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# National Costed Roadmap to End Child Marriage and FGM/C 2020–2024

Federal Democratic Republic of Ethiopia  
Ministry of Women, Children and Youth

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Ministry of Women, Children and Youth



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NATIONAL ALLIANCE TO END  
FGM & ECM



**National Costed Roadmap to  
End Child Marriage and FGM/C  
2020–2024**

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# Acronyms

<b>ACERWC</b>	African Committee of Experts on the Rights and Welfare of the Child
<b>AAR</b>	Average annual rate of reduction
<b>AU</b>	African Union
<b>B-G</b>	Benishangul-Gumuz (Region)
<b>BoF</b>	Bureau of Finance
<b>BoLSA</b>	Bureau of Labour and Social Affairs
<b>BoWCY</b>	Bureau of Women, Children and Youth
<b>CBO</b>	Community-based organization
<b>CEDAW</b>	Convention on the Elimination of All Forms of Discrimination Against Women
<b>CESCR</b>	Committee on Economic, Social and Cultural Rights
<b>CM</b>	Child marriage
<b>CRVS</b>	Civil registration and vital statistics
<b>CSA</b>	Central Statistics Agency
<b>CSO</b>	Civil society organization
<b>DEVAW</b>	Declaration on the Elimination of Violence against Women
<b>DFID</b>	UK Department for International Development
<b>ECCE</b>	Early childhood care and education
<b>EDHS</b>	Ethiopia Demographic and Health Survey
<b>EGLDAM</b>	Ye Ethiopia Goji Limadawi Dirgitoch Aswegaj Mahiber (formerly the National Committee on Harmful Traditional Practices in Ethiopia)
<b>EHRC</b>	Ethiopian Human Rights Commission
<b>ESDP</b>	Education Sector Development Programme
<b>ETB</b>	Ethiopian Birr
<b>FAG</b>	Federal Attorney General
<b>FBO</b>	Faith-based organization
<b>FEMSEDA</b>	Federal Micro and Small Enterprise Development Agency
<b>FGM/C</b>	Female genital mutilation/cutting
<b>GAGE</b>	Gender and Adolescence: Global Evidence
<b>GBV</b>	Gender-based violence
<b>GDP</b>	Gross domestic product
<b>GTP</b>	Growth and Transformation Plan
<b>HTPs</b>	Harmful traditional practices
<b>ICCPR</b>	International Covenant on Civil and Political Rights
<b>ICESCR</b>	International Covenant on Economic, Social and Cultural Rights
<b>IEC</b>	Information education and communication
<b>IFAE</b>	Integrated functional adult education
<b>IGA</b>	Income generating activities
<b>INVEA</b>	Immigration, Nationality and Vital Events Agency
<b>IRC</b>	International Rescue Committee

<b>IRCE</b>	Inter-Religious Council of Ethiopia
<b>ICT</b>	Information and communication technology
<b>MDGs</b>	Millennium Development Goals
<b>MFI</b>	Microfinance Institution
<b>MHH</b>	Menstrual health and hygiene
<b>MNCH</b>	Maternal newborn and child health
<b>MoE</b>	Ministry of Education
<b>MoF</b>	Ministry of Finance
<b>MoH</b>	Ministry of Health
<b>MoLSA</b>	Ministry of Labour and Social Affairs
<b>MoU</b>	Memorandum of understanding
<b>MoWCY</b>	Ministry of Women, Children and Youth (formerly the Ministry of Women and Children’s Affairs [MoWCA])
<b>M&amp;E</b>	Monitoring and evaluation
<b>NGOs</b>	Non-governmental organizations
<b>ODI</b>	Overseas Development Institute
<b>PoA</b>	Plan of Action
<b>PSNP</b>	Productive Safety Net Programme
<b>RAG</b>	Regional Attorney General
<b>REB</b>	Regional Education Bureau
<b>RHB</b>	Regional Health Bureau
<b>SDGs</b>	Sustainable Development Goals
<b>SNNPR</b>	Southern Nations, Nationalities, and Peoples’ Region
<b>SRHR</b>	Sexual and reproductive health and rights
<b>TVET</b>	Technical and vocational education and training
<b>UDHR</b>	Universal Declaration of Human Rights
<b>UN</b>	United Nations
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children’s Fund
<b>VAWG</b>	Violence against women and girls
<b>WHO</b>	World Health Organization
<b>WMS</b>	Welfare Monitoring Survey

# Foreword

The Government of Ethiopia is committed to protecting women and girls from harmful traditional practices (HTPs)<sup>1</sup> that affect their health and development, and their ability as well as opportunity to thrive in life. The Government pledged to eliminate child marriage and female genital mutilation/cutting (FGM/C) – the most prevalent forms of HTPs, causing multidimensional impacts on women and girls – by 2025 at the first global Girl Summit held in London in 2014. The National Costed Roadmap to End Child Marriage and FGM/C reaffirms this commitment by setting forth strategies and targeted interventions geared towards meeting this goal.

The National Roadmap builds upon previous measures to eliminate HTPs in Ethiopia. The Constitution of the Federal Democratic Republic of Ethiopia prohibits harmful laws, customs and practices that oppress or cause bodily or mental harm to women. The Revised Criminal Code (2005) outlaws HTPs including child marriage, FGM/C and abduction. The National Strategy and Action Plan on HTPs against Women and Children in Ethiopia (2013) specifies three strategic pillars namely Prevention, Protection and Provision with specific interventions to end child marriage and FGM/C under each of the pillars. The National Roadmap consolidates this national foundation and builds towards meeting the goals set forth in the second Growth and Transformation Plan (GTP II) and the Sustainable Development Goals (SDGs).

The National Roadmap offers a timely opportunity to accelerate efforts to meet the 2025 timeline for the elimination of child marriage and FGM/C. It recognizes the need to implement a comprehensive set of strategies which combine empowering girls and families; engaging the community; strengthening systems, accountability and services; ensuring an enabling environment is in place; and enhancing the generation, use and dissemination of data and evidence for informed policy and programmatic engagement. It also recognizes the need to bring on board a range of actors including government, development partners, donors, the private sector, civil society organizations and community structures. As such, joint collaborative efforts, whereby all relevant sectors incorporate strategies from the National Roadmap into their own plans, programmes and budgets, will be instrumental to effective implementation.

The Ministry of Women, Children and Youth is grateful to all our partners and donors for their assistance in the development of the National Roadmap. Our special gratitude goes to members of the National Alliance to End FGM/C and Child Marriage, in particular UNICEF and UNFPA for their unreserved support in developing the National Roadmap.

The Ministry is looking forward to a close working and collaborative relationship with all stakeholders – including those personally at risk or affected by child marriage and FGM/C – in implementing the National Roadmap and achieving lasting change in the lives of girls and women in Ethiopia.

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<sup>1</sup> The National Strategy and Action Plan on HTPs against Women and Children in Ethiopia 2013 defines HTPs as traditional practices which violate and negatively affect the physical, sexual or psychological well-being, human rights and socio-economic participation of women and children.

# Executive Summary

## BACKGROUND

The National Costed Roadmap to End Child Marriage and FGM/C 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 National Roadmap has passed through a rigorous process of critical reflection and consolidation building on lessons from interventions to-date, and existing evidence. From its inception, the National Roadmap underwent different stages of consultation with stakeholders, especially with regional states and sectoral institutions, ensuring ownership of the resulting interventions and costings.

The purpose of the National Roadmap is to clearly stipulate the key strategies, approaches and evidence-based interventions which will be employed to achieve the national target to eliminate child marriage and FGM/C by 2025. It also embodies Ethiopia's efforts to achieve SDG 5 Target 5.3 "eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation." With this overarching purpose, the National Roadmap also clearly defines the role of different actors and establishes accountability mechanisms for ending child marriage and FGM/C. The National Roadmap creates a clear understanding of the costs required for the elimination of the practices and serves as a tool to increase government budgets in support of ending child marriage and FGM/C and to solicit funding to support this national effort.

## THE SITUATION OF CHILD MARRIAGE AND FGM/C

Ethiopia has made significant progress in the last two decades in reducing girls' vulnerability to child marriage and FGM/C. However, despite this progress many girls are still at risk.

The most recent Ethiopia Demographic and Health Survey (EDHS) 2016 shows that of young women aged 20–24 years, 40.3 per cent were married before the legal age of 18 and 14.1 per cent were married before the age of 15. A trend analysis of child marriage across age cohorts and previous EDHS data indicate that the practice is declining. There are, however, variations across and within regions in the prevalence of child marriage as well as in the progress made towards eliminating child marriage.

Of girls and women aged 15–49 years, EDHS data have shown that 65 per cent report that they have been cut, compared to 47 per cent in the younger age group of 15–19 years. Of those who have been cut amongst the 15–19 age group, almost two thirds had flesh removed (65 per cent) and 7 per cent have been sewn closed. Notably, 25 per cent of girls aged 15–19 years do not know what type of FGM/C they have experienced — in large part because most were cut so young. Overall, based on mothers' reports, 16 per cent of girls under 15 years of age have experienced FGM/C. Similar to child marriage, the 2016 EDHS shows that rates of FGM/C are dropping across age cohorts keeping in mind regional variations. The age at which women are cut also varies by region.

Through further analysis of EDHS 2016 data, the National Roadmap includes the rate of acceleration needed to achieve the goal of eliminating child marriage and FGM/C by 2025<sup>2</sup> or 2030<sup>3</sup>. Accordingly, compared to the last ten years, progress would need to be six times faster to eliminate child marriage by 2030, and 10 times faster for elimination by 2025. For FGM/C, progress needs to be a little over seven times faster than progress over the past ten years (looking at the average rate of reduction amongst girls and women aged 15 to 19 years) to eliminate the practice by 2030.

## DRIVERS OF CHILD MARRIAGE AND FGM/C

There are many social, economic, religious and cultural drivers of child marriage and FGM/C. These drivers are multi-faceted and entangled. Social norms that stigmatize girls and their families for girls' premarital sexual activity — and especially for girls' premarital pregnancy — have been found to be the largest driver of child marriage across “hot spot” sites. Having historically been shaped by economic realities and textured by religious custom, such norms cannot be easily picked apart. Traditional narratives about the relationship between economics and child marriage have emphasized poverty, and while these narratives continue to be important in the poorest households, consolidating or demonstrating wealth rather than poverty has come out as an important consideration. It is also imperative to keep in mind that while recent trends show adolescent girls<sup>4</sup> are ‘choosing’ to get married for different reasons, girls' beliefs and decisions are shaped by social norms and the limited options they may have, including for completing a full cycle of education and going onto employment. The low value placed on girls' education and lack of alternatives for girls who have dropped out of school, exacerbate the practice of child marriage. Limited law enforcement is also a contributing factor.

FGM/C, like child marriage, is primarily driven by gender norms that seek to control female sexuality. In some cases, these norms are tied to religious beliefs; in other cases, FGM/C is so embedded in cultural practices that it persists, even when parents believe it should be eliminated, due to parents' (and later girls') fear that if they do not engage in FGM/C they will be socially sanctioned by the community. While in most regions, child marriage and FGM/C are not immediately proximate in terms of time, FGM/C is often seen as a precursor to marriage particularly by the families and in the communities most likely to engage in child marriage.

## IMPLICATIONS OF CHILD MARRIAGE AND FGM/C

Various international, regional and national human rights instruments and laws determine that child marriage and FGM/C are violations of the rights of women and girls. The practices also play a part in reinforcing stereotypical gender norms and gender inequality, and have multifaceted effects on the health, well-being, productivity and economic independence of women and girls. These implications follow girls and women throughout their lives, from childhood through adolescence and into adulthood, and into the next generation through their children.

<sup>2</sup> The Government of the Federal Democratic Republic of Ethiopia made a pledge for total elimination by 2025 at the first global Girl Summit (aimed at mobilizing domestic and international efforts to end child marriage and FGM/C within a generation) hosted in London in 2014.

<sup>3</sup> Sustainable Development Goal (SDG) 5 is to achieve gender equality and empower all women and girls by 2030. This includes target 5.3 to eliminate all harmful practices (HPs) such as child, early and forced marriage and FGM.

<sup>4</sup> The World Health Organization defines 'Adolescents' as individuals in the 10-19 years age group <[www.searo.who.int/entity/child\\_adolescent/topics/adolescent\\_health/en/](http://www.searo.who.int/entity/child_adolescent/topics/adolescent_health/en/)> accessed 4 April 2019

For many girls who are married off at a young age, it is the end of their education. Child brides are at increased risk of gender-based violence (GBV) and are also often socially isolated, with limited opportunity to participate in the development of their communities because of domestic workloads and restrictions on their mobility. FGM/C causes short-term and long-term consequences, from extreme pain, shock and swelling due to cutting of genital tissue, to psychological impacts, prolonged bleeding, infection, infertility and even death. It can also lead to increased risk of HIV transmission. Women who have undergone FGM/C can experience complications during childbirth, including postpartum haemorrhage, stillbirth and early neonatal death. FGM/C can also hinder girls' education and social lives due to the physical complications, and the pain and distress caused. Both child marriage and FGM/C may lead to unstable marriages and family life, issues with family planning and management, and mental health issues. Migration of girls to avoid child marriage and FGM/C leaves them exposed to further risks and vulnerability.

Child marriage and FGM/C also have economic implications for the girls as well as significant costs for the country. Limitations on their educational attainment affect their participation in productive sectors. Even when young brides do manage to participate in education or the labour market, this may be compromised by domestic duties, early pregnancy and related complications, maternal mortality and caring for the poor health of children born to young mothers.

Conversely, the economic benefits of elimination of child marriage are hugely significant. Ending child marriage would increase earnings for the country as a whole by 1.5 per cent, and if every girl delayed pregnancy until she was an adult, the Ethiopian economy would gain 15 per cent gross domestic product (GDP) over her lifetime. If child marriage and early childbearing had ended in 2014, the estimated annual benefit in the subsequent year (2015) would have been equivalent to \$117 million, increasing to \$4.9 billion by 2030.

## **EFFORTS TO ADDRESS CHILD MARRIAGE AND FGM/C**

The Government of the Federal Democratic Republic of Ethiopia has implemented several policy and institutional measures to end child marriage and FGM/C. The country has ratified many international and regional human rights instruments and incorporated their provisions into its laws including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of the Child (CRC), the African Charter on Human and Peoples' Rights and the African Charter on the Rights and Welfare of the Child, which consider child marriage and FGM/C as violations of human rights.

Based on the Constitution of the Federal Democratic Republic of Ethiopia, which provides for the elimination of HTPs, the criminal and family laws have been revised to protect girls and women from child marriage and FGM/C. The National Policy on Ethiopian Women, the Ethiopian Women's Development and Change Package, and the National Strategy and Action Plan on HTPs against Women and Children in Ethiopia are just some of the policies which have addressed HTPs. Growth and Transformation Plan (GTP II) (2015/16–2019/20) mentions harmful traditional practices including female genital mutilation, early marriage and childbearing, gender-based violence and forced marriage; and the Ministry of Women, Child and Youth (MoWCY) GTP II Sectoral Plan (2015/16–2019/20) aims to reduce child marriage and FGM/C in Ethiopia by 50 per cent by 2020. The inclusion of modules and questions on child marriage and FGM/C in EDHS is also a positive development in terms of data generation for monitoring and evidence-based planning.

Ethiopia has attracted global and regional support in its efforts to end child marriage. It is one of 12 countries supported by the UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage, one of 17 African countries in the United Nations Population Fund (UNFPA) - United Nations Children’s Fund (UNICEF) Joint Programme to Eliminate FGM/C: Accelerating Change, and participates in and enjoys the support of the African Union (AU) Campaign to End Child Marriage in Africa.

Awareness raising and advocacy efforts have been a main instrument of change, when supported by complementary cross-sectoral interventions. A notable approach is the creation of sustained community level conversations on child marriage, FGM/C, abduction and other types of HTPs. Women’s development groups have been instrumental in changing social norms and minimizing child marriage and FGM/C practices in communities. National and regional alliances to coordinate action on HTPs are established and operational. A significant step in the fight against HTPs has been the endorsement of the cause by different religions through the Inter-Religious Council of Ethiopia (IRCE) that consists of seven faith-based organizations (FBOs) representing different religious affiliations .

These efforts coupled with the Government’s commitment; the existence of women, children and youth structures at all levels of government; and the positive role cultural values can play through the transformation of social norms, lay a strong foundation for the National Roadmap to work towards the elimination of child marriage and FGM/C by 2025.

Mainstreaming action to eliminate child marriage and FGM/C across all relevant sectors (including education, health, justice and other sectors) is vital. Efforts on prevention, protection and response require collaboration and effective leadership, commitment and coordination of the Government, alongside trusted partners including from civil society, donors, international organizations, the private sector, communities, families and girls and boys themselves.

## **PILLAR STRATEGIES AND OUTCOMES**

The National Roadmap identifies five pillar strategies around which to coordinate efforts, in order to achieve the goals of eliminating child marriage and FGM/C:

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

Based on these strategies, a theory of change for eliminating child marriage and FGM/C has been developed identifying the problem, drivers, strategies, outcomes, and result pathways to achieve those outcomes. The five outcomes are as follows:

- **Outcome 1:** Adolescent girls at risk of and affected by child marriage and FGM/C are empowered to express and exercise their choices, and families are empowered to protect their children from child marriage and FGM/C.
- **Outcome 2:** Increased social action, acceptance, and visibility around investing in and supporting girls, and generating shifts in social expectations relating to girls' education and elimination of child marriage and FGM/C.
- **Outcome 3:** Enhanced systems, accountability and services across sectors that are responsive to the needs of girls at risk of or affected by child marriage and FGM/C.
- **Outcome 4:** Enhanced enabling environment that protects the rights of girls and supports national efforts to end child marriage and FGM/C.
- **Outcome 5:** Increased generation and use of a robust data and evidence base on girls for advocacy, programming, learning and tracking progress.

## **COSTING, FUNDING MECHANISMS AND MONITORING AND EVALUATION (M&E)**

The National Roadmap costing is undertaken using medium-term expenditure framework principles and amounts to Ethiopian Birr (ETB) 2.72 billion for the five-year duration of the National Roadmap. Clear milestones and targets have been set for each intervention taking into account the magnitude of the problem, both in terms of prevalence of child marriage and FGM/C and the population of girls at risk, and the implementation capacity of the regions. The National Roadmap is expected to be funded through different resource mobilization mechanisms including federal and regional government sectors' recurrent budget allocations; partner commitments for the implementation of different programmes; private sector provision of technical, financial and material support; community-based initiatives to mobilize resources; and through designing and implementing other resource mechanisms such as a national lottery and tax deduction.

The National Roadmap developed through a participatory has an M&E framework with clear performance indicators at output and outcome level; milestones per year; and means of verification of results. The M&E framework includes joint monitoring and review meetings, identifying responsible agencies for each intervention, horizontal and vertical reporting, and feedback mechanisms.



# 1 Introduction

## 1.1 BACKGROUND

The National Costed Roadmap to End Child Marriage and FGM/C is an evidence-based costed five-year plan which outlines the country situation and trends in child marriage and FGM/C, and the costed strategies and interventions, with an associated M&E framework, which are needed to end these harmful practices. The government of Ethiopia (GoE) has shown a strong commitment to ending child marriage and FGM/C with a pledge to reduce the practices of child marriage and FGM/C by 50 per cent by 2020; and a pledge for total elimination by 2025 made at the first global Girl Summit in London in 2014.

After the global Girl Summit, a workshop on ending child marriage and FGM/C was hosted in Addis Ababa in September 2014. Considering the high-level national target that has been set, participants in the workshop agreed to develop a national roadmap outlining key evidence-based interventions at federal and regional level. Under the leadership of the National Alliance to End FGM/C and Child Marriage (National Alliance), MoWCY (which hosts the National Alliance Secretariat). UNFPA and UNICEF were given responsibility for initiating the National Roadmap process and developed associated terms of reference, which were reviewed and endorsed by MoWCY and the National Alliance.

The National Roadmap is the result of a rigorous and intensely participatory process of critical reflection and consolidation, building on important lessons and existing evidence. Numerous consultations were undertaken with key sectors and individuals at the regional level including with Government Ministries, regional government, FBOs, civil society, adolescent girls and other stakeholders. The focus has been to ensure the commitment and buy-in from all actors relevant to the abandonment of child marriage and FGM/C. This process has helped to fully articulate the context in Ethiopia; define workable strategies; identify packages of interventions and responsible actors; design systematic progress tracking and accountability mechanisms; as well as the costing of interventions.

A review of evidence of what works to end child marriage and FGM/C at national level was conducted to develop packages of evidence-based interventions and corresponding result areas. To cost the National Roadmap (Chapter 6), it was agreed to use a medium-term expenditure framework which combines a top-down (clear policy priorities and national targets) with a bottom-up (key evidence-based packages of contextualized interventions at regional level) approach. A workshop was held with regions and federal ministries to draft a costed plan.

A task force composed of different organizations including government, civil-society organizations (CSOs) and United Nations agencies was established to refine and finalize the National Roadmap with support from a technical expert on public finance.

## **1.2 RATIONALE AND PURPOSE OF THE NATIONAL ROADMAP**

The National Roadmap was developed for three major reasons. First, the two-year national plan on HTPs (which was developed as part of the National Strategy and Action Plan on HTPs against Women and Children in Ethiopia 2013) ended in 2014. A new plan was therefore required in order to ensure the continued implementation of the National HTP Strategy until the end of GTP II (2015/16–2019/20) and beyond. Secondly, the MoWCY GTP II Sectoral Plan (2015/16–2019/20), which aims to reduce child marriage and FGM/C in Ethiopia by 50 per cent by 2020, requires the support of a medium-term detailed plan with strategies and programmatic interventions necessary and sufficient to achieve the targets. Thirdly, the key action points identified as part of the Government commitment to end child marriage and FGM/C by 2025 were: improving the availability of quality data through inclusion of child marriage and FGM/C in national data collection mechanisms; strengthening coordination mechanisms to synergize the national effort at different levels; increasing budget allocation by 10 per cent for the effort to end child marriage and FGM/C; and improved accountability mechanisms to ensure existing legal and policy frameworks are implemented by different stakeholders. The commitment and the action points require articulating what needs to be done, how, when and by whom, to achieve the target.

The National Roadmap applies across all contexts in Ethiopia, including in humanitarian and emergency situations which may exacerbate risks of child marriage and FGM/C for girls, and reduce access to protective services. It is also important to acknowledge the international cross-border dimension relating to the continuation of child marriage and FGM/C, including as part of migration, and for which discussions and engagement with stakeholders in neighbouring countries is important.

The purpose of the National Roadmap is to:

- Outline the scale, context, trends and drivers of child marriage and FGM/C in Ethiopia in order to create a full understanding of the problem;
- Outline the national and international legal frameworks which support elimination of these HTPs;
- Clearly stipulate the key evidence-based strategies, approaches and interventions to be employed in order to achieve the national target to reduce the practice of child marriage and FGM/C by 50 per cent by 2020 and total elimination by 2025;
- Clearly define the roles of different actors in ending child marriage and FGM/C, and put in place accountability mechanisms to ensure each stakeholder contributes;
- Ensure uniform data flows on tracking progress and to facilitate quality reporting;
- Outline the investment case balanced against the cost of eliminating child marriage and FGM/C and create funding mechanisms to support the national effort.

## 1.3 STRUCTURE OF THE NATIONAL ROADMAP

The National Roadmap is comprised of eight chapters, categorized under three components:

- **Component 1 Narrative; Chapters 1–5:** This provides a situation analysis including the magnitude, drivers, patterns and trends of child marriage and FGM/C, the existing legal frameworks which support prevention, good practices and lessons, the investment case, and theory of change with recommended strategies and interventions for eliminating child marriage and FGM/C as a national priority.
- **Component 2 Costing; Chapter 6:** This chapter describes the methodology used to cost the packages of interventions, capacity building and other systems strengthening activities, as well as the key parameters considered in the costing process. It also details the total cost of the National Roadmap both at national and regional level.
- **Component 3 Accountability and Funding; Chapters 7–8:** This describes the National Roadmap’s M&E framework and key performance indicators. This component also outlines which ministries/bureaus and organizations are responsible for the different interventions (in terms of integrating interventions into their respective plans, allocating the necessary budget, and monitoring and reporting). Last but not least, the funding sources and funding mechanisms for the National Roadmap are presented along with the resource mobilization strategy.

## 2 Situation of Child Marriage and FGM/C

### 2.1 THE MAGNITUDE AND PROFILE OF CHILD MARRIAGE AND FGM/C

Ethiopia has made significant progress in the last two decades in reducing girls' vulnerability to child marriage and FGM/C. However, national — and even regional — aggregates hide large differences across and within regions. Girls in different zones and districts face significantly varied risks of being married as children — and are likely to be married at different ages and experience different forms of marriage<sup>6</sup>. The same holds true for girls' risk of FGM/C.

#### 2.1.1 MAGNITUDE AND PROFILE OF CHILD MARRIAGE

While Ethiopia is ranked fifth globally in terms of the absolute number of girls married as children, due to the size of its population, recent progress towards ending child marriage means that the country no longer ranks in the global top 20 in terms of prevalence rates<sup>7</sup>. The most recent EDHS 2016 shows that of young adults aged 20–24 years, 40.3 per cent of women and 5 per cent of men were married before the legal age of 18 (Figure 1<sup>8</sup>). The percentage of girls married by age 15 shows a remarkably fast decline by around 60 per cent: of young women currently aged 20–24, 14.1 per cent were married by age 15, compared to 5.7 per cent of girls currently aged 15–19 years.

Child marriage is more common among certain population groups, including girls who are poorer, less educated, or live in rural areas (Figure 2).

#### 2.1.2 MAGNITUDE AND PROFILE OF FGM/C

FGM/C remains widespread across Ethiopia, with 65 per cent of girls and women aged 15–49 years cut, and 47 per cent of girls aged 15–19 years cut (Figure 3), and Ethiopia is second to Egypt in terms of the number of women who have undergone FGM/C<sup>9</sup>. The DHS tracks incidence, type, and age of cutting and includes self-reports for women over 15 years of age as well as mothers' reports for girls under 15 years of age; it looks at differences between urban/rural residence, religion, some ethnic groups, level of education and wealth. Of girls currently aged 15–19 years who have been cut, almost two thirds had flesh removed (65 per cent) (Figure 4). Notably, 25 per cent of girls aged 15–19 years do not know what type of FGM/C they experienced, in large part because most were cut so young they have no memory of having an unaltered body (Figure 5).

<sup>6</sup> Different forms of child marriage are practiced in Ethiopia, broadly categorized as: 1) Promissory marriage in which parents of both spouses arrange the marriage before the birth of the girl child or while she is an infant, has significantly reduced over time. 2) The second least practiced form of child marriage, locally known as 'Madedo', happens when the spouses, especially the girl, is below the age of 10. This practice has some similarity with adoption and requires the girl to stay in the house of the in-laws until she reaches puberty. During this time, she will be introduced to the responsibility of wifehood, undertaking daily family chores under the custody of the in-laws. 3) The third form, locally known as 'Meleles', happens in early adolescence between the ages of 10–14 years, where arrangements are made for the child to stay with parents but periodically visit her parent-in-laws until the families negotiate and agree on when she can fully start living with the husband. 4) The fourth and most common type of marriage in recent years occurs during late adolescence between the ages of 15–17 years.

<sup>7</sup> United Nations Children's Fund (2017). *The State of the World's Children 2017. Children in a Digital World*. UNICEF, New York, 2017.

<sup>8</sup> 9 All figures for section 2.1 can be found in Annex 1.

<sup>9</sup> 28 Too Many (2018). *Country profile: FGM in Ethiopia October 2013-2018*.

Overall, based on mothers’ reports, 16 per cent of all girls under the age of 15 have experienced FGM/C (Figure 6)<sup>10</sup>. Because customs vary, and some girls are cut in infancy and others in middle childhood or early adolescence, the proportion of girls who have been cut grows over time. Of girls under five years of age, only 7 per cent have been cut. Of girls aged 10–14 years, 28 per cent have been cut. Of all girls under 15 who have been cut, 9 per cent have been sewn closed — a higher rate compared to girls aged 15–19 years (7 per cent).

## 2.2 PATTERNS AND TRENDS OF CHILD MARRIAGE AND FGM/C

The trends over time of child marriage and FGM/C are complex and highly variable at the sub national-level, in zones and woredas (districts), and by age cohort.

### 2.2.1 PATTERNS OF CHILD MARRIAGE AND TRENDS OVER TIME

Trends in child marriage across Ethiopia are very complex, with national-level trends often having little bearing on sub-national realities (see Box 1). While it is clear that the youngest girls are increasingly less likely to marry, age-aggregated data and differences in samples make it difficult to tease out recent progress for older girls.

#### BOX 1: HOTSPOTS BECOME VISIBLE

In 2016, with funding from UNICEF and support from the Ministry of Women and Children’s Affairs (MoWCA), Jones et al. undertook mixed methods research aimed at exploring the diverse patterning and drivers of child marriage in communities across Ethiopia. They began with custom data from the 2007 census, provided by the Central Statistics Agency (CSA), which were disaggregated by age in order to identify where younger and older adolescent girls were most at risk of marriage. From that census data, which while dated remains the most recently available that allows for sub-regional exploration, they identified woreda-level child marriage “hot spots” where rates of child marriage were significantly higher than regional, and even zonal, averages might predict. For their qualitative work, Jones et al. (2016) chose 10 sites and interviewed nearly 600 adolescents, parents, grandparents, and key informants. Six of the 10 sites were drawn from the “top ten” in terms of incidence rates identified by the census — four others were chosen to balance the fact that the vast majority of previous research on child marriage has focused solely on Amhara. Qualitative work ultimately included three woredas in Amhara, four in Oromia, and one each in Afar, Gambella and Southern Nations, Nationalities, and Peoples’ Region (SNNPR).

<sup>10</sup> However, the low prevalence rate among young girls should be interpreted with caution since it represents the current rather than the final FGM/C status for this age group.

## Progress differs over age cohorts

The most recent EDHS shows progress in reducing child marriage based on age cohorts, particularly for the earliest marriages. Specifically, of girls aged 15–19 years, 5.7 per cent were married by age 15; compared to 14.1 per cent of women aged 20–24 years and 20.5 per cent of women aged 25–29 years (Figure 7<sup>11</sup>). Rates of marriage by age 18 show a similar pattern, albeit with significantly less steep declines. Of women currently aged 20–24 years, 40.3 per cent were married as children, compared to 49.3 per cent of women aged 25–29 years.

However, comparing rates of child marriage by EDHS year, rather than across age cohorts within a single EDHS, paints a slightly different picture (Figure 8). Rates of marriage by age 15 are still declining, though not as quickly. In 2005, of girls aged 15–19 years, 12.7 per cent reported that they had been married by age 15, compared to 8 per cent in 2011 and 5.7 per cent in 2016. Rates of marriage by age 18 appear to have remained almost unchanged between 2011 and 2016 (41 per cent and 40.3 per cent respectively), after showing rapid improvement between 2005 and 2011.

The more significant reduction of very early marriages (below the age of 15) but slower progress being made for older girls, has significant policy implications for targeting reductions in child marriage for girls ages 15–17 years.

## Progress differs across regions

Given Ethiopia's ethnic and religious diversity, it is unsurprising that patterns and progress between regions are highly variable (Figure 9). Because the sample size of the EDHS does not allow for simultaneous disaggregation by region and age, progress (or lack of) at the regional level must be inferred by comparing women aged 20–49 years with women aged 25–49 years. For example, age cohort differences in Amhara (0.5 years), Southern Nations, Nationalities, and Peoples' Region (SNNPR) (0.5 years), and Tigray (0.6 years), suggest the greatest progress<sup>12</sup>.

By comparing the 2005, 2011 and 2016 EDHS surveys (Figure 10), in all regions, the median age of first marriage for women aged 20–49 years has increased 2005–2016, other than in Afar and Harari. In other regions gradual trends are interrupted by significant spikes in the median age. For example, in Gambella, the median age of first marriage showed a significant increase of over 19 months in the period 2005–2011 (15.8 years to 17.4 years), but then declined slightly in 2016.

## Girls' agency around marriage decisions

Understanding who is making girls' marriage decisions is critical for the design of messages and programming. For the first time ever, EDHS 2016 included questions on this topic. It found that for all age cohorts the majority of marriage decisions are made by parents; the most significant majority being for the youngest girls (Figure 11).

Looking across age groups, which obscures recent change but highlights customs likely important to targeting, women in Amhara (15 per cent) and Afar (17 per cent) are the least likely to have made their own decisions about marriage, and those in Addis Ababa are the most likely (77 per cent)

<sup>11</sup> All figures for section 2.2 can be found in Annex 2.

<sup>12</sup> Addis Ababa is not included in Figures 9 and 10 because of EDHS reporting. The marriage rates by age 20 in the capital were too low to calculate.

(Figure 12). Unsurprisingly, rural women are only half as likely to have made marriage decisions on their own as their urban counterparts (30 versus 58 per cent) (Figure 13).

The relationship between education and wealth, and marriage decision-making suggests that education is particularly important in positioning girls and women to make their own decisions about marriage (Figure 14). Women from the wealthiest households are almost twice as likely as those from all other households to make their own decisions (Figure 15). Despite this huge significance for decision making for the wealthiest, those with secondary education or higher are the most likely to make their own marriage decisions.

### Sub-regional hotspots

It is important to keep in mind that EDHS data does not report down to the zone or woreda level. This is problematic given the population size of some regions (e.g. Oromia has 30 million people and Amhara has 20 million), and because of the diversity within regions of ethnicities, religions, cultures, and livelihoods — all of which shape marriage practices. Child marriage mapping research carried out by the Overseas Development Institute (ODI) under the leadership of MoWCY and the National Alliance and with financial and technical support from UNICEF has identified the top 40 “hotspot” woredas for high child marriage rates (Table 3 in Annex 2)<sup>13</sup>.

Looking only at girls aged 10–14 years, and only at Oromia, for example, the proportion of girls who were married at the time of the last census ranged from 15.2 per cent in East Hararge zone to 6.2 per cent in Bale zone. Looking at girls aged 15–17 years living in Tigray, rates ranged from 37.8 per cent in Western Tigray zone to 9 per cent in Eastern Tigray zone. Woreda level variation was often even more stark. Looking at girls aged 10–14 years, Gambella’s Jikawo Woreda had the country’s higher proportion of girls who were already married: 43.8 per cent. In the region’s Gog Woreda, only 6.4 per cent of young adolescent girls were married. Understanding these variations is critical in terms of shaping programming approaches and deciding where to prioritize scarce resources.

### 2.2.2 PATTERNS OF FGM/C AND TRENDS OVER TIME

Like child marriage, the EDHS 2016 shows that rates of FGM/C are declining across age cohorts; Muslim women (across age groups) are more likely to have been cut than their Orthodox and Protestant peers; and rates of FGM/C in urban areas are lower than those in rural areas (Figure 17).

#### Types of FGM/C practiced are similar across age cohorts

As noted above, 25 per cent of girls aged 15–19 years do not know what type of FGM/C has been perpetrated on their bodies, making it difficult to ascertain whether the type of FGM/C is shifting to “milder” forms over time. At a national level, it appears that the types of FGM/C are relatively static across age cohorts with the majority cut with flesh removed (Figure 18). Across all age groups, very few girls and women are “merely” cut with no flesh removed (3 per cent) and about 7 per cent are sewn shut, also known as infibulation, the most extreme form of FGM/C.

<sup>13</sup> Jones, N., Tefera, B., Emirie, G., Gebre, B., Berhanu, K., Presler-Marshall, E., Walker, D., Gupta, T. and Plank, G (2016). One size does not fit all: The Patterning and Drivers of Child Marriage in Ethiopia’s of Hotspot Districts. London: UNICEF and ODI.

## Support for elimination of FGM/C is increasing

Understanding the patterning and diversity of beliefs about FGM/C is critical to tailor programming approaches to fast-track social change. Overall, support for elimination is gaining ground: 79 per cent of girls and women aged 15–49 years (and 87 per cent of boys and men of the same age) believe that FGM/C should be eliminated; compared to 69 per cent of girls and women in 2005 (an increase of 10 per cent)<sup>14</sup>.

The EDHS 2016 found that across all age groups, women are more likely than men to believe that FGM/C should continue, and that beliefs are declining only modestly across age groups (Figure 19). At the national level, 24 per cent of women and 17 per cent of men believe that FGM/C is required by their religion<sup>15</sup> and females are more likely than males to believe that FGM/C has a religious basis (Figure 20). More people believe that FGM/C is required by religion than believe it should continue, highlighting the critical importance of working with faith leaders to help shift social and gender norms underpinning the practice.

There are marked differences in beliefs about FGM/C by region (Figures 21 and 22).

## Education plays a critical role in shaping positive beliefs

Women and men with the most education are significantly less likely to believe that FGM/C should continue (Figure 23) or to believe that it is religiously required (Figure 24). What is surprising, as it bucks national trends for men having lower support for FGM/C, is that among those with the most education, men are more likely than women to support the practice and to believe it is religiously required, suggesting that there are greater payoffs for women's education over men's in terms of reducing support for FGM/C.

## Religious affiliation also shapes FGM/C beliefs

Beliefs about FGM/C vary by religion, with Muslim women more than twice as likely as Orthodox and Protestant women to believe that it should continue (Figure 25) and to believe that it is religiously required (Figure 26). The impact of religious affiliation on men's beliefs about FGM/C is more muted, though Muslim men are the most likely to support the practice.

## Significant regional variations in FGM/C age and type

As with child marriage, national level figures hide significant ethnic and regional variation. In Afar and Somali, nearly all women over the age of 15 have been cut (Figure 27), compared to under a quarter of their peers in Tigray (the region with the lowest prevalence). Women in Afar and Somali are also the most likely to have been sewn closed (Figure 28). Women in Amhara, Gambella, and Tigray, on the other hand, have the highest rates of not knowing what type of FGM/C they have experienced (40 or more per cent), most likely because the practice is predominantly carried out in infancy and early childhood (Figure 29). The age at which women are cut varies significantly by region, with very important implications for the entry points to bring about change.

<sup>14</sup> Ethiopia Demographic and Health Survey 2005 and Ethiopia Demographic and Health Survey 2016.

<sup>15</sup> EDHS 2016.



## Regional trends in rates of FGM/C

As questions about FGM/C were not included in EDHS 2011, comparisons by region across time have only two data points (Figure 30). In all but two regions (Gambella and Somali), there is a decline in the practice. However, some declines are insignificant and point to stasis in FGM/C prevalence rates in regions such as Afar (92 per cent 2005 versus 91 per cent 2016) and Harari (85 versus 82 per cent). The most significant decline is in Dire Dawa (92 per cent 2005 versus 75 per cent 2016).

While the 2011 EDHS did not include questions about the experiences of girls under 15 years of age with FGM/C, the Ethiopian Welfare Monitoring Survey (WMS) 2011 did. Caveating differences between samples, progress 2011–2016 appears significant (Figure 31). In 2011, 24 per cent of all girls under 15 years of age had been cut (according to their mothers), reducing to 16 per cent by 2016. Progress in some regions has been especially notable. Gambella, Harari, Oromia and Tigray saw declines of at least 50 per cent. Progress in Somali was more muted (from 32 to 26 per cent), but important given that FGM/C has been nearly universal and almost always involves infibulation<sup>16</sup> in that region. It is unclear how to interpret figures from Afar, which show a sharp increase in the incidence of cutting (from 61 per cent in 2011 to 78 per cent in 2016), other than to highlight that data quality issues are often larger with pastoralist communities.

As could also be expected, girls living in urban areas are far less likely to be cut than those living in rural areas (Figure 32).

## Mothers' beliefs versus practices

According to EDHS 2016, there is a significant disconnect between the percentage of women who report that they believe FGM/C should continue and the (higher) percentage who have daughters who are cut. For example, while 55 per cent of women in Afar say they believe that FGM/C should continue (Figure 21), 78 per cent of girls aged 0–14 years living in Afar have been cut (Figure 33). How much of the gap is due to women reporting what they “should” say, versus genuine differences in beliefs versus practices, or more recently evolved beliefs against FGM/C, is not known.

## The importance of mothers' increased education levels

A mother's higher level of education is protective of her daughter not undergoing FGM/C. Women with the most education do not cut their daughters, especially when the daughters are young, or sew their daughter closed, presumably because they understand the health risks of doing so (Figure 34). According to EDHS 2016, no women with secondary or post-secondary education cut their under-five daughters or had their daughters under 14 years of age sewn closed. Women with post-secondary education also eschewed cutting their daughters aged 5–9 years. The impact of primary education compared to no education is more muted.

## Mothers' religion and FGM/C for girls

More inexplicable patterns emerge in regard to girls' experiences with FGM/C and their mothers' religion. While Muslim women are much more likely to have been cut than their Orthodox and Protestant peers, among girls under the age of 15 this is not the case (Figure 35), suggesting that

<sup>16</sup> Infibulation is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris (clitoridectomy).

most Muslim girls are cut in late adolescence. Across all religions, the majority of girls under the age of 15 are cut aged 10–14 years, with Orthodox girls in this age group the most likely to have been cut (23 per cent). Muslim girls are by far the most likely to have been sewn shut (22 versus 3 per cent of their non-Muslim peers).

### Uncut women give an intergenerational dividend

Findings from the 2016 EDHS suggest that if mothers break with tradition, and do not have their daughters cut, the break is likely to be permanent across generations. Women who are not cut do not tend to cut their daughters (Figure 36). Girls aged 0–14 years are five times more likely to be cut if their mothers are cut, compared with girls of uncut women.

## 2.3 KEY DRIVERS OF CHILD MARRIAGE AND FGM/C

The drivers of child marriage and FGM/C are broadly similar and revolve around the gender norms that surround girls' and women's sexuality and which value, but also confine them to a role as wives and mothers. Indeed, in many areas, because FGM/C is seen as a requirement for marriage, it may not be possible to disentangle the drivers for each practice. However, whereas economic motivations (e.g. acquisition of land, bride price<sup>17</sup>) may be a factor in shaping the timing of some child marriages in some contexts in Ethiopia, this is not the case with FGM/C. That said, the timing of both practices may be shaped by poverty. It is also critical to highlight that while the underlying drivers of these HTPs share common roots, there is considerable complexity in the patterning and trends of both these practices, i.e. child marriage and FGM/C hotspots may frequently not overlap, and the pace of change in one practice is not necessarily linked to the pace of change in the other.

### 2.3.1 DRIVERS OF CHILD MARRIAGE

The drivers of child marriage are diverse and entangled. On the one hand, it is clear from recent research that social norms, specifically those that surround gender and sexuality, are key to perpetuating child marriage. On the other hand, those norms have been historically shaped by economic realities and textured by religious custom and cannot be easily picked apart. This is true regardless of whether parents arrange for (or force) their daughters to marry as children or whether girls themselves "choose" child marriage. Religion and religious beliefs tend to support child marriage, with Muslim communities often believing that girls over 9 years of age are old enough for marriage, and Orthodox priests and deacons preferring to marry prepubescent girls in order to ensure purity.

That child marriage deprives girls of their rights and ultimately limits their futures, is undoubtedly the case. However, it is also the case that many parents — and many girls — do not yet see this reality. Indeed, many do not see the marriage of adolescents as child marriage and some continue to believe that not only is adolescent marriage not harmful, but is essential to girls' well-being and fulfilling her role in society.

<sup>17</sup> Bride price is a payment by the groom or his family to the bride's parents; a dowry is a payment from the bride's family to the groom or his family.

## Social norms around female sexuality

Social norms that stigmatize girls and their families for girls' premarital sexual activity — and especially for girls' premarital pregnancy (without similarly stigmatizing the boys and men involved) — have been found to be the largest driver of child marriage across “hotspot” sites. While access to modern contraceptives is increasing in some areas, traditionally girls have been married either before or soon after puberty to ensure that if they became sexually active, either by choice or by rape, they would not damage their own or their families' reputations. Critically, from their parents' perspective, this ensured that girls would not be unmarriageable — essential given that marriage is not only the traditional route to economic security for girls and women and their children, but is also central to establishing social ties between extended families.

## Marriage and links to social status

Indeed, the importance of girls' reproductive capacities to families' social standing stands out across regions, albeit in different ways given cultural diversity, for example in reinforcing the kinship ties that provide a measure of protection against both violence and poverty, to secure social status in the community, and to secure relationships with priests and deacons — who are “required” to marry sexually pure girls and are prohibited from ever divorcing — and demonstrate respectability.

## Economic drivers of child marriage

Traditional narratives about the relationship between economics and child marriage have emphasized poverty, and these narratives continue to be important in the poorest households. However, economic drivers of child marriage are often presented in the context of consolidating or demonstrating wealth rather than in terms of poverty itself. This is true regardless of whether sites practiced dowry or bride price and is reflected in both the emerging phenomenon of contract marriage (in Amhara), wherein girls (or their parents) agree to a short-term marriage in exchange for cash, as well as the more traditional phenomenon of effectively selling daughters for cattle in order to obtain the resources needed to provide for sons' marriages (in Gambella). Relatively better off girls who stand to inherit land may be at greater risk of child marriage than their peers who have less access to assets.

## Girls' agency is also shaped by dominant social norms

Policy and programming aimed at eliminating child marriage has tended to emphasize empowering girls to refuse child marriage. However, some girls acquiesce to their parents' demands for child marriage, or even seek it out themselves, because they believe that remaining unmarried past menarche is sinful or are tired of rampant community speculation and harassment about the status of their virginity. Other girls are afraid that if they are seen as qomoqär (left standing) or haftuu (unwanted), they will be forced to accept less desirable husbands, who are often older, have children from previous marriages, and are willing to “tolerate” older brides because they are able to take on heavier workloads.

## Growing trend of adolescent-initiated marriages

Some adolescent girls “choose” to marry – albeit against a backdrop of often limited life choices –sometimes against their parents’ wishes, because they want to feel grown-up, are flattered by the attentions of older boys and adult men, believe that they will be forced to do fewer chores after marriage, or believe themselves in love. Others do not have the information, support networks or ability to understand that they are being manipulated by brokers or to recognize peer pressure.

## Out of school girls more likely to marry

While there are exceptions — some girls are removed from school in order to marry — most girls who marry as children are already out of school. Some have left because of poor academic performance driven by repeated absences due to heavy demands on their time for domestic labour (especially collecting water and fuel). Others have been permanently removed because their parents see no value in educating girls and their mothers want their help at home, or because their parents are concerned about their safety and sexual purity within and around school, and as they travel to and from school. Barriers to secondary school are particularly high, given that rural educational infrastructure remains limited and rural students are often required to board in town, a cost many families cannot — or will not — bear, and which puts girls at risk of GBV.

## 2.3.2 DRIVERS OF FGM/C

FGM/C, like child marriage, is primarily driven by gender norms that seek to control women’s sexuality. These norms may be tied to religious beliefs, and FGM/C is still believed by many to be a religious requirement. FGM/C may also be so embedded in cultural practices that it is held in place, even when parents believe that it should be eliminated, by fear of being socially sanctioned by the community. Uncut girls are attributed with negative qualities including having an uncontrolled libido, and may be ostracized by their peers. Critically, given the central role of marriage and motherhood to girls’ future lives, in many Ethiopian contexts uncut girls are perceived to be unmarriageable.

In most regions, child marriage and FGM/C are not immediately proximate in terms of time. The latter typically takes place in early childhood — or, in poorer households, whenever parents can marshal the financial resources to cut their daughters en masse — and the latter in mid- to late-adolescence. That said, FGM/C is often seen as a necessary precursor to marriage — particularly by families and in communities most likely to engage in child marriage<sup>18</sup>. In Amhara, for example, Jones et al.<sup>19</sup> found that many respondents believe that uncut girls cannot have sex, because uncut female anatomy precludes male penetration. In Afar, they found that girls who are not cut are considered haram (forbidden by religion). In Oromia, being cut is such a significant signal of impending adulthood, and readiness for marriage, that some girls demand to be cut so that they will fit in with their friends and be seen as upholding cultural norms.

In some contexts, FGM/C is more tightly bound to child marriage, with girls cut either immediately before, or immediately after, marriage.

## 2.4 RATE OF ACCELERATION NEEDED FOR ELIMINATION OF CHILD MARRIAGE AND FGM/C

Although some acceleration in reduction of child marriage has already occurred, substantially more is needed to reach the ambitious targets of elimination by 2025 or 2030<sup>20</sup>. Compared to the last ten years, progress would need to be six times faster to eliminate child marriage by 2030, and 10 times faster to eliminate child marriage by 2025 (Figure 37).

An acceleration of progress would be required for all regions to eliminate child marriage before 2030; however, the most acceleration would be required in regions showing stasis or an increase in rates such as Afar, Harari, and Somali (Figure 38). However, as noted above, attention needs to be paid to sub-regional trends, where the highest incidence by woreda is found in Amhara, Gambella and Oromia (Table 3, Annex 2). Even in regions requiring the least acceleration, such as Addis Ababa, Amhara and SNNPR, significant progress is still required (Figure 39).

A significant acceleration of progress – a little over seven times faster than progress over the past ten years amongst girls and women aged 15 to 19 years – would also be required for all regions to eliminate FGM/C before 2030 (Figure 40). However, a more uniform rate of acceleration across regions is required for FGM/C (with most regions needing an average annual rate of reduction of 24 to 31 per cent) compared to for child marriage. The most significant acceleration is required in Afar and Somali, which have the highest prevalence of FGM/C with respectively 91 per cent and 99 per cent amongst the 15–49 age group.

<sup>18</sup> Boyden, J., Pankhurst, A and Tafere, Y. (2013). Harmful Traditional Practices and Child Protection: Contested Understandings and Practices of Female Child Marriage and Circumcision in Ethiopia, Young Lives Working Paper No. 93, Oxford: Young Lives. Jones et al. (forthcoming 2018a). GAGE Baseline Findings. Bodily Integrity. Jones et al. (forthcoming 2018b). Evaluation of Norway's support to women's rights and gender equality in development cooperation Ethiopia case study report. Oslo: Norwegian Agency for Development Cooperation.

<sup>19</sup> Jones et al. forthcoming 2018a.

<sup>20</sup> United Nations Children's Fund (2018). Ending Child Marriage: A profile of progress in Ethiopia, UNICEF, New York, 2018.

# 3 Enabling Environment for Ending Child Marriage and FGM/C

An overview of international, regional and national legal and policy frameworks is outlined below. For a detailed matrix of relevant frameworks and provisions, see Annex 4.

## 3.1 LEGAL AND POLICY FRAMEWORKS

### 3.1.1 INTERNATIONAL LEGAL AND POLICY FRAMEWORKS

The international human rights framework provides protection for women and girls by prohibiting HTPs both implicitly – for example through protection from violence – and explicitly through provisions directly prohibiting child marriage and FGM/C. CEDAW calls for the modification or elimination of laws, regulations, customs and practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women, specifically banning child marriage and urging States Parties to set a minimum age of marriage. The CRC establishes the “best interests of the child” standard in addressing the rights of children (Article 3), as well as autonomy related to their evolving capacity. Child marriage and FGM/C are recognized as a violation of that best interest standard and a violation of children’s rights.

Global campaigns and other efforts to eliminate FGM/C initially focused on the adverse health consequences of the practice. This emphasis fell from favour primarily because the campaigns did not result in significant reductions in prevalence, and because the focus on health may have inadvertently promoted the ‘medicalization’ of the practice, meaning that it is increasingly carried out by medical professionals. FGM/C was reconceptualized as a human rights issue at the 1993 Vienna World Conference on Human Rights when it became classified as a form of violence against women, which for the first time fell under the purview of international human rights law<sup>21</sup>.

### 3.1.2 CONTINENTAL AND REGIONAL LEGAL AND POLICY FRAMEWORKS

The African human rights system and institutions clearly call for the elimination of HTPs. The African Charter on the Rights and Welfare of the Child 1990 contains stronger provisions against child marriage than the CRC, as it explicitly prohibits child marriage and the betrothal of girls and boys, and urges states to specify through legislation the minimum age of marriage as 18.

The Protocol to the African Charter on Human and People’s Rights on the Rights of Women in Africa 2003 (Maputo Protocol) requires States Parties to prohibit and condemn all forms of harmful practices which negatively affect the human rights of women and which are contrary to recognized international standards. The African Youth Charter (2006) requires States Parties to enact and enforce legislation that protect girls and young women from all forms of violence, including FGM/C, rape and sexual abuse, and to take all appropriate steps to eliminate harmful social and cultural practices. In recent years, the African Union (AU) Campaign to End Child Marriage in Africa has provided the

<sup>21</sup> United Nations Children’s Fund, *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*, UNICEF, New York, 2013.

momentum and opportunity for other key decisions and protocols on the continent, most notably the African Common Position on the AU Campaign to End Child Marriage in Africa 2015, and the African Committee of Experts on the Rights and Welfare of the Child (ACERWC) and African Commission on Human and Peoples' Rights Joint General Comment on Ending Child Marriage 2017 which elaborates on the nature of States Parties' obligations that arise from Article 6(b) of the Maputo Protocol and Article 21(2) the African Children's Charter.

### 3.1.3 NATIONAL LEGAL AND POLICY FRAMEWORK

The fundamental human rights and protections guaranteed under the Constitution of the Federal Democratic Republic of Ethiopia are intended to eliminate HTPs and violence against women, including child marriage and FGM/C, in support of equality and women's empowerment as aligned to regional and international legal instruments.

Since the adoption of the Constitution in 1995, the Government has undertaken significant legal reform to ensure harmonization of domestic laws with international human rights instruments relevant to the protection of the rights and welfare of women. Some of the major legal reform initiatives include the entry into force of the Revised Family Code in 2000 and the Criminal Code in 2005. The Government has also implemented several policies and institutional measures to end child marriage and FGM/C. These include the National Policy on Ethiopian Women 1993; National Strategy and Action Plan on HTPs against Women and Children in Ethiopia 2013; the Ethiopian Women's Development and Change Package 2017; and MoWCY's GTP II Sectoral Plan 2015/16–2019/20.

Protection from HTPs is also mainstreamed into several sectoral policies and strategies. The Ministry of Health (MoH) recognizes that FGM/C is a violation of human rights and banned medicalization of FGM/C in all public and private medical centres and facilities in January 2017.

The National Social Protection Strategy of Ethiopia 2016 targets adolescent girls "to maximize impacts on educational outcomes and reduction in child marriage" and plans communication and awareness-raising for prevention of abuse, violence, neglect and exploitation, including child marriage and FGM/C.

Education is instrumental for ending child marriage and the Education Sector Development Programme V (ESDP V) 2015/16–2019/20 is clear on its merits: "educated women are less likely to enter into early marriage or early motherhood or contract HIV/AIDS and other communicable diseases. Mothers who are literate are better able to understand health education and child-developmental materials that directly impact the lives of their children." ESDP V notes that despite progress, there remain some critical gaps in reducing gender disparity in primary and particularly secondary education, and acknowledges that factors that influence demand for secondary education include child marriage and that the proportion of females in higher education needs to increase.

<sup>22</sup> World Health Organization, Ethiopia bans medicalization of female genital mutilation (FGM), <<https://afro.who.int/news/ethiopia-bans-medicalization-female-genital-mutilation-fgm>>, accessed 1 February 2019.

## 3.2 NATIONAL EFFORTS AND RESULTS ON ELIMINATING CHILD MARRIAGE AND FGM/C

National efforts on eliminating child marriage and FGM/C have made significant progress, as detailed below. Key findings on what works to end child marriage and FGM/C are detailed in Section 3.3.

### Global and continental support

Ethiopia has attracted global and regional support in its efforts to end child marriage and FGM/C. It is one of 12 countries (eight of which are in sub-Saharan Africa) supported by the UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage, one of 17 African countries in the UNFPA-UNICEF Joint Programme to Eliminate FGM/C: Accelerating Change, and participates in and enjoys the support of the AU Campaign to End Child Marriage in Africa.

Following the pledge made at the 2014 global Girl Summit to end the practices by 2025, in 2015, the Government of Ethiopia hosted a National Girl Summit to reiterate its commitment, including to raise the national budget allocation by 10 per cent to realize the total abandonment of ending child marriage and FGM/C.

### Multi-sectoral coordination

Mainstreaming action to eliminate child marriage and FGM/C across all relevant sectors (including education, health, justice and other sectors) is vital, as efforts on prevention, protection and response require collaboration and effective leadership, commitment and coordination of the Government. This requires institutionalizing national, sub-national and local coordination mechanisms.

In 2012, MoWCY established the National Alliance to End FGM/C and Child Marriage comprising representatives from different organizations including from CSOs, donors, government sectors, international organizations, the private sector and United Nations agencies, in order to implement the strategic interventions set out in the National Strategy and Action Plan on HTPs against Women and Children in Ethiopia 2013. All regional states and city administrations have also established their own regional and Woreda platforms to combat HTPs.

A multi-sectoral campaign against HTPs was carried out in 2017, spearheaded by religious leaders throughout the country. As well as giving a religious perspective, the campaign included inputs on legal literacy, health, and women's rights, by actors such as law enforcement bodies, health extension workers, girls' clubs in schools, human rights clubs and similar.

### Enhancing the evidence base

The EDHS has historically covered limited aspects of violence such as FGM/C (periodically), child marriage and wife beating. To remedy this, the EDHS 2016 included new modules on child marriage, FGM/C and violence against women. Awareness raising and advocacy efforts supported by this enhanced evidence base continue to be a key instrument of change.



## Community mobilization

The National Strategy and Action Plan promotes advocacy and monitoring work through grass-roots organizations such as Women’s Development Groups and village HTP committees which are composed of representatives from different social groups such as women, youth, elders, and religious leaders as well as officials of the local administration. The advocacy and follow-up work carried out at the community level as a result of the 2017 campaign, has shown encouraging results in terms of minimizing child marriage and FGM/C practices in communities.

By addressing FGM/C in Ethiopia through community conversations using a human rights lens, community members are able to consider not cutting as a viable alternative to the existing convention. The human rights perspective also encourages reflection on gender roles, generating interest and dialogue about other social practices that harm women and girls, such as marriage by abduction and child marriage.

Since the beginning of 2017, MoWCY has been developing manuals on social norms change, community conversations, and male engagement to further lead the process of change; these are expected to be completed 2020. Criteria for classification of readiness of communities for abandonment of child marriage and FGM/C have been developed and will be rolled-out at scale throughout the country, so that communities can declare themselves HTP-free and obtain certified status to this effect. The aim is to create competition among communities and agencies working on social norms change, to put in place tracking and accountability mechanisms, and have the declaration as a key milestone.

## The role of religious and traditional leaders

It is important to develop and strengthen the role of religious leaders and tribal leaders who are influential in the community. During community outreach, religious leaders are actively engaged in promoting religious support for eradicating HTPs, making clear that those that practice HTPs will be reported, and giving blessings to health workers and to the police, to endorse community reporting of HTP cases. The endorsement of the cause through IRCE has been a significant step in the fight against HTPs. IRCE has been working to eliminate HTPs since its establishment in 2010, and provides a forum for discussion, formulates strategies through the involvement of its members, and has taken a stand to eliminate child marriage and FGM/C by 2025. To this end, IRCE established a task force in 2017 that follows up and monitors the implementation of its strategies.

## Harnessing cultural traditions

Cultural traditions in the community facilitate positive engagement through community dialogue. For example, in the Afar region, the Dagu system is a means of exchanging and disseminating information within the community as a pastoralist pastime. Community dialogue facilitators have used this cultural communication mechanism to spread information about ending FGM/C, and consensus is reached in every dialogue.

## National and international partners

Last but not least, there are several national and international organizations working as formal or informal partners on ending child marriage and FGM/C in Ethiopia.

## 3.3 LESSONS LEARNT AND KEY STRATEGIES

### 3.3.1 LESSONS LEARNT

A strong enabling environment is vital to any progress in eliminating HTPs. There are significant enabling factors in Ethiopia including the Government's strong commitment to ending child marriage and FGM/C by 2025. The conducive legal and policy environment has set the minimum age of marriage at 18, and criminalizes child marriage and FGM/C.

Women's and children's structures at all levels of government from the federal to the woreda level also present a valuable asset and opportunity. These structures are supported by community women's development groups and other grass-roots organizations of women, making it easier to engage at community level. Health extension workers as well as social workers can also be important partners on the ground.

Other key lessons learnt from efforts to eliminate child marriage and FGM/C in Ethiopia include:

- Strengthened relationships with religious institutions, religious leaders, elders, media organizations and other stakeholders are instrumental to success due to their ability to carry messages to families, communities and girls at risk.
- Involving uncircumcised girls as role models has a positive effect in fighting FGM/C by giving confidence to girls to speak up about being uncut in resistance of the practice; similarly, positive female role models – such as local women who have completed secondary school and now have salaried employment – are critical in helping girls and parents understand why they should invest in education.
- Targeting circumcisers is an important component of eradicating FGM/C. For example, by identifying those who conduct FGM/C so they can be monitored by women's development groups and other community structures, to ensure they do not continue the practice secretly; and providing alternative income-generating strategies for circumcisers.
- Discussions in girls' forums in schools, and involving the school community (teachers, principals and students) improves the capacity of female students, sensitizes the school community to the value of uncut girls, allows monitoring of female students, and changes parental attitudes.
- Convening regular sharing and learning sessions, and aligning the messages disseminated as well as the tools and manuals used, are important to strengthen the coordination among different stakeholders to end child marriage and FGM/C.
- The use of socio-cultural mechanisms in the context of community dialogue, for example, the Dagu system of Afar and the Sinke system of Oromia as community-based wisdoms and assets have significantly contributed to the reduction of child marriage and FGM/C.
- Cross-sectoral and long-term programmes with a clear theory of change are needed in place of a series of isolated short-term campaigns which make short-term gains but cannot alone or combined address the root causes of the practices of child marriage and FGM/C.

### 3.3.2 ENDING HTPS: PROTECTIVE FACTORS AND STRATEGIES

Many of the protective factors and strategies are common for both child marriage and FGM/C. Jones et al. (2016, 2017, 2018) note that there are various factors that protect girls from the risks of child marriage. Stavropoulou and Archer (2017) identify five impact studies and evaluations assessing interventions seeking to reduce and eliminate FGM/C in Ethiopia, with associated protective factors and strategies. Examples of good practices and innovative interventions are given in Annex 5.

The National Roadmap ultimately aims to bring about the complete abandonment of child marriage and FGM/C in Ethiopia by 2025 by supporting the following strategies:

- **Empowering adolescent girls:** Girls' clubs, especially when implemented with dedicated leaders and focused on both imparting information and increasing girls' confidence, can help girls resist marriage and focus on their broader futures. Jones et al (2015) found that in contexts where FGM/C is practiced in adolescence, focusing on girls' agency can bring positive social change, but in middle childhood is much less effective.
- **Increasing the girl-friendliness and responsiveness of services:** These services include legal aid, school-based services such as safe spaces, menstrual health and hygiene (MHH) facilities, case reporting and referral linkages, psychosocial support, and counselling and guidance services which support the retention and performance of girls within education.
- **Supporting girls' education:** Rates of child marriage are declining where community and family commitment to girls' education is growing. Each additional year a girl completes in secondary school reduces the likelihood of marrying as a child by 6 per cent, and the likelihood of having a first child before age 18 by 4 per cent<sup>23</sup>. Quality education, especially secondary school, contributes to the reduction of child marriage because it expands girls' options, provides them with a venue to learn about the risks of and alternatives to child marriage and offers them a safe venue to report marriages. Women and men with the most education are significantly less likely to believe that FGM/C should continue.
- **Supporting families and girls economically:** Providing economic support to promote school retention of girls from the poorest families.
- **Highlighting positive female role models:** Educated uncut and unmarried girls acting as role models in their communities and with the support of their families, are critical to helping girls and parents understand why they should reject HTPs and invest in education.
- **Promoting local ownership:** Interventions should be tailored to the context and promote local ownership from inception.
- **Engaging with faith and traditional leaders:** Faith leaders and traditional leaders involved in awareness-raising programmes can play a key role in contributing to shifting social norms, especially where they give up the practice of child marriage themselves and lead by example. They act as respected gate-keepers, and should be engaged in education about the harmful effects of child marriage and FGM/C.

<sup>23</sup> World Bank, International Center for Research on Women (ICRW), Economic Impacts of Child Marriage: (Conference Edition) March 2018 Ethiopia Synthesis Report.

- **Mobilizing communities to address social norms:** Community conversations, intensive community dialogues and outreach by women’s development groups enable community members to access information from trusted sources in order to discuss and reflect upon the harmful implications of child marriage and FGM/C. More and better awareness-raising efforts are needed that strongly show the social cost of child marriage and that target key social forces such as religious leaders.
- **Educating parents and caregivers:** Supporting parents and caregivers with knowledge about the harms of child marriage and FGM/C and the benefits of alternative options should be conducted through existing government interventions.
- **Involving boys and men:** Evidence shows that as boys and young men become more educated, they also want more educated partners and are less likely to marry child brides. Therefore, active engagement with boys and young men is critical to accelerate social change. Boys and men should be involved as active agents of change in expressing a preference to marry uncut girls and women, including through promoting alternative masculine norms and behaviours. Evidence has shown that men in Ethiopia have cited maternal mortality as a key reason for changing their opinion of FGM/C.
- **Strengthening law enforcement:** In regions where the family law provisions on HTPs have not been revised to align with the federal family law, advocacy is needed to bring about legal change. Community members need to be encouraged to report cases of child marriage and FGM/C through strengthening community structures and reporting chains that serve as safety nets, with community sanctions created for those marrying children, traditional circumcisers and parents and caregivers of cut girls and child brides. Awareness needs to be created of the legal framework as distinct to customary law; supporting accountability mechanisms such as parliamentary oversight; and seeking the support and cooperation from other sectors such as education, finance, health, justice, and labour and social affairs, to ensure implementation of the law.
- **Creating a multi-sectoral enabling environment and coordination mechanisms:** There is a need for coordinated multi-sectoral plans and mechanisms for supporting the abandonment of HTPs at national, regional, woreda and kebele levels, built on local realities, and which facilitate sharing of lessons and experience, avoiding duplications, synergizing efforts and undertaking joint advocacy.
- **Conducting biannual communication campaigns:** Supporting biannual campaigns to disseminate information to a wider community to create a critical mass of supporters to end HTPs as well as to influence decision makers.
- **Increasing sub-national government funding:** Improving budget allocations would facilitate more regular visits from woreda-level officials, would relieve kebele-level officials of the onus of enforcement, making it clear to communities that local officials are also subject to top-down regulation.
- **Supporting health workers to take a more holistic approach to their clinical practice:** Including addressing the health-related consequences of child marriage (such as from early child bearing and intimate partner violence) and FGM/C, providing counselling support to those who had been circumcised and married, and reporting cases of child marriage and FGM/C to legal authorities.

- **Generating, disseminating and using data and evidence:** Strengthening implementing partners' systems for generation and utilization of administrative data, for example, by undertaking horizontal and vertical data flow mapping, identifying key indicators to be tracked, clarifying roles and the application of simplified as well as aligned formats and templates. Strengthening the evidence base to design context-specific programmes.
- **Improving the implementing and accountability capacity of partners:** Capacity building and partner interventions should support the M&E and knowledge management systems of implementing partners, in line with results-based management, including documentation and reporting of results.

In addition to the common strategies, some are specific to child marriage and FGM/C as follows:

- **Child marriage; improving access to contraception:** Evidence shows that in some parts of the country including Amhara (e.g. Jones et al., 2018) and Tigray, young married girls are regularly using contraception to delay their first pregnancies – in part to prevent fistula and other obstetric complications and in part to ensure they and their husbands are compatible before having a child. For unmarried girls, contraception can also offer protection by ensuring that pre-marital sexual relationships do not result in pregnancy and social stigma.
- **FGM/C; working with mothers, including adolescent mothers:** Given that mothers and female relatives are often the ones who initiate and endorse FGM/C in many contexts, it is critical to work with mothers, including adolescent mothers, to shift conservative social norms away from favouring FGM/C.
- **FGM/C; supporting alternative income-generating activities for traditional circumcisers:** Many circumcisers earn their living by practicing FGM/C and need alternative livelihoods to prevent the practice from continuing underground.
- **FGM/C; expanding health provision:** Expanding and creating demand for services such as the provision of health care and psychosocial services, and helping communities to understand the link between severe health complications and the practice of FGM/C, and the high costs associated with those adverse health effects.
- **FGM/C; establishing and supporting tracking mechanisms:** Involving health, education and community structures to follow up on the status of newborn girls and to track their progress, ensuring they remain uncut.

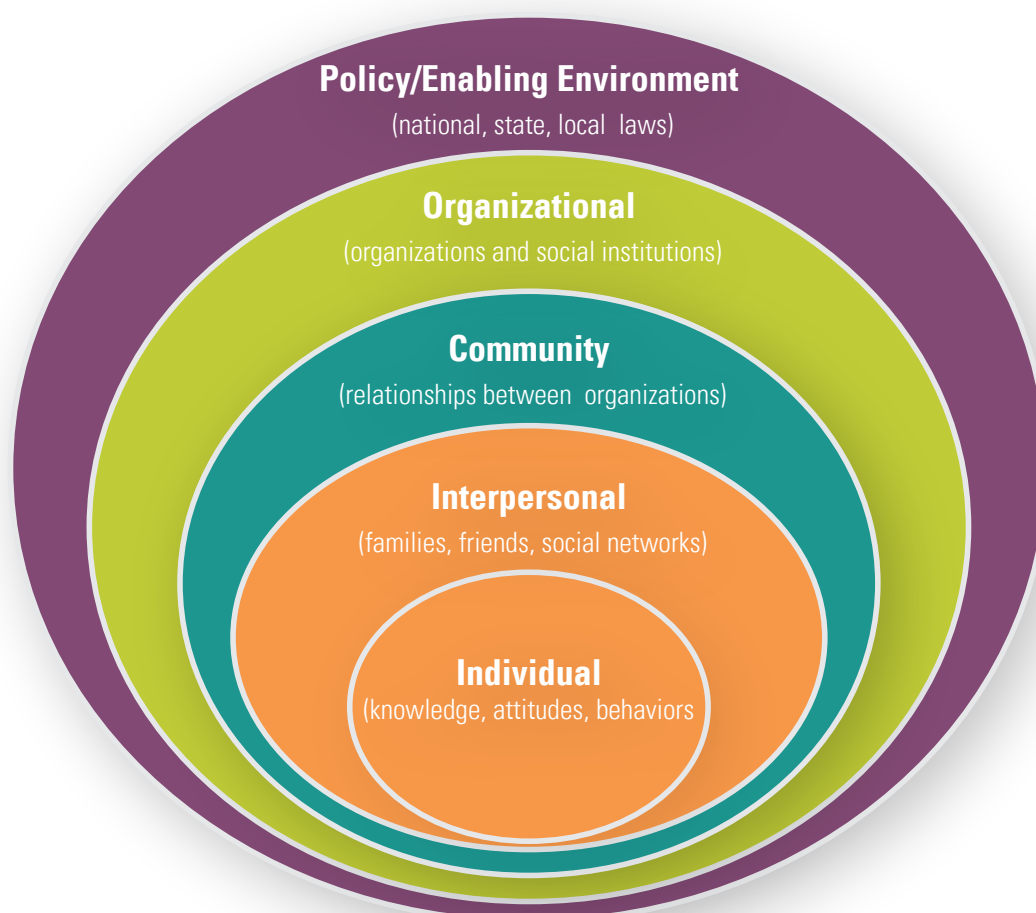
### 3.3.3 PILLAR STRATEGIES AND CORE APPROACHES

In line with the above lessons, protective factors and strategies, the National Roadmap has identified five pillar strategies and focus areas in order to achieve the goals of eliminating child marriage and FGM/C (the five pillar strategies are reflected in the five outcomes as described in Chapter 5):

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

The following core approaches will be used to underpin these five pillars in designing and implementing programmes:

- **Social norms approach** to address collective behaviour changes, foster community empowerment, and create positive social norms.
- **Gender transformative approaches** which promote gender equality (the shared control of resources and decision-making) and women’s empowerment, are central to interventions addressing the root causes of child marriage and FGM/C.
- **Multi-sectoral approach** to address the different drivers and causes of child marriage and FGM/C through coordination of mandates to empower girls and work with communities, and strengthen health, education, child protection, the legal system and services.
- **A social ecological framework** (see below) will be applied to reach all those who play a role: “girls at the centre,” families, communities and their structures, service providers and policy makers



Source: UNICEF, adapted from the Centers for Disease Control and Prevention (CDC), *The Social Ecological Model: A Framework for Prevention*, <[www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html](http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html)> accessed 4 February 2019

## 4

# Multi-sectoral Implications of Ending Child Marriage and FGM/C

## 4.1 THE SOCIAL IMPLICATIONS OF CHILD MARRIAGE AND FGM/C

Ethiopia is home to 15 million child brides, including currently married girls and women who were first married in childhood. Child marriage is a violation of human rights, compromising the development of the girl child in multiple ways. Child marriage often compromises a girl's development by resulting in early pregnancy and social isolation, interrupting her schooling, limiting her opportunities for career and vocational advancement and placing her at increased risk of domestic violence<sup>24</sup>.

**Negative impact on health:** The majority of young women who married in childhood in Ethiopia gave birth as adolescents<sup>25</sup>. In Ethiopia, child brides are more than half as likely to receive medical care during pregnancy than women who married as adults<sup>26</sup>. Rectovaginal Fistula results from injuries during childbirth and happens to child and adolescent mothers as a result of intense and prolonged labour, as their bodies are simply not developed enough to give birth. Ethiopia has dedicated fistula health centres as the problem is so significant<sup>27</sup>.

Child marriage has a negative effect on child well-being through early childbearing. In Ethiopia, being born to a mother who is herself a child younger than 18, increases the risk of death before reaching age five by four per cent, and the risk of stunting by 13 per cent<sup>28</sup>.

FGM/C causes short-term consequences such as extreme pain, shock and swelling due to cutting of genital tissue, and psychological impacts due to the use of physical force by circumcisers and the severe pain experienced. It also often leads to long-term medical complications, including continuation of severe pain, prolonged bleeding, infection, infertility and even death. It can also lead to increased risk of HIV transmission. Women who have undergone FGM/C can experience complications during childbirth, including postpartum haemorrhage, stillbirth and early neonatal death<sup>29</sup>.

**Social isolation:** The physical complications arising from FGM/C may interfere with girls' and women's social lives due to ill health, for example as a result of incontinence<sup>30</sup>. Child brides are often isolated, with limited opportunity to participate in the development of their communities. Because of child-rearing, domestic workloads and restrictions on their mobility, young brides are also more likely to be socially isolated; over 30 per cent reported having no friends at all<sup>31</sup>.

<sup>24</sup> UNICEF Child Marriage Data <<https://data.unicef.org/topic/child-protection/child-marriage/>> March 2018.

<sup>25</sup> UNICEF 2018

<sup>26</sup> United Nations Children's Fund, Ending Child Marriage: Progress and prospects, UNICEF, New York, 2014.

<sup>27</sup> UNICEF, Health workers create awareness on the consequences of child marriage in Amhara, 9 December 2015. <<https://unicefethiopia.org/2015/12/09/health-workers-create-awareness-on-the-consequences-of-child-marriage-in-amhara/>>, accessed 1 February 2019.

<sup>28</sup> World Bank, ICRW 2018.

<sup>29</sup> UNICEF, What you need to know about female genital mutilation, <[www.unicef.org/protection/57929\\_endFGM.html](http://www.unicef.org/protection/57929_endFGM.html)>, accessed 1 February 2019.

<sup>30</sup> UNICEF, What you need to know about female genital mutilation, <[www.unicef.org/protection/57929\\_endFGM.html](http://www.unicef.org/protection/57929_endFGM.html)>, accessed 1 February 2019.

<sup>31</sup> Erulkar, A., Ferede, A., Ambelu, W., Girma, W., Amdemikael, H., GebreMedhin, B., Legesse, B., Tameru, A., and Teferi, M. (2010) Ethiopia Young Adult Survey: A Study in Seven Regions.

**Marital instability:** Due to their situation, several psychological and physiological problems occur among girls who marry young, and these contribute to divorce or lead to suicide<sup>32</sup>. Many girls run away from unhappy marriages. For girls who are not old enough for safe sexual intercourse, unavoidable sexual relations with their husbands can be traumatic<sup>33</sup>. The physical and health complications arising from FGM/C may also make penetration difficult and infertility can affect sexual life and may precipitate divorce.

**Inability to plan or manage families:** Young mothers exercise less influence and control over their children and have less ability to make decisions about their nutrition, health care and household management. In Ethiopia, child marriage is the primary cause of early childbearing for more than four in five women who had a birth before turning 18. Marrying at age 13 rather than at 18 or later increases the number of children a woman will have by an average of 24 per cent<sup>34</sup>.

**Forced migration:** Often, girls' only recourse to avoid child marriage is to run away. Some migrate internally while other girls avoid child marriage by migrating internationally<sup>35</sup>; girls who migrated to the Middle East to work often did so because of community focus on their sexuality. After puberty, unmarried girls were assumed to be behaving in "inappropriate ways" and many girls, unable to withstand the scrutiny and stigma, chose to migrate. While marriage-avoidant migration represents a way for girls to reclaim some measure of self-determination in an environment which leaves them little space for agency<sup>36</sup>, it also leaves them vulnerable to a host of other threats. Erulkar<sup>37</sup> notes in regard to domestic migration, "girls who migrated to escape marriage were more often in low status jobs, earned less money, were less likely to report many friends, and less likely to have someone from whom they could borrow money in an emergency". Girls who migrated to the Middle East were also at grave risk. Many experienced horrific physical and sexual abuse<sup>38</sup>.

**Effects on voice and decision-making:** Child marriage also limits girls' and women's access to their voice and decision making, with impacts on mobility, fertility, and increased GBV. As Erulkar et al. note<sup>39</sup>, "those married before the age of 18 — and especially before the age of 15 — are less likely to have discussed how many children to have, HIV/AIDS, mother and child health services, being faithful in marriage". For example, of those married before the age of 15, less than 35 per cent had ever discussed the prevention of HIV with their husbands, compared to 56 per cent of those married at 18 or 19 years of age.

<sup>32</sup> GAGE (2017). Gender and adolescence: why understanding adolescent capabilities, change strategies and contexts matters. London: Gender and Adolescence: Global Evidence.

<sup>33</sup> Puri, M., Cleland, J., & Matthews, Z. (2003). Extent of sexual coercion among young female migrant workers and their sexual health problems in Nepal. In annual meeting of the Population Association of America, Minneapolis, MN, USA, and Ram, N. D. U. (2005). Associations Between Early Marriage and Young Women's Marital and Reproductive Health Outcomes: Evidence from India.<sup>35</sup> UNICEF, Health workers create awareness on the consequences of child marriage in Amhara, 9 December 2015. <<https://unicefethiopia.org/2015/12/09/health-workers-create-awareness-on-the-consequences-of-child-marriage-in-amhara/>>, accessed 1 February 2019.

<sup>34</sup> World Bank, ICRW 2018.

<sup>35</sup> Jones, N., Tefera, B., Stephenson, J., Gupta, T., and Preznieto, P with Emire, G., Gebre, B and Gezhegne, K (2014) "Early Marriage and Education: The Complex Role of Social Norms in Shaping Ethiopian Adolescent Girls' Lives", Country Report, London: ODI.

<sup>36</sup> Jones et al., 2014.

<sup>37</sup> Erulkar, A.S., Mekbib, T.-A., Simie, N., Gulema, T., (2006). Migration and Vulnerability among Adolescents in Slum Areas of Addis Ababa, Ethiopia. *Journal of Youth Studies* 9, 361–374. <https://doi.org/10.1080/13676260600805697>.

<sup>38</sup> Jones et al., 2014.

<sup>39</sup> Erulkar et al 2010.



**Violence:** Furthermore, because they are not only young, but also more likely to be especially young compared to their husbands, child brides are also more vulnerable to GBV due to power disparities in the relationship<sup>40</sup> and are at higher risks of intimate partner violence in Ethiopia<sup>41</sup>. Compared to girls married at 18 or 19, Erulkar et al. (2010) found those married before 15 to be far more at risk of forced first sex (32.1 versus 8.2 per cent) and more likely to have been recently hit or beaten (7.1 versus 3.1 per cent).

## 4.2 MACROECONOMIC IMPLICATIONS OF ENDING CHILD MARRIAGE AND FGM/C

### Curtailment of education

As discussed above, higher levels of girls' education are protective factors against child marriage and FGM/C. Similarly, child marriage and FGM/C are interrelated with low enrolment of girls in education. FGM/C can hinder a girl's education due to the health complications endured by girls following the practice, which can cause girls to be less focused in school or absent and consequently perform poorly and drop out of school.

Child marriage has a negative effect on educational attainment for girls and can result in the end of a girl's schooling for numerous reasons – girls may become preoccupied with the role of a wife and lose interest in school or may continue and drop out once they become pregnant; child marriage is cited as the reason for dropping out of secondary school for more than 1 in 10 girls in Ethiopia.<sup>42</sup> Out-of-school girls are more vulnerable to child marriage: 90 per cent of girls aged 15 to 17 years who are married or in a union are out of school, compared to 27 per cent of girls who are never-married<sup>43</sup>. Data from the 2000 EDHS further shows the gravity of the situation. Among 4,469 ever-married women, 25 per cent attended school before marriage; 74 per cent of those discontinued school after they got married. The reasons they gave for dropping out included "becoming too busy with family life" in 62 per cent of cases, and marital control (their husbands didn't want them to go to school) in 23 per cent of cases.

### Cost to the economy of low rates of girls' education and its association with child marriage and FGM/C

Child marriage, FGM/C and early childbearing have significant economic implications. Child marriage and FGM/C are associated with lower education, and women and girls with little or no education are less able to make positive contributions to society than those with education due to barriers of low literacy and restricted employment opportunities. Child marriage lowers women's expected earnings in adulthood by 9 per cent<sup>44</sup>.

The economic status of girls' households significantly influences the age of marriage. Child brides are therefore less able than older or unmarried girls to access schooling and income-generating opportunities or to benefit from education or economic development programmes. Opportunities for young mothers to continue their education or to work are often limited because of their limited access to resources, child-bearing responsibility, and household tasks, or maternal mortality. In this way, child marriage often reinforces poverty .

<sup>40</sup> United Nations Children's Fund (2005). *Early Marriage a Harmful Traditional Practice, A Statistical Analysis*, UNICEF, New York, 2005.

<sup>41</sup> World Bank, ICRW 2018.

<sup>42</sup> World Bank, ICRW 2018.

<sup>43</sup> UNICEF 2018.

<sup>44</sup> World Bank, ICRW 2018.

## Benefits to the economy of supporting education and eliminating HTPs

Educated women and girls contribute to social and economic development and can support the health and productivity in their families and communities as a whole. Ending child marriage would increase earnings for the country as a whole by 1.5 per cent. Girls' education boosts income later in life: an extra year of primary school increases girls' future wages by an estimated 10–20 per cent and an extra year of secondary education increases future wages by 15–25 per cent. If every Ethiopian girl completed secondary school, it would add up to \$646 million to the economy every year. If she delayed pregnancy until she was an adult, the Ethiopian economy would gain 15 per cent GDP over her lifetime. In Ethiopia, the value of the additional wages that women would have earned in 2015 if they had not married early is estimated at \$1.6 billion in purchasing power parity.

By 2030, Ethiopia's population would be reduced by 1 per cent if child marriage and early childbirths were ended today. This would have significant impacts on national budgets and welfare. If child marriage and early childbearing had ended in 2014, the estimated annual benefit in the subsequent year (2015) would have been equivalent to \$117 million, increasing to \$4.9 billion by 2030. The rapid increase stems from the fact that each year the gains become larger because the cumulative reduction in population growth keeps growing from one year to the next. In addition, as standards of living (GDP per capita) improve, the valuations also become larger.

<sup>45</sup> Saranga, J., and Kathleen, K. (2007). 'New Insight on Preventing Child Marriage' Center for Research on Women (ICRW).

<sup>46</sup> Save the Children. (2004). State of the World's Mothers 2004. Save the Children: Westport, USA.org/2015/12/09/health-workers-create-awareness-on-the-consequences-of-child-marriage-in-amhara/>, accessed 1 February 2019.

<sup>47</sup> World Bank, ICRW 2018.

<sup>48</sup> Verveer, M. (2011). Statement by Ambassador Melanne Verveer, U.S. Ambassador-at-Large for Global Women's Issues and Representative of the United States to the UN Commission on the Status of Women, at the 55th session of the Commission on the Status of Women, at U.N. Headquarters. United States Mission to the United Nations.

<sup>49</sup> Chaaban & Cunningham. (2011). Measuring the Economic Gain of Investing in Girls. The Girls Effect Dividend. World Bank Policy Research Working Paper 5753.

<sup>50</sup> World Bank, ICRW 2018.

<sup>51</sup> Ibid.

# 5 Core Principles and Theory of Change

## 5.1 CORE PRINCIPLES OF THE NATIONAL ROADMAP

The National Costed Roadmap to end child marriage and FGM/C draws its guiding principles from the CRC and the 2012 Minimum Standards for Child Protection in Humanitarian Action (Child Protection Minimum Standards), which can also be applied to development contexts. These are:

- **Best interests of the child:** In all matters concerning children, the best interests of the child shall be the paramount consideration. In ending child marriage and FGM/C, all stakeholders should ensure that all programmes and interventions are designed and implemented in a manner that promotes the best interests of the child.
- **Gender equality:** Promoting equality between girls and boys, and women and men, and using a human rights-based approach, which works to realize the rights of girls and women.
- **Non-discrimination:** Every child shall have the same rights independent of religion, gender, age, ethnicity and culture. In line with this principle, the National Roadmap aims to create equal opportunities for urban and rural as well as in- and out-of-school children.
- **Survival and development:** Every child shall be entitled to the highest standards of living and to thrive in an enabling environment, which is supportive of a child's needs and welfare. Stakeholders should design and implement programmes based on the premise that child marriage and FGM/C are threats to a child's survival and development, particularly of the girl child.
- **Protection:** Children should be protected from all forms of abuse, violence and exploitation, including HTPs. In design of programmes and interventions, all stakeholders should be aware that child marriage and FGM/C are defined as forms of violence against children; and should integrate prevention and response components accordingly and as part of child protection systems strengthening.
- **Child's right to participation:** Children shall be given the opportunity to voice opinions in all matters that concern them depending on their age and maturity, and to participate in solutions to ending child marriage and FGM/C as agents of change. Empowering adolescents (especially girls) enhances their ability make decisions about their own lives and creates an enabling environment for consulting with other children and adolescents, and wider society.
- **Confidentiality and privacy:** In all programming to end child marriage and FGM/C, issues of confidentiality and privacy should be promoted and ensured, to allow the free and effective participation of children in programme activities.
- **Building strong partnerships and linkages:** Ending child marriage and FGM/C are the responsibility of all stakeholders. The Government will build strong partnerships and linkages with development partners, civil society and communities, religious and traditional leaders, and children themselves, to address the drivers and consequences of child marriage and FGM/C.

- **Community participation and leadership:** The design and implementation of programmes to end child marriage and FGM/C should involve communities (both formal and informal structures) and ensure that communities play a leading role in scale up for impact, including through linkages with statutory child protection systems.
- **Establishing positive social cultural norms:** All programmes aiming to prevent child marriage and FGM/C need to recognize the role of negative and discriminatory socio-cultural beliefs, norms, and practices in causing and perpetuating child marriages and FGM/C, by designing context-specific gender transformative approaches to social and gender norms change in interventions.

## 5.2 THEORY OF CHANGE FOR CHILD MARRIAGE AND FGM/C AND RESULT PATHS

A theory of change positions a programme of interventions within a wider analysis of the determinants of a situation, and has a clear testable hypothesis about how change will occur. A theory of change for eliminating child marriage and FGM/C in Ethiopia has been developed, identifying the problem, drivers, strategies, five major outcomes and outputs.

Details about the results pathways, which are illustrated in Annex 6, are found below; after which the theory of change is presented graphically.

### 5.2.1 OUTCOMES AND RESULT PATHWAYS

In order to eliminate child marriage and FGM/C, the National Roadmap had identified five outcomes and associated result pathways. These causal pathways are illustrated in Annex 6 and described below.

#### **Outcome 1: Adolescent girls at risk of and affected by child marriage and FGM/C are empowered to express and exercise their choices, and families are empowered to protect their children from child marriage and FGM/C.**

Through functional girls' clubs for in- and out-of-school girls, adolescent girls have improved legal literacy, knowledge and life skills, information on the harmful social and health impacts of child marriage and FGM/C, and voice and agency to resist HTPs. Adolescent girls (in and out of school) will also have support networks and role models for growing their confidence, voice and agency. This would in turn lead adolescent girls to increase their demand for quality, age- and gender-responsive formal education and vocational training as a result of understanding its importance to their long-term development trajectories. Skills training includes approaches to enhance women's and girl's knowledge of their rights and access to resources. Government will build on already existing platforms to reach to girls who are out of school. Out-of-school and already married girls in particular, acquire assets and skills that lead to decent work or entrepreneurship opportunities to become economically independent, or are supported into accessing education as an alternative or second chance education opportunity to child marriage.

**Outcome 2: Increased social action, acceptance, and visibility around investing in and supporting girls, and generating shifts in social expectations relating to girls' education and elimination of child marriage and FGM/C.**

Positive interpersonal and community level communication, awareness raising, mass media and religious practices mean families and communities are increasingly aware of the adverse health, economic and social impacts of child marriage, FGM/C and discrimination against girls (e.g. the risk of fistula and maternal and child mortality, divorce and poverty) fostering local ownership of the problem and solution. Community elders and religious leaders, institutions, social workers, health extension workers, teachers, women's development groups and community-based organizations (CBOs) advance reinforcing messages about gender roles and the implications of power imbalances between girls and boys, women and men, and promote approaches that address the structural and root causes of gender inequality and that allow spaces for girls' agency. Moreover, they will address the adverse health and social impacts of child marriage and FGM/C and the importance of girls' education in their messaging and encourage collective community action against child marriage. Additionally, men and boys will be engaged to work on positive masculinities and healthy relationships. When these messages are internalized (and externally expressed in the community), new social norms emerge, and families, men and boys prefer not to marry girls under the age of 18 or who are cut and have positive attitudes towards girls' education, gender equality and the rights of women in general. Parents and caregivers, families and communities will increasingly support alternative rites of passage, and roles for girls beyond marriage and fulfilling household duties, such as education and positive alternative pathways. Communities make a public declaration that they will abandon child marriage and FGM/C.

**Outcome 3: Enhanced systems, accountability and services across sectors that are responsive to the needs of girls at risk of or affected by child marriage and FGM/C.**

Key systems and services across sectors support girls, families and communities to resist child marriage, FGM/C and other discriminatory practices and provide alternative pathways. Systems to be strengthened include: access to secondary school (including for pregnant girls or young mothers), quality and safe formal and non-formal education and technical and vocational education and training (TVET); access to adolescent-friendly nutrition, health, and sexual and reproductive health and rights (SRHR) information and services; and improved economic services, income generating activities (IGA) and opportunities for families of vulnerable adolescent girls. Girls' on-time enrolment in school and school completion should be prioritized through investments in social protection including financial incentives such as scholarships, school supplies and uniforms if necessary, and alternative learning sessions provided to offset girls' more limited school attendance due to domestic workloads. Increased school attendance helps communities and families to see girls as children, rather than as future wives and helps girls expand their future options and exposes them to information about the legal age for marriage and the risks of child marriage. Circumcisers will be supported to access employment opportunities and alternative livelihoods. Strengthening the capacity of service providers to better to respond to cases of child marriage, FGM/C and other discriminatory practices will be prioritized. Access to quality essential services will include legal, psychosocial support and referral linkages for child marriage survivors with greater access to a set of essential quality and coordinated multi-sectoral services, which include advocates against child marriage and FGM/C among service providers.

**Outcome 4: Enhanced enabling environment that protects the rights of girls and supports national efforts to end child marriage and FGM/C.**

While legal and policy frameworks are in place, there is a need for increased enforcement with intensive coordinated efforts invested in legal awareness raising, and violations of the law prosecuted and punished to serve as a deterrent for child marriage and FGM/C. Afar and Somali regions are expected to adopt the revised family law which set 18 years as the minimum age of marriage. Ensure availability of comprehensive legal and policy frameworks to address gender inequity and enhanced implementation at all levels of government structures which ultimately will contribute to improved access to protection and response services by women and girls. Strengthened civil registration and vital statistics (CRVS) systems for birth and marriage will help protect girls from child marriage. Mechanisms are needed to support anonymous reporting of (planned and actual) child marriages, with response systems put in place. Officials need to prioritize efforts to raise awareness of the law in all communities and step in and prosecute child marriages and FGM/C, regardless of whether they are ‘free choice’, and where possible prosecute both sets of parents, elders and religious leaders involved in sanctioning any such union so as to serve as a deterrent. Effective federal, regional, zonal, woreda and kebele level multi-sectoral coordination mechanisms will be operational with measurable accountability mechanisms. Increased budget allocation, diversified funding sources and enhanced expenditure tracking systems will be in place for preventing child marriage and FGM/C.

**Outcome 5: Increased generation and use of a robust data and evidence base on adolescent girls for advocacy, programming, learning and tracking progress.**

Implementation of a comprehensive M&E system which combines EDHS with district-level census data, as well as partnerships with research entities carrying out sentinel site longitudinal research on child marriage and FGM/C, will lead to the generation of periodic quality data. This will be complemented by increased emphasis and investment among MoWCY and key sectors to conduct basic and applied research, for documentation and dissemination of good practices. The development and application of measurement tools to monitor social norms change related to child marriage and FGM/C over time is also crucial. MoWCY and other key sectors will have systems strengthened for the institutionalization of data analysis and use, evidence-based programming and knowledge management for child marriage and FGM/C change strategies.

## 5.2.2 THEORY OF CHANGE FOR ENDING CHILD MARRIAGE AND FGM/C



## 6 National Roadmap costings and budget

### 6.1 COSTING FOR ENDING CHILD MARRIAGE AND FGM/C PLANS OF ACTION

The National Costed Roadmap to End Child Marriage and FGM/C 2020–2024 was developed by the Government of Ethiopia through a consultative process, with regional plans that reflect prioritized multi-sectoral collaboration aimed to catalyse and leverage actions at community, kebele, woreda, zonal, regional and federal levels.

#### 6.1.1 Key process followed

Led by MoWCY and the National Alliance, inputs to the National Roadmap were sought from key sectors at regional level, different organizations including diverse line ministries, CSOs, non-governmental organizations (NGOs), and UN Agencies. The Ministry of Finance (MoF) formed a key part of the process, from the design phase through to finalization of the National Roadmap. Three major consultation workshops involving both regional and federal level stakeholders were held (in October 2016, February 2018 and December 2018) where practitioners, decision makers, planners and supporting agencies contributed.

Key activities included: An evidence review on the key drivers of child marriage and FGM/C and what works to end child marriage and FGM/C in evaluated programmes; identification of the five outcome areas to address major drivers of the two practices and in line with the evidence and the goal of elimination by 2025; immediate result areas/outputs were agreed which are expected to lead to the achievement of the defined outcomes; a list of interventions was gathered from different programmes implemented by different sectors and non-governmental actors; an estimated budget envelope based on previous experience and potentially available funds was set for reference and comparison.

Additional information on the interventions and how they were costed is as follows:

- **Intervention criteria:** The key criteria used to select interventions for each region and at federal level were: necessity of the intervention; its sufficiency to achieve results according to the magnitude of the problem and number of girls at risk; and implementation capacity. Interventions were further broken down to specific activities and sub-activities to facilitate the costing process.
- **Baseline of budget allocations:** A baseline estimate of current budget allocations for ending child marriage and FGM/C – based on an analysis of Bureau of Women, Children and Youth (BoWCY) expenditures during 2016 – was established to compare investment trends over time.
- **Compliance with MoF processes:** The National Roadmap including regional plans of action is fully compliant with MoF budget planning process, the chart of the accounts and the use of standardized costs (price of goods and services as well as the Daily Subsistence Allowance).
- **Costing guide:** To support target setting for the action plans by each region and at the Federal level, a costing guide based on the current context (for example demography of population including out-of-school girls, number of schools) was used.



- **Lead agency:** Finally, a responsible agency for each intervention is assigned as custodian of the intervention, given that the plan uses a holistic multi-sectoral approach.

### 6.1.2 COSTING ASSUMPTIONS AND PARAMETERS

Most of the interventions include both recurrent and development costs needed to implement the activities to achieve the intended outcomes. The use of existing resources such as human resources structures, and building their capacity is the foundation of the National Roadmap. Where there are insufficient resources, their addition is planned for.

As the National Roadmap is a multi-sectoral plan, the assumption is that the relevant sector(s) will allocate the required budget. There is also a commitment from MoF to ensure the National Roadmap is budgeted and funds utilized accordingly.

A custodial body (National Alliance or MoWCY) should be nominated to ensure that the budget allocation by each ministry, agency or unit has adequate financial resources for interventions to take place. A tracking mechanism should be established as a follow-up tool. Additionally, the same body would be in charge of coordinating funding from development partners and donors to channel their contributions towards priority interventions.

Interventions have three level of priority/importance:

1. High priority - allocated 100 per cent of the planned financial resources;
2. Medium priority - allocated 50 per cent of the planned financial resources;
3. Low priority - where an intervention is important but can be delayed, or where there is a lack of funds.

Using these priority levels, national and regional governments can adjust the overall funds needed to implement their plans of action in order to fit budget constraints. In an ideal situation, all interventions will be financed; however, the aim is that all Priority 1 interventions are financed when resources are limited, with some interventions carried forward to the next fiscal year.

### 6.1.3 Estimated previous expenditure and the National Roadmap funding gap

The National Roadmap intervention costs represent the total cost needed by the Government of Ethiopia at federal level and across the regions for achievement of results across the five pillar strategies which correspond to each of the five outcomes. The National Roadmap intervention costs takes into account inflation on the cost of items, goods or services.

During the development of the National Roadmap, efforts were made to estimate levels of existing budgets from MoWCY and BoWCYs for ending child marriage and FGM/C (but not from other sectors or line ministries). Given that MoWCY and BoWCYs address all harmful practices, it is estimated that 25 per cent of their existing budget allocation is dedicated solely to ending child marriage and FGM/C. In addition, an incremental increase of two per cent each year is presumed. This calculation has limitations given that the prevalence of child marriage and FGM/C is higher in some regions. However, an average national estimate is used as a baseline in order to compare the progress of increased budget allocations over time (year on year) as well as to help address the financial gaps within the National Roadmap.

The funding gap represents the difference between the two which corresponds to the additional resources that need to be mobilized for the National Roadmap to be fully implemented (Table 1).

The National Roadmap costing amounts to Ethiopian Birr (ETB) 2.72 billion for its five years duration. This figure represents the ideal situation in which all interventions across the five outcomes are financed, noting strategic choices can be made based on how all interventions have been assigned to one of three level of priority.

Budget Description MoWCY/ BoWCYs (ETB)	YEAR 1 (2020)	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTAL
Roadmap Intervention costs	550,230,310	661,979,115	649,137,385	439,369,294	420,072,186	2,723,079,188
Estimated Existing Financing from MoWCY/BoWCYs	183,718,070	187,392,432	191,140,280	194,963,086	198,862,348	956,076,216
Funding gap	366,512,240	474,586,683	457,997,105	244,406,208	221,209,838	1,767,002,972

Table 1: Summary of resources required for the National Costed Roadmap to End Child Marriage and FGM/C 2020 – 2024; existing financing expended at Federal and Regional Women Children and Youth, and the funding gap for the roadmap in Ethiopian Birr (ETB).

National Plan of Action (PoA) Cost by Outcome and by Year (in ETB)						
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>Outcome 1:</b> Adolescent girls at risk of and affected by child marriage and FGM/C are empowered to express and exercise their choices and families are empowered to protect their children from child marriage and FGM/C	226,581,955	271,771,545	267,884,078	209,119,648	197,966,710	1,173,323,936
<b>Outcome 2:</b> Increased social action, acceptance, and visibility around investing in and supporting girls, and generating shifts in social expectations relating to girl's education and elimination of child marriage and FGM/C	98,855,848	129,661,116	134,554,236	88,284,936	89,164,517	540,520,653
<b>Outcome 3:</b> Enhanced systems, accountability and services across sectors that are responsive to the needs of girls at risk of or affected by child marriage and FGM/C	172,072,112	205,112,138	189,736,556	98,076,045	87,180,343	752,177,194
<b>Outcome 4:</b> Enhanced enabling environment that protects the rights of girls and supports national efforts to end child marriage and FGM/C	30,055,340	31,736,450	29,471,700	24,159,450	22,099,700	137,522,640
<b>Outcome 5:</b> Increased generation and use of a robust data and evidence base on adolescent girls for advocacy, programming, learning and tracking progress	23,542,655	24,678,315	27,877,815	19,775,065	23,660,915	119,534,765
<b>Total</b>	<b>551,107,910</b>	<b>662,959,564</b>	<b>649,524,385</b>	<b>439,415,144</b>	<b>420,072,185</b>	<b>2,723,079,188</b>

Table 2: National Plan of Action (PoA) Cost by Outcome and by Year (in ETB)

# 7

## National Roadmap M&E and Accountability Framework

### 7.1 KEY FEATURES AND PRINCIPLES

The general objective of the M&E framework for the National Costed Roadmap to End Child Marriage and FGM/C is to provide space for a dialogue and decision making on the general status of the implementation of the National Roadmap, based on evidence-based data collected from programme interventions. M&E of the National Roadmap will ensure effective and efficient implementation of the priority actions and interventions at all levels. The specific objective is to inform whether changes need to be made to strategic areas of interventions and their respective activities.

For these objectives to be achieved, the existing monitoring systems of each ministry responsible for the implementation of the National Roadmap needs to be strengthened and aligned with regional strategic plans and monitoring, including harmonization with sectoral M&E frameworks. Outcome five of the National Roadmap (increased generation and use of a robust data and evidence base on girls for advocacy, programming, learning and tracking progress) provides a specific goal for strengthening the generation and use of data. As such, it is anticipated that resources will be invested in each ministry to strengthen M&E.

MoWCY as lead ministry will ensure efficiency and effectiveness in the monitoring of the National Roadmap through: a) Developing of baselines; b) Coordinating data collection, processing, analysis, and reporting; c) Facilitating joint monitoring of the implementation of the National Roadmap; d) Coordinating evaluation of the National Roadmap; and e) Consolidating M&E reports to be discussed at the national level and annual consultative meetings.

In addition, there will be quarterly, semi-annual and annual monitoring to assess performance and provide an opportunity to reflect on good practices, challenges and lessons learned, including annual reviews on the progress of the implementation of the National Roadmap. An evaluation of the National Roadmap will be conducted at the end of the implementation period.

The results framework contains information on intended results; descriptions at impact, outcome and output level; a list of indicators to be measured; baseline information; targets; frequency of data collection and reporting; and the responsible ministry or agencies for data collection. To establish missing data for indicators with no baseline data, baseline surveys will be conducted using a review of secondary data from EDHS and administrative data collected by key sectors. Each targeted region has aligned their implementation plans with the results framework.

The flow of data and information from the kebele to woreda, regional and national levels will be assessed and strengthened to ensure that administrative data needed to track progress is collected and analysed. The detailed National Roadmap results framework is shown in Annex 10.

# 8

## Funding Sources for the National Roadmap

### 8.1 FUNDING MECHANISMS

The National Roadmap consolidates the federal and regional implementation plans for the period 2020–2024. The remaining year, to the 2025 target, will be used for finalizing data and research to justify evidence-based policy or implementation changes and for documentation purposes.

The drivers of child marriage and FGM/C are multidimensional, and the National Roadmap therefore requires multi-sectoral interventions, underpinned by well-coordinated responses from various actors. All stakeholders responsible for interventions need to intensify their financial and human resource commitments (Annex 9), and make those commitments sustainable for the duration of the five-year Roadmap period and beyond to 2025, when full elimination is targeted. Transparency of budget allocations are important to avoid duplication of effort and accountability.

As noted above, the Government of Ethiopia has committed to raise the national budget allocation by 10 per cent to support interventions across sectors to help realize the total abandonment of child marriage and FGM/C. However, there is no explicit budget line; instead, related activities in thematic areas form a part of the broader budget allocation under MoWCY, BoWCYs, and key line ministries. Thus, it will be important to clearly state ways in which existing government resources and external resources are to be leveraged and tracked, to finance the elimination of child marriage and FGM/C in order to sustain funding.

Funding sources include:

- MoWCY and BoWCYs' recurrent budget allocations;
- Other federal and regional government sectors' recurrent budget allocations (particularly but not limited to the Federal Attorney General, Ministry of Education, Ministry of Health and Ministry of Labour and Social Affairs);
- Members of the national and regional alliances;
- Inter-governmental organization and NGO partner commitments for the implementation of programmes linked with eliminating HTPs;
- UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage;
- UNFPA-UNICEF Joint Programme to Eliminate Female Genital Mutilation/Cutting: Accelerating Change;
- Donors will be encouraged to finance specific thematic and result areas of the National Roadmap;
- Private sector provision of technical, financial and material support;
- Community-based initiatives to mobilize resources;
- Diversified funding such as crowdfunding, community initiatives, volunteerism, a national lottery and tax deduction.

## 8.2 STRATEGIES FOR RESOURCE MOBILIZATION

Current budget allocations remain very low compared to the overall cost of the National Roadmap's implementation and monitoring. As the National Roadmap is the first multi-sectoral national plan of action to accelerate the total abandonment of child marriage and FGM/C in the country, there are limited resources currently mobilized for implementation. Detailed funding mechanism guidelines will be prepared, led by MoWCY and National Alliance steering committee members, to effectively lead the task of resource mobilization (financial, technical and material) and monitoring. In addition, dedicated staff will be recruited for resource mobilization, such is the significance of this undertaking.

The strategies for resource mobilization will be directed by the principles of:

- Promoting the strategic vision of the National Roadmap in ending child marriage and FGM/C;
- Developing sustainable human resources capacity in Government and civil society structures;
- The Grand Bargain 2016<sup>52</sup> which commits donors and aid organizations to provide more support and funding tools for local and national NGOs;
- Results-based programming and implementation;
- Strengthening and promoting the spirit of coordination among National Alliance and regional alliance members for resource mobilization.

## 8.3 TIME FRAME

The National Roadmap is a five-year costed plan, effective 2020–2024. The Roadmap will be a working document which will be updated on an annual basis in line with new evidence and recommendations generated in the country; and availability of funding and implementation capacity at all levels.

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<sup>52</sup> The Grand Bargain was first proposed by the former UN Secretary General's High-Level Panel on Humanitarian Financing. It is an agreement between more than 30 of the biggest donors and aid providers and commits donors and aid organizations to providing 25 per cent of global humanitarian funding to local and national responders by 2020, along with more un-earmarked money, and increased multi-year funding to ensure greater predictability and continuity in humanitarian response, among other commitments.

## References

- 28 Too Many (2018). Country profile: FGM in Ethiopia October 2013-2018.
- Ababeye, B. and Disasa, H. (2015). Baseline/End line Survey: Female Genital Mutilation (FGM) Situation in Six Regions of Ethiopia.
- Boyden, J., Pankhurst, A and Tafere, Y. (2012). Child protection and harmful traditional practices: female early marriage and genital modification in Ethiopia. *Development in Practice* 22(4): 510-522.
- Boyden, J., Pankhurst, A and Tafere, Y. (2013). Harmful Traditional Practices and Child Protection: Contested Understandings and Practices of Female Child Marriage and Circumcision in Ethiopia, Young Lives Working Paper No. 93, Oxford: Young Lives.
- Boyle, M. (2006). *Wound Healing in Midwifery*. Radcliffe Publishing: Oxon.
- Chaaban & Cunningham (2011). Measuring the Economic Gain of Investing in Girls. The Girls Effect Dividend. World Bank Policy Research Working Paper 5753.
- CSA (2012). Ethiopian Welfare Monitoring Survey 2011: Summary Report. Addis Ababa: CSA.
- CSA and ICF (2005). Ethiopia Demographic and Health Survey 2005: Key Indicators Report. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: CSA and ICF.
- CSA and ICF (2011). Ethiopia Demographic and Health Survey 2011: Key Indicators Report. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: CSA and ICF.
- CSA and ICF (2016). Ethiopia Demographic and Health Survey 2016: Key Indicators Report. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: CSA and ICF.
- Dagne, Haile Gabriel (2010). Ethiopia: Social Dynamics of Abandonment of Harmful Practices – Experiences in Four Locations. Special Series on Social Norms and Harmful Practices, Innocenti Working Paper No. 2009-07. Florence, UNICEF Innocenti Research Centre.
- EGLDAM (2007). 'Old Beyond Imaginings, Ethiopia, Harmful Traditional Practices'. Second Edition. Ye Ethiopia Goji Limadawi Dirgitoch Aswegaj Mahiber /EGLDAM.
- Erulkar, A.S., Mekbib, T.-A., Simie, N., Gulema, T., (2006). Migration and Vulnerability among Adolescents in Slum Areas of Addis Ababa, Ethiopia. *Journal of Youth Studies* 9, 361–374.
- Erulkar, A. (2013). 'Early Marriage, Marital Relations and Intimate Partner Violence in Ethiopia'. *International Perspectives on Sexual and Reproductive Health* 39(1): 6-13.
- Erulkar, A. and Muthengi E. (2009). 'Evaluation of BerhaneHewan: A Program to Delay Child Marriage in Rural Ethiopia'. *International Perspectives on Sexual and Reproductive Health* 35(1): 6-14.

Erulkar, A., Ferede, A., Ambelu, W., Girma, W., Amdemikael, H., GebreMedhin, B., Legesse, B., Tameru, A., and Teferi, M. (2010) Ethiopia Young Adult Survey: A Study in Seven Regions.

Federal Democratic Republic of Ethiopia (2016). Ethiopia Demographic and Health Survey 2016.

Federal Democratic Republic of Ethiopia, Ministry of Women, Children and Youth (MoWCY) (2013). National Strategy and Action Plan on Harmful Traditional Practices (HTPs) against Women and Children in Ethiopia, June 2013.

GAGE (2017). Gender and adolescence: why understanding adolescent capabilities, change strategies and contexts matters. London: Gender and Adolescence: Global Evidence.

Girls Not Brides (2015). Country fact sheet: Ethiopia, 2015.

Jones, N., Tefera, B., Stephenson, J., Gupta, T., and Preznieto, P with Emire, G., Gebre, B and Gezhegne, K (2014) "Early Marriage and Education: The Complex Role of Social Norms in Shaping Ethiopian Adolescent Girls' Lives," Country Report, London: ODI.

Jones, N., Gupta, T., and Tefera, B. (2015). Evaluation of Norway's support to women's rights and gender equality in development cooperation Ethiopia case study report. Oslo: Norwegian Agency for Development Cooperation.

Jones, N., Tefera, B., Emirie, G., Gebre, B., Berhanu, K., Presler-Marshall, E., Walker, D., Gupta, T. and Plank, G (2016). One size does not fit all: The Patterning and Drivers of Child Marriage in Ethiopia's of Hotspot Districts. London: UNICEF and ODI.

Jones, N., Tefera B., Emirie, G., Yadete, W., Gezahegne, K., Tilahun, K., Birhanu, K (2017). Exploring Ethiopian Adolescents' Gendered Experiences and Perspectives: GAGE Research Brief. London: GAGE.

Jones et al. (forthcoming 2018a). GAGE Baseline Findings. Bodily Integrity.

Jones et al. (forthcoming 2018b). Evaluation of Norway's support to women's rights and gender equality in development cooperation Ethiopia case study report. Oslo: Norwegian Agency for Development Cooperation.

Lindstrom, D., Kiros, G., and Hogan, D (2009). Transition into First Intercourse, Marriage, and Childbearing among Ethiopian Women. *Genur LXV* (No. 2) 45-77.

Mekonnen, B. and Aspen, H. (2009). Early Marriage and the Campaign Against it in Ethiopia. In: *Proceedings of the 16th International Conference of Ethiopian Studies*, ed. by Svein Ege, Harald Aspen, Birhanu Teferra and Shiferaw Bekele, Trondheim 2009.

Muthengi-Karei, E & Erulkar, A (2010). Building Programs to Address Child Marriage: The BerhaneHewan Experience in Ethiopia. New York: UNFPA.

Pankhurst, A. (2014). 'Child Marriage and Female Circumcision (FGM/C): Evidence from Ethiopia'. Young Lives Policy Brief 21, Oxford: Young Lives.

Plan (2016). Prevalence, Drivers and Protective Factors of Early Marriage in Amhara, Oromia and SNNP Regions of Ethiopia. Ethiopia.

Presler Marshall, E., Lyytikainen, M., and Jones, N., with Montes, A., Perezniето, P., and Tefera, B., (2016). Child marriage in Ethiopia - A review of the evidence and an analysis of the prevalence of child marriage in hotspot districts. UNICEF 2016

Puri, M., Cleland, J., & Matthews, Z. (2003). Extent of sexual coercion among young female migrant workers and their sexual health problems in Nepal. In annual meeting of the Population Association of America, Minneapolis, MN, USA.

Ram, N. D. U. (2005). Associations Between Early Marriage and Young Women’s Marital and Reproductive Health Outcomes: Evidence from India.

Saranga, J., and Kathleen, K. (2007). New Insights on Preventing Child Marriage. Center for Research on Women (ICRW).

Save the Children (2004). State of the World’s Mothers 2004. Save the Children: Westport, USA.

Stavropoulou, M., and Gupta-Archer, N. (2017) Adolescent girls’ capabilities in Ethiopia: The state of the evidence on programme effectiveness. GAGE, December 2017.

Tafere, Y. and Camfield, L. (2009). Community Understandings of Children’s Transitions in Ethiopia: Possible Implications for Life Course Poverty, Young Lives Working Paper No. 41, Oxford: Young Lives.

United Nations Children’s Fund (2005). Early Marriage a Harmful Traditional Practice, A Statistical Analysis, UNICEF, New York, 2005.

United Nations Children’s Fund (2013). Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change, UNICEF, New York, 2013.

United Nations Children’s Fund (2014). Ending Child Marriage: Progress and prospects, UNICEF, New York, 2014.

United Nations Children’s Fund (2017). The State of the World’s Children 2017. Children in a Digital World’. UNICEF, New York, 2017.

United Nations Children’s Fund (2018). Ending Child Marriage: A profile of progress in Ethiopia, UNICEF, New York, 2018.

Verveer, M. (2011). Statement by Ambassador Melanne Verveer, U.S. Ambassador-at-Large for Global Women’s Issues and Representative of the United States to the UN Commission on the Status of Women, at the 55th session of the Commission on the Status of Women, at U.N. Headquarters. United States Mission to the United Nations, 2011.

World Bank, International Center for Research on Women (ICRW) (2018). Economic Impacts of Child Marriage: (Conference Edition) March 2018 Ethiopia Synthesis Report.



# Annex 1 Figures 1–6 (Section 2.1)

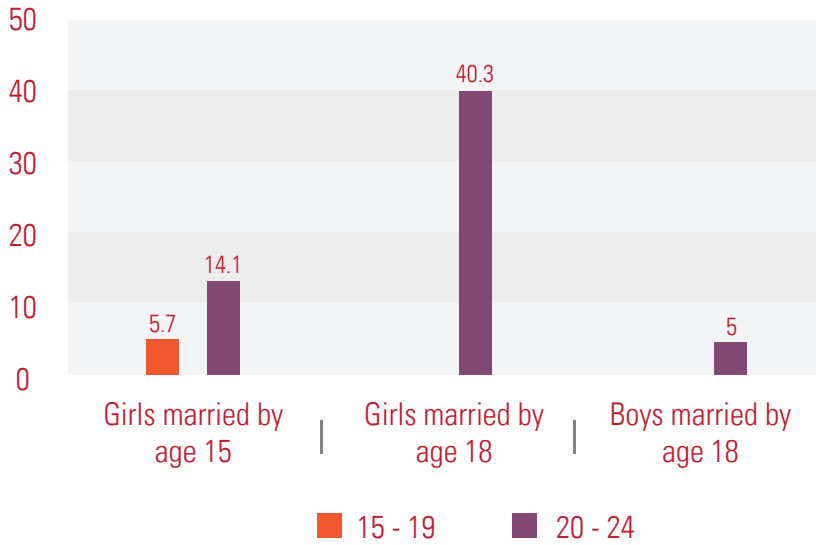


Figure 1: Percentage married by age cohort and sex (EDHS 2016)



Figure 2: Child marriage rates by selected background characteristics (EDHS 2016)

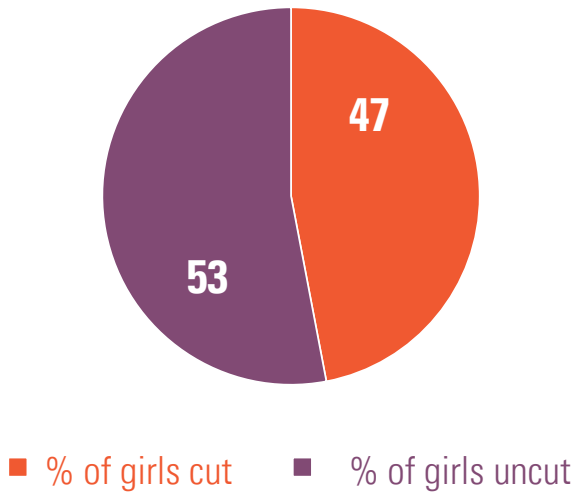


Figure 3: Percentage of girls age 15-19 cut (EDHS 2016)

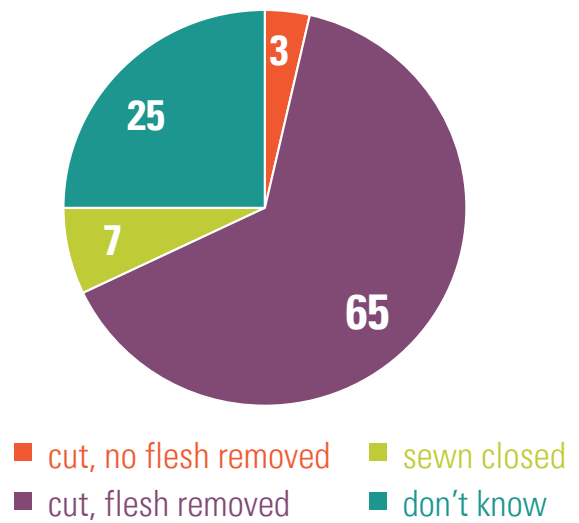


Figure 4: Type of FGM/C for girls aged 15-19 (EDHS 2016)

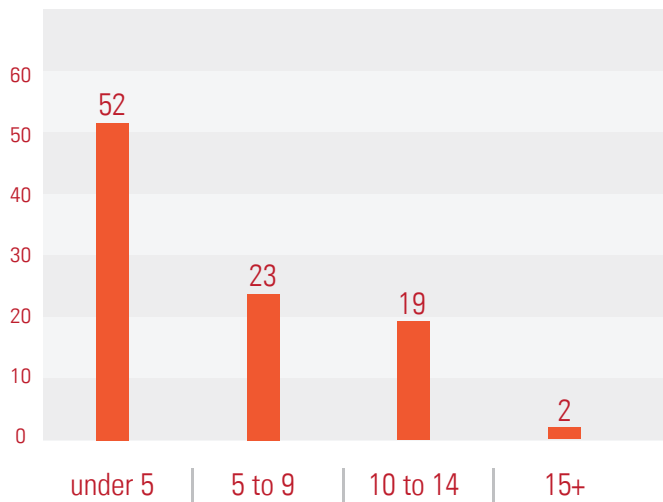


Figure 5: Age at which girls aged 15-19 were cut (EDHS 2016)

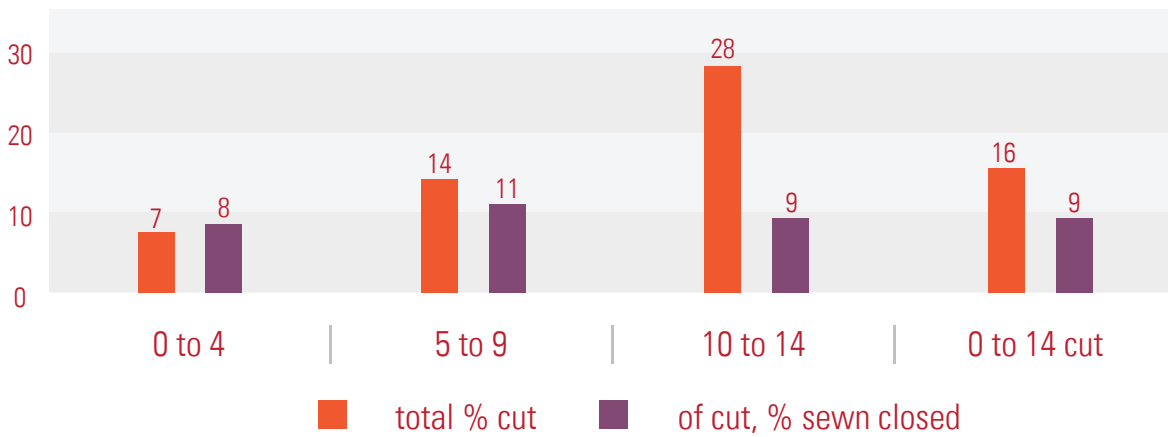


Figure 6: Mother's report, percentage girls 0-14, cut or sewn shut by age (EDHS 2016)

## Annex 2 Figures 7–36 (Section 2.2)

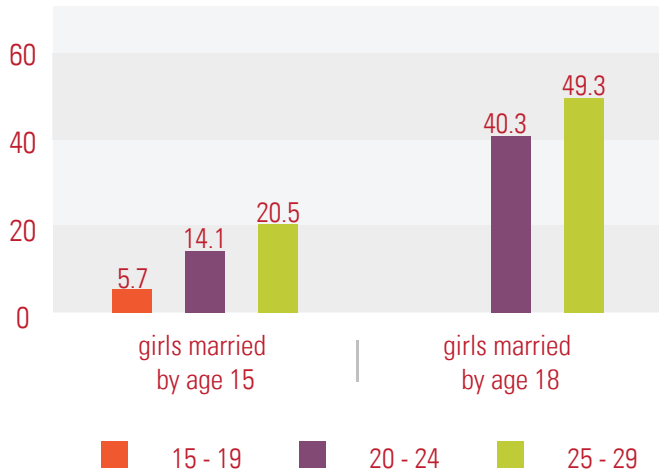


Figure 7: Marriage by exact age, by age cohort (EDHS 2016)

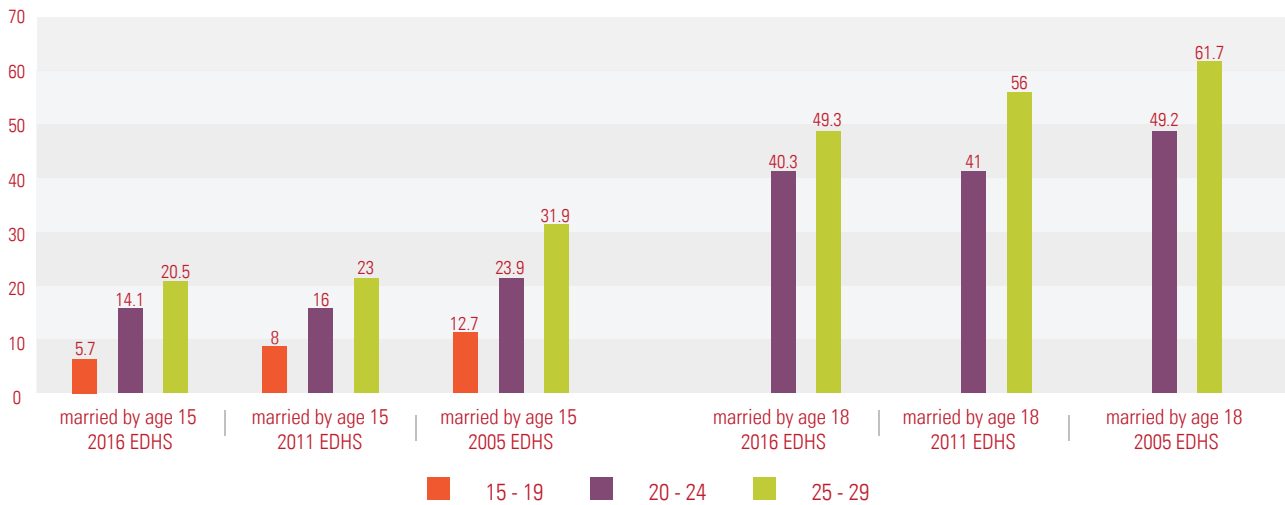


Figure 8: Females married by exact age, by EDHS year

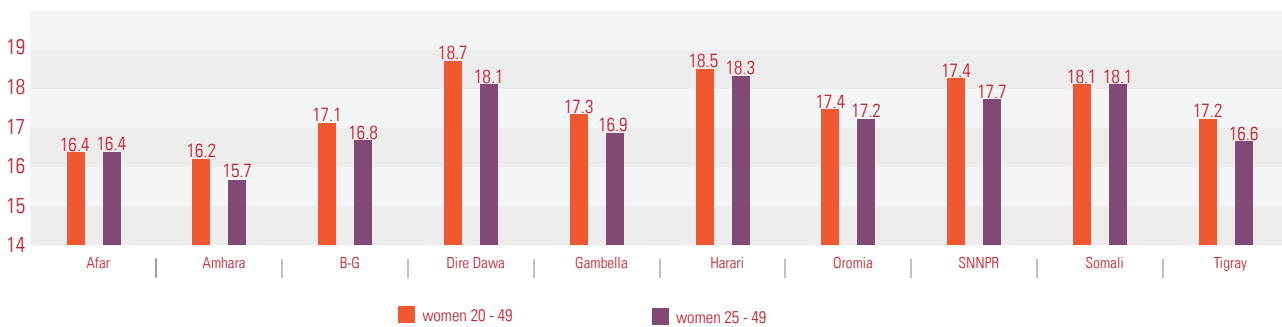


Figure 9: Women's median age of 1st marriage, by region and age group (EDHS 2016)

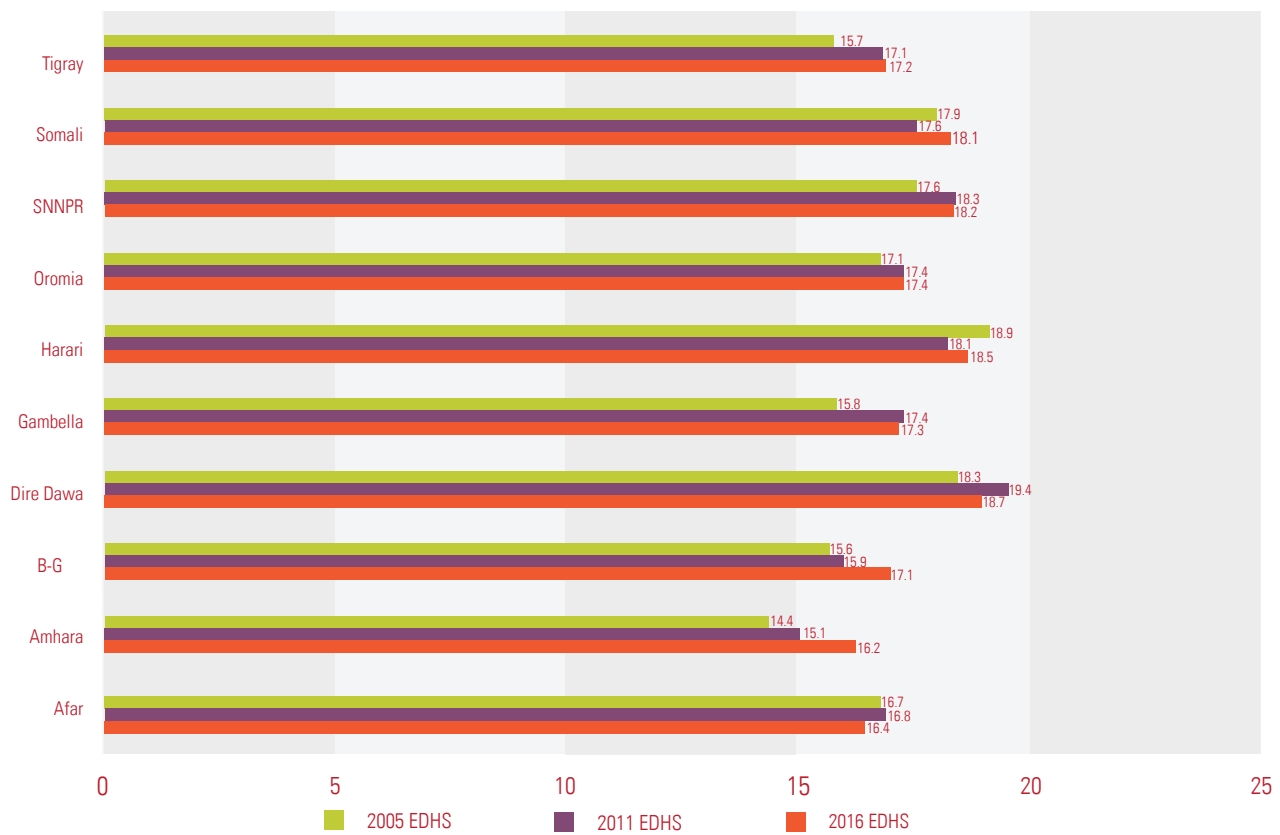


Figure 10: Median age of 1st marriage for women 20-49 by region and EDHS year

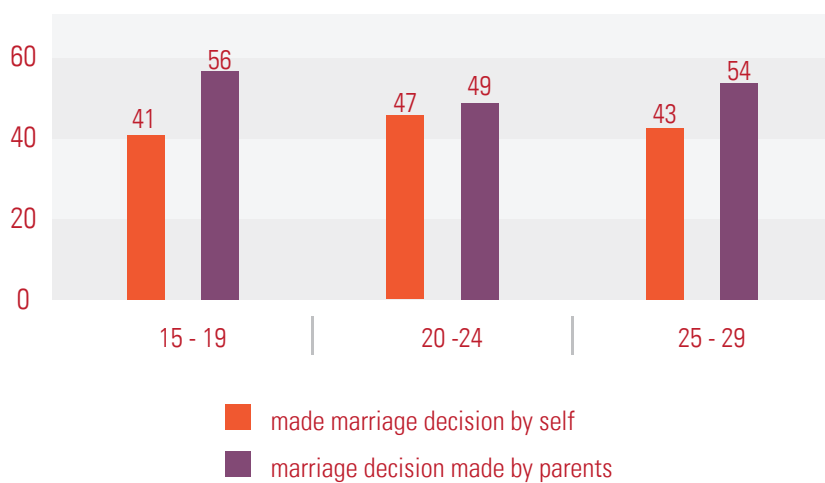


Figure 11: Decision-making over marriage by age group (EDHS 2016)

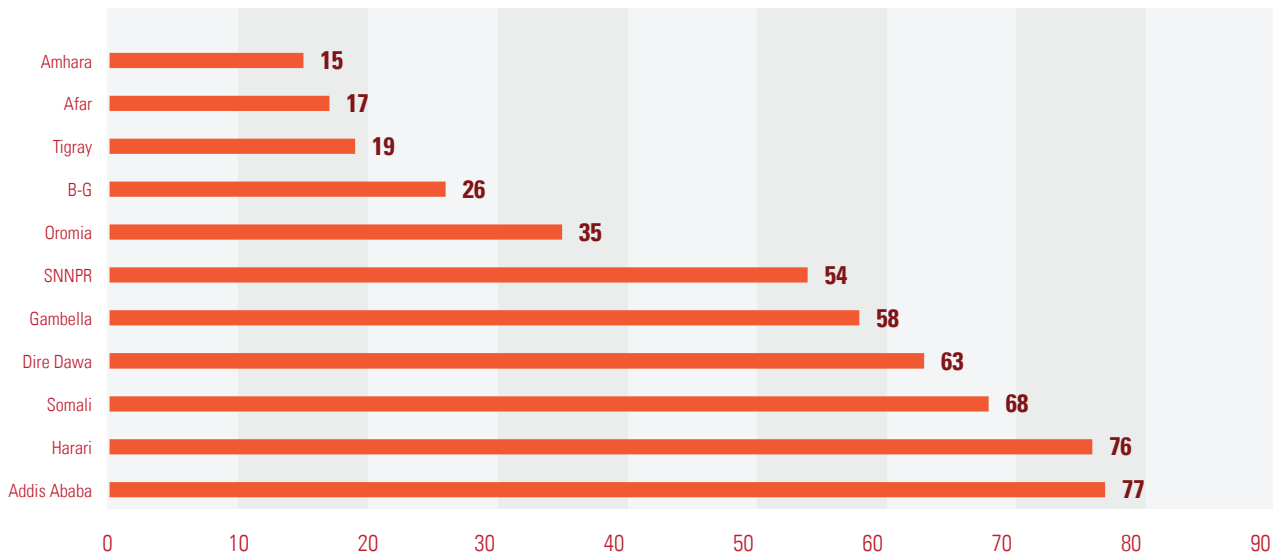


Figure 12: Made marriage decision by self, by region (EDHS 2016)

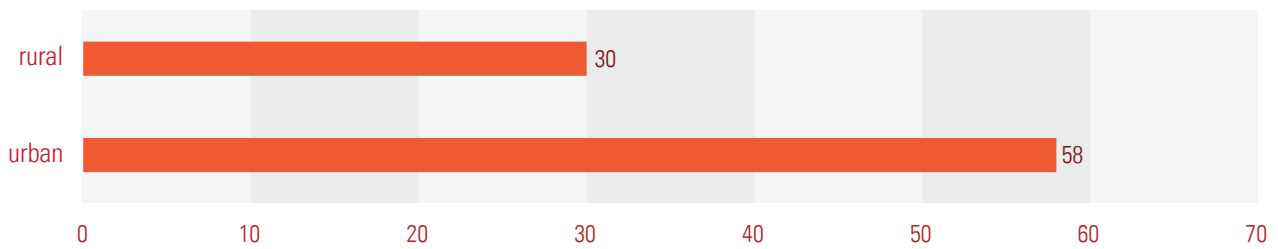


Figure 13: Made marriage decision by self, by residence location (EDHS 2016)

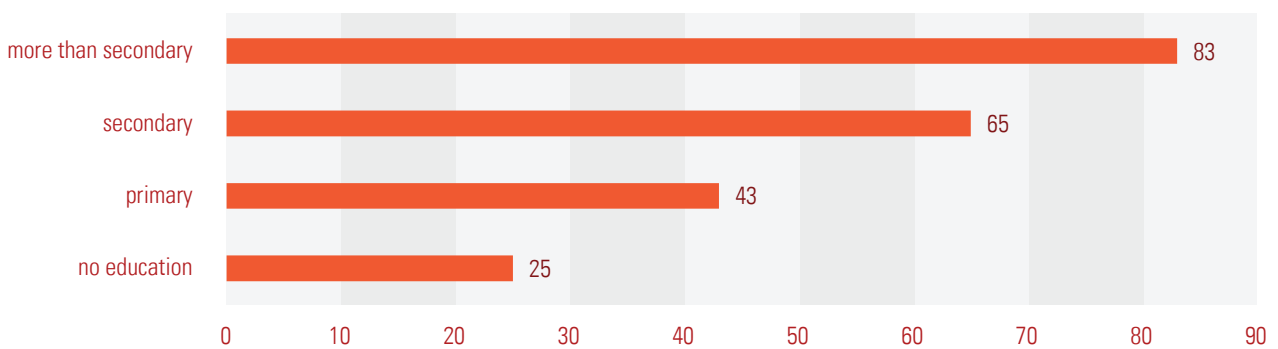


Figure 14: Made marriage decision by self, by education (EDHS 2016)

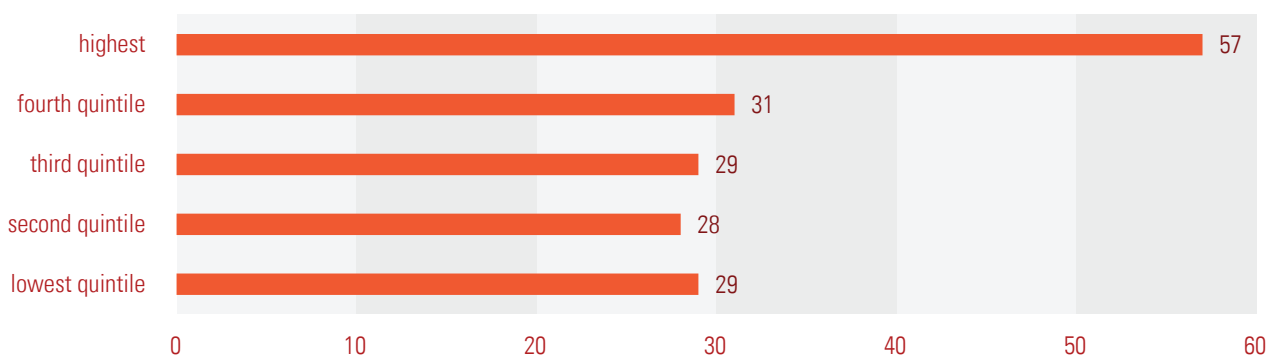


Figure 15: Made marriage decision by self, by wealth quintile (EDHS 2016)

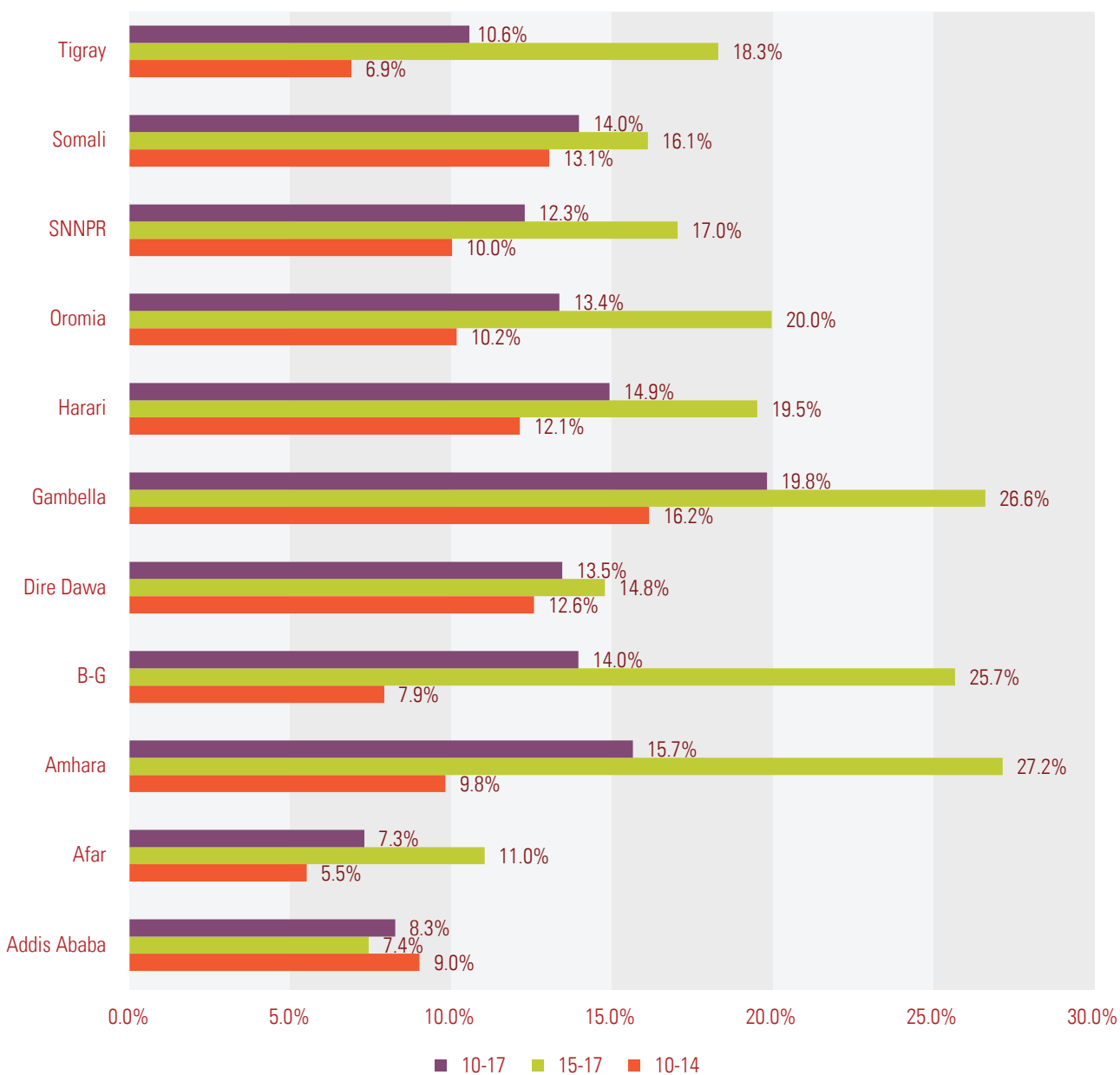


Figure 16: Percentage of girls who were married, by age group and region (2007 census)

RANKING	REGION	WOREDA	% EVER MARRIED GIRLS AGED 10-17	RANKING	REGION	WOREDA	% EVER MARRIED GIRLS AGED 10-17
1.	GAMBELLA	JIKAWO	43.8	21.	AMHARA	AWABEL	26.2
2.	AMHARA	ALEFA	33.4	22.	BENISHANGUL GUMUZ	BELOJIGANFO	26.2
3.	OROMIA	GIRJA	33.0	23.	OROMIA	GOLE ODA	26.1
4.	AMHARA	QAURIT	32.1	24.	OROMIA	KOMBOLCHA	25.5
5.	AMHARA	JAWI	31.5	25.	AMHARA	BASO LIBEN	25.1
6.	OROMIA	FEDIS	31.2	26.	BENISHANGUL GUMUZ	SIRBA ABAY	24.9
7.	AMHARA	QUARA	30.8	27.	AMHARA	MIRAB BELESA	24.8
8.	SOMALI	KELAFO	29.8	28.	GAMBELLA	WANTAWO	24.3
9.	AMHARA	ANEDED	28.8	29.	AMHARA	ENEBSE SAR MIDIR	24.1
10.	AMHARA	TAKUSA	28.2	30.	OROMIA	BEDESA TOWN	24.0
11.	AMHARA	JABI TEHINAN	27.9	31.	AMHARA	GOZAMIN	23.9
12.	AMHARA	SEMEN ACHEFER	27.9	32.	BENISHANGUL GUMUZ	DANGUR	23.6
13.	GAMBELLA	DIMA	27.7	33.	AMHARA	BAHIR DAR ZURIYA	23.5
14.	OROMIA	HAROMAYA	27.2	34.	AMHARA	SHEBEL BERENTA	23.5
15.	OROMIA	CHINAKSEN	26.9	35.	SNNPR	GORCHE	23.3
16.	AMHARA	SEKELA	26.9	36.	AMHARA	ENARJ ENAWGA	22.7
17.	AMHARA	SINAN	26.6	37.	OROMIA	ABE DENGORO	22.7
18.	AMHARA	MIRAB ARMACHIHO	26.6	38.	SNNPR	GURAFERDA	22.6
19.	OROMIA	BABILE	26.3	39.	AMHARA	DEBAY TILATGIN	22.4
20.	OROMIA	QERCHA	26.3	40.	AMHARA	GONCHA SISO ENESE	22.3

Table 3: % ever married girls aged 10–17 years, top 40 hotspot woredas (2007 census)

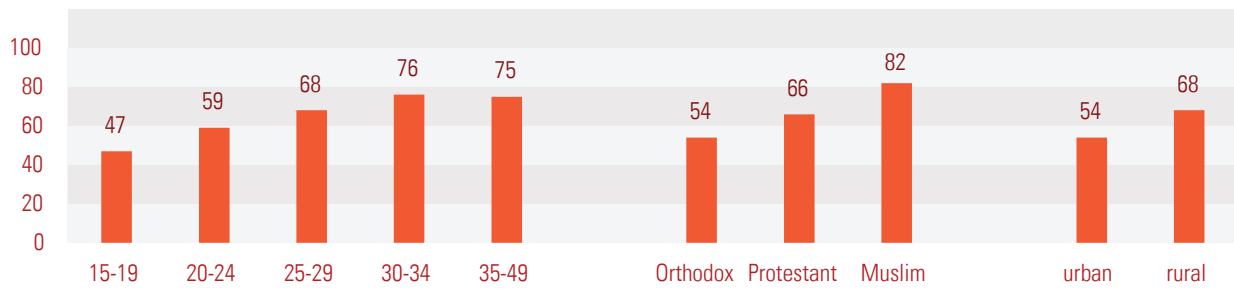


Figure 17: Percentage of women cut, by age group and background characteristic (EDHS 2016)

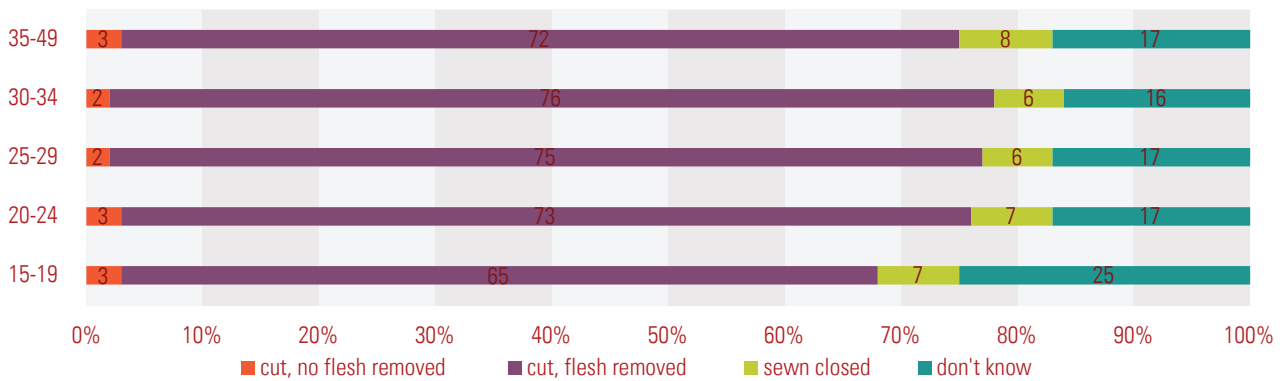


Figure 18: FGM/C type by age grouping (EDHS 2016)

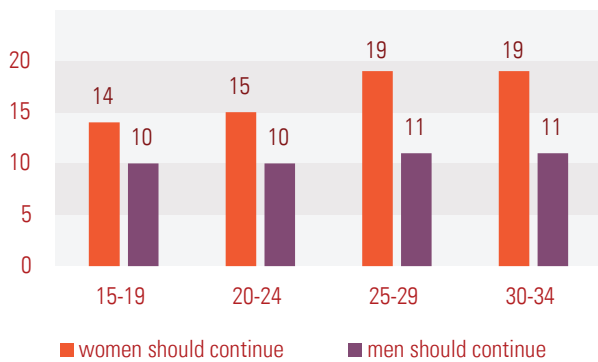


Figure 19: Beliefs about FGM/C continuing, by sex and age (EDHS 2016)

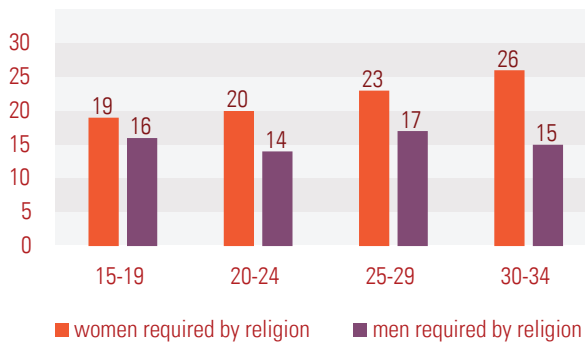


Figure 20: Religious beliefs about FGM/C, by sex and age (EDHS 2016)



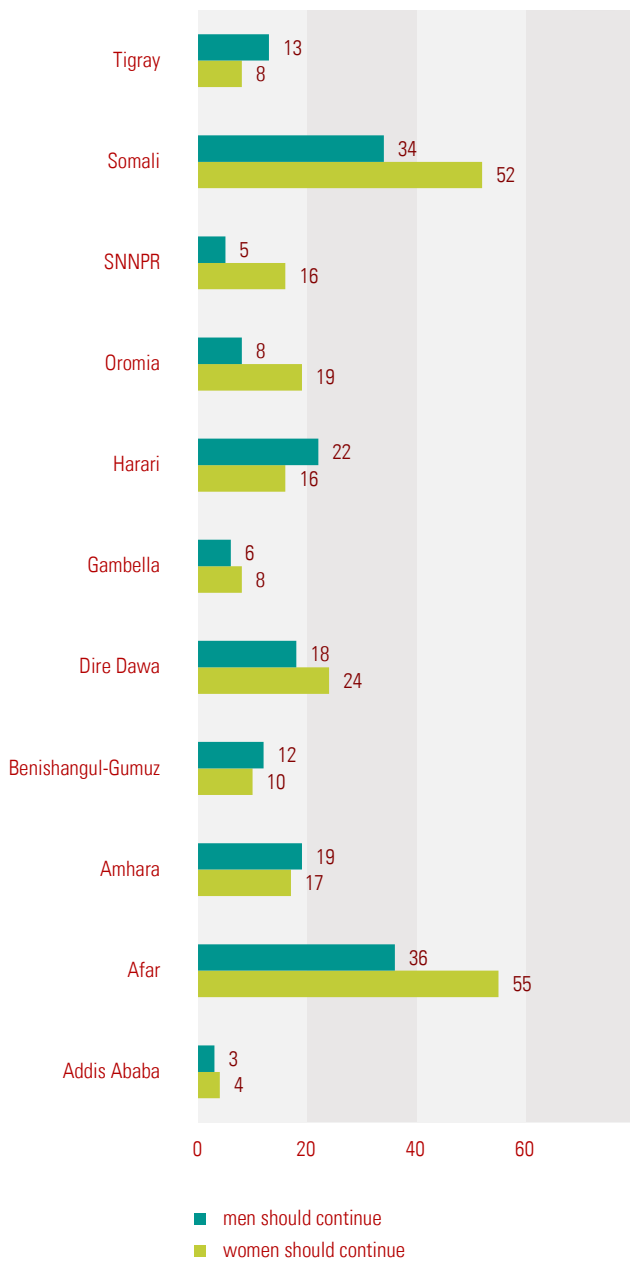


Figure 21: Beliefs about FGM/C continuing, by sex and region (EDHS 2016)

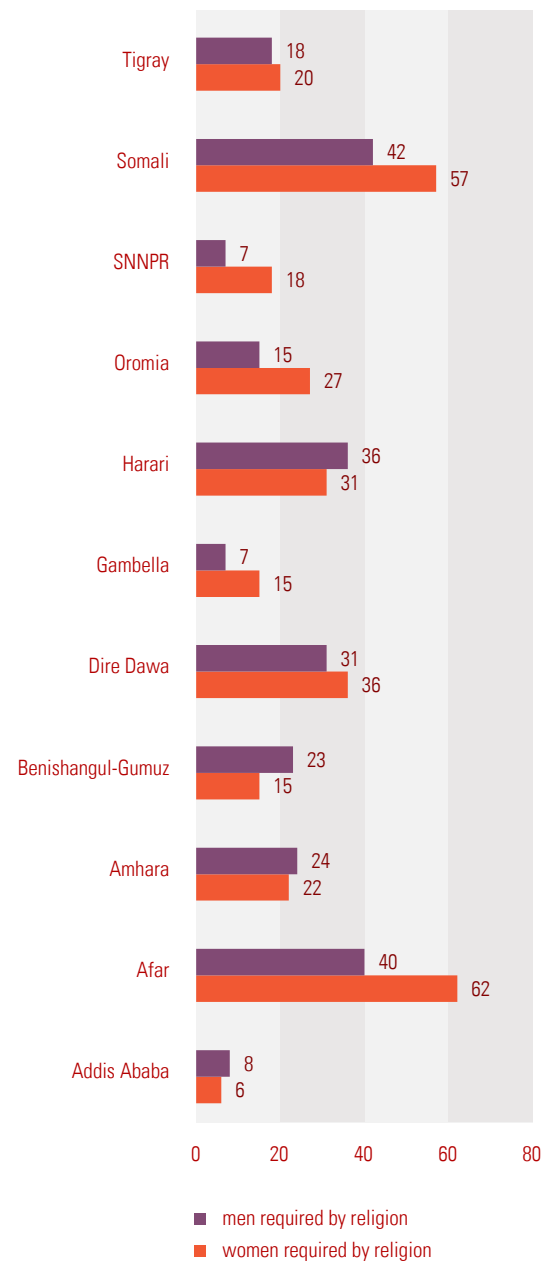


Figure 22: Religious beliefs about FGM/C, by sex and region (EDHS 2016)

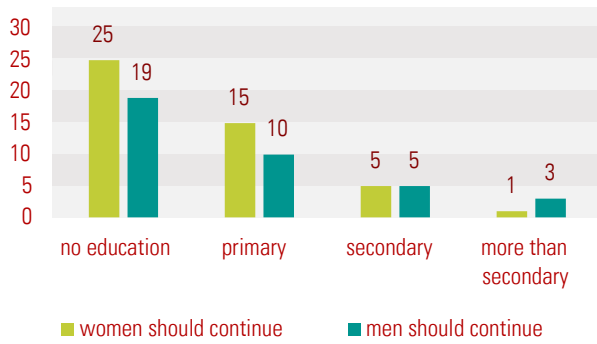


Figure 23: Beliefs about FGM/C continuing, by sex and education (EDHS 2016)

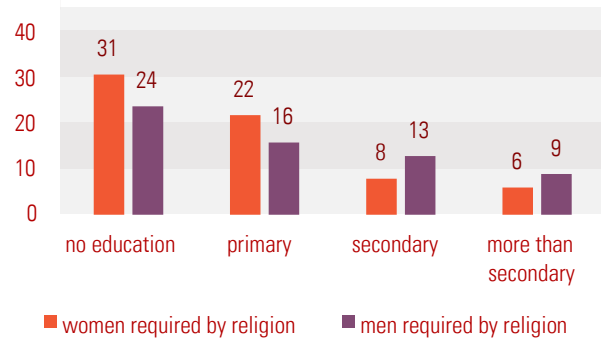


Figure 24: Religious beliefs about FGM/C, by sex and education (EDHS 2016)

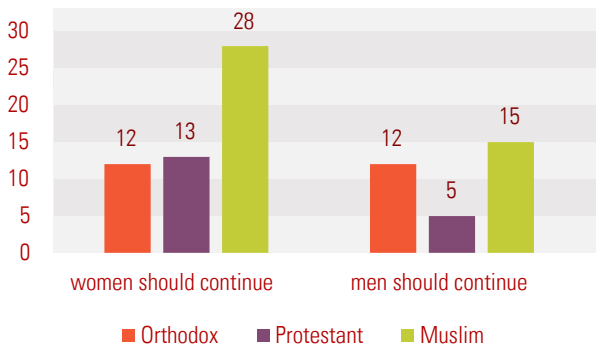


Figure 25: Beliefs about FGM/C continuing, by sex and religion (EDHS 2016)

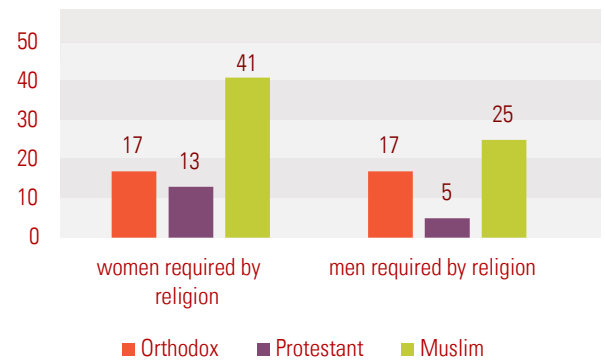


Figure 26: Religious beliefs about FGM/C, by sex and religion (EDHS 2016)

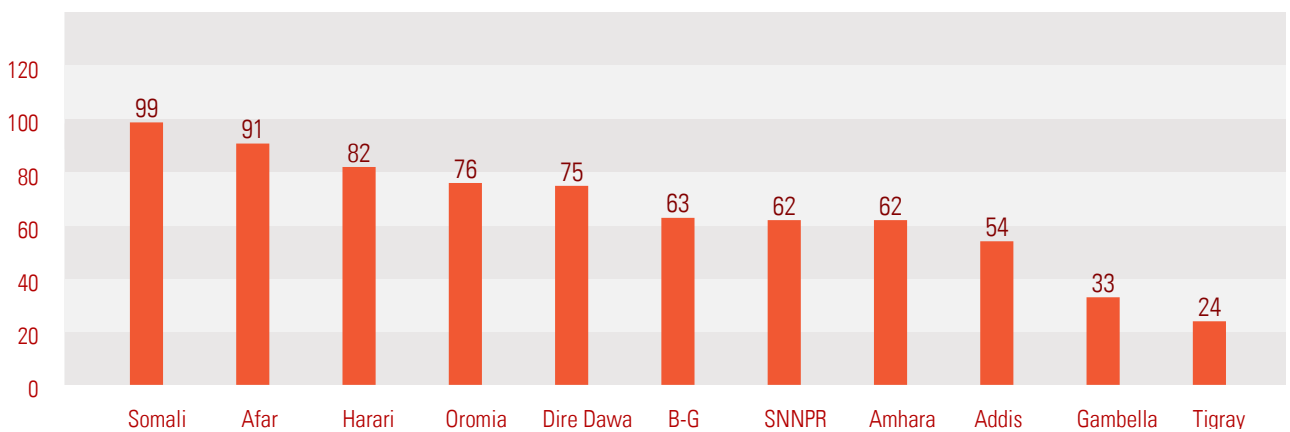


Figure 27: Percentage of women 15-49 who have been cut, by region (EDHS 2016)

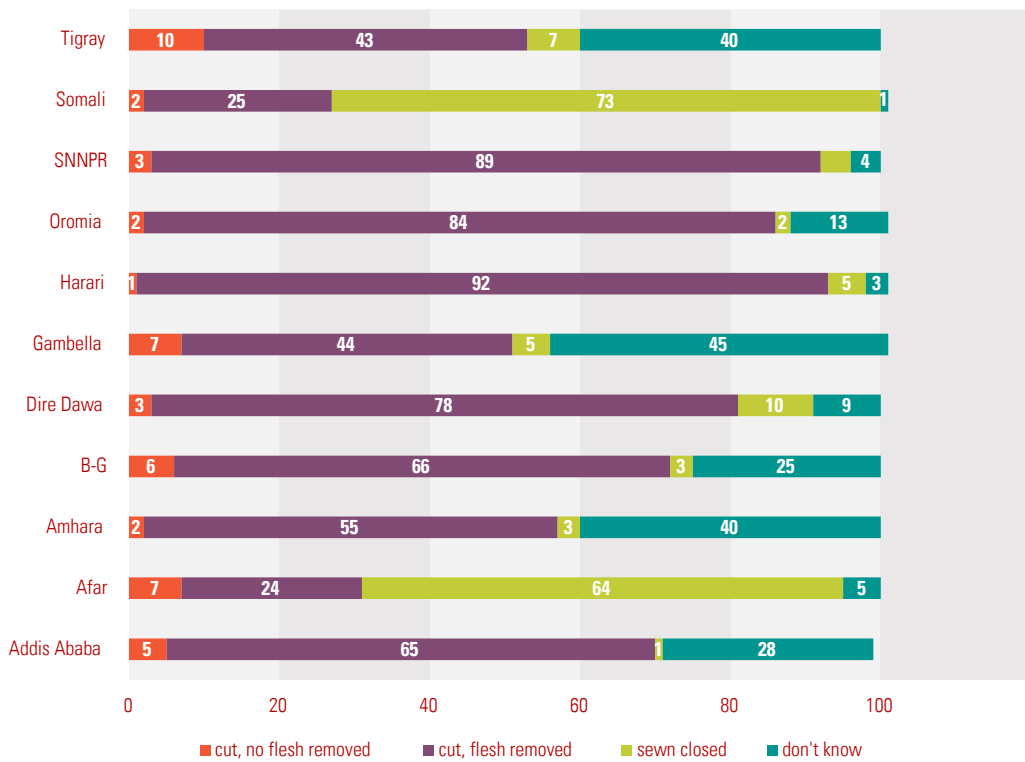


Figure 28: Type of FGM/C, by region (EDHS 2016)

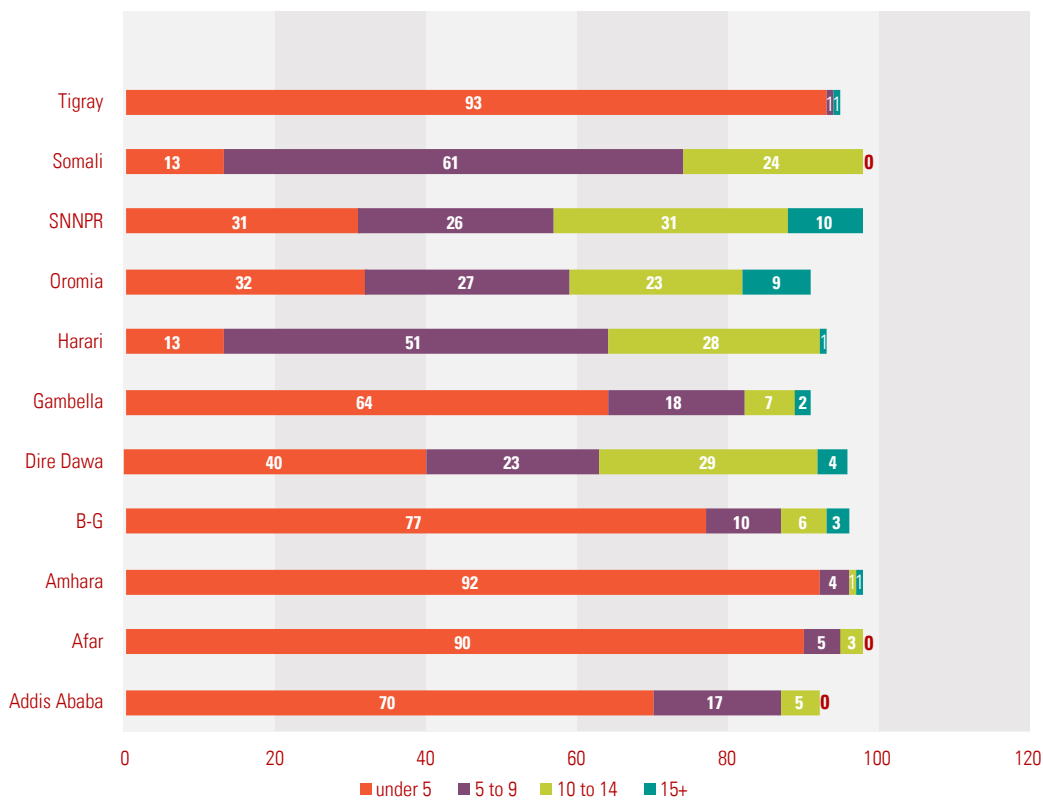


Figure 29: Age at which women were cut, by region (EDHS 2016)

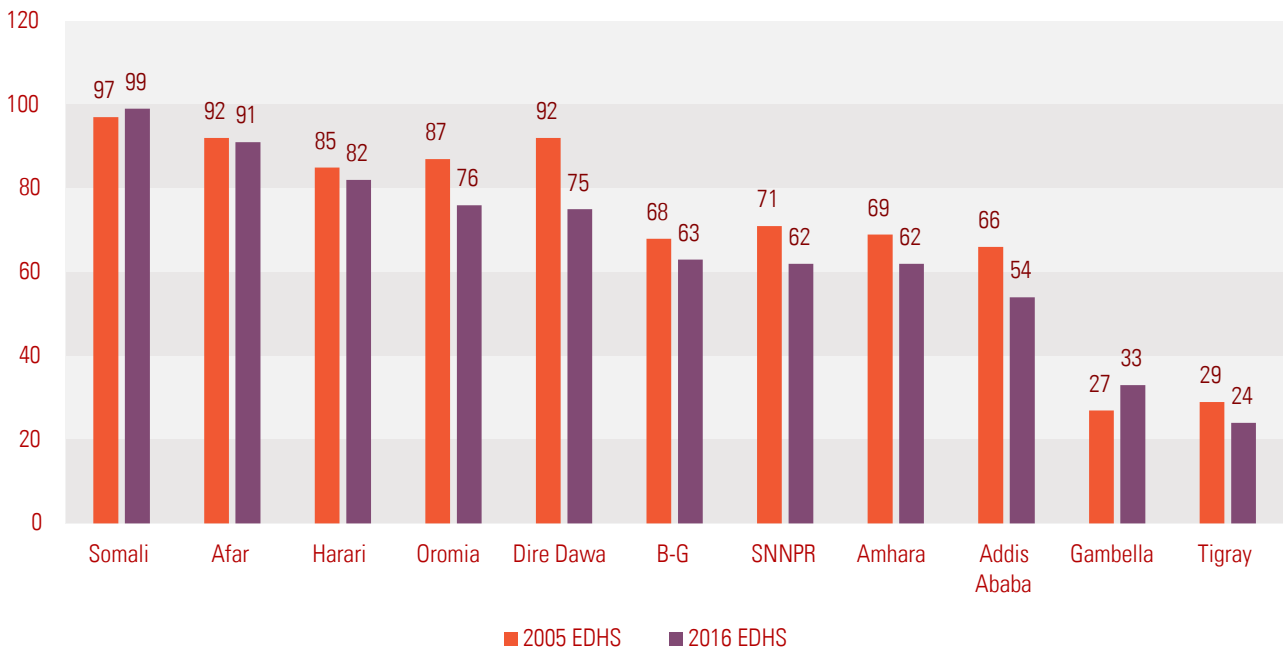


Figure 30: Rates of FGM/C, by region, by EDHS year

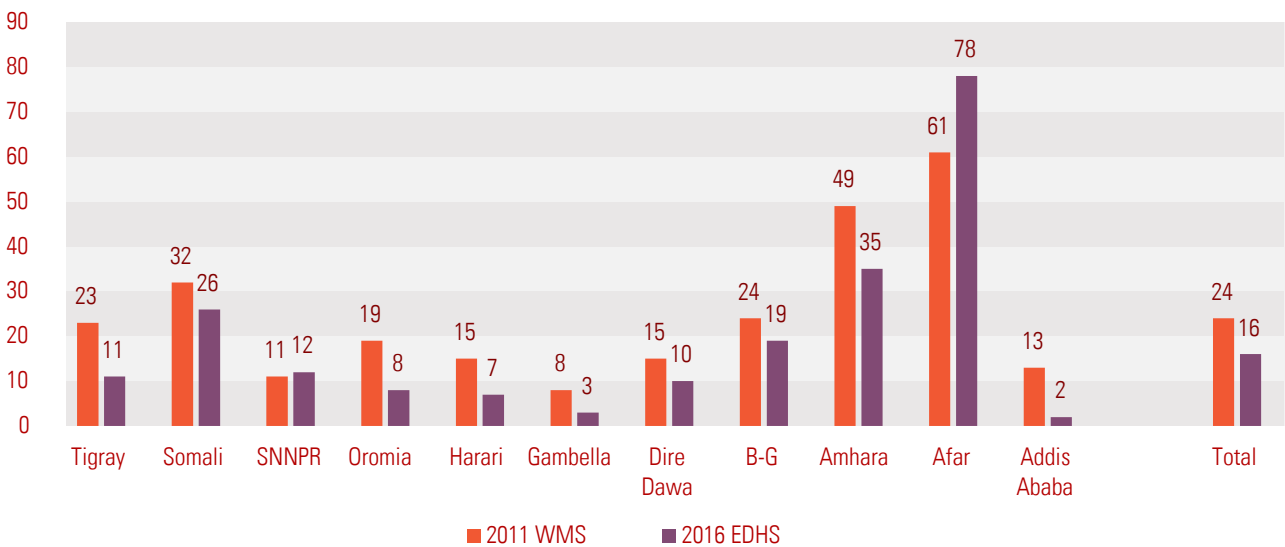


Figure 31: Percentage of girls 0-14 cut, by region, by year (2011 WMS, 2016 EDHS)

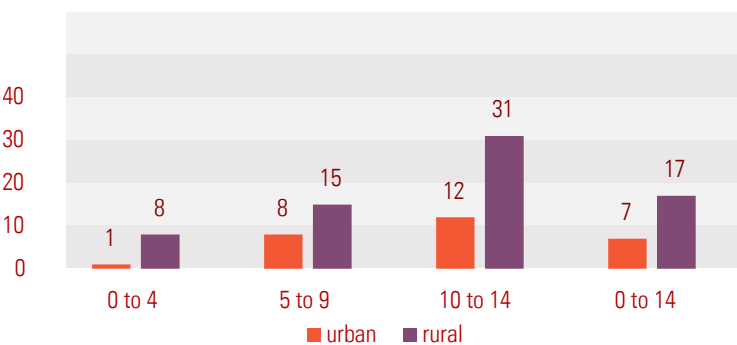


Figure 32: Percentage of girls cut, by age and residence location (EDHS 2016)

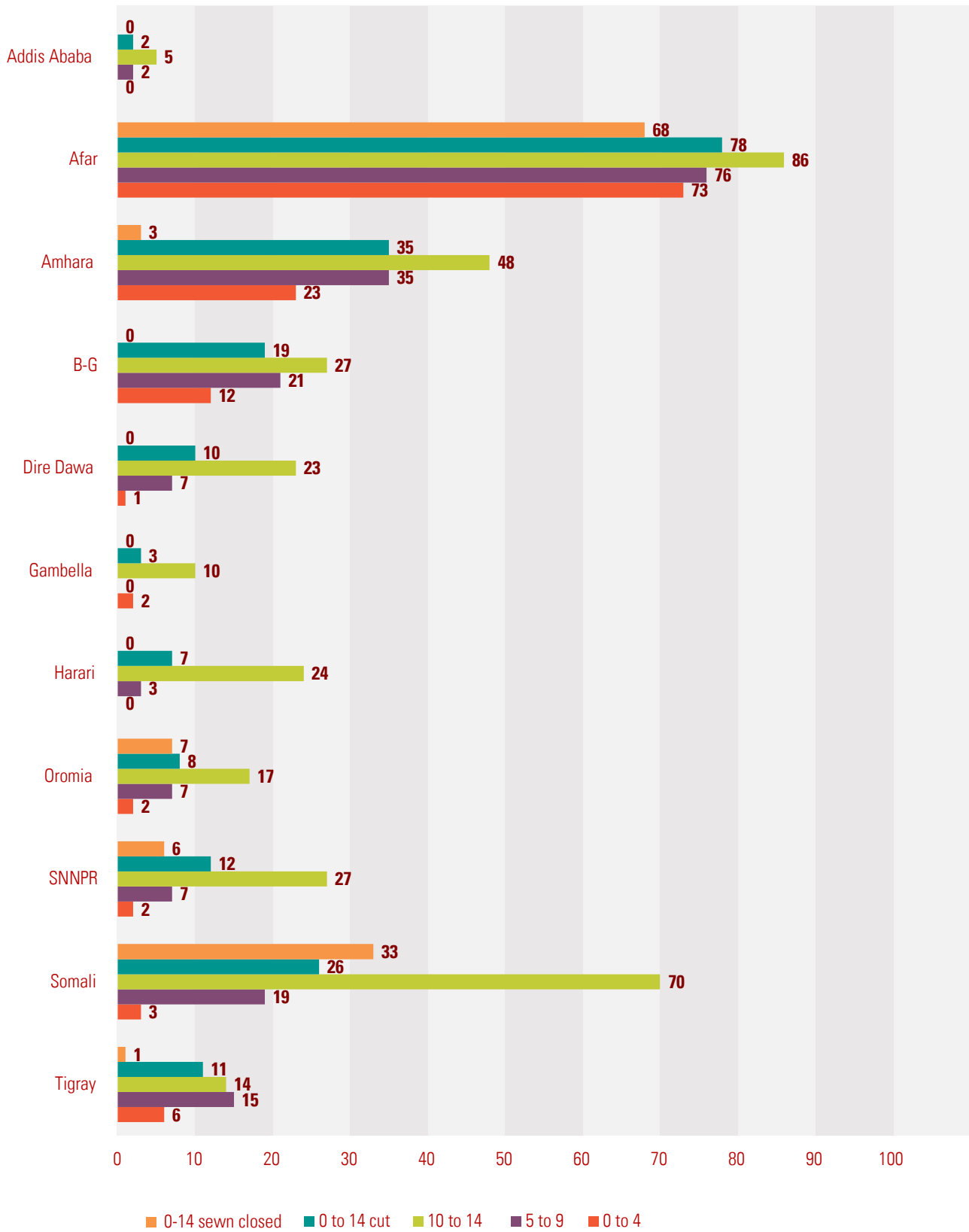


Figure 33: Percentage of girls cut, by age and region (EDHS 2016)

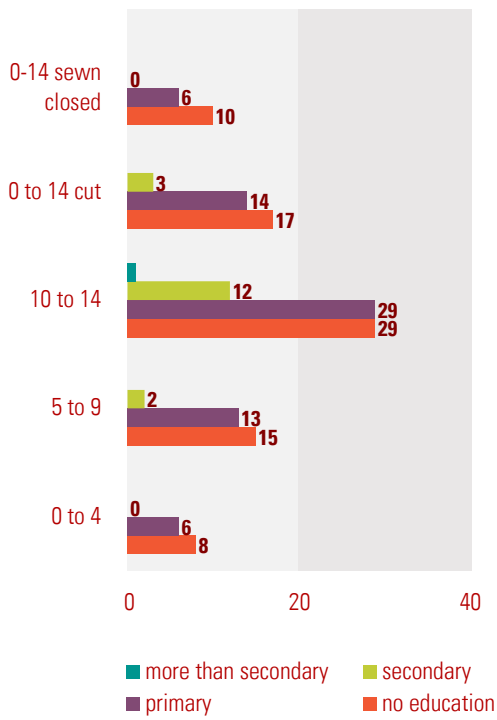


Figure 34: Percentage of girls cut, by age and mother's education (EDHS 2016)

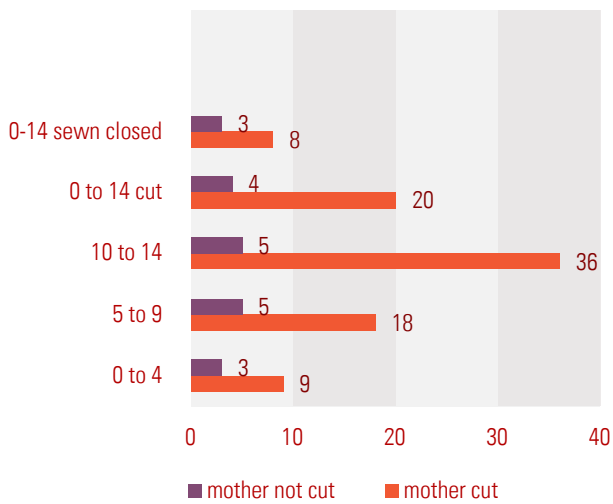


Figure 35: Percentage of girls cut, by age and mother's FGM/C status (EDHS 2016)

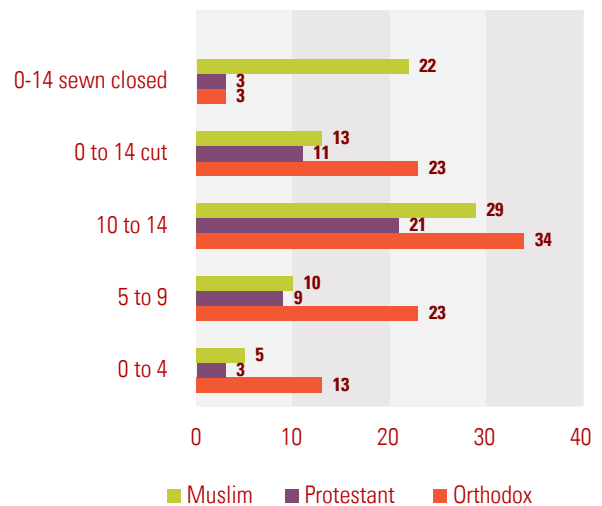


Figure 36: Percentage of girls cut, by age and mother's religion (EDHS 2016)

## Annex 3 Figures 37–40 (Section 2.4)

**Average annual rate of reduction in the prevalence of child marriage, observed and required for elimination (%)**

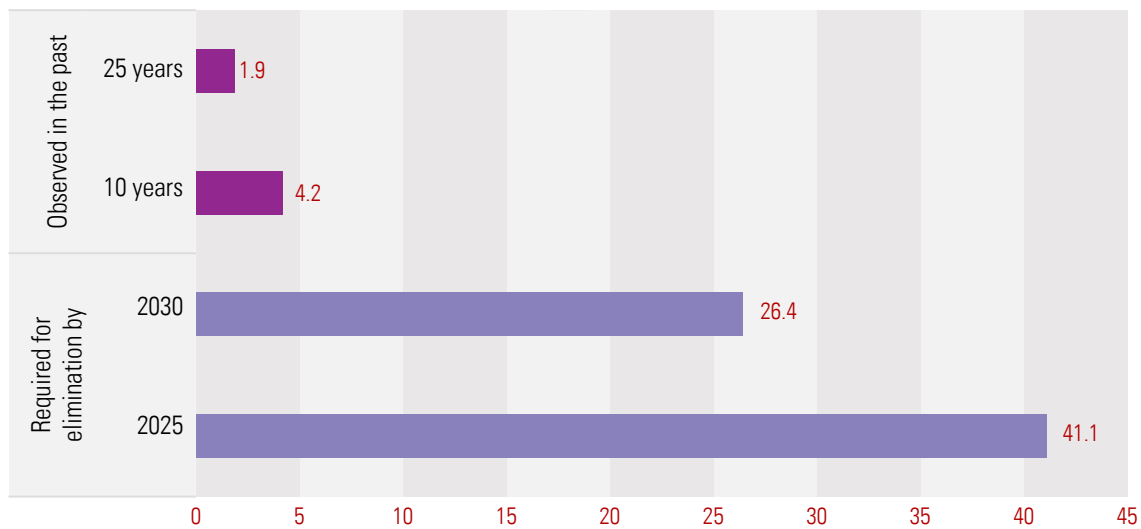


Figure 37: Average annual rate of reduction in the prevalence of child marriage, observed required for elimination and by 2025 and 2030 (UNICEF 2018)

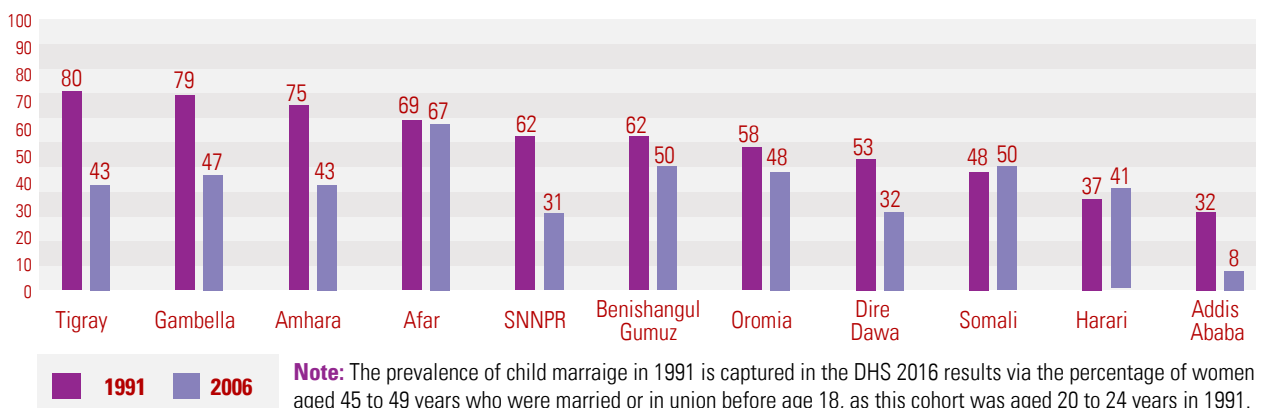


Figure 38: Percentage of women aged 20–24 first married or in a union by age 18, by region 1991 and 2016 (UNICEF 2018).

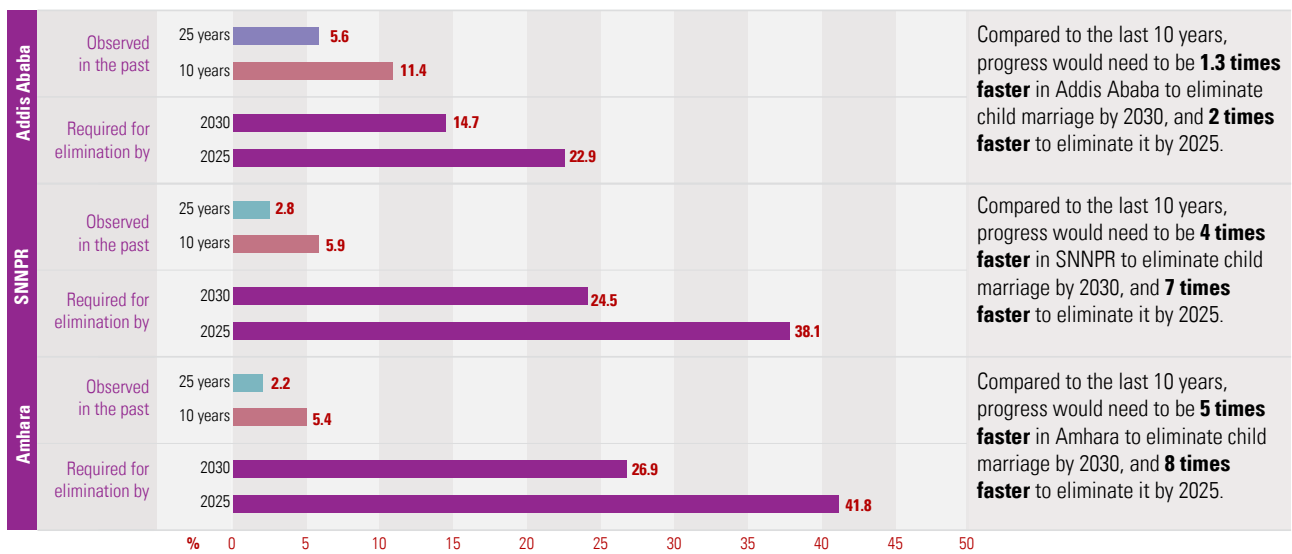


Figure 39: Average annual rate of reduction in the percentage of women aged 20–24 first married or in a union by age 18 in three regions, observed and required for elimination (UNICEF 2018).

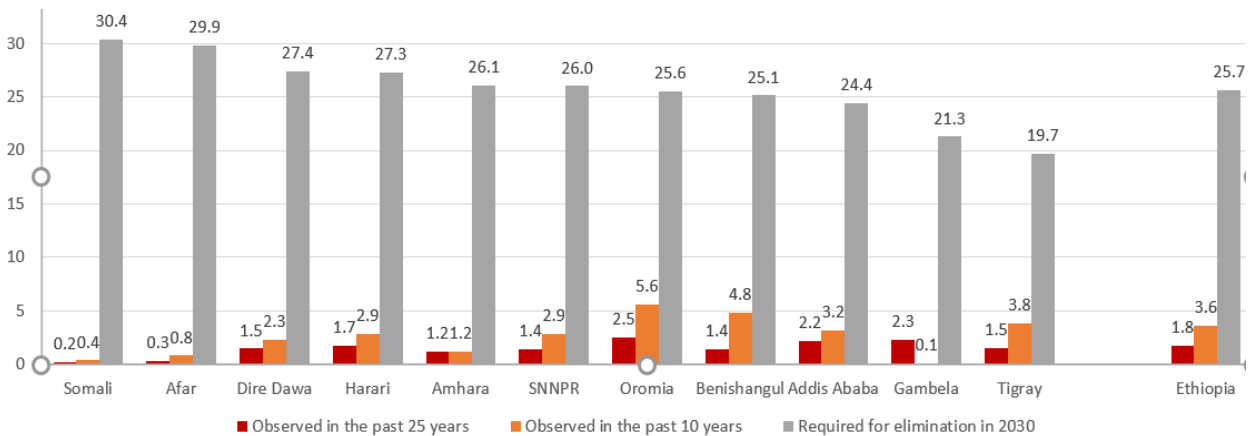


Figure 40: Average annual rate of reduction (AAR) in the percentage of girls and women aged 15 to 19 years who have undergone FGM/C, observed and required for elimination by 2030, by region (UNICEF 2018).



# Annex 4 Legal and policy frameworks matrix (Chapter 3)

Legal or policy framework	Provision
<b>International</b>	
Beijing Declaration and Platform for Action adopted at the Fourth World Conference on Women 1995	Calls for enacting and enforcing legislation to prevent and punish perpetrators of HTPs such as FGM/C, female infanticide, prenatal sex selection and dowry-related violence.
The Commission on the Status of Women resolutions	United Nations Commission on the Status of Women resolution 51/3 of 2007 Forced marriage of the girl child. United Nations Commission on the Status of Women resolutions on ending female genital mutilation 51/2 of 2007; 52/2 of 2008; and 54/7 of 2010.
Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) 1979	Article 2(f) to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women. Article 16(2) the betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory. General recommendation 14 1990 urges governments to take measures to eradicate female circumcision. General recommendation 24 1999 on women and health further provides that states should enact and effectively enforce laws which prohibit FGM/C and marriage of girl children. General recommendation 19 1992 on violence against women, highlights “traditional attitudes by which women are regarded as subordinate to men or as having stereotyped roles perpetuate widespread practices involving violence or coercion, such as family violence and abuse, forced marriage, dowry deaths, acid attacks and female circumcision”. The Committee recommends that States Parties take effective legal measures, including penal sanctions, civil remedies, and compensatory provisions to protect women against all kinds of violence.
Convention on the Rights of the Child (CRC) 1989	Article 19(1) protection from violence. Article 24(3) abolishing traditional practices which are prejudicial to the health of children. The Committee on the Rights of the Child has also addressed HTPs as violations of the CRC in different general comments: UN Committee on the Rights of the Child, General comment No. 3 (2003): HIV/AIDS and the Rights of the Child, 17 March 2003; UN Committee on the Rights of the Child (CRC), General comment No. 4 (2003): Adolescent Health and Development in the Context of the Convention on the Rights of the Child, 1 July 2003 and UN Committee on the Rights of the Child (CRC), General comment No. 7 (2005): Implementing Child Rights in Early Childhood, 20 September 2006.
Declaration on the Elimination of Violence against Women (DEVAW) 1993	DEVAW explicitly includes HTPs as part of the definition of violence against women and girls (VAWG). In Article 2 the declaration defines violence against women to include battering, sexual abuse of female children in the household, dowry-related violence, marital rape, FGM/C and other traditional practices harmful to women, non-spousal violence and violence related to exploitation. Article 4 further elaborates that states should not invoke any custom, tradition or religious consideration to avoid their obligations with respect to the elimination of VAWG including HTPs.
International Covenant on Civil and Political Rights (ICCPR) 1966	Article 2 on non-discrimination, Article 7 on freedom from torture, inhumane and degrading treatment and Article 9 on the right to security.

The International Covenant on Economic, Social and Cultural Rights (ICESCR) 1966	Article 10(2) marriage should be entered into with free consent. Article 12 on the highest attainable standard of physical and mental health. In its General Comment No. 14: The Right to the Highest Attainable Standard of Health 2000, the Committee on Economic, Social and Cultural Rights (CESCR) has elaborated on the obligation of states with regard to this provision and explained that guaranteeing this right requires undertaking “preventive, promotive and remedial action to shield women from the impact of harmful traditional cultural practices and norms that deny them their full reproductive rights”.
Programme of Action of the International Conference on Population Development 1994	Urges governments to prohibit FGM/C and eliminate all child marriages.
Sustainable Development Goal (SDG) 5 to achieve gender equality and empower all women and girls by 2030	Target 5.3 to eliminate all HTPs such as child, early and forced marriage and female genital mutilation.
United Nations General Assembly resolutions on traditional or customary practices affecting the health of women and girls in general and specifically on taking measures against forced and early marriage and FGM/C.	The United Nations General Assembly has issued numerous resolutions on HTPs. See for example, the following: 53/117 1999 Practices Affecting the Health of Women and Girls para. 3(c); 54/133 1999 and 56/128 2001 Traditional or Customary Practices Affecting the Health of Women and Girls; 55/66 2000 Elimination of Crimes Against Women Committed in the Name of Honour para. 4(b); S-27/2 2002 A World Fit for Children, para. 44(9); 57/179 2002 Working Towards the Elimination of Crimes Against Women Committed in the Name of Honour para. 3(b).
Universal Declaration of Human Rights (UDHR) 1948	Article 1 on non-discrimination, Article 5 on torture, inhumane and degrading treatment and Article 3 on the right to security.
<b>Continental</b>	
African Charter on the Rights and Welfare of the Child 1990	Article 21(1) calls upon State Parties to “eliminate harmful practices affecting the welfare, dignity, normal growth and development of the child”. This includes customs and practices which are prejudicial to the health or life of the child and those which are discriminatory to the child on the grounds of sex or other status. Article 21(2) urges states to specify through legislation the minimum age of marriage as 18, and to make registration of all marriages in an official registry compulsory.
African Committee of Experts on the Rights and Welfare of the Child (ACERWC) and African Commission on Human and Peoples’ Rights Joint General Comment on Ending Child Marriage 2017	The Joint General Comment describes legislative, institutional and other measures that should be taken by States Parties to give effect to the prohibition and to protect the rights of those at risk or affected by child marriage. In relation to FGM/C the Joint Comment explains that all forms of harmful practices, and particularly those that are interconnected with child marriage, should be condemned and prohibited by States Parties. These include but are not limited to abduction and kidnapping for purposes of marriage, female genital mutilation, virginity testing, breast ironing, forced feeding, forced marriages of persons over the age of 18 years and tourist marriages.
African Common Position on the AU Campaign to End Child Marriage in Africa 2015	The African Common Position makes 17 commitments for future action by AU Member States at national and regional levels.
African Youth Charter 2006	Article 23 on girls and young women specifically 23(l) Enact and enforce legislation that protect girls and young women from all forms of violence, genital mutilation, incest, rape, sexual abuse, sexual exploitation, trafficking, prostitution and pornography; and Article 25 on elimination of harmful social and cultural practices.
Protocol to the African Charter on Human and People’s Rights on the Rights of Women in Africa 2003 (Maputo Protocol)	Article 5 requires states to create public awareness in all sectors of society regarding HTPs; prohibit, through legislative measures backed by sanctions, all forms of FGM/C; provide the necessary support to victims of HTPs including health, legal, emotional, psychological and vocational training to make them self-supporting; and protect women who at risk of being subjected to the practices.

National	
Constitution of the Federal Democratic Republic of Ethiopia 1995	The Constitution provides for the equal rights of men and women and prohibits discrimination on the basis of sex and other particulars. Article 16, the right of the security of the person, states that everyone has the right to protection against bodily harm, and thereby protects girls and women from VAWG and cases of FGM/C, which constitutes the most severe form of VAWG. Article 35 on the rights of women, sub-article 4, also provides that “The State shall enforce the right of women to eliminate the influences of harmful customs. Laws, customs and practices that oppress or cause bodily or mental harm to women are prohibited”.
Criminal Code 2005	The Criminal Code 2005 revised the previous Criminal Code to establish an effective legal framework for the protection of women and children by including the following key provisions: Article 565 Female Circumcision; Article 566 Infibulations of the Female Genitalia; Article 648 Early Marriage. Several other articles are related to the punishment of child marriage and FGM/C including Article 434. Infraction of the Rules Concerning Compulsory Registration; Article 568. Transmission of Disease Through Harmful Traditional Practices; and Article 569. Participation in Harmful Traditional Practices.
Education Sector Development Programme V (ESDP V) 2015/16–2019/20	Strategies include efforts to ensure full on-time enrolment in early childhood care and education (ECCE), particularly of girls; improving the gender-responsiveness of curriculum materials; and improving the learning conditions for female participation in Integrated Functional Adult Education (IFAE) and post-IFAE programmes.
Ethiopian Women’s Development and Change Strategy and Package 2017	The Strategy and Package seeks to support women’s economic, social and political participation and benefits. The Strategy addresses HTPs under guaranteeing women’s participation and benefits in the social sphere; calls for action to prevent HTPs; to take action against perpetrators; and to provide the necessary support for victims, giving special emphasis to child marriage and FGM/C.
Health Policy of The Transitional Government of Ethiopia 1993	The policy determines that health education and family health services shall identify and discourage HTPs.
Health Sector Transformation Plan 2015/16– 2019/20	The plan recognizes that maternal mortality and morbidity (such as fistula) are still very high as a consequence of HTPs, and sees HTPs as a threat to health.
National Policy on Ethiopian Women 1993	One of the three objectives directly focuses on addressing HTPs and VAWG: “Eliminating prejudices, customary and other traditional practices that reflect male supremacy and enabling women to hold public offices and to participate in the decision-making processes at all levels”. The following strategies also speak to the elimination of HTPs: Strategy 6: The Government, with cooperation from the peoples of Ethiopia, shall facilitate conditions conducive to the informing and educating of concerned communities about such harmful practices as circumcision and the marriage of young girls before they reach puberty; and Strategy 8: Maximum effort shall be made to eliminate, step by step, prejudices and customary practices based on the idea that women are inferior to men and to repeal all national penal provisions which constitute discrimination against women.
National Social Protection Strategy of Ethiopia 2016	The strategy targets adolescent girls “to maximize impacts on educational outcomes and reduction in child marriage” and plans communication and awareness-raising for prevention of abuse, violence, neglect and exploitation, including child marriage and FGM/C.
National Strategy and Action Plan on HTPs against Women and Children in Ethiopia 2013	The Strategy institutionalizes national, regional and grass roots mechanisms grassroots level mechanisms by creating an enabling environment for the prevention and elimination of all forms of HTPs, and to ensure multi-sectoral mechanisms are available to support women and children through prevention, protection and provision/responsive services. The Action Plan for the HTP Strategy focuses on the five most prevalent and severe forms of HTPs including child marriage, FGM/C and abduction (forced marriage).

<p>Revised Family Code 2000</p>	<p>The Family Code, among others, prescribed the minimum age of marriage as 18 for both boys and girls under Article 7 where it provides that “Neither a man nor a woman who has not attained the full age of eighteen years shall conclude marriage”. However, the Family Code allows for exceptions, for marriage at the age of 16: “Notwithstanding the provisions of Sub-Article (1) of this Article, the Minister of Justice may, on the application of the future spouses, or the parents or guardian of one of them for serious cause, grant dispensation of not more than two years.”</p>
<p>Second Growth and Transformation Plan (GTP II) 2015/16–2019/20</p>	<p>Among the strategic pillars of GTP II, the eighth pillar aspires to “Promote women and youth empowerment, ensure their participation in the development process and enable them equitably benefit from the outcomes of development”. GTP II aims to eliminate violence and HTPs including FGM/C, early marriage and childbearing, GBV, and forced marriage. The measures to be taken towards this end include public education and awareness creation programmes, public mobilization and particularly women engagement in the fights against such practices, and swift enforcement of legal measures for criminal practices against women. The MoWCY GTP II Sectoral Plan (2015/16–2019/20) aims to reduce child marriage and FGM/C in Ethiopia to a rate of 0.5 per cent, and to ensure that 50 per cent of Woredas are free from HTPs.</p>

## Annex 5

# Good practices and innovative interventions to end child marriage and FGM/C (Section 3.3.2)

The Roadmap suggests the use of the following good practices and innovative interventions, which can be adapted from other national contexts to Ethiopia, and applied to end child marriage, FGM/C or both, depending on content.

### 1. Creating opportunities through safe spaces, raising voices, and parental involvement

The International Rescue Committee (IRC) implements interventions in humanitarian contexts to prevent and respond to violence against adolescent girls aged 10–19 years in the Democratic Republic of Congo and Pakistan, and in refugee camps in Ethiopia.

Establishing community-supported safe spaces for girls is an important approach for building girls' self-confidence, decreasing their vulnerability to violence, and helping them cope with the negative impacts of violence. Safe spaces are places in the community where girls can gather to develop their social networks and relationships. Together girls can learn about support services and education, gain financial literacy, learn about positive female role models and work on their development; all of which contribute to their health and their capacity to make informed choices. Influential family members and service providers are included in the intervention and are also targeted with information and training. The approach is characterized by its holistic nature, and comprises different approaches that are applied in a comprehensive manner.

Although this intervention has been implemented in humanitarian contexts, it can be adapted for the development context in Ethiopia. A standard training package for this type of intervention, targeting both girls and their parents, should be developed and applied. The objective is to increase girls' human, physical, social and economic assets which enable them to protect themselves from child marriage and FGM/C, claim their rights, develop networks and respond to any threats. As parents are the first influential people in a girl's life, they are ideally placed to improve their knowledge, attitudes and skills to support and protect girls from child marriage and FGM/C and enhance girls' positive development.<sup>44</sup>

### 2. The Saleema communication initiative, Sudan

The Saleema model was launched in 2008 by the National Council for Child Welfare of Sudan, in collaboration with UNICEF to support the abandonment of FGM/C by introducing a new, positive discourse for families and communities which promoted the wide usage of positive terminology to describe the female body in its natural form, and the equal social status of girls and women, boys and men.

Saleema (which means intact in Arabic) is a fictional character who is uncut. The Saleema initiative stemmed from the recognition of the language gap in Sudanese colloquial Arabic: despite great strides made over more than 30 years of activism to increase awareness of the harm caused by FGM/C, there was still no positive term in common usage to refer to an uncircumcised female. In all states of Sudan, the word used to describe (and stigmatize) uncircumcised girls and women is

ghalfa, which is a highly derogatory expression<sup>53</sup>. Meanwhile, the words to describe circumcised girls/women have positive connotations, suggesting “purity and chastity.” The term saleema emerged as a positive description of uncircumcised girls and women and thus the Saleema campaign came to represent a turning point and a shift from focusing on the problem to focusing on solutions.

The campaign’s key message was “every girl is born saleema..... let every girl grow saleema” and aimed to support the wholesale abandonment of FGM/C. Mass advertisements were produced with positive messages for families and communities, and a large number of religious scholars and preachers (clerics) stressed the legitimacy and permissibility of leaving the girl saleema from the religious point of view. Saleema also aims to stimulate new discussions about FGM/C at family and community levels – new both with regard to who talks to who (‘talk pathways’) and the specific issues communicated about (‘talk content’).

The Saleema campaign had sub-initiatives such as “Sufara Saleema” (ambassadors) which included a number of dignitaries and iconic community symbols who are committed to promoting the concept of Saleema in their own activities and gatherings; and the “Born Saleema Initiative” in hospitals and health centres to educate new mothers and fathers on the advantages of leaving their girls Saleema, with corresponding family pledges made.

In the context of Ethiopia where social norms are very strong, new local terminology that can positively describe uncut girls can be used in community mobilization campaigns to achieve a shift in understanding about FGM/C and attitude towards uncut girls. To this effect, a communication campaign toolkit aligned with the ongoing campaign and other grass-root movements will be developed and rolled out, to achieve better results at scale.

### 3. Conduct targeted interventions with young mothers

Mothers are highly influential in making decision for girls in all regions<sup>54</sup>. A targeted intervention with young mothers will help reduce the intergenerational impact of child marriage and protect the new generation from FGM/C and is therefore incorporated in the theory of change as a result focus area.

### 4. Establish watch dogs

New circumcisers known as “pestal doctors” (Pestal is an Amharic word for a plastic bag to carry cutting materials) are emerging in Harari, Oromia and SNNPR. These are medical professionals and para-medical professionals such as ex-soldiers, who practice FGM/C mostly in secret and night time, by walking door-to-door to earn money<sup>55</sup>. These circumcisers can be warned off with the threat of legal sanctions or brought to justice if the programme has watchdogs and surveillance mechanisms that can track and report such malpractices.

### 5. Creative use of the ‘Black Flag’

The “Black Flag”<sup>56</sup> symbolizes the death of an early married girl, and exerts a powerful social sanction on parents who plan to initiate or who have already initiated a child marriage for their daughters in one kebele in Amhara region. Student peer education club members rescue girls from child marriages, as this case describes:

<sup>53</sup> What is Saleema <[http://saleema.net/what\\_is\\_saleema.php](http://saleema.net/what_is_saleema.php)>, accessed 19 March 2019

<sup>54</sup> Ababeye, B. and Disasa, H. (2015). Baseline/End line Survey: Female Genital Mutilation (FGM) Situation in Six Regions of Ethiopia.

<sup>55</sup> *ibid*

“Peer education club members paid a visit to my grandmother’s home. They brought a black flag along with them. They described to her the kind of bleak married life I will have in the future. They did that using the symbolic meaning of the black colour flag they have at hand. They went on to say that the black flag symbolizes my death. They told her that your granddaughter failed to show up in school because she is dead. The reason they came, they claimed, was to comfort her while she is mourning the death of her granddaughter. After a long discussion my grandmother agreed to cancel the planned arranged marriage and promised them to send me to school. Since then she allowed me to continue my schooling.”<sup>57</sup>

Thus, as the positive communication i.e. “Saleema” is being implemented, the Black Flag campaign will be simultaneously applied to rescue girls from child marriage and FGM/C. Here, different symbols which have a deterrent effect in the context of different regions can be employed as new innovations in community mobilization.

## 6. MoWCY’s initiative for a third of woredas to be HTP-free

A national campaign was launched by MoWCY in 2017 for at least a third of woredas to be declared free of HTPs. Implementation takes place at the grassroots level, and a classification mechanism is developed to rate the level of readiness among communities to abandon child marriage and FGM/C, and provide certification for those free from both practices. MoWCY prepared and disseminated an associated verification tool enabling regional governments to verify administrative areas that are ready for abandonment or are already free from both practices.

The implementation of the National Roadmap will further strengthen this initiative. However, standards need to be set to ensure the quality of woreda assessment and certification, its monitoring overtime, and to increase the functionality of different coordination platforms at national, regional and woreda level.

## 7. Use of information communication technology (ICT)

Innovative ICT platforms especially through mobile phones can be used to disseminate information to adolescents, parents and the community about the multi-dimensional impacts of both child marriage and FGM/C as well as existing services which contribute to the protection and care of adolescent girls. Additionally, human interest stories of role model girls and families who overcame the adverse effects of child marriage and FGM/C as well as stories of girls and families who rejected child marriage and FGM/C will be promoted as inspiration and good practices using different platforms including websites and social media.

## 8. Creating a centre of excellence on ending child marriage and FGM/C

An important component of the National Roadmap focuses on the generation and use of a data and creation of an evidence base for tracking progress, advocacy, programming and learning for knowledge management. Creating a centre of excellence (physical and online) on ending child marriage and FGM/C in Ethiopia would support knowledge management and dissemination by building capacity, undertaking basic and applied research; documenting good practices; using electronic media for wide and efficient dissemination; and establishing an e-library for accessing information on the practices and prevention of child marriage and FGM/C.

<sup>56</sup> Creative use of the ‘Black Flag’ (Tiqur Bandera) campaign started by student peer education club members to rescue girls from early marriages arranged by parents in one of the model Kebeles, Fagita Lekoma, Amhara

<sup>57</sup> Plan (2016). Prevalence, Drivers and Protective Factors of Early Marriage in Amhara, Oromia and SNNP Regions of Ethiopia.

## Annex 6 Causal pathways for ending child marriage and FGM/C (Section 5.2)

The processes and sequences of change (“causal pathways”) to eliminate child marriage in Ethiopia by 2025 are illustrated below for the five outcome areas

**Causal pathway for outcome 1: Adolescent girls at risk of and affected by child marriage and FGM/C are empowered to express and exercise their choices, and families are empowered to protect their children from child marriage and FGM/C**



**Assumptions:** In- and out-of-school girls' clubs and platforms can:

- Attract dedicated leaders.
- Attract adolescent girls to attend regularly, including getting the most vulnerable and marginalized girls to attend.
- Impart relevant, age- and a gender-sensitive knowledge and life skills to resist child marriage.
- Impart assets and skills as an alternative to child marriage.
- Find girls from the same locality who have avoided marriage (these could be key partners in this process and role models).

**Risks:**

- Despite increased demand for education, skills and vocational training, parents will not agree to support their daughters.
- Limited work opportunities despite increased assets and skills of adolescent girls.
- Despite increased legal knowledge, the social norm to be cut or married early prevails.



**Causal pathway for outcome 2: Increased social action, acceptance, and visibility around investing in and supporting girls, and generating shifts in social expectations relating to girls’ education and elimination of child marriage and FGM/C**



**Assumptions:** In- and out-of-school girls’ clubs and platforms can:

- It is possible to tackle the community pressure brought to bear on girls and the stigma directed at the unmarried by supporting communities to understand the harmful impacts of child marriage, recognizing, however, that the pace of change may be uneven and, in some cases, involve backlash or reversals.
- Communities take into account that girls and boys are children until they are 18.
- Having educated girls will become a source of prestige within the community, if there are resulting economic opportunities for them to engage in.

**Risks:**

- Despite families’ and communities’ increased knowledge on the health and social effects of child marriage and FGM/C, the advantage of getting their girls cut and married off early is considered greater.
- Despite families, men’s and boys’ positive attitude toward girls receiving an education, the education system is not fit for purpose, including the availability of schools.

**Causal pathway for outcome 3: Enhanced systems, accountability and services across sectors that are responsive to the needs of girls at risk of or affected by child marriage and FGM/C**



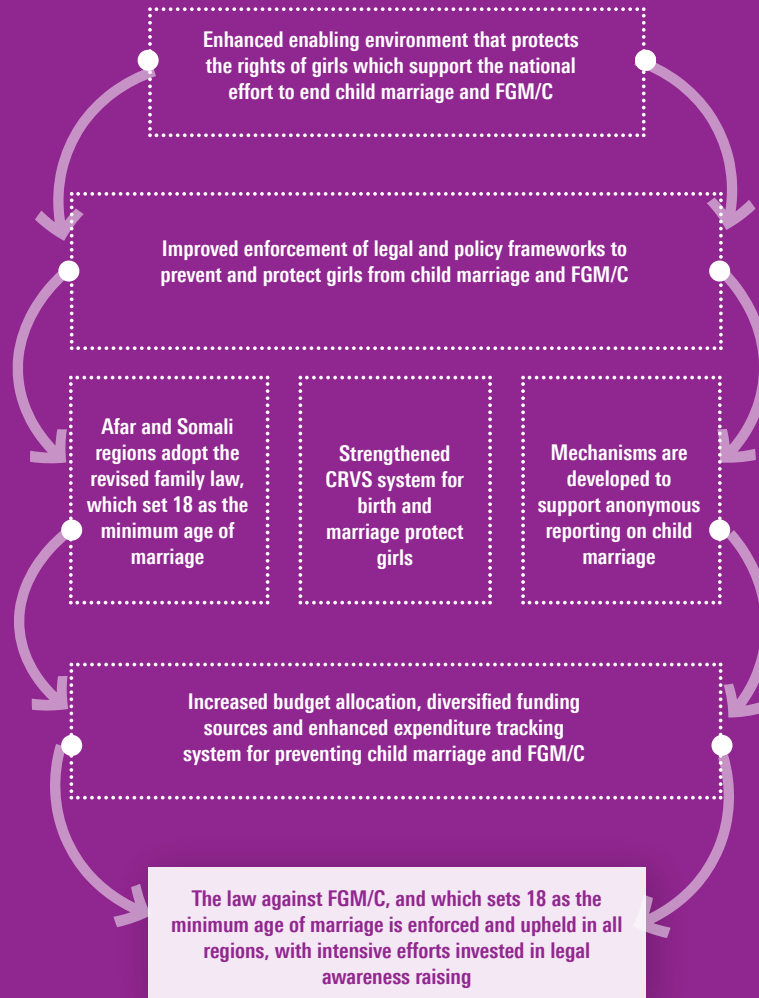
**Assumptions:**

- Child protection, social protection, health and education sectors receive adequate funding, support and institutional capacity to be effective.
- Health and education sectors are able to encourage uptake among girls with parental and community support.

**Risks:**

- Limited investment in health, protection and education systems.
- Limited referral network due to the limited services available.
- Limited alternative livelihoods for circumcisers.

**Causal pathway for outcome 4: Enhanced enabling environment that protects the rights of girls and supports national efforts to end child marriage and FGM/C**



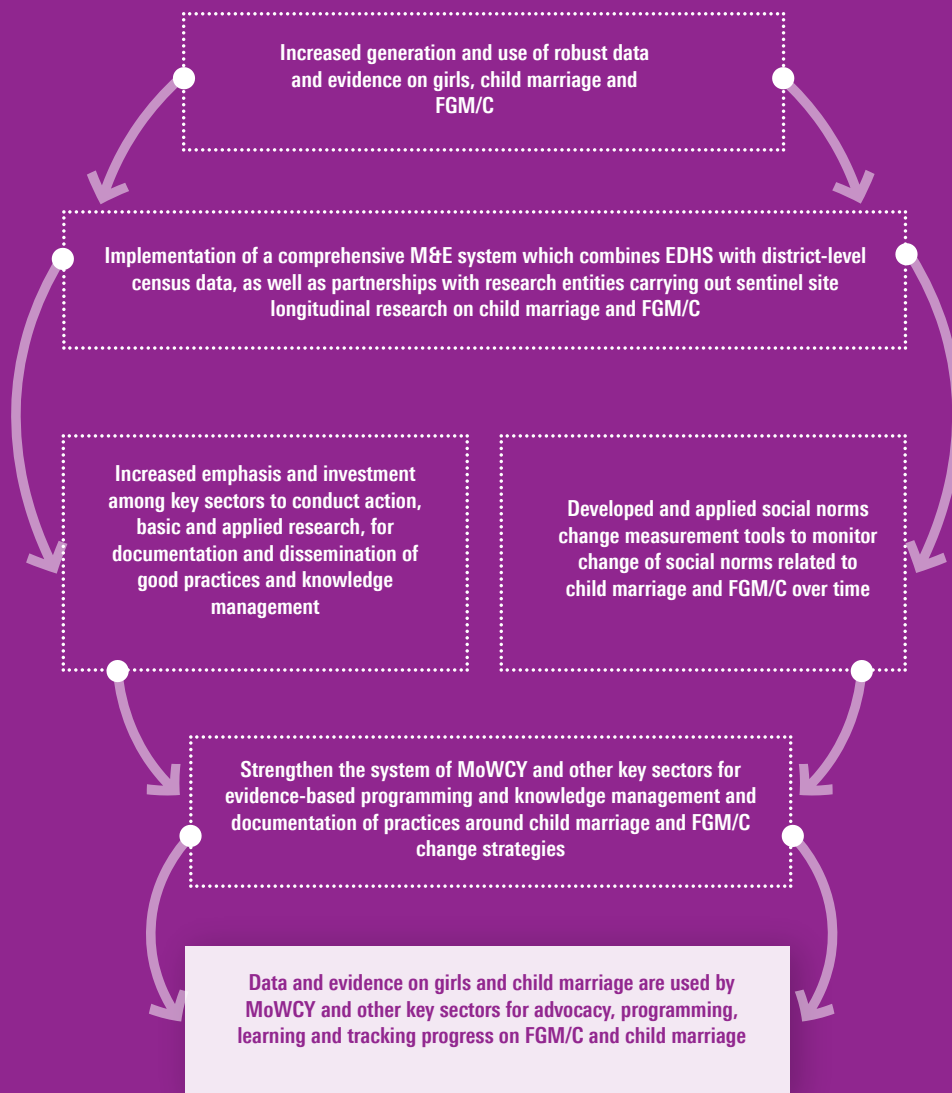
**Assumptions:**

- Justice officials have a weightier presence at the local level, including access to transport to make more frequent kebele visits to raise awareness about the law and its underlying rationale, as well as to support and monitor whether kebele officials are taking violations of the marriage law seriously.
- Where messages can be aligned with religious doctrine, and religious law (including Sharia law) they are more likely to be heard.

**Risks:**

- Limited resources to implement and enforce the law.
- Limited fiscal space to increase the budgets for the elimination of child marriage and FGM/C.
- Strengthened CRVS system will not lead to the reduction of child marriage as under aged marriages are not recorded in the system.

**Causal pathway for outcome 5: Increased generation and use of a robust data and evidence base on girls for advocacy, programming, learning and tracking progress**



**Assumptions:**

- It is possible to get reliable, regular data about the incidence of child marriage and FGM/C in order to ascertain where to focus resources – perhaps through monitoring sentinel sites.
- Over time the EDHS will allow for disaggregation of age brackets, and will collect data on girls under 15 years, as well as for undertaking the survey at sub-regional levels (at least to zone level, if not district level).

**Risks:**

- Capacity development in M&E is not valued and therefore not resourced.
- Data and evidence is not used to inform programming.

## Annex 7 Summary budget and cost description at national and regional level (Chapter 6)

Detailed below are the summary costs by outcome (pillar strategy) of the evidence based costed activities to achieve the results elaborated in Annex 10 (results framework). Annex 8 provides the breakdown per region by outcome and output.

<b>Federal Plan of Action (PoA) Cost by Outcome and by Year (in ETB)</b>						
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Outcome 1	4,199,100	3,321,100	3,316,100	3,316,100	3,291,600	17,444,000
Outcome 2	5,151,600	3,154,600	2,833,600	2,833,600	2,833,600	16,807,000
Outcome 3	7,910,900	6,850,500	6,933,500	4,655,500	4,655,500	31,005,900
Outcome 4	8,360,850	6,727,500	6,802,000	6,414,000	6,424,500	34,728,850
Outcome 5	1,710,050	946,800	1,272,300	877,300	877,300	5,683,750
<b>Total</b>	<b>27,332,500</b>	<b>21,000,500</b>	<b>20,157,500</b>	<b>18,096,500</b>	<b>18,082,500</b>	<b>105,669,500</b>

<b>Addis Ababa PoA Cost by Outcome and by Year (in ETB)</b>						
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Outcome 1	8,316,140	9,658,740	9,811,740	5,529,740	4,212,120	37,528,480
Outcome 2	4,943,362	7,492,618	7,427,318	4,093,456	5,117,956	29,074,710
Outcome 3	47,323,840	2,633,690	2,755,690	2,654,790	2,801,440	58,169,450
Outcome 4	766,000	770,500	766,000	766,000	766,000	3,834,500
Outcome 5	121,580	45,580	166,580	30,580	166,580	530,900
<b>Total</b>	<b>61,470,922</b>	<b>20,601,128</b>	<b>20,927,328</b>	<b>13,074,566</b>	<b>13,064,096</b>	<b>129,138,040</b>

<b>Afar PoA Cost by Outcome and by Year (in ETB)</b>						
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Outcome 1	7,004,450	7,598,600	9,854,200	15,706,700	13,001,700	53,165,650
Outcome 2	10,316,000	12,650,900	12,520,200	14,086,100	14,086,100	63,659,300
Outcome 3	9,137,800	11,852,950	11,636,800	13,179,200	12,583,100	58,389,850
Outcome 4	1,480,460	1,556,500	1,574,500	1,569,500	1,540,000	7,720,960
Outcome 5	180,680	3,402,680	737,430	90,180	329,180	4,740,150
<b>Total</b>	<b>28,119,390</b>	<b>37,061,630</b>	<b>36,323,130</b>	<b>44,631,680</b>	<b>41,540,080</b>	<b>187,675,910</b>

Amhara PoA Cost by Outcome and by Year (in ETB)						
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Outcome 1	48,658,215	45,470,515	28,859,065	38,081,790	43,937,160	205,006,745
Outcome 2	16,435,846	19,455,586	20,656,386	14,729,846	15,811,846	87,089,510
Outcome 3	10,395,050	11,808,500	11,984,600	8,711,200	9,634,200	52,533,550
Outcome 4	4,089,400	5,380,700	2,884,100	5,669,900	4,776,100	22,800,200
Outcome 5	3,263,195	2,587,955	3,803,705	1,934,955	3,364,955	14,954,765
<b>Total</b>	<b>82,841,706</b>	<b>84,703,256</b>	<b>68,187,856</b>	<b>69,127,691</b>	<b>77,524,261</b>	<b>382,384,770</b>

Benishangul-Gumuz PoA Cost by Outcome and by Year (in ETB)						
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Outcome 1	9,463,125	10,042,725	9,780,225	8,514,875	9,225,025	47,025,975
Outcome 2	1,875,333	1,657,367	1,441,440	803,533	715,467	6,493,140
Outcome 3	2,738,417	3,331,606	3,308,456	2,935,844	2,986,689	15,301,012
Outcome 4	158,300	167,050	163,300	165,300	164,550	818,500
Outcome 5	376,080	274,080	749,330	289,080	441,080	2,129,650
<b>Total</b>	<b>14,611,255</b>	<b>15,472,828</b>	<b>15,442,751</b>	<b>12,708,632</b>	<b>13,532,811</b>	<b>71,768,277</b>

Dire Dawa PoA Cost by Outcome and by Year (in ETB)						
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Outcome 1	5,547,710	4,436,060	5,162,260	5,947,260	7,594,960	28,688,250
Outcome 2	1,462,000	2,318,800	2,253,500	2,478,800	2,823,800	11,336,900
Outcome 3	360,500	871,650	894,150	1,010,150	1,004,100	4,140,550
Outcome 4	519,210	476,250	499,750	479,250	471,750	2,446,210
Outcome 5	202,330	139,580	675,830	61,330	255,580	1,334,650
<b>Total</b>	<b>8,091,750</b>	<b>8,242,340</b>	<b>9,485,490</b>	<b>9,976,790</b>	<b>12,150,190</b>	<b>47,946,560</b>

Gambella PoA Cost by Outcome and by Year (in ETB)						
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Outcome 1	7,363,095	9,427,295	9,883,395	8,171,395	7,882,625	42,727,805
Outcome 2	1,099,800	788,950	747,200	419,850	428,100	3,483,900
Outcome 3	2,035,350	3,664,325	2,898,350	1,412,900	1,545,750	11,556,675
Outcome 4	144,500	153,100	141,500	150,600	143,500	733,200
Outcome 5	376,080	274,080	749,330	289,080	441,080	2,129,650
<b>Total</b>	<b>11,018,825</b>	<b>14,307,750</b>	<b>14,419,775</b>	<b>10,443,825</b>	<b>10,441,055</b>	<b>60,631,230</b>

Harari PoA Cost by Outcome and by Year (in ETB)						
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Outcome 1	5,322,710	5,442,810	5,206,060	4,316,660	4,502,760	24,791,000
Outcome 2	3,887,950	3,504,000	3,476,950	3,051,250	2,884,250	16,804,400

Outcome 3	1,243,700	1,500,700	1,552,350	854,800	870,300	6,021,850
Outcome 4	2,460,750	230,250	253,750	204,000	204,000	3,352,750
Outcome 5	1,035,250	100,000	1,049,500	955,250	1,064,500	4,204,500
<b>Total</b>	<b>13,950,360</b>	<b>10,777,760</b>	<b>11,538,610</b>	<b>9,381,960</b>	<b>9,525,810</b>	<b>55,174,500</b>

<b>Oromia PoA Cost by Outcome and by Year (in ETB)</b>						
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Outcome 1	63,388,772	86,122,788	85,392,288	35,007,676	35,281,116	305,192,640
Outcome 2	20,414,080	27,880,220	27,580,220	11,409,201	11,408,540	98,692,261
Outcome 3	43,106,367	64,719,890	64,905,110	21,634,814	21,500,550	215,866,731
Outcome 4	8,121,350	11,162,900	11,308,400	4,781,300	4,779,800	40,153,750
Outcome 5	13,969,400	12,750,800	14,874,200	11,241,800	14,134,800	66,971,000
<b>Total</b>	<b>148,999,969</b>	<b>202,636,599</b>	<b>204,060,218</b>	<b>84,074,791</b>	<b>87,104,806</b>	<b>726,876,382</b>

<b>Somali PoA Cost by Outcome and by Year (in ETB)</b>						
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Outcome 1	16,861,700	24,325,280	31,670,600	31,361,400	27,605,900	131,824,880
Outcome 2	5,315,100	7,043,700	7,052,900	5,846,000	5,796,500	31,054,200
Outcome 3	3,631,050	5,491,150	6,433,500	6,280,650	4,355,050	26,191,400
Outcome 4	1,427,460	1,422,500	1,440,500	1,440,500	1,403,000	7,133,960
Outcome 5	205,930	143,180	679,430	64,930	259,180	1,352,650
<b>Total</b>	<b>27,441,240</b>	<b>38,425,810</b>	<b>47,276,930</b>	<b>44,993,480</b>	<b>39,419,630</b>	<b>197,557,090</b>

<b>SNNP PoA Cost by Outcome and by Year (in ETB)</b>						
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Outcome 1	39,636,150	50,186,200	51,734,200	32,632,200	34,257,200	208,445,950
Outcome 2	18,284,600	26,676,100	26,658,100	15,008,700	15,008,700	101,636,200
Outcome 3	36,822,150	81,973,100	66,406,100	28,544,650	23,014,550	236,760,550
Outcome 4	1,874,660	2,642,300	2,652,800	1,426,500	1,426,500	10,022,760
Outcome 5	218,080	237,080	278,080	168,080	267,080	1,168,400
<b>Total</b>	<b>96,835,640</b>	<b>161,714,780</b>	<b>147,729,280</b>	<b>77,780,130</b>	<b>73,974,030</b>	<b>558,033,860</b>

<b>Tigray PoA Cost by Outcome and by Year (in ETB)</b>						
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Outcome 1	10,820,788	15,739,432	17,213,945	20,533,852	7,174,544	71,482,561
Outcome 2	9,670,177	17,038,275	21,906,422	13,524,600	12,249,658	74,389,132
Outcome 3	7,366,988	10,414,077	10,027,950	6,201,547	2,229,114	36,239,676
Outcome 4	652,400	1,046,900	985,100	1,092,600	-	3,777,000
Outcome 5	1,884,000	3,776,500	2,842,100	3,772,500	2,059,600	14,334,700
<b>Total</b>	<b>30,394,353</b>	<b>48,015,184</b>	<b>52,975,517</b>	<b>45,125,099</b>	<b>23,712,917</b>	<b>200,223,069</b>

Grand Total: 2,723,079,188 ETB

## Annex 8

Summary budget per region by outcome and output  
(Chapter 6)

Region	Federal	Addis Ababa	Afar	Amhara	Benishangul-Gumuz	Dire Dawa	Gambella	Harari	Oromia	Somali	SNNP	Tigray	TOTAL (in ETB)
<b>Outcome 1 Adolescent girls at risk of and affected by child marriage and FGM/C are empowered to express and exercise their choices and families are empowered to protect their children from child marriage and FGM/C</b>													
Output 1.1 Adolescent girls (aged 10-19) are actively participating in targeted programmes (life skills, health information, economic empowerment, social development)	1,790,750	15,333,400	33,356,250	33,272,785	32,603,000	13,437,150	15,558,200	4,727,700	164,489,600	22,151,480	110,435,950	51,541,363	<b>498,697,628</b>
Output 1.2 Increased demand by adolescent girls for quality formal education and vocational training	1,982,000	4,941,380	15,501,400	81,571,960	8,338,025	13,374,600	22,180,005	18,447,800	128,888,280	100,472,600	55,590,000	18,090,000	<b>469,178,050</b>
Output 1.3 Functional in- and out-of-school platforms facilitating girls to voice their opinions and protecting others in their surroundings	13,263,750	151,500	3,808,000	15,929,000	814,950	757,500	1,889,600	555,500	6,060,000	7,526,800	42,420,000	480,570	<b>93,657,170</b>
Output 1.4 Out-of-school adolescent girls acquire economic assets and skills as alternatives to child marriage	407,500	17,102,200	500,000	74,233,000	5,270,000	1,119,000	3,100,000	1,060,000	5,954,760	1,674,000	0	1,370,628	<b>111,791,088</b>
<b>Sub-total outcome</b>	<b>17,444,000</b>	<b>37,528,480</b>	<b>53,165,650</b>	<b>205,006,745</b>	<b>47,025,975</b>	<b>28,688,250</b>	<b>42,727,805</b>	<b>24,791,000</b>	<b>305,192,640</b>	<b>131,824,880</b>	<b>208,445,950</b>	<b>71,482,561</b>	<b>1,173,323,936</b>
<b>Outcome 2 Increased social action, acceptance, and visibility around investing in and supporting girls, and generating shifts in social expectations relating to girl's education and elimination of child marriage and FGM/C</b>													
Output 2.1 Families, communities are aware of adverse health and social impacts of child marriage and FGM/C and support changes in social and gender norms including adopting alternative rites of passage	14,573,500	28,306,310	31,603,800	31,842,580	4,890,140	10,566,500	2,939,900	16,197,600	96,005,400	22,989,300	93,485,200	67,880,478	<b>421,282,708</b>
Output 2.2 Increased engagement of men and boys on changing social and gender norms	1,251,500	82,500	12,499,500	730,400	270,000	82,500	100,000	82,500	1,465,500	4,160,500	5,435,000	5,835,697	<b>31,995,597</b>



Region	Federal	Addis Ababa	Afar	Amhara	Benishangul-Gumuz	Dire Dawa	Gambella	Harari	Oromia	Somali	SNNP	Tigray	TOTAL (in ETB)
Output 2.3 Religious institutions, clan and community leaders and grass roots CBOs increasingly take action against child marriage and FGM/C including banning child marriage and FGM/C to religious personnel	982,000	685,900	19,556,000	54,516,530	1,333,000	685,900	444,000	524,300	1,221,361	3,904,400	2,716,000	672,957	87,242,348
<b>Sub-total outcome</b>	<b>16,807,000</b>	<b>29,074,710</b>	<b>63,659,300</b>	<b>87,089,510</b>	<b>6,493,140</b>	<b>11,336,900</b>	<b>3,483,900</b>	<b>16,804,400</b>	<b>98,692,261</b>	<b>31,054,200</b>	<b>101,636,200</b>	<b>74,389,132</b>	<b>540,520,653</b>
<b>Outcome 3 Enhanced systems, accountability and services across sectors that are responsive to the needs of girls at risk of or affected by child marriage and FGM/C</b>													
Output 3.1 Enhanced capacity of the education sector to reach girls with quality and safe formal and non-formal education	8,040,000	49,750,200	27,622,700	8,162,000	885,578	0	1,326,300	3,903,000	0	15,137,200	8,078,250	24,114,400	147,019,628
Output 3.2 Enhanced capacity of health, nutrition and SRHR services to address the needs of adolescent girls and their families	11,640,400	1,235,800	4,772,500	8,013,250	1,981,833	1,282,800	1,122,700	514,250	45,749,424	1,345,000	8,075,800	1,952,510	87,696,267
Output 3.3 Improved economic services and opportunities for families of vulnerable adolescent girls to engage in IGA and access employment opportunities and providing alternative livelihoods for circumcisers	622,000	1,102,500	16,826,400	1,702,500	1,732,500	1,702,500	2,201,750	1,012,500	162,643,357	5,129,000	218,930,000	4,572,717	418,177,724
Output 3.4 Enhanced case management and legal services for girls at risk of or victims of child marriage and FGM/C	6,146,500	4,678,750	5,317,750	8,305,800	10,701,100	1,145,250	6,905,925	592,100	7,473,950	4,024,700	1,676,500	5,600,050	62,568,375
Output 3.5 Increased number of advocates against child marriage and FGM/C among service providers	4,557,000	1,402,200	3,850,500	26,350,000	0	0	0	0	0	555,500	0	0	36,715,200
<b>Sub-total outcome</b>	<b>31,005,900</b>	<b>58,169,450</b>	<b>58,389,850</b>	<b>52,533,550</b>	<b>15,301,012</b>	<b>4,140,550</b>	<b>11,556,675</b>	<b>6,021,850</b>	<b>215,866,731</b>	<b>26,191,400</b>	<b>236,760,550</b>	<b>36,239,677</b>	<b>752,171,195</b>

Region	Federal	Addis Ababa	Afar	Amhara	Benishangul-Gumuz	Dire Dawa	Gambella	Harari	Oromia	Somali	SNNP	Tigray	TOTAL (in ETB)
<b>Outcome 4 Enhanced enabling environment that protects the rights of girls and supports national efforts to end child marriage and FGM/C</b>													
Output 4.1 Effective federal, regional, zonal, woreda and kebele level multi-sectoral coordination and oversight mechanism with measurable accountability mechanisms	5,983,000	815,000	1,083,000	7,061,000	116,500	815,000	71,500	0	18,307,000	1,145,000	2,100,000	3,067,500	40,564,500
Output 4.2 Improved legal and policy frameworks and enforcement to prevent and protect girls from child marriage and FGM/C	3,014,750	3,019,500	5,706,460	4,357,200	509,000	1,303,710	468,700	3,247,250	20,738,250	5,661,460	6,243,960	268,500	54,538,740
Output 4.3 Increased budget allocation, diversified funding source and enhanced expenditure tracking system for preventing child marriage and FGM/C	1,364,000	0	277,500	6,169,000	193,000	327,500	193,000	105,500	1,108,500	327,500	540,000	441,000	11,046,500
Output 4.4 Strengthened civil registration systems for birth and marriage	24,367,100	0	654,000	5,213,000	0	0	0	0	0	0	1,138,800	0	31,372,900
<b>Sub-total outcome</b>	<b>34,728,850</b>	<b>3,834,500</b>	<b>7,720,960</b>	<b>22,800,200</b>	<b>818,500</b>	<b>2,446,210</b>	<b>733,200</b>	<b>3,352,750</b>	<b>40,153,750</b>	<b>7,133,960</b>	<b>10,022,760</b>	<b>3,777,000</b>	<b>137,522,640</b>
<b>Region</b>	<b>Federal</b>	<b>Addis Ababa</b>	<b>Afar</b>	<b>Amhara</b>	<b>Benishangul-Gumuz</b>	<b>Dire Dawa</b>	<b>Gambella</b>	<b>Harari</b>	<b>Oromia</b>	<b>Somali</b>	<b>SNNP</b>	<b>Tigray</b>	<b>TOTAL (in ETB)</b>
<b>Outcome 5 Increased generation and use of a robust data and evidence base on adolescent girls for advocacy, programming, learning and tracking progress</b>													
Output 5.1 Improved capacity and system for M&E on child marriage and FGM/C among key sectors	193,750	197,500	345,500	4,284,000	1,057,000	365,500	1,057,000	294,000	8,770,500	365,500	178,000	3,955,000	21,043,250
Output 5.2 Developed and applied social norms change measurement tool to monitor change of social norms over time	466,000	27,900	639,650	6,786,265	666,150	603,650	666,150	3,790,500	46,699,500	603,650	120,400	69,500	61,139,315
Output 5.3 Increased investment among key sectors to conduct action, basic and applied research, for evidence generation, documentation and knowledge management on child marriage and FGM/C	743,500	0	0	94,000	0	0	0	0	1,669,000	0	0	1,149,800	3,656,300
Output 5.4 Implementation of comprehensive M&E system	4,280,500	305,500	3,755,000	3,810,500	406,500	365,500	406,500	120,000	9,832,000	383,500	870,000	9,160,400	33,695,900
<b>Sub-total outcome</b>	<b>5,683,750</b>	<b>530,900</b>	<b>4,740,150</b>	<b>14,954,765</b>	<b>2,129,650</b>	<b>1,334,650</b>	<b>2,129,650</b>	<b>4,204,500</b>	<b>66,971,000</b>	<b>1,352,650</b>	<b>1,168,400</b>	<b>14,334,700</b>	<b>119,534,765</b>
<b>TOTAL (in ETB)</b>	<b>105,669,500</b>	<b>129,138,040</b>	<b>187,675,910</b>	<b>382,384,770</b>	<b>71,768,277</b>	<b>47,946,560</b>	<b>60,631,230</b>	<b>55,174,500</b>	<b>726,876,382</b>	<b>197,557,090</b>	<b>558,033,860</b>	<b>200,223,069</b>	<b>2,723,079,188</b>

**Grand Total: 2,723,079,188 ETB**

## Annex 9 Role of sectors and partners in supporting the National Roadmap (Chapters 7 and 8)

The drivers of child marriage and FGM/C are multidimensional, and the National Roadmap therefore requires multi-sectoral interventions, underpinned by well-coordinated responses from various actors, as follows.

Stakeholder	Role
<b>Government</b>	
Ministry of Women, Children and Youth (MoWCY)	<p>MoWCY is mandated to coordinate initiatives and strategies which support gender equality, women’s empowerment, the well-being of children and adolescents, and youth affairs, and as such will play a leading and facilitating role in the implementation of the Roadmap.</p> <p>The overall National Costed Roadmap (plan of action) will be managed through the MoWCY at national level and Bureaus of Women, Children and Youth (BoWCY) at regional level, with regular monitoring to ensure that all actors are working according to plan, implement and report on progress.</p> <p>The Ministry will draft a Resource Mobilization Strategy with the aim of raising funds from a diverse array of sources.</p>
Federal Attorney General (FAG), formerly Ministry of Justice	The Federal Attorney General will oversee the enforcement of the criminal provisions on child marriage and FGM/C including compiling data on investigation and prosecution of cases. It will also work to ensure that the capacity of law enforcement officials is enhanced and in collaboration with MoWCY and other actors advocate for harmonization of laws on child marriage and FGM/C.
Federal Parliament	Design and apply standard M&E mechanisms and effectively discharge its oversight role for supporting the implementation of this Roadmap.
Ministry of Education (MoE)	MoE plays a key role in the efforts to change social norms that support child marriage and FGM/C through regular and extra-curricular activities which enhance the knowledge about the adverse consequence of child marriage and FGM/C. It will also promote social norm change and empower girls through girls’ and boys’ club platforms in the school structure. In addition, the Ministry can play a critical role in creating and facilitating gender-responsive learning environments, for instance which support MHH, and adequate water, sanitation and hygiene facilities.
Ministry of Finance (MoF)	MoF will ensure the mainstreaming of child marriage and FGM/C into sectoral plans and programme budgets, the effective and efficient utilization of budgets, budget tracking and transparency, as well as monitoring of partner funding mechanisms.
Ministry of Health (MoH)	The Ministry of Health will coordinate capacity building for health care providers to ensure quality care services are provided to women and girls who are affected by child marriage and FGM/C and that these services are effectively integrated and applied in the existing health service packages; and that appropriate referrals are made to the child protection system.
Ministry of Labour and Social Affairs (MoLSA)	MoLSA will coordinate the inclusion of vulnerable adolescent girls in social protection programmes, and for creating alternative income generation activities for cutters.
Regional sectoral bureaus	Activity and resourcing at the federal level will be reflected at the regional administrative level taking into account regional contexts.

Other stakeholders	
AU Campaign to End Child Marriage in Africa 2015	Technical support as part of its mandate to eliminate child marriage on the continent.
Children, families and communities	The participation of children, families and communities, especially girls at risk of or who have survived child marriage and FGM/C, are vital.
CBOs, CSOs and FBOs	Widely respected religious institutions and grassroots organizations that are able to win the trust and acceptance of the community can also be instrumental in bringing about the desired social norms changes in communities. In this regard, CBOs, CSOs, and FBOs, including local and national women’s organizations play imperative roles in the fight against HTPs. Initiatives undertaken by non-state actors need to be coordinated and harmonized within the components and strategic pillars of this National Roadmap.
Inter-governmental organizations and NGOs	Resource mobilization and commitments for the implementation of programmes linked with eliminating HTPs.
National Alliance and regional alliances and their members such as UN Agencies, donors, and CSOs, including the private sector	Alliances will play an instrumental role for coordination and soliciting specific resource commitments among their members. Members will provide technical as well as financial support through one national (National Alliance to End FGM/C and Child Marriage) and 11 regional alliances (nine regional state alliances and two city administration alliances).
National Anti-HTPs Council (alternatively the Women and Youth Coordination Council) chaired by the Office of the Deputy Prime Minister of Ethiopia	High level coordination and accountability mechanism launched in 2015 as a follow-up to the London Girls Summit in 2014 with the aim of ensuring key sectors and other partners translate their commitment to ending child marriage and FGM/C into action. The council is composed of key ministries, the UN represented by the UN resident coordinator, representatives from umbrella organizations of FBOs and CSOs and other development partners. While not currently active, there are plans to revitalize it.
Research programmes	Child marriage and FGM/C both represent significant threats to adolescent girls’ bodily integrity and are accordingly a key focus of research. GAGE is adding to the evidence base begun by Jones et al. (2016) through a 9-year mixed-methods research programme funded by the UK’s Department for International Development. GAGE is exploring what factors shape adolescent development and what types of support help different groups of young people to maximize their own capabilities—and fast track change for their communities and countries. GAGE collected baseline data in Ethiopia, 2017– 2018. Over 6,500 adolescents (aged 10– 12 years and 15– 17 years) completed a survey and nearly 1,000 adolescents, parents, community members and key informants participated in individual and group interviews.
UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage	Support to elimination of child marriage through its programme in Ethiopia
UNFPA-UNICEF Joint Programme to Eliminate FGM/C: Accelerating Change	Support to elimination of FGM/C through its programme in Ethiopia

# Annex 10 The National Roadmap results framework

IMPACT	Impact indicator 1	Definition and method of calculation	Baseline (2016)	Milestone 1 (2020)	Milestone 2 (2021)	Milestone 3 (2022)	Milestone 4 (2023)	Milestone 5 (2024)	Target (2025)
A society free of child marriage and FGM/C by 2025	Proportion of women aged 20–24 years who were married or in a union at age 15 and before 18.	Proportion of women according to current status of marriage or cohabitation/union nationally (Age group 20-24)	Married below 15-14% Married below 18-40.2%	-	7.3%	-	-	-	4.3%
			Achieved		28.5%	-	-	-	18.9%
			<i>Source</i> EDHS and its further analysis based observed rate of change in the last 10 years (2005-2015). Milestones and targets are set with the assumptions that efforts will be accelerated and the decline observed in the past 10 years will be doubled.						
			<i>Responsible Institutions</i> Tracking indicator: Central Statistics Agency (CSA), United Nations (UN) Agencies Implementing institutions: MoWCY/BoWCY's, Ethiopian Human Rights Commission (EHRC), Federal Attorney General (FAG)/Regional Attorney Generals (RAGs), Ministry of Education (MoE)/Regional Education Bureaus (REBs), Ministry of Health (MoH)/Regional Health Bureaus (RHBs), Ministry of Labour and Social Affairs (MoLSA)/Bureau of Labour and Social Affairs (BoLSAs), Civil Society Organizations (CSOs), Faith-based Organizations (FBOs), Women's Federation, Media, United Nations						
	Impact indicator 2	Definition and method of calculation	Baseline (2016)	Milestone 1 (2020)	Milestone 2 (2021)	Milestone 3 (2022)	Milestone 4 (2023)	Milestone 5 (2024)	Target (2025)
Proportion of girls and women aged 15-49 years who have undergone FGM/C	Proportion of girls and women according to current status of FGM/C nationally	Disaggregation: under 15, 15-19, 15-49, region, nationally	15-49 - 65% 15-19 - 47%	-	45.4%	-	-	-	34%
			Achieved		32.8%	-	-	-	24.6%
			<i>Source</i> EDHS and its further analysis based observed rate of change in the last 10 years (2005-2015). Milestones and targets are set with the assumptions that efforts will be accelerated and the decline observed in the past 10 years will be doubled.						
			<i>Responsible Institutions</i> Tracking Indicator: CSA and UN Agencies Implementing institutions: MoWCY/BoWCY's, EHRC, FAG/RAGs, MoE/REBs, MoH/RHBs, MoLSA/BoLSAs, CSOs, FBOs, Women's Federation, Media						
OUTCOME 1	Outcome Indicator 1.1	Definition and method of calculation	Baseline (2019)	Milestone 1 (2020)	Milestone 2 (2021)	Milestone 3 (2022)	Milestone 4 (2023)	Milestone 5 (2024)	Target (2025)
Adolescent girls at risk of and affected by child marriage and FGM/C are empowered to express and exercise their choices and families are empowered to protect their children from child marriage and FGM/C	Percentage distribution women and men age 15-49 who have heard of FGM/C according to their opinion on whether the practice should be continued	Individuals who have heard about FGM/C and express that FGM/C should continue as a practice Disaggregation: age, sex, target intervention, region, nationally	38%	-	25%	-	-	-	5%
			Achieved						
			<i>Source</i> EDHS and its further analysis						
			<i>Responsible Institutions</i> Tracking Indicator: CSA and UN Agencies Implementing institution: MoWCY/BoWCY's, EHRC, FAG/RAGs, MoE/REB, MoH/RHBs, MoLSA/BoLSAs, CSOs, FBOs, Women's Federation, Media						
OUTCOME 1.2	Outcome indicator 1.2	Definition and method of calculation	Baseline (2019)	Milestone 1 (2020)	Milestone 2 (2021)	Milestone 3 (2022)	Milestone 4 (2023)	Milestone 5 (2024)	Target (2025) (total)
Number of communities making a public declaration that they will abandon child marriage and FGM/C	Number of communities making a public declaration that they will abandon child marriage and FGM/C	Community in each target kebele which has declared openly or through another statement/source that they will abandon child marriage and FGM/C Disaggregation: Region	3,699	4,767	3,178	2,119	1,412	2,825	18,000
			Achieved						
			<i>Source</i> Baseline Survey, Annual Reviews, Follow-Up Surveys, Endline Evaluation by MoWCY and BoWCY						
			<i>Responsible Institutions</i> Tracking indicator: MoWCY/BoWCY's						

OUTCOME 1	Outcome indicator	Definition and method of calculation	Planned	Baseline (2019)	Milestone 1 (2020)	Milestone 2 (2021)	Milestone 3 (2022)	Milestone 4 (2023)	Milestone 5 (2024)	Target (2025) (total)
	1.3	Number of communities fulfilling the criteria on readiness for abandonment of harmful practices as outlined in MoWCY's community readiness verification tool	Assess communities' readiness to abandon child marriage or FGM/C against MoWCY's verification tool criteria (including: reduction of school drop-outs due to HTPs and improved retention in school, cancellation of cases of HTPs, reporting of cases, decisions by law enforcement bodies, functionality of forums/committees on HTPs, level of involvement of community gate keepers such as religious, clan and other traditional leaders)	0	2,384	1,589	1,060	706	1,413	7,151
	1.4	Completion rate of primary school (grades 1-8) for girls	Definition and method of calculation Completion rate is calculated for the total number of girls/boys who have reached the last grade level of primary education (grade 8), with as denominator the total girls/boys population of the country with age 14 (age 14 is the official expected age for pupils to reach the last grade of primary school). Note that completion rate is age and last grade specific. It should not be confused with the proportion of girls who start grade 1 and reach the last grade level of school completion. Disaggregation: gender	52.2%	74%	75%	76%	78%	79%	80%
			Achieved							
			Source							
			Baseline Survey, Annual Reviews, Follow-Up Surveys, Endline Evaluation by MoWCY and BoWCY							
			Responsible Institutions							
			Tracking Indicator: MoWCY/BoWCYs							
			Implementing institutions: MoWCY/BoWCYs, EHRC, FAG/RAGs, MoE/REBs, MoH/RHBs, MoLSA/BoLSAs, CSOs, FBOs, Women's Federation, Media, UN Agencies							
OUTPUT 1.1	1.1.1	Adolescent girls (aged 10-19) are actively participating in targeted programmes (life skills, health information, economic empowerment, social development)	Definition and method of calculation Targeted intervention includes life skills education (with a requirement of a minimum exposure of 31 hours); legal literacy programmes on the legal framework, legal implications on child marriage and FGM/C and, existing prevention and protection services; information on SHRH, gender, GBV, nutrition, menstrual health and hygiene Disaggregation: age, type of target intervention, region	535,026	885,654	1,119,642	929,702	375,873	3,845,896	
			Planned							
			Achieved							
			Source							
			Roadmap Progress Reports; Annual Reviews; NGO/Partner Implementation Reports; Monitoring Reports; Joint Field Visits; Sector Reports							
			Responsible Institutions							
			Tracking Indicator: MoWCY/BoWCYs, MoE/REBs, MoH/RHBs, FAG/RAGs, CSOs							
			Implementing institution: MoWCY/BoWCYs, EHRC, FAG/RAGs, MoE/REBs, MoH/RHBs, MoLSA/BoLSAs, CSOs, FBOs, Women's Federation, Media							
OUTPUT 1.2	1.2.1	Increased demand by adolescent girls for quality formal education and vocational training	Definition and method of calculation Supported to access or remain in financial or outreach interventions. Disaggregation: type of support, age, target intervention, region Disaggregation: age, type of target intervention, region	202,950	282,962	273,597	647,435	544,200	1,951,144	
			Planned							
			Achieved							
			Source							
			Roadmap Progress Reports; Annual Reviews; NGO/Partner Implementation Reports; Monitoring Reports; Sector Reports							
			Responsible Institutions							
			Tracking Indicator: MoE/REBs, MoWCY/BoWCYs, CSOs							
			Implementing institution: MoWCY/BoWCYs, EHRC, FAG/RAG, MoE/REBs, MoH/RHBs, MoLSA/BoLSAs, CSOs, FBOs, Women's Federation							

OUTPUT 1.2	Output Indicator	Definition and method of calculation	Baseline (2016/17)	Milestone 1 (2020)	Milestone 2 (2021)	Milestone 3 (2022)	Milestone 4 (2023)	Milestone 5 (2024)	Target (2025)
	1.2.2 Percentage of drop-out among girls in primary school (grades 1-8)	Drop-out: shows pupils who are registered to enrol at the beginning of the school year but dropped from school at any time of the same year and never came back at least until the beginning of the next school year. Drop-out rate is available in EMIS for primary Education (grades 1 to 8). Disaggregation: gender	11.94%	5%	-	3%	-	-	2%
			Planned						
			Achieved						
			Source						
			EMIS, Education Sector Abstracts						
			Responsible Institutions						
			Tracking Indicator: MoE/REBs						
			Implementing institution: MoE/REBs, MoWCY/BoWCYs, CSOs, Media, UN Agencies						
OUTPUT 1.3	Output Indicator	Definition and method of calculation	Baseline (2019)	Milestone 1 (2020)	Milestone 2 (2021)	Milestone 3 (2022)	Milestone 4 (2023)	Milestone 5 (2024)	Target (2025)
	1.3.1 Number of functional in- and out-of-school platforms supported to address child marriage or FGM/C	Platforms are for example girls' clubs, peer education groups, youth centres, community level organisations. Calculate the number of these platforms in each target area that address child marriage and/or FGM/C, and which are supported either financially and/or through technical support. Functional refers to holding regular sessions with minimum of 6 per annum. Disaggregation: age, in school, out of school, type of platform, region	TBD	71,354	104,534	102,903	38,287	38,321	104,534
			Planned						
			Achieved						
			Source						
			Roadmap Progress Reports; Annual Reviews; NGO/Partner Implementation Reports; Monitoring Reports; Joint Field Visits; Sector Reports						
			Responsible Institutions						
			Tracking Indicator: MoE/REBs, TVETs, MoWCY/BoWCY, CSOs						
			Implementing institution: REBs, BoWCYs, CSOs						
OUTPUT 1.4	Output Indicator	Definition and method of calculation	Baseline (2019)	Milestone 1 (2020)	Milestone 2 (2021)	Milestone 3 (2022)	Milestone 4 (2023)	Milestone 5 (2024)	Target (2025)
	1.3.2 Number of adolescent girls that are members of at least one in- or out-of-school girls' platform	Platforms have to be girls-specific and include efforts addressing the prevention of child marriage and/or FGM/C. For example, girls or gender clubs, peer education groups or youth centres. Disaggregation: age, in school, out of school, type of platform, region	TBD	194,247	289,980	291,220	101,025	101,875	978,347
			Planned						
			Achieved						
			Source						
			Roadmap Progress Reports; Annual Reviews; NGO/Partner Implementation Reports; Monitoring Reports; Joint Field Visits; Sector Reports						
			Responsible Institutions						
			Tracking Indicator: MoE/REBs, TVETs, MoWCY/BoWCY, CSOs, UN Agencies						
			Implementing institution: REBs, BoWCYs, CSOs						
OUTPUT 1.4	Output Indicator	Definition and method of calculation	Baseline (2019)	Milestone 1 (2020)	Milestone 2 (2021)	Milestone 3 (2022)	Milestone 4 (2023)	Milestone 5 (2024)	Target (2025)
	1.4.1 Number of out-of-school adolescent girls trained in business or entrepreneurship skills	Marketable skills as well as trainings on how to establish and run a business Disaggregation: age, type of support, region	TBD	119,588	175,316	177,798	66,095	68,287	607,084
			Planned						
			Achieved						
			Source						
			Roadmap Progress Reports; Annual Reviews; NGO/Partner Implementation Reports; Monitoring Reports; Joint Field Visits; Sector Reports						
			Responsible Institutions						
			Tracking Indicator: MoE/REB, MoWCY/BoWCY, CSOs						
			Implementing institution: MoE/REB, TVETs, MoWCY/BoWCY, CSOs, FBOs (Development wings), UN Agencies						
OUTPUT 1.4	Output Indicator	Definition and method of calculation	Baseline (2019)	Milestone 1 (2020)	Milestone 2 (2021)	Milestone 3 (2022)	Milestone 4 (2023)	Milestone 5 (2024)	Target (2025)
	1.4.2 Number of out-of-school adolescent girls supported to access financial support	Supported financially through access to credit unions, cash transfer, financial support to stay and/or to go back to school Disaggregation: age, type of support, region	TBD	362,602	541,584	542,364	183,518	184,296	1,814,364
			Planned						
			Achieved						
			Source						
			Roadmap Progress Reports; Annual Reviews; NGO/Partner Implementation Reports; Monitoring Reports; Joint Field Visits; Sector Reports						
			Responsible Institutions						
			Tracking Indicator: MoWCY/BoWCYs, MoE/REBs, CSOs, FBOs						
			Implementing institution: BoWCYs, REBs, CSOs, FBOs, Financial institutions						

Outcome	Outcome Indicator	Definition and method of calculation	Baseline (2019)	Milestone 1 (2020)	Milestone 2 (2021)	Milestone 3 (2022)	Milestone 4 (2023)	Milestone 5 (2024)	Target (2025) (total)
OUTCOME 2 Increased social action, acceptance, and visibility around investing in and supporting girls, and generating shifts in social expectations relating to girls' education and elimination of child marriage and FGM/C	2.1 Number and proportion of individuals in target areas that hold gender equitable attitudes	Assess gender equitable attitudes based on existing DHS data from the chapter on "Women's Empowerment" which includes attitudes towards wife beating and distribution of household chores. If possible, through additional surveys using international standards and models of 'gender scales'. Disaggregation: age, sex, region, nation.	TBD	110,465	172,362	176,422	100,172	128,047	667,468
			Achieved <i>Source</i> DHS: Endline Evaluation <i>Responsible Institutions</i> Tracking Indicator: CSA and MoWCYs/BoWCYs Implementing institution: MoWCY/BoWCY, EHRC, FAG/RAG, MoE/REB, MoH/RHB, MoLSA/BoLSA, CSO, FBO, Media						
OUTPUT 2.1 Families, communities are aware of adverse health & social impacts of child marriage and FGM/C and support changes in social and gender norms including adopting alternative rites of passage	2.1.1 Number of individuals who regularly participate in dialogues promoting gender equitable norms	Note that the dialogues may have different objectives but should include something on gender equality. For an individual to be counted he/she has to participate at least 6 times. Disaggregation: age, sex, type of dialogue, region	218,668*	4,311,489	6,476,453	6,478,217	2,171,953	2,172,304	6,478,217
			Achieved <i>Source</i> Roadmap Progress Reports; Annual Reviews; NGO/Partner Implementation Reports; Monitoring Reports; Joint Field Visits; Sector Reports * The baseline data is collected from six regions only (Afjar, Aminara, Gambella, Oromia, Somali, SNINP) <i>Responsible Institutions</i> Tracking Indicator: MoWCY/BoWCYs, CSOs Implementing institution: MoWCY/BoWCYs, CSOs, FBOs						
OUTPUT 2.2 Increased engagement of men and boys on changing social and gender norms	2.2.1 Number of men and boys who engage in activities aimed to end child marriage and FGM/C	Participation in at least one dialogue, school club or other related community-based intervention. Disaggregation: age, region	TBD	30,226	49,989	52,307	22,176	22,055	176,755
			Achieved <i>Source</i> Roadmap Progress Reports; Annual Reviews; NGO/Partner Implementation Reports; Monitoring Reports; Joint Field Visits; Sector Reports <i>Responsible Institutions</i> Tracking Indicator: MoWCY/BoWCYs Implementing institution: MoWCY/BoWCYs, EHRC, FAG/RAGs, MoE/REB, MoH/RHBs, CSOs, FBOs, Media						
OUTPUT 2.3 Religious institutions, clan and community leaders and grass roots CBOs increasingly take action against child marriage and FGM/C including banning child marriage and FGM/C to religious personnel	2.3.1 Number of religious, clan and community leaders who publicly denounce child marriage or FGM/C	This public denouncement may be part of the community declaration (as above), but should specifically be related to the type of institution that is making the denouncement. Disaggregation: age, sex, religious, clan, community leader, region	TBD	20,568	26,698	27,788	24,559	23,317	122,929
			Achieved <i>Source</i> Roadmap Progress Reports; Annual Reviews; NGO/Partner Implementation Reports; Monitoring Reports <i>Responsible Institutions</i> Tracking Indicator: FBOS, MoWCY/BoWCYs Implementing institution: MoWCY/BoWCY, FAG/RAG, MoE/REB, MoH/RHB, CSO, FBO, Media						
	2.3.2 Number of religious institutions that are implementing the law against child marriage and FGM/C to religious personnel	Implementing refers to having Fatwas in place, an accountability mechanism or checking the age of the girl (and boy) before conducting the marriage ceremony. Disaggregation: type of religious institution, region	TBD	6,065	4,799	8,482	4,258	6,581	30,185
			Achieved <i>Source</i> Annual Reviews and Reports <i>Responsible Institutions</i> Tracking Indicator: FBOS, FAG/RAGs, MoWCY/BoWCYs Implementing institution: MoWCY/BoWCY, EHRC, FAG/RAG, CSO, FBO						



Outcome Indicator	Definition and method of calculation	Planned	Achieved	Source	Baseline (2019)	Milestone 1 (2020)	Milestone 2 (2021)	Milestone 3 (2022)	Milestone 4 (2023)	Milestone 5 (2024)	Target (2025)
OUTCOME 3 Enhanced systems, accountability and services across sectors that are responsive to the needs of girls at risk of or affected by child marriage and FG/M/C	3.1 Number and proportion of all girls in the target intervention area. Health service: Government and non-government health service provider, SRHR, Protection related: psychosocial support, legal services, Disaggregation: age, type of service, FG/M/C, child marriage, region	Planned			495,018*	550,000	600,000	650,000	700,000	750,000	750,000
		Achieved									
		<p><i>Source</i></p> <p>Baseline Survey: Annual Reviews and Reports; Admin data of service providers; Follow-Up Surveys, Endline Evaluation  *The baseline data is collected from six regions only (Afar, Amhara, Gambella, Oromia, Somali, SNNP)</p> <p><i>Responsible Institutions</i></p> <p>Tracking indicator: MoH/RHB, FAG/RAG, MoW/Cy/BoW/CyS, MoLSA/BoLSAs, CSOs  Implementing institution: MoW/Cy/BoW/Cy, EHR, FAG/RAG, MoE/RB, MoH/RHB, MoLSA/BoLSA, CSO, FBO, Women's Federation</p>									
3.2 Proportion of girls who completed lower secondary school	3.2 Definition and method of calculation Out of the total children/adolescents who sat the 10th grade final national exam (end of secondary school), proportion of girls (against boys)	Planned			47%	47.5%	48%	48.5%	49%	49.5%	50%
		Achieved									
		<p><i>Source</i></p> <p>EMIS; Education Sector Annual Abstracts</p> <p><i>Responsible Institutions</i></p> <p>Tracking Indicator: MoE/REBs  Implementing institution: MoE/REBs, MoW/Cy/BoW/CyS, CSOs, Media, UN Agencies</p>									
3.3 Number of girls enrolled in Technical and Vocational Education and Training (TVET)	3.3 Definition and method of calculation TVET is ideally available for all levels who leave the system but is formally available only for secondary school graduates. More girls than boys are in TVET because much fewer girls make it to University. Count number of girls/women enrolled in TVET. This indicator aims to measure that more and more girls make it at least this far, it does not measure the proportion of females enrolled in TVET (51.3% in 2016/17) against boys, as this is expected to stay relatively equal (50-50).	Planned			155,017	162,768	170,906	179,452	188,424	197,845	207,738
		Achieved									
		<p><i>Source</i></p> <p>EMIS</p> <p>Tracking indicator: MoE/REB  Implementing institution: MoE/REB, MoW/Cy/BoW/Cy, CSOs, FBOs</p>									
OUTPUT 3.1 Enhanced capacity of the education sector to reach girls with quality and safe formal and non-formal education	3.1.1 Number of non-formal / primary / secondary / preparatory schools implementing interventions to improve the quality of education for adolescent girls	Planned			TBD	8	10	10	8	8	44
		Achieved									
		<p><i>Source</i></p> <p>Roadmap Progress Reports; Annual Reviews; NGO/Partner Implementation Reports; Monitoring Reports; Sector Reports (Education Sector Abstracts)</p> <p><i>Responsible Institutions</i></p> <p>Tracking Indicator: MoE/REBs  Implementing institution: MoE/REBs, MoW/Cy/BoW/CyS, CSOs, Media, UN Agencies</p>									

OUTPUT 3.2	Output Indicator 3.2.1	Definition and method of calculation	Baseline (2019)	Milestone 1 (2020)	Milestone 2 (2021)	Milestone 3 (2022)	Milestone 4 (2023)	Milestone 5 (2024)	Target (2025) (total)
Enhanced capacity of health, nutrition and SRHR services to address the needs of adolescent girls and their families	Number and proportion of health service delivery points in the target intervention area.	Number and proportion of all health service delivery points in the target intervention area.	TBD	3,352	8,374	9,587	6,756	7,496	35,565
	Guidelines for adolescent girl-friendly services: facilities have guidelines in place which focuses on adolescent girl services (MHH, SHHR) and upholds confidentiality.	Guidelines for adolescent girl-friendly services: facilities have guidelines in place which focuses on adolescent girl services (MHH, SHHR) and upholds confidentiality.							
	Disaggregation: service point, region	Disaggregation: service point, region							
<p>NGO/Partner Implementation Reports; Monitoring Reports; Joint Field Visits; Sector Reports</p> <p><b>Responsible Institutions</b></p> <p>Tracking Indicator: MoH/RHBs, CSOs, FBOs</p> <p>Implementing institution: MoH/RHBs, CSOs, FBOs, UN Agencies</p>									
OUTPUT 3.3	Output Indicator 3.3.1	Definition and method of calculation	Baseline (2019)	Milestone 1 (2020)	Milestone 2 (2021)	Milestone 3 (2022)	Milestone 4 (2023)	Milestone 5 (2024)	Target (2025) (total)
Improved economic services and opportunities for families of vulnerable adolescent girls to engage in IGA and access employment opportunities and providing alternative livelihoods for circumcisers	Number of families of vulnerable adolescent girls referred to economic services/support programmes	Number of families that have adolescent girls in all the target intervention areas that are referred to the productive Safety Net Programme, IGA programmes.	TBD	175,766	248,904	266,646	88,995	105,545	885,857
<p>NGO/Partner Implementation Report and progress report; Monitoring Reports; Joint Field Visits</p> <p><b>Responsible Institutions</b></p> <p>Tracking Indicator: MoWCY/BoWCY, MoLSA/BoLSA, FEMSEDA, CSOs, FBOs, MFIs</p> <p>Implementing institution: MoWCY/BoWCY, MoLSA/BoLSA, FEMSEDA, CSOs, FBOs, TVETs, MFIs, UN Agencies</p>									
OUTPUT 3.4	Output Indicator 3.4.1	Definition and method of calculation	Baseline (2019)	Milestone 1 (2020)	Milestone 2 (2021)	Milestone 3 (2022)	Milestone 4 (2023)	Milestone 5 (2024)	Target (2025) (total)
Enhanced case management and legal services for girls at risk of or victims of child marriage and FGM/C	Existence of a national case management framework which includes prevention and response for child marriage and FGM/C	Framework which stipulates the roles and responsibilities of different actors in the case management process and which includes references to handling of cases related to child marriage and FGM/C	0	1	-	-	-	-	1
<p>Roadmap Progress Reports; Annual Reviews; Partner Implementation Reports; Monitoring Reports; Sector Reports</p> <p><b>Responsible Institutions</b></p> <p>Tracking Indicator: FAG/RAGs, Police, Court, MoWCY/BoWCY</p> <p>Implementing institution: FAG/RAGs, Police, Court, MoWCY/BoWCY, UN Agencies</p>									
OUTPUT 3.4.2	Output Indicator 3.4.2	Definition and method of calculation	Baseline (2019)	Milestone 1 (2020)	Milestone 2 (2021)	Milestone 3 (2022)	Milestone 4 (2023)	Milestone 5 (2024)	Target (2025) (total)
Number of girls that have received legal support and services related to child marriage and FGM/C	Legal support and services relate to legal aid, legal counselling including legal literacy and case processing	Legal support and services relate to legal aid, legal counselling including legal literacy and case processing	TBD	27,216	30,334	38,189	14,857	23,462	134,059
	Disaggregation: age, type of legal service such as case processing, legal literacy, region	Disaggregation: age, type of legal service such as case processing, legal literacy, region							
<p>Annual Reviews and Reports of partners; Admin data of service providers; Monitoring Reports; Sector Reports</p> <p><b>Responsible Institutions</b></p> <p>Tracking Indicator: FAG/RAGs, Police, Court</p> <p>Implementing institution: FAG/RAGs, Police, Court, MoWCY/BoWCY, UN Agencies</p>									
OUTPUT 3.5	Output Indicator 3.5.1	Definition and method of calculation	Baseline (2019)	Milestone 1 (2020)	Milestone 2 (2021)	Milestone 3 (2022)	Milestone 4 (2023)	Milestone 5 (2024)	Target (2025) (total)
Increased number of advocates against child marriage and FGM/C among service providers	Number of women level service providers implementing a standard or SOPs developed at national/regional level	Type of service provider: women level service providers including health, legal, social, psychosocial and other services.	TBD	3,141	3,708	4,820	4,656	5,160	21,485
<p>Roadmap Progress Reports; Annual Reviews; Admin data and reports of service providers; Monitoring Reports; Sector Reports</p> <p><b>Responsible Institutions</b></p> <p>Tracking Indicator: MoWCY/BoWCY, FAG/RAGs, Police, Court, RHB, MoLSA/BoLSA</p> <p>Implementing institution: MoWCY/BoWCY, MoE/REB, FAG/RAG, MoLSA/BoLSA, MoH/RHB, Police, Court, UN Agencies</p>									

Outcome Indicator	Definition and method of calculation	Planned	Baseline (2019)	Milestone 1 (2020)	Milestone 2 (2021)	Milestone 3 (2022)	Milestone 4 (2023)	Milestone 5 (2024)	Target (2025)
OUTCOME 4 Enhanced enabling environment that protects the rights of girls and supports national efforts to end child marriage and FGM/C	4.1 Proportion of the national roadmap budget allocated and utilized by key ministries for interventions included in the national roadmap	Planned	TBD	TBD	TBD	TBD	TBD	TBD	TBD
		Achieved							
<i>Source</i> Disaggregation: ministry/ FGM/C, child marriage, national, region Disaggregation: ministry/ FGM/C, child marriage, national, region <b>Responsible Institutions</b> Tracking Indicator: MoWCY/BoWCY, FAG/RAG, MoE/REB, MoH/RHB, MoLSA/BoLSA, MoF/BoF Implementing institution: MoWCY/BoWCY, FAG/RAGs, MoE/REBs, MoH/RHBs, MoLSA/BoLSAs, MoF/BoFs, UN Agencies									
OUTCOME 4 Effective federal, regional, zonal, woreda and kebele level multi-sectoral coordination and oversight mechanism with measurable accountability mechanisms	4.2 Percentage of children under 5 whose birth is registered by civil authorities	Planned	3%	50%	TBD	TBD	TBD	TBD	TBD
		Achieved							
<i>Source</i> EDHS <b>Responsible Institutions</b> Tracking Indicator: CSA Implementing institution: Immigration, Nationality and Vital Events Agency administrative data, MoWCY/ BoWCY, MoH/RHB									
OUTPUT 4.1	4.1.1 Number of harmful practices-focused active coordination mechanisms with an accountability mechanism in place	Planned	TBD	1,700	1,696	1,698	1,694	1,696	8,484
		Achieved							
<i>Source</i> Roadmap Progress Reports; Partner Reports; Monitoring Reports; Sector Reports <b>Responsible Institutions</b> Tracking Indicator: MoWCY/BoWCYs Implementing institution: MoWCY/BoWCYs, MoE/REBs, CSOs, FBOs, Women's Federation									
OUTPUT 4.1	4.1.2 Women's Development Groups (WDGs) active on harmful practices with an accountability mechanism in place	Planned	159,797	36,971	36,971	29,531	29,531	29,531	233,000
		Achieved							
<i>Source</i> Roadmap Progress Reports; Annual Reviews and Reports; Admin data; Monitoring and Joint Field Visits Reports; Sector Reports <b>Responsible Institutions</b> Tracking Indicator- MoWCY/BoWCY Implementing institution- MoWCY/BoWCY, CSO, FBO, Women's Federation, UN Agencies									
OUTPUT 4.1	4.1.3 Number of general coordination forums addressing harmful practices as part of their activities	Planned	TBD	736	803	787	181	165	2,672
		Achieved							
<i>Source</i> Roadmap Progress Reports; Annual Reviews and Reports; Admin data, Monitoring Reports; Joint Field Visits; Sector Reports <b>Responsible Institutions</b> Tracking Indicator: MoWCY/BoWCYs, Implementing institution: MoWCY/BoWCYs, FAG/RAG, MoE/REB, MoH/RHB, MoLSA/BoLSA, CSO, FBO, Women's Federation									



OUTPUT 4.3	Output Indicator 4.3.2	Definition and method of calculation	Baseline (2019)	Milestone 1 (2020)	Milestone 2 (2021)	Milestone 3 (2022)	Milestone 4 (2023)	Milestone 5 (2024)	Target (2025)
	Existence of an expenditure tracking system in place	A system that tracks the expenditure of a sector/institution budget on specific issues, including addressing bottlenecks for expenditure. Disaggregation: region	0	-	-	1	-	1	1
			Planned						
			Achieved						
			Source						
			Roadmap Progress Reports: MoF/BoF, MoH/RHB, MoE/REB and MoWCY/BoWCY Report; The expenditure tracking system and framework itself						
			<i>Responsible Institutions</i>						
			Tracking Indicator: MoF/BoF						
			Implementing institution: MoWCY/BoWCYs, FAG/RAGs, MoE/REBs, MoH/RHsB, MoLSA/BoLSAs, MoF/BoFs						
OUTPUT 4.4	Output Indicator 4.4.1	Definition and method of calculation	Baseline (2019)	Milestone 1 (2020)	Milestone 2 (2021)	Milestone 3 (2022)	Milestone 4 (2023)	Milestone 5 (2024)	Target (2025)
Strengthened civil registration systems for birth and marriage	Percentage of kebeles that provide comprehensive civil registration services	Kebeles providing registration of vital events registration services including birth, marriage, death and divorce Disaggregation: type of vital event, timeliness of registration, sex, age, rural/urban, region	88%	90%	92%	94%	96%	98%	100%
			Planned						
			Achieved						
			Source						
			Immigration, Nationality and Vital Events Agency administrative data, Progress Reports;						
			<i>Responsible Institutions</i>						
			Tracking Indicator: Nationality and Vital Events Agency (INVEA)						
			Implementing institution: INVEA, MoWCY/BoWCY, FAG/RAG, MoE/BoE, MoH/BoH, MoLSA/BoLSA, CSO, FBO						
OUTCOME 5	Outcome Indicator 5.1	Definition and method of calculation	Baseline (2019)	Milestone 1 (2020)	Milestone 2 (2021)	Milestone 3 (2022)	Milestone 4 (2023)	Milestone 5 (2024)	Target (2025) (total)
Increased generation and use of a robust data and evidence base on adolescent girls for advocacy, programming, learning and tracking progress	Number of roadmap stakeholders, including at least 2 ministries, actively contributing to generation and use of data and evidence on adolescent girls	A system in place for analysing high quality data includes: administrative data system, a system for monitoring, including setting baselines and endlines, conducting evaluations Disaggregation: sector, institution, national, region	0	1	1	1	1	1	5
			Planned						
			Achieved						
			Source						
			Baseline Survey: Annual Reviews; Follow-Up Surveys; Assessments commissioned						
			<i>Responsible Institutions</i>						
			Tracking Indicator: MoWCY/BoWCYs						
			Implementing institution: MoWCY/BoWCY, FAG/RAG, MoE/REB, MoH/RHB, MoLSA/BoLSA, UN Agencies						
OUTPUT 5.1	Output Indicator 5.1.1	Definition and method of calculation	Baseline (2019)	Milestone 1 (2020)	Milestone 2 (2021)	Milestone 3 (2022)	Milestone 4 (2023)	Milestone 5 (2024)	Target (2025) (total)
Improved capacity and system for M&E on child marriage and FGM/C among key sectors	Number of key ministries/bureaus that have an administrative data system in place to collect data on indicators in the national roadmap to end child marriage and FGM/C	Administrative data system is a routine for data collection on cases or services provided, and on indicators in the national roadmap to end child marriage and FGM/C. Key sectors would include, social welfare, health, education and police. Disaggregation: sector, region	TBD	-	1	1	1	1	4
			Planned						
			Achieved						
			Source						
			Roadmap Progress Reports; Annual Reviews; NGO/Partner Implementation Reports; and M and E framework which include admin data capturing						
			<i>Responsible Institutions</i>						
			Tracking Indicator: MoWCY/BoWCYs						
			Implementing institution: MoWCY/BoWCY, FAG/RAG, MoE/REB, MoH/RHB, MoLSA/BoLSA, UN Agencies						

Output	Output Indicator	Definition and method of calculation	Baseline (2019)	Milestone 1 (2020)	Milestone 2 (2021)	Milestone 3 (2022)	Milestone 4 (2023)	Milestone 5 (2024)	Target (2025)	
OUTPUT 5.2 Developed and applied social norms change measurement tool to monitor change of social norms over time	Output Indicator 5.2.1 Number of data collection strategies introduced to measure change in social or gender norms	Methods, strategies and tools developed and introduced to measure social norms of child marriage and FGM/C. Disaggregation: FGM/C, child marriage, type of method, strategy tools, region	Planned	-	1	-	-	-	1	
			Achieved <i>Source</i>	-	-	-	-	-	-	
	Roadmap Progress Reports: Annual Reviews and reports: Assessment report <i>Responsible Institutions</i>									
	Tracking Indicator: MoWCY/BoWCYs Implementing institution: MoWCY/BoWCYs, FBOs, CSOs, Media, Women's Federation									
	Output Indicator 5.2.2 Number of case studies that provides evidence of shift in knowledge, attitudes and behaviours	Requires that a monitoring system for measuring shift in knowledge, attitudes and behaviours is in place. A case study which provides the evidence for how this was measured and achieved. Disaggregation: type of case study, region	Planned	1	1	1	1	1	1	5
			Achieved <i>Source</i>	TBD	-	-	-	-	-	-
	Roadmap Progress Reports: Annual Reviews and Reports: Documentation of case studies or Case study reports <i>Responsible Institutions</i>									
	Tracking Indicator: MoWCY/BoWCYs Implementing institution: MoWCY/BoWCYs, EHRC, FAG/RAGs, MoE/REBs, MoH/RHBs, MoLSA/BoLSA, CSOs, FBOs, Police, Court									
	OUTPUT 5.3 Increased investment among key sectors to conduct action, basic and applied research, for evidence generation, documentation and knowledge management on child marriage and FGM/C	Output Indicator 5.3.1 Baseline Survey, Annual Reviews and Endline Survey conducted by the National Alliance / MoWCY	Requires a system for establishing baselines, progress and endline surveys. Annual reviews conducted on the progress of the implementation of the national roadmap. Disaggregation: FGM/C, child marriage, type of survey, region	Planned	-	-	1	-	-	1
				Achieved <i>Source</i>	TBD	-	-	-	-	-
Roadmap Progress Reports: Annual Reviews and Reports: Monitoring Reports: Survey Reports <i>Responsible Institutions</i>										
Tracking Indicator: MoWCY/BoWCYs Implementing institution: MoWCY/BoWCYs, EHRC, FAG/RAGs, MoE/REBs, MoH/RHBs, MoLSA/BoLSA, CSOs, FBOs, Police, Court, National Alliance										
Output Indicator 5.3.2 Number of good practices and case studies on the implementation of ending child marriage and FGM/C activities developed		Good practices in interventions that show progress. Case studies of scenarios and how they have been resolved. Requires a system in place for regularly developing these. It may for example be an outcome of the monitoring visits. Disaggregation: FGM/C, child marriage, good practice, case study, region	Planned	1	1	1	-	-	-	1
			Achieved <i>Source</i>	TBD	-	-	-	-	-	-
Roadmap Progress Reports: Annual Reviews; NGO/Partner Implementation Reports; Monitoring Reports; Sector Reports <i>Responsible Institutions</i>										
Tracking Indicator: MoWCY/BoWCYs Implementing institution: MoWCY/BoWCYs, EHRC, FAG/RAGs, MoE/REBs, MoH/RHBs, MoLSA/BoLSA, CSOs, FBOs, Police, Court, National Alliance										
OUTPUT 5.4 Implementation of comprehensive M&E system		Output Indicator 5.4.1 Number of joint monitoring visits conducted per quarter	Definition and method of calculation Monitoring visits conducted by at least 2 partners in the target areas. Disaggregation: FGM/C, child marriage, type of partners, region	Planned	22	22	22	22	22	110
				Achieved <i>Source</i>	TBD	-	-	-	-	-
	Partner Implementation Reports: Monitoring Reports and Joint Field Visits; Sector Reports <i>Responsible Institutions</i>									
	Tracking Indicator: MoWCY/BoWCYs, FAG/RAGs, MoE/REBs, MoH/RHBs, MoLSA/BoLSAs Implementing institution: MoWCY/BoWCYs, EHRC, FAG/RAGs, MoE/REBs, MoH/RHBs, MoLSA/BoLSAs, CSOs, FBOs									

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**NATIONAL ALLIANCE TO END  
FGM & ECM**