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Norwegian Church Aid/Ethiopia and Partners' Engagement for the abandonment of HTPs/FGM in Ethiopia

Norwegian Church Aid - Ethiopia

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Review of 9 partners' contribution (2002-2008)

December 2009

Table of Contents

Acronyms
Foreword
Acknowledgment

I. Introduction 3

II. FGM in Ethiopia and the Policy Environment 5
2.1. Background 5
2.1.1. Ethiopia 5
2.1.2. FGM 5
2.1.3. Policy Environment 7

III. Norwegian Church Aid 10

IV. Partners 13
4.1. Oromia Region 14
African Development Aid Association (ADAA) 15
4.2. Afar Region 23
Covenant for Ethiopia Support (CFES) 27
Rohi Weddu Pastoral Women Development Association 29
4.3. Southern Region 32
EECMY/SWS 33
Kembatta Womens' Self Help Center(KMG) 43
4.4. Somali Region 55
Ogaden Welfare Development Association (OWDA) 56

4.5 Amhara Region 64
Ethiopia Orthodox Church and Inter Church Aid Commission (EOC/DICAC) 65
Professional Alliance For Development in Ethiopia (PADET) 71
4.6. National 77
Ye-Ethiopia Goji Lemadawi Dirgitoch Aswogaj Maheber (EGLDAM) 78

V. Lessons learned and the Way Forward 84
References 88

Acronyms

ADAA	African Development Aid Association
BLS	Baseline Survey
CC	Community Conversation
CCE	Community Capacity Enhancement
CD	Community Dialogue
CFES	Covenant for Ethiopia Support
CSA	Central Statistical agency
EM	Early Marriage
FGM/C/E	Female Genital Mutilation/Cutting/Excision
FP	Family Planning
FUS	Follow up Survey
GBV	Gender Based Violence
HAPCO	HIV/AIDS Prevention and Control Organization
HEP	Health Extension Program
HEW	Health Extension Worker
HTP	Harmful Traditional Practice(s)
KMG	Kembatta Women's Self-Help Center
MBA	Marriage by abduction
MTE	Milk teeth Extraction
NCA	Norwegian Church Aid
OWDA	Ogaden Welfare Development Association
RH	Reproductive Health
SNNP	Southern Nation, Nationalities and Peoples
UC	Uvula Cutting
CRDA	Christian Relief Development Association
PANE	Poverty Action Network in Ethiopia
CORHA	Consortium of Reproductive Health Association
SLUF	Sustainable Land Use Forum
BEA-E	Basic Education Association in Ethiopia
SNNPRS	South Nations Nationalities Peoples Regional State

Foreword

Gender based violence, particularly violence against girls and women, is a gross human right violation, a criminal act, and a human security threat. It is one of the most shameful human right violations. It takes many forms and happens in a wide range of settings: in the family, in the community, in conflict as well as in a peace atmosphere. It has devastating effect upon quality of life, dignity and health and contributes to impoverishment of families and communities. It represents the most serious global health problem, as it is a direct cause of death for women and girls.

In this country many women have through generations been suffering from HTPs, such as female genital mutilation, early marriage. Circumcision of young girls has brought lifetime suffering to millions of women. This document acknowledges NCA contribution in addressing the national efforts to abandon FGM and other harmful traditional practices.

When we say that NCA has contributed, it is with thanks and acknowledging to our partners and their committed staff being responsible for the program implementation. NCA do appreciate the diverse skills, wisdom and strategies used by partners to address the issue of FGM with the community.

This document has given us the opportunity to enhance our knowledge of the local community and the importance of partnering with different stakeholders. Indeed it is learning material and we do believe many of you would share the lessons and experiences documented in this material to be used contextually in your program. Moreover; we have also learned from this review document sense of readiness and strong commitment in the community for abandoning FGM. On the other hand there are still challenges that tell us there are more tasks ahead of us.

I highly respect the efforts made by NCA staff and partners. I also acknowledge the good cooperation and relationship with the Ethiopian Government at different levels, different UN offices, the Norwegian Embassy, Norwegian Ministry of Foreign Affairs and NORAD and not least the Norwegian Church Aid, Head Office for their financial and professional support.

NCA is ready to join hands with faith communities, government, UN agencies , the civil society in general and the local community in particular where we believe we can contribute together for a just world and Zero Tolerance to FGM in particular.

Hans Birkeland

NCA Country Representative

Acknowledgement

The documentation was supported by NCA. We would like to appreciate NCA for all the facilitation and support rendered in the process and the ably and indefatigably contribution made by the program coordinator Mrs. Kidist Belayneh. We would also like to acknowledge the full cooperation of partners both at the head office and branch levels. We are grateful to all CC members, facilitators and zone and weredas officials who unstintingly shared their time and experience with us in the process of this documentation.

I. Introduction

Norwegian Church Aid (NCA) has been involved since 1999 in the abandonment of Harmful Traditional Practices (HTPs) as part of Gender work and it has been engaged in FGM in particular since 2002. This documentation clearly shows that NCA together with its partners has made commendable contributions to the overall efforts of abandoning FGM in the country.

FGM is still a challenge in Ethiopia and globally. Even though there have been some gains in the last decade, it is clear that innovative strategies that target both the practice on the ground (at the community/ grassroots) and the policy level are required to ensure abandonment of the practice. The lessons which have been learned so far and the challenges faced need to be documented well in order to better use them for future interventions. To this end, NCA has commissioned this review to document the efforts so far made together with partners.

The **objectives** of the review were to:

1. Document NCA and Partners' contri bution to the overall efforts of abandoning FGM HTPs in general of and in particular in Ethiopia.

2. Identify challenges encountered in carrying out the interventions at different institutional levels.

3. Contribute to the overall improvement of the existing interventions, strategies and share lessons learned to better advocate both at policy and grassroots level.

4. Identify and articulate issues related to the National and Norwegian polices and strategies.

Methodology

Most of the data/information for the review was gathered from examination and analysis of the large amount of national and project documents (activity and progress reports) made available by NCA and the 9 partner organizations. The contents of these documents were extensively used in building up the core of this review document.

Visits, interviews at partners' head offices, branches and project sites were also undertaken. In the process a large number of people were either interviewed or participated in focus group discussions. In

Box 1.1: A Word on Words

The anti-FGM camp is strewn with a lot of words and phrases with often bewilderingly overlapping and even conflicting messages. HTPs are sometimes called HCP (C for customary e.g. KMG or, rarely now, cultural).

In addition to usual (international) ambivalence between FGM and FGC for circumcision (the equivalent of the words used in Amharic and other indigenous language publications) there is FGE (E for excision e.g. KMG).

In terms of goals, abandonment, elimination and eradication seem to be used interchangeably even though the public health literature tends to differentiate between the last two. Even for the current most widespread CCE approach, CC and CD are often used interchangeably in most documents even though some seem to clearly differentiate the two.

Skimming between different documents, it is notable that ethnic and place names have varying spellings even in the same document. E.g. wereda – the spelling in most CSA documents for the equivalent of district – could be spelt as wereda, woroda... Erbore, the ethnic group in S Omo, could be spelt as Erbori, Arbore (preferred by the Department of Nationalities, SNNPR).

We have tried to be consistent in this document but the alert reader will note some lapses.

some areas interviews were made with government officials and offices (eg. Women Affairs Office).

A number of publications related to or by NCA, Norwegian government and partners were also reviewed to complement and/or amplify findings from the document reviews and field visits. An important source of information, in the connection, was the EGLDAM Baseline and Follow up Surveys which have been used to illustrate changes in the project areas in the absence of baseline information in partners' project areas. Only the most important of these publications are cited in the references.

As will be seen from the review, NCA and partners experience in Ethiopia reflect the opportunities and challenges of development efforts in the diversity of Ethiopia. The depth and breadth of the various partners' experiences, best practices, the nature of opportunities and challenges, approaches used and even the words (Box 1.1) employed vary. NCA has evolved a flexible relationship with its partners, sensitive to the diversities in which they operate. The documentation tries to be as faithful to this diversity as possible while drawing on core values and lessons.

The assignment was to review and document NCA partners' experience in abandoning HTPs in general but giving special emphasis on FGM. In the process of the review and documentation it became clear that meeting the expectations of 9 partners and NCA will be difficult. We have, however, tried to reflect most perspectives while privileging those of partners.

FGM cannot be seen in isolation of other HTPs and the general issues of gender and development. On the other hand, the contributions of through NCA partnership cannot easily be separated from contributions through other partnerships as, often, NCA partnership leverages the efforts of partners through other partners. However, we had to be careful not to overextend the assignment and have limited ourselves to brief treatment of these issues at the risk of oversimplifying them.

II. FGM in Ethiopia and the Policy Environment

Background

Ethiopia

Ethiopia is a very large country (over 1 million km^2) with a very large (over 73 million), young and mostly rural (85%) population. It has one of the oldest civilizations in the world and is endowed with rich and diverse cultural, linguistic, religious and topographic assets. It has diverse and strongly cherished traditions. Respect for tradition is deep-rooted but has never been impervious to change by cross-fertilization among the various indigenous cultures and also exposure to the outside. Continuity and syncretic assimilation have been the hallmark of development in Ethiopia. However, development efforts have long been thwarted by political instability, natural disasters, ethnic conflicts and wars in defense of its sovereignty.[1]

Female Genital Mutilation (FGM)

Ethiopia has a very high number of beneficial traditional practices, in child rearing and care and in traditional medicine for example. It has also a large number of harmful traditional practices (HTPs). NCTPE/EGLDAM surveys have inventoried some 50 major HTP. Of these, five – Female genital mutilation, Uvula Cutting (UC), Milk-Teeth Extraction (MTE), Early marriage (EM) and marriage by Abduction (MBA) - have been identified as priority HTPs because they are pan-Ethiopian and affect a large proportion of the population.

FGM reflects the diversity of Ethiopia (Fig 2.1 & 2.2). Overall, the prevalence rate of FGM at national level (2007) is 46% with much higher rates in Afar (87.4 %) , Dire Dawa (78.2%), Somali (70.7 %), and Amhara (62.9 %) regions. It is also practiced in some ethnic groups of SNNPR and it is not practiced for example in Gambella (Fig 2.1, & Fig 2.2).

Box 2.1: FGM/HTPs in Ethiopian Laws (Examples)

Article 35 (4):- Rights of Women

"The state shall enforce the right of women to eliminate the influence of harmful customs. Laws, customs and practices that oppress or cause bodily or mental harm to women are prohibited." **Constitution of Ethiopia, 1995**

Article 565: Female Circumcision.

Whoever circumcises a woman of any age, is punishable with simple imprisonment for not less than three months, or fine not less than five hundred Birr.

Article 566: Infibulation of the Female Genitalia.

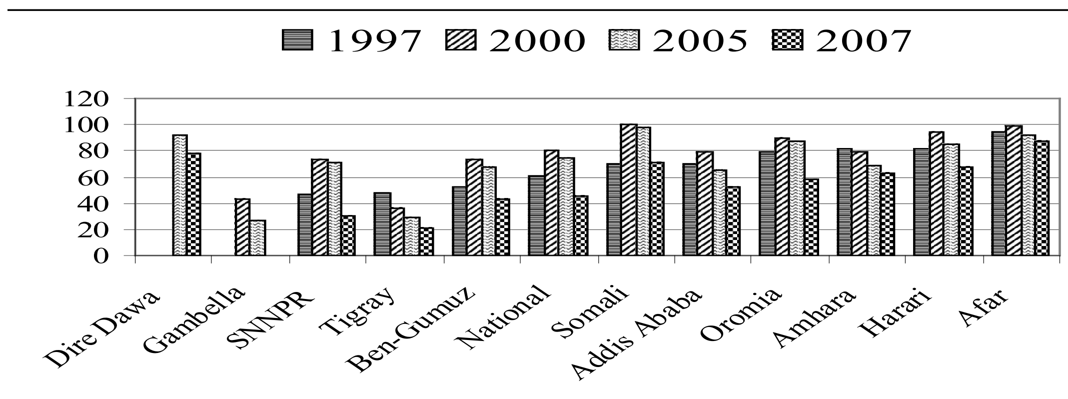
(1) Whoever infibulates the genitalia of a woman, is punishable with rigorous imprisonment from three years to five years.

(2) Where injury to body or health has resulted due to the act prescribed in sub-article (1) above, subject to the provision of the Criminal Code which provides for a more severe penalty, the punishment shall be rigorous imprisonment from five years to ten years. **Criminal Code of FDRE (Proclamation No 414, 2004)**

The age at mutilation also varies by ethnic groups. Most in the Northern highlands (Amhara, Tigray, Oromo...) practice FGM in infancy around the eighth day after birth. Others, for example Afar, Somali undertake it between 4-12 years and still others (Arsi Oromo and a number of ethnic groups in SNNPR) around marriage.

All types of cuts are practiced. Most undergo type I and II (or clitoridectomy and excision) while others, for example Afar, Somali, Berta and some Oromo groups practice infibulations i.e. extensive excision and sewing of the vaginal interotius.

Fig 2.1 Prevalence of FGM in Ethiopia



Source DHS 2000 & 2005,EGLDAM Surveys 1997 & 2007

Figure 2.2: FGM Prevalence Rate, Ethiopia 1997-2007

The reasons for the practice of FGM vary among the different ethnic groups but essentially reflect the subordinate status of women in a predominantly patriarchal society. They include suppression of sexual desire, ease of penetration for the husband during sexual intercourse, avoiding stigma and shame for the family, will not find husband to marry her, hygienic reasons, to control women's emotions/ ensure docility otherwise they will "break a lot of utensils"…etc.[2]

Policy Environment

A. Ethiopian Government

The policy environment in Ethiopia as regards anti-FGM activities is highly conducive. All parties are overtly supportive of the elimination of HTPs/FGM. All the important policy documents of the country specifically mention elimination of HTPs as major policy goals. All recent laws put a very favorable framework for action against FGM (Box 2.1). The Constitution (1995) specifically mentions elimination of HTPs within a general frame of ensuring gender equality. The Family Law and the Criminal Code have specific articles prohibiting HTPs/ FGM. The Constitution also endorses (Article 9.2) all international treaties ratified by Ethiopia as constituting part of the country's legal system. Thus all the international instruments conducive for the elimination of FGM could be applied in Ethiopia. This status of international human rights instruments in Ethiopia's legal system is central in the process of domestication of these international human rights instruments. However, they are not fully taken advantage of at present as these norms and standards are little known and accessible.[4]

Box 2.1: FGM/HTPs in Ethiopian Laws (Examples)

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B. Civil Society

The number of NGO in Ethiopia has grown tremendously in the last few decades. The Civil societies play active role in national development. NCA continues to play an active role in supporting and engaging civil society to take part in the process.

The government has also recognized poverty as the primary development challenge for Ethiopia. As a result, it has formulated and implemented a comprehensive Poverty Reduction Strategy Paper (PRSP), more recently the Plan for Accelerated and Sustained Development to End Poverty (PASDEP). NCA and its partners have taken an active role as part of civil society in the process of these preparations. In addition, many of Ethiopia's development strategies and policies mention the role of CSOs in nation building and poverty reduc-

tion. Thus, this provides opportunity and space for NCA and its partners to continue to play a greater role.

C. Norwegian Government

The basis of the Norwegian policy on FGM/C is promotion and protection of the human rights of girls and women victims or potential victims of genital mutilation. An understanding of gender relations in a broad socio-economic and religious context underpins Norwegian effort in the fight against FMG/C through measures taken to secure an integrated, interdisciplinary, cross-sectoral approach in the work against the practice. The main objectives include:

- Prevention of female genital mutilation and promotion social mobilization against it.
- Treatment and rehabilitation of girls and women having undergone mutilation.
- Building competence at all levels in the efforts to combat FGM/C.

Ethiopia is a pilot country for Norwegian FGM/C action and, reportedly, hosts the highest number of projects.[5]

D. Norwegian Church Aid

NCA's engagement in Ethiopia is based on its long term commitment, competence and strong partnerships with churches, the Government of Ethiopia and other development partners working to mitigate drought and carryout development programs in the country. NCA promotes its human dignity perspective with clear articulation of purposes and targets. It has clearly defined the poor and marginalized (women and children in the case of FGM) as rights holders and stresses on empowerment to ensure their status as rights holders both in individual and societal responsibilities. Duty bearers – Ethiopian government authorities at Federal, regional and wereda levels, partner NGO and international agencies – are duty bound to empower the right holders. NCA is committed to address the deficit of gender equity systematically and, as a faith based organization with a long and positive track record of working with faith-based (Christian, Muslim...) organizations in Ethiopia, it is well placed to promote the active involvement of religious leaders. This was further proved with the recent initiatives with the Evangelical Churches Fellowship of Ethiopia where more than 500 top evangelical church leaders engaged in series of consultative meetings and produced theological Reflection document on FGM. Similarly National Consultative Meetings on FGM was facilitated together with the Islamic Supreme Council where more than 70 Islamic scholars from all the regions of Ethiopia were in attendance; Sunna vs total abandonment of FGM was being the main issues for discussion.

It has also proved its capacity to innovate in the face of emerging challenges at the national and global levels. One of NCA's greatest assets is its structural and functional ties with Church and Islamic partners which go down to the grassroots and enables NCA to reach the truly disenfranchised groups. These ties help NCA hold those in authority accountable for human rights issues raised by the affected groups. NCA has a unique

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[i] This framework seems now well anchored with NCA partners as the terminologies figure in almost all their documents; testimony of the influence and capacity building effort of NCA.

role in promoting rights-based approaches to development by making use of its strong ties with faith communities and the civil society at large. A unique relationship and partnership with FBOs,

> "From experience across the region, we have learnt that collaboration with significant decision makers and opinion leaders such as religious and clan leaders, politicians (especially women parliamentarians), and custodians of culture goes a long way in facilitating the acceptance of new ideas in many communities" [NCA 2008]

CSOs, NGOs as well as GOs is the foundation for strengthening the role of NCA in all thematic areas through a wide network, not least the faith based with its wide grass-root potential. There are strong indicators to believe that these well-established relations and confidence in NCA will continue in the future.[6]

III. Norwegian Church Aid (NCA)

Norwegian Church Aid
Together for a Just World
Working to uphold human dignity

"Norwegian Church Aid is an independent diaconal organization commissioned by Christian churches in Norway, which, on the foundation of God's word, is committed to holistic concern and care for those who suffer physical and spiritual hardship. It promotes the broad objective of helping improve peoples' living standard and maintaining human dignity.

NCA works in a comprehensive and partnership-oriented way through churches and church-based, faith-based and value based organizations in order to save and protect lives, develop sustainable living conditions, and influence the attitudes and actions of the wealthy and powerful.

Current NCA activities are based on a Global Strategic Plan (GSP 2005-2009) – upholding human dignity - which uses three main working approaches: emergency preparedness and assistance; long-term development assistance; and advocacy. Gender equality and environmental sustainability are mainstreamed in all approaches and activities. Five thematic priority areas are addressed during the current GSP period (2005-2009) including Civil Society for Accountable Governance, Faith Communities Address HIV and AIDS, Peace building and Conflict Transformation, Communities for Fresh Water and Safe Sanitation, and Men and Women Address Gender based Violence. Of these, Faith Communities Address HIV and AIDS and Men and Women Address Gender based Violence have more direct relevance for anti-FGM activities.

The Norwegian Church Aid has been working in Africa for over 35 years and in 2001 NCA initiated programs on FGM in Mali, Ethiopia, Eritrea, Sudan, Somalia and Kenya eventually expanding to Mauritania and Egypt. NCA has also been active in advocacy work and in coordinating an NGO network against FGM in Norway. Its work against FGM dovetails with the government of Norway's "Action Plan against FGM" and the "International Action Plan for Combating Female Genital Mutilation" launched in 2001 and 2003 respectively.

NCA posits that gender-based violence is a gross violation of women and girls' security and rights, and it hinders equal opportunities and the full participation of women in society. Gender based violence is often closely linked to cultural or religious traditions. Therefore churches and other faith communities can play a key role by changing their own traditions and by challenging society to denounce this form of violence. Norwegian Church Aid works to give hope and new strength to victims, and to create a climate of openness around the subject of violence towards women.

NCA started work in Ethiopia with a famine relief operation in Borana and Gamo Gofa areas in 1974 on the invitation of the Ethiopian Evangelical Church Mekane Yesus (EECMY), which continues to be a major local partner over the years. Its activities gradually expanded to other regions and partners and it can be said that its presence is felt in most parts of Ethiopia.

NCA-E started work on HTPs as part of gender related issues in 1999 with an awareness creation workshop on HTPs and reproductive health facilitated by NCTPE (now EGLDAM) and The Ethiopian Family Guidance Association. Subsequently, similar workshops, amateur drama and documentary film shows were carried out in different parts of Ethiopia to raise awareness on the issues(Phase I). Since 2002 (Phase II), Female Genital Mutilation (FGM) (pilot) projects were launched in Amhara, SNNPR and Somali regions with funding from NORAD. NCA projects are primarily implemented through partner organizations, in the above cases with EOC/DICAC, KMG and OWDA respectively. In 2005 (Phase III), the program was further strengthened with financial assistance from the Norwegian Embassy through the strategic partnership with Save the Children-Norway. In this assignment 9 partners work have been reviewed (2002 - 2008), the financial support to these partners amounted to about Birr 6.2 million (Table 2.1).

As the saying goes, "He who wears the shoe knows best where it pinches". Norwegian Church Aid believes that the poor and oppressed know themselves how their situations can be improved. [NCA 2005a]

Table 2.1: Total budget released from NCA during the partnership years, 2002-2008 (in Birr)

Partners	BIRR	%
EGLDAM(2005-2008)	278,040	4.5
ADAA(2005-2008)	469,204	7.6
EECMY/SWS(2007-2008)	317,632	5.1
KMG(2002-2008)	2,555,860	41.4
EOC(2002-2008)	789,880	12.9
OWDA(2002-2008)	917,966	14.9
PADET(2005-2008)	329,000	5.3
Rohi Wedu(2005-2008)	304,502	4.9
Covenant (2005-2008)	214,913	3.5
Total Budget (2002-2008)	**6,176,997**	**100.1**

NCA employs mainly three strategies in working with women/girls and victims of HTPs through its partners:

- **Awareness raising and advocacy** – gender inequality is deeply rooted. Both men and women need to be sensityzed with due consideration to the culture and way of living, particularly in the rural communities.
- **Community mobilization and campaign** – as awareness level on women's right is low and violation of these rights quite high, community mobilization and campaign have significant influence in changing the attitude and practices of people violating these rights.

• **Organizing and strengthening women's groups** NCA and its partners will continue to organize and strengthen women groups and girls clubs to enable them voice together for their rights as right claims could be better realized through organized and collective efforts.

• **Integrative Approach with other thematic areas**

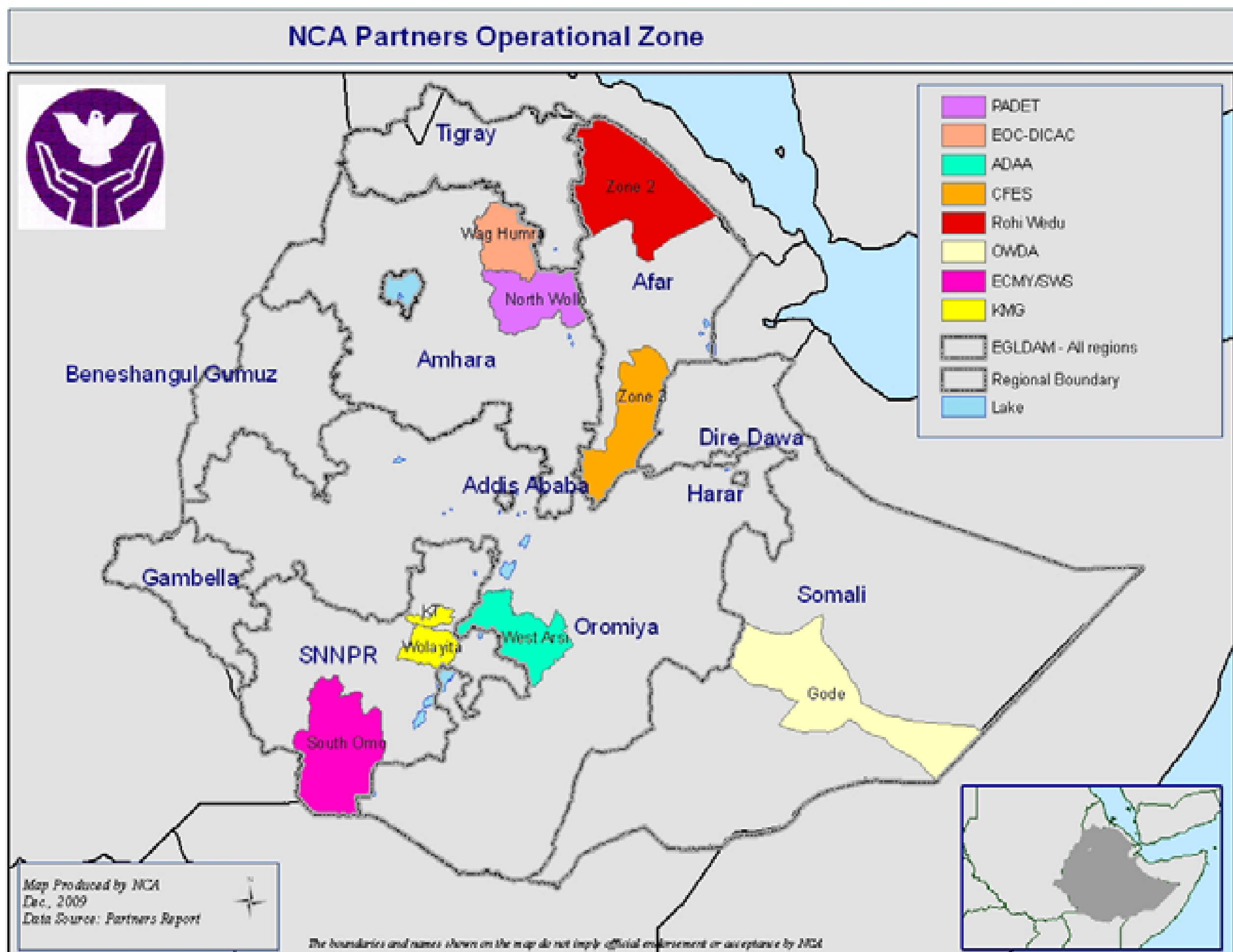
A major comparative advantage of NCA is its long-term presence and commitment to the local population in marginalized areas in spite of a number of regime changes in the last over 30 years of its presence in Ethiopia. This has secured the organization a high degree of trust and rooting in Ethiopian communities and with the public administration.

While NCA anti-HTPs activities are carried out mainly through its partners (presented in the section VI), it has also taken, on its own, various initiatives to support and strengthen these activities.

Since the First Phase to 2008, NCA undertook awareness creation and sensitization to its long term Integrated Rural Development Programs, engage in the national advocacy initiatives with various stakeholders such as IAC for the celebration of International Zero Tolerance Day to FGM (February 6), sponsor various documentation on FGM and other HTPs to be aired on the Ethiopian Radio and TV, for example 4 documentary films have been produced (3 on FGM, 1 on Early marriage), that was shown to different like-minded organizations for advocacy and education purpose. Support for the establishment of FGM Network, conducting surveys and reviews, building the capacity of partners who are engaged in HTPs both in country and regional(Kenya) were among others activities worth to mention.

IV. Partners

- African Development Aid Association (ADAA) Siraro District, West Arsi Zone, Oromia Region
- Covenant for Ethiopia Support (CFES) Awash Fentale District, Zone 3, Afar Region
- Rohi Weddu Pastoral Women Development Organization Ambibera District, Zone 2, Afar Region
- Ethiopian Evangelical Church Mekane Yesus/South West Synod (ECMY/SWS) Bena Tesmay and Hamer District, South Omo Zone, SNNPR
- Kembatta Women's Self Help Center (KMG) Angacha and Doyogena Districts in Kembata Timbaro Zone; Boloso Sore and Boloso Bombe District Wolaita Zone Southern Region(SNNPR)
- Ogaden Welfare and Development Association (OWDA) Denan and Bole Hagere District and Gode Town, Gode Zone, Somali Region
- Ethiopian Orthodox Church Development and Inter Church Aid Commission (EOC/DICAC)Dahana District, Waghumera Zone Amahara Region
- Professional Alliance for Development Ethiopia (PADET) Kobo District, North Wello Zone, Amhara Region



4.1 Oromia Region

African Development Aid Association (ADAA)
Siraro District, West Arsi Zone, Oromia Region

Background

Brief history

African Development Aid Association (ADAA) is an indigenous non governmental organization founded in 1988 and registered with the Ministry of Justice since 14 July 1992. ADAA has extensive ties with other NGO being a member of the CRDA(Christian Relief Development Association) , Poverty Action Network in Ethiopia (PANE), Consortium of Reproductive Health Association (CORHA), Sustainable Land Use Forum (SLUF), Basic Education Association in Ethiopia (BEA-E) and the FGM Network. ADAA is partner of different organizations and Embassies. Pathfinder International, SIDA/SLUF, Pact Ethiopia, SCF/USA, Winrock International, TROCAIRE /CAFOD, ICCO, SKN, German Development Organization (DED), Norwegian Church Aid (NCA), Dan Church Aid (DCA), UNFPA and the French Embassy are among its major partners.

Partnership with NCA started in 2005 with a project for 2005-2008 in Siraro Wereda (now divided into Siraro and Shalla weredas) then in East Shoa Zone, now in the new West Arsi Zone. The overall objective of the project was "... to contribute to the social and economic development of the society in general and the project area in particular through reduction and gradual eradication of harmful traditional practices (HTPs/FGM)". Since then ADAA has been implementing a project to fight HTPs such as FGM, polygamy & marriage by abduction.

Vision ADAA wants to see an empowered, healthy and prosperous African community where women and child rights are respected.

Mission ADAA seeks to develop the capacity of poor communities to become self-reliant and to upgrade their standard of living in integrated community development approaches, particularly through improving:

• Quality, availability and accessibility of education and health services.

• Food security and environmental conservation.

• Women and child rights protection

• Capacity building of partner organizations

The general objective of ADAA is to contribute to the improvement of the socioeconomic status of the poor and improve the well-being of women and children.

[i] Initially it was named Berhan Children's Home (BCH) with the objective of assisting orphans of the 1984-5 famine.

Highlight of major activities (2000-2009)

ADAA operates in eight weredas, including Siraro and Shalla, in West Arsi and East Shoa Zones of Oromia Regional State. The essential of its activities are in:

- **Reproductive Health/Family Planning and HIV/AIDS Prevention and Control**

ADAA is mostly engaged in community-based RH/FP and HIV/AIDS activities aimed at improving the health of women and children and reducing maternal and child morbidity and mortality. Major achievements to date include:

- Use of FP services by over 48,926 clients generating 35,069 couple years of prevention (CYP).
- Distribution of over 68,619 pieces of condoms for HIV/AIDS prevention and control.
- Reaching over 1,727,911 people with IEC related to RH/FP, HIV/AIDS and HTPs.
- Health education on adolescent sexuality to about 472,931 adolescents.

- **Harmful Traditional Practices and Advocacy on the Rights of Women and Children**

ADAA has launched sustained activities to fight HTPs such as FGM (see below), abduction, polygamy and widow inheritance as part of a major drive on the recognition and respect of the rights of women and children.

[i] That this is not so in most parts of Oromia could be surmised from the discussion around polygamy during the elaboration of the Family Law of Oromia Region where the article on bigamy in the Federal law was dropped in spite of vigorous attempts by women groups in particular see Meskerme Woldeyohannis (2004) [See also other articles and discussions in the same issue].

A notable development in the area is that ADAA has firmly anchored polygamy as HTPs. This is quite an achievement as in most place polygamy is considered a religious question and is hardly addressed by HTPs activists. At every level in ADAA however, polygamy as an HTPs issue is taken for granted and there is strong belief that they are making headway. This was amply demonstrated FGD in the field. Participants firmly pointed out that:

- Local religious leaders have confirmed that this is not a religious requirement but allowed only under rigorous conditions
- Current conditions are prohibitive. A participant, a polygamous himself, very forcefully argued against the practice in concrete economic terms based on his own experience
- The practice is disappearing and there is no resistance to ADAA's activities on this issue

- **Non-Formal Basic Education**

Primarily focused on basic education with emphasis on Alternative Basic Education (ABE) aimed at creating access to marginalized rural children. Major achievements include:

- Education opportunity to about 7500 children created in Arsi Nagelle and to over 10,000 in Sirarao weredas through the construction of 25 and 42 ABE centers respectively.
- Increased community awareness in relation to child labor and exploitation; harmful traditional practices.
- Increased community participation and decision making power as a result of these projects.

In addition, more than 100 needy high school

students, mostly girls, have benefited from hostel services provided in Arsi Nagelle and Berhe Aletlu weredas. Most of the hostel students were able to join tertiary education.

- **Food security and Environmental Conservation.**

This is undertaken with the aim of educating and empowering the community to conserve, protect and wisely use natural resources and improve their livelihoods in an area, which is environmentally highly challenged. Achievements to date include:

- Introduction of plantation of enset as perennial and drought resistant food item.
- Training of selected model farmers on soil and water conservation.
- Introduction to farmers of highland fruits, modern beehives and hybrid heifers.
- Establishment of four Farmers' Forest Cooperatives geared towards protecting and properly utilizing natural resources.
- Establishment of seven Farmers' Marketing Organizations to work on fair market and value chain development

NCA partnership

The main NCA related activity was carried out in Siraro Wereda, formerly in East Shoa Zone . Siraro has 64 kebeles. Ajje, the capital is 35km from Shahsemene on the road to Arba Minch. The wereda has recently been divided into two weredas - Siraro and Shalla.

[i] KMG 2009 gives a population of 118,003 and density of 150 per km^2 for Siraro in 2009 i.e. size of about $787km^2$

Table 3.1: Population of West Arsi Zone and Siraro and Shalla Weredas, 2007

	Both	Male	Female
West Arsi Zone	1,975,295	979,414	995,881 (50.4%)
Sirarao	145,404	71,554	73,850 (50.8%)
Shalla	151,668	75,905	75,763 (49.95%)

Source: CSA &UNFPA 2009

Both weredas are drought prone and suffer from chronic food insecurity.

The population of the two weredas is close to 300,000 (Table 3.1). The majority of the population of Siraro is Muslim (95%) and ethnic Arsi Oromo (93%).[7]

Prevalence

There is no, to our knowledge, specific baseline study on HTPs in the wereda before launching the project. Subsequent discussions confirm that FGM, polygamy and marriage by abduction are the main HTPs as enshrined in the Project Title 2006 "Prevention and Eradication of harmful traditional practices with particular emphasis to FGM and Polygamy".

Indications are that FGM in the weredas is mostly the excision (kitani) type. This is most often done before marriage (two days before marriage ceremony) by traditional circumciser – the ogeti. Data on the prevalence of FGM in the wereda is not available but inferring from data in neighboring areas in Arsi, it could be estimated to be high.[ii]

Awareness of harm

In a discussion group in the wereda, a number of possible harms were raised. A previous circumciser reported that from her own experiences she has witnessed hardening of the area after cicatrisation, cases of fistula and difficulties at birth. Other participants mentioned bleeding and pain during intercourse and delivery.

It could be assumed that awareness of the harm of FGM in the area has increased substantially in the last few years .

Status of policy level, legal commitment/ support to anti-HTPs activities in the area

The overall policy environment for anti-HTPs activities in the region, zone and wereda seems conducive. Policy positions at all levels reflect that at the Federal level which is highly conducive. The legal framework is also highly supportive (except perhaps on polygamy, see above).[8]

Officials at all levels actively promote and support anti-HTPs efforts with women's affairs playing a leading role .

Strategies

The project targets households & community, religious & traditional institutions, community based institutions (CBOs) & local government structure (woreda offices) as main stakeholders.

The **main strategies** include:

• **Information & awareness raising** aimed at

- Making the right holders and duty bearers' understand fundamental human rights in general and women & girls rights in particular.
- Sensitizing on harmful traditional practices.
- Involving community in drawing an effective communication strategy.

• **Alternative rites of passages** including promotion of positive aspects of culture and passing on of traditional wisdom while educating girls about sexuality, HIV/AIDS, relationships and family life.

• **Involvement of influential religious & community traditional leaders** Important as the belief that some HTPs, especially FGM, are religious and/or cultural requirements is widespread.

• **Positive Deviance & facilitating the voice of the right holders to be heard (opening political space for the right holders)** involves creating conditions for committed right holders to speak against HTPs within their communities, for whom they become a model of behavioral change (E.g. organizing marriage of uncircumcised girls)

[ii] EGLDAM surveys 1997 and 2007 give 41% and 24% (of all female, therefore about 70% and 40% of women 15-49 years) respectively for neighboring Arsi Negelle

[iii] In the absence of baseline information, discussions held with groups in the wereda are used as source of information.

[iv] EGLDAM surveys show that awareness levels in the country as a whole has increased in the last 10 years, increasing from 18% to 84% in Oromia as a whole (Fisseha et al 2008).

The Head of Women's Affair in the wereda in fact strongly argued in our interview for a strengthened, continued and better resourced presence of ADDA "... as the task has only started".

• **Formation of anti-HTPs association at grassroots level** bringing the right holders together so that they will stand for their rights.
• **Promoting alternative income generating activities for HTPs practitioners** by supporting the practitioners with income generating activities to substitute income loss from HTPs practices (FGM practitioners).[9]

Process

Familiarization Workshops

One of the 1st activities of ADAA was to conduct project familiarization workshops at various levels. The purpose of these workshops was to create broad awareness on and involvement in the project objectives and on HTPs in general for a broad spectrum of stakeholders. Major aspects of the project and alternative approaches to achieving grassroots mobilization on HTPs/FGM were explored.

A strong point in these activities is that they were undertaken in collaboration with women's affairs offices and the district administration. This apparently created a sense of joint ownership of the project and clear understanding on a common agenda.
Participants included representatives of the zone and district administration; women's affairs, education, health, justice, police, HIV/AIDS, agriculture, information... offices; youth and women's associations; religious, idir, community... leaders; circumcisers, TBA... A relatively large number of people have been involved in these familiarization workshops over the years. In 2006, for example, some 3200 people (1700 male and 1500 female) participated in these workshops while participants were 300 in 2007 and 302 (176 male and 135 female) in 2008. Workshop participants issued a declaration and approved a 'Plan of Action' in 2006.

Facilitators for Change (FfC)

FfC are the linchpin of ADAA activities in Siraro wereda. While their main involvement is, arguably, in facilitating Community Conversation, they perform a wide variety of functions related to HTPs and women's and children's rights including:
- Familiarizing projects to community groups and individuals.
- Disseminating information against HTPs and on women's and children's rights.
- Creating relevant network with all concerned – kebele administration, women's associations, kebele women's affairs, existing clubs, school communities...
- Documenting cases of FGM, abduction and other violence against women and children.

Table 3.2: Selected Characteristics of CC in Siraro, 2005-2008

Year	No.		FfC		No of Kebeles per cluster		
	Clusters	Kebele	M	F	3	4	5+
2008	5	21	2	3	-	4	1
2007	5	21	5		2	1	2
2006	3	14	3	-	-	1	2
2005	2	8	2		1	-	1

Total 64 kebeles/localities

- Facilitating workshops and training at district and community levels.
- Facilitating CC and establishing anti-HTPs associations.

They are selected in collaboration with district and local administrators on the basis of criteria - established in conjunction with kebele and community leaders - which include:

i. Completion of 10th grade.
ii. Residing in one of the project kebeles.
iii. Recommendation from kebele leaders and the community on their good behavior.
iv. Show real interest in eradicating HTPs and committed to working in their localities to bring a difference.

They are given a basic training of 5 days on prospects and problems of the violations of women's rights and on community mobilization including facilitation of CC. Quite a large number of resource persons from the District Prosecutor's office, Police, Women's Affairs Office and ADAA staff are used for the training.

FfC are assigned to cluster kebeles; on average one FfC for 4 kebeles. Thus, for example, in 2008 there were 21 active kebeles divided into 5 clusters with 5 FfC (Table 3.1).

Facilitators are provided with bicycle, bag, shoes and uniform, record keeping and stationery materials

Community Conversations (CC)

CC are recognized and applied as major behavioral change tools by ADAA in Siraro. In the early phase, CC seems to have been equated with all awareness raising measures. Thus the 2006 report said that CC "... carried out in all possible community gatherings... It has been carried out in various occasions where people gathered for different purposes..." The same could be noted in 2007 and interventions in different settings – schools, religious and social gatherings were reported as CC.

CC are more structured since 2008 with two CC of 40-50 members per kebele. As for CC in other parts of the country, they now hold regular dialogue sessions twice a month. Reportedly, some 63,572 people have participated to date. Participants include women, men, youth, and officials from the kebele administration, women's association, religious and community leaders.

Experience sharing

An interesting practice in ADAA is the experience sharing visits organized for (selected) CC participants. This is a one day activity geared towards experience sharing, feedbacks on achievements and challenges and visits to and discussions on best practices. Usually an exemplary kebele/community is selected for the visit and discussions conducted based on it's and similar experiences. Some 80-100 people – CC group representatives, kebele administrators, traditional and religious leaders, HTPs practitioners, CC facilitators, representatives of Anti-HTPs Associations, Wereda Women's Affairs Office... - participate in these activities. In 2008, for example, Bitana Kubi kebele hosted such a meeting for 99 participants

(43 female and 56 male), drown for all 21 cluster kebeles.

Review meetings

A one-day review meeting is held annually to share experiences and lessons learnt; discuss strengths and weaknesses; forge partnership among stakeholders and scale up best practices. Participants include FfC, WAC members, anti-HTP Association representatives and ADAA staff. There were, for example, 17 participants (10 male and 7 female) in 2006 and 19 (12 male and 7 female) in 2007.

TOT for HTPs sensitization

An additional tool that ADAA uses in its multi-pronged approach to HTPs is what it calls Training of Trainers for HTPs sensitization. About 5 people from each kebele representing Women's office/associations, the Kebele council, religious and community leaders, youth and FfC participate in these trainings with the objective – "... to sensitize the community to gradually stop these practices". The training is geared to equipping trainees with information related to HTPs and associated socioeconomic factors and raise their awareness on women's rights and women's role in society. Trainees are expected to become change agents in their communities.

Themes covered in these trainings include identifying & prioritizing the prominent HTPs in their locality, root causes of the practices, community perception, religious and cultural factors and the legal implications. Participants are given training on how to approach these issues and foster change in the community.

Facilitators at the training include the district prosecutor, police officials, experts from the Women's Affair Office and ADAA staff. Over 300 persons have participated in these trainings in the last 3 years – 108 (58 male and 50 female) in 2006, 100 (60 male and 40 female) in 2007 and 100 in 2008.

Outcomes

Two CC groups of 40-50 people have been functional in each kebele. So far some 63,572 people (28986 male and 34586 female [54%]) have attended the series of CC conducted in their communities. The CC establishes Anti-HTPs Associations in each kebele with the direct involvement of the Women's Affairs Office. The Associations are expected to continue anti-HTPs activities and ADAA continues to support them through a monthly contact.

The project has also developed very good working relationship with local schools. It has established strong links with community leaders, religious and traditional leaders in particular, in mobilizing schools and the community at large against FGM.

A very strong aspect of the ADAA project is the close collaboration with weredas and kebele offices from the inception thus fostering strong sense of joint, government-ADAA, ownership of the activities including CC.

Reportedly, HTPs have been thoroughly discussed and most of the communities have decided to stop HTPs, FGM in particular. The community seems to be relatively well aware about the legislations against FGM, in no small part due to the activities of ADAA. More importantly the community seems to have decided by in large that the practice is not acceptable both on religious and social grounds and they seem to be determined to end it. Some have already passed community bylaws against the practice and others are contemplating to do so. Five circumcisers, in two kebeles (Wolilaltti and Bekela Daya) for example, have publicly given up the practice and promised to teach others. At least one community (Baddana Rophi Kebele) has formulated and promulgated a bylaw to sanction perpetrators of abduction and child marriage in their locality. Four public weddings, in which the couple had decided to announce publicly the uncircumcised status of the brides, were organized in Kofele by ADAA and given ample publicity. These couples have played a major role in breaking the silence and acting as role models.

Challenges

Deep-rooted traditional practices die hard. There was resistance from various sectors of the community at the initial phase of the project. The recurrent and frequent drought in the area often disrupted project activities, CC in particular, for months. As the population moved in search of water and pasture, project activities were overshadowed by priorities of survival. There have also been repeated interruptions due to ethnic tensions/conflicts between neighboring Oromo, Sidama and Alaba communities. In spite of these challenges, ADAA seems to have paved the ground for the elimination of HTPs in general and FGM in particular in Siraro. NCA and other partners should support it to develop a medium-term plan (next 5 years) that builds upon its backlog of successes to date in the abandoned of FGM and other HTPs.

4.2 Afar Region

Background

The Afar Regional State

The Afar regional State is one of the four largest regions of the country with an estimated area of 97,256 km2 (IPS, 1998a). Administratively the region is divided into 5 zones, 32 Woredas, and 404 kebeles.

The topography of the Region varies from hilly escarpments in the western and southern edges with an altitude of 1000-1500 meters above sea level (masl) to lowland plains in the rest of the Region that fall in the altitudinal range of 0-100 masl, much of the area falling below 500 masl. Some areas in the Danakil depression, in the northern part of the Region, reach depths of over 100 meters below sea level.

The climate of the Region is arid and semi-arid. The Region is also characterized by a high temperature and by an extremely variable and low rainfall, which may fail altogether for one to three consecutive years, making the Region one of the drought prone areas of the country. Temperature in the Region ranges from a mean maximum of 42.50C at Dubti to a mean minimum of 17.80C at Gewane.

The Afar Region has a total population of 1,411,092, consisting of 786,338 men and 624,754 women; 13.4% of the population is urban. The overwhelming majority ethnic group is Afar (90.03%) with a few Amhara (5.22%), Argobba (1.55%) Tigrayans (1.15%), and others (1.4%). Of the population, 95.3% is Muslim, 3.9% Orthodox Christian, 0.7% Protestants, and 0.1% Catholics.

Like other pastoralist societies, the Afar people most often have patrilineal decent patterns, and are male dominated. Men usually make important decisions and own most of the resources including the animals, while women primarily care for children and small animals and perform domestic chores.

Literacy is very low and even the few literates are males: Development infrastructures are very minimal. Therefore, women in the pastoral communities are "**poorest within the poorest; marginalized within the marginalized groups and are forgotten within the forgotten ones"[i].**

On the other hand, the current traditions of cohesive and well organized social control systems consisting of the "Afar-madaa" traditional authority vested upon elders and customary law and the "Finaa" institution serving as the sanction executing unit are unique resources of the cultural heritage of the people of the Region which should be protected and utilized in a sustainable manner.[10]

HTPs in Afar

Several harmful traditional practices (HTPs) are recorded in the Afar Regional State. Most commonly occurring ones include female gen-

[i] Rohi Weddu

ital mutilation (FGM), involuntary marriage, uvula cutting, milk teeth extraction, and "ab-suma" (cross-cousin marriage).

Knowledge about the harm and attitude towards the elimination of HTPs varied by zone but was much lower than the national average in all zones except Zone 1 (Table 1).

Excision and inbfibulations are commonly practiced types of Female Genital Mutilation in the Afar people. The latter is the worst type, involving excising the entire clitoris, some or all parts of the labia minora and at times scrapping sections of labia majora. The remaining parts of the two labia are stitched together, leaving only a small opening for urine and menstrual blood.

Afar women and girls suffer from the immediate and long-term physical complication linked with infibulations. In Afar an uncircumcised girl is considered as unacceptable and unfit for marriage and other social and cultural activities. The practice is deeply rooted in the community culture and tradition.

The follow up survey (2007) showed a very high increase in rate of awareness of the harm caused by FGM in Afar (179% compared to 146 % at national level). The change in attitude toward abandoning the practice was also correspondingly higher.

The decline in prevalence (7.5%) was however significantly lower than the national average of 24.4% (Table 2). The high level of increase in knowledge and attitude is an indi-

Table 1: Knowledge and Attitude of the population by Zone, Afar Region 2007

	Knowledge					Attitude				
Level	**FGM**	**UVL**	**MTE**	**EM**	**MBA**	**FGM**	**UVL**	**MTE**	**EM**	**MBA**
ZONE 1	90.4	90.7	91.7	95.7	98.0	88.9	90.2	90.7	95.5	98.0
ZONE 2	67.1	61.6	59.9	61.1	58.0	54.1	47.6	47.0	51.8	57.7
ZONE 3	69.1	71.0	65.5	66.3	63.7	67.3	70.6	63.9	63.4	65.5
ZONE 4	76.4	84.5	85.9	88.0	75.3	76.4	84.0	84.3	86.4	74.4
ZONE 5	59.6	59.6	50.0	44.2	51.9	57.7	50.0	36.5	34.6	42.3
Afar	**76.3**	**77.5**	**75.4**	**76.8**	**75.5**	**73.2**	**73.3**	**70.7**	**73.1**	**69.6**
Ethiopia	**82.7**	**78.8**	**81.2**	**88.7**	**89.3**	**79.9**	**75.2**	**77.4**	**85.9**	**87.9**

Source: EGLDAM FUS 2007

Table 2: FGM, Change from the Baseline Survey (BLS 1997) to the Follow up Survey (FUS, 2007) in Afar Compared to National									
	Knowledge			Attitude			Prevalence		
Level	BLS	FUS	% Increase	BLS	FUS	% Increase	BLS	FUS	% Decrease
Afar	27.4	76.3	178.5	26	73.2	181.5	94.5	87.4	7.5
Ethiopia	**33.6**	**82.7**	**146.1**	**30.7**	**79.9**	**160.3**	**60.6**	**45.8**	**24.4**

cation of the contribution of government and non-governmental organizations working on FGM abandonment in Afar Region, including the Norwegian Church Aid (NCA) and its partners. However, further in-depth studies will be required to determine the factors responsible for holding back the Afar people from abandoning the practice that they do not seem to believe in anymore.

Organizations involved in HTPs Reduction in Afar.

Several government and non-governmental organization are involved in the fight against FGM (Box 1). [11]

Box 1. List of agencies involved in HTPs Reduction in Afar Region

1. Afar Pastoral Children Development Association
2. Care Ethiopia
3. Covenant for Ethiopia Support (CFES)
4. Ethiopian Muslim Development Agency (EMDA)
5. Ethiopian Women Association
6. Farm Africa
7. Nazareth Children Center and Integrated Development (NACCID)
8. Norwegian Church Aid (NCA)
9. PANOS Ethiopia
10. Rohi Weddu:- Pastoral Women Development Organization
11. Save the Children Norway
12. UNICEF
13. Ye Ethiopia Goji Limadawi Dirgitoch Aswegaj Mahiber (EGLDAM)

[Source: EGLDAM data base]

4.2.1 Covenant for Ethiopia Support (CFES) Awash Fentale District, Zone 3, Afar Region

Background

The Covenant For Ethiopia Support (CFES) is an indigenous non-governmental, non-profit organization established by dedicated Ethiopians in 2003. It is committed to the improvement of social wellbeing of Ethiopian women in general and the marginalized group in particular.

CFES is a member of the National Forum for NGOs. In addition to the partnership project with NCA, it also carries other project activities in the area of reproductive health including HIV/AIDS in both Afar and other regional states of the country. It has been involved in the prevention of FGM and supporting economic empowerment of women. CFES has a good working relationship with the line departments at regional, zonal, woreda and kebele administrations. It has close working relationships with CBOs and NGOs in the area, and currently it is a member in the following forums: CORHA, EGLDAM, Gender Forum at CRDA, NEWA (Network of Ethiopian Women Association), PANE regional chapter committee, Afar Regional State NGO Forum.

Vision

The organization envisages a nation where women are socially and economically empowered and the current level of poverty is significantly reduced.

Mission

Empower Ethiopian women by improving their livelihood, and reduce the risk of gender-based violence including sexual assault, HTPs, HIV/AIDS and ensure that they have access to acceptable level of health service. CFES strives to help the poor self-employed urban and rural women in their efforts to achieve self-reliance and development oriented strategies.

NCA and CFES partnership

The NCA-CFES project was entitled "Reduction of FGM and Rehabilitation of Traditional Circumcisers". The Project is located in the Afar Regional State, Zone 3, Awash Fentale Wereda in Dudube, Deho and Sabure rural kebeles. The Project ran from 2006-2008 in three phases with short duration of 6-7 months in each year.

The objectives of the project were:

• Behavioral change against the practice of FGM.

• Supporting ex-circumcisers in establishing alternative income generating activities

Strategies

• CFES has taken advantage of the living style of the clan system, which is a dominant social organization amongst the Afar people. The existence of traditional rulers and religious leaders is used as medium of intervention to disseminate behavioral change message to local communities.

• Involve clan and religious leaders, kebele chairpersons, health workers and students in awareness creation and trainings.

• Mobile FGM committees including the kebele chairperson, an elderly, a religious leader and a health worker were established to sensitize community members

• Use of drama, poetry reading in high school for mass mobilization.

• Establish and strengthen Anti-FGM clubs

Achievements

• Sixty five (65) circumcisers in the three kebeles have stopped the practices. (Box 1)

Box 1: A Number of Circumcisers have stopped the Practice
The Case of Asena Ali

Asena Ali is a former circumciser, 40 years old. According to her testimony after she was involved in the project:

- She understands the severe consequences of the practice as she has witnessed that many children die in the process of infibulations and that many women who have undergone infibulations faced sever problem during delivery.
- She understands well the law against FGM and the community, including the practitioners, should respect the law.
- Boys in her community are currently willing to marry uncircumcised girls. She, therefore, sees no reason to continue with the practice.
- Her daughter is not circumcised.

• (50) were given support in establishing alternative income after receiving entrepreneurship skills.

• Community awareness on the harmful effects of FGM increased.

Lessons Learned

Even though quite a number of circumcisers have stopped the practice, they have pledged not to perform FGM any more, and are involved in educating others to stop FGM, there are still some who do it in hiding. However, support to circumcisers in alternative income generation has proved effective in abandoning the practice. The tradition among Afar women of disseminating information has also been used quite effectively.

Intervention is recommended to focus more on rural areas since awareness level in urban areas is quite high.

Challenges

• Short duration of the project challenges its sustainability. This has hampered long term planning and confidence in sustaining the project.

• Transport limitation has proved a major constraint in spite of using government vehicles from time to time. The project site is a hardship area with almost no accommodation on moving from village to village.

• Some community members are unwilling to abandon the practice, and a few have manifested overt resistance and a number of them prefer to shift to 'sunna'.

4.2.2 Rohi Weddu Pastoral Women Development Organization Ambibera District, Zone 2, Afar Region

Background

Rohi Weddu means saving life. The organization was established in 2004 for the purpose of helping the Afar Women overcome their livelihood problems especially abandoning HTPs. It has the **vision** of seeing prosperous pastoral communities in Afar where girls and women are free of all forms of discrimination and actively participate in the political, economic, social and cultural transformation of their own communities to get out of poverty. Rohi Weddu's **mission** is to work with pastoral communities (women, men, girls, boys and children); the regional government; community based organizations, traditional institutions, national and international agencies to eradicate absolute poverty, inequality and denial of rights. It focuses on Zone 2 (Awash Fentale, Amibara, Dawee, Dulecha and Telelalk weredas) of the region. In collaboration with the Afar Women Affairs Bureau, Rohi Weddu focuses its efforts on combating FGM (salot), abduction (kelita), sexual harassment of women (mirra), and inter-family marriage (absuma).

Rohi Weddu has a Head office in Afar Regional State, Amibara Wereda, Andido Village, 220 Km South East of Addis Ababa behind the Awash Bus Terminal, a few meters from the road to Harar. Andido is one of the biggest settlements (more than three thousand Pastoralist families) in the region. It is the administrative town of Amibara Wereda. Like all pastoralists, the Andido community moves from place to place in search of grazing and water for their animals between mid December and mid February.

The Project funded by NCA, entitled "Combating FGM in Afar" and was launched in December 2005 in Andido kebele.

The project's goal was to contribute to the abandonment of all forms of FGM and other HTPs perpetrated on girls, women and children in Afar. Specific objectives of the project include:

• Raise awareness and sensitivity on the problem of FGM and other HTPs among the community, traditional leaders, circumciser so that all abandon FGM in Amibara Wereda.

• Strengthen legal protection mechanisms for girls, children and women against FGM and other HTPs.

• Enable communities to carry on the prevention work on their own.

HTPs in the District

The main HTPs in the area include FGM, absuma, blood exchange, scarification, MBA, Uvula Cutting and MTE. FGM (almost all in-

fibulation), is highly prevalent. Age at circumcision in the project area varies from seven to twelve years. In the established tradition, circumcision is carried out by old women who are also traditional birth attendants. Money is paid for assisting in child delivery. They later come back to perform the cutting without pay, but they are offered milk and new pieces of clothes.

Strategies

Several strategies were used to implement the project

- Sensitization for Woreda cabinet.
- Establish and train advocates for change consisting of community leaders, religions leaders, circumcisers, and the youth.
- Engage circumcisers to income generating activities (IGA).
- Establish 15 village anti-FGM committee and community dialogue facilitators and build their capacity . The committee consists of clan leaders, religious leaders, circumcisers and influential individuals in the village. The committee members were trained on FGM and other issues at the beginning of the project and they have been active since then. Refresher training was also given to the committee members on various issues including FGM and religion, registering and monitoring changes, FGM and the law, and on how to bring sustainable change.
- Conduct a series of community dialogues

Achievements

- The facilitators were convinced of the harm caused by FGM and the need to abandon FGM.
- They conducted community dialogue and consequently, consensuses were reached by the community to stop FGM totally in the kebele.
- An Anti-FGM women group has been established and organized in income generating activity programs. Shops were opened and are functioning smoothly.
- Over 40 female children registered in the kebele are followed up in particular during the season when FGM is performed in groups. Most have abandoned infibulations, although some have shifted to 'sunna'.
- Twenty six (26) uncut girls were registered until the end of September 2008.
- The communities agreed to issue by laws to prohibit FGM and prosecute parents who circumcise their daughters.

Lessons Learned

As reported, the major challenge was to convince first the facilitators who run the community dialogue. If the facilitators are convinced, over 70% of the job could be considered completed, since the facilitators have the potential and the capacity to convince the villagers. An important lesson was that care must be taken in the selection of the facilitators to run effective community dialogue. If the facilitators are insiders from the community, they will be effective. Conversely, if the facilitators are outsiders, little change will result from the community dialogue. If facilitators are carefully recruited and convinced, they will discuss

with and convince the community of the negative effects of FGM in general. The facilitators register all female girls in the community to follow up and report their progress regularly to Rohi Wedu. They also conduct quarterly review meetings and discuss progress and challenges.

Challenges

• Quite a few community members find it hard to accept the abandonment of FGM.

• Some even suspect that the project is trying to lure their women to urban life.

• Although infibulation has been reduced, 'sunna' still persists because some still consider it a religious requirement in spite of repeated declaration to the contrary by religious leaders.

• Coverage of the project being limited to only one kebele and its short duration could affect negatively the changes brought in Andido Keble because, for example, of the possible intermarriage relationship with the other kebeles. Achievements in one kebele alone will be difficult to sustain. It is evident that much longer and sustained effort will be required to bring significant and lasting change.

• Arguably the most serious issue in the project area is depicted in the statement that, "The traditional infibulation type of circumcision is almost abandoned, and the issue currently is whether to stop completely what they call 'sunna' or not". Despite the fact that the project has accomplished its main objective of raising awareness of the community, and there is apparent readiness to abandon the practice, there has been little change in prevalence (Table 2). Even though people might say they have shifted to 'sunna', the Project Director suspects that the probability is high that they continue infibulations under this guise. It is important to thoroughly articulate this and other issues, strengthen the evidence base for intervention and draw appropriate strategies to totally abandone FGM form the area.

4.3 Southern Region

4.3.1 Ethiopian Evangelical Church Mekane Yesus/South West Synod (ECMY/SWS) Bena Tesmay and Hamer District, South Omo Zone, SNNPR

Background

Brief history

The Ethiopian Evangelical Church Mekane Yesus/South Western Synod (ECMY/SWS) (one of 20 synods of the national church) started activity in the area in 1988. They are currently running 10 non-formal education centers, Turmi hostel and one clinic.

South West Synod covers Gamo Gofa Zone, South Omo Zone, Konso Special Wereda, Basketo Special Wereda and Derashe Special Wereda.

In general, the synod has been involved in assisting drought and food affected people in Konso. Promotion of food security development program through construction of irrigation schemes has been implemented using the Yandafaro River in Konso. The synod is also involved in Communiuty Development Program in Gamo Gofa Zone.

HIV and AIDS interventions started in all ECMY Synods immediately after the national policy on HIV/AIDS came out in 1998.

The mission of the Church is holistic ministry, which means serving the whole person (Serving people physically and spiritually).

The Project

The project in partnership with NCA operates in Woito area, specifically Tsemay and Erbore communities, where community conversation is carried out among the community members since 2006 .

Activities related to HIV/AIDS and HTPs were started with NCA's partnership in Bena Tsemay and Hammer weredas in 2006 as an integral part of the already ongoing food security project but since 2007 it is implemented by its own.

The project builds on the structure of the synod with a Project Coordinator, Supervisors (5) and a large number of facilitators ("amechache" in Amharic).

Background on the area

The project areas are located in South Omo Zone (SOZ), one of the most diverse in SNNPR with over 15 ethnic groups. The Zone includes pastoral/agro-pastoral and settled cultivators. The capital Jinka is at 781km from Addis Ababa. The NCA supported project is carried out in Bena Tsemay Wereda, 700km from Addis Ababa with mostly agro-pastoralist popula-

[i] Mainly CC had contact with KMG for 1-2 years before launch; workshop on CC with 4facilitators from KMG Durame (Gisma 16.7.2006)

tion living at an altitude 500-600m, with mean temperature 35-36° and yearly rainfall 300-600mm. Two ethnic groups (the Erbore and Tsemay) are involved.

The Erbore

The **Erbore** have a population of 5-6000 people. They have their own language & culture and are mainly pastoralists. Their educational level is very low with very few educated to 10th grade.

The Erbore are among a very few ethnic group in the zone that practice FGM. Traditionally the practice is extensive excision of the clitoris and the surrounding tissue (upwards) often with extensive scraping of the labia major. In most cases, the two legs are tied tightly together for some days which, with the extensive scraping, might lead to adherences, which explain the likening of the practice to infibulation in some of the reports by the Synod. FGM is done at marriage and sometimes earlier when the girl is sick (as possible cure/therapy).

FGM is essentially considered as an identity marker - "not circumcised, not Erbore". It is also considered as mark of transition to womanhood. It was so anchored in the social psyche of the community that even the girls use to refuse to marry without being circumcised. It was also a way of controlling the sexual drive of the woman, the adage being "Yaletegereztch lela wondega tehedaletch!" (the uncircumcised will seek sex with other men).

The Tsemay[ii]

The Tsemay have a population of 10-14000. They are agro-pastoralist and almost all are illiterate. They use two languages depending on wereda they live in; Tsamako in Bena wereda or Hamer in Hamer wereda.

The Tsemay do not practice FGM but mingi used to be widely practiced.

Track record in HTPs in general and FGM in particular

Major HTPs in the partner area

The focus harmful traditional practices[iii] among Bena Tsemay and Erbore communities are "mingi" and free sexual relationship in both and female genital mutilation (FGM) in Erbore.

• **Mingi**[iv] is a belief in some ethnic groups in the South – Hamer, Bena and related groups, Tsemay, Karo. A child, irrespective of sex, whose first milk teeth appear on the upper jaw is considered cursed (untouchable) and will either be killed immediately or abandoned, or given to other ethnic groups. It is believed that if left to grow, the child will be the cause of calamities in the family and even in the community. It is believed to lead to infertility in women, animals and the fields. It may cause epidemics, crop failures, war etc. These are strongly held beliefs and the action prescribed to avoid these calamities are scrupulously carried out although it is easy to imagine the pain and the

[i] The regional official publications use Arbore; other names include Erbori...

[ii] Other numes include Tsamay, Tsemai...

dilemma faced by the mother and the family who has this misfortune.[13]

• **Gilo** [mosltly Tsemay] – sort of teskar (Amharic meaning remembrance ceremony/ feast for the dead) bringing out the bones of the dead (mostly men) after a number of years ("when the children have accumulated enough wealth!", one facilitator) and reburying it after a large feast with slaughtering of a lot of goats and sheep. It seems to be done as a status symbol, sort of manifestation of the valor (heroism) of the man and his families. Those who do not accomplish this will be badly seen by the community; the fear/shame of "yeabaten teskar salaweta!" (i.e. what will people say if I do not pay proper tribute to the memory of my father?).

• **No ploughing with oxen (Erbore)**

Cattle are considered as a person/human being in the community. It is believed that the cattle feed men who eat the meat, drink the milk and should not therefore be whipped. To express the status of cattle in the community an elderly participant in FGD said "There is a saying in Erbore 'kebet wonden yagebal' (literally cattle marry men); enemies come for cattle and men died to protect them; cattle are transmitted to children and are therefore respected". In general cattle are given high status and mistreating them is 'taboo'; harnessing them and beating them for ploughing was therefore unthinkable.

• **No bee-keeping (Erbore)**

The Erbore did not keep-bee (qefo meskel). This was considered the job of the Hamer. The reason behind this is not well known except to say the Arbore have done/do not do it . However they use honey a lot. No feast is complete without honey mead. Marriage feast without honey mead (teje), for example, is considered no marriage. As an FGD participant said "The Hamer come and hoist hives on our trees and sell us the honey and we spend a lot of money to buy honey harvested form our own backyards..."

• **Sexual promiscuity**

It was usual for a woman to have a lover beside her husband. Girls used to have several 'lip-friends'/lover before marriage . In fact a girl who did not have several lovers was considered unwanted and would have difficulty getting a husband. Getting pregnant was proof of fertility (but giving birth is mingi, see above). There is a report of a recent case where a man sent back his newly wed because he found she was virgin.

Status of policy level and legal commitment

The policy environment towards HTPs at the regional level is highly favorable. The regional laws (family and criminal) adhere quite closely to the Federal laws and sector policies

[i] It is not clear from current documentation whether this is only an identity marker or despised occupation as for the Mezenger in other areas (See NCTPE 2003, Yayehyirad et al 2009).

[ii] In principle 'lovers' do not subsequently marry.

have specifically addressed HTPs. However, South Omo Zone and the specific weredas are one of the highly underdeveloped in the region and the penetration of the policy and legal provisions to their level is highly limited.

Major HTPs related activities

Strategies

The most important tool used in both Tsemay and Erbore areas is CC. General description will be given here and specifics for each as appropriate under each section.

In general, CC in these project areas follow the pattern developed by KMG/UNDP. KMG mentors gave the initial and a number of refresher training to facilitators in the area.

Each CC group has 60-110 participants and meets every 15 days at convenient time for the community; usually early in the morning or late in the afternoon (before the herds go out or after they have returned). Meetings last on average 1 to 1.5 hours

Initially, CC meetings started with male adults only but have started including female adults and youth since 2007 in Bena Tsemay in particular. Erbore girls hold their CC meetings separately. On participation of women in FGD in Gisma, an elderly facilitator said "It is as in every meeting, some speak more than others. For the women it is like an infant, it starts first by crawling, then it stands and moves on its feet; their participation is growing continuously!"

Meetings are relatively well attended and are held quite regularly even though there have been some interruptions related, in particular, to drought and movement of the population from their usual settlement places. None of the CC groups have stopped or graduated yet; government policy is graduation after ten (10) months of CC but the synod believes this is too short for these communities and some have been going on for over two years.

An assembly/gathering of all CC groups is held every quarter to share experiences and reinforce group solidarity and common efforts.

Girls CC Group Erbore

Box 1: Facilitators in the words of a Facilitator

We were selected by the community (hezebu) when we had a meeting where we were told "kifu besheta mtetewale" (a deadly disease has come). The people said "yegna lebe hunune" [be our conscience]!. We have taken training; mostly to agitate against HIV. The work is not difficult because divide by kebeles; the 1st groups have already carried out over 22 CC. No facilitator has left but one was banned by us because he went against what we were teaching; he started going with a girl and was considered a bad example. [FGD in Gisma]

[i] Confirmed in discussion with the Women's Affairs Office in Awassa

Participants in CC group sessions have coffee (geleba?) and corn (nefero) at each meeting and receive Birr 5 each (for transport) at the quarterly gatherings.
Each CC has about three facilitators (see Table 1 for example) selected from and by the community (Box 1), comprising of kebele administration, elders, youth and, where available, Health Extension Workers. They are given 5 days of training using UNDP/KMG manual. They facilitate the CC and report regularly to the supervisors. They are given a modest hon-

Table 1: CC in Erbore and Tsemay, Status by July 2008 [Range]			
	Erbore	**Tsemay**	**Erbore's Women CC**
Number of Villages	**9***	**13***	**8**
Date Started	4/06-9/07	2/06-5/08	10/08
Participants: Total	**902**	**730**	**162**
Male	**420**	**446**	**-**
Female	**482 (53%)**	**284 (39%)**	**162**
Average per village	**100 [200-34]**	**56 [78-28]**	**21/ (16) [21-13]**
Number of meetings	**343**	**221**	**16**
Average " "	**38 [48-28]**	**17 [47-4]**	**3 [4-2]**
Facilitators: Total	**31**	**34**	**16**
" Female	**5**	**8**	**10**
*Zagarma 2			

Total 64 kebeles/localities

Table 2: Evolution of CC Erbore, 2006-2008 [Range]				
	2006	**2007 Sept**	**2008**	
			Erbore General CC	**Erbore's Women CC**
Number of Villages	7	6	9	8
Date Started	4/06	4/06-11/06	4/06-9/07	10/08
Participants: Total	773	402	902	162
Male	355	160	420	-
Female	418	242	482 (53%)	115
Average per village	110	57 [78-32]	100 [200-34]	21/ (16) [21-13]
Number of meetings	280	111	343	16
Average " "	40	19 [26-9]	38 [48-28]	3 [4-2]
Facilitators: Total	20	18	31	16
" Female	5	1	5	10

orarium depending on their function. Those not writing reports (illiterate) get Birr 10 per meeting, for a total of 60 Birr, paid every quarter while those writing report get Birr 65.

There is one supervisor for every 4-5 CC group. These are mostly better educated, have monthly meetings with facilitators; receive and discuss reports, resolve problems, help in planning and give additional training. They are paid about B350 per month.

CC started in Erbore with 6 groups in 2006 with 11 trained CC facilitators (one female) and has expanded and grown thereafter (Table 2) with 287 participants (average 48, 34.1% female), 69 meetings (average 12) by March 2007. A 'big CC' with 400 participants was held on June 23, 2008 .

CC started in Gisma in 2006 when 7 CC groups were formed with 18 trained CC facilitators (all male). They had 323 participants (average 46 per CC, 28.5% female), 86 meetings (average 12) up to March 2007. All the original CC have continued and the number of villages with CC had grown to 13 by 2008 (Table 3). On May 23 2008 a 'big CC' with 600 participants was held.

Challenges and responses

An important challenge is the recurrent drought and chronic food insecurity situation in the project area. Often, conducting regular CC sessions have proved difficult because of the drought. Most move further down to the river with their herd and could not attend meetings. Several times issues of providing

Table 3: Evolution of CC Tesmay, 2006-2008

	2006	**2007 Sept**	**2008**
Number of Villages	6	6	13
Date Started	April	4/06-10/06	2/06-5/08
Participants: Total	370	341	730
Male	235	237	446
Female	135	104	284 (39%)
Average per village	61	57 [78-32]	56
Number of meetings	180	112	221
Average " "	30 [16-47]	19 [25-12]	17
Facilitators: Total	19	15	34
" Female	3	0	8

[i] The first batch in Bryle was in fact selected by the kebele admin/chairman (interview with facilitators).

[ii] It is not clear from the report whether this is one of the quarterly meetings or just another awareness-raising meeting labeled CC. Whether these kinds of large meetings (also reported by ADAA) should at all be called CC is a moot question.

relief food aid have been raised with participants complaining that they cannot focus on CC when hungry. On the other hand, people move from the sites because of flooding of the Woito River as in some months in 2007. This caused disruptions of CC meetings for a number of villages for sometime.
In most cases however, the CC continue with those present on the sites and arrangements have been made to reintegrate those who have moved as soon as they came back.

Another important challenge is minimal participation of government offices at the local/ community level in the CC. It appears that SWS has attempted to involve them but has not succeeded to date. As pointed out in several reports, this could have an impact on the sustainability of the project. However, of even more immediate concern should be the possibility of misunderstanding even conflict with local officials if any mishap arises during the CC sessions. As experience from other parts of Ethiopia have shown, it is important for government officials to be involved from the outset so that they will be part of the solution in cases where problems arise. It is, therefore, noteworthy that, recently, the project has approached the local health office to provide training to CC facilitators and the relationship seems to be strengthening.

Outcomes/Achievements

There is a consensus that major changes seem to be occurring since the start of CC in both communities. In general views on women (the status of women) seem to be changing quite dramatically. There is increasing recognition of the rights of women (also related to a major drive by EPRDF). Reportedly, now women attend and participate actively in CC. Even better, there seems to be growing recognition of their contributions at the household level. An elderly participant in FGD said "Now men have started considering them as 'sisters', as his 'flesh' (ende segaw mequter). A woman facilitator said "I consider CC as a father who has brought me up; helped me grow up!"
However, as a baseline survey has not, to our knowledge, been carried out, it is difficult to

Table 4: Information Knowledge and Attitude, Findings from FUS, 2007

Level		FGM	UVL	MTE	EM	MBA
South Omo	Information	38.9	41.2	67.4	58.4	69.2
	Knowledge	52.6	71.0	73.2	79.5	84.9
	Attitude	50.8	64.9	61.3	77.3	83.9
SNNPR	Information	67.1	72.4	71.6	69.6	75.5
	Knowledge	82.7	80.9	82.9	91.4	93.4
	Attitude	80.8	77.4	78.5	89.0	92.3

Source: FUS EGLDAM database

assess the progress. Inferring from other information, it clear that there is still a long way to go. In South Omo Zone as a whole, the level of information dissemination, knowledge of the harm and attitude of support to the elimination of selected HTPs was much lower than for the SNNPR in general (Table 4) and presumably the situation is probably worse among the Erbore and the Tsemay.

On specific HTPs the following could be noted.

Erbore

i. FGM

There seems to be no baseline data on FGM in Erbore. It is notable that FGM is practiced in Erbore in contrast with most neighboring ethnic groups except the Dasenech where, as among the Erbore, it is considered an identity marker. The 1997 BLS showed that FGM among the Dasenech was almost universal (100%). It has decreased to 80% by 2007. It could be that, by analogy, the rates were higher among the Erbore in earlier years, 1997 for example.

On the other hand there are reports, confirmed by FGD, that the Erbore are, more and more moving towards less extensive type of FGM (incision "like the Amhara") to what they consider milder forms – excision of the prepuce, clitoridectomy.

ii. Not ploughing with oxen

Some have now started ploughing with oxen and the practice is gaining ground. Quite a number have already taken training.

iii. Bee-keeping

Some Erbore have started bee keeping; they learnt the skill from working together with the Hamer. A lot of Erbore have now started considering the previous stand as naive and self-defeating.

iv. Sexual promiscuity

Sexual promiscuity is decreasing rapidly; most women have stopped having lovers and, even if women are tempted, neighbors have become vigilant and keep watch. Awareness of HIV/AIDS has grown substantially and two rounds of VCT have been undertaken. However some resistance is surfacing with rumor that blood is taken for sale; girls are now marrying their boy-friends (Usually translated as kenfer wodaje – literally lip-friend - in Amharic but does not seem appropriate as more than lips are involved).

v. Mingi

BOX. 2.1.Mingi Twins Being Raised by Their Grand Mothers

Mingi has been reduced in Erbore. Reportedly a number are now raising first twins (Box 2). Recently, a woman had twins as her first children and they have been spared and one is being brought up by the maternal grand mother and the other by the paternal grand mother. The mother moves between the two houses to breastfeed the children, now about one year olds [Box 2.1].

Box 2: Mingi: the Lesson of Experience

One elderly person married a woman and their first children were twins and were killed . Later the woman gave birth to a child but died after the delivery. The man remarried and their first children were again twins. The man refused to kill them and brought them up and all have lived happily after. [Factual example related by one of the facilitators]

Vi. Inheritance marriage, There are cases of women refusing inheritance marriage, which seems to be on the way out.

Tsemay

That Mingi is a long tradition among the Tsemay is confirmed by our discussion in the community. It was considered as curse, "dry wood that will destroy the tribe, will cause the death of parents, destroy cattle and bring all sorts of catastrophe to the community" as described by an elderly participant. This applies to a child born (to a 'girl') out of wedlock; if the first born are male twins; if a child is born before the previous child is weaned (both killed); if the upper teeth come first (milk or final teeth) and also for a number of other 'exceptional events' such as a cow that leaks her own milk, a calf that comes out legs first, a sheep that nips leaves from trees like a goat...

Because of the engagements of ECMY- SWS the practice is being challenged in the communities now. The first measures were by evangelists who harbored such children in defiance of the tradition (Box 3). Some courageous community members often at great risk for their own safety (Box 4) followed their

BOX. 2.1.Mingi Twins Being Raised by Their Grand Mothers

Box 3: Evangelists were among the first to save Mingi Children

Lemma Degfe, an evangelist was one of the brave people to take action against this horrifying practice even before the existence of the project. Lemma said that 6 evangelists have adopted two "mingi" children each contrary to the tradition of the respected community members. They were taking these children to other adjacent areas, like to Gewada to rescue them from killing. He is happy to see that one of the children adopted at the age of seven is now a married woman with a child herself. [ECMY-SWS 2008]

examples. Since the HTPs project and the CC, the number of children saved has grown and the community seems to be abandoning the practice.

The Way forward: Perspective 2015 and Beyond as perceived by partner

ECMY-SWS projects are situated in one of the most marginal areas in Ethiopia and serve two of the most isolated and vulnerable ethnic groups in the country. The fact that the synod had a long presence in the area and a relatively elaborate set up has been important in leveraging its anti-HTPs activities. Its main strategy, the CC approach, is now well established.

Box 4: A Courageous Tsemay: Saving a Mingi Child

Iro Gacho is from Tsemay community. He with his wife adopted a mingi child and called him Moses, because he was found thrown by his parents. His wife showed a real commitment by breast-feeding the "mingi" child equally with her son. Now, the child is 5 years old and goes to school. Iro remembers that they were out casted by the community members due to this measure. They were prohibited to fetch water from communal well, not allowed to walk or mix with other community members and the community threatened the child. Iro, inspired by the example of evangelists, took this courageous measure and is now considered a hero. He said no natural calamity or conflict resulted due to his action. Iro and his wife have three of their own children. [ECMY-SWS 2008]

In view of the challenging development status of the area, it is understandable that CC take much longer but it would be important to think through the implications of long drawn CC and work out an articulated exist strategy.

In the anti-FGM campaign, it is important to try to anchor the strategy more fully in the human rights paradigm. The current trend of favoring shift away from excessive cutting to what are perceived as less harmful ones could, in the long term, cause more problems to the ultimate goal of total abandonment.

The achievements in the few years of the project are certainly impressive viewed against the highly challenging situation in the areas. Highly entrenched traditional practices – FGM in Erbore and mingi in Tsemay, for example - are being challenged from within the communities themselves. However, it is clear that abandonment of HTPs should be seen as a long term project. Efforts in developing the areas – education, improved food security and integrating the issue into other development programs will certainly be important factors; to this end fruition of the. ECMY-SWS, with support of NCA and other partners, should develop a longer period strategic plan based more firmly on integrative and rights based approaches.

4.3.2 Kembatta Women's Self Help Center (KMG) Angacha and Doyogena Districts in Kembata Timbaro Zone; Boloso Sore and Boloso Bombe District in Wolaita Zone of Southern Region(SNNPR)

Background

KMG started to work in Angacha in 1998 immediately after its establishment. It is reportedly the 1st organization to start anti-FGM activity in the wereda.

Brief history

Kembatti Mentti Gezzimma-Tope (KMG) [Kembatta Women's Self-help Center Ethiopia] is an indigenous non-governmental, women centered, integrated community development organization established by Ethiopians who believe that if the talent and intelligence of women are nurtured, the quality of everyone's life will improve. The prime mover of the initiative was Dr Bogaletch Gebre, 'Boge' (See Box 1[15]).

KMG was granted official NGO status by the Ethiopian Ministry of Justice in October 1997. It has since signed general agreements with Disaster Prevention and Preparedness Commission (DPPC) and the required project agreements with Regional, Zonal and Local Line Departments.

Its activities started in SNNPR, Kembata, Alaba and Timbaro (KAT) Zone which was later divided into KT Zone and Alaba Special Wereda. A mark of its good standing in the zone, it was allocated 30,000m² of land in Durame the Zonal capital.

Vision KMG envisages a society where women are free from all forms of discrimination and violence; thereby attaining justice, equity and equality to improve their lives and that of society at large.

Mission To enable women in the operational areas to bring about improved environment whereby values and rights of women are recognized and respected and prevalence rate of harmful customary practices (HCPs) and all forms of discriminations and violence are reduced. It is intended to be a prototype program that could be replicated elsewhere in the country and the African continent [stress ours].

Core business of KMG is elimination of FGM and other HCPs, prevention and control of HIV/AIDS, gender equity and equality, basic education, safe livelihood and environmental

[i] KMG work through NCA's support covers KT zone Angacha and Doyogena districts and Wolita Zone Bolose Sore and Bolose Bombe districts but the documentation will focus on Angacha as this is the district in which NCA supported activities seem to have been concentrated. And it is also the oldest and in which most experience seems to have been gathered.

protection. It capacitates local communities to actively participate in these efforts.

Since 1999 it started to work in three related areas:

• **Health** with focus on HIV/AIDS, reproductive health and elimination of harmful customary practices (HCPs), female genital excision (FGE) in particular.

• **Livelihood:** vocational training and income generation for women.

• **Environment:** development of sustainable water, fuel and food sources and restoration of depleted lands.

Subsequently, it added projects in:

• **Gender, Democracy, Human Rights, Good Governance and reducing Violence against Women** with community sensitization and engagement on citizen's rights and responsibilities; building capacity of women for leadership; building capacity of law enforcement bodies, social courts and traditional leaders; legal and financial support and counseling for women and child victims.

• **Small infrastructure** including construction and maintenance of bridges (e.g. the two "Redeemer bridges" over Markosa and Bazana rivers) and rural roads; development of springs, potable water schemes in collaboration with the communities.

• **Education:** supporting community schools to improve teaching/ learning environment; constructing Alternative Basic Education Centers in communities where there are no schools, supporting girls education through provision of school materials and parents/ children counseling.

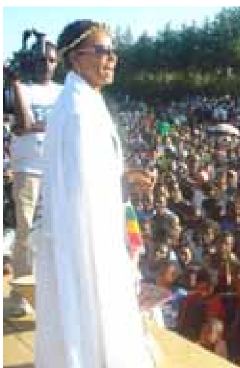
It is thus involved in multi-pronged and mutually reinforcing development activities conducive to changes in social norms including abandoning FGM.

The first contacts with NCA started in supported the first baseline survey by KMG in the Zone. The objectives of the project supported by NCA included:

• Strengthening the gains in the fight against FGE and other HCP.

• Scaling up and expanding Community Capacity Enhancement through Community Conversation (CCE/CC).

Box 1: The 'Boge' Effect



The founder and inspiration of KMG is Dr Bogaletch Gebre ('Boge' as she is lovingly dubbed) who left a very promising academic career in biology/ parasitology/epidemiology to dedicate herself to the alleviation of the plight of women and children in the region and in Ethiopia in general.

She has played a pioneering role in the empowerment of women and in tirelessly fighting against HTP/ FGM for which she has gained national and international renown and several awards. These were achieved in the face of daunting obstacles but "tenacity is a trademark of" Boge.

Bogaletch (Amharic) could be rendered as 'brightened or sparkled' and her impact as a role model has been praised in a number of local poems and compared to that of Empress Tsehaitu (the sun) the renowned queen of Emperor Menilik. (See endnote 17)

Ethiopian Fulbright alumna Bogeletch (Boge) Gebre (left) leading community-based training for the women of Kembatta. (Photo courtesy of Kembatta Women's Self-Help Center)

[i] KMG seems, from the beginning, to prefer the terms HCP to HTP and FGE to FGM

• Creating alternatives for circumcisers who abandon the practice.
• Empowering in and out of school girls (circumcised or uncircumcised).
• Providing educational and safety net support to girls at risk of dropout.

Highlight of major activities, other than HTPs (2000-2009)

• **The KMG Business Center** This is a multi-purpose center with women's dialogue house, guest house, library, counseling hut, vocational training rooms ... The symbolic importance of the Center should not be underestimated as it has been, in the words of KMG "... giving women centrality, giving them value, was momentous. We believe it is the single most important thing we have done, in the effect it has had on women's perception of themselves".

• **Health**
- **HIV/AIDS prevention and control** The silence on the disease has been broken since KMG started operating in this area (1999). Attitudinal and behavioral changes are occurring with people traveling in groups to have HIV test, marriage without HIV tests is becoming unacceptable.
- **Sexual and Reproductive Health and family planning** are no longer taboo issues with women more and more controlling their fertility and bodily integrity.
- **Mother and Child Health Center, Durame** the first of its kind in the region with 28 beds with services in Obstetrics and gynecology, VCT, PMCT, FP... .

• **Empowering women and Creating Political and Social Space for their participation** This is a major thrust by KMG "Most women in the zone have low level of participation on in any meaningful decision making process. This is particularly true with women in rural areas, most of who have grown up thinking that they are no better than the cows they milk". The picture is changing now with the gender literacy, CC (see below) and the various public events organized by KMG and the government's effort.

Organization
KMG is relatively well organized and well staffed even though there are some indications of high turnover which has relatively reduced in the past two years. Notably, it has developed a highly qualified and experienced core staff in CC and has shared this expertise with others through UNDP, HAPCO, NCA partners. A case in point is its support to the development of CC capacity in ECMY-SWS . Even though it had its ups and downs, the effort was exemplary in the use of local technical assistance and should be closely analyzed so as to draw lessons for the future in

Box 2: The Kembata Nationality
The Kembata live mostly in six weredas of KT including Angacha. Most of the population is agriculturalist, the major occupation being enset production. They also produce coffee and various spices. They speak Kembategna, a Cushitic language group very close to Alabegna, Hadiyigna, Kebegna and Sidamegna. The population seems to be composed of various 'tribes' who have migrated from diverse places to the area, initially to the Ambericho Mountain, a sacred place of the nationality.
They practice 4 types of marriage: Qoricha i.e. by parental consent; Hertuta – marriage by seduction i.e. by consent of the couple; Moduha or modumo marriage by abduction and Regita marriage by inheritance.

> **Box 3: FGM on the Verge of Elimination in Anegacha?**
> At the FGD in Boddna Kebel, participants were firm in their conviction that there is no FGE now in their area or kebele. One of them (participant) stated "Two years ago, FGE was prevalent in our area, it was 'beshbesh'! [Amharic for rampant]. No one wants or dares to stage the ritual today. Participants were challenged as to whether FGE is really abandoned but they were firm in their opinion.
> Haile Gabriel Dagne 2008

such collaborative efforts.

NCA has contributed close to 3million Birr, by far the highest to any partners, in the 5 years to 2008 for HCP, mostly specifically for FGE (58%), related projects (see Table 2.1)

FGM prevalence in KT

Anegacha is found in Kembata and Tinbaro (KT) Zone (2,433.93km^2) previously KAT zone (size 3083.9km^2). It has a population of over 110 thousands, mostly rural (94%, Table 1). While there are three ethnic groups in KT Zone (Kembata, Tembaro and Donga) the overwhelming majority in Anegacha are Kembata (Box 2).

The Zone has a relatively large number of schools but reportedly of very poor quality. (94%, Table 1). While there are three ethnic groups in KT Zone (Kembata, Tembaro and Donga) the overwhelming majority in Anegacha are Kembata (Box 2).

Prevalence studies for the Kembata ethnic group in the 1990s showed high prevalence in the ethnic group (Table 2). Prevalence has decreased markedly by 2007. It is interesting to note that the EGLDAM series shows a relatively higher rate of reduction compared with Alaba for example. While this comparison be made cautiously, it seems to indicate that the reduction rate was much higher among the Kembata. More recent qualitative information (HG) suggests that the practice might have been stopped almost completely (Box 3).

- **Reasons**

The most pervasive reason for the practice of FGM resides in the fact that it is a traditional norm and a girl that is not cut will be despised & humiliated by 'society' and will not get a husband. The uncut parts are also considered dirty. There was also the belief that the uncut girl will be promiscuous, unstable and disobedient while the cut girl will be docile and obe-

Table 1: Population of KT Zone and Anegacha Wereda 1998EC

	Urban (%)		Rural		Total	
	Female	Both	Female	Both	Female	Both
Kembata	30,750	61,278	343,908	686,120	374,658	747,398
Tembarao Zone		(8)				
Anegacha	3,227	6,338	52,159	105,008	55,387	111,346
Wereda		(6)				

dient to the husband. Some also considered it as a religious requirement.

• **Process**

The KMG BLS is very scanty on process only indicating that there are circumcisers who might be a problem as it was their source of income. On the other hand the Study on Social Dynamics (2008) gives more ample information.

FGE was, most often, carried out as a ritual with lavish ceremony and feasting form August to October on girls when they reach puberty (just before/when eligible for marriage) between 12 and 16 years of age.

There are specialized/expert circumcisers (sometime from the Fuga caste) and could cut about 10 girls per day at the height of the circumcision season for about Birr 10 per case.

The document gives various dates in different pages e.g. Jul-Aug (related to school vacation): 21; Aug- Sept: __, 31, 37; Aug-Oct: 60; Sep-Oct: 34; Oct-Nov:

• **Awareness of harm and support to elimination**

As in most communities in Ethiopia today, most of the population in Angacha (Kembata) recognize the harmful effects of FGM and other

Table 2: Prevalence and Decrease Rates (%) Various Studies

		Kembata	Alaba	SNNPR	Ethiopia
KMG[1]	BLS, 1999	56	78	-	-
EGL-DAM[2]	BLS, 1997	62.7	63.4	46.3	60.6
	FUS, 2007	44.2	58.5	30.8	45.8
	Decrease Rate	29.5	7.7	33.5	24.4

Source: [1] KMG 1999 [2] NCTPE 1998 and Fisseha et al 2008

Table 3: Knowledge of the Study population (% consider harmful) FUS

	FGM	UVL	MTE	EM	MBA
Kembata	89.6	79.9	77.3	85.3	87.3
Alaba	75.4	92.2	90.0	94.7	94.0
SNNPR (Male)	83.3	81.6	82.6	91.2	93.1
SNNPR (Female)	82.1	80.2	83.1	91.5	93.6
Ethiopia (Male)	83.2	79.4	81.4	88.3	88.7
Ethiopia (Female)	82.2	78.2	81.0	89.1	89.8

The document gives various dates in different pages e.g. Jul-Aug (related to school vacation): 21; Aug- Sept: __, 31, 37; Aug-Oct: 60; Sep-Oct: 34; Oct-Nov:

Table 4: Attitude towards the Elimination of FGM, Various Periods				
	FGE, KMG 1999		NCTPE/EGLDAM	
	R*	U*	1997	2007
KAMBATA	43	64	40.0	86.4
ALABA	0	18		73.7
SNNP (Male)				81.3
SNNP Female)				80.3

*Source: Adapted from KMG 1999 and NCTPE/EGLDAM database. *R=Rural,*
*U=Urban (Durame)

HTPs (Table 3). In fact, Kembata ranks close to the highest in a region that is relatively highly placed in the country as a whole. The contrast with Alaba should be noted.

The types of harms the community recognized does not seem to have been well documented but the 1999 baseline survey hints such harms as death due to bleeding; shock and scars causing inconvenience during intercourse.

Attitude towards abandoning the practice seems also to have increased substantially since the baseline survey in 1999. While the proportion who support the elimination of FGM in rural Kembata in 1999 was only 43% (64% in Durame), it has gone up to 86% in 2007 (Table 4).

It seems highly probable that the activities of KMG in Kembata have had tangible impact on the awareness and attitude of the population. Even though it is difficult to disentangle the comparative contribution of the various actors involved, comparison with Alaba, where KMG activities were short lived (see CC above), seems to corroborate this observation. And, even though the remaining tasks should not be underestimated, it seems clear that KMG has laid very strong bases for the eventual abandonment of FGM from Angacha.

Strategies

Community Capacity Enhancement through Community Conversation (CC): Linchpin in the Abandonment of Harmful Traditional Practices - The KMG Experience

Since CC is a major strategy/tool and as KMG has been a pioneer in its adoption in Ethiopia, it will be treated in some detail and in a generic way here and only differing and specific aspects will be dealt for other partners.

> Community Conversations provide a platform for people to think through all the repercussions of a situation – the way their individual values and behaviours, and those of their family and neighbors, affect people's lives. Gueye et al 2005

[i] There are varying terminologies. Mostly CC for KMG and UNDP; UNICEF tends to use CD e.g. Hailegabriel 2009. Rohi Wedu uses CD in contradistinction to CC as less prescriptive and more flexible, community centered approach (See also Heberet et al 2008).

CC was initiated by UNDP as part of its Leadership for Result program and piloted by KMG in Alaba Wereda in 2002. A Manual was developed by KMG with support of UNDP and since 2003 CC was scaled up to weredas in KAT and later to the whole country.
CC promotes changed and informed community decision-making by creating opportunities for regular, open discussion of situations, values and behaviors related to HIV and AIDS at the beginning but later applied to other issues, HTPs in particular.

1. Objective: The major objective of CC is to enhance the capacity of communities and reinforce their initiative through dialogue to effect changes.

2. Organization: Initially CC were started as general community forums. Later specialized CC for specific groups, e.g. uncircumcised girls and Fuga social groups emerged. Topics for both groups are guided by the manual and could vary on the basis of local and group context. Each CC has facilitators and a number of participants. In KMG, CC training and monitoring is well organized with supervisors and coordinators at the center in Addis Ababa and at the KMG Center in Durame. All programs in HIV/AIDS, HTPs and Reproductive health and Human Rights, Democracy and Good Governance use CC as a tool.

CC meetings are held every 15 days, for about 1.5- 3 hours, at times selected by the participants, mostly in schools, kebele halls or even under a tree. CC usually start with joint 'introduction/reflection' sessions at which the topic(s) of the day is selected and discussed. Participants then break into groups to discuss the topic in more depth. Later the group discussions are presented to the general session, discussed and closed with a summary of outcomes and conclusions by the facilitators.

In recent years, quarterly meetings of all CC participants in a wereda are being conducted to exchange experiences, share best practices and coordinate activities. Facilitators meet once a month, at the wereda level, to report on activities, exchange experiences and plan activities.

CC sessions are conducted for about a year to a year and half. The manual emphasizes that CC should be conducted for at least a year in order "to generate hope,, transformation and results". After that formal CC meetings end, the group 'graduates' and forms a Committee of 10 persons to follow up on the decisions of the CC. The Committee is expected to carry out its activities and meet regularly (once a month) with little or no direct support from KMG.

3. Facilitators: Trained facilitators are key to the success of CC. Typically, there are two facilitators per CC group, one male one female. Facilitators have at least high school education and often are recruited from teachers, health workers or other development workers in the area. Exceptions were made to accommo-

Table 5: Type and Number of CC per Wereda in KT Zone, 2008						
Wereda	**HTP/HIV**	**RH**	**Human Rights...**	**Uncircumcised Girls**	**Fuga**	**Total**
Angacha	19	6	19	19	5	68
Kachabira	21	6	18	21	5	71
Tembaro	21	6	18	21	5	71
Dogogena	14	5	17	14	6	56
K/Gamila	18	6	19	18	5	66
Damboya	19	6	18	19	5	67
Hedero	19	5	17	19	5	65
Total	**131**	**40**	**126**	**131**	**36**	**464**

Source: Adapted from Haile Gabriel 2008

date local limitations in educational achievement and also meet other requirements e.g. inclusion of traditional leaders (see Practices in ADAA, SWS and Rohi Wedu for examples). In case of KMG most facilitators are twelve or tenth grade completes, reside in the community and are selected by the community itself.

Attempts are made to recruit as many female facilitators as possible and their number has improved over the years - from 19% in 2002 to 50% in 2006 for example.

All facilitators are given training, initially of five days, later extended to seven days. Training is given by KMG staff which have, over the years developed considerable expertise.

Facilitators conduct the bimonthly meetings of their groups, participate in the quarterly meetings and report at a monthly meeting at the wereda level.

Incentives vary but in KGM facilitators get a monthly honorarium of Birr 50-75 (2008) per month.

4. Participants: The standard/recommended number of participants per CC focal point is 50-70 with equal numbers of female and male. Selection of CC participant is conducted by the KMG coordinators and facilitators in conjunction with community leaders – kebele officials, CBO, religious and idir leaders... The number of participants could vary with abstentions and/or the presence of interested passer bys. The overall pattern, as indicated in the Guideline, is about 30% elders, community, mainly idir, leaders and religious leaders. About 30% are mothers and 24% girls – both circumcised and un circumcised; the rest about 16% are local government officials. In all instances careful attention is given to the equal participation of women. Participants at monthly wereda CC are paid Birr 15 for lunch otherwise there are no other financial incentives for participation in CC.

As of June 2008, KMG had some 464 CC with some 23,000 participants in all the weredas of KT Zone (Table 5).

• **Outcome/Impact of CC**

Participating communities have developed capacity to act on HTPs, HIV and AIDS and other development issues. In particular, women and young girls have gained confidence, roles and skills that they did not have traditionally, as witnessed in the CC discussions.

There is substantial qualitative evidence that this capacitation has led to changes in individual and collective knowledge, attitudes and practices. All participants in the CC process and external observers agreed that the process has started dramatic changes in participating communities. Reported results include abandoning certain harmful traditional practices, FGM in particular and effects beyond HTPs and related to development, gender and other issues breaking the silence and stigma that surrounds HIV and AIDS, increased self-initiated VCT.

> "There is a dilemma here. When communities are fostered to express and understand their own problems and concerns, and can explore their values and issues in their own language, in their own words (not driven by donor/project-imposed target accomplishments), they may come up with decisions driven by values that they appreciate, but may contradict globally accepted values and ethics promoted by human rights activists and donors." Hebret et al 2008

KMG's success in CC has had very wide national and international resonance and recognition. The intervention has been able to master strong support from government agencies, HAPCO and RHAPCO's in particular. The President of FDRE and chairperson of HAPCO has, in a 2006 press interview, praised outcomes of CC and strongly spoken for its scaling-up. The model has been adopted by government, several UN agencies, other donors and NGOs. CC, in one form or another, are now being undertaken in almost every corner of the country.

Challenges

Nevertheless, achieving results on the required, less localized scale remains a challenge, and learning from current CC needs to be consolidated. Several issues were identified for further consideration to ensure that scaling up and sustainability of CC is sound.

- CC changes power-relationships and depends on 'safe space' for discussion to be successful. CCs can generate issues that can be threatening at household and community level, and can extend beyond HIV and AIDS to other developmental, socio-economic and perhaps political arenas. The problems with local authorities in Alaba and in Hadiya Zone indicate that the threat of community empowerment could lead other power structures to try to derail CC, and it is uncertain how easily 'safe space' can be ensured at large scale. This may require changes in key stakeholder involvement in CC processes and in backup support for projects. If well conducted, CC provide opportunities for local authorities to

[i] Most of this discussion is based on the Alaba experience.

[ii] KMG had to withdraw from Alaba in 2006 and CC in Hadiya Zone were discontinued by order of Zone authorities soon after they started. Local authorities apparently felt that CCs were trampling in political and/or religious domains.

> "These community conversations have resulted in huge behaviour change. I have always believed that it would take generations even to show a willingness to address gender equality, and here [in Alaba] it seems to have happened virtually overnight"
> S. Lewis, UN Special Envoy for HIV/AIDS in Africa 27/10/2004

listen and understand a community consensus and decisions and integrate them into planning and implementation processes as amply demonstrated in KMG experience in Kembata for example.

- The current model of fortnightly meetings is also demanding and may result in 'conversation fatigue' before outcomes are realized fully and sustainably. Findings from the Follow up Survey by EGLDAM and studies by UNICEF seem to corroborate this but on the other hand the reports from NCA partners do not seem to support this concern. Further studies are required but the crucial factor seems to be the quality of facilitators.
- Most evidence of CC impact remains quite anecdotal and qualitative. Effectiveness seems clear enough to justify roll-out, but more rigorous evaluation of the scale, depth and ultimate nature of changes seems desirable to fine tune CC. Recent attempts along these lines by UNICEF including the experience in Kembata, for example, are laudable but more should be done to strengthen the evidence base and to learn from success and challenges. The scale of the movement and the high stakes involved in HIV/AIDS and HTPs alone warrant no less.
- Variations such as the woreda-wide CC and the need and sustainability of joint quarterly meetings across sites should be understood better. Ethiopia is very culturally diverse, with over 70 ethnic groups and, understandably, some elements of the approach are being adapted to deal with this. While the merits of flexibility are quite clear, it will be important to take stock and draw the lessons form these innovations more systematically. Innovative approaches are needed to solve the dilemma between educated (= better quality) facilitators and the added value of 'insider' facilitators in communities with low level of education.
- Quality assurance was noted to be a concern in the scaling up of CC by a number of the active proponents of the CC and the draft 'Strategic Paper'. This seems important to ensure that the process does not become derailed or diluted by scaling up that is too rapid.
- Cost and capacity issues related to scaling up CC remain unclear and may be very large. It seems important to increase understanding of these aspects before assuming that current models can be taken to an adequate number of the 15,000 rural kebeles nationwide. Strategic interaction, policy dialogue and advocacy with government and other stakeholders seems essential to tackle these issues.

CC in Angacha

{Only particular aspects, for CC in general see 3 above}

CC started in Anegacha early in 2003 in 5 kebeles and followed essentially the pattern piloted in Alaba. It was gradually expanded

Table 6: Evolution of CC on HTPs in Angacha, 2002-2007							
Date	No. of sites	No. of facilitators			No. of Participants		
		Female	Male	Total	Female	Male	Total
April 2003	10	20	20	40	250	250	500
June 2004	8	20	20	40	200	200	400
March 2006	17	27	27	54	1250	1250	2500
2007	19				550	550	1100*

Source: Adapted from Haile Gabriel 2008 *Committee members **Note increase of female, 2002 details from Midterm Review

to all kebeles in the wereda (Table 6). CC sessions have been conducted in all the five topics and currently the CC on HIV/AIDS and HTPs have been phased out as they have completed the cycle; some have gone on for over two years. Activities are continued by Committees.

In 2008, there were 49 active CC focal points with some 3000 participants. 25 were standard CC groups discussing reproductive health issues (6) and issues of Human Rights, Democracy and Good Governance (19). There were also 24 specialized CC groups for Uncircumcised Girls (19) and Fuga (despised artisan) group (5).

The facilitators, more and more mostly idir leaders, are given the usual 5 days training and most have also been given skill reinforcement training.

Quarterly experience sharing meetings among CCE-CC participants in all the five woredas are conducted regularly. These meetings are used to share experiences, learn from best practices and reinforce their commitment to abandon FGM. Representatives of the community such as religious leaders, elders, kebele officials, police, social court and teachers often participate in these meetings and manifest solidarity in the fight against FGM.

An important off shot of CC, of uncircumcised girls in particular, is the annual **Whole Body Healthy Life Celebration.** These events are widely attended and prominently publicized. Various festive, dramas, poetry sessions etc are organized with uncircumcised girls as focal points but also attract large crowds. The most recent celebration was a five days event and included sport competition between teams of uncut girls from each wereda .

Reinforcing the gains from CC

While CC constitute the major and the most visible means of setting the ground for the abandonment of FGM, a number of other measures reinforce their impact. Thus all the integrated activities of KMG (Health, Education, Livelihood, Human Rights, Environment, Small Infrastructure...) reinforce directly or in-

[i] ADR raises the issue of cost-effectiveness compared to others without giving any details. See also the recommendation of ADR in relation to dialogue required for effective scaling up.

directly the resonance of CC in the elimination of FGM.

More specifically, CC are reinforced (mostly discussions triggered by CC members) through;

• Community based associations such as:

- Idir death/funeral related self-help associations, highly influential in the communities; most idir leaders are either members or facilitators of CC. Some idirs have passed rules against FGM among their members

- Afosha protestant women association which meets regularly for prayer sessions in members' houses (or church compound if large). The occasion is often used for chatting and HTPs/FGM are often subjects of discussion.

- Widio sort of milk-pooling association. The women pool their milk in turn and prepare milk products (butter, cheese...) for sell etc in turn. Widio is an occasion for intense socializing and CC member use them to discuss HTP/FGM

- Qenefa gathering of women only, on a specified day (3-10 months after delivery) at the home of a new mother with gifts; the occasion is used as above.

- The church, workplaces and the neighborhood Most people in Angacha are protestant and church leaders have, in one way or another (CC, workshops, conferences...) mostly through KMG, been sensitized about HTPs/FGM and discuss the issues in the church on various occasions. There are also evidences that people use all sorts of encounters – on farms, markets, schools...- to discuss issues on FGM and positions taken at CC.

• There are also a number of other measures that are taken to empower and enhance the visibility of women including:

i. Provision of educational and safety net support for girls (some 200 in 2008 for example)

ii. Economic empowerment of women [2008 report]

iii. Conducting of workshop for uncut girls and bi-monthly meetings on FGM/HTPs by girls groups

iv. Well publicized wedding ceremony for uncut girls (Fig 3)

v. Yearly celebrations of the **"... the whole body & healthy life, the reversal of FGE"** 'wimeta' meaning "I am whole".

Fig 3: FGE / The Amazing Wedding

"This day is a great day, a glorious day, not only for the young couple, Genet and Addisie, but for all Ethiopian women and men" (Boge Gebre blessed the married couple)

The bride, Genet Girma, with her new husband, Addisie Abosie, poses demurely, eyes downcast, as custom demands, under an umbrella on her rainy wedding day in Hobich-Haka. Sept 12, 2002

4.4 Somali Region

Ogaden Welfare and Development Association (OWDA) Denan and Bole Hagere District and Gode Town, Gode Zone, Somali Region

Background

Ogaden Welfare and Development Association (OWDA) was initiated by a team of Ethiopian Somalis, who were concerned by the plight of the Somali Regional state of Ethiopia, with commitment, integrity and transparency in delivering service to the beneficiaries. OWDA is non-governmental, non-partisan, non-religious local NGO dedicated to comprehensively develop the Somali region. It works towards self-sufficiency of the poorest in the region. OWDA is operational in the region since 1999. It operates in five of the nine zones of the region; namely: Degahbur, Jijiga, Korehay, Fik and Gode zones. NCA supports the intervention on FGM to be implemented in three districts of Gode Zone; Denan, Bolehagere & Gode town.

The region has a total population of 4.4 million divided into 9 Zones and 52 Weredas. There are 4 district hospitals, 22 Health Centers, 260 Health Posts and 2 Regional hospitals in Jijiga and Gode. Gode Zone has a population of close to 464,000.

OWDA engages in both emergency and development programs such as food security, water and sanitation, education, health, environment, support to orphan children, empowerment of women, prevention of conflict, repatriation of internally displaced people. Since its establishment in 1999, OWDA, through its work in emergency and development interventions has saved millions of lives and provided improved opportunities of livelihood to millions of people in the Somali Region of Ethiopia. In the process, the organization has grown substantially in the number of projects implemented, weredas covered, staffing and budget. It has also developed a commendable organizational capacity. It has 140 staff and partners with government, UN agencies, embassies and international NGOs.

Vision: promote conditions of sustainable human development in the Somali region, where all the people have access to a respectable standard of living.

Mission: OWDA's mission is to enhance capacities of the poor communities in the Somali region to withstand the environmental and man made shocks and seeks to improve the living condition of the vulnerable groups through education, health, environmental protection, empowering women and preventing any harmful traditional practices against

Table 1: Population of Somali Region and Gode Zone, 2007						
	Total		Rural		Urban	
	Both	Female	Both	Female	Both	Female
Somali Region	4,439,147	1,970,363	3,817,937	1,688,496	621,210	281,867
Gode Zone	463,777	205,549	89,410	40,195	374,377	165,354

Source: CSA & UNFPA 2009

Table 2: Information Coverage, Knowledge, Attitude and Intention on 15 selected HTPs in Gode (G) in 2007 compared to National (N) Level								
HTPs	Total		Rural		Urban			
	G	N	G	N	G	N	G	N
1. FGM	72.6	73.8	63.5	82.7	49.6	79.9	42.3	77.0
2. Uvula cutting	72.2	73.5	56.6	78.8	42.3	75.2	50.9	68.0
3. Milk teeth extraction	68.0	69.0	54.3	81.2	39.6	77.4	49.6	80.4
4. Tonsillectomy	56.4	63.2	61.1	80.8	55.6	77.8	34.9	75.1
5. Massaging	47.5	60.8	54.3	78.3	42.7	75.4	38.2	72.8
6. Marriage < 15 years	55.5	70.5	65.8	88.7	54.8	85.9	31.0	83.2
7. Marriage by abduction	52.7	70.5	61.1	89.3	58.4	87.9	24.9	84.2
8. Incision	56.9	53.7	52.9	83.3	46.9	80.9	38.1	79.4
9. Soiling	61.1	54.8	37.5	72.7	33.9	72.7	50.4	71.0
10. Blood letting	59.1	51.6	58.2	80.7	51.1	78.1	37.2	76.9
11. Food discriminating women	54.8	49.5	31.9	77.7	26.7	75.0	54.6	73.5
12. Keeping baby out of the sun	58.9	58.2	44.6	78.6	38.9	76.0	47.7	73.8
13. Cauterization	52.5	55.3	52.6	79.2	46.9	76.0	37.4	73.9
14. Giving fresh butter to new born	32.7	60.8	34.8	71.5	27.2	68.9	58.5	66.8
15. Tattooing	29.5	53.7	36.6	79.9	32.9	77.6	43.7	75.4

Source: CSA & UNFPA 2009

women/girls and food security interventions by the end of 2011.

HTPs in general and FGM in particular in the project area

HTPs in Somali Region

The Follow Up Survey conducted by EGLDAM in 2007 indicates that the major HTPs include FGM, Uvula cutting, Milk teeth extraction, Massaging the abdomen of pregnant women, Fudufor, Skin burning, Blood letting, Tonsil scraping, Keeping children out of the sun, Giving fresh butter for children, Skin cutting.

Among the above, the priority HTPs are FGM, practiced extensively in its most severe type – infibulations; uvula cutting; milk teeth extraction; skin burning; Fudfor (Inserting stick in the anus of children)
The overall level of information, knowledge (awareness of harmfulness), attitude (support to the elimination of the practice), and intention (promise not to practice) was rather low in the region (Table 2) and shows stark difference with the national levels indicating possible major constraints in the zone and the challenges that lie ahead.

FGM in the project area

FGM is one of the most serious problems in Somali Region as a whole and as well as in Gode Zone with very high prevalence of the most severe type, infibulations. OWDA, in partnership with NCA is active in three districts of Gode Zone namely Gode town, Danan and Bole Hagare since 2002.

The project was launched in 2002 first in all the urban kebeles in Gode district. A baseline survey conducted in Gode town showed that among 420 participants of which 216 female from 6 Kebles of Gode district 98.1 % had infibulations (type III) and the remaining 1.9% type I or II.

Subsequent baseline survey was also conducted in Bole Hagere (18km from Gode town) and Danan (70km east from Gode town) districts in Gode Zone in 2005. The participants in this study were 420 people drawn from 4 and 2 kebeles of Danan and Bole Hagare districts respectively. The prevalence of FGM among the 216 interviewed women was 100% of which 202 (93.5%) had infibulations (type III).

The findings of these studies concord with those of the 2007 Follow up Survey of EGLDAM (Table 3)[i].

The main reasons for the practice include fulfilling societal norms; to increase the prospects of marriage - the respondents said that uncircumcised girls have no place in the marriage 'market' in the Somali community and unstitched girls is considered not virgin and will be divorced; to preserve virginity – unstitched girl is considered 'open'; to prevent promiscuity; to enhance male sexual performance; to reduce girl's sexuality and some consider it is a religious requirement (Box 1).

The age at circumcision was mostly between 8 and 11 years (71%). Girls were circumcised at this age because they were considered to be able to withstand the pain and are also aware enough not to dismantle the sutures after the operation. Some (20%) were cut at 5-8 years of age and a smaller proportion (9%) between 3 to 5 years. The procedure was performed mostly by experienced village women who were given sugar, cloth or some times some money in return. Most of them are respectable in the village. The cutting is mostly done with razor blades but some continue to use knives in the country side as in the old days when razors were not available.

Table 3: Prevalence of the three common HTPs in Somali Region and in Gode Zone, 1997 and 2007 (%)				
	Somali Region			Gode
HTP	**1997**	**2007**	**Decrease**	**2007**
1. FGM	69.7	70.7	-1.4	83.5
2. Uvula cutting	93.2	55.6	40.3	68.6
3. Milk teeth ex.	73.4	68.9	6.1	71.0

Source: FUS 2008, EGLDAM

Decision on age and type of cutting is mostly (65%) made by mothers. Mothers look after the well being of their daughters and are the ones who make arrangements with the circumcisers. In certain cases either both parents are involved in the decision (30%) or only the father may decide (6%).

Most of the respondents (52%) intended to continue to practice FGM but not all infibulations, while the rest (48%) were contemplating to stop FGM altogether. Of the male respondents, 62% preferred marrying circumcised girls while the rest (38%) indicated that they might marry uncircumcised girls.

Despite the fact that FGM is deeply entrenched in the study area, there are nowadays promising prospects for attitudinal change towards the practice. There is increased awareness and knowledge of the community about the ill-effect of the practice (Table 4). There is also an emerging trend to change from the severe form (type III, infibulations) to what they consider the milder one (type I) and through time even towards total abandonment of the practice.

Box 1: Interview with the chief religious leader at Gode Mosque

The leader reported that religious leaders were sensitized on FGM several times. They have subsequently taught community members to stop infibulations. Asked whether he teaches the community to also stop 'sunna' and stop FGM altogether, he said no and tried to defend the practice of 'sunna'. When asked why 'sunna' is not practiced in Saudi Arabia where the two Muslim holy cities Mecca and Medina are found, he said that the philosophy of Muslims who live in eastern Africa differs from that of the Arabian Peninsula in some aspects and issues . One difference was on the performance of 'sunna' circumcision on children. This case study clearly showed that religious leaders in Gode are not totally convinced about the total abandonment of FGM. They think the shift from infibulations to 'sunna' is religious. They continue to hold such belief, at least of the 'sunna' type, has a particular significance in their religion.
[Interview conducted by AD, May 2009]

Strategies

• Sensitisation of religious leaders and information dissemination

In Gode Zone, the implementation was in three phases. The first phase was information dissemination in Gode wereda focusing on six urban kebeles. Initially the effort was to at

[i] The EGLDAM prevalence will also be in the 90%s if the denominator is adjusted to women 15 years and above, instead of all female, as most FGM in the area is done at later ages.

Table 4: Knowledge and attitude of the three common HTP in Somali Region and Gode Zone, 1997 and 2007 (%)						
HTP	Knowledge			Attitude		
	Somali		Gode 2007	Somali		Gode 2007
	1997	2007		1997	1997	
1. FGM	51.3	60.9	63.5	24.0	54.6	59.6
2. UVL	25.1	38.4	56.6	20.0	32.6	47.3
3. MTE	34.2	40.9	54.3	25.0	36.0	49.6

Source: FUS 2008, EGLDAM

least abandon infibulations or the pharaonic type of circumcision. Religious leaders were targeted. The religious leaders were engaged in sensitising the community to abandon FGM or at least to shift from infibulations to 'sunna' type of circumcision. Then the project moved to Bole Hagare where many families shifted from infibulations to 'sunna' type of circumciion.

• **Experience Sharing**

Experiences were shared were between Danan and Bole Hagare districts on FGM. Most of the participants were from religious leaders, women's affairs offices, women organizations, practitioners (former), educational institutions, police officers, parents, community elders, women and child rights activists and various other community members. The total number of the participants were 109 of whom 60 were from Danan (33 females and 27 male) and 49 from Bole Hagare (28 females and 21 male).

The experience sharing mainly addressed female grand parents' role in decision making, and the perpetuation of FGM. Many of them narrated terrible cases of FGM either from personal experience, or from what they have heard from neighbors and others. Community conversation/dialogue (CC/CD) on FGM was also discussed extensively and participants indicated that priority should be given to the involvement of female grandparents. The fact that CC accords well with Somali tradition, since Somali communities like to share their information on every topic, was underscored. (CC/CD was started in 2009 by OWDA in the implementing districts)

• **Model Family Award Ceremony**

Award ceremonies were held for girls and model families who have abandoned FGM. Attendance at the ceremonies included most of the influential religious leaders, members from women affairs bureaus, OWDA's staff, community elders, ex-circumcisers, young girls and their parents.

Usually, the ceremonies were opened by prominent sheikhs with recitations of verses

from the Holly Qur'an and opening addresses by the head of Women Affairs Bureau. They both stressed that FGM has nothing to do with Islam religion and praised the families who have responded to the call of the anti-FGM messages. They also complimented NCA and OWDA for their sustained endeavor to fight against the cruel practice of FGM in Gode zone since 2002.

The award ceremonies play an important role in stimulating the communities to abandon FGM. A number of families/parents overtly manifested their satisfaction and pride with the wholesome and healthy condition of their daughters as well as their status as role model. It is with the intention that families who were previously reluctant to stop FGM may be positively influenced by such kind of occasions.

Workshops, trainings and Radio programs

Since the project inception, workshops have been organized at different level, such as:

• Inter regional experience sharing workshop for religious leaders involving Islamic Affairs Supreme Council, Harari religious leaders who work on FGM Gode/ Danan/ Bole Hagere religious leaders:

• Consecutive sensitization workshop for a number of community leaders, health workers, circumcisers, religious leaders, women organization and youth . A total of 1062 people (463 male and 599 female) sensitized on the harmful effects of FGM.

• Messages on FGM have been broadcast on radio in 2005 and 2008.

Box 2: Sheh Ahmed, a religious leader, confirmed that that it is after OWDA's intervention that they were encouraged to publicly inform the community that infibulations in particular was Haram (a sin) and unacceptable in the Islamic religion. Sheh Abdi on his part said that they made public declarations boldly against FGM, that it is unlawful and perpetrators should be brought before the law for their crimes. This public declaration, according to him, contributed for the decline of infibulations and shifting to the 'sunna' type. But he believes there is a long way to go in the fight against the practice.

Achievements

• At the beginning of the project, the issue of FGM was a rather taboo issue as the community did not like to talk about the private parts of women/girls. However, today it is widely discussed and everyone can talk about FGM publicly.

• Religious leaders have become the backbone/corner stone for the project; sensitizing the community regularly on the negative effects of FGM and has no roots in the Islam Religion; integrating anti FGM messages in confirming that FGM is pre Islam and Friday prayer and committing, at least, 15-20 minutes.

• The number of the circumcisers in the project sites is decreasing and their attitude has changed. Indicators of this achievement include the number previous circumcisers that are engaged in other livelihood activities

• Most of OWDA staff (those who have daughters) have promised not to circumcise their daughters, which made them a role model for the community as well as the project. OWDA staff and some educated families in the area have reached a decision to totally

stop any type of FGM and are serving as the best model families for total abandonment in the community. The number of girls in this group is currently 33 and the eldest one is now fifteen years old.

• In the project site, there are at least 69 girls who are not cut at all.

• In 2008 alone, 9 influential ex-circumcisers promised and vowed, in front of religious leaders to stop practicing FGM and have become advocates in the fight against FGM and work with OWDA.

• Most ex-circumcisers in Bole Hagare recognized the devastating effects of the type of FGM in the region. As a result, while many of them opted totaly to quit doing the practice, however some of them have still insisted to shift to the 'sunna' type.

• Reporting to law enforcing bodies have increased.

• Danan Health Center has integrated anti-FGM messages in its maternal health care education program.

Outcome and Lessons Learned

• Involving religious leaders in discussions and trainings has empowered them to break the silence and discuss FGM in the community particularly among men. Their involvement was very useful particularly in confirming that FGM is not a religious requirement.

• Inter-district experience sharing among Danan and Bole Hagare communities and series of sensitizations on the harmful effects of FGM resulted for most circumcisers, youth, women, religious and community leaders to advocate against FGM. Moreover schools were actively engaged organizing regular discussion forums and outreach programs, some time in market places, to mobilize the community.

• Despite the persistent shift to 'sunna', the fact that 69 families and 33 daughters of OWDA staff have totally abandoned any type of FGM, is worth to be recorded. These are model families which pave the way for the hope for abandoning 'sunna' too.

Challenges

There were several challenges at the beginning of the project. The communities were inclined to focus on issues related to water and food security rather than on FGM. There were strong resistances form religious leaders and the community at large to even discuss the issue on the grounds of preserving tradition and because most felt it was a religious requirement. Even now, older women still resist and continue to push some members to carry out secretly. Female grandparents play a major role in coercing young mothers to infibulate their daughters.

Despite the involvement of religious leaders and other influential people, the community tends to shift the practice to 'sunna' rather than complete abandonment of FGM. In the project area there are 1242 girls who would have been infibulated and shifted to sunna .Because of the strong social conviction on the practice, and the strong position of

some religious leaders on 'sunna' there is still strong resistance from the community to the total abandonment of FGM.. Even today total abandonment of FGM is a challenge.

The following are some specific challenges:
- FGM is a very deep-rooted traditional practice that will be a challenge to easily abandon by Somali community.
- Religious leaders have differing views of total abandonment of of FGM.
- Some parents fear that if they do not infibulate their daughters they will be raped easily (particularly in rural areas). The biggest challenge of the project is when rapes occur - "Rape cases". These trigger a wave of infibulations in reaction.
- An additional major challenge to the project is the young age at which girls undergo FGM. As the girls are not old enough to claim their rights to body integrity, they succumb easily to the norm, submit docilely and do not inform the project or other authorities.
- Most of circumcisers complain that they have no other income source and practicing FGM is their means of income as the project did not address this aspect there are tendencies to continue circumcising (secretly).
- Some community members still believe that "Uncircumcised girls are not clean and will not get a respectable marriage".
- Overall, promises given by community (particularly in workshops), do not hold when it comes to the reality in the communities. Most fail to keep their promises to the project and continue to infibulate/circumcise their daughters.

Way Forward

OWDA, as of 2009, already implemented/introduced CC as strategy. It is hoped that the tool will enable to strengthen the already existing initiative for change of the practice and also for the total abandonment of FGM.

4.5 Amhara Region

4.5.1 Ethiopian Orthodox Church Development and Inter Church Aid Commission (EOC/DICAC) Dahana District, Waghumera Zone Amahara Region

Background

The Ethiopian Orthodox Church Development and Inter Church Aid Commission (EOC-DICAC) was established in 1972 as the development wing of the Ethiopian Orthodox Tewahido Church. It is the oldest Faith Based Development Organization in the country and viewed as a role model by local organizations.

Vision: EOC-DICAC envisions a just society in which every one shall have access to high quality of life.

Mission: EOC-DICAC's mission is to assist disadvantaged communities in Ethiopia to attain self reliance by tackling the root causes and effects of poverty, drought, conflict, gender inequality and HIV/AIDS pandemics by promoting sustainable development programs and community empowerment.

EOC-DICAC addresses the needs of communities irrespective of gender, religion, and ethnic origin. Areas where the commission operates include: Amhara, Tigray, SNNP, Oromia, Somali, Dire Dawa, and Harari regions of Ethiopia.

Amhara Region has a population of 17,214,000 (2007) of which 49.8% are female and 12.3% urban. It is divided into 11 Zones and 113 Woreda. There were (2000EC) 17 Hospitals, 179 Health Centers and 2933 Health Posts in the region. Ninety eight percent (98%) of rural Kebeles were covered by HEP, 50% of the population had access to latrine, 49% to modern contraceptive use, 10.5% to skilled birth attendance and 77% immunization coverage.

Dahana district has a population of 110 000 of which 49.8% are female and 3.8% urban.

EOC-DICAC's project in Dahana focuses on food security; water supply, sanitation and hygiene education; HIV/AIDS prevention and control; Integrated rural development; refugee and returnees assistance; strengthening the capacity of monasteries and parishes/churches; peace and advocacy. Gender, environment, and advocacy are designed as crosscutting issues to be mainstreamed in all aspects of EOC-DICAC interventions and partnership relations. NCA has also been supporting the Integrated rural Development program,

HTPs in general and FGM in particular, The project area

General

According to EGLDAM's Follow Up Survey (2007), the major harmful traditional practices in the area include Early Marriage, Uvula Cutting, FGM, Tonsil scarping, Tattooing (see also Table 1).

As for other parts of the country, knowledge of the harm and attitude towards the eradication of the major HTPs has increased in the area between the 1997 Baseline Survey and 2007 (Table 2).

EOC-DICAC, in partnership with NCA, has, since 2002, focused on early marriage and FGM in Dahana Wereda.

Table 1 Prevalence and decrease rate of the four common HTP in the project area (Sekota Zone) in 1997 (Baseline) and 2007 (Follow up) Surveys (%)

Regions	Baseline	Follow up	Difference	Decrease
1. FGM	100	59.3	40.7	40.7
2. Uvelectomy	93.8	46.6	47.2	50.3
3. Milk teeth ex.	80.6	39.8	40.8	50.6
4. Marriage <15	61.6	47.1	14.5	23.5

Source: FUS 2008, EGLDAM

Early Marriage

This is one of the top priorities HTPs identified in Dahana wereda, as in other parts of Amahara Region. The prevalence of early marriage in the Zone was 61.6 %, one of the highest in the country (Table 3).

The major reasons for early marriage include:

- economic reasons; mainly to improve the economic status of the family through marriage, or through material gains during the marriage ceremony.
- the parents' desire to see the marriage of their daughter and/or a grand child (before they pass away).
- strengthening ties between the families.
- avoiding the perpetuation of a non-married (unmarriable) status (Komaker).
- avoiding premarital sex/loss of virginity and its consequences.

Early marriage in the project area contributes

Table 2: Knowledge of and attitude on the four common HTPs in the project area (Sekota Zone) in 1997, Baseline and 2007, Follow up Surveys (%)

	Knowledge			Attitude		
	Baseline	Follow up	Increase	Baseline	Follow up	Increase
1. FGM	15.0	60.8	305	15.0	60.8	305
2. UVL	18.2	76.8	322	17.7	51.1	192
3. MTE	26.4	62.9	139	25.9	66.7	158
4. EM	81.2	88.2	8.6	84.3	85.9	1.9
5. MBA	85.9	87.3	1.6	87.7	87.9	0.23

Source: FUS 2007, EGLDAM data base

Table 3: Prevalence of EM and Decrease Rate (%) 1997 and 2007			
Regions	**1997**	**2007**	**Decrease Rate**
Sekota	61.6	47.1	23.5
Amhara Region	61.8	44.8	27.5
Ethiopia	33.1	21.4	33.2

Source: FUS 2008, EGLDAM

to a number of social, physical and sociological problems. These include problems at delivery leading, among others, to high numbers of fistula; loveless marriage often ending in divorce, the child-wife being not mature enough to run a household. There are also problems related to early pregnancy including sexual and reproductive health (SRH) problems and infant losses; psychological problems; wasteful expenses related to the marriage; discontinuation of education and exposure to prostitution related to divorce and migration to towns.

Awareness of the community towards the harms of early marriage already high is 1997 (86%) has improved (Table 2) and there is a highly improved policy and legal environment with the family law raising the age for marriage of girls to18 years and above.

FGM

FGM is performed during infancy . It was highly prevalent in the project area, 100% in 1997 but has decreased markedly by 2007 (Table 1). The main reasons for the practice are associated with tradition, to avoid sexiness and considered as a religious requirement.

Strategies

• Establishing community level anti-HTPs committees and school HTPs clubs and building their capacity towards sustainability.

• Information, education and communication for the different targets through school clubs, radio programs and workshops.

• Targeting practitioners and victims as change agents.

• Involving religious leaders: The church plays an active role in awareness raising and advocacy. Most of the people in Dahana are Orthodox Christian and clergymen are esteemed for their spiritual leadership and command high level of respect and trust in the locality. Using this fertile ground religious leaders educate the community during Sundays and religious holy days along with lessons from the Bible.

For Example, FGM is by some believed to be mandated by the Bible, but now religious leaders are teaching that only male circumcision is mentioned in the Old Testament. Generally the participation of religious leaders has helped to demystify the practices.

• Involving Local Administration: Kebeles in the targeted area, have worked hand in hand with project and the school community to abandone FGM and early marriage. The local administration has established a system of recording and approving marriages.

Achievements

• **Religious leaders,** clergies in particular,

have played major anti-HTPs advocacy role in their communities.

- In all operational Kebeles **anti-HTPs committees** were established. They register newly born babies, follow up marriage arrangements and take action with community support if marriage is arranged before a girl is 18 years old. For example, **146 pre-arranged early marriages were cancelled since 2002.**
- Thousands of people have participated in trainings and workshops on HTPs; community members drawn from various walks of life such as kebele women association, religious leaders, elders, kebele chairpersons, school directors, health officials, social justice officers etc participated in trainings and sensitization workshops.
- Moreover **information education and communication (IEC)** materials have been provided in different occasions. For example, 833 T-shirts on which different slogans are written to create awareness in the communities were distributed. The slogans are written both in Amharic and English - Stop FGM, **የሴት ልጅ ግርዛት ይወገድ፣ ወላጆች የሴት ልጅ ግርዛትን አታውርሱ** (Parents, do not let children inherit FGM). This has prepared the ground for wider dissemination of information on the negative impacts of HTPs.
- **Increased awareness level.** A study in two kebeles to assess the awareness level of the community has shown very high (>80%) levels (Table 4).

In addition, EGLDAM surveys seem to corroborate these findings. Thus information dissemination, level of awareness (knowledge) of harm and attitude towards elimination of HTP in 2007 was very high (Table 5) and the increase rate 1997 and 2007 for the 5 major HTPs was also very high (Table 2).

- **School anti HTPs clubs:** Anti-HTPs clubs were established in six schools. The clubs use different methodologies such as

Table 4: Awareness Level in Two kebeles, Dahana Wereda 2009				
Keble	Sample size	No of respondents		% wareness
		Aware	Not Aware	
Kozba	68	56	12	82.4
Shimela	71	63	8	88.7
Total	**139**	**119**	**20**	**85.6**

Source: FUS 2007, EGLDAM data base

Table 5: Information Coverage, Knowledge, attitude and intention on selected HTPs in Waghemra (S) Zone compared to National (N) in 2007								
HTP	Information		Knowledge		Attitude		Intention	
	S	N	S	N	S	N	S	N
1. FGM	83.1	73.8	60.8	82.7	60.8	79.9	57.8	77.0
2. Uvula cutting	76.8	73.5	55.7	78.8	51.1	75.2	43.5	68.0
3. Milk teeth extra	62.9	69.0	69.6	81.2	66.7	77.4	67.9	80.4
4. Marriage < 15 years	81.0	70.5	88.2	88.7	84.3	85.9	79.3	83.2
5. Marriage by abduction	46.4	70.5	87.3	89.3	87.7	87.9	64.7	84.2

Source: EGLDAM data base

drama, poem reading, and other IEC materials to easily reach the community both in school and out of school. A number of early marriages were prevented through the unreserved efforts of the clubs in close relationship with the Kebele anti-HTPs committees. For example, 10 and 24 early marriage cases respectively were prevented in 2007 and 2008 in Kozba Elementary School.

- **Educational material support for girl student**s Some 500 girls were provided with school materials to reduce the high drop out rate for girls in the project area.
- **Facilitate radio program and organize radio listeners group** In 2007, the project signed an agreement with Amhara Mass Media Agency to broadcast various messages which were believed to promote change in the behavior of the community. As a result, the agency broadcasted relevant information pertinent to HTPs. The project formed 10 radio-listeners groups (two groups per kebele) comprised of practitioners, religious leaders, elders, women, boys and girls. One radio was distributed to each group. Each group had 25 members and was facilitated by one literate individual elected from among the participants. Social workers of the project supervised the entire process. The broadcast was on every Sunday lasting for 10 minutes.
- Efforts were made to engage **practitioners in alternative income generation,** besides the economic benefits that women get in the IGA group, the groups also serve as an instrument to combat HTPs. Members of the IGA groups agreed not to practice HTPs in their HHs and relatives and they do not allow a

Examples of Prevention of Early Marriage

Case 1

Almaz is a 15 years old girl in grade 5 at Kozeba Secondary School. Last year her parents were going to give her in marriage at age 14. Since it is mandatory to inform the local administration, they asked for approval but the local administration did not approve the marriage. As her parents had already prepared food and drink for the marriage ceremony, they used it for 'Debo' to construct a house. She was able to continue her education and she said "my future aim is to graduate and to be self-reliant and help my family and community".

Case 2

Asefu is also a 15 years old and in grade 6 at Kozeba Secondary School. Last year, while she was in grade 5, her parents attempted to force her to marry. She informed this to her teachers. The teachers tried to convince her parents through discussion but failed. The teachers, therefore, took the case to the local administration which prohibited the marriage. "After some time, my parents understood the negative consequences of early marriage and now they are encouraging me to continue my education".

Currently both girls are members of Meskelo Biruh Tesfa Development, Music and Anti HIV/AIDS club. In addition, Almaz is a member of the handicraft club in her school.

Case 3

Samrawit is a 16 years old, 4th grade student. Marriage arrangements were made by her parents while she was in 2nd grade. She reported to the school and the school administration called her parents and discussed with them and they agreed to cancel the marriage. Now she is continuing her education.

A Case of Circumciser turned Change Agent

Kasech is 50 years old women, who was a circumciser for the last 25 years in Kozeba Peasant Association. Now she is one of the change agents. In recalling how she started the practice, she said "my mother was a circumciser and while she circumcised I watched and learnt how to circumcise. Unfortunately, she died before I gave birth and I went to one circumciser for my daughter and she told me she was busy. I was disappointed, took the risk, and started circumcising my daughter. Since then I continued the practice. I circumcised all my 3 children, a boy and two girls. Now, since EOC-DICAC gave training on the negative impact of FGM I have stopped the practice, I teach my neighbors and relatives.

woman who refuses not to practice HTPs to become members of the group.

Major Challenges

• Because of poor infrastructure and lack of communication, there is, often, delay of budget from head office.

• There is high staff turnover, resulting in loss of skilled and trained field level project officers, which affects the follow up of and documentation on the progress of the project.

Best Practice

• **System established to track early marriage**

Since the project inception mechanism for approval of marriage and ensuring consent of marrying couples were introduced and followed by the local administration through the local anti-HTPs committee. The local administration has established a system whereby both male and female should consent their marriage as long as they are of marriageable age. This system has helped to track cases of early marriage, and prevent families from putting their young girls at risk of marrying at early age. This has also reduced the school dropout rate of girls in that locality.

• **School anti-HTPs club**

The project has found that working with school anti-HTPs clubs and the school administration in the process of abandoning HTPs is effective in sustaining the activities carried out in the community. There is high turnover and lower motivation in the case of members of community anti-HTPs clubs as compared to the schools clubs. The school clubs remain active as long as the school is open. Furthermore, management of school clubs is easier as the teachers are highly supportive. It can be affirmed that in this particular area school clubs were the source of light to make the life of the future women brighter. (especially in adressing early marriage))

Lessons Learned

• The involvement of religious (moral authority), working hand in hand with local administration (legal authority), and the school community is critical in the reduction of FGM and early marriage.

• Targeting practitioners and victims (girls and parents) as change agents. Engage those who decide to abandon circumcising in income generating activities. .

• Working with women's affair and justice offices and school clubs is important to see immediate results in tackling HTPs and for sustainability.

• The radio program has enabled the project to address larger proportion of the community at the same time.

• In general, the community-based approach is used to secure local ownership of and support to the project. As a result the Church, sector offices such as Wereda Health Bureau, Women's Affairs Bureau, Culture and Tourism Bureau, School community and the local administration, police, and legal bodies have worked hand in hand.

4.5.2 Professional Alliance for Development Ethiopia (PADET) Kobo District, North Wello Zone, Amhara Region

Background

Professionals Alliance for Development in Ethiopia (PADET) a not-for-profit, non-governmental organization was established in 1998 by a group of voluntary development professionals and operates in Amhara and Oromia regional states. The project site in Amhara is located in N.Wello Zone, Kobo Woreda. PADET was established with a view of serving the poorest, most vulnerable and marginalized segments of the population, particularly women, youth and children. Its vision is to see a society where children, youth and women are empowered and enjoy their rights.

Mission PADET works to support Ethiopian women, youth and children in their effort to improve their livelihood through the promotion of participatory and sustainable development programs focusing on promotion of RH/HIV and AIDS, food security and good governance.

The NCA supported project in Amhara Region, N. Wello Zone, Kobo Woreda is entitled "Intensifying Action against GBV with particular emphasis on FGM" was implemented in various phases since 2006.

[i] A small baseline survey was out carried out but the details are not available however, the following can be deduced from EGLDAM surveys.

HTPs in the district

A large number of HTPs are practiced in the wereda, some very extensively . The HTPs commonly reported in the wereda are FGM, EM, rape, Uvula Cutting and MTE. Focusing on the four most common, we note that the wereda had much higher rates than the average for Amhara Region (Fig 1). Thus, the prevalence rate for FGM, for example, was one of the highest (100%, 1997) in the region and showed very little reduction, 16%, in 10 years. The same can be said for early marriage - 75% in 1997 and 61% in 2007 (Table 1).

A large number of HTPs are practiced in the wereda, some very extensively . The HTPs commonly reported in the wereda are FGM, EM, rape, Uvula Cutting and MTE. Focusing on the four most common, we note Knowledge of the harm and attitude towards elimination of the practices was also relatively much lower in the wereda compared to the average of

Fig 1: Prevalence of Selected HTPs, 2007

(Source:Table 1)

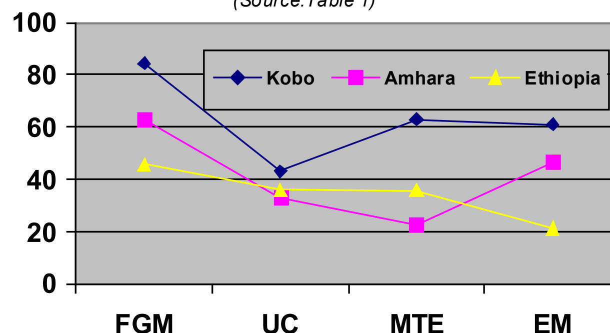


Table 1: Prevalence of the four common HTPs in Kobo Wereda, Amahara and Ethiopia 1997 and 2007									
	Kobo Wereda			Amahara Region			Ethiopia		
	1997	2007	% Decrease	1997	2007	% Decrease	1997	2007	% Decrease
FGM	100	84.4	15.6	81.1	62.9	22.4	60.6	45.8	24.4
Uvula Cutting	95.5	43.2	54.8	62.8	33.1	47.3	58.4	36.0	38.4
Milk Teeth Extraction	97.2	63.0	35.2	45.8	22.9	50.0	45.5	35.7	21.5
Early Marriage (<15)	75.0	61.0	18.6	61.8	46.8	27.5	33.1	21.4	33.2

Source: EGLDAM Database

the region or Ethiopia as a whole. Thus, except for early marriage and marriage by abduction, the wereda could be said not to have attained a critical threshold (>75%) in knowledge and attitude (Table 2). The challenges in the wereda cannot, therefore, be underestimated.

The FGM practiced is mainly type I and II. Decision is most often made by mothers. Circumcisers are experienced older women and are remunerated mainly in the form of farm labor.

Strategies

The most important strategies used by PADET include:

• Sensitization, awareness creation and promotion of decision to stop HTPs given to stakeholders mostly in workshop format, using various duty bearers such as the following as resources:

- Women's Affairs Office to give training on HTPs in general.
- Justice Office to give training on law regarding HTPs.
- Health Office to give training on harm due to HTPs.

Table 2: Knowledge and attitude of the five common HTP in Kobo Wereda Compared to Amhara Region and Ethiopia, 2007.						
	Knowledge			Attitude		
	Kobo	Amhara	Ethiopia	Kobo	Amhara	Ethiopia
1. FGM	68.5	85.0	82.7	68.0	83.2	79.9
2. UVL	64.0	80.2	78.8	64.0	77.4	75.2
3. MTE	64.5	85.5	81.2	64.5	81.1	77.4
4. EM	79.5	91.1	88.7	78.5	90.3	85.9
5. MBA	85.5	90.4	89.3	85.0	90.2	87.9

Source: EGLDAM Database

• Organizing edutainments (reading poems, performing dramas, music, delivery of messages from available IEC materials)
• Using victims, for example of fistula, for awareness creation and advocacy drives.
• Capacity building of/ strengthening major duty bearers.
• Providing support to women associations at Wereda & Kebele levels and also to Women's Affairs and Justice Offices.
• Involving practitioners and raising their awareness to stop the practice

Achievements

• **Training/capacity building on Gender based Violence (GBV)**

In 2006-2008 TOT was conducted for experts from the wereda offices of education, health, women's affairs, youth and culture, justice, court, police and others. The training covered issues on GBV. Subsequently TOT participants facilitated training sessions for kebele committee members, another for 18 students and teachers series of trainings conducted for participants drawn form government offices, local leaders, kebele administrations, traditional practitioners from the wereda and target kebeles. Case presentations/testimonials were made by girl victims and their parents. At the end of the workshop participants drew plan of action to collaborate with the project office.

• **District level panel discussion**

A panel discussion was held for 139 (14 females) participants, drawn from women's affair, attorney, police, kebele administrations, on procedures that deter women from bringing perpetrators to justice. The panel was facilitated by the Head of the High Court and Head of Women's Affairs Office of the Zone. Participants clearly articulated the obstacles including limited awareness of the issues and lack of commitment and coordination between the militia, the police and other law enforcing bodies. Measures for future follow up were highlighted.

• **Familiarization on legal codes related to GBV**

The Wereda Justice office was given support to familiarize the kebele militias, kebele cabinet members, influential leaders and community representatives, kebele social justice officers, women's affairs office and women's association members on the Amhara Region Family Law and the Federal Penal Code in relation to GBV. A familiarization session for 103 participants (36 females) was facilitated by a judge from the high court and an attorney general from Wello Zone.

• **Capacity building**

Computer and other support were provided to Women's Affairs Office in 2007 and the Kobo City Administration office in 2008 to build their capacity for action against GBV.

• **Promoting women's rights through edutainment**

A workshop was held to engage local community structures in preventing FGM and oth-

er GBV. Participants 50(29 of whom females) consisted of kebele cabinet members, Aradom youth reproductive and anti-AIDS club members, school clubs and wereda level education experts. Subsequently, the Aradom youth reproductive and anti-AIDS club was given additional support and has conducted awareness raising sessions in the kebele reaching some 124 people of which 41 females.

• **Support to youth clubs**

The project has supported a number of youth clubs in their IEC/BCC effort. Thus, for example, two (Lewt Hawariya and Anchim) anti-AIDS clubs were provided with microphone, tape, camera, office shelf… in 2006. In 2008, two others Finto Bezabesh and Medhin were supported in the same way. These clubs were able to conduct three sessions on GBV and FGM for some 705 participants of which 255 females.

• **Establishing/strengthening child-rights (CR) committees**

Three GBV prevention committees comprised of religious leaders, women and youth association members and representative of kebele administration were established. Committee members are given short training on GBV and its prevalence and prepare action plans to educate the community and initiate a GBV reporting mechanism. The committees have established links with the wereda Justice Office to facilitate information flow. The project has provided some material support (megaphone, chairs and table and stationery) to the committees.

• **Establishing/strengthening child-rights (CR) clubs**

The project has supported the establishment of clubs working on prevention of GBV in a number of schools. This is done in close collaboration with the school community and the relevant sector office representatives. Three clubs were established in as many schools. Each club has around 25 members (13 female) with a teacher assigned to facilitate communication with the school administration and other concerned bodies. Each club is provided with the necessary material (megaphone, tape, stationery…) by the project and additional material support and supervision provided by the school administration. These clubs have developed their action plans and submitted them to the school administration and the wereda education office. The plans often include:

- Conducting mass education in public gatherings, market places, school community meetings…

• **Establishing system for registering new born children**

There was no registry of births in the wereda

[i] In spite of the fact that Ethiopia is signatory to CRC, which makes registration mandatory.

. PADET held discussions with the wereda Health Office, Women's Affairs office and kebele administrations on the why and how such activities could be started. Even though there was, at the beginning, reluctance to recognize this as an important task, agreement has been reached so that:

- Health Extension Workers (HEW) and the various committees will educate the community on the issue at church and other public meetings.
- Mengestawi budne (village level government leaders) and kebele health representatives will pass information to kebele leaders and HEW on new births.
- HEW will register new born at the kebele level.
- HEW and CR committees will use the occasion to provide counseling to parents on FGM and other GBV.
- Material support for the activities – formats, recording materials, file box has been provided by the project.

• IEC/BCC

IEC/BCC underlies most of the activities of PADET but some specific activities could be underscored.

- Women's association with support from the project undertook community discussions at village levels in 2007 on GBV with emphasis on early marriage, marriage by abduction, rape and FGM. The discussions were facilitated by HEW, women's association leaders, kebele personnel and other volunteers. Meetings were held once a week and about 1942 people, of whom 882 female, participated. Among the major positions taken, the discussants resolved to prohibit mothers from taking their girl child to circumcisers and continue to organize such discussions even after the project is over.
- Coffee ceremony sessions were also held in various villages of the target kebeles. These sessions were community initiatives facilitated by kebele administrators, women's association leaders and some of the better educated people in the community. The occasions provided venues for rural women to voice their concerns, access information and discuss issues related to HTPs including FGM; concluding remarks were made by women's affairs office. Some 32 coffee ceremonies were, for example, held in 8 villages of the two target kebeles in 2007 with about 4418 participants of whom 2060 female.
- Video shows on FGM were organized in various villages in the target kebeles. Thus, for example, 38 shows were conducted in various villages in 2007 reaching some 3590 community members of which1782 were female. These shows had, reportedly, tremendous effect on the participants with **some fathers declaring that they had no idea of what was being done to their daughters until they saw the videos.**

• Awareness raising and IGA for practitioners

At the start of the project and in 2008 training was provided for 102 practitioners of HTPs and TBA of whom 48 were female. The training fo-

cused on demonstrating the negative health consequences of such practices as FGM and tonsil scraping. The training was given by health workers from Kobo health center, and a lawyer from the wereda justice office. Concrete examples of harm were drawn for local experience and the practitioners made to clearly understand the illegality of the practices.

In 2008, 20 exemplary practitioners, of whom 17 female, were provided start up capital for alternative income generation (AIG) schemes.

Box 1: Registering Births in Kobo

The need to register births is recognized as a major requirement for socio-economic development initiatives but various attempts to date to start registration systems in Ethiopia have failed. The attempt by PADET project seems promising because it has involved most of the stakeholders in a consensus building process and is anchored strongly at the kebele level with support of the kebele administration and registration by HEW.

The initiative should be documented carefully, monitored and evaluated in order to draw lessons for further expansion and, hopefully, emulation by others.

Outcomes

Despite the short terms partnership of six months duration each year between PADET and NCA, the project has initiated a number of promising activities. The project is implemented in cooperation with government partners – women affairs Office, law enforcing bodies and women's Association. Engagement of these partners and the modicum of capacity building provided are believed to create the conditions to sustain the efforts.

Major awareness creation activities have been undertaken at community level and also in schools. These activities, coupled with those targeting practitioners e.g. alternative income generating activities, seem to already have some impact. Thus, while during phase I (July 2007 – Dec. 2007) there were no parents, in the two target Kebeles, who did not have uncircumcised daughter, by the end of phase II (April 2008 – Dec. 2008) 67 parents were awarded for not having their daughters circumcised.

An interesting initiative of the project, worthy of follow up and possibly emulation by others, is the registration of births in the target kebeles (Box 1).

4.6 National

YeEthiopia Goji Limadawi Dirgitoch Aswegaj Mahiber (EGLDAM)

Background

Brief history

The Inter African Committee on Harmful Traditional Practices (IAC-HTPs) was established following the recommendations of the international conference, held in Dakar/Senegal on November 30, 1984. Since its establishment, the IAC has opened offices in Addis Ababa, Ethiopia and Geneva Switzerland. The IAC had played a significant advocacy role targeting different African government officials such as the ministries of health on the importance of establishing national committees in those countries where harmful traditional practices are rampant. As a result the former National Committee on Harmful Traditional Practices -Ethiopia (NCTPE), now known as EGALDAM (by the acronym of its Amharic name), was established in 1987. Initially it operated under the umbrella of the Ministry of Health of the Ethiopian Government. EGLDAM was legally registered as an indigenous non-government organization, with the Ministry of Internal Affairs in 1993 and acquired certificate of registration from the Ministry of Justice of the Ethiopian Government in 1997.

Ties with Norway (NORAD) started in 1995 through a team that came to Ethiopia to monitor projects implemented by UN agencies. The team visited EGLDAM's office and undertook needs assessment, the outcome of which was financial support from NORAD to conduct the 1997 National Baseline Survey on HTPs. Norwegian government also supported EGLDAM through Save the Children Norway, to conduct the Follow-up National Survey on HTPs 2007. The findings of these surveys have created the basis for evidence based interventions both by government agencies and NGOs.

Vision, mission and objectives

Vision:- EGLDAM wants to see a society in which children and women of Ethiopia fully enjoy their rights and live free of the influence of traditional practices that are harmful to their physical health and psycho-social well-being.

Mission:- promotion of beneficial traditional practices and eradication of harmful practices.

EGLDAM is a National organization and operates through out the entire country towards the eradication of HTPs. Depending on the availability of resources; certain projects are also implemented at wereda level. EGLDAM currently partners with Norwegian Church Aid, Save the Children Norway, Pathfinder International, OAK Foundation, and Haurralde Foundation.

Strategies

• **Address policy and legal issues**

EGLDAM works towards the eradication/ abandonment of HTPs on evidence based intervention. The Baseline Survey on HTPs in Ethiopia, 1997 (NCTPE 1998) has been instrumental in this regard. The report lists some 200 different types of traditional practices and identified about 140 different types of practices as harmful traditional practices (HTPs). These were further classified in a number of categories including Marriage-related HTPs, Children–related HTP, Food and work "taboo"/ prohibitions. Major HTPs identified for nation-wide focus include FGM, Uvula cutting, Milk Teeth Extraction, Early Marriage and Marriage by Abduction.

The Baseline Survey has served as the basis for EGLDAM to undertake advocacy at various levels (Federal parliament and regional council) by presenting tangible facts. The outcome has been beneficial in the inclusion of articles on HTPs in the Constitution and various policy and legal documents of the country. Article 34 of the Constitution of the Federal Democratic Republic of Ethiopia (1995) is of special significance as it specifically states that "Laws, customs and practices that oppress or cause bodily injury or mental harm to women are prohibited". The revised Criminal Code (2005) in Articles 561-570, 648 includes among others provisions and penalties on HTPs around child marriage, infibulations of female genitalia, female circumcision and marriage by abduction. All regional governments except Somali, Afar, Benishangul & Gumuz and Gambella have promulgated Family Laws which prohibit HTPs.

• **Targeting the Health system**

Since the health system has frequent contact with women (pregnant, antenatal check-up, and for delivery), thousands of MCH nurses and family health coordinators have been sensitized on harmful traditional practices in collaboration of the family health departments at federal, regional and zonal levels. This has created opportunities to educate families that come to health facilities on the importance of abandoning these practices.

Recently (2009), EGLDAM, in partnership with Pathfinder International, has launched a huge capacity building of the health system in Amhara, Oromiya, Tigray and SNNPR regions in order to mobilize the entire health system in combating HTPs.

• **The School system**

EGLDAM from the very beginning recognized that schools are ideal for dissemination information related to the eradication of HTPs. They can also be a bridge between EGLDAM and the society. Thus school anti-HTP clubs have been established in most schools and are passing information through already established mini media.

• **Religious/traditional leaders**

This is an important target group since they have close contact with and trust of the com-

munity. EGLDAM has, over the years, provided training and information campaign for traditional leaders and religious leaders of the various denominations (Coptic, Protestants, Catholic, Muslim ...).

- **The Legal System**

EGLDAM, in collaboration with the Ministry of Justice, has trained judges, prosecutors, and police officers from Addis Ababa, Amhara, Oromiya, Tigray and SNNPR (2008 & 2009).

- **Journalists**

EGLDAM, with support from some of its partners and the School of Journalism of Addis Ababa University, has sensitized journalists from the radio stations, TV, news papers (government and private). In 2009 for example, sensitization sessions were held for 80 journalists and the outcome has been increased number of articles and news coverage related to HTPs in the media. A network of journalist against HTPs has also been established.

- **Parliamentarians and members of regional councils**

A most important target group for advocacy/ lobbying and sensitization is parliamentarians and regional council members. In 2009 and 2010 EGLDAM, in collaboration with NCA, will present the results of the National Follow up Survey to these bodies.

- **Capacity Building**

In 1980s EGLDAM has been the pioneer in raising the issues of HTPs. Previously it has been taboo to talk about FGM in public. Now there are over 100 organizations involved in anti-HTP/FGM activities. Most request support in resource persons, training, and materials (films, leaflets, pamphlets...etc). As in the past, EGLDAM will continue to collaborate and provide support to all who are engaged in the fight against HTPs in the hope that a strong network of organizations against HTPs will materialize.

- **Working with Women Affairs Offices**

The Ministry of Women's Affairs at federal level and women departments at regional, zonal and wereda levels are our important allies in the fight against HTPs. EGLDAM has been able to reach hundreds of thousands of communities at grassroots levels in disseminating information on the harmful effects of HTPs in collaboration with these offices.

- **Working with Kebeles and Peasant associations**

In partnership with UNICEF, EGLDAM has carried out grassroots level activities both in Kebele (urban) and peasant association (rural) communities of the Amhara regional state. Thousands of people, in the project areas' over 20 weredas in two Shoa zones, have been reached.

- **Working with Universities**

Currently preparations are under way through the support of SCN-E with the objective of

encouraging academic staff and graduating class students to conduct studies related to HTPs, FGM in particular.

Outcomes

- **Policy level**

Through efforts made in collaboration with the Ministry of Women's Affairs, EGLDAM has been successful in brining the issue into the agenda of the Ethiopian parliament to adequately address issues of HTP in the Ethiopian Constitution, and in relevant legal provisions such as the Family Law and the Criminal Code of 2005.

- **Research**

EGLDAM was able to conduct two national surveys, a baseline survey of HTPs in 1997 and a follow –up survey in 2007. The reports and books from the two surveys have tremendously contributed to evidence based intervention both by government for appropriate policies and legislations and organizations that have intervention programs.

- **Capacity Building**

As a result of capacity building effort made by EGLDAM, dissemination of information regarding the harmful effects of HTPs has become routine activities of government, NGOs, and religious institutions. For example, EGLDAM has created capacities of some 40 NGOs to enable them integrate issues of HTPs into their routine activities. During the past few years 56,802 religious/ traditional leaders were trained and have become supporters of the program.

Partnership with NCA in particular

Partnership between NCA-E and EGLDAM has been fruitful in a number of ways. For example, the construction of website ftp.nctpe-fgm.net created opportunities both for national and international advocacy work to increase public awareness and interest. It is very important to strengthen this area of collaboration in the coming years as well.

Another important and on going area of collaboration between NCA-E and EGLDAM is strengthening the **FGM Resource Center.** The Resource Center include IEC materials (leaflets, pamphlets, posters and various films) and reference materials published in Ethiopia and else where. These materials are shared with organizations engaged in addressing FGM and other HTPs. The support covers building the capacity of the resource center: subscription to journals and reference materials which are used by researchers and other interested organizations and individuals.

EGLDAM has also established **FGM Network with NCA's support** whose objective is to mobilize actors in order to increase the possibilities of effecting positive change, increased coordinated participation of local civil society and international organizations to bring about broad social change through collective voice and action. **A Directory of more**

than 40 organizations was published. The FGM Network is in the process of being strong from 2010 onwards EGLDAM, with the support of NCA and members of the network will strive to achieve the objectives for which the network is established and will focus on:
- FGM Network members formulate clear and measurable goals for the common agenda.
- Document properly the outcomes of respective activities of members –added value of the network, roles, relations and results of the network
- Increased participation of members to make the FGM Network more effective.
- Create firm links at grassroots level through local network and alliances.
- Strengthen local actors' ability to play an active advocacy role.
- Create participatory leadership through elections.

NCA-E also provides support for the production of the **FGM Network Newsletter.** This is to facilitate member organizations to contribute actively articles about their major achievements. There is plan to form an editorial committee that ensure more active participation and better scrutiny of the content and quality of the newsletter and encourage members to contribute articles. In the long run, the publication would serve as an important advocacy, lessons sharing, evidence based and information dissemination tool.

The Way Forward

Challenges to abandoning FGM should not be underestimated. Though there are many actors in the fight against HTPs/FGM, progress is not commensurate with the effort as the prevalence is still high (change in behavior is low). There are also strong underlying factors – poverty, low educational level, gender bias and limited law enforcement capacity. Resistance and clandestine practices are on the increase. There are also limitations in consistent & coordinated actions.

On the other hand, there are clear **opportunities.** There is high level of awareness and declared support to elimination of HTPs at all levels. In addition there is a highly conducive policy and legal framework. There are also high numbers of government and non-government organizations involved in the struggle against HTPs.

EGLDAM would like to see the FGM Network strengthened and joint programming of partners established. This will require a lot of effort and commitment from all concerned (government, international and national NGOs). Once this is achieved, EGLDAM could leave all grassroots activities to member organization to undertake. EGLDAM could then continue to be engaged on carrying out advocacy on, among others, the enforcement of law, the integration of the issue of HTPs into the curriculum, the importance of assuming firm leadership and coordination by government

body. EGLDAM will continue with data collection and monitoring and documenting results (achievements).

EGLDAM as an organization is built by member representatives of regional branch offices. Eventually, it could leave all grassroots level activities to them and focus on building capacities of the regional branch offices through conducting training of trainers (TOT) and training information campaign (TIC). The resource center will continue to provide services for researchers by availing reference materials of its own and collection from international sources.

A successful strategy that EGLDAM has used to increase its effectiveness and visibility is to collaborate with government sector ministries such as justice, women's affairs, health and education as well as working with parliamentarians and regional councils. EGLDAM should continue to strengthen these ties.

V. Lessons learned and the Way Forward in NCA's Partnership

Tangible achievements have been made in the fight against FGM in the last two decades. NCA is clearly perceived as a well-established, trustworthy and reliable partner by government, NGO and other partners in Ethiopia. Its long term and steady presence in spite of the various upheavals in the country (regime changes, internal conflicts, wars with neighbors, complex disasters…) has established it as a time-tested and trustworthy partner with backlog of successes and steadfastness, which augurs well for the future. It has been able to adapt to the diversities of the Ethiopian situations by developing divers partners (GO, NGO, FBO…), by adopting varied approaches to reach the unreachable and the marginalized with flexible but reliable support.

Tangible achievements

The anti-FGM campaign has come a long way. FGM is no more a taboo subject limited only to considerations at the domestic level. It has become a subject of public debate from the grassroots (e.g. CC) to the national levels. Awareness of the harm and support to its elimination have grown dramatically. Conducive and explicit legislations have been promulgated at various levels and, through the CC approach; efforts are being made to anchor them into the social norms of the communities. CC is being widely introduced to empower communities make their considered decisions against the practice. Innovative measures have been taken to give visibility to those who have openly stood against the practice. Though still in a relatively isolated pockets, there are now examples of communities who have abandoned the practice.

While it is not possible to attribute fully these changes to the effort of NCA and its partners alone, it is clear that, at least in the specific project areas, they have contributed quite substantially to these gains.

Time-tested and Trustworthy Partner

NCA has made it presence felt in Ethiopia for some 35 years (since 1974). The period has witnessed many dramatic events. There have been three regime changes, recurring complex disasters (drought, flood, famine…). There have been several wars and internal conflicts. NCA has been able to weather them with grace and enhanced credibility as a sound broker for human dignity.

Issues related to governance and human rights have always been contentious. It is no small credit to the organization that NCA has, over time and steadfast adherence to its humanistic principles, been able to gain the confidence of public authorities at various levels and build solid relationship with its partners.

To its NGO/FBO partners, NCA is perceived as a reliable and highly supportive partner. It is clear that it neither sees itself nor is it perceived as solely a funding agency. It closely

monitors and supports its partners' projects without being intrusive. It has well-established capacity development programs and uses various forums to foster sharing and learning from each other's experience. It is thus a true partner flexibly nurturing its relationship and, often, leveraging the partners' grassroots presence and community links with relatively modest financial and technical support and thus obtaining high value for money as in the cases, for example, of KMG, ECMY-SWS.

Flexible/Divers approaches to divers realities

Ethiopia, as a large and divers country, poses serious challenges to any humanitarian and development agent. Its more than 70 ethnic (cultural/traditional) groups live in the most diverse geo-climatic region - from the most torrid and arid to the rugged alpine terrains - in the world. NCA and its partners address these diversities:

- From an area with one of the most ancient and complex cultural heritages (e.g. Dehnan in a zone of the Zagwe Dynasty and the Lalibela Rock-Hewn Churches fame) to an area where people still live very close to nature (e.g. Erbore and Tsemay in South Omo)
- From the most desertic, low lying (the Rohi Weddu project is not far from the Afar Depression) to relatively fertile highland areas (e.g. Dehana)
- From one of the oldest agriculturalist areas (Dehana) through enset producing (Siraro) or agro-pastoralist (hoe culture, Erbore) to (nomadic) pastoralist (Afar and Somali)
- From the earliest Christians (Orthodox, Dehana) or Muslims (Afar and Somali) to the mostly traditional (Erbore, Tsemay).

Partners have evolved varying goals and approaches to these diverse situations and NCA seems quite adept at nurturing these diverse approaches towards the ultimate goal of abandoning FGM. Thus, various strategies/ approaches are used in addition to the usual awareness raising meeting and workshops (TOT, TIC...) including:

- Introduction of relatively advanced technologies (e.g. the radio groups in Dehana)
- Alternative rites (E.g. KMG), ceremonies recognizing and giving visibility to change-pioneers (e.g. marriage of the uncut, award for model families...) in order to create cognitive dissonance (KMG, ADAA, OWDA...)
- Even the recently introduced and most widely used CC approach is implemented with palpable differences in the type of facilitators, composition of participants, duration etc.

While the above achievements and positive trends should be appreciated, the remaining **challenges** to abandoning of FGM should not be underestimated. Only a few will be highlighted.

The promises of CC

CC has emerged as the dominant approach to behavioral change. The experiences accumulated by NCA and its partners, KMG in particular, in this area are impressive. As a community empowering approach, some di-

versity in methods and processes should be anticipated and are probably a mark of real community based approach. However, as the anti-FGM struggle intensifies, the strengths and weaknesses of these evolving implementation differences should be gauged and the lessons for future development drawn. Thus,

- What should be the optimal quality and composition of facilitators? Some use only facilitators from within the community in spite of (lack of) literacy/educational status (e.g. Rohi Weddu), others try to combine different types of facilitators (e.g. ECMY-SWS) while at the other end only relatively well-educated facilitators are used (e.g. KMG). The type and quality of supportive supervision of these facilitators also vary. While the merits of these varied implementation strategies could be argued, it seems important to closely monitor them and draw the lessons for a more challenging future. It is clear that addressing FGM gains momentum, the tasks of facilitators will be more demanding. Empowered communities might start asserting their values, as is already the case in some areas. Established leaders both public (e.g. kebele, district or zone administrations) and community (traditional leaders, religious leaders...) might, inadvertently side track the movement (e.g. shift to 'sunna' or other purportedly harm reduction measures) or feel threatened and try to thwart the movement. All these would require a higher quality response from facilitators. Thus, the recruitment and continuous capacity building of facilitators would be an important challenge in future development of the anti-FGM campaign.

- How long should CC last and what could be the most reliable follow up mechanisms? Again, durations vary. NCA partners do not have CC of less than 10 months but some seem to work on short (6 months) phase cycles because of funding constraints. Some have gone for more than two years and, understandably from the highly constrained environment, in which they operate, would have to continue for much longer ECMY-SWS South Omo. It seems important to develop some criteria/indicators to assess levels of community empowerment at which CC could be stopped without compromising gains and other methods of follow up instituted.

Most of the follow up mechanisms that have evolved to date are some sort of community committees. There is need to clearly document and assess these experiences as future success will certainly depend on them. Are their composition and size optimal? How do/should they relate effectively with: partner organization, for how long? the kebele and other government administration...?

While long-term presence, at a limited/oversight commitment level, by some partners (e.g. ECMY-SWS) does not seem problematic, it hard to see how this could be sustainable for some NGO (e.g. ADAA, OWDA). Clear exist strategies and community anchored follow up mechanisms have to be thought-through at a very early stage.

The shift to 'sunna' challenge

There are repeated indications that in Somali and Afar there seems to be a trend to move from infibulations to what are considered less severe types of cut misleadingly termed 'sunna'. Among the Erbore too, there is a trend to move from the traditional excessive cutting and scraping to minimal cutting. This trend is not new since it has been noted, for example for the Harari, in 1997 and in depth studies recommended. However, the current status merits heightened attention because of the wider social movement implied in the two strongholds for infibulations (Afar and Somali) with some religious leaders overtly advocating for the shift. Some activists seem also to see the shift to 'sunna' as an acceptable transition strategy. The position of IAC and all prominent international organizations, of the Norwegian Government and NCA on this, we believe is quite clear. From the human rights perspective, any form of genital mutilation/cutting is intolerable. NCA documents indicate that implementation of human rights based strategies in marginalized communities will require sustained capacity building efforts and time. However, tampering with human rights in the guise of harm reduction strategies could have highly negative, inevasible and long lasting impact.

Widespread Presence

NCA anti-FGM partners are quite numerous and spread all over the country. While the merits of this in terms of widely perceived presence is undeniable, there is the risk of thinly spreading resources (some partners complain of low and short term funding CFES, RohiWedu, PADET, ADAA) and over stretching capacity building and monitoring capabilities.

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[7] For
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* Food insecurity Aregaye 1999

[8] For:
* Policy and legal position at federal level Fisseha et al 2008, Yayehyirad et al 2009
* Related laws at Oromia level see Meskerem 2004 also GALPO Team 2003

[9] For strategies Plan 2007
[10] For
* Geographic data IPS 1998, 1999 ANRS 1999
* Population CSA 2008

[11] NCTPE 1998, Fisseha et al 2008
[12] Based on various Rohi Wedu documents and Jensen's visit report
[13] For Mingi see Melesse 1995, Gezahgne 2000.
[14] Based on SWS reports and interviews and FGD conducted for this documentation.
[15] On Bogalech, see Shetty 2007, HaileGabriel 2008 and for various awards KMG 2009.
[16] Info from doc provided by KMG "Brief Description on KMG's Profile" May 2009 and KMG 1999; see also KMG 2007 Proposal
[17] Mostly from KMG 1999 BLS, Haile Gabriel 2008 also gives some hints
[18] For Status in SNNP, see SNNP Regional Report
[19] For
* The development of the CC approach Gueye et al 2005
* KMG and UNDP relationship Yayehyirad 2006, Haile Gabriel 2008
* L4D Yayehyirad 2006
* Issues in the CC approach Gueye et al 2005, Yayehyirad 2006, Haile Gabriel 2008, Sentayehu 2008

[20] Population from 2007 census; health services from HSDP 2008
[21] Based largely on EGLDAM Reports, NCTPE 1998 & 2003, Fisseha et al 2008 and Yayehyirad et al 2009