

# EVALUATION DEPARTMENT

REPORT 2/2015



## Evaluation of Norway's support to women's rights and gender equality in development cooperation

Ethiopia case study report

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# 1. Introduction

In 2014-15, the Norwegian Agency for Development Cooperation (Norad) commissioned an evaluation of the impact of Norwegian aid on enhancing gender equality and women's rights in Southern partner countries. The evaluation builds on several earlier evaluations in the mid-2000s, but focuses more on results, including for the key target groups – women, men, girls and boys in partner countries. Ultimately, the evaluation aims to identify lessons to help the Ministry of Foreign Affairs (MoFA) strengthen how it plans, organises and implements future interventions to promote women's rights and gender equality within Norwegian development cooperation. It includes a desk review, which will aim to assess the global dimension of Norway's gendered aid, as well as three in-depth country case studies in Ethiopia, Mozambique and Nepal.

This report presents the Ethiopian case study, assessing Norway's support to Ethiopia between 2007 and 2013, focusing on the extent to which results have been achieved (including shorter-term outcomes and, where possible, medium/longer-term impacts). It also considers whether

the results are in line with the Norwegian government's Action Plan for Women's Rights and Gender Equality in Development Cooperation (subsequently referred to as the Gender Action Plan), which has four main thematic priorities – political empowerment, economic empowerment, sexual and reproductive health, and violence against women. Moreover, given that Norad's 2005 evaluation recommended a stronger focus on equal rights in its dialogue with partner countries, as well as stronger institutional capacities (especially at foreign mission level), this report also examines how these recommendations were implemented.

The report is framed within a theory-based evaluation approach, which employs a structure–agency conceptual framework whereby women's rights and gender equality are seen as combined outcomes of political, economic and socio-cultural structural constraints and opportunities as well as the agency of men and women. Thus to capture the role of structural and institutional dynamics in shaping Norway's relative efficacy in promoting women's rights and gender equality, we employ a political economy approach. The

team used a combination of existing quantitative data (including aid flows, number of staff and partners provided with capacity building), interviews with relevant institutions in Norway and the relevant partner countries, as well as an institutional analysis tool. To capture the effects of programme interventions on individual agency and opportunities, we employ an anthropology of development approach. This component seeks to understand effects on locally embedded institutions (political, economic, community, households, etc.) as well as the individual men, women, boys and girls targeted by Norway's gender policies and programmes.

The specific evaluation questions underpinning the case study focus on the *effectiveness, alignment, relevance* and *sustainability* of Norwegian development cooperation support to women's rights and gender equality, defined as follows.

**1. Effectiveness:** To what degree has Norwegian support to women's rights and gender equality produced the intended results?

**2. Alignment:** To what degree is Norwegian support to women's rights and gender equality aligned to the Gender Action Plan?

**3. Relevance:** To what extent is it relevant in view of national priorities, needs and possibilities?

**4. Sustainability:** To what degree has Norwegian support influenced (positively or negatively) national processes to improve women's rights and gender equality, including influencing national ownership of the issues, or the capacity of national institutions and implementing partners?

For the three country case studies, the team focused on different pillars of the Gender Action Plan to give a broad understanding of results and dynamics across sectors, but also to ensure that we had a robust understanding of project dynamics and were able to look at results on the ground rather than processes alone. For Ethiopia, the focus is on gender equality and women's rights in the fields of gender-based violence (GBV) and sexual and reproductive health (SRH). In Mozambique, the focus is on economic empowerment of women in the energy

and agriculture sectors. In Nepal, the focus is on political empowerment of women and gender equality in the energy sector.

### 1.1 METHODOLOGY

Among the portfolio of GBV and SRH programmes supported by the Royal Norwegian Embassy in Ethiopia, we selected those in the top quintile of funding volume, according to data downloaded from the Norad website. Additional selection criteria included a mix of implementers in the two project case studies (non-government organisation (NGO) / United Nations (UN) / government) and projects that had been running for at least two years. Based on these criteria and in consultation with Embassy staff in Addis Ababa, the projects selected were as follows:

1. ETH-06/019: Norwegian Church Aid (NCA) and Save the Children International (SCI), 'Accelerating change towards zero tolerance to female genital mutilation in Ethiopia: second phase of the strategic partnership with the Royal Norwegian Embassy for the abandonment of female genital mutilation'.

2. ETH-08/004: Royal Norwegian Embassy, United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF), 'The Joint Programme: A rights-based approach to adolescents and youth development in Ethiopia'.

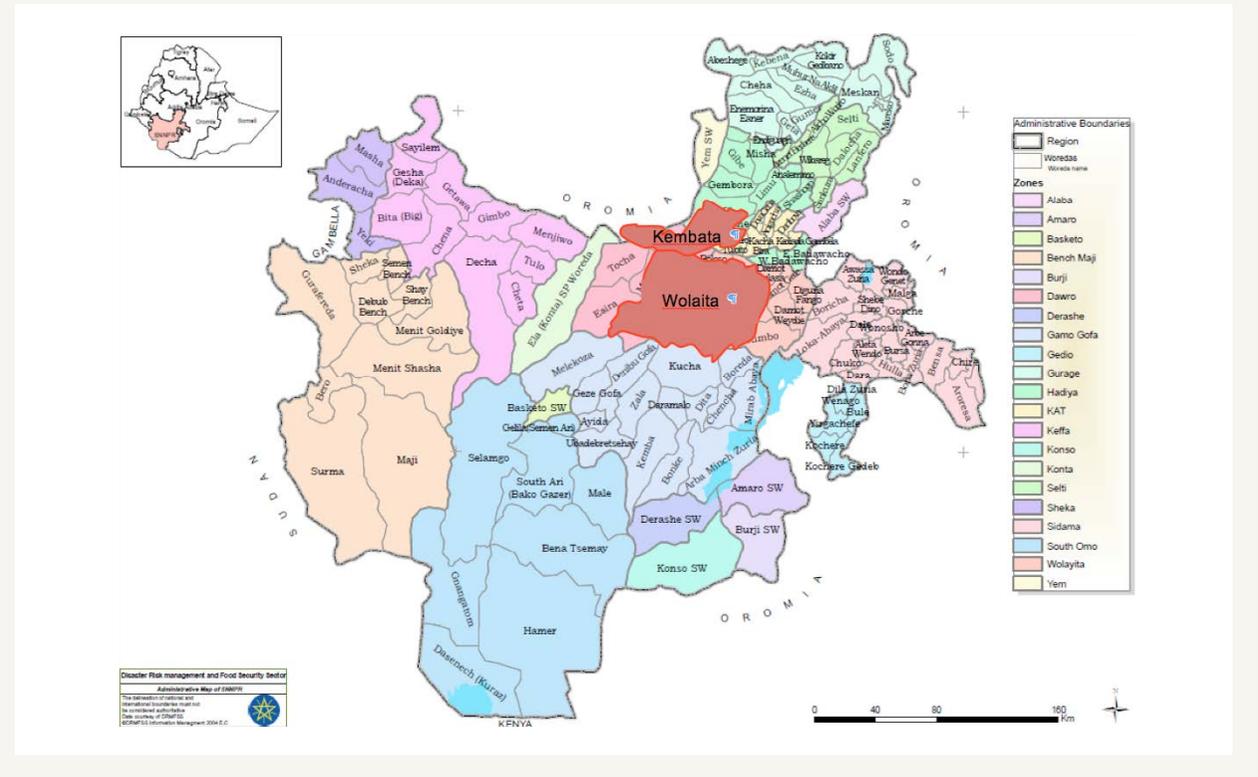
Data collection was carried out over three weeks during October and November 2014, including one week in the capital, Addis Ababa. The team conducted national-level interviews with a range of relevant stakeholders, including Norwegian Embassy staff and partner organisations, and technical staff from Norwegian-supported international and national NGOs involved in gender work (with a focus on women's organisations whenever possible). Interviews were also conducted with other key donors contributing to gender equality and women's rights (notably the UK Department for International Development (DFID) and Sida, the Swedish International Development Cooperation Agency), relevant UN agencies, and key government counterparts from agencies with a specific gender mandate (e.g. the Ministry of Women's Affairs), but also core ministries (e.g. finance, development, environ-

ment, social affairs) that receive Norwegian aid directly or indirectly.

The evaluation team (consisting of the international team lead, the national team lead and two research assistants) then made two week-long project site visits to conduct zonal, district- and community-level fieldwork in three different regions of the country: the Southern Nations, Nationalities and Peoples' Region (SNNPR), Amhara and Oromia. Interviews were conducted with programme beneficiaries and non-beneficiaries, programme implementers, as well as zonal, *woreda* (district) and *kebele* (village) officials from the departments of justice, health, education and women's affairs.

For the first programme, under the thematic pillar of gender-based violence, the team selected the joint NCA–SCI programme, which takes a community-based approach to tackling FGM/C. Research involved a combination of national-level interviews and interviews with local stakeholders in the region (SNNPR) to assess impacts of a purposely selected project undertaken by an Ethiopian NGO partner, Kembatti

**FIGURE 1:** LOCATION OF KEMBATA AND WOLAITA IN SNNPR

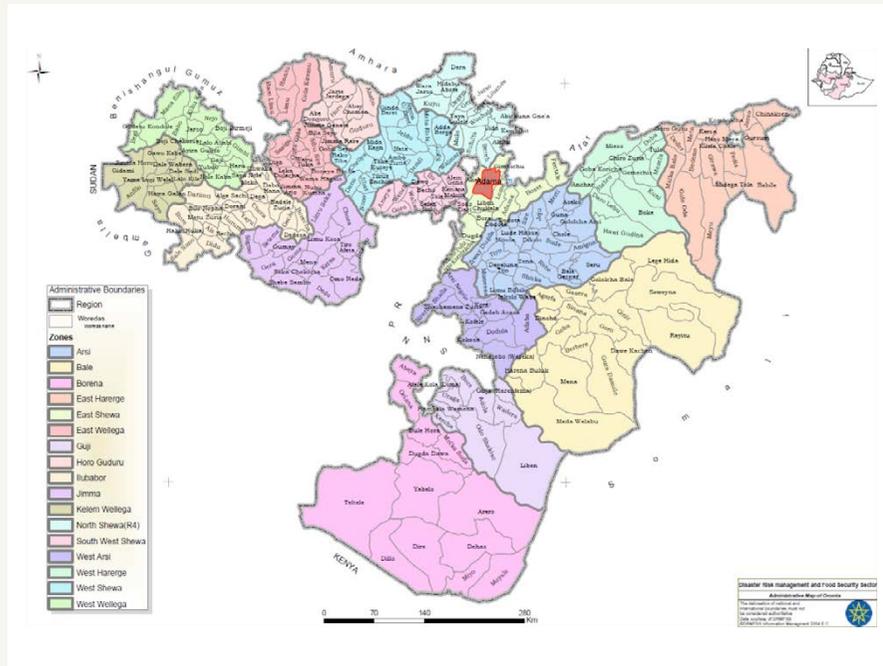


Source: Disaster Risk Management & Food Security Sector, Ministry of Agriculture, Ethiopia

Mentti Gezzima (KMG) in two zones, Kembata and Wolaita (Figure 1). In Kembata, KMG programme implementers supported the

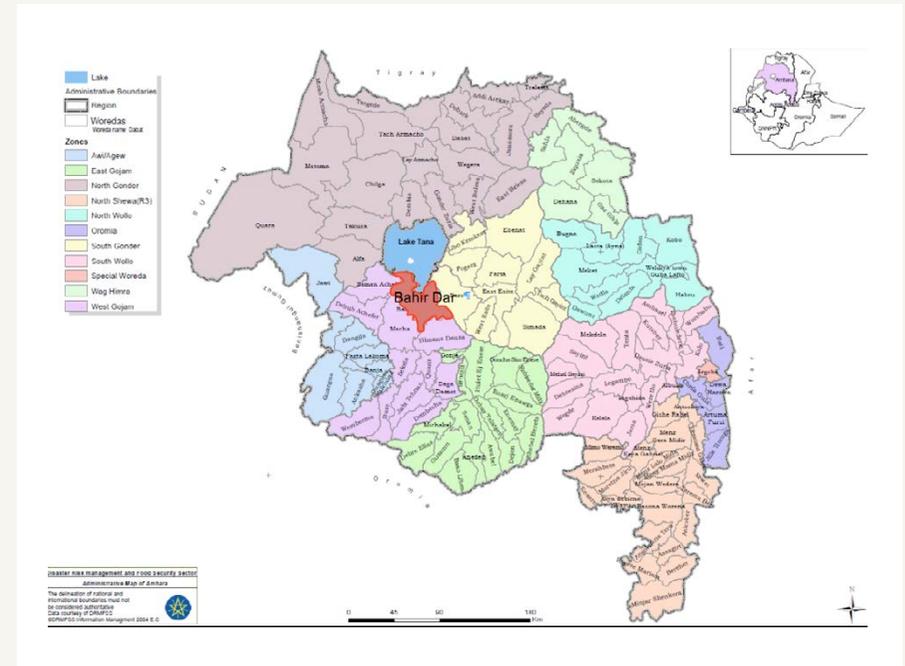
research process by linking the evaluation team with programme coordinators in two *woredas* in each zone. While this support was very welcome,

**FIGURE 2: LOCATION OF ADAMA IN OROMIA**



Source: Disaster Risk Management & Food Security Sector, Ministry of Agriculture, Ethiopia

**FIGURE 3: LOCATION OF BAHIR DAR IN AMHARA**



Source: Disaster Risk Management & Food Security Sector, Ministry of Agriculture, Ethiopia

enabling the team to talk to a large number of stakeholders in a very tight timeframe, it also meant they had less time and space to talk with non-beneficiaries than would perhaps have been desirable. Moreover, while the NCA–SCI pro-

gramme works with multiple programmes, the project-level findings only report on that of the KMG initiative due to resource and time constraints.

For the second programme, on sexual and reproductive health, two sites were selected from UNICEF/UNFPA’s Joint Programme on adolescent development in Adama (Oromia) and Bahir Dar (Amhara) (see Figures 2 and 3).

Data collection methods consisted of in-depth interviews, focus group discussions, and key informant interviews at community level, while interviews were also conducted at national level to gain an understanding of the range of projects in the country (see Table 1). Primary and secondary data sources were triangulated to evaluate findings on both programmes.

**TABLE 1:** BREAKDOWN OF INTERVIEWS BY SITE

Research instruments	NCA–SCI FGM prevention programme		UNFPA / UNICEF Joint Programme on adolescent development		
	Kembata zone	Wolaita zone	Adama	Bahir Dar	National
Community and institutional mappings	2	1	1	1	
Key informant interviews	8	13	8	8	22
Focus group discussions	8	6	3	8	-
In-depth interviews	12	13	8	8	-
<b>Total</b>	<b>30</b>	<b>33</b>	<b>20</b>	<b>25</b>	<b>22</b>

## 2. Women's rights and gender equality country profile

### 2.1 INTRODUCTION

Despite strong economic growth over the past decade, Ethiopia remains one of the world's poorest countries whose population is still almost entirely reliant on subsistence agriculture; its Human Development Index (HDI) ranking is among the very lowest (173 out of 187 countries).<sup>1</sup> The Gender-related Development Index (GDI) indicates that Ethiopian women are severely disadvantaged, with Ethiopia ranked 129 out of 187 countries.<sup>2</sup> Life expectancy for girls has increased only slightly (from 62 years in 1994 to 65 years in 2013), with a similar marginal increase in the ratio of male and female labour force participation (from 80 per cent in 1994 to 88 per cent in 2013). Adolescent girls aged 10-19, who comprise 24 per cent of the population, face numerous challenges. The 2011 Ethiopia Demographic and Health Survey (DHS) reveals that 63 per cent of girls in Ethiopia are married by age 18, compared with 14 per cent of men (CSA and ICF International 2012).

1 <http://hdr.undp.org/en/content/table-1-human-development-index-and-its-components>

2 <http://hdr.undp.org/en/content/table-5-gender-related-development-index-gdi>

Discriminatory social norms, often interlinked, constrain young girls' choices and capabilities and exclude them from most spheres of life. The Social Institutions and Gender Index (SIGI)<sup>3</sup> ranks Ethiopia 64 out of 86 countries, suggesting that there is still much to do to improve girls' capabilities. Common practices that inhibit adolescent girls' equal development and access to gender justice include: early marriage and early pregnancy; unequal distribution of domestic responsibilities; limited mobility; limited decision-making power over social relationships; socially accepted notions of masculinity regarding violence – at home, in the community and at school; limited control over sexuality and fertility decisions (including, in many communities, vulnerability to FGM/C); limited authority in the family; and inequitable care practices at home (Boyden, Pankhurst and Tafere 2013; Jones *et al.* 2014).

3 <http://genderindex.org/country/ethiopia>

### 2.2 INTERNATIONAL COMMITMENTS, POLITICAL PARTICIPATION AND EQUAL RIGHTS

#### International conventions on women's rights and gender equality

Ethiopia has ratified most major international conventions, protocols and treaties related to women and gender equality. Ethiopia ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1981.<sup>4</sup> Yet, to date, the Convention has not been implemented in regional law, even though the Constitution encourages it (Maal and Skålnes 2009). Ethiopia has signed the Maputo Protocol (2003), which guarantees comprehensive rights to women including the right to take part in the political process, to social and political equality with men, to control of their reproductive health, and an end to female genital mutilation, but has not yet ratified it.<sup>5</sup>

4 [www2.ohchr.org/english/bodies/hrc/docs/ngos/africa4womenrights\\_ethiopia\\_hrc102.pdf](http://www2.ohchr.org/english/bodies/hrc/docs/ngos/africa4womenrights_ethiopia_hrc102.pdf)

5 [www.makeeverywomancount.org/index.php?option=com\\_content&id=892:africa-maputo-protocol&Itemid=146](http://www.makeeverywomancount.org/index.php?option=com_content&id=892:africa-maputo-protocol&Itemid=146)

## National policy and legal reforms

In the past two decades, the Ethiopian government has introduced various policy and legal reforms to improve gender equality, although implementing these reforms effectively remains a challenge. For instance, despite the National Policy on Women (1993), which aimed to create appropriate structures within government offices and institutions to establish equitable and gender-sensitive public policies, and created the Ministry of Women's Affairs (MoWA) in 1995, a 2002 review by CEDAW found that these structures have insufficient decision-making power and inadequate human and financial resources. While all ministries now have a gender unit and officers whose role is to promote gender mainstreaming, they remain small, under-resourced and often marginalised.

## Women's political representation

In terms of women's political representation, Ethiopia currently has more women in parliament (27.8 per cent in 2013)<sup>6</sup> than the Sub-Saharan

African average (22.1 per cent),<sup>7</sup> although the proportion is lower in the upper house or senate (16.3 per cent), and only 13 per cent of women held ministerial positions as at 2014 (IPU 2014). Women's representation in regional councils is higher (at 48 per cent in Tigray, for example, and above 30 per cent in six of the nine regional states).<sup>8</sup> In many woreda and kebele councils, women now comprise 50 per cent of members.

In 2006, a Women's Change and Development Package was introduced to facilitate the implementation of the National Policy on Women and to stress equal participation of women in all sectors. Moreover, the Growth and Transformation Plan (GTP)<sup>9</sup> from 2010-2015 includes a pillar on women and youth empowerment; it seeks to increase the number of women in decision-making roles in parliament to 35 per cent, and to 25 per cent in the executive branch

and judiciary. However, multiple barriers still prevent equitable opportunities for political empowerment for women at regional levels. The main factors which have contributed for such disparities include: structural barriers, unequal socio-economic opportunities, and inadequate access to mentors and support networks (Hora 2014; Meaza 2009). Thus, men tend to dominate political, decision-making and leadership positions.

## Women's land rights

Article 35 of the Ethiopian Constitution (1994)<sup>10</sup> grants women and men equal rights to acquire, administer, control, use and transfer property, although custom usually dictates that land is passed to sons, on the grounds that daughters eventually move to their husbands' homes (FAO n.d.). In 2000, the Land Use Rights Proclamation was revised, and empowered women by mandating joint titling (requiring photographs and signatures from both spouses). Article 35 of the Constitution also enshrines numerous other rights, including: the right to equality in mar-

<sup>6</sup> [www.ipu.org/wmn-e/classif.htm](http://www.ipu.org/wmn-e/classif.htm)

<sup>7</sup> [www.ipu.org/wmn-e/world.htm](http://www.ipu.org/wmn-e/world.htm)

<sup>8</sup> [www.unwomen.org/~media/headquarters/attachments/sections/csw/59/national\\_reviews/ethiopia\\_review\\_en\\_beijing20.ashx](http://www.unwomen.org/~media/headquarters/attachments/sections/csw/59/national_reviews/ethiopia_review_en_beijing20.ashx)

<sup>9</sup> [www.ethiopians.com/Ethiopia\\_GTP\\_2015.pdf](http://www.ethiopians.com/Ethiopia_GTP_2015.pdf)

<sup>10</sup> [www.eueom.eu/files/dmfile/ethiopian-constitution-1994\\_en.pdf](http://www.eueom.eu/files/dmfile/ethiopian-constitution-1994_en.pdf)

riage; the right to maternity leave with full pay; the right to full consultation in national development policies; and the right to equal employment, pay and promotion.

### **Family law**

Within the family sphere, the revised Federal Family Code (2000) sets the minimum age of marriage at 18 years for both sexes (Article 7) and has done away with betrothal, which often led to the creation of an alliance between families when children were young. It also covers issues surrounding divorce and custody, and limits the powers of family arbitrators who could previously have attempted to reconcile couples and, only if they failed to reconcile, could grant divorce. Currently, family arbitrators are restricted to providing conciliation efforts only (Articles 80 and 82).

### **Harmful traditional practices**

The adoption of the 2005 Criminal Code<sup>11</sup> criminalised several harmful traditional practices such as abduction of a woman (Article 587),

<sup>11</sup> [www.wipo.int/wipolex/en/text.jsp?file\\_id=248268](http://www.wipo.int/wipolex/en/text.jsp?file_id=248268)

female circumcision (the penalty ranging from three months' to three years' imprisonment or a fine of 500-10,000 birr, or both), infibulations or other harmful practices (Articles 565, 566, 567, 568), early and forced marriage (Article 648), widow inheritance and polygamy (Article 650). It also criminalised domestic violence (Article 564). On 24 October 2013, Ethiopia launched a National Alliance to End Child Marriage,<sup>12</sup> as well as announcing the development of a national strategy on harmful traditional practices and an action plan on FGM/C, child marriage and abduction. The government drafted this strategy in partnership with donors, civil society organisations (CSOs) and other development actors (UNFPA 2013).

### **Implementation challenges**

Despite this raft of supportive legislation, women face multiple barriers in claiming and realising their rights, including access to affordable legal aid (state provision is limited to very serious criminal cases). Women are also among the

<sup>12</sup> [http://et.one.un.org/index.php?option=com\\_content&view=article&id=193:ethiopia-commits-to-eliminating-child-marriage-and-fgm-by-2025&catid=82:news-and-updates&Itemid=492](http://et.one.un.org/index.php?option=com_content&view=article&id=193:ethiopia-commits-to-eliminating-child-marriage-and-fgm-by-2025&catid=82:news-and-updates&Itemid=492)

most vulnerable populations (in addition to elderly people, people with disabilities, and people living with HIV), none of whom receive legal aid. Some NGOs, notably the Ethiopian Women Lawyers Association, have been instrumental in improving women's access to legal aid. But since the introduction of the 2009 Charities and Societies Proclamation Law (commonly known as the NGO law), their ability to deliver such services and give women a voice has become significantly constrained. The law curbs NGOs' involvement in advocacy activities, particularly around gender (one of ten thematic areas deemed 'sensitive' by the Ethiopian government). It also restricts NGOs that receive more than 10 per cent of their financing from foreign sources from engaging in human rights and advocacy activities (Amnesty International 2012).

## **2.3 SEXUAL AND REPRODUCTIVE HEALTH**

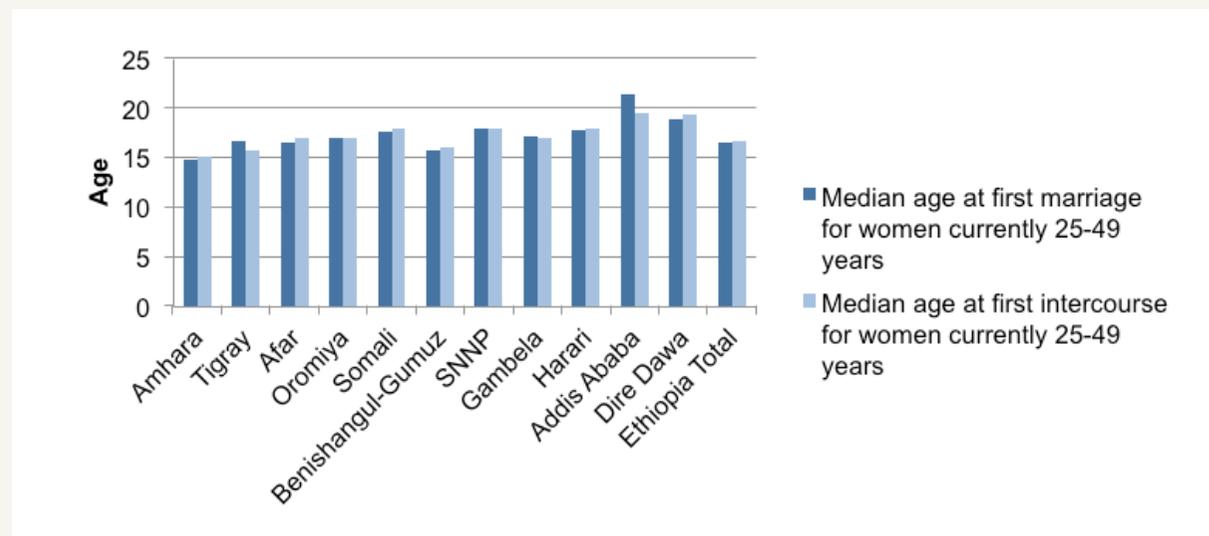
### **SRH services**

Women and girls' reproductive health outcomes have improved significantly in recent decades due to increased access to reproductive health

information and services, but significant challenges remain. While maternal deaths have decreased (from 1,200 per 100,000 live births in 1994 to 420 in 2010) (UNICEF 2014), women continue to face numerous barriers in accessing services. For instance, in 2011, only 42.5 per cent of pregnant women received antenatal care (at least one visit) and less than half of those received at least four visits (19.1 per cent) (CSA and ICF International 2012; UNICEF 2014). Moreover, in 2011, only 10 per cent of births were attended by a skilled professional (UNICEF 2014). Rural women report most problems accessing healthcare.

Although early marriage is prohibited, and despite various initiatives to tackle it, the 2011 Ethiopia Demographic and Health Survey (DHS) revealed that the average age at marriage is 16.5 years, and over 41 per cent of women aged 20-24 reported being married by the age of 18 (CSA and ICF International 2012). As a result, Ethiopia has one of the highest adolescent fertility rates in Sub-Saharan Africa. According to HDI data, the birth rate is 78.4 per 1,000 live births for young women aged

**FIGURE 4:** MEDIAN AGE OF GIRLS AT FIRST MARRIAGE AND FIRST INTERCOURSE IN REGIONS OF ETHIOPIA



Source: CSA and ICF International (2012)

15-19.<sup>13</sup> Figure 4 shows the median age at first marriage and at first intercourse for women aged 25-49 in various regions of Ethiopia.

Given that over 16 per cent of adolescent girls reported being married by age 15 (UNICEF

<sup>13</sup> <http://hdr.undp.org/en/data>

2014), they are most likely to become pregnant before the age of 18, increasing fivefold their likelihood of dying during childbirth (CSA and ICF International 2012). According to UNICEF (2014), 22 per cent of women in Ethiopia aged 20-24 had given birth before the age of 18. Though evidence points to changing norms and expectations around marriage and childbirth,

women and girls' reproductive rights are still severely restricted in some areas of the country. For example, despite high fertility rates and a high unmet need for family planning, only 5 per cent of all women aged 15-19 reported using any form of contraceptive. This proportion increases to 29 per cent among the 30-34 age group, but decreases to 11 per cent among women aged 45-49 (CSA and ICF International 2012; UN Gender Statistics Data 2013). Further analysis of DHS data indicates that contraceptive use was positively correlated with other dimensions of women's empowerment such as rejecting domestic violence, an equal say in household decision-making, and awareness of their rights (Tadesse, Teklie, Yazew and Gebrelassie 2013).

#### **Gender and HIV**

Finally, although HIV prevalence among adults has decreased from 2.4 per cent in 2005 to 1.5 per cent in 2011, it is higher among women (1.9 per cent) than men (1 per cent) (CSA and ICF International 2012), and women have less access to antiretroviral (ARV) treatment than men (59 per cent compared to 62 per cent)

(WHO, UNAIDS and UNICEF 2013). Ethiopia made a strong push on prevention of mother-to-child transmission (PMTCT) services in 2012, which has had a considerable impact in reducing the number of children acquiring HIV (*ibid.*). However, only 24 per cent of pregnant women living with HIV received ARVs in 2011 (*ibid.*).

## **2.4 VIOLENCE AGAINST WOMEN AND GIRLS**

### **Gender-based and sexual violence**

Violence against women is widespread in Ethiopia and takes many forms. A 2009 study by the World Health Organization (WHO) found that 70 per cent of Ethiopian women had suffered physical violence from their husband or partner at some point in their life (over 50 per cent in the preceding 12 months). Ethiopia's 2011 Demographic and Health Survey (DHS) found that, when presented with five reasons for which a man might be justified in beating his wife, 68 per cent of women surveyed (and 45 per cent of men) agreed with at least one of the reasons (although this figure was down from 81 per cent in the 2005 DHS). A similar trend is observed among adolescents (those aged 15-19); 61 per

cent of male adolescents and 64 per cent of female adolescents consider a husband to be justified in hitting or beating his wife for at least one of the following reasons: if his wife burns the food, argues with him, goes out without telling him, neglects the children or refuses sexual relations. Moreover, early marriage places adolescent girls at a higher risk of intimate partner violence over the life-course (CSA and ICF International 2012). In a study of 764 secondary school girl students in eastern Ethiopia, 68 per cent had experienced at least one instance of sexual violence victimisation (Bekele, van Aken and Dubas 2011); 52 per cent had experienced at least one instance of sexual offence, 56 per cent sexual assault, 25 per cent sexual coercion, and 15 per cent sexual aggression.

### **Female Genital Mutilation/Cutting**

Women and girls' rights are also threatened due to the relatively widespread practice of FGM/C in Ethiopia (common among 46 of the country's 66 largest ethnic groups) (EGLDAM 2007). The 28 Too Many (2013) Ethiopia Profile shows that more than 23.8 million girls and women in

Ethiopia have undergone FGM/C – the second highest figure in Africa after Egypt. According to UNICEF (2013), Ethiopia is a group 2 country, with moderately high prevalence of FGM/C (i.e. 50-80 per cent).

Government statistics show that the practice is much more widespread in some regions than others. For example, 75 per cent of girls aged 15-49 in SNNPR report having undergone FGM/C (Tamire and Molla 2013), compared with 92 per cent in Afar (in the north east), 97.3 per cent in the Somali region, and 92.3 per cent in Dire Dawa (28 Too Many 2013). Figures also suggest a significant urban/rural variation, with prevalence estimated at 68.5 per cent and 75.5 per cent respectively among girls and women (15-49 years) (CSA 2005). Table 2 shows trends for prevalence of FGM/C for girls under the age of 15 by region from 2000 to 2011.

Despite some 25 years of efforts to ban FGM/C in many countries, the practice is still far from being eradicated (Morris 2006; Salem and Shawerby 2008). In terms of enforcing laws that punish offenders for FGM/C, there is mixed

**TABLE 2: PREVALENCE OF FGM/C SINCE 2000**

Region	CSA (2000)	CSA (2005)	WMS (2011)
Addis Ababa	39.8	25.1	9.2
Afar	93.6	85.1	59.8
Amhara	78.5	56.8	47.2
Benishangul-Gumuz	63.8	49.3	23.7
Dire Dawa	39.9	34.3	13.4
Gambela	43.4	11	7.4
Harari	44.8	27.1	14.1
Oromia	43.2	34.9	17.3
SNNP	37	23.5	9.4
Somali	57.7	28.1	31.7
Tigray	39	30.2	22.1
Rural	53.2	38.7	24
Urban	43.8	30	15
<b>TOTAL</b>	<b>51.9</b>	<b>37.7</b>	<b>23</b>

Sources: 28 Too Many (2013); Central Statistical Agency (CSA) (2000, 2005); Welfare Monitoring Survey (WMS) (2011)

evidence from Ethiopia. Some reports suggest that strong legal enforcement is gradually succeeding in shifting values and attitudes (Boyden *et al.* 2013), while others say that

enforcement is still weak (US State Department 2013). Moreover, reports highlight the fact that there is limited knowledge of new legislation on FGM/C (Save the Children 2011).

## 2.5 ECONOMIC EMPOWERMENT

### Women's labour force participation

Women's labour force participation is relatively high but there are significant gaps in terms of remuneration. In 2012, 78.2 per cent of women in Ethiopia (15-24 years) participated in the labour force compared with 89.4 per cent of men (UN Statistics Division 2014). According to the Household Composition and Expenditure survey (CSA 2012), men's economic activities tend to be in self-employment in the formal sector, whereas most women do unpaid domestic work. Moreover, gender wage gaps persist, with men earning 862 birr per month (on average) compared with 647 birr for women (UN Development Assistance Framework n.d.).

Three-quarters of the population derive their income from agriculture, and Ethiopian women play a major role in all aspects of agricultural production (Jones, Tafere and Woldehanna 2010). Though agricultural labour can be paid (self-employed or barter, labour exchange or wage) or unpaid, women are more likely to do unpaid, casual labour, assigned 'small' or light

tasks such as weeding, storing and processing harvest while men are expected to clear and prepare the land (Endalamaw 2014). Women are expected to market surplus crops and use the income to meet household needs, while men use income from crop sales to buy agricultural inputs (*ibid.*).

Agricultural cooperatives hold much potential for small farmers (men and women) to improve their livelihoods through developing their collective and individual capacities (FAO 2011). Yet women's participation in cooperatives is generally low – women comprise just 20 per cent of cooperative members and few hold management positions (Woldu, Tadesse and Waller 2013). Those women who are members tend to have a higher level of education, come from more educated households, and are more likely to be household heads.

However, limited access to and ownership of land (despite supportive laws) partly explains why relatively few women are members of agricultural cooperatives. For example, in 2005, only 18.6 per cent of rural landholders were women,

only 9 per cent had access to agricultural extension services, and only 12 per cent of those accessing agricultural credit were women (MoWA 2005).

According to Jones *et al.* (2010), women's low participation in cooperatives is also partly explained by the dominant gender norms, stereotypes and practices that shape gender power relations at the household, community and institutional levels. Women are assumed to be mothers, caretakers of all household domestic and care duties, under the authority of male figures, second in command, and generally speaking are valued by their families and peers for being docile and submissive (*ibid.*).

### Migration and remittances

Migration, and migrant remittances, are increasingly vital to Ethiopia's economy (ADB 2010; Fernandez 2010), contributing 1 per cent of the country's gross domestic product (GDP) (approximately US\$370 million) (Beyene 2011; World Bank 2011). Almost all legal migrants to the Middle East are women or girls – comprising 99 per cent between 2004 and 2006 (Fernandez

2009, cited in Dessiye 2011: 5). A study by Agrinet and the International Organization for Migration (IOM) (2004, cited in ILO 2011) found that 7.5 per cent of Ethiopian migrants to the Middle East had left home between the ages of 13 and 17. The International Labour Organization (ILO) (2011), which found that 11 per cent of study participants had migrated before the age of 18, notes that girls often choose to migrate after failing an exam cycle in grade 8, 10 or 12.

Furthermore, studies show that many girls (often with the help of kebele officials) falsify their age in documents required to migrate (Jones *et al.* 2010; Woldemichael 2013). Ethiopian girls and women have also been found to use migration as a way of escaping an unwanted marriage (Erulkar 2006). Similarly, Gebre (2012: 262) found that migrants were often married girls between the ages of 16 and 20 who 'were escaping the oppression of the marital home'.

Many migrant girls and young women are extremely vulnerable to exploitation and abuse (physical and sexual) in their working environ-

ments, particularly given non-binding labour contracts, lack of legal protection and monitoring, and pervasive gender, religious and racial discrimination in the destination countries (ILO 2011).

### **Child labour and gender dynamics**

Unsurprisingly, given Ethiopia's poverty rates and its agricultural base, child labour remains very common. According to the 2011 DHS, '17 percent of children aged 5-11 and 55 percent of children age 12-14' were engaged in work activities (CSA and ICF international 2012: 32). Nearly one-fifth of younger children and two-fifths of older children did more than 28 hours a week of household chores (*ibid.*). Boys were significantly more likely than girls to be working (31.1 per cent vs 23.5 per cent) and rural children were more than twice as likely as their urban peers to be child labourers (29.7 per cent vs 13.3 per cent) (*ibid.*).

Girls, however, tend to be confined to the informal sector, where it is unlikely they will develop the skills they need to exit poverty. Broussard and Tekleselassie (2012), for

example, report that 41 per cent of urban young women are employed in the informal labour market, compared with less than 30 per cent of young men. In their sample of slum-dwelling girls in Addis Ababa, Erulkar and Mekbib (2007) found that over three-quarters were working as domestics, reflecting the very limited employment options open to poor, uneducated girls (see also Broussard and Tekleselassie 2012). These girls are particularly vulnerable, as domestic labour is 'often among the worst forms of child labour due to the health risks for children' (Thorsen 2012: 3) and 'remains virtually invisible and undervalued as a type of employment' (ILO 2011: 13).

## 3. Norwegian support to women's rights and gender equality

### 3.1 OVERVIEW OF NORWAY'S SUPPORT TO ETHIOPIA

Norway has a long history in Ethiopia, through politics, bilateral aid and missionary work. Strong ties were formed between Emperor Haile Selassie and the Norwegian royal family in London during the Second World War. Ethiopia has remained a priority country for Norwegian aid over subsequent decades. While there was a dip in support following concerns over human rights abuses during the controversial presidential election in 2005, both countries have strengthened relations since.

According to Norad's website, 'the rationale for Norwegian development cooperation is to support Ethiopia's own effort to reduce poverty, as well as to contribute to the peaceful resolution of internal conflicts in the country'<sup>14</sup>. Norway's thematic priorities in Ethiopia are climate, environment and sustainable development, and economic development (particularly the agriculture and energy sectors). There is also a strong portfolio on governance and rights, including the rights of

<sup>14</sup> [www.norad.no/en/countries/africa/ethiopia](http://www.norad.no/en/countries/africa/ethiopia)

women and children. The website of the Norwegian Embassy in Ethiopia reflects these sectoral and thematic priorities, with gender content primarily covering work on prevention of FGM/C and the promotion of sexual and reproductive health rights and services for young people (Box 1). It states that most of Norway's bilateral assistance to Ethiopia (about 67 per cent in 2013) is managed by the Embassy in Addis Ababa. Norad also manages funding to Ethiopia (approximately 23 per cent in 2013).

### 3.2 AID TARGETED AT WOMEN'S RIGHTS AND GENDER EQUALITY

We now consider the Royal Norwegian Embassy's funding portfolio by sector, assessing the extent to which women's rights and gender equality (WRGE) are included within these aid flows, and eliciting trends over time.

Figure 5 shows the proportion of projects by sector in Ethiopia between 2007 and 2013 from a total of 1,050 projects funded by the Norwegian government through Official Development Assistance (ODA). The largest number of projects are in health and social services (n = 346),

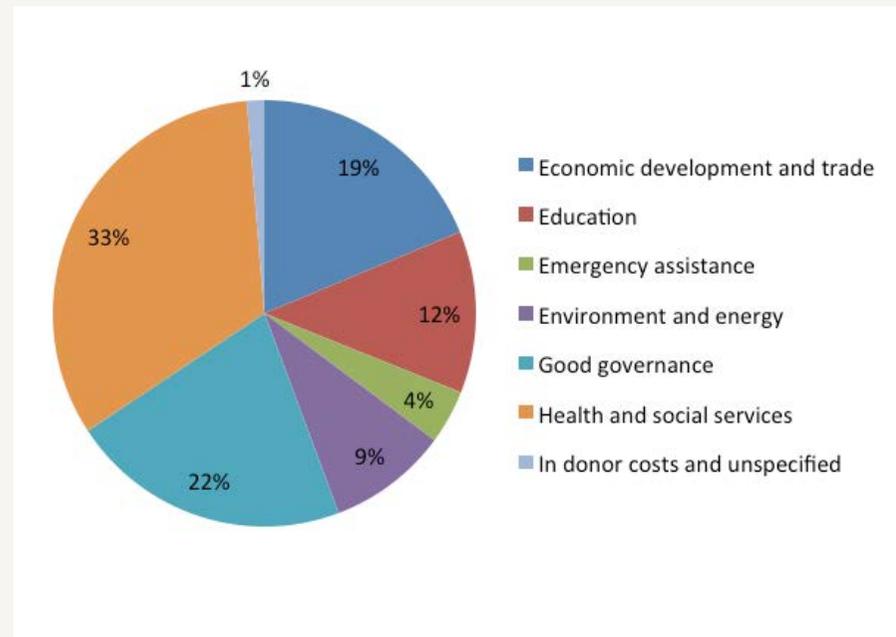
#### BOX 1: BRIEF OVERVIEW OF WEBSITE CONTENT OF THE ROYAL NORWEGIAN EMBASSY (RNE) IN ETHIOPIA

With a focus on women's rights and gender equality, the website's content is divided according to the two main sectors: climate/energy and agriculture; and human rights, democracy and good governance. It also includes content on prevention of humanitarian crises, illicit financial flows and corruption, and aid effectiveness across multiple sectors not pertaining to gender.

Press releases highlight Norway's efforts and achievements in improving women's rights in Ethiopia. The main stories focus on Embassy support to NGOs and regional governments to raise awareness about FGM/C as a harmful traditional practice and to reduce prevalence through community dialogue and engagement with religious leaders. There is also mention of the Embassy's support to the good governance work of the Center for Human Rights at Addis Ababa University, including its implementation of legal aid for poor women.

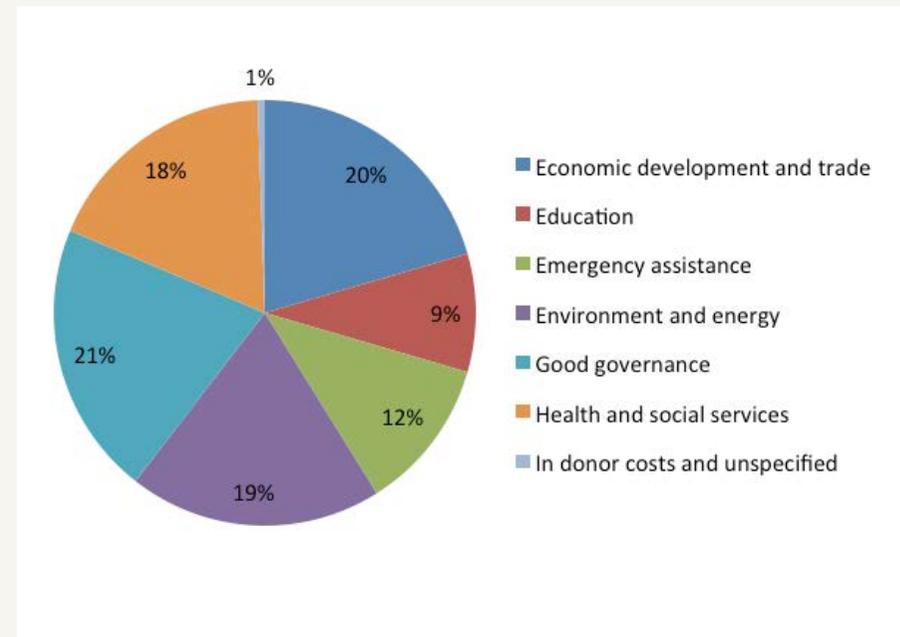
While most content is not updated regularly, the most recent press release (5 June 2012) is on improving sexual and reproductive health services. It reported that the Royal Norwegian Embassy in Ethiopia had announced a NOK 100 million (US\$17,421,026) grant to support to UNICEF and UNFPA's joint programme on sexual and reproductive health for young people.

**FIGURE 5: NORWEGIAN ODA TO ETHIOPIA (2007-2013)**  
(PERCENTAGE OF PROJECTS PER SECTOR)



Source: Norad/MFA 2015

**FIGURE 6: NORWEGIAN ODA TO ETHIOPIA (2007-2013)**  
(PERCENTAGE OF VOLUME PER SECTOR)

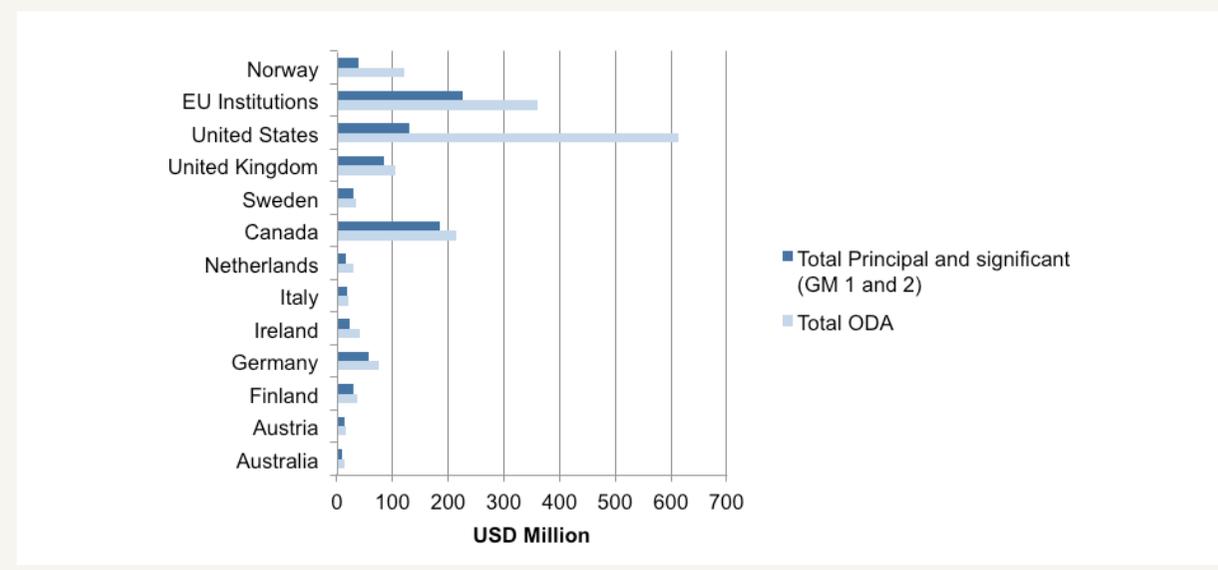


Source: Norad/MFA 2015

followed by good governance (n = 225), then economic development and trade (n = 197). Figure 6 describes the proportion of funds allocated to each sector. Given that a vast number of projects are in good governance, it is not surprising that the maximum budget allocated is to good governance, followed by economic development and trade, environment and energy, and then health and social services.

In terms of total bilateral aid to Ethiopia, Norway is among the top four OECD Development Assistance Committee (DAC) countries, providing approximately US\$120.5 million as of 2013. The top five donors to Ethiopia are the United States, EU institutions, Canada, Norway, and the UK. However, as Figure 7 shows, Norwegian aid to Ethiopia specifically for WRGE comprises just 32 per cent of its total ODA (US\$120 million in 2013). This is small when compared with other countries or groupings such as the United Kingdom (which directs 81 per cent of total ODA to gender), EU institutions (63 per cent) or Canada (87 per cent). Of the 13 countries listed in Figure 7, Norway ranks almost bottom (12) for the proportion of its total aid allocated to gender

**FIGURE 7: TOTAL BILATERAL VS TOTAL GENDER-RELATED AID TO ETHIOPIA (2013)**



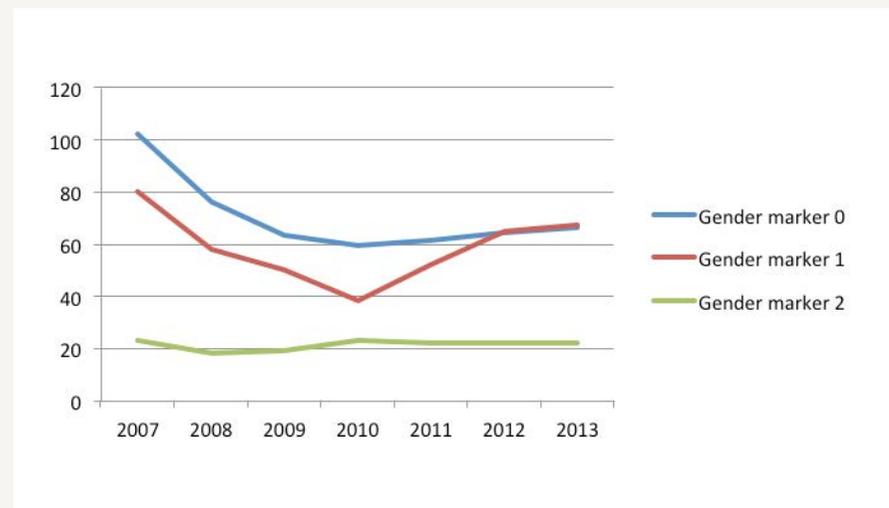
Source: OECD 2015

markers – the markers given to development projects or programmes with either a significant or predominant focus on WRGE. The only country ranked lower is the United States (21 per cent).

In the case of gender-marked aid, the DAC uses three markers (0, 1 and 2). Gender marker 0 is known as ‘not targeted’ and means that the

activity has been screened against, but was found not to be targeted to, the policy objective. Gender marker 1 is assigned to projects and programmes where gender is mainstreamed within Norway’s general bilateral, multilateral and civil society aid portfolio. Gender marker 2 is assigned to projects and programmes that have WRGE as a primary objective. As seen in Figures 8 and 9,

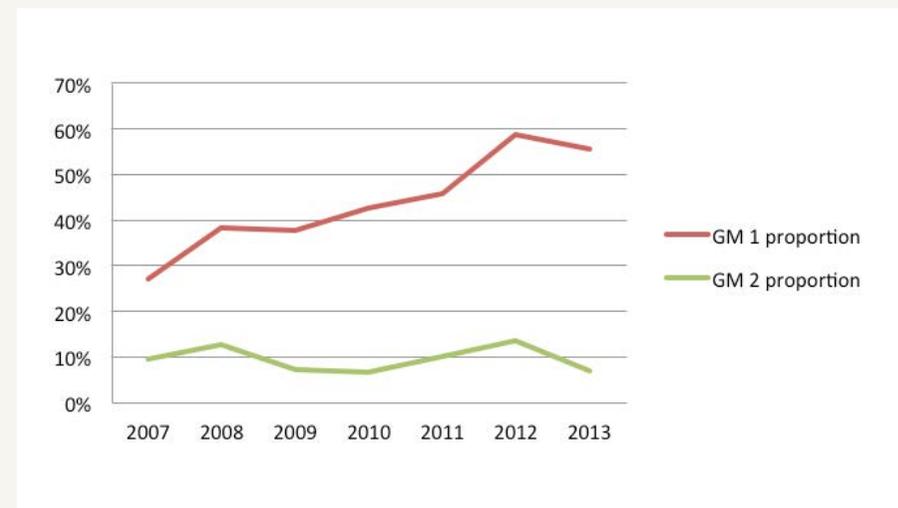
**FIGURE 8: NUMBER OF PROJECTS 2007-2013 BY GENDER MARKERS**



Source: Norad/MFA 2015

the proportion of projects assigned gender marker 0 was 100 per cent in 2007 but this declined to 70 per cent by 2013. The proportion was lowest in 2010, when around 60 per cent of projects were assigned gender marker 0, which means that over half of total aid was assessed as not being targeted to improving WRGE. With respect to gender marker 1/significant objective,

**FIGURE 9: NORWEGIAN ODA TO ETHIOPIA (2007-2013) BY GENDER MARKERS 1 AND 2 (PERCENTAGE OF TOTAL VOLUME)**



Source: Norad/MFA 2015

in 2007 the proportion of projects stood at 80 per cent, accounting for 27 per cent of aid volume. This decreased by almost half (to 40 per cent) in 2010 but has steadily increased again to 70 per cent in 2013, with 55 per cent of aid volume allocated to gender marker 1. The proportion of projects assigned gender marker 2 is much lower and has remained relatively stable

since 2007, at around 20 per cent, accounting for 9 per cent of aid volume.

Figures 8 and 9 indicate that while the number of projects with gender marker 1 declined over time, with an increase after 2010, the volume of aid allocated to gender marker 1 has been increasing over time. With regard to gender

marker 2, the number of projects and volume of aid have remained fairly stable since 2007.

### **Uptake of the Women and Gender Equality Grant**

In contrast to the other two pilot embassies reviewed in this global evaluation (Mozambique and Nepal), the Norwegian Embassy in Ethiopia has made little use of the Women and Gender Equality Grant (a fund designed to jumpstart programming, analytical or capacity-strengthening work on dimensions of WRGE that might otherwise not be funded through sectoral budget lines). The Head of Development Cooperation in the Embassy in Ethiopia felt that the grant application process was unnecessarily cumbersome for relatively little funding, and that in any case there was sufficient funding available for programmes to promote WRGE. In other words, the Embassy's strategy in Ethiopia has been to fund gender-related issues through sectoral budgets/general funding lines. (Staff recalled using the Women and Gender Equality Grant for a one-off, one-day gender mainstreaming training session, but the amount of funding was so small that it did not show up in the MoFA

database statistics.) On reflection, the Head of Cooperation and individual advisors thought that a repeat of such training could be valuable and that perhaps more attention should be paid to the potential opportunities offered by the Women and Gender Equality Grant.

### **3.3 PORTFOLIO OF THE ROYAL NORWEGIAN EMBASSY'S PROJECTS IN ETHIOPIA**

We now discuss the Embassy's portfolio of projects that incorporate a concern with gender equality and/or women's rights. This subsection is based on findings of the 2009 review entitled 'Mainstreaming Gender in the Development Portfolio of the Norwegian Embassy in Ethiopia' (Maal and Skålnes 2009), as well as the ensuing 2011 Gender Action Plan, and interviews with Embassy staff carried out in 2014.

Overall, the 2009 review concluded that there was a significant 'implementation gap' in terms of integrating gender into projects, and addressing this gap would require ongoing dialogue with partners around gender issues. While our interviews suggested that Embassy staff do seek to ensure that gender is included in discussions

with partners across a breadth of sectors, there remains considerable scope for Embassy management and staff to be more proactive in their efforts to integrate gender dimensions and include gender equality and women's rights considerations in a more substantial way. Beyond projects that explicitly tackle gender issues at their core – e.g. programmes to prevent FGM/C or promote sexual and reproductive health rights – there is a tendency for gender to remain relatively peripheral, both in terms of programming attention and funding disbursements.

Below is a brief description of Norway's portfolio of projects in Ethiopia that integrate women's rights and gender equality according to the two sector groupings around which the 2011 Gender Action Plan is organised: climate change, environment, clean energy and forestry; and good governance.

#### **Climate change, environment, clean energy and forestry**

Norway's climate commitment in Ethiopia is concentrated on renewable energy, climate-

adapted agriculture/food security and forestry. This is an area of strategic importance, perhaps best encapsulated in Norway's multi-stakeholder Climate Resilient Green Economy (CRGE) partnership with the Ministry of Environment, World Bank and DFID to launch a green development plan based on climate-robust green growth. Embassy advisors noted that in the relevant fora for dialogue, Norway had been the most proactive in ensuring that gender issues were put on the agenda, but also recognised that their success in this area had been modest. Moreover, a key 'success' to date has been to support the development of a gender mainstreaming strategy within the broader Framework Agreement through the technical expertise of Energia, and to secure funding and agreement for a six-month consultancy position to help the Ministry of Environment develop and roll out a strategic plan to mainstream gender. While this is clearly a useful first step, given the capacity gaps and challenges of mainstreaming in this sector globally as well as in Ethiopia, it is again quite a modest and short term achievement. Embassy staff also noted that while gender indicators had been included in the monitoring

and evaluation (M&E) plan for the Framework Agreement, it was too soon to see how they would be put into practice.

In terms of internal initiatives, there have been no specific discussions or capacity-strengthening efforts to address the Embassy's approach to integrating gender in the energy sector. That said, there has been strong team work with Norad experts in this area, including joint field visits, as well as high-level involvement of the Ambassador and Head of Cooperation at a validation workshop for the mainstreaming strategy discussed above, signalling commitment to this initiative from the very top. Moreover, while in Oslo, the commitment of MoFA's energy sector staff to tackle gender considerations is less clear and perhaps perceived 'to complicate or overcrowd agendas', Embassy staff in Ethiopia have taken a pragmatic view that by addressing gender inequalities, outcomes are likely to be better.

Table B in the Appendix provides a snapshot of other projects supported by the Norwegian Embassy in the climate change and energy sector that include gender dimensions to some extent.

### **Governance and rights**

Good governance is another key thematic area for Norway's support to Ethiopia, accounting for 21 per cent of total funding. Within this broader portfolio there is a specific subset focusing on gender and social affairs, managed by the Embassy's programme officer for human rights and gender equality. Overall, the governance advisor noted that gender was just one consideration in her portfolio, and that while it did come up in dialogue with partners and was included in annual reporting, WRGE was not accorded particular attention.

However, there were several good examples of governance initiatives that embed gender considerations in their approach. They include support for women on the National Electoral Board and the Embassy's support of the Center for Human Rights at Addis Ababa University, which is providing legal aid to people living in poverty, including women, children, people with disabilities, and prisoners. This work has been particularly important since the 2009 NGO law forced organisations such as the Ethiopian Women Lawyers Association (which had provided

free legal aid to more than 17,000 women) to suspend this kind of work, given the introduction of strict controls on funding sources, especially for organisations doing advocacy and policy work on gender equality (see Box 2).

Table C in the Appendix provides a snapshot of other projects supported by the Norwegian Embassy in the good governance and rights sector that pay some attention to gender dimensions.

### 3.4 ENGAGING WITH PARTNERS

In terms of the Embassy's partnerships around gender issues, two approaches stand out: strong linkages to national NGOs and civil society umbrella groups and networks; and strong support to the UN and, through it, to government partners at national and subnational levels.

#### Engaging through civil society

There are considerable concerns about the ability of civil society organisations (CSOs) to operate in Ethiopia given the restrictions introduced by the 2009 Charities and Societies Proclamation (CSO) Law. To comply with this law, Norway follows a

#### BOX 2: LEGAL AID PROGRAMME IN ETHIOPIA

The overall objective of the legal aid programme is to make a difference to the lives of poor people by raising awareness of their legal rights and enabling them to secure redress to rights and social justice. Target beneficiaries are poor and disadvantaged people living in Addis Ababa, Adama, Hawassa, Ambo and surrounding areas. The project prioritises vulnerable and disadvantaged groups such as women, children, older people, people living with HIV, and people with disabilities.

From 2012 to 2014, the programme has reached more than 7,929 beneficiaries, setting up offices and providing services in West Shewa zone (Oromia). Paralegal training has been given to individuals (including many women) from universities in Addis Ababa, Adama, Ambo and Hawassa. To raise public awareness of legal matters, 49 radio programmes have been produced covering issues relating to women and children's rights (on employment, pensions, and housing among other issues). Finally, awareness-raising activities have been carried out with more than 11,582 people. Research outputs are actively used to initiate policy dialogues with the government and other stakeholders on matters related to women's access to justice.

Despite these achievements, there remain some challenges. A mid-term review found that operational delays in the University Finance and Procurement Units at the University have led to understaffing and high staff turnover, which has impeded the programme. Moreover, though the programme targets marginalised groups, there is no systematic approach to reaching these groups and addressing their specific legal problems. There was also little evidence that many people were aware of the free legal aid services. Limited follow-up after an individual receives legal services also hinders the effectiveness of this programme.

two-pronged strategic approach. It raises its concerns along with other donors through the Development Assistance Group (DAG) and the High-Level Forum with the Ethiopian government, which sees regular discussions on the difficulties of the narrow operating space afforded to CSOs.

The other approach is supporting CSOs with evidence-based advocacy to encourage a more lenient application of the law.

The 2011 Gender Action Plan lists support to CSOs as an essential component of good

governance. Accordingly, Norad provides support to Save the Children, Norwegian Church Aid, Development Fund, Norwegian People's Aid, Digni, Right to Play, ADRA, Dry Land Coordination Group (DCG), FOKUS and the Norwegian Confederation of Trade Unions for projects in Ethiopia. In 2014, grants to these organisations totalled just over NOK 79 million. As part of its strategy to implement the Civil Society for Accountable Governance programme, in 2006 Norwegian Church Aid entered into a strategic partnership with the Norwegian Embassy in Ethiopia with the aim of supporting local CSOs. Under this partnership, NCA-Ethiopia assumes responsibility for managing the Embassy's fund to seven prominent local CSOs working on human rights, democracy, good governance and peace building, many of which take a strong gender approach to their activities.

Increasingly, the Embassy supports CSOs through a joint fund together with the governments of Ireland, Denmark, the Netherlands, the UK and Sweden. This fund focuses on reaching CSOs at district (woreda) level and has prioritised support for marginalised groups. It has

supported more than 100 CSOs to carry out social work activities in areas that are difficult for national or international organisations to reach. The fund also helps build CSO capacity and accountability on key areas such as project cycle management, financial management, advocacy and networking. While this could be interpreted as a response to the shifting civil society landscape noted above, the Head of Cooperation emphasised that the main motivation was to reduce management transaction costs and streamline relationships with partners.

The Embassy's partners repeatedly emphasised that Norwegian support had been critical in providing some operating space and legitimacy for local CSOs working on rights issues, including FGM/C and harmful traditional practices and women's legal rights. Moreover, partners and external key informants consistently noted that the quality of their interaction with the Embassy was superior to that of other donors, reflecting more genuine partnership working and longer-term commitments, which are important given the entrenched nature of discriminatory gendered norms. However, as we discuss in more detail

below, there is some scope for the Embassy to play a stronger role in terms of providing technical assistance/ quality assurance to local CSOs to maximise impact with beneficiaries on the ground.

### **Engaging through the UN**

The Embassy's second key engagement partner in Ethiopia is the UN, specifically the following bodies:

- UN Women (Norway has committed US\$3 million in support until 2015).
- The United Nations Economic Commission for Africa (UNECA), which received approximately NOK 20 million for climate change, gender and governance activities over three years; Norway was also joined the Pooled Fund Partners in 2009, providing UNECA with a NOK 60 million grant.
- In 2010, a UNICEF/UNFPA partnership was engaged to implement the Rights-Based Approach to Adolescents and Youth Development programme, which received additional funding in 2014 for another five years.

- Sustainable energy is an integral part of the United Nations Development Programme (UNDP)'s continued support to the Climate Resilient Green Economy (CRGE) programme and Government of Norway Energy+ cooperation. The UNDP-supported Democratic Institutions Programme is another example of strong engagement between the Norwegian Embassy in Ethiopia and the UN.

While Embassy managers seemed to be aware of UN agency limitations, they nevertheless revealed a strong commitment to working with and supporting capacity-strengthening of the UN. The relationship with the UN is characterised as that of a 'good but critical friend' and is contrasted to the approach that other donors such as DFID are taking which is towards a greater reliance on private sector management agents. While this strategic approach has its merits (as we discuss in more depth below with regard to the UNFPA/UNICEF Joint Programme on Adolescent Development), here too, there is a need for stronger mechanisms for M&E and learning to maximise impact and results with beneficiaries on the ground and to achieved

programme objectives systematically and cost effectively.

### 3.5 REPORTING RESULTS

Results of the Embassy's work on WRGE are reported through a variety of mechanisms. Partner organisations provide six-monthly or annual reports on programmatic results, including any gendered impacts, which are then reviewed by Embassy staff and followed up through face-to-face meetings. NGO and UN partners noted across the board that the quality of engagement by Norwegian Embassy staff was relatively high compared to analogous donors – they asked detailed questions, made occasional field visits, and put forward constructive recommendations for follow-up. However, the quality of partners' written reports was found to be somewhat mixed; there was often insufficient evidence to back up the reported results and/or unsystematic presentation of results (e.g. on some indicators for some partners but not consistently across sub-contracted partners in the case of the NCA–SCI initiative on FGM/C). For projects with gender marker 1 or 2, the content relevant to WRGE is more substantive;

whereas for projects with gender marker 0, attention to WRGE is reported on 'as one consideration among many' and not prioritised in discussions with partners (according to interviews with Embassy staff).

Norad and/or the Embassy also commissions mid-term reviews and final reports to assess project and programme outcomes. These are undertaken by independent researchers, often in collaboration with independent research organisations or academic institutions. The 2009 review of gender mainstreaming of existing projects recommended that subsequent results include gender analysis as a core component of the report, but it was beyond the mandate of the present evaluation to systematically assess this across sectors. However, a review of a small sample of documents indicated that such reporting is patchy or uneven at best. For example, the 2012 annual report of the Democratic Institutions Programme discusses mainstreaming and institutionalising gender as an outcome in the reporting year. However, despite a broader aim of deepening democratic governance and accountability systems, gender results

reporting is a small component of the annual report. Similarly, in the 2014 annual report for the feasibility study of Mandaya and Beko Abo Multipurpose Project, gender equality is discussed in a paragraph in the sustainability section but is not discussed in the effectiveness and outcomes section.

Drawing on the (bi)annual reports from partners and evaluations from third-party evaluators, the Embassy collates information according to a standardised template, which it uses in its own annual reports to MoFA. Table 3 provides a summarised comparison of the reported findings from 2010 and 2012. Annual reports must show how the Embassy has addressed gender mainstreaming in projects/programmes within selected sectors. Reports should state whether gender was addressed in the programme's terms of reference (ToRs), whether there were baseline gender differences for each proposed activity, whether women and men faced different barriers to opportunities and decision-making, whether the activity addressed unintended consequences for women as a result of the project/programme, whether there were gender differences in

**TABLE 3: SUMMARISED COMPARISON OF REPORTED FINDINGS FROM THE NORWEGIAN EMBASSY IN ETHIOPIA'S 2010 AND 2012 ANNUAL REPORTS**

Thematic priority	2010	2012
Sexual and reproductive health	<ul style="list-style-type: none"> <li>• Number of beneficiaries reached through programme</li> <li>• Gender differences in beneficiaries without specifics</li> <li>• Input on provision of SRH services and supplies</li> <li>• HIV/AIDS prevalence</li> </ul>	Quantitative data (planned and achieved results) for 1 programme: <ul style="list-style-type: none"> <li>• on number of adolescents reached</li> <li>• on capacity building of implementing partners, institutions, parents, and communities</li> <li>• on SRH service delivery points</li> </ul>
Violence against women	<ul style="list-style-type: none"> <li>• General findings on effectiveness of awareness-raising tools</li> <li>• Progress in terms of fewer girls undergoing FGM/C (though no specifics given)</li> <li>• Statement on relevance of FGM/C at national level</li> </ul>	<ul style="list-style-type: none"> <li>• Number of men marrying uncut girls</li> <li>• Number of schools integrating FGM/C into their curriculum</li> <li>• Decreased prevalence of FGM/C</li> <li>• Number of fistula victims treated</li> <li>• Number of community-based organisations enforcing laws against FGM/C</li> </ul>
Economic empowerment	Not reported in 2010	Quantitative data (planned and achieved results) for 2 projects: <ul style="list-style-type: none"> <li>• Skill training for women</li> <li>• Provision of start-up capital</li> <li>• Leadership training</li> <li>• Awareness-raising on WRGE</li> <li>• Establishment of women's cooperatives</li> <li>• Tutorial classes for female university students</li> <li>• Scholarship for female students</li> <li>• Training given to Mekele University staff on gender</li> </ul>
Political participation	Not reported in 2010	Not reported in 2012

outcomes, and whether there is follow-up of the gender components. These reports are then sent to MoFA and Norad for review.

As Table 3 shows, there is uneven coverage of activities reported on within the four Gender Action Plan pillars. Moreover, it would appear that the level of detail provided is insufficient for reviewers in MoFA and Norad to assess the quality of the outcomes achieved or to provide constructive feedback; the reporting format is devoid of context and detailed baseline information, and thus appears to be a tick-box exercise. An example of a programme on women and girls' participation in climate mitigation and adaptation actions, included in the 2012 annual report, is given in Table 4.

### 3.6 PARTICIPATION IN MOFA'S GENDER PILOT

The Norwegian Embassy in Ethiopia was part of a global gender pilot initiated by MoFA between 2011 and 2013 and involving embassies in six countries.<sup>15</sup> Overall, the Head of Cooperation

<sup>15</sup> <http://www.norad.no/globalassets/import-2162015-80434-am/www.norad.no-ny/filarkiv/vedlegg-til-publikasjoner/three-years-with-pilot-embassies-for-gender-equality--what-have-we-lear---.pdf>

**TABLE 4:** EXAMPLE OF RESULTS REPORTING FOR GENDER MAINSTREAMING TO EMBASSY

Questions to be answered for gender mainstreaming		the Strategic Climate Institutions Programme (SCIP) (Nov 2012-Dec 2014) (NOK 60 million)
1.	Are gender aspects addressed in the ToR for expert guidance/appraisal?	N.A.
2.	Does the Decision Document (DD) assess the baseline situation in terms of different needs for men and women for this project/programme?	Yes
3.	Does the DD assess potential different effects for men and women of the project/programme?	Yes
4.	Does the DD assess potential barriers for equal participation in decision-making arenas in the project/programme?	Yes
5.	Does the DD assess the need for mitigation strategies to reduce potential negative effects and enhance potential positive effects for women/gender equality of the project/programme?	No
6.	Does the Agreement include requirements on reporting to be disaggregated by sex?	NO
7.	Has the Embassy in formal monitoring meetings/annual meetings addressed the follow-up on gender aspects?	N.A.
8.	Have gender aspects been included in ToRs for reviews and evaluations?	Yes

thought that the pilot had been useful, particularly in creating the Gender Action Plan, which provided a more strategic and systematic focus for development cooperation work on gender. While the plan had not been updated for 2014,

it was still current and relevant according to staff. There had also been some useful sharing of experience among the pilot countries in terms of their gender-related programming.

At the same time, it was also clear that the pilot had not had a lot of traction, perhaps in part because of international staff turnover. Several staff were not aware that the Embassy in Addis had been part of the gender pilot; those who were aware were disappointed that there had not been any follow-up initiatives. There had only been one specific capacity-building initiative for staff on gender issues (a one-day training session) during the whole of the evaluation period (2007-2013). Similarly, the evaluation team had assumed that there was a gender focal point at the Embassy in Addis; this was not in fact the case, although there is a staff member with a portfolio on rights and gender issues, but no mandate or space /time to play a more cross-cutting role within the Embassy for coordinating the integration of gender considerations.

### **3.7 GENDER BALANCE AMONG EMBASSY STAFF**

The Norwegian Embassy in Ethiopia employs more men than women (17 and 12 respectively). Senior diplomatic staff are predominantly male (for example, the Ambassador, Head of Administration and Consular section), the only exception being the Head of Development Cooperation, who is female. There is a more even gender balance among local staff in more junior positions, although traditional roles are still reflected (drivers tend to be men, kitchen and cleaning staff, women).

## 4. Assessing the impact of Norwegian support to WRGE

We now present findings from our field-level case studies, beginning with the Norwegian Church Aid (NCA)–Save the Children International (SCI) prevention programme on FGM/C, which is a flagship initiative of the Norwegian Embassy in Ethiopia’s work on gender-based violence.

### 4.1 TACKLING FGM/C

The Norwegian government’s International Action Plan for Combating Female Genital Mutilation was launched in 2003. It aimed to increase Norway’s efforts to prevent FGM/C by raising the issue during dialogue with partner countries and increasing its allocations to NGOs and international organisations working on FGM/C.

#### **Norwegian Church Aid/Save the Children International programme on eradicating FGM/C**

The Norwegian Embassy in Ethiopia has channelled its support for FGM/C prevention work through a programme led by Norwegian Church Aid (NCA) and Save the Children International (SCI). In order to tackle the high prevalence of FGM/C in Ethiopia (see Box 3), SCI and NCA, together with a coalition of local and internation-

#### **BOX 3: PREVALENCE OF FGM/C IN ETHIOPIA**

More than 23.8 million girls have undergone FGM/C in Ethiopia (28 Too Many 2013), a common practice among 46 of the country’s 66 largest ethnic groups (EGLDAM 2007). According to government statistics, 97.3 per cent of girls and women in Somali region have undergone FGM/C, 92 per cent in Afar, and 92.3 per cent in Dire Dawa (28 Too Many 2013). There has, however, been a decline in prevalence in recent years; among 15-49-year-olds, FGM/C has decreased from 73 per cent in the 1990s (National Committee for Traditional Practices in Ethiopia 1997) to 57 per cent in 2007 (EGLDAM 2007).

The adoption of the Criminal Code in 2005 criminalised several harmful traditional practices, including female circumcision and infibulations. Law enforcement agencies are increasingly looking to prosecute perpetrators of FGM/C and other harmful practices (28 Too Many 2013). The Ethiopian government is trying to tackle harmful traditional practices by including them ‘in all the major policy and legal plans across the country, including policies on women, on health, on education and on social policy’ (28 Too Many 2013: 57; EGDAM 2007).

In 2005, the Women’s Affairs Office was set up at regional level to address violence against women. In its first five-year plan, to reduce FGM/C and other harmful practices, it has collaborated with regional NGOs, particularly in Afar; in 2011, the five-year national Growth and Transformation Plan also included the aim to eliminate FGM/C almost entirely to 0.7 per cent by 2014/15 (Boyden et al. 2013). This was complemented by the 2013 National Strategy on Harmful Traditional Practices. Yet, despite these efforts to ban FGM, the practice is still far from being eradicated.

Presently, more than 82 local NGOs, CSOs, and international organisations are working in Ethiopia to eradicate FGM/C. A range of initiatives and strategies have been used (28 Too Many 2013; EGDAM 2007). They include raising awareness around the health risks of harmful traditional practices, community dialogue, educating those who carry out the practice and offering alternative sources of income, promoting alternative (non-harmful) rites of passage, tackling religious-oriented beliefs about circumcision, adopting a legal/ human rights approach, promoting girls’ education as a way of combating FGM/C and enabling girls to avoid early

al NGOs, have been working with target communities since 2005, implementing various activities to improve people's knowledge, attitudes and practices around FGM/C to reduce its prevalence. The programme works in the regions that have the highest rates of FGM/C (CSA 2005): Somali (98 per cent), Afar (98.4 per cent), Oromia (97.1 per cent), Amhara (88.9 per cent), Harrari (99.8 per cent), and SNNPR (86.7 per cent). It is implemented by 22 partners, NGOs and government agencies, many of whom have been working for decades to end FGM/C and other harmful traditional practices.

The NCA–SCI programme was rolled out in two phases (Phase I, from 2006 to 2010, had a budget of NOK 23 million; Phase II, from 2011 to 2015, had a budget of NOK 50 million). A tripartite agreement was signed between the Norwegian Embassy, NCA and Save the Children Norway-Ethiopia (SCN-E) (in 2012, SCN-E was merged with Save the Children International). NCA works through a large number of local partners while SCI works through its field offices, which coordinate the work of some ten local partners (including Care Ethiopia, Population

Media Centre, EGLDAM, Somali, Afar and Harari Women and Children's Bureaus). The programme aims to reduce FGM/C by 31 per cent from the baseline in the intervention areas.

Phase I worked through nine partners across the country to raise awareness and conduct advocacy, to mobilise the community to campaign against harmful traditional practices, and to organise and strengthen women's groups.

Results suggest that activities during this phase reached more than 1,539,000 adults (784,053 women, 754,947 men) and more than 576,000 children (323,446 girls, 252,554 boys). During phase I, advocacy activities were crucial to raise awareness of the issue at all levels, as well as developing contextual, functional and low-cost models for community work which could be scaled up.

During the second phase, the main strategies included six outcome areas: (1) improving attitudes among target communities against FGM/C; (2) enforcing statutory national and regional laws against FGM/C and other harmful practices in the intervention areas; (3) integrat-

ing the issue during engagements with faith communities in intervention areas; (4) enforcing traditional laws against FGM/C governed by traditional/ tribal/ clan leaders; (5) providing assistance to girls and women who have undergone FGM/C and other harmful practices, particularly medical and counselling support; and (6) including the issue of FGM/C on regional and national agendas.

#### **Mid-term review findings**

A mid-term review in 2013 suggested the programme was achieving some important interim results, particularly in improving attitudes among target communities, enforcing national and regional laws against FGM/C and other harmful practices, and encouraging tribal/clan leaders to enforce such laws. A total of 17,361 newborn girls since 2011 and 5,095 newborn girls in 2013 had been registered, monitored and protected from FGM/C in the programme intervention areas in Afar.

Programme activities included raising awareness through local radio programmes (52 programmes aired in five different local languages,

reaching more than 300,000 adults), empowering boys and girls by helping set up child-led anti-FGM/C clubs in schools (some 130 uncut girls clubs were established across three regions), and empowering girls and women through organising them into anti-FGM/C groups. To promote community dialogue and conversations, 680 people were trained as facilitators, all selected from local communities. Moreover, a total of 663 people who had formerly been practising female circumcision in the Afar, Harari and Somali intervention areas have been actively engaged in regular discussions on the issue, becoming a key part of the anti-FGM/C programme, after receiving training and other support.

NCA and SCI have also conducted training sessions and discussion forums to enhance the capacity of those responsible for enforcing national and regional anti-FGM/C laws in Afar, Oromia, Somali, SNNPR and Harari regions. These activities reached 852 law enforcement bodies and 270 opinion leaders (150 of them men). The local partners have also conducted training and advocacy activities with local

institutions. To this end, in Afar, some 760 people (450 of them men) drawn from community anti-FGM/C committees, school clubs, religious leaders, clan leaders, police, courts, justice bodies and other members of the community have been sensitised through workshops. SCI and NCA have also worked with implementing partners and other stakeholders to provide medical support to girls and women who have experienced health complications as a result of undergoing FGM/C.

Networking, advocacy and coordination were among the strategies employed throughout programme implementation. A network was established with health professionals through the Ethiopian Public Health Association, and SCI and NCA partners coordinate closely with government offices including women, children and youth affairs, health, education, woreda/kebele administrations and community-based organisations (CBOs).

Finally, given that the practice of FGM/C in Ethiopia is embedded in cultural and religious values, NCA and SCI have been implementing

activities in collaboration with faith communities, a key target group in trying to change social norms and attitudes. Faith-based and inter-faith organisations have played an important role in encouraging people to abandon the practice of FGM/C by passing resolutions, influencing attitudes and behaviours of their congregation members, and integrating efforts to combat FGM/C in their respective structures. Sessions were held to raise awareness of the harmful effects of FGM/C and how it can be eradicated, reaching 6,218 religious leaders (3,446 of them men), religious marriage counsellors, 'sister' ministries, theology college deans, local churches and mosque leaders. In addition, 220,372 religious leaders (132,230 of them women), theologians, deacons, Sunday School youth and faith communities were sensitised on the harmful effects of FGM/C through dialogue and forums, crusades and other religious events. A total of 41,056 church members (22,921 of them women) participated in community conversations conducted by 81 trained facilitators (50 of them men).

The mid-term review also identified some weaknesses and challenges in the approach used by the NCA–SCI programme. For example, sustaining people’s involvement in community conversations is difficult because of various factors (e.g. food insecurity, migration, high turnover of local government staff, etc) and men’s participation in coffee ceremony community dialogue programmes is still insignificant. In Muslim-dominated areas, especially in Afar and Somali regions, communities have shifted towards the ‘milder’ ‘Sunna’<sup>16</sup> type of circumcision (which is supported by some religious leaders and communities), rather than abandoning the practice altogether.

We now discuss our research findings based on the experiences of one of the programme’s implementing partners in two woredas in SNNPR. While the evaluation team is aware that there are many examples of good practice among local partners, including SCI’s partner in Afar region, Rohi Weddu (notably its work to

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<sup>16</sup> The term ‘Sunna’ refers to tradition as taught by the prophet Muhammad. This involves the ‘removal of the prepuce with or without the excision of part or all of the clitoris’ and is a milder form of circumcision.

promote community declarations against FGM/C and register uncut girls), resource constraints precluded additional primary field research.

### **Case study in SNNPR: Kembatti Mentti Gezzima (KMG)**

Kembatti Mentti Gezzima (KMG) is one of the local implementing partners of the NCA–SCI project in Ethiopia’s SNNPR region. Set up in 1997, it is dedicated to protecting women’s rights, fostering women’s health and supporting the environment through a community-led approach. There is high prevalence of female circumcision in SNNPR (see Box 4), where the practice is deeply embedded in cultural and religious beliefs. KMG helps to coordinate programme activities, including setting up uncut girls’ clubs and youth groups to raise awareness about the risks of FGM/C, promoting alternative income-generating activities for ex-circumcisers, holding community conversations about the issue, and helping to set up savings and credit groups to ensure that awareness-raising activities are sustainable.

A 2011 review of KMG’s work with uncut girls’ clubs in Kembata zone in SNNPR by Ultimate

International PLC found that these clubs were viable forces of change, often saying ‘No to FGM’ in the four woredas assessed (Kedida Gamela, Doyogena, Tembaro and Kachabira). However, concerns were raised that more than 56 per cent of members were very young (ages 10-18 years), almost all of them students who are busy with their studies. The clubs differ in size, activities, and level of commitment, and the girls involved face numerous challenges, including lack of funding, finding a place to meet, and opposition from parents.

Nonetheless, a UNICEF evaluation in 2008 of KMG’s efforts in SNNPR showed that they had achieved significant changes (Dagne 2009). More than 100,000 people had been reached through awareness-raising activities and more than 50 per cent of villagers reported receiving information about FGM/C through community conversations. An estimated 400 uncircumcised girls were also mobilised into community conversations. Similarly, Fuga people, who have long experienced discrimination, were also engaged in community conversations. Moreover, KMG helped to arrange public weddings of

#### **BOX 4: OVERVIEW OF FGM/C IN SNNPR REGION**

In Southern Nations, Nationalities and Peoples' Region (SNNPR), over 86.7 per cent of girls had reportedly undergone FGM/C in 2005 (CSA, 2005), and this figure was 75 per cent in 2013 (Tamire and Molla 2013). A study in Hadiya, one zone in SNNPR, showed that out of 780 high school girls, 82.2 per cent were circumcised at a mean age of 11 ( $\pm$  2.3) years (ibid.).

Within SNNPR, the age at which a girl is cut varies by ethnic group. In the north of Ethiopia, FGM/C is practised straight after birth, whereas in the south (among the Somali, Harari and some ethnic groups in SNNPR) it is carried out at a later age, between 4 and 20 years (EGLDAM 2007). In SNNPR, type 1 and type 2 circumcision are most common (EGLDAM 2007). Type 1 (commonly termed 'sunna') involves partial or total removal of the clitoris and/or the prepuce (clitoridectomy) and type 2 involves partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision). In type 2, the vagina is narrowed and the clitoris removed. This procedure can result in infections and haemorrhaging. When the girl grows up, the resultant scarring can tear, causing complications during labour.

In SNNPR, FGM/C is deeply rooted in cultural beliefs. The Central Statistical Agency (2000) found that 59.8 per cent of women supported FGM/C, while the 2005 study found that 26 per cent of women believed FGM/C should be continued.

EGLDAM found there had been substantial progress in reducing the rates of FGM/C in the region. In 1997, 44.9 per cent of women had knowledge of the harmful effects of FGM/C, while in 2007, 82.7 per cent had such awareness; in 1997, 38 per cent were against FGM/C practices, whereas in 2007, that figure had increased to 80.8 per cent. In 2005, the Bureau of Population and Statistics (BoPS) in SNNPR found that among the 60 ethnic groups studied, zero prevalence was reported among 20 indigenous groups.

uncircumcised girls, with more than 2,000 guests (including 317 uncircumcised girls). To continue celebrating uncircumcised girls, in 2004 an 'uncircumcised girls' day' was announced, an event attended by more than 100,000 people. KMG also provided legal

services to women who had experienced violence. Finally, it worked with communities to launch public declarations to abandon FGM/C. Almost 96 per cent of villagers surveyed reportedly accepted the declarations. The end result indicated that less than 5 per cent

of villagers said they would circumcise their daughters – down from 97 per cent before KMG's interventions. It should be noted, however, that while these results appear very positive, they must be contextualised and recognise international evidence about the problematic nature of self-reporting data such as these; our primary case study findings also draw attention to these limitations within the KMG sites.

Since the late 2000s, in phase 2 of the project, KMG has expanded to the neighbouring zone, Wolaita, and is aiming to reduce the practice of FGM/C and other harmful practices by at least 50 per cent in 100 kebeles of five woredas. They are also seeking to make law enforcement agencies more responsive at kebele, woreda and zonal levels, and to mobilise FBOs, CBOs and associations against FGM/C.

#### **4.1.1 Alignment with strategic priorities in the Gender Action Plan**

The Norwegian Action Plan for Women's Rights and Equality in Development Cooperation (2007-2009) emphasised women's rights and

called for targeted measures to increase women's control of their lives. More specifically, within the thematic area of addressing violence against women, the NCA–SCI programme on FGM/C is aligned with its main goals: through publicly and privately initiated awareness-raising; efforts to promote women's rights in the interface between state law and religious and customary law and practices; government or NGO efforts to change public attitudes and eventually eradicate harmful traditional practices such as FGM/C; and measures to change attitudes among those who practise FGM/C and provide them with alternative livelihoods (MoFA 2014: 23-24). Moreover, by focusing on women's health and women's rights more broadly, the programme aligns with the thematic priorities of reducing violence against women and improving their sexual and reproductive rights. The evaluation team analysed results of the NCA–SCI programme in terms of gender-driven outcomes such as prevalence of FGM/C and changes in discriminatory gender norms.

#### **4.1.2 Relevance for national priorities, needs and possibilities**

Findings from national-level interviews suggest that the NCA–SCI programme on FGM/C is closely aligned with national priorities and needs, although during the first phase it was more aligned to NGO priorities, whereas now it is firmly aligned to government priorities too. EGLDAM, a national NGO that has played a pioneering role in networking among disparate actors working on FGM/C and in coordinating prevalence surveys, noted in an interview that until recently, discourse around harmful traditional practices was not part of national government priorities. A baseline survey in 1997 (and its follow-up in 2007) conducted by EGLDAM and supported by Norway was instrumental in presenting a case for a strong national legal and policy framework on eliminating FGM/C in the country. Over time, greater involvement by government and NGOs has helped to raise awareness of the issue of harmful traditional practices (particularly FGM/C), prompting a stronger programmatic response. Indeed, the 2007 survey indicated that almost 100 government organisations were working on issues surrounding harmful traditional practices.

Thus, in 2010, EGLDAM, with Norwegian support, established a network of CSOs and NGOs working on harmful traditional practices. This initiative was so successful that Ethiopia's Growth and Transformation Plan (2010-2015) – the country's overarching national development plan – included very ambitious targets to dramatically reduce FGM/C to 0.7 per cent by 2015. The Ministry of Women, Children and Youth Affairs also shares responsibility for ending FGM/C and early marriage by 2025.

The NCA–SCI programme is also relevant to the Ethiopian Ministry of Health's agenda on reducing and eliminating gender-based violence and harmful traditional practices by 2025. Their strategy, in collaboration with the Ministry of Women, Children and Youth Affairs, has not yet been published but aims to be launched later in 2015.

#### **4.1.3 Effectiveness**

Norway's pioneering support to KMG (via NCA) in both woredas of Kembata zone in SNNPR (Kachabira and Demboya) has succeeded in transforming the lives of a significant number

#### **BOX 5: HOW KMG HAS HELPED TO CHANGE YOUNG GIRLS' LIVES**

Young uncut girls note the importance of KMG's efforts in transforming their lives. They report that being uncut has given them confidence to be 'bold and active' and that the teachings of KMG are crucial for them to remain uncut. As one 13-year-old girl in Kembata said:

*'Earlier, my parents were opposing my decision to join community conversations but their attitude is now changed as I explained the values of KMG and why I am joining it. Now, thanks to KMG and my teaching, I have influenced my family.'*

Other uncut girls also state that they 'have challenged some of their friends' who oppose KMG teachings. Moreover, as they join and lead uncut girls' clubs, they feel empowered with a sense of purpose. As the leader of one uncut girls' club in Kembata explained:

*'Our major objective is to make different campaigns and stop the FGM/C and other harmful practices. We make campaigns throughout the village being in groups of five; we teach and run group discussions on various issues of girls' concern. Whenever we get information or rumour about a girl is being forced to be cut, we directly go there to find and advise her never to get cut. We also teach parents and relatives to disclose any movements or plans for such harmful deeds.'*

of individuals, including girls at risk of FGM/C, ex-circumcisers, community members and service providers (see Box 5).

In the woredas of Wolaita zone in SNNPR (Boloso Bombe, Boloso Sore and Kindo Koysha), however, the programme's scale-up has been less successful, and there has been slower

progress in reducing FGM/C, for a variety of reasons discussed below.

In Kembata, participants report that FGM/C has declined as a result of community conversations, provision of savings schemes as an incentive for regular group participation, the setting up of women's associations, and anti-FGM/C clubs in

schools. Even community members who have not directly participated in community conversations were aware of the positive results KMG is having, partly due to the high-profile event it organises each year to celebrate the lives of uncut girls. People also seem to feel an affinity with KMG's Director, Bogalech Gebre (known as Dr Boge), the organisation's charismatic founder who hails from Kembata. Local people are also very aware of KMG's broader investment over many years in community development and environmental conservation initiatives, backed by donor funding.

By contrast, in Wolaita zone, participants report 'some people who have accepted the education have stopped FGM/C but we cannot say FGM/C has been stopped completely'. School-aged boys in Boloso Sore, for instance, estimated that out of 25 girls in their class, five are uncut, while a 12-year-old girl in Wolaita stated that 'All girls my age are circumcised', suggesting that most girls are probably still being circumcised. Several government officials, speaking off the record, also expressed the view that not a single girl of primary school age was still uncircumcised in their local congregation. The different degrees

of progress achieved in Kembata and Wolaita zones can be attributed to numerous factors, which are explained below.

### **Addressing social norms through community conversations**

In Kembata, KMG has achieved considerable success in addressing deeply embedded gendered social norms by using community conversations. These have proved an effective way of teaching people about the harmful effects of FGM/C on women's reproductive health, and the programme has begun to change people's expectations of girls (see Box 6). Participants in both woredas report that being cut is no longer the norm but rather a 'minority' practice, especially in towns and among better-educated families, although others admitted that the practice persists 'underground' in rural areas, and that some families still take their daughters to other woredas to have them circumcised away from the eyes of sensitised neighbours and community members. Other indications of positive change include less frequent use of derogatory terms and beliefs previously associated with uncut girls (such as that they 'smell' or are 'uncontrollable' or 'clumsy').

#### **BOX 6: NCA'S ENGAGEMENT WITH RELIGIOUS LEADERS AND INSTITUTIONS**

One of the most effective strategies used by NCA in trying to change social norms around FGM/C is to work with religious leaders at national level so that they can take ownership of the issue and then work through their own institutional structures to disseminate messages down to community level. NCA works with all the major religious institutions in the country, including the Ethiopian Orthodox church, the major Protestant churches, the Catholic church and the Ethiopian Muslim Development Agency. It has worked successfully with all but the latter to develop and publish position papers based on each religion's own texts setting out why FGM/C is a harmful traditional practice and should be discouraged by religious leaders.

In the case of the Ethiopian Evangelical Church Mekane Yesus, one of the largest Protestant churches in the country (with almost 7 million followers) and the fastest-growing Lutheran church globally, NCA, with Norwegian funding, is supporting a three-year project with the affiliated Theological College to develop and integrate a module on harmful traditional practices, including FGM/C, as part of its core teaching syllabus. The course approaches the issue from a theological perspective, a women's rights perspective, a health perspective and a legal perspective. While there was initial resistance to including the issue in core course material, it is now being rolled out to thousands of students in 11 theological institutions across the country, with plans to expand to its 46 Bible schools.

While some girls in Wolaita zone also indicate that fewer girls are being cut, the interviews suggest that uncut girls continue to be stigmatised, and face bullying and ridicule. For instance, in Kindo Koyosha, an uncut girl who used to be bullied by the older cut girls only gained confidence to speak up after joining the anti-HTP (harmful traditional practices) club, and suggested that 'perhaps it will be better if KMG provide us with T-shirts which identifies uncir-

cumcised girls'. This suggests that norms are changing very slowly in Wolaita. In neighbouring Kembata, these clubs have been a key mechanism for building uncut girls' confidence and giving them more legitimacy in their community, but teachers in Kindo Koyosha and Boloso Bombe (Wolaita) admitted that getting uncut girls to come forward voluntarily had required the promise of 'external support', which had yet to be honoured.

The evaluation team's results indicate that changes in social norms around FGM/C have been gradual and slow in both sites, with some difficulties early on in changing community perspectives. However, now, many mothers and young girls (particularly in Kembata) report having changed their perceptions about FGM/C after learning about its harmful effects through KMG's community conversations. Mothers who had circumcised their older daughters are now deciding not to cut their younger daughters, and reported being persuaded by messaging around the harmful health effects of FGM/C. They had learned that girls were at risk of infection during the circumcision itself, and were more likely to face prolonged and difficult labours.<sup>17</sup> Young girls who had undergone FGM/C also reported choosing to stand up against the norm for the benefit of their younger sisters or peers.

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<sup>17</sup> Medical opinion differs as to the extent to which this is actually the case and rigorous research is unsurprisingly limited. According to public health expert Professor Alemayehu Mekennon at Addis Ababa's School of Public Health, it is likely that if there is an association between FGM/C and difficult deliveries, it is only one of many other possible reasons and most likely to present in the more severe forms of FGM/C, especially infibulation (interview, October 2014).

Finally, given the importance of trying to change social norms in ways that resonate with local culture, some of the differences in results between the two sites may be attributable to Dr Boge's personal connections with Kembata. Indeed, many women in Kembata stated that Dr Boge, who grew up in the area and returned from a successful academic career in the USA to invest in her natal community, is a role model for the community. KMG's annual celebration of uncut girls in Kembata, for instance, attracts tens of thousands of participants, and Dr Boge has been awarded a number of high-profile international awards.<sup>18</sup> Due to cultural and linguistic differences between Kembata and Wolaita, it is possible that Dr Boge's charismatic effect and role model status does not extend to Wolaita.

### **Challenges in changing social norms**

While KMG's activities have achieved many positive changes, several factors hinder more pervasive change, not least the deeply entrenched cultural norms around FGM/C, particularly in Wolaita. While intergenerational inter-

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<sup>18</sup> [www.kmg-ethiopia.org/index.php/awards](http://www.kmg-ethiopia.org/index.php/awards)

views with grandmothers, mothers and daughters highlighted that the practice was changing over time (becoming both less severe and less celebrated in ritual ceremonies), in Wolaita there was a general view that to be accepted socially and to have reasonable marriage prospects, a girl needed to have undergone this culturally sanctioned practice. Moreover, while in the past the practice had been performed predominantly on pre-pubescent girls around 10-13 years of age, in recent years girls are being cut at younger ages, partly because parents want their children to be circumcised before they join primary school (at age six or seven). Community members said the reasons for this include wanting girls to be 'hygienic' in public, and to perform the practice at a time when girls are less aware of their rights (which schooling may well impart) and thus less able to resist.

The introduction in 2005 of a law in the revised Penal code banning FGM/C has had some effect in helping to shift entrenched social norms, evidenced by fewer public ceremonies and an increase in clandestine or 'underground'

procedures. However, as the female president of the woreda court in Kindo Koyosha explained, while in 2013 there were 50 official cases of FGM/C reported (with the majority of victims being girls aged 7-12), given the low level of legal awareness and the very limited resources of the justice department, this figure is probably just the tip of the iceberg.

In other cases there is the risk of direct and even violent resistance to the law being enforced. KMG's activities had to be suspended for almost two years in one woreda due to the violent backlash as a result of a whistle-blower against illegal FGM/C. Nonetheless, it cannot be said that Kembata is free of FGM/C and other harmful traditional practices. Government officials from different departments in Kembata confided that 'traditionally/culturally, some families still do cut their children secretly'. Officials in the woreda government offices suggest that the most effective change can be brought about by incorporating all of those involved in the FGM/C process.

The fact that FGM/C has not yet been consigned to history in Kembata is evident in a recent

endemic between March and July 2014. In response to a flare up of an infection 'with symptoms of itching and small wounds around the genital organs of girls in two or three woredas of KAT zonal administration', more than 500 young girls (ranging from age one to five) were circumcised. Moreover, older women who had been circumcised before were also cut for a second time due to the endemic, suggesting that commitment to abandoning the practice is relatively shallow and that progress was short-lived and is being reversed in some areas.

KMG programme implementers also acknowledged that in the past year, they had learned of cases where retired health workers were beginning to take on the role of carrying out the procedure. So while efforts to provide traditional circumcisers with alternative livelihood options (see discussion below) and messaging around the health risks of circumcision have begun to change people's attitudes and practices, there is some evidence to suggest that there is a trend towards medicalisation of the process (a trend evident in other countries, including Kenya and Egypt).

### **Role of men in the community**

Changing men's perceptions about uncut girls being socially unacceptable and making good wives has been a major contributor to changing social norms around FGM/C, though this was predominantly noted only in Kembata. Male interviewees there reported an increase in their knowledge about the harmful effects of FGM/C as a result of community conversations. Many young men interviewed explained their preference for marrying an uncut girl, and young men pressured their wives not to get cut because of the negative effects of circumcision on sexual relations. This strategy of engaging boys and men to help bring about change was mentioned as being important by adolescent boys and girls alike. In both woredas of Kembata, women feel that there is an increase in 'male support' and 'they [men] understand the problem easily because it is his wife who is suffering the labour problem and he is often observing and sharing that horrible pain'.

On the other hand, in Wolaita, men report that sometimes 'without the knowledge of the fathers or when the husband left for other place, the

wife cuts the girls'. Young boys in Wolaita said they would be willing to marry an uncut girl but that their parents would not allow them to do so. Similarly, in Kindo Koyosha, a woman credits her husband for not being cut, even though her mother put her under tremendous pressure to be cut. She says, 'He has education about FGM. Therefore, he advised me not to undergo FGM.' This suggests that while in Wolaita, men's views may be changing (albeit more slowly than in Kembata), the attitudes of older women have not been so influenced by KMG's efforts to end harmful traditional practices. This is reinforced by comments from young men (aged 14-25) who suggested that 'the women should get education first', commenting that while girls get educated on menstruation in schools, 'they feel fear to tell this to their mothers at home'.

### **Decision-making capacities**

In Kembata, there is a clear trend of young women reporting that they have more of a say in whether or not they undergo the procedure. KMG teachings are empowering girls to have a greater role in decisions about their bodies, giving them the agency to disagree with their

parents concerning harmful practices. One girl in Demboya, who is a leader of a girls' club in school, states that she is 'certain and confident enough that my parents will not ask me to get cut. I can win their mind. And they will never say it again.' Other adolescent girls and young women also noted that they had influenced their families so as to avoid having the procedure.

By contrast, in Wolaita, in Boloso Bombe woreda, a 7-year-old girl expressed her wish to be circumcised because her peers 'criticised' her. She explained that 'I asked to be cut but my parents refused to cut me. My mother said "you should not be victim of FGM". On top of this, there is a law that prevents girls from being cut.' Her desire to be circumcised at a young age, despite her mother's warnings, is cause for concern and reinforces the conclusion that the programme has had less impact among the Wolaita community.

### **School-based education and social mobilisation**

KMG has supported various school-based activities targeting students and teachers,

particularly uncut girls, although the activities appeared to be more evident and sustained in Kembata. It is also important to point out that school clubs are already active in the region across a range of thematic areas (HIV, population control, drama, literature), and thus it was not always easy to disentangle the specific contribution of KMG to this broader social mobilisation landscape. A school principal in Demboya woreda, in Kembata, noted that government regulations require schools to set up such clubs. Their activities vary, from discussion groups, to engaging students in advocacy campaigns against FGM, as well as using drama, music and sports activities to raise awareness among the broader student body and parents.

A key informant interview with the Head of the Women, Children and Youth Affairs Office in Wolaita confirmed the role of school clubs in combating FGM/C:

*We have clubs in the schools, and the uncut girls get special support. The purpose is to encourage the uncut girls and we provide different kinds of support. We provide support*

*like T-shirts and educational materials in the name of the club so that others will be encouraged to join the clubs. The clubs works on awareness creation. Since students came from the community, we believe that it will trickle down and/or reach the community through the trained students. We do this because we hope that students would share to the families and even discuss at community level.*

Moreover, schools in Kindo Koyosha are tasked with tackling the problem of students harassing girls who are uncut, though harassment often goes unnoticed by school authorities.

Young girls lead these clubs, and they report feeling empowered as a result, often becoming role models for other girls. Moreover, some were of the view that it is vital to continue running these clubs, because there are students who come from surrounding zones or woredas (including Muslim areas such as Alaba and Hadiya zone, which neighbours Kembata), whose only chance of protection against harmful traditional practices is what they learn through the school clubs.

The school clubs have their limits though, especially in Wolaita, where the Head of the woreda Education Office estimates that only 5 per cent of girls in primary school are uncircumcised. In other words, while the clubs might be helping to reach the next generation, it is too late for most girls to participate in these clubs because they have already been cut.

In Kembata, girls who have been circumcised also lamented that now that they are in a minority in urban areas, uncut girls' clubs can serve as an exclusionary force, and that they would welcome the opportunity for anti-FGM/C clubs to have broader membership rather than being restricted to uncut girls. While these clubs served a compelling purpose in the initial stages of the campaign in Kembata, over time, as dynamics have shifted, the approach has not adapted to cater to diverse needs and views.

#### **Economic incentives**

KMG has had a positive impact by involving women in income-generating schemes in both Kembata and Wolaita (Box 7). Community savings groups, part of KMG's general empowerment approach,

first provide beneficiaries with training on how to save. An older widowed woman in Demboya explained that she had been a member of the community savings group for ten years. She said:

*First, I got training about saving. I joined and benefited a lot. Currently I am a widowed woman, but thanks to that saving, I am not economically incapable. I can afford household needs including food items, children's school fees, clothes, and take care of other social and economic obligations. I have cows. I am selling milk, butter and cheese. These all are due to that saving.*

Other savings group members used similar strategies to become economically empowered. For instance, in Kachabira, one group began to knit and prepare different garments to sell, while another started collecting butter (wijoo) from members and selling it. Both saved money first and then received a loan from KMG (between 17,000 and 21,000 birr) to develop their business.

However, it was not clear how broad-based the membership of these savings groups was in

Kembata. Many group members were also women's association members, suggesting that groups are relying on existing social connections and not necessarily reaching out to those who are most marginalised or disadvantaged, whether socially or economically. Indeed, some non-participants in Kembata said they had never been invited to participate despite being eager to do so.

By contrast, in Wolaita, the savings schemes have not taken hold in the same way, with the exception of a small number of kebeles in Kindo Koyosha woreda. In one, the savings group has used the money, combined with a loan from KMG, to develop and expand a market garden, investing in disease-resistant seed varieties. In other woredas targeted by the programme, community members were largely unaware of KMG activities, suggesting that the savings group programme was quite limited in scope, something that was confirmed by programme implementers.

#### **4.1.4 Sustainability**

Sustainability is a key issue to consider when evaluating programmes that focus on social norm change, partly because research evidence

#### **BOX 7: TRANSFORMING LIVES THROUGH KMG'S EFFORTS**

KMG has had a transformative effect on the lives of those it has worked with. People who practise FGM/C (circumcisors or 'cutters') are a key target group, and KMG has engaged them by creating income-generating schemes so that they have alternative livelihood options. Crucially, KMG recognised that women who were practising FGM/C were often among the most socially and economically marginalised in their communities, and needed to be re-directed to other means of income. One of the community conversation facilitators in Kachabira notes:

*'KMG has been working on every aspect of human life. Beyond teaching the community and facilitating community conversations in every kebele, KMG has also played a considerable role in capacitating our community economically. A key example is that KMG has supported the traditional cutters after they gave up their usual income-generating activities. KMG provides them with cattle/ a cow or an ox/ so that they... have their sustainable livelihood. Women's associations are established in every kebele and KMG provides funds for them so that they can be economically capable.'*

Indeed, a former traditional cutter stated that she has stopped practising cutting as a result of the knowledge gained from KMG's community conversation meetings. She explained:

*'I myself was the one who had been acting as traditional circumciser/the cutter. I completely stopped it and now I am teaching others not to commit it. Now the community is afraid of telling me; because I am informing every movement to the police. Oh, it is the education which changed my mind and action. After understanding everything, I confessed the former sin because I made so many to suffer by the problem of cutting.'*

As well as changing the lives of traditional cutters, KMG has also tried to work with socially excluded groups that are also commonly involved in circumcision, lacking land and other livelihood assets, as well as social capital. This community, known as Fuga, comprises 'minority groups or discriminated clans or castes who until recently no one would talk to or interact with'. [KMG key informant]. KMG has supported these communities in some woredas, helping them set up their own savings groups and community conversations. Some participants in the focus group discussions even noted that they had a chance to take part in adult education classes and set up their own businesses. Just as importantly, some noted a new sense of social inclusion, with one person commenting that 'we are now part of the community conversation groups and are saving together. We are in the same cosmopolitan groups like Iqub and Idir. We eat together and celebrate together.'

increasingly shows that change processes are non-linear, and may involve reversal of gains and even social backlash (Marcus *et al.* 2014). A number of key informants noted that where KMG programming is working well, it is taking advantage of synergies not only across an array of sectors (e.g. economic empowerment, sexual and reproductive health, environmental sustainability) but also working with key actors at various levels, including local government (e.g. strengthening capacity of health extension officers, justice department officials, the police, micro-credit organisations and officials from the Department of Women, Children and Youth Affairs) or through joined-up awareness-raising activities at village and district levels. The Head of the Women, Children and Youth Affairs Office in Kembata noted:

*For instance, when the government faces budget shortage, NGOs support and fill the gaps of the government. In this regard, NGOs give many incentives. When the government faces problem, it calls for NGOs to support the work of the government in areas of giving training. Therefore, the results are cumulative ones.*

There are, however, some key challenges around sustainability of the programme, including limited funding in Wolaita and a dearth of rigorous M&E systems and learning feedback loops. With regard to funding, a limited overall budget envelope and budget flow delays were mentioned as a recurrent concern in Wolaita. One women's association leader there suggested that KMG needs to be more 'proactive' to ensure sustainability. She suggested that the programme budget appeared to have decreased over time and that 'implementation shows this'. Moreover, participants reported having one worker per kebele, constrained by poorly equipped offices. In Wolaita, a community conversation facilitator feels that 'Their [the KMG] weakness is that they have only one worker who works for them. I think one worker cannot cover all kebeles in a short time. It takes long time to check and support all kebeles.' Staff constraints present further barriers in terms of effective M&E processes, since '[KMG staff] does not have transport facility and computer like laptops. When I talk about transport, we have to go on foot three or four hours' walk to discuss with community.' Key

informant interviews in Wolaita reveal that already under-funded kebele officials have to provide support to local coordinators since they apparently do not even have sufficient budget for transport.

In Kembata, KMG has been very effective in securing funding from multiple donors across a range of complementary sectors so that it has now become a substantial presence across the zone. But in terms of programme design, officers from the woreda administration believe that it will not be possible to sustain the high number of community conversation facilitators whose activities have proved so important, because they work on a voluntary basis and are not paid.

Turning finally to M&E and learning, KMG has not yet developed strong systems. While this may be understandable when an NGO is first undertaking such pioneering work, (which was the case when KMG first started out in the late 1990s), the evaluation team believes KMG is missing an important opportunity to systematically learn which elements of its programming

approach (separately or together) are contributing to change, and how. Not only were programme implementers in the Kembata zone unable to identify the ‘ingredients of success’ in woredas reporting stronger results in terms of reduced prevalence of FGM/C, but they were also unable to pinpoint why scaling up the programme to Wolaita had not delivered similar successes, aside from significant differences in funding levels and the admittedly considerably shorter implementation period (three and a half years in Wolaita, compared with ten years in Kembata).

While the programme has undertaken a baseline and mid-term evaluation, these do not appear to have shaped subsequent programming decisions. Even the very basic difference between zones regarding timing of circumcision – adolescence vs pre-puberty, with downward pressure on age at circumcision – has not shaped the strategy to rely on girls’ school clubs as a prime mechanism for change. Moreover, programme implementers have not sought to disentangle the relative importance of economic incentives vs social mobilisation and awareness-raising activities in achieving social

norm and behavioural change, even though this is clearly a pivotal question for assessing both programme efficacy and cost-effectiveness.

#### **4.2 SEXUAL AND REPRODUCTIVE HEALTH RIGHTS**

##### **Joint programme for adolescents and youth development**

Empowering young people, particularly on their sexual and reproductive health and rights, is a Norwegian development aid priority as per the Gender Action Plan. Accordingly, given the imperative to address the sexual and reproductive health issues facing young people in Ethiopia (Box 8), Norway has funded programmes worth NOK 100 million to equip young people with the knowledge, skills and opportunities they need to make a successful transition to adulthood while ensuring that their rights are protected, respected and fulfilled.

The joint programme implemented by the United Nations Population Fund (UNFPA) and United Nations Children’s Fund (UNICEF) country offices from 2007 to 2013, with funding from the Royal

Norwegian Embassy, was entitled ‘A Rights-Based Approach to Adolescents and Youth Development in Ethiopia’. It sought to contribute to the development of adolescents and young people by promoting their rights in relation to HIV, sexual and reproductive health, gender equality, and sustainable livelihoods. It targeted 25 woredas in five regions (Addis Ababa, Afar, Amhara, Oromia and SNNPR). These regions cover 23 million adolescents and young people, and the programme woredas include 12 public universities and HIV ‘hotspots’.

The joint programme primarily targets adolescents and young people aged 10-24, focusing activities on HIV prevention, access to sexual and reproductive health rights (particularly for girls), child marriage, and gender-based violence (including FGM/C, rape and abduction). It targets the most vulnerable and marginalised groups, such as married adolescent girls, those engaged in domestic work, sex workers, young people with disabilities, orphans and street children, and students in higher education institutions. The programme seeks to build the capacity of rights-holders and duty-bearers across eight objectives:

#### **BOX 8:** OVERVIEW OF SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF ADOLESCENTS AND YOUTH IN ETHIOPIA

Young people in Ethiopia (defined as those aged 20-24) face a number of health and development challenges. They have inadequate access to health and education services and their rights to information, participation and protection are not being met (CSA and ICF International 2012).

Adolescent girls and young women are especially vulnerable to gender-based violence (GBV), early marriage and other harmful traditional practices. Ethiopia has one of the highest rates of child marriage in the world, ranking 18th globally in 2013 (International Center for Research on Women, no date). In 2011, 41 per cent of Ethiopian women aged 20-24 had been married before the age of 18 (CSA and ICF International 2012).

The high rate of early marriage means that Ethiopia has one of the highest adolescent fertility rates in Sub-Saharan Africa, with 78.4 per 1,000 live births (young women aged 15-19). Young married girls are most likely to become pregnant before the age of 15, increasing fivefold their likelihood of dying during childbirth

Despite high fertility rates and a strong unmet need for family planning, only 5 per cent of all young women aged 15-19 reported using any contraceptive method. This proportion is highest in the 30-34 age group (29 per cent), but decreases to 11 per cent among women aged 45-49 (CSA and ICF International 2012; UN Gender Statistics Data 2013). Due to poor hygiene and the fact that 83 per cent of childbirth deliveries continue to be at home and supported by unskilled attendants, one out of 15 children still dies before reaching the age of five (ibid.).

Young people in Ethiopia are also vulnerable to high-risk sexual behaviours, often linked to substance abuse, including excessive alcohol and khat consumption (CSA and ICF international 2012). As a result, HIV infection and sexual and reproductive health issues are particularly problematic for young people, with students and sex workers especially vulnerable. AIDS remains the leading cause of morbidity and mortality among adults in Ethiopia, with 980,000 people living with HIV, i.e. a prevalence rate of 2 per cent (CSA and ICF international 2012). Young women aged 15-19 are seven times more likely to be HIV-positive than their male peers; the vast majority of infections (87 per cent) are estimated to occur through heterosexual sex (Federal HIV/AIDS Prevention and Control Office 2012; Ministry of Health 2007; Tegabu et al. 2011; Population Council 2010).

1. Coordinating and implementing partners have the capacity to effectively coordinate information and service delivery for adolescents and youth
2. Parents and communities have the capacity to effectively respond to demands of adolescents and young people and to ensure a protective and enabling environment for their development, which includes protecting them against gender-based violence and the violation of their reproductive rights
3. Adolescents and young people are able to claim their right for information and services and actively participate in programmes concerning them and the development of their communities
4. Young people, especially the most vulnerable, have up-to-date information and access to services for HIV/AIDS and sexual and reproductive health
5. Adolescents and young people from pastoralist communities are connected with service delivery points for HIV/AIDS and sexual and reproductive health

6. A conducive environment is developed for adolescent girls to protect them against gender-based violence and violation of their reproductive rights (including traditional practices such as early marriage, FGM/C, and the culture of silence and denial around sexual abuse)
7. Viable and sustainable livelihood schemes for the most vulnerable adolescents and young people (focusing on girls) are developed and implemented
8. A participatory monitoring and evaluation system is developed, which enables close follow-up of the programme and documentation and dissemination of best practices and lessons learned

Knowledge is disseminated through peer education, school clubs and 'edutainment' interventions, while relevant services are made available, including voluntary counselling and testing, treatment for sexually transmitted infections, family planning, and promotion/distribution of condoms (male and female).

The programme is managed by a steering committee comprising UNFPA, UNICEF and the Norwegian Embassy, which meets every six months. Funds flow according to the arrangements in the UN Development Assistance Framework Programme Implementation Manual (PIM) from UNICEF and UNFPA respectively, through government systems from the federal level, through the regional to the woreda and kebele levels (except in the case of Amhara region, which receives its funds directly). Coordination at every level is provided by the government's HIV/AIDS Prevention and Control Office (HAPCO). According to programme documentation, funds flow through HAPCO in order to allow coordination with a broad range of implementing partners.

#### **Evaluation findings from 2013**

In 2013, a team of independent consultants contracted by the Norwegian Embassy conducted a programme evaluation through desk reviews, key informant and stakeholder interviews with 80 individuals, focus group discussions, site visits to 12 woredas, a snapshot survey of 75 youth leaders, and exit interviews with 32 users of youth-friendly services.

Multiple indicators suggested that the programme had achieved progress against many of its outcomes, although there were some regional differences. It reached nearly 580,000 duty-bearers and rights-holders (almost three times the original target) as a result of rapid roll-out. Young people themselves reported important, sometimes life-changing benefits, for themselves, their peers and their communities. Review of regional data suggested that Oromia had been conducting consistently high rates of outreach activity to provide up-to-date information and access to HIV/AIDS and sexual and reproductive health services, reaching 29,000 individuals in 2011. In SNNPR, outreach activities reached 24,000 people.

The joint programme has also worked closely with the Higher Education Institutions Partnership Forum to co-opt the leadership of 75 universities (33 public and 42 private) and supported the publication of joint assessments, planning documents and strategies. While almost 1.4 million condoms have been distributed throughout the programme (including 11,625 female condoms), there appears to have been a sharp decline in activity after 2009,

reflecting the impact of the CSO law on local partners. Similarly, the provision of educational ‘materials and supplies to individuals’ (generally female students) levelled off at around 2,500 each year. While the programme faced delays in the start-up period, which meant financial disbursements did not arrive, slowing implementation in the first six months of 2010, it eventually gained pace, with expenditure reaching approximately 90 per cent by 2012.

Analysis of data on support for income-generating activities (IGAs) suggested that there was a sharp increase in support between 2010 and 2011, but this tailed off in 2012 (at which time 6,521 people were receiving livelihoods/IGA support). A review of regional data shows that Addis Ababa, Amhara, Oromia and SNNPR contributed significantly to high levels of performance on this activity in 2011. However, programme performance in 2012 was almost entirely due to high levels of livelihoods/IGA support in Oromia, with 1,550 initiatives supported (129 per cent of the planned target). In 2011, 66 per cent of IGAs supported vulnerable women; this had increased to 90 per cent by 2012.

We now discuss our primary research findings, which are organised according to the four evaluation questions concerning alignment with the Gender Action Plan, relevance, effectiveness and sustainability.

#### **4.2.1 Alignment with strategic priorities in the Gender Action Plan**

The UNFPA/UNICEF joint programme is aligned with various objectives of the Norwegian government’s Action Plan for Women’s Rights and Equality in Development Cooperation (2007-2009) (Gender Action Plan), specifically around improving women and girls’ sexual and reproductive health rights. The objectives to which the joint programme is most closely aligned are: follow-up and implementation of national, regional and international targets; plans for realising sexual and reproductive health rights; and information and awareness-raising efforts through the education system, the health service, workplaces and other suitable channels to promote respect for women’s sexual and reproductive health rights in accordance with international and regional human rights instruments.

The programme is also aligned with the Gender Action Plan’s goals to give advice on family planning and contraception to women and men, taking into account the specific needs of young women and men (including confidentiality), as well as efforts to promote responsible sexual behaviour and mutual respect between sexual partners, with particular emphasis on changing men’s attitudes and behaviour. Finally, the programme meets the objectives of developing and improving reproductive health services, including investment in equipment for a wide range of services (including contraception).

#### **4.2.2 Relevance for national priorities, needs and possibilities**

The design of the joint programme is consistent with a number of national policies and strategies, including the National Youth Policy (2004); the Growth and Transformation Plan (2010-2015); the Strategic Plan II for Intensifying the Multisectoral HIV and AIDS Response in Ethiopia (SPM II, 2010/11-2014/15); and the National Adolescents and Youth Reproductive Health Strategy (2007). In addition, according to the Director of the Gender Unit within the Ministry of Education, the

programme is relevant to its agenda of improving sexual and reproductive health for young people at universities. The ministry's goal is to provide life skills training to young people on issues such as contraception use, safe abortion, and gender-based violence, reflecting the broad range of problems affecting young people, particularly girls, in various settings. The ministry also aims to ensure economic support so as to reduce dropout rates among young women at tertiary level and to stem the rising problem of transactional sex/commercial sex work, particularly in urban areas around university campuses. In conjunction with the Ministry of Women, Children and Youth Affairs, the Ministry of Education aims to include sexual and reproductive health of young people in the Education Sector Development Program V, which is currently being developed.

In terms of the UN's work on sexual and reproductive health, key informants from UNFPA/UNICEF noted that the funding contribution of the Norwegian Embassy has been highly significant for fulfilling their work in 'hotspot' regions – accounting for some 30 per cent of programming in these areas.

#### **4.2.3 Effectiveness**

Our primary research findings suggest that the UNFPA/UNICEF joint programme is making an important contribution to increasing adolescents' access to sexual and reproductive health information and services. The focus on vulnerable girls at university campuses is innovative and necessary. In the Adama and Bahir Dar study sites, this programme has undoubtedly achieved some of its objectives; however, other outcomes have yet to be achieved. For instance, even though UNICEF/UNFPA pioneered work at universities, outreach to communities beyond the campus (with the exception of income-generating activities (IGA) support) was limited. Targeting of IGA support was gender-sensitive but not always age appropriate, given the programme's focus on adolescents.

There have also been problems with ensuring availability of sufficient supplies (including contraceptives) to meet any increased demand for services. For example, one kebele leader in Bahir Dar noted that while the youth centre keeps contraceptives for girls, the service is not sufficient to meet demand, and students on campus similarly complained that condom boxes

were rarely re-stocked. In Bahir Dar, a health centre worker also noted that lack of HIV kits is another problem: 'when students come for blood test, we do not have kits to help them'.

#### **Capacity building for youth in universities through economic support.**

According to a student dean in Adama University, UNICEF and UNFPA have contributed to payments for teachers to receive training to provide tutorials on sexual and reproductive health, as well as covering costs of exercise books, sanitary pads, and various information kits. However, coverage rates are modest: according to the Gender Directorate, up to 400 students in Adama have received support through the programme. Students reported receiving 'exercise books, pens, sanitary pads, soap for clothes and our body' at the beginning of the year and every semester after that (three times a year in total). Information about the programme is obtained mostly through word of mouth. In Adama, a 5th year engineering student said she obtained information about the Gender Office from a second year student – though she was not sure where exactly the support was coming from.

Economic support provided by the joint programme for students in Adama includes cash (three payments of 200 birr, 150 birr and 100 birr), and sanitary pads and cosmetics every three months. In Bahir Dar, girls from an anti-HIV/AIDS club stated that the support they received included 100 birr a month and various supplies, such as sanitary pads, hair oil, body lotion, soap, and transportation costs (to help them get home at the end of each academic year). Yet, sometimes the students only get cash and do not receive the other supplies: 'They tell us that those who did not receive the materials will be prioritised next time. However, it [the support] may never come at all.'

In addition, many beneficiaries believed that the money received from the university 'is not enough to cover our needs because there are many things that we need. The amount of money we spend for photocopying is very high. The sanitary pads and soaps that we get are not always enough.'

Gender mainstreaming continues to be a challenge because Adama University does not fulfil the Ministry of Education's requirement

#### **BOX 9: CHALLENGES IN PROVIDING ECONOMIC SUPPORT TO UNIVERSITY STUDENTS**

The evaluation team found overwhelming evidence that there needs to be a better mechanism for letting students know that this support is available, and there should be stronger M&E of how this mechanism operates. Beneficiaries in Adama and Bahir Dar reported hearing about the support only after being at the university for two or three years, and often only heard about it through word of mouth. As a 5th year female chemical engineering student in Adama University said:

*'I didn't know about any financial assistance from the university. I only knew about it later when I was in my 3rd year. Before 3rd year, I was giving door-to-door tutoring for students. I was also washing clothes and that is how I supported myself. In my 3rd year, I heard from my friends and I read the announcement from notice board.'*

Similarly, other students, including students with disabilities, reported that they did not know the programme's support was available from the Gender Office until well into their third year or later, again often only hearing about it from other students. A 3rd year geometric engineering student was not given any information about why she might receive support or when: 'Simply she [the proctor] who was walking in our dormitory registered my name. When she consulted and registered our name we were confused, but when our name was posted, they told us that this was done in order to provide support to us.'

Not only are students receiving information about assistance through the university's Gender Office only several years after they have joined, but a programme officer noted that in a meeting at the university, 'one issue raised was that the budget the university had was very small to reach the wider section of the students with such needs. The focus is only on the highly impoverished ones.' To ensure timely and wider reach of economic support, these funding challenges must be addressed.

to allocate 2 per cent of its budget to gender mainstreaming. Further challenges are described in Box 9. There have also been some unintended consequences of the economic support component of the joint programme. An engineering

student in Adama noted, for example, that while the support provides some relief for students, 'it has an impact on the support family and relatives might provide, although I personally do not expect much from them'. Students

interviewed by the evaluation team felt the level of cash support was too small for those who do not receive any additional support from family and relatives.

Support from the Gender Office tends to be allocated to female students only. The head of the Gender Directorate states that 'it is only girls who participate in the UNICEF programme', and even though the life-skills training programme should be for both sexes, 'many of the participants are girls'. However, one male beneficiary in Bahir Dar who received support in his 2nd year notes that among his peers, 10 young men and 46 young women were selected as beneficiaries. According to interviews with UNFPA officials, approximately 45 per cent of beneficiaries are young women – though our fieldwork indicated otherwise.

Nonetheless, many students stated that the support had had a big impact on their academic success, helping to 'keep students' hopes alive'. Most students agree that having support from school helps improve their academic outcomes for a variety of reasons. They are able to spend

money on photocopying instead of on soap and personal care products such as sanitary pads, which allows them to study more effectively for their exams. One other unintended consequence was that since support is distributed during the day when classes are held, students miss their lectures on the day of the distribution, and have to catch up on them later.

#### **Capacity building for youth in universities through school clubs and training**

At Adama University, there are tutorial or training services for girls on sexual and reproductive health, gender equity, and life skills. Anti-HIV/AIDS club members also give training on HIV/AIDS but only for female students. The belief is that through these clubs, girls can 'develop the habit of experiencing their ideas and sharing their feelings with club members'. The training sessions last for eight weeks and can have anywhere from 100 to 300 members. Members state that they reward girls who score good grades, which helps them build their confidence. Training spans a range of topics:

*Trainings are arranged every time about love affairs, abortion, and reproductive health issues. Mostly we work on prevention of HIV AIDS. Training is given on how to use condoms. Certificates are given for those who complete the training. Currently, there are 12 trained girls who can write referrals for girls to attend hospitals if they need their services. Consultation services are also given by trained girls.*

Yet some girls who had joined multiple clubs said they did not feel the clubs had any regularity or had delivered any real changes, and thus they chose to leave. Overall, however, the girls' clubs are doing well in both Adama and Bahir Dar. Nevertheless, female students with disabilities do not reap these benefits. In Bahir Dar, students with disabilities reported a lack of attention to service provision for disabled students; not only were there no specific clubs for disabled students, but the on-campus clinics were largely inaccessible to students with physical mobility constraints.

Training for leaders who run the student clubs is given by various organisations including HAPCO.

HAPCO provides capacity-building training for young people in and out of schools. The local health bureau also provides training for student club members on health issues, although the clinical aspects are coordinated by HAPCO. Moreover, UNICEF and UNFPA provide peer-to-peer training on sexual and reproductive health issues, with manuals on life-skills training and developing assertiveness.

UNFPA and UNICEF have also supported the expansion of a library in Bahir Dar University that is run by the girls' club, providing chairs, shelves and books. The library helps girls have a safe space to study and, according to the head librarian, has had a positive effect on girls' academic performance since 'they study without distraction' and the library is used more during exam time. Again, though, the results are modest in scale: three of the ten girls who used the library regularly passed with high marks to grade 9 and became eligible for financial support due to their high scores.

### **Provision of sexual and reproductive health services**

One of the joint programme's objectives is to provide sexual and reproductive health services to young people at universities. However, the fieldwork findings indicated that service provision is uneven in quality and coverage. An interview with health workers in Bahir Dar's health centre highlighted their lack of knowledge about UNICEF/UNFPA's capacity-building initiatives in the university. While they were relatively new in post, this also points to deficits in institutional memory.

Health professionals in the HIV/AIDS coordination office in Bahir Dar also described the poor facilities and services available to the students. One noted:

*Not much is being done in relation to HIV/AIDS and we have many gaps in care and support. This university clinic was built while the number of students was small, around 5,000-6,000. But now the university has expanded and has about 45,000 students. So the clinic is not equipped or up to the standard to cater to so many students.*

Moreover, students lack privacy given the thin walls in the outpatient clinic on campus and, in one case, just curtained partitions. With limited availability of HIV testing kits, the health workers feel they are discouraging students who are trying to take greater control of their sexual and reproductive health. Despite having asked the university for more equipment two years ago, the clinic is yet to receive supplies. In addition, clinic staff do not receive continuing professional development, so many students are referred to the Family Department (Beteseb Memria) and [Felege Hiwot] Hospital. The staff themselves noted that they are sometimes not competent to handle the problems that university students bring. With many girls requesting abortions, the clinic has to refer them to hospitals and does not provide post-abortion care.

### **Capacity building for young women and sex workers through income-generating schemes**

Considered one of the most successful programme components by UNFPA officials, the income-generating schemes had a strong impact on a limited number of participants in both sites,

delivering economic empowerment and enabling women with children to meet their families' basic needs. It is important to note that coverage has been very limited, and the results uneven.

According to a zonal affairs programme officer in Adama, training was focused on women aged 24-35 and was supposed to be in four areas: food preparation, basic computer skills, hair-dressing and garmenting. But most women were given training according to the prevailing gender stereotypes (i.e. food preparation and hairdressing). Participants were generally organised into three groups to work in the micro and small enterprises scheme. Once they had completed their training, each group was given 3,000 birr, deposited into the Oromia Credit and Saving Institution in the name of the group. In Bahir Dar, a 38-year-old illiterate woman explained that the Women, Children and Youth Affairs Office selected a group of 20 people and sent them to the kebele's micro and small enterprises programme, which referred them to a local NGO, the Professional Alliance for Development (PADet). PADet trained the group and provided start-up capital, materials and equipment worth

25,000 birr. After five months HAPCO as the programme manager at field level gave them 60,000 birr. Currently, the 38-year-old is working in a business she established through the help of the kebele. She has started her own restaurant, built a kitchen and bought the equipment she needs.

According to the zonal affairs programme officer in Adama, one of the key goals of the IGA scheme was to help women in the commercial sex business get out of it and create their own jobs. Kebele officials provide programme staff with a list of women who are leading a destitute life or are engaged in sex work. They then contact these sex workers, listen to their problems, counsel them, and train them and encourage them to go back to their birthplace, since most are migrants. A 33-year-old former sex worker stated that she received training in hairdressing and 'would be paid an allowance of 125 birr per day while I was on training.' The training lasted for four months and on completion, she and her group were given 3,000 birr in two instalments (2,000 birr then 1,000). She was now running her own café, as she

lacked the start-up capital to set up her own hair salon and apply what she learned during the training. She believes that had she 'been given the equipment necessary to start a hairdressing shop, I would have become more successful. But now since I am not using the skills I was trained for, I may forget some of the skills I gained... As a result, I went to the head office in Addis Ababa to talk to them about this but they couldn't help me.'

One notable feature of these examples is that, on average, IGA beneficiaries are much older than the target population of the other activities (adolescents and youth). Our fieldwork indicated that younger women IGA beneficiaries were very few in number and not always as successful. These women are chosen through the Gender Office in the university and consist of students who were dismissed due to poor academic performance. For instance, a 24-year-old graduate from Adama University was recruited for training in hairdressing over five months. During this time she was given accommodation in the Technical and Vocational Training school campus. However, as soon as training was

#### **BOX 10:** CHALLENGES FACING THE IGA SCHEME

Despite its many achievements, the fieldwork suggested that various improvements are needed during the next phase of the programme to maximise the impact of the IGA scheme. Participants reported that ‘many of those who trained with me disappeared after collecting the money given as start-up capital’. A former commercial sex worker revealed that some women who received training and money got back to their old lives as sex workers. As one zonal affairs programme officer said:

*‘Unfortunately the members in the two groups shared the money and disappeared before starting the business they were meant to start. The students from the university who formed the third group started the business by renting a room paying a three-month rent in advance. But they couldn’t go any farther as a result of disagreements among themselves. We tried to help them resolve their disagreements but we didn’t succeed. Eventually, the group dissolved and the equipment was taken by the university so that it could be used by other students in the future.’*

The reasons given range from not having enough money to keep the business going to taking the skill learnt to work for someone else. Sometimes people who did repay had to wait for other group members to repay their loan before they could receive further instalments. For instance, a woman in Bahir Dar who was part of the IGA scheme said:

*‘Most other people who took the loan considered the money as a gift and failed to repay the money. As a result, after paying the first loan, I had to wait for four months to get the second loan until my group mates also fully repaid their loan.’*

complete, she had to abandon her group since she could not find alternative accommodation. She noted that since there is no source of income until the beauty salon is successful, it was not possible for her to continue being part of the group. As Box 10 below illustrates, this

example is just one of many challenges facing the scheme. More systematic and sustained support will be needed if the IGA scheme is really going to make a difference to women’s livelihood options. One exception seemed to be an IGA initiative whereby start-up capital was

provided by the programme to purchase pool tables for a rental business on campus in Adama University. The pool tables continue to be used to generate income and support students.

#### **4.2.4 Sustainability**

The joint programme’s way of working through government partners proved important in terms of strengthening capacities and promoting sustainability over time. In Adama, the zonal programme officer states that:

*‘Almost all of what we did was done in collaboration with HAPCO. We first raised the awareness the young women and after that trainings were given. The trainings are given with the help of HAPCO. It is they who brought the trainers. They have people specialised in various areas. They also supply us with the necessary funds to be given to the trainees.’*

However, HAPCO key informants noted that this potential was undersold as the funding across programme sites was relatively limited, and they were not able to dedicate a full-time programme

officer to focus on the programme in each site, thereby limiting activities and quality control/monitoring. Moreover, regular contact between HAPCO and UNICEF/UNFPA offices has reportedly been limited, and payments delayed for as long as nine months (in Oromia region due to the phasing out of joint programme 1 and the commencement of joint programme 2). This has made it difficult to address problems as they emerge in a timely manner.

In the case of engaging with civil society, while key informants on campus noted that the programme (when first initiated) had been pioneering and marked the start of coordinated sexual and reproductive health services in universities at a time when civil society activities were in flux, over time a range of NGOs (Vision for Generation, Pathfinder, FHI 360) had started to raise awareness of these issues and provide services, but they lacked coordination. As a result, the joint programme had increasingly become a 'gap filler' on campus rather than providing more strategic direction and programmatic action.

The universities' effort to allocate 2 per cent of their budget for gender mainstreaming is commendable, and if achieved, would be a major step to making the joint programme sustainable. Presently, however, although the economic support provided to students is valuable for those who need it, the level of support and coverage is very low, and it is not equitably or transparently distributed (often through university club membership rather than on the basis of need). The high cost of photocopying, for example, is a major challenge for poor university students. Girls have to find the money for photocopying by any means, creating a cycle of engaging in risky behaviours to obtain income. According to the manager of the Bureau of Education in one woreda, the biggest constraint of the joint programme is that 'the funds arrive late and the programme has a very short implementation time'.

With respect to M&E, many participants reported that poor follow-up was one of the main barriers to the programme achieving its outcomes. An engineering student in Adama, for example, noted that staff in the Gender Office were not

clear about who is providing the support, who the beneficiaries are, how much support they are getting, and for how long. She suggested, 'it should be clear how much money or materials due to every student. Furthermore, there should be monitoring of the programme by the fund provider at least every three months. They should work with the beneficiary students.' When there is a delay in funding, this engineering student turns to the Women's Affairs Office in her home woreda to continue being able to buy the materials she needs for her day-to-day studies.

Similarly, a young girl who was trained through the IGA scheme to run a beauty salon with a group of other young women reports that group disagreements led to its dissolution. Despite telling these problems to 'the people who coordinated the training', they did not come back again. This eventually led to them closing the beauty salon. The importance of good follow-up is clearly stated by one beneficiary: 'the objectives of UNICEF will be successfully implemented not only by providing high financial support but also by undertaking a regular

monitoring, assistance and guidance to target groups or individuals whenever necessary. Otherwise, all other individual and groups will not be successful.’

The evaluation team also heard reports that while there are suggestion boxes in campus clinics, these are not followed up on, especially with regard to the condom boxes that are supposed to be distributed free of charge, but which students complained had not been refilled for more than a year. This indicates that reliable and timely monitoring of inputs, activities and outputs remains a significant challenge for the programme.

## 5. Conclusions and recommendations

To conclude our analysis of Norway's development cooperation support for women's rights and gender equality in Ethiopia, we turn to the three evaluation criteria outlined in section 1: relevance, effectiveness, and sustainability. Overall, Norway has made a positive contribution in improving women's rights and gender equality in Ethiopia, although there is considerable scope to strengthen the impact of its activities and funding, especially as it is one of the poorer performers in terms of gender marker aid allocations. As Table A (see Annex) shows, recommendations from the 2009 Gender Review of the Norwegian Embassy's portfolio have not been fully taken on board.

### 5.1 RELEVANCE

#### ***To what degree is Norwegian support to women's rights and gender equality relevant in view of national priorities, needs and possibilities?***

Norway has been an important actor in helping Ethiopian women to achieve their rights. The inclusion of gender mainstreaming in projects and programmes on good governance and

energy, climate change, and agriculture has been a catalyst to integrating women's rights in the national discourse. The portfolio on climate change has contributed to initiating dialogue at the national level on gender inequalities, and in a very modest way towards strengthening the capacity of government partners in this area. Programming on sustainable agricultural initiatives, closely aligned to government priorities, has also included women, especially in terms of capacity building, although coverage has, again, been quite modest.

Norwegian support for good governance has been pivotal in getting FGM/C and other harmful traditional practices on the national policy agenda, through support for the national NGO-led network, EGLDAM, funding for national surveys on prevalence of harmful practices, and long-term support to the NCA-SCI programme to prevent FGM/C in collaboration with communities, local government and religious leaders. Indeed, the Ethiopian government's commitment to virtually eliminate FGM/C by 2025 can be largely credited to Norwegian support.

In the case of the Embassy's support for youth-friendly sexual and reproductive health services through its partnership with the UNICEF/UNFPA joint programme, especially at tertiary level, the Embassy is closely aligned to the Ministry of Education's agenda to provide greater support to vulnerable young women at university level.

Finally, in light of constricting space for NGOs to work on rights-based issues including gender following the 2009 CSO Law, Norway's support to the Center for Human Rights at Addis Ababa University's is vital, in particular the programme providing access to justice and legal aid to vulnerable women. This support is filling an important gap in an area previously championed by women's civil society groups, especially the Ethiopian Women Lawyers Association.

#### ***To what degree is Norwegian support to women's rights and gender equality in line with the strategic priorities outlined in the Gender Action Plan?***

The Norwegian Action Plan for Women's Rights and Equality in Development Cooperation (2007-2009) emphasises women's rights and

targeted measures to increase women's control of their lives. The objectives of Norway's development policy are to 'promote democracy, emphasise the universal human rights, and to support measures that can permanently lift people out of poverty' (Evensmo, Sabouri and Worku 2014: 10), and especially with regard to the four key pillars: women's economic empowerment, women's political empowerment, sexual and reproductive health rights, and violence against women. In Ethiopia, Norway is investing in all four areas; however, the relative volume of funding is modest vis-à-vis that of the other top ten donors to the country.

***To what degree has funding through 'Kvinnebevilgningen' (the Women and Gender Equality Grant) been used in accordance with its intentions?***

The total volume of Norway's gender-marked aid for the period 2007-2012 was approximately 30 billion Norwegian kroner, including 1.6 billion earmarked for 'Kvinnebevilgningen', a separate budget item for women's rights and gender equality under the international development budget. In Ethiopia, however, the Women and

Gender Equality Grant has scarcely been utilised, partly due to the perceived burdensome application process and the relatively small size of the fund, and partly reflecting a view that programmes can amply integrate gender dimensions within existing sectoral budget lines.

**5.2 EFFECTIVENESS**

In terms of effectiveness, the evaluation team sought to answer two broad questions:

1. To what degree has Norwegian support to women's rights and gender equality led to the intended outcomes?
2. To what degree has Norwegian support to women's rights and gender equality led to unintended consequences, positive or negative?

We reviewed intended outcomes at three levels: systemic change, organisational change and programme results. Summary findings are presented here in narrative and table formats, the latter using a traffic-light colour scheme to show relative strengths of change effects to which

Norwegian support has contributed (green being 'high', yellow 'mixed' or 'limited', and red 'low').

**Systemic change.** In terms of the Embassy's contribution to shifting national discourse and providing space for action on gender equality or women's rights, its support to FGM/C prevention is noteworthy (see also Table 5 below). Recognising that social norm change is complex and non-linear, the long-term nature of Norway's support has been vital in getting the issue onto the national agenda and incorporating it into National Development Plan targets as well as the position papers of key religious institutions. Similarly, Norway's ongoing support to small national NGOs working on rights-based gender issues has been significant, particularly given legal changes that have severely restricted the ability of local NGOs to engage in such work. Its support to the Center for Human Rights at Addis Ababa University has also been valuable, enabling a public institution to champion the legal rights of vulnerable groups, including women. Finally, Norway has played a useful but modest role in ensuring that the gender dimensions of climate change are included in policy dialogues.

**TABLE 5: SYSTEM-LEVEL CHANGE SUMMARY FINDINGS**

System-level indicators	
Policy/legal change	➤ Contribution to inclusion of FGM/C prevention in national Growth and Transformation Plan and in MoWCYA national policy framework on harmful traditional practices
Funding change	➤ Generally limited but: Contribution to increased funding for FGM/C programming given heightened awareness among govt and donors on FGM/C in Ethiopia
Discursive change	➤ A decade ago FGM/C was a taboo subject; now government is aiming to eliminate the practice within a decade; FGM/C included in position papers of major national religious institutions/councils based on own religious texts  Support to Centre for Human Rights at Addis Ababa University gives legitimacy to human rights discourse in context where ‘rights’ have become a very controversial concept
National dialogue process change	➤ Limited – gender mentioned according to Embassy staff but as one among a number of competing priorities; not proactive contributor in donor-govt gender working group
Evidence base on WRGE change	➤ Contribution to funding of national survey by FGM/C network EGLDAM on FGM/C prevalence/ support for alignment of EGLDAM and DHS data on FGM/C prevalence given differential sampling methods

Note: Green signifies significant achievement, yellow signifies mixed or limited achievement and red signifies low or lack of achievement.

**Project level results.** Here, the evaluation focused in on two specific projects – one on FGM/C prevention and another on sexual and reproductive health rights of adolescents – to assess results on the ground. Overall, we found that both programmes are having an important impact on the lives of girls and women in

Ethiopia, but with some important limitations (see summary Tables 6 and 7 below). Strengths of the NCA–SCI programme to eliminate FGM/C include working with very marginalised groups (e.g. circumcisers, untouchable caste groups, girls) through local NGOs, raising awareness through community conversations, involving

men and boys in changing social norms (only in Kembata), and empowering girls through anti-HTPs clubs in schools (predominantly in Kembata).

Strengths of the UNFPA/UNICEF joint programme on sexual and reproductive health include raising issues of service needs and vulnerabilities on campuses, providing financial support to impoverished university students, and supporting income-generating activities for young vulnerable women. Anti-HIV clubs at universities have also been essential in teaching girls assertiveness and creating a safe space to discuss their feelings.

However, the evaluation also revealed some shortcomings in the effectiveness of both programmes. In the case of the FGM/C prevention programme, there has been limited systematic attention to understanding which factors have produced positive outcomes in Kembata. There was also limited exploration of the differential attitudes and practices around FGM/C in Wolaita; the same model was applied when activities were scaled up to Wolaita, but

**TABLE 6:** FGM/C PROGRAMME PREVENTION PROJECT-LEVEL CHANGE SUMMARY FINDINGS

Project-level indicators	FGM/C prevention programme
Improved participation of women and girls (household/community/polity levels)	<ul style="list-style-type: none"> <li>Development of multiple uncut girls' clubs in schools and communities in Kembata; very few in Wolaita</li> </ul>
Changes in discriminatory social norms and practices at community level	<ul style="list-style-type: none"> <li>Good but overstated evidence of change in FGM/C attitudes and practices in Kembata zone attesting to transformation in lives of circumcisors, including the Fuga 'untouchable' caste group where included in KMG programme; and to avoidance of painful, risky and traumatising practice among thousands of girls.</li> </ul> <p>Very limited change in Wolaita zone when programme was scaled up due to poor programme design, adaptation, and application of baseline information.</p>
Improved community awareness about women's and girls' rights	<ul style="list-style-type: none"> <li>Establishment of community conversations to tackle FGM/C combined with savings and credit groups in villages across all districts of Kembata zone; fewer established in Wolaita zone.</li> </ul> <p>Limited attention to politicised nature of community group members thus potentially hindering uptake of messages.</p>
Improved awareness among community/traditional/religious leaders about women's/girls' rights	<ul style="list-style-type: none"> <li>Limited – increased awareness and information but not always leading to behavioural change. Community leaders supporting community dialogues but key informants and FGDs suggest not 'practising what they preach' – this is much more so in Wolaita than Kembata zone.</li> </ul>
Enhanced engagement with men and boys on WRGE issues	<ul style="list-style-type: none"> <li>Involvement of men in community dialogue groups; increased awareness among young men through community awareness activities about risks and disadvantages of FGM/C in Kembata zone – demonstrated by young men now wanting to marry 'uncut' girls. Weaker evidence of this shift in Wolaita zone.</li> </ul>
Improved capacities of local officials on WRGE issues	<ul style="list-style-type: none"> <li>Local officials aware about FGM/C problem and working actively to address it in Kembata and to some extent Wolaita (e.g. Head of Local Court is actively prosecuting but recognises limits to law enforcement endeavours).</li> </ul>
Improved enforcement of the law	<ul style="list-style-type: none"> <li>Contribution to improved reporting of FGM/C practice to community leaders/ police/justice personnel in Kembata and Wolaita zones</li> </ul> <p>Unintended consequence of violent backlash and emergence of underground practices of FGM/C (after dark; camouflaged in other types of religious/traditional ceremonies; undertaken in neighbouring districts; shift to less severe type of FGM/C).</p>

Note: Green signifies significant achievement, yellow signifies mixed or limited achievement and red signifies low or lack of achievement.

the lack of contextualisation and adaptation has significantly constrained the programme's effectiveness there. Similarly, while in Kembata the programme has made very impressive inroads into eliminating FGM/C, limited recognition of the non-linear nature of social norm change processes has meant that the programme has not evolved as flexibly as it could have done to take into account changing dimensions over time.

With respect to the joint programme on adolescent and youth development, numerous weaknesses have limited programme effectiveness. Provision of sexual and reproductive health services has been weak, lacking sufficient supplies of key inputs such as condoms; there is also a lack of attention to ensuring that services provide confidentiality for young people. Moreover, services and support groups such as clubs appear to exclude disabled students, who report not having access to separate washrooms or other facilities they may need. Additionally, the income-generating activities scheme has been poorly targeted, tending to mainly benefit older women.

**TABLE 7: ADOLESCENT SRH PROJECT-LEVEL SUMMARY FINDINGS**

Project-level indicators	SRH project
Improved access to services or infrastructure	🔴 Limited improvements in youth-friendly SRH services through UNFPA/UNICEF programme; limited attention to accessibility for disabled students; unfilled condom boxes; lack of confidentiality in SRH service provision on campus
Improved participation of women and girls (household/community/polity levels)	🔴 Limited improvement in participation of adolescent girls/young women in sustainable income-generating activities. Targeting has been poor – involvement of adult women outside of campus has been more successful. Overall numbers also very limited.
Changes in discriminatory social norms and practices at community level	🔴 Limited evidence that the programme has brought about changes in attitudes of parents and community to better respond to adolescent SRH needs and rights.
Improved community awareness about women's/ girls' rights	🟡 Mixed – initially UNICEF/UNFPA joint programme was pioneering and helped put risks facing tertiary-level girls on the agenda in campuses.
Improved awareness among community/traditional/religious leaders about women's/girls' rights	Our fieldwork focused on the programme's activities in campuses and university towns with a more limited sample in rural communities, so not relevant
Enhanced engagement with men and boys on WRGE issues	🔴 The programme aimed to involve young men in its activities but in reality this was limited. Campus gender officers said the programme primarily involved young women; for economic support there were a small number of men included.
Improved capacities of local officials on WRGE issues	🔴 While the joint programme works through local government agencies, a combination of weak monitoring, limited funding per agency and high staff turnover has meant capacity building of local government officials on SRH issues has been limited
Improved enforcement of the law	This was not part of programme aims

Note: Green signifies significant achievement, yellow signifies mixed or limited achievement and red signifies low or lack of achievement.

**Unintended consequences.** In the case of the FGM/C prevention programme in SNNPR, the evaluation team's findings suggest that community-based work to raise awareness of the law prohibiting FGM/C is contributing to a worrying trend, in that some parents are deciding to circumcise their daughters at ever younger ages because they are less likely to be detected (in the case of Wolaita zone). Stronger enforcement of the ban on FGM/C seems to be driving the practice underground, with a violent backlash against whistle-blowers emerging as a real programme risk (as happened in KMG's Wolaita zone programming area). Finally, given inadequate attention to the differential age dynamics across programming sites, the attempt to scale up uncut girls' clubs in Wolaita zone, where girls are being cut at a younger age, is resulting in the unintended stigmatisation of some young (uncircumcised) girls.

In the case of the UNICEF/UNFPA joint programme, as a result of the support given to students from Adama University, some parents and other family members are withdrawing their economic support to the student. Since

the level of financial support provided by the programme is very small, beneficiaries are suffering if they lose parental help. Additionally, due to inadequate measures to ensure confidentiality, students who need to access sexual and reproductive health services are unwilling to seek them out, placing them at potential risk.

**Organisational change.** In terms of promoting organisational-level change, the Embassy's role has been more modest as noted in the summary Tables 8 and 9 below. It has supported the Ministry of Energy to develop a Gender Action Plan and provided technical assistance during its initial rollout but for a short time only. The Embassy has also sought to provide ongoing support to the UN when other donors are exploring other modalities. But due to insufficiently detailed monitoring, this support appears not to be fulfilling the 'critical friend' role that Embassy management envisions – at least in the instance of work with UNFPA, UNICEF and UN Women. Finally, although the Embassy is providing much-needed resources for national NGOs to continue to operate on gender-related

issues, limited attention to technical support for rigorous monitoring, evaluation and learning means that this funding is not being utilised to maximum advantage.

Challenges to achieving stronger results overall can be attributed to a number of factors. One concerns the conceptualisation of the role of the programme officer for human rights and gender equality as manager of a specific portfolio of projects on gender and social rights issues, rather than playing a more Embassy-wide coordinating role. Another concerns the general view by management and staff that gender is just one of a number of competing priorities. And there has also been limited investment in tailored capacity-strengthening for Embassy staff about how to integrate gender into their specific thematic areas. These weaknesses were exacerbated by weak reporting mechanisms on gender (with a relatively weak legacy effect of the gender pilot) as well as a lack of engagement with the potential opportunities afforded by the Women and Gender Equality Grant.

**TABLE 8: ORGANISATIONAL-LEVEL CHANGE – PARTNERS’ CAPACITIES TO SUPPORT WRGE**

Organisational-level indicators – partners’ capacities	
Strengthened capacities of civil society to work on WRGE (including M&E and learning)	<ul style="list-style-type: none"> <li>➤ Ongoing funding to joint NCA/SCI programme on FGM/C prevention which involves 25+ national NGOs. Repeated statement of quality of relationship with NCA in terms of supporting programme design and roll out; knowledge sharing among NGOs through meetings and support of EGLDAM network. However, inadequate support on M&amp;E and learning</li> </ul>
Increased legitimacy of NGOs working on WRGE	<ul style="list-style-type: none"> <li>➤ Funding of NGOs working on FGM/C and harmful traditional practices increases legitimacy in restrictive CSO climate in Ethiopia following 2009 CSO registration law.</li> </ul> <p>Also importance of commitment to long-term funding which is so critical to achieving social norm change, which can be non-linear</p>
Strengthened capacities of govt agencies to work on WRGE	<ul style="list-style-type: none"> <li>➤ Limited support via funding for development of action plan and six months of technical support for rollout of Gender Action Plan in Ministry of Energy/Environment</li> </ul> <p>No direct support to Ministry of Women, Children and Youth Affairs, despite significant capacity-strengthening needs</p>
Strengthened capacities of UN agencies to work on WRGE	<ul style="list-style-type: none"> <li>➤ Considerable funding to UNFPA/UNICEF for SRH programming and UNFPA/UNICEF express appreciation of quality of interaction at reporting junctures BUT weak field-level results suggest that M&amp;E of UN partners is inadequate, especially given funding volume</li> </ul> <p>Embassy management admitted capacity gaps of UN Women – providing support in ‘critical friend capacity’ but could not point to results as yet.</p>

Note: Green signifies significant achievement, yellow signifies mixed or limited achievement and red signifies low or lack of achievement.

**TABLE 9: ORGANISATIONAL-LEVEL CHANGE – INTERNAL EMBASSY CAPACITIES TO SUPPORT WRGE**

Organisational-level indicators – internal Embassy capacities	
Strengthened capacity on WRGE among Norwegian Embassy staff	<ul style="list-style-type: none"> <li>➤ No achievements here – one-day training on gender mainstreaming once during evaluation period; no tailored WRGE capacity-strengthening support.</li> </ul>
Institutionalisation of more effective gender-sensitive reporting mechanisms	<ul style="list-style-type: none"> <li>➤ Weak legacy effect from gender pilot – Gender Action Plan persists but no detailed reporting.</li> </ul>
Strategic use of Women and Gender Equality Grant	<ul style="list-style-type: none"> <li>➤ Low uptake of Women and Gender Equality Grant – management view is that gender work can be funded through regular sector budget lines but limited coverage of gender dimensions in other projects – e.g. low level of support to small number of girls at agricultural tertiary institutions, and limited development of gender-sensitive indicators in energy and governance sectors suggests more could be done</li> </ul>

Note: Green signifies significant achievement, yellow signifies mixed or limited achievement and red signifies low or lack of achievement.

### 5.3 SUSTAINABILITY

The final evaluation criterion is sustainability of outcomes. In terms of the NCA–SCI FGM/C prevention programme, Norway’s long-term commitment to funding programmatic action in this area – which is somewhat unusual among top donors – has proven critical. Its ongoing commitment is commendable given the likelihood that change will be non-linear and there may even be periodic reversals of gains made in terms of changed attitudes and behaviours. Additionally, support to CSOs working on rights-based issues when they are struggling to operate under restrictive national legislation is a vital contribution to the sustainability of civil society groups working on gender issues.

In the case of the UNFPA/UNICEF joint programme, however, while working through sub-national government agencies is commendable in principle, in practice weak monitoring systems and comparatively limited funding mean that opportunities for sustained capacity strengthening are being missed.

At Embassy level, with limited capacity strengthening of Embassy staff vis-à-vis gender issues in their respective sectors, no incentives for integrating gender into projects, and no dedicated discussions on gender dimensions of projects, Norway has very limited ability to take advantage of policy dialogue opportunities to promote WRGE improvements outside of projects directly targeting women’s or girls’ rights. This appears to be further exacerbated by limited attention to support for CSOs and UN partners to undertake rigorous impact evaluation and learning such that bundled programming approaches are being undertaken in a less than systematic and cost-effective manner, hindering the identification of sustainable programme models.

### 5.4 RECOMMENDATIONS

Based on the results of this evaluation, we would recommend that the Royal Norwegian Embassy in Ethiopia and its partners consider the following actions:

***Increase the proportion of total ODA to gender-related aid:*** Compared to other DAC countries, Norwegian development cooperation

support that is gender-marked 1 or 2 is comparatively low and does not align well with Norway’s general high-level commitment to WRGE as expressed in the Gender Action Plan 2013. This may be partly because the global guidelines for gender marking in Norad documentation are relatively unclear.<sup>19</sup> But irrespective of that, there is a need for senior managers in Addis Ababa (with support from Norad gender experts if need be) to review guidelines and systems for assigning gender markers as well as promoting programme design to pay greater attention to gender dimensions so as to qualify for gender marker 1 or 2. In particular, given that total funding to gender marker 2 has remained low (9 per cent) and stable over time, particular attention should be given as to whether more funding could be allocated to such projects.

***Support more tailored capacity building to integrate gender into sectoral programmes***

– including energy, economic development, governance and climate change. None of the advisors interviewed had received specific

<sup>19</sup> The DAC Gender Equality Policy Marker, 2008.

capacity-strengthening support vis-à-vis gender mainstreaming in their sector during the evaluation period. But in all cases there was scope for greater support and more strategic and systematic attention to gender dimensions. This is critical if the Embassy is to maximise the results it can achieve through partnerships with CSOs, the UN and sectoral ministries at regional level – all of which need considerable support in this area.

**Avail the Embassy of rigorous impact evaluation advice for specific projects that it funds** – The unsatisfactory attention to quality design and use of baseline, mid-term and final evaluation findings in the projects reviewed suggests that Embassy staff do not have the capacity or time to provide such support. It would therefore be useful for external and independent support to be brought in to improve the understanding and rollout of rigorous monitoring and impact evaluation approaches to enable programme activities on the ground to achieve more transformative change. This could include, for example, supporting partners to design programmes in such a way that they

could systematically disentangle the effects of different components and how they interact in order to tease out learning before scaling up to other areas. This would include conducting robust baseline, midline and endline studies. While these are being carried out to various degrees currently, they are not sufficiently rigorous to assess impact. This means that important learning opportunities are being missed, and this is something that could be easily rectified with relatively limited funding.

**Support the development of more nuanced indicators to measure social change:** The Norwegian Embassy in Ethiopia is providing valuable long-term support to achieve changes in attitudes and behaviours around deeply entrenched social norms. To strengthen its work in this area, there is a need to develop more nuanced progress indicators. This could be achieved by recognising the value of mixed methods approaches to demonstrating results vis-à-vis gender inequalities, the non-linear nature of social norm change processes, and empowerment and identity issues. With Norad and/or third-party support, the Embassy

could usefully broaden its reporting and evaluation toolbox.

**Enable the programme officer for human rights and gender equality to play a cross-cutting gender focal point role**

– Overall, within the Embassy, gender has been relegated to ‘one of multiple considerations’ rather than being accorded priority in programme design and reporting, and internal dialogue. In order to give stronger emphasis to gender issues and to promote synergies and knowledge sharing across portfolios, the Embassy should consider securing funding to enable the programme officer for human rights and gender equality to play a stronger coordinating role.

**Make greater use of the Women and Gender Equality Grant:** Given the innovative and effective use of the Women and Gender Equality Grant funding stream in the other two pilot embassies where the evaluation team undertook country case studies (Mozambique and Nepal), we recommend that the Embassy in Ethiopia reconsider availing itself of this funding stream. This could be used for several areas of work:

tailored capacity building, rigorous M&E of project results, and supporting the programme officer for human rights and gender equality to play a more cross-cutting coordinating role. In addition, given the critical role the Embassy has played in supporting local NGOs/CSOs doing pioneering work on rights-based issues, the Women and Gender Equality Grant could be used to support innovative pilots by NGOs who are struggling to secure funding from other sources.

#### **BOX 11: PROGRAMME-SPECIFIC RECOMMENDATIONS**

##### **NCA–SCI programme aimed at reducing FGM/C**

**Promote and monitor linkages from religious institutions down to community level.** Work with national-level religious leaders has had strong positive effects in Kembata and is also helping to produce systemic change and reduce prevalence of FGM/C and other harmful traditional practices. To remain effective and harness this potential, there is a need to monitor and support linkages from religious institutions down to regional and community levels.

**Strengthen mechanisms for internalising evaluation findings.** Evidence suggests that the scale-up of programme activities from Kembata to Wolaita was less successful, partly because there was limited assessment of the factors that contributed to success in Kembata. A more critical analysis of such factors and their internalisation will be essential to maximise future effectiveness. The Royal Norwegian Embassy should be cautious about scaling up programme models without a rigorous baseline of existing socio-cultural dynamics.

**Address the need to strengthen capacity around strategic design of programmes, including M&E.** There is a need for technical support to national NGO partners to ascertain which programme components are working, where and why. This is essential if the programme is to be scaled up nationally, so as to maintain effectiveness and not waste resources.

##### **UNICEF/UNFPA joint programme on adolescent and youth development**

**Streamline the approach to funding.** In order to achieve the programme's numerous and ambitious objectives, a streamlined approach to funding is required. Achieving positive results in one objective before undertaking another may be fruitful for achieving all outcomes.

**Ensure more regular independent monitoring of activities on the ground.** The limited effectiveness of the programme indicates a need for multiple partners to be involved in the M&E process, including regular third-party monitoring.

**Focus on more rigorous baseline and systematic M&E using mixed methods.** Mixed methods research is crucial to understand programme shortcomings and barriers. Without talking to university students, community members and administrative staff, it will not be possible to understand the complex array of factors contributing to success or failure at different levels.

**Specify target age group for IGA funding.** There is a need to ensure that funding is focused on clearly targeted age groups given that young women are not benefiting from the IGA scheme to the same extent as older women. Funding should be streamlined, using different funding lines to reach the maximum number of beneficiaries.

**Consider complementing existing funding to meet the needs of disabled girls and young women:** Given delays in the arrival of funds (as reported by participants during fieldwork), one option might be to use the Women and Gender Equality Grant to improve facilities for disabled students in universities (e.g. washrooms, confidential consulting rooms, accessible IT equipment and other infrastructure, etc.).

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## Annex 2 – Comparison of the RNE in Ethiopia’s 2009 and 2013 programmes

Recommendations by 2009 review	Findings from evaluation in 2014
<b>Improve coordination efforts with partners and NGOs</b>	
The Embassy needs to follow developments in the NGO sector and raise any concerns related to the implementation of CEDAW, especially after the law was passed in 2009.	RNE has played an important role in continuing to fund national NGOs working on gender and rights issues and where this has not been possible has sought innovative solutions with public institutions.
The Embassy should prioritise field work participation with partners (for example, the Development Fund), in order to learn more about local partners and the socioeconomic and cultural context of programmes.	Embassy staff undertake short field visits to key projects but could perhaps do more to talk to a wider range of stakeholders and non-beneficiaries so as to gain more varied viewpoints about partner programme strengths and weaknesses.
The Embassy should follow the work of the Development Partner (DP) Gender group and support the efforts of the group.	This did not emerge as an important part of the Embassy’s work on WRGE.
The Embassy should continue to raise gender issue concerns in dialogue with partners so as to minimise the “implementation gap” on gender issues.	The Embassy does raise gender issues in dialogue with partners but it appears to be as one issue among multiple. Moreover, examples reported to Oslo were only topline and non-specific in this regard.
<b>Gender mainstreaming</b>	
The Embassy should establish internal routines that automatically involve the focal point/ gender adviser in the project process.	This has not happened.
Consultant with gender competence should be included in all reviews and evaluations.	It is not clear that this recommendation has been institutionalised – instead gender is more likely to be included as one of multiple concerns /dimensions to be considered.
The Embassy should systematically include gender equality in preparatory analysis and stipulate a gender component to programs proposed by implementing partners.	In terms of programmes on energy/climate change and agriculture, while gender is included as a consideration the analysis and programming action is quite modest. Embassy would appear to be following the letter rather than the spirit of this recommendation.
<b>Monitoring and evaluation</b>	
Involve skilled gender advisers since many of embassy’s partner’s gender advisers lack the competence (and commitment) to implement gender policy.	This area does not seem to have been systematically addressed, although Embassy staff have called upon Norad support periodically to help address some capacity gaps.
The Embassy should propose that the Development Fund and its partners establish a baseline, and set targets and indicators for their work. It is believed that the present monitoring procedures fail to document what is actually occurring on the ground.	The lack of attention to establishing rigorous baselines and sound monitoring and evaluation systems continues to be a serious concern.

## Annex 3 – Projects on climate change, environment, clean energy and forestry<sup>20</sup>

Project name	Funding period	Main objective	Modality in which women are included	Any results known or expected vis-à-vis WRGE outcomes
Norwegian United Nations Convention to Combat Desertification Programme (UNCCD)	2007-2010	<ul style="list-style-type: none"> <li>Promote sustainable land management in Afar</li> <li>Develop strategies for poverty eradication and food security</li> </ul>	Improve pastoral livelihoods with a focus on women, and to enhance the active participation of local communities, including women, with the support of NGOs and CSOs	No gender analysis was included in program planning until 2009.
Sustainable Agricultural Program (Tigray)	2007-2010; 2010-2012	<ul style="list-style-type: none"> <li>Improve food security for rural houses by increasing &amp; diversifying crop &amp; livestock production</li> <li>Rehabilitate degraded natural resources</li> <li>Increase access to clean water</li> </ul>	Promoting the social and economic empowerment of women	No gender analysis was included in program planning until 2009.
Hawassa-Mekelle-University of Life Sciences (UMB) Institutional Collaboration Program	2007-2010; 2011-2013	Enhance the contribution that universities make towards the national policy of poverty reduction and natural resource management, by improving rural livelihoods	<ul style="list-style-type: none"> <li>Include gender in curriculum development</li> <li>Take affirmative action for female students by strengthening tutorials</li> <li>Give female students in the university support in terms of meeting their practical needs, such as sanitation facilities and food</li> <li>Organise awareness on gender and climate change</li> </ul>	<ul style="list-style-type: none"> <li>Increase enrolment of female students in PhD and MSc programs</li> <li>Significantly reduced female students' dropout rates through tutorial and financial support</li> <li>Improved gender balance in university academic staff</li> <li>Institute of Gender, Environment and Development established in both universities</li> </ul>

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<sup>20</sup> This table was derived from the 2009 Maal and Skånes review of gender mainstreaming in projects and from the 2011-2013 Gender Action Plan. The expected outcomes were derived from the RNE's Action Plan.

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Project name	Funding period	Main objective	Modality in which women are included	Any results known or expected vis-à-vis WRGE outcomes
Bale Eco Region Sustainable Natural Resources Management Program	2013-2018	To strengthen human and institutional capacities of southern institutions to better respond to climate change for improved agricultural productivity and livelihoods	Climate change in the arid part of the country will be adapted where women and girls mostly affected by the climate change	<ul style="list-style-type: none"> <li>• Increase women's access to forest and forest products increase</li> <li>• Enhance decision making power of women over natural resources</li> <li>• Increase household food security (including nutrition)</li> <li>• Significantly reduce workload of women and girls as a result of cook stoves provision</li> <li>• Decrease incidence of violence which women and girls would have otherwise encountered while fetching fire woods</li> </ul>
Piloting REDD+ in Bale Eco-Region of Ethiopia	2011-2013	Focus is on the causes of deforestation and degradation of biological mass and diversity across the agriculture, forest and energy sectors.	The project aims to take a new look at women's roles in REDD+ CBOs / cooperatives, with a view to ensure that space is made for women to take up their roles with formal institutional recognition.	<ul style="list-style-type: none"> <li>• Strengthen women participation in REDD+ process to make them beneficiaries of the incentives</li> <li>• Improve Governance on Natural Resources Management</li> <li>• Increase women's access to forest products such as wood fuel, forest coffee, honey</li> <li>• Girls will have more time to study as a result of decreased workload on women and girls to collect firewood and to fetch water will decrease as a result of natural resources conservation.</li> <li>• Small and medium scale enterprises will create more jobs suitable to both men and women</li> </ul>
Support to Ethiopian Sustainable Land Management	2011-2013			<ul style="list-style-type: none"> <li>• Gender sensitive components will be given due attention in the design phase.</li> <li>• Enhance women's economic empowerment through income generating activities suitable for women</li> </ul>
Feasibility Study of Mandaya and Beko Abo Multipurpose Project	2011-2013	Reliable and environmentally sustainable power supply and improved living standards		<ul style="list-style-type: none"> <li>• Increase income of women at the power plants</li> <li>• Enhance health of women and families through creating access to modern electricity facilities</li> </ul>

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Project name	Funding period	Main objective	Modality in which women are included	Any results known or expected vis-à-vis WRGE outcomes
Technical Support to ENTRO for Facilitation of Consultation and other Regional Activities	2011-2013	Women of the region to come closer and able to influence cooperation of the member nations for common growth and win-win development in all socio-economic spheres		
Technical Support for Operationalization of the Eastern African Power Pool Coordination Centre and Independent Regulatory Body (Regional portfolio)	2011-2013	Streamlined gender approach at the EAPP to be implemented at all levels of the institution.		<ul style="list-style-type: none"> <li>• Gender policy to be developed for EAPP and shared with member utilities</li> <li>• Increased gender balance in training, meetings and EAPP organs</li> </ul>
Energy+ Partnership Phase I	2012-2013	Development of hydropower, wind power and geothermal power production.	Support the mainstreaming of gender into key Energy+ programme initiatives including: Solar Power for Water Supply and Irrigation Program, the Biogas Program, the Rural Electrification Fund (REF) Solar Home Systems (SHS) and the Improved Cook Stoves Program.	<ul style="list-style-type: none"> <li>• Women benefitted through job creation, improved quality of life and social development through streamlined implementation of the program</li> <li>• Women will be able to benefit from improved health services at health institutions as a result of access of electricity and other modern energy services to these facilities</li> <li>• Improved health of women and their family through providing safe water access will enable women and decrease the time that was spent in fetching water from different unhygienic sources.</li> <li>• Indicators on gender equality included in the Measuring-Reporting – Verification (MRV) system of the Government.</li> <li>• Result-based payments (Phase II and III) decided upon achievements on gender equality indicators.</li> <li>• Joint Implementation Note to be gender sensitive</li> </ul>

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Project name	Funding period	Main objective	Modality in which women are included	Any results known or expected vis-à-vis WRGE outcomes
Strategic Climate Institutions Program(SCIP)	2012-2015	Support communities to be better able to cope with climate shocks, by gender and poverty status	Supporting a women-friendly business environment for climate innovation	The particular impacts of climate change on women to be considered in sector development plans.
Energizing Development(EnDev) Program	2011-2013			<ul style="list-style-type: none"> <li>• Increase income for women,</li> <li>• Empower women to involve in involved in management</li> <li>• Improve quality of life of women and their families as a result of increased income</li> </ul>
Support to higher education within clean energy	2011-2013		Empower women to play active roles in rural areas and the academia environment	N.A.
Global Green Growth Institute (GGGI)	2011-2013	An institute aimed towards goal of clean renewable energy.	To develop overall gender policy for Institute.	N.A.

## Annex 4 – Projects on good governance<sup>21</sup>

Project name	Funding period	Main objective	Modality in which women are included	Any results known or expected vis-à-vis WRGE outcomes
Democratic Institutions Programme	2008-2013	Monitor that proper baselines were set for gender-related indicators and check on improvements in gender ratios and gender equality measures in their programmes	<ul style="list-style-type: none"> <li>Follow up partners' annual reports and plans to check if there are improvements in their programmes' gender ratio and gender equality activities.</li> <li>Follow up the review of the Programme, and the discussions on a possible DIP II, where gender indicators should be integrated in project documents, work plan, etc.</li> </ul>	Have a dialogue on gender issues with one of the Embassy's key partners, the Office of the Auditor General (OFAG).
Access to Justice: Legal Aid Clinics	2008-2012	Provide legal aid to marginalised populations	Target populations include women and girls	<ul style="list-style-type: none"> <li>Ensure that gender is incorporated in Work Plan, and that a gender disaggregated report is included in the Progress Report</li> <li>Increase in the number of women who managed to secure a court decision in their favour</li> </ul>
Civil Society Support Program		Support civil society	Gender parity be an essential criterion in selecting civil societies for funding and encourage improvement in policies about gender	N.A
Joint Program on Gender Equality and Woman Empowerment	2012-2015	Improve WRGE in Ethiopia in business.	<ul style="list-style-type: none"> <li>Increase women's access to financial and business development services participation</li> <li>Increase women and girls' opportunities for education, leadership and decision making</li> </ul>	<ul style="list-style-type: none"> <li>Federal and local government institutions have strengthened capacity to implement national and international commitments on gender equality</li> <li>Formal and informal institutions at national and local levels have enhanced their capacity to promote and protect the rights of girls and women</li> </ul>

21 This table was derived from the 2009 Maal and Skånes review of gender mainstreaming in projects and from the 2011-2013 Gender Action Plan. The expected outcomes were derived from the RNE's Action Plan.

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Project name	Funding period	Main objective	Modality in which women are included	Any results known or expected vis-à-vis WRGE outcomes
Fight against FGM/C	2006-2010; 2011-2015	Eliminate practice against HTPs in Ethiopia	Reduce female genital mutilation by 31 per cent from intervention areas	<ul style="list-style-type: none"> <li>• Attitude of target communities against FGM/C strengthened</li> <li>• Statutory national and regional laws against FGM/C and other HTPs enforced in the intervention areas</li> <li>• Faith communities in the intervention areas institutionalised/integrated the issue of FGM/C in their engagements</li> </ul>
Rights based approach to adolescents and Youth Development	2010-2013; 2014-2019 (?)	Improve SRHR knowledge and services for youth and adolescents	Create SRHR clubs for girls in universities, income-generating schemes for girls and women, and provide support (financial and material) to girls in universities.	<ul style="list-style-type: none"> <li>• Ensure the involvement of boys and fathers in the fight against gender-based violence</li> <li>• Increased access to reproductive health services by girls and women</li> <li>• Ensure equitable participation women and girls in income generating activities.</li> </ul>

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## Abbreviations and acronyms

<b>ADRA</b>	Adventist Development and Relief Agency	<b>FGM/C</b>	female genital mutilation/cutting	<b>NEWA</b>	Network of Ethiopian Women's Associations
<b>AIDS</b>	Acquired immune deficiency syndrome	<b>FOKUS</b>	Forum for Women and Development	<b>NGO</b>	non-governmental organisation
<b>CAT</b>	Convention Against Torture and Other Cruel, Inhumane or Degrading Treatment or Punishment	<b>GBV</b>	gender-based violence	<b>NOK</b>	Norwegian kroner
<b>CBO</b>	Community-based organisation	<b>GDI</b>	Gender-related Development Index	<b>Norad</b>	Norwegian Agency for Development Cooperation
<b>CEDAW</b>	Convention on the Elimination of All Forms of Discrimination against Women	<b>GDP</b>	gross domestic product	<b>ODA</b>	Official Development Assistance
<b>CRGE</b>	Climate Resilient Green Economy	<b>GTP</b>	Growth and Transformation Plan	<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>CSA</b>	Central Statistical Agency	<b>HAPCO</b>	HIV/AIDS Prevention and Control Office	<b>PADet</b>	Professional Alliance For Development
<b>CSO</b>	civil society organisation	<b>HDI</b>	Human Development Index	<b>PMTCT</b>	prevention of mother-to-child transmission
<b>DAC</b>	Development Assistance Committee (OECD)	<b>HIV</b>	human immunodeficiency virus	<b>SCI</b>	Save the Children International
<b>DAG</b>	Development Assistance Group	<b>ICCPR</b>	International Covenant on Civil and Political Rights	<b>SCIP</b>	Strategic Climate Institutions Programme
<b>DCG</b>	Dry Land Coordination Group	<b>ICESCR</b>	International Covenant on Economic, Social and Cultural Rights	<b>SCN-E</b>	Save the Children Norway-Ethiopia
<b>DFID</b>	Department for International Development	<b>IFPRI</b>	International Food Policy Research Institute	<b>Sida</b>	Swedish International Development Cooperation
<b>DHS</b>	Demographic and Health Survey	<b>IGA</b>	income-generating activities	<b>SIGI</b>	Social Institutions and Gender Index
<b>EEA</b>	Ethiopian Economic Association	<b>ILO</b>	International Labour Organization	<b>SNNPR</b>	Southern Nations, Nationalities and Peoples' Region
<b>EGLDAM</b>	Ye Ethiopia Goji Limadawi Dirgitoch Aswegaj Mahiber	<b>IOM</b>	International Organization for Migration	<b>SRH</b>	sexual and reproductive health
<b>EU</b>	European Union	<b>KMG</b>	Kembatti Mentti Gezzima	<b>UN</b>	United Nations
<b>EWLA</b>	Ethiopian Women Lawyers Association	<b>M&amp;E</b>	Monitoring and evaluation	<b>UNDAF</b>	United Nations Development Assistance Framework
<b>FBO</b>	faith-based organisation	<b>MoFA</b>	Ministry of Foreign Affairs		
		<b>MoH</b>	Ministry of Health		
		<b>NCA</b>	Norwegian Church Aid		

<b>UNDP</b>	United Nations Development Programme
<b>UNECA</b>	United Nations Economic Commission for Africa
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>WHO</b>	World Health Organization
<b>WRGE</b>	women's rights and gender equality