

Maturity Model Desk Review, Assessment and Action Planning

COUNTRY: ETHIOPIA

Development of maturity model and assessment
tools for harmful practices policies

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List of acronyms

BoWSA	Bureaux of Women, and Social Affairs
CM	Child Marriage
EDHS	Ethiopia Demographic and Health Survey
CSO	Civil Society Organization
FDRE	Federal Democratic Republic of Ethiopia
FGM/C	Female Genital Mutilation/Cutting
GPECM	Global Programme to End Child Marriage
HP	Harmful Practices
JPFGM	Joint Programme on the Elimination of Female Genital Mutilation
MoWSA	Ministry of Women and Social Affairs
NGO	Non-Governmental Organization
SDG	Sustainable Development Goal
SOP	Standard Operating Procedure
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund

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I. Background

Ethiopia has shown progress in reducing the prevalence of child marriage (CM) among women aged 20–24 years in the past three decades and the change has been particularly significant in the past 10 years. As per the 2016 Ethiopia Demographic and Health Survey (EDHS), the child marriage prevalence of girls aged 20–24 years who reported getting married before turning 18 years of age is 40.3 per cent, compared to the 30–34 age group where the rate is 61.3 per cent. These data show a reduction of the practice by a third. Despite improvement, two out of five adolescent girls (40.3 per cent) are getting married before turning 18 years of age, making Ethiopia home to 15 million women and girl victims of child marriage. Several factors contribute to the high number of girls at risk of child marriage, such as high population size that supports the practice and a difficult humanitarian situation, which exacerbates the vulnerability of adolescent girls to protection issues, including child marriage. For these reasons, Ethiopia's efforts to achieve the Sustainable Development Goals (SDGs) set globally to eliminate child marriage by 2030 need to be six times faster.

Despite the commitment of the Government of Ethiopia and the current momentum to accelerate action to eliminate female genital mutilation (FGM), Ethiopia is still among the countries with the highest prevalence of FGM in the world. According to the 2016 Ethiopia Demographic Health Survey (EDHS)¹, approximately 65 per cent of girls and women aged 15 to 49 years of age have undergone FGM, with the highest prevalence in Somali Region (99 per cent) and Afar Region (91 per cent), where infibulation (Type 3 FGM) is the most practised. The practice of FGM is a manifestation of Ethiopia's highly entrenched patriarchal system that determines the role of women and girls in society. FGM, in addition to the negative multidimensional consequences it has for women and girls, plays a role in sustaining the gender imbalance in society and hindering the socio-economic progress of the country.

Ethiopia is the country with the largest number of girls and women who have undergone FGM in Eastern and Southern Africa, according to latest EDHS data (2016). According to a recent UNICEF publication, *A Profile of Female Genital*

*Mutilation in Ethiopia*², Ethiopia has made encouraging progress in reducing the prevalence of FGM over the past decade among the youngest generations. The EDHS data shows that 79 per cent of women aged 45–49 years have undergone FGM compared to 47 per cent of girls aged 15–19 years. Education plays an important role in the elimination of FGM: Seventy three per cent of girls and women aged 15–49 years who have undergone FGM have no education. Sixty two per cent of girls and women with primary education have undergone FGM, dropping to 50 per cent for those with secondary education.

Purpose

This document aims to support the Government of Ethiopia to accelerate change to achieve the 2030 SDG elimination of harmful practices goals. A draft maturity model or framework for harmful practices with articulated benchmarks has been developed by UNICEF and draft populated for review and feedback from country-level stakeholders. The model aims to provide an integrated strategy on measuring processes, systems and services and information based on a Public Policy Management approach. This framework is intended to complement and be aligned to the Global Partnership frameworks and not intended to duplicate.

Based on the draft maturity model and assessment tools, rapid assessments are currently being conducted in 12 countries to measure the level of maturity of their processes, systems and services. Draft action plans are being developed based on identified gaps (short, medium and long term), to inform existing national action plans and advocacy strategies.

It is against this background that a desk review was conducted, the draft maturity model was completed and prototyped, and the draft findings of this country-level report are shared. This reflects the inception stage of sensitizing country-level stakeholders on the potential utility of a comparable maturity model to accelerate action for change across 12 countries.

II. Methodology

The desk review comprises core documents shared by the country including various documents such as laws, policies, strategies, guidance and standards, monitoring and evaluation reports which touch on the topic of harmful practices. Furthermore, competency frameworks from other countries are included to provide insight into the format, methodology and content of harmful practices frameworks that have been developed in other contexts. The findings of the review will be included in an Appendix to complement the findings of this desk review and will help to inform the strengths and gaps in harmful practices programming in Ethiopia.

The desk review was completed by using several key questions or 'lenses' defined by the six operational/ functions areas and sub-domains of the draft maturity model on harmful practices. The questions posed to answer these goals include the following:

- 1. What is the effectiveness of Government structures, including coordination across departments, between centralization levels, and between formal and informal actors?
- 2. What is the effectiveness of the legal and regulatory framework, as well as specific policies related to prevention and elimination of harmful practices?
- 3. What is the extent to which key stakeholders, including children and women, are involved in planning interventions for the prevention and response to harmful practices?
- 4. What are the sources, adequacy and availability of funds and human resources to support elimination of harmful practices?
- 5. What is the availability and access to prevention and response services for women and children most at risk of harmful practices?
- 6. What is the effectiveness of data-collection and monitoring and evaluation systems, whether it is being done nationally into the situation for children and women at risk of harmful practices, and into programmes addressing their needs?

III. Key findings

The key findings of the desk review and draft completed maturity model are organized in terms of the questions we aimed to answer. Where information was limited, or gaps were identified, this is included under each question. Each Operational/functional areas (Intermediate outcome) comprise benchmarks or 'Sub-domains', so for the

example of the Intermediate outcome on 'Governance and coordination structures' there are three sub-domains – namely Political commitment, Coordination structures and National Action Plans. Each is rated in the maturity model between 1–4.

1. Weak - Building **2. Average - Enhancing** **3. Good - Integrating** **4. Excellent - Mature**



Governance and coordination structures

Measurement standard for mature rating: The country has strong political commitment to eliminate harmful practices with high level declaration spelling out its commitments; there is a national multi-sectoral coordination structure in place with an institutionally mandated lead, which meets routinely, and there is a Plan of Action with clearly defined targets aligned to national statistics frameworks.

harmful practices (HP) only or HP as one agenda along with other women empowerment and child protection topics. The costed roadmap launch was done by the President of the Federal Democratic Republic of Ethiopia, representatives from the DPM office and ministers and it was led by the Minister of MoWSA. Advocacy meetings with regional administration of sub-national areas were also led by State ministers. However, the meetings are usually event based such as during International Day of Zero Tolerance for Female Genital Mutilation, on , On the other hand, the regular meetings of the National Alliance to End FMG/C and Child Marriage is led by the Executive, which is middle-level management.

- National budget allocation for HPs: Funding is allocated to both the lead ministry, MoWSA, and its sub-national and district-level counter parts. However, the allocation is limited as compared to other sectors and is forced to rely on funding from non-governmental organizations.

A2 Coordination structures

- Institutional lead: MoWSA is the lead ministry on HP, the regional MoWCA and its district level are established in their mandate. To this end, it has also established coordination platforms involving other ministries, United Nations agencies, Civil Society Organisations, NGOs, FBOs. Unlike other sectors, it has no structure at Kebele level which is the lowest administration and heavily dependent on volunteers at lower level.
- National, multi-sectoral coordination mechanism: There is a clear coordination platform which involves key sectoral ministries and other organizations, yet the participants are director/executive levels.

- Intra-and intersectoral coordination at local level: A National coordination mechanism named the National Alliance to End FMG/C and Child Marriage is established and is functional with the leadership of MoWSA. It has Minutes of Intent, Terms of Reference and an action plan and contributes in convening partners from Government organizations, NGOs, United Nations Agencies, CSOs, FBOs. It used to have a dedicated secretariat and coordinator. Meetings have become irregular as the country's focus has shifted due to ongoing changes there and the humanitarian situation. The coordinator position is also now vacant. There are also similar Anti-harmful traditional practices coordination platforms led by the lead bureaus at sub-national, district and community levels yet the functionality varies from area to area. Some of them leverage the authority of administration bureaus or BoF to improve the functionality of coordination platforms.
- Frequency of meetings: on the steering committee meets monthly, and quarterly meetings are also organized. Supporting the meetings is part of UNICEF's work plan as well. The most recent meeting was held from 15–16 August 2022.
- Statutory authority: it is established with Minutes of Intent, Terms of Reference, has an action plan, representatives are formally assigned by their respective ministries and meets it somewhat regularly. There is no mechanism in place to hold those missing meetings accountable.

A3 National Plan of Action

- Functioning Plan of Action: The National Costed Roadmap to End Child Marriage and FGM/C 2020–2024 has its own Theory of Change, RF and monitoring

and evaluation (M&E) framework, it's valid until 2024, launched and endorsed by FDRE President and implementation is underway. Brief assessment of the first year of implementation has shown that there is encouraging progress in meeting yearly milestones.

- Strategy and timeline: The National Costed Roadmap to End Child Marriage and FGM/C 2020–2024 is a time bound, multi-sectoral plan which clearly states the role of different sectors including reporting expectations. However, it is clear now that 2025 is not a realistic deadline and the national discussion is geared towards setting the vision for SDG 2030. Note that although 2025 is put as an aspirational goal the roadmap's clear references the SDG and RF also sets a realistic target to reduce the practice by 2025.
- National targets set: It is a clear multi-sectoral plan which outlines what needs to be done, by whom, when and yearly milestones.
- Promote human rights: The National Costed Roadmap to End Child Marriage and FGM/C 2020–2024 clearly articulated HP as a human rights violation issue. It clearly reflected the need for using human rights perspective in both upstream and downstream advocacy including community mobilization efforts. The lead ministry recently reorganized its structure and established an executive/portfolio dedicated to Women's Rights Protection and Response.

A1 Political commitment

- Political statements: In Ethiopia, a commitment to eliminate child marriage and female genital mutilation by 2025 was announced at the Girl Summit in London in 2014 by Deputy Prime Minister Demeke Mekonnen. Ministers of key ministries made a commitment to support the government, and developed a costed roadmap to put into action, including a sub-national action plan, and follow-up actions.
- Government chair of important HP meetings: Meetings are organized by the Minister of the Ministry of Women and Social Affairs (MoWSA) or State Minister or at Executive level involving higher officials from sectors, sub-national areas, standing committee members of the National Parliament and Council members of various levels. The meetings may be dedicated to

Name of Country	Overall Score	Sub-Domains	Specific Score
Ethiopia	3,5	A1: Political commitment	3,3
		A2: Coordination structures	3,5
		A3: National Action Plans	3,8

Policy and legislative framework

Measurement standard for mature rating: There are enacted laws and policies which specifically protect women and girls, including the most-at-risk from harmful practices. These are operationalized through implementing mechanisms and enforcement measures at national and sub-national levels, and routine monitoring and review mechanisms are in place to ensure these laws are in line with international human rights standards.

B1 Legislation, policies and implementation mechanisms for harmful practices:

- Enacted laws to protect women and girls: Ethiopia is signatory to international and regional human rights frameworks and these are integrated into its constitution and other laws. There is already a Criminal Code which criminalized HP and other gender-based violence; there is a Family Code which clearly articulates the minimum legal age of marriage and consent as preconditions to conclude marriage, as well as other rights of women and children. There are also policies and strategies in place yet there is limited implementation capacity both in terms of financial and human resource. There is limited follow-up and accountability framework to hold key actors responsible.
- Non-discrimination laws or regulations: The existing legal frameworks are inclusive which address the needs of all women and girls including those at risk yet the issue is level of implementation, which has gaps due to lack of resources.
- Mechanisms to record and document cases of discrimination: There are specific provisions such as free legal aid for those at-risk, special units are established within law enforcement bodies dealing with issues related to the violation of women and children’s rights and there are also ad hoc efforts to gather feedback however there is no system in place.

- 18 years the minimum age of marriage without exception: The Family Code 2000 clearly articulates 18 as the minimum legal age and consent as requirements to conclude marriage. The Criminal Code also provides sentences to criminalize failure to comply the law. The Family Code clearly acknowledges the equal rights of men and women for entering marriage, as well as divorce and associated rights. Those rights are guaranteed by the Constitution as well as legislation to criminalize FGM.
- Review process of laws: The laws including the Family Code and the Criminal Code were revised in 2000 and 2004 respectively in line with international standards. However, there are two sub-national areas, namely Afar and Somali Regions which have not yet endorsed their regional Family Code which is expected to be aligned with the national one.
- Safeguarding policy for children: There is a comprehensive policy on children in line with the United Nations Convention on the Rights of the Child (CRC) principles, national laws and detailed different rights of the children. It outlines mechanisms to promote and protect the rights of children but it lacks guidance on specific provision on safeguarding and allegation handling mechanisms.
- FGM policy for most-at-risk: The Justice Policy focusing on criminal cases has clearly stated the need for putting in place a special mechanism including

structures to provide legal and other comprehensive services to women and children with special needs or vulnerabilities. Provision of a free legal aid service and pro bono service is part of the proclamation, and its implementation is underway. Social services are underway however there is no specific provision by key sectors which have limited technical and resource capacity. Health services to repair and treat complications resulting from FGM are provided free in government health facilities. The Ministry of Health also produced and disseminated a circular in 2017 to prohibit FGM in health facilities and by health professionals. However, there should be a comprehensive framework to avoid fragmentation and make the framework accessible by all.

Name of Country	Overall Score	Sub-Domains	Specific Score
	3,7	B1: Legislation, policies and implementation mechanisms for harmful practices	3,7

Engagement and participation

Measurement standard for mature rating: There is an independent complaints mechanism that accepts complaints by or on behalf of women refused or receiving harmful practices services which replies within a stipulated timeframe; civil society are extensively engaged in strengthening political commitment, planning and budgeting processes, and monitoring and reporting around harmful practices; there are engagement forums for women, youth and children with Government support, and there are community-based protection mechanisms in place also engaging with women and children. The effectiveness of these mechanisms is monitored through fully functional accountability mechanisms.

C1 Independent complaint mechanism:

- There is an independent mechanism established for handling complaints from children and women yet the existing protection and service provision mechanisms receive and handle such cases. In particular, Women and Children Bureaus, the special units of women and children within law enforcement bodies receive and handle cases that are identified or reported.

C2 Civil society engagement, including women and children

- Recent national stakeholder meeting: There was a meeting organized by the National Alliance to End FGM and Child Marriage in August 2022 which focused on the situation of child marriage and FGM including implementation of the Costed Roadmap.
- CSOs' strengthened commitment of national leaders: The role of CSOs and women's organizations played a significant role in the revision of the Family Code and the Criminal Code through commissioning research, advocacy initiatives and lobbying. In addition, the development of the Anti-Harmful Traditional Practices National Strategy, Women and Children's Policies, the National Costed Roadmap was possible with the active participation of those organizations.
- CSOs involved in planning and budgeting process: Non-governmental organizations including CSOs, FBOs, NGOs and United Nations Agencies contributed

significantly to the development of the National Strategy and Action Plan on Harmful Traditional Practices Against Women and Children 2013, and the National Costed Roadmap to end Child Marriage and FGM as well as its implementation and follow-up.

- CSOs contributed to monitoring and reporting process: There are different platforms, learning and exchange meetings as well as review sessions, which involve members of the community and other organizations used to gather feedback and show accountability to the community they are serving. There are organizations which put in place a mechanism aimed at enhancing accountability and transparency to the community they are serving through sharing key information, establishing a committee and compliant handling mechanisms.
- CSOs used accountability mechanisms: The current level of participation through using different groups and structures is good but it can be further enhanced.
- Forums for engagement exist for women and children: Government supports different groups and community structures such as a Child Parliament, Child Rights Clubs, Gender Clubs and Women Development Groups which are playing a critical role in mobilizing communities and disseminating information widely including about available services. Although it varies from area to area, Government engages the group both during planning and review of progress and provides feedback on various initiatives including service delivery.

C3 Community-based mechanisms for harmful practices prevention:

- Journalist reporting guidelines: The Media Proclamation 2021 provides guidelines on the areas media houses and personnel are required to take in to account including the need to check appropriateness of content to age and maturity of the audience.
- Community-based protection mechanisms: Community-based mechanisms are established and engaged as part of the broader child protection system. Most of them are either established by government or at least recognized and engaged by the Government though various capacity-building supports are provided by NGOs.

Name of Country	Overall Score	Sub-Domains	Specific Score
Ethiopia	2,8	C1: Independent complaint mechanism exists for children and women	2
		C2: Civil society engagement, including women and children	3,4
		C3: Community-based mechanisms for harmful practices prevention	3

Financing and human resources

Measurement standard for mature rating: Adequate financial resources have been allocated by government and partners, with government meeting the majority of the costs; the funding is realized on time and is accessible to the relevant sectoral Ministry(s), with regular reviews of allocation taking place. Routine capacity-building is provided to key stakeholders with supportive supervision services on harmful practices and with significant sustained coverage.

D1 Financing of harmful practices services: The National Costed Roadmap clearly stipulates the required cost for all the interventions and sectors at federal and regional levels. Implementation and budget tracking was done at federal level and in two regions, which indicates that harmful practices interventions are mainly donor funded, although the situation is unclear for remaining areas. Government meets human resources and operational costs for programme execution.

D2 National budget establishment
The national and sub-national budget needed for harmful practices prevention and service provision is estimated through the standard financial costing system as part of the National Costed Roadmap development for five years (2020–2024).

D3 National budget execution: According to the 2019 Public Expenditure and Financial Accountability (PEFA) assessment, predictability of in-year resources indicates that federal and sub-national government provide reliable and predictable financing of expenditures. However, since there is no programme-based budgeting, it is difficult to assess the timely availability of budget for harmful practices service provision.

D4 National budget amount: The resources allocated both by the Government and development partners are not adequate to intervene at scale but are still reasonable to push prevention of harmful practices at the community and system levels. Based on the expenditure and trend analysis done as part of the first-year implementation review of the National Costed Roadmap, total Government expenditure shows a nominal increase from the previous years but still does not meet the Government promise to increase the budget by 10 per cent due to high inflation.

D5 National budget monitoring and review: The Ministry of Finance usually does an annual budget review for federal government to inform the next year’s budgeting. Also, the Ministry of Finance prepares an annual budget expenditure report to inform the next budget process. Again, since budgeting reporting is done at sectorial level it is difficult to assess HP specific data.

D6 Human resources: There is an effort to build the capacity of service providers across all the relevant sectors to respond to all child protection concerns, including harmful practices. However, the capacity building lacks standard and regular monitoring and follow-up. Dedicated training for health, education and justice sector professionals has been provided regularly.

Name of Country	Overall Score	Sub-Domains	Specific Score
Ethiopia	2,4	D1: Financing of harmful practices services	3,1
		D2: National budget establishment	2,4
		D3: National budget execution	3
		D4: National budget amount	2
		D5: National budget monitoring and review	1,5
		D6: Human resources	3,3

Access to services

Measurement standard for mature rating: There are clearly defined and gender-responsive SOPs or protocols for the elimination of harmful practices, which are regularly reviewed and revised to adapt to emerging situations. There is an excellent awareness of harmful practices among policymakers, with Government-led and funded national-level scale-up prevention and response-related services including integrated case management and referral services, which are accessible at national and sub-national level. These are user friendly and gender responsive.

E1 Availability of Standard Operating Procedures and/or protocols for harmful practices services: A national case management framework is available and compliant with national legislation and international standards including harmful practices and is widely disseminated. Recruitment and training of social service workforce is underway to roll out the framework at scale and, in parallel, preparation is being done for digitization of the case management information system at all levels.

E2 Understanding and articulation of harmful practices system: There are both structured and unstructured awareness-raising and educational programmes implemented in Ethiopia on the prevention of harmful practices. For example, the regular Community Conversation or dialogue is considered as a more structured approach with regular attendance, a dialogue manual, information diffusion and making a declaration to abandonment of the practice. Other social mobilization interventions include mass awareness-raising sessions, media campaigns, including radio talk shows, sending short text message through telephone, legal literacy sessions etc.

E3 Modelling testing and scaling of harmful practices services: The Government is gradually increasing investment for prevention and response-related and gender responsive harmful practices services in various parts of the country. The Government is also coordinating the efforts of development partners to improve prevention and response service provision

E4 Availability of harmful practices services, case management and referral systems: There are dedicated harmful practices services provided by Government as well as CSOs, and the coverage is national and reaching to sub-national levels. There are specialized courts (Juvenile Court/Family Court/Children’s Court) for children in contact with the law. These operate with child friendly and gender-responsive procedures but are not fully compliant with international standards. A national case management framework is available and compliant with national legislation and international standards, including on harmful practices and are widely disseminated.

Name of Country	Overall Score	Sub-Domains	Specific Score
Ethiopia	3,3	E1: Availability of Standard Operating Procedures (SOPs)and/or protocols for harmful practices services	3
		E2: Understanding and articulation of harmful practices system	4
		E3: Modelling testing and scaling of harmful practices services	3
		E4: Availability of harmful practices services, case management and referral systems	3,3

Data collection, monitoring and evaluation

Measurement standard for mature rating: There are administrative data systems as part of a broader national statistics system, which at regular intervals generates gender and age disaggregated data on harmful practices and includes information on hard- to-reach populations; data is regularly used for policy, planning and monitoring of programmes and there are data security and governance mechanisms such as legislation in place which ensure confidentiality. Harmful practices issues are routinely captured through population, longitudinal and/or cross-sectional surveys and inform design of prevention and response service interventions. There is also centralized coordination of the data by the national statistics offices with relevant ministries and agencies.

the sectors' five-year plan and its reporting requirements. However, there are no clear guidelines around indicator definition, frequency, role division including who gathers, compiles and does quality assurance as well as limited technical capacity among staff.

Ethiopia launched a comprehensive civil and vital information registration system including birth registration in 2018. It gives disaggregated data by sex, age and sub-national areas. However, this does not include other data such as disability and schooling status.

There is no population and service-based FGM registry system although there are project-based efforts in health facilities which capture data on FGM status of those visiting the facility for related health services. Similarly, justice service providers also document those accessing legal services, but this is not comprehensive. There were efforts to register the FGM status of girls through house-to-house visit but limited to UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation. There is no streamlined system although there are health facilities supported with projects which gather information on FGM status. This is also not comprehensive as it only covers patients accessing facilities or services related to sexual and reproductive health.

F2 Data security and governance: Situation monitoring and monitoring and evaluation is the mandate of the Ethiopian Statistics Service, there is a strategy and guidelines to guide data collection, although sharing is not yet fully implemented and there is no clear mechanism to enforce it and hold sectors accountable. There is no centralized management system which leads to fragmentation. In addition, the Ethiopian Public Health Institute is mandated for data related to health. There is also a system for ethical review and clearance of studies involving human subjects.

F3 Research and survey: The Ethiopia Demographic and Health Survey is conducted every five years. The most recent one was done in 2016 and the one which was planned for 2020/21 is still pending for various reasons.

F1 Administrative data systems and monitoring to routinely generate data on harmful practices: The major mechanism available which helps to generate consistent data on HP is 2016 Ethiopia Demographic and Health Survey (EDHS). This addresses information needs at a higher level, like KAP, every five years, although there is a delay in the current for reasons. Regarding Administrative data, the lead sector MoWSA/BoWSA has a data gathering and reporting mechanism including a uniform template which aligns with

Name of Country	Overall Score	Sub-Domains	Specific Score
Ethiopia	2,4	F1: Administrative data systems and monitoring to routinely generate data on harmful practices	2,2
		F2: Data security and governance	2
		F3: Research and surveys	3

IV. Prioritization of actions for Ethiopia

Governance & Coordination

A1 Political commitment.

Rating: 3.3

- | | |
|----------------------------------|---|
| Short Term
(1-2 yrs) | <ul style="list-style-type: none">• Assess implementation status of Costed Roadmap.• Put in place a mechanism to follow up on action points from the meetings to date.• Budget advocacy efforts were initiated through developing briefs and engaging the Ministry of Finance but that has not continued. |
| Medium Term
(2-5 yrs) | <ul style="list-style-type: none">• Convene higher level (DPM) to start having conversations with key Ministries and State ministers as part of the Roadmap. Ensure they regularly take place.• Regularize the meetings.• Regular engagement of MoF/BoF prior to the budget call based on evidence and documented learnings. |
| Long Term
(5+ yrs) | <ul style="list-style-type: none">• Conduct country-wide assessment and convene high-level meeting for advocacy to hold key actors accountable and for resource mobilization.• The meetings need to focus on follow-up with key sectors on budget allocation, implementation of the Costed Roadmap and progress made towards key milestones. |

A2 Coordination structures.

Rating: 3.5

- | | |
|----------------------------------|--|
| Short Term
(1-2 yrs) | <ul style="list-style-type: none">• Empowering the Minister/State Minister/Heads of BoWCA to fully exercise their mandate. Support them in establishing KPIs and follow-up mechanisms.• Filling the human resource gap of the secretariat• Regularizing the meeting especially the General Assembly is critical and it was one of the discussion points of the recent meeting as well.• Advocating for inclusion in the checklist or KPI for the follow-up by standing committee members.• Ensuring that State Minister or Minister participate in some of the meetings is critical. |
| Medium Term
(2-5 yrs) | <ul style="list-style-type: none">• Advocacy for establishment of lower level structure. The links at different levels needs to be strengthened as well. Memorandum of Understanding which was to be signed by the ministries to further collaboration needs to be revitalized.• Strengthen the links and support provided to sub-national level platforms.• Minister/State Minister to conduct occasional assessment of its functionality and holding the steering committee accountable will be helpful. |
| Long Term
(5+ yrs) | <ul style="list-style-type: none">• Ensure that it is part of the follow-up action of the standing committees of the National Parliament and the Councils.• Functionality of platforms needs to be part of the KPI for the Ministry and corresponding bureaus. |

A3 National Action Plans.

Rating: 3.8

- | | |
|----------------------------------|---|
| Short Term
(1-2 yrs) | <ul style="list-style-type: none">• Regularizing comprehensive monitoring of its implementation, reporting and provision of formal feedback to key ministries on their status and follow-up actions is needed.• Strengthening the follow-up mechanism is a critical action.• Ensuring the human rights lens is used during compilation of progress reports, briefs. |
| Medium Term
(2-5 yrs) | <ul style="list-style-type: none">• Refresh the higher level commitment made for 2025, and publicly declare that the country is aiming for the 2030 elimination target. |

Policy and Legislation

B1 Legislation, policies and implementation mechanisms for harmful practices.

Rating: 3.7

- | | |
|----------------------------------|---|
| Short Term
(1-2 yrs) | <ul style="list-style-type: none">• Put in place monitoring and accountability framework.• Supporting the key sectors with resources is key.• There needs to be clear and consistent mechanism in place.• Advocacy and lobbying for the two regions to endorse the law.• Elaborating the safeguarding and allegation handling mechanism.• Compile the provisions within one framework and disseminate it. |
| Medium Term
(2-5 yrs) | <ul style="list-style-type: none">• Advocacy for improved financial and human resource allocation for the sector.• Clear mechanism put in place for the progressive realization of the legal frameworks is key.• Undertaking review of the law as well as implementation status to identify areas which require revision.• Revisit and revise the policy framework in line with new developments and humanitarian settings.• Undertaking assessment of its implementation progress as well as put in place uniform service standards. |
| Long Term
(5+ yrs) | <ul style="list-style-type: none">• Regular meetings held based on those reports and actions are being taken for improvement and to hold different actors accountable. |

Engagement and participation

C1 Independent complaint mechanism exists for children and women.

Rating: 2

- | | |
|----------------------------------|--|
| Short Term
(1-2 yrs) | <ul style="list-style-type: none">• Clearly mapping the relevant complaint structures and making the information widely available. |
| Medium Term
(2-5 yrs) | <ul style="list-style-type: none">• Further review the practice and form mechanisms for independent handling of such cases. |

C2 Civil society engagement, including women and children.

Rating: 3.4

- | | |
|----------------------------------|--|
| Short Term
(1-2 yrs) | <ul style="list-style-type: none">• Regularizing the meeting by the National Alliance to End FGM and Child Marriage.• Continue building movement around including CSOs in decision-making.• Continue engaging with CSOs, FBOs and NGOs in the review of progress.• Strengthening their platforms and ensure that contributions are clearly reflected in the national reports.• Mapping practice and learnings.• Document current practices and lessons. |
| Medium Term
(2-5 yrs) | <ul style="list-style-type: none">• Standardizing the practice based on learning.• Build CSO capacities and empower them to proactively engage service providers.• Setting minimum requirements expected to be adhered to for different processes will help in standardizing the practice. |

C3 Community-based mechanisms for harmful practices prevention.

Rating: 3

- Short Term (1-2 yrs)**
- Raising awareness about the available guidelines both to journalists and the public.
 - Assess community-based capacities and provide support.
- Medium Term (2-5 yrs)**
- Document and monitor practices, facilitate exchange.
 - Develop service provision guidelines and capacity-building curriculum for the different mechanisms.

Financing & HR

D1 Financing of harmful practices services.

Rating: 3.1

- Short Term (1-2 yrs)**
- Undertake assessment and analysis of budgeting and expenditure for the National Costed Roadmap, both by the Government and development partners.
 - Mapping of Government and non-government actors working on and around elimination of harmful practices with their corresponding resources.
 - Advocate for increased budget allocation from the Government to continue and sustain change.
 - Further advocating with line ministries to revamp their commitment to the roll-out of the Roadmap and for increased resource allocation for HP.
 - Develop/revise a resource mobilization strategy for the roll out of the National Costed Roadmap.
- Medium Term (2-5 yrs)**
- Advocate for increased budget allocation and implementation by relevant social sectors (health, education, justice, women and social affairs etc).
 - Develop a regular tracking system to estimate and track the budget and spending at all levels.
 - Bring together national and international actors to discuss and mobilize more resources.
- Long Term (5+ yrs)**
- Devise a financial management mechanism to track budget allocation and expenditure against the Costed Roadmap.

D2 National budget establishment.

Rating: 2.4

- Short Term (1-2 yrs)**
- Systematize and standardize the budget allocation and spending system for all line ministries.
 - Strengthen the existing evidence-based budget allocation for sectors involved in harmful practices service provision.
 - Establish internal joint budgeting teams to develop processes for cross sectorial joint planning and budgeting.
 - Advocate for the rolling out of programme-based budgeting at sub-national level with the Ministry of Finance.
 - Integrate harmful practices intervention into humanitarian response planning.

D3 National budget execution.

Rating: 2

- Short Term (1-2 yrs)**
- Strengthen the budget planning and execution capacities of sectorial ministries.
- Medium Term (2-5 yrs)**
- Advocate for the rolling out of programme-based budgeting at sub-national level with the Ministry of Finance.

D4 National budget amount.

Rating: 2

- Medium Term (2-5 yrs)**
- Devise a financial management mechanism to track budget allocation and expenditure against the Costed Roadmap.

D5 National budget monitoring and review.

Rating: 1.5

- Medium Term (2-5 yrs)**
- Advocate for the rolling out of programme-based budgeting at sub-national level with the Ministry of Finance.

D6 Human resources.

Rating: 3.3

- Short Term (1-2 yrs)**
- Standardize and institutionalize the justice sector professional training for effective and improved service provision.
- Medium Term (2-5 yrs)**
- Advocate for revision of the Criminal Code for gradual increment of the penalty to match the current situation.

Access to Services

E1 Availability of Standard Operating Procedures and/or protocols for harmful practices services.

Rating: 3

- Short Term (1-2 yrs)**
- Roll-out of the case management framework at all levels and advance digitization of the information system.

E2 Understanding and articulation of harmful practices system.

Rating: 4

- Short Term (1-2 yrs)**
- Strengthen and standardize the awareness-raising sessions.
 - Advocate for gradual increase of the public resource allocation and spending for the realization of sustainable results.
- Medium Term (2-5 yrs)**
- Evidence generation on the knowledge, attitude and practice of the community around harmful practices.

E3 Modelling testing and scaling of harmful practices services.

Rating: 3

- Short Term (1-2 yrs)**
- Advocate for gradual increase of the public resource allocation and spending for the realization of sustainable result.
 - Mid-term actions.

E4 Availability of harmful practices services, case management and referral systems.

Rating: 3.3

- | | |
|------------------------------|---|
| Short Term (1-2 yrs) | <ul style="list-style-type: none">• Roll-out of the case management framework at all levels and advance digitization of the information system.• Strengthening the special courts, especially through capacity-building of justice sector professionals including judges on standards and operation. |
| Medium Term (2-5 yrs) | <ul style="list-style-type: none">• Develop guidelines, standards and curricula that are fully compliant with international standards but contextualized to Ethiopia. Further increasing the geographical coverage of special courts to increase accessibility. |
| Long Term (5+ yrs) | <ul style="list-style-type: none">• Advocacy for legal reform to clearly include the critical standards in the law itself and to increase Government resource for sustainability. |

F3 Research and surveys.

Rating: 3

- | | |
|------------------------------|---|
| Short Term (1-2 yrs) | <ul style="list-style-type: none">• Continue the advocacy to ensure that it is conducted as soon as possible. |
| Medium Term (2-5 yrs) | <ul style="list-style-type: none">• Explore learning from other countries and assess feasibility of having such a study within three years. |
| Long Term (5+ yrs) | <ul style="list-style-type: none">• Ensure regularity and explore other data collection mechanisms to consider HP-related indicators. |

Data collection, M&E

F1 Administrative data systems and monitoring to routinely generate data on harmful practices.

Rating: 2.2

- | | |
|------------------------------|---|
| Short Term (1-2 yrs) | <ul style="list-style-type: none">• Conduct assessment of the existing M&E/knowledge management system, admin data collection and utilization.• Continued advocacy efforts to include more indicators in the EDHS and Census.• Gather learning from other countries.• Assess feasibility of FGM registry.• Generate learning from ongoing initiatives in the sub-national areas.• Compile learning from other countries and in-country ad hoc efforts. |
| Medium Term (2-5 yrs) | <ul style="list-style-type: none">• Strengthen/redesign the system based on the assessment findings.• Strengthening the M&E system of sectors leading HP work and ensure comparability and alignment of tools with internationally used tools, advocating the other sector data collection mechanisms like EMIS, HMIS to include HP-related indicators and enhancing interoperability.• Advocate for further improving the system using evidence.• Test FGM registry on selected areas.• Assess feasibility and conduct evidence-based advocacy for scale up of the learning. |
| Long Term (5+ yrs) | <ul style="list-style-type: none">• Review the functionality of the system.• Establish mechanism to ensure that key indicators are assessed regularly using the existing system in place for routine data collection and management.• Generate a comprehensive report which shows the importance of such a comprehensive system.• Scale up FGM registry based on learnings.• Put the system in place, conduct regular reviews and strengthen it. |

F2 Data security and governance.

Rating: 2

- | | |
|------------------------------|---|
| Short Term (1-2 yrs) | <ul style="list-style-type: none">• Familiarize the available frameworks and guidelines. |
| Medium Term (2-5 yrs) | <ul style="list-style-type: none">• Expand the capacity-building guideline for administration data collection and use by sectors, and create clear enforcement mechanism for the lead agency. |
| Long Term (5+ yrs) | <ul style="list-style-type: none">• Create streamlined and centralized system to ensure alignment, consistency and quality. |

Appendix A: Desk review

No. 1 Data

Name of document:

United Nations Children's Fund, 'A Profile of Female Genital Mutilation in Ethiopia', UNICEF, February, 2020, Retrieved from: <<https://data.unicef.org/resources/a-profile-of-female-genital-mutilation-in-ethiopia/>>.

Key findings, quotes or important information to note:

Ethiopia is home to 25 million girls and women who have experienced FGM. More than half are in the regions of Oromia and Amhara. Overall, 65 per cent of girls and women aged 15–49 years have undergone FGM. The highest prevalence is in the Somali (99 per cent) and Afar (91 per cent) Regions.

Ethiopia does not rank among the countries with the highest levels of FGM in Eastern and Southern Africa but it is home to the largest absolute number of girls and women who have undergone the practice in the region.

Sixty-five per cent of girls and women (or 25 million) aged 15–49 years have undergone FGM.

Sixty-eight per cent of rural women and girls compared to 54 per cent in urban areas between the ages of 15–49 years have undergone FGM, and 73 per cent of non-educated girls and women compared to 51 per cent of those higher educated between the ages of 15–49 years have undergone FGM.

Nearly all FGM in Ethiopia is performed by traditional practitioners (89 per cent) while medical personnel rarely perform the practice (2 per cent).

Among young women in Ethiopia who have been cut, 7 per cent were sewn closed, 73 per cent were cut with flesh removed, 3 per cent were nicked, or cut with no flesh removed, and for the remaining 17 per cent the type of cutting was not determined.

Among young women in Ethiopia who have been cut, 44 per cent were cut before age 5 years, 22 per cent were cut between ages 5 and 9 years, 18 per cent were cut between

ages 10 and 14 years, 11 per cent were cut at age 15 years or older, and for the remaining 5 per cent the age at cutting was unknown.

The majority of Ethiopians (79 per cent of girls and women and 87 per cent of boys and men) think FGM should stop.

There are some positive trends:

- While only 3 in 10 girls and women opposed FGM in 2000, 8 in 10 girls and women in 2016 reported the practice should stop.
- The prevalence of FGM among adolescent girls aged 15–19 years has dropped from nearly 9 in 10 to fewer than 5 in 10 since the 1970s, with an acceleration after 2000.

Compared to the rate of decline in the past 15 years, progress would need to be eight times faster to eliminate the practice by 2030, and 13 times faster to eliminate the practice by 2025.

The document also highlights the Ethiopian programme to end FGM including:

- Empowering adolescent girls to express and exercise their choices, and their families to protect their children from FGM.
- Strengthening community engagement (including faith and traditional leaders) for increased social action to support girls and generate shifts in social expectations relating to the elimination of FGM.
- Enhancing systems, accountability and services across sectors that are responsive to the needs of girls at risk of or affected by FGM.
- Creating and strengthening an enabling environment that protects the rights of girls and supports national efforts to end FGM.
- Increasing data and evidence generation and use for advocacy, programming, learning and tracking progress to end FGM.

No. 2 Data

Name of document:

United Nations Children's Fund, "'Ending Child Marriage: A profile of progress in Ethiopia', UNICEF, April 2019, <<https://data.unicef.org/resources/child-marriage-in-ethiopia/>>.

Forty percent of women aged 20–24 years were first married or in union before the age of 19 years. Four in 10 young women were married in union before their 18th birthday. Ethiopia is home to 15 million child brides including currently married girls and women who were first married in childhood. Of these 6 million were married before the age of 15 years. Forty-eight per cent of women aged 20–24 years from rural areas compared to 16 per cent in rural areas were first married or in union before the age of 19 years. One in three child brides are married to men who are at least 10 years older.

The majority of young women who married in childhood gave birth as adolescents; 82 per cent of women aged 20–24 years who have had three or more children gave birth before the age of 20 years.

Married adolescent girls are substantially more likely to be out of school than their unmarried peers with 90 per cent of girls aged 15–17 years out-of-school compared to 27 per cent of those never married or in a union.

Girls who live in rural areas or in poorer households have a higher risk, and a higher proportion of child brides are found among those with little or no education.

In terms of violence, nearly one in three ever-married young women experienced at least one form of intimate partner violence in the past year regardless of age group.

The document also highlights that there are some positive trends:

- The percentage of women aged 20–24 years who were first married or in union before the age of 18 years has dropped from 59 per cent in 2005 to 40 per cent in 2015 at an annual rate of reduction of 4.2 per cent.

Therefore, if the decline seen in the past 10 years continues, the prevalence of child marriage in Ethiopia would drop to 20 per cent by 2030, and to less than 10 per cent by 2050.

The document also summarizes key components of Ethiopia's programme to end child marriage. This includes:

- Building girls' capacities and empowerment.
- Enhancing knowledge, attitudes and practices of families and communities.
- Capacity building, enhanced quality and friendly service delivery.
- Enhancing coordination.
- Generating evidence.

No. 3 Annual Report

Name of document:

United Nations Population Fund-United Nations Children's Fund, Global Programme to End Child Marriage (annual report 2021), UNFPA-UNICEF, 2021.

Includes an update on the programme status reflecting on the country context; three significant achievements in 2021; any changes to the country's programme strategy and components, and a section on innovative approaches. Also identifies partnerships and Joint UNFPA-UNICEF work and a reflection on how key principles are being applied – such as a human rights approach, 'Leave No one Behind' and gender transformative approaches. The document also highlights key programme challenges and support needed before going into detail by Outcome and Output level on specific achievement of results.

Programme performance is measured around the Global Partnership Output and Outcome performance metrics based on the immediate outcome categories in the results framework.

Immediate outcomes include:

- Empowerment of adolescent girls: Enhanced knowledge, education and life-skills, and attitudes of marginalized adolescent girls on matters such as their rights, relationships, sexual and reproductive health and financial literacy, including in humanitarian contexts.

- Community engagement and transformation: Adolescent boys, families, traditional and religious leaders, community groups and other influencers demonstrate more gender-equitable attitudes and support for girls' rights.
- Strengthening systems: Increased capacity of education, health, child protection and gender-based violence systems to deliver coordinated, quality programmes and services that meet the needs of adolescent girls and their families, including in humanitarian contexts.
- Social protection and partnerships: Increased capacity of national and sub-national social protection, poverty reduction and economic empowerment programmes and services to respond to the needs of the poorest adolescent girls and their families, including in humanitarian contexts.
- Policies and legislation: Enhanced capacity of governments to fund, coordinate and implement national and sub-national action plans and systems to end child marriage.
- Data and evidence generation and use: Increased capacity of governments and non-government organizations, to generate, disseminate and use quality and timely evidence to inform policy and programme design, track progress and document lessons.
- Programme effectiveness and efficiency.

No. 4 National Costed Roadmap

Name of document:

Federal Democratic Republic of Ethiopia, Ministry of Women, Children and Youth, National Costed Roadmap to End Child Marriage and FGM/C 2020–2024, Federal Democratic Republic of Ethiopia, August 2019.

The National Costed Roadmap to End Child Marriage and FGM/C 2020–2024 is an evidence-based costed plan which outlines the key strategies, packages of interventions and expected results, targets and milestones towards the elimination of child marriage and FGM/C in all contexts in Ethiopia, including in humanitarian and emergency situations.

The document includes an analysis on:

- An introduction to the rationale and purpose of the Roadmap and structure.

- Situation of child marriage and FGM/C.
- Enabling environment for ending FGM/C such as legal and policy frameworks, national efforts and key lessons learned.
- Multi-sectoral implications of ending FGM/C.
- Core principles and the Theory of Change.
- National Roadmap costings and budget.
- National Roadmap M&E and Accountability Framework.
- Funding sources for the Roadmap.

No .5 Progress review of National Costed Roadmap

Name of document:

Federal Democratic Republic of Ethiopia, Ministry of Women, Children and Youth, 'First Year Progress Review of the National Costed Roadmap to End Child Marriage and FMG/C 2020–2024', Federal Democratic Republic of Ethiopia, 2022.

In July 2019, the Government of Ethiopia launched the National Costed Roadmap to End Child Marriage and FGM/C 2020–2024. Technical support was provided by the National Alliance to End FMG/C and Child Marriage, including UNICEF and UNFPA. The National Roadmap is an evidence-based costed plan outlining key strategies, packages of interventions, and targets, milestones and expected results towards the elimination of child marriage and FGM in all contexts in Ethiopia (including in humanitarian and emergency situations) by the national target of 2025. It is also a coordination and resource mobilization tool, defining costs, roles and accountability mechanisms. The lead sector for the roll-out of the National Roadmap is the Ministry and Bureaus of Women, and Social Affairs. The other key sectors that contribute towards the prevention and elimination of harmful practices are the Ministry and Bureaus of Health, Education, and the Federal and Regional Attorney General together with the members of the National Alliance to End FMG/C and Child Marriage.

The National Roadmap identifies five pillar strategies and core approaches to achieve the elimination of child marriage and FGM/C:

- Empowering adolescent girls and their families.
- Community engagement (including faith and traditional leaders.)
- Enhancing systems, accountability, and services across sectors.
- Creating and strengthening an enabling environment.
- Increasing data and evidence generation and use.

The Monitoring and Evaluation framework under these outcomes has 45 indicators that measure the results towards ending child marriage and FGM. Twenty nine of the indicators are tracked by MoWSA, six by the Ministry of Education (MoE), four by the Attorney General, five by the national EDHS and One by Vital Events Registration.

Following a review of results against each of the Outcomes there is a recommendations section around:

- Coordination and collaboration.
- Capacity development of line ministries.
- Resource mobilization.
- Data tracking and management for both on- and off-budget items.
- Systematic results tracking.

No. 6 Annual Report

Name of document:

United Nations Population Fund-United Nations Children's Fund, Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change Phase III, UNFPA-UNICEF, 2021.

The report under the Phase III UNFPA-UNICEF Joint Programme on Female Genital Mutilation:

Accelerating Change highlights:

- The overall country context and particular issues related to FGM.
- Strategic approach to accelerating FGM elimination in country including a analysis on the focus on adolescent girls, communities (including men and boy's engagement), gatekeepers and religious leaders, service providers, and Government counterparts.
- Information on the Monitoring and Evaluation systems
- Priorities for 2022. These include
 - a** | Engagement with religious leaders.
 - b** | Leadership of women-led organizations to work with communities on eliminating FGM.

- c** | Strong engagement with the Ministry of Justice to ensure implementation of the 2005 Criminal Code and stronger reporting mechanisms at community level.

At Outcome level there is an analysis of the most significant results achieved including:

- Political commitment and attention for the National Costed Roadmap is reflected in the MoWSA's 10-year strategic plan, in line with the Ministry's core strategies, interventions and performance indicators.
- Increased protection of adolescent girls at risk of FGM by increasing their knowledge and ability to change norms in their communities.
- Changing the context in which girls live, working with community and religious leaders, and community members (for example families, parents and adolescents through Community Conversations) to increase knowledge, shift attitudes and create an enabling environment to end FGM.
- Contributing to strengthening the capacity of the health, justice, and social service workforce to provide quality, accessible and appropriate prevention and response services through capacity development activities (e.g. workshops and mentoring).

There are further reports on specific results achieved against each of the planned Outputs.

No .7 Evaluation

Name of document:

United Nations Population Fund-United Nations Children's Fund, 'Joint Evaluation of the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating change Phase III', UNFPA-UNICEF, 2021. <<https://www.unfpa.org/joint-evaluation-unfpa-unicef-joint-programme-abandonment-female-genital-mutilation-accelerating>>.

The Joint Evaluation assesses the programme contributions to outputs and outcomes during Phase III of the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation (2018–2021) (the Joint Programme). It supports evidence-based decision-making and informs programming beyond 2021, including the strategic direction, gaps and opportunities for the Joint Programme in addressing gender and social norm change.

Key conclusions include:

- The Joint Programme continues to be a strategic and relevant response by UNFPA and UNICEF to the global issue of FGM implementing across 17 countries.
- Phase III design appropriately recognized the importance of positioning FGM on the political agenda of regional entities and supporting accountability systems as it does engaging with the African Union.
- There has been progress in the development of both costed national action plans and monitoring functions, although lower than planned. The Joint Programme has appropriately recognized the need for dedicated budgets and has advocated as such.

Key recommendations include:

- Continue to strengthen global policy and advocacy strategies.
- Strategically strengthen and support implementation of accountability systems. The Joint Programme should also advocate for fully funded national legal and policy frameworks.
- In countries where national governments are tackling complex situations around FGM, the Joint Programme

should continue to build on its achievements to date.

- Strengthen links with other streams of work towards enhanced access to quality services for FGM prevention, protection and care.
- Accelerate use of the 'ACT Framework' to generate data on social norm change.
- Build the post-Phase III Joint Programme to be gender transformative.
- Continue considered use of public declarations of abandonment as an indicator.
- Incorporate a humanitarian approach within the post-Phase III Joint Programme design.

Reference to Ethiopia is made in the document in relation to:

- Encouraging evidence of an overall decline in prevalence in Africa (particularly in Burkina Faso, Egypt, and Ethiopia.).
- At sub-national level, there is concern in Ethiopia that girls are taken to nearby districts where the practice is acceptable.
- Reference to good coordination and programming around FGM and child marriage.
- The Joint Programme has supported the development and dissemination of standard operating procedures on how to manage FGM cases. For instance, in Ethiopia, UNFPA has collaborated with the Ministry of Women, Children and Youth and the National Alliance to develop an agreed minimum package for social services.
- In Ethiopia, a commitment to eliminate child marriage and female genital mutilation by 2025, was announced at the Girl Summit in London in 2014 by Deputy Prime Minister Demeke Mekonnen.
- In Ethiopia, the Joint Programme was 'highly engaged' in the development and launch of the National Costed Roadmap to End Child Marriage and FGM 2020–2024.

- The evaluation found anecdotal evidence about 'internal cross-border' FGM within countries, notably raised within five of the six deep-dive countries (Ethiopia, Guinea, Kenya, Mali and Nigeria). For example, in Nigeria they have found that, "the big challenge that we have is from one local government area to another. Where one community has declared abandonment, parents take their girls to the other community to be cut.". In Ethiopia, which has observed a similar pattern, the Joint Programme is responding by starting to work in a geographical area in a more concentrated way, covering 'whole woredas (districts)', rather than several communities among many within one woreda.

- In Ethiopia, respondents reported concern around school closures and the impact on child marriage, and subsequently how this then links to an increase of FGM, but without specific explanations of the links between the two.
- The current Tigray crisis is occurring in an area with generally low FGM prevalence rates.

No .8 Evaluation Report

Name of document:

United Nations Population Fund-United Nations Children's Fund, 'UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage', UNFPA-UNICEF, New York, May 2019, <www.unicef.org/sites/default/files/2019-06/GP-2019-Evaluation.pdf>.

The report presents the findings of the evaluation of the first phase of the UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage (GPECM). The programme is jointly managed by the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF). The programme is implemented in 12 countries in 4 regions with multiple partners and stakeholders at the national, regional and global levels.

Key findings and conclusions include:

- The programme is well aligned to global and regional frameworks and commitments to end child marriage.
- The application of the GPECM has been responsive to local contexts and has been adapted in each country, although only a few countries have formally adapted the Theory of Change.

- The widespread acknowledgment that child marriage impinges on children's rights and welfare provides a strong foundation and rationale for the ending child marriage agenda.
- Despite efforts to target high prevalence areas and reach the most vulnerable, in many instances interventions have not yet reached the most remote areas, including many of those that are furthest behind.
- Outcome 1 – The GPECM is increasingly able to reach adolescent girls with activities under Output 1.1, having reached nearly 5.5 million girls by mid-2018, far exceeding the programme's objective to reach 2.5 million girls by the end of 2019.
- Outcome 2 – Country offices have significantly expanded community outreach (Output 2.1) and the GPECM shows signs of scaling up, reaching approximately 11.5 million individuals with information related to ending child marriage in the first half of 2018, significantly more than in 2016 and 2017 combined.
- Outcome 3 – Country offices have increased targets for girls' access to health and protection services every year of the GPECM and have collectively exceeded targets each year.

- Outcome 4 – UNFPA and UNICEF have worked collaboratively at the highest levels to support governments to develop and implement national/state action plans to end child marriage.
- Outcome 5 – GPECM investments in research and data have contributed to building a stronger evidence base on child marriage, although tracking has not offered an indication of data quality and usability to date.

Key recommendations include:

- Prioritize normative leadership.
- Expand framework for country contextualization (Theory of Change).
- Consolidate and strengthen evidence-based knowledge management.
- Define and monitor jointness, convergence and complementarity.
- Strengthen and contextualize monitoring and reporting systems.
- Invest in human resources.
- Strengthen the programme.
- Find funds.

Ethiopia is referenced in the document as follows:

- Ethiopia contextualized the Theory of Change through internal and external consultation involving staff as well as stakeholders.
- In Ethiopia, religious leaders were identified as key gatekeepers and influencers and were engaged to undertake theological reflection and consensus-building on ending child marriage.
- Ethiopia provided incentives to families in the form of direct material support to girls in lieu of scholarships and bursaries due to challenges related to keeping girls in school.
- Utilized cost-effective methods that include media campaigns through radio, television and theatre, as well as innovative social media platforms and toolkits to reach more community members with social behaviour change messaging.
- The Ethiopia programme provided financial and technical support to develop the country's Costed Roadmap to End Child Marriage and FGM/C.
- The GPECM contributed to enriching demographic health surveys for improved child marriage data, including by reinforcing the module on child marriage (and female genital mutilation) in Ethiopia.
- Evidence from Ethiopia shows that education is a key driver in delaying marriage.
- In Ethiopia, targeted economic support was not found to be feasible once scaled up.
- In Ethiopia, UNFPA and UNICEF share and exchange learnings as members of the National Alliance Steering Committee to inform programming and policy-related work with the Committee.

No. 9 Benchmarking Child Protection Systems Strengthening Assessment Tool

Name of document:

United Nations Children's Fund, 'Child Protection Systems Strengthening: Approaches, benchmarks and interventions', UNICEF, 2021, <www.unicef.org/documents/child-protection-systems-strengthening-tion.pdf>.

The Child Protection Systems Strengthening Maturity Model developed by UNICEF elaborates priorities, processes and results to be achieved in each phase of child protection systems strengthening and provides comprehensive benchmarks to effectively manage investments and results in systems strengthening.³ The benchmarks are defined by the Intermediate Outcomes, and defined by benchmarks or sub-domains. This tool was developed and later completed by 155 UNICEF country offices, including Ethiopia, in December 2021. This serves to measure the level of maturity, or benchmark, the status of child protection systems strengthening. UNICEF has developed detailed and summary guides on the benchmarking tool, which will be adapted for the Ethiopian context.

This tool will be used as the primary framework to benchmark the level of maturity of the Ethiopian Child Protection System, with an addition added to identify priority actions needed to improve the ratings or level of maturity.

The intermediate outcomes identified in the tool include:

- Legal and policy framework.
- Governance and coordination structures.
- A continuum of services.
- Minimum standards and oversight mechanisms.
- Human, financial and infrastructure resources.
- Mechanisms for child participation and community engagement.
- Data collection and monitoring systems.

No. 10 Global policy document

Name of document:

Organisation for Economic Co-operation and Development, 'Building Blocks for Policy Coherence for Development', OECD, 2009, www.oecd.org/gov/pcsd/44704030.pdf.

To meet the challenge of building strong child protection systems while building a global partnership for development, governments need to ensure that their policies are supportive or, at a minimum, do not undermine their development policies. In other words, there needs to be policy coherence for development (PCD). This aims to exploit positive synergies and spillovers across public policies to foster development – "it entails the systematic application of mutually reinforcing policies and integration

of development concerns across government departments to achieve development goals along with national policy objectives".⁴

Progress towards policy coherence is understood as a three-phase cycle with each phase of the cycle supported by one of three building blocks. The PCD approach requires that all three building blocks are in place with sufficient weight given to each phase of the policy coherence cycle. These include three Phases: i) Setting and prioritizing objectives; ii) Coordinating policy and its implementation, and iii) Monitoring, analysis and reporting.

These three phases are also known as critical building blocks and there are nine lessons derived across the three phases of the cycle above to promote PCD.

No. 11 Assessment report

Name of document:

Global Programme to End Child Marriage, 'Joint assessment of adaptations to the UNFPA-UNICEF Global Programme to End Child Marriage in light of COVID-19', GPECM, 2021, <<https://www.unicef.org/media/111236/file/Child-marriage-COVID-19-assessment.pdf>>.

The assessment was conducted from April 2021 to July 2021 and included all 12 programme countries and all implementation levels (global, regional, national and community). The assessment identified and analysed the Global Programme response, mitigation and protection measures adopted during the COVID-19 pandemic and considered the extent to which interventions were continued as planned, adjusted, or postponed. Opportunities and challenges related to programme adjustments to the COVID-19 situation were taken into consideration in the analysis and recommendations. The assessment questions were organized around three criteria: relevance, effectiveness and coherence.

Executive Summary findings include:

- Relevance: COVID-19 has reconfirmed the validity of the Phase II Theory of Change (ToC); there were no newly identified needs that were outside the scope of the global ToC, the drivers of child marriage were still relevant, although some of them had gained relevance.
- Effectiveness: Most country offices endeavoured to maintain contact with the adolescent girls targeted under the Global Programme through digital platforms or mass media and through community-based partners, committees, volunteers and networks. However, the adoption of virtual technologies raised concerns regarding the quality of these approaches and their ability to influence adolescent girls' agency or gender and social norms. Several learnings from the adjustments to the pandemic have the potential to shape future programming. This includes: i) the use of virtual methods with beneficiaries, allowing larger reach (with some caveats); ii) the need for multi-pronged approaches in programmes aimed at changing in-gender norms or developing skills; and iii) flexibility in adjusting programming and in reallocating budgets.

- Coherence: Overall, the process of adjusting the Global Programme to COVID-19 restrictions was coherent both internally within agencies, and externally between agencies.

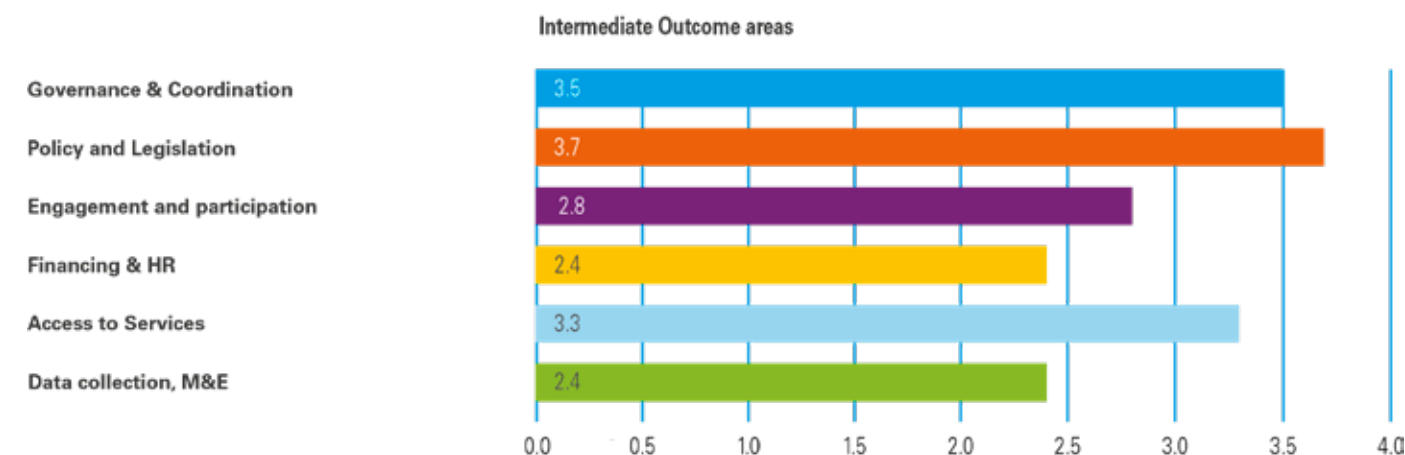
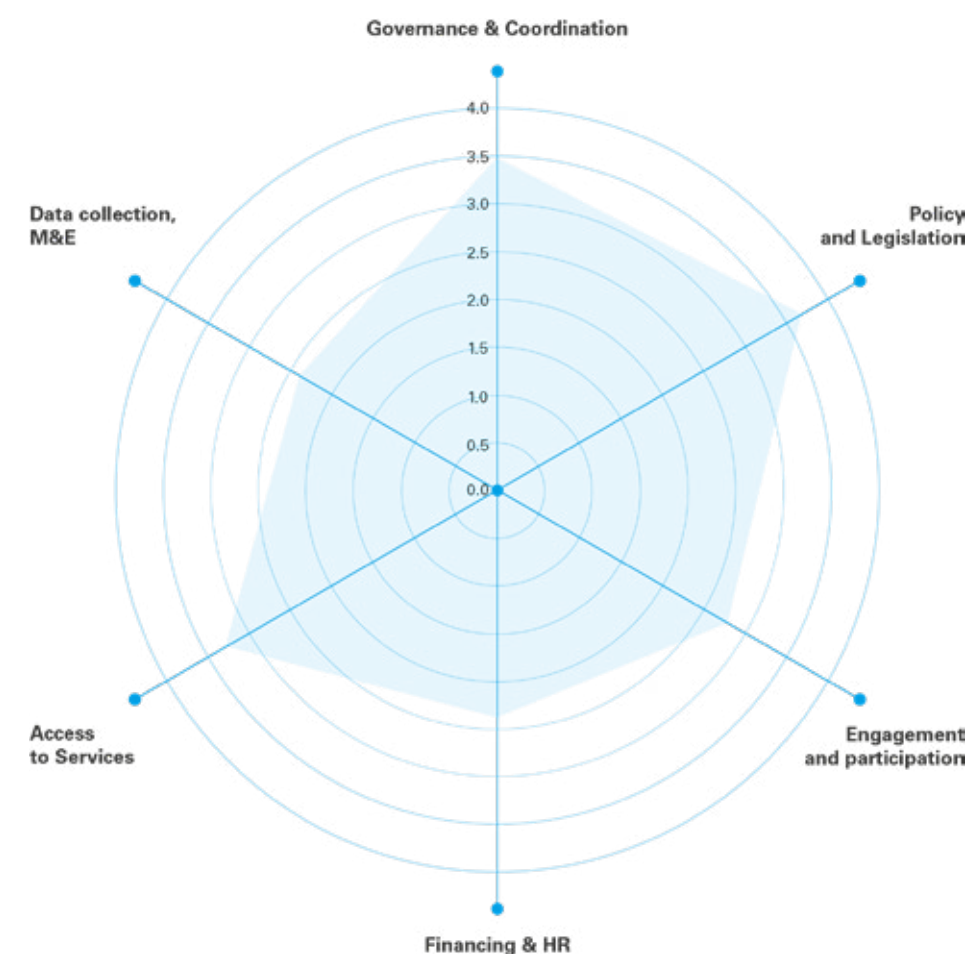
Key recommendations include:

- The Global Programme should advocate with governments to continue developing aligned multi-sectoral policies, legal instruments and budgeted strategies contributing to ending child marriage, with a focus on addressing the various drivers of child marriage at national, sub-national and local levels, and to seek improved harmonization between sectors.
- The Global Programme should reinforce its efforts to reach the most vulnerable and marginalized adolescent girls, boys and their families through policy advocacy and programming targeting them specifically.
- The Global Programme should continue to develop complementary multi-channel approaches to reach target populations based on country specificities and context.
- The Global Programme should continue advocacy and systems-strengthening with governments with a view to maintaining access to essential services for adolescent girls and boys in contexts of heightened vulnerability, including in humanitarian crises.
- The Global Programme should articulate further its strategy to leverage social cash transfer programmes and other forms of income-generation opportunities for adolescent girls and their families, since these are a key tool to prevent child marriage.
- While the Theory of Change remains valid, the Global Programme should adjust its results framework and indicators, as well as further support country offices for monitoring, data generation and analysis, in order to reinforce evidence-based programming.

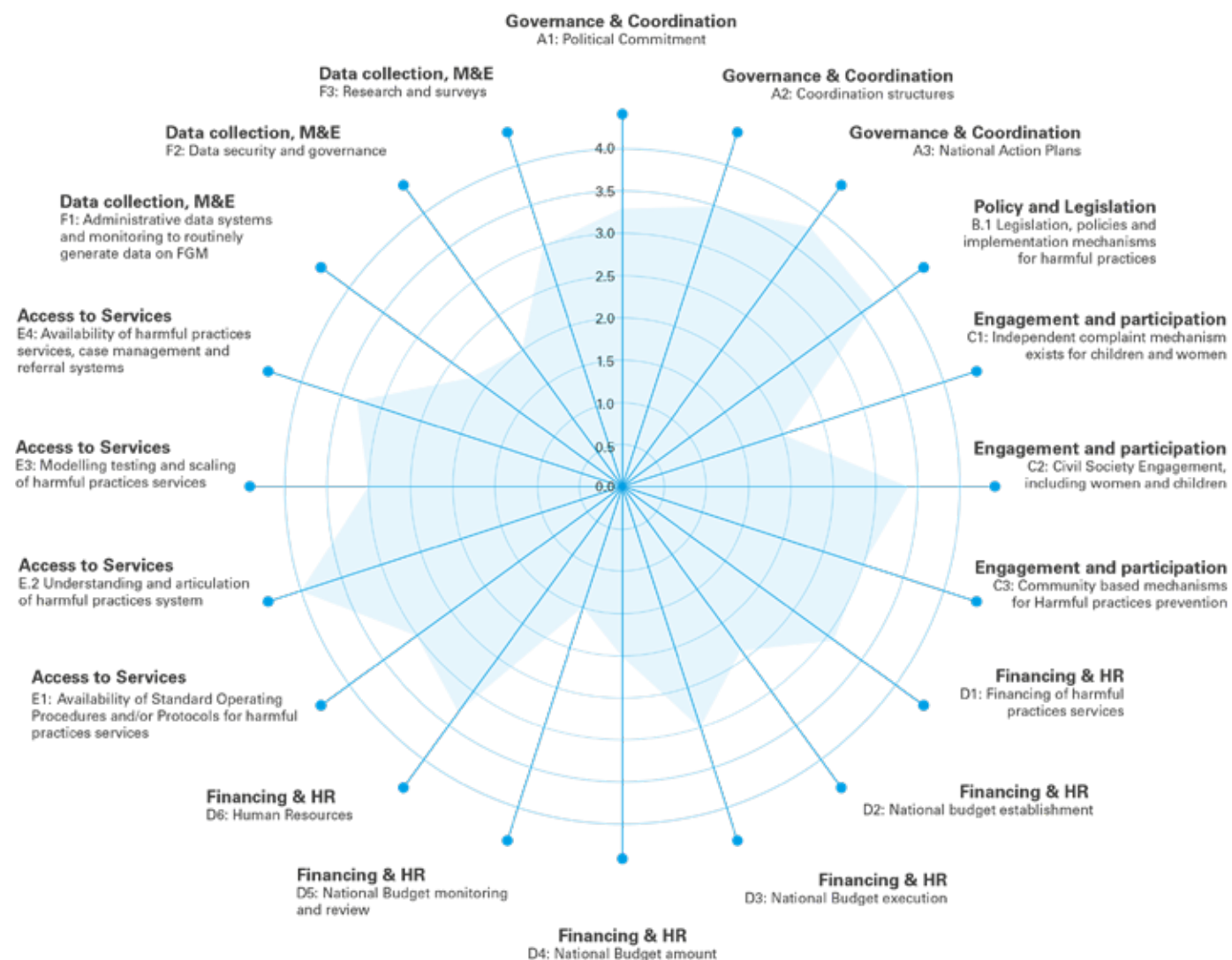
Appendix B: Country data visualization Ethiopia

Name of Country	Overall Score	Sub-Domains	Specific Score
Governance & Coordination	3,5	A1: Political commitment	3,3
		A2: Coordination structures	3,5
		A3: National Action Plans	3,8
Policy and Legislation	3,7	B1: Legislation, policies and implementation mechanisms for harmful practices	3,7
Engagement and participation	2,8	C1: Independent complaint mechanism exists for children and women	2
		C2: Civil society engagement, including women and children	3,4
		C3: Community-based mechanisms for harmful practices prevention	3
Financing & HR	2,4	D1: Financing of harmful practices services	3,1
		D2: National budget establishment	2,4
		D3: National budget execution	3
		D4: National budget amount	2
		D5: National budget monitoring and review	1,5
		D6: Human resources	3,3
Access to Services	3,3	E1: Availability of Standard Operating Procedures (SOPs)and/or protocols for harmful practices services	3
		E2: Understanding and articulation of harmful practices system	4
		E3: Modelling testing and scaling of harmful practices services	3
		E4: Availability of harmful practices services, case management and referral systems	3,3
Data collection, monitoring and evaluation	2,4	F1: Administrative data systems and monitoring to routinely generate data on harmful practices	2,2
		F2: Data security and governance	2
		F3: Research and surveys	3

Intermediate Outcomes Summary



Sub-Domains Summary



Intermediate Outcome areas



Endnotes

- 1 Federal Democratic Republic of Ethiopia, Ethiopia Demographic and Health Survey 2016, <https://dhsprogram.com/pubs/pdf/FR328/FR328.pdf>.
- 2 United Nations Children's Fund, A Profile of Female Genital Mutilation in Ethiopia, UNICEF, New York, 2020.
- 3 UNICEF, 'Child Protection Systems Strengthening: Approaches, benchmarks and interventions', <www.unicef.org/documents/child-protection-systems-strengthening>.
- 4 Organisation for Economic Co-operation and Development, 'Policy Framework for Policy Coherence for Development', OECD, 2012. Working paper 1.

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Maturity Model Desk Review, Assessment and Action Planning

COUNTRY: ETHIOPIA

Development of maturity model and assessment
tools for harmful practices policies