

**Ministry of Finance and Economic Development and UNICEF in
Ethiopia**

PROGRESS IN ABANDONING FEMALE GENITAL MULTILATION / CUTTING AND CHILD MARRIAGE IN SELF-DECLARED WOREDAS

**Evaluation Report
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Preface

Harmful Traditional Practices (HTPs) refer to practices and cultures which affect the health and well-being of women. HTPs are widespread in Ethiopia with over 80 different kinds of HTPs practiced in different parts of the country (NCTPE, 1997). These practices have significant adverse impacts on the physical as well as mental health of the victims.

This study focuses particularly on Female Genital Mutilation / Cutting. Figures show that in 2005 the national prevalence rate for FGM/C stood at 74.3 per cent (Health and Demographic Survey, 2005) with the highest prevalence being in Somali region at 97.3 per cent. It is practiced in both Muslim and Christian communities and is deeply embedded in the culture. Various forms are practiced including removing the tips of the clitoris, partial or total removal of the clitoris and labia and sewing together the two sides (infibulations) which is the severest type of FGM/C. As there are variations in the practice, the age at which FGM/C is practiced also different from region to region. In some regions it is practiced at infancy while in others it is practiced at the age of 6-9 and still in others it happens at the young age of 15-17 just prior to marriage. Cultural reasons, religion and societal pressure are used to justify the practice (MOFED, 2012).

Other practices included in this study are child marriage, marriage by abduction and wife beating. The national average, in 2003, for marriage by abduction was 69 per cent (NCTPE, 2003) with the highest average being in SNNPR at 92 per cent. The prevalence of child marriage is highest in Afar region. Close to 80% of women in the Afar were married before reaching the age of 18. According to the report of a multi-country study by WHO¹ the prevalence of physical and sexual violence against women by an intimate partner in Ethiopia stood at 71%. Of women in Ethiopia, 81% believe that their husband is justified to beat them (DHS 2005). Half of currently married women (49 per cent) know there is a law against a husband beating his wife.

Many efforts have been made around the country to combat FGM/C and other HTPs. Efforts have included community conversations, school and health based programmes, legal actions, and religious dialogue and awareness raising. In the woredas on which this study focuses these have led to a declaration of the abandonment of FGM/C.

This study looks at the effectiveness of these strategies and resultant declaration in the abandonment of the practice in the evaluation woredas and draws lessons to inform decision making for the scaling up of the scheme and the development of a National HTP plan. It also examines trends in the reduction of other HTPs such as child marriage, marriage by abduction, and wife beating and examines challenges in the abandonment of these HTPs.

¹García-Moreno C., Jansen H., Ellsberg M., Heise L., and Watts C. *WHO Multi-country Study on Women's Health and Domestic Violence against Women* (2005) Geneva: World Health Organization

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Finally, we wish to thank all the men, women and teenage girls that participated in the study and were brave and open enough to answer questions and discuss with us on this sensitive issue.

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Acronyms

APDA	Afar Pastoral Development Association
BOWCYA	Bureau of Women's Children's and Youth Affairs
CEDAW	Convention on the Elimination of all forms of Discrimination against Women
DHS	Demographic and Health Survey
EA	Enumeration Areas
FGD	Focus Group Discussion
FGM/C	Female Genital Mutilation / Cutting
HH	Household (s)
HTP	Harmful Traditional Practices
KII	Key Informant Interview
MOFED	Ministry of Finance and Economic Development
MOWCYA	Ministry of Women's Children's and Youth Affairs
NGO	Non Governmental Organisation
PPS	Probability proportional to size
TOR	Terms of Reference
UNFPA	United Nations Population und
UNICEF	United Nations Children's Fund
WHO	World Health Organisation
WYCA	Women, Youth and Children Affairs

Terminology

Gott – Ethiopian administrative unit usually containing 60 – 90 households

Law of Absuma – law by which a girl is considered ready for marriage as soon as she gets her menstruation

Executive Summary

The objective of the study is to evaluate the progress in abandoning FGM/C and child marriage in self-declared woredas of Ethiopia. More specifically, the assignment aims at providing evidence on the extent of FGM/C so as to validate the claims of abandonment of FGM/C in the woredas that have declared abandonment and to analyse strategies that have been successful so far to inform decision making for the up scaling of the programme. The evaluation covered pre-selected woredas which had declared abandonment of FGM/C practices before the commissioning of the study. These 10 woredas are found within the three regional states of Afar, Benishangul Gumuz and SNNPR and the capital city Addis Ababa.

A set of quantitative and qualitative instruments were prepared and employed to collect data complemented by a thorough review of documentation. A total of 1275 households were covered in the 10 selected woredas. In each household, one adult man, one adult woman and one teenager were interviewed using a quantitative questionnaire. The following stakeholders were approached to conduct the evaluation; mothers and/or primary care givers of daughters who had undergone FGM/C, teenage girls, women above 19, men above 19, community leader/elders, religious leaders, woreda officials, members of law enforcement organs including the police, prosecutors and justice administrators and judges, MOWCYA officials and regional BOWCYA officials, UNICEF staff in Addis and in the regions where the evaluation woredas are located, members of community protection mechanisms, and health extension workers as well as staff of fixed health facilities.

Different sets of indicators were employed for the evaluation. For establishing trends in the practice of the selected HTPs, the study utilized the following indicators: Knowledge, attitude and practice in regards to these forms of HTPs among the respondents; health related indicators including data and testimonials from health facilities and health workers and finally indicators related to the administration of the law and/or the declaration such as reporting to the police, cases by public prosecutors and similarly reports to other parts of the government machinery such as the Women, Children and Youth Affairs offices.

Female Genital Mutilation/Cutting (FGM/C)

The evidence on the extent of FGM/C practice – In order to find evidence on the extent of the FGM/C practice different sets of questions that would allow comparison between the prevalence of the practice in the past and the prevalence after the declaration of abandonment were put to the respondents. The declaration to abandon FGM/C is an important strategy that has been employed to reduce and eliminate the practice in the country. Community conversations were the main vehicle that was used to bring about the declaration.

With the exception of Kolfe and Yeka where the percentage of women that have undergone FGM/C is comparatively low, the overwhelming majority of adult women, 90% on average, in all the woredas have undergone this practice. The picture is quite different when it comes to teenagers. Overall, the rate of FGM/C is much lower with close to 64% in Dale and Alaba and below 4% for Kolfe and Yeka. There appears to be a general decline in the practice across the sample areas with lesser rate of FGM/C among the younger generation.

Effect of the declaration to abandon FGM/C – In order to adequately assess the prevalence of the practice in the past and the prevalence after the declaration of abandonment, it is important to look into the level of awareness about the declaration, the trend in the practice after the declaration and intentions regarding future behaviour. Findings show that there is good level of awareness about the declaration to abandon FGM/C among adult women, with over 70% of the women claiming to be aware of the declaration in many of the woredas. Among teenagers, it is only in SNNPR that as much as 50-60% of the respondents reported knowledge about the declaration. The percentage is much lower in the other woredas with the lowest in Elidar at 12%. In all the woredas the survey results show a perceived decline in the practice after the declaration. There seems to be an awareness about the adverse health effects of FGM/C as a large number of female respondents (adults and teenagers) gave this as one of the reasons behind the perceived decline in the practice of FGM/C. Women and girls also seem to be informed that FGM/C is an HTP. Although survey results appear to indicate a perceived decline, the results of key informant interviews as well as focus group discussions for the majority of the woredas show that the practice appears to have gone underground.

The future behaviour of respondents in regards to the practice of FGM/C is a strong indication of the impact of the declaration on the practice. The majority of the respondent women in all woredas stated that they do not intend to practice FGM/C on their daughters in the future. The highest percentage of those that claimed they would practice FGM/C on their daughters in the future are in Alaba, 31.5%, 30% in Elidar, 18% in Awash Fentale and 17% in Dale. Culture and religion are given as reasons for wanting to continue the practice in the future.

Strategies utilized to work towards the abandonment of FGM/C - The strategies can be broadly categorized into the following approaches: -

Efforts geared towards bringing about social change -These refer to activities that were carried out with the purpose of bringing about conversation on the harmful practice of FGM/C. The main instrument employed to bring about social change is the creation of sustained conversation on FGM/C complimented by teaching and/or awareness raising activities from the perspective of health, religion and legal awareness. In terms of actors and participants, the involvement of religious leaders and elders, health extension workers, and law enforcement officials in the actual teaching has contributed immensely to pass on the required message to the community.

Utilizing existing community structures -Another strategy that has been widely employed in the woredas is the utilization of existing community structures to fight FGM/C. In most woredas, they are referred to as HTP Committees and are composed of religious leaders, representatives from the youth and women's leaders as well as the kebele administration. As these people are members of the community and hence live within the community, they have been instrumental in detecting and reporting on underground practices of FGM/C. In Afar they form part of community police structures. Women's associations and federation which have mass membership at community level are also indicated as another strategic entry point to reach the community both in terms of teaching and reporting on FGM/C cases.

Health approach - The strategy employed in the various woredas in this regard has been using health extension workers extensively to teach on the adverse health impacts of FGM/C. This was done using different forums: Door to door teaching, community conversations and schools. Similarly, the provision of pre- and post-natal services including counselling, and registering newborn girls in the record books has been suggested as a strategy which serves as a follow-up mechanism to protect them. Religious approach- The religious approach involved using religious leaders to do different kinds of activities: Actual involvement in teaching about the harmful effects of FGM/C, teaching through interpreting the scripture and clarifying that religion doesn't require that females undergo FGM/C, leading and enforcing the campaign of ostracizing those that break the promise (the declaration) including practitioners, giving their blessing and support to teaching by others like health workers and the police which gives credibility and weight in the eyes of the community and requiring practitioners to undertake an oath in front of religious leaders not to practice anymore.

Law enforcement approach -The law enforcement approach in the various woredas employed both the formal legal system as well as the informal/traditional system of justice administration. A combination of the two led to successful results in some woredas.

Political commitment and coordination among various stakeholders - It has been emphasized repeatedly among key informants in the various woredas that there is a need for strong political commitment and leadership to fight FGM/C. According to these stakeholders commitment can be expressed in terms of allocating adequate budget; laying out structures that will enable all sections of society to be reached; putting police officers in each kebele; educating the practitioners, training them in other skills and facilitating them to find other forms of income generation; leaders serving as role models by not engaging in the practice of FGM/C and/or by pioneering not to practice FGM/C. Another element to consider in relation to leadership is the need for strong coordination of the activities of various stakeholders that are engaged in the fight against FGM/C including various government sectors, non-governmental organizations and community based organizations.

School centered approach - The results of this study have shown school children have an important role to play in the fight against FGM/C. Recognizing that, schools in the various woredas have implemented different strategies to empower school children. These include: Establishing and strengthening girls clubs, empowering female teachers so that when reports/rumours of plans of FGM/C are heard reports are made to the relevant authorities; teaching at schools and provision of cell phones for purposes of contacting responsible people if and when FGM/C about is to take place and using school clubs that have both boys and girls as members (this has contributed significantly because school children have managed to intervene when their younger siblings and/or neighbours' children were about to undergo FGM/C).

Challenges that stand in the way of efforts geared towards the abandonment of FGM/C – The key informant interview and focus group discussion results indicated the following as the major challenges that stand in the way of the fight against FGM/C: i) Interference in law enforcement where the legal process aimed at the prevention and punishment of the perpetrators of the practice of FGM/C is affected by the intervention of elders and religious leaders through the traditional system of settling disputes; ii) weak commitment towards the fight against FGM/C; iii) weak enforcement of the law; and iv) deep rooted culture and religious beliefs.

Child marriage - The prevalence of child marriage is high in Afar region. It is also practiced in SNNPR and Guba where over 30% of women were married at an early age. A large proportion of the respondents in all the woredas except those in Afar reported a decline in the practice of child marriage in the last five years. The picture is similar among teenagers. In analyzing the reasons behind the perceived decline (where such has been reported), the respondents in both categories have attributed the decline to: awareness raising interventions, increased awareness that it is a harmful traditional practice and increase in reporting to justice administration bodies. The majority of the women respondents reported that they do not intend to marry off their daughters prior to attaining the age of marriage. The strategies discussed under FGM/C also apply to child marriage. Sending more and more girls to school and encouraging them to stay at school helps to delay marriage for girls. In this regard schools play an important role. Similarly, awareness raising efforts on the value of educating the girl child are also important. The legal approach has also worked well in the study areas where a decline in the practice has been observed.

Abduction - The overwhelming majority of the respondents in SNNPR and Benishangul reported a perceived decline in the practice of abduction. In Addis 29% perceived a decline while a mere 4% of the respondents reported a perceived decline in Afar. Among the teenage correspondents, 81.4% of teenage girls in SNNPR, 47.2% in Benishangul, 10.25% in Addis and 2% in Afar perceived a decline. The reasons behind the perceived decline (where such has been reported) were attributed to: Awareness raising interventions, increased awareness that it is a harmful traditional practice and an increase in the reporting of the practice to justice administration bodies. Compared to the other forms of HTPs in this study, the practice of abduction appears to have shown a significant decline. The main strategy that appears to have worked is the legal approach. The criminalization of abduction is taken much more seriously than the criminalization of other forms of HTPs.

Wife Beating - Personal experience among the respondent women in regards wife beating shows that 30.2% have experienced wife beating in their lifetime. Reasons for wife beating as explained by the respondent women are: Refusing sex, disobeying their husband, food burning and simply due to culture. Any intervention targeted at wife beating has to bring men on board. One mentionable strategy from the results of key informant interviews and focus group discussions is the legal approach. There was an awareness that wife beating is a crime among the women and men that took part in the study. Further, women are beginning to bring their complaints to the authorities mainly the Women's Affairs Offices.

Overall, findings have highlighted strategies that have proven to be efficient in fighting FGM/C. Although it is probably too early to ascertain a decline in the practice of FGM/C, there are, to some extent, encouraging results in terms of awareness creation and behavioral change. A more thorough monitoring and assessment is required to follow-up on the progress made towards fighting FGM/C. The encouraging results identified through this study will last only if there is a concerted effort and strong commitment from all stakeholders and if strategies that work are implemented on a sustained and regular basis with a wider coverage, particularly in remote areas. This also applies for the three other forms of HTPs.

1. Introduction/Background

Harmful Traditional Practices (HTPs) refer to practices and cultures which affect the health and well-being of women. HTPs are believed to be caused by the inferior position given to girls and women in society and therefore are another manifestation of discrimination against women.

HTPs are widely practiced in Ethiopia. According to a study by the Ethiopian National Committee on Harmful Traditional Practices (NCTPE, 1997), there are over 80 kinds of HTPs practiced in different parts of the country. These practices have significant adverse impacts on the physical as well as mental health of the victims. Among the widely practiced HTPs are female genital mutilation/cutting (FGM/C), child marriage, marriage by abduction and wife beating.

According to the Health and Demographic Survey of 2005, national prevalence rate for FGM/C stood at 74.3 per cent. There are regional differences however; the highest prevalence is found in the Somali Region with 97.3 per cent and the lowest at 27.1 per cent is found in Gambela. Another survey conducted in 2003², found that the prevalence of marriage by abduction is 80 per cent in the Oromiya Region, and as high as 92 per cent in Southern Nations Nationalities and Peoples Region (SNNPR). The national average was 69 per cent.

In order to eliminate HTPs, the Ethiopian government has come up with various legal and policy frameworks and institutional structures that support the implementation of these frameworks. The country has adopted internationally binding instruments such as CEDAW. For instance, the CEDAW requires states to take action towards changing the underlying causes for discrimination with a view to eliminating HTPs among other prejudicial practices. At the national level, the constitution of the country extends to protection to women from HTPs. The Constitution extends women the guarantee to be free from HTPs and prohibits such acts: The State has the duty to guarantee the right of women to be free from the influence of harmful customary practices. All laws, stereotyped ideas and customs which oppress women or otherwise adversely affect their physical and mental well-being are prohibited. The prohibition is effected through implementing legislation such as the criminal code of the country which gives a non-exhaustive list of acts that constitute HTPs based on the most prevalent types in the country. This stand is also reflected in the revised family law.

Due the concerted efforts of all stakeholders in terms of the adoption of successful strategies such as broad based participation and targeted interventions, encouraging results are beginning to be registered. Successful strategies with entry points like community conversation and

² National Committee on Traditional Practices in Ethiopia (now EGLDAM), *Old Beyond Imaginings: Ethiopia, Harmful Traditional Practices*, Addis Ababa, Ethiopia, NCTPE, 2003

dialogue which lead to the creation of a social force and compelling conditions for change have been instrumental in bringing about significant change in the practice of FGM/C. More recent studies give an encouraging picture in terms of significant reduction in support of the practice of FGM/C, from 60% in 2000 to 31% in 2005 (DHS 2005) and an actual decline in FGM/C. Similarly, communities have come together to make a declaration of the abandonment of FGM/C in their localities.

Although these results are encouraging, it should well be noted that the problem is still persistent in the country, more in some parts than in others. Recognizing this problem, it is imperative that all concerned stakeholders scale up their efforts and most importantly draw on the lessons learned from ongoing programs. In light of this, the Ministry of Women, Children and Youth Affairs (MOWCYA), UNICEF and other UN agencies embarked on this study to provide evidence and learn lessons on the practice of FGM/C, child marriage, marriage by abduction and wife beating and the strategies adopted and implemented to combat such practices in selected woredas so as to scale up good practices and ultimately contribute towards the adoption of a 'National HTP Plan' for the country. The focus of this study is on ten woredas. These woredas were known to have adopted declarations to abandon the practice of FGM/C at the time of the study.

2. Objectives of the Evaluation

The objectives of the evaluation on the progress in abandoning FGM/C and child marriage in self-declared woredas of Ethiopia are:

- To provide evidence on the extent of FGM/C practice so as to validate the claims of abandonment of FGM/C in the woredas that declared abandonment of FGM/C,
- To draw valuable lessons from the woredas covered in this study so as to inform decisions on scaling up the abandonment of FGM/C in the whole country,
- To examine the trends in the reduction of child marriage, marriage by abduction and wife beating in the woredas covered in the study,
- To closely examine, analyze and document the programme strategies that have been successful so far,
- To present a well documented analysis on these practices that can feed into the development of the 'National HTP Plan',
- To examine and document the challenges faced in the abandonment of these HTPs.

3. Methodology

3.1. Sampling frame and technique

3.1.1. Geographical scope of the study

The evaluation covered pre-selected woredas which have made a declaration of the abandonment of FGM/C practices. These woredas are found within the three regional states of Afar, Benishangul Gumuz and SNNPR and the capital city Addis Ababa.

3.1.2. Sample Design

In order to meet the objectives and requirements of the survey, a stratified two-stage cluster sample design has been used to select the samples. Each woreda listed below is treated as a reporting domain. For Addis Ababa, the two sub-cities, namely Yeka and Kolfe Keranio are taken as the reporting levels.

For the purpose of the 2007 population and housing census, all kebeles in each city are delineated into census enumeration areas³ (EAs). The primary sampling units (PSU) are census EAs, and households are the secondary sampling units to which the survey questionnaires were administered.

3.1.3. Determination of Sample Design

To determine the sample size required for the study, the 95% confidence interval, 5% tolerable error, the prevalence of the risk factors related to HTFS accounted for by the target population, design effect of 1.5 and 10% adjustment for the non-response rate are taken as inputs. The sample size for each woreda is as follows:

Table 1: Sample size in the selected woredas

Region	Zone	Woreda (i)	Target Group Proportion in %	Prevalence Rate (r)(2005 DHS) in %	n _{iHH}	Sample Size EAs
Afar	Zone1	Elidar	24.37	91.7	36	2
Afar	Zone3	Amibara	24.75	91.7	46	2
Afar	Zone3	Awash Fentale	27.06	91.7	43	2
Afar	Zone3	Gewane	25.28	91.7	35	2
Benishangul Gumuz	Metekel	Guba	26.00	67.6	194	7.36
SNNPR	Guraghe	Cheha	24.79	71	198	6.72
SNNPR	Sidama	Dale	23.03	71	191	7.24

³**Enumeration Area** is a unit of land/city block delineated for the purpose of enumerating housing units and population without omission and duplication. An EA usually consists of 150 to 200 households in rural areas and 150 to 200 housing units in urban areas.

SNNPR	Hadiya	Alaba	25.44	78.5	170	6.28
Addis Ababa	14	KolfeKeranio	29.85	65.6	177	6.72
Addis Ababa	14	Yeka	28.76	65.6	185	7.4
Total					1275	49.72

The formula we have considered to calculate the sample size is:

$$n_{HH} = [4(r)(1-r)(f)(re)] / [(dr)^2(p)(n_h)]$$

The following parameters were used:

- Number of households in the sample (n_{HH})
- The prevalence of the risk factors accounted for by the target population (r)
- Target group proportion: number in target group / total population (p)
- Relative precision around the proportion p (d)
- Design effect (f)
- Response (re) (1/response rate, e.g. for 90% response rate, use 1.1)
- Average household size (n_h)

The sampled kebeles\EAs allocated using PPS method to the pre- selected woredas is shown in the table presented in the Annex 2.

The sample household size has been determined to be 25 households per EA. This is fixed due to the consideration of various different statistical factors (intra-cluster correlation coefficient, design effects, etc.). Generally, there is some similarity among the households residing in a cluster (EA). Results obtained from different socio-economic surveys conducted by the CSA show that households within the same cluster (EA) have similar characteristics (a high intra-cluster correlation coefficient). Using this information, it has been decided that data obtained from about 25 sample households represents the total households residing in an EA (cluster). Other factors such as time and resource constraints were also taken into consideration when fixing sample size per EA.

3.1.4. Selection of Sample Clusters (EAs)

As indicated above, census EAs are the primary sampling units. To avoid having to weigh the household level data, the selection of the predetermined number of EAs from each group was done by probability proportional to size, size being the total number of households obtained from the 2007 population and housing census cartographic work. This is because the size of households in each of the EA varies.

3.1.5. Selection of Households

Once EAs were selected, the next step was to select sample households within each EA. As mentioned above, from each sample EA 25 households were selected. In each sample EA, the number of total households is given on the EA map. Since the total number of households in each sample EA is known, selection of 25 sample households from each cluster (EA) was done simply using systematic random sampling. The sampling interval (n) for each EA was determined by dividing the total number of households in a sample EA by 25. The sample start was obtained by taking a random number between 1 and n. Then, every nth household was sampled by canvassing each housing unit in a sampled EA until the 25 households were selected. Therefore, the survey questionnaire was administered to these 25 sampled households and their eligible members.

The systematic random sampling technique was chosen in this case because its application is simple and flexible, and it can easily yield a proportionate sample.

3.2. Data collection instruments

A set of quantitative and qualitative instruments were prepared and employed to collect data for carrying out the proposed assignment. The quantitative method consisted in administering close ended questionnaires. The qualitative approach included in-depth and key informant interviews as well as focus group discussions. The implementation of the survey through the use of quantitative and qualitative instruments was preceded by a thorough desk review.

3.2.1. Desk Review

A thorough review of documentation including all available documents on the abandonment and on the practice of FGM/C, child marriage, wife beating and marriage by abduction was conducted. Further, UN joint programme documents on, 'Leave No Woman Behind' and gender equality and the empowerment of women that have important components on HTPs were consulted.

3.2.2. Quantitative Survey

The quantitative approach consisted in administering close-ended questions. Specific questions were designed for each type of stakeholder. Survey instruments were pre-tested and revised accordingly before the actual implementation.

3.2.3. Qualitative Survey

This approach was designed in such a way that it can complement the information gathered through the quantitative approach and the desk review. The qualitative instrument was composed of a set of open-ended and semi-structured questions: This was used in key informant / in-depth interviews, as well as FGDs.

3.2.3.1. In-Depth/KII Interviews

A series of semi-structured interview instruments that reflect the range of issues and questions contained in the evaluation were designed. These interviews included lengthy and detailed discussions on the stakeholders' knowledge, attitude to and practice of FGM/C, child marriage, wife beating and marriage by abduction. Some success stories were extracted from the findings of the interviews.

3.2.3.2. FGDs

The group discussions were carried out for different groups with different interest and roles in the abandonment of the practices of FGM/C, child marriage, wife beating and marriage by abduction. Talking to stakeholders in groups provided a uniquely valuable opportunity to elicit new information, triangulate or check impressions gained by others. Group processes can take advantage of interactions with the group to stimulate participation and generate new materials. Focus group discussions differ from key informant interviews as they afford more debate and follow-up and are conducted in a group setting.

3.3. Data management and Analysis

3.3.1.1. Recruitment

Appropriate recruitment criteria were set for persons participating at different levels of data collection for the assessment. The team of data collectors was composed of different levels: supervisors and data collectors. Team supervisors were responsible for travel and lodging logistics, obtaining permission to conduct the survey at the sample units, organizing data collection each day, checking for completeness of the set of questionnaires at the end of the day, and making the necessary corrections and also communicating frequently with the overall study coordinator to report on the progress made and challenges faced.

3.3.1.2. Training

Data collectors went through intensive classroom training, role plays and field testing before they are deployed for the actual data collection. The training focused on the subject matter of the survey and the use of instruments.

3.3.1.3. Pre-Testing

The instruments were pre-tested in a small sample of groups. The assessment instruments were refined based on pre-test results. Finally, following the pre-test and revision phase, the data collection instruments were modified.

3.3.1.4. Data Analysis

Data analysis focused on addressing the general as well as the specific objectives of the evaluation. Different analyses procedures were employed in accordance with the nature of the variables involved and the required level of rigorousness. The data collected through the different tools outlined above were utilized to feed into the analytical framework that is elaborated below.

3.4. Stakeholders

As per the TOR, the following stakeholders were approached in the process of the evaluation.

- Mothers and/or primary care givers of daughters that have suffered FGM/C,
- Teenage girls,
- Women above 19,
- Men above 19,
- Community leader/elders,
- Religious leaders,
- Woreda officials,
- Members of law enforcement organs including the police, prosecutors and justice administrators and judges,
- MOWCYA officials and regional BOWCYA officials,
- UNICEF staff in Addis and in the regions where the evaluation woredas were located
- Members of community protection mechanisms
- Health extension workers
- Staff of fixed health facilities

Table 2: Methods of Data Collection (both quantitative and qualitative)

Woreda	Methods			
	KII		FGD Kebele Level (1 with women above 19 and 1 with teenagers)	Questionnaires (25/Kebele)
	Woreda Level	Kebele Level (for 2 selected Kebeles)		
Alaba	8	12 (6/kebeles)	12 (2/kebele)	150 (6 Kebeles)
Cheha	8	16 (6/kebeles)	16 (2/kebele)	200 (8 Kebeles)
Dale	8	16 (6/kebeles)	16 (2/kebele)	200 (8 Kebeles)
Guba	8	14 (6/kebeles)	14 (2/kebele)	175 (7 Kebeles)
Yeka	8	14 (6/kebeles)	14 (2/kebele)	175 (7 Kebeles)
Kolfe	8	14 (6/kebeles)	14 (2/kebele)	175 (7 Kebeles)
Awash Fentale	8	12 (6/kebeles)	4 (2/kebele)	50 (2 Kebeles)
Amibara	8	12 (6/kebeles)	4 (2/kebele)	50 (2 Kebeles)
Gewane	8	12 (6/kebeles)	4 (2/kebele)	50 (2 Kebeles)
Elidar	8	12 (6/kebeles)	4 (2/kebele)	50 (2 Kebeles)

4. Evaluation Framework

Statistical indicators would have been ideal for evaluating change and measuring trends in the practice of these HTPs. However, in the absence of baseline data for the selected woredas, it becomes important to consider other types of indicators to conduct the evaluation. To this end, different sets of indicators are employed for the evaluation. These indicators directly relate to the objectives of the evaluation. Accordingly, for establishing trends in the practice of the selected HTPs, the study utilizes the following indicators: Knowledge, attitude to and practice in regards to these forms of HTPs among the respondents, health related indicators including data and testimonials from health facilities and health workers and finally indicators related to the administration of the law and/or the declaration such as reporting to the police, cases by public prosecutors and similarly reports to other parts of the government machinery such as the Women, Children and Youth Affairs offices.

5. Programme Overview

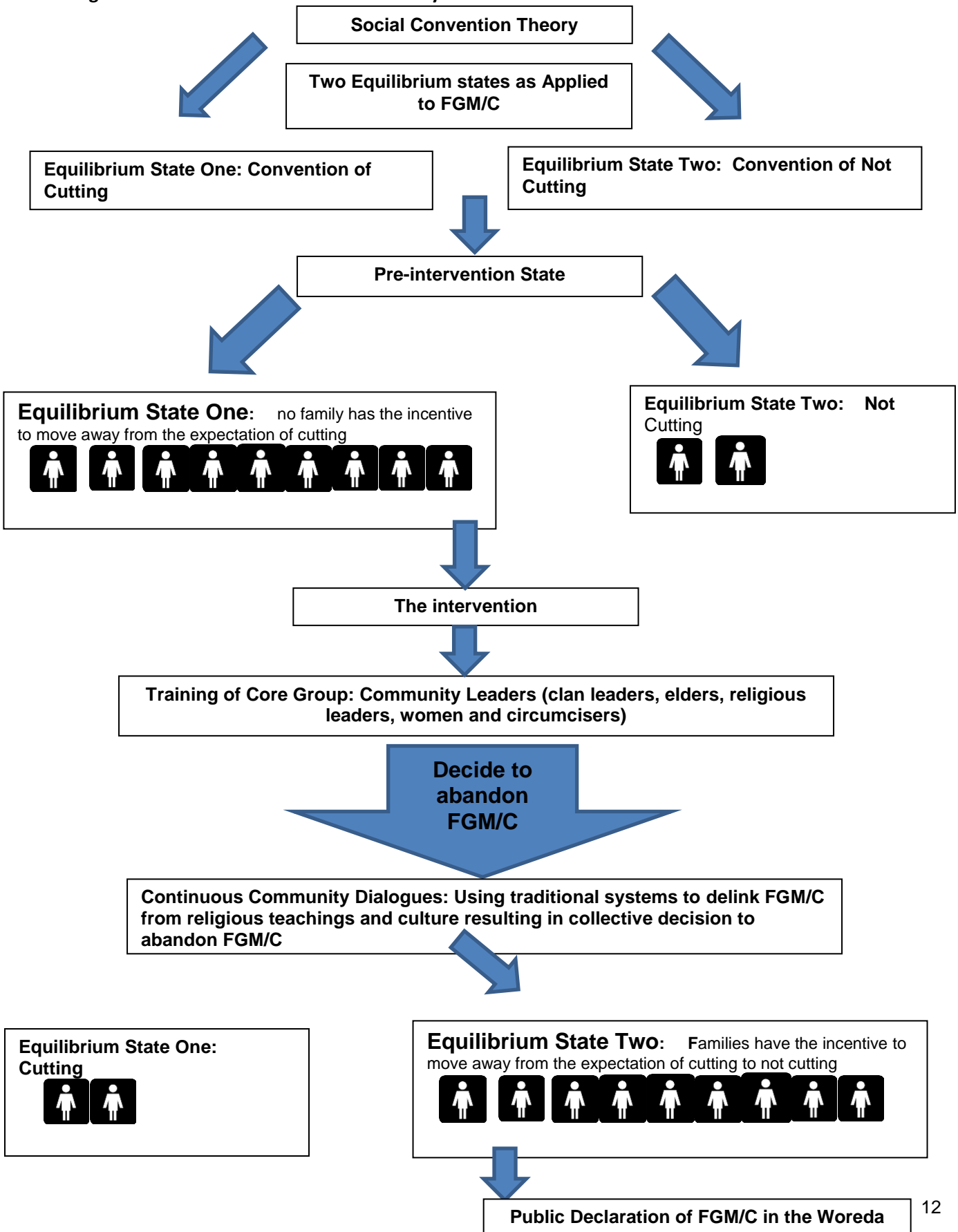
5.1. Strategy

The theoretical foundation of the strategy used for the abandonment of FGM/C is the social convention theory which states when applied on the context of FGM/C, “ in communities where FGM/C is widely practiced, no single family would choose to abandon the practice on its own because it would affect the marriageability of its daughters” (UNICEF Innocenti Research Centre, 2009). This according to the theory is described as an equilibrium state as no family has the incentive to move away from the expectation of cutting. If however, all families in a community choose not to cut their daughters, cutting will no longer be the social norm and not cutting will become the equilibrium state. The challenge is, thus to convince all families within the community and move all families at the same time from the equilibrium state of cutting to not cutting. The major focus of the strategy is to use intensive community dialogues enabling community members reflect on their own regarding harmful practices and reverse the social convention. The strategy is based on consultation rather than condemning their conventions as harmful.

The core group indicated in the figure 1 must mobilize a sufficient number of people to become self-sustaining to form a critical mass. And also the growing core group must become a large proportion of the community to create a tipping point. Once this is created a sufficient proportion of communities will be willing to abandon the practice. When reaching this stage, for recognition of this shift to new equilibrium state of not cutting, it is celebrated as public declaration to mark the ending of the practice of cutting.

In the districts that declared the abandonment of FGM/C, in accordance with the general description of the strategy community dialogue facilitators equipped with the necessary skills to undertake and convince their communities to abandon the strategy based on consultation rather than condemning their conventions. The community dialogues take place in line with their traditional way of doing community dialogues. However, what is not put clearly in the strategy is defining the magnitude of critical mass mentioned above. The basis of declaring the abandonment of practice in all woredas is when all kebeles within the woreda are covered by community facilitators in undertaking community dialogues. But there is no clear cut off in place regarding how many community dialogues should take place, the frequency that each participant in the community dialogue should be participating to be able to reach a shift in thinking, a monitoring system that within the woreda, the majority of the population participating in the community dialogues have reached a consensus to abandon the practice and that these participants account for a large proportion of the population. Moreover, even after the woreda has declared the abandonment of the practice, there is no clear strategy in sustaining the results obtained and how a woreda that has declared the practice is affected by neighboring woredas that have not declared the practice and vice versa as contamination in either direction is possible.

Figure 1: Model of social convention theory



5.2. Programme Description, Budget and Expenditure

In the following sections, the brief description of major activities implemented, implementation modalities, unit costs and total expenditures are presented. This is done in a more detailed manner for Guba, Awash Fentale, Amibara and Gewane woredas as data was available for these woredas. Elidar was not a UNICEF intervention woreda. The total expenditures spent per woreda vary from USD 19,180 to USD 96,821 during the programme implementation period 2007 -2011. The total expenditure depends on the size of the target population, the implementation modality (whether directly through BoWCYAs or through NGOs), the length of the time period that the programme has been implemented and the level of the prevalence of FGM/C in the woreda. For instance Addis Ababa has spent the lowest amount of expenditure which is USD 19,180 per sub-city from 2007 to 2011 while Guba expended the highest amount which is USD 96,821 from 2009 to 2011.

5.2.1. Benshangul Gumuz (Guba woreda)

Implementation Modality

To implement the strategy for the abandonment of FGM/C and early/exchange marriage in the Guba woreda in Metekel zone, UNICEF entered into agreement with Mujejeguwa Loka Women Development Association (MLDWA) on January 8, 2009. The project was expected to benefit around 17,067 people in the woreda living in 17 kebeles. The funding for the project was obtained from EU. Prior to entering agreement with the NGO, the NGO was assessed both in terms of financial efficiency and capability in implementing physical activities related to the programme. In addition, a quick assessment of the NGO's acceptance within the woreda was made.

Activities which were deemed important for the abandonment of the FGM/C and early/exchange marriage were identified in close consultation with BoWCYA, the NGO and other stakeholders and implemented by the NGO in collaboration with BoWCYA and with technical and financial support by UNICEF. BoWCYA and UNICEF jointly monitored the implementation of activities on a regular basis through monitoring visits and quarterly and annual review meetings. Community facilitators reported on a monthly basis on the process of the community dialogue and observed changes.

The major activities implemented include training of community facilitators, organizing and managing community dialogues in 17 kebeles of Guba woreda, conducting consultative meetings and quarterly reviews that also includes government officials and the community, establishing and supporting girls clubs and support public declaration event.

Major activities and estimated unit Costs

Unit costs are estimated separately for each major activity and also for the programme implementation in the woreda as a whole. For the overall unit cost, costs of all categories of activities which include expenditures incurred for project launching, administration and project support, all training and review meeting costs, expenditures for micro-assessment of the NGO,

establishment of girls clubs and monitoring of the programme by BOWCYA and the implementing NGO. However, administration and project support costs directly incurred by UNICEF are not included.

In the Guba woreda the major activities implemented include:

- **Consultative meeting and project launching:** The FGM/C and exchange marriage project was launched in September 2009 during a one day workshop to introduce about the objectives of the project in the woreda. 71 participants from relevant government offices and community members attended the launching of the workshop.
- **Community facilitators training:** In empowering village communities in abandoning FGM/C, community based approach is used whereby behavioral communication intervention is implemented in the form of intensive dialogue by members of the community/community facilitators. Ninety three (58 male and 35 female trainees) selected community members trained on FGM/C community facilitation skill for 4 days during the beginning of first quarter of the project implementation. These community facilitators were responsible for facilitating all community dialogues that took place in the woreda for the 2 years period.
- **Community dialogues:** Community dialogues on FGM/C facilitated by the community facilitators took place in all the 17 kebeles in the woreda with the participation of community/clan leaders, religious leaders, kebele officials, public figures and the community at large. The community dialogues were focused on FGM/C but also other issues such as HTP in general, gender inequality and other related issues were also discussed. The community reached to an agreement during all the community dialogues to work closely with the legal bodies in terms of respecting the right of the victim and bringing to the justice especially with the collaboration of community leaders with legal bodies like kebele administration bodies and police. 194 community dialogues took place over the course of the two years with 16, 740 community members reached. On average there were 86 members of the community participating per community dialogue.
- **Designing and erecting billboards in the woreda:** 10 bill boards that have messages meant to discourage FGM/C practice in the community erected in 8 kebeles.
- **Establishing and supporting girls clubs:** Girls clubs are useful mechanisms for enabling women and girls actively participate in the abandonment of FGM/C. In all the 17 kebeles in the Guba woreda 17 girls clubs are established with the support of the project. During the establishment of the clubs, trainings were provided on how to manage clubs and other topics such as RH, gender and sex, HTP, community best practices on HTP. The girls' club members are trained on HTP focusing on FGM/C. Three hundred and forty members trained for 2 days. The clubs and school teachers were also supported to develop training manuals on HTP, RH and club establishment steps. TOT for school teachers and community facilitators were also provided so that they train members of the clubs and the community on a continuous basis. The clubs meet biannually to review their activities. During the course of 2 years, they had undertaken 3 review meetings with the participation of on average 295 girls.
- **Quarterly review meetings:** Quarterly review meetings are undertaken with the participation of government, non-government stakeholders and the community

members. Four quarterly review meetings took place with the participation of 90 people per review meeting.

- Public declaration on the abandonment of FGM/C in Guba district:** The continuous community dialogues and discussions in the Guba woredas have led for the entire community to stop FGM/C practice. Public declaration of the abandonment of FGM/C in the woreda was celebrated in December 2010 with the participation of the community at large from the 17 kebeles including members of girls clubs, teachers, kebele, BoWCYAs and woreda officials and other stakeholders Main expenditures for the ceremony includes t-shirt, banner, brochure, refreshments, car rental, documentary film, stationery and monitoring of all the 17 kebeles prior to the public declaration.

Unit cost per community members participating in the community dialogues

The overall unit cost per member of community reached which includes expenditures on project launching, administration and project support, all training and review meeting costs, expenditures for micro-assessment of the NGO , establishment of girls clubs and monitoring is USD 6.9. The total expenditure of the project is USD 96,821 (Annex 3).

Unit costs by category of expenditure and comparison of planned and actual expenditures

Figure 2 show that in the two years there is no discrepancy between actual and planned expenditure for all categories of expenditures. Out of the total expenditure, public declaration event accounts for the largest proportion of expenditure which is 29 percent while expenditures for community dialogues and community facilitators training together account for only 15 percent. In terms of unit cost, the public declaration has also the highest level of unit cost which is 223 USD per participant. The unit cost for undertaking community dialogues is only 75 cents USD.

Figure 2: Planned vs Expenditure Amount by Category of Expenditure

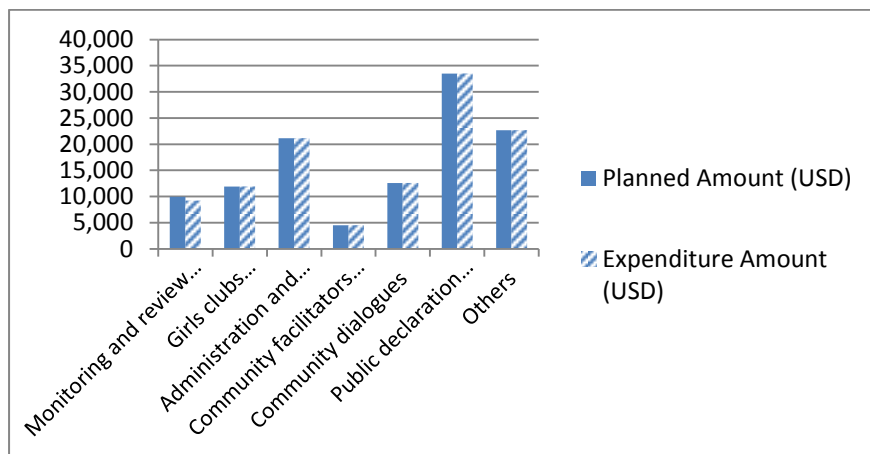


Figure 3: Proportion of Expenditure by Category

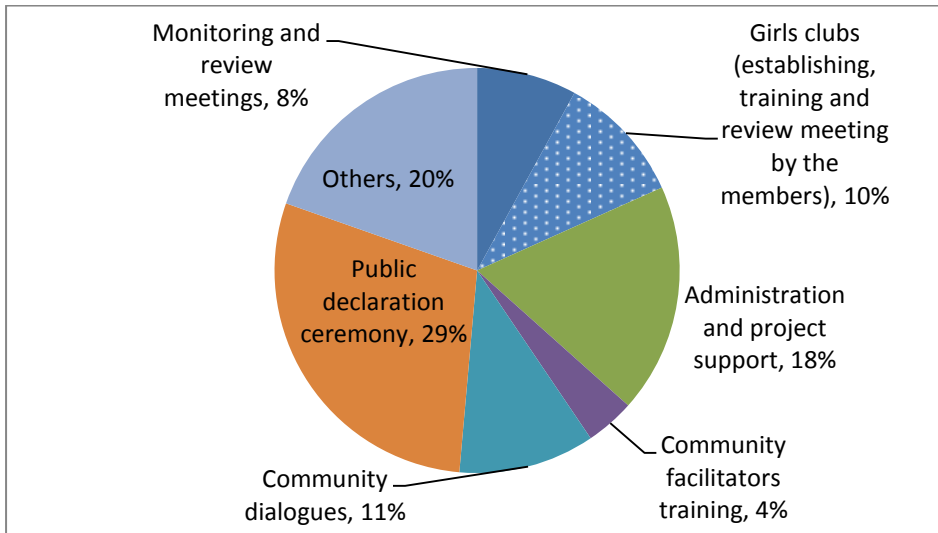
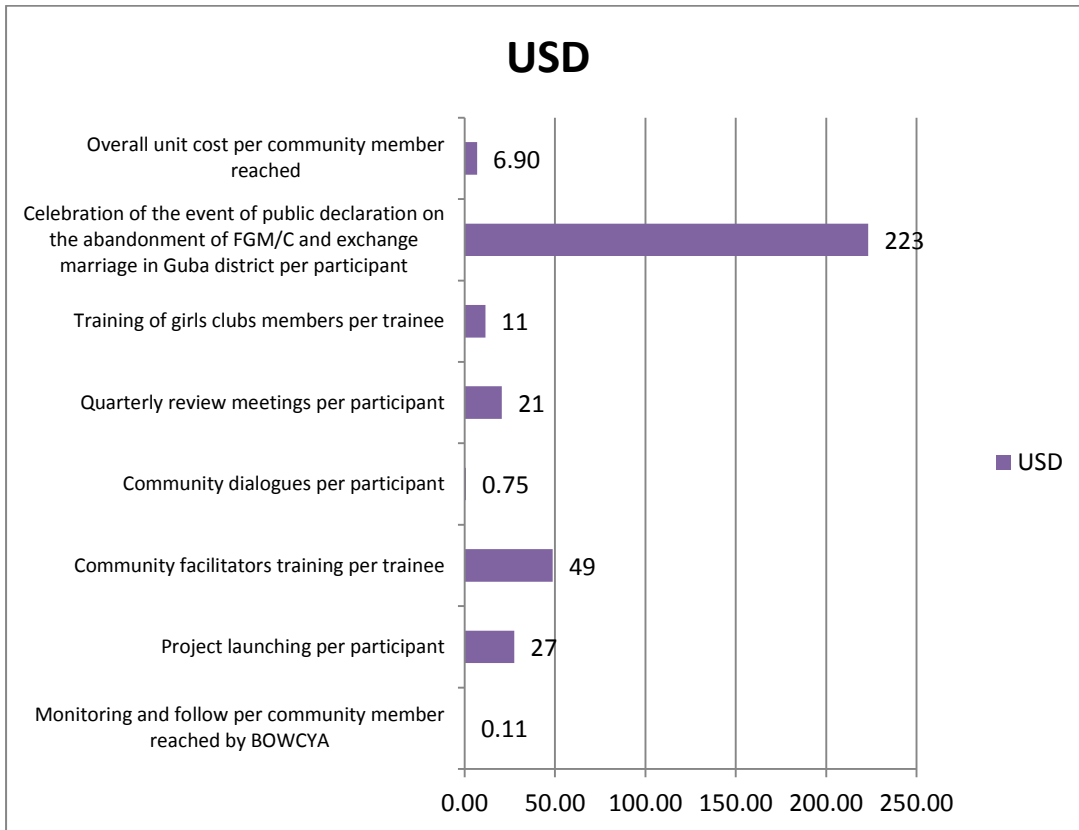


Figure 4: Unit cost by Major Category of Activities



5.2.2. Afar

In the Afar region the prevalence of FGM/C is above 90% (EGLDAM). Infibulation which is the worst type of FGM/C is widely practiced. In Awash Fentale, Amibara and Gewane, this is performed until ages 12 and rarely at ages 14 and 15. In some communities in the region, it is practiced within seven days of the birth of the child. Traditional circumcisers in Afar are known as “Uletina”. The “Uletinas” are also traditional midwives whose roles are handed over to their children over generations.

Implementation Modality

In the region, UNICEF and UNFPA have joint project based on the joint agreement⁴ at the international level between the two agencies to work in 17 countries including Ethiopia for the abandonment of FGM/C from 2008 to 2012. In Ethiopia, UNICEF UNFPA joint programme on FGM/C implemented based on joint annual work plan of the two agencies in the Afar region. UNICEF signed an agreement⁵ with Rohi Weddu Pastoral Women Development Organization on November 25, 2008 for the abandonment of FGM/C in selected woredas in the region. Prior to signing of cooperation agreement and annual work plan with the Rohi Weddu, the NGO had been audited and micro assessed in terms of evaluating its financial management capacity to implement the programme. UNICEF in partnership with Rohi Weddu and BoWCYA had been implementing activities for the abandonment of FGM/C since 2006 in the Gewane woreda, which resulted in the public declaration of the abandonment of FGM/C on February 6, 2007 in the woreda.

Agreement was signed to work in six woredas (all of the woredas in zone 3) and out of the 32 woredas in the region which covers around 184,161 of the population of Afar. Amibara, Awash Fentale and Gewane woredas are included in the evaluation as these woredas have declared the abandonment of FGM/C.

Major activities and estimated of unit costs

Unit costs are estimated separately for each major activity and also for the programme implementation in each woreda as a whole. For the overall unit cost, costs of all categories of activities which include expenditures incurred for project launching, administration and project support, all training and review meeting costs, establishment of girls clubs and for activities implemented by BOWCYA. However, administration and project support costs directly incurred by UNICEF are not included.

⁴ The UNFPA-UNICEF joint programme on FGM/C covers 17 countries with at least one country declared FGM/C free by the end of 2012 with estimated budget of USD 44 million. In Ethiopian the focus will be on Afar and Somali regions the rationale being the unfolding religious movement in Sudan to delink FGM/C from religious teachings may have an overall impact in the East African region and thus supporting religious authorities is a key element towards accelerating the process of abandonment. The joint programme started with the Afar region in Ethiopia.

⁵ The first small scale funding support agreement started from December 2008 to June 2009. UNICEF contributed USD 133,000.

- **Community dialogue facilitators training:** In the Afar region, community dialogue facilitators for FGM/C are also traditional community dialogue facilitators that include clan leaders, elders and religious leaders on various issues that concern their community. Influential women in the community are also trained as community dialogue facilitators. From each community/village the most five influential people (from clan leaders, elders and religious leaders) including women engaged in circumcision and mid wives are selected to be community dialogue facilitators. Identification and selection of community dialogue facilitators is made by Rohi Weddu staff together with the respective woreda administration offices. This group is the core group targeted to be changed and expected to change the attitude of their community through community dialogues. In each village, anti-FGM/C committees whose members work as community dialogue facilitators are established that also composed members from the kebele level anti-FGM/C committees. The kebele level anti-FGM/C committees were there before the start of the programme as a result of activities on FGM/C by government, other NGOs and UN in the past. However, the committees are kebele based and thus the community might not consider them as part of the community as in the case of community dialogue facilitators which are drawn mainly from the community. The trainings are provided by regional advocacy group composed of Afar region Muslim Affairs Supreme Council, Women Affairs, Health and Justice Bureaus, Rohi Weddu and UNICEF for 4-7 days in each woreda focusing on FGM/HTPs from Islamic perspective, FGM/HTPs and consequences (health, social and psychological), FGM/HTPs and cultural change, FGM/HTPs and the law, FGM/HTPs and human rights. The community dialogue facilitators are responsible for organizing and management of community dialogues in the respective communities. In addition also they are responsible for registering and following up unmarried girls including their status on FGM/C, registering FGM practitioners and newly born baby girls, mobilize the community to abandon the practice of FGM at the village level and report regularly all these activities to the woreda. The community facilitators prepare a 3 month action plan for their respective communities and its implementation is evaluated during quarterly review meetings. Each facilitator organizes 2 community dialogues per month with 30 to 50 people participating per community dialogue. The facilitators are provided with training guidelines and audio visual materials. In some cases where there is resistance, the advocacy group acts by organizing campaigns with the involvement of influential clans.

- **Community Dialogues:** The community dialogues take place in line with the traditional practice of undertaking dialogues using the training guidelines at the same time. Each facilitator organizes 2 community dialogues per month with 30 to 50 people participating per community dialogue. Women and children are highly encouraged to participate. The 'Dagu' which is a traditional means of exchanging information among the Afar community is one of the means used to diffuse information by the community dialogue facilitators. The community facilitators especially the religious leaders delink FGM/C from religious teachings so that the community is convinced not to take FGM/C as an obligation of Islam. Unlike in the other woredas, no direct cost is incurred for community dialogue sessions.

From 2008 to 2011 in the Awash Fentale woreda an estimated 497 community dialogues took place with a total of 19,399 people participating in the dialogues. This is roughly 74 per cent of

the population of the woreda. During the community dialogues the participants discussed on the issues of FGM and other HTPs such as forced and child marriage. In most of the dialogues the people reached into consensus to stop practicing the FGM in any form.

In the Amibara woreda an estimated 987 community dialogues took place with a total of 39,006 people participating in the dialogues. This is roughly 81 per cent of the population of the woreda. During the community dialogues the participants discussed on the issues of FGM and other HTPs such as forced and child marriage. In most of the dialogues the people reached into consensus to stop practicing the FGM in any form.

In the Gewane woreda an estimated 680 community dialogues took place with a total of 25,994 people participating in the dialogues. This is roughly 76 per cent of the population of the woreda. During the community dialogues the participants discussed on the issues of FGM and other HTPs such as forced and child marriage. In most of the dialogues the people reached into consensus to stop practicing the FGM in any form.

- **Registering newly delivered female babies and uncircumcised girls:** Community dialogue facilitators are also responsible in registering girls who are at risk of being circumcised. They also register newly born girl babies and follow up their situation. In 2009 and 2010, a total of 552 newly girl baby girls born were uncut. No expenditure directly incurred by the project for this activity. The community facilitators were reporting on the status of the newly born baby girls.
- **Identifying and registering FGM/C practitioners:** In the six⁶ intervention woredas 200 circumcisers registered and agreed to stop the practice of FGM/C. Many of them have become community dialogue facilitators and continue to practice as traditional birth attendants.
- **Monitoring of the programme:** Field supervision, discussion, formal and informal meetings and progress reports are used to monitor the progress of the programme. The implementation status is reviewed every three months by project implementers together with village committees and woreda partners. Monitoring is undertaken in participatory manner with the involvement of all stakeholders from the community to all government woreda level stakeholders through field supervision, progress reports, field presence in some of the facilitators training and community dialogue sessions and quarterly review meetings.
- **Public declaration:** Community dialogues that resulted in collective community decision to abandon FGM/C will eventually lead to the abandonment of the practice in the woreda. The woreda declares the abandonment of FGM/C upon coverage of all sub-districts/kebeles and their declaration of the abandonment of FGM/C. In the Awash Fentale woreda, the abandonment of FGM/C is declared in November 2010. The declaration were attended by 450 people from woreda and regional government bureaus such as BOWCYA, Supreme Court and other regional bureau representatives, Afar civil society of anti-FGM/C network. In Amibara, the abandonment of FGM/C is declared in November 2010. The declaration were attended by 700 people from woreda and regional government bureaus such as BOWCYA, Supreme Court and other regional bureau representatives, Afar civil society of anti-FGM/C network. In

⁶ No break down by woreda or any basis of information to break down by woreda available

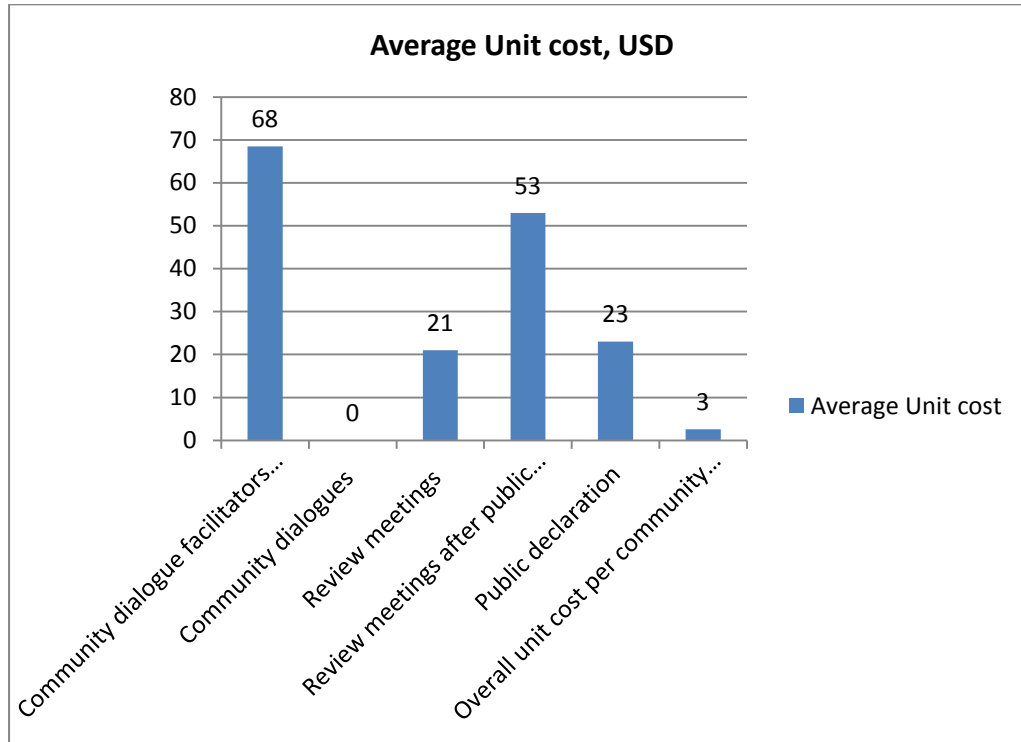
Gewane woreda, the abandonment of FGM/C is declared in 2006. The declaration in the woreda in 2006 took place without covering all kebeles in the woreda. This programme has covered all kebeles in the woreda resulting their declaration of the practice.

- **Gender/Girls Clubs:** The BoWCYA implemented the establishment of gender/girls clubs in the woreda to address both in school and out of schools youths with regard to FGM/C with the support of teachers and school administrations.
- **Training to community leaders and law enforcing bodies-**Training provided to over 430 community leaders (252) and law enforcing bodies (178) participants drawn from all levels (kebele, woreda and regional levels) from the six woredas in 2010 and 2011.
- **Networking meetings working on FGM/C-** A two day meeting of the Afar anti-FGM network was conducted with the participation of more than 20 organizations. All organizations presented and shared their work. Discussion was held on the future directions of the network and on how to work to prepare a joint regional action plan for the abandonment of FGM/C in Afar.
- **Support religious leaders to conduct community dialogue sessions in their respective kebeles**
About 300 religious leaders in the 6 woredas were trained to teach abandonment of FGM/C during religious events and prayer events such as the 'Juma' in 2010 and 2011.
- **Support law enforcing bodies to effectively enforce the anti FGM/C:** Legal enforcement support is provided to bring FGM practitioners to justice.
- **Establish and train anti FGM/C women groups:** Anti-FGM women groups organized in Awash to strengthen their solidarity for the sustainability of the anti FGM movement. Currently about 75 women in Awash are organized and they will serve as change agents and promote anti-FGM activities, follow up of the changes emerging in their communities.
- **Radio spot messages and conducting radio dialogues:** Radio dialogues and spot message on radio also broadcasted to promote the abandonment of FGM/C.

Average unit cost by major categories of expenditure and average overall expenditure

Figure 5 shows the average unit cost for the three woredas (Awash Fentale, Amibara and Gewane) by different categories of expenditure. In computing the unit costs the total expenditure for each category of expenditure is divided by the total number of participants for each event. The average unit cost for community dialogue facilitators training is the highest followed by review meetings and public declaration. In terms of absolute amounts, the highest expenditure is allocated to public declaration event. In the Afar region, community dialogues are implemented at no cost using traditional system called the Dagu system. The overall unit cost is computed dividing the total expenditures for all events by the total number of community participating in the community dialogues. The average unit cost for the three woredas is 3 USD. This is much lower than the overall unit cost for the Guba woreda. This is due to the fact that the unit cost computed here is based on only UNICEF's total expenditures on the programme and does not include UNFPA's expenditures though the programme is a joint programme.

Figure 5: Average unit cost by major categories of expenditure



5.2.3. Addis Ababa

In Addis Ababa, the two sub-cities covered under the evaluation (Kolfе Keranyo and Yeka) implemented the FGM/C programme directly through the BoWCYA based on annual work plans signed between UNICEF and BoWCYA. The activities implemented include facilitators training, community dialogues managed by the community facilitators, monitoring, and public declaration and capacitating law reinforcement bodies. During the programme period (2007-2011), a total of USD 38,361 has been spent in the two sub-cities.

5.2.4. SNNPR

In the SNNPR regional state, three woredas (Cheha, Dale and Alaba) that declared the abandonment of FGM are included in the evaluation. The BoWCYA has a signed work plan with UNICEF for the implementation of the activities and also a project cooperation agreement was signed with a local NGO in the region. The activities implemented include facilitators training, community dialogues managed by the community facilitators, monitoring, and public declaration and capacitating law reinforcement bodies. During the programme period (2007-2011), a total of USD 244,360 has been spent in the three woredas.

6. Findings

6.1. Respondents' profile

Table 3: Sample size

Total Sample Size: 1275 HH (three respondents from each HH)											
Type of Respondents		No of Respondents						Sex			
Men		1275						Male			
Women (Above 19)		1275						Female			
Teenagers		1275						Female			
Total		3825						-			
Woredas		Alaba	Cheha	Dale	Guba	Kolfe	Yeka	Elidar	Amibara	Awash Fentale	Gewane
Number of respondents	<i>women</i>	150	200	200	175	175	175	50	50	50	50
	<i>men</i>	150	200	200	175	175	175	50	50	50	50
	<i>teenagers</i>	150	200	200	175	175	175	50	50	50	50
	<i>Total</i>	450	600	600	525	525	525	150	150	150	150

A total of 1275 households were covered in the 10 selected woredas. In each household, one adult man, one adult woman and one teenager were interviewed using the quantitative questionnaire. At woreda level, based on the sampling technique presented above, 450 respondents were interviewed in Alaba, 600 in Cheha and Dale, 525 in Guba, Kolfe and Yeka, 150 in the four woredas of Afar region. This was complemented by FGDs and KII with relevant stakeholders using a qualitative approach. The following sections present the summary of the key findings. Respondents' profiles are disaggregated by education level, age group, occupation and religion at woreda level and available in the Annex 2.

6.2. Female Genital Mutilation/Cutting

FGM/C⁷ according to a recent study⁸ is practiced in Ethiopia in both Muslim and Christian communities. It is deeply embedded in the culture. Various forms are practiced including removing the tips of the clitoris, partial or total removal of the clitoris and labia and sewing together the two sides (infibulations) which is the severest type of FGM/C. As there are variations in the practice, the age at which FGM/C is practiced also different from region to region. In some regions it is practiced at infancy while in others it is practiced at the age of 6-9 and still in others it happens at the young age of 15-17 just prior to marriage. Cultural reasons, religion and societal pressure are used to justify the practice.

⁷This section is taken from MOFED Investing in Boys and Girls in Ethiopia: Past, Present and Future, 2012.

⁸MOFED Investing in Boys and Girls in Ethiopia: Past, Present and Future, 2012.

In this summary report, the findings from all the woredas of the study are presented in four thematic areas corresponding to the four major objectives of the study.

- The evidence on the extent of FGM/C practice
- Effect of the declaration to abandon FGM/C
- Strategies utilized to work towards the abandonment of FGM/C
- Challenges that stand in the way of efforts geared towards the abandonment of FGM/C

6.2.1. *The evidence on the extent of FGM/C practice*

In order to obtain evidence on the extent of FGM/C practices in the selected woredas different sets of questions that would allow comparison between the prevalence of the practice in the past and the prevalence of the practice after the declaration of abandonment were forwarded to the respondents. First, it is important to examine how the declaration came about in the selected woredas.

The declaration to abandon FGM/C is an important strategy that has been employed to reduce and eliminate the practice in the country. To this end, attempt was made to examine the process involved to bring about the declaration. Key informant interview results from the selected woredas revealed that community conversations were the main vehicles that were used to bring about the declaration. In some woredas, the process was spearheaded by Women's Affairs offices; for example, Cheha Woreda in SNNPR, while in others, like the woredas in Afar, it was spearheaded by NGOs. In some woredas, like Cheha, the community conversations were conducted continuously and repeatedly involving as many kebeles as possible before culminating in a declaration. In others like Alaba and Dale of SNNPR as well as in Afar, due to challenges like the remoteness of some kebeles and budgetary constraints, the community conversations were not conducted in a sustainable manner. As a result, declarations were made even before reaching many kebeles. According to the findings, one can observe that the process that led to the declarations has not been similar in all woredas and further there is no clarity as to what the community conversations involved in terms of frequency and coverage (i.e. the number of people that took part and the number of kebeles, or 'gott' included).

Coming back to the evidence on the practice of FGM/C, adult women and female teenagers were asked about their personal experiences with regard to FGM/C.

Figure 6: Women who say they have undergone FGM/C

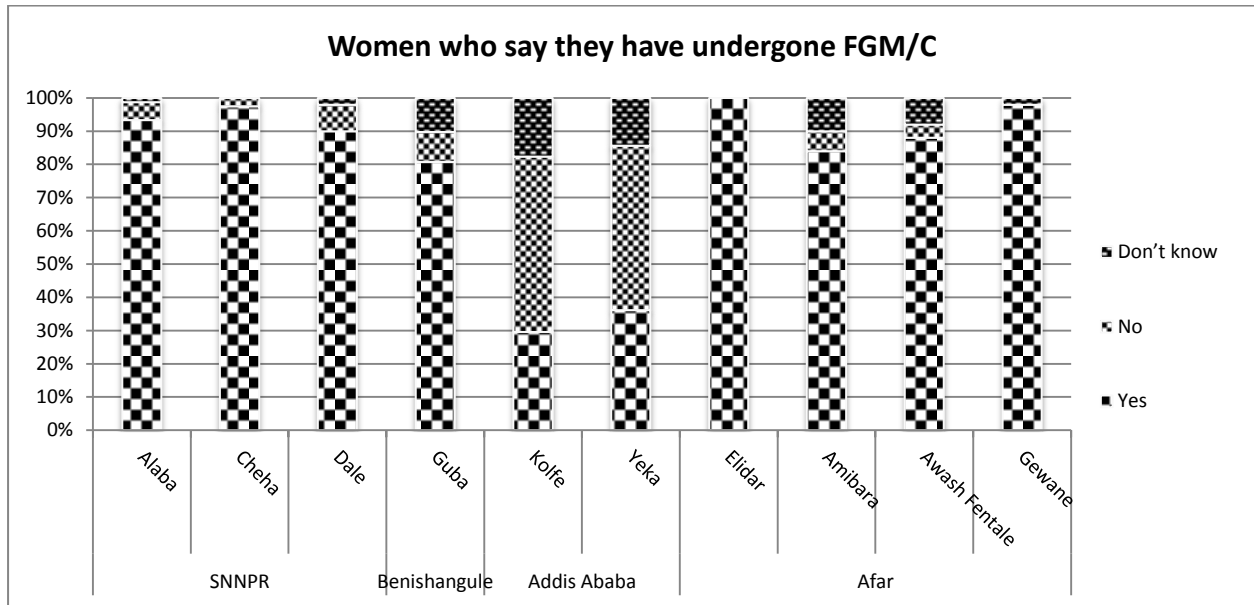
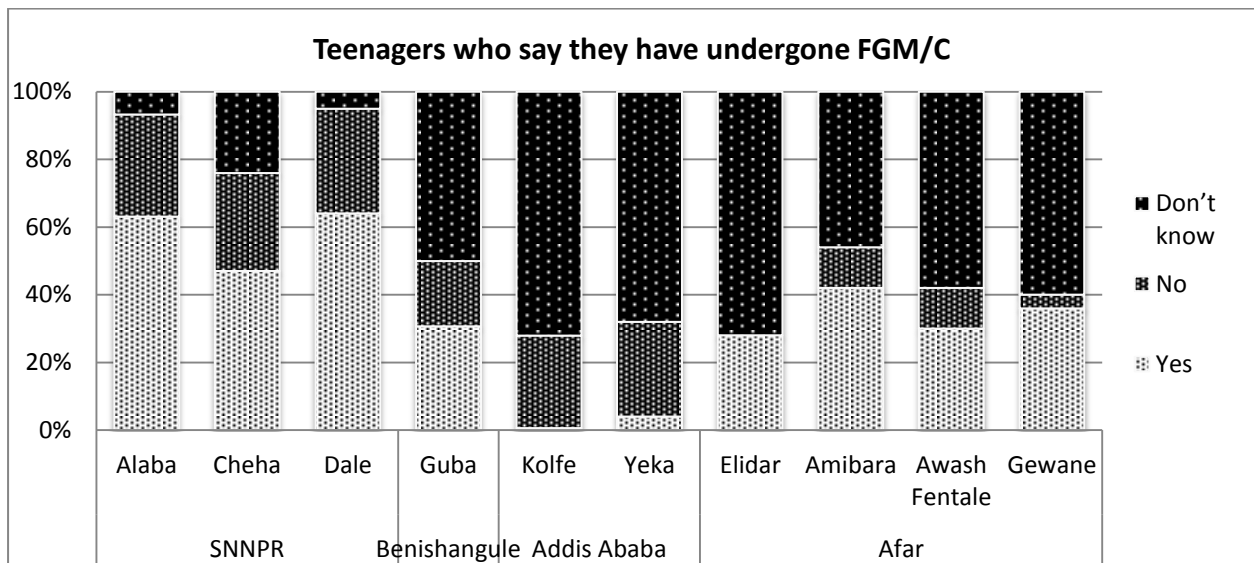


Figure 7: Teenagers who say they have undergone FGM/C



With the exception of Kolfe and Yeka, where the percentage of women who have undergone FGM/C is relatively low, the overwhelming majority of adult women, 90% on average, in all the woredas have undergone FGM/C. The picture is quite different when it comes to teenagers. Overall, the rate of FGM/C is much lower with close to 64% in Dale and Alaba and below 4% for Kolfe and Yeka K.K. There appears to be a general decline in the practice across the sample areas with lesser rate of FGM/C among the younger generation. This is indicative of an inter-generational difference in the practice. It is important to note also that quite a significant

percentage of the teenagers in particular in Guba, Yeka, Kolfe as well as all the woredas in Afar replied that they do not know if they have undergone this practice. It is very likely that these teenagers are shy to talk about FGM/C hence they choose not to answer directly.

6.2.2. Effect of the declaration to abandon FGM/C

In order to adequately assess the prevalence of the practice in the past and the prevalence after the declaration of abandonment, it is important to look into the level of awareness about the declaration, the trend in the practice after the declaration and future behaviour.

Figure 8: Awareness about the declaration among women

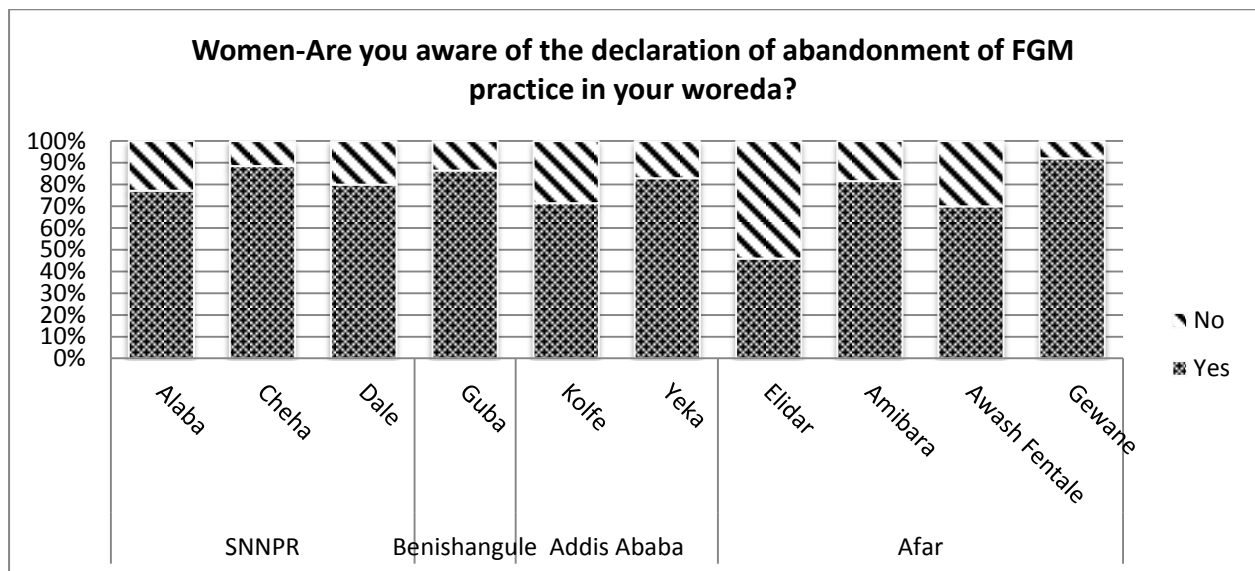
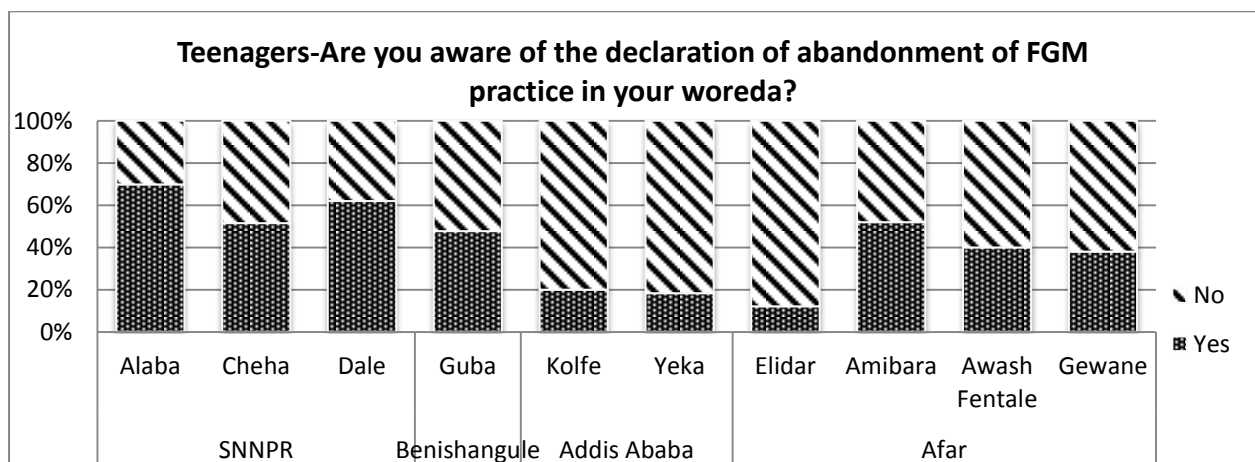


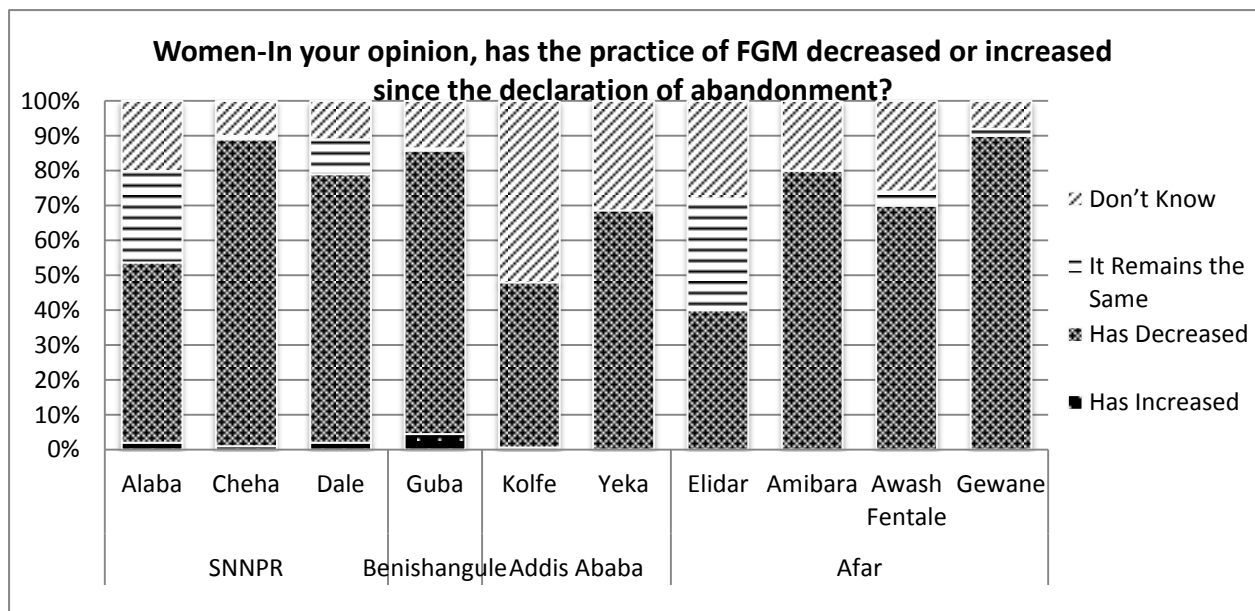
Figure 9: Awareness about the declaration among teenagers



There is good level of awareness about the declaration to abandon FGM/C among adult women, with over 70% of the women claiming to be aware of the declaration in many of the woredas. It is only in Elidar that a relatively lower percentage of women claimed to have awareness about the declaration. This is perhaps explained by the relatively recent adoption of the declaration in Elidar.

Among teenagers, it is only in SNNPR that 50-60% of the respondents reported knowledge about the declaration. The percentage is much lower in the other woredas with the lowest in Elidar at 12%. Key informant interview results as well as FGD discussions have revealed that teenagers do not usually take part in the main mechanisms employed towards the declaration, i.e. the community conversations because they are regarded as children. Findings from the qualitative aspect have also revealed that adult women may not also participate at the desired level due to work load pressure. Similarly, adult men in some woredas like Guba may not participate as much because community conversations are carried out during the time when they travel across the border for trade purposes. An important conclusion to be drawn from these findings is that there is a need to employ different approaches to reach different categories of people: Schools for students, flexible times to accommodate women and appropriate timing for the men.

Figure 10: Trends in practice after the declaration (women)



Trends in the practice after the declaration: In all the woredas the survey results show a perceived decline in the practice after the declaration. Among adult women, 60-80% of the respondents believed that the practice has declined after the declaration. In Elidar, it is only

about 40% of the respondents that reported a decline. For the remainder of the respondents, a small percentage claimed that it remains the same and a relatively higher percentage claimed they do not know. The proportion of women who indicated an increase after the declaration is nearly zero in most woredas with the highest rate at 4.5% in Guba.

For teenagers, the majority in SNNPR perceived a decline after the declaration. For the remaining woredas, a higher percentage of the respondents said they didn't know if it has decreased or increased (from 48% in Guba to 85% in Yeka). This finding goes in line with the previous finding where the majority of the teenagers reported that they were not aware of the declaration; as such it is not surprising that they couldn't tell a decrease or otherwise vis-à-vis the declaration. The proportion of teenagers who indicated an increase after the declaration is zero in all woredas.

Figure 11: Trends in practice after the declaration (teenagers)

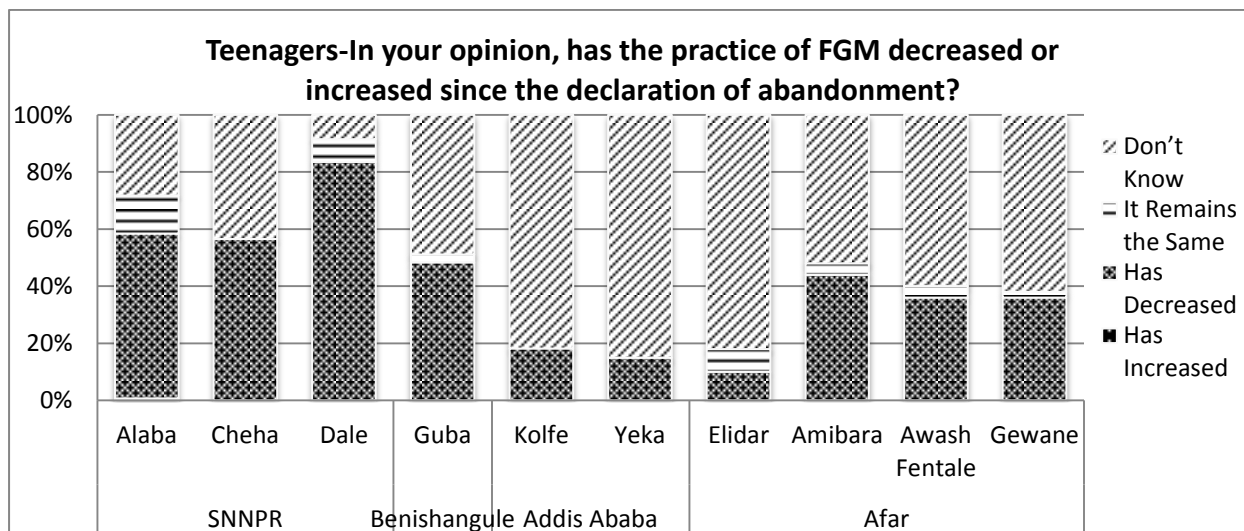


Table 4: Women - Reason behind the perceived decline in the practice of FGM/C

Region	SNNPR			Benishangul		Addis Ababa		Afar		
Woreda	Alaba	Cheha	Dale	Guba	Kolfe	Yeka	Elidar	Amibara	Awash Fentale	Gewane
It adversely affects health	34.20%	77.30%	83.20%	76.70%	58.00%	45.00%	42.90%	26.40%	12.70%	25.30%
It is prohibited by religion	11.80%	11.60%	16.80%	28.10%	23.90%	20.80%	0%	4.60%	1.60%	6.90%
Our community has declared to abandon FGM/C	67.10%	77.90%	62.60%	86.30%	70.50%	84.20%	3.60%	44.80%	55.60%	49.40%
Because it is an HTP	43.40%	42.50%	76.80%	83.60%	61.40%	47.50%	50.00%	20.70%	28.60%	14.90%

There seems to be awareness about the adverse health effects of FGM/C as a large number of female respondents (adults and teenagers) gave this as one of the reasons behind the perceived decline in the practice of FGM/C. The question allowed multiple answers. Women and girls also seem to be informed that FGM/C is an HTP.

Table 5: Teenagers - Reason behind the perceived decline in the practice of FGM/C

Region	SNNPR			Benishangul	Addis Ababa			Afar		
Woreda	Alaba	Cheha	Dale	Guba	Kolfe	Yeka	Elidar	Amibara	Awash Fentale	Gewane
It adversely affects health	44.70%	66.70%	81.00%	83.70%	68.80%	19.20%	36.40%	26.80%	14.30%	30.60%
It is prohibited by religion	9.40%	6.10%	16.10%	47.70%	18.80%	15.40%	0%	8.90%	5.70%	0%
Our community has declared to abandon FGM/C	61.20%	78.10%	60.10%	74.40%	81.30%	96.20%	9.10%	39.30%	48.60%	47.20%
Because it is an HTP	28.20%	42.10%	75.00%	83.70%	62.50%	42.30%	45.50%	16.10%	20.00%	11.10%

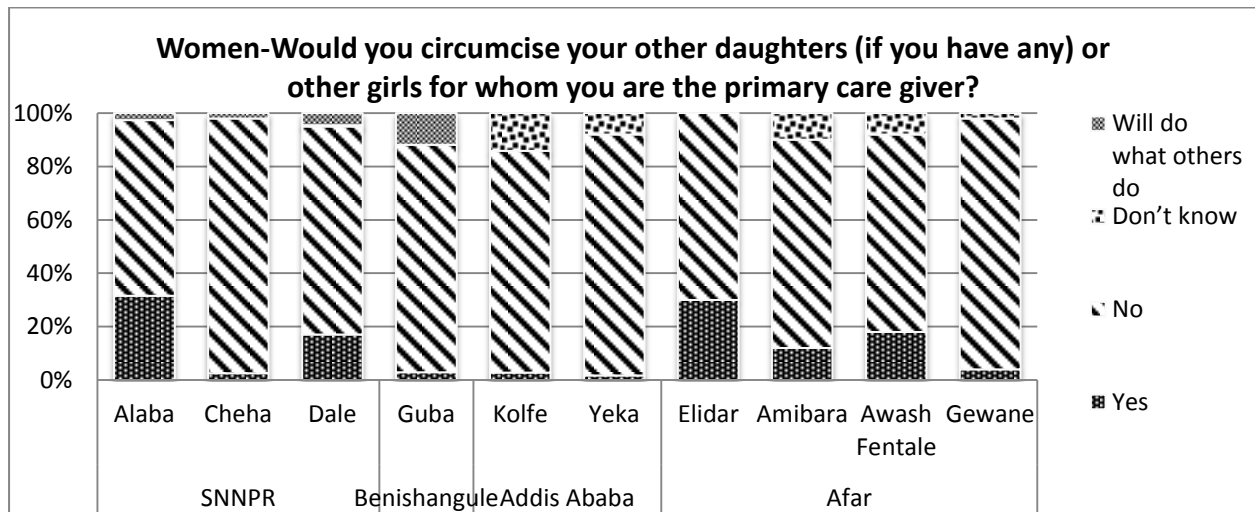
Survey results are supported by key informant and focus group discussions in some of the woredas. For example in Cheha, all categories of key informants when asked about the trend in the practice after the declaration stated that there is a significant decline in the practice. The Women’s Affairs Office representative said the declaration has brought about significant changes. For instance, although neighbouring woredas and kebeles are still practicing FGM/C, there is no attempt by the residents of the woreda to go and get the procedure done over there. She further stated that, within every kebele when people are found practicing FGM/C, the inhabitants of the kebele enforce punishments such as fines and ostracize the perpetrators. She also said that it is not easy to find practitioners these days as most of them are pursuing alternative sources of income.

Although survey results appear to indicate a perceived decline, key informant interviews as well as focus group discussions for the majority of the woredas show that the practice appears to have gone underground and hence it doesn’t show a significant decline. For instance, in Dale Woreda, it was commonly noted during the KIIs and FGDs that the practice of FGM/C may have gone underground due to fear of reporting and punishment. Some experts of the woreda Women’s Affairs Office and representatives of the Prosecutor Office explained that they believed that there was only a slight decrease in the practice of FGM/C, and that it was likely girls were undergoing the practice in kebeles or villages where awareness of the declaration and the harmful effects of FGM/C may be lower. Similarly, in Alaba Woreda it was reported that the practice had gone underground and teenage girls were going to neighboring woredas for FGM/C due to peer pressure. In Guba, there is also an indication that the practice still takes place

underground. This view is supported by the information provided by health workers in regards to health complications due to FGM/C and also by reports from justice administration bodies. In Gewane, there is an indication that FGM/C is still practiced underground in remote areas. Similarly, in Awash women focus group discussion respondents mentioned that some community members go to another location in secret in order for their daughters to undergo FGM/C. Members of community protection mechanisms and ex-practitioners of FGM/C also revealed that community members who live in distant rural areas still lack awareness, hindering the abandonment of FGM/C in its totality.

Future behaviour: The future behaviour of respondents in regards to the practice of FGM/C is a strong indication of the impact of the declaration on the practice. The majority of the respondent women in all woredas stated that they do not intend for their daughters to undergo the process in the future. The highest percentage of those that claimed they still wanted their daughters to undergo FGM/C in the future are in Alaba, 31.5%, 30% in Elidar, 18% in Awash Fentale and 17% in Dale. Culture and religion are given as reasons for wanting their daughters or girls for whom they are the primary care givers to undergo the process in the future.

Figure 12: Future behaviour



6.2.3. Strategies utilized to work towards the abandonment of FGM/C

The strategies that have been employed to fight FGM/C in all the woredas of the study have been gathered through key informant interviews as well as FGDs. The strategies can be broadly categorized into the following approaches:

Efforts geared towards bringing about social change: Although all other activities (listed below) directly or indirectly contribute to social change, it is important to highlight activities that were carried out with the purpose of bringing about conversation on the harmful practice of FGM/C. This is important because the very instrument which this study has targeted for evaluation, i.e. the declaration to abandon FGM/C is the result of such conversation. As indicated above various processes involving various actors have been employed by the different woredas to bring about the declaration. In Cheha Woreda for example the community conversations were conducted with the help of health extension workers. These conversations involved about 50 people per 'gott'. After the community conversations, the community was encouraged to come up with its own regulations/rules to address the problem of FGM/C and these were accompanied by promises/gurda/ in which declarations to abandon FGM/C were adopted. The main instrument employed to bring about social change is the creation of sustained conversation on FGM/C complimented by teaching and/or awareness raising activities from the perspective of health, religion and legal awareness. Community conversations appear to have been successful when they were carried out in a continuous and sustainable manner and reached as many of the kebeles as possible including the remote ones. In terms of actors and participants, the involvement of religious leaders and elders, health extension workers, law enforcement officials in the actual teaching has contributed immensely to pass on the required message to the community. For instance, the major factor that made the community conversations in Cheha more successful was that awareness creation training was first given to religious leaders and elders. A prominent role is then given to these leaders and elders in the teaching and managing community conversations. Because of this community leaders are not seen as going against the community conversations, and can help in clarification of whether religion allows FGM/C or not. This is important because when one examines the reasons for the perceived decline in FGM/C, reasons ranging from religious teachings, its adverse health impact and the recognition that it is outlawed (including through the community declaration) are reported as prominent reasons. Similarly, in regards to participation, an all inclusive community conversation that can bring in the women and men of the community seems to work better. This requires adjusting the times and places for the conversations, for example picking times that are suitable for women's participation (looking into their work burden) and choosing places that are suitable (it has been indicated that religious gatherings in mosques and churches are ideal.)

Utilizing existing community structures: Another strategy that has been widely employed in the woredas is the utilization of existing community structures to fight FGM/C. These structures have different composition in different woredas though the purpose they serve may be the same. In most woredas in the SNNPR and in Guba Woreda in Benishangul, they were referred to as HTP Committees and were composed of religious leaders, representatives from the youth and women's leaders as well as the kebele administration. As these people are members of the

community and hence live within the community, they have been instrumental in detecting and reporting on underground practices of FGM/C. In Afar they form part of community police structures. Women's associations and federations which have mass membership at community level are also indicated as another strategic entry point to reach the community both in terms of teaching and reporting on FGM/C cases.

Health approach: As indicated earlier, the adverse health impacts of FGM/C have been consistently raised as one of the reasons for the perceived decline in FGM/C. The strategy employed in the various woredas in this regard has been using health extension workers to teach extensively on the adverse health impacts of FGM/C. This was done using different forums: Door to door teaching, community conversations and schools. Similarly, the provision of pre- and post-natal services including counselling and registering newborn girls in the record books has been suggested as a strategy which makes possible as a follow-up mechanism to protect them. In Afar for instance, the control and follow up mechanisms of newborn girls and their mothers is an approach that has had a positive effect. Health workers together with the police have also been instrumental in teaching the public about the importance of preserving evidence by taking the victims to health institutions quickly.

Religious approach: The religious approach involved using religious leaders in different kinds of activities; actual involvement in teaching about the harmful effects of FGM/C, teaching through interpreting the scripture and clarifying that religion doesn't require females to undergo FGM/C, leading and enforcing the campaign of ostracizing those that break the promise (the declaration) including practitioners, giving their blessing and support to teaching by others like health workers and the police which gives that teaching credibility and weight in the eyes of the community and requiring practitioners to undertake an oath in front of religious leaders not to practice anymore. It is important to note that, the religious approach requires the fulfillment of an important pre-requisite. It requires consensus or agreement among religious leaders on the stand of the Quran and/or the Bible on FGM/C. The best strategy in this regard was employed in Cheha, where in order to resolve the religious issues/disputes; religious leaders that are well versed with the Quran were consulted as per the request of the community to clarify the stand of the Quran on FGM/C. These consultations led to a unified stand, and understanding among religious leaders on the stand of the Quran on FGM/C. There after community consultations were held where the religious stand was clarified to the public and awareness was created.

Law enforcement approach: The law enforcement approach in the various woredas employed both the formal legal system as well as the informal/traditional system of justice administration. In Chaha for example, a combination of the two led to successful results. One of the challenges to the successful utilization of the law is the intervention by elders and religious leaders through

traditional systems which adversely affects due process of law. To address this, a thorough discussion was conducted with elders and religious leaders in order to differentiate between the areas that they can properly intervene in and those areas in which they cannot. Accordingly, agreement was reached with elders that they cannot intervene in criminal cases involving women and children, in other cases, in particular in civil cases agreement was reached to work together. This has resulted in students and members of the community reporting to the police and Women's Affairs when FGM/C occurs.

Coming to the formal justice administration system, various approaches have been utilized in the different woredas: Teaching to raise awareness about the illegality of FGM/C, facilitating factors here have been the organizational structure of courts where there is a department within the court which has the responsibility for teaching and providing legal awareness; the consistent practice of punishing perpetrators, and the accessibility of law enforcement bodies. Another approach has been a concerted effort towards accelerating the legal process whereby the police officer acts as a prosecutor and investigator at the same time because the police officers are aware of the law/are legal professionals. Further the required paperwork for instituting cases of FGM/C in courts of law has been revised to make them easily accessible and understandable by people particularly by women. Similarly, establishment of circuit courts that move into the rural areas has proved very beneficial for women in particular as they have limited access to courts due to economic reasons. Further when faced with special cases, authorities have moved to establish temporary courts and this has been instrumental in helping women have access to justice. In Cheha, for example, in one case in 2002 EC the office received news of the FGM/C of 10 girls in Loke Kebele which is a bit remote. In collaboration with the Women's Affairs Office, they went to the location and set up a temporary court. They also coordinated with the health station there to conduct physical examinations of the girls. They gathered witnesses and based on the medical evidence punishment was meted out to those who perpetrated the act. The older parents (3 of them), were fined 350 and 400 birr and the younger parents (2 mothers who were less than 35 years of age) were imprisoned for three months.

Similarly, in another case, according to a Women's, Youth and Child Affairs Office representative, *"in one kebele, one girl who insulted a girl who had not undergone FGM/C (called her Offe) was punished to pay 200 birr after the insulted girl reported the matter to the Women's Affairs office. The money was used for kebele development activities. Similarly, another woman who did similar thing was fined 400 birr."*

Political commitment and coordination among various stakeholders: It has been emphasized repeatedly by key informants in the various woredas that there is a need for strong political

commitment and leadership to fight FGM/C. According to key informants commitment can be expressed by allocating adequate budget; laying out structures that will enable one to reach all sections of society; putting police officers in each kebele; educating the practitioners and training them in other skills and facilitating them to start other forms of income generation; leaders serving as role models by not engaging in the practice of FGM/C and/or by pioneering the non-practice of FGM/C. Another element to consider in relation to leadership is the need for strong coordination of the activities of various stakeholders that are engaged in the fight against FGM/C. These are mainly various government sectors, non-governmental organizations and community based organizations. In terms of governments sectors, it has been shown that strong collaboration among the police, Prosecution Office, Women's Youth and Children Affairs and health extension workers has worked well in Cheha. In Afar, coordinating efforts with non-governmental organizations has brought about positive results: Rohi Weddu, an NGO, used to give prizes to women who did not take their daughters to undergo FGM/C and to practitioners of FGM/C who gave the profession up.

School centered approach: The results of this study have shown school children have an important role to play in the fight against FGM/C. In areas where FGM/C is practiced at teenage years, teenagers, if empowered, can say no to the practice. Even in areas where it is practiced at infancy and/or young age, they can influence the decision of their parents and further can help to get support to stop the practice on their younger siblings. In one case in Cheha, this has been proven: "Gasere is a 6th grader in one of the elementary schools in Cheha Woreda. It was around the Arefa holiday. There was a gathering of the family in his house in the presence of an older lady. He was hiding and listening to the family conversation where it was decided that his younger sister should undergo FGM/C the following morning at 6 am, the older lady was a practitioner. Gasere went to his school and told the story to the school principal and asked for their help to save his sister. The next morning, the gender focal person together with the staff went to Gasere's house at 4 am in the morning. They succeeded in preventing the FGM/C and brought the practitioner before the police."

Further, if school children are properly educated on the adverse effects of FGM/C, it is very likely that they will not practice FGM/C on their daughters in the future. Recognizing that they are indeed a powerful force, schools in the various woredas have implemented different strategies to empower school children. These include: Establishing and strengthening girls clubs, empowering female teachers so that when they hear reports/rumours of plans of FGM/C they can report to the relevant authorities; teaching at schools and provision of cell phones for the purpose of contacting responsible people if and when FGM/C is about to take place and using school clubs that have both boy and girl as members. This has contributed significantly because school children have managed to intervene when their younger siblings and/or neighbours'

children were about to undergo FGM/C. The government policy of educating more and more girls and mandatory schooling for girls that are 7 and above also contributes in this regard.

Table 6: Summary of strategies and achievements for the 10 woredas

Strategy	Woreda level intervention	Achievements
The declaration	All woredas	The declaration itself was a useful mechanism to promote abandonment of FGM/C
Community conversation, teaching and awareness creation	<p>Gewane, Amibara (Community leaders, clan leaders, and FGM/C practitioners were sensitized about the impact of FGM/C and given training on how to conduct community dialogue)</p> <p>Awash Fentale (community dialogue facilitated by trained prominent members of the society)</p> <p>Alaba, Cheha, Guba, Dale, Kolfe (community conversation at kebele level facilitated by woreda WYCA)</p> <p>Cheha (community conversations were conducted with the help of health extension workers, awareness creation was first given to religious leaders and elders, community dialogue was held every two months)</p> <p>Kolfe, Yeka (educating people on the harmful effects of FGM/C, awareness creation campaigns)</p>	<p>Increased awareness and understanding of the adverse health effects of FGM/C and recognition that it is an HTP.</p> <p>The involvement of prominent members of society makes the community more receptive to the message</p>
Use of existing community structures: committees, associations, community gatherings, mosques.	<p>Gewane, Awash Fentale, Elidar (committees established to control and prevent FGM/C which are supported by NGOs)</p> <p>Alaba (the HTP committees in all kebeles detect and report on the underground practice of these HTPs)</p> <p>Cheha, Dale, Guba (HTP committees established at kebele level)</p>	<p>Access to a larger number of community members and increased acceptance and recognition.</p> <p>Enables some control and prevention of FGM/C.</p>
Health approach by involving health extension workers: Door to door teaching, community conversations and schools, the provision of pre- and post-natal services including counselling, and registering	<p>Gewane (registering pregnant women and undertaking consistent follow up and control after delivery)</p> <p>Amibara , Elidar (pre- and post-natal services including counselling, and registering newborn girls as a record which serves as a follow-up mechanism to protect them)</p> <p>Cheha (trainings given by health extension workers in</p>	<p>Awareness of health related impacts of FGM/C.</p> <p>Women accept that they should abandon the practice as they realize they have experienced the adverse health effects themselves, in particular during childbirth</p>

<p>newborn girls in the record books</p>	<p>collaboration with the Women’s Youth and Children’s Affairs Office and the woreda and kebele administrations) Cheha (collaboration with the health station to conduct physical examination of the girls and based on the medical evidence punishment of those who perpetrated the act) Dale (door to door teaching) Guba (health education through health extension workers)</p>	
<p>Religious approach: Involvement in teaching about the harms of FGM/C relating it to interpretation of religious scripts and clarifying the stand of the mosque or church</p>	<p>Gewane, Alaba (training to religious and clan leaders about FGM/C so that they can preach in mosques) Amibara (denouncing of FGM/C by religious leaders) Awash Fentale, Elidar (training to religious and community leaders who in turn teach the community) Cheha, Guba (religious leaders that are well versed with the Koran were consulted as per the request of the community to clarify the stand of the Koran on FGM/C)</p>	<p>Understanding of the adverse effects of FGM/C. Credibility and cohesion with the effort at local government level and greater acceptance by the community. Capacity to convince the community of the irrelevance of FGM/C in religion.</p>
<p>Law enforcement approach: Using the formal legal system and traditional mechanisms of justice administration</p>	<p>Gewane (punishment of perpetrators through traditional laws) Amibara (community policing program) Awash Fentale (cases are settled at the kebele level in collaboration with clan leaders) Cheha (the community is encouraged to come up with its own regulations/rules on how to address the problem of FGM/C and take oaths; establishment of temporary courts or established circuit courts that move into the rural areas; practice of punishing perpetrators either through the legal system and/or the traditional justice system/Kecha system; agreement was reached with elders that they cannot</p>	<p>Some type of justice is used to punish perpetrators of FGM/C. Women can access justice. FGM/C is now understood as a crime and people may fear punishment if they practice it.</p>

	<p>intervene in criminal cases involving women and children, in other cases, in particular in civil cases, agreement was reached to work together)</p> <p>Guba (police in each kebele and existence of institutional structure to deal with gender issues at kebele level)</p>	
<p>Coordination among various stakeholders: various government sectors, non-governmental organizations and community based organizations</p>	<p>Gewane (BoWCYA was the leading body and 3 local NGOs were highly involved in awareness creation and control and prevention committees, financial and technical support was provided by UNICEF, UNFPA and Save the Children Norway)</p> <p>Amibara (classes on FGM/C offered by Rohi Weddu, Pastoralist Women's Development Organization and the WCYA office in addition to discussions by community leaders at the kebele level)</p> <p>Awash Fentale (regional and woreda offices collaborated with local and international NGOs including Rohi Weddu, AMREF, Care Awash and APDA; Rohi Weddu used to give prizes to women who did not make their daughters undergo FGM/C and to practitioners of FGM/C who give the profession up)</p> <p>Alaba (financial support from UNICEF to the regional Women's Affairs Office as well as to an organization called 'Lehal' which works on HTP issues in the region)</p> <p>Cheha (strong collaboration/coordination among various government sectors for example the police, the Prosecution Office, Women's Youth and Children's Affairs; health extension workers)</p> <p>Guba (multi-sectoral and coordinated effort that involves religious leaders, community leaders, government (Women, Youth and Children's Affairs, health, police), non governmental organisations)</p>	<p>Alignment of interventions, avoidance of duplication of effort and contradictory messages</p> <p>The fight against FGM/C is more effective, time and cost efficient</p>
<p>School centred approach: teaching by BOWCYA</p>	<p>Gewane, Amibara, Elidar, Awash Fentale, Alaba, Dale (teachings provided by BOWCYA in schools)</p> <p>Alaba (empowering school children (boys and girls) through girls clubs and empowering female teachers so that when</p>	<p>Awareness about the harms of FGM/C</p> <p>Refusal to undergo FGM/C when this is done at a later age</p> <p>Resistance to peer pressure</p>

	<p>reports/rumours of plans of FGM/C are heard, they report it)</p> <p>Cheha (involving teachers and school directors in HTP committees, school serves as a place to inform and create awareness among girls and boys but also as a place where children can report and prevent FGM/C)</p> <p>Kolfe, Yeka (teaching through civics class in school)</p>	
<p>Targeting the practitioners by raising awareness and directing them towards other related income generating activities</p>	<p>Gewane, Amibara (training provided to practitioners)</p> <p>Alaba, Cheha, Guba (Educating the practitioners and training them in other skills and facilitating other forms of income generation; providing comprehensive training for practitioners; issuing letters to practitioners stating that it is not allowed to practice FGM/C)</p>	<p>The ceasing of FGM/C activity and focus on midwifery instead or other income generating activities</p>

Se.no.	Strategy/Activity	Woreda level intervention									
		Afar				BenishangulGumuz	SNNP			Addis Ababa	
		Elidar	Amibara	Awash Fentale	Gewane	Guba	Cheha	Dale	Alaba	Kolfe Keranio	Yeka
1.	The declaration	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
2.	Community conversation, teaching and awareness creation	Green	Green	Green	Green	Red	Yellow	Yellow	Yellow	Yellow	Yellow
3.	Use of existing community structures: committees, associations, community gatherings, mosques	Green	Red	Green	Green	Red	Yellow	Yellow	Green	Red	Red
4.	Health approach by involving health extension workers: door to door teaching, community conversations and schools, the provision of pre- and post-natal services including counselling, and registering newborn girls in the record books	Green	Green	Red	Green	Green	Green	Red	Red	Red	Red
5.	Religious approach: Involvement in teaching about the harms of FGM/C relating it to interpretation of religious scripts and clarifying the stand of the mosque or church	Yellow	Green	Yellow	Yellow	Yellow	Yellow	Red	Yellow	Red	Red
6.	Law enforcement approach: Using formal legal system and traditional mechanisms of justice administration	Yellow	Green	Green	Green	Green	Green	Yellow	Yellow	Yellow	Yellow
7.	Coordination among various	Yellow	Green	Green	Green	Green	Green	Yellow	Yellow	Yellow	Yellow

Se.no.	Strategy/Activity	Woreda level intervention									
		Afar				BenishangulGumuz	SNNP			Addis Ababa	
		Elidar	Amibara	Awash Fentale	Gewane	Guba	Cheha	Dale	Alaba	Kolfe Keranio	Yeka
	stakeholders: various government sectors, non-governmental organizations and community based organisations	Yellow	Green	Green	Green	Green	Green	Yellow	Yellow	Yellow	Yellow
8.	School centred approach, teaching by BOWCYA	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Yellow
	Targeting the practitioners by raising awareness and directing them towards other related income generating activities	Red	Green	Red	Green	Red	Green	Green	Green	Red	Red

Key: Green is strategy/activity is in place or is implemented. Yellow is under progress. Red is not yet started.

6.2.4. Challenges that stand in the way of efforts geared towards the abandonment of FGM/C.

The key informant interview and focus group discussion results indicated the following major challenges stand in the way of the fight against FGM/C.

Interference in law enforcement: The legal process aimed at the prevention and punishment of perpetrators of the practice of FGM/C is usually affected by the intervention of elders and religious leaders. When these practices are committed, elders and/or religious leaders intervene in the process through the traditional system of settling disputes. This usually results in pressure on the victim and the family to reconcile thereby adversely affecting the due process of law.

Weak commitment and leadership and lack of strong coordination: The weak commitment towards the fight against FGM/C is reflected in different ways. These include: Commission of these acts by people who are in leadership positions and people who should be role models; lack of adequate budget and problem of logistics and resources to reach the rural areas/remote places and lack of initiative by some kebeles to undertake the declaration despite the adoption of the declaration in neighbouring kebeles.

There is also lack of strong coordination among the various stakeholders working on FGM/C. For instance, in some cases there is lack of coordination between the woreda administration and the community; there is a need for the woredas to work together with the community from the bottom up in order to get the community to buy in to the scheme. Also, the fact that the practice is going on in neighbouring woredas shows there is no coordination among the different woredas and leads to people moving from one woreda to the other to practice FGM/C.

Weak enforcement of the law: Although FGM/C is a prohibited act, there is no adequate protection of victims under the law and the punishment meted out to perpetrators is weak. This weakens the preventive and deterrence effect of the law. For instance, practitioners are not deterred by the law.

Deep rooted culture and religious beliefs: Because the practice of FGM/C is deeply rooted in cultural and religious beliefs, it is very difficult to bring about changes in the attitude of people. The problem is exacerbated by social and peer pressure among girls which leads to despair among women that they will not get married if they are not if they have not undergone the practice. This is true for example in Dale where some of the teenage respondents stated that

they wanted to undergo the practice because they don't want to be ostracized by their peers and the community and because if they do so they will easily be able to find their partners. One of the teenage FGD participants for example stated that she had not undergone FGM/C but that she was ashamed that she had not undergone FGM/C.

Belief among men that FGM/C is a beneficial practice: There is a belief among men that the practice of FGM is beneficial. The findings from the different woreda reports show that a good proportion of men consider FGM/C to have advantages in terms of social acceptance (for example about 60% of respondents in Alaba and 39% in Amibara). Some also stated a preference to marry a girl who has undergone FGM/C (63% in Alaba, and 40% in Amibara). Others have indicated that the practice is beneficial in preserving the virginity of girls and thereby increasing their marriage prospects.

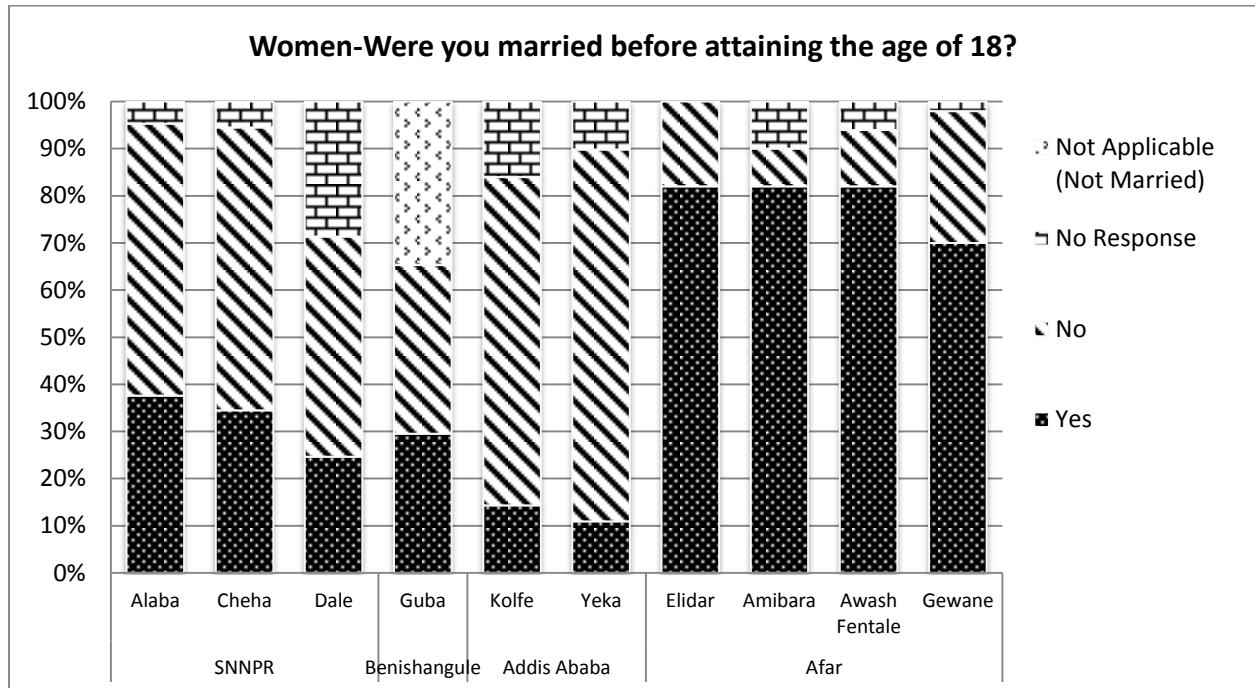
Although the quantitative components of this study appear to show a perceived decline in the practice, the qualitative aspects have shown that the practice is going underground. Information from influential members of society, such as elders and religious leaders as well as reports from the police and Women's Affairs Offices support the above conclusion. However, in some woredas, like Cheha, the results show relatively clearly that both the quantitative and qualitative outcomes support a perceived decline in the practice after the adoption of the declaration.

Although the findings do not give a conclusive picture for all of the woredas in regards to the effect of the declaration, it should be noted that the declaration appears to have had a positive effect to the extent that a concerted effort that has gone into the declaration and the declaration has helped to bring about discussion of FGM/C, including through health education by health extension workers.

6.3. Child marriage

In regards child marriage, the study attempted to look into the following issues in the study woredas: Trends in the last five years, future practice, and finally strategies that have worked to fight child marriage and the challenges.

Figure 13: Prevalence of child marriage



The prevalence of child marriage is highest in Afar region. Close to 80% of women were married before reaching the age of 18. This is due to the traditional law of marriage ‘Absuma’, which states that a girl is ready for marriage as soon as she becomes physically ready; i.e. she gets her menstruation. Child marriage is also practiced in SNNPR and Guba where over 30% of women were married at an early age.

Figure 14: Trends in the practice of child marriage in the last five years (women)

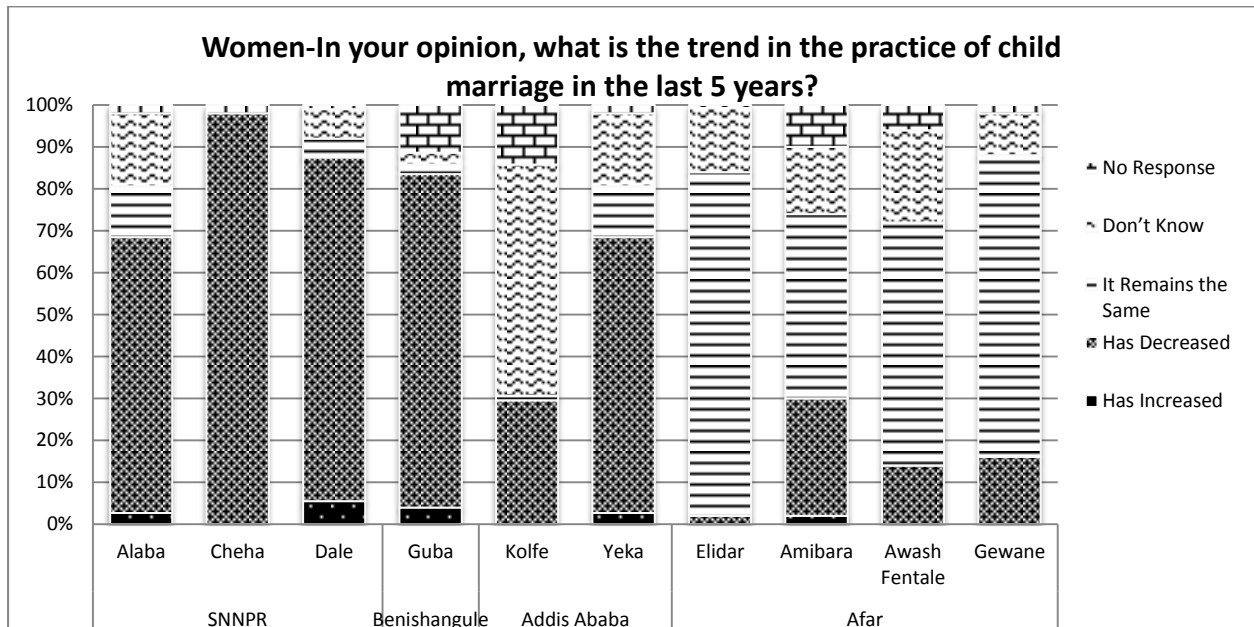
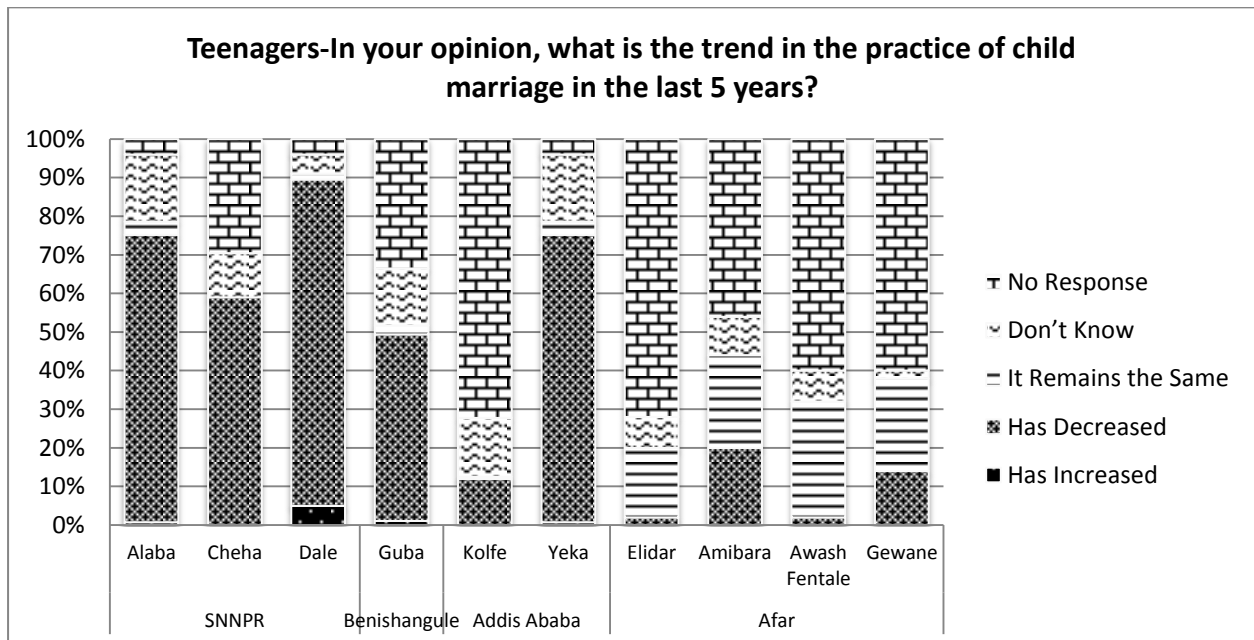


Figure 15: Trends in the practice of child marriage in the last five years (teenagers)

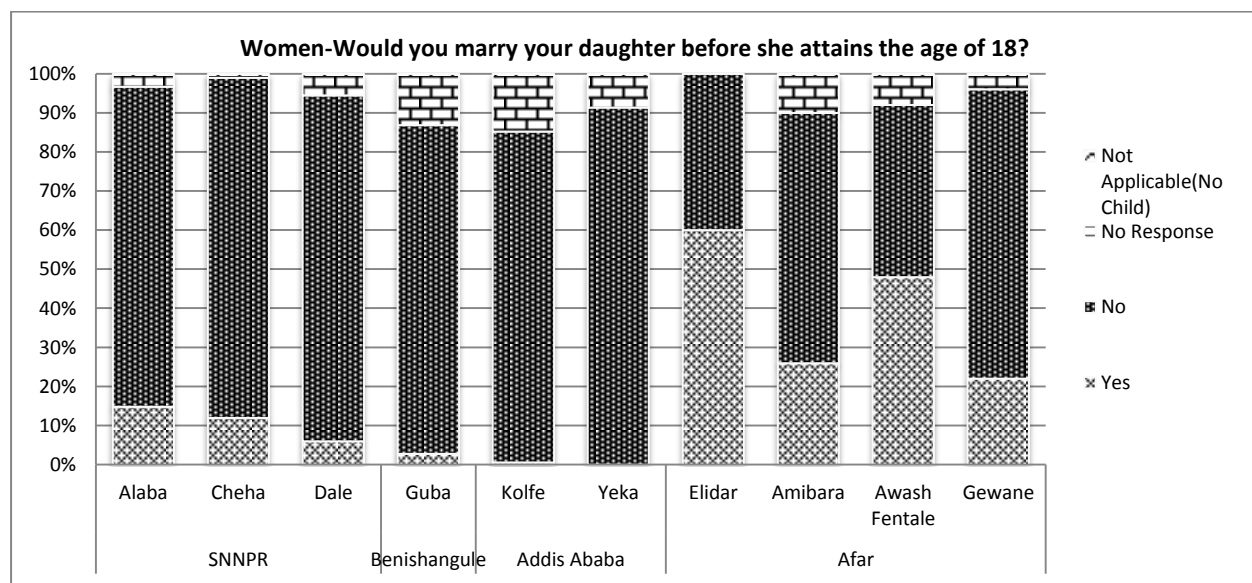


Trends in the last five years: A large proportion of the respondents in all the woredas except those in Afar reported a decline in the practice of child marriage in the last five years. Looking at the distribution across regions, on average 81.9% of women in SNNPR, 79.5% in Benishangul and 47.6% in Addis Ababa perceived decline in the practice of child marriage. In Afar, however, on average 64% of the women reported no change in the practice of child marriage. It is only 15% (on average) of the respondents that reported a decline. The figure is much worse in Elidar with only 2% of the total respondents claiming a decline.

The picture is similar among teenagers. Of teenagers, 72.6% in SNNPR, 48.3% in Benishangul and 43.2% in Addis reported a perceived decline. The remaining half of the teenage girls in Addis and Benishangul claimed they didn't know or didn't provide an answer. In Afar, 24% of teenage girls reported no change in the practice in Afar, only 9.5% indicated a decline while the remaining did not know or didn't provide an answer. The situation of child marriage doesn't appear to be improving in Afar region. According to results of the key informant interviews as well as focus group discussions, it is the practice of 'Absuma law' (if a girl gets her period, she is ready to get married) that is contributing to the perpetuation of child marriage.

In analyzing the reasons behind the perceived decline (where such has been reported), the respondents in both categories have attributed the decline to awareness raising interventions, increased awareness that it is a harmful traditional practice and an increase in the reporting of child marriage to justice administration bodies. The last point implies that the law which prohibits child marriage is serving as a deterrent.

Figure 16: Future practice



The majority of the women respondents reported that they do not intend to marry off their daughters prior to attaining the age of marriage: On average 85.7% of women in SNNPR, 84.1% in Benishangul and 88.0% in Addis Ababa said they wouldn't practice child marriage in regards their daughters. In Afar, the figure is lower than the rest of the study areas. It is only 55.5% of women that said they will not marry off their daughters prior to attaining the age of marriage. On average close to 39% of the respondents in Afar stated that they will marry of their daughters before they attain the age of 18. The figure is higher in Elidar compared to the other woredas in Afar with 60% of the women saying they would practice child marriage for their daughters in the future.

Strategies and challenges: The strategies discussed under FGM/C also apply to child marriage. However, child marriage has its own characteristics as such some of the strategies appear to work better than others. Accordingly, sending more and more girls to school and encouraging them to stay at school helps to delay marriage for girls. In this regard schools play an important role. Similarly, awareness raising efforts on the value of educating the girl child are also important. The legal approach has also worked well in the study areas where a decline in the practice has been observed. Cheha Woreda is a good example in this regard.

The main challenge in child marriage comes from economic reasons. Results from key informant interviews as well as focus group discussions have revealed that due to poverty parents marry off their girl child so as to receive the dowry payment. Further, there is strong desire to marry very young girls among adult men. This coupled with the economic pressure perpetuates the practice of child marriage. This is particularly true in SNNPR. In Afar, the challenge comes from 'absuma law' where once a girl gets her period, it is assumed that she is ready to get married.

6.4. Abduction

With regard to the practice of abduction, the study attempted to look into the following issues in the study woredas: Trends in the last five years and strategies that have worked to fight abduction and challenges.

Figure 17: Trends in the practice of abduction in the last five years (women)

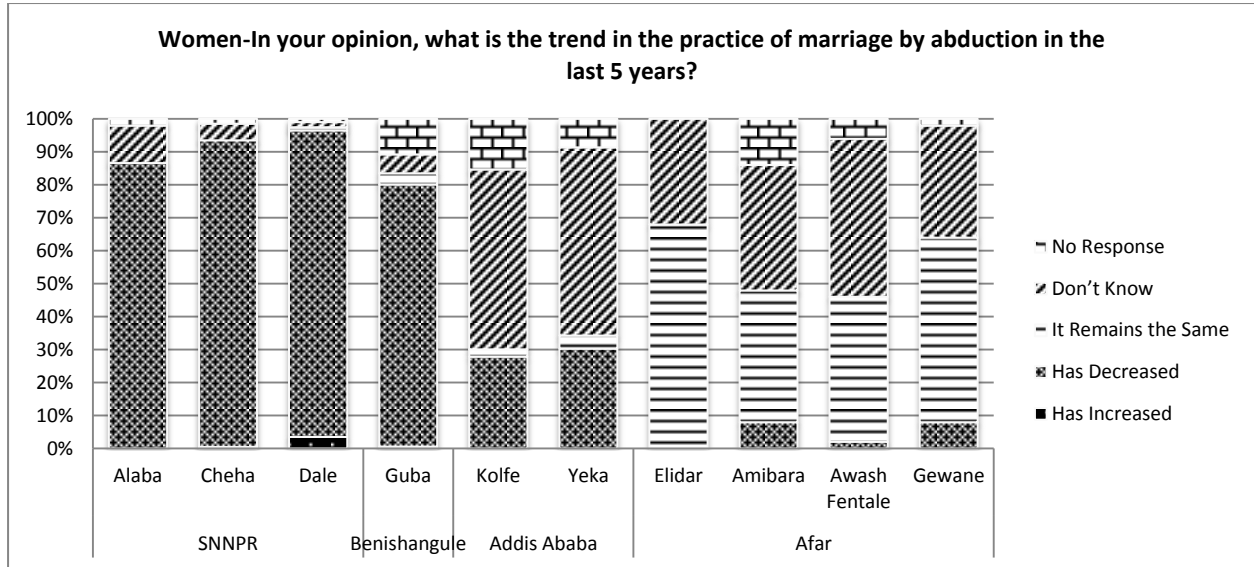
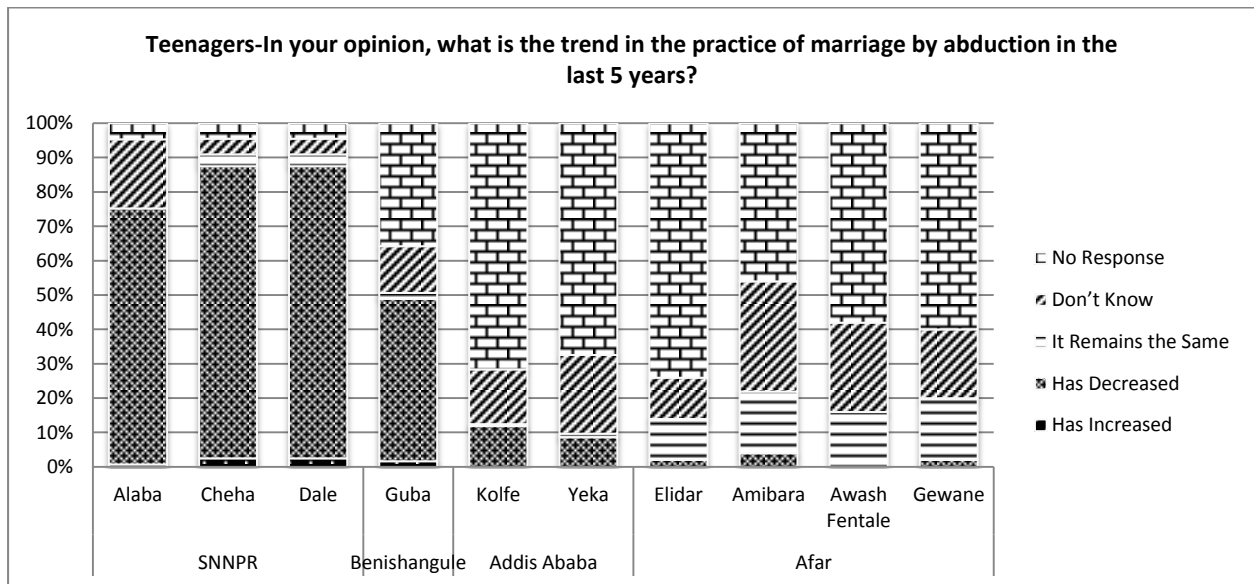


Figure 18: Trends in the practice of abduction in the last five years (teenagers)



Trend in the last five years: The overwhelming majority of the respondents in SNNPR and Benishangul reported a perceived decline in the practice of abduction. On average 90.8% of women in SNNPR and 79.5% in Benishangul reported a perceived decline. In Addis 29% perceived a decline while a mere 4% of the respondents reported a perceived decline in Afar.

On average 52% of the respondents in Afar reported no change in the practice. The low level of perceived decline in Afar is explained by the nature/type of marriage that takes place in Afar. In the context of Afar, marriage is not the result of a consensual act of both parties rather it is based on familial relationships ('absuma' law) which respondents equated to abduction.

Coming to the teenage correspondents, 81.4% of teenage girls in SNNPR, 47.2% in Benishangul, 10.25% in Addis and 2% in Afar perceived a decline. The majority of the teenage girls in Afar, 59.5%, didn't respond to this question while 22.5% said they didn't know. In Addis, 69.5% of the teenage girls didn't respond while 19.4% said they didn't know.

According to the findings of the key informant interviews and the focus group discussions, the respondents in both categories have attributed the decline to, awareness raising interventions, increased awareness that it is a harmful traditional practice and an increase in the reporting of the practice to justice administration bodies.

Strategies and challenges: Compared to the other forms of HTPs in this study, the practice of abduction appears to have shown a significant decline. This is particularly true in SNNPR as well as Guba. The main strategy that appears to have worked is the legal approach. The criminalization of abduction is taken much more seriously than the criminalization of other forms of HTPs. This is reflected in the reasoning given by key informants and focus group participants that characterized abduction as a crime and other forms of HTPs as part of culture and way of life.

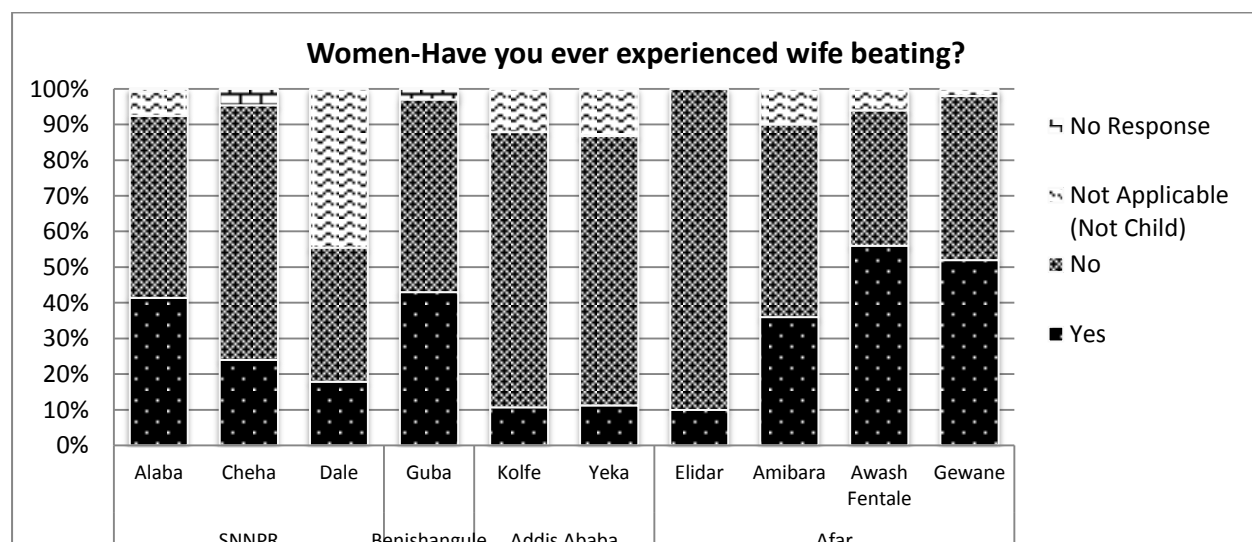
The challenges in relation to abduction come from economic reasons; in order to avoid the payment of a dowry abduction is committed. Others reasons mainly emanate from deep rooted cultures and traditions which discriminate against women.

6.5. Wife Beating

According to the 2000 Demographic and Health Survey, 85% of women in Ethiopia believed that their husband is justified to beat them. Food burning, neglect of children, and arguing with husbands were some of the reasons that were said to justify wife beating. The 2005 DHS put the figure at 81%. According to the report of a multi-country study by WHO⁹ the prevalence of physical and sexual violence against women by an intimate partner in Ethiopia stood at 71%; 59% of Ethiopian women had suffered sexual violence by their intimate partner, while 49% had suffered physical violence. According to the 2011 DHS, half of currently married women (49 per cent) know there is a law against a husband beating his wife.

With regard to the practice of wife beating, the current study attempted to look into the following issues in the study woredas: Personal experience of wife beating as well as the reasons as seen by women, reasons in the eyes of men, strategies that have worked to fight wife beating and the challenges.

Figure 19: Personal experience among women



Personal experience among women: Personal experience among the respondent women in regards to wife beating shows that 59.4% of women said they have not experienced wife beating while 30.2% have experienced wife beating in their lifetime. Reasons for wife beating as explained by the respondent women are: Refusing sex, disobeying their husband, food burning and simply due to culture. It is important to note here that there are regional differences in

⁹García-Moreno C., Jansen H., Ellsberg M., Heise L., and Watts C. *WHO Multi-country Study on Women's Health and Domestic Violence against Women* (2005) Geneva: World Health Organization

regards the reasons given for wife beating. In Afar, refusing sex is the main reason with 62.8% of the women attributing this to wife beating. Food burning tops the list in SNNPR with 46.2% claiming this as the reason for wife beating. For 74.6% of the respondents in Benishangul and 64.8% of the women respondents in SNNPR disobeying the husband is the main reason for wife beating. In Addis, 30.1% of the respondents said wife beating happens due to cultural reasons.

Table 7: Reasons for wife beating in the eyes of men in percentage

Woredas	Alaba	Cheha	Dale	Guba	Kolfe	Yeka	Elidar	Amibara	Awash Fentale	Gewane
<i>Cultural reasons</i>	55.6	18.8	52.4	17.0	49.2	30.2	0	0	0	0
<i>Disobeying the husband</i>	46.2	68.2	63.5	80.9	32.2	19.0	0	11.1	0	2.9
<i>Refusing sex</i>	13.7	16.2	27.0	11.7	37.3	55.6	33.3	75.0	92.9	71.4
<i>Food burning</i>	35.9	20.8	46.0	56.4	10.2	1.6	0	0	0	0
<i>Other</i>	1.7	47.4	2.4	7.4	20.3	39.7	100.0	13.9	7.1	25.7

Wife beating is something that is committed by men in a marriage relationship. Any intervention targeted at wife beating has to bring men on board. To this end, it is imperative to look into the opinions and views of men on wife beating including the reasons they forward for this action. Refusing sex is one of the main reasons that justify wife beating according to 68.1% of the respondent men in Afar, 30.9% in Addis Ababa, 11.7% Benishangul, 18.9% in SNNPR. Disobeying husband leads to wife beating for 3.4% of the respondent men in Afar, 25.6% in Addis Ababa, 80.9% in Benishangul, 59.3% in SNNPR. Food burning is a reason for wife beating according to 34.2% of the respondent men in SNNPR and 56.4% in Benishangul. It doesn't appear to be a reason for the respondent men in Afar. Culture is the reason for 39.7% of the respondent men in Addis Ababa, 17% in Benishangul, 42.2% in SNNPR.

Strategies and challenges: One mentionable strategy from the results of key informant interviews and focus group discussions is the legal approach. There is an awareness that wife beating is a crime among the women and men that took part in the study. Further, women are beginning to bring their complaints to the authorities mainly Women's Affairs Offices. The main challenge in regards wife beating is the subordinate position given to women in society which continues to perpetuate discriminatory and abusive treatment of women.

7. Conclusion

Overall, findings have highlighted strategies that have proven to be efficient in fighting FGM/C. Although it is probably too early to ascertain a decline in the practice of FGM/C, there are, to some extent, encouraging results in terms of awareness creation and behavioral change.

Looking at the overall picture, the fact that a lesser share of teenagers compared to adult women had undergone FGM/C in most woredas may be an indication that there is some decline in the practice of FGM/C. Regarding the trend in the practice of FGM/C, the general findings show that FGM/C has not increased since the declaration of abandonment in most woredas and that most respondents perceived a declining tendency. There is consensus on the fact that FGM/C is no longer practiced in the open and that it is being gradually abandoned but most respondents indicated that it has gone underground in some places especially in remote rural areas. This needs further attention and no strategy has been designed to tackle it.

Another encouraging finding is related to the level of awareness of the community. There is a general knowledge of the adverse health effects of FGM/C and recognition that it is a harmful practice by women and teenagers. Men seem to have some awareness as well since overall findings show that more than half of the respondents do not view FGM/C as a beneficial practice. A specific approach needs to be designed to target men as findings have shown that one of the reasons behind FGM/C is the prospect of marriage in that a significant number of young girls request to undergo FGM/C at an advanced age without seeking their parents' approval in order to improve their marriage prospects.

In addition, there appears to be a certain level of attitudinal change arising from increased awareness about the adverse effects of FGM/C. Overall, a significant share of respondents did not have the intention of undertaking this practice with their daughters in the future. There also seems to be increased awareness among men. Most men did not wish to see the practice continue.

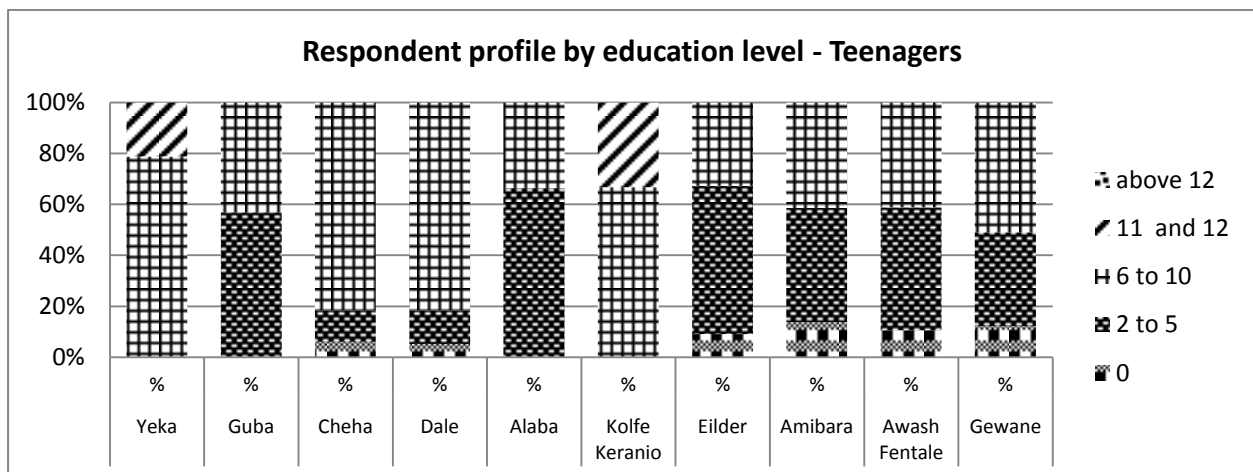
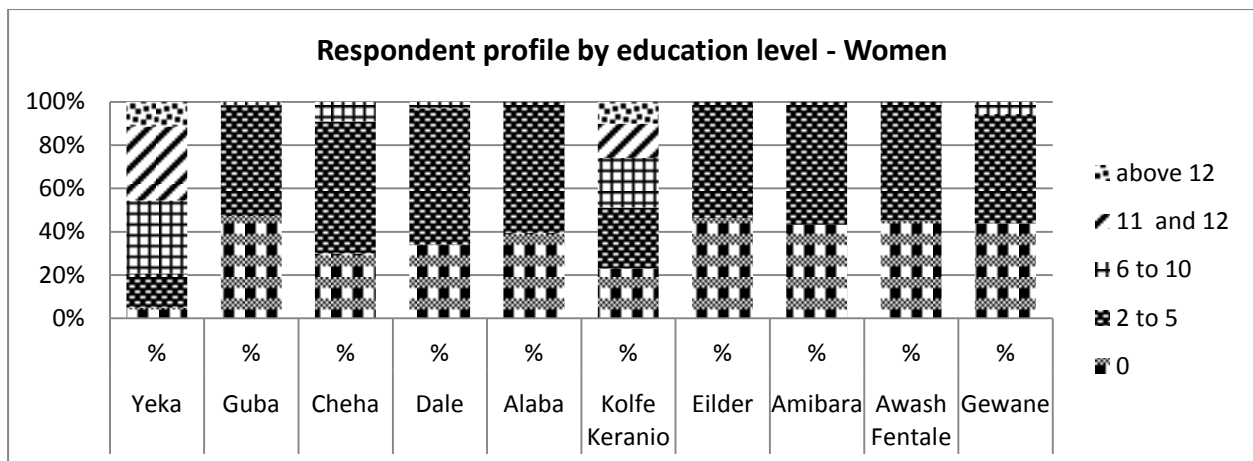
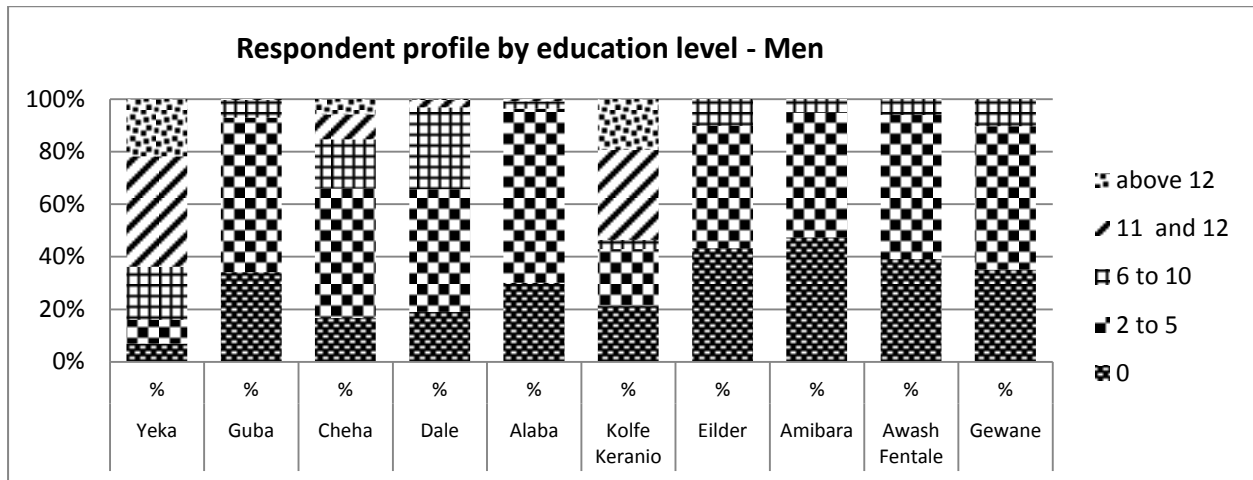
It appears that regular and repeated awareness-raising interventions addressed at all sections of the society that stress the detrimental impacts of FGM/C in addition to encouraging communities to make a declaration of abandonment may be a first step towards changing attitudes and practices among society members. The most effective and common strategies utilized in the ten woredas surveyed are the ones that have a potential in terms of raising awareness and paving the road towards attitudinal change that may in turn result in the abandonment of FGM/C. These include: Community conversation/dialogue, use of existing community structures, the health approach, religious approach, school-centered approach and targeting practitioners. Above all, close coordination and collaboration among various

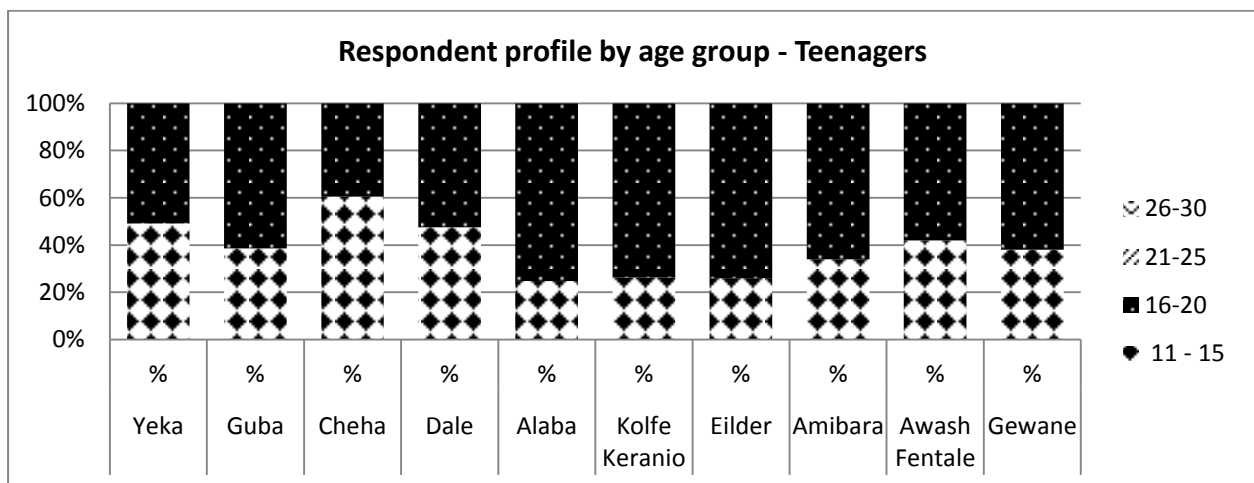
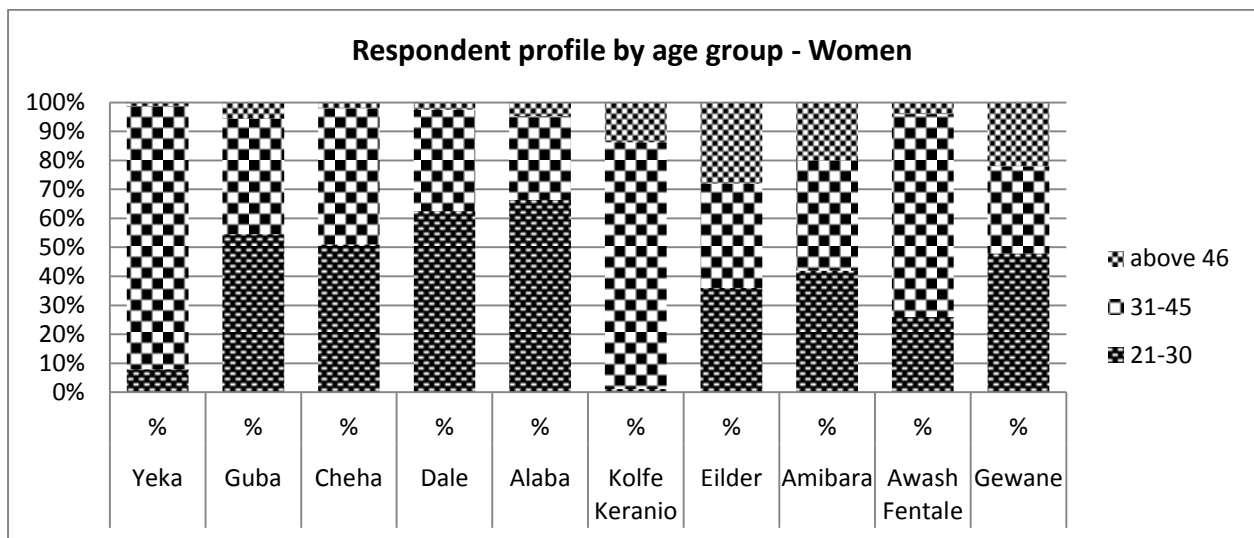
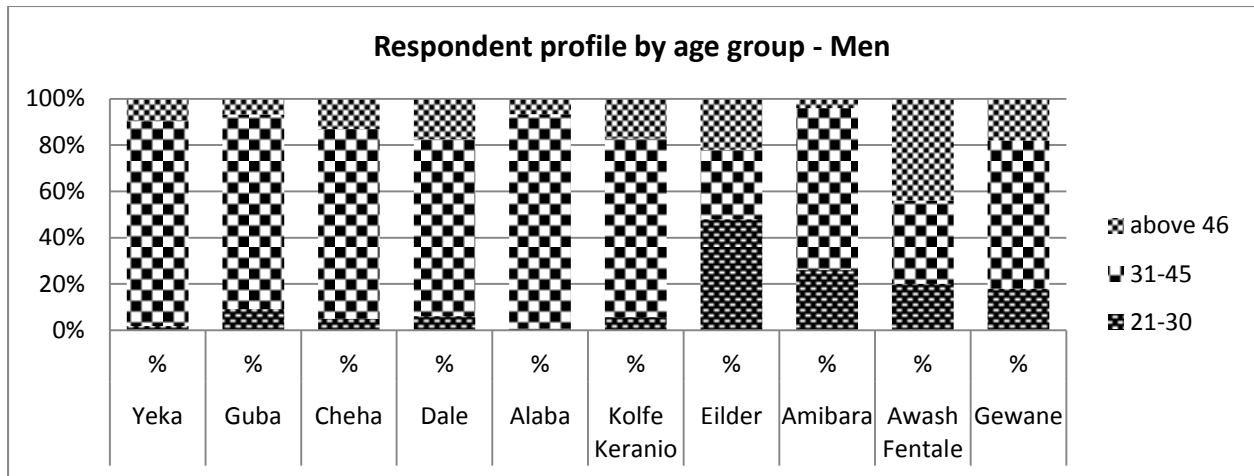
stakeholders including government sectors, non-governmental organizations and community based organizations is indispensable to overcome this deep-rooted culture. A more thorough monitoring and assessment is required to follow-up on the progress made towards fighting FGM/C. The encouraging results identified through this study will last only if there is concerted effort and strong commitment from all stakeholders and if strategies that work are implemented on a sustained and regular basis with a wider coverage, including in remote areas.

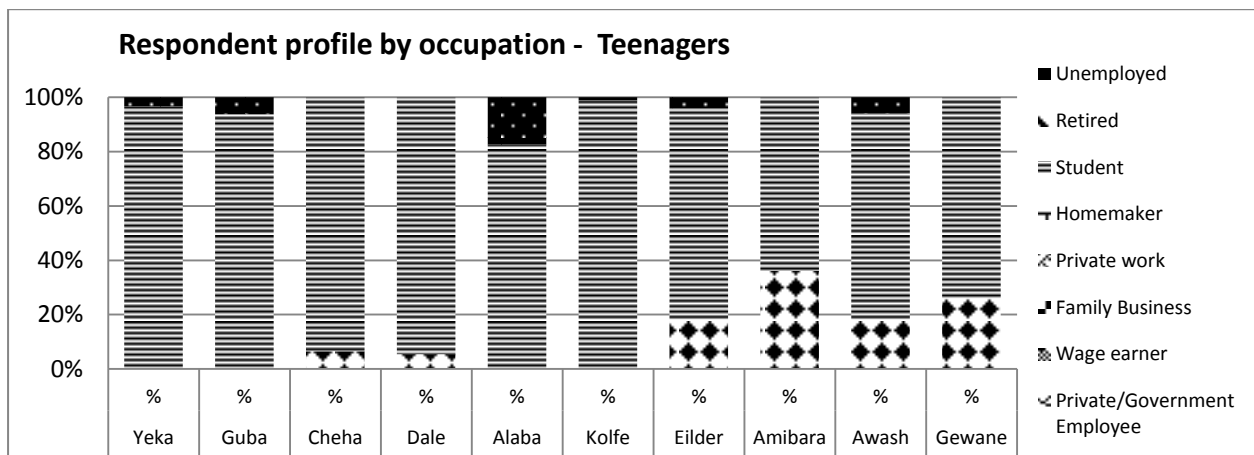
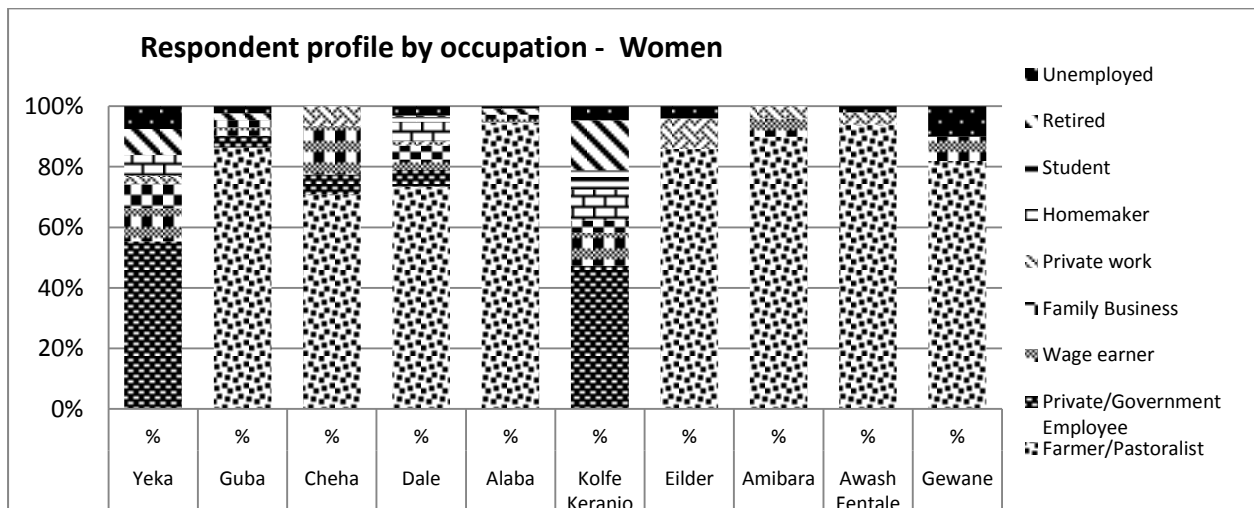
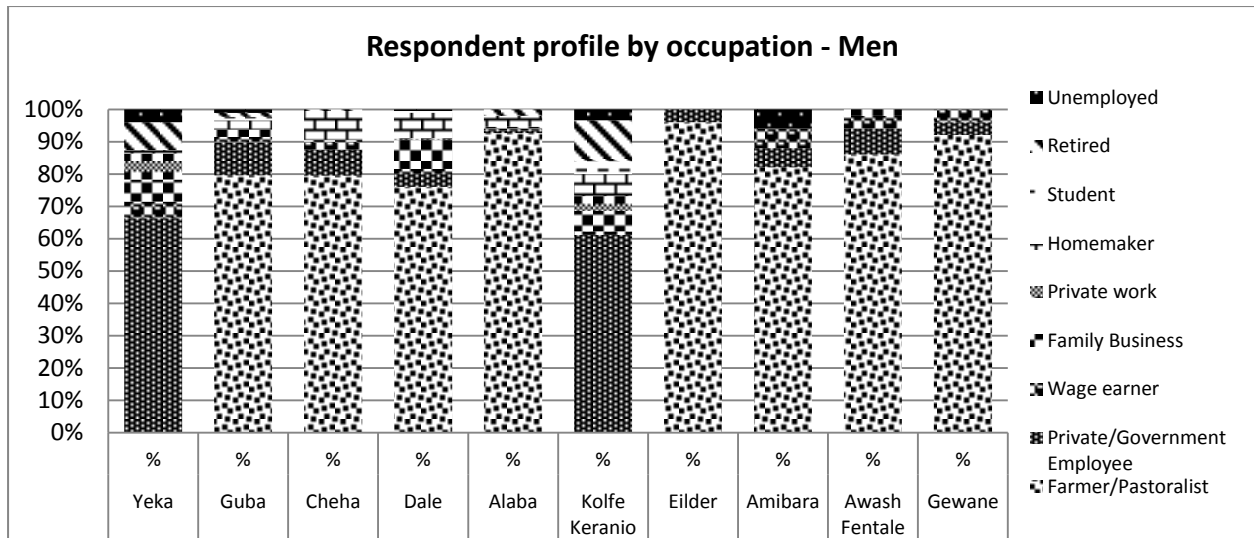
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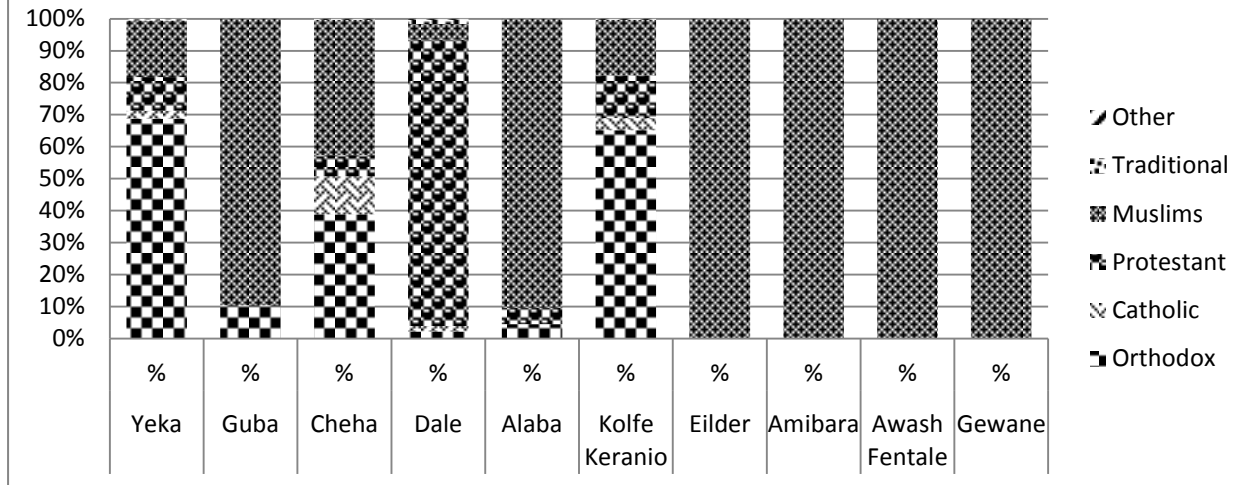
Annex 1: Respondents' by profiling variable







Respondents profile by religion



Annex 2: The sampled kebeles\EAs allocated using the PPS method to the specified woredas

Region	Zone	Woreda	Kebele
Afar	Zone 01	Elidar	Sulaisilu
Afar	Zone 01	Elidar	Gewahinagebeltileli
Afar	Zone 03	Amibara	Gelsa
Afar	Zone 03	Amibara	Asoba
Afar	Zone 03	Awash Fentale	Boloyita
Afar	Zone 03	Gewane	Ourafeta
Afar	Zone 03	Gewane	Mateka
Benishangul Gumuz	Metekel	Guba	Ayinshimshe
Benishangul Gumuz	Metekel	Guba	Bamza
Benishangul Gumuz	Metekel	Guba	Yarenja
Benishangul Gumuz	Metekel	Guba	Fanguso
Benishangul Gumuz	Metekel	Guba	Aysid
Benishangul Gumuz	Metekel	Guba	Babi Zenda
Benishangul Gumuz	Metekel	Guba	Basheta
SNNP	Gurage	Cheha	Jatunaaradashe
SNNP	Gurage	Cheha	Ewaninachukara
SNNP	Gurage	Cheha	AzernaSiso
SNNP	Gurage	Cheha	Dogag
SNNP	Gurage	Cheha	Yefekterekwedero
SNNP	Gurage	Cheha	Yefersye
SNNP	Gurage	Cheha	Yemegenase
SNNP	Gurage	Cheha	Girarinaferemazgibe
SNNP	Sidama	Dale	Danshe Sire
SNNP	Sidama	Dale	Soyama
SNNP	Sidama	Dale	Chume
SNNP	Sidama	Dale	Degara
SNNP	Sidama	Dale	Duba
SNNP	Sidama	Dale	Dagiya
SNNP	Sidama	Dale	Moto
SNNP	Sidama	Dale	Gane
SNNP	Hadiya	Alaba	Mudawi Shamo
SNNP	Hadiya	Alaba	Basheno
SNNP	Hadiya	Alaba	Huleteгна Hansha
SNNP	Hadiya	Alaba	Andanga Asheka
SNNP	Hadiya	Alaba	Meseerak Gortancho
SNNP	Hadiya	Alaba	Alkegero
Addis Ababa	Kolfe Keranio	Kolfe Keranio	KEBELE 02/03

Addis Ababa	Kolfe Keranio	Kolfe Keranio	KEBELE 01/05
Addis Ababa	Kolfe Keranio	Kolfe Keranio	KEBELE 08/09
Addis Ababa	Kolfe Keranio	Kolfe Keranio	KEBELE 10/11
Addis Ababa	Kolfe Keranio	Kolfe Keranio	KEBELE 13/14
Addis Ababa	Kolfe Keranio	Kolfe Keranio	KEBELE 06
Addis Ababa	Kolfe Keranio	Kolfe Keranio	KEBELE 07
Addis Ababa	Yeka	Yeka	KEBELE 03/04
Addis Ababa	Yeka	Yeka	KEBELE 08/15
Addis Ababa	Yeka	Yeka	KEBELE 16/17/18
Addis Ababa	Yeka	Yeka	KEBELE 6/7
Addis Ababa	Yeka	Yeka	KEBELE 20/21
Addis Ababa	Yeka	Yeka	KEBELE 11/12
Addis Ababa	Yeka	Yeka	KEBELE 05

Annex 3: Budget and Expenditure for FGM/C for 2009 and 2010 in Guba Woreda

1. BOWCYA

No.	Description	2009		2010		Total	
		Planned Amount (USD)	Expenditure Amount (USD)	Planned Amount (USD)	Expenditure Amount (USD)	Planned Amount (USD)	Expenditure Amount (USD)
1	Monitoring and follow up the implementation of FGM/C activities by BOWCYA	233	233	2,298	1,580	2,531	1,813
	Sub total	233	233	2,298	1,580	2,531	1,813

2. Mujejuwa Loka Women Development Association (MLWDA)

1	Consultative meetings and project launching	1,951	1,951	-	-	1,951	1,951
2	Community facilitators training for 17 kebeles	4,536	4,536	-	-	4,536	4,536
3	Community dialogues in all 17 kebeles	3,355	3,355	9,206	9,201	12,561	12,557
4	Quarterly review meetings	2,051	2,051	5,355	5,355	7,406	7,406
5	Designing and erecting billboard in the woreda	2,022	2,022	-	-	2,022	2,022
6	Administration and project staff salary	4,215	4,215	16,947	16,947	21,162	21,162
8	Establish girls club in each of the 17 kebeles	-	-	510	510	510	510
9	Support girls clubs in providing training on FGM/C	-	-	9,149	9,149	9,149	9,149
10	Periodic review and reflection of girls club	-	-	2,240	2,240	2,240	2,240
12	Celebration of the event of public declaration on the abandonment of FGM/C and exchange marriage in Guba district	-	-	33,475	33,475	33,475	33,475
	Sub total	18,131	18,131	76,882	76,877	95,013	95,008
	Grand Total	18,364	18,364	79,180	78,457	97,544	96,821

Annex 4: AWASH Fentale Budget and Expenditure on FGM/C (2008-2011)

1. Abandonment of HTP by Afar BOWCYA

		2008		2009		2010		2011	
		USD							
No	Description	Planned Amount	Expenditure Amount	Planned Amount	Expenditure Amount	Planned Amount	Expenditure Amount	Planned Amount	Expenditure Amount
1	Establish Gender Clubs							1167	1167
	Sub-total							1167	1167

2. Rohi Weddu abandonment FGM/C

		2008		2009		2010		2011	
No	Description	Planned Amount	Expenditure Amount	Planned Amount	Expenditure Amount	Planned Amount	Expenditure Amount	Planned Amount	Expenditure Amount
1	Training of community dialogue facilitators	8561	8561						
2	Training to community leaders and law enforcing bodies					1868	1868	898	898
3	Project support	1000	1000	1833	1833	2722	2722	4238	4226
4	Review Meetings			8667	8113	7703	7703		
5	Coordinating field visits, monitoring and reporting			3667	3476	2368	2368		
6	Public declaration					12658	12658		
7	Review meeting to assess the status of FGM/C that declare FGM/C abandonment							5362	5350
8	Networking meetings working on FGM/C					833	833		
9	Documentary film on FGM/C					250	250		
10	Support religious leaders to conduct community dialogue sessions in their respective kebeles					833	833	2215	2215
11	Support law enforcing bodies to effectively enforce the anti FGM/C							1068	1065
12	Establish and train anti FGM/C women groups							3977	3977
13	Gather data on the status of uncut girls and on the status of newly born babies							-	-
14	Radio spot messages and conducting radio dialogues							646	646
	Sub-total for Rohi Weddu	9561	9561	14167	13423	29235	29235	19202	19174
	Total expenditure (BOWCYA and Rohi Weddu)	9561	9561	14167	13423	29235	29235	20368	20341
	Total expenditure for 4 years (Rohi Weddu)	70,596							
	Total expenditure for 4 years (BoWCYA)	1,167							
	Total expenditure for 4 years (BoWCYA and Rohi Weddu)	71,764							

Annex 5: Amibara Budget and Expenditure on FGM/C (2008-2011)

1. Abandonment of HTP by Afar BOWCYA

		2008		2009		2010		2011	
		USD							
No	Description	Planned Amount	Expenditure Amount	Planned Amount	Expenditure Amount	Planned Amount	Expenditure Amount	Planned Amount	Expenditure Amount
1	Establish one Gender Club							1167	1167
	Sub-total							1167	1167

2. Rohi Weddu abandonment FGM/C

		2008		2009		2010		2011	
No	Description	Planned Amount	Expenditure Amount	Planned Amount	Expenditure Amount	Planned Amount	Expenditure Amount	Planned Amount	Expenditure Amount
1	Training of community dialogue facilitators	18,778	18,778						
2	Training to community leaders and law enforcing bodies					3,413	3,413	1,645	1,645
3	Project support	1,000	1,000	1,833	1,833	2,722	2,722	4,238	4,226
4	Review Meetings			8,667	8,113	7,703	7,703		
5	Coordinating field visits, monitoring and reporting			3,667	3,476	2,368	2,368		
6	Public declaration					12,658	12,658		
7	Review meeting to assess the status of FGM/C that declare FGM/C abandonment							5,362	5,350
8	Networking meetings working on FGM/C					833	833		
9	Documentary film on FGM/C					250	250		
10	Support religious leaders to conduct community dialogue sessions in their respective kebeles					833	833	2,215	2,215
11	Support law enforcing bodies to effectively enforce the anti FGM/C							1,068	1,065
12	Establish and train anti FGM/C women groups							-	-
13	Gather data on the status of uncut girls and on the status of newly born babies							-	-
14	Radio spot messages and conducting radio dialogues							646	646
	Sub-total for Rohi Weddu	19,778	19,778	14,167	13,423	30,780	30,780	15,972	15,944
	Total expenditure (BOWCYA and Rohi Weddu)	19,778	19,778	14,167	13,423	30,780	30,780	17,138	17,111
	Total expenditure for 4 years (Rohi Weddu)	79,129							
	Total expenditure for 4 years (BoWCYA)	1,167							
	Total expenditure for 4 years (BoWCYA and Rohi Weddu)	80,296							

Annex 6: Gewane Budget and Expenditure on FGM/C (2008-2011)
1. Abandonment of HTP by Afar BOWCYA

		2008		2009		2010		2011	
		USD							
No	Description	Planned Amount	Expenditure Amount	Planned Amount	Expenditure Amount	Planned Amount	Expenditure Amount	Planned Amount	Expenditure Amount
1	Establish one Gender Club							1167	1167
	Sub-total							1167	1167
2. Rohi Weddu abandonment FGM/C									
		2008		2009		2010		2011	
No	Description	Planned Amount	Expenditure Amount	Planned Amount	Expenditure Amount	Planned Amount	Expenditure Amount	Planned Amount	Expenditure Amount
1	Training of community dialogue facilitators	5,661	5,661						
2	Training to community leaders and law enforcing bodies					2,394	2,394	1,154	1,154
3	Project support	1,000	1,000	1,833	1,833	2,722	2,722	4,238	4,226
4	Review Meetings			8,667	8,113	7,703	7,703		
5	Coordinating field visits, monitoring and reporting			3,667	3,476	2,368	2,368		
6	Public declaration					-	-		
7	Review meeting to assess the status of FGM/C that declare FGM/C abandonment							2139.7	2128.53
8	Networking meetings working on FGM/C					833	833		
9	Documentary film on FGM/C					250	250		
10	Support religious leaders to conduct community dialogue sessions in their respective kebeles					833	833	2,215	2,215
11	Support law enforcing bodies to effectively enforce the anti FGM/C							1,068	1,065
12	Establish and train anti FGM/C women groups							-	-
13	Gather data on the status of uncut girls and on the status of newly born babies							1,581	1,577
14	Radio spot messages and conducting radio dialogues							646	646
	Sub-total for Rohi Weddu	6,661	6,661	14,167	13,423	17,103	17,104	12,259	12,231
	Total expenditure (BOWCYA and Rohi Weddu)	6,661	6,661	14,167	13,423	17,103	17,104	13,425	13,398
	Total expenditure for 4 years (Rohi Weddu)	50,200							
	Total expenditure for 4 years (BoWCYA)	1,167							
	Total expenditure for 4 years (BoWCYA and Rohi Weddu)	51,376							