End-term review of the Strategic Partnership between Norwegian Church Aid (NCA) and Save the Children International (SCI) for the Abandonment of Female Genital Mutilation (FGM) (2011 – 2015)

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Cover photo: Uncut girls in the district of Harari. Photo: Joar Svanemyr.

List of Abbreviations

BCC	Behavioural Communication Change
CC	Community Conversation
CBO	Community Based Organisation
CFID	Concern for Integrated Development
CSO	Civil Society Organisation
EGLDAM	Ye Ethiopia Goji Limadawi Dirgitoch Aswegaj Mahber
EOC/DICAC	Ethiopian Orthodox Church/Development and Inter Church Commission
ETR	End Term Review
FGM/C	Female Genital Mutilation/ cutting
HTP	Harmful Traditional Practices
IGA	Income Generation Activity
IP	Implementing Partner
MOWCYA	Ministry of Women Children and Youth Affairs
MTR	Mid-term Review
NCA	Norwegian Church Aid
ODWaCE	Organization for the Development of Women and Children in Ethiopia
PMC	Population Media Centre
PMT	Project Management Team
SCI	Save the Children International
SCN-E	Save the Children Norway - Ethiopia
SNNPR	Southern Nations and Nationalities and Peoples Region

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EXECUTIVE SUMMARY

Background: To end the practice of Female Genital Mutilation (FGM) is a priority for both the Ethiopian and the Norwegian governments. Norway is supporting programs and project aiming to contribute to this implemented by UNFPA and UNICEF as well as by international and national non-governmental organizations. The Ethiopian government has repeatedly expressed its commitment to fight the practice and hosted a National Girls Summit in June 2015 to strengthen the efforts and the collaboration seeking to end FGM and other harmful traditional practices. Ethiopia has made important progress the last decade towards the reduction of FGM. A number of national surveys indicate that in the last 10-15 years FGM has been reduced by at least 30-40%.

In line with the 2003 publication of the Norwegian Government's International Action Plan for Combating FGM, Save the Children Norway-Ethiopia (SCN-E) and Norwegian Church Aid/Ethiopia (NCA/E) implemented a joint anti-FGM/HTP programme since 2006. Phase I lasted from 2006-2011 and Phase II from 2011-2015. For Phase II a tripartite agreement was signed between the Norwegian Embassy, Norwegian Church Aid (NCA) and Save the Children Norway-Ethiopia (SCN-E). In 2012, SCN-E was merged into Save the Children International (SCI) and the contract was transferred to Save the Children Norway – Head Office. The total amount allocated for Phase II is NOK 50 mill. 27 implementing partners (IP)- NGOs,and government agencies - implement the program. The program is implemented at national and regional level and in seven out of nine regional states and two city administrations. It was decided that an End term review (ETR) for phase two should be carried out before the end of the phase with the objective to identify lessons learned and provide recommendations for a third phase. The End term review was commissioned by Norad.

Methodology: For this End term review, data - both quantitative and qualitative - was collected through desk review of project documents and reports, field visits, key informant interviews, focus group discussions with community members and meetings with key stakeholders including, the Embassy, SCI, NCA, implementing partners' staff and UN agencies.

In the communities visited, the review team met with members of conversation groups including traditional and religious leaders, ex-practitioners, and a selection of girls (mostly uncut) and boys from age 8 to 18.

Findings: The program reports a high number of girls who have declared they will not be cut, many boys have declared they will marry an uncut girl, and community groups have declared they will end the practice. A total number of 112,878 girls are registered as uncut, till year 2014. In terms of activities (outputs) the organisations report on an impressively high number of men and women participating in the community conversations, radio programs broadcasted, people reached through mass campaigns, and male youth who participated on anti-FGM trainings and awareness raising sessions. The ETR team found that there are a good number of reasons to believe that FGM has nearly been abandoned in all ***sites visited***. In all group discussions there was a general agreement that FGM is now exceptional. The information given by community members was corroborated by people working in the files such as task force members and representatives from the Bureau of Women, Children and Youth Affairs. Moreover, there are now a number of control mechanisms in place that make it difficult to cut girls in secret. Both priests and health extension workers have regular contact

with families expecting a baby and/or having small children, and the communities are monitored by government representatives as well as by NGO representatives. When parents are preparing to have a girl cut this is reported to the police and action is taken to stop them. According to people met, very few cases had been reported to the police the last year or so in the sites visited, which can be considered as yet another indicator that FGM has become very rare. This finding must however, be interpreted with caution. In addition to the possibility of people underreporting cases of FGM having taken place the last couple of years, the ETR team visited a limited number of communities. We cannot generalize to other intervention sites or to kebeles and woredas where NCA/SCI and their partners are not working. It is known that there has been a backlash in Kembatta and less progress for example in the Somali region.

In terms of law enforcement, numerous law enforcing bodies, Community Based Organisations (CBO) and community leaders have been trained; mechanisms for reporting FGM cases have been established; cases have been reported and many have got a conviction; customary/traditional laws have included and anti-FGM article; and FGM cases have been tried by traditional laws. The ETR team found that very few cases of FGM (and child marriage) had been reported to police or religious leaders in the previous year. The explanation given for this is that the practice by and large has been abandoned. This stands in some contrast to the program report for 2014 that says that 155 cases were reported and 100 got a verdict in all intervention areas in 2014. Although the ETR team visited only a few sites, we would have expected a higher number. The reason for this discrepancy is not clear. It is evident that most people are very well aware of FGM being criminalized and of the risk of being reported and convicted for parents and practitioners who make girls undergo FGM.

A major achievement reported by the partner organisations is that the three major religious institutions the Ethiopian Orthodox Tewahido Church, Ethiopian Catholic Church and Evangelical Churches Fellowship of Ethiopia have declared zero tolerance to FGM, and the Ethiopian Islamic Affairs Supreme Council denounced FGM and passed a *fatwa.* Several joint programme partners have contributed to this with NCA and Population Media Center (PMC) as the leading agencies in terms of training religious leaders at various levels, and organizing meetings, workshops and dialogues. The ETR team found that the leadership of the religious leaders seems to be a main factor behind the change in attitudes and behavior reported.

Using the community driven strategies like community conversation sessions, many women have been able to come out to seek health services. IPs referred 137[1] women/girls to health centers and Fistula hospitals (planned 50) in 2014 and 11 intervention areas had installed referral mechanisms (target 10). The ETR team found: The conversations with community members revealed a good knowledge and awareness about the health complications caused by FGM. However, it may be a matter of concern that apparently most of the cases referred to health services were for fistula. It is commendable that girls and women with fistula get help but it may represent a neglect of health complications due to FGM.

NCA, SCI and the IPs have clearly had an important role in making FGM a national priority and in ensuring a more active involvement of regional and local authorities although it is difficult to assess exactly to which degree. Moreover, NCA and its partners have had a key role in training and mobilizing *high level* religious leaders.

[1] In the narrative part of the report, it is stated that the number is 174.

In terms of efficiency, the project by and large must be considered as performing well, particularly when seen in the light of effectiveness of the project in yielding the intended outcomes, the mix of strategies used, the low cost implementation approach due to use of existing community and government structures through galvanizing their potentials, integration of FGM in other IP activities, as well as the strong monitoring and mentoring scheme it employed. Timeliness of fund release (especially at the start of the project) and budget utilization among some organizations needed improvement. However, the project doesn't seem to be as strong when it comes to the criteria used for budget allocation across IPs and the rationale for allocation of direct fund for the coordinating organizations.

The project management structures, which included the project management team, project technical working group, joint bi-annual review meeting platforms, the regular monitoring visits, quarterly, in some cases bi-annual, meetings of local partners of IPs and the experience sharing visits; are reported as working effectively. Numerous respondents cited them as good mechanisms for discussing ways for enhancing their organizational capacity, to improve quality of implementation, solve problems, sharing experiences and for developing standards. The annual planning process is also working well. Almost all partners in the project expressed strong satisfaction for the leadership and technical support provided by the coordinating organizations.

With regard to financial management, the overall budget utilization of the project is satisfactory, with 93% burn rate at the end of year 2014. There were limited evidence that field activities had to be postponed or suspended because funds were not available, except that there was one significant incident in the first year of the project due to delayed release of fund after signing the agreement. There were issues of compliance to agreed terms and expectations both at the IP and coordinating organization levels, which were given due attention and rectified by different measures. Limited capacity on the part of IPs and lack of clarity in the terms of reference for expected standards were reported as an explanation for the reported lack of compliance.

In the case of networking and partnership, the consistently expressed shared view of credits for the FGM project success - by IPs, government stakeholders, and community members - is one manifestation of the commendable partnership spirit built among actors, stretching the achievement of the project to a level beyond its causes and goals. Given the strong partnership and multi-stakeholder ownership of the project, sustainability of the fruits of the project, in general, do not seem to be in problem.

Lessons learned: The achievements of the program provide a series of important lessons for the continuation of the program as well as for other organisations working to fight harmful traditional practices. It has demonstrated the importance of a holistic approach working at different levels, a wide range of stakeholders and sectors; and it has demonstrated the need to combine a wide range of approaches; and it has demonstrated that working through organisations who have a good knowledge and understanding of the local context is a key to success. It is difficult to single out which approach has been the most effective and which are less effective. It seems rather to be the cumulative effect of the holistic strategy and the whole range of activities running for an extended period of time that brings sustainable change in attitudes and behavior.

Recommendations: The ETR recommend to revise outcomes 1 and 2 in order to better capture changes in behavior and to avoid having as a goal to increase the number of cases of FGM

reported and convicted. The agreement for the next phase must be clearer on the requirements for financial reports (e.g. audit, balance of statement). It is recommended to maintain training, monitoring and mentoring activities related to financial management. There seems to be a need to pay more attention to other health problems than fistula that are related to FGM such as urination and menstruation problems, infections, cysts, chronic pain, and psychological trauma. It is also recommended to capture and report on what types of health problems girls and women are referred and treated for.

In terms of focus and priorities for the next phase, we strongly recommend continuing with the multiple element and multiple level approach. The observation that FGM apparently is nearly abandoned in the intervention areas visited by the ETR team indicates that there is a need to define some criteria for when to phase out of kebeles and woredas and move on to new ones within the life time of the project. Phasing out needs, however, to be accompanied by a plan for monitoring communities where intervention activities have been scaled down to ensure there is no backlash in terms of FGM being reintroduced.

The joint program has achieved impressive changes in terms of reducing the incidence of FGM in the intervention areas, changing peoples' attitudes towards opposing the practice, mobilizing religious and community leaders, and in putting the issue of FGM and other harmful practices on the national agenda. This has been possible through collaboration with and coordination of a wide range of organisations with a solid knowledge about the national and local contexts and the use of a combination of approaches and methods. The program provides important lessons in terms of how FGM and other traditional practices can be stopped. Whereas there is still a room for improvements in the management of the program and in the work done on the ground by the implementing partners, the main challenge is to scale up in order to have a wider geographical coverage.

1. INTRODUCTION

1.1 Background

To end the practice of Female Genital Mutilation (FGM) is a priority for both the Ethiopian and the Norwegian governments. Norway is supporting programs and project aiming to contribute to this implemented by UNFPA and UNICEF as well as by international and national non-governmental organizations. The Ethiopian government has repeatedly expressed its commitment to fight the practice and hosted a National Girls Summit in June 2015 to strengthen the efforts and the collaboration seeking to end FGM and other harmful traditional practices (HTPs).

In line with the 2003 publication of the Norwegian Government's International Action Plan for Combating FGM, Save the Children Norway (SCN-E) and Norwegian Church Aid/Ethiopia (NCA/E) implemented a joint anti-FGM/HTP program since 2006. With the financial support from the Norwegian Ministry of Foreign Affairs (through the Royal Norwegian Embassy in Addis Ababa), both organizations have been implementing the program in close partnership with governmental, non-governmental, FBOs, local and international NGOs, as well as various other stakeholders.

Phase I lasted from 2006-2011 and Phase II from 2011-2015. For Phase II a tripartite agreement was signed between the Norwegian Embassy, Norwegian Church Aid (NCA) and Save the Children Norway-Ethiopia (SCN-E). In 2012 SCN-E was merged into Save the Children International (SCI). The contract specifying the rights and obligations of SCN-E were transferred to Save the Children Norway – Head Office (SCN-HO). The total amount allocated for Phase II is NOK 50 mill. The program is implemented by 27 partners, comprising NGOs and government agencies.

It was decided that an End term review for phase 2 should be carried out before the end of the phase with the objective to identify lessons learned and provide recommendations for a third phase.

1.2 Current status of FGM in Ethiopia: prevalence and trends

FGM is being performed in many regions all across the world but is primarily practiced among various ethnic groups in 28 countries in Africa. Some of the most affected countries are Guinea (97%), Sierra Leone (90%), Mali (89%), Somalia (98%), Djibouti (93%) and Eritrea (83%).[2] Ethiopia with a 74% prevalence rate in the 2005 DHS ranks among the east African countries where FGM is widely spread. Due to its large population Ethiopia is the country with the second highest number of girls and women living with FGM: it is estimated that 23,8 million Ethiopian women and girls have undergone FGM (the highest number is found in Nigeria).

[2] UNICEF FGM database, October 2014.

Besides being a violation of human rights there is solid documentation on the harmful effects on FGM on both short and long term and on physical and mental health. This has also been documented in Ethiopia.[3]

Ethiopia has made important progress the last decade towards the reduction of FGM. The 1997 and the 2007 National Baseline Surveys of EGLDAM on Harmful Traditional Practices (HTPs) in Ethiopia indicate that, with a high variation across regions and among ethnic groups, the national prevalence rate of Female Genital Mutilation (FGM) has been reduced by 17 percent points - from the 73% it was in 1997 to 56% in 2007. The prevalence rate among the age cohort of 0-4 years is 18.4% and 73.5% is for those women who are 50 years and above (Follow up survey 2007) (source: Project document).

According to the Demographic Health Survey (DHS), the national prevalence of FGM/C was 74% in 2005[4] whereas The Welfare Monitoring Survey (WMS) conducted in 2010 found that the national prevalence had declined to 46%. Although the EGLDAM studies, the DHS and the WMS are not directly comparable due to different methodologies they clearly indicate that a significant decline has happened. Altogether, they give reasons to believe that in the last 10-15 years FGM has been reduced by at least 30-40%.

The distribution of FGM practice in Ethiopia vary depending on ethnic origin and region. The WMS from 2010 found the rates to vary from 59,8% in Afar to 7,4% in Gambela and 9,2% in Addis Ababa. Afar and Somali regions are well known for their most radical form of infibulations. Clitoridectomy and excision are dominantly practiced in other parts of the country.

The government of Ethiopia has strengthened its efforts to end the practice the last years. UNICEF and UNFPA and a range of NGOs and INGOs have been working in the field for many years.

1.3 Program overview

The total amount allocated for Phase II is NOK 50 mill. The program is implemented by 21 partners; NGOs, and government agencies. Most of the partners have been involved in work for the abandonment of FGM and other harmful traditional practices (HTPs) for many years, while a few ones have started during this last phase. The program is implemented in seven out of nine regional states and two city administrations.

The End term review for phase 1 and the Midterm review for phase 2 both confirmed the impressive changes due to the efforts of the first phase of the program. They also confirmed that all the involved partners in the partnership have contributed to the process, and all of them have been working in line with most of the basic principles recognized nationally and internationally. The MTR also concluded that "In the Review team's opinion, there is sufficient documentation available from the last two years to confirm that significant improvements are taken place at community level" (MTR report, p. 3).

[3] Hakim LY (2001). Impact of female genital mutilation on maternal outcomes during parturition. *East African Medical Journal*, 78 (5): 255-58. Bogale D., Markos D., & Kaso M. (2014). Prevalence of female genital mutilation and its effect on women's health in Bale zone, Ethiopia: a cross-sectional study. *BMC public health*, 14(1), 1076.

[4] The Ethiopian DHS 2011 and the mini-DHS 2014 did not include questions about FGM/C.

2. OBJECTIVES AND SCOPE OF THE REVIEW

The objectives of the End Term Review as according to the Terms of Reference are

- To assess the overall results of the Program focusing on; progress, relevance, effectiveness, efficiency, and sustainability.
- To assess the competence and quality of the program approach and coordination mechanisms at national, regional and local levels
- To provide recommendations, identify lessons learned, capture good practices, and generate knowledge to inform the refinement of the joint programme for the third phase

The Review should also assess the role of the programme within the context of Ethiopia's national efforts to eradicate Female Genital Mutilation.

The ETR was asked to address, but not necessarily be limited to, the following issues: appropriateness and relevance; efficiency; effectiveness and impact; coherence and coordination; audit and financial management; risk management; connectedness and sustainability; project management; and an analysis of what should be the focus and priorities of a possible next phase.

As this is an end-term review of the project, it was expected that the progress and the success rate of the overall intervention of the program could be judged according to the major *outcomes*. Therefore, the primary focus of this review assessment is at the level of *outcome result indicators***,** including tracking changes at *intermediate outcome/major output* levels.

The number of pages in this report exceeds the number of pages indicated as a limit by the Terms of Reference (25 pages). The ETR team found it necessary to go beyond this limit in order to address all the questions listed in the ToR and to provide justified recommendations for the next phase. Even so, the ETR team feels it has not been able to give justice to the complexity of the program in terms of its many elements, achievements, implementing partners, etc.

3. METHODOLOGY

Data - both quantitative and qualitative - has been collected through desk review of project documents and reports, field visits, key informant interviews, focus group discussions with community members and meetings with key stakeholders including, the Embassy, SCI, NCA and partners' staff and UN agencies.

In the communities visited the review team met with members of community dialogue/conversation groups including traditional and religious leaders, ex-practitioners, one task force group (Yirgalem), one out of school girls' club, and a selection of girls (mostly uncut) and boys from age 8 to 18. The community groups included both men and women of various ages. The team also met with Government authorities - local administration leaders (woreda/kebele) and representatives of offices of Women, Children and Youth Affairs, and

with Project staff of NCA/E and SCI at the HQ, and with program staff of implementing partners (see annex for list of people met).

In accordance with ToR, the Review team prepared an Inception Report detailing the approach to the ETR, containing the methodology and the data collection tools being used. The selected sites were proposed by SCI and NCA on the basis of geographic representation; partner representation (faith based, grass root engagement, pastoralist, government); years of engagement (long, short); funding size (big, small); and accessibility within the agreed period of time. The selection of sites also sought to avoid too much overlapping with the sites visited for the MTR so that the ETR would mainly include other and complementary sites and partner organizations. The proposal was shared with the Embassy and the lead consultant and they had their inputs on the selection process. The lead consultant made the ultimate decision to accept the revised list.

The box below contains the complete list of places visited and organizations met during field work.

Box 1: Place visited and organizations met.

Addis Ababa Population Media Center ODWaCE (EGLDAM) Mekane Yesus theology college UNFPA and UNICEF **Amhara** Debre Birhan town: Ethiopian Orthodox Tewahido Church-Development and Inter Church Aid Commission Ankober woreda: child protection officer + coordinator at Bureau of women's affairs, conversation with group of children. **Oromia** Shashemene: African Development Aid Association Siraro district: meeting with community	**SNNPRS** Yirgalem: Beza for Generation Gane kebele: meeting with community **Afar** Telalak kebele: meeting with community, Care Ethiopia and Bureau of Women's affairs rep. **Dire Dewa** Dire Dewa: Concern for Integrated Development (CFID); meeting with community group in Somali Region, Siti Zone, Shinile woreda, kebele 01 and 02. **Harari** Regional bureau of Women, Youth and Children's affairs; meeting with community group

Limitations of the review

At the time this review was conducted, the most recent national survey including questions about the FGM practice dated from 2010. Surveys that were conducted to establish a baseline for this program was also conducted in 2010/11. This means that at the time of this review data was not available that would make it possible to measure the impact in terms of

"reduction in the prevalence rate of FGM". The assessment of the progress towards the stated goal of 31% reduction of FGM must consequently be based on an examination of information from the project reports and the interviews and observations done during the fieldwork for this ETR.

The program is involving a large number of partners and interventions sites. The review team could only visit and meet with a minority of them and the time available for site visits was very limited. Due to time constraints and difficult access, the Somali region could not be covered with the exception of one meeting with a community group in the Shinile woreda close to Dire Dewa.

It was expressed a few times by staff accompanying the ETR team that the local cites chosen by the IPs to be visited were "model kebeles". Though an effort was made by the coordinating offices to make an unbiased selection of interventions sites and IPs, there is a risk that the selection of sites visited was somewhat biased towards sites where more progress had been made than in others. The available reports, however, do not indicate that the sites visited vary substantially in performance and achievements from the majority of the interventions sites.

4. FINDINGS

4.1 Appropriateness & Relevance

The program is highly relevant for the national context: FGM is acknowledged as a national problem and is now a priority area of work for the government who has committed to end FGM before 2025. The Ethiopian government published a National Strategy and Action Plan on Harmful Traditional Practices against Women and Children, which includes FGM, in 2013.

Although difficult to quantify, program partners have had a key role at national level in mobilizing the government, religious leaders and in institutionalizing FGM. The program has also demonstrated its relevance by contributing to improved coordination and collaboration among organisations working on FGM and other HTPs (see comment to outcome 5, chapter 4). To continue supporting this work the next five to ten years is likely to be very important in terms of achieving a major and sustained change.

The program is also very much in line with the priorities of the Norwegian government as expressed in its "Strategy for intensifying international efforts for the elimination of female genital mutilation for the period 2014–2017". The strategy makes a specific reference to the strategic partnership with NCA and SCI and states that the government will "Continue Norway's efforts to eliminate FGM in Ethiopia".

25 June 2015, Addis Ababa: Today, the Government of Ethiopia reiterated its commitment to put an end to child marriage and Female Genital Mutilation/Cutting (FGM/C) at the National Girl Summit held for the first time in its capital. The Summit was held as a follow up to the Girl Summit in London held in July 2014 where the Government of Ethiopia took a heroic step by making a ground breaking commitment to end child, early and forced marriage and FGM/C in the country by 2025.

https://unicefethiopia.wordpress.com/2015/06/25/ethiopia-boosts-its-efforts-to-end-child-marriage-and-fgmc-by-2025-at-the-national-girl-summit/

In relation to UNFPA and UNICEF's Joint FGM/C Programme in Ethiopia, financed by Norway, this program may be considered as complementary and mutually strengthening. UNICEF and UNFPA are working with other target groups, e.g university students. As NCA/SCI they are also supporting community programs against FGM in the Afar region but in other parts of the region than SCI. The activities are coordinated in the sense that the organisations have sought to avoid working in the same geographic areas. NCA has received in 2012 and 2013 from UNFPA support to the FBOs response from the Adolescent Reproductive health joint UNICEF/UNFPA program (funded by the Norwegian government). One of the implementing partners, PMC, has tried to approach UNICEF/UNFPA for additional funding but without success. UNICEF/UNFPA reported that they do not have funding available for NGOs for the time being since the current program is approaching the end of its program period.

4.2 Program effectiveness and impact

4.2.1 Major outcome level results and intermediate outcomes - observations & recommendations

Introduction

A quick look at the reports on the achievements for 2014 and the cumulative numbers for the first four years of the second phase, give the impression that the program has performed well above the set targets for almost all outcomes and outputs. The explanation, however, is largely due to a change in monitoring and reporting systems:

> 2014 target was set using the previous years' experiences. However, almost all percentage reach is far above and beyond planned due to partners improvement in tracking results and the new framed indicators after the MTR required partners to report based on indicators (Annual report 2014).

For the same reason, the cumulative numbers for the last four years will be 'inflated' by the numbers reported for 2014. Consequently, it is difficult to assess the performance and the progress of the program based on how it compares with the targets set at the start of the second phase and for each year. It appears that most of the targets were set far too low, which may be due to an underestimation of the implementing partners' capacity.

It should also be noted that the annual report for 2013 did not include a table with numbers on achievements as the 2014 report did (annex 1). This makes it difficult to compare directly the program performance in the two years.

Outcome 1. Attitude of target communities against FGM improved

A high number of girls have declared they will not be cut, many boys have declared they will marry an uncut girl, and community groups have declared they will end the practice. A total number of 112,878 girls are registered as uncut. In 2013, it was for example reported that in the Afar region alone "A total of 17,361 new born girls have been registered, monitored and protected from FGM" since 2011 (Annual report 2013, p 5).

In terms of activities (outputs) the organisations report on an impressively high number of men and women participating in the community conversations, radio programs broadcasted, people reached through mass campaigns, and male youth who participated on anti-FGM trainings and awareness raising sessions.

The ETR team found that there are a good number of reasons to believe that FGM has nearly been eradicated or at least dramatically reduced in all sites visited.[5] In all group discussions, there was a general agreement that FGM is now exceptional: Where girls are cut during adolescence as a preparation for marriage all girls met younger than 16 or 17 were "untouched"; where girls are cut shortly after birth it was claimed that no girls had been cut for the last 3-4 years. One might question the reliability of self-reported behavior when outsiders ask about a practice that has become illegal and there may be a fear for legal or other types of sanctions. However, the information given by community members was corroborated by people working in the field such as task force members and representatives from the Bureau of Women, Children and Youth affairs. Moreover, there are now a number of control mechanisms that makes it difficult to cut the girls in secret. Both priests and health extension workers have regular contact with families expecting a baby and/or having small children, and the communities are monitored by government representatives as well as by NGO representatives. When parents are preparing to have a girl cut this is reported to the police and action is taken to stop them. Very few cases had been reported to the police the last year or so in the sites visited, which can be considered as yet another indicator that FGM has become rare.

Apparently, performing FGM in the places visited has become a practice against the social norms and not tolerated by the majority. There are anecdotal stories in many places about girls who have been cut recently or about parents who have intended to have a girl cut by sneaking away to a local district but it seems like they are exceptional cases. There are also rumours about teenage girls in the Yirgalem area who are organizing for themselves to be cut

[5] In comparison, the MTR found that "All partners and stakeholders visited reported significant decrease in incidents of FGM" (page 10) and that "All the projects visited reported that the number of uncut girls is rapidly increasing" and "In all the project sites visited, the ex-practitioners had stopped the cutting (page 11).

but this has not been confirmed. It is also not clear whether this may be due to girls themselves wanting to be cut or if it is rather the parents who secretly are pushing them with the purpose of avoiding legal sanctions against themselves.

People met eagerly spoke about how they have observed that girls and women who have not been cut have less health problems, particularly related to births and where infibulation has been common, in relation to urination and menstruation. There seems to be a common understanding that the reasons for practicing FGM they used to believe in are not valid, for example that uncut girls have an uncontrollable sexuality or break kitchen utensils, or that it is required by their religion. People can now observe themselves that uncut girls are not different from the ones who have been cut in the past. The men report that they prefer uncut girls as wives since they have less problems with delivering babies. In the past, it was a common fear that uncut girls could risk mockery and being socially isolated but that sort of stigmatisation seems no longer to be an issue.

It is also reported that it has become unusual to marry girls before they reach the age of 18. Teenage girls met in the communities all claimed they want to wait until they become 18 and have finished school. Poverty is, however, a major challenge and many parents cannot afford to keep girls in school. Training and support for income-generating activities for poor girls is therefore commendable.

The findings of this review must however, be interpreted with caution. In addition to the possibility of people underreporting cases of FGM having taken place the last couple of years, the ETR team visited a limited number of communities. We cannot generalize to other intervention sites or to kebeles and woredas and we have very limited information about areas where NCA/SCI and their partners are not working. It is known that for example in Kembatta there has been a backlash in terms of more girls being cut due to health issues and that much less progress has been made in Somali region. To confirm these 'impressions' it will be necessary to carry out studies using a more rigorous methodology and including more intervention sites. It would be preferable to conduct a comparative study of kebeles and woredas where there has not been a similar coordinated intervention. The ETR team was informed that a survey is under preparation.

A need to revise outcome 1 and its outputs and indicators

The formulation of outcome 1 and its related outputs and indicators are somewhat problematic. The outcome itself, "attitude of target communities changed against FGM", is not well formulated. What does it mean that an attitude has 'changed' and how can that be measured? The only output indicators that can be said to reflect changes in *attitudes* is the one measuring the number of anti-FGM declarations made and the one counting the number of boys and men who declare they will marry uncut girls.

The results framework misses an indicator on changed behavior although there are reports on the number of girls who have been declared as uncut or who are "registered as protected". The narrative also reports on the numbers of community members who declared against the practice and practitioners who have wowed to end the practice.

Moreover, the Output 1.1, "Awareness of the target communities increased", does not make much sense. The related indicators on participation in community conversations, radio programs broadcasted and material distributed are not indicating a change in awareness or

attitudes – they are just *activities* that we may have reasons or not to believe can contribute to increased awareness although they do not guarantee so.

The same can be said about Output 1.2: "The desired critical mass created for the abandonment of FGM". First, the idea of a "critical mass" is a reference to the social convention theory promoted by UNICEF but it has not a clearly defined level so it is difficult to determine when it is reached.

Consequently, we recommend to reformulate the outcome on attitudes and to add one outcome on behavior (see suggestion in annex 5).

Outcome 2: Statutory national, regional, customary/ traditional laws against FGM and other HTPs enforced in the intervention areas.

Also for this outcome, there has been an impressive level of activities. Numerous law enforcing bodies, CBO and community leaders have been trained; mechanisms for reporting FGM cases have been established; cases have been reported and many have got a conviction; customary/traditional laws have included an anti-FGM article; and FGM cases have been tried by traditional laws. For all outputs the program has performed far above what was expected. The most modest achievement in that sense is that in 2014 1410 law enforcing bodies were trained as compared to the target of 1100. The strengthening of reporting mechanisms from community, schools, *Iddirs*, and traditional systems to law enforcing bodies came as a follow-up of the MTR.

The ETR team found that very few cases of FGM (and child marriage) had been reported to police or religious leaders in the previous year. The explanation given for this is that the practice by and large has been abandoned. Likewise, the MTR found that "the number of reported cases is going down. The explanation given was that there were no circumcisers left in the kebelles visited, everybody had stopped cutting" (p. 13). This stands in contrast to the program report for 2014 that says that 155 cases were reported and 100 got a verdict in 2014. The reason for this discrepancy is not clear. There may have been more cases reported than the community members are aware of or it may be an indicator of some underreporting to both the MTR and ETR teams. It was reported that the police is not only concerned with having people convicted - police officers are also contributing to awareness raising.

According to people met, they are very well aware of FGM being criminalized and that there is a high risk of being reported and convicted for parents and practitioners who make girls undergo FGM. This is an indicator that the law has served its intention, which is to contribute to create social norms against the practice and in favor of leaving girls 'untouched'. However, it has also been reported that in some areas even the law enforcing bodies are not well aware of the laws.

It was also reported that cases had been reported to and sanctioned by the traditional/customary laws authorities. According to the 2014 report 18 cases were "tried by traditional laws" that year.

Need to refine the outcome and its indicators

The goal is to have a "20 % increase in reporting on FGM and other HTPs compared to the previous year". (It is only the target/goal in the LFA that is defined with a reference to the performance in the previous year but it is not clear why this is relevant in this case.) It is questionable to have as a goal or target to have as many persons as possible reported and convicted for being responsible for or having performed FGM. It is contradictory to the overall program goal, which is that less girls are subjected to FGM so that less parents and practitioners can be reported or convicted. It is certainly useful to count the number of cases reported and convicted. However, one has to be careful about the consequences of communicating that it is a goal to reach a certain number of cases reported and to increase the number from year to another. If the number goes down it may be an indicator that the reporting mechanism and law enforcement system is not performing well but it may also very well be an indicator of a decline of FGM and a reduction of cases that can be reported. Moreover, a rigorous application of the law aiming to increase the number of convictions carries the risk of creating a regime of fear and secrecy that can make it more difficult to have open dialogues with the communities. The evaluation of Norway's work to strengthen women's rights and gender equality found in Kembata that "Stronger enforcement of the ban on FGM/C seems to be driving the practice underground, with a violent backlash against whistle-blowers emerging as a real programme risk" (p.59)[6].

Since it is questionable to what extent the number of cases reported and convicted is a good indicator of a well performing law enforcement system it is rather recommended to use it as an indicator without a defined target. The results should anyway be interpreted with caution (see suggestion for revised outcome in annex 5).

There is also a need to disaggregate data on "cases" and "perpetrators" in order to know what categories of people are reported and convicted. The reports should make a distinction between practitioners, parents, and others who are reported to facilitate or perform FGM. One reason for this is that it is crucial to know to what extent parents are sentenced to prison or heavy fines that may have unintended negative effects on the children they are taking care of.

Outcome 3. Faith communities in the intervention areas institutionalized/integrated the issue of FGM in their engagements.

A major achievement reported by the partner organisations is that the three major religious institutions the Ethiopian Orthodox Tewahido Church, Ethiopian Catholic Church and Evangelical Churches Fellowship of Ethiopia have declared zero tolerance to FGM, and the Ethiopian Islamic Affairs Supreme Council denounced FGM and passed a *fatwa.* Several joint programme partners have contributed to this with NCA jointly with its FBO partners and PMC as the leading agencies in terms of training religious leaders at various levels, and organizing meetings, workshops and dialogues. In 2014 alone, a total of more than 100.000 top religious leaders, faith communities, Imams, Pastors, priests, students and teachers of Theology colleges/clergy centers, Sunday School youth and women of faith were mobilized, and trained directly.

[6] Evaluation of Norway's support to women's rights and gender equality in development cooperation - Ethiopia case study. Norad, 2014.

The ETR team found that the leadership of the religious leaders seems to be a main factor behind the change in attitudes and behavior reported under outcome 1. Many people met refer to the message given by both Christian and Muslim leaders that FGM has no justification in the Bible or the Qur'an. This is also the case for the 'sunna' type of FGM which is a less invasive operation than infibulation and for some time reportedly has been practiced in the Somali and Afar regions.[7] People claim they have understood that also sunna can be harmful and that it is not required by Islam. At the grassroots level, Imams, pastors and priests have a key role in communicating directly with families with small children and in ensuring that people understand why FGM should be stopped.[8]

Outcome 4. Women and girls affected by FGM and other HTPs in need of medical and other psychosocial services assisted in the intervention area.

Using the community driven strategies like community conversation sessions, many women have been able to come out to seek health services. IPs referred 137[9] women/girls to health centers and Fistula hospitals (planned 50) in 2014 and 11 intervention areas had installed referral mechanisms (target 10).

The ETR team found: The conversations with community members revealed a good knowledge and awareness about the health complications caused by FGM. There was also a sense of reduced stigma attached to health complications since people now have better knowledge about their causes. One may expect that this will lead to an increase in the number of women asking for help. However, it may be a matter of concern that apparently most of the cases referred to health services were for fistula. It is commendable that girls and women with fistula get help but it may represent a neglect of health complications due to FGM. In fact, it is a common misunderstanding that FGM is the cause of fistula. According to the Hamlin fistula hospital in Addis Ababa this is exceptional. Normally obstetric fistula is caused by a narrow birth canal due to low age and/or underdeveloped bone structure (often caused by malnutrition). "The number one cause of obstetric fistula is a lack of access and underutilisation of proper obstetric care and caesareans where needed" (Hamlin hospital website). It has been documented that FGM can cause a range of health problems such as urine and menstrual blood retention, infections, cysts, chronic pain, and psychological trauma. In addition, infibulation in particular can cause complicated deliveries. More attention should be given to these issues in the information work. The problem of fistula points to the need to improve knowledge about pregnancy risks for young and physically underdeveloped women.

It is recommended that the results framework is modified in order to capture for what sort of health problems the girls and women are referred and treated for.

[7] In the Somali region of 68 districts the joint program is intervening in less than 15 districts, declaration for total abandonment is made only in two districts after more than 10 years of intervention. The places where the ETR team visited is in an urban area.

[8] One may note that a study based on field work in 2005-07 and 2010-12 questioned the effectiveness of the work with religious leaders but it was largely based on observations from one workshop with religious leaders and interviews with a small sample of stake holders (Østebø, M. T., & Østebø, T. (2014). Are Religious Leaders a Magic Bullet for Social/Societal Change?: A Critical Look at Anti-FGM Interventions in Ethiopia. *Africa Today*, *60*(3), 82-101.)

[9] In the narrative part of the report, it is stated that the number is 174.

Outcome 5. The national agenda against FGM is implemented in practice on a wider regional and local level.

The lead organization in the implementation of this outcome of promoting wider agenda/attention to FGM/HTPs is the government, particularly the Ministry of Women's, Children and Youth Affairs (MWCYA). The Ethiopian government has clearly expressed its commitment to end FGM and is taking leadership in coordinating the efforts. A national alliance for the work against HTPs is being created and its secretariat will be seated in the MWCYA. However, SCI and the IPs have clearly had an important role in making FGM a national priority and in ensuring a more active involvement of regional and local authorities although it is difficult to assess exactly to which degree. NCA and its partners have had a key role in training and mobilizing high level religious leaders. ODWaCE (former EGLDAM) established the national FGM network in 2010, which has contributed a lot to the current arrangement led by government. ODWaCE is well recognised by the ministry and currently is the only NGO serving in the steering committee that had a leading role during the development of the strategic plan and in organizing the National Girls Submit. The regional networks in Somali, SNNPR and Tigray should also be noted as contribution of the program. In the recently held national girl summit, NCA coordinated the FBOs response and showcased their commitment to 2025.

The findings of the ETR echo the findings presented in the 2014-15 evaluation of the impact of Norwegian aid on enhancing gender equality and women's rights in Southern partner countries. This evaluation included an in-depth country case study of the FGM program that is the subject of this ETR. The evaluation concluded that the program has had an important role at national level: "The long-term nature of Norway's support has been vital in getting the issue onto the national agenda and incorporating it into National Development Plan targets as well as the position papers of key religious institutions" (p.55).

Also relevant for the national context is the organization of a series of experience sharing workshops for implementing partners. Organisations met during the ETR review expressed that these have been very useful.

4.3 Efficiency

Return on "investment": The project has been implemented in 68 woredas reaching over 70% of the kebeles in the targeted woredas (i.e. 762 kebeles out of 1088). The estimated population size in the intervention kebeles is about 4.6 million, of which 708,997 people - consisting of religious leaders, traditional/clan leaders, local administrators, health development army, women, men, girls and boys - are reported as directly reached by the project, with an intended influence on household and other community members. The average annual amount of fund spent[10] per an intervention kebele is Birr 40,120; per a directly targeted person is Birr 43 and Birr 7 per a community member, considering the benefits of the intervention to the whole community members, including new-born babies. In the light of these, given the overall remarkable performance of the project as discussed above – it can boldly be said that the project has successfully converted its inputs (human, financial, technical, material, etc) into visible outputs and outcomes, even exceeding the set targets. We

[10] See Annex #1 for the detailed financial analysis, by geographic coverage and population.

consider the program as efficient in terms of level of activity and outreach as compared to available resources.

Mix of strategies: The project strategically targeted national and regional level influentials while implementing tailored interventions, specific to local situations with solid understanding of the contexts. In fact, this has been made possible with the use of a wide range of stakeholders - involving clan leaders, elders, religious leaders, women, men, girls, boys, local administrators, health professionals, grass-root development army, the judiciary, media, the key government office for affairs of women and children (MWCYA) at different levels, and Iddirs. This has been combined with employing different strategies and approaches consisting of community dialogue, in-school and out-of school interventions, mini-media, local and regional broadcasting, health services, statutory and traditional law enforcement, social sanctions, etc. The diligence of IPs to integrate FGM into their other projects is also another value addition to the project. All these together yielded the above mentioned "visible outputs and outcomes" in the form of knowledge, attitude and practice, at a pretty much lower cost than it would otherwise have been implemented using the traditional approach.

Monitoring and evaluation: The other strength of the project with regard to efficiency is its strong and regular monitoring schedule, employing both field visit programs and all-partner joint review meetings, accompanied with feedbacks on IP reports, trainings and mentoring. This has been consistently reported by all visited IPs, who are grateful to the capacity enhancement package of the project. The technical support included financial management, which not only helped them to implement the FGM project well, but also strengthened their overall organizational implementation capacity. In the case of evaluation, the project conducted IP based baseline assessments for benchmarking, followed with a mid-term review for gauging whether the project is on track or not, and an end-term review intended to measure the overall value additions of the project.

Adequacy of fund: However, when it comes to adequacy of fund, almost all the IPs reported that had it not been for their integration of interventions and use of office equipment, vehicles, staff and other resources they have, intended for other projects, the fund allocated for the FGM project would not have achieved this much. The fund was limited to cover the several kebeles targeted. Rather, what they mainly appreciated from the project is the capacity enhancement and the mentoring, which is helping them a lot to perform effectively and coupled with the integration to achieve results at lower costs. In some cases, it helped them even in tapping resources from other funding sources (the case of Beza). It can be said that, while the fund constraint has given them the opportunity to do their level best in integrating projects and in aligning administrative expenses, one can also see the challenges they face in managing finance under such situations.

Timeliness of fund release: With regard to timeliness of fund release, year 2011 was exceptionally reported by all as the longest delay experienced and the subsequent scramble to implement the twelve months' schedule in the remaining five months period. Otherwise, on the whole, it was reported that disbursement was not a major problem as long as they discharged their responsibility of sending reports on time. Yet it was strongly suggested by all parties involved to align fund release schedule with the "normal" performance reporting period in the country (June and December).

Rational for budget allocation: As depicted in the graphs in annex 4, there is wide variation in the budget allocated to different IPs, ranging from 0.2% to about 16.7% (in the case of NCA/E) and 0.7% to 16.8% (in the case of SCI). According to the project document, the basis of budget allocation across IPs included 'quality of the individual proposals submitted, geographic coverage and proposed intervention strategies'. As all the local level IPs,

depending on their comparative advantages, capitalize on utilization of the locally existing structures for their intervention [such as Iddirs, Churches, mosques, youth and women's associations, schools, ... which in turn minimize cost of reach], the cost variation across IPs due to strategies employed is apparently marginal.

On the other hand, the geographic and population coverage along with difficulty of access/distance is likely to cause visible variation in the cost of intervention. In the light of this, the two financially largest clients of NCA/E and SCI – KMG and Care Ethiopia respectively – account for the highest number of kebeles and population covered. KMG, constituting about 48% the total intervention kebeles of NCA/E partners, it accounts for 16.7% of the total budget while CARE Ethiopia gets 16.8% of budget allocated for SCI serving about 25% of the total intervention kebeles. If this geographic coverage along with difficulty of reach is generally taken as the outstanding factor for budget distribution among local IPs, then one can see a limited degree of pattern in the correlation between these variables (see the graphs in annex 4). Yet, it is also not difficult to observe inconsistencies in this regard too. In fact, the criteria for those IPs operating at regional and national level could differ from these for obvious reasons.

When it comes to the budget allocated to the two coordinating institutions, NCA/E and SCI allocated 17% and 14.9% respectively - for joint work, individual direct[11] project management and overhead costs combined. Of this combined share of budget, each specifically allocated 7.6% (NCA/E) and 7.4% (SCI) for overhead costs. The number of IPs administered by each coordinating organization varies significantly, as NCA/E has about 20 (including seven offices supported from the direct project fund allocated) and SCI manages 11 IPs. The project agreement limits the maximum proportion (8%) of overhead cost budget for each of the coordinating organizations, but it doesn't about directly managed funds.

Concluding remark: In terms of efficiency, the project by and large must be considered as performing well. Particularly when seen in the light of effectiveness of the project in yielding the intended outcomes, the mix of strategies used, the low cost implementation approach due to use of existing community and government structures through galvanizing their potentials, integration of FGM into other IP activities, as well as the strong monitoring and mentoring scheme it employed. Timeliness of fund release (especially at the start of the project) and budget utilization among some organizations needed improvement. However, the project does not seem to be as strong when it comes to the criteria used for budget allocation across IPs and lacks clarity on the rationale for the allocation of direct project fund for the coordinating organizations.

<u>Specific Recommendations:</u>

- Set a clear and objective criteria for allocation of fund to IPs
- Set a limit for the amount of fund directly managed by coordinating orgs
- Consider aligning timing of budget release with the local reporting periods in the country, as this has been one of the inconveniences reported by IPs.
- Release funds timely, especially at the start of the project immediately after signing of agreements

[11] direct project expenses by coordinating partner are used for monitoring to respective IPs, integration of FGM intervention into existing programs of partners other than mentioned in the project document, capacity building, documentations, networking and experience sharing, supporting Ministry of women, children and youth affairs.

4.4 Program management and coordination

Overall, the results and progress of the programs is testimony of high competence both in governance, management, and technical operations.

Program management reflects the quality of leadership, careful planning, problem-solving, timely decision-making and communications. The joint FGM project has made use of some structures that helped it manage the project in a better way.

- A project management team (PMT) composed of senior program staff of NCA/E and SCI, meeting on regular basis to solve major problems, to narrow understanding gaps which are not detailed in the project agreement, as well as provide advice to the implementation process, mainly addressing the two coordinating offices.
- A project technical working group (TWG) composed of technical staff of the two coordinating offices with updates on progress and discussions on emerging challenges and possible solutions
- A joint bi-annual review meeting of all IPs with a purpose of progress update, discussing common challenges and their possible solutions, sharing experiences among each other, and in some instances, for providing technical & financial trainings.
- Regular monitoring visits to the respective IP sites, involving both program and finance staff, followed with a subsequent feedback on findings
- Quarterly, in some cases bi-annual, meeting of local partners of IPs (in some places called project task forces) in their respective implementation areas, for progress updates and jointly solving implementation problems
- Experience sharing visits to IP staff and to local influential people with a purpose of learning from sites and for reflecting and improving on own ways of implementations.

The above mentioned structures are reported as working effectively and are cited by numerous respondents as good mechanisms for discussing ways for enhancing their organizational capacity, to improve quality of implementation, solve problems, sharing experiences and for developing standards. The annual planning process is also working well.

Almost all partners in the project expressed strong satisfaction for the leadership and technical support provided by the coordinating organizations. Generally there were no major complaints about communications. Implementing partners confirm that the program has contributed not only for improving the quality of implementation of the FGM project, but also of other projects they currently run.

Looking at gender as one aspect of the project review component, one can see a fair, even disproportionate, composition of female and male senior program staff at the coordinating offices level. In both NCA/E and SCI, the FGM project is under the umbrella of wide programs both led by females. However, one does not see this at IPs level where the largest majority of contacted officers are male. As all the organizations involved at higher level are well known for their commitment for gender equity, what does this tell about their values translating into the field levels? Thus, there is a need for considering gender composition in staffing, particularly in decision making positions of implementing partners, which can be addressed, at least, through negotiations to give priority to female candidates, gender

mainstreaming including at organizational levels and building the capacity of IPs in understanding gender issues and their possible roles in addressing same.

Lessons learned and specific recommendations for future project design:

- The availability and usefulness of project implementation support structures composed of all concerned parties and formed at different levels, for resolving issues in time and create a common understanding.
- The importance of continuous monitoring and capacity building of implementing partners
- The culture of joint planning and reviewing of project progress
- The need for clear agreements and common understanding of requirements and standards
- Need to enhance capacity of partner organizations starting from the first days of the project
- The value of regular meetings and communication between program management teams
- The value of networking and experience sharing
- The need for considering gender composition in staffing, particularly in decision making positions

4.5 Knowledge Management

Knowledge management refers to how knowledge is brought into a program, how it is generated and used within a program and how it is generated and disseminated outside of a program. Ideas and approaches that are brought in, tested and adapted by a program represent "knowledge in". Among these are monitoring and evaluation systems, which are designed to obtain and use information within the program to make decisions for improving the efficiency and effectiveness. On the other hand, systems for capturing and disseminating best practices and lessons learned represent "knowledge out".

Major products produced for internal monitoring and evaluation include bi-annual reports of IPs, annual report of coordinating organizations, a baseline assessment for some of the IPs and the mid-term review. For knowledge captured and disseminated out, the program supported publication of different research papers, video products, issues of the FGM Network newsletter, and various other publications circulated at national, regional and local levels.

The Knowledge Management functions for the joint FGM project is handled by program staff of each of the coordinating partners, on annual shift basis. However, none of the organizations have assigned a devoted M&E staff member for the project.

While the project has been found very strong in its regular monitoring visits to sites, joint planning and review sessions, in providing feedback and technical supports to IPs; the main road map of the project (i.e. the logical framework serving as a basis for monitoring and evaluation) does not seem to be clear enough in its expectation of results – outcomes and outputs – from the project implementation.

For instance, except for the 31% reduction target in prevalence, the higher level achievements of the project expected at behavioral change or practice level have either no clearly set targets based on benchmarks or have no clearly measurable indicators (e.g. in outcome 1 - increased number of registered uncut girls or reduced number of ex-circumcisers do not give a good

indication of progress unless it has a target set based on the registered number of intervention groups as a benchmark; for outcome 2 the major indicator not only lacks a target but also is difficult to measure). Furthermore, as corner stone for the change in the behavior of the community, clearly measurable standard indicators and targets should have been set to track both knowledge and attitude level changes.

The mismatch between planned interventions and the expected outcome is another aspect of the project design (see for example outcome 5). Setting extremely "below capacity" targets has been a repeatedly observed problem in the LFA, which is well demonstrated in the over 300% to 800% achievements in the report. For instance, for a project intended to be implemented in 68 woredas, in over 760 kebeles by 27 IPs in over five years period of time, one may questions the rationale for setting a target of only 107 reported cases of FGM to formal legal bodies or only 16 cases of FGM tried by the traditional law (outcome 2). It equals expecting just one reported case of FGM, over five years period, from seven kebeles combined. Similarly, the initial target of reaching 2722 religious leaders for mobilization, then revising it to 80,000 in the LFA means performing close to 500% of the revised target (over 396,000 RLs) only by the end of the 4th year (Outcome #3). This problem of planning below capacity could partly be explained by the absence of an initial *detailed implementation plan* for the project life, which could have magnified the flaw in the LFA from the outset. The annual progress reports also have not provided cumulative numbers for both target and performance, making it difficult for the reader to see the status of the project at any given year.

Recommendations:

- Assign a capable Monitoring, Evaluation and Learning staff to the project and enhance the capacity of IPs in this regard
- Translate the rich expertise of existing staff about the nature of the intervention into a well framed LFA through disaggregating expected results into knowledge, attitude and behavioral change levels.
- Identify standard and objectively verifiable indicators for tracking achievements
- Set criteria for putting performance measuring targets, e.g based on number of intervention localities, estimated number of religious leaders in different denominations, number of households, etc.
- Develop a reporting format that shows current and cumulative targets and performances, as this can serve the project as a good tool for analysis

4.6 Partnership and Networking

The FGM program, led by two coordinating organizations, is implemented by 27[12] IPs; of which 14 are local level implementers while the rest are operating at regional and national levels. The approach from the start of the program has been to allow IP's flexibility to implement based on their comparative advantages and local contexts. This flexibility is

[12] This does not include seven offices (not organizations per se), supported by NCA/E's direct project fund for integrating FGM into their regular programs.

appreciated by IPs, since it is perceived as allowing them to be creative and practice their own expertise.

The technical support and monitoring provided by the coordinating organizations is highly appreciated, distinguishing this relationship from relationships with other international grant holders. A consistent message heard from partners, both GO and NGO, is that working NCA/E and SCI in this FGM project is different because they do not just provide money and ask for reports, rather they also provide good monitoring and technical support, there by demanding for the necessary reports in time.

The partnership and networking component of this project has its parts at federal, regional and woreda levels with government, faith based organizations, UN agencies, other international and national NGOs working towards addressing harmful traditional practices in general and FGM in particular.

The partnership for the project implementation also stretches down to the local levels where different sector government offices (at least women's affairs, education health), local administrators, traditional leaders, religious leaders, CBO representatives, school communities, community facilitators and survivors of HTPs form a network and work together to a common goal.

This aspect of the project management system is found to be one of the strengths of the project, modelling for other project designs. One of the interesting things the MTR team observed during the field visits was that all the IPs give due acknowledgement to the role of the community and the local partners for the social change brought by intervention. None of the IPs claimed that they were the engines of the change, rather as played a facilitative role in the process and achieved the results together, as a team. This shared view of credits for success is one expression of the commendable partnership spirit built among actors, stretching the achievement of the project to a level beyond its causes and goals.

4.7 Risk management;

The project took into consideration the commitment of the Ethiopian government to improve the situation and wellbeing of children and women through ratifying international and regional conventions, revising the penal and civil codes, as well as the family law which criminalize harmful traditional practices like female genital mutilation and child marriage. These have also facilitated enforcement of the law on perpetrators. In addition to the legal provisions, the government has included the abandonment of harmful traditional practices in its five years National Growth and Transformation Plan as a means for increasing participation of women in the social sector and for their empowerment. The decentralized structure of the ministry of women and children's affairs to the lowest administrative level has also been one of the key elements that were assumed to have created a conducive environment for the effective implementation of the programme. The national strategic plan and other initiatives were other key factors considered to contribute to the success of the project.

Apart from the above assumptions related to the government, the project also relied on the commitment of its implementing partners; the trust, acceptance, and good working relationships they have established through time with the communities and government bodies at different levels; the opportunity of their engagement in other development endeavours for mainstreaming and integrating FGM; and the effects of the already mobilized target communities for different social development initiatives such as HIV prevention. Almost all

of these assumptions of the project were proved to be relevant and these coupled with the mix of strategies the project employed, augmented the implementation process to a greater degree.

However, the project had also to face some challenges and risk that may deter the success of the project. Among these was the possible limited collaboration and coordination of parties involved, the impact of resistant and hard-to-change community members, including religious and traditional leaders; the possibility of the CSO legislation in restricting partners from fully engaging in advocacy works; the frequent reshuffling of government structures and staff turnover, the shift of communities from the infibulations to sunna type of FGM; financial misappropriations and fraudulent and or corrupt practices; practicing of FGM underground and weak law enforcement in some localities.

Yet, the project successfully managed most of the potential risks through taking some critical steps targeted at addressing the identified risks and challenges. For instance, conducting a series of coordination, planning and bi-annual review meetings, promoting coordination and networking among partners and stakeholders have been the main features of the project even acknowledged by government and other local actors. Strengthening national and regional level networks was another attribute which the project had, still contributing the needed collaboration among actors at different levels. Culturally sensitive measures have been taken to win the support of influential, yet resistant, members of the community, which is demonstrated by the overall social agreement in denouncing FGM, and even "sunna" in many instances. The prevailing perception that NGOs are "not allowed by the new legislation to work in rights issues, including HTPs" has been overcome by the smooth and collaborative approaches of IPs to work with the legally mandated office of women, children and youth affairs, there by bringing all other relevant sector offices (such as health, education, local administration) on board. Government partners were also lobbied to assign more appropriate, stable, and committed staff to the project, which is enhanced with the continued technical and financial trainings plus review meetings. Though the shifting trend from infibulations to sunna, particularly in Afar and Somali regions, has been strong and apparently had a religious connotation, this has been overcome, to some extent, with a close collaboration with the religious leaders and consistently communicating 'zero tolerance' message to the larger community. In fact, this part still requires subsequent work, should it be addressed fully.

In the case of addressing possible mismanagement of funds, corruption or fraud, since each of the Coordinating Partner Organizations has their own anti-corruption or fraud polices and codes of conduct, strict application of these, to the extent of including these as part of the project agreement signed with IPs, has been one of the main tools. In addition, each of the IPs is required to demonstrate an acceptable level of internal control system and present annual audit report.

Thus, it can be said that the project, to a large extent, has managed to deal with the potential risks that were posed at it.

4.8 Audit and financial management;

Budget Utilization: As the numbers in the table below indicate, the overall budget burn rate of the two coordinating organizations for the years 2011-2014, is almost on target, with 92.7% utilization of the allocated fund for NCA/E and 92% for SCI. However, a closer look at the details reveals that there are some organizations visibly lagging behind schedule. On the part of SCI, Somali Women Children and Youth Affairs Dep't, Harari Region Bureau of Women Children and Youth Affairs, and Mother and Children Development Organizations utilized ranging from 60% to 80%. NCA/E partner IRCE utilized 77% while EOC-DICAC, which has

been struggling in the first years of the project reached 87%. By the end of 2014 budget year, the coordinating organization NCA/E itself utilized only three quarters of its direct allocated budget.

Table 1: Budget utilization (in Eth. Birr):

Year	NCA/E			SCI		
	Allocated	**Utilized**	**Burn rate**	**Allocated**	**Utilized**	**Burn rate**
2011	16,830,103.00	14,336,698.00	85.2%	18,029,821	6,591,638	36.6%
2012	18,344,061.00	17,912,880.00	97.6%	20,515,753	22,919,765	111.7%
2013	16,111,765.00	15,120,122.02	93.8%	19,659,183	17,483,192	88.9%
2014	15,744,097.00	14,791,075.14	93.9%	12,081,111	17,699,466	146.5%
2011-2014	67,030,026.00	62,160,775.16	92.7%	70,285,867	64,694,062	92.0%

Postponed or suspended activities: The review team found limited evidence that field activities had to be postponed or suspended because funds were not available, except that there was one significant incident in the first year of the project. In that year, fund release was exceptionally delayed to the extent of leaving only five months for implementation, by the time the fund was received.

Compliance at coordinating offices level: After submitting the year 2013 report to the Embassy, SCI has not received cash transfers for the subsequent years due to issues related to compliance to the terms of the agreement. As per the agreement, each of the coordinating partners should present an annual audit report to the Embassy, meeting a standard acceptable to the funding organization. However, the audit reports submitted by SCI were found by the Embassy as not meeting the required standards and some lack the expected professional comments of the coordinating office [a requirement in the agreement]. Besides, considerable accounting irregularities were identified by the Embassy on the financial reports submitted by SCI. As a consequence, release of budget for the year 2014 has been stranded, leading to extended discussions and communications between the two parties. SCI in its part rationalizes that this problem has been created mainly due to differences in expectation of standards for the audit reports, for the TOR, annexed to the project agreement, does not clarify on the format. The effect of the major restructuring process in SCI has also been mentioned by staff as having its own effect on the timeliness of the reports, though this can't explain basic accounting irregularities. In the mean time, yet, SCI continued to fund its IPs from other sources, while the negotiations and clarifications were going on. This problem has not been resolved fully and funds were not released until this end-term review report is compiled.

In the case of NCA/E, too, there were some degrees of dissatisfaction on the first year audit reports submitted by the implementing partners. This concerns in particular the timely submission of audit reports from the largest faith-based partners as well as auditors' comments on their internal controls and balance sheets. However, the issues were resolved in time and corrective measures were taken.

Compliance at IPs level: At the start of the project, the capacity of many of the IPs has been consistently reported as too weak to respond to the high standard financial requirements of the project. Several of them lacked a good financial control system and capable staff in place,

leading to delayed, incomplete and below standard reports. This problem has apparently been exacerbated by the experiences of the IPs in responding to the financial requirements of other funding agencies, which usually are reported as not demanding in their requirements and easily get satisfied with the reports submitted. However, as the project continued to train their finance staff, keep on monitoring, provide feedback and technical backups, things started to improve and changes began to be observed. In the mean time, some IPs started to change their attitude towards the 'strict' project finance system - from "nagging" to "a capacity enhancing" mechanism, as they have started to bear the fruits of that "nagging" mechanism. During the field visits, the end-review team heard of reports of IPs about their current 'by far improved financial system' giving the largest share of credit to the FGM project.

Impact of CSO law on financial[13] management: It can be said that the burden of 70%-30% program-admin expenses regulation is felt by all CSOs working mainly at community levels. The IPs met in the field also have expressed this as one of their challenges. Despite the struggle they have, however, it can also be said that they are learning how to live with it and minimize their admin costs. For instance, many do align their field visit programs of different projects, so that they can use vehicles in common and reduce fuel costs; work with a limited number of staff; reduce office space; etc. Some of these "mechanisms" are desirable changes needed even in the absence of the legislation. Yet, one cannot deny the burden it causes on their implementation capacity and use of their potentials.

Fraud and Corruption management: Overall, a solid financial management system is in place by the two key coordinating partners. Regarding the implementing partners of each, in the case of NCA, for instance, the IPs are expected to comply with NCA's routines and guideline code of conduct and the ACT Anti-fraud and corruption policy. Partners of SCI also should strictly observe and abide by the international policy of Save the Children against fraud and corruption. These policies are included as part of the project agreement with the respective IP and were signed by the cooperating partners. Each of the IPs is required to demonstrate an acceptable level of internal control system and present annual audit report. The close monitoring and solid control mechanisms in place by the coordinating organizations are the augmenting measures to prevent unnecessary deception.

<u>Challenges</u>

- Delayed, unclear and sub-standard performance and audit reports
- Delayed disbursement by the Embassy, especially in the first year of implementation and its consequences on budget under utilization. This in its turn leading to budget cut from the next year funding allocated to IPs.

Table 2: Challenges identified in the financial management of the program

ISSUE	IMPACT	REMARK
• Limited capacities of implementing partners, particularly in financial management, affecting proper and timely reporting -	• Impact on quality of implementation and meeting standards.	• With strong monitoring and technical backup, improved as the project progressed.

[13] For impact on program implementation, see the section on risk management.

• Not involving finance staff in the regular monitoring visits to the fields, during bi-annual review meetings and training sessions (especially in the first two years of implementation).	• Limited attention to Financial management vis-a-vis program.	• Since finance is included in monitoring visits and training schemes, this has been improved as the project progressed.
• Transfer of unfiltered audit reports to the Embassy by key partners	• Responsibility not discharged	• Improving and discussions going on
• Uneven standard of audit reports by IPs and reported un-clarity on the detailed requirements (audit format, statement of account, …) • Major delay caused by unsatisfactory financial report for 2013 from SCI	• Unclear terms leading to confusion	• The discussions at the level of PMT have been addressing it to a large extent, but needs to be considered for the future in order to define standards and requirements.

Recommendations:

- Consider assigning an auditor firm, accountable to a higher level, for conducting project focused annual overall audit of the IPs and key partners (e.g. experience of UNFPA)
- Align fund release schedule with the "normal" performance reporting period in the country.
- Not penalizing all other IPs in the cluster for a delay in the reporting of one or two IPs.
- Important to keep on the lobbying with the higher government officials/policy makers for revisiting the CSO regulations.

4.7 Sustainability;

The program is depending on the support from the Norwegian embassy which implicates a need to continue to look for alternative funding sources although IPs report that NCA/SCI have been very helpful in seeking complementary funding.

Ensuring local ownership of the agenda and the subsequent sustainability of the causes of the project should be one of the prime strategies of any development intervention. To this end the FGM project under consideration can be said that it has laid a concrete foundation for raising ownership and sustaining its effects. The key for this lies on its community mobilization approach where the traditional and religious leaders, who have a major say over the issue, are put on the driver seat to lead the social movement. In addition, other segments of the community – mothers, fathers, girls and boys – have been highly mobilized to the extent of expressing regret for retaining such a harmful practice so far.

Implementing the project through existing community structures and integrating it into their day to day activities is another factor that promises sustainability of the fruits of the project. For instance, given the degree of influence Iddirs have on community and individual decisions, it is a great success for the project to have them amended their bye-laws against perpetrators of FGM. Most important, in this regard, is the role of religious leaders – Muslim and Christian - in leading the change process, by taking the issue as one of their serious

businesses. This has been made fruitful when the major faith based organizations in the country have officially denounced the practice and many incorporated it into their theological training curriculum.

The close collaboration and work with the Ministry of Women Children and Youth Affairs at different levels, which is currently having a clear mandate and policy on the issue along with a growing capacity to reach the lowest administrative structure in the country, is another critical element to ensure sustainability. This is augmented with the involvement of the local education, health and administrative structures in the process. The inclusion of HTPs in the national educational curriculum and in the health extension package is another value addition for the sustainability of the initiative. The institutionalization in government, education, health and law sectors and in religious organisations increase the likelihood that the efforts will continue independently of the program. However, high turnover of staff in some organisations may limit the effect of training programs and be a challenge in terms of ensuring continuity and institutional memory.

Despite all these solid foundations for ensuring sustainability of the fruits of the project, it is still important for the project implementers and coordinators to seriously consider a viable exit mechanism, as it happens that 'business of all could end up being the business of none'. Before complete phasing out, there should be an arrangement to handover the project to a responsible local institution there by providing support, in distance, for a consolidation work.

Another way of looking at sustainability is to ask to what extent the program will have long lasting effects. Given the findings presented and discussed above, we consider there is very little risk that FGM will return and become common again but it cannot be excluded. Further monitoring and research will be necessary to assess the long-term effects.

5. FOLLOW UP OF RECOMMENDATIONS FROM THE MID-TERM REVIEW

The ETR has looked into how the recommendations of the MTR have been responded to. The main recommendations coming out of the MTR were

The quarterly PMT meetings are important tools for the strengthening of a common platform. They give an opportunity to focus on problem solving and strategic issues. Thus the Team considers it important that the management of the two agencies and also the Embassy is represented in these meetings.
Follow-up: Attendance by management has improved.

- *SCI could ensure that the competence and capacity for the management and monitoring of the program is strengthened and prepared to face potential challenges during the reorganization period.*
Follow-up: Ongoing.

- *Community dialogues and declarations: .Experience sharing on approaches to community dialogues and declarations is recommended to be continued.*
Follow-up: Continuous to be a central element.

- *Uncut girls: Two future approaches are recommended: In the initial phase when uncut girls are a vulnerable minority, much attention and support should be given. When a critical mass of uncut girls has been established, less attention could be given and both boys and cut girls should be included in the effort towards toward abandonment.*
Follow-up: Uncut girls seem no longer to be a minority but there are specific support activities like "uncut girls' clubs" and they are mobilized as change agents. The level of attention they get seems to be appropriate.

- *Ex-practitioners should neither be favored nor stigmatized. As they have an important role to play, they should be included in the efforts towards abandonment of FGM.*
Follow-up: They are mobilized as change agents although we do not have much information about to which extent.

- *School clubs*: Experience sharing between the relevant partners on strategies for how to make school clubs even better tools for empowerment of youth could be considered.
Follow-up: Done to some extent (exposure visit in Yirgalem).

- *Religious leaders: A major effort should be done to get the religious scholars' message of complete delinking from religion and zero tolerance on FGM trickling down to the grassroots. How to best do this could be discussed with relevant partners in the program.*
Follow-up: A major achievement has been the training of religious scholars and mobilising them to pass on to the communities the message of complete delinking from religion and the integration of more than 60 clergy training centres and theology colleges

- *Access to clinical services: The work that has been started could be continued and intensified and linkages to existing health services explored and strengthened.*
Follow-up: Has been done but this can be further strengthened, cf comment to outcome 4 above.

- *Distribution of funds: To the extent there is flexibility in the budget, the criteria for distributions of funds could be revisited in light of the rapid development taking place on the ground. The overall objective at this stage should be replication of relevant and low cost models, in order to increase coverage at community level. Assessment of partner's capacity is crucial.*
Follow-up: The ETR finds that there may be a need to formulate criteria for how to choose partners and sites to work in and for phasing out from areas where FGM rates are very low. In the first phase of the program the choice of partners and intervention sites where to a large extent based on convenience although high prevalence , population and experience/expertise of partners was considered.

- *Revisiting the outcome areas: It is suggested that the two outcomes on law enforcement are put into one. New outcome areas could be considered such as: Integration of FGM in other ongoing projects within SCI, NCA and the other partner's portfolio. It could also be considered, if feasible, to introduce an outcome area on Child marriage and teenage pregnancy.*
Follow-up: The outcomes areas on law enforcement have been merged. An outcome area on child marriage and adolescent pregnancies have not been introduced but this should be considered for the next phase.

-Risks: To mitigate the impact of loss of skilled staff, establishing good systems for documentation and hand over should be given due attention.
Follow-up: It seems that the improvement of the monitoring and reporting systems has led to a better system of documentation.

Future funding**:** *Long-term and predictable funding is important. It is recommended that this program could prepare for continuation beyond 2015.*
Follow-up: The Norwegian embassy has committed to support the program for another five-year period. In addition, implementing partners report they have been able to mobilise additional funding for SRH activities.

Concerning the future, the MTR stated that "During Phase II, a main challenge is replication of relevant, low cost models in order to increase the coverage at community level" and that "Increased coverage is a major challenge". To expand the geographic coverage continues to be a challenge but there is a need to consider whether the time has come to phase out from some areas and move on to other ones.

6. LESSONS LEARNED

The achievements of the program provide a series of important lessons for the continuation of the program as well as for other organization working to fight harmful traditional practices.

First, it has demonstrated the importance of a holistic approach. To obtain sustained change one needs to work at national, regional and local levels; one needs to work with a wide range of stakeholders including community leaders, religious leaders, elders, women and men, girls and boys, in and out of school children, government offices and CSOs; and one needs to work with a range of sectors, in particular the health, education and legal sectors. When working with such a range of stakeholders it is crucial to develop a common understanding of the problems and the solutions

Second, the program has demonstrated the need to combine a wide range of approaches: community conversations, declarations by religious organization and community groups, law enforcement, media campaigns, teaching in school, improve access to health services, etc. It is difficult to single out which approach has been the most effective and which are less effective. It seems rather to be the cumulative effect of the holistic strategy and the whole range of activities running for an extended period of time that brings sustainable change in attitudes and behavior. Nevertheless, in the case of Ethiopia there is reason to believe that the religious leaders have had a key role in changing attitudes and misconceptions. This is a result of the NCA strategy to conduct a massive training program and mobilize religious authorities all over the country, the political commitment by all FBOs after they made declaration, and integration of the issue into theological colleges and centres.

Third, the program has demonstrated that a solid knowledge and understanding of the local context, the culture, traditions, decision structures, and the influential people, is a key to success. In fact, the evaluation of the KMG project found that it had been less successful in Wolaita than in Kembata and that the explanation is a lack of understanding of the context: "…the same model was applied when activities were scaled up to Wolaita, but the lack of

contextualisation and adaptation has significantly constrained the programme's effectiveness there" (p. 56-58).

Lessons learned in program management and coordination

- The need for forming project implementation support structures composed of all concerned parties, at different levels, for resolving issues in time and create a common understanding
- The importance of continuous monitoring and capacity building of implementing partners
- The culture of joint planning and reviewing of project progress
- The need for clear agreements and common understanding of requirements and standards
- Need to enhance capacity of partner organizations from the outset
- The value of regular meetings and communication between program management teams
- The value of networking and experience sharing
- The need for considering gender composition in staffing, particularly in decision making positions

7. RECOMMENDATIONS

In terms of focus and priorities for the next phase, we strongly recommend continuing with the multiple element and multiple level approach.

The observation that FGM apparently is nearly abandoned in the intervention areas visited by the ETR team indicates that there is a need to define some criteria for when to phase out of kebeles and woredas and move on to new ones. Phasing out needs, however, to be accompanied by a plan for monitoring communities where intervention activities have been scaled down to ensure there is no backlash in the form of FGM being reintroduced.

For a new phase of the program and for future project design the ETR recommends to

- Consider revising outcome 1 and its outputs and indicators
    - Have separate outcomes (1a and 1b) for attitudes and behaviours,
    - Revise outputs/outcomes,
    - Consider to introduce new indicators on attitudes
- Reconsider outcome 2 and its targets:
    - Do not set a target/goal for the number of convictions (it is not necessarily an indicator of progress)
- For outcome 4 there is a need to disaggregate data on "cases" and "perpetrators": make a distinction between practitioners, parents, others.
- Include cumulative data in annual reports to demonstrate progress.

There is probably a need to pay more attention to other health problems than fistula that are related to FGM such as urination and menstruation problems, infections, cysts, chronic pain,

and psychological trauma. It is also recommended to capture and report on what types of health problems girls and women are referred and treated for.[14]

Efficiency specific recommendations

- Set a clear and objective criteria for allocation of fund to IPs.
- Set a limit for the amount of fund directly managed by coordinating organisations.
- Align timing of budget release with the local reporting periods in the country.
- Release funds timely, especially at the start of the project immediately after signing of agreements.

Knowledge management

- Assign a capable Monitoring, Evaluation and Learning staff to the project and enhance the capacity of IPs in this regard.
- Translate the rich expertise of staff on the nature of the intervention into a well framed LFA through disaggregating expected results into knowledge, attitude and behavioral change levels.
- Identify standard and objectively verifiable indicators for tracking achievements
- Set criteria for putting performance measuring targets, e.g based on number of intervention localities, estimated number of religious leaders in different denominations, number of households, etc.
- Develop a reporting format that shows current and cumulative targets and performances, as this can serve the project as a good tool for analysis

Financial resource management

- The agreement for the next phase should be clearer on the requirements for financial reports (e.g. audit, balance of statement).
- Maintain training, monitoring and mentoring activities related to financial management.
- Consider assigning an auditor firm, accountable to a higher level, for conducting project focused annual overall audit of the IPs and key partners (e.g. experience of UNFPA).
- Align fund release schedule with the "normal" performance reporting period in the country.
- Not penalizing all other IPs in the cluster for a delay in the reporting of one or two IPs.
- Address the issues and challenges mentioned in the section.
- It is important to keep on lobbying with the higher government officials/policy makers for revisiting the CSO regulations.

[14] In 2015 two studies are in progress, one by KMG on psychological consequences of FGM and the other by ODWaCE on health consequences of FGM in Somali region.

8. CONCLUDING REMARKS

This End term evaluation corroborates the findings of the End term review for phase 1, the Mid-term review for phase 2, and the evaluation of the joint program included in the evaluation of Norway's work for women's rights and gender equality: The joint program has achieved impressive changes in terms of reducing the incidence of FGM in the intervention areas, changing peoples' attitudes towards opposing the practice, mobilizing religious and community leaders, and in putting the issue of FGM and other harmful practices on the national agenda. Data from the annual performance reports, reports of monitoring visits, findings of the MTR coupled with the ETR indicate that the project is most likely not just achieving its intended goal of reducing FGM prevalence by average of 31% from the baseline - there are many indications that it will achieve a lot more. This has been possible through collaboration with and coordination of a wide range of organisations with a solid knowledge about the national and local contexts and the use of a combination of approaches and methods. The program provides important lessons in terms of how FGM and other traditional practices can be stopped. Whereas there is still a room for improvements in the management of the program and in the work done on the ground by the implementing partners, the main challenge is to scale up in order to have a wider geographical coverage.

ANNEXES

Annex 1: Outcomes and outputs targets and indicators for the second phase

Description	**Indicators**
Outcome 1 : Attitude of target communities changed against FGM	· Compared to the baseline, the number of communities, where a majority, have changed from supporting to opposing FGM (based on a sample population) Reduced number of ex-circumcisers in the intervention areas who stopped practicing FGM and other HTPs · Increased number of registered uncut girls
Output 1.1: Awareness of the target communities increased.	**Output Indicators:** · 50,440 men and women (20,724 M & 29,626 F) participated in the community conversations · 222 radio programs broadcasted · 24,000 IEC materials distributed
Output 1.2: The desired critical mass created for the abandonment of FGM.	**Output Indicators:** · 7 anti-FGM declarations made · 108,248 (64,948 M & 43,300 M) people reached through mass campaigns undertaken against FGM
Output 1.3: Men's willingness to marry uncut girls increased in the intervention areas.	**Output Indicators:** · 29,760 male youth participated on anti-FGM trainings and awareness raising sessions · 8206 men and boys declared they will marry uncut girls.
Outcome area 2: Statutory national, regional and customary/traditional laws against FGM and other HTPs enforced in the intervention areas.	**Indicators:** · 50 % of reported cases on FGM and other HTPs got verdict as per the statutory/customary laws. · 20 % increase in reporting on FGM and other HTPs compared to the previous year.

Output 2.1: The awareness and capacity of law enforcing bodies to enforce existing laws against FGM and other HTPs improved.	**Output Indicators:** · 1376 (843 M & 533 F) law enforcing officers taking part in trainings and workshops.
Output 2.2: FGM/HTP case-reporting system established.	**Output indicators:** · Mechanisms established in 12 interventions areas for reporting cases from schools and other community institutions to law enforcing bodies. · 107 cases reported. · 57 cases with a verdict.
Output 2.3: FGM and other HTPs are incorporated/ integrated in Customary/Traditional laws	**Output Indicators:** · 787 (455 M & 332 F) CBO and community leaders participating in training and workshops on FGM/HTPs and existing laws and government policies.
	· 13 Customary/traditional laws included anti- FGM articles. · 16 FGM cases tried by traditional laws
Outcome 3: Faith Communities in the intervention areas institutionalized/integrated the issue of FGM in their engagements.	**Indicators:** Number of faith communities which institutionalized/incorporated anti FGM messages in their works.
Output 3.1 Faith Communities actively involve	**Output Indicators:** · 2722 (2027 M & 695 F) FBO leaders and members participating in dialogues, meetings, workshops and awareness raising activities on FGM and other HTPs. · 6 religious institutions that publicly denounced FGM
Output 3.2 Theology and Koran schools that incorporated FGM into their curriculum	**Output Indicators:** · 816 students who took part in consecutive seminars and trainings on FGM in their educational institutions.
	· 5 colleges that incorporated the issue of FGM/HTPs in their academic curriculum.

Outcome 4: Women and girls affected by FGM and other HTPs in need of medical and other psychosocial services assisted in the intervention areas	**Indicator**: · Increase in women and girls affected by FGM/HTPs compared to previous year, referred to medical treatment and/or assisted in other ways by the community.
Output 4.1: Referral mechanisms established and strengthened with available health and psychosocial services to assist women and girls affected by FGM and other HTPs, from Somali, Afar, SNNP, Harari and Oromiya Regions.	**Output Indicators:** · 10 intervention areas in total with established referral mechanisms. · 91 women and girls referred to health services.
Output 4.2: Women and girls who have been treated and who either went to school or engaged in income generating activities (IGA).	**Output Indicator:** · 2985 treated and vulnerable girls due to FGM/HTPs, enrolled in school. · 138 girls and women provided with training and seed capital for Income Generating Activities.
Output 4.3: Improved health seeking behavior for girls and women	**Output Indicators:** · Survey on stigmatization of circumcised girls
Outcome 5: The National agenda against FGM is implemented in practice on a wider regional and local level.	**Indicators:** · Number of ongoing programs/projects and stakeholders that integrated FGM
Out put 5.1. The issue of FGM obtained a	

closer attention of the government at the national, regional and local levels	
OUTPUT 5.2: Anti FGM efforts effectively coordinated and networked for visible and meaningful results in the intervention areas.	**Output Indicators:** · 11 National, regional and local level platforms/networks strengthened · 10 experience sharing workshops and visits pm various levels organized
OUTPUT 5.3: The status and trend of FGM researched and good practices documented	**Output Indicators:** · 3 researches produced · 2 good practice document based on 4 years achievement shared
Output 5.4: FGM integrated in key related programs of coordinating organizations, partners and key stakeholders	**Output Indicators:** · 5 SC and NCA programs have strengthened their integration of FGM · 7 partners Projects' that integrated FGM

Annex 2: People met

Date	Name	Gender	#	Organization	Position/Role	Region	Woreda	kebele
24/8/2015	John Lundine	M	1	SCI	D/Country Director	AA		
24/8/2015	Mohammed Jemal.	M	1	SCI	Nordic funds Director	AA		
24/8/2015	Blain Worku.	F	1	SCI	Child Prot. Program Manager	AA		
24/8/2015	Tsion Tefera.	F	1	SCI	Head, Child Protection	AA		
24/8/2015	Mr. Morten Heide	M	1	Royal Norwegian Embassy	Counsellor – Head of Devt Cooperation			
24/8/2015	Ms. Tsige Alemayehu	F	1	Royal Norwegian Embassy	Programs Officer	AA		
26/8/2015	Mr. Genene	M	1	Royal Norwegian Embassy	Financial Controler	AA		
25/8/2015	Ingunn Bradvoll	F	1	NCA/E	Country Director	AA		
25/8/2015	Kidist Belayneh	F	1	NCA/E	Programs Coordinator	AA		
25/8/2015	Addisalem Befekadu	F	1	NCA/E	Program Officer	AA		
25/8/2015	Sisay	M	1	NCA/E	Programs Manager	AA		
26/8/2015	Dr. Nigussie Teferra	M	1	PMC	Country Director	AA		

26/8/2015	Mr. Asres	M	1	PMC	Communications Consultant	AA		
26/8/2015	Mrs. Tigist	F	1	PMC	Programmes Manager	AA		
26/8/2015	Dr. Hailegnaw	M	1	PMC	Research, M&E	AA		
26/8/2015	Mr.	M	1	PMC	Finance Dept.	AA		
26/8/2015	Mr. Ali Hassen	M	1	ODWaCE	Executive Director	AA		
26/8/2015	Mr. Abate	M	1	ODWaCE	Capacity Bldg and Resource Mob.	AA		
26/8/2015	Mr. Bizuayehu	M	1	ODWaCE	Operations Manager	AA		
26/8/2015	Mr. Emana	M	1	Evangelical College		AA		
26/8/2015	Mr. Dunfa	M	1	Evangelical College		AA		
27/8/2015	Mr. Yidnekachew	M	1	Woreda Women, Children, Youth Affairs Office	Expert	Amhara	Ankober	
27/8/2015	Mr. Belay	M	1	Woreda Women, Children, Youth Affairs Office	Expert	Amhara	Ankober	
27/8/2015	Mr. Kibeb	M	1	Woreda Women, Children, Youth Affairs Office	Expert	Amhara	Ankober	
27/8/2015	Children groups	M	4	Community		Amhara	Ankober	
27/8/2015	Children groups	F	5	Community		Amhara	Ankober	

27/8/2015	Mrs. Mistire	F	1	Zonal Women, Children, Youth Affairs Office	Office Rep.	Amhara	Debre Birhan	
27/8/2015	Kesis Samson	M	1	EOTC-DICAC	Programs Manager	Amhara	AA	
27/8/2015	Mr. Kass	M	1	EOTC-DICAC	Project manager	Amhara	Debre Birhan	
27/8/2015	Mr. Birh	M	1	EOTC-DICAC	Project Officer	Amhara	Debre Birhan	
27/8/2015	Mr. Mar	M	1	EOTC-DICAC	Project Officer	Amhara	Debre Birhan	
27/8/2015	Mrs. Tigist	F	1	EOTC-DICAC	Finance Dept.	Amhara	Debre Birhan	
28/8/2015	Mr. Birhanu Tufa	M	1	ADAA	Executive Director	Oromia	Siraro	
28/8/2015	Mr. Kedir	M	1	ADAA	Area Office Coordinator	Oromia	Siraro	
28/8/2015	Mr. Mega	M	1	ADAA	Project staff	Oromia	Siraro	
28/8/2015	Mr. Birhanu	M	1	ADAA	Project staff	Oromia	Siraro	
28/8/2015	Adult groups	F	6	Community (parents, CC facilitators, RLs, TLs, Iddir leaders, …)		Oromia	Siraro	Bereda Ashoka
28/8/2015	Adult groups	M	8	Community		Oromia	Siraro	Bereda Ashoka
28/8/2015	Children groups	F	11	Community		Oromia	Siraro	
28/8/2015	Children groups	M	3	Community		Oromia	Siraro	
29/8/2015	Mr. Mollalign	M	1	Beza for Generation	Executive Director	SNNPR	Yirgalem	

29/8/2015	Mr. Amndargachew	M	1	Beza for Generation	Programs manager	SNNPR	Yirgalem	
29/8/2015	Mr. Genene	M	1	Beza for Generation	Finance Dept.	SNNPR	Yirgalem	
29/8/2015	CBOs	M	5	Community	Zonal Taskforce against FGM/HPTs	SNNPR	Yirgalem	
29/8/2015	CBOs	F	3	Community	Zonal Taskforce against FGM/HPTs	SNNPR	Sidama - Yirgalem	
29/8/2015	Children groups	F	7	Community	Girls club	SNNPR	Sidama - Yirgalem	
29/8/2015	Adult groups	F	28	Community		SNNPR	Sidama zone	Gane
29/8/2015	Adult groups	M	16	Community		SNNPR	Sidama zone	Gane
29/8/2015	Women's group	F	15	Community	IGA group	SNNPR	Sidama - Yirgalem	
31/8/2015	Women's group	F	15	Community	IGA group	Afar	Telalak	Gewis & Hamediadas
31/8/2015	Mr. Zemed	M	1	CARE Eth.	Ex-project coordinator	Afar	Telalak	
31/8/2015	Children groups	F	9	Community	CBO - pastoralist girls forum	Afar	Telalak	Gewis & Hamediadas
31/8/2015	Children groups	M	2	Community		Afar	Telalak	Gewis & Hamediadas

31/8/2015	Mr. Niguss	M	1	Woreda Women, Children, Youth Affairs Office	Expert	Afar	Telalak	
31/8/2015	Hadji Abdela	M	1	Community	Religious Leader	Afar	Telalak	Gewis & Hamediadas
09.02.2015	Bethelihem Zinaye	F	1	CFID	Program Officer (HO)	Dire Dawa	Dire Dawa	
09.02.2015	Anisa Mohammed	F	1	CFID	Project Coordinator	Dire Dawa	Dire Dawa	
09.02.2015	Ayeubizu Jedefaw	F	1	CFID	Woreda proj Coordinator	Dire Dawa	Dire Dawa	
09.02.2015	Women's group	F	18	Community		Somali Region, Siti Zone	Shinile	Kebele 01
09.02.2015	Girls	F	8	Community		Somali Region, Siti Zone	Shinile	Kebele 02
09.03.2015	Mrs. Hafiza	F	1	Regional WCYA Office and Project Implementer (PO)	Head, Regional Women, Children, Youth Affairs Office	Harari	Harar town	
09.03.2015	Mr. Abdulaziz	M	1	PO	Expert	Harari	Harar town	
09.03.2015	Adult groups	F	30	Community		Harari	Sofi	Akababi kebele
09.03.2015	Adult groups	M	15	Community		Harari	Sofi	Akababi kebele

09.03.2015	Children groups	F	12	Community		Harari	Sofi	Akababi kebele
09.03.2015	Children groups	M	8	Community		Harari	Sofi	Akababi kebele
09.03.2015	Mrs. Meron	F	1	UNFPA		AA	Sofi	Akababi kebele
09.03.2015	Mr. Birhanu	M	1	UNFPA		AA	Sofi	Akababi kebele
09.03.2015	Mr. Wondwossen	M	1	UNICEF		AA	Sofi	Akababi kebele
	TOTAL		**276**					

Annex 3: Budget analysis

Geographic and population coverage:

	NCA/E	SCI	Total
Total # of **woredas** covered by the project	35	33	68
# of **all kebeles** in the intv. Woredas	720	368	1,088
# of direct **intervention kebeles**	533	229	762
% of intv. Kebeles in target woredas **(COVERAGE)**	74.0%	62.2%	70.0%
Total population size of intervention woredas	5,188,983	1,841,894	7,030,877
Estimated % of **population of intv. Kebeles** in target woredas	3,841,289	1,146,179	4,605,410
Reported # of people directly reached by the project (community & RL, TL)	386,403	322,594	708,997

Partner Organizations:

	NCA/E	SCI	Total
# of local level acting IPs	6	8	14
# of national-regional level acting IPs	7	3	9*
# of All IPs	13	11	23

**Total number of IPs operating at national level (in the last column) is less by one for ODWaCE/EGLDAM is supported by both SCI and NCA/E for differing interventions. In addition, NCA/E supports other seven offices for integrating FGM into their existing projects.*

Budget analysis by IP (Birr):

	NCA/E	SCI	Total
Total allocated fund for **life of project**	81,839,440	71,016,942	152,856,382
Average TOTAL fund allocation **per IP**	6,819,953	7,101,694	6,960,824
Average ANNUAL fund allocation **per IP**	1,363,991	1,420,339	1,392,165

Budget analysis by geographic coverage:

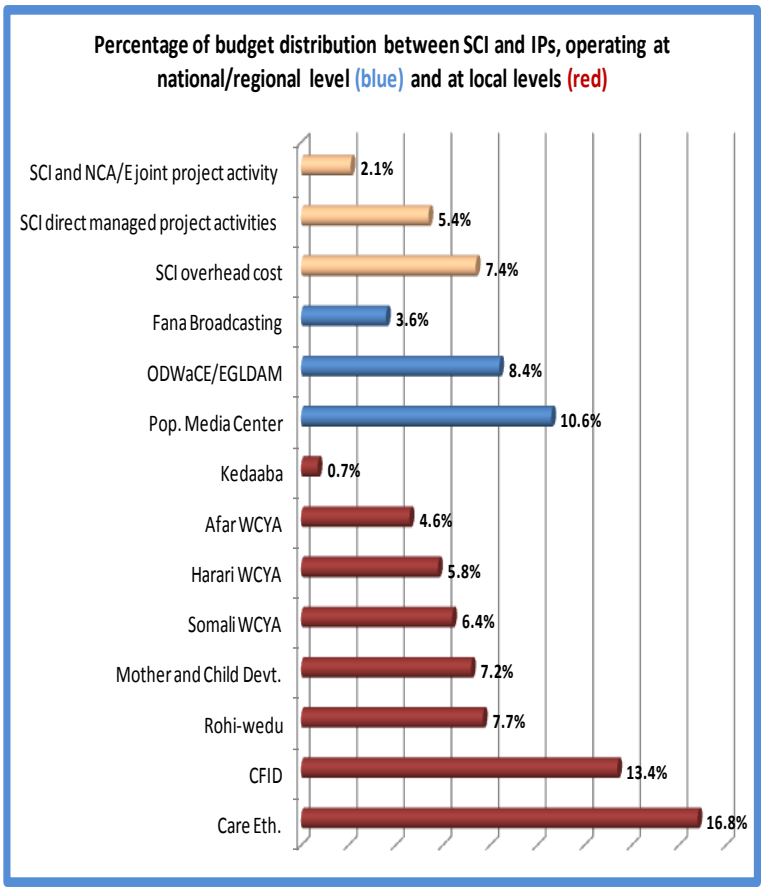
	NCA/E	SCI	Total
Average TOTAL fund allocation **per WOREDA** served	2,338,270	2,152,029	2,247,888
Average ANNUAL fund allocation **per WOREDA** served	467,654	430,406	449,578
Average TOTAL fund allocation per **intervention KEBELE** in the woredas served	153,545	310,118	200,599
Average ANNUAL fund allocation per **intervention KEBELE** in the woredas served	30,709	62,024	40,120

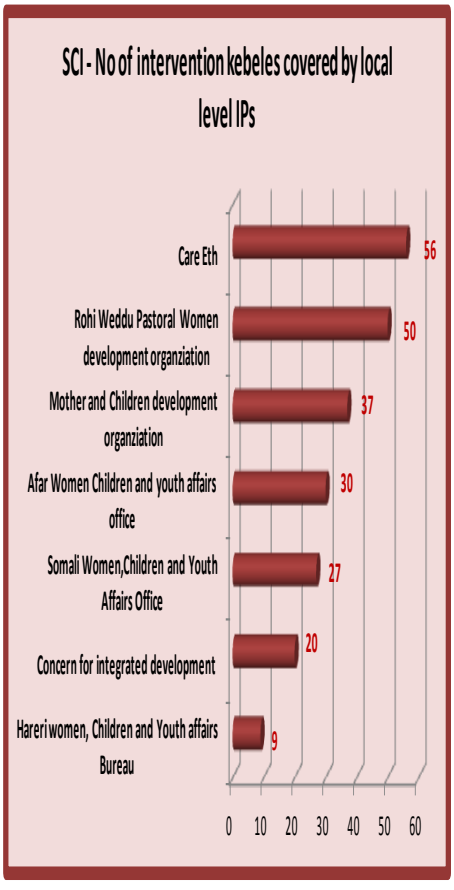
Budget analysis by population coverage (in Birr):

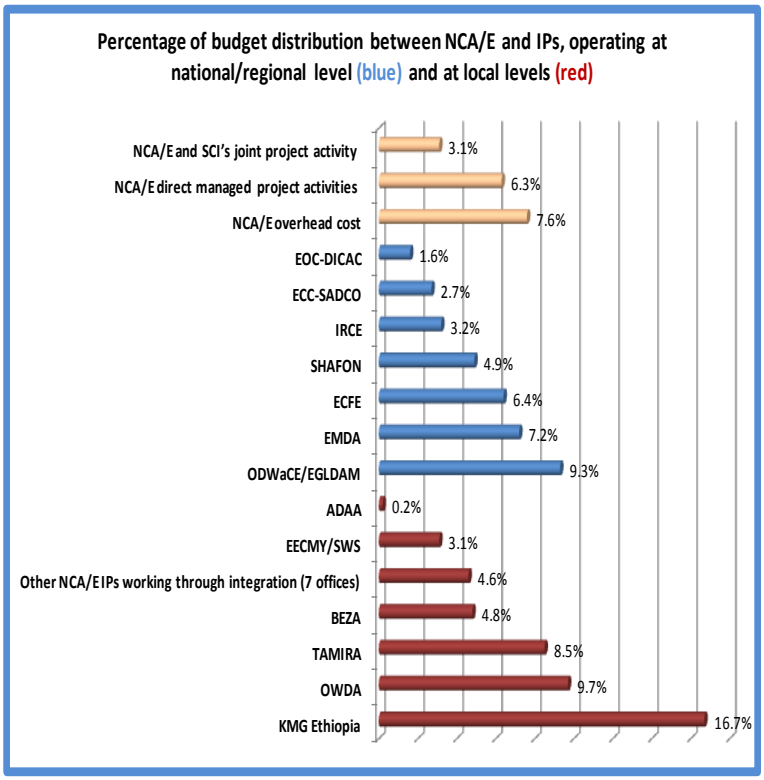
	NCA/E	SCI	Total
Average TOTAL fund allocation **PER directly reached [by the project and recorded as community members, RLs, TLs] PERSON** in the woredas served	212	220	216
Average ANNUAL fund allocation **PER directly reached [by the project and recorded] PERSON** in the woredas served	42	44	43
Average TOTAL fund allocation **PER PERSON** in the woredas served	23	62	33
Average ANNUAL fund allocation **PER PERSON** in the woredas served	5	12*	7

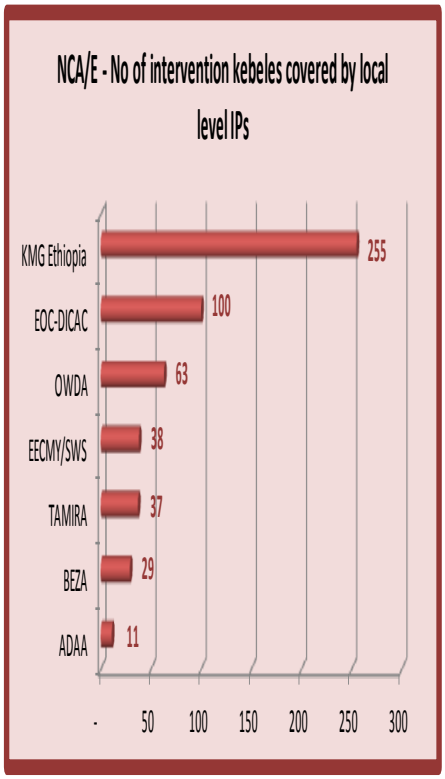
* Though the number of woredas covered by NCA/E and SCI are nearly the same, 35 and 33 respectively, in the later, which is mainly working in vast and difficult to reach pastoralist areas (Afar and Somali), the number of intervention kebeles per woreda is lesser as compared to the former. In addition, since the population size per unit area in these areas is much lower than the national average, the average spending per person appears higher.

ANNEX 4 – Budget distribution among IPs









Budget distribution - SCI

Level of Intervention	Name of Implementing partner	Allocated fund	Utilized fund	% of budget distribution
		Project Total (5 years)		
Local level	CARE – Ethiopia (Afar Region)	12,916,979	10,971,110	16.8%
Local level	Concern for Integrated Development (Somali Region)	10,243,051	10,839,645	13.4%
Local level	Rohi Weddu Pastoral Women Development organization(Afar Region)	5,877,325	4,351,112	7.7%
Local level	Mother and Children Development Organization (Somali Region)	5,496,795	2,794,284	7.2%
Local level	Somali Women, Children, and Youth Affairs Dep't(Somali Region)	4,874,211	2,819,426	6.4%
Local level	Harari Region Bureau of Women, Children, and youth affairs(Harari Region)	4,442,170	3,361,080	5.8%
Local level	Afar Women, Children, and Youth Affairs Bureau (Afar Region)	3,553,880	2,757,285	4.6%
Local level	Kedaaba Youth Edn.& Health Dev´t Aid Asociation	550,000	-	0.7%
National and local	Population Media Center (Afar, Somali, National)	8,108,731	8,132,090	10.6%

National and local	EGLDAM (National)	6,441,960	5,321,892	8.4%
National and local	FANA Broadcasting Corporate (Afar, Somali Regions and National)	2,782,989	2,765,339	3.6%
	SCI and NCA/E joint project activity	1,608,000	1,190,530	2.1%
	SCI direct managed project activities	4,120,851	4,642,396	5.4%
	SCI overhead cost	5,704,815	4,747,872	7.4%

Budget distribution – NCA/E

Level of Intervention	Name of Implementing partner	Allocated fund	Utilized fund	% of budget distribution
		Project Total (5 years)		
National/Regional and local	ODWaCE/EGLDAM	7,583,610	6,868,017	9.3%
Local level	KMG Ethiopia	13,674,572	12,183,664	16.7%
Local level	OWDA	7,921,950	7,044,395	9.7%
National/Regional	SHAFON	4,049,384	3,667,801	4.9%
Local level	BEZA	3,926,462	3,568,955	4.8%
Local level	TAMIRA	6,974,250	6,504,573	8.5%
National/Regional	ECFE	5,210,350	4,279,080	6.4%
Local level	EECMY/SWS	2,533,671	2,060,738	3.1%
National/Regional	EMDA	5,889,220	4,312,412	7.2%
National/Regional	EOC-DICAC	1,309,726	1,096,610	1.6%
National/Regional	ECC-SADCO	2,183,548	1,611,025	2.7%
National/Regional	IRCE	2,653,906	2,226,278	3.2%
Local level	ADAA	200,000	200,000	0.2%
Local level	IPs working through Integration (7 offices combined)	3,780,404	3,370,763	4.6%
	NCA/E joint project activity with SCI	2,573,712	799,604	3.1%
	NCA/E direct managed project activities	5,194,387	3,202,107	6.3%
	NCA/E Overhead cost	6,180,288	5,366,710	7.6%

Annex 5: Suggestions for revision of outcomes 1 and 2

Outcome 1

An outcome in terms of **changes in attitude** can be

- Attitudes to FGM have changed towards being in favor of ending the practice

Related indicators for this outcome:
- the number of anti-FGM declarations made
- the number of boys and men who declare they will marry uncut girls

One may consider to add one or several indicators if it is feasible to get information for example on the number of community members who state that FGM must be stopped.

A **behavior** or action related outcome can be
- Increased number of girls who are not undergoing FGM

Related indicators for this outcome can be:
- Number of girls who are registered as uncut
- Number of girls who have declared they will not be cut
- Number of girls who are member of uncut-girls clubs
- Number of uncut girls who have married
- Number of boys who have married an uncut girl
- Number of practitioners who have wowed to stop

The related outputs will be the same for these two outcomes:
- X anti-FGM declarations
- X people participating in community conversations
- X radio programs broadcasted
- X materials distributed
- X people reached through mass media
- X youth who have participated in training
- X ex-practitioners who have participated in training and got support

Outcome 2

An alternative formulation of the outcome can be:
- Statutory national, regional, customary/ traditional laws against FGM and other HTPs are enacted and well known in the intervention areas and mechanisms/systems for reporting, investigation and trial are well established.

An additional output indicator can be
The number of communities (or community members) who have been familiarized with the law and its provisions.

Annex 6: Program overview

Programme Profile: Programme Title:	Accelerating change towards zero tolerance to female genital mutilation in Ethiopia: *Second phase of the Strategic Partnership with the Royal Norwegian Embassy for the abandonment of female genital mutilation*
Intervention Regions:	Somali, Oromiya, Afar, Amhara, Harrari, Tigray and Southern Regional States of Ethiopia as well as Federal level
Implementing partners:	**Somali Region**: Somali Region Bureau of Women's, Children's, and Youth Affairs; Ogaden Welfare Development Association Population Media Center Concern for Integrated Development FANA Broadcasting Corporate Organization for the development of women and children in Ethiopia (former- Ye Ethiopia Goji Limadawi Dirgitoch Aswogaj Mahiber-EGLDAM) **Afar Region:** CARE-Ethiopia Afar Women's Affairs Bureau Rohi-Weddu Pastoral Women Dev't Org Population Media Center FANA Broadcasting Corporate **Amhara Region:** North Gonder Zone, Dep't of Labour and Social Affairs (DoLSA) Ethiopian Orthodox Tewahedo Church Development and Inter Church Aid Commission (EOTC-DICAC) Ethiopian Evangelical Church Mekane Yesus Development and Social Services Commission, Lay Armacho project Ethiopian Orthodox Tewahedo Church Development and Inter Church Aid Commission (EOTC-DICAC) Ensaru Wayu Climate Change adaptation and livelihood project (2011-2015) **Southern Region:** KMG Ethiopia. Ethiopian Evangelical Church Mekane Yesus – South West Synod Beza Youth Health and Counseling Center Organization for the development of women and children in Ethiopia (former- Ye Ethiopia Goji Limadawi Dirgitoch Aswogaj Mahiber-EGLDAM) **Oromiya Region**:

	Tamira Reproductive Health and Development Organization African Development Aid Association (ADAA) **Harrari Region:** Harrari Region Bureau of Women's, Children's, and Youth Affairs Mother and Children Development Organization **Tigray Region** Ethiopian Evangelical Church Mekane Yesus- Development and Social Services Commission, North Area Work (EECMY-DASSC- NAW) Climate Change adaptation and livelihood project (2011-2015) Relief Society of Tigray (REST)- Climate Change adaptation and livelihood project ((2011-2015) **Federal Level**: Organization for the development of women and children in Ethiopia (former- Ye Ethiopia Goji Limadawi Dirgitoch Aswogaj Mahiber- EGLDAM) Inter Religious Council of Ethiopia (IRCE) Ethiopian Orthodox Tewahedo Church Development and Inter Church Aid Commission (EOTC-DICAC) Ethiopia Catholic Secretariat (ECS) Population Media Center Evangelical Churches Fellowship of Ethiopia Ethiopian Muslim Development Association Interreligious Council of Ethiopia (IRCE)
Coordinating organizations:	Save the Children Norway – Ethiopia Norwegian Church Aid / Ethiopia
Total number of children estimated to be reached during the programme period:	700,000 children (girls: 450,000; boys: 250,000)
Total number of adults estimated to be reached during the programme period:	1,400,000 adults (women: 770,000; men: 630,000)
Project period:	April 2011 – December 2015
Total budget for the Prog. period in NOK:	50,000,000


Administrative Regions and Zones of Ethiopia
W. Tigray
C. Tigray
E. Tigray
Mekele
Afar Zone2
N. Gonder
Wag Hemra
S. Tigray
Afar Zone4
Afar Zone 1
S. Gonder
N. Wello
Bahir Dar
Oromiya (R3)
Metekel
Agew Awi
W. Gojam
S. Wello
Afar Zone5
Asosa
E. Gojam
Shinile
N. Shewa (R3)
Afar Zone3
Dire Dawa
Kamashi
Tongo
E. Wellega
N. Shewa (R4)
Jigjiga
Addis Ababa
Harari
W. Wellega
W. Shewa
E. Shewa
W. Harerge
E. Harerge
Illubabor
Degehabur
Gambella Zone 3
Gambella Zone 1
Yem
Gurage
Jimma
Arsi
Fik
Warder
Gambella Zone 2
Hadiya
KAT
Keficho Shekicho
Korahe
Gambella Zone 4
Bench Maji
N. Omo
Sidama
Bale
Gode
Dirashe
Gedio
Amaro
South Omo
Burji
Afder
Konso
Borena
Liben
0
150
300
Kilometers
Tigray
Afar
Beneshangul Gumuz
Amhara
Dire Dawa
Addis Ababa
Harari
Gambella
SNNPR
Oromiya
Somali