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Concept Note for Economic and Social Women Empowerment and Protection of Women and Girls from HTPs (SNNPR/Ethiopia)

Donors:	Italian Agency for Development Cooperation, Ethiopia
Fund Receiving Agency:	United Nations Population Fund (UNFPA)
Intervention Areas:	Region: SNNPR
	A. *Wolayta Zone: Soddo Zuria Woreda* (Dalbo Atawro and Dalbo Wegene *Kebeles*); Damotgale Woreda (Shashogale and Washagale *Kebeles*)
	B. Hadiya Zone: Lemo *Woreda* (Soddama Mar Duncho and Andegna Homoshera *kebeles*) ; Soro *Woreda* (Wesheba and Andegna Selefe *Kebeles*)
Project budget:	**EURO 500,000**
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1.1 PROJECT TITLE AND DURATION

Economic and Social Women Empowerment and Protection of Women and Girls from HTPs (Duration 16 Months)

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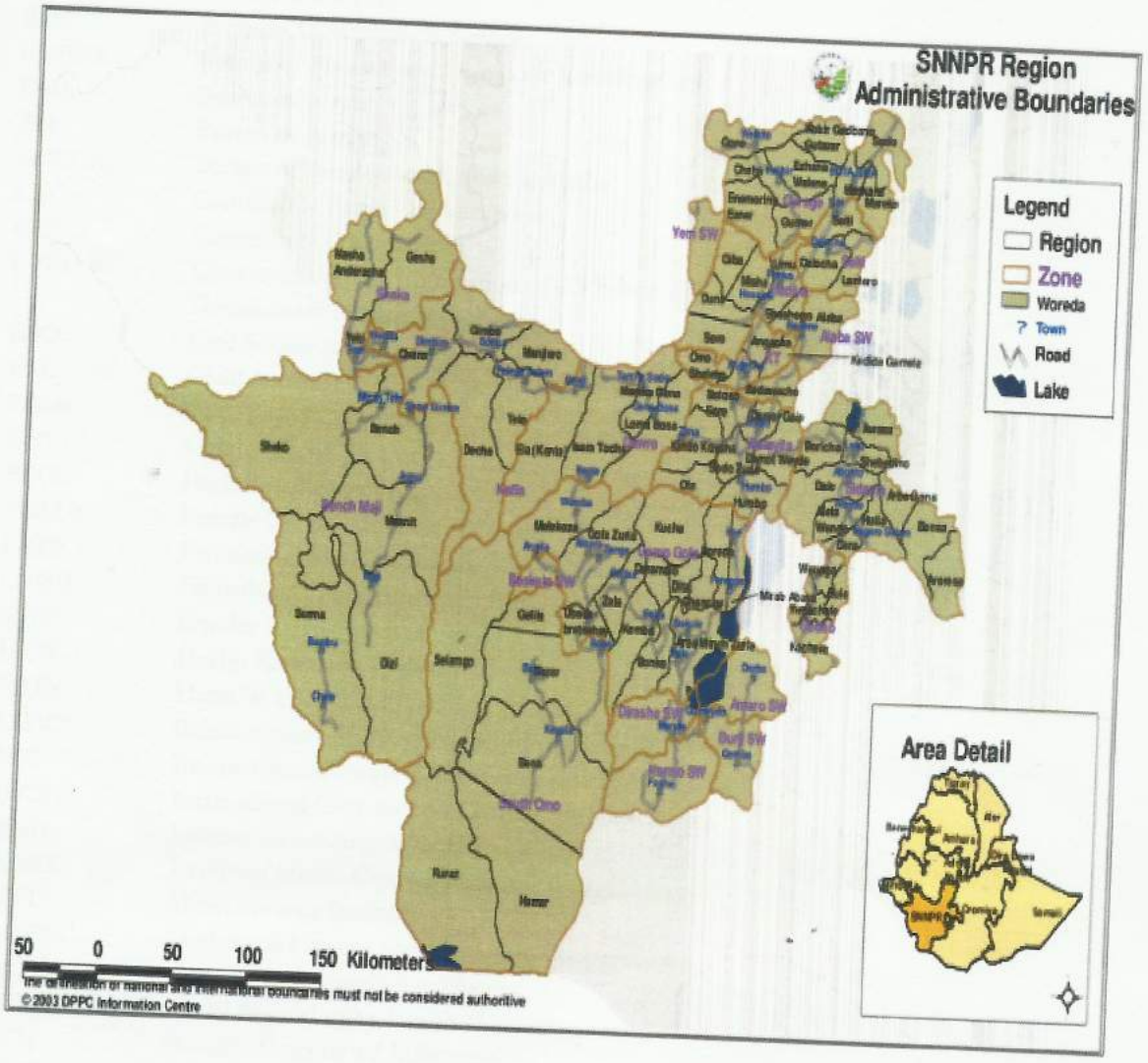
(SNNPR/Ethiopia)



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Acronyms

ACRWC:	African Charter on the Rights and Welfare of the Child
ACHPR:	African Charter on Human and Peoples' Rights
AWP:	Annual Work Plan
BDS:	Business Development Services
BoFED:	Bureau of Finance and Economic Development
BoH:	Bureau of Health
BoJ:	Bureau of Justice
BoWCA:	Bureau of Women and Children Affairs
CBOs:	Community Based Organizations
CC:	Community Conversation
CEDAW:	Convention on the Elimination of All Forms of Discrimination Against Women
CSO:	Civil Society organization
CM:	Child Marriage
FBOs:	Faith Based Organizations
GBV:	Gender Based Violence
FBOs:	Faith Based Organizations
FGM/C:	Female Genital Mutilation/Cutting
FHH:	Female Headed Households
GTPII:	Growth and Transformation Plan II
GBV:	Gender Based Violence
HEW:	Health Extension Worker
HTPs:	Harmful Traditional Practices
IADC:	Italian Agency for Development Cooperation
IEC:	Information, Education, and Communication
ICCPR:	International Covenant on Civil and Political Rights
IGAs:	Income Generating Activities
KMG:	Kembatti Mentti Gezzini-Tope
MFI:	Micro Finance Institution
MoFEC:	Ministry of Finance and Economic Cooperation
NGO:	Non-Governmental Organization
SRH:	Sexual Reproductive Health
STIs:	Sexually Transmitted Infections
SDGs:	Sustainable Development Goals
SNNPR:	Southern Nation and Nationalities People Region
UNFPA:	United Nations Population Fund
WDG:	Women Development Groups

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1.1 PROJECT GOAL

The goal of the project is to contribute to the economic and social empowerment of most vulnerable girls and women and.to the elimination of Female Genital Mutilation (FGM) and Early child marriage in Ethiopia by 2025

1.2 PROJECT OBJECTIVE

Empower economically and socially the most vulnerable Female Headed Households and protect women and girls in targeted areas from Harmful Traditional Practices (HTPs)

1.3 PROJECT OUTPUTS

The Project will focus on empowering most vulnerable women and girls economically and socially, with a special focus on FHH between the age of 15-25 victims of HTPs (CM)

- Enhanced social and economic empowerment of the most vulnerable Female Headed Households, focusing on victims of CM
- Enhanced awareness of primary and secondary schools students on HTPs and SRH, and decreased female students dropout
- Increased knowledge and response of communities on HTPs and SRH
- Enhanced capacity of institutional and community key stakeholders at zonal, woreda and kebele levels on HTPs and SRH
- Improved knowledge about the intervention areas and results dissemination

1.4 KEY ACTIVITIES

- Provide technical, financial, entrepreneurial and management training on Income Generating Activities (IGAs)
- Establish a microcredit line through MFI and provide BDS
- Provide life skill trainings
- Provide school material and sanitary kits for 6 primary schools and 5 secondary schools.
- Strengthen girls' forums/clubs and provide tutorial classes to support selected girls.
- Provide secret boxes to targeted secondary schools
- Train teachers on HTPs and SRH issues
- Train CCs facilitators and conduct CCs in each Kebele (9 kebeles)
- Train Law enforcement agents, at Wereda and Kebele levels on HTPs and legal instruments
- Train health extension workers (HEW) and mid-wives of 9 kebeles on HTP case management
- Train community and religious leaders and CBOs at kebele level
- Establish networks and organize meetings with relevant stakeholders
- Conduct a rapid assessment on HTPs in the intervention areas that will serve as a baseline data
- Conduct a rapid assessment on the results achieved and identify success stories
- Organize a dissemination workshop and publication of the data and project results

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1.5 PROJECT TARGETS

The project activities will focus on 9 Kebeles with an average population of about 4,000 people per Kebele. These activities are expected to expand, through awareness creation activities on HTPs and SRH, in 5 towns of each Woreda (district) where the secondary schools for these Kebeles are present.

Direct beneficiaries:

- 225 vulnerable female headed households (25 per Kebele) from income-generating activities
- 300 economically and socially disadvantaged female students and at risk of early marriage who will continue their studies at secondary school level (60 girls for 5 schools)
- 120 economically and socially disadvantaged female students and at risk of early marriage who will continue their studies at primary school level (20 girls for 6 schools – last year classes)
- 270 women (30 per Kebele) who manage to reject any form of HTPS
- 750 students (male and female) (150 for 5 high schools) who will have adequate knowledge on HTPS and SRH

Indirect beneficiaries

- 900 people who are family members of the vulnerable the 225 FHH benefited from the project (225 * average 4 people/HH = 900 persons)
- 36, 000 community members from the 9 Kebele will be sensitised on women's rights and protection (4,000/kebele from 9 kebeles).
- Part of the community of 5 towns that has been sensitized on HTPS and SRH (1000 * 5 = 5000)

1.6 PROJECT LOCATION

- The focus region is SNNPR - Wolayta Zone: Soddo Zuria *Woreda* (Dalbo Atawro and DalboWegene *Kebeles*); Damotgale *Woreda* (Shashogale and Washagale *Kebeles)*; Hadiya Zone: Lemo *Woreda (*Soddama Mar Duncho, Andegna Homoshera and Huletegna Homoshera *kebeles)* Soro *Woreda* (Wesheba and Andegna Selefe *Kebeles*).
- School level interventions in: Wolayita Zone (Dalbo and Boditi High Schools; Dalbo Atawro, Dalbo Wegene, Shashogale, Washagale Primary Schools); Hadiya Zone (Jajura, Gimbichu and Yekatit 66/Hassana High Schools; and Washeba, Omoshera Primary Schools)

1.7 PROPOSED IMPLEMENTING PARTNERS

- Bureau of Women and Children Affairs (BoWCA) for the overall coordination of the project
- Bureau of Justice (BoJ) for implementation of policies and laws
- Bureau of Health (BOH) for provision of health services
- Kembatti Mentti Gezzima-Tope (KMG) for community and school level interventions on HTPs

- One regional **University** to conduct a rapid assessment on HTPs in the intervention areas that will serve as a baseline data, and a rapid assessment on the results achieved and identify success stories
- One Partner for the Economic Empowerment component will be identified later

1.8 PROJECT BUDGET AND DONORS

- Total Project Budget: **EURO 500,000**
- Donors: Italian Agency for Development Cooperation

2. BACKGROUND

2.1 General Context

Women in Ethiopia face social and cultural challenges that undermine their human worth. Despite their numerical significance and remarkable contribution to the economic development, they are placed to the disadvantage position with no or weak say, and yet, in spite of the overwhelmingly negative impact of different HTPs on individuals and societies, it is often justified by customs and reinforced by institutions that limit women's rights, their decision-making power, and their recourse to protection from the practice. As such, practice of HTPs are both an outcome and an expression of women's subordinate status in relation to men in societies in Ethiopia.

Women and girls in Ethiopia are at a distinct disadvantage compared to boys and men, on a range of issues including literacy, health, livelihoods and basic human rights. Generally, Ethiopia is a nation of young people – about 33% of its population is 10-24 and 22 % of the population comprise of adolescents (15-19) - and this group is the one who is strongly affected by FGM and child marriage. Among many sexual and reproductive health problems faced by youth in Ethiopia gender inequality, sexual coercion, child marriage, polygamy, female genital mutilation, unplanned pregnancies, closely spaced pregnancies, abortion, sexually transmitted infections (STIs), and HIV and AIDS need to be mentioned. In addition, to the above mentioned problems, lack of education, unemployment, and extreme poverty exacerbate and perpetuate the reproductive health and other social problems faced by Ethiopian youth in general and young girls in particular.

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Child Marriage (CM) is a union where one or both spouses are under the age of 18. The practice of CM is a pervasive problem in Ethiopia, and the practice is especially prevalent in rural areas of the country. CM is a grave human rights violation that has a major social, economic and health impact on girls, women and their communities. It also perpetuates the cycle of poverty and gender inequality and blocks the potential of girls and women empowerment, both economically and socially. According to the Revised Family Code (2000) the minimum age for marriage is 18 both for females and males. However, according to 2011 Ethiopia Demographic and Health Survey figures (DHS) the median age at first marriage is 16.5 for women, compared with men who marry later, at median age of 23.2.[1] The figure also varies from region to region. For instance, as per the study conducted by Overseas Development Institute on CM in Ethiopia, the percentage of ever married girls age 10-14 in Soddo Zuria *woreda* (Wolayita zone) is 18.8% and in Limo *woreda* (Hadiya zone) is 16.4%. CM has serious consequences on women: it increases the rate of maternal mortality and morbidity, including fistula, low weight and malnutrition resulting from frequent pregnancies and lactation, when young mothers are still growing themselves [2]

According to the Ethiopian Demographic and Health Survey (DHS), the estimated prevalence of FGM in girls and women (15-49 years) is 74.3% (DHS, 2005). This has decreased from 79.9% in 2000 (DHS, 2000), showing a 5.6% decrease over 5 years. It is also noteworthy that the proportion of girls under the age of 15 victims of FGM in 2011 is estimated to be 23% (Ethiopian Welfare Monitoring Survey).

The baseline survey conducted by Kembatti Menti Gezzimi – Topi (KMG) in 2011 in SNNPR - Wolayita Zone (one of this project's area) - indicated that 84% of women have been circumcised. About 60% of women were circumcised at around puberty age (10 years and above) and 34.3% between the ages of 1 and 9. 75% of women with a daughter reported having at least one of their daughters circumcised with highest frequency of 87.6% and 86.6% in Damot Fulasa and Kindo Koysha *woredas* respectively.

The above baseline survey also demonstrated that there has been a slight decline in the prevalence of FGM. Of interviewed girls aged 10-20, 44.6% reported to have been circumcised, and 54% of all women aged 10 years and above were found circumcised. But, in 2014 65% women said that one or more of their daughters are circumcised, compared to 75% in 2011.

[1] 2011 Ethiopiq Demographic and health survey
[2]Berchi, Annual Journal: Ethiopia women Lawyers Association, Issue 7, 2008, Addis Ababa, Ethiopia

the fight against HTPs, a national platform on prevention and elimination of HTPs was launched by the Deputy Prime Minister at the National Girls Summit held on June 25th 2015. Launched under the auspices of the Ministry of Women, Children Affairs (MoWCA) this comprised representatives drawn from relevant stakeholders (line ministries, multilateral and bilateral donors, civil society, women and youth associations and national federations, faith-based organizations and national associations).

In addition to the above stated national initiatives, Ethiopia has acceded to numerous international and regional human rights conventions and consensus documents that prohibit the practice of HTPs, such as the International Covenant on Civil and Political Rights (ICCPR), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the African Charter on the Rights and Welfare of the Child (ACRWC) and the Protocol to the African Charter on Human and Peoples' Rights (ACHPR) and on the Rights of women in Africa. Article 9(4) of the Ethiopian Federal Constitution states that all ratified international instruments are considered part of the country's national legislations.

Generally the Ethiopian government efforts regarding formulating policies, rules and regulations are highly commendable by many standards. Unfortunately, appropriate plans are not put in place to ensure their implementation at different levels.

2.3 UNFPA INTERVENTIONS AND EXPERIENCES IN SNNPR

UNFPA's efforts focus on eliminating forms of violence against women and girls that are especially relevant to its mandate of programming on SRH, domestic and sexual violence and harmful practices, as well as on addressing other forms of GBV. UNFPA-Ethiopia program on GBV, CM and FGM that has been implemented in different regions of the country have put every effort into enabling women to speak out against gender-based violence, and to get support when they are victims of it. The program was also committed to spotlight GBV as a major health and human rights concern. UNFPA advocates for legislative reform and enforcement of laws for the promotion and the protection of women's rights to reproductive health choices and informed consent, including promotion of women's awareness of laws, regulations and policies that affect their rights and responsibilities in family life. UNFPA provides

Although FGM/C is decreasing in the Region, it is still prevalent in some zones and particularly in some woredas. In Hadiya Zone (specifically Duna, Soro and Lemo Woredas) FGM/C has increased becoming a very serious problem in the last 2 years. The reason for this increase is the presence of a disease traditionally known as *chabala* that affects the female genitalia. Symptoms of the disease described by many women of the area are mild to severe itching. FGM/C is being performed on women who claim to have the disease and on the ones who do not, for prevention purposes.

Therefore, there is still a lot of work to be done to achieve the abandonment of the practice.When it comes to Women's economic empowerment, studies undertaken show considerable gender gap in access, ownership and control over assets that disfavour women to improve their livelihoods, well-being and bargaining power within their households and communities. Gender inequality, associated with social norms, has constrained opportunities for women to fully participate in socioeconomic life of the society. The 2011 EDHS shows that 38 % of Ethiopian women are currently employed compared to 80% of men. Besides, only 36 % of women responding to the 2011 EDH Survey said that they themselves mainly decide how their cash earnings are used. This has implications on women's ability to own and control resources and assets, requiring support for them to innovatively invest and manage their earnings. Moreover, lack of entrepreneurial skill and business opportunities to penetrate, dominate and thrive on the existing business eco-system entailed a reliance of most women in the informal market; women in Ethiopia represent 60 percent of informal enterprise owners

The majority of Ethiopian population depends on agriculture for their livelihood, but women in rural areas face difficulties as lack of access to finance, market challenges, access to market premises, inability to convert part of the profit back to investment, poor managerial skills, and low level of education; hence the importance of promoting entrepreneurship providing alternatives for Income Generating Activities (IGAs)

Rural women's economic empowerment can have a positive impact on, and is interconnected with, their social and political empowerment, through their increased respect, status, and self-confidence. It also improves women's decision making power at household level and at the community at large.

The linkage between women's economic empowerment and economic growth was underscored by the econometric model put forward by the World Bank in a research paper entitled "Unleashing the Potential of Ethiopian Women – Trends and Options for Economic Empowerment" (World Bank, June 2009). The simulation study showed that by enhancing women's access to key productive factors such as regular employment and/or jobs in the informal sector to ensure income, access to entrepreneurial inputs and land, Ethiopia's GDP would benefit by as much as 1.9% GDP growth per year.

2.2 EFFORTS MADE TO ABANDON HTPs

Ethiopia has seen significant progress with regard to legislation and policy to promote girls and women's wellbeing and empowerment. Gender equality and women's empowerment have been on the agenda of the Federal Government of Ethiopia since it came to power in the early 1990s. Two major initiatives of relevance on women's rights and child protection issues are the 1995 Constitution of the Federal Democratic Republic of Ethiopia and the development of the 1993 Ethiopian Women's Policy. The Constitution (Art. 34 and 35, interalia), discusses the elimination of harmful customs, provides women with rights and protections equal to those of men and also goes into more specific rights, including the rights to equality in marriage and other benefits as humankind.

In addition, the 'essential conditions of marriage' (Section 2, Article 7) of the Revised Family Code (Proclamation No. 213/2000) sets the legal age of marriage for women and men at 18 years and Article 648 of the Revised Criminal Code (2005) criminalizes child marriage, stating that "Whoever concludes marriage with a minor apart from circumstances permitted by relevant Family Code is punishable". The Criminal Code also criminalizes a number of HTP practices, including abduction (Art. 586), CM (Art. 648) and widow inheritance and polygamy (Art. 650).

On 24 October 2013, Ethiopia launched a National Alliance to End Child Marriage and FGM and the National Strategy and Action Plan on HTPs against Women and Children in Ethiopia (MoWCA, 2013). To realize these multi-sectoral mechanisms and to ensure effective coordination and collaboration between and among the different development partners involved in

the fight against HTPs, a national platform on prevention and elimination of HTPs was launched by the Deputy Prime Minister at the National Girls Summit held on June 25th 2015. Launched under the auspices of the Ministry of Women, Children Affairs (MoWCA) this comprised representatives drawn from relevant stakeholders (line ministries, multilateral and bilateral donors, civil society, women and youth associations and national federations, faith-based organizations and national associations).

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technical and financial support towards the reduction of maternal and neonatal mortality through promoting increased utilization of comprehensive sexual and reproductive health (SRH) services.

In SNNPR, UNFPA has been supporting training and capacity building of health service providers in clinical and emergency obstetric and neonatal care (EmONC); procurement and distribution of EmONC drugs, supplies and equipment; and service provision. Under its Gender and Human rights portfolio, UNFPA has supported the Bureau of Women and Children Affairs (BoWCA) in SNNPR in addressing the problems of Violence Against Women, Harmful Traditional Tractices, gender equality, economic empowerment, focusing on vulnerabilities of adolescent girls.

Under the Prevention and management of GBV programme, in SNNPR survivors of violence are supported through economic empowerment initiatives as a comprehensive approach making them more independent and resilient from future problems.

3. THE PROPOSED PROJECT

The proposed Project has been formulated based on the outputs of the 8th UNFPA Supported Country Project (2016 – 2020) stated "Gender Equality and Women Empowerment, prevention and management of GBV/HTP issues as well as provision of service for survivors and towards the enhancement of implementation of protection system including in humanitarian context". The Project will have a broader approach encompassing the socio economic aspects of empowerment and the fight against HTPs, and, since it will be implemented in the same areas of WEESI project, it will build upon and expand synergies, through systematic and coordinated mechanisms, to guarantee effective and sustainable changes.

UNFPA-Ethiopia will continue its interventions by implementing human rights-based, gender-responsive and culturally vested approach by involving and strengthening partnerships in the region. with Government Organizations (BoWCA, BoJ and BoH)), Non-Governmental Organizations (NGOs) and Regional Universities.

3.1 PROJECT STRATEGIES

3.1.1 Economic and psychosocial empowerment of selected groups (Most vulnerable FHH)

3.1.2 Mass community awareness raising activities on HTPs (FGM, Child Marriage GBV) , and SRH, through different media (including use of contextualized IEC materials) during community gatherings and events

3.1.3 Capacity Building of law enforcement agents, health service providers, teachers, , community leaders, religious groups, existing structures and women associations, community, governmental and non-governmental agencies for Gender Equality and Women Empowerment

3.2 KEY ACTIVITIES

The proposed project will focus on areas where changes are needed for progress to be made on gender equality and empowerment of women. Changes need to take place at individual level, institutional level and community level. The project will, therefore, adopt a multi-sectoral and comprehensive approach taking place at different levels. Interventions in all the three levels will reinforce and support each other by maintaining horizontal linkages using different entry points at the implementation level.
The interventions will focus on building individual skills and knowledge in business and entrepreneurship skills which will lead to individual women and girls having confidence, voice, influence and access to services and opportunities. The other interrelated strand of the project is based on the fact that the achievement of individual capabilities requires support from the community. Therefore community consciousness will be raised to generate actions in protecting the rights of women and girls, and promoting less tolerance and more reporting of HTPs, as well as better acceptance of women as entrepreneurs and leaders. In addition, by building the capacities of service providers, it is expected that key service delivery institutions will change their norms, standards and practices which will lead to the provision of gender responsive services. Therefore, the project identified the following strategic activities:

3.2.1 ECONOMIC AND SOCIAL EMPOWERMENT OF MOST VULNERABLE FHHS

In Ethiopia women and girls have enormous unmet health, education, social, and economic needs that have historically been overlooked by development programs. Economic and social empowerment are determined by a wide range of factors that shape women's lives. This project will contribute to the empowerment of vulnerable women through different interventions.

Economic empowerment activities will improve technical and entrepreneurship skills and access and use of financial services of at least 225 vulnerable FHHs, in order to start-up or strengthen Income Generating Activities (IGAs). Financial services will include microcredit and financial literacy education.

These activities will be built on the capacities of specialized organizations that provide a range of services to women entrepreneurs, from financial services to business development support. A microcredit line will be established to support vulnerable FHHs to obtain credit through selected Micro Financial Institutions (MFIs).

This component of the project is instrumental for vulnerable FHHs to enter into the workforce and support their families and to alleviate poverty.

3.2.2 SCHOOL LEVEL INTERVENTION TO EMPOWER GIRLS

Working directly with girls to give them the opportunity to build skills and knowledge, understand and exercise their rights and develop support networks, is an important part of the project to end HTPs and support girls education. Under this component, the project will support school based girls' clubs and build female students capacity through assertiveness, national law, SRH and life skill trainings in 6 primary schools and 5 secondary schools..

In addition to the above stated capacity building trainings, secret boxes will be provided to the 5 secondary schools to minimize the risk of HTPs and help students exercise their rights using it as information mechanism which will be linked with Police, Women and Children Affairs Woreda Offices

and Zone Departments, Education Departments and other existing structures. The project will also help at least 420 female students, coming from economically disadvantaged families and at a greater risk of dropping school, through the provision, every 6 months, of school materials (pen, pencil, exercise books etc.) and sanitary kits, every month. Tutorial classes will be arranged to support 300 female students in their performance and to reduce school drop outs.

To enhance the capacity of teachers to improve fair and equal treatment of both girls and boys in the learning process and their knowledge on HTPs and SRH issues, a specific training will be provided for 50 teachers (10 teachers of 5 secondary schools).

3.2.3 COMMUNITY MOBILIZATION AND AWARENESS CREATION ON HTPS AND SRH

Changing people's attitudes and perceptions towards HTPs, requires public education and awareness about the dangers of it, the laws in place and, more generally, about the gender norms and stereotypes that perpetuate these practices. Parents, community leaders, including religious leaders, will be targeted, through Community Conversations (CC), in efforts to change attitudes about HTPs and the value of educating girls. Community Conversation is an all inclusive, multi-thrust approach where community representatives (elders, CBO/FBOs leaders, health extension workers, women development armies, youth and women Association leaders, youth and women, police, law enforcement agents, judiciary and others) come together, in groups of 60 persons every two weeks, to discuss different issues, prioritize their concerns, identify opportunities and challenges. Eventually, based on the realities on the ground, participants declare and develop social sanctions against HTPs. During the project life they will be assited by trained facilitators.

In order to raise awareness on HTPs and on the empowerment of women, and awareness raising the project will support mass community mobilization in the selected areas. Different forums, public gatherings, market places and venues will be utilized to reach a large audience through distribution of publications, brochures, fliers, and performance of dramas and other community outreach programs.

3.2.4 BASELINE SURVEY, FINAL EVALUATION AND DOCUMENTATION

A rapid assessment on the types and prevalence of HTPs in the intervention areas will be conducted by selected regional University/s at the beginning of the project, to set also indicators, targets and benchmarks. At the end of the project an end line rapid assessment will be carried out to measure the results achieved and identify success stories. The results will be disseminated to all stakeholders through a workshop and the publication of the data and project results.

3.2.6 COORDINATION MECHANISMS

Attitudinal and behavioral changes regarding HTPs and social and economic empowerment of women cannot be successful without the involvement of relevant stakeholders. To this end, BOWCA will coordinate and collaborate with various actors at the Woreda, zonal and kebele level, such as law enforcement bodies, health, justice, school committees, CBOs, FBOs and other structures. In collaboration with the Bureau of Justice and Bureau of Health, trainings will be provided: for 70 law enforcement bodies, at Wereda and Kebele levels on HTPs and legal instruments , for 36 health professionals (4 from each kebele) on HTPs case management respectively 225 community and religious leaders will be equipped with knowledge on HTPs. Six networks (25 members each) will be established at zonal and woreda level with stakeholders from, justice, existing community based structures, education, and health.

4. PROJECT IMPLEMENTATION AND MANAGEMENT

The proposed Project will be implemented within 16 months with a total budget of Euro 500,000.

The Project will be managed by the Gender Unit of UNFPA and will get appropriate support from the Project Support Team and M&E officers of UNFPA-Ethiopia Country Office as well as form a Regional Project Coordinator to be hired.

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Activities of the project will be implemented by different partners:

1) The community mobilization and school level interventions will be implemented by Kembatti Mentti Gezzimi (KMG)

   KMG is an indigenous woman and girls focused, integrated community development organization based in SNNPR since 1997. KMG has been credited with a major decline in FGM cases through public mobilization against HTPs, particularly among the youth. KMG has a strong support from the sector offices at Regional, Wereda and Zonal level as it creates a social movement in the areas of social norm change and abandonment of FGM and other HTPs in the region. In addition, the organization has strong grass-root structures like anti-FGM forums/ networks and community conversation committees that are linked to health extension workers, community based organizations (CBOs) such as women development groups and associations.
2) The economic empowerment component will be handled by a partner to be identified through a competitive selection process.

   The partner must have a solid expertise in livelihood and entrepreneurship areas.
3) The overall coordination of the project implementation and follow-up timely reporting at all levels, as well as the final workshop, will be under the responsibility of the Bureau of Women and Children Affairs (BOWCA)..

   BoWCA will also link with the BoJ and the BoH for sectoral capacity building.

The rapid assessment at the beginning and at the end of the project will be conducted by regional University/s to be identified.

A Regional Steering Committee, composed of BoWCA, UNFPA, Italian Agency for Development Cooperation (IADC) and representative from IPs will be established. The SC will provide direction and oversight for the implementation of the project and will meet bi annually to make decisions affecting the effectiveness, efficiency and strategic orientation of the project and to provide overall guidance.

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5. FUND TRANSFER MODALITIES

Italian Agency for Development Cooperation will transfer funds to UNFPA HQs, who will then notify UNFPA CO of the availability of the mentioned funds.

Regarding Government Implementing partners, UNFPA CO, will channel the project funds to BoFEC, who will then disburse them to BoWCA, on the basis of specific Work Plans.

Regarding NGO partners, UNFPA CO will sign an Implementing Partner Agreement (IPA) and the Annual Work Plan (AWP) before budget transfer. Then, based on the agreed and signed AWPs, the budget will be disbursed on quarterly basis by UNFPA. The NGO partner will be responsible to implement the agreed plan on agreed time frame and will be also responsible to submit quarterly financial report and narrative report on achievements. UNFPA will ensure IPs to adhere all the procedures stipulated in the signed AWPs and IPA documents. The financial documents of the implementing partners are subject to annual external audit as per the global audit guidelines of UNFPA.

A portion of the total budget will be managed by UNFPA CO in support of the Project for the agreed upon activities.

Certified financial reports for the Project will be produced by UNFPA HQ, although UNFPA-Country Office will produce bi-annual provisional financial reports for follow up purpose as per the agreed dates in the Memorandum of Understanding between UNFPA and IADC.

6. PROJECT MONITORING AND EVALUATION AND REPORTING

While some data and information about the targeted areas can be retrieved from the baseline survey conducted by the WEESI Project funded by the Italian Agency for Development Cooperation, a rapid assessment will be carried out by regional University/s: i) to document the causes and prevalence of HTPs, the existing initiatives in addressing HTPs, the stakeholders involved and their respective capacities and strengths, the gaps and challenges, and, ii)to set targets, indicators and benchmarks.

The NGO partners Wereda supervisors in each Wereda will conduct quarterly field monitoring visit to selected schools` and clubs to identify and rectify implementation problems. Information on implementation will be recorded as it happens and reported every month by to the Wereda coordinators to the Zonal areas Coordinators. The Zonal coordinators compile the project level reports on quarterly bases and sent it to the program coordinator at the Regional level. Likewise, the financial expenditure reports are compiled and reported. Then, the project narrative and financial reports are done by the project Coordinator at the regional level and the program director reports to UNFPA and then to the donor.

Specifically, the following mechanisms will be put in place for monitoring and evaluation of the Project:

- Bi-annual joint field visits will be conducted by a team composed of staff members from UNFPA and Italian Agency for Development Cooperation and key partners.
- UNFPA will organize bi-annual experience sharing and review meetings to provide opportunity to share lessons and best practices among all stakeholders.

7. PROJECT SUSTAINABILITY

The project's objectives are in line with the priority needs of the communities, as well as the government policies and strategies on the elimination of Harmful Traditional Practices (HTPs) and sector specific development plans in health, population, women and youth. The fight against HTPs and women social and economic empowerment will be still the focus areas in the next 5 year - GTP2 and Sustainable Development Goals (SDGs).

The integrated approach of the project (women social and economic empowerment and social mobilization), creating strong linkages to microfinance institutions, grass-root structures, such as anti-FGM forums and networks, and community based organizations will be solid ground for the sustainability of . This will be instrumental to the sustainability of the outcomes of the project. Finally, the capacity building, strengthening the knowledge and response of community structures, schools and government institutions, will ensure lasting behavioral changes.

UNFPA-because everyone counts.

8. PROJECT RESOURCE AND RESULTS MATRIX

PROJECT GOAL

The goal of the project is to contribute to the economic and social empowerment of most vulnerable girls and women and.to the elimination of Female Genital Mutilation (FGM) and Early child marriage in Ethiopia by 2025

Project Objective: **Empower economically and socially most vulnerable Female Headed Households and protect women and girls in targeted areas from Harmful Traditional Practices (HTPs).**

Outputs/Indicators	Activities	Implementing Partners
Output 1: Enhanced social and economic empowerment of the most vulnerable Female Headed Households, focusing on victims of CM • Number of vulnerable FHHs trained on income generating activities (IGA) Number of vulnerable FHHs who accessed credit • Number of created/strengthened IGAs	• Provide technical training on Income Generating Activities IGAs (25 women/9 kebeles) • Provide financial training (25 women/9 kebeles) • Provide entrepreneurial and management skills training • Establish a microcredit line through MFI and provide BDS Provide life skill trainings (25 women/9 kebeles)	**Partner to be Identified**
Output 2: Enhanced awareness of primary and secondary schools students on HTPs and SRH, and decreased female students dropout • Number of girls who benefited from school material and sanitary kits	• Provide school material and sanitary kits for economically disadvantaged girls in 6 primary schools and 5 secondary schools. • Procurement of sanitary/dignity materials for economically disadvantaged girls (pads, soaps etc) for primary (20 each) and secondary (60 each) school students	**Kembatti Mentti Gezzimi (KMG)**

support in targeted primary and secondary schools • Number of primary and secondary school students in targeted schools who have knowledge on life skills topics and on HTPs and SRH issues • Percentage of female students dropout rate	• Procurement of school materials (pen,pencil, exercise books etc.) for 420 economically disadvantaged primary and secondary school students every 6 months • Life skills training for female students at primary and secondary schools (1day training twice a year) • Strengthen girls' forums/clubs in 6 primary and 5 secondary schools • Provide secret boxes to targeted schools (1 box for 5 secondary schools) • Tutorial classes (25 teachers) to support selected girls' (300) school performance • Training for teachers on HTPs and SRH issues (10 teachers for 5 secondary schools for 2 days)	
Output 3: Increased knowledge and response of communities on HTPs and SRH • Number of CC facilitators trained • Number of CCs conducted and number of people who attended CCs • Number of community mobilization events conducted • Number of consensus statements/declarations towards zero tolerance of FGM, CM by community structures •	• Training of Community Conversation facilitators (15 facilitators x 9 kebeles) • Conduct community conversation on HTPs and SRH in 9 Kebeles (bi-monthly each) • Conduct mass community awareness raising activities on HTPs and SRH • Duplicate/Develop IEC/BCC materials on HTPs (FGM, CM, GBV) and SRH in local languages • Facilitate kebele level declaration (bi law)	**Kembatti Mentti Gezzimi (KMG)**

Output 4: Enhanced capacity of institutional and community key stakeholders at zonal, woreda and kebele levels on HTPs and SRH • Number of coordination meetings organized and facilitated by BoWCA • Organizations and community structures taking active role in the coordination mechanism • Number of Health Extension Workers (HEW) trained • Number of Law enforcement agents and community and religious leaders trained on HTPs	• Train Law enforcement agents, at Wereda and Kebele levels on HTPs and legal instruments (70 people) for 3 days in 3 rounds • Train health extension workers (2) and mid-wives (2)of 9 kebeles on HTP case management for 2 days in 2 rounds • Train community and religious leaders and CBOs at kebele level (25 people/9 kebeles) for 2 days in 3 rounds • Create networks and organize meetings (6 networks/25 people, every quarter) at zonal and woreda level with group of stakeholders (WCAD, justice, existing community based structures, police, education, health) • Establish networks and organize meetings every two months with community based structures at kebele level (9 kebeles)	**Bureau of Women and Children Affairs (BOWCA)**
Output 5: Improved knowledge about the intervention areas and results dissemination	• Conduct a rapid assessment on HTPs in the intervention areas that will serve as a baseline data • Conduct a rapid assessment on the results achieved and identify success stories • Organize a dissemination workshop and publication of the data and project results	**Regional University to be Identified**