, and timeline (Max 10 pages).
- A financial proposal detailing the costs associated with the end-of-project evaluation, including tax obligations and administrative and operational expenses. CV(s) of the consultant(s) or team members, highlighting relevant experience.
- Two samples of previous work related to the end-of-project evaluation for a similar project.

- Applications should be submitted no later than June 10, 2025, and all queries related to the ToR should be directed to mercy@sihanet.org.
- Two copies of reports of similar work conducted

Annexes

We Have Rights PMEL Framework- [We Have Rights MEL Framework.xlsx](#)

Baseline Report



Mid Term Review Report



Research Report



Structure for the inception report- Will be provided

Required Structure before the final report- Will be provided

Evaluation Matrix

Evaluation Criteria	Evaluation Questions	Indicators	Data Source and Data Collection Methods
Effectiveness	<ul style="list-style-type: none"> » To what extent were the intended project goal, outcomes, and outputs (project results) achieved and how? » How did they influence project outcomes, including increasing access and protection of women and girls from IDP and minority communities from Somalia? » To what extent did the project improve outcomes for IDP/ minority women and girls, including increasing access to quality SV services, shifting harmful community practices and norms, and strengthening legal and policy reforms? 	<p>Outcome 1: Women and girls survivors of violence in 10 IDP communities and from minority groups in Banaadir and Hargeisa have improved access to safe and adequate comprehensive services.</p> <p>Outcome 2: Diverse coalitions of women and girls' rights organizations and grassroots groups, inclusive of IDP and minority women and girls, influence laws and practices to prevent and respond to SVAWG.</p> <p>Output 1: 1,100+ community members have increased awareness of survivors' rights and harmful social norms.</p> <p>Output 2: 150 front-line service providers trained to deliver survivor-centered services.</p>	<p>Data Sources</p> <p>Project documents such as</p> <ul style="list-style-type: none"> » Media products » Research outputs » Beneficiaries and other stakeholders <p>Data Collection Methods</p> <ul style="list-style-type: none"> » KIs » FGDs » Survey » Desk review

		<p>Output 3: 80 judicial/legal actors supported to enhance survivors access to justice.</p> <p>Output 4: 80 VAWG survivors supported with skills for income generation and peer support.</p> <p>Output 5: 200 key stakeholders informed through evidence-based research.</p> <p>Output 6: 15+ media professionals amplify voices of IDP and minority women and girls.</p> <p>Output 7: 10+ women's organizations strengthened for collective action.</p> <p>Output 8: Two active CSO coalitions advocate for SVAWG legislation.</p>	
<p>Relevance</p>	<ul style="list-style-type: none"> » To what extent do the achieved results (project goal, outcomes, and outputs) continue to be relevant to the needs of women and girls? » How effective and contextually appropriate were the project's key strategies, including grassroots women's advocacy, awareness campaigns, and survivor-centered service delivery? 	<p>-</p>	<p>Data Sources</p> <ul style="list-style-type: none"> » Primary and secondary stakeholders <p>Data Collection Methods</p> <ul style="list-style-type: none"> » KIIs » FGD » Survey

Efficiency	<ul style="list-style-type: none"> » To what extent was the project delivered cost-effectively? (e.g., timeliness, budget use, resource optimization). » To what extent did economic empowerment initiatives reduce the vulnerability of SV among IDP/Minority women? 		<p>Data Sources</p> <p>Project implementing partners</p> <p>Data Collection Methods</p> <p>KIIs</p>
Sustainability	<ul style="list-style-type: none"> » 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? » To what extent are the SGBV prevention and response efforts likely to continue post-project based on the capacity and ownership of local partners like WAAPO and SDWC, the durability of established community structures like the Community Protection Groups established in 10 IDP camps, and the women's coalitions? » To what extent is the government's commitment to enforce laws and policies that protect women and girls from SV? 	<p>-</p>	<p>Data Sources</p> <ul style="list-style-type: none"> » Primary and secondary stakeholders <p>Data Collection Methods</p> <ul style="list-style-type: none"> » KIIs » FGDs » Survey

Impact	<p>» To what extent has the project contributed to ending violence against women, gender equality, and/or women's empowerment (both intended and unintended impact)?</p>	<p>-Outcome 1: Women and girls survivors of violence in 10 IDP communities and from minority groups in Banaadir and Hargeisa have improved access to safe and adequate comprehensive services.</p> <p>Outcome 2: Diverse coalitions of women and girls' rights organizations and grassroots groups, inclusive of IDP and minority women and girls, influence laws and practices to prevent and respond to SVAWG.</p>	<p>Data Sources Project documents such as</p> <ul style="list-style-type: none"> » Media products » Research outputs » Beneficiaries and other stakeholders <p>Data Collection Methods</p> <ul style="list-style-type: none"> » KII » FGD » Survey » Desk review
Knowledge generation	<p>» To what extent has the project generated knowledge, promising or emerging practices in the field of ERAW/G that should be documented and shared with other practitioners?</p>		<p>Data Sources</p> <ul style="list-style-type: none"> » Project documents » Project implementing partners <p>Data Collection Methods</p> <ul style="list-style-type: none"> » KIIs

Gender Equality and Human Rights	<ul style="list-style-type: none"> » To what extent did the project advance gender equality and human rights by addressing intersectional vulnerabilities like clanism and disability in service delivery? 		<p>Data Sources Project documents such as</p> <ul style="list-style-type: none"> » Media products » Research outputs » Beneficiaries and other stakeholders <p>Data Collection Methods</p> <ul style="list-style-type: none"> » KII » FGD » Survey » Desk review
Lessons & Recommendations	<ul style="list-style-type: none"> » What key challenges emerged during implementation? » What actionable recommendations can inform future programming in Somalia? 		<p>Data Sources Project documents such as</p> <ul style="list-style-type: none"> » Media products » Research outputs » Beneficiaries and other stakeholders <p>Data Collection Methods</p> <ul style="list-style-type: none"> » KII » FGD » Survey » Desk review

TOTAL BENEFICIARIES REACHED BY THE PROJECT

Type of Primary Beneficiary	Total number
Female domestic workers	
Female migrant workers	
Female political activists/ human rights defenders	

Female sex workers	
Female refugees/ internally displaced asylum seekers	1243
Indigenous women/ from ethnic groups	245
Lesbian, bisexual, transgender	
Women/ girls with disabilities	
Women/ girls living with HIV/AIDS	6
Women/ girls survivors of violence	866
Women prisoners	
Women and girls in general	2455
Other (Specify here:)	
TOTAL PRIMARY BENEFICIARIES REACHED	4815
Type of Secondary Beneficiary	Total number
Members of Civil Society Organizations	46
Members of Community Based Organizations	124
Members of Faith Based Organizations	16
Education Professionals (i.e. teachers, educators)	
Government Officials (i.e. decision makers, policy implementers)	20
Health Professionals (doctors, nurses, medical practitioners)	145
Journalists / Media	20
Legal Officers (i.e. Lawyers, prosecutors, judges)	
Men and/ or boys	
Parliamentarians	
Private sector employers	
Social/ welfare workers	
Uniformed personnel (i.e. Police, military, peacekeeping)	
Other (Specify here:)	15-Traditional

TOTAL SECONDARY BENEFICIARIES	386
Indirect beneficiaries reached	Total numbers
Other (total only)	30,356
GRAND TOTAL	

Data collection instruments and protocols

Informed consent form

Consent Form for Participation in the Endline Evaluation of the “We Have Rights” Project

Consulting Firm: Bodmando Consulting Group

Commissioning Organisation: SIHA Network

Donor: UN Trust Fund

Introduction

My name is I am part of a research team from Bodmando Consulting Group. We are conducting an endline evaluation of the We Have Rights: Protecting IDP and Minority Women and Girls from Sexual and Gender-Based Violence (SGBV) project, which is being implemented by SIHA Network and funded by the UN Trust Fund.

The project aims to improve access to safe and comprehensive services for survivors of sexual violence, promote survivor-centred advocacy, and support legal and policy reforms that protect internally displaced (IDP) and minority women and girls in Southwest Somalia and Somaliland. You are being invited to participate in this evaluation as a key informant or focus group participant due to your role in the project or your lived experiences related to the project’s themes.

Purpose of the Evaluation

The evaluation seeks to understand whether and how the project contributed to:

- Increased access to quality survivor services (e.g., medical, psychosocial, legal support).
- Improved community and institutional response to SGBV.
- Shifts in harmful gender norms and attitudes toward SGBV.
- Progress in legal and policy reforms such as the Sexual Offenses Bill.

- The empowerment and voice of IDP and minority women and girls in advocacy and decision-making spaces.

Voluntary Participation

Participation is entirely voluntary. You are free to withdraw at any point during the process without any consequences. Refusal to participate will not affect your current or future relationship with Bodmando Consulting Group, the SIHA Network or its partners.

Confidentiality

Your responses and personal information will be kept strictly confidential. No identifying information will be shared with anyone outside the evaluation team. The findings will be reported in a way that promotes your privacy.

Risks and Benefits

There are no known risks associated with your participation in this evaluation. The benefits include the opportunity to provide feedback that will guide the project and enhance its ability to achieve the target outcomes for your community.

Contact Information

If you have any questions about the Evaluation or your rights as a participant, please feel free to contact the team leader at:

Odimbe David Bwire

Email: dodimbe@bodmando.org

Tel: +256 706 123131/+256 776 123130

Statement of Consent:

By signing below, you indicate that you have read and understood the information above, that you have had an opportunity to ask questions, and that you voluntarily agree to participate in this evaluation.

Please check the box below to indicate your preferences:

- I agree to participate in the interview.
- I agree to have the interview recorded.
- I do not agree to have the interview recorded.

Participant's Name: _____

Signature: _____

Date: _____

Researcher's Name: _____

Signature: _____

Date: _____

THANK YOU SO MUCH FOR YOUR PARTICIPATION

Assent form

Consulting Firm: Bodmando Consulting Group

Commissioning Organisation: SIHA Network

Donor: UN Trust Fund

Hello,

My name is _____. I am part of a research team from Bodmando Consulting Group. We are doing a study to understand how well a project called “We Have Rights” is working. This project helps women and girls, especially those who are displaced or from minority groups in Southwest Somalia and Somaliland, to get help when they face sexual or gender-based violence.

We are asking you to join this study because you have something important to share either because you were part of the project or you know about issues it is trying to address.

Why we are doing this study

We want to learn whether the project helped:

- Women and girls get better support services like health care or legal help,
- Communities and services respond better to violence,
- People change their attitudes about gender-based violence,
- Laws and policies improve to protect survivors,
- Women and girls speak up more and are listened to in decisions.

Do I have to take part?

No. It is your choice. You can say yes or no. If you say yes now but later change your mind, that is completely okay. You can stop at any time and there will be no problem or punishment.

Will my information be private?

Yes. Everything you say will be kept private. We will not use your name or anything that can identify you when we write our report.

Will it hurt me?

No, there are no known risks. If any question makes you feel uncomfortable, you can choose not to answer it.

Will I get anything from this?

You will get refreshments during the discussion, and your answers can help improve how women and girls are protected and supported in your community.

If you have questions...

You can ask us any questions now, or later. You or your caregiver can also contact our team leader:

Odimbe David Bwire

Email: dodimbe@bodmando.org

Tel: +256 706 123131 / +256 776 123130

Do you agree to take part in the interview? Please check the boxes below:

- Yes, I agree to take part.
- Yes, I agree to be recorded during the interview.
- No, I do not want to be recorded.

Your Name (Participant): _____

Your Signature: _____

Date: _____

Researcher's Name: _____

Researcher's Signature: _____

Date: _____

THANK YOU VERY MUCH FOR YOUR HELP!

Survey Questionnaire

Survey Questionnaire: Endline Evaluation of the 'We Have Rights' Project

Project Title: We Have Rights: Protecting IDP and Minority Women and Girls from SGBV

Implementing Organisation: SIHA Network

Consulting Firm: Bodmando Consulting Group

This survey is part of the final evaluation of the 'We Have Rights' project. It aims to assess the extent to which the project contributed to improved access to services, shifts in community attitudes, and legal or policy changes related to sexual and gender-based violence (SGBV). Your responses are confidential and will be used for research purposes only.

SECTION A: DEMOGRAPHIC INFORMATION

A1. Sex of respondent: Male Female Other (specify): _____

A2. Age: _____

A3. Marital status: Single Married Divorced Widowed

A4. IDP settlement/Village _____

A5. Do you identify as a member of a minority group? Yes No

A6. Number of children: _____

A7. Education level: None Primary Secondary Diploma University

A8. Do you live in: Hargeisa Banaadir Other: _____

A9. Disability status: Yes No. If yes, specify: _____

SECTION B: KNOWLEDGE AND ATTITUDES TOWARD SGBV

B1. Do you believe that women should tolerate violence to keep the family together?

Yes No Not sure

B2. Is it acceptable for a man to force his wife to have sex? Yes No Not sure

B3. Should survivors of sexual violence report the case to police? Yes No Not sure

B4. Have you heard of Female Genital Mutilation (FGM)? Yes No

B5. Do you believe that girls need to undergo circumcision in order to be respected or considered good members of the community? Yes No Not sure

B6. A woman can do the same job as a man. Agree Disagree Neutral

B7. A man should make final decisions in the home. Agree Disagree Neutral

SECTION C: EXPERIENCE AND ACCESS TO SERVICES

C1. Have you or someone you know received any services (medical, legal, psychosocial) through this project? Yes No

C2. What services are available in your community for SGBV survivors? (Check all that apply)

Police

Medical/health

Psychosocial support

Legal aid

Shelters

C3. How would you rate the adequacy of these services?

Very adequate Somewhat adequate Inadequate Not available

C4. Do you feel safe accessing these services? Yes No Sometimes

C5. Would you report a case of SGBV to authorities? Yes No.

Why or why not? _____

SECTION D: COMMUNITY PERCEPTIONS AND LEGAL ENVIRONMENT

D1. Are community leaders supportive of ending SGBV? Yes No Not sure

D2. Are religious or traditional leaders engaging in awareness about SGBV? Yes No

D3. Are there laws in place that protect survivors of sexual violence? Yes No Not sure

D4. Do you think these laws are enforced? Yes No Not sure

D5. Do you know about the Sexual Offenses Bill or any similar law? Yes No

SECTION E: ECONOMIC EMPOWERMENT

E1. Have you received any support to start a business or generate income under this project? Yes No

E2. Has your financial independence increased your confidence or safety? Yes No Not sure

Key Informant Interview Guide

Target group: Policy makers, religious and traditional leaders, media personalities, service providers, judges, lawyers/paralegals, social workers, project staff etc)

Relevance (alignment of the project to community needs and priorities)

1. To what extent did the project address the most urgent concerns around sexual violence in your community or region (for example, access to quality services, shifting harmful practices, laws and legal reforms etc.)? What role did you play and what were the results?
2. To what extent do the achieved results (project goal, outcomes, and outputs) continue to be relevant to the needs of women and girls?
3. How well did the project's key strategies, including grassroots women's advocacy, awareness campaigns, and survivor-centered service delivery, align with the cultural, social, and policy context? Explain

Effectiveness (Achievement of outcomes and outputs)

4. To what extent were the intended project goal, outcomes, and outputs (project results) achieved and how? (For IPs)
5. How has the project influenced community norms, traditional practices or policies relating to preventing and responding to SV?
6. How effective were the project's collaborations with women rights organizations, coalition members, CSOs, CPGs, service providers and policy makers in influencing laws and practices?

Efficiency- (use of resources and implementation approach) (For IPs only)

7. How would you assess the project's timeliness and coordination of activities
8. Were the project's resources and partnerships utilized in a way that maximized impact for women and girls from minority and IDP communities?

Impact

9. In your opinion, what changes (positive and negative) have occurred in the lives of women and girls from minority and IDP communities in your region because of this project?
10. How has the project contributed to reducing sexual violence, advancing gender equality and minority rights and empowering women and girls from minority and IDP communities in your region?
11. Have there been any unintended results (positive or negative) as a result of what the project did or the project's interventions?

Sustainability (Continuity of project results after the project ends)

12. How likely are project results (positive changes) you mentioned above, for example increased access to services, stronger community structures or more responsive policies continue after this project ends?
13. What is your assessment of the capacity and ownership of local partners and structures like WAAPO, SWDC, VOSOMWO, SWCCA, CSOs and CPGs to sustain these efforts?
14. How committed is the government's to enforce laws and policies that protect women and girls from SV?

Did the project generate knowledge, promising or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners?

Coherence and lessons learned (aligned with broader efforts)

15. How well did the project complement or align with other similar initiatives in Somalia or Somaliland?
16. What lessons, promising practices or innovative approaches from the project should be documented and shared with others working on ending SV among women and girls in similar settings?
17. What key challenges emerged during implementation and how might these be addressed in future programs?

Recommendations

18. Based on your experience, what actionable recommendations would you give for strengthening future projects aimed at protecting women and girls from minority and IDP communities in Somalia and Somaliland?

Focus Group Discussion tools

FGD TOOL 1: COMMUNITY PROTECTION GROUP (CPG) MEMBERS

Introduction

Thank you for joining this focus group discussion. As members of the Community Protection Groups, you've played a vital role in raising awareness and supporting referrals for survivors of SGBV in your communities. We are here to learn from your experiences; what worked, what challenges you faced, and what changes you have observed.

Questions

1. Can you describe your role as a member of the Community Protection Group under this project?
2. Probes: What did your day-to-day involvement look like? Did you volunteer or were you selected?

3. What kinds of training or support did you receive from SIHA or its partners?
4. Probes: Did it cover referral pathways, survivors' rights, communication skills?
5. How did you conduct community outreach and awareness sessions?
6. Probes: What topics were covered? Which community groups were targeted?
7. Which groups in your community were easiest or hardest to engage during awareness raising? Why?
8. Probes: Adolescents, men, religious leaders, IDP women?
9. Have you observed any changes in how your community understands or talks about sexual violence since the project began?
10. Probes: Are people more open? Less stigmatizing? Are survivors treated differently?
11. How did you identify survivors of SGBV for referral?
12. Probes: Were there signs you were trained to look for? Did people approach you directly?
13. What services did you refer survivors to, and how effective were those referrals?
14. Probes: Did services respond quickly? Did survivors receive help?
15. Were there any barriers that prevented survivors from accessing services even after referral?
16. Probes: Distance, cost, stigma, lack of trust in providers?
17. What challenges did you face in fulfilling your role as a CPG member?
18. Probes: Lack of resources, backlash from community, emotional toll?
19. What coordination or communication did you have with other actors (e.g., service providers, religious leaders, police)?
20. Probes: Did you work alone or in partnership? Was there a formal mechanism?
21. Has your work as a CPG member influenced your own attitudes or knowledge about SGBV?
22. Probes: Do you now think or behave differently? How so?
23. What support do you need to continue this work beyond the project?
24. Probes: Financial, institutional, training, recognition?

FGD Tool 2: Women's Coalition Members (WROs)

You are part of a coalition of women's organizations working to improve policies and protections for women and girls. This discussion will focus on your advocacy work, the impact of the project on your coalition's capacity, and lessons learned.

Questions

1. How was your coalition formed and what types of organizations are part of it?
2. Probes: Local NGOs, youth-led groups, IDP-serving organizations?
3. What were the main advocacy objectives or issues your coalition focused on?
4. Probes: Legal reform, policy implementation, community norm change?
5. Can you describe the advocacy strategies your coalition used?
6. Probes: Media, community dialogues, policy briefs, engagement with parliament?
7. What role did your organization specifically play within the coalition?
8. Probes: Leadership, research, communications?
9. What changes have you observed in public or government responses to SGBV since your coalition began its work?
10. Probes: Any new laws, policies, or statements?
11. Were you engaged in advocacy around the Sexual Offenses Bill? What was your experience?
12. Probes: Challenges, opportunities, allies?
13. Did your coalition interact with traditional or religious leaders during your advocacy work?
14. Probes: What was the outcome? Resistance or collaboration?
15. What types of training or technical support did the project provide to your coalition?
16. Probes: Legal literacy, strategic communications, advocacy planning?
17. Has being in a coalition strengthened your organization's visibility and influence?
18. Probes: Are you now more invited to government or media platforms?
19. What coordination mechanisms were used to manage the coalition's work? Were they effective?
20. Probes: Shared platforms, WhatsApp groups, joint action plans?
21. What challenges did your coalition face in sustaining advocacy momentum?
22. Probes: Resource constraints, leadership conflicts, political resistance?
23. What is your coalition's plan to continue advocacy after the project ends?
24. Probes: Funding strategies, partnerships, institutionalization?

FGD Tool 3: Peer Support Group Members (Economic Empowerment Beneficiaries)

You participated in peer support groups and received training or business support through this project. We are here to understand how this experience has affected your life, well-being, and future prospects.

Questions

1. How did you join the peer support group? Who invited or selected you?
Probes: Was it voluntary? Based on survivor status or vulnerability?
2. What kinds of topics were discussed in your peer support group sessions?
Probes: Confidence, healing, safety, rights, coping mechanisms?
3. How did being in a group with peers affect your emotional well-being or mental health?
Probes: Did it reduce isolation, build confidence, or help you feel understood?
4. Did you receive training or support to start a small business? What kind?
Probes: Vocational skills, start-up grants, mentorship?
5. What type of business or economic activity did you start or plan to start?
Probes: Selling goods, tailoring, food preparation, etc.?
6. How has this economic support affected your financial independence or decision-making?
Probes: Can you now pay for your children's needs? Do you feel more secure?
7. What challenges did you face in starting or maintaining your business?
Probes: Market access, household responsibilities, lack of capital?
8. Have you noticed any change in how your family or community treats you since joining the group or starting your business?
Probes: More respect? Supportive or resistant?
9. Did you or any group members access other services (e.g., legal aid, psychosocial support) through this project?
Probes: Who referred you? Were the services adequate?
10. Did you learn about your rights or protection laws through this project?
Probes: What stood out to you? Has it changed how you act?
11. Do you continue to meet as a group or support each other informally?
Probes: Do you plan to keep meeting? Have you formed any savings groups?
12. What support do you need to continue growing your business or remaining empowered?
Probes: Loans, mentorship, community support, childcare?

SOCIAL DEMOGRAPHIC INFORMATION FOR THE FOCUS GROUP DISCUSSANTS/ATTENDANCE SHEET

No	Name	Location	Sex	Age	Employment status (Yes/No)	Disability (Yes/No)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Date:.....

Venue.....

Name of facilitator:

Name of the note taker/Transcriber:.....

Outcome Harvesting Interview & Discussion Tool

Project: Endline Evaluation of the ‘We Have Rights’ Project

Instructions for Data Collector

This tool is adapted for Outcome Harvesting. It is designed to identify key changes in behavior, practices, relationships, or actions among individuals, groups, or institutions as a result of the ‘We Have Rights’ project. The questions should be used with key informants or focus group participants to gather evidence of outcomes, their significance, and the contribution of the project. Ask probing follow-up questions to ensure complete stories of change are documented.

Be sure to capture: WHAT changed, WHO changed, WHEN it changed, WHERE it occurred, and WHY it is significant.

Section A: Outcome Identification and Description

1. Looking back over the last 2 years, what major change (positive or negative) have you observed in your community or work related to protection from sexual and gender-based violence?
2. Who was involved in this change? (individuals, groups, institutions)
3. When did this change occur (month/year or general period)?
4. What led to this change? (Probe: what role did the project activities, trainings, services or advocacy play?)
5. How do you know this change happened? Can you give an example or evidence?
6. Why is this change important or meaningful to you or your community?

Section B: Contribution and Context

7. To what extent do you think the 'We Have Rights' project contributed to this change?
8. Were there other factors or actors (besides the project) that also played a role?
9. What barriers or challenges still remain in preventing SGBV or supporting survivors?
10. What do you think should be done to continue or expand on this change?

Thank you very much for sharing your insights.

List of documents reviewed

- Project proposal
- Logical framework
- Semester reports
- Partner reports MEL tools
- Evaluation reports
- Referral pathway documents
- National legal frameworks (such as the Sexual Offenses Bill)
- Beneficiary List
- Research and advocacy materials produced by SIHA and its partners.
- Monitoring reports
- We Have Rights-Project Database
- Outcome Harvesting Logbook for We Have Rights
- Reporting templates



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