

Ethiopian Evangelical Church Mekane Yesus  
Development and Social Service Commission  
(EECMY-DASSC/WBS-BO)



*(Evaluation team)*

Final-term Evaluation Report of Sinana Female Genital  
Mutilation Elimination Project (SFGMEP 2010-2012)

A project funded by the Norwegian Lutheran Mission (NLM)

**December, 2012**  
**Robe**

## Table of Contents

Acronyms.....	1
Acknowledgement.....	1
Executive Summary.....	2
1. Background and Introduction.....	4
1.1 Background.....	4
1.2. Objective of final-term Evaluation.....	4
1.3. Methods of the evaluation.....	5
1.4. Duration and scope of field visit.....	5
1.5. Evaluation team members.....	5
2. Project overview.....	5
3. Relevance of the project.....	7
3.1 Complementarities with Government policies.....	7
3.2. Relevance to the target community needs.....	8
4. Project Efficiency.....	8
4.1 Planned physical activities versus accomplishments.....	8
4.2. Financial and input utilization.....	<b>Feil! Bokmerke er ikke definert.</b>
4.2.1 Project Budget utilization.....	14
4.2.2 Human resources of the project.....	17
5 Project Effectiveness.....	17
5.1. Progress towards attaining specific objectives.....	17
6. Project Benefits/Impact.....	19
7. Project sustainability.....	21
8. Level of Collaboration with line offices.....	21
9. Project fixed assets.....	22
10. Conclusion and Recommendation.....	22
10.1. Conclusion.....	22
10.2. Recommendation and the way forward.....	22

## Acronyms

AIDS	Acquired Immunity Deficiency Syndrome
BCC	Behavior Change Communication
DA	Development Agent
DASSC	Development and Social Service Commission
EECMY	Ethiopian Evangelical Church Mekane Yesus
ETB	Ethiopian Birr
FEDO	Finance and Economic Development Office
FGM	Female Genital Mutilation
HIV	Human Immunodeficiency Virus
HTP	Harmful Traditional Practice
IEC	Information Education Communication
KA	Kebele Administration
KM	Kilo Meter
MASL	Meter above Sea Level
NGO	Nongovernmental Organization
NLM	Norwegian Lutheran Mission
NORAD	Norwegian Agency for International Development
OVC	Orphan and Vulnerable Children
PM	Project Manager
SFGMEP	Sinana Female Genital Mutilation Project
TBA	Traditional Birth Attendant
TOT	Training of Trainers
WaSHp	Water Sanitation and Hygiene Project
WBS	Wabe Batu Synod
WCAO	Women and Child Affairs Office

## **I Acknowledgement**

Sinana Femal Genital Mutilation Elimination Project (SFGMEP) Final review team has worked & collaborated, during field work, with different project stakeholders including representatives of local government and community organizations, individual community members and project staff. The project worked in collaborated with concerned government offices and informal local community institutions (idir and senbate), the donor and community representatives (religious leaders, women, elders, and students) for the effective and efficient implementation of the project objectives. Therefore, we would like to acknowledge the commitment & contributions of these stakeholders.

Thus the team would like to express its gratitude to those community members like FGM victims, anti-FGM club and committee members, youth and ex-FGM practitioners; religious leaders representing different religious institutions in the area; KA and woreda level government staff and project staff who devoted their time to give us necessary information for the assessment. The last but not the least we would like to acknowledge EECMY- DASSC and NLM/NORAD respectively for technical coordination and financing this innovative project.

## II Executive Summary

The Sinana Female Genital Mutilation Elimination Project (SFGMEP) has been in operation since 2004 and implemented by Ethiopian Evangelical Church Mekane Yesus Development and Social Services Commission (EECMY-DASSC). The project is financed by Norwegian Lutheran Mission. The project is in its second phase which runs from January 2010 to December 2012. The project target area covers four PAs of Sinana District of Bale Zone (Shalo, Selka, Hasabarera and Basaso).

Based on the agreed project document it was arranged to do the final evaluation. The final review took place in **December 2012**. The purpose was to assess the progress of the project: achieved outputs, outcomes, benefits/impacts and experiences gained. In addition, the team has looked into the relevance and timely accomplishment of the project activities; utilization of project finance and other inputs, management and operation of the project, level of community participation and collaboration of the project with concerned stakeholders and sustainability. The team also indicated future direction and recommendation for further improvements.

The project addresses the problems of FGM on young girls and women through wide range of activities like training FGM practitioners, TOT, male and female children and youths, women and men, religious leaders and project and government staff; and establishing and training anti-FGM committees and clubs; organizing experience sharing visits and partners' consultation forum and supplying IEC/BCC materials.

The team has found that the objectives and activities of the project are relevant to the situation and problems of women and girls in the project target area. The project is well staffed with respect to its target area and organized and is showing good results. Most activities are being accomplished according to the action plan in the project document and in general achieved the targets set in the annual plans.

The project has significant outcomes and impact for the target people. For example FGM practitioners rejected the practice; girls themselves started saying no to FGM; religious leaders took initiatives and checked whether there is or no obligatory attachment of FGM in Koran and Bible; girls married without FGM observing; the behavior of the people to stop FGM has been improved because the team observed that both women and men (girls, boys, adult women and men) sitting together and are openly discussing on impacts of FGM and other HTPs which was unthinkable and was taboo before. In order to secure the sustainability of the observed impacts the project linked different groups organized at KA level such as anti-FGM clubs and committees and religious leaders to respective government offices at KA and woreda levels. However, the limitation of the project to 6 KAs of the 22 KAs in Sinana woreda and the existence of FGM in other neighboring woredas with similar culture may hamper the sustainability of the observed impacts. Therefore, the team recommends the project, in the future, to scale up to the rest of KAs in Sinana woreda to eliminate FGM from Bale zone.

## **1. Background and Introduction**

### **1.1 Background**

The Ethiopian Evangelical Church Mekane Yesus (EECMY) was established as a national church on January 21, 1959. Since her establishment the church has been engaged in development and Social Service work throughout the country. This vital service of the church from her establishment was registered as a legal entity by the Ministry of Justice as a development institution of the church in the year 2000. Further, it was re-registered as Ethiopian Evangelical Church Mekane Yesus Development and Social Service Commission (EECMY-DASSC) in line with Proclamation No. 621/2009 by the Charities and Societies Agency.

EECMY-DASSC has been implementing its development programs in all regions of the country through its well spread structure. The major program priorities areas are livelihoods (food security, natural resources management, integrated rural/urban development, climate change and renewable energy), water and sanitation, gender and development, education, children and youth development, health and HIV/AIDS prevention and control. Based on its mission and program areas currently EECMY-DASSC has been implementing more than 250 projects and institutions (schools and health facilities) in Ethiopia including Oromia National Regional State. In Bale Zone there are seven projects that have been implemented by EECMY-DASSC through its Waba Batu Synod Branch Office. Sinana Female Genital Mutilation Elimination Project is one of the projects among these. The project was started as pilot project from 2006 to 2009 in Sinana District in 2 rural kebeles. Development interventions and infrastructure are very limited in Bale Zone. Harmful traditional practices (HTP) such as female genital mutilations (FGM), early marriage, etc are common in Bale zone. The project was started to mitigate mutli-faceted problems linked to FGM and HTPs. The pilot project phase was successfulness and it was decided to extend the project to the nearby kebel to address the problem. The current phase of project was signed for 3 years (2010-2012) and has implemented its planned activities now (2010-2012). The final term evaluation was conducted at end of 2012 to assess results and know whether project is going according to the plan.

### **1.2. Objective of Final Evaluation**

The Final evaluation is mainly intended to assess the performance against the agreed plan and other procedural and technical issues of the project and provide the outcome of the evaluation to the relevant stakeholders -government and the implementing agency EECMY-DASSC and NLM for better performance and enhance learning.

Generally, the objectives are summarized as follows:

- ✓ To see progress towards realization of project goal and objective;
- ✓ To assess the project specific achievement against plan,
- ✓ To assess utilization of the project resources in the course of the project implementation,
- ✓ To assess the benefit laid down by the project and the extent of this benefit extension to the target beneficiaries,

- ✓ To examine the direct and indirect impact of the project pertaining to the natural environment and the community needs.
- ✓ To determine the effectiveness of the project and draw important lessons to be used when designing a similar project for implementation.
- ✓ To draw lessons and promote learning for the future and help other development practitioners in the same area through dissemination of the evaluation report.

The major objective of the evaluation is to determine the significance, efficiency, effectiveness and impact of Sinana Female Genital Mutilation Elimination Project by examining the implementation of planned project activities, outputs and outcomes against actual results.

### **1.3. Methods of the evaluation**

During the assessment to collect relevant and necessary data and information the evaluation team has used the following methods:

- Discussion with the project management and staffs at the project office in Robe Town
- Reviewed the project document as well as periodical reports of the project,
- Discussion with the project beneficiaries-, community members, Kebele administrators, religious leaders, community organisation leaders, students, anti-FGM club members, teachers, circumcisers and teachers. Key informant interview, focus group discussion and meetings were made to discuss with these groups of people and
- Discussion was made with the concerned zone and district line department representatives.

### **1.4. Duration and scope of field visit**

The evaluation activity was conducted for five days from December 25- 29, 2012. All four target Kebeles were visited. Accordingly, the necessary data/information was collected from all visited target Kebeles. Debriefing on the identified main findings were made among the evaluation and with the project staff.

### **1.5. Evaluation team members**

Oromia Bureau of Finance and Economic Development (BoFED) delegated Bale Zone Finance and Economic Development Office (FEDO) to facilitate the Final evaluation process. Based on this a team of expert from FEDO, Bale Zone Women and Children Affairs Office (WCAO), Sinana District Women and Children Affairs, Sinana District Finance and Economic Development Office, EECMY-DASSC Wabe Batu Synod Branch Office (EECMY-DASSC-WBS-BO), SFGMEP and representative of the community have participated on the evaluation exercise. The list of the participants involved on evaluation process is indicated in Tabel below.

1. Obbo Alemayehu Lemmi Bale Zone Finance and Economic Dev't Office t/leader
  2. obbo Andualem Girma Bale Zone Finance and Economic Dev't Office
  3. Adde Musina Abdala Bale Zone Women and Child Affairs Office
  4. Obbo Ibrahim Abdurahman Bale Zone Women and Child Affairs Office
  5. Obbo Estifanos Shiferaw EECMY-DASSC/ Wabe Batu Synod Branch Office
  6. Obbo Gizaw Megersa EECMY-DASSC/ Wabe Batu Synod Branch Office
  7. Obbo Mulugeta Kebede EECMY-DASSC/ Wabe Batu Synod Branch Office
  8. Obbo Belay Gulima Sinana Female Genital Mutilation Elimination Project.
  9. S/r Fikirte Sileshi Sinana Female Genital Mutilation Elimination Project.
  10. Abebech Hunde Sinana Female Genital Mutilation Elimination Project
  11. Obbo Fekede Bedane Sinana District Finance and Economic Dev't Office
  12. 11Adde Zenebech Tadesse Sinana District Women and Child Affairs Office
  13. Zenaba Abdalla Sinana District Women and Child Affairs Office
- Project overview

The project (Sinana Female Genital Mutilation Elimination Project-SFGMEP) has being operated in Sinana District of Oromia Regional State, Bale Zone. The project office located in Robe Town, Bale Zone Capital in the south eastern part of Ethiopia at a distance of 430 km from Addis Ababa. Bale is bordered with Arsi, West Arsi, and West Hararge, Guji zones of Ormia Region and Somali and Southern Regions. The population of Bale Zone is 1,418,864 according to the 2007 national census, and the total population of Sinana District is about 160,369. The project has been working in 4 rural kebeles with total population about 41,005. Pertaining to ethnic group, Arsi Oromo is the dominant ethnic group followed by Amhara and others. Islam is the dominant religion followed by Orthodox and Protestant Christians.

Development interventions and infrastructure are limited in Bale Zone. Harmful traditional practices such as female genital mutilations (FGM), early marriage, widow wife inheritance etc are common in Bale zone. Female genital mutilation is deep rooted in the community and has been accepted as a normal and being practiced. It has been severely affecting the well being of the people particularly girls and women. Some perceive that it is the sign of cleanliness, status, ritual before marriage, inherited tradition passed from generation to generation. Others (Muslims) relate it with religion that the Qoran permits circumcision of young girls. All kinds of FGM (sunna, clitoridoectomy, incision and infibulation's) have been practiced in the Zone. These have being harming the young girls and women's physical and psychological health as well as social well-beings. Some consequences of FGM are fistula, complications during deliveries and have been exposed to various diseases like HIV/AIDS.

To reverse the situation Ethiopian Evangelical Church Mekene Yesus Development and Social Commission (EECMY-DASSC) with its partner Norwegian Lutheran Mission (NLM) initiated Sinana Female Genital Mutilation Elimination Project (EGMEP) in Sinana District of Bale Zone. The project was started as pilot project in 2 rural kebeles. The period of pilot project was from year 2006-2009. During the pilot period 37,875 people were benefited through the intervention. The project has recorded very good results in bringing behavioral changes of the community in stopping FGM in the targeted kebeles.



To replicate and upscale results and changes registered by the pilot project it is found necessary to move to the non-target kebeles to stop FGM in the district. Based on this rationale EECMY-DASSC, NLM with their stakeholders (government and community) have decided to extend the project to the non-target neighbor Kebeles. Accordingly, taking in to account the recommendations of the mid-term review, a team organized from EECMY-DASSC WBS-BO, Bale Zone Finance and Economic Development Office and Sinana District Women Affairs Office organized have involved in the need assessment and planning for the extension of the project.

The current project is being implemented in in 4 kebeles of Sinana District. The period of the current project is 2010 to 2012. The intervention kebeles are Hasen Berira, Besasso, Shallo and Selka. It was planned to reach a total of 41,005 people.

The general objective of the project is to contribute to elimination of the FGM Practices in the project targeted PAs in particular and Sinana District in general.

**The specific objectives of the project are:**

1. Raise awareness of the targeted communities in four PAs of Sinana district so that 85% of the community reject and stop FGM at the end of 2012;
2. To train and strengthen the concerned government line offices so that they can integrate the activities in their regular duties; and
3. To organize a series of forum and public events to influence religious leaders and other influential community representatives in target PAs.

To realize its intended objectives the planned activities have been project launching workshop, community level trainings, religious leaders training, women training, men training, FGM practitioners training, students training, government staff trainings, (experts from Sinana District Women Affairs, Finance and Economic Development, Health, Education, Police and Court), project staff trainings, training of trainers, establishment and training of anti FGM clubs, establishment and training of anti FGM Committees, experience sharing tours, production and distribution of IEC materials, facilitation for joint annual consultation events among concerned partners against FGM. The strategy to implement the activities are collaboration with zonal and district government offices, communities, religious institutions, CBOs (clubs, committees, cooperatives, etc). The expected result of the extended project phase is behavioral change to reject FGM in the target PAs and minimize the practice. This will be achieved by involving all stakeholders of the project (government, communities, CBOs) from the beginning in the project activities and each actor will strongly work on its role. Finally at the end of the project period the activities will be taken over by the stake holders. The total budget required to implement the proposed project in 4 PAs is **ETB 2,289,888**.

### **3. Relevance of the project**

#### **3.1 Complementarities with Government policies**

Sinana Female Genital Mutilation Elimination Project is consistent with government policies and strategies. The government development objectives and strategies given in the Plan for Accelerated and Sustainable Development to End Poverty (PASDEP) (2006-2010) focused on

harmful tradition practices among many other major interventions. Furthermore, the project directly or indirectly contributes to Millennium Development Goals (MDGs) as follows: community capacity building trainings and empowerment particularly for girls and women is relevant to gender equality and women empowerment (MDG3); activities on FGM and other HTP contribute to improving maternal health (MDG5) and combating HIV/AIDS (MDG6).

### **3.2. Relevance to the target community needs**

Female Genital Mutilation has been affecting health, social and psychological well being of the women and girls. All types of FGM types (sunna, clitoridectomy, incision and infibulations) practiced in the area. Hence, the project has been addressing needs of the target community especially of women and girls. Many women and girls witnessed the consequences of FGM on their health.

## **4. Project Efficiency**

### **4.1 Planned physical activities versus accomplishments**

Majority of the planned physical activities of the project have been awareness raising and trainings to bring behavioral change (favorable attitude, increased knowledge and skill) to stop deep rooted FGM in the community. The detailed accomplishment of activities against the plan has been indicated in Table I. The overall average accomplishments of the activities were more than 100% when compared to the planned activities (Table I). From the planned activities the least accomplishments found to be Audit charges (67%). While the accomplishments of Workshops and trainings (83%). The accomplishments of other activities were more than 100%. Hence, the achievements of the planned activities found to be satisfactory according to the evaluation team.

The accomplished activities during final evaluation period of the project are explained as follows.

### **2. Major achievements**

The project has achieved planned activities for the intended periods such as: Capacity building :- community trainings(Religious leaders, women, elders and student), project staff members and concerned government offices staff trainings(district Women's and Child Affairs, Police, court, Health and education staff and Finance and Economic Development) and anti-FGM clubs and committees training), community experience sharing and IEC materials production and distribution, refreshment training for pilot phase project areas , annual joint consultation meeting and awareness raising education for the general community in the target areas.

- ❖ Project launching workshop was held to aware on project objectives, activities, inputs, strategies how to implement the project, role and responsibilities of the community and local governments during and after the project period.
- ❖ *Capacity building* trainings have been given for different representatives of the community (religious leaders, TOT, Women, Men, anti-FGM clubs and committees), government and project staff members, refreshment training for the pilot phase project target areas.

## **2.1.1. Community Training**

### **2.1.1.1. Religious Leaders Training**

In these periods (2010-2012) the project planned to train 200 religious leaders from target KAs and has conducted training for 267 religious leaders for both Christian and Muslim leaders.

### **2.1.1.2. Training of Trainers Training (TOT)**

In the project period it was planned to conduct training for 60 TOTs selected from four KAs and has conducted training for 144 persons.

### **2.1.1.3. Female Genital Mutilation Practitioners Training**

In these periods the project planned to conduct training for 50 persons and has conducted training for 50 FGM practitioners and traditional birth attendants selected from four kebele administrations.

### **2.1.1.4. Women and Men Training**

Women and Men Training was planned to train 920 women and 740 men from target KAs and has conducted training for 935 women and men 841 from the targeted KAs.

## **3. Establishment and Training of Anti FGM Clubs and Anti FGM Committees**

Establishment and Training of Anti FGM Clubs and Anti FGM Committees was planned to establish four clubs and 5 Anti FGM Clubs were established by the project.

### **3.1.2 Induction Trainings for Anti- FGM Club Members**

In the periods the project planned to conduct training for 60 anti-FGM club members at schools in the KAs and has conducted training for 122 clubs members ( of which 61 were female) from schools in targeted KAs.

### **3.2 Establishment and Training of Anti FGM Committees**

The project planned to establish 4 Anti FGM Committees (one in each KA) and established as per plan .One committee consisted of 12 members (6 female and 6 male).

#### **3.2.2 Training for Anti FGM Committee Members**

In the project period it was planned to conduct training for 52 anti-FGM committee members and has conducted training for committee 194 members selected from four target KAs.

### **2.1.1.5. Refreshment training for community representatives of pilot phases KAs**

In these periods it was planned to conduct refreshment training for 180 community representatives in the pilot phase project KAs and has conducted training for 305 community representatives (religious leaders, women, elders, and youth).

### **2.1.2. Government staff training**

For the realization of project objectives and project sustainability the project worked in collaboration with the concerned government offices. In this reporting period it was planned to train **50** government employees and has conducted training for **101** concerned government stakeholders.

### **2.1.3. Project staff training**

To improve the capacity of project staff members the role of training is very imperative. In the project periods (2010-2012) it was planned to train project staff members for 12 rounds and has conducted for 10 rounds.

## **3. Production and distribution of IEC materials and partners joint annual consultation event**

### **3.1. Community experience sharing**

In periods the project planned to conduct experience sharing for 60 community representatives from extension phase project targeted areas (H/berera, Shalo, Selka and Besaso) and has conducted experience sharing for 93 community representatives.

### **3.2. Information Education Communication (IEC) materials *Production and Distribution***

the project produced and distributed posters, t-shirts and leaflets and different written materials for the target KAs through anti- FGM Clubs and Committees, TOTs and concerned government offices(Zonal, district and kebele level Women's and child Affairs, district police and court offices, health and education office staff members) during the project periods.

### **3.3. Partners Joint Annual Consultation Event**

In the project period it was planned to carry out consultation meeting with representatives of community from the target KAs, experts from concerned district level government offices, Project staffs and has conducted consultation meetings with these bodies for three rounds. On the training community representatives, concerned government offices staff member and project staff member totally 106(of which half of them are female) were participated.

### **3.4. Awareness raising education for the general community in the targeted PAs.**

In these project periods it was planned to carry out awareness creation education for **41,005** people in the target kebele administrations (Besaso, Hasenberera, Selka and Shalo KAs) on harmful impacts of FGM and has given for 41,415 (of which **26,920** were female) people by using Posters, films, brochures, drama and role-play in collaboration with KAs leaders, teachers,

anti-FGM clubs and anti-committees, health and agricultural extension workers, community leaders (religious leaders, idir and senbete leaders)

### 3.4. Lessons learnt

Both Awareness raising education campaign and trainings carried out by the project increased the knowledge of the people and reduced misunderstanding about FGM. Thus, the trained community representatives like religious leaders, anti-HTP committees and anti-clubs, youth, women and men in the target KAs began to work in collaboration with the project to eliminate FGM. Most Muslim and Christian religious leaders in new target KAs started to condemn FGM practice and began to convince their followers not to do the act. School children and youths out of schools began to refuse to circumcise and started to follow up the practitioners not to do this harmful practice. The contributing factors are:

- Worked in collaboration with very affected people (eg. People affected by Fistula case because of FGM practice);
- Continues communication and uninterrupted in collaboration with woreda and KAs level stakeholders like police, court, health, women and child affairs and education offices; and good government policy on the elimination of HTPs;
- use of local resource persons( religious leaders and experts) and locally acceptable use of relevant IEC materials / posters, films and brochure/;
- Active involvement of established anti -FGM clubs in the schools and anti- FGM committee in the KAs;

Support from Ethiopian Evangelical Church Mekane Yesus/ Development and Social Service, Wabe Batu Synod-Branch Office, and the acceptance of the project by all groups of community and stakeholders.

- ❖ 67 religious leaders, 841 men, 935 women , 122 Anti FGM Club members at schools ,100 Anti FGM Committees members , 144 persons on TOT from four targeted rural kebeles, 50 FGM practitioners (circumcisers), 122 community representatives had been trained and aware on harm full traditional practices especially on female genital mutilations, HIV/AIDS and gender equality. This trainings and awareness encouraged and made them to reconsider and revisit FGM in holy Quran and holy Bible. Accordingly, community has held various discussion with religious leaders in different meeting places (in mosque, church), on occasions social gathering like wedding, meetings of community based organizations and market places.
- ❖ The Anti FGM club members received the training from different schools found in the target Kebeles (KAs), The training topics were useful traditions and culture and harmful traditional practices have been practiced, type of FGM and its negative impact on health; empowerment of women and children. Besides, the school anti- FGM clubs have been given how FGM can expose to HIV/AIDS, fistula, complication during delivery and other health problems. The club members also trained to how to prepare and present messages on consequences of FGM in dramas, role plays, poems, local drawings and traditional songs to enhance awareness creation and bring behavior change of the community to stop FGM.
- ❖ The roles and responsibilities of anti Female Genital Mutilation committee in the four peasant association & anti female genital mutilations clubs in different schools were identified and they made it their rule to eliminate this harmful practice& the members decided to work hard in

collaboration with concerned government offices (kebele administration, woreda police, court, women and children affairs and health office) and other social groups.

- ❖ The purpose of giving training of 144 persons who received TOTs to enable and equip them so that they train other members of the community in their vicinity. The areas of the training topics were consequences of FGM (health, social, psychological economical and physical problems): health right of children and women, other HTPs, FGM and religion (Christian and Muslim). , Religious leaders were also participants of TOTs. The respected religious leaders among the community were participated as trainer of the TOTs to elaborate whether it is supported or not by holy Quran and Bible. The TOTs participants have started raising awareness against FGM to societies in their respective village using formal and informal community media and through Based Organizations (CBOs) like Idir, equb, shengo and social gathering at wedding, funeral, service centers, water supply points, etc.
- ❖ For circumcisers awareness raising trainings on the project objectives, strategies, major activities, complications of FGM ( health, social, psychological economical and physician), health right of child and women, Penal code ( in the Ethiopian law ) regarding FGM and other related HTPs were given. They also participating on community conversation meetings to play an active role in the elimination process of FGM and change the behavior of other practitioners in other KAs.
- ❖ 101 local government staff from Sinana District Health, Women & Children Affairs, Police, Court and Education Offices involved on various trainings, familiarization workshop on objectives, strategies and activities of the project; types of HTPS, impacts of FGM , health rights of the children and women and role of stakeholders to stop FGM in the district, how to coordinate and work together to enhance the awareness of the general public, school communities and service providers using formal and informal media.
- ❖ 41,415 (of which **26,920** were female) people of the community of the four KAs got awareness how FGM affects the health and social well being of the people particularly girls and women. Various media, occasions and events were used to disseminate the message like wedding, idir, school, public meeting, public associations, church, mosques, health facilities etc. Behavior Change Communication materials such as posters, t-shirts, audiovisuals aids and films were also used for awareness creation purposes.
- ❖ Experience sharing visit to pilot KAs was arranged for sharing knowledge and enhance learning. 93 community representatives were participated on these farmers to farmers experience sharing visit. The previous pilot KAs community were shared their experience how they were successful in stopping FGM in their villages.

**Table I: Physical plan Vs Achievement (2010 – 2012)**

S/N	List of Activities	Unit	Plan for the whole year(2010-2012)	Accomplishment for the whole year(2010-2012)	
				Achievement	%
<b>1</b>	<b>Project Launching Workshop</b>	No	1	1	100
<b>2</b>	<b>Capacity Building</b>				
2.1	Community Training				
2.1.1	Religious Leaders Training	person	200	267	134
2.1.2	TOT Training	"	60	144	240
2.1.3	FGM Practitioners Training	"	50	50	100
2.1.4	Women Training	"	920	935	102
2.1.5	Men Training	"	740	841	114
2.2	Government Staff Training Workshop	"	50	101	202
2.3	Project Staff Training				
2.3.1	Workshops and trainings	session	12	10	83
2.3.2	Long term training for up grading to diploma & post graduate studies	person	2	3	150
<b>3</b>	<b>Establishment &amp; training of anti FGM Clubs &amp; anti FGM Committees</b>			-	
3.1	Establishment & training of anti FGM Clubs				
3.1.1	Establishment of anti FGM Clubs	clubs	4	5	125
3.1.2	Induction training for anti FGM club members	person	60	122	203
3.2	Establishment & training of anti FGM Committees				
3.2.1	Establishment of anti FGM Committee	committee	4	4	100
3.2.2	Training for anti FGM committee members	person	52	194	373
<b>4</b>	<b>Experience sharing, IEC materials production &amp; distribution and Partners joint annual consultation event</b>				
4.1	Experience sharing visits for community members	person	60	93	155
4.2	IEC materials production & distribution	Various			
4.3	Partners joint annual consultation event	session	3	3	100
<b>5</b>	<b>Strengthening activities for target areas of the Pilot FGMEP</b>				
5.1	Refresher Training for Community representative from target PAs of the Pilot FGMEP Phase	person	180	305	169
<b>6</b>	<b>Facilitation for procurement of capital items</b>				-
6.1	Purchase of lap top computer	"	1	1	100
6.2.	Purchase of camera				
6.3	Purchase of overhead projector with screen	"	1	-	
6.4	Purchase of binding machine	"	1	-	
6.5	Purchase of megaphone(to be provided for PAs centers)	"	4	22	550
6.6	Purchase of tape recorder	"	1	1	100
6.7	Purchase of office table and bench	"	4	22	550
6.8	Purchase of office chair	"	10	22	220

6.9	Purchase of office shelf	"	2	7	350
<b>7</b>	<b>Project running cost</b>				
7.1	Monitoring & supervision	rounds	12.	12	100
7.2	Evaluation	"	2	2	100
7.3	Offices rent	No	5	5	100
7.4	Housing service	"	10	10	100
7.5	Audit charges	"	3	2	67

#### 4.2.1 Project Budget utilization

According to the project agreement document ETB 2,289,888 has been planned for the whole project period (2010-2012). But as per the project terminal report, the project has made use of ETB 2,081,055.54 which accounts to 99.90% to or 208,832.46 birr under the plan which are proposed on the agreement document. Budget plan against the expenditures for the activities such as project launching workshop; capacity building, establishment & training of anti FGM clubs & anti FGM Committee; Experience sharing, IEC materials production & distribution and Partners joint annual consultation event; Strengthening activities for target areas of the Pilot FGMEP, Facilitation for procurement of capital items, project running cost, salary and benefits have been 125%, 99%, 103%, 94%, 89%, 80%, 94% and 116% respectively. Please refer Table II for detail information.

**Table II: Financial report of SFGMP of EECMY – DASSC project (2010 – 2012)**

S/N	List of Activities	Unit	Plan for the whole year	Accomplishment for the whole year	
				Achievement	%
<b>1</b>	<b>Project Launching Workshop</b>	No	10,000	12,452	125
	<b>Sub total</b>		<b>10000</b>	<b>12,452</b>	<b>125</b>
<b>2</b>	<b>Capacity Building</b>			-	
2.1	Community Training			-	
2.1.1	Religious Leaders Training	person	60,500	52,168	86
2.1.2	TOT Training	"	27,625	27,034	98
2.1.3	FGM Practitioners Training	"	18,326	11,185	61
2.1.4	Women Training	"	194,125	207,924	107
2.1.5	Men Training	"	158,225	181,515	115
2.2	Government Staff Training Workshop	"	28,815	30,563	106
2.3	Project Staff Training			-	
2.3.1	Workshops and trainings	session	91,620	72,769	78
2.3.2	Long term training for up grading to diploma & post graduate studies	person	30,000	30,064	100
	<b>Sub total</b>		<b>619,236</b>	<b>613,222</b>	<b>96</b>
<b>3</b>	<b>Establishment &amp; training of anti FGM Clubs &amp; anti FGM Committees</b>			-	
3.1	Establishment & training of anti FGM Clubs			-	



3.1.1	Establishment of anti FGM Clubs	clubs	2,000	2,000	100
3.1.2	Induction training for anti FGM club members	person	34,660	20,733	60
3.2	Establishment & training of anti FGM Committees			-	
3.2.1	Establishment of anti FGM Committee	committee	4,800	4,792	100
3.2.2	Training for anti FGM committee members	person	32,740	48,607	149
	<b>Sub total</b>		<b>74,200</b>	<b>76,132</b>	<b>103</b>
<b>4</b>	<b>Experience sharing, IEC materials production &amp; distribution and Partners joint annual consultation event</b>			-	
4.1	Experience sharing visits for community members	person	22,940	24,871	94
4.2	IEC materials production & distribution	Various	30,000	21,484	83
4.3	Partners joint annual consultation event	session	21,594	23,592	109
	<b>Sub total</b>		<b>74,534</b>	<b>69,947</b>	<b>94</b>

**Table II: Financial report of SFGMP of EECMY – DASSC project (2010 – 2012)**

S/N	List of Activities	Unit	Plan for the whole year	Accomplishment for the whole year	
				achievement	%
<b>5</b>	<b>Strengthening activities for target areas of the Pilot FGMEP</b>				
5.1	Refresher Training for Community representative from target PAs of the Pilot FGMEP Phase	person	62,820	<b>57,890</b>	89
	<b>Sub total</b>		<b>62,820</b>	<b>57,890</b>	<b>89</b>
<b>6</b>	<b>Facilitation for procurement of capital items</b>				
6.1	Purchase of lap top computer	''	15,000		93.26
6.2.	Purchase of camera	''		13,990	
6.3	Purchase of overhead projector with screen	''	7,000	-	
6.4	Purchase of binding machine	''	5,000	-	
6.5	Purchase of megaphone(to be provided for PAs centers)	''	4,000	4,800	120
6.6	Purchase of tape recorder	''	1,800	400	22
6.7	Purchase of office table and bench	''	6000	2,400	40
6.8	Purchase of office chair	''	2250	2,120	94
6.9	Purchase of office shelf	''	3,000	11,599	387
	<b>Sub total</b>		<b>44,050</b>	<b>35,309</b>	<b>80</b>
<b>7</b>	<b>Project running cost</b>				
7.1	Vehicle running cost (maintenance, fuel, lubricants & oil, insurance and registration)	ETB	228,600	211,292	92
7.2	Recruitment and legal advisory service	''	30,000	37,500	100
7.3	Monitoring & supervision	rounds	50,000	45,000	90
7.4	Evaluation	''	50,000	49,368	99
7.5	Office supplies and utilities	LS	45,000	51,470	113
7.6	Offices rent	No	60,600	48,769	74
7.7	Housing service	''	45,000	37,405	77
7.8	Perdiem	''	45,500	60,387	130
7.9	Audit charges	''	21,000	13,000	62
	<b>Sub total</b>		<b>575,700</b>	<b>549,945</b>	<b>94</b>
<b>8</b>	<b>Salaries</b>	''	465,309	579,700	117
8.1	Provident fund (10%)	''	46,531	56,073	115
8.2	Medical benefit (3%)	''	13,959	15,445	109
<b>8.3</b>	Insurance (2%)	''	9,306	5,326	57
8.4	Severance payment	''	54,243	63,608	117
	<b>Sub total</b>		<b>589,348</b>	<b>720,152</b>	<b>116</b>
	<b>Grand total</b>	''	<b>2,289,888</b>	<b>2,139,295</b>	<b>93</b>

#### **4.2.2 Human resources of the project**

The project is led by a project coordinator who is based at project center in Robe Town. Other staff includes a technical project coordinator (female), a cashier/secretary, a guard, a cleaner and four field assistants. The technical project coordinator is responsible for the implementation of project activities and supervises and assists field assistants (all are female) who are based one at each target KA. The field assistants work in collaboration with government development agents, health extension workers and teachers; KA and community leaders, women and child affairs representatives, anti-FGM committee and clubs, CBOs like Edir, Ekub and Mehber and volunteers who took TOT. The staffing of the project is adequate with respect to limited project area and the availability of other stakeholders.

### **5 Project Effectiveness**

Under this topic findings of the project progress towards attaining the specific objectives and results achieved by the project are compiled.

#### **5.1. Progress towards attaining specific objectives**

The specific objectives of the project are:

1. Increase awareness of the targeted communities in four PAs of Sinana district so that 85% of the community reject and stop FGM at the end of 2012;
2. Strengthen the concerned government line offices through training so that they can integrate the activities in their regular duties and
3. Organize a series of forum and public events to influence religious leaders and other influential community representatives in target PAs.

Through various awareness raising trainings/activities, establishment anti-FGM clubs, committees and staff of the line offices and through behavioral change communications made favorable attitude, increased knowledge and practices against the FGM enhanced among the communities. The specific results obtained have been explained as below.

Muslim and Christian religious leaders in the four target Kebeles have been teaching their followers and have been playing crucial role in changing the behavior of the communities to stop girls genital cutting. There were leaders of the religion who decided not circumcise their girls.

One of Muslim leader, shiek Ibrahim Aman of Shalo KA said:

“As a Muslim religious leader, I resisted the project at the beginning. But our Koran did not force us to continue with resistance. The project invited me to work together. After the training, I trained and convinced many people not to practice FGM. The present generation is ready to accept the change. Since the old generation is passing away, the benefits and impacts of the project will sustain with the coming generation”

Ato Desalegn from Hawariat Church in Besaso said, "Thanks to the project, I am very happy. I practiced FGM on my daughters unknowingly. I am very sad for that. My daughter is harmed with FGM Now my behavior towards FGM is improved and I started teaching my family, neighbors, and colleagues and Kebele people against FGM." Ato Desalegn Shared his experience the same way during the mid-term evaluation of 2011.

School children and youths out of schools (female and male) began to refuse circumcision of girls and started monitoring and follow up of the FGM practices in their community. They exchange information and follow up the practice of FGM. They also follow and monitor the circumcisers' behavior in their village to stop these harmful practices.

Moreover, children and youths of anti-FGB club members have been teaching how FGM affects health and social well being of girls and women using drama, poems and songs. This creates an opportunity of the school community to work closely with the community to stop FGM in the Kebele. Furthermore, youth and children started discussing the harms of FGM in the family with their fathers, mothers and other family members. Girls and women understand that they have right to refuse circumcision and as they also awareness as law also protects them.

The former circumcisers stopped the practice and started teaching the community about consequences of FGM on women and girls.

The other observed situations by the assessment team were that, before the project intervention during school close and summer time circumcisers came from other places and practicing FGM. By now this practice/situation has been changed. Before school close the anti-club members have been giving orientation to students how they can protect themselves and exchange information to bodies concerned to protect all girls not to be victim FGM practices. Furthermore, the evaluation team learned that uncircumcised girls started openly talking to the public saying 'I am uncircumcised girl I proud of this' Before this was unthinkable; it was a taboo. Open discussion about FGM was considered as sin before the project intervention of the project.

On other hand the line offices have been closely working with project. They have started using the experiences of the project in mainstreaming FGM in their regular work and services. There is annual partner forum that have been being conducted with different government offices like women and child affairs, police, court, health, finance and economic development, administration, youth and sport, and public relation; and religious leaders and community representatives. This forum has been helping smooth relation and implementation of the project and to have common knowledge of the project. Additionally, the forum created a good learning environment to share experiences, celebrate successes, replicate and mainstream

good results in respective organizations. It is also helped to identify potentials and gaps for further improvement. However, conducting forum annually is a very long period to identify gaps for further improvement. Thus the review team recommends making the forum bi-annually.

Organizing different events for religious leaders such as video film show on FGM, experience sharing and facilitation of discussion with religious leaders on higher structure have influenced and change the behavior of many religious for more commitment and dedication in supporting project to stop FGM. This has encouraged them to teach their followers and other leaders to reject FGM. In addition, the trained religious leaders informally shared their experience with the religious leaders who did not get chance in non-target KAs in Sinana woreda. These indicate the dedication of the convinced religious leaders and other community members to replicate project benefits and should be appreciated.

In general, from the assessment made the team conclude that the project objects will be fully achieved.

## 6. Project Benefits/Impact

The Final review team observed the following benefits/impacts of the project in the project target KAs:

- Behavioral change (favorable attitude, increased knowledge and practice) brought among the community to stop FGM. Girls started saying no to FGM and girls getting married without FGM and no insult case reported. Before this was unthinkable. Children and youth (male and female) started working against FGM.

Adde Kibebe of Shalo KA shared her best experience:

“One of my daughters was married without FGM. Nothing happened to her with her marriage at that Kebele. She is living without any complications. I didn’t hear that she broke/destroyed house utensils as believed by local community,” said Kebebe.

- Open discussion on FGM both male and female sitting together which was taboo in the near past before the project.
- FGM practitioners rejected the practice and started working against FGM; they became sensitizers of the community to stop FGM.
- All Christian leaders accepted that holy Bible is not support FGM and majority Muslim leaders also believed that it is not supported by holy Quran and they accepted stopping FGM.
- Increased opportunity for Muslim and Christian leaders for discussion on HTPs and other problems that affect well being of the society; enhanced culture of discussion among these leaders and enhanced peaceful coexistence.

- Empowerment male and female children, and women improved; boys and girls teaching consequences of FGM using poems, drama and songs to the people using different events and forums. Before the project this was not happening; children were not teaching adults. This has been cultivating 'I can attitude among girls and boys.'
- The participant of experience sharing tours members developed their knowledge of HTPs and exchanged their Female Genital Mutilations elimination purpose each others.
- School children and youths out of schools began to refuse to circumcise and started to follow up the practitioners not to do this harmful practice
- Most Muslim and Christian religious leaders in new target KAs started to condemn FGM practice and began to convince their followers not to do the act.
- Helping of FGM victims were observed in the community and discrimination of FGM victims reduced, for example, the victims who had been affected by fistula have been openly speaking their problem to the public though the service provided by Goba hospital to which the project has been referring them is not Satisfactory.



Adde Chali son. She suffered project convinced to Asela Fistula Hospital. After treatment and she became free from pain and normal situation.

Adde Chali Mohammed is living in Shalo KA. She is 20 years old. She has one son. She suffered from fistula pain before the intervention of the SFGMEP. The project convinced and sent her to Goba Hospital and the Hospital also sent Chali to Asela Fistula Hospital. After treatment and she became free from pain and normal situation.

from fistula pain before the intervention of the SFGMEP. The and sent her to Goba Hospital and the Hospital also sent Chali to Asela Fistula Hospital. After treatment and she became free from pain and normal situation.

Adde Chali Mohammed is living in Shalo KA. She is 20 years old. She has one



son. She suffered from fistula pain before the intervention of the SFGMEP. The project convinced and sent her to Goba Hospital and the Hospital also sent Chali to Asela Fistula Hospital. After treatment and she became free from pain and normal situation.

## **7. Project sustainability**

In order to secure the work of anti-FGM committee, anti-HTP clubs and religious leaders so that they can continue after termination, the project linked anti-FGM committees with government health institutions like health posts and development stations at KAs level and Kebele courts which are in turn linked to respective offices at woreda level. Anti-FGM clubs in schools are also under the control of schools and the schools have extra-curricular activities one of which is to control Harmful Traditional Practices (HTPs) including FGM. Religious leaders are referring Koran and Bible to check whether there is obligatory attachment of FGM with their religions so that the followers reject the practice. Furthermore, the community and concerned government offices at woreda and Kebele level are working in collaboration with the project which shows their ownership on the project. Thus these were the prospects of sustainability observed by the final-review team. However, the issue of non-target border kebeles and districts and cultural linkages between target kebeles of Sinana district and non-target kebeles and other districts may influence the sustainability of the project benefits/impacts.

## **8. Level of Collaboration with line offices**

At woreda level the project worked in collaboration with offices like women and child affairs, police, court, health, finance and economic development, administration, youth and sport and public relation which in turn extended their structure to KA level. At the beginning, a project launch up workshop on which these offices participated was conducted and the participants endorsed the action plan. Then responsibilities were shared among these stakeholders. KA level trainings were facilitated in collaboration with technical staff of these offices. Since woreda women and child affairs office and others have been participated on the implementation of this project from the beginning, the technical sustainability of the project seems ensured.

Involvement of beneficiary community in all kebele the project develops sense of ownership. Discussions made with some target beneficiaries during the field visit showed that they are very aware about the project activities in their respective areas; and these generally indicated that the project has implemented with the active participation of the community.

## **8. Project organization and Management**

The overall management and administration of the project is done by EECMY-DASSC and Norwegian Lutheran mission financing the project and gives technical support to the project as deemed necessary. The detailed planning and scheduling of project activities is done by the project management team at Robe project office, which comprises the PM, technical project coordinator and a cashier. Then the team distributes the plan to each target KA's field assistants where the schedule is prepared with respective KA's anti-FGM committee and anti-FGM clubs. The EECMY-DASSC DASSC WBS Branch Office monitors and supervises the implementation, give advice, support with planning and reporting; and organizing capacity building workshops with other projects on cost share basis. The project is well staffed with respect to the project target area, and the staff has the qualification required according to the project document.

## **9. Project fixed assets**

Concerning fixed asset the project has office furniture and field related equipments. The list of these materials is annexed to this report.

## **10. Conclusion and Recommendation**

### **10.1. Conclusion**

Ethiopia Evangelical Church Mekane Yesus Development and Social Service Commission and Norwegian Lutheran Mission have used innovative project approach to in implementing activities of SFGMEP to stop harmful traditional practices in the targeted KAs. Especially involving Muslim and Christian religious leaders in project implementation helped a lot in behavior change of the community in stopping FGM.

Moreover establishment and strengthening of anti Female Genital Mutilations Committee and clubs in the target kebeles and school respectively made the implementer in realizing the planned objectives and activities.

The overall intervention was found promising to eliminate harmful traditional practices and to follow up practitioners not to circumcise daughters.

In general, the project has achieved significant changes among the target groups as a result of staff commitment, good net-working and cooperative relationship between the project and its stake holders.

### **10.2. Recommendation and the way forward**

Based on the field assessment and discussions held with line offices and project staff the review team recommends the following for further improvement.

- The effort made by the project with regard to eliminating harmful traditional practices, especially Female Genital Mutilations was very encouraging. But members of the Kebele Administrations are very worried because the neighborhood community's (non-target community) behavior was not changed. Because there is strong linkage among them, they marry their girls to them and also their boys get married to their girls. The team strongly recommends the need of intervention to 16 non-target kebeles of Sinana District to make the district a role model for Bale zone districts to eliminate FGM.
- The team observed that there is a big behavioral change that makes the community to stand against FGM.
- Experience of religious leaders should be scaled up; the experience of teaching against FGM using holy Koran and Bible should be replicated without waiting for the project both within and out of the target KAs.



- The project should have the basic understanding of Regional NGO's guideline. For instance, the quarterly report was not in line with Regional NGO's guideline format.
- During field visit the team observed that the challenged of the project staff were lack of transportation facility (car) to transport local government experts and project staff to KAs for the training and supervision and delay of fund transfer which influenced timely accomplishment of the project activities will be improved (solved) for sustainable service.
- Generally during our observation there is a big behavioral change that makes the community to increase the awareness in FGM. Especially activities done by community representative like religious leaders, Anti FGM Clubs and Anti HTP committees in the KAs awareness in order to provide knowledge about harmful traditional practices are the best strategies to improve elimination of FGM status of community. Hence, the team recommends these experiences and lessons should be shared for replication to neighbor kebeles and Woredas
- Gender
  - The project does not have project steering committee to regularly meet and discuss on the achievements, problems and challenges facing the project and take corrective action. Thus the project should be the member of and use woreda justice committee established from relevant government line offices.
  - The project has gotten very good experience and this should be documented
  - The woreda Women and Children Affair has paralegal committee at each KA. The project should try to use this committee.
  - We have to continue to create favorable attitude for sustainability of the observed impacts because there are people who still have unfavorable attitude even in the project target KAs
  - The project should install monitoring system in place to assess the impacts of the project
  - People from non-target KAs or woredas should be invited to learn from the experiences of the target KAs or the representatives from the target KAs should go to other districts or non-target KAs to share their experience. This motivates community members of the target KAs to continue with their achieved success and as the same time helps to convince others. This can be facilitated by woreda women and child affairs office with minor support from the project.
  - Other demands from the community and evaluation team Staff list

## 11 Annex 1: Fixed Asset

No	Description	Code No	Physical Count	Condition
1	Desk top Computer		1	Used
2	Printer 1018		1	Used
3	Photo Copy machine		1	Used
4	Glass screen filter		1	Used
5	Copy holder		1	Used
6	Casio Calculator		3	Used
7	Scientific Calculator		1	Used
8	Safe box		1	Used
9	Video camera		1	Used
10	Nokia 1600 and Motorola 3110		2	Damaged
11	Robin Generator 650w		1	Used
12	Microphone		1	Used
13	Photo camera		1	Used
14	Lap top computer		1	Used
15	Tape recorder		1	Used
16	Megaphone		4	Used
17	Printer 1005		1	Used
18	Flesh		2	2Damaged
19	Puncher		7	Used
20	Stapler		7	Used
21	Paper Tray		6	Used
22	Three drawer Paper Tray		1	Used
23	Table		8	Used
24	Chair		22	Used
25	Shelf		7	Used
26	File cabinet		1	Used
27	Executive Chair		3	Used
28	Bench		14	Used
29	Stand Philip chart		1	Used
30	Suzuki motor bike with one helmet and one windbreak	JS18G12A952101950	1	Used
31	Suzuki motor bike with one helmet and one windbreak	JTSG12A152102056	1	Used
32	Fuel Tanker 100 lit		2	Used
33	Water Tanker 35 lit		2	Used