FINAL REPORT TO NORAD

1. GENERAL INFORMATION

1.1. Name of grant recipient	**Norwegian Church Aid (NCA)**
Type of Norad Grant:	QZA-19-0212 PS 3 Regional Allocations
1.2. Norad agreement no:	QZA-19/0212
1.3. Name of grant:	NCA and SCN Joint Programme to end FGM/C and CEFM
1.4. Total amount of grant:	NOK 77,721,339
1.5. Support Period:	01.01.2020 – 31.12.2024
1.6. Reporting Period:	01.01.2020 – 31.12.2024
1.7. Country	Ethiopia
NCA PIMS Grant ID ref:	G1024

2. RESULTS AND LEARNING

2.1 SUMMARY

The Joint Programme (2020–2024) aimed to reduce Female Genital Mutilation (FGM) and Child, Early, and Forced Marriage (CEFM) among girls under 18 by 90%. It tackled deeply rooted cultural norms through social transformation, involving multi-faceted strategies like stakeholder coordination, community conversations, faith institution engagement, advocacy campaigns, and essential services for at-risk girls and survivors.

Despite disruptions such as COVID-19, conflict, and drought, most planned interventions were executed successfully, resulting in significant progress. The endline evaluation will capture more in-depth results and assess the programme's overall impact. As per the mid-term review, the programme achieved measurable outcomes, including a reduction in the prevalence of FGM from 50 % to 26% and early marriages from 38% to 30% in project locations. Regions like Afar and Amhara showed notable results, while others, such as Somali and Oromia, demonstrated moderate progress. Moreover, the % of FGM and CEFM incidence among girls (0-18) reduced from 79% and 40% to 42% and 30%, respectively.

However, a key achievement is that communities are open to discussing issues related to FGM, something that was previously considered taboo.

The mid-term review highlighted significant progress towards social norms transformation in terms of increased rejection of FGM and CEFM by girls, parents,

and unmarried boys, alongside greater recognition of these practices as harmful and a violation of human rights. Women and girls were empowered through life skills training, economic initiatives, and strengthened education and legal support. Over 500 cases of FGM and CEFM were reported and addressed legally.

The programme's efforts to cascade national policies and foster grassroots advocacy through media, alliances, and training materials further amplified its impact. It demonstrated substantial progress toward its goal of reducing FGM and CEFM prevalence in targeted regions.

Outcome 1: Dominant norms transformed to protect girls and women from FGM and CEFM
During the reporting period, the joint programme significantly transformed societal norms to protect girls and women from FGM and CEFM. The mid-term review highlights notable shifts in knowledge, attitudes, and beliefs within intervention areas. For instance, the percentage of mothers supporting the total abandonment of FGM rose from 65 % to 90%, while those agreeing with circumcision or early marriage dropped significantly. Mothers recognising these practices as harmful and violations of human rights also increased dramatically, reflecting a shift in social norms and a decline in FGM and CEFM prevalence. **Key Achievements:** 1. **Communities reached with FGM and CEFM Message:** The programme reached over 15 million people with messages on the dangers of FGM and CEFM, surpassing its nine million targets. Media campaigns, edutainment, and rallies played crucial roles in spreading awareness, increasing the number of uncut girls and former circumcisers who abandoned the practice. 2. **Community Conversations (CC)**: Community conversations were attended by over 28,900 people (88% consistently), fostering dialogue and community-driven action. These sessions led to collective agreements and pledges to eradicate harmful practices 3. **Structured behavioural change:** 27,363 participants were reached with structured behavioural change, boosting awareness of FGM and child marriage by 40–46%, as shown in pre- and post-assessments. 4. **Mobilisation of religious institutions:** Religious institutions actively mobilised their communities, with five institutions declaring zero tolerance towards FGM and CEFM. The programme supported 815 meetings with leaders and integrated prevention efforts into 182 Faith-based Organisations (FBOs) and Community-based Organisations (CBOs)—exceeding targets—and achieved 206 declarations of zero tolerance against FGM and CEFM. 5. In collaboration with stakeholders, the program facilitated Islamic declarations (Fatwas) in Afar and Somali regions affirming that FGM is not a religious obligation. 6. **Men's and boys' engagement**: 560 men's and boys' groups, surpassing the 390 target, acted as advocates for women's and girls' rights, driving positive masculinity and reducing harmful practices.

Outcome 2: Adolescent girls and their families are empowered to stand against all forms of FGM and CEFM and claim their rights
Over a five-year intervention period, the joint programme implemented various initiatives to empower women, girls, and families to reject harmful practices like FGM and CEFM. Capacity-building sessions for girls and parents enhanced awareness, skills, and proactive actions, fostering a societal shift toward protecting young girls' well-being. Although most sampled girls were already circumcised in some regions, they gained the ability to protect their siblings and peers. The percentage of girls willing to marry before 18 dropped from 10.2% to 2.2%,

showcasing the programme's success. The interventions also laid the groundwork for sustained progress and protection of women's and girls' rights by addressing education, economic empowerment, and advocacy.

Key Achievements:

1. **Life Skills Training**: In total, 3,415 adolescent girls participated, surpassing the target of 3,100. The training improved their decision-making skills, negotiation skills, and confidence, enabling them to challenge gender norms and harmful practices. As a result, more than 1,000 girls accessed health, legal, and psychosocial services, as well as educational support (e.g., materials and sanitary pads), which helped 80% of participants continue schooling without interruptions.
2. **Parenting Programs**: More than 3,800 parents attended sessions on child development, rights, and positive discipline. These sessions significantly improved understanding and practices, with 97% of parents feeling better equipped to challenge harmful norms. The percentage of mothers recognising FGM as harmful rose from 76% to 87%.
3. **School-Based Structures**: During the period, 299 functional school and community platforms were established, almost doubling the reach compared to the target. These structures raised awareness, identified cases of child marriage and FGM, and strengthened partnerships with local education offices to maintain focus on these issues.
4. **Economic Empowerment Initiatives**: Business management training reached 1,807 girls, while 1,920 girls and parents received start-up capital for income-generating activities. Economic empowerment reduced vulnerabilities, supported education, and fostered resistance to harmful practices.
5. **Behavioural Change and Advocacy**: Women and girls emerged as advocates, promoting awareness and standing against harmful practices in their communities. Educational support boosted their confidence, with 93% of sampled girls continuing their education.
6. **Sustainability Efforts**: Collaborative savings and credit mechanisms were strengthened with stakeholders, ensuring long-term community engagement and financial stability.

Outcome 3: Women and girls at risk and/or survivors of FGM and CEFM access comprehensive services (disaggregated by type of service)

The joint programme prioritised establishing comprehensive services for survivors of FGM and CEFM through capacity building, medical and legal support, referral systems, and enhanced coordination. Over five years, significant progress was made in improving access to quality services for women and girls at-risk of or affected by FGM and CEFM. The programme's multifaceted interventions successfully strengthened institutional capacities and referral systems, fostered community awareness, and provided essential services for survivors, driving substantial progress in the fight against FGM and CEFM.

Key Achievements:

1. **Enhanced Service Provision:** The programme trained 2,834 health and legal service providers, surpassing the target of 1,930, significantly improving their capacity to identify and manage cases. Technical and material support was provided to 130 institutions, such as one-stop centres and child-friendly courts, enabling comprehensive and accessible health, legal, and psychosocial services. Strengthened one-stop centres improved access to healthcare, and child-friendly courts enhanced legal support.
2. **Referral Pathways:** Seventy-nine referral pathways were established or strengthened, exceeding the target of 33. These pathways involved courts, police, and health centres, streamlining responses to 681 FGM and 561 CEFM cases, achieving 85% and 122% of targeted indicators, respectively.

3. **Survivor Support:** The programme facilitated services for 435 (75%) of the target 580 FGM survivors and 320 (78%) of the target 410 CEFM survivors. Survivors received medical, legal, and psychosocial support through strengthened referral systems.
4. **Community Engagement:** Awareness campaigns informed women and girls about available services, increasing their utilisation despite challenges like stigma. Initiatives like age testing in Amhara showed promising results, contributing to reduced child marriages.
5. **Health and Maternal Care Improvements:** One-stop centres not only enhanced service accessibility but also improved maternal health outcomes and reduced challenges related to menstruation and childbirth.

Outcome 4: National policies, strategies and commitments and evidence supporting zero tolerance are cascaded at all levels

The joint programme fostered close coordination with government stakeholders at national, regional, and woreda levels, contributing to the implementation and popularisation of the *National Costed Roadmap to End FGM and CEFM*. Workshops and seminars were held in Sidama, Afar, and Somali to support regional efforts. National and regional alliances, led by NCA and SC, engaged in coordination platforms to ensure programme comprehensiveness and learning. This collaborative approach has significantly advanced national and regional efforts to end FGM and CEFM, but continued efforts are needed to sustain further progress. The programme received national and international recognition, including a certificate of appreciation from the Ministry of Women and Social Affairs and the 2024 United Nations Population Award in the institution category.

Key Achievements:

1. **Coordination and Advocacy:** The programme supported 72 multisectoral structures and strengthened collaboration across regions, helping 80 FBOs reaffirm their commitment to ending harmful practices. It also developed tools like the *Men Engage* Manual and an integration manual for FGM and CEFM efforts.
2. **Regional Initiatives:** In Somali and Afar, talks with religious and clan leaders, plus policymakers, influenced revised family law articles, setting the minimum marriage age at 18. However, challenges persist as the Federal Islamic Supreme Council's Fatwa only condemns severe FGM.
3. **Faith-Based Engagement:** Islamic Supreme Councils in Somali and Afar regions issued a fatwa affirming that FGM is neither a religious obligation nor accepted by Islam, emphasising the need for continued commitment to sustain progress.
4. **Knowledge Sharing:** A mid-term review dissemination workshop shared insights with 28 participants, including national and regional alliance members and international stakeholders, addressing evidence gaps and supporting advocacy efforts.
5. **Awareness Campaigns:** The programme actively collaborated with the government to observe international days, such as the International Day of Zero Tolerance for FGM, amplifying messages through events and exhibitions. Notable events highlighted progress and challenges, including a photo exhibition and grassroots initiatives.

RESULTS CASE

Girls and Parents to Say "No" to FGM and "Yes" to Delay Marriage in Ethiopia

DAC sector: 151.80 Ending violence against women and girls

WHAT: This joint programme has demonstrated significant progress in combating harmful practices through targeted interventions that empower adolescent girls and their families. A midline evaluation revealed a reduced willingness among girls to marry early and a notable increase in parents opposing marriage before age 18., improved awareness of FGM's harm among mothers, and overall advancement in education and advocacy, reflecting the programme's success in challenging social norms and fostering empowerment.

WHY: In Ethiopia, women and girls face harmful practices like FGM and CEFM, driven by gender inequality and economic factors. Baseline data from NCA and SC revealed that 59% of girls had undergone FGM, 37% were estimated to marry before age 18, and only 25% felt capable of refusing FGM. While FGM prevalence has declined across generations, many young girls remain affected. Studies show that education is key, empowering girls and benefiting families.

HOW: The joint programme addressed FGM and CEFM, empowering girls and their families through targeted and diverse interventions. Girls were trained in human rights, leadership, and life skills, while providing economic support, educational materials, and dignity kits. This helped girls stay in school, delay marriage, and reduce the risk of FGM.

Concurrently, NCA and SC's partners conducted parenting sessions that educated families, fostered open communication and nonviolent relationships, and promoted protective behaviour. These parenting sessions had a significant impact, with 97% of parents reporting a greater sense of confidence in resisting harmful practices after attending the sessions. Midterm findings showed a drop in girls marrying before age 18, from ten to two per cent. Data also showed an increase in mothers' awareness of the harm associated with FGM (76% to 87%).

Girls in the Sidama region say no to FGM

NAME OF PARTNERS:

- Ethiopian Orthodox Church Development and Inter-Church Aid Commission (EOTC DICAC)
- Ethiopian Evangelical Church Mekane Yesus Development and Social Services Commission (EECMY DASSC)
- Ethiopian Muslim Relief and Development Association (EMRDA)
- Evangelical Churches Fellowship of Ethiopia (ECFE)
- Inter-Religious Council of Ethiopia (IRCE)
- Mother and Child Development Organization (MCDO)
- Organization for Welfare and Development in Action (OWDA)
- Population Media Centre (PMC)-Ethiopia
- Rohi Weddu Pastoral Women Development Organization

LESSONS LEARNED:

- Addressing FGM and CEFM towards changing norms and behaviour is most effective when the approach is comprehensive and includes multifaceted interventions towards adolescents and their parents.
- Reinforcing community-level awareness, strengthening school-based structures, and continuing economic support ensures sustainability in resisting FGM and CEFM.

2.1. SIGNIFICANT DEVIATIONS

Overall, despite the challenges encountered throughout the programme implementation, its achievements surpassed targets in most indicators. Only a few fell short due to various reasons. Adaptive strategies, such as leveraging media, were employed to mitigate the impact of factors like COVID-19. This approach not only facilitated adaptation but also expanded the program's outreach.

Integration with other programmes increased efforts during periods of stability and helped mitigate risks from droughts and conflicts.

More FBOs increased their commitment, exceeding the target by 112%. The programme also witnessed a 40% increase in the engagement of men and boys in efforts to protect women and girls from all forms of FGM and CEFM, reflecting their growing interest and active participation in safeguarding women and girls from these harmful practices.

The achievement rate for adolescent girls, families, and care providers receiving economic support or opportunities fell 13% below target, largely due to inflation and budget constraints. Achievements in zero tolerance declarations against FGM and CEFM, accompanied by social sanctions, also fell short by 22%. Given that these declarations rely on voluntary community action, they cannot be imposed or pushed.

The programme's overall deviations have not significantly impacted its performance, as most variations have been positive. These positive deviations can be attributed to the programme's effective strategies, active engagement of grassroots structures within communities, strong coordination and networking, and efficient resource utilisation.

2.2. RISKS

The programme faced significant challenges due to operational, financial, conflict-related, and climate risks, which disrupted implementation and left women and girls vulnerable to violence. Key external risks included recurrent natural disasters, conflicts in Amhara, Afar, and Oromia regions, armed violence, and COVID-19. Conflicts hindered activities, monitoring, and access to essential services for women and girls, exposing them to GBV, CEFM, and FGM. Conflict-sensitive approaches and accelerated activities during stable periods were employed to mitigate these impacts.

Economic challenges arose from inflation, fuel price hikes, and currency devaluation, affecting the affordability of educational materials and economic empowerment initiatives. Mitigation strategies included purchasing by bulk, financial planning, and resource reallocation. Financial systems were meticulously managed, enforcing a zero-tolerance policy for fraud, while streamlined procurement processes reduced expenses and strengthened program integrity. These measures collectively ensured sustainable progress and impact, embedding resilience within communities and systems.

Delays in government approvals and weak local capacities further complicated implementation. Trained personnel left conflict areas seeking better

opportunities, disrupting services, while ongoing capacity building for new staff aimed to address gaps.

In collaboration with implementing partners, NCA and SC carried out proactive measures during annual planning and review sessions to address variations and gaps. Strong coordination, networking, and a strategy that effectively engaged grassroots structures and faith-based institutions were crucial in minimising implementation gaps.

Collaborative efforts successfully adapted to risks, utilising integration with other programmes and intensified efforts during calm periods to mitigate challenges. Multi-sectoral approaches positively impacted cross-cutting themes, promoting gender equality through human rights training, club activities, and advocacy for legal frameworks safeguarding women's and girls' rights. Disability inclusion was prioritised, involving People with Disability (PWD) in programme activities, advocacy, and media outreach.

Climate challenges like drought and flooding affected regions such as Afar and Somali, heightening risks of child marriage and FGM due to displacement. Integrating humanitarian interventions addressed community needs and minimised risks.

2.3. COST EFFICIENCY

To adopt a cost-effective approach, the programme focused on building capacity within implementing partners and utilising existing grassroots structures. It strategically engaged with faith-based organisations, which possess deep rooted grassroots presence and extensive reach. The programme capitalised on these existing structures to mobilise communities against FGM and CEFM.

Collaborations with local CBOs such as Idir and Mahiber enhanced outreach and facilitated community-led initiatives to combat FGM and CEFM without significant additional costs. Community-driven interventions, including discussions, mobilisation efforts, media campaigns, and religious gatherings, promoted community ownership and minimised programme expenses. Additionally, joint implementation of activities with other similar projects within partner organisations through cost sharing maximised resource utilisation.

Strengthened health and legal facilities expanded service delivery, supporting FGM and CEFM survivors while improving efficiency through referral networks. Local media outreach, especially during COVID-19, has achieved cost-effective engagement.

2.4. SUSTAINABILITY

Sustainability has been ensured through strategic interventions and partnerships. Collaborations with grassroots organisations, such as Idirs, and government structures at both national and local levels for continuity. Local entities have gained the capacity to prevent and address harmful practices independently beyond the programme's duration. Service-providing institutions, such as health

and legal facilities, were strengthened, and referral networks were established to enhance long-term operational efficiency beyond the programme's lifespan.

Capacity-building efforts targeted various stakeholders, including civil society actors such as religious leaders, CBO leaders, teachers, club members, parents, and health and legal professionals. Empowering these groups ensures that they can facilitate community dialogue even in the absence of NCA, but also fosters lasting community awareness, behaviour change, and social norm transformation. Life skills training has equipped girls to protect their rights, while income-generating initiatives provided economic sustainability. Educational support ensured girls remained in school, further contributing to their sustainability.

The programme has also emphasised the adoption and implementation of regional policies and legal frameworks, reinforcing structural support for gender equality.

2.5. LESSONS LEARNED

Collaboration with religious actors has been a key strategy for bringing social norm change and sustaining results. Religious leaders hold significant influence, and their local presence makes them effective in promoting behavioural change and transforming social norms. More importantly, working with religious institutions with deep-rooted grassroots structures like churches, theological colleges, schools, media, health facilities, and the like has been of great impact on the programme's effectiveness. The programme also worked with grassroots community structures like idirs, effectively bringing collective action against harmful practices. They have a strong grassroots presence and community knowledge, essential for achieving lasting changes in the community.

The "Parenting Without Violence/Safe Families" project has demonstrated that empowering both children and parents through targeted and structured interventions significantly strengthens parent-child relationships, enhances communication, and helps prevent FGM, CEFM, and other forms of violence at home, in schools, and within the community. Parental involvement plays a crucial role in ensuring long term impact and promoting local ownership in efforts to prevent violence against children.

Close collaboration with government structures has contributed significantly to national efforts, such as the National Costed Roadmap, and active participation in the National Alliance to end FGM and CEFM. Collaboration with national and regional governments facilitated the integration of existing health and legal services institutions, into comprehensive services for at-risk girls and survivors.

The joint programme integrated a research component to capture learning and insights. The findings of the midline evaluation were shared among alliance members to facilitate knowledge sharing. Key learning and recommendations from the review enhanced the overall effectiveness and impact of the programme.

3. EVALUATIONS AND REVIEWS

Title of evaluation/review	Type of evaluation	How it contributed to learning
Baseline for the Norad joint NCA and SC FGM and CEFM programme	External review	The baseline enhanced quality programming by supporting the revision of the RF and capturing baseline data, which serves as a benchmark for various indicators.
Midline evaluation for the Norad joint NCA and SC FGM and CEFM programme	External Evaluation	The mid-term review is part of the programme's research component, offering valuable insights. It highlights the programme's achievements while recognising the complexities of evaluation and implementation in dynamic and often volatile environments. The review provided relevant and actionable recommendations to enhance the programme, which NCA and SC actively used to adjust interventions. Beyond informing current adaptations, the review has been instrumental in shaping the next phase of the joint programme. Its recommendations and other insights will be carefully considered to ensure the programme effectively addresses key challenges moving forward. Additionally, its findings have been shared with Alliance members and other key stakeholders, contributing to broader national learning.

4. FINANCIAL REPORTING

Reference is made to the attached financial report, with notes on deviations and the auditor's report by BDO.

PROJECT STREAM 3
Ethiopia Regional Allocation
Joint FGM Programme with Save the Children Norway
2020-2024 Results Framework

Overall goal:	**Contribute to an end to all forms of FGM and CEFM in the intervention areas by 2024**									
	Indicators	**Definitions**	**Baseline 2021**	**Disaggr.**	**Targets 2020-2024**	**Actuals 2020-2024**	**Accumulated or annual targets**	**Data Source(s)**	**Measurement Frequency**	**Comments**
Overall Target: Incidents of FGM among girls (0-18) in all programme intervention areas reduced by 90%	% of FGM incidents among girls (0-18) in intervention areas	The programme will measure % reduction in FGM incidences as reported by the girls and/or their care providers disaggregated by geographic area and type of FGM.	Average: 24 Afar: 81 Amhara: 47 Oromia: NA Sidama: 3 Somali: 16		3%	Average: 37 Afar: 50 Amhara: 11 Oromia: NA Sidama: 4 Somali: 52	Annual	Baseline line survey Midterm evaluation End line survey	2021 2022 2024	
Overall Target: Incidents of CEFM among girls (0-18) in all programme intervention areas reduced by 90%	% of CEFM incidents among girls (10-18) in intervention areas	The programme will measure % reduction in CEFM incidences in target areas as reported by the girls and/or their care providers.	Average: 40 Afar 63 Amhara 17 Oromia 22 Sidama 37 Somali 63		4%	Average: 30 Afar :50 Amhara: 9 Oromia :15 Sidama: 27 Somali: 28	Annual	Baseline line survey Midterm evaluation End line survey	2021 2022 2024	
Overall Target: Prevalence of FGM among girls (0-18) in all programme intervention areas reduced by 25%	% of FGM Prevalence among girls (0-18) in intervention areas	The programme will measure % reduction in FGM incidences as reported by the girls and/or their care providers disaggregated by geographic area and type of FGM.	Average: 63 Afar: 91 Amhara: 47 Oromia: 14 Sidama: 38 Somali: 73		48%	Average: 26 Afar: 61 Amhara: 18 Oromia: 10 Sidama: 17 Somali: 47	Annual	Baseline line survey Midterm evaluation End line survey	2021 2022 2024	
Overall Target: prevalence of CEFM among girls (0-18) in all programme intervention areas reduced by 25%	% of CEFM prevalence among girls (10-18) in intervention areas	The programme will measure % reduction in CEFM incidences in target areas as reported by the girls and/or their care providers.	Average: 38 Afar 72 Amhara 15 Oromia 22 Sidama 28 Somali 34		29%	Average: 30 Afar :50 Amhara: 9 Oromia :15 Sidama: 27 Somali: 28	Annual	Baseline line survey Midterm evaluation End line survey	2021 2022 2024	
Outcome 1	**Indicators**	**Definitions**	**Baseline 2021**	**Disaggr.**	**Targets 2020-2024**	**Actuals 2020-2024**	**Accumulated or annual targets**	**Data Source(s)**	**Measurement Frequency**	**Comments**
Dominant norms transformed to protect girls and women from FGM and CEFM	1.1 % of individuals who support total abandonment of all forms of FGM (disaggregated by sex and age)	The indicator will measure % of respondents who report that they support total abandonment of all forms of FGM (disaggregated by sex and age)	68%		82%	90%	Annual	Baseline line survey Midterm evaluation End line survey	2021 2022 2024	
				Women	*80%*	*90%*				
				Men	*84%*	*90%*				
	1.2 % of people in the village thinking that it is best that girls be circumcised*	Proportion of people in the village who support girls circumcision. The indicator will be measured by asking how many out of ten in the respondent's village that the respondent believe would think it is best that girls are circumcised. Disaggregated by sex and age.	53%		32%	12%	Annual	Baseline line survey Midterm evaluation End line survey	2021 2022 2024	
	1.3 % of girls' peers that could have refused if their parents wanted them to be circumcised*	Proportion of girls(ages 15 to 18(ascent) and ages below 15 (consent) whose peer refused their parents to be circumcised. The indicator will be measured by asking how many out of ten of the respondents' peers who the respondent believe would be able to refuse if their parents wanted them to be circumcised.	46%		64%	N/A	Annual	Baseline line survey Midterm evaluation End line survey	2021 2022 2024	
	1.4 % of girls stating that they themselves would be able to refuse if the parents wanted them to be circumcised*	Proportion of girls in the community who do not accept parents proposal for circumcision	22%		31%	24%	Annual	Baseline line survey Midterm evaluation End line survey		
	1.5 % of individuals reached through structured behavioural change interventions who at the end of the session(s) recognize FGM and CEFM as harmful and violation of human rights	Proportion of individuals who participated in continuous behavioural change interventions such as Community conversation, peer dialogue, CBO discussion and the like who at the end of the sessions considers FGM and CEFM as harmful practices.	N/A		98%	98%	Annual	End of session survey.	Annually	
				Women	*50%*	*99%*				
				Men	*50%*	*98%*				

PROJECT STREAM 3 Ethiopia Regional Allocation Joint FGM Programme with Save the Children Norway 2020-2024 Results Framework										
Outputs	**Indicators**	**Definitions**	**Baseline 2021**	**Dissaggr.**	**Targets 2020-2024**	**Actuals 2020-2024**	**Accumulated or annual targets**	**Data Source(s)**	**Measurement Frequency**	**Comments**
1.1 Communities (boys, girls, men and women) have knowledge of the harmful effects of FGM and CEFM, and that these are human rights violations	1.1.1 # of community members who were reached with FGM and CEFM messages (disaggregated by sex and age)*		0		9 000 000	15 291 345	Annual	Awareness raising event records, evaluation reports (Baseline line survey Midterm evaluation End line survey)	Half year, Annually	Especially during COVID-19, media programmes were intensively used which increased the reach beyond the target
				Women	*4 500 000*	*7 645 673*				
				Men	*4 500 000*	*7 645 673*				
	1.1.2 # of individuals enrolled in community conversation*		0		16 950	28 907	Annual	Registration book, minutes, FGD and evaluation reports (Baseline line survey Midterm evaluation End line survey)	Half year, Annually	
				Women	*8 475*	*16 840*				
				Men	*8 475*	*12 067*				
	1.1.3 # of individuals enrolled in structured behavioural change interventions including radio listeners group, peer groups, school-based activities*		0		27 680	27 363	Annual	Registration book, minutes, FGD and evaluation reports (Baseline line survey Midterm evaluation	Half year, Annually	
				Women	*13 840*	*14 951*				
				Men	*13 840*	*12 412*				
	1.1.4 # of zero tolerance against FGM and CEFM declarations with social sanctions that is known and implemented by community members	Declarations with social sanction means a community based declaration which mentioned sanctions against FGM and CEFM. This can be captured through monitoring and follow up.	0		262	206	Annual	Records of consensus statements, community structure reports, case stories, FGD, evaluation reports	Half year, Annually	Ususally declarations are done by the community will and decision and it was only possible to faciliatte 206 declarations. This intervention was also affceted by the different crisis in the country like war, conflict, COVID 19 and the like
1.2 Religious/clan and community leaders and their institutions have actively promoted the abandonment of all forms FGM and CEFM	1.2.1 # of meetings where religious/clan and community leaders brought up FGM and CEFM messages	Events and meetings initiated and facilitated by religious leaders for the purpose of addressing FMG CEFM	0		718	815	Annual	Minutes from meetings and events	Half year, Annually	The religious actors had more meetings than expected where they raised FGM and CEFM issues.
	1.2.2 # of FBOs and CBOs in the intervention areas that integrated FGM and CEFM in their structures and bylaws	Disaggregated between FBO and CBOs including FGM and CEFM message in their structures and bylaws such as sermon, theology teaching, Sunday school teaching materials and the like.	0		66	182	Annual	By-law integration, MOU signing, declarations documents, activity registration/minutes	Half year, Annually	Unlike the target more FBOs and CBOs integrated FGM and CEFM in their bylaws
	1.2.3 Description of religious leaders and institutions and efforts towards zero tolerance to all forms of FGM and CEFM	Qualitative indicator that can include the following components i.e. actions by religious leaders who is against FGM, religious institutions integrated FGM and CEFM in their structure, religious leaders and institutions who teach FGM and CEFM	N/A		N/A	N/A	Annual	Case stories, FGDs and midterm and end line evaluations	Half year, Annually	
1.3 Increased engagement of men and boys in protecting women and girls from all forms of FGM and CEFM	1.3.1 # of men and boys groups (including in and out of schools boys) organized for the prevention of FGM and CEFM	Boys and men ages above 10 years organized in a purposeful group who play meaningful role in prevention of FGM and CEFM.	0		390	560	Annual	Registration book, group report, evaluation reports	Half year, Annually	More boys and men were mobilised to advocate for the rights of women and girls in the intervention areas.
	1.3.2 % of men and boys (unmarried) in the intervention area who state they will marry girls who are above 18 years of age	Proportion of men and boys in the intervention area who wants to marry girls above 18 years of age. The target population are youths age 10-29 yrs.	83%		93%	N/A	Annual	Baseline, Midterm evaluation End line survey	2022 2024	The mid-term review didn't capture this result

PROJECT STREAM 3
Ethiopia Regional Allocation
Joint FGM Programme with Save the Children Norway
2020-2024 Results Framework

Key Activities:
Output 1.1 Communities (boys, girls, men and women) recognized all forms of FGM/CEFM as harmful, and violation of human rights
Activity 1.1.1. Conduct mass community awareness raising activities on FGM and CEFM through different media
Activity 1.1.2. Organize structured radio listening groups
Activity 1.1.3. Organize mass campaign and events (through theatre and dramas, edutainment program, Archbishop rally, etc.) at the grass roots level) including anti FGM day and 16 days of activism, international day of the girl child etc.
Activity 1.1.5. Conduct TOT for CC facilitators
Activity 1.1.6. Conduct structured community conversation sessions on FGM and CEFM
Activity 1.1.7. Organize training on FGM and CEFM for Media professionals
Activity 1.1.8. Organize public declaration events
Output 1.2 Religious/clan and community leaders and their institutions have actively promoted the abandonment of all forms FGM and child marriage
Activity 1.2.1. Organize series of consultations and consensus building sessions on FGM and CEFM among religious leaders and influential community leaders to promote their engagement towards Zero tolerance
Activity 1.2.2. Conduct discussion forums with community-based organizations to promote their engagement for zero tolerance of FGM
Activity 1.2.3. Give recognition to influential religious and community leaders who promote zero tolerance to FGM and CEFMM
Activity 1.2.4. Develop and reprint booklet/broachers on FGM and religion (theological reflections, guideless, manuals etc.)
Activity 1.2.5 Provide training on FGM and CEFM for CBO, FBOs and clan leaders
Activity 1.2.6. Integrate FGM and CEFM in the CBO bylaws
Output: 1.3 Increased engagement of men and boys in protecting women and girls from all forms of FGM and CEFM
Activity 1.3.1. Organize training on FGM and CEFM for members of youth and men clubs and associations
Activity 1.3.2. Support boys' clubs in school to carry out awareness raising activities on FGM and CEFM
Activity 1.3.3. Develop Peer to Peer Manual on FGM and CEFM
Activity 1.3.4. Organize peer to peer session for adolescent men
Activity 1.3.4 Award model men and boys who have play critical contribution for the abandonment of FGM and CEFM
Activity 1.3.5 Provide training on positive masculinity

Outcome 2	**Indicators**	**Definition**	**Baseline 2021**		**Targets 2020-2024**	**Actuals 2020-2024**	**Accumulated or annual targets**	**Data Source(s)**	**Measurement Frequency**	**Comments**
Adolescent girls and families are empowered and stand against all forms of FGM and CEFM and claim their rights	2.1. % of adolescent girls (age 10-24) in the intervention area who say no FGM	The indicator is measuring adolescent girls who have refused to undergo FGM after it has been proposed by their parents, guardians, medical doctors, peers and the like	Average: 85 Afar: 70 Amhara: 89 Oromia: 85 Sidama: 92 Somali: 89				Annual	Baseline, Midterm evaluation End line survey	2022 2024	This result was not captured during the midline evaluation
	2.2 % of adolescent girls (age 10-24) in the intervention area who say no to CEFM	Adolescent girls who refuse to marry before age of 18 when arranged/proposed by parents\guardians, peers, relatives and the like.	Average: 71 Afar: 52 Amhara: 82 Oromia: 94 Sidama: 100 Somali: 62			97%	Annual	Baseline, Midterm evaluation End line survey	2022 2024	
	2.3 % of parents/care providers who do not want their daughters to undergo FGM	The indicator is measuring the proportion of respondents reporting that they do not want their daughters to undergo FGM. Disaggregated by sex	Average: 65 Afar: 47 Amhara: 99 Oromia: 85 Sidama: 89 Somali: 37				Annual	Baseline, Midterm evaluation End line survey	2022 2024	This result was not captured during the midline evaluation
	2.4 % of parents/care providers who do not want their daughters to undergo CEFM	The indicator is measuring the proportion of respondents reporting that they do not want their daughters to undergo CEFM. Disaggregated by sex.	Average: 88 Afar: 58 Amhara: 100 Oromia: 100 Sidama: 99 Somali: 95				Annual	Baseline, Midterm evaluation End line survey	2022 2024	This result was not captured during the midline evaluation
	2.5# of adolescent girls (age 10-24) that claim their rights and self-referred to access services	Services defined with legal, medical and psychosocial services.	0		750	1 027	Annual	Attendance and registration logbooks	Annually	
Outputs	**Indicators**	**Definitions**	**Baseline 2021**	**Dissaggr.**	**Targets 2020-2024**	**Actuals 2020-2024**	**Accumulated or annual targets**	**Data Source(s)**	**Measurement Frequency**	**Comments**
2.1 Adolescent girls and families have improved life skills to challenge FGM and CEFM	2.1.1 # adolescent girls (age 10-24) enrolled in structured life skills programs	Adolescent girls (age 10 - 24) who participated in continuous and standardized life skill program	0		3 100	3 415	Annual	Attendance and registration logbooks	Half year, Annually	
	2.1.2 % of adolescent girls who have increased knowledge after participating in training/structured life skills programs	A change in knowledge on human right, health consequence of FGM and child marriage, advocacy and the like which can be captured through pre and post-test.	N/A		80%	99%	Annual	Pre and post-test of training participants	Annually	
	2.1.3 # of Parents/care providers who enrolled in structured parenting programs (disaggregated by sex)	Parents/care providers who participated in continuous and standardized community learning program	0		31 200	3 814	Annual	Attendance and registration logbooks	Half year, Annually	There was some error in the target

PROJECT STREAM 3
Ethiopia Regional Allocation
Joint FGM Programme with Save the Children Norway
2020-2024 Results Framework

				Women	*15 600*	*2 295*				
				Men	*15 600*	*1 519*				
	2.1.4 % of parents/care providers with increased knowledge about the harmful consequences of FGM/CEFM (out of total sample)	A change in knowledge on health and psychological impact of FGM and CEFM and its effect on girls education and human right which can be captured through pre and post-test.	N/A		80%	98%	Annual	Post training evaluation reports	Annually	
2.2 Functional in and out of school platforms facilitating girls to voice their opinion and protecting others in their surroundings	2.2.1 # of functional in and out of school structures established/strengthened to support adolescent girls.	In and out of school structure means any group or structure established for the purpose of addressing FGM and CEFM which play vital role in the preventions of FGM and CEFM such as watchdog groups, in and out of school boys group, different clubs and the like. Out of school structures include youth association and youths clubs. Specific criteria defining whether or not a structure is functional will be established before start up of the project.	0		156	299	Annual	Attendance, registration logbooks community structure reports	Half year, Annually	
	2.2.2 % of girls (age 10-24) who received support (either scholastic material and/or sanitary pads) reported that they have continued their education	Proportion of girls where the support (either scholastic material and/or sanitary pads)they received enable them to continue their education.	N/A		92%	93%	Annual	Case stories, FGD, evaluation reports (mid- and end line survey)	Half year, Annually	
2.3 Families and adolescent girls accessed economic support and opportunities	2.3.1 # adolescent girls (age 10-24) or families/care providers who receive economic support/opportunities to prevent FGM/CEFM	Disaggregate by adolescents girls and care providers/girls	0		2 200	1 920	Annual	Attendance sheet	Half year, Annually	
	2.3.2 # of adolescent girls (age 10-24), (including out of school), completed business management skill training		0		1 700	1 807	Annual	Attendance sheet, training report	Half year, Annually	

Key Activities:
Output 2.1 Adolescent girls and families have improved life skills to challenge FGM and CEFM
Activity 2.1.1. Organize parenting without violence sessions for adolescent girls and care providers
Activity 2.1.2 Award model families
Activities 2.1.3 Organize experience sharing session between parents
Activity 2.1.4 Train women and girls on human rights, advocacy, leadership and life skills
Activity 2.1.5 Engage influential women and adolescent girls to act as role models and mentor others
Output: 2.2 Functional in and out of school platforms facilitating girls to voice their opinion and protecting others in their surrounding
Activity 2.2.1. Organize one day workshop among adolescents, influential community leaders and women and child affairs office
Activity 2.2.2. Establish FGM and CEFM reporting mechanisms in schools and at community level.
Activity 2.2.3. Organize training on FGM and CEFM including how to report cases of FGM and CEFM for school club representatives
Activity 2.2.4. Provide material support for school clubs (Based on identified needs) to enable them to engage in anti FGM activities
Activity 2.2.5 Avail secrete box for FGM and CEFM reporting purpose
Output 2.3 At risk or affected adolescent girls are enrolled and maintained in formal and informal school
Activity 2.3.1. Identify and provide scholastic support girls with educational material
Activity 2.3.2. provide tutorial support for girls with low school performance
Activity 2.3.3. Organize consultative discussion with schools to initiate extra curricula activities and tutorial class from girls at risk and affected by FGM
Activity 2.3.4 Integrate FGM and CEFM in extra curriculum activities
Output 2.4 Families and adolescent girls accessed economic support and opportunities
Activity 2.4.1. Provide business skill training for adolescent girls and families
Activity 2.4.2. Provide start-up capital for trained adolescent girls and families
Activity 2.4.3. Support individuals supported with start-up capital to form self-help groups
Activities 2.4.4 Organize experience sharing between families engaged in IGAs

Outcome 3	Indicators	Definition	Baseline 2021		Targets 2020-2024	Actuals 2020-2024	Accumulated or annual targets	Data Source(s)	Measurement Frequency	Comments
Women and girls at risk and/or survivors of FGM and CEFM access comprehensive services (disaggregated by type of service)	3.1. # of at risk of FGM or affected girls and women that received one or more services (medical or legal)	At risk girls are girls who are vulnerable to a specific age of circumcision which vary from region to region.	0		580	435	Annual	Service delivery registration, case report, evaluation reports	Half year, Annually	
	3.2 # of at risk of CEFM or affected girls and women that received one or more services (medical or legal)	At risk girls are girls who are vulnerable to marry before the age of 18.	0		410	320	Annual	Service delivery registration, case report, evaluation reports	Half year, Annually	
	3.3 % of FGM reported cases that got verdict by statutory law		TBD		87%	0%	Annual	Service delivery registration, Court report, Case report, evaluation reports	Annually	As per the mid-term review, 528 FGM and CEFM cases were reported and received a verdict. The % was not calculated due to various reasons
	3.4 % of CEFM reported cases that got verdict by statutory law		TBD		TBD	0%	Annual	Service delivery registration, Court report, Case report, evaluation reports	Annually	As per the mid-term review, 528 FGM and CEFM cases were reported and received a verdict. The % was not calculated due to various reasons
Outputs	**Indicators**	**Definitions**	**Baseline 2021**	**Dissaggr.**	**Targets 2020-2024**	**Actuals 2020-2024**	**Accumulated or annual targets**	**Data Source(s)**	**Measurement Frequency**	**Comments**

PROJECT STREAM 3 Ethiopia Regional Allocation Joint FGM Programme with Save the Children Norway 2020-2024 Results Framework										
3.1 Capacity of service provider individuals and institutions have been strengthened	3.1.1 # of individual service providers with increased knowledge on the prevention, monitoring and response to FGM and CEFM	Number of service providers trained (disaggregated by sector) with an increased knowledge of how to prevent, monitor and respond to FGM/CEFM cases. Pre- and post-test will be conducted after trainings.	0		1 930	2 834	Annual	Attendance, evaluation reports Pre- and post-test	Half year, Annually	
				Women	*965*	*778*				
				Men	*965*	*1106*				
	3.1.2 # of service provider institutions that received technical and material support	Technical support means support that we provide to enhance the capacity of the service providers in the area of FGM and CEFM.	0		96	130	Annual	Attendance,material support registration, evaluation reports	Half year, Annually	With exchange rate gains, more service-providing institutions were capacitated
3.2 Functional referral and coordination mechanisms established	3.2.1 # of functional referral pathways established	Functional referral pathway means a referral pathway which is active and bring cases from various community groups and refer to appropriate service providers.	0		33	79	Annual	MOUs, referral formats, evaluation reports	Half year, Annually	There were more referral pathways identified in the intervention areas, which increased the achievement
	3.2.2 # of FGM cases identified and responded to	Respond to refers to those identified girls who received appropriate services get the service through the existing referral linkage.	0		805	681	Annual	Service delivery registration, evaluation reports	Half year, Annually	More cases were identieied and responded to
	3.2.3 # of child marriage cases identified and responded to	Respond to refers to those identified girls who received appropriate services get the service through the existing referral linkage.	0		460	561	Annual	Service delivery registration, evaluation reports	Half year, Annually	More cases were identieied and responded to

Key Activities:
Output 3.1: Service provider individuals and institutions' capacity built (disaggregated by type of service)
Activity 3.1.1. Provide capacity building training on issues of FGM and child marriage for law enforcement bodies
Activity 3.1.2. Provide material support for one stop centres and health facilities found in the intervention area
Activity 3.1.3. Provide training of health extension workers and health care providers on identification and referrals of FGM complication and to engage them in community education activities
Activity 3.1.4 Establish data tracking and reporting mechanism from health facilities and low enforcing bodies on FGM and CEFM Activity
Output 3.2 Functional referral and coordination mechanisms established
Activity 3.2.1. Conduct workshop with key stakeholders to initiate/strengthen multi-sectoral coordination and referral mechanism for prevention, monitoring and response against FGM and child marriage
Activity 3.2.2. Organize training on case management members of the referral and coordination structures
Activity 3.2.3. Organize bi-annual review meetings with service providers to address challenge encountered and share experience, and address capacity gaps.
Activity 3.2.4. Facilitate medical and legal services for girls at risk and affected by FGM and CEFM

Outcome 4	**Indicators**	**Definition**	**Baseline 2021**		**Targets 2020-2024**	**Actuals 2020-2024**	**Accumulated or annual targets**	**Data Source(s)**	**Measurement Frequency**	**Comments**
National policies, strategies and commitments and evidences supporting zero tolerance are cascaded at all levels	4.1 Description of efforts to cascade national commitments to end FGM and CEFM at regional and local level (2025, national alliance, IRCE MOU with MoWCYA)	Qualitative indicator that can include the description of efforts of cascading of commitments made at National level such as Gov policy, FBOs declaration, strategies to end harmful practices which support zero tolerance to FGM and CEFM are implemented at grassroot level. This can be through National Alliance to end FGM and Child Marriage, FBOs structures, Government structures and the like.	N/A		N/A	N/A	Annual	Case stories, FGD and evaluation reports	Annually	
	4.2 Afar and Somali region adopt the revised family law which sets 18 as minimum age of marriage	Adopt the revised family law refers to set a law minimum age of marriage (18 years) in the two regions to align with the national revised family law.	0%				Annual	Adopted family law document, evaluations	Annually	To be reported in the endine review
Outputs	**Indicators**	**Definitions**	**Baseline 2021**	**Dissaggr.**	**Targets 2020-2024**	**Actuals 2020-2024**	**Accumulated or annual targets**	**Data Source(s)**	**Measurement Frequency**	**Comments**
4.1 Multi-sectoral responses (education, health, law enforcement bodies) and efforts to cascade national commitments are coordinated at different levels	4.1.1 # multisectoral structures established/strengthened to closely work with the national alliance (at regional and district level)	Established\strengthened multi sectoral structure refers to capacity building programs and coordination meetings among relevant actors on FGM and CEFM.	0		28	72	Annual	Recording of learning platforms	Half year, Annually	
	4.1.2 # of FBOs cascaded the FBO commitment to end FGM and CEFM by 2025	Qualitative indicator that can include the following components i.e FBOs that religious institutions integrated FGM and CEFM in their structure and teach FGM and CEFM	0		36	80	Annual	Declarations, Minutes, FBO reports, Evaluation reports	Half year, Annually	More FBOs were mobilised to cascade their commitment to the grassroots level
	4.1.3 # of discussion platforms organized for the revision of family law in Afar and Somali		0		N/A	12	Annual	Attendance, recordings of discussion platforms	Half year, Annually	
4.2 MoWCYA has developed strategies for integrating FGM and CEFM in different sector program	4.2.1 FGM and CEFM; integration guideline developed to be used by different sector bureaus	This is a guideline which will be developed by the MoWCYA that help to integrate FGM and CEFM in the other program sectors.	0		5	4	Annual	Documents produced, dissemination reports	Half year, Annually	
4.3 Evidence is generated, disseminated and inform programming in intervention areas	4.3.1 # of research and learning documents produced and disseminated	Dissagg by FGM, CEFM and combined research and learning docs in monitoring	0		8	27	Accumulated	Dissemination reports	Half year, Annually	
	4.3.2 Description of cases where evidence (produced by the programme) has been used to inform programming	Evidences used to inform programming means previous learnings, evaluation findings, review meeting results and experience sharing that can inform current programs for example the mid-term review finding on the importance of community based engagement were given due emphasis in the previous strategic period.	0		N/A	N/A	Annual	Dissemination reports	Annually	