

**End Review of
'Strategic Partnership' on
Female Genital Mutilation (FGM)
and other Harmful Traditional
Practices (HTP) in Ethiopia**

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Summary

There is no doubt that the incidence of FGM and other harmful traditional practices has been substantially reduced during the last few years in Ethiopia. The changes taking place on the ground are impressive. All the partners in the Partnership have been contributing to this process, and all of them are working in line with most of the principles recognized internationally.

FGM has increasingly been recognized as an issue for government intervention, rather than an effort of NGOs mainly. An encouraging step at the national level, is that the Ministry of Women Affairs has identified FGM as one of the major goals in the five year strategic plan, which is due to be adopted in the near future. The regional governments have contributed to the effectiveness of the interventions. The cooperation between local NGOs and the Women's Affairs Bureau in Afar is an outstanding example of this.

The issue of FGM has received a lot of media attention, and it is increasingly being perceived as a government priority. The partnership between the media and local leaders has worked on different levels, and opinion makers, politicians, as well as religious leaders have been mobilized and involved. The increased awareness created at all levels has laid good ground for continued interventions to eradicate FGM and other HTP. In addition, other aspects of girls and women's lives have been brought on the agenda.

Community conversations have proved to be an effective instrument to empower marginalized groups. All the projects visited relate to basic problems in the communities, with a particular emphasis on girls and women's needs. Basic education, right issues, women's health, HIV prevention, sexual and reproductive health and rights (SRHR), early marriage, domestic violence, safe livelihood, hygiene and sanitation are being dealt with in most of the projects.

There are however, potentials for the strengthening of sharing of experiences, problem solving and drawing on the comparative strengths of the various partners in the Partnership, as well as other actors working in field of FGM.

It is recommended that the project is continued, and that a tripartite agreement between SCN-E, NCA and the Embassy is signed.

Furthermore, the potentials for increasing the efforts in the Somali region could be further explored. It should be ensured, however, that anybody taking up FGM work in the Somali region has solid knowledge about the experiences from Afar.

1. Background

The Norwegian International Action Plan on Combating Female Genital Mutilation (FGM) was launched in 2003, and Ethiopia was identified as a pilot country. Following this, Save the Children, Norway (SCN-E) and Norwegian Church Aid (NCA) submitted a joint proposal for a 3 year project from the end of 2005 through 2008, to scale up their projects on FGM and Harmful Traditional Practices (HTP). An agreement was signed in November 2005.

In 2006 the Embassy formulated their own action plan on FGM, suggesting how the International Action Plan could best be translated into the Ethiopian context. Increased support to local, Norwegian and international NGOs was suggested, and it was recommended that priority should be given to projects with a community based approach. A particular focus should be on regions where the consequences of the cutting are most severe, such as the Afar and Somali region. In order to reduce the burden of work on the Embassy staff, it was suggested that a Norwegian NGO could be identified to facilitate coordination, reporting and follow up.

On this background, the Embassy opted for SCN-E as a coordinating partner, and a contract of NOK 44,4 million was signed in December 2006 for a period of four years.

NCA was not included in this partnership from the beginning, and risked being without further funding for FGM work after 2008. This was noted during the Mid Term Review of the Joint SCN-E and NCA project in December 2007¹. The Review Team strongly recommended that support to NCA should be continued after 2008, and this was agreed to.

In December 2008 a Mid Term Review of the Strategic Partnership² was undertaken. The general impression of the Review Team was that the different partners of the Partnership performed well, and that their strategies and approaches were sound and well suited for the task ahead.

1.2 Purpose of the End Review

The three main objectives of the End Review are as follows:

- Assess the overall performance of the Partnership
- Assess the role of SCN-E as a strategic partner
- Coming up with feasible recommendations for improved performance in Phase II

The Review Team was requested to assess the involvement of the various stakeholders, the targeting of key change agents and to review the approaches used in the community based projects. The ToR for the End Review is attached in Annex 1.

1.3 Methodology and Outline of the Report

The End Review was undertaken in Ethiopia from 5th to 15th September 2010 by Marit Berggrav, Norad, team leader, and Hirut Tefferi, consultant. Two field trips were undertaken, one to Awash, Afar region, visiting the NGOs Rohi Weddu and CARE, and one to Kembatta and Wolaita,

¹ Prevention and eradication of FGM and other HTP. Janne Lexau., Marit Berggrav and Sølvi Taraldsen. 2008.

² Prevention and eradication of FGM and other HTP in Ethiopia. Mid Term Review 2009. Marit Berggrav, Aud Talle and Hirut Tefferi.

Southern region, visiting the Kembatta Women's Group (KMG). During the field trips the Team visited project sites and interviewed project staff. Several focus group discussions were conducted with groups of uncut girls and other community members. In Addis the Team had meetings with SCN-E, NCA, Population Media Centre (PMC), EGLDAM, Evangelical Church, OWDA, UNICEF and the Norwegian Embassy. A debriefing for staff from SCN-E, NCA and the Embassy was conducted before departure.

The report is introduced with a background section, briefly explaining the history of the Partnership, followed by a brief overview of the recent trends related to FGM in Ethiopia. Thereafter follows a section on some of the basic principles and lessons learnt in the work on the abandonment on FGM internationally. In section 4 the performance of the Partnership is reviewed in light of these internationally recognized principles. As the challenges and lessons learnt are well covered in the Preliminary End Report, these findings will not be repeated in this report. In section 5 the lessons learnt with regard to the organization of the Partnership will be discussed, as well as the role of SCN-E as a coordinator. An alternative agreement will be suggested for the next phase. In section 6 issues related to reporting will be briefly outlined. In section 7 some issues of concern will be presented, and in section 8 the main conclusions and recommendation will be summed up.

For the sake of clarity, the term FGM will be used throughout the report, as this is the term used in the Norwegian Action Plan on FGM, even if the term FGC (Cutting) may cover the range of different cutting types better.

2. FGM and other Harmful Traditional Practices (HTP) - trends in the Ethiopian context

There are various kinds of HTP in Ethiopia, including FGM and others. The prevalence and types vary from place to place, and even among neighbouring communities. The practice of FGM is widespread, and the types vary from the most radical form of infibulation, as in Afar and Somali, to a minor incision in infancy in the Amhara region. Again, in the Southern region, girls undergo both excision and clitoridectomy during early puberty. The follow-up survey on FGM and other HTP, conducted by EGLDAM in 2008³, shows that there has been a decrease in the national prevalence on FGM from 73% to 56% during the last ten years.

FGM has increasingly been recognized as an issue for government intervention, rather than an effort of NGOs mainly. An encouraging step at the national level, is that the Ministry of Women Affairs has identified FGM as one of the major goals in the five year strategic plan, which is due to be adopted in the near future. The regional governments have contributed to the effectiveness of the interventions. The cooperation between local NGOs and the Women's Affairs Bureau in Afar is an outstanding example of this. The issue of FGM, as well as other HTP, has received a lot of media attention, as it is increasingly being perceived as a government priority. EGLDAM has been one of the pioneers in raising awareness about the negative impacts of FGM and HTP.

Schools are also increasingly involved in the issue of FGM and other HTP. According to the directives of the Ministry of Education, every school is expected to have a minimum of 10 children's clubs, including girls clubs, gender clubs or child rights clubs. These clubs aiming to

³ Follow-up National Survey on Harmful Traditional Practices in Ethiopia (2008)

raise the awareness of school children and the community at large concerning issues related to the rights of children such as FGM and early marriage. Such clubs encourage the students to report on impending ceremonies of circumcision or child marriages to their teachers, who can intervene to stop the practices. An interesting aspect of the child led groups in the schools, is that the students perceive that they have a lot of support and opportunity to influence the attitudes of their communities⁴.

Community Based Organizations (CBOs) are also active with regard to changing the attitudes of their members. There are increased numbers of community members who report on the occurrence of FGM, as women and children now know where to report.

The number of children who are subjected to FGM and other HTP is decreasing. This achievement may, however, be fragile in terms of sustaining the social pressures on individuals and groups. Although important changes are taking place, there is still a lot to do to ensure the sustainability of the achievements.

3. Abandonment of FGM – some basic principles

A number of international studies⁵ have recently highlighted that FGM and other harmful traditional practices result from social conventions and social norms. These norms have been established in the communities from ancient times, and are considered part of their social and sometimes religious identity. When they are practiced, individuals and families acquire social status and respect. Anyone departing from these norms is excluded and stigmatized. FGM is never abandoned in a vacuum. Social dynamics make it very difficult for individual families, and even more so for individual girls and women, to abandon the practice. It is the community that has to change, not the individual.

FGM is understood as a self-enforcing marriage ability convention, requiring coordinated abandonment. The process of abandonment starts with a smaller *critical mass* of initiators who, through *organized diffusion* to intermarrying communities, brings around the greater part of the community sufficient to increase the likelihood of ending the practice, termed the *tipping point*. *Declarations of the abandonment* in public meetings are considered important to make the decision more binding.

The following are some of the principles and strategies recognized internationally to be important features of projects aiming at the abandonment of the practice:

- Effective abandonment requires genuine community discussion, community decision and community commitment, involving leaders, male, female and youth in the communities.

⁴ Hirut Tefferi and Yoseph Endeshaw, A study on children's perception of child protection mechanisms in Ethiopia, a study conducted for Save the Children Sweden in Ethiopia, 2010.

- ⁵ Innocenti Digest: Changing a Harmful Social Convention: Female Genital Mutilation/Cutting (2005);
- UNICEF Coordinated Strategy to Abandon Female Genital Mutilation/Cutting in One Generation (2007);
- UN Interagency Statement, Eliminating Female Genital Mutilation/Cutting (2008) ;
- Platform for Action towards the Abandonment of Female Genital Mutilation/Cutting of the Donors Working Group on FGM/C (2008) among others.

- Building trust is crucial.
- Programs that provide support to the community on a variety of concerns, and are respectful and nondirective in attitude, are considered to be more effective.
- Involvement of religious and traditional leaders is considered essential.
- Community discussions about international human rights, and how these are reflected in the local cultural and religious values, have proved to be important for change.
- Working in partnership with local government has proved to increase the efficiency.
- Working at several levels in the society through government structures, media, politicians, legislation, education, the health sector i.e. has also proved to increase the efficiency.

These principles are considered basic for being successful in the efforts to abandon FGM and other harmful traditional practices, and the project strategies in the Partnership will be reviewed in light of these.

4. Achievements and challenges on the ground

While discussing the issue of effectiveness and achievements of the partners in the Partnership, a major challenge has been the lack of a predetermined goal hierarchy including strategies, relevant indicators and expected outcomes. Furthermore, there is nothing in the Preliminary End Report linked to the performance of the individual partners.

The following observations and assessments are based on the field visits, discussions with the partners, religious leaders, community leaders and members, representatives of government bureaus and other key informants, the Preliminary End Report, as well as on other available documentation.

4.1 Reported decrease in incidence of FGM

In all the project areas visited, the number of girls not being cut is increasing. In Kembatta, where girls are usually cut in their early teens in preparation for marriage, the number of uncut girls groups has increased substantially, according to the documentation of the partners, and marriages with uncut girls have become increasingly common.

Two years ago, the Review Team had the opportunity to meet one of the first groups of uncut girls in Kembatta. The girls felt somewhat ambivalent about their decision, and most of them had abstained from cutting mainly because of pressure from their parents, that were members of the Kembatta Movement (KMG). They were supposed to advocate non-cutting among their peers, and complained it was difficult to find convincing arguments.

This time, the Team met several groups of uncut girls in the same area as last time. Being asked whether they were facing problems with their peers, they shook their heads. Most of their peers were not cut either.

In this respect, both girls and young men have been important change agents. People have started to talk more freely about these issues, and young men have been telling their communities that they are comfortable in marrying an uncut girl.

To protect the first uncut girls from being stigmatized in the communities, groups of uncut girls have been formed, and several of them are involved in other empowerment activities as well. One

of the groups visited told that the government supports them by providing land and other assistance, which could lead them to economic empowerment.

A challenging situation may arise, though, when the uncut girls become the majority. In this respect, caution should be taken, not to stigmatize the girls already cut.

In an adjacent area 40 km away, in the Wolaita zone, the Team met one of the first uncut girls groups in that area. One of the young girls participating in a community conversation, complained about people insulting and humiliating girls who had not undergone circumcision. She expressed the importance of having legal protection against such harassments. *It could be a good idea to bring these girls in touch with the more established uncut girls' groups, to learn from their experiences.*

4.2 A comprehensive community approach; FGM as an entry point to women's issues

Building trust in the communities is considered vital to make a change. Involvement of religious and traditional leaders, young people and other key persons is essential. Indigenous CSOs such as Idirs, are important partners to get on board, as they are usually engaged in educating the public through their members. *All the community groups visited demonstrated strong ownership of the project.*

Issues like FGM and other gender based violence, such as rape, abduction, child marriage and domestic violence, are closely related to power conflicts and cannot be dealt with in isolation. Breaking the silence on these issues in the community conversations usually brings several other issues up on the agenda. The more successful projects bring in several components such as informal education, literacy, right issues, women's health, sexual and reproductive health and rights (SRHR), problem-solving, HIV prevention and micro-finance.

More costly components, however, like irrigation and water schemes, as well as road construction, tend to increase the cost of the project to the extent that the limited funding for FGM work risks to be spread too thinly.

For more costly components, as in the case of CARE, one could try to coordinate with other community development projects in the area, be it through government agencies, NGOs or UN.

Agencies with widespread development programs, like CARE and OWDA, argued that more expensive 'hardware' components were important to establish trust in the communities and as an entry point to discuss FGM. In spite of this, it was interesting to note that they did not mainstream FGM in their other projects on relief work in the Afar and the Somali region. OWDA is funded by the Development Fund, Norway.

Community conversations have proved to be an effective instrument to empower marginalized groups. All the projects visited relate to basic problems in the communities, with a particular emphasis on girls' and women's needs. Basic education, right issues, women's health, HIV prevention, sexual and reproductive health and rights (SRHR), early marriage, domestic violence, safe livelihood, hygiene and sanitation are being dealt with in most of the projects. They also work with practitioners to change their practice.

All partners with Norwegian funding, involved in development work in areas where FGM is prevalent, should be encouraged to consider how abandonment of FGM could be mainstreamed in their interventions.

4.3 Involvement of religious leaders

The belief of FGM as a religious obligation has been a strong force in maintaining the practice in many countries. During the last years much work has been undertaken to ‘delink’ FGM from religion and the involvement of religious leaders and Faith Based Organizations (FBOs) in eradication of FGM has been highlighted as an important strategy.

Most of the highly educated scholars are clear in their position that FGM is not a religious obligation. Even so, it has been a challenge to penetrate this message down to community level, as the practice is deeply rooted in culture and traditions that also religious leaders are part of. Thus it is important to work at all levels.

In all religions, religious leaders are influential opinion leaders in the communities, and instrumental in changing the attitudes and practices of people. Most of them are, however, neither highly educated nor formally recognized. They are usually not addressed by trainings and other inputs from the formal system of religion. Due to this, they try to maintain the existing practices, and are most often resistant to change. In many cases, they believe that it is their duty to ensure that traditional religious and social practices are maintained. Therefore it is important to address these leaders by involving them in awareness raising activities.

NCA is working closely with religious networks at different levels. One recent project, that seems very promising, has started with the top leadership level of the Evangelical Church scholars and the Moslem scholars. The Evangelical Churches fellowship of Ethiopia (ECFE) has already done the theological reflection research, involving more than 500 church leaders and 8 evangelical colleges, and published a document on FGM. In January 2010 the ECFE publicly declared zero tolerance to FGM, and the declaration was distributed to more than 13,000 congregations throughout Ethiopia, and also officially submitted to the Minister of Women Affairs. The Orthodox Church and Muslims are in the process of conducting the research.

All the partners in the Partnership are targeting religious leaders at various levels, as important change agents.

4.4 Public declarations

Public declarations on the abandonment of FGM, agreed upon in public meetings, are considered to be important tools in the abandonment of FGM. This is well documented in the work of the recognized Senegal based NGO Tostan in several countries. A common pledge makes the decision more binding, and thus ensures the sustainability of the decision. The process involves consensus building from the village through kebele level step by step, to discontinue FGM. When consensus has been reached in all the kebeles in a specific woreda, a formal public declaration on abandonment of FGM is arranged⁶.

⁶ A woreda is equivalent to a district, managed by a local government. The zones of Ethiopia are subdivided in around 550 woredas. The woredas are composed of a number of kebele, the smallest unit of local government. Kebeles can best be regarded as a neighborhood, a localized and delimited group of people or ward.

In the Afar region, one such declaration has recently been launched, and the second one is about to take place in the near future. This was unthinkable two years ago. In Kembatta, seven declarations have already been agreed upon and made public.

4.5 Registering of uncut girls

All the projects visited have started with registration of uncut girls, birth registration and follow up with mothers in MCH centres, in order to collect statistical documentation that makes it possible to review ongoing trends. In Afar they have documented all the uncut girls in the project areas, registering each girl's name and attaching a photo.

This serves for follow up and at the same time as prevention. Registration of uncut girls is reported as having a deterrent effect, because people tend to think that they will be held accountable if the girls are subjected to cutting.

4.6 Improved cooperation with local and federal government

All the projects visited work in close cooperation with the local government, although the manners in which they collaborate differ according to the local context. The cooperation between the NGO Rohi Weddu and the Women Affairs Bureau in two Woredas in the Afar region is reported to be very efficient and successful. The Bureau has been instrumental in being at the forefront in advocacy initiatives and ensuring that the issue of FGM and other HTP remains forcefully on the agenda of the local government. In Kembatta, the Police, the Ministry of Justice, the Women Affairs Bureau and the Bureau of Health are closely working with the issue of FGM in a coordinated manner.

Both in Afar and in Kembatta, there is increased involvement of law enforcing bodies on issues related to FGM and through enactment of local laws banning FGM, as well as criminalizing those who conduct it. There are instances where family members have been detained from three months to three years for having circumcised their girls. There are increased numbers of community members who report on the occurrence of FGM, as women and children have learnt where to report.

As mentioned earlier, the Ministry of Women Affairs has identified reduction of FGM and other HTP as one of its major goals in the new five year strategic plan. This has been one of the results of the continuous consultation and lobbying by EGLDAM and partners.

4.7 Media and advocacy work

The partnership between the media and local leaders has worked on different levels from community to Kebele and Woreda levels, as well as at regional and national level. Opinion makers and politicians, as well as religious leaders, have been mobilized and involved at all levels. This approach, working at different levels of the society from the bottom to the top and creating synergies, is in line with international experience on what works in the efforts to eliminate FGM.

The radio has proved to be a very important medium in Ethiopia. The Population Media Centre (PMC) has accumulated an extensive amount of knowledge and material supported by action research, which has been fed into the preparation of radio soap series and other programs, which

are widely listened to. As part of its work, the PMC has also conducted several workshops with traditional and religious leaders, other opinion leaders, government officials and journalists.

Local radios, like Radio Fana and Gondar Educational Media Centre, have proven to be very important partners through interactive programs and they have played a vital role in community mobilisation.

On the other side, some of the newly emerging community radios and local government radios do not have sufficient materials or experience on the subject to effectively teach communities. The community radio that has recently been established in the Kembata woreda has potentials that are not yet exploited. The community radio has a potential to create a niche for youth participation, and could be an important channel of communication for uncut girls clubs, as well as for educating communities on a broad variety of issues. Such inputs also serve to reinforce the emerging redefinitions of the local traditions. KMG could utilize the potentials of the community radio to positively contribute to their mobilization work and enhance the inclusion of youth in their programs.

Creating linkages between PMC, Gondar Educational Media Centre and local media services could be instrumental in benefiting a wider population in a manner that is relevant to the local situation. Input and support could be in terms of educating the staff working with the radio programs, sharing of experiences, providing materials, etc. Furthermore, it is important to increase the participation of the local population not only in listening to the radio programs and giving feedback, but also in preparing inputs.

4.8 Competence building and networking

EGLDAM, which is one of the pioneer national organizations working for the abandonment of HTP, has over the years served as an umbrella for agencies which are engaged in similar areas of work, as well as partnering with federal government bodies.

In order to ensure information sharing and mutual learning, as well as facilitating better exchanges of resource materials and experiences, an Anti-FGM Forum has been established. The Forum helps to emphasize the responsibility and autonomy of each partner. A consensus has been reached with the Ministry of Women's Affairs and the network members, that the Ministry would take the chairing role, and EGLDAM the secretariat.

4.9 Summing up

The overall impression of the Team is that the changes taking place on the ground are impressive, not least in Afar, where nobody had expected change to take place that rapidly. As documented by the partners, there is no doubt that the incidence of FGM and other harmful traditional practices in the project areas visited has been substantially reduced during the last few years. The increased awareness at all levels has laid good ground for continued interventions to abandon FGM and other HTP. In addition, other aspects of girls and women's life have been brought on the agenda.

All the partners in the Partnership are working in line with most of the recognized principles listed in Section 3. In a recent publication on Ethiopia⁷, much credit is given to KMG and Rohi Weddu among others.

There are however, potentials for the strengthening of sharing of experiences, problem solving and drawing on the comparative strengths of the various partners in the Partnership, as well as other actors working in field of FGM.

5. The role of SCN-E as a strategic partner

The Partnership has been a challenging undertaking, and sufficient time was not given to develop a common understanding from the beginning. Everything happened very hastily, as the Agreement was to be signed before the end of December 2006. There has been some confusion concerning the role of SCN-E as a 'strategic partner'. This is partly because this issue was vaguely defined from the very beginning, and at the same time the expectations were quite ambitious and not clearly communicated.

There are all together twelve partners in the Partnership. Six of these are supported through SCN-E and six through NCA. The partners vary in terms of scope, size and areas of operation. Most of them work with community mobilization going beyond FGM. PMC works with media, radio programs, action research, opinion leaders, religious leaders and journalists. EGLDAM has conducted and published national and regional surveys and works closely with the government on national issues. NCA's comparative strength is working with religious leaders and congregations. All of them are autonomous partners having high competence in different fields. The interventions being undertaken within the Partnership are only part of what the partners are doing supported by other donors.

Before the Partnership was established, the Embassy had already decided to support PMC, CARE and EGLDAM with substantial amounts of money, constituting almost 2/3 of the total allocation. SCN-E was confronted with a lot of challenges in bringing it all together. It was a demanding effort to get the Partnership on track, and SCN-E should be commended for the effort made.

Within the Partnership, according to the Contract, SCN-E's main function is to provide technical and administrative assistance – in terms of joint annual planning, channelling of funds to the partners, receiving and compiling reports, ensuring quality assurance of documents, coordinating activities, facilitating technical support to partners when needed and providing an environment of collaboration among the Partners. Another function of SCN-E is to act as a link between the Embassy and the other partners. This part of the Contract has been well adhered to.

Result based reporting, however, has been a problem from the very beginning. During the Annual Meeting between the Embassy and SCN-E in October 2008⁸, the shortcoming of the basis for result management in the formal documents was discussed at length. It was suggested that more work should be done with regard to reporting on achievements and results. A workshop on this subject was undertaken in November 2008, facilitated by a Norwegian consultant. According to

⁷ Ethiopia: A Comparative Analysis of the Social Dynamics of Abandonment of Harmful Practices in Four Locations. Haile Gabriel Dagne, May 2009.

⁸ Follow-up of the Annual Meetings with SCN-E and UNICEF/UNFPA and preparing for the MTR on the strategic partnership with SCN-E', MB/6.10.08.

SCN-E, as well as the partners, this was considered to be a useful exercise, particularly with regard to the planning of Phase II. It was agreed to work towards a more common set of indicators in the preparation of the next phase of the program.

With regard to competence-building, experience-sharing and creating linkages, there have been some shortcomings. The experiences accumulated by the different partners could be better utilized for the development of the overall project. Ideas piloted by different partners could be better shared by others working in the same area of operation. This should be the responsibility of all the partners, but as the coordinator SCN-E has held a special responsibility during Phase I. Neither has the work on systematically reviewing the partners been carried out to a level that enables the identification of the strengths and weaknesses of the various partners and the challenges they face.

A lot of lessons have been learned during Phase I, however, that can be drawn upon for the implementation of Phase II.

5.1 Future division of roles and responsibilities between SCN-E and NCA

Before the Partnership was established, SCN-E and NCA had worked as equal partners with the Embassy, both responsible for their respective cluster of partners. This arrangement worked well, even if the potential synergies for cross-fertilization and competence building were not utilized up to expectations. As stated earlier, however, these potentials have not been utilized up to expectations in the Partnership either, and the ambitions may have been too high.

A partnership with twelve partners is a demanding undertaking. As there are two equal Norwegian partners responsible for the funding and follow up of one cluster each, there are good reasons for sharing the responsibilities more equally between SCN-E and NCA. Thus a tripartite agreement is considered more suitable for the next phase.

For Phase II it is recommended that a tripartite agreement between SCN-E, NCA and the Embassy could be signed. Furthermore, it is suggested that the responsibility for capacity building measures needed, as well as looking for possible synergies, linkages and experience sharing, could be the shared responsibility of SCN-E and NCA.

Earmarked funding could be reserved for this purpose for both partners, and joint efforts could be undertaken in order to meet these challenges. Sharing of administrative costs could be discussed in this context. If the Embassy prefers to relate to one partner only, the coordinating role of SCN-E could be clearly spelled out and discussed between the two partners and the Embassy.

6. Reporting

When the Partnership was initiated in 2006, it was agreed that the reporting should be according to achievements in the regions where one or more of the partners were involved, as this was considered to be of more interest than the performance of the individual partners. An unintended consequence of this, however, has been that the partners have become completely invisible in the reporting on the achievements gained.

In the Annual Review Meeting last year the issue of reporting was discussed at length, and the Embassy requested that in future reporting the partners should be more visible, both in terms of interventions, achievements and in which areas they were working. In spite of this, there is nothing in the Preliminary End Report linked to the performance of the individual partners. It would, however, have been a challenge to document the results of the partners in the Partnership anyway. As rightly observed by the Norwegian General Auditor recently; the project has been lacking a goal structure from the very beginning and it is difficult to see how achievements can be assessed on the basis of the Appropriation Document and the Agreement.

However, as the Preliminary End Report clearly indicates, the achievements on the ground have been impressive during these four years. The cross-cutting sections on participation, challenges, best practices and lessons learnt, as well as the concrete examples referred to, are informative and encouraging reading. The Report clearly indicates that the projects in the Partnership are in line with internationally recognized principles and strategies. It has been a demanding task to merge all the individual reports into such a joint report, and SCN-E should be commended for this.

In order to make the partners more visible in the Final Completion Report from SCN-E, it is suggested that a brief profile of the individual partners in terms of background, objectives, strategies and, achievements and included in an annex.

7. Some issues of concern

7.1 The Somali Region as a new focus area

During the review, the Team explored the potentials for taking up anti-FGM work in the Somali region at a larger scale, taking the high prevalence and the severity of the cutting into consideration. There are valuable experiences gained in Afar that could be drawn upon, even if the Somali region is considered to be more challenging to work in than the Afar region. Rohi Weddu seems to be prepared to do some work in Somali at the regional level, and OWDA seems to have the readiness to expand their activities on FGM at community level. There may be other eligible partners as well.

It should be discussed with Rohi Weddu, CARE, and Women Affairs Bureau, as well as with UNICEF and UNFPA, how the experiences gained in Afar could best be replicated in the Somali region.

The Team recommends that the potentials for increasing the efforts in the Somali region are further explored. It should be ensured, however, that anybody taking up FGM work in the Somali region has solid knowledge about the experiences from Afar.

7.2 Transition from infibulation to suna

During the last 10 years, it has increasingly been observed that infibulation in many areas is substituted with the milder type of cutting - 'suna'. This is a trend that needs to be addressed. A study could be conducted to have a better understanding of the dynamics involved, and how it could best be prevented.

7.3 Clinical services

Access to clinical services for health complications caused by blockage of urine and menstrual flow is severe problem for girls and women that have been infibulated. The NGO partners could

focus more on collaboration with the respective bureaus of health, so that the health provisions are sensitive to the needs of circumcised women. *Access to clinical services for health complications due to FGM could be given more attention.*

7.4 Domestic violence

Domestic violence is reported to be widespread in the project areas. Traditionally, women are not expected to report such issues to the formal judiciary system, as they are handled by arbitration between the husband, family and community elders.

The Review Team was informed that in Fuga communities in Kembatta, incidents of domestic violence, often related to alcohol abuse, had been addressed in the community conversations. This has contributed to positive changes. Also in community conversations elsewhere, this has been reported. *As domestic violence related to alcohol abuse is frequently reported to be a serious problem, this could be addressed in the community conversations in a more comprehensive way, as an 'agenda point'.*

7.5 UNICEF and UNFPA

FGM in Afar is also a focus area for UNFPA and UNICEF in their joint program on a right-based approach to youth, funded by Norway, as well as in the Joint FGM Trust Fund to be implemented in 17 African countries, which also has got substantial Norwegian funding. UNICEF and UNFPA are also working with Rohi Weddu as a partner. In the community based projects there is no duplication with the work the members of the Partnership are undertaking, as they work in different woredas. With regard to advocacy interventions at regional level, however, there are many of the actors involved, and most of them 'claiming' credit for the achievements.

UNFPA and UNICEF are working on FGM in Djibouti and Somalia as well, and have arranged 'joint ventures' for partners across the regions. The partners in the Partnership working in Afar and Somali could have benefited from more information about such interventions.

The potentials for improved cooperation and experience sharing on the work on FGM have been stressed several times in the annual meetings between the Embassy and UNFPA and UNICEF, but very little has happened. *As the Embassy is likely to have a stronger influence in this matter than SCN-E, it is recommended that the Embassy takes stronger action on this.*

7.6 Issues related to Phase II

As the partners are the backbone of the Partnership, they have to be accountable for achievements or lack of achievements, according to their plans and expected outcomes. Otherwise it is not possible to systematically review the work of the partners to a level that enables the identification of the strengths and shortcomings of the various partners.

Therefore, it is suggested that the planned activities are not merged together with tentative allocations, as it has been done in the draft application⁹ for Phase II. Tentative allocations could rather be according to the partners, based on an assessment of their strategies and achievements in Phase I.

For Phase II, an overall project strategy for the Partnership could be developed, indicating objectives, main strategies (like working through community conversations, involving religious

⁹ Applications for grants from the Norwegian Ministry of Foreign Affairs (MFA)

and traditional leaders, media, linking up with government at all levels.), a few basic indicators (like % of decrease in prevalence in the project areas, number of public declarations) and expected outcomes related to the strategies. In this way the contribution and achievements of the individual partners could be referred to and included, where relevant, in the reporting. The reports could be increasingly oriented towards reflecting on the impact of the Partnership's achievements in the context of the national prevalence.

The project could also be instrumental in highlighting the achievements of each partner NGO, so that they could be recognized as important resources in scaling up the FGM work, as well as in supporting less experienced NGOs/CBOs in future work. All these are issues to be discussed thoroughly during the appraisal.

It should, however, be taken into consideration that social change is always linked to a plurality of factors. In this kind of change processes in the communities, nobody can claim the ownership to the results. It is important, though, to be able to indicate the likeliness of contribution, in a way that makes sense.

8. Conclusions and recommendations

- *The overall impression of the Review Team is that the changes taking place on the ground are impressive. As documented by the partners, there is no doubt that the incidence of FGM and other harmful traditional practices in the project areas visited has been substantially reduced during the last few years. All the partners are working in line with most of principles recognized internationally.*
- *There are, however, still potentials for strengthening the sharing of experiences, problem solving and drawing on the comparative strengths of the various partners within the Partnership, as well as other actors working in field of FGM. Furthermore, ways of ensuring sustainability of the achievements should be considered.*
- *With the limited funding available for community based interventions, priority could be given to 'soft' components related to improving the situation of girls and women. The approach of CARE, as well as the methodology of PMC, is absorbing a substantial part of the total budget.*
- *All partners with Norwegian funding involved in development work in areas where FGM is prevalent should be encouraged to consider ways of mainstreaming the abandonment of FGM in their other development interventions.*
- *The potentials for increasing the efforts in the Somali region could be further explored. It should be discussed with, Rohi Weddu, CARE, and Women Affairs Bureau, as well as with UNICEF and UNFPA, how the experiences gained in Afar could best be replicated in the Somali region. It should be ensured, however, that anybody taking up FGM work in the Somali region has solid knowledge about the experiences from Afar.*
- *Transition from infibulation to 'suna' is an increasing trend that needs to be addressed. A study could be conducted to have a better understanding of the dynamics in this trend. Access to clinical services for health complications due to FGM could be given more*

attention. This is an area that requires lobbying and capacity building with government health bureaus.

- *As domestic violence related to alcohol abuse is frequently reported to be a severe problem, this could be addressed in the community conversations in a more comprehensive way, as an ‘agenda point’.*
- *To make the partners more visible in the Final Completion Report, it is suggested that a brief profile of the individual partners in terms of background, objectives, strategies and achievements are included in an annex.*
- *For Phase II, it is recommended that a tripartite agreement between SCN-E, NCA and the Embassy is signed. If the Embassy prefers to relate to one partner only, the coordinating role of SCN-E should be clearly spelled out and discussed between the two partners and the Embassy.*
- *For Phase II, it is suggested that the responsibility for capacity building measures needed, as well as looking for possible synergies, linkages and experience sharing, could be the shared responsibility of SCN-E and NCA.*
- *Earmarked funding for such measures could be set aside for both partners, and joint efforts could be undertaken in order to meet these challenges. Sharing of administrative costs could be discussed in this context.*
- *For the application for Phase II, a profile of the individual partners could be attached, justifying the tentative allocation. As basis for future support, the assessment of achievements in Phase I, adherence to the essence in the principles listed in section 3, as well as the good practices referred to in section 4, could be used as criteria.*
- *Furthermore, it is suggested that the planned activities are not merged together with tentative allocations, as it has been done in the draft application for Phase II, as this does not give any indication of the share between the partners.*
- *For Phase II, an overall project strategy for the Partnership could be developed indicating objectives, baseline information where available, main strategies, a few basic indicators and expected outcomes. The contribution and achievements of the individual partners could be referred to and included, where relevant, in the reporting.*
- *The reports could be increasingly oriented towards reflecting on the impact of the Partnership’s achievements in the context of the national prevalence. SCN-E, or both partners jointly, could be responsible for a more analytical, concluding remark. The project could be instrumental in highlighting the achievements of each partner so that they could be recognized as important resources in supporting less experienced NGOs/CBOs in future work.*
- *Future priorities could be discussed with the partners and be reflected in the documentation for the appraisal in order to identify what would be the priorities in case of limited budget.*

Annex 1

Terms of Reference

End Term Review (ETR) of the Strategic Partnership of the Royal Norwegian Embassy with Save the Children Norway Ethiopia (SCN-E) for the Prevention and Eradication of FGM and other Harmful Traditional Practices (HTPs)

(Strategic Partnership: "ETH-3030 / ETH-06/019- FGM and Other HTPs Prevention")

I. Background Information

Ethiopia is composed of a wide variety of different ethnic groups, and is known for its diversified cultural and traditional practices. Some of these traditional and cultural practices serve specific purposes to, inter alia, and ensure social cohesion and the survival of communities. Many traditional practices are, therefore, integral to both the sense of individual and communal identities. However, the role of traditional practices is not always positive. There are long standing traditional practices that are detrimental to the well being and health of individuals; and can be seen to be in breach of human rights. The impact of these harmful traditional practices can be life long. Women and children in particular fall victim to such practices. To mention but a very few of the traditional practices that negatively affect women and children in Ethiopia are Female Genital Mutilation (FGM), child marriage, abduction, milk teeth extraction, uvulectomy, tonsil scratching, and male child preference.

In 2003 the Norwegian Government developed an “*International Action Plan for Combating FGM*”. Ethiopia was identified as a pilot country for an intensified effort. In Feb/March 2006, the Norwegian Embassy in Addis Ababa commissioned a review team to do an initial assessment as to how the Action Plan could best be translated into the Ethiopian context. In the report by the review team, it was recommended that the Embassy increase its support to carefully targeted local, Norwegian and international NGOs that were actively working in the fight against FGM in Ethiopia, provided that they had the required expertise and capacity. It also suggested that priority be given to projects with a community based approach and a particular focus be directed to the regions where the severity and consequences of FGM are utmost.

Following the review, the Embassy formulated a proposal for the implementation of the Norwegian Government’s International Action Plan for Combating FGM in Ethiopia. In December 2006, it entered into a Strategic Partnership Agreement with Save the Children Norway in Ethiopia to which, a second phase of the Joint Programme on FGM by SCN-E and Norwegian Church Aid/Ethiopia (NCA/E) later became part. This End Term Review (ETR) is to assess on the overall performances of the Strategic Partnership ending in 2010. Findings from the review are expected to be of paramount importance in giving guidance and directions in designing the second term strategic partnership plan for the period of 2011-2015.

II. Objectives of the End-term Review

- Assessing to what extent the projects under the strategic partnership have proceeded against plans and to what extent the desired outcomes have been achieved.
- Gauging roles of SCN-E as a strategic partner to the Embassy as well as to the implementing partners, in terms of coordination, quality assurance, capacity building, advocacy, networking and monitoring aspects of the projects.
- Coming up with feasible recommendations for an even better performance and results in the future.

III. Scope and Highlight of Specific Tasks

3.1 Review of the Strategic Partnership

The review shall limit its scope to the on-going projects of SCN-E and NCA/E under the strategic partnership and will undertake, but not limited to, the following specific tasks.

- Assess implementation of the projects under the strategic partnership against plans and intended results.
- Assess involvement of different stakeholders in the programme (children, parents, community members, community based organizations (CBOs, NGOs, authorities, etc.).
- Measure the effectiveness of the various approaches applied in the community based projects.
- Assess on the effectiveness of the competence-building measures undertaken. .

- Review to what extent have key change agents such as religious leaders, tribal and clan leaders, teachers, children, and journalists been targeted.
- Assess the efforts made concerning lobbying and advocacy with the government at national and regional levels, as well as networking with other like-minded organizations and stakeholders.
- Assess the result based management efforts made.
- Figure out promising results achieved, lessons learnt, and best practices documented.
- Analyse on the actual and potential levels of collaboration with the UNFPA/UNICEF FGM interventions.

3.2 Review of the organizational Capacity

On the basis of observations and findings from the last MTR, assess if any substantial changes have taken place with regard to the overall SCN-E's coordination roles.

IV. Methodology

The review in its nature shall be participatory to the extent possible and would include at least the following.

- Review of documents
- Key informant interviews
- Focus group discussions
- Visits to the relevant organizations in Addis
- Field visits to selected sites
- Undertake debriefings

V. Roles and responsibilities

5.1 SCN-E and NCA/E shall:

- Be responsible for the overall coordination of the review
- Recruit the local consultant/field assistant
- Prepare a program for the overall review, which includes appointments with relevant institutions and people, as well as trips to the field
- Participate in the ETR meetings and field visits as deemed necessary
- Assist the ETR Team with the provision of information and contacts

5.2 The Royal Norwegian Embassy shall:

- Have the overall responsibility of the ETR process
- Assist the ETR Team with the provision of information and contacts
- Participate in the ETR meetings and field visits as deemed necessary

VI. Deliverables

The final report shall be concise, incorporating at least the following major components.

- Executive summary
- Introduction and purpose of the review
- Review approach and methodology
- Findings and discussion
- Conclusion and recommendations

VII. The review team shall comprise of:

Marit Berggrav - Team Leader
Hirut Tefferi - Consultant

VIII. Timeframe and budget

The overall task of conducting the ETR, including all field visits, analysis of findings, submitting draft and final reports should not altogether take more than two months. The review will take place 6-18 of September, with the delivery of the draft report by 15 October. Comments on the draft, if any, from the Embassy and SCN, will be forwarded to the team by 22 October with the delivery of the final report by 5 November 2010.

The costs for the local consultant will be covered by SCN-E while the Ministry of Foreign Affairs –Oslo is expected to cover all the other costs.

Annex 2

Key informants

	Name	Organization	Position
Afar			
1.	Asmelash W/ Mariam	Rohi Weddu	Executive Director
2.	Fatuma Faate	Rohi Weddu	Coordinator
3.	Kassaye Mezmur	Care	Project Manager
4.	Gashaw Admase	Care	Comm. Facilitator
5.	Shek Ahmed	Awash Fentale Woreda	Community leader
6.	Meimuna Ali	Dudu Kebele, Awash Woreda	Ex- circumciser
7.	Sheik Moussa Oumer	Awash Woreda	Religious leader
Kembata			
8.	Asfaw Awane	MOFED	MOFED
9.	Andebo Fitamo	MOH	MOH
10.	Siyoum Mulatu	MOWA	MOWA
11.	Kifre Markos	MOJ	Judge
12.	Dana Demisse	Woreda Police	Police officer
13.	Alemu Dutbecho	Kachebirra KMG	Coordinator
14.	Desta Meme	Comm. Radio	Manager
PMC			
15.	Negussie Teffera	PMC	Country Rep.
16.	Mesfin Assefa	PMC	Radio Social Drama
17.	Hailu Belachew	PMC	Project Coordinator
SCN-E			
18.	Lois Mushoga	Scn-E	Country Rep.
19.	Mohamed Jemal	SCN-E	Program coordinator
NCA			
20.	Hans Birkeland	NCA	Country Rep.
21.	Kidist Belayneh	NCA	Program Coordinator
22.	Addis Alem Befikadu	NCA	Program Coordinator
ECEE			
23.	Rev. Alemu Shetta	ECFE	Gen.Secretary, ECFE
24.	Rev. Tsegaynesh Ayele	ECFE	ECFE Head of dep.
EGLDAM			
25.	Hilina Abebe	EGLDAM	Network Coordinator
OWDA			
26.	Omer Abdulahi Hersi	OWDA	Executive Director
27.	Mohammed M. Omer	OWDA	Program Director
28.	Ayan Abdella	OWDA	Gender Focal Point

Annex 3

List of Abbreviations

CBO	Community Based Organization
CSO	Civil Society Organizations
ECFE	Evangelical Churches Fellowship of Ethiopia
EGLDAM	Ye-Ethiopia Goji Limadawi Dirgitoch Aswegaj Mahber
FBO	Faith Based Organizations
FGC	Female Genital Cutting
FGM	Female Genital Mutilation
HTP	Harmful Traditional Practices
KMG	Kembatta Women’s Group
MOFED	Ministry of Finance and Economic Development
MOH	Ministry of Health
MOJ	Ministry of Justice
MOWA	Ministry of Women Affairs
NCA	Norwegian Church Aid
OWDA	Ogaden Welfare Development Association
PMC	Population Media Centre
SCN- E	Save the Children, Norway in Ethiopia
SRHR	Sexual and reproductive health and rights