

# **Prevention and Eradication of Female Genital Mutilation (FGM) and other Harmful Traditional Practices (HTPs) in Ethiopia**

**Save the Children Norway-Ethiopia and Partners**

**Mid-Term Review (MTR)**

**25<sup>th</sup> November – 5<sup>th</sup> December 2008**

**Final Report**

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## 0. Executive Summary

In December 2006 the Norwegian Embassy in Ethiopia signed a four-year contract of NOK 44,4 mill. with Save the Children Norway-Ethiopia (SCN-E) in order to coordinate a ‘Strategic Partnership’ on FGM in Ethiopia. At its initial stage the Partnership was constituted of three partners in addition to SCN-E, but later two more partners were included. The main interventions undertaken within the Partnership are community based approaches, media communication and documentation.

The overall purpose of the Mid-term Review (MTR) was to assess to what extent the projects within the Partnership were proceeding according to plans and desired outcomes. It focused particularly on aspects related to strategies, coordination, capacity building and advocacy. The Review team met with the partners and with other organisations related to the Partnership. It also made a three-day field trip to Awash, Afar.

FGM is widespread in Ethiopia in rural as well as urban areas. The recent national survey, reports a general decrease in FGM prevalence from 73% to 56% during the last ten years. Notwithstanding these encouraging results, there are also indications that regions such as Afar and Somali, are lagging behind, with a FGM prevalence of almost 90%. In addition infibulation is the dominant type of FGM in these two regions. The prevalence coupled with the severity of the cutting are the main reasons for the Partnership focusing on Afar.

The general impression of the Team is that the different partners of the Partnership perform well and their strategies and approaches are sound and well suited for the task ahead. Some partners are in fact doing very good work in terms both of results and of impact, and SCN-E has been able to meet challenges in commendable ways. A particular strength of the Partnership is that the partners complement each other by operating selectively, but simultaneously, on national, regional and local levels, targeting different categories of stakeholders. On the whole, the experience with community-based approaches has been promising. It is the community that must change, not the individuals. There are indications that the FGM prevalence is decreasing, also in Afar region. The Team observed progress in terms of awareness raising and coverage, as well as considerable commitment from regional leaders and local key persons. Some key concerns and recommendations:

- Geographical coverage is essential to facilitate social change. In order to change traditions and cultural practices, it is important to establish a ‘critical mass’ of committed families. *The interventions should, to the extent possible, be undertaken simultaneously in adjacent intermarrying villages.*
- *Continuous involvement of religious and traditional leaders is crucial* in a place such as Afar where most people still adhere to local perceptions and ways of life.
- Since ‘marriage ability’ is acknowledged to be a driving force in maintaining FGM, *men of all ages and not least adolescent boys, should be more carefully targeted in practical project work.*

- *An effort should be made towards developing a common approach with all stakeholders concerning the reported transition from infibulation to sunna.*
- *The Team recommends that clinical services for women and girls suffering from adverse affects of FGM should be considered.*
- *It is the opinion of the Team that the efforts against FGM in Afar are promising and should be continued, and that planning for interventions beyond 2010 should be started. There is a momentum for change that should be grasped.*

## **1 Introduction**

### **1.1 Background**

The Norwegian ‘*International Action Plan for Combating Female Genital Mutilation (FGM)*’ was launched in 2003. Ethiopia was identified as a pilot country where an intensified effort to tackle this issue would be undertaken.

In 2006, the Norwegian Embassy in Ethiopia formulated a ‘*Proposal for the Implementation of the Norwegian Government’s International Action Plan for Combating FGM in Ethiopia*’, suggesting how the Action Plan could be best translated into the Ethiopian context. It was recommended that the Embassy should increase its support to local, Norwegian and international non-governmental organisations (NGOs) working actively against FGM in Ethiopia, considering they had the required competency and capacity. It was also suggested that priority should be given to projects with a community-based approach. A particular focus should be on regions where the severity and adverse consequences of FGM are greatest, such as the Afar and Somali regions. In order to reduce the burden of work on the Embassy staff, it was suggested that a strategic partner should be identified to facilitate coordination and follow-up of the FGM work in Ethiopia, funded by Norway.

On this background, the Embassy opted for Save the Children Norway-Ethiopia (SCN-E) as a coordinating partner, and a contract of NOK 44,4 mill. was assigned on 12.12.06 for a period of four years. Initially, the Partnership included CARE-Ethiopia, Population Media Centre (PMC), and Ye Ethiopia Goji Limadawi Dirgitoch Aswogaj Maherber (EGLDAM), with SCN-E as the coordinating body. Later, two additional partners were identified, which were: the Afar Women’s Affairs Bureau and Rohi-Weddu Pastoral Women Development Organizations; they took up projects in 2007.

The CARE-Ethiopia project in Afar was an extension of an already-ongoing programme, but with expansion of activities to additional *woredas*. PMC formulated a project focusing on awareness-raising and attitude-changing radio programmes. The EGLDAM conducted a follow-up study of the 1997 ‘*National Baseline Survey on Harmful Traditional Practices in Ethiopia*’. As the contract expired in 2008, EGLDAM has recently submitted a request for continued funding.

The Joint Programme on FGM by SCN-E and the Norwegian Church Aid (NCA), which started in January 2006, was due to expire by the end of 2008. A Mid-term Review (MTR), undertaken in November/December 2007 strongly recommended that the support to NCA

should be continued. This was agreed by the Embassy, and a funding request for the continuation of the Joint Programme, within the Partnership agreement, was recently submitted for the period 2009–2010.

### **1.2 The Mid-Term Review (MTR)**

The overall purpose of the MTR was to assess to what extent the projects within the Partnership were proceeding according to plans and desired outcomes. The Terms of Reference (ToR) requested several specific issues to be covered, like the approaches chosen, the involvement of stakeholders, the selection of change agents; it also requested a review of the efforts made concerning networking, advocacy and documentation. Furthermore the Team were to assess the role of SCN-E as a strategic partner with the Embassy, as well as with the implementing partners, regarding coordination, quality assurance, capacity-building, advocacy and networking. Finally, the Team were to make recommendations as to any required improvements that could be made in future programming. The Terms of Reference for the ToR is attached as Appendix I.

### **1.3 Methodology and Outline of the Report**

This report is based upon a review of background documents and relevant published material pertaining to the various partners within the Partnership. A self-assessment form, addressing potential benefits arising from the Partnership, as well as issues of productivity within each partner organisation, was administered to, and responded by all the partners. The Team conducted a visit to Ethiopia from 25.November to 5.December 2008, including three days in Awash, Afar. In Addis Ababa, several organisations, directly and indirectly related to the Partnership, were contacted and in Afar, the team visited some of the project sites and interviewed a number of staff members. A list of organisations and key persons they met is given in Appendix II.

This report has been introduced with a background section; it will follow with a brief introduction to the FGM situation in Ethiopia, which will set out its prevalence, trends and changes. After that, there will be a brief description of the Afar region as the major target area of FGM interventions within the Partnership.

In the following sections, the different partners within the Partnership will be presented, describing the strategies, activities, strengths and challenges related to issues raised by the ToR. In Section 5, some observations on the UNFPA/UNICEF Joint Trust Fund will be addressed. Section 6 will point out some concerns that are considered to be of particular relevance to the efforts that are aimed at decreasing the prevalence rates of FGM. Finally, in Section 7, some recommendations will be presented.

For the sake of clarity the term FGM will be used throughout the report, even though FGM/C (Cutting) sometimes may better cover the range of different cutting types practiced. The double acronym FGM/C is conventionally used in United Nation (UN) reporting. Female Genital Cutting (FGC) is more politically neutral than FGM. However, in combination, the terms mutilation and cutting tend to blur the message. FGM is the term used in the Norwegian Action Plan.

## **2 Harmful Traditional Practices and Female Genital Mutilation in the Ethiopian Context, a General Overview**

### **2.1 Prevalence of Harmful Traditional Practices, with Particular Emphasis on Female Genital Mutilation**

There are various harmful traditional practices (HTP) being carried out in Ethiopia. Many of these are strongly rooted in religious beliefs or in beliefs and practices relating to the health of children and adolescents and in constructing cultural identity. These HTPs are supported through informal social structures that still exist in many communities. Even if individual parents may be reluctant to carry out HTPs on their children, they often do it because of social pressures. The harmfulness of traditional practices can vary in severity; one of the most harmful is considered to be FGM.

FGM is widespread in Ethiopia. The practice is common in rural areas as well as in towns. In some pockets of the west and southwest of the country, however, FGM is not practised as a tradition. Types of FGM vary, from the most radical form of infibulation or Pharaonic circumcision in Afar and Somali, to a minor incision in infancy in the Amhara region. Again, in the southern regions, girls undergo clitoridectomy at early puberty. Such FGM practices may also change over time. For instance, informants claim that recently, they saw a transformation from infibulation to a *sunna* type of FGM; a transition from a more severe to a less severe and religiously-sanctioned form of cutting (see below).

FGM is banned by law in Ethiopia, by the Revised Penal Code of 2005, but there are no stated policies or strategies in order to combat the practice. Ministry of Women' Affairs (MOWA) is the line ministry.

### **2.2 Changes Observed**

The follow-up survey<sup>1</sup> conducted by EGLDAM indicates that although there is a marked increase in the level of awareness of the public concerning HTPs, the level of behavioural change is not as large as one would wish. Although many communities recognize the harmfulness of the practices, they still continue to practice them.

Nevertheless, the Follow-up Survey, when compared to the '*Baseline Survey*' (1998), shows a decrease of FGM, and other HTPs, in all regions except Somali<sup>2</sup>. The national average of the decrease in FGM prevalence is 24.4%, from app.73% to 56% during the last ten years. The figures vary between regions: with the greatest decrease in Tigray of 53.4% (48.1% in 1998 to 21.2% in 2008), and with the lowest decrease in Afar of 7.5% (94.5% to 87.4%). Addis Ababa reports a decrease of 25.6% (from 70.2% to 52.2%). The overall national figures are encouraging, but they also demonstrate that regions, such as Afar and Somali, are lagging behind in abandoning the practice.

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<sup>1</sup> Follow up National Survey on Harmful Traditional Practices in Ethiopia (EGLDAM 2008)

<sup>2</sup> This difference is said to be related to the influx of Somali refugees from neighbouring Somalia/Somaliland where campaigning against FGM is less successful.

The figures concerning other HTPs, such as uvula cutting, milk-teeth extraction, under-age marriage and marriage by abduction, show a steady decline. All these practices had a baseline prevalence of less than 60%. The highest was *uvula* cutting (of 58.4%) and the lowest was marriage by abduction, with 23.3%. According to the survey figures, these practices showed an average decrease of 10% or more. Compared to FGM, the other HTPs have a much lower national prevalence.

Besides changes in types of FGM, noted above, there are also changes with regard to the age of children, who are submitted to these practices. Some informants claimed that the lower the age of the girls at circumcision, the faster their wounds will heal. There is also less bleeding and less pain in younger girls. Furthermore, there is a tendency among the minority groups of many communities, to imitate the cultural practices of socially superior groups. This copying is often driven by a wish to marry off daughters to privileged others.

In general, there appears to be more discussions in the media concerning the overall rights of children and people's rights regarding HTPs. There is also an increased involvement of religious organizations in providing information to the public concerning the irrelevance of performing HTPs as a religious duty. As a result, urban centres are more exposed to information campaigns and thus more likely to show behavioural changes faster. However, much needs to be done with regard to addressing rural communities as well as disadvantaged communities as they develop.

### **3 Focus on the Afar Region**

The major reason for targeting Afar is the prevalence and the severity of the FGM practiced in the area, as well as the region's relative economic underdevelopment. The region's population is around 1.4 million and they are predominantly Muslim pastoralists. It is claimed that they are very traditional and somewhat isolated from mainstream Ethiopian culture and society.<sup>3</sup>

The dominant political structure in Afar society is the patrilineal clan organisation, consisting of several semi-autonomous lineages. Lineages are related to each other in several ways, but particularly through intermarriage and various kin ties. Community leaders are recruited from certain lineages within clans and young people marry relatives on the mother's side.<sup>4</sup> The multiple intersecting of ties contributes to making Afar a remarkable, culturally-coherent society.

As a whole, the region is underserved in terms of health care, educational opportunities and social services. The literacy rate is estimated to be less than 10% and the shortage of qualified Afar professionals in regional government hampers development efforts<sup>5</sup>. There is one doctor per 86,660 people. Maternal health-care indicators are alarming, with 15%

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<sup>3</sup> Central Statistical Agency, 1996 census.

<sup>4</sup> Halaidegi FGC Action Research, Bi-annual Progress report, Care Ethiopia, 2007.

<sup>5</sup> Afar Pastoralist Development Association Ethiopia, 2006: Good practices in literacy / non-formal education and primary health programs.

antenatal attendance and less than 4% institutional delivery<sup>6</sup>. Due to the high number of pregnancies per women, an Afar woman has a one in twelve lifetime chance of dying from pregnancy-related complications. According to the latest census, the male/female population is seriously skewed with 57% men and only 43% women.<sup>7</sup> Life expectancy is reported to be 57 years for men and approximately 50 years for women.

According to the '2005 Demographic and Health Survey', 91.6 % of the women in Afar are circumcised. The EGLDAM Follow-up Survey (2008) reported a prevalence of 87.4%. The predominant FGM method is infibulation, performed on girls aged from birth to twelve years old. Girls have their outer genitalia scraped off and the bleeding sides of the *labia majora* are held together with thorns or grow together by themselves; the girls' thighs are tied to together and they are left in a lying position for forty to sixty days. The intervention contributes to considerably biased mortality rates between males and females from an early age. Rohi-Weddu field staff reported that overall infant (below one year) mortality is 118/1000, with 107/1000 for males and 133/1000 for females. Overall child mortality (one to five years) is 174/1000, with 150/1000 for males and 206/1000 for females. This means that approximately one in five girls die before the age of five.

In Afar, circumcision is defined as a religious act performed on girls to maintain cleanliness, preserve virginity and good health and to increase matrimonial opportunities. The cutting is organized as a tri-annual event in connection with Islamic holidays (Id) and is perceived as closely associated with Islam. The circumciser is usually an aged woman, often also serving as a traditional birth attendant (TBA), from the same or a neighbouring village.

## **4 Partners: Strategies, Strengths and Challenges**

This section discusses the partners within the partnership and reviews their major activities, strengths and challenges in the field of FGM.

### **4.1 Save the Children Norway-Ethiopia (SCN-E)**

SCN-E has considerable experience in fighting FGM and other HTPs by operating in the Northern Gondar, Amhara region, where they have supported a wide range of projects for the advancement of the rights of girls and women. Based on its experiences in Gondar and its documented successes there, SCN-E was assessed as an appropriate strategic partner.

Within the Partnership, SCN-E's chief function is to provide technical and administrative assistance – in terms of joint annual planning, channelling 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

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<sup>6</sup> Central Statistical Agency, 2006: Ethiopia Demographic and Health Survey, 2005, Preliminary Report.

<sup>7</sup> Central Statistical Agency, 1996 census.



collaboration among the Partners. Another function of SCN-E is to act as an interface between the Embassy and the other partners.

In order to ensure information exchange and mutual learning, an Anti-FGM Forum has been established among the partners of the Partnership. The Forum's purpose includes: improving coordination, harmonizing activities and information sharing, as well as facilitating better exchanges of resource materials and experiences. The Forum helps to emphasize the responsibility and autonomy of each partner.

There has been some confusion concerning the role of SCN-E as a 'strategic partner'. This is partly because the ambition of such an arrangement was vague from the very beginning. For instance, the selection of partners was not based on a well-defined strategy. The Partnership consists of autonomous partners, who have high competences in different fields; and the interventions being undertaken within the Partnership are only part of what the partners are doing in this field. Thus it may be awkward for SCN-E to take a 'lead' in areas where some of the partners may be stronger and even better suited for a 'lead' position, in terms of project experiences.

The challenge is to make sure that the efforts made by the partners are supporting, not duplicating each other, and that synergies and linkages are made wherever possible and appropriate. This should be the responsibility of all the partners, but as the coordinator, SCN-E holds a special responsibility in this respect.

#### *Strengths and challenges*

SCN-E seems to have the necessary administrative and professional competence to take on the role of a coordinating body. According to partner organizations visited by the Team, they enjoyed a good working relationship with SCN-E. In particular SCN-E was praised for being expedient in allocating funds and, in general, playing a supportive role.

This was confirmed in the thorough assessment of the organizational capacity of SCN-E, which was undertaken during the MTR of the Joint Programme, in December 2007. The review found that SCN-E was effective, that plans were being adhered to, deadlines were being met and cost-efficient models were being sought. Since December 2007, the frequency of monitoring visits and dialogue with the partners has increased. Furthermore, there has been substantial work to make reporting more focused on results.

The initial progress reports, produced by the Partnership, did not give sufficient information on strategies, indicators and achievements for some of the partners. It should be noted, however, that the Progress Report for 2007/8 indicated considerable improvements. The Team was particularly impressed by the observations formulated in the Concluding Remarks of the Report,<sup>8</sup> discussing the complementary nature of strategies being used by the partners and the potential synergies involved.

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<sup>8</sup> *Progress Report of 2007/8 on the New Strategic Partnership between the Royal Norwegian Embassy of Norway and Save the Children Norway-Ethiopia, SCN-E, September, 2008.*

During the Annual meeting with SCN-E in October 2008<sup>9</sup>, it was suggested that these weaknesses be rectified by improving the reporting processes with regard to achievements and results. A workshop on this subject was undertaken in November 2008, facilitated by a Norwegian consultant.<sup>10</sup> According to SCN-E as well as the partners, this was a useful exercise. It was agreed to work towards a more common set of indicators in preparation of the next phase of the programme.

According to the responses made in the self-assessment by SCN-E, they feel that interaction with the partners has been improved, but that staff capacity within SCN-E limits further improvements. As several of the SCN-E staff are already involved in other projects where FGM should be mainstreamed, like education, violence and sexual abuse, HIV and AIDS and promotion of children's rights, SCN-E management should ensure that mainstreaming of FGM into these projects is given due priority.

#### **4.2 CARE-Ethiopia**

CARE has worked with primary health care agencies in Afar since 1996, and in 2003 the CARE Awash FGM Elimination Project was developed. Based on the experiences gained from a multi-country FGM project (1999–2003), where Afar was one project site, an integrated comprehensive health project, aimed at the elimination of FGM, was initiated. The project also included other components, such as realization of women's rights, promotion of healthy and safe reproductive health practices, awareness and prevention of HIV, and strengthening of the community-based health care system.

The project is implemented by CARE with close collaboration with Afar regional authorities, including the local Ministry of Health and Women's Affairs Office, the Sheria Court and Islamic Affairs, as well as village health committees and religious and community leaders. CARE-Norway and CARE-Austria, funded the first three-year project period (2003–2006). CARE works in five different *woredas* and at the regional level; it is receiving funding from several donors, including: CARE-Austria and CARE-Germany, as well as the Dutch Embassy and Farm Africa-Ethiopia (Difd). The project, Afar Women & Girls Sexual, Reproductive Health, and Livelihoods Rights Project (2007–2010), is supported as part of the Partnership.

A guiding principle for CARE's work is that communities and individuals have the right to decide issues for themselves. The role of CARE, as an external, secular organization, is primarily to provide information and to facilitate community-level discussion and debate on the issue of FGM and other HTPs. CARE is using a multifaceted approach, including awareness-raising, advocacy activities and local capacity building. The following interventions are included in the project:

- Extending the coverage of community conversations to new villages;
- training traditional birth attendants (TBAs) and primary health workers (PHW);
- mass information campaigns;
- radio programmes, providing radios and organising listening groups;

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<sup>9</sup> '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.

<sup>10</sup> Internal report by Marilyn Lauglo

- training and support to women's and girls' Anti-FGM promotion clubs/groups;
- targeting women and young mothers through savings and credit groups;
- training in accountancy and financial management;
- addressing education for marginalized girls and young mothers;
- encouraging local governance processes to become responsive to women/girls sexual and reproductive health and rights (SRHR) and livelihood security.

The project involves a wide range of stakeholders: community members (in particular women), local government, traditional and religious leaders as well as the police and judges/prosecutors. It also strengthens the anti-FGM committees, which are being formed at *woreda* level.

### *Strengths and challenges*

The obvious strength of this programme is the comprehensive community-based approach in which the target groups identify and define their own problems and discuss how to act on them. For instance, local, religious and indigenous institutions, such as the traditional *dago* communication system, are being utilized in the project process. This approach, based upon respect and building trust with the community, appears to be an appropriate implementation strategy in a place like Afar.

However, FGM continues to be widespread throughout the region (EGLDAM Follow-up Survey 2008). Until recently, resistance from Muslim leaders and the strong perception from the community that FGM was a religious obligation was a major challenge. Currently however, religious leaders are increasingly drawn into anti-FGM activities. The Team met several religious leaders, who work actively against the practice by explaining to the community that FGM is not mandatory according to the Koran. There is however, still resistance from some religious scholars, who argue that cutting the tip of the clitoris is a religiously-purifying act (*sunna*).

According to project workers, intermarriage with other communities in Afar that still practice FGM is experienced as a major obstacle, which calls for a scaling up of the project and a more comprehensive involvement of men and young boys.

A major concern in the change process now taking place in the project areas, is the protection of non-circumcised girls, to avoid them being shunned and ridiculed during the transition period where the number of non-circumcised is still limited. It is important to establish a positive identity, as a non-circumcised girl. Education of this group of girls is seen as pertinent in terms of supporting the process from resistance to acceptance and hence, to make the process legitimate and sustain the achievements of the programme.

CARE's comprehensive, integrated approach is very relevant, as well as demanding. This will be further discussed in 6.1.

According to responses in the self-assessment, CARE is satisfied with its choice of strategies and openness to new learning; the Team can subscribe to this opinion. Regarding challenges, they mention staffing and interaction with partners.

### **4. 3 Population Media Centre (PMC)**

PMC was established in Ethiopia in 2000 as a non-profit, non-political, non-governmental and non-religious organization, which specialises in various forms of media communication (radio, theatre, creative art). Its project period with SCN-E runs for four years, from 2007–2010.

The overall objective of PMC project is to improve the health of girls and women by addressing women's reproductive concerns, including harmful traditional practices and FGM. The project has a national coverage, as well as a special focus on the Afar and Somali regions. The major components are: radio serial drama and transmission in Amharic; targeted radio programmes for Afar and Somali; printed posters and leaflets and capacity building of religious leaders, young people and media practitioners. The project also broadcasts programmes in vernaculars on Radio Ethiopia (and repeated on frequency modulation (FM) stations) for the Afar and Somali regions.

PMC also networks with other like-minded organisations. Before implementation in Afar and Somali regions, they investigated the different anti-FGM activities in the area and then developed links with them. In particular, PMC has been targeting religious leaders and young people, as key change agents in the abandonment of FGM. They also work on consensus building through workshops and meetings. During some of the workshops the facilitators have developed a plan of action to bring back to their own respective communities, to be used when organising their own meetings.

#### *Strengths and challenges*

PMC is a highly professional organisation employing a well-developed media methodology, aiming at both national and regional coverage. Their evaluation and monitoring activities (analyses of the listeners groups' diary and listeners' letters) give useful feed-back and input to ongoing campaigns. These evaluation activities form part of the research-based, social-content media communication strategy, which guides PMC's work, in general. Another example of PMC's research-based and culturally-sensitive approach is the rapid assessment study of cultural values and social norms supporting the practice in Afar and Somali regions ahead of implementation.<sup>11</sup>

Obvious strengths of PMC are their professional methodologies as well as their research-based and culturally-sensitive approach, documented in publications and the production of high-quality material through different media channels. It is also a strength that PMC simultaneously reaches out to key change agents and stakeholders on the national, as well as regional and district, levels. Furthermore, PMC emphasizes the importance of networking with other stakeholders in the field, as, for example with EGLDAM, Women's Bureau and Rohi-Weddu.

Through these various exercises, PMC has, as far as the Team is concerned, managed to systematically position itself and relate to other stakeholders in the overall anti-FGM work in these regions, as well as on national level.

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<sup>11</sup> *Rapid Assessment of Female Genital Mutilation in Somali and Afar Regions*, Population Media Center & Save the Children-Norway, May, 2008.

One weakness of the project, however, is that it is relatively expensive, drawing near to one-third of the budget of the Partnership. When the Team discussed this issue with PMC, they referred to the high price of air time and increasing prices in Ethiopia, in general.

#### **4. 4 Ye Ethiopia Goji Limadawi Dirgitoch Aswogaj Maherber (EGLDAM)**

EGLDAM<sup>12</sup> is a lobbying, advocacy and networking institution. It is the national branch of the Inter African Committee (IAC), a pan-African organisation, which is located in Addis Ababa. EGLDAM has its own website, functions as a documentation resource centre and coordinates a network of 40 NGOs.

The EGLDAM's contract with the Partnership runs for two years (2007–2008). Its major activity within the Partnership has been to update the National Baseline Survey on HTPs, conducted in 1997. The Follow-up Survey, launched in June 2008, has examined major changes on prevalence, knowledge, attitude and intention (as well as on behavioural change) towards HTPs, on a national level. Strategies for future direction have also been recommended.

Another activity was to produce a more comprehensive and updated English version, as well as a translated version into Amharic of the book '*Old beyond Imaginings/Harmful Traditional Practices/Ethiopia*' which was based upon the 1997 survey. The Team was informed that the updated, English version of the book has been finalized, but not yet published, and that the translated version into Amharic was in the pipeline.

#### *Strengths and challenges*

EGLDAM seems to be well-placed in the Ethiopian political and governance landscape for the lobbying of various decision-makers at federal government level. The organisation has also developed good networks at a regional level through its earlier work and because of having conducted the two surveys. The Baseline Survey has been an important source of information for policy makers and contributed to the incorporation of FGM and other HTPs in the penal code and family law. Likewise, the Follow-up Survey has been distributed to a wide range of partners. During the MTR, the Team noticed that many stakeholders spontaneously mentioned the Survey as a useful point of reference in their own anti-FGM work. The value of evidence-based findings should not be underestimated in the efforts to abandon HTPs in a setting such as Ethiopia.

Although supported by several donors (Pathfinder, IAC, Norwegian Church Aid and others), EGLDAM struggles to sustain itself at an optimal, infrastructural level. Among other things, the present staff capacity is far too inadequate. Another challenge, which EGLDAM is facing, is the need to clarify its future focus and priorities and to think strategically on its position in the broader national picture and on how best to contribute to the effort to eliminate FGM. This is also reflected in EGLDAM's self-assessment

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<sup>12</sup> EGLDAM is the former National Committee of Traditional Practices Ethiopia (NCTPE).

form, where it states a need to work more on objectives and strategies. They also report on the limitation they face in conducting activities due to lack of staff capacity.

Since there are many organisations working in similar fields, EGLDAM may take on the role of networking, advocacy and research, so as to be used by other NGOs and policy makers. It would also be useful to disseminate the findings of the Follow-up Survey at a regional level.

#### **4.5 Rohi-Weddu/ Women's Affairs Bureau**

Rohi-Weddu, which means 'life saving', is a local NGO, established by residents in the Afar region. As a partner within the Partnership, Rohi-Weddu works jointly with Afar Women's Affairs Bureau. The contract with SCN-E runs from 2007–2009. The two organisations have similar objectives and implement parallel activities, but in different zones. Rohi-Weddu is responsible for zone one and four (in all eleven *woredas*), and Women's Affairs is responsible for zones two and five (in all eight *woredas*).

The main objective of Rohi-Weddu's work is to reduce the currently high FGM prevalence in the project areas to 20% by the end of 2012. Environmental and livelihood issues are also included in the strategic objectives, like small-scale irrigation, income generating activities as well as environmental conservation.

Rohi-Weddu employs three main strategies in their anti-FGM work: 1) community dialogue, 2) lobbying of influential peoples, 3) organizing diffusion through a core group defined as 'community leaders'. It is assumed that if community leaders change, others will follow suit. Rohi-Weddu and Women's Affairs also organize radio-listening groups through Radio Fana and through Tigray radio. Community leaders are given radios by the project, but have to buy batteries themselves. The project also produces information material. It has introduced a birth registry, in order to collect statistical information. The Team was impressed by the initiative of a local anti-FGM committee, which has documented all the uncircumcised girls in its locality, giving each one a photo and a name. Seven hundred girls out of 3000 have been registered as 'not circumcised'.

In order to evaluate and monitor their activities, review meetings, at a village level, are conducted every quarter. According to Rohi-Weddu, people are motivated and ready for change. Officials at a regional level have also drafted a regional FGM-policy, which the region is about to adopt. The Regional President has announced a Day of Mourning (for the suffering of women and children). There is a Regional HTP committee, and FGM is the top issue discussed in the Committee, even more than HIV and AIDS.

Rohi-Weddu operates in several zones of the region and has a wide coverage. Even though it is working on a limited budget, its information and communication activities are intensive. Some of the major arguments they use in the community dialogues are that FGM is an unreligious practice and that the tradition leads to severe health consequences for women and children. It is claimed by project staff, that community members themselves, know that FGM is harming women, but simultaneously argue that they have

done it for generations and that it is their religion and their tradition. In local people's minds, religion and tradition go together, hand-in-hand.

### *Strengths and challenges*

The Team was greatly impressed by the motivation of the project staff and their approach to developing dialogue with the community. First of all the approach employs culturally-sensitive arguments, secondly it clearly states that FGM is a community issue. In other words, it is the community that must change, not the individual. The community is defined by its leaders, and they are considered key change agents in the abandonment of FGM.

The ownership of radios and finance, earned from income-generation activities, are just some examples of observed changes in the power relations between men and women. By being in control of property, women have become empowered vis-a-vis men (it was men who used to own property in Afar society). Furthermore, before, men and women did not sit together and discuss things, now they do and women are able to offer their own opinions during discussions. Women also participate in elections, and moreover Afar girls attend school.

Furthermore, it is a considerable strength of the project that it works from the inside, by encouraging people to define and take care of their own problems. The Team interviewed village committees and individuals and, generally, the Team was encouraged by their observations and discussions. Members of staff at Rohi-Weddu clearly believe there is a momentum for change that must be grasped. It is important for them to make a breakthrough within in a short period of operation, or people will blame them for doing no more than talking.

The Partnership has strengthened collaboration among various stakeholders, such as the Women's Affairs, Rohi-Weddu and The Regional Muslim Affairs Supreme Council.

## **4.6 Summing up the Review of the Partners**

In general, the different partners of the Partnership perform well and, as far as the Team is concerned, their strategies and approaches are sound and well suited for the task ahead. The different partners also complement each other by operating selectively, but simultaneously, on national, regional and local levels and effectively approach the different categories of stakeholders. This composite and multi-level approach is needed in an overall strategy of abandoning FGM throughout the country. The focus on the Afar region is warranted – given the FGM severity and prevalence in the area, as well as the region's marginal and economic position.

## **5. The UNICEF/UNFPA Joint Trust Fund on FGM**

The objective of the Trust Fund is to contribute to the accelerated abandonment of FGM in seventeen countries in Africa, by 2012. In Ethiopia, it has been decided that the allocations from the Trust Fund should be used in Afar to complement activities within the more comprehensive Norwegian-funded UNICEF/UNFPA Joint Programme, *'Right Based Approach to Adolescent and Youth Development'* (2008–2011).

In a meeting with UNICEF and UNFPA in Addis Ababa, the Team tried to explore to what extent the Trust Fund money would pave the way for new interventions in Afar, which would otherwise not be feasible through the ongoing UNICEF/UNFPA Joint Programme. The explanation given was that the Trust Fund could more forcefully target FGM advocacy at a regional level, with the understanding that the UNICEF/UNFPA Joint Programme has a broader focus, including both HIV prevention and other harmful practices.

The Team has some problems in accepting this argument. Even if the Joint Programme has the broader agenda of addressing violations of human rights and especially the rights of girls and women, it should nonetheless be possible to 'forcefully target' FGM in Afar both at regional and local level within the Joint Programme. The present FGM prevalence and high mortality rates of girls and young women are appalling. Thus the main added value of using the Trust Fund allocation in Afar seems to be higher regional coverage of community dialogue approaches. This may be well justified.

Reading the 'Summary of Major Results' in the Progress Report of the Trust Fund for January–September 2008, the impression given is that the achievements reported from Ethiopia on FGM are credited to the Trust Fund alone. Nothing is said about the ongoing interventions in Afar, not even the other Joint UNICEF/UNFPA programme is mentioned. This is noteworthy given that Trust Fund interventions constitute only a very minor part of ongoing activities.

In the future, the identification of interventions, funded by the Trust Fund, should be better explained in terms of choice of geographical area, identified gaps and needs, as well as how the Trust Fund interventions will link up with and complement ongoing FGM programmes in the country. Furthermore, the progress reports should be careful in not taking credit for interventions undertaken by other projects. Obviously there will be joint efforts in the achievements obtained, due credit should nonetheless be given.

The Team recommends that UNICEF and UNFPA together, clarify what should be the division of roles and responsibilities in the two joint endeavours. Furthermore, it is necessary to discuss how the Trust Fund allocation can be used in the best possible way in order to avoid duplication, increase synergies and fill identified gaps.



## 6. Issues and Concerns

Below are some points that should be addressed according to the ToR:

### 6.1 *Strategies and Approaches*

Both CARE's and Rohi-Weddu's strategies, in relation to their anti-FGM work in Afar, are community-based. CARE has chosen a more comprehensive approach, including rights-based teaching and advocacy, as well as initiating livelihood development. This is a very relevant development approach, not least in poor and underserved areas like Afar.

On the other hand, it is an expensive and demanding strategy, requiring coordination of multiple competences. Thus, a comprehensive and costly approach may sometimes be in conflict with a wider geographical coverage of the interventions. CARE field staff is fully aware of this dilemma in their overall strategy, but argue that in a poor area like Afar, with severe problems in meeting basic needs, a FGM approach that is too narrow would be perceived as irrelevant and not give sufficient legitimacy to the project.

Rohi-Weddu's approach is not as comprehensive as that of CARE and operates on a relatively low budget directly through social and cultural structures. The locally-based Rohi-Weddu, in terms of staff and legitimacy, may facilitate an 'insider' perspective and thus render the community a sense of project ownership. This is a benefit of the project, which should not be underestimated.

The community-dialogue approach that Rohi-Weddu uses is slightly different from the community-conversation methodology that was introduced by UNDP in the mid 1990s. This approach was used to identify community problems and discuss strategies for action at a community level, while the community-dialogue approach is claimed by Rohi-Weddu staff to be more explorative and closely attuned to local traditions and concepts.

On the whole, community-based approaches seem promising and are considered important, not least for breaking the silence on sensitive cultural topics. The problem with 'dialogue fatigue' however, has been observed in several project areas.

The comprehensiveness of a community-based approach must be balanced with the strategy of following targeted objectives. It is an open question as to whether emphasizing a more comprehensive approach may dilute the message of a more focussed approach to eliminate FGM. Furthermore costs and coverage must also be weighed against one another. These are considerations that should be continuously monitored and reviewed throughout the project period.

### 6.2 *Coverage*

Until recently, a major weakness in the anti-FGM work has been the fragmentation of interventions into small, isolated projects. According to the social convention theory<sup>13</sup>, it is important to establish 'a critical mass' of parents not circumcising their daughters in a

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<sup>13</sup> Gerry Mackie 1996 'Ending foot-binding and infibulation: A convention account, *American Sociological Review* 61, 6:999-1017

certain area, in order to reduce the stigma of not being cut. When the number of uncircumcised girls gets to a certain level, the social pressure for circumcision will be reduced accordingly.

Several of the partners and other informants emphasized the significance of a large coverage in Afar. Preferably, all zones should be reached by the interventions. One of the reasons is that Afar communities, as traditional nomads, move on to newer areas if they want to avoid government interference or escape changes about which they disapprove. The pattern of marriage also involves forging relations across zone borders.

The concerted efforts against FGM, which are presently undertaken in Afar by the NGOs, UN organisations and government partners, have potential for a substantial impact in the near future.

### *6.3 Women versus Men's Responsibility.*

FGM is often thought of as a woman's issue. This is true in so far as women are the executors of the operations. What is important to bear in mind, however, is that FGM is closely connected with the 'marriage ability' of girls. Mothers think they do it for the good of their daughters, because, within the Afar culture, it is still unthinkable for most men to marry an uncircumcised girl.

The role of adolescent boys, as well as men of different ages and positions, is of great importance in the abandonment of FGM. The practice of FGM involves both women and men, but in different ways; so strategies must be formulated accordingly. In order for women to become empowered and dare to leave their daughters 'untouched', men as grandfathers, fathers, potential husbands, brothers and sons must take their responsibility and support women in their efforts. Strategies should highlight this fact to a much larger extent than is being done so far.

Furthermore it should be ensured, as far as possible, that parallel work is undertaken in *kebelles* or *woredas*, where intermarriage is known to be common.

### *6.4. Key Change Agents*

The identification and targeting of change agents, was prominent among all partners within the Partnership. In Afar, the religious leaders, community leaders, clan leaders, TBAs, and politicians are defined as the most important change agents. EGLDAM and PMC in particular, target politicians as change agents, at national and regional levels. Change agents are often decision-makers in their communities, and they constitute an elite, whose behaviour other people tend to copy. Social theory assumes that once the elite change others will follow suit.

People from the Afar community have been circumcising their girls for centuries – defining it as a religious obligation. Targeting religious leaders is therefore seen as utterly important within any anti-FGM project in this area. The challenge is to get the Muslim leaders to discard even *sunna* operations. With reference to the religious grounding of

FGM, one Rohi-Weddu worker claimed that religion is ‘something different from other things’. He was hinting about the power that religious belief can wield over people.

#### *6.5 Transition from Infibulation to Sunna*

Currently, some parents have totally stopped the cutting of their children, but according to project staff, they see more transition from infibulation to *sunna* than total abandonment of the practice.

A 15-year old girl, who is a member of a school’s anti-AIDS club in Afar, highlighted the issue, using an example from her own family. The girl said: ‘although I discuss a lot with my mother about the harmfulness of female circumcision, she said that she feels it is wise to perform *sunna* on my young sister.’ The transition to *sunna* seems to be an emerging trend, and is expressed as a concern by quite a few persons ranging from NGO staff to religious leaders and community members. The Rohi-Weddu staff believe that if they accept *sunna* operations on girls (as has occurred in several places) they are afraid that circumcisers will not be able to ‘control’ themselves, and will end up conducting a proper infibulation (as usual). The project therefore advocates zero-tolerance.

#### *6.6 Added Value of the Partnership*

The Team noted that the strengths of the different partners within the Partnership varied. Even though the Team observed the need to clarify the responsibility and expectations within the Partnership, it also observed a positive progression from rather loose ideas at the beginning of the Partnership, to a more focused approach one and a half years into the partnership period.<sup>14</sup> It is important that SCN-E clearly defines what the partners’ specific role and responsibilities should be within the Partnership, and also ensure that all partners (and the Embassy) understand and agree to these specifications.

As noted in 4.1, there is still some work to be done with regard to improved result management, as the goals structure from the outset was inconsistent and too loosely defined. Fortunately however, the work on the ground seems to progress well. Efforts to define common indicators should be a participatory process, and given due attention when preparing for the next phase of the programme. The increased focus on result reporting should be maintained in the ongoing work.

The Partners emphasized the benefits of administrative assistance, mutual information sharing and exchange of experiences that are gained from being part of the Partnership. In the assessments forms, the main message is that the coordination by SCN-E is appreciated. Even so, the responses indicate that there is still room for improvements, especially with regard to learning and capacity strengthening.

#### *6.7 Coordination of Activities*

Coordination of activities is important in order to avoid unwarranted duplication and obtain maximal use of resources. Therefore it is important that the launching of new

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<sup>14</sup> Progress Report of the year 2007/8 on the New Strategic Partnership between the Royal Norwegian Embassy of Norway and Save the Children Norway-Ethiopia, (SCN-E), September, 2008.

projects, like the Norwegian-supported Trust Fund in Afar, is relating to, ongoing activities. It must be ensured that the anti-FGM committees on different administrative levels throughout the Afar region continue to coordinate activities in a concerted manner.

For instance, most of the partners use radio programming as a strategy, and they have to find a way (and are doing so) to complement each other. The Team learnt that the different organisations encourage their groups to listen to each other's radio programmes. In addition, the Regional and Federal governments must also be encouraged to contribute to the efforts through special use of the media services that are government owned.

#### *6.8 Wide-ranging Concerted Effort on Different Levels*

It is praiseworthy that the Partnership consists of partners that complement each other in a way that combines their interventions, operating simultaneously on a national (PMC; EGLDAM; SCN-E), as well as on a regional level (Women's Bureau, CARE, PMC and Rohi-Weddu). This strategy of multi-level approaches is significant in order to make a substantial impact.

It is also important that the different partners within the Partnership link up with existing structures like health services, education and judiciary system where relevant. The Team witnessed a situation where newly-circumcised girls were brought to a health facility because of medical complications and discussions arose as to whether the cases should have been reported. Although there were clear intentions to report such cases to clan leaders in the communities, there were no obvious, official lines of communication for reporting such cases.

Likewise, SCN-E's long engagement in developing and running the Child Protection Units (CPUs) could be utilized to ensure that persons who have performed FGM could be reported to the CPU. Besides serving to protect children, this arrangement will sensitize the police force and the public.

#### *6.9 Documentation and publications*

Several documents and publications have emanated from the Partnership. In particular PMC, EGLDAM and CARE have provided useful documentation on their achieved results. However, ways should be found to record and disseminate information on best practices interventions in a more concerted manner. For instance, the documentation of non-circumcised girls undertaken by Rohi-Weddu in Afar as a local community intervention strategy is an excellent example of a promising practice that should be brought beyond the office archive. Likewise documentation of community dialogue methods and approaches could also benefit efforts elsewhere.

#### *6.10 Gap Identification*

Girls are dying in Afar as a direct and indirect consequence of FGM. One common complication of infibulation is the blockage of urine and menstrual flow, leading to life-long suffering for numerous women. The Team met many girls and women who told about their experience of such problems. In order for them to be cured they need special and urgent treatment. Possibilities for such treatment should be provided, for instance, by

training of staff in some of the health centres. According to Rohi-Weddu, this is feasible. This should not necessarily be undertaken by the Partnership, but the relevant stakeholders involved in Afar should discuss how this challenge best could be dealt with. Access to such treatment would not only relieve girls and women of pain and suffering, but most likely also draw attention to the medically-adverse effects of these operations and thus have a preventive effect. Access to such clinical services should be ensured in all the project areas in Afar.

## **7 Recommendations**

The overall impression of the Team is that the Partnership is progressing well. Some partners are, in fact, doing very good work, both in terms of results and of impact, and SCN-E has also been able to meet challenges in commendable ways. There is reliable information indicating that FGM-prevalence figures are declining in Ethiopia as a whole. Even in Afar, a stronghold of the practice, prevalence figures are decreasing, although less so than in other places.

### *7.1 Efforts to be continued*

Indications of significant changes in the region are, however, discernable. The Team shares the opinion that there is a momentum for change that must be grasped. Full-scale efforts to abandon FGM in Afar must be continued for at least five further years.

### *7.2 Wide Coverage*

It is important to obtain a ‘critical mass’ and the work should, to the greatest possible extent, be undertaken simultaneously in adjacent, intermarrying villages.

### *7.3 Involvement of Religious Leaders*

Continued involvement of religious leaders appears to be significant in terms of changing attitudes of men and women who define FGM as a religious duty. This approach should be continued not only because of its effectiveness but also because there is a need to change the opinions of religious leaders at all levels.

### *7.4 Focus on Men*

The focus on adolescent boys, as well as on men of all ages and positions, should be made stronger and more explicit in the projects than is being done currently.

### *7.5 Transition from Infibulation to Sunna*

An effort should be made towards developing a common approach with all stakeholders concerning the reported transition from infibulation to *sunna*.

### *7.6 Clinical Services*

Access to clinical services for health complications caused by blockage of urine and menstrual flow should be provided.

### *7.7 Challenges and Lessons Learnt*

SCN-E should increase its efforts to facilitate discussions within the Partnership and other networks on how to better draw upon the comparative strengths of the different partners. Identifying and reflecting on emerging challenges and lessons learnt is one way of adding value to what is already taking place.

### *7.8 Coordination of activities*

With the present number of stakeholders in Afar, attention should be given to avoid unwarranted duplication and obtain maximal use of resources.

### *7.9 Linkage with Formal Systems*

There is a need to link the community-based interventions to the formal structures in the community. The clan structure of the Afar society is very influential and the possibility of strengthening the capacity of the clan elders to take up the issue of FGM with their formal government counterparts at the regional level should be considered. Linkages to existing structures should be made where relevant, i.e. the Child Protection Units (6.8).

### *7.10 Mainstreaming of FGM*

The management of SCN-E should ensure that FGM is mainstreamed in ongoing SCN-E projects.

### *7.11 Further Work on the Follow-up Survey*

Tailor-made, regional reports, based on survey findings, should be developed and be broadly distributed on regional levels.

### *7.12 UNICEF and UNFPA – Clarification of Roles and Responsibilities*

The Team recommends that UNICEF and UNFPA together, clarify what should be the division of roles and responsibilities in the two joint endeavours. Furthermore, it is necessary to discuss how the Trust Fund allocation can be used in the best possible way in order to increase synergies and fill identified gaps.

## Appendix I

### Terms of Reference

**For the Mid-term Review (MTR) of the Strategic Partnership of the Royal Norwegian Embassy with SCN-E for the Prevention and Eradication of FGM and other HTPs  
(Strategic Partnership: "ETH-3030 / ETH-06/019- FGM and Other HTPs Prevention")**

#### I. Background Information

The population of Ethiopia is composed of a wide variety of different ethnic groups, which is also known for its diversified cultural and traditional practices. Some of these traditional and cultural practices serve specific purposes to, inter alia, ensure social cohesion in and ensure the survival of communities. Many traditional practices are, therefore, integral to both sense of individual and communal identity. 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. Among the traditional practices that affect women and the girl children in Ethiopia are Female Genital Mutilation (FGM), child marriage, abduction, milk teeth extraction, uvulectomy, tonsil scratching, preference for male children – and consequent neglect of girl children.

In 2003 the Norwegian Government developed its “*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 of how the Action Plan best could be translated into the Ethiopian context.

In the report by the review team (May 2006) it was recommended that the Embassy should increase its support for carefully targeted local, Norwegian and international NGOs that were working actively to combat FGM in Ethiopia, considered they had the required competency and capacity. It also suggested that priority should be given to projects with a community based approach. A particular focus should be directed to the regions where the severity and consequences of FGM are greatest, such as the Afar and Somali regions.

In 2006 the Embassy formulated a “*Proposal for the implementation of The Norwegian Government’s International Action Plan for Combating FGM in Ethiopia*”, in which the main recommendations by the review team were endorsed. In order to reduce the burden of work on the Embassy staff, it was suggested that a strategic partner should be identified for coordination and follow-up of the FGM work.

On this background the Embassy decided that support should be provided through a Strategic Partnership with Save the Children Norway in Ethiopia. A contract on NOK 44,4 mill. was signed 12.12.06 for the period Dec. 2006 – Dec. 2010. The partnership comprised projects implemented by CARE-Ethiopia, Population Media Center (PMC), and Ye Ethiopia Goji Limadawi Dirgitoch Aswogaj Maherber (EGLDAM).

The CARE-Ethiopia project was an extension of an already existing programme, expanded to additional Woredas in Afar, and also follow-up of girls who had not been circumcised in their on-going projects. The Population Media Centre (PMC), as part of the Strategic Partnership, formulated a project that focused on translating awareness-raising and attitude-changing radio programmes. EGLDAM planned to conduct a follow-up study of the 1997 National Baseline Survey on Harmful Traditional Practices in Ethiopia, as well as updating and translating of the book entitled: '*Old Beyond Imaginings – Ethiopia Harmful Traditional Practices*', published in 2003. Additional three partners, namely, the Afar Women’s Affairs

Bureau, Rohi-Weddu Pastoral Women Development Organizations, and Radio Fana were also identified and taking up projects in 2007.

The Joint Programme on FGM by SCN-E and the Norwegian Church Aid (NCA) was due to expire by the end of 2008. An MTR undertaken in November/December 2007 strongly recommended that the support to NCA should be continued. This has later been agreed, and a request for continuation of the Joint Programme by SCN-E and NCA is due before the end of 2008.

## **II. Purpose of the Mid-term Review**

This mid-term review has the overall purpose of assessing to what extent the projects under the strategic partnership are proceeding according to plans and desired outcomes. If not, what seems to hinder progress should be addressed.

The review shall also assess the role of SCN-E as a strategic partner to the Embassy as well as to the implementing partners, with regard to the coordination, quality assurance, capacity building, advocacy, networking and monitoring aspects of the projects.

The review will, based on the intentions and objectives set out in the agreement, make recommendations regarding corrective measures and modifications in the future, if deemed necessary. The mid-term review will also form part of the background documentation for further consideration of Norwegian support to the strategic partnership after its completion in 2010.

## **III. Scope and More Specific Objectives of the Mid-term Review**

### **3.1 Review of the Strategic Partnership Activities**

The review shall limit its scope to the on-going projects of SCN-E under the strategic partnership since its commencement in 2007. A field trip to Afar should be included. The specific objectives of the mid-term review shall include, but not be limited to, the following tasks:

- Assess implementation of the projects under the strategic partnership with regard to progress according to plans and desired outcomes.
- Assess the involvement of different stakeholders in the programme (children, parents, community members, community based organizations (CBOs), NGOs, authorities, etc.).
- Assess the various approaches selected in the community based projects.
- Assess whether access to treatment measures, if relevant, has been included in the programme.
- Assess the competence-building measures that have taken place.
- Review to what extent has key change agents such as religious leaders, local leaders, teachers, clinics and journalists been targeted.
- Assess the efforts made concerning lobbying and advocacy with the government at national level, as well as networking with other NGOs and stakeholders.
- Review to what extent has documentation, i.e. of promising practices, been supported.
- Assess whether the recent work SCN-E and the partners have undertaken with regard to improved result management has been satisfactory, or whether further improvements need to be made.
- Analyse the potential of collaboration with the UNFPA/UNICEF FGM interventions in Afar in view of facilitating exchange of experiences and establishment of future linkages.
- Identify lessons learnt and promising practices, as well as come up with recommendations that can be practically applied for further improvements in future programming.

### **3.2. Review of the Organizational Capacity of SCN-E**

- Based on the observations and findings from the MTR last year , review whether any substantial changes have taken place with regard to:



- SCN-E's structure and professional and administrative capacity
  - Cooperation with the partners
- Assess the role of SCN-E as a strategic partner to the Norwegian Embassy as well as the partners in light of the initial intentions in the strategic partnership.

#### **IV. Methodology**

The review should be as participatory as possible and include, but not limited to, the following suggested methods.

- Review project proposals and reports
- Key informant interviews
- Focus group discussions
- Informal debriefing before departure and
- Field visits to selected sites

##### **SCN-E shall have the following obligations:**

- Be responsible for the overall coordination of the review
- Recruit the local consultant
- Prepare a programme for the review, which includes appointments with relevant institutions and persons, as well as a programme for the field trip
- Participate in the MTR meetings and field visits as agreed
- Assist the MTR team with the provision of information and contacts

##### **The Embassy shall have the following obligations:**

- Have the overall responsibility for the MTR
- Assist the MTR team with the provision of information and contacts

#### **V. Reporting**

The final report shall be concise, not exceeding 20 pages, incorporating at least the following major components.

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

#### **VI. The review team will comprise:**

1. Marit Berggrav, Senior adviser, NORAD (Team leader)
2. Aud Talle, Professor at UiO
3. A local consultant – to be identified

#### **VII. Timeframe and budget**

The overall task of conducting the mid-term review, including all field visits, analysis of findings, submitting draft and final reports should not altogether take more than two months starting from the 26<sup>th</sup> of November 2008.

The costs for the review shall be covered by the MFA and NORAD

## Appendix II

### Institutions met/persons interviewed

#### *CARE Ethiopia*

Dr. Barbara Pose, SDHR Program Coordinator

#### *CARE Awash*

*Kassaye Mezmur, Project Manager*

Getachew Demeke, community trainer from Gewane Health Center

#### *EGLDAM*

Abate Gindunffa, Executive Director

Ali Hassan – Programme Manager

Amare Dejene – Research Team Member

Dr. Yayehyirad Kitaw MD, MPH, Head of Research

#### *Inter-African Committee*

Abebech Akemneh Belay – Program Officer/Administrator

Diariatou D. Kourouma – Programme Officer

#### *Ministry of Women's Affairs*

Yitna Worke Woldie – Child right and Welfare

#### *Afar Women's Affairs Bureau*

Nuru Mohamed, Program Coordinator

#### *Population Council*

Annabel S. Erulkar, Ph.DF. Country Director and Senior Associate

#### *Population Media Centre*

Alemtsehay Beru – Monitoring and Evaluation Officer

Haile Belachew – senior project coordinator

Negussie Teffera, Ph.D. country representative

#### *Norwegian Church Aid/E*

*Ejigayehu Teffera, Program Coordinator*

#### *Rohi-Weddu*

Asmelash W/Mariam, Executive Director

Fatuma Hate, Program Coordinator

#### UNICEF/UNFPA

Ayehualem Tameru Programme Officer UNFPA

Berhanu Legess – Programme Officer, Gender and Advocacy

Mirgissa Kaba –Adolescent Director & HIV Preventive Specialist

Tabeyin Gedlu – Program Communication Specialist (UNICEF)

#### *United Nations Development Fund*

Mesfin Getahun, Programme analyst – HIV/AIDS