

# **ADAPTATION OF THE COMMUNITIES CARE PROGRAMME**

Round 1 Evaluation Report

**Banadir & Galmudug Regions Somalia**

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Implementing Partners: CISP and Northern Frontier Youth League (NOFYL)

Research Partners: Johns Hopkins School of Nursing | CISP

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## Executive Summary

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This report presents findings from the Round 1 baseline and endline evaluation of the Adaptation of the Communities Care (CC) programme implemented by CISP and Northern Frontier Youth League (NOFYL) in Banadir and Galmudug regions of Somalia. The evaluation was conducted in partnership with the Johns Hopkins School of Nursing under the What Works to Prevent Violence — Impact at Scale Programme, funded by the UK Foreign, Commonwealth and Development Office (FCDO).

The CC programme integrates two interlinked strategies: (1) transforming harmful social norms through facilitated community dialogue and collective action, and (2) strengthening survivor-centred, multi-sectoral care. In Round 1, these strategies were delivered simultaneously to adults through community-based discussion groups and to adolescents through school-based Boys and Girls Networks — representing the first combined adult and adolescent implementation of Communities Care in Somalia.

### Key Findings

#### **Adult CC Programme — Banadir**

116 adults (58% female) participated in 8 community dialogue groups across Waberi and Wadajir districts in Banadir, with 84% completed the endline survey. Participants demonstrated significant improvements across all personal belief scales, including greater support for gender equality, reduced endorsement of FGM, child marriage, harsh punishment, and victim-blaming related to sexual violence. Confidence in health care providers to respond to GBV also increased significantly.

#### **Boys & Girls Networks — Galkayo & Banadir**

277 adolescents (59% girls) participated across both regions; 92% completed the endline survey. Adolescents showed marked improvements in knowledge of child marriage, teen pregnancy, and sexual violence, along with greater support for gender equality, reduced acceptance of IPV, and improved sexual health confidence. Boys showed greater improvement in knowledge and gender equality scales; girls showed greater reduction in IPV acceptability. Violence outcomes varied by site and may reflect increased recognition and willingness to disclose.

Qualitative findings from focus group discussions with adult CC participants and Community Discussion Leaders (Section 6) reinforced the adult quantitative findings, highlighting broad gains in knowledge, confidence, and community awareness. Qualitative findings from Boys and Girls Network participants and mentors (Section 7) similarly reinforced the adolescent quantitative findings, highlighting improvements in confidence, communication, and peer relationships, as well as practical recommendations for programme strengthening.

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# 1. Background and Context

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## 1.1 The Problem: Violence Against Women and Children in Somalia

Gender-based violence (GBV) is one of the most pervasive human rights violations globally, affecting an estimated one in three women over their lifetime and one in four children and adolescents. In humanitarian contexts, marked by conflict, displacement, economic insecurity, and the erosion of protective systems, the risks of GBV are significantly intensified. Somalia represents one of the world's most protracted humanitarian crises, with prolonged conflict and economic hardship intersecting with deeply embedded social norms that condone violence, normalise harsh punishment of children, prioritise family honour over survivor safety, and stigmatise those who disclose violence and abuse.

Violence against women (VAW) and violence against children (VAC) are closely linked phenomena. Children are frequently exposed to violence in the same households where women experience intimate partner violence (IPV). Harmful social norms, defined as shared expectations about what most people in a community believe and do, sustain these patterns by discouraging disclosure and reinforcing cycles of violence and abuse across generations. Community leaders, teachers, and service providers may inadvertently perpetuate these norms by blaming survivors, dismissing disclosures, or treating violence as a private matter.

## 1.2 The Communities Care Programme

Communities Care (CC) was developed by UNICEF and partners as a community-led intervention to prevent VAW through two interconnected strategies: transforming harmful social norms and strengthening survivor-centered care systems. The programme operates on the principle that durable reductions in violence require shifts in shared social expectations, not only individual beliefs and that this transformation must involve communities, institutions, and service providers simultaneously.

The CC programme's theory of change draws on social norms theory and ecological models of violence prevention. It posits that facilitated dialogue and collective community action, combined with improvements in service quality and coordination, can shift the shared expectations that normalise violence and silence survivors. An initial evaluation conducted in Mogadishu, Somalia demonstrated that CC was associated with significant shifts in harmful social norms and improved community confidence in GBV services, providing one of the few rigorously evaluated VAW prevention programmes in a humanitarian context.

Building on this foundation, CISP adapted the CC programme for adolescents in school settings (the Boys and Girls Network) alongside continued community-based delivery with adults. This combined, intergenerational model is the focus of the current evaluation. The adolescent programme was adapted for students aged 10–16 across 18 weekly sessions facilitated by trained teachers (mentors), addressing gender equality, child rights, sexual and reproductive health, violence including child marriage and sexual violence, bullying peer and cyber violence, corporal punishment and youth leadership. The adult programme was delivered through mixed-gender groups of adults over 13 weeks (26 sessions) facilitated by trained Community Discussion Leaders (CDLs) addressing gender equality and power dynamics, intimate partner violence, violence against children including FGM and child marriage.

## 1.3 Study Setting

Round 1 implementation and evaluation took place in:

- Banadir Region: Wadajir and Waberi districts (intervention); Shibis district (control community)
  - Galmudug State: Galkacyo district (intervention); Dhusamareb District (Control district)
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These districts are characterised by protracted conflict, population displacement, and limited access to services. Districts were selected based on existing government partnerships, population density, proximity of schools and communities, and ongoing education programmes. CISP led training and mentorship of teachers and CDLs in collaboration with NOFYL and the Ministry of Education at both state and federal level (for the school component) and Ministry of Family and Human Rights Development at both state and federal level (for the adult component)

## 2. Study Design and Methods

### 2.1 Evaluation Design

The evaluation uses a hybrid type 2 effectiveness-implementation design guided by the RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, and Maintenance). This design simultaneously assesses whether the programme works and how it is delivered, generating evidence relevant to both policy and practice.

The study is divided into three rounds of implementation, each covering one academic year. This report covers Round 1, with baseline and endline data collected in the 2024–2025 academic year. The study includes three main components:

- Longitudinal surveys with CC programme participants (adults and adolescents) at baseline and endline
- Cross-sectional surveys with general community members in intervention and control districts at baseline and endline, to assess diffusion of CC messages beyond direct participants
- Qualitative focus group discussions (FGDs) with programme participants, mentors, CDLs to examine implementation processes and perceived change

### 2.2 Study Population and Retention

The following summarises Round 1 participant:

Sample	Baseline N	Endline N	Retention	Region
Adult CC Participants	116 (58% female)	98	84.5%	Banadir
Boys & Girls Network	155 (58% female)	141	91.0%	Galkayo (Galmudug)
Boys & Girls Network	122 (61% female)	115	94.3%	Banadir
Adult Community Sample	~200 /district	~200/district	Cross-sectional	Banadir (3 districts)
Adult Community Sample	~200/district	~200/district	Cross-sectional	Galmudug (2 districts)

### 2.3 Measures

Primary outcomes assessed experiences of violence, including peer-to-peer harassment and physical violence, harsh punishment by teachers and parents, witnessing IPV in the household, and intimate partner violence victimisation and perpetration among adults.

Secondary outcomes included personal beliefs and perceived social norms related to VAW/VAC (using the Social Norms and Beliefs about GBV Scale, validated for use in Somalia), gender equality, acceptability of IPV, FGM and child marriage beliefs, harsh punishment beliefs, sexual and reproductive health knowledge, sexual health confidence, and confidence in service providers.

## **2.4 Analysis**

Quantitative analyses used random effects regression models with time (baseline to endline) as the main predictor of outcome, accounting for the nesting of participants within CC programme groups. For community sample data, group-by-time interaction effects were tested to assess whether changes over time differed between intervention and control districts. Analyses were stratified by sex and region. Qualitative data from FGDs were analysed using thematic content analysis, with findings integrated with quantitative data during interpretation.

## **2.5 Ethics**

Ethical approval was obtained from the Johns Hopkins University Institutional Review Board and relevant Somali authorities, including the Ministry of Education. All participants provided informed consent or assent (adolescents) with parental permission for minors. Data collection followed WHO guidelines for violence research in humanitarian settings, including confidential data collection by trained local research assistants using secure tablets, safe referral pathways, and safeguarding protocols for research staff.

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### 3. Adult Communities Care Programme — Banadir

Eight community dialogue groups in Banadir (4 in Waberi, 4 in Wadajir) held 26 structured discussions during Phase 1 (2024–2025). A total of 116 adults (58% female) participated, and 98 (84.5%) completed the endline survey. We do not have results from Round 1 in Galkayo (Galmudug), as the adult programme was placed on hold due to challenges with the local implementing partner that resulted in a loss of community discussion leaders and participants for the adult CC programme. The implementing partner was replaced and implementation of Round 2 of the programme is underway and the adult CC groups are now active.

#### 3.1 Exposure to Programme Messaging

At baseline, previous participation in community discussions about violence, harsh punishment, and FGM/child marriage ranged from 30–43% in both districts of Banadir, reflecting pre-existing exposure to some community activities related to VAW/VAC. By endline, nearly all CC participants reported engaging in discussion groups and events on these topics (87–100%), and a large majority reported increased community discussion about VAW/VAC (86–90%), gender equality (86–96%), and harsh punishment of children (85–90%).

#### 3.2 Changes in Personal Beliefs

Adult CC participants demonstrated significant improvements across all personal belief measures from baseline to endline. The combined results across Waberi and Wadajir indicate:

Belief Scale	Baseline Mean	Endline Mean	p-value	Direction of Change
Gender Equality Scale	4.01	4.38	<.001	Increased (positive)
Acceptability of IPV	1.73	1.52	.002	Decreased (less accepting)
Child Marriage Personal Belief	2.22	1.89	<.001	Decreased (less supportive)
FGM Personal Belief	2.61	1.94	<.001	Decreased (less supportive)
Sexual Violence (victim-blaming)	1.61	1.44	.002	Decreased (less blaming)
Protecting Family Honor	2.30	1.92	<.001	Decreased (less endorsing)
Harsh Punishment at Home	2.27	1.84	<.001	Decreased (less supportive)
Harsh Punishment in Schools	2.29	1.67	<.001	Decreased (less supportive)

Higher scores on the Gender Equality Scale indicate greater support for equality; higher scores on other scales indicate greater endorsement of harmful beliefs. All changes were statistically significant, reflecting meaningful shifts in participants' personal beliefs following participation in the CC programme.

#### 3.3 Social Norms

The Gender Equality Social Norm Scale showed significant improvement over time in both Waberi ( $p<.001$ ) and Wadajir ( $p<.001$ ), indicating that participants perceived broader community support for gender equality to have increased. Changes in FGM and Child Marriage social norm scales were not

statistically significant in the combined analysis, suggesting that changes in perceived community norms may take longer to consolidate than personal belief shifts — a pattern consistent with social norms theory.

### **3.4 Women's Experience of Partner Violence**

Women participants reported increases in partner control and sexual violence at endline, which is noteworthy but requires careful interpretation. This pattern is consistent with evaluations of VAW prevention programmes in comparable contexts, where increased reporting of violence reflects enhanced recognition of controlling behaviours and greater willingness to disclose, rather than increased incidence. The programme explicitly addresses recognition of violence and encourages disclosure, and qualitative accounts from participants support this interpretation. No significant changes were observed in physical violence or emotional abuse victimisation.

Men's use of controlling behaviors showed a significant decline in Wadajir ( $p=.024$ ), which may similarly reflect increased awareness and self-recognition of controlling behaviours following programme participation.

### **3.5 Confidence in Service Providers**

Adult participants' confidence in service providers increased significantly across several dimensions. Confidence in facility-based healthcare providers to provide good care, referring to services, and treating survivors with respect improved significantly overall (combined  $p=.010-.031$ ). Confidence in community health workers (CHWs) to provide good care, maintaining confidentiality, and treating with respect and kindness also improved significantly. Notably, confidence in traditional elders to help women who report violence declined significantly in Wadajir and overall, potentially reflecting participants increased critical awareness of gender-based power structures following programme participation.

## 4. Boys and Girls Networks — Galkayo (Galmudug)

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Boys and Girls Network meetings were conducted with 155 adolescents (65 males, 90 females) at baseline in Galkayo. 141 (91.0%) completed the endline survey. Note: Endline data collection in Galkayo was delayed due to changes in school exam schedules and was collected in Fall (September 2025) of the following school year rather than the Spring (April/May 2025). This timing difference is relevant to interpretation of violence outcomes.

### 4.1 Changes in Knowledge, Beliefs, and Confidence

Adolescents in Galkayo showed significant improvements in knowledge across all three domains assessed:

- Child marriage knowledge: average correct responses increased from 2.0 out of 5 to 3.4 ( $p<.001$ ); improvement was entirely driven by boys ( $0.52 \rightarrow 3.35$ ,  $p<.001$ ), while girls had better baseline knowledge and did not significantly change
- Teen pregnancy knowledge: increased from 1.9 to 3.1 out of 7 ( $p<.001$ ); again, driven almost entirely by boys ( $0.26 \rightarrow 3.11$ ,  $p<.001$ )
- Sexual violence knowledge: increased from 1.6 to 4.5 out of 8 ( $p<.001$ ); significant for both boys and girls

Personal belief improvements in Galkayo were also significant, particularly for boys:

- Gender equality: significant improvement for all ( $p<.001$ ), driven by boys ( $3.33 \rightarrow 3.84$ ,  $p<.001$ ); girls' already-high baseline scores did not change significantly
- Protecting family honor over survivor safety: significant decline overall ( $p<.001$ ) and for both boys and girls ( $2.58 \rightarrow 2.08$ )
- Harsh punishment at home: significant reduction overall ( $p<.001$ ), driven by boys ( $3.47 \rightarrow 2.37$ ,  $p<.001$ ); girls showed a slight increase.
- Harsh punishment in schools: significant reduction overall ( $p<.001$ ), driven by boys ( $2.99 \rightarrow 2.07$ ,  $p<.001$ ).
- Acceptability of IPV: significant overall reduction ( $p=.018$ ), driven by girls ( $2.07 \rightarrow 1.89$ ,  $p=.019$ )

### 4.2 Adolescent Experience of Violence — Galkayo

Experiences of violence showed notable declines in Galkayo at endline. Peer violence decreased significantly from 35.3% to 14.9% ( $p<.001$ ), driven by boys ( $70.7\% \rightarrow 10.2\%$ ); violence outside school declined from 33.1% to 9.9% ( $p<.001$ ), also driven by boys. Harsh punishment from parents decreased from 64.8% to 28.2% ( $p<.001$ ) for both boys and girls, and harsh punishment from teachers decreased from 76.9% to 39.7% ( $p<.001$ ) for both sexes. Witnessing of IPV at home declined from 16.6% to 1.4% ( $p<.001$ ), driven by boys.

As noted, the timing of endline data collection, during a period outside the school year, should be considered when interpreting these findings. Lower rates of violence at endline may partially reflect the summer break context (less exposure to peer and school-based violence) rather than sustained programme impact alone.

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## 5. Boys and Girls Networks — Banadir

Boys and Girls Network meetings were conducted with 122 adolescents (48 males, 74 females) at baseline in Banadir. 115 (94.3%) completed the endline survey.

### 5.1 Changes in Knowledge, Beliefs, and Confidence

Banadir adolescents demonstrated significant improvements in knowledge, beliefs, and confidence across nearly all outcomes:

- Child marriage knowledge: 3.66 → 4.41 out of 5 ( $p < .001$ ) for boys and girls
- Teen pregnancy knowledge: 3.90 → 5.18 out of 7 ( $p < .001$ ) for boys and girls
- Sexual violence knowledge: 4.71 → 6.19 out of 8 ( $p < .001$ ) for boys and girls
- Sexual health confidence: 3.03 → 3.33 out of 8 ( $p < .001$ ) for both sexes

Personal belief scales also improved significantly in Banadir, with stronger and more consistent improvements than Galkayo:

Belief Scale	Baseline	Endline	p-value	Pattern
Gender Equality	3.78	4.18	<.001	Boys & girls both improved
Child Marriage Beliefs	2.48	1.93	<.001	Boys improved significantly; girls no change
Acceptability of IPV	2.11	1.62	<.001	Both girls & boys improved
Husband's right to use violence	1.97	1.55	<.001	Both girls & boys improved
Sexual Violence Beliefs	1.96	1.51	<.001	Boys improved; girls no change
Protecting Family Honor	2.64	1.99	<.001	Boys improved; girls no change
Harsh Punishment at Home	2.69	1.83	<.001	Both girls & boys improved
Harsh Punishment in Schools	2.72	1.70	<.001	Both girls & boys improved

### 5.2 Adolescent Experience of Violence — Banadir

Unlike Galkayo, Banadir showed increases in reported violence at endline. Peer violence increased from 44.3% to 66.8% ( $p < .001$ ), and violence outside of school rose from 20.4% to 44.5% ( $p < .001$ ). Cyber violence from peers (4.9% → 17.5%,  $p = .002$ ) and adults (4.9% → 15.8%,  $p = .005$ ) also increased, particularly among girls. Harsh punishment from parents (69.7% → 79.5%,  $p = .037$ ) and teachers (62.4% → 74.8%,  $p = .010$ ) increased significantly.

These findings should be interpreted in the context of the programme's intended effects: participants who have gained awareness of their rights and what constitutes abuse/violence are more likely to recognise and report violence they experience. This interpretation is strongly supported by the qualitative findings (see Section 7), which highlight increased confidence among participants to speak out, seek help, and identify previously normalised behaviour as abusive. The Banadir endline was conducted during the school year, unlike Galkayo's delayed collection, likely reflecting greater exposure to peer and school-based interactions.

## 6. Qualitative Findings: Adult CC Programme Focus Group Discussions

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Qualitative focus group discussions (FGDs) were conducted with adult CC participants and Community Discussion Leaders (CDLs) in Banadir following the Round 1 programme cycle. FGDs were held in Wadajir and Waberi districts, with a total of 16 adult CC participants (8 from Wadajir: 4 men, 4 women; 8 from Waberi: 5 men, 3 women) and 8 CDLs (4 men, 4 women, drawn equally from both districts). The following themes emerged from thematic analysis of these discussions.

### 6.1 Discussion Topics

Adult participants identified a range of CC discussion topics as particularly valuable. Topics most frequently cited as meaningful included: human dignity (essential for creating a healthy and safe environment); child raising and development (noted as helpful for parents); FGM (highlighted because the community suffers greatly from the issue); substance abuse among young people; justice; sexual abuse and rape (including the norm of blaming survivors); and education for young children, especially girls. Discrimination was also frequently mentioned.

Most participants reported there were no topics they disliked. A small number noted that the discussion of abuse and rape was difficult because it did not offer concrete solutions. One CDL reported that forced marriage was a challenging topic to facilitate, and another noted that some content on child rearing conflicted with accepted religious practices.

Participants suggested several additional topics for future CC programming: peacebuilding integrating youth and adults; greater inclusion of participants with visual and hearing disabilities; tribalism and stigma (particularly on social media); social media and the posting of sexual material; and trauma healing from experiences of conflict, violence, and stigmatisation related to class, clan, or social status.

### 6.2 CC Discussion Group Format

Participants responded positively to the weekly meeting schedule, though many expressed a desire to meet more frequently and for longer periods. The discussion format—centred on open idea-sharing and allowing members to express opinions freely—was consistently noted as a programme strength.

*“Personally, I find meetings very interesting. I like to speak and take part everywhere. I enjoy discussing sensitive topics. I really love participating.”*

*“Debate meetings really interest me because you learn a lot from them, you meet with the community, and there is idea-sharing for community development. I truly enjoy them.”*

### 6.3 CC Discussion Group Facilitation

Adult Participants praised the quality of facilitation throughout the programme. CDLs were described as well trained, prepared, and warm and welcoming. Participants noted that facilitators explained topics clearly, created an environment in which people could speak calmly and openly, and allowed sufficient time for each participant to contribute.

*“The debate meeting was well facilitated, including active listening and giving each person enough time to clearly express their concerns. The facilitator was very active and well-versed in the topics. We had materials such as books, pens, branded clothing with*

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*the organisation's name, and informative messages that helped us in community outreach."*

## 6.4 CC Discussion Group Interactions

Adult participants described the group environment as inclusive and psychologically safe. Men and women participated equally, listened without interrupting, and were actively engaged in discussions. Participants reported feeling safe to speak openly and trusted that group conversations would be kept confidential.

*"Respect, dignity, and appreciation were visible among participants. Men and women were treated equally in the debates. The topics were thoroughly discussed, and everyone shared their opinions. Although people had different viewpoints during the debates—just like how trees differ—there were no problems or conflicts within the group."*

## 6.5 CC Discussion Group Benefits

Participants described a wide range of personal and community-level benefits from participation in the adult CC programme. The most frequently cited benefit was understanding that it is wrong to beat a child at home or in school. Additional benefits included: gaining confidence to speak in front of others; understanding that everyone's opinion matters; learning the importance of equality and justice; understanding that rape victims should not be blamed or discriminated against; learning to build community awareness; and recognising that FGM constitutes violence and abuse against women and girls. Participants also emphasised the value of learning to listen to children.

*"I have benefited a lot from this program. Among the things I have benefited from is that I have gained the confidence to speak in front of people, and I have changed a lot in terms of awareness. For example, at first it was difficult for me to stand up in front of people and talk to them, but now, after many attempts and training, I can stand up in front of people without being afraid, and I can raise awareness about what I have learned."*

*"I've learned a lot, including how to treat your wife without abusing her and how to deal with children. As Somalis, sometimes we don't realize that beating, insulting, or cursing children is a form of abuse. I came to understand through this program that these are abusive behaviors and should not happen to children. We were also taught how to support someone if they've experienced abuse and how to show them compassion."*

*"I've felt a big change, especially in how we treat children after the training. I realized that beating children doesn't help—they just want to be heard and to have someone be a friend to them. We've also started raising awareness among neighbors and those around us not to beat children."*

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## 7. Qualitative Findings: Boys and Girls Network Focus Group Discussions

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Qualitative focus group discussions were conducted in May 2025 with Boys and Girls Network participants and mentors across Banadir and Galkacyo. Discussions were held at five schools: two in Banadir (21 October School and Ali Hussein School) and three in Galkacyo (Mudug Secondary School, Al-shacab School, and Jama Seed School). A total of 55 student participants and 16 mentors (half women) contributed findings. The following themes emerged from thematic analysis.

### 7.1 Social Norms and Gender Roles

Discussions about scenarios involving Fatima and Mohamed, a hypothetical brother and sister of similar age, revealed significant variation in students' views about gendered household roles and education access. Several participants described traditional expectations in which Fatima had most domestic responsibilities while Mohamed is free to rest, reflecting embedded gender inequality in daily life. However, many students articulated progressive counterarguments:

*"Mohamed and Fatima can do any work together... because they are siblings and have the same rights, although the girls are better than the boys at cooking."*

*"They can be the same in terms of education opportunities because they can both learn."*

On the question of which child should receive education if parents could only afford one, students who had gone through the network articulated views that challenged prioritising boys, citing girls' rights to education and the importance of challenging norms of early marriage and staying in the home. These discussions illustrate that the programme is creating meaningful space to examine and challenge gender norms, even if deeply ingrained expectations have not been fully transformed.

### 7.2 Valued Programme Content

Students across both sites identified certain topics as particularly meaningful, including child protection and rights, gender and power, social media and cyberbullying, and puberty and reproductive health. A recurring theme was learning how to express themselves, defend their views, and discuss difficult topics without shame or fear:

*"It was very interesting to me, I used to bring ideas, then I convinced the participants to participate in the meeting, then our conclusions were presented to the community, that's what makes me interested."*

*"What I like most — and find very interesting — is how these sessions build a person's confidence. I've now learned how to speak openly about anything, even with my parents."*

Some students found topics like sexual abuse and early marriage uncomfortable, especially in a mixed-group setting. A minority expressed reservations that reflected traditional religious or cultural frameworks. These reactions underline the importance of facilitator skill and the need for age-appropriate facilitation in sensitive discussions.

### 7.3 Benefits Reported by Students

Students described a wide range of personal and relational benefits from participation in the Boys and Girls Network:

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- Increased self-confidence and ability to speak openly in front of others
- Greater understanding of gender equity, rights, and the importance of education for all children
- Improved ability to persuade through dialogue rather than force
- Reduced silence around issues of abuse, violence, and rights
- Stronger peer relationships and a more cohesive group atmosphere

*"For me, this program helped us understand many topics, such as gender equity. At first, most of us didn't know what gender was, but now we do."*

*"What I like most—and find very interesting—is how these sessions build a person's confidence...this has helped reduce silence among students and their shyness. It also helps them express their rights, speak up clearly, and present their needs."*

## 7.4 Mentor Perspectives

Mentors (teachers trained to facilitate the Boys and Girls Network) reported positive changes in student behaviour and attitudes following participation. Key observations included:

- Students challenged corporal punishment more confidently, including reporting it
- Girls, who had historically been silent and reluctant to approach school administration, began speaking out and demanding their rights
- Boys learned about cooperation and non-violent approaches to conflict
- The teacher-student relationship became more collaborative

*"Previously, students were subjected to punishments in schools. But now, they themselves have rejected that. This program is very helpful because students have come to understand their rights and have rejected all forms of abusive behaviors that were once accepted. It has brought real positive change."*

*"Before this program, students believed that leadership was only the teacher's responsibility. But now they believe that teachers and students should share ideas. They speak up if they are mistreated."*

Mentors also identified implementation challenges, including irregular scheduling, lack of materials for all participants, a rushed start to programme rollout, and the need for additional training on managing sensitive discussions. They proposed integrating real-life scenarios, using storytelling and theatre, strengthening teacher training, and actively involving parents as strategies for improvement.

## 7.5 Student Recommendations

Students offered constructive recommendations for strengthening the programme:

- Hold network meetings more frequently and in community spaces (not only schools)
  - Expand the number of participants, as many students expressed interest in joining
  - Ensure all participants are selected transparently, without clan or tribal favouritism
  - Add topics on drug prevention, mental health, financial literacy, and conflict resolution
  - Provide snacks and water, as sessions are held after school hours
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## 8. General Community Sample Findings

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### 8.1 Exposure to CC Messaging

The adult general community sample in Banadir (Waberi, Wadajir as intervention districts; Shibis as control) showed modest but noteworthy increases in exposure to community discussions about violence-related topics in the intervention districts. In Waberi and Wadajir, participation in discussion groups about violence increased markedly between 2024 and 2025 (from 19–51% in Shibis versus 39–63% in intervention districts). However, overall rates of community-level awareness remained more modest than those of direct CC programme participants, confirming that programme effects on the broader community are an early and ongoing process.

### 8.2 Beliefs and Norms — Intervention vs. Control

Analyses comparing intervention and control districts in Banadir found significant group-by-time interaction effects for gender equality ( $p=.002$ ), acceptability of IPV ( $p=.042$ ), FGM personal beliefs ( $p<.001$ ), and husband's right to use violence ( $p<.001$ ), indicating that belief changes were significantly greater in intervention districts. These findings suggest that the programme's influence is beginning to extend beyond direct participants to the broader community, a core goal of the social norms approach.

In Galmudug, analyses of the general community sample are in progress and will be presented in subsequent reports.

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## 9. Discussion and Interpretation

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### 9.1 Programme Effectiveness

Round 1 findings provide evidence that the CC-adult and CC-adolescent interventions are associated with meaningful changes in personal beliefs and knowledge related to VAW/VAC and social norms. Among adult participants in Banadir, all personal belief scales moved in the expected direction with statistical significance. Among adolescents in both regions, improvements in knowledge and beliefs were consistent and strong, particularly for boys who had lower baseline scores than girls across multiple domains.

These patterns are consistent with the CC programme's theory of change, which anticipates that community-based reflection and dialogue will shift personal beliefs as a precursor to broader social norm transformation. The fact that community-level impacts are beginning to emerge in intervention relative to control districts, particularly in Banadir is encouraging, though further rounds of data will be needed to assess the sustainability and scale of norm change.

### 9.2 Interpreting Violence Outcomes

The mixed picture in violence outcomes with declines in Galkayo and increases in Banadir requires contextualised interpretation. Increases in reported violence following participation in GBV awareness programmes are a widely documented phenomenon. When participants learn to recognise behaviours previously normalised as violent or abusive, and when the programme creates a safe and supportive environment to speak about experiences, reported rates of violence may increase even as actual incidence declines. This pattern is well-established in the evaluation literature and is explicitly anticipated in the CC evaluation design.

The qualitative findings provide strong contextual support for this interpretation: students explicitly described increased confidence to speak, reduced silence, and an ability to report abuse. Mentors corroborated these accounts, noting that girls in particular who had historically been reluctant to report violations began speaking out after participating in the network.

Additional factors include: the Banadir endline was collected during the school year (greater exposure to peer and school-based interactions), while Galkayo's delayed endline captured a summer period with less school-based contact, which may explain site differences in violence outcomes independent of programme effects.

### 9.3 Gender Differences (Adolescents)

A consistent pattern across both regions was that boys showed greater improvements than girls in knowledge, gender equality, and child marriage beliefs, while girls showed greater or comparable improvements in IPV acceptability. Boys had lower baseline scores on knowledge (particularly in Galkayo) and higher acceptance of harmful practices, providing greater room for improvement. Girls' consistently stronger baseline knowledge and norms may reflect the gendered nature of the topics, as girls are more directly affected by child marriage, IPV, and sexual violence and may have more prior exposure to these issues.

The gender-differentiated effects underscore the value of the mixed-group format of the Boys and Girls Networks, which creates structured opportunities for boys to encounter and engage with girls' perspectives, and for girls to develop voice and confidence in mixed settings.

### 9.4 Service Provider Confidence

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Significant increases in confidence that health care providers and community health workers will provide good care, maintain confidentiality, and refer appropriately represent an important secondary finding. This suggests the programme is strengthening participants' trust in and willingness to use formal social services.

## 10. Limitations

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Several limitations should be considered when interpreting these findings:

- The evaluation lacks a randomised control group for the direct programme participant sample; changes in beliefs and knowledge cannot be attributed exclusively to programme participation in the absence of a comparison group for this sample. The intervention-control comparison is available only for the general community sample.
  - Self-reported measures of violence are subject to social desirability bias and may underreport actual experiences, although trained local research assistants and confidential data collection procedures were used to mitigate this risk.
  - Timing differences in endline data collection between Galkayo and Banadir limit direct comparisons of violence outcomes between regions.
  - The study captures short- to medium-term outcomes (9 months). Longer-term follow-up is needed to assess durability of belief change and potential impacts on violence incidence.
  - Districts were selected through existing partnerships rather than random assignment, which may limit generalisability to other humanitarian contexts.
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# 11. Implications for Policy and Programming

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## 11.1 Strengthening the Evidence Base

These Round 1 findings contribute to the growing body of evidence on VAW/VAC prevention in humanitarian settings, providing a rigorous evaluation of an adult and adolescent violence prevention programme in Somalia. The results support the theoretical basis of the CC programme and indicate that the combined intergenerational approach, simultaneously engaging adults and adolescents may produce reinforcing effects across home and school contexts.

## 11.2 Recommendations for Programme Strengthening

Based on quantitative and qualitative findings, the following programmatic recommendations are offered:

- **Scheduling and regularity:** Ensure consistent, predictable meeting schedules and integrate network meetings formally into school timetables to minimise conflicts with academic activities.
- **Materials and resources:** Provide sufficient activity books and materials for all participants; address resource gaps identified by mentors.
- **Mentor training and support:** Strengthen pre-implementation training on managing sensitive discussions, active listening, and engaging shy or reluctant participants; establish peer networks for mentors to share experiences.
- **Parent and community engagement:** Actively involve parents and community members in programme activities to extend norm change beyond the school environment and consolidate gains at home.
- **Referral pathways:** Ensure that the increase in disclosure associated with programme participation is matched by strengthened referral pathways and access to GBV response services.
- **Curriculum expansion:** Consider adding topics suggested by participants, including substance abuse prevention, mental health, and conflict resolution.

## 11.3 Looking Ahead: Rounds 2 and 3

Round 2 implementation is currently underway, with baseline data collection completed and endline data collection planned for April/May 2026. Round 3 baseline data collection will be initiated in Fall 2026. Subsequent rounds will allow for the longitudinal tracking of norm change and violence outcomes, as well as the opportunity to assess whether effects on the broader community intensify over time and as the programme becomes more deeply embedded within school and community systems.

Findings from all three rounds will be disseminated through peer-reviewed publications, policy briefs, and stakeholder engagement with the Somalia Ministry of Education, Ministry of Women, Ministry of Health, and development partners, to inform decisions on scaling up integrated community and school-based GBV prevention.

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## 12. Conclusion

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The Round 1 evaluation of the Communities Care programme in Banadir and Galmudug demonstrates that an integrated, community- and school-based intervention is feasible, acceptable, and associated with meaningful changes in beliefs, knowledge, and confidence among both adults and adolescents in a complex humanitarian setting.

Adult CC participants showed significant improvements across all personal belief scales, with gains in gender equality support and reductions in harmful beliefs about IPV, FGM, child marriage, harsh punishment, and victim-blaming. Adolescents in the Boys and Girls Networks improved substantially in knowledge of child marriage, teen pregnancy, and sexual violence, as well as in gender equality support, IPV acceptability, and sexual health confidence, with boys showing particularly strong gains from lower baselines.

Increases in reported violence in Banadir are consistent with a programme-induced effect of increased recognition and willingness to disclose. This interpretation is supported by qualitative evidence of reduced silence and enhanced confidence among participants. The evaluation design, combined adult and adolescent programme implementation, and strong community and government partnerships position this study to generate evidence that is both scientifically rigorous and directly actionable for policy and practice in humanitarian contexts.

### **Key Takeaway**

The Communities Care adult and adolescent intervention demonstrate meaningful shifts in the knowledge, and beliefs that sustain violence against women and children in Somalia. Changes in reported violence outcomes should be understood as early indicators of increased awareness and disclosure, hallmarks of an effective GBV programme, rather than evidence of harm. Continued implementation and evaluation through Rounds 2 and 3 will provide the longitudinal evidence needed to assess sustained impact.

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