National Strategy and Action Plan on Harmful Traditional Practices (HTPs) against Women and Children in Ethiopia

Federal Democratic Republic of Ethiopia

Ministry of Women, Children and Youth Affairs (MoWCYA)

June, 2013

Addis Ababa

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FOREWORD

The condition and position of women and girls in Ethiopia has shown considerable progress over the past two decades. Their participation in all spheres of life and their access to socio-economic opportunities and resources has improved. This is due to the legal and policy frameworks, the multi-faceted interventions and supports of government and non-state actors and development partners.

Despite the wide ranging interventions and efforts of diverse actors aimed at the protection of the rights of women and girls, harmful traditional practices, continue to challenge the wellbeing and integrity of women and girls in Ethiopia. Harmful traditional practices (HTPs), such as female genital mutilation/cutting (FGM/C), forced and child marriage constitute the most prevalent manifestations of violence against women and children in Ethiopia.

Harmful traditional Practices (HTPs) are those practices which violate and adversely affect the physical, sexual, psychological well-being, human rights and socio-economic participation and benefits of women and children. Most HTPs are manifestations of inequalities and power imbalances between men and women, deeply entrenched in the social and economic structures and inhibit women's full and equal enjoyment of their basic human rights. Harmful Traditional Practices (HTPs) are thus, deep-rooted in community beliefs, social norms and values.

Accordingly, in order to eliminate such detrimental practices, it is imperative to bring about attitudinal transformation and behavioural change at individual, family and the wider community and institutional levels. Further, it is highly expedient to strengthen and improve safe and secure enabling socio-legal and policy environment, ensure effective law enforcement, and support institution building for the effective implementation of anti-HTP efforts. It is also essential to ensure the reinstatement or restoration of women and children affected by HTPs to their original social, economic and psychological positions through the rendition of various supportive amenities and provision of multi-sectoral responses.

In recognition of the need for a comprehensive strategic framework for addressing the prevention and abandonment of HTPs, the ministry of Women, Children and Youth Affairs has therefore, embarked upon the formulation of this National Strategy on Harmful Traditional Practices, with the technical and financial involvement of development partners and relevant stakeholders. The Strategy is inspired with a vision of creating a nation free of harmful traditional practices, whereby women and children enjoy the realization of their fundamental rights and freedoms.

Our engagement towards the prevention and elimination of HTPs should be guided by two strategic rationales: that is on the one hand, to take the issue of HTPs as a manifestation of deep-rooted gender inequalities in the society and on the other hand, to treat HTPs as having strong and positive correlation with the existence of poverty with all its manifestations. Consequently, the prevention and elimination of HTPs should be placed at the center of the poverty eradication and the democratization endeavours of the country. Thus, the issue of protection of women from the debilitating effects of HTPs should be treated within the larger and more comprehensive national development and in light of the human rights frameworks.

In this preventive, protective and responsive endeavours, in addition to the overall leadership, commitment and coordination of the government, community participation, ownership and the technical and financial support of all development partners will have a paramount importance. Most importantly, the role of women and youth organizations especially, the involvement of grass roots women and youth development armies is invaluably vital.

Therefore, I call upon all government and non-state actors and development partners to foster collaborative efforts, synergy and to work in partnership with the Ministry of Women, Children and Youth Affairs towards the prevention and elimination of all forms of harmful traditional practices with the view to ensuring the full participation and equitable benefits of women and children. Finally, I would like to take this opportunity to express my appreciation and thanks to all individuals and partners involved in the design of this National Strategy on Harmful Traditional Practices and in funding the process.

Zenebu Tadese W-Thadiq

Minister, FDRE Ministry of Women, Children and Youth Affairs

Acknowledgment

The National Strategy on HTPs was prepared through a consultative process that involved various partners and stakeholders under the leadership of the Ministry of Women, Children and Youth Affairs (MoWCYA). The Ministry thus, would like to take this opportunity to extend it thanks and appreciation to all partners, who diligently participated in the design of this National Strategy on Harmful Traditional Practices (HTPs) Against Women and Children in Ethiopia. Especially, MoWCYA would also like to acknowledge the financial and technical support provided by UNICEF and UNFPA through the Gender Joint Programme for the successful finalization of the strategy. MoWCYA is also grateful for the valuable comments and input given from stakeholders, regions and partners during the various consultation meetings conducted in the consultative process. Further, the Ministry extends its gratitude to the technical assistance of UNICEF in editing the final text of the Strategy. Also, particular thanks goes to UNFPA for its additional financial support to enable the printing of the National Strategy.

Acronyms and abbreviations

ASRH- Adolescent Sexual Reproductive Health

CBO - Community Based Organization

CEDAW – Convention on the Elimination of all forms of Discrimination against Women

CRC – Convention on the Rights of the Child

CSO- Civil Society Organizations

DHS – Demographic Health Survey

EHRC – Ethiopian Human Rights Commission

EGLDAM – Ethiopian Gojji Limadawi Dirgitoch Aswegaj Mahiber

FBO- Faith Based Organizations

FDRE- Federal Democratic Republic of Ethiopia

FGM/C – Female Genital Mutilation/Cutting

GBV – Gender Based Violence

GTP – Growth and Transformation Plan

HTP – Harmful Traditional Practice

MOCT- Ministry of Culture and Tourism

MoE – Ministry of Education

MOFA- – Ministry of Federal Affairs

MoFED- Ministry of Finance and Economic Development

MoH – Ministry of Health

MoJ – Ministry of Justice

MoWCYA – Ministry of Women, Children and Youth Affairs

NGO – Non-Governmental Organization

SNNP- Southern Nations and Nationalities and Peoples

UNICEF- United Nations Children Fund

UNFPA- United Nations Fund for Population Activities

VCT- Voluntary Counseling and Testing

VAWC- Violence against Women and Children

Executive summary

Introduction and Definitions

Harmful traditional Practices (HTPs) are defined 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.''

Whilst there are a wide range of HTPs in Ethiopia, FGM/C, abduction and child marriage are widely practiced in the country and adversely affect millions of women and children.

The major root causes of HTPs in the Ethiopian context are low level of societal consciousness and awareness and deep rooted and imbalanced gender relations.

The low economic status of women and girls, limited health service provision, religious and cultural factors, and low educational status of women and girls, which, in turn, limit opportunities for better employment and life choices are also intermediate causes that aggravate the vulnerability of women and children to HTPs.

Vision, Mission and Objectives of the National Strategy

VISION: To see a society free from all forms of harmful traditional practices, in which women and children enjoy their human rights, and full economic and social opportunities without compromising their life choices.

MISSION: To provide a strategic direction**,** an institutional framework, principles and actions for the prevention and elimination of all forms of HTPs, through preventive, protective and provision/responsive modalities by strengthening institutional mechanisms and implementation frameworks.

GENERAL OBJECTIVE: The overall objective of the strategy is to institutionalize national, regional and 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.

Strategic Pillars of the National Strategy:

Prevention, Protection Provision

Prevention	Protection	Provision
To improve community awareness and community mobilization for better understanding of HTP impacts, and to bring about behavior change in communities.	To strengthen and improve the policy and legal framework, ensure effective law enforcement, and build institutions for the effective implementation of anti-HTP efforts	To provide rehabilitative services and support to women and children affected by harmful traditional practices, focusing on all vulnerable groups and victims of HTPs

Governance structure

In order to realize the efficient and effective implementation of this National Strategy, a National HTP Platform will be established chaired by the Ministry of Women, Children and Youth Affairs (MoWCYA). The platform will be composed of representatives drawn from relevant partners, (Government line ministries, multilateral and bilateral donors, women and youth associations and national federations, civil society and faith based organizations) working in the prevention and elimination of HTPs.

The main role of the platform is to harmonize the activities and services of partners and to oversee the implementation of the National HTP Strategy to achieve the GTP targets with respect to the prevention and elimination of HTPs against women and children. The platform will also synergize issues such as standardization, referrals and linkages, sharing of best practices and proven experiences, resource mobilization, informing policy and practice as well as the provision of technical support for the smooth implementation of the National HTP Strategy.

Part One

1. Introduction and Definitions

1.1. Introduction

There are various forms of HTPs against women and children which are widely practiced in Ethiopia. The types and prevalence of these practices vary among regions, cultural settings, religious values and cultural heritages.

The Ministry of Women, Children and Youth Affairs (MoWCYA) along with development partners has been engaged in various initiatives towards the prevention and elimination of HTPs. These efforts include: The creation of enabling environments through the adoption and functioning of institutional mechanisms, policy and legislative/normative and programmatic frameworks, adherence to social mobilization and community awareness modalities, enhancement of public participation in the prevention and elimination of HTPs, and provision of various services for those women and children who survive HTPs, to mention a few. However, there was a lack of comprehensive national strategy on HTPs against women and children to lead and coordinate synergised efforts of all partners at national and regional level.

In recognition of this gap, there has been a high demand by all stakeholders for a comprehensive and multi-sectoral HTPs strategy than ever before, with the view to coordinating the efforts in addressing the deeply entrenched harmful practices towards a common national vision and action against HTPs. Accordingly, the preparation of this National HTPs Strategy was initiated by MoWCYA, with a launch of a multi-sectoral task force at the 6th Annual Conference of the Women, Children and Youth sector in September 2011. The initiation of such a National HTPs Strategy is thus, believed to bring all actors under a common vision, mission and strategic paradigms, clearly define roles, responsibilities and accountabilities of partners, lead the national and sub national efforts in the prevention and elimination of HTPs in Ethiopia.

The design of the National Strategy is the outcome of subsequent national and regional consultations and inputs provided by stakeholders. Such national and technical level consultations, which brought together members of the national taskforce, stakeholders and regional bodies were conducted and fed into the design, write up and finalization of the strategy.

The National Strategy has also been informed by a rapid assessment that mapped out the major types, prevalence, causes and consequences of HTPs. This rapid assessment has also prioritized five types of

HTP (Child marriage, FGM/C, Uvulectomy, milk-teeth extraction and abduction [forced marriage]) in terms of their severity and prevalence.

It is evident that there are regional and sub-regional variations in the prevalence and types of HTPS, which would be reflected in regional and sub-regional action plans. Hence, by reason of the fact that the forms and prevalence of HTPs vary among the regions and within the different geographic settings of a region, a prototype action plan on FGM, child marriage and abduction has been made the integral part of this National Strategy.)

This Strategy is composed of five different parts. An introduction and definition of HTPs constitutes the first part of the paper while Part Two consists of a situational analysis of HTPs in the country. The vision, mission and the strategic pillars of the National Strategy have been set out under Part Three. Part Four elaborates on the coordination, governance and funding mechanisms of the National Strategy on HTPs, and lastly, a monitoring and evaluation system together with a prototype action plan on FGM, child marriage and abduction are detailed in Part Five.

1.2. Definitions

Traditional and customary practices reflect values and beliefs held by members of a community, spanning generations. These practices may be positive and at times negative. The purely anthropological approach in defining Harmful Traditional Practices (HTPs), which relies on the concept of culture, may be controversial to the extent that upholding cultural values as beneficial and/or harmful is better left to the custodians of the cultural practice in question.

Similarly, a purely legal approach in defining HTPs may lose sight of the fact that HTPs occur within a system of values respected by the members of the community that practice the custom. The same is true of the reproductive health focus in defining HTPs; though such practices may have adverse reproductive health impacts, the practice is justified by cultural values that the society in question adheres to. Such practices persist because individuals and communities may hesitate to sacrifice what is perceived as important, although they may recognize them as harmful.

The desired approach would thus be to take elements from these various perspectives in the understanding of HTPs and in the design of intervention programmes. Accordingly, although the parameter for the understanding of HTPs may be drawn from established human rights standards, the approach to address HTPs should be informed by the cultural values attached to the practices.

Traditions are long-established societal patterns of actions or behaviors, often handed down within a community over many generations. These traditional practices are based on the beliefs and values held by members of the community.

Traditions are strong social prohibitions relating to human activity or social custom based on moral judgment and religious beliefs. Though they are not easy to change, as people adhere to these patterns of behavior believing that they are the right things to do, change can be brought about through concerted efforts.

Harmful Traditional Practices (HTPs) refer to deeply entrenched traditional practices which affect/violate the physical, sexual or psychological well-being, human rights and socio-economic participation of a human being in a society.

The African Protocol on the Rights[1] of Women defines harmful traditional practices as those practices which negatively affect the human rights of women and which are contrary to recognized international standards. In Ethiopia, women and girls carry the brunt of the majority of HTPs due to their low status in society. All forms of HTPs are also strongly linked to poverty and the socio-economic status of women in society. In most cases, it is poor women and girls who are more vulnerable to HTPs and their negative consequences.

[1] African Protocol on the Rights of Women,

In this Strategy, HTPs are defined 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''***

There are various forms of HTPs widely observed in Ethiopia as indicated by various studies and surveys. The strategy recognizes the regional variations in terms of the types and prevalence of different forms of HTPs in the country. A certain practice could be more severe in one region than others due to various cultural and societal issues. To mention a few as examples, child marriage is a widely exercised traditional practice in Amhara region, while female genital mutilation or cutting (FGM/C) is especially widely spread in Somali and Afar regions.

Part Two

2. Situation Analysis

2.1. Overview of HTPs in Ethiopia

This section attempts to give an overview of HTPs in Ethiopia with a particular focus on the types, prevalence, causes and consequences. It also summarizes the various initiatives undertaken to address HTPs to date and details the major challenges and lessons learned.

2.1.1. Types of HTPs Practiced in Ethiopia

There is limited updated data, or national level studies that show clearly the types and prevalence of HTPs in Ethiopia. There have been two national level surveys conducted by EGLDAM; the initial survey of 1997 and the follow up survey of 2008.[2] Further the three consecutive National Demographic and Health Surveys (2000, 2005 and 2011) have attempted to capture relevant data on the prevalence of some specific forms of HTPs.[3]

According to the baseline survey conducted by the National Committee on Traditional Practices in Ethiopia (NCTPE, 1997), more than one hundred and forty (140) types of HTPs have been identified in the country.

According to the follow up survey (2008), currently known forms of HTPs were categorized into child related; women related and those related to both sexes and all ages.[4] The list includes the following as the most widely practiced/known forms of HTPs:

- Female Genital Mutilation/Cutting, (FGM/C),
- Uvulectomy
- Milk-teeth Extraction,
- Early/Child marriage (marriage less than 18 years) and
- Marriage by abduction

[2] The Follow Up Survey of 2008 mentions of different pocket studies conducted by non-governmental organization, a regional study conducted by the Population Office of the Southern Nation`s and Nationalities in 2005 covering the Southern Region, the report of the Nazareth Conference on HTPs in 1988 and a workshop report of the Family Guidance Association as the major sources of current knowledge on HTPs in Ethiopia.

[3] Other studies that may provide relevant information include: UNFPA and Population Council, Ethiopia Young Adult Survey: A Study in Seven Region, 2010; Ministry of Women's Affairs et al. 2010; Ministry of Finance and Economic Development and United Nations in Ethiopia, Investing in Boys and Girls in Ethiopia: Past, Present and Future, 2012.

[4] For the details of the various forms of HTPs falling under each category, see the Follow up Survey of EGLDAM, 2008.

According to the follow up survey, HTPs practiced on women are practiced in relation to different stages or aspects of their lives. For instance, in relation to marriage, in addition to abduction and child marriage, widow inheritance, exchange marriage and arranged marriage are widely practiced. Similarly, during pregnancy, massaging of the abdomen before and during labor, shaking women in prolonged labor, isolation during menstruation and bush delivery are practiced. With regard to food taboo practices, food discrimination whereby women and the children are not allowed to eat certain types of foods also exist.

On the other hand, three consecutive DHS surveys of 2000, 2005 and 2011 have reported on various forms of HTPs that are widely practiced in different parts of the country. The harmful practices reported in one or more of the surveys include: Wife beating, child marriage, marriage by abduction, female circumcision, food taboos, uvulectomy/tonsillectomy and abduction. These surveys provided data from the personal experience of respondents, perceptions, current trends and indications on future practices.

In addition to the national level studies, various studies by government and non-governmental organizations focusing on particular forms of HTPs in particular areas of the country have been undertaken.[5]

2.1.2. Prevalence of Various Forms of HTPs

In assessing the prevalence of HTPs, this study has focused on types of HTPs where there is sufficient information available for purposes of comparison. Accordingly, information about the distribution of three of the more common forms of HTPs (FGM/C, child marriage and abduction) among different regions of the country shows the following:

FGM/C: According to the 2011 Welfare Monitoring Survey (WMS) report, 23% of female children aged 0 to 14 years had undergone FGM/C at country level. The regional distribution of FGM/C varies highly from the lowest 7% in Gambela region to the highest 60% in Afar region. Next to Afar region, Amhara and Somali regions have the highest percentage of FGM/C, 47% and 31% respectively. The report also shows that the FGM percentage is higher in rural areas (24%) than in urban areas (15%).

However, declines have been observed in some regions. According to surveys undertaken by EGLDAM, between 1997 baseline survey up to the follow up survey of 2008, the highest declines observed from 48.1% to 21.2% in Tigray Region and from 36% to 30.8% in SNNPR.

Child marriage: The highest prevalence rate for child marriage was in Amhara regional state[6] (44.8%), followed by Tigray (34.1%), Benishangul Gumuz (31.9%) and Addis Ababa 32.3%. From the 1997 baseline survey up to the follow up survey of 2008, the greatest declines were observed in SNNP Regional State, where the prevalence rate declined from 18.7% to 9.9% and in Benishangul, where it declined from 50.1% to 31.9%.

[5] See note 3 above.
[6] Follow up survey

Abduction: The highest prevalence of abduction was in SNNPR regional state (17.5%)[7], followed by Oromia (13.2%), Gambella (11.5%), Tigray (5.9%) and Amhara (5.5%). From the 1997 baseline survey up to the follow up survey of 2008, the greatest decline was observed in Benishangul Regional State where the prevalence rate declined from 26% to 11% and in Tigray where it declined from 13.9% to 5.9%.

Similarly, the rapid assessment/mapping conducted in different regions by the Ministry[8] showed that although there may be similarities, some forms of HTPs are more prevalent in one region compared to others. In Amhara Regional State, child marriage, FGM, milk teeth extraction and uvula cutting are the widely prevalent forms of HTPs while FGM, child marriage and wife/widow inheritance are the largely prevalent forms of HTPs in Somali regional state. In SNNP, exchange marriage and abduction are commonly practiced. In Oromia Regional State, the most prevalent forms of HTPs are child marriage, abduction and bride price payment whereas, in Afar, 'Absuma' (cross-cousin marriage which is a fairly common in some Muslim societies to keep wealth within close kin), FGM/C, milk teeth extraction, uvula cutting, child marriage, wife inheritance and forced marriage /marriage without consent are the widely prevalent forms of HTPs.

2.1.3. Causes of HTPs

There are different root, intermediate and immediate causes for HTPs.

a) Root causes of HTPs:

The major root causes for most HTPs are:

- Low level of societal consciousness resulting in attitudes or values that undermine women and children.
- Deep rooted systemic imbalances in power and gender relations and inequality. Patriarchal gender system and imbalanced gender relations adversely impact the well being of women and children endangering their human rights, limiting their life choices and degrading their economic and social participation.

b) Intermediate Causes

There are also intermediate factors that are the results of root causes and increase the risk of vulnerability of women and children.

These include:

- **Poverty and Economic Inequalities**: Low economic status of women and girls and increased risk of economic dependency and low negotiation power.

[7] ibid
[8] The regions that participated in the study are: Amhara, Oromia, SNNPR, Afar, Somalia and Dire Dawa

- **Lack of Education and Training**: Low educational status of women and girls limiting their opportunities for better life choices, as well as lack of training opportunities. Most frequently, parents and community leaders have positive attitudes towards the perpetuation of HTPs due to a low level of education and information.

- **Inaccessibility to quality health facilities and services**: Limited health service provisions causing families to resort to traditional mechanisms to address health problems, limited ASRH and safe abortion services for pregnant women. Most communities practice HTPs due to lack or shortage of information about health facilities and available services. In this regard, milk teeth extraction and uvula cutting/tonsillectomy can be mentioned as examples.

- **Religious and cultural factors**: Some practices are considered as religious and cultural requirements. There is no bold and uniform religious teaching against HTPs. Child marriage and FGM/C are performed to avoid risk of premarital sex and pregnancy, and ensure the marriageability of girls by performing socially accepted rituals. (FGM/C and child marriage are taken as part of the respected societal norms of the community rather than as crimes)

c) Immediate Causes

- **Access to information**: Lack of coverage and access to information centres for girls and mothers.

As mentioned above, root causes and intermediate causes are inter-related to one another, making the situation of HTPs very much complicated and deep rooted.

2.1.4. Consequences of HTPs on Women and Children

HTPs affect women and children in general and adolescent girls in particular. The adverse consequences can generally be categorized into the following:

a) Health impacts:

Health impacts (mental, physical, reproductive and sexual), including bleeding, infection, difficulty and complications during delivery, pain, fistula, HIV/AIDS transmission and infertility are mostly associated with FGM/C and early pregnancy and childbirth. In areas where HTPs are widely practiced, women do not commonly have control over their fertility as a result of various taboos and cultural practices. This in turn prevents them from accessing services or leads to many pregnancies which can lead to birth related complications including deaths.

b) Economic dependency of women/girls:

The debilitating effects of HTPs in turn limit or deny the opportunities of women and girls for better income and employment opportunities. Hence, it is evident that women and girls become economically dependent, with limited economic and negotiating power in the household. Such economic dependency can also be manifested in intergenerational dependency and economic destitution.

c) Psycho-social impacts:

This includes high levels of stress, unhappiness, and unhealthy relationships with partners and stigma by society. Practices such as child marriage and abduction lead to discontinuation of schooling, early pregnancy, too many children and exposure to HIV and AIDS. These occurrences tend to restrict women and girls to pre-determined lifestyles which may be difficult to change.

d) Human right violations:

HTPs constitute violations of the human rights of women on multiple levels. The physical injury and associated health impacts amount to a violation of the security of the person. Some forms of HTPs go to the extent of threatening the lives of women and children thereby affecting their right to life.

e) Limiting one's life choices:

Further, HTPs discriminate against women and girl children and enforce their inferior status and the submissive role of women.

2.2. Initiatives to address HTPs against Women and Children in Ethiopia

The initiatives or measures undertaken to address HTPs in Ethiopia have been evaluated from policy, legal, national strategic and institutional framework perspectives. Basically, the measures, pursued in this connection, rest on two strategic rationales: Taking HTPs as a manifestation of deeply-entrenched gender inequalities in the society; and the consideration that such HTPs have strong and positive correlation with the existence of persistent poverty. Consequently, the prevention and elimination of all forms of HTPs against women and children can be placed at the center of the poverty eradication and the democratization endeavors of the country.

2.2.1. Policy Framework

The policy framework for the prevention and elimination of HTPs can be inferred from the various existing government policies. Such policy intents are depicted as follows:

A) The National Policy on Ethiopian Women (1993):

The 1993 National Policy on Ethiopian Women incorporates the elimination of harmful traditional practices as one of its core objectives. The policy emphasizes the importance of fighting against HTPs which have negative consequences on the wellbeing of women and girls. Accordingly, of the three major policy objectives, one of them focused on harmful traditional practices and it reads: 'To eliminate, step by step, prejudices as well as customary and other practices that are based on the idea of male supremacy." For the realization of the policy objectives, it envisioned different strategies such as ensuring the protection of the human rights of women, and ensuring women's right to easy access to basic health care and the elimination of HTPs. Further, the policy put in place an institutional mechanism with responsibilities allocated so as to ensure the practical implementation of the policy at all levels and detailed accountability mechanisms to follow up on its implementation.

B) The National Health Policy (1993):

The 1993 Ethiopian Health Policy also recognizes the equality of women and the need for provision and expansion of health services to the most vulnerable and marginalized section of the society notably women and children. Special attention has also been given to mothers and children because they are affected and are vulnerable to diseases due to various socio-economic, cultural problems and practices. Of the many strategies of the policy, the preventive strategy is crucial to fight against the violation of reproductive health rights of women in general, including violations due to HTPs.

C) The National Population Policy (1993)

The National Population Policy has as one of its special objectives removing all customary practices militating against the full enjoyment of economic and social rights by women. One of the strategies envisioned towards realizing this policy objective was the raising of the minimum age of marriage for girls to 18.

D) The Education and Training Policy (1994)

The Education and Training Policy recognizes that education enables man to identify harmful traditions and replace them by useful ones. To this end, one of its objectives is the creation of citizens who respect human rights, stand up for the wellbeing of people, and for equality, justice and peace, and are endowed with a democratic culture and discipline.

E) The Developmental Social Welfare Policy (1996)

The Developmental Social Welfare Policy addresses some important aspects of HTPs under the special section on women's welfare. It provides for appropriate measures to be taken to protect women from social problems; educational programmes to be designed and disseminated with a view to eliminating HTPs and programmes for rehabilitation for women in especially difficult circumstances to be launched. It also stipulates that laws and regulations aimed at protecting women from all kinds of potential and actual abuses should be enacted and vigorously enforced.

F) The Culture Policy (1997)

This policy underscores the need for efforts geared towards changing the erroneous conception of women which are prevalent in the country and the need to abolish all forms of harmful traditional practices which affect women. To accomplish this, the policy envisions that appropriate strategies should be put in place to bring about attitudinal transformation.

G) The HIV/AIDS Policy (1998)

The policy on HIV/AIDS recognizes that although smaller in magnitude, harmful indigenous practices are still important causes for HIV transmission in Ethiopia. With this in mind, the policy states that appropriate measures shall be taken to stop HIV transmission through harmful traditional practices.

H) The National Youth Policy (2004)

The National Youth Policy in its major policy issues states that the participatory and beneficiary roles of the youth in the processes of preventing and eradicating Harmful Traditional Practices should be increased as should be their role in expanding and consolidating the useful ones.

I) The Criminal Justice Policy (2010)

The Criminal Justice Policy has a special chapter with the provision of enacting special regulations to assist women victims. The policy provides for the establishment of a system within investigation organs, the prosecution and the courts for crime prevention, investigation, charging, support and assistance that takes into account the vulnerability and susceptibility of women, children, the disabled and the elderly to victimization.

In general, HTPs have been recognized in differing degrees in a variety of policy documents, as detrimental to the status of women and a violation of the rights of women and girls and therefore have been accorded particular attention to be dealt with using appropriate strategies. The ultimate objectives of the policies are abolition/elimination of HTPs that adversely affect the rights and wellbeing of women.

2.2.2. Legal Framework

The legal framework in Ethiopia has different considerations concerning HTPs. The major laws dealing with HTPs are the constitution, the Revised Criminal Code and the Revised Family Law. Collectively, these legal instruments explicitly prohibit and punish the practice of HTPs in general and FGM, child marriage and abduction in particular.

The FDRE Constitution

Article 35(4) states that the State has a duty to guarantee the right of women to be free from the influence of harmful customary practices. All laws, stereotyped ideas and customs which oppress women or otherwise adversely affect their physical and mental well-being are prohibited.

This provision is the main constitutional provision dealing with HTPs. It imposes a duty upon the state to guarantee that women are free from the influence of harmful customary practices. This is realized through the prohibition of laws, stereotyped ideas and customs which oppress women or adversely affect their physical and mental well-being. The prohibition is effected through implementing legislation mainly the criminal code of the country.

According to this constitutional provision, harmful practices are those laws, stereotyped ideas and customs which result in the oppression of women and/or adversely impact on the physical and mental well-being of women.

The Revised Criminal Code of 2005:

In Book V of the Revised Criminal Code, Chapter Three is dedicated to addressing HTPs. The following nine articles list the prohibited acts in relation to HTPs with strong penalties ranging from 3 months to 15 years imprisonment. The articles are as follows:

- Article 561 endangering the lives of pregnant women and children through harmful traditional practices
- Article 562 causing bodily injury to pregnant women and children through harmful traditional practices
- Article 564 violence against a marriage partner or person cohabiting in irregular union
- Article 565 female circumcision
- Article 566 infibulations of the female genitalia
- Article 567 bodily injuries caused through other harmful traditional practices
- Article 568 transmission of disease through harmful traditional practices
- Article 569 participation in harmful traditional practices
- Article 570 incitement against the enforcement of provisions prohibiting harmful traditional practices

In addition, the following two provisions address two of the most commonly practiced HTPs in the country: Abduction and early/Child marriage.

- Article 587 Abduction of a woman
- Article 648 Early/Child marriage.

HTPs are also regulated by the Revised Federal Family Code of 2000. The Code principally, in its preamble, provides that marriage shall be based on the free consent of the spouses, and the law guarantees the equality of the spouses during the conclusion, duration and dissolution of marriage. It prohibits discrimination in the legal marriageable age of boys and girls and prescribes the age of eighteen as the age that both boys and girls can get married. Under Article 7, it states that "Neither a man nor a woman who has not attained the full age of eighteen years shall conclude marriage". Furthermore, the Family Code, under Articles 14 and 35 stipulates that, "*Marriage concluded as a result of consent which is extorted by violence shall not be valid*" and "whosoever has concluded marriage under the influence of violence may apply to the court to order the dissolution thereof" respectively.

2.2.3. The National Strategic Frameworks

The Growth and Transformation Plan (GTP) as a major national programmatic plan, has reflected the priorities of the Ethiopian government in relation to the issue of HTPs by indicating national targets in the reduction of abduction, child marriage and FGM among the targets for the gender and youth empowerment and equity under Pillar 7.

It has clearly prioritized HTPs and identified that they adversely influence the care, support, and active participation of women and children in the economic growth of the country. The GTP, in addition to the designation of a special pillar for women's empowerment, mainstreamed the issue of women into the remaining 6 pillars. The GTP also aspires to:

- Enable women to demand their rights while supporting the establishment or further development of mechanisms that will protect women from abuse, violence, exploitation and discrimination;
- Focus on social mobilization to address the underlying root causes of the problems of violence and discrimination by actively engaging individual citizens and communities as claim holders in a policy dialogue process and by supporting advocacy on the rights of women;
- Focus on institutional capacity building of law enforcement and other relevant bodies (as duty bearers) with the aim to support effective implementation and reinforcement of relevant policy and legal frameworks.

In the fight against harmful traditional practices, in particular, the GTP has laid down specific targets. These targets are to reduce abduction from 12.7 to 0.2, to reduce child marriage from 21.4 to 10.4 and to reduce female genital mutilation (FGM) from 37.7% to 0.7%[9].

The GTP places particular emphasis on women's economic empowerment and the elimination of harmful traditional practices. The GTP and the Sector Development Plan for Women and Children have included several priorities of which those relevant to the discussion at hand are the following:

- Improvement of women's and youth's health status;
- Protection of women and girls from discriminatory attitudes, harmful traditional practices and violence;
- Improvement in the access and utilization of critical social services designed to improve the health, education and wellbeing of women and youth; and
- Social transformation regarding negative gender stereotypes and behaviours and the involvement of women in decision-making and policy planning processes that directly impact on the quality of their lives.

[9] GTP 2010

2.2.4. The Ethiopian Women's Development and Change Package

The Ethiopian Women's Development and Change Package, which was formulated in 2006, seeks to contribute to the Government's constitutional commitment to a democratic society in which gender equality is respected and women and men are equal participants and beneficiaries in economic, social and political spheres. It also aims to contribute to the achievement of reducing women's work burden and to eradicating all cultural practices and beliefs that are detrimental to women. Some of the objectives of the package are to:

- Ensure the social participation and benefits of women by eradicating entrenched attitudes and harmful traditional practices
- Ensure the physical and psychological well-being of women by eliminating all harmful traditional practices, by promoting best experience in the regions and by using the local governmental and non – governmental organizations as well as various cultural structures and religious leaders

In general, the Ethiopian Women's Development and Change Package has the objective of ensuring the equal participation of women in all sectors and is designed to overcome challenges faced in the realization of gender equality in the economic, social and political spheres in the country, through their own organized and active involvement and with the synergized support of the government.

2.2.5. Institutional Framework

The government has established the necessary institutional structures to implement the legal and policy frameworks. The main structures include:

- The Women, Children and Youth Affairs Standing Committees in the House of People's Representatives and the regional parliaments
- The Ethiopian Human Rights Commission (democratic institutions)
- The Women, Children and Youth Affairs structures at federal and regional levels (executive body)
- Law enforcement bodies (the police, prosecution and the judiciary)
- Social service providers (schools and health institutions).

These institutional structures have been engaged in the prevention, protection and provision/response activities against HTPs.

In addition to the governmental structures, a set of structures that operate at grassroots level are engaged in different aspects of the preventive and responsive activities of HTPs. These structures may take different forms and/or names in different parts of the country but more or less serve similar purposes. These include: HTP Committees (committees that work towards the prevention of HTPs); women's associations that operate at different levels; health institutions, the Women's Development Armies (women's groups at grassroots levels), youth associations; community policing structures; religious institutions; school clubs (gender clubs, HTPs clubs etc.) and community based organizations such as *Eddirs.*

2.2.6. Interventions and Achievements

There have been different interventions at various levels to combat HTPs although they lack coordination. Activities/interventions (services) undertaken to address HTPs, include the following:

a) ***Awareness raising and social mobilization:*** Efforts/activities directed at bringing about social norms and attitudinal changes through community conversations or community dialogue.

b) ***Empowerment of girls and women:*** Empowering girls and women with training, skill building, sharing information, creating safe spaces, developing support networks, systems and capacity.

c) ***Special tailored and integrated services:*** Enhancing integrated service delivery to ensure the accessibility and quality of formal schooling for girls and women, availability of psychosocial and health support to victims, and enforcement of the law offering economic support and incentives for them and their families. The one-stop–center is one of very important scalable experience, among others.

d) ***Religious based interventions:*** Clarification of the stand of religion regarding HTPs and using religious leaders for teaching their constituencies. In 2010 the Evangelical Church Fellowship, and in 2011 the Ethiopian Orthodox Synods have issued public statements against FGM/C. This has encouraged the clergy to teach against the practices to their parishes. Although there isn't a unified voice, many Muslim leaders have also taken the initiative to demystify the place of FGM/C in Islam.

The overall initiatives under the policy, legal, institutional frameworks and the actual interventions in terms of the provision of various services have brought about the following results:

- Favorable legal and policy frameworks have been in place
- Increased reporting of cases of HTPs to the police and authorities
- Increased numbers of families sending children to school
- Increased resistance towards HTPs, communities are standing against the practice of FGM/C and child marriage
- Increased and active participation of men and women community members in community conversations or dialogues
- Traditional and religious groups are increasingly taking a bold position and action against different types of harmful traditional practices

2.3. Challenges

The main challenges, which are related to the policy, legal, institutional frameworks and intervention/activities for the prevention and elimination of HTPs, are presented as follows:

2.3.1. Deep Rooted Customary, Traditional and Religious Beliefs

- There are deep-rooted cultural and traditional beliefs that support the practice of HTPs in many parts of the country. The fact that the practices have been going on for generations has meant that members of public do not necessarily view them as harmful practices. There are also views

that take these practices as beneficial. This view is reflected not only among the members of the public but among religious leaders as well, who justify such practices by religion. Failing to convince the public at large, while the legal framework is in place could result in HTPs being conducted underground and communities devising a means to cover them up. The lack of consensus among religious leaders in respect of the position of religion regarding harmful traditional practices like FGM is also a serious challenge.

2.3.2. Legal and Policy Frameworks

- **Gap in the legal frameworks**: The Ethiopian legal framework does not outline specific measures such as provision of necessary support to victims of HTPs (both long term and immediate).

- **Absence of national strategic frameworks**: There is also an absence of a comprehensive and multi-sectoral National HTPs Strategy, which would enable the acceleration and intensification of efforts in implementing national commitments towards the prevention and elimination of HTPs. Further, there is no vibrant, contextualized and harmonized national level social mobilization strategy aimed at bringing about attitudinal and behavioural change in the community and a national consensus in ensuring gender equality and the protection of the rights of women and girls.

- **Lack of awareness**: Furthermore, although there are favorable legal and policy frameworks addressing HTPs, there is a low level of awareness about the contents and implications of these frameworks. This is particularly true among women and girls, at grassroots level and in rural areas.

- **Customary and traditional justice practices**: These traditional or informal justice systems and institutions such as those run by elders also intervene in the existing cases thereby undermining the legal system. It is only in relation to some obvious cases that people resort to the formal legal system while in other cases it is left for settlement through traditional or family dispute resolution mechanisms.

2.3.3. Institutional Structures

Various institutional structures have been set up to address the different aspects of HTPs (i.e. prevention, protection and provision). Some of these institutions are engaged in direct implementation while others are involved in collaborating in the work of the various actors on HTPs. There are various challenges within these institutional structures:

- **Inaccessibility and lack of services**: A number of factors conspire to make institutional structures inaccessible to women and girls. Absence/low level of legal aid services and the protracted nature of the justice administration system also pose great challenges for women. Lack of access to information and economic problems also prohibit women from accessing the justice administration systems at woreda and kebele levels. There are insufficient psycho-social and legal support services for women and children affected by HTPs.

- **Low level of capacity**: Although there are attempts to set up special units for the protection of children and women; gender focal points within the justice administration system including prosecution units and courts, these structures are not well equipped in terms of adequate human resources and budgetary support. There are also capacity limitations among civil society organizations (CSOs). There is insufficient capacity among women's associations to effectively mobilize and advocate for gender equality and women's rights.

- **Camouflage Practice of HTPs**: The fact that HTPs particularly in recent times are practiced underground also contributes to the lack/ and misinformation of data, which gives rise for uninformed and misconceptions about the type/magnitude of the problem as well as a distorted response.

- **Duplication of efforts and lack of coordination:** There are several actors that are engaged in various kinds of work in relation to HTPs, but there is limited coordination among them. This lack of coordination and duplication of efforts results in **community fatigue** in relation to the multiple engagements of the community members in various consultative sessions by different actors.

- **Data**: Adequate planning and designing of strategic interventions very much depend on the availability of information/data on the status of HTPs in different parts of the country. The challenge of getting sufficient information/data in terms of the forms of HTPs and level of prevalence in particular areas, and in terms of whether interventions are bringing about the expected changes in the levels of HTPs, is very high and is playing a debilitating role. This is partly due to the lack of systems for collecting data/information, and the lack of studies and assessments, in particular at regional levels.

2.3.4. Social Mobilization approaches

Non-inclusivity: The various strategies employed so far such as awareness raising through community conversations and similar mechanisms, law enforcement, provision of social services and the like have contributed significantly to inculcate the understanding that HTPs have adverse impacts on the wellbeing of women and girls. However, these strategies have not been scaled up to a larger extent due to factors such as lack of adequate resources, lack of workable systems and lack of integration in working relations among different partners. This has created a situation whereby the practices still continue to exist either in open or in underground forms.

Sustainability: Often, community level resolutions such as declarations against FGM are adopted only after a few community conversations (or similar measures). As a result, in some instances, even in those woredas that have adopted some forms of resolution to abandon the harmful traditional practice, there are reports that the practice has actually gone underground. Moreover, HTPs approaches are not geared towards rewarding or giving recognition of best practices in terms of recognizing families that have

abandoned a particular practice, and recognizing best performing school clubs, women's groups and youth associations etc.

Targeting: Participants should ideally constitute decision makers and practitioners as well as victims of harmful practices. These differ in different contexts. However, in some contexts, community conversations do not necessarily target these groups. For instance, due to the timing of some community conversations and the workload of women, women are not participating adequately. Similarly, the younger generation, on the claim that they are not adults, do not take part in such conversations.

Part Three:

3. National Strategy on Harmful Traditional Practices against Women and Children in Ethiopia

3.1. Vision, Mission, Objectives and Guiding Principles of the National Strategy

3.1.1. Vision:

To see a society free of all forms of harmful traditional practices in which women and children enjoy their human rights, and economic and social opportunities without compromising their life choices.

3.1.2. Mission:

To provide a strategic direction**,** an institutional framework, principles and actions for the prevention and elimination of all forms of HTPs, through preventive, protective and provision/response modalities.

In the realization of its vision and mission, the strategy provides a two year action plan, institutional frameworks, funding mechanisms and M&E arrangements to transform the synergetic actions of duty bearers and to enable women and children enjoy their basic human rights, and economic and social opportunities without compromising their life choices, by reducing their vulnerability to the negative consequences of HTPs.

3.1.3. General Objective

The overall objective of the strategy is to institutionalize national, regional and grassroots level mechanisms by creating an enabling environment for the prevention and elimination of all forms of HTPs and to ensure the availability of multi-sectoral mechanisms to support women and children through prevention, protection and the provision of services.

3.1.3.1. Specific Objectives

1. To build a gender sensitive society, free of all forms of HTPs and violations of human rights through effective social mobilization and sensitization by designing a comprehensive national communication strategy.

2. To identify, institute and strengthen an effective implementation mechanism of anti-HTPs efforts at national, regional and grassroots levels through a harmonized policy and legal framework and law enforcement.

3. To build institutional mechanisms for an integrated response, enhancing the capacity of service providing institutions (both formal and informal), expanding the scale and range of services using a multi-sectoral approach and to ensure comprehensive support to women and children affected by HTPs.

4. To institutionalize a comprehensive national and regional framework to build evidence-based planning, supervision, monitoring and evaluation, feedback and best practice assemblage and scale-up mechanisms by generating disaggregated data on regular basis.

5. To ensure strategic partnership among all actors, through the establishment of a national HTPs platform that brings together all relevant stakeholders to enhance integration and bring synergy.

6. To design efficient, effective and sustainable national resource mobilization, utilization and reporting schemes, which are capable of engendering accountability and transparency in the implementation of the anti HTPs efforts.

7. To ensure enhanced and improved participation of rights holders in the anti-HTPs efforts using participatory and community empowerment mechanisms.

8. To establish a comprehensive and right-based national and regional data base, whereby the systematic collection of data disaggregated by sex and other factors such as age, ethnicity and disability that shows the prevalence, magnitude, status, causes and consequences and the effectiveness of any measures implemented to prevent and redress all forms of HTPs against women and children, can be collected, analyzed, organized, kept and distributed to all social categories and accordingly used in decision-making processes, policy formulation, programmatic design and strategic engagements at all levels, and by all development partners, in an integrated and sustainable manner.

3.2. Guiding Principles of the Strategy

The national strategy on HTPs against women and children is to be implemented in line with the following major guiding principles:

a) It should be in the best interests of children, especially of the girl child, and women.

b) There should be commitment and adherence to human rights principles enshrined in the Ethiopian Constitution, and in regional and international human rights instruments

c) There should be a clear link with the socio-economic development policies, strategies, plans and programmes notably the Growth & Transformation Plan (GTP), and the National Policy of Women of Ethiopia.

d) There should be a participatory approach towards community empowerment and ownership in the design, implementation and monitoring of anti-HTP interventions.

e) The approach should be non-coercive and non-judgmental.

f) There should be multi-sectoralism, partnership and collaboration on the basis of clearly delineated roles and accountabilities.

g) It should be evidence based, and include knowledge sharing and skill building.

3.3. Strategic Pillars of the National Strategy

This section outlines the strategic pillars and approaches for addressing HTPs. It also develops objectives, targets, and key actions for the individual form of HTP addressed in this strategy.

In order to be able to respond to the causes and the negative consequences of harmful traditional practices against women and children, the national strategy has set out three strategic pillars. These are prevention, protection and the provision of services.

3.3.1. Prevention

Since HTPs are deep rooted in community beliefs, social norms and values, the prevention strategy is mainly and indispensably interlinked with community mobilization to bring about behavioural change at the level of the individual, family and the wider community. Building on what has been accomplished so far; community sensitization endeavours shall be further intensified and implemented in a more systematic manner. Since facilitated dialogues can reach out only to a limited number of people, diffusion of messages through different mechanisms such as teachings in church gatherings, *iddirs*, radio and folk media, and dissemination of rights-based information with the help of health extension workers, women development armies, gender activists and other community based agents is critical.

The main objective of the prevention **strategic pillar** is to bring about social transformation through enhanced community awareness and improved community mobilization for better understanding of HTP impacts, and to bring about behavioural change among the communities.

Hence, the prevention pillar focuses on attitudinal transformation and behavioural change among individuals, families and communities.

Interventions

Actions and interventions in this component will be linked with other initiatives in the country and will put the anti-HTPs lens and perspective into the wider policies and programmes.

The main actions and specific interventions under this strategic pillar include the creation of public awareness and community mobilization, institutional and community capacity enhancement, as well as the strengthening of preventive mechanisms, as detailed here below:

a) Creation of public awareness and community mobilization

- Conduct regular public awareness raising and sensitization activities on HTPs and the rights of women and children.
- Integrate sensitization and awareness raising efforts against HTPs with formal education programmes at different levels including functional adult literacy programmes, health extension undertakings, and other relevant mechanisms.
- Expand community teachings on HTPs through Women's Development Armies, women's organizations and gender activists, where communities themselves identify the causes and contributing factors for HTPs and design strategies to address the same thus ensuring ownership.
- Strengthen the involvement/engagement of religious and clan leaders, and boys and men in anti-HTPs efforts at all levels by forming partnerships and groups among men and women.
- Facilitate community dialogue and collective consensus building in opposition to all forms of HTPs against women and children.
- Support legal literacy programmes and legal education for the public, CSOs, CBOs, community and women's groups, HTP committees and school clubs about women's and children rights and about HTPs.
- Expand access and utilization for youth friendly reproductive health education and information.
- Design and adopt context specific behavioural communication strategies.
- Organize capacity enhancement training programmes for media professionals to maximize nationwide dissemination of information on the rights of women and children and to augment the role of the community in the prevention and elimination of HTPs, and thereby utilizing the media towards social mobilization.

b) **Institutional and community capacity enhancement**

- Build and strengthen the capacity of organizations (police and law enforcement bodies, CSOs, FBOs, women and youth organizations, HTP committees, CBOs, Women Development Armies, gender activists, community change agents and health institutions etc.), and ensure their enhanced participation/ownership on gender equality and social mobilization against HTPs.

- Facilitate assemblage, exchange and scale-up of best practices and cross learning in the prevention and elimination of HTPs and improve documentation of best experiences, and lessons (at international/national and regional levels) and ensure synergy of programmes.
- Strengthen community policing efforts with special focus on HTPs against women and children.
- Promote champions with proven achievements and recognise exemplary role models, mentors and most significant positive change agents.

c) Strengthen preventive mechanisms

- Provide life skills development training
- Provide economic empowerment support for women and girls (especially adolescent girls) with entrepreneurship skills
- Provide economic and income generation support for HTP practitioners
- Provide working space and facilities for women, girls and their organizations
- Expand access and utilization for youth friendly reproductive health education and information
- Avail ASRH services and programmes at schools and health centres, and for adolescents out of school, within youth centres

d) **Coordination and evidence based planning, monitoring and support**

- Strengthen strategic partnerships among all development forces, (the state, non-state actors and the public) by ensuring effective coordination towards information management and preventive programme integration in the fight against HTPs
- Provide technical support and feedback for actors at regional and grassroots levels
- Conduct regular review and consultative meetings at all levels
- Conduct national level assessments/surveys in order to generate comprehensive national and regional data on preventive activities, the level of awareness, prevalence, forms, types, impacts and measures of HTPs
- Institutionalize user-friendly and effective systems at national, regional, woreda and kebele levels for data collection on the extent of attitudinal and behavioural changes, effectiveness of preventive mechanisms and the levels of community involvement in the endeavours addressing HTPs.

3.3.2. Protection

The main objective of the strategic pillar of protection is to strengthen and improve the policy and legal framework, ensure effective law enforcement, and support institution building for the effective implementation of anti-HTP efforts.

Protection focuses mainly on the creation of a safe and secure enabling **socio-legal and policy environment,** by putting laws, policies and institutions in place as well as improving the accessibility and effectiveness of those frameworks for the better protection of women and children. This strategic pillar focuses on the responsibilities of the duty bearers to respond to the rights of women and children, which in turn empowers women and children to demand their rights.

Interventions

Major actions and specific interventions under this strategic pillar include all activities aimed at ensuring equal access and enjoyment of the rights of women and children. Specific interventions include strengthening of legal and policy frameworks for addressing HTPs, enhancing policy implementation and law enforcement and ensuring the existence of evidence based protective mechanisms as well as enhanced coordination.

a. Strengthening the legal framework

- Assess regularly the sufficiency and comprehensiveness of the legal and policy frameworks in the light of the international and regional commitments that the country has undertaken in respect to ensuring the rights and wellbeing of women and children and the elimination of all forms of HTPs.
- Undertake timely policy and legal revitalization, when it is deemed necessary and include provisions that afford protection to those who are at risk or vulnerable to the perpetration of HTPs.
- Harmonize and reconcile civil and customary laws at federal, regional, zone/woreda and grassroots levels and strengthen implementation (with the active involvement of elders, religious fathers, tribal or clan leaders and other community based structures).
- Adopt new policies and laws to respond to newly emerging situations and further international and regional commitments with the view to ensuring the rights of women and children and to addressing HTPs.
- Develop a comprehensive national policy with subsidiary or supporting instruments, which lists out the major forms and particulars of HTPs against women and children, the preventive, protective and rehabilitative measures, the sanctions accorded thereto, the duties and responsibilities of all pertinent development actors involved and the rights of claim-holders in such contexts.

b. **Enhance policy implementation & law enforcement**

- Strengthen the capacity of federal, regional and kebele/grassroots level actors and community policing structures to implement effective laws and policies in the prevention and elimination of HTPs.
- Mainstream the preventive and elimination measures against HTPs in laws, policies and strategies.

- Establish a national review mechanism, whereby those organs in the justice administration system, (police, prosecutors, judges and the administrative assistants) come together to evaluate levels of law enforcement, best experiences and practices, major challenges and the way forward, in the prevention and elimination of all forms of HTPs.

c. **Coordination and evidence based planning, monitoring and support**
   - Strengthen coordination and collaboration among various actors such as law enforcement bodies, school communities, health structures and CSOs to enhance effective law enforcement and to ensure a protective environment for women and children against HTPs.
   - Provide technical support (in terms of capacity building trainings, skills in data gathering, organizing, analysis and management, etc.) for all actors at all levels to ensure the quality and reliability of administrative records and data in the domain of law enforcement.
   - Conduct regular review and consultative meetings at all levels.
   - Undertake a comprehensive national survey and subsequent assessments on the prevalence, magnitude, causes, and forms of HTPs and the levels of legal enforcement and policy implementation in addressing HTPs against women and children to generate relevant information at all levels
   - Institutionalize user-friendly and effective systems at national, regional, woreda and kebele levels for data collection on the extent of law enforcement and policy implementation, the sufficiency and timeliness of the existing protective frameworks, the level of harmony between and among international, national, regional formal legal frameworks and customary laws in respect to HTPs.
   - Use data to establish effective implementation and enforcement of laws and policies on HTPs.

3.3.3. Provision/Response Strategic Pillar

This strategic pillar is aimed at providing services and multi-sectoral responses in different dimensions (health, justice, psycho-social, economic etc.), to women and children affected by HTPs and at the same time preventing any further social, economic, physical, psychological and related harm.

The strategic pillar also focuses on the reinstatement or restoration of women and children affected by HTPs to their original social, economic and psychological positions through the rendition of various supportive amenities. As the harmful consequences of HTPs are multi-faceted in nature, the provision of rehabilitative services and immediate responses also require the integration and collaboration of different actors in the sector. Accordingly, in this strategic pillar, emphasis is given to effective coordination and synergy among stakeholders and actors in the sectors which address HTPs.

The main objective of the provision/response strategic pillar is therefore, to put in place efficient and effective institutional mechanisms to provide remedial/restorative services and supports for women and children affected by harmful traditional practices, by focusing on all vulnerable groups and victims of HTPs. The major interventions under this strategic pillar include the creation and expansion of equal access, user-friendly, quality and affordable services, building the capacity of service providing

institutions, initiating and piloting specialised services, as well as the coordination of services and responses towards the empowerment of women and children affected by HTPs.

Interventions

a) **Creation, expansion and provision of equal, quality and affordable services and responses for women and children affected by HTPs**
    - Create equal access and expand affordable and user-friendly services for all women and children, especially for those who survive HTPs, by removing physical, social and economic barriers.
    - Institutionalize integrated service provision systems in health, legal, economic and psycho-social services for women and children affected by HTPs.
    - Establish information centres for women and children within existing service providing institutions on HTPs.
    - Disseminate information on available services, their accessibility and significance to the wider public.
    - Provide rights-based education programmes for women, youth and community groups through existing structures and institutions.
    - Provide legal aid for women and children affected by HTPs.
    - Provide and expand psycho-social support and safe house services for women and children affected by HTPs.
    - Provide economic empowerment support and business skills development services for all women and girls, especially for those who are affected by HTPs.
    - Avail for women and girls of reproductive health services including access to family planning, VCT and information about fistula services.
    - Expand access and utilization of youth friendly reproductive health education and information at youth centres.

b) **Build the capacity of service providing institutions**
    - Improve the organizational, systemic and human resources efficiency and effectiveness of service providers, women and community groups to enable them cater to the needs of survivors of HTPs.
    - Provide capacity building programmes and specialized trainings for the professionals working in the main sectors engaged in response services (justice administration organs on gender sensitive investigation, prosecution and adjudication; health sector officers and those that provide psychosocial support).

c) **Build the capacity of survivors of HTPs**
    - Provide life skills and entrepreneurial capabilities for survivors of HTPs.
    - Provide tailored trainings for women and girls, who survive HTPs so that they can stand up for themselves and claim their rights.
    - Assist women and girls, who survive HTPs to be organized into different associations and utilize opportunities.
    - Enhance the implementation and institutional capacities of women and adolescent girls' associations with the provision of technical, material, financial and business development services.

d) Expansion of the scale and range of specialised services and strengthening of the coordination mechanisms for service providing institutions

- Increase the availability and accessibility of specialized services through the deployment of trained personnel and adequate resources.
- Expand and strengthen special medical units that provide medical care and physical support for women and girls who survive HTPs.
- Expand specialized one-stop centres throughout the country and other referral arrangements for the provision of comprehensive and integrated services for women and children affected by HTPs.
- Strengthen alternative care services – safe house and day care centres for young mothers and adolescent girls affected by HTPs.
- Promote the involvement of CBOs and FBOs in the provision of care and support services for women and children affected by HTPs.

e) **Coordination, evidence based planning, monitoring and support**

- Strengthen coordination and collaboration among development partners engaged in integrated service provision, (education, health, psycho-social, economic etc.) and device collaborative mechanisms and clear roles and responsibilities.
- Provide technical support (in terms of capacity building trainings, skills in data gathering, organizing, analysis and management, etc.) for all actors at all levels to ensure the quality and reliability of administrative records and data in the domain of service provision for women and children affected by HTPs.
- Conduct review and consultative meetings at all levels to evaluate the extent and quality of service provisioned, exchange information and experiences and design further strategies to respond to newly arising challenges.
- Undertake a comprehensive national survey and subsequent assessments on the types, level and coverage of different services provided for women and children, who survive HTPs.
- Institutionalize user-friendly and effective systems at national, regional, woreda and kebele levels for data collection on the extent, quality and outcomes of various services instigated for women and children affected by HTPs.
- Use data to establish accountability for effective multi-sectoral and integrated service provision.

Part four.

4. Coordination, Governance and Funding mechanism

4.1. Coordination and Governance

HTPs have adverse effects on people's physical and psychological health and obstruct the goals of equality, political and social rights and the process of economic development, as well as limiting the life choices of those affected. Naturally, HTPs are manifested in multiple dimensions. The existing wealth of information and experiences show that responding to and preventing HTPs requires the involvement of several actors acting in coordination at various/multiple levels. Thus, it is of paramount importance to involve many stakeholders to address HTPs with effective mechanism for better coordination.

Hence, the prevention, protection and provision strategies call for a multi-sectoral approach. This approach has been utilized in the strategy design and is aimed at responding to and preventing HTPs in different settings in the country.[10]

The multi-sectoral approach has the advantage that it creates synergy among the activities of the various stakeholders and as a result it avoids duplication of efforts and resources. The multi-sectoral approach is based on the view that no one sector acting alone can bring about meaningful change in terms of responding to and preventing HTPs. The application of a multi-sectoral approach begins by identifying the actors that are important stakeholders in the fight against HTPs. The services aimed at addressing HTPs[11] must be the outcome of coordinated activities between the constituent communities, and the economic, health, justice, security and education sectors.

Hence, in order to realize the multi-sectoral mechanisms and to ensure effective coordination and collaboration between and among different development partners involved in the fight against HTPs, a national HTPs platform will be established under the auspices of the Ministry of Women, Children and Youth Affairs (MoWCYA). This National Implementation and Monitoring Platform will be established by involving representatives drawn from relevant stakeholders (Government line ministries, multilateral and bilateral donors, CSOs, women and youth associations and national federations, faith based organizations, and national associations) working towards the prevention and elimination of HTPs.

[10] USAID/Eastern and Central Africa, UNICEF/East and Southern Africa Regional Office's Strategic Framework for the Prevention of and Response to Gender-based Violence in Eastern, Southern and Central Africa. The section on the multi-level and multi-sectoral approach is informed by the above material. This approach has also been adopted in the Strategic Plan for an Integrated and Multi-Sectoral Response to VAWC and Child Justice in Ethiopia, 2009.

[11] According to the UN services, aimed at addressing GBV should be the outcome of coordinated activities between the constituent communities and the main stakeholder sectors. Given the significant overlap between HTPs and GBV, this assessment of GBV equally applies to HTPs.

The platform shall have the following powers and duties:

1. Supervise and monitor the implementation of this strategy and the action plan.
2. Cause the conduct of studies on matters and priority areas relating to HTPs and make appropriate recommendations thereon.
3. Ensure the availability of adequate information and communication among public and private institutions, charities and societies engaged in works relating to HTPs.
4. Make sure that the prevention and elimination efforts against HTPs are mainstreamed into and harmonized with the programmes plans and activities of the partner organizations, reasonable budgetary resource is allocated, and follow up activities are conducted.
5. Oversee and coordinate a synergized implementation of the multi-sectoral prevention and elimination strategy of HTPs.
6. Coordinate and facilitate the formation of institutions/organizations and information centres for the purpose of working towards the prevention and elimination of HTPs.
7. Facilitate the establishment of a national data and management information systems (MIS) on the prevention, protection and service delivery outcomes and impacts of the HTPs strategy, thereby consolidating the implementation of the strategy and providing action plan related information, experiences and best practices both in the national and international arena.
8. Coordinate and facilitate the development and continuous implementation of a strategic human resource development programmes in the sector.
9. Coordinate and supervise the organization of awareness raising and advocacy forums that can assist in creating national consensus on the issues of HTPs and facilitate the exchange of views and learning of best practices.
10. Oversee, closely follow-up and ensure the effective and efficient mobilization and utilization of resources meant for the implementation of the strategy, by public institutions and non state actors.
11. Cause the carrying out of research and knowledge building activities on the issues of HTPs.

Composition of the Platform

Membership of the Platform shall include the following:

(a) The Ministry of Women, Children and Youth Affairs (Chair)
(b) Ministry of Finance and Economic Development (member)
(c) Ministry of Education (member)
(d) Ministry of Federal Affairs (member)
(e) Ministry of Labor and Social Affairs (member)
(f) Ministry of Health (member)
(g) Ministry of Justice (member)
(h) Ministry of Culture and Tourism (member)
(i) Office of Government Communication (Member)
(j) The Ethiopian Human Rights Commission (Member)
(k) Federal Police (Member)
(l) Ethiopian Youth Federation (Member)
(m) Ethiopian Women Federation (Member)
(n) Federation of Ethiopian National Associations of Persons with Disabilities (Member)
(o) The Ethiopian Chamber of Commerse (member)
(p) Other societies, charities or consortiums, bilateral and multilateral organizations designated by the Ministry (Members).
(q) Interreligious Council (Member)

4.2. Roles and Responsibilities of the Members of the National Platform

The Ministry of Women, Children and Youth Affairs (MOWCYA):
The integration of HTP issues in policy and legal frameworks requires interventions at strategic levels such as assessing the adequacy of existing frameworks; advocacy towards mainstreaming, revitalization and harmonization of laws. The Ministry, as the main institution mandated to coordinate the empowerment of women, children and youth affairs and bring attitudinal transformation and behavioral changes at societal level, through social mobilization, will play the leading role in the coordination and facilitation of anti-HTP efforts. Accordingly, the Ministry chairs and houses the National Platform on HTPs.

The Justice Sector:
The Ministry of Justice (MOJ) undertakes various studies to exercise legal reform tasks. It also carries out the codification and consolidation of federal laws through the alignment of the Ethiopian law with international and regional commitments on HTPs and ensures enforcement of such laws. The Ministry also undertakes harmonization of the federal legislations with regional formal laws and grassroots customary laws by harmonizing regional state laws as deemed necessary, as well as assisting in the preparation of draft laws when so requested by the federal organs and the regional states[12]. Hence, the Ministry is instrumental in the creation of an enabling environment and in the coordination of the effective implementation of legal frameworks. It ensures the provision of legal protection to women and children affected by HTPs through gender sensitization training. MoJ shall also create legal awareness through the use of various methods with a view to raising public consciousness in relation to the protection of human rights and shall facilitate cooperation with the appropriate bodies in relation to legal education and training.

The Ministry of Finance and Economic Development (MoFED):

In the implementation of this National Strategy, MoFED will play a key role by ensuring that the prevention and elimination of HTPs against women and children is sufficiently incorporated in the overall sectoral plans and programme budgeting. It will also follow up and evaluate the performance of such multi-sectoral development plans and monitor the effectiveness of budget utilization. Hence, it will ensure coordination and synergy in the implementation of national programmes and use of resources in a manner that contributes towards mainstreaming the national HTPs strategy at the national and regional levels. It will also participate in regulating the funding mechanisms within the platform.

The Education Sector:

[12] PROCLAMATION NO. 691/2010,

The education sector is vital in achieving social transformation and desired behavioral changes among the community. For instance, education curricula can be used to promote gender equality and disseminate information about the adverse impacts of HTPs. The education sector can employ structures within the school environment such as girls clubs and HIV/AIDS clubs to promote peer teaching and learning, and further raising awareness at the community level. In addition to integrating HTPs into the curriculum, schools can serve as safe environments for young girls and children.

Thus, the Ministry of Education plays a significant role by incorporating the major elements of the National Strategy on HTPs into formal, non-formal and informal curricula and contribute towards the creation of a qualified generation with a modern outlook and democratic values. The Ministry also enhances the implementation of National Strategy on HTPs through the design and introduction of guidelines and systems, which create safe schools for adolescent girls.

The Health Sector:
It is very important to integrate health care and support services for women and children affected by HTPs and to make the health sector participate in the prevention and elimination of HTPs. Such integration can be more effective if it is harmonized within existing health service packages.

The Ministry of Health thus, plays a vibrant role in ensuring the availability and accessibility of all the required health services for women and children affected by HTPs. The Ministry also coordinates the provision of special training for health sector service providers in order to facilitate them to effectively address HTPs. Health extension workers will also be used in reaching out the community.

The Ministry of Labor & Social Affairs (MoLSA):
Quite importantly, HTPs are the main agents which contribute to the creation and aggravation of social pathologies that adversely affect women and children and this in turn has negative implications on the social sector in general. MOLSA will therefore, contribute to the prevention and elimination of social pathologies/evils that are the causes and results of HTPs and effectively coordinate the provision of rehabilitation services to the affected women and children. The Ministry will also contribute to the social mobilization efforts by mainstreaming the issue of HTPs into the social protection endeavors and facilitating the effective implementation of efforts against HTPs within the social sector.

The Ministry of Culture and Tourism (MOCT):
The impact of cultural and customary beliefs in justifying the practices of HTPs has been identified as the major cause of the perpetuation of HTPs. Accordingly, MOCT will have a vital role in providing leadership for positive cultural development to bring social norm changes to the society at large by being represented in the platform. It will also undertake activities to bring about changes in those cultural attitudes, beliefs and practices hindering social progress. The Ministry shall play an instrumental role in

the development, socialization and nurturing of positive cultural values in lieu of HTPs in partnership with the platform.

The Ministry of Federal Affairs:
As a Federal government institution mandated to "provide assistance to regional states particularly to those deserving special support; and to coordinate, integrate and follow up support given by other federal organs to regional states deserving special support," the Ministry of Federal affairs will participate in the coordination and follow-up of the implementation of the National Strategy on HTPs within the Developing Regional States, where the major HTPs, like FGM, child marriage, polygamy and others are practiced.

Federal Police Commission:
In relation to its duty to prevent and investigate any threat and acts of crime against human rights, human trafficking and violence, the Federal Police as a member of the Platform of HTPs, shall coordinate the prevention and investigation of crimes in relation to HTPs against women and children. The Commission will also facilitate the provision of training to police officers and community policing members to properly identify the causes of HTPs and to prevent the occurrence of HTPs.

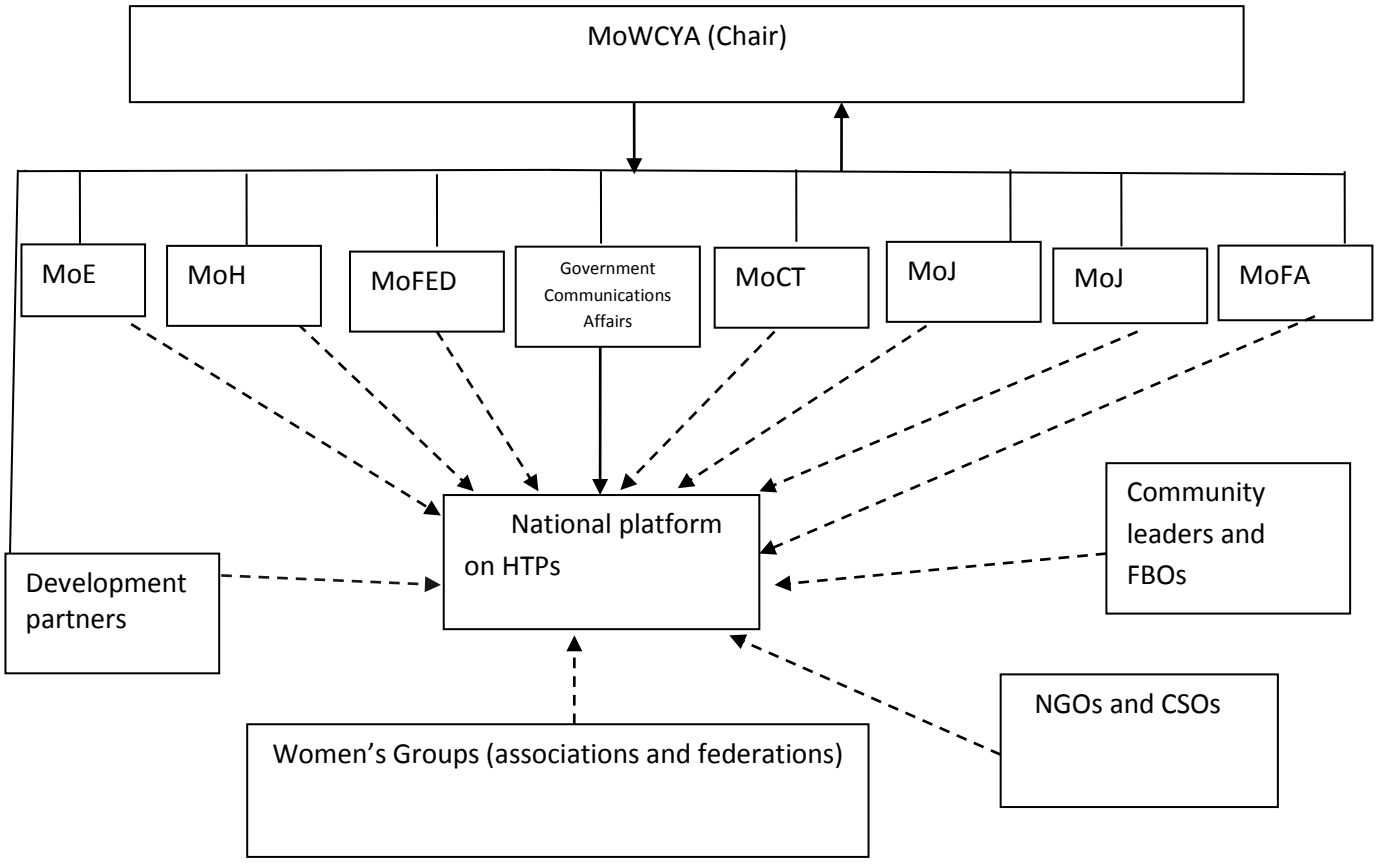
Office of Government Communication:
The Office, as the government institution mandated to communicate major national positions, directions and achievements with the view to informing both national and international communities, shall incorporate the issues of HTPs into its information and communication strategies and activities. As a member of the National Platform, it will strategically lead the consensus building process around the prevention and elimination of HTPs, synergized with other national priorities.

Multi-lateral and Bilateral development partners;

Multi lateral and bilateral development partners mainly support the government through the provision of technical expertise, financial resources and experience sharing. Their assistance will be instrumental in the effective implementation of the HTP strategy at national and regional levels.

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 norm changes in communities. In this regard, **CSOs,** community based organizations (CBOs), faith based organizations (FBOs), and local and national level women's organizations play imperative roles in the fight against HTPs. Initiatives undertaken by CSOs and similar non-state actors need to be coordinated and harmonized within the components and strategic pillars of this national strategy.

Figure 1: Governance structure of the National Platform on HTPs



The Ministry of Women, Children and Youth Affairs shall setup and organize the secretariat of the Platform. Analogous platforms shall also be established at regional, woreda and community levels with similar but contextualized duties and responsibilities. The platforms at different levels shall have technical relationships especially, in respect of information exchange, sharing of resources, best practices and proven experiences, reporting and planning exercises.

There will be an effective coordination between HTP platforms at different levels on the basis of technical reports and plans, and, if need arises, MOUS will be also initiated to institutionalize the maximum coordination and integration between the platforms.

4.3. Funding Mechanism

HTPs are multidimensional problems which requires multidimensional interventions. Similarly, there is a need for an intensified multi-sectoral response and a resource commitment from all stakeholders responsible for the different dimensions of the HTP strategy.

Thus, the prevention and elimination of HTPs shall be mainstreamed into the regular programmes, plans and projects of the relevant development partners. Accordingly, the respective government and non-government organizations shall allocate the necessary human and budgetary or financial resources for the implementation of the National Strategy in line with their own official duties and missions.

In addition, the National Platform on HTPs as the responsible organ for the coordination and monitoring of the implementation of the National Strategy, shall be engaged in the mobilization of resources from different sources for the realization of common and collective goals at national level. The platform shall also assist member organizations in resource mobilization endeavours by forging strategic partnerships with different national and international partners of all types (both state and non-state actors). A detailed funding guideline will be prepared to regulate the task of resource mobilization (including financial, technical and material resources), which the National Platform on HTPs will use. MoWCYA will take the lead in this concern.

Part Five:

5. Monitoring and Evaluation System

The national strategy on HTPs is a national strategic framework intended to designate the modalities, strategic pillars, specific objectives, interventions and the governance structure required for the prevention and elimination of HTPs in Ethiopia. It requires a robust monitoring and evaluation mechanism in order for the key partners and the public at large be able to track the inputs, outputs and impacts towards the effective implementation of the strategy.

The national strategy on HTPs monitoring and evaluation (M&E) system will have a strong participatory dimension which enables effective learning from progress. The M&E system is designed to:

- Generate strong national and sub-national data regularly and continuously for planning and for follow up on results when achieved
- Create an evidence base for decision-making on HTPs and ensure effective learning and dissemination
- Set out community participation and community empowerment mechanisms for reporting and feedback on the learning
- Enable the scaling up of successful pilot innovations through the identification of optimal resource allocation

The M&E framework is intended to serve as a tool to ensure the efficient and effective implementation of the National Strategy. Hence, all assessments, reports, reviews, field visits and other mechanisms of the M&E system should focus on the whole National Strategy and the totality of HTPs. In addition, the M&E system will focus on the activities or interventions detailed under the three strategic pillars and the system will be aligned to measure the outputs, outcomes and impacts of the Strategy as stated in the general objectives and specific objectives.

The M&E system for the National Strategy on HTPs will have the following main principles:

Results: It should be aimed at ensuring the achievement of the strategy objectives, outputs, outcomes and impacts.

Learning: The learning process will consist of a series of activities aimed at mainstreaming and strengthening a results-based and inclusive M&E system.

Participation: Ensuring community participation and community empowerment is a key element in the M&E strategy and should be utilized in helping the selection process for effective indicators, conducting assessments, as well as integrated into feedback mechanisms on key findings and learning.

Partnerships: In the course of implementing a multidimensional approach towards HTPs, partnership is a key element.

Data collection: Lack of data for planning and monitoring is evident in the effort against HTPs. Hence, a monitoring and evaluation system will be devised to gather and compile data starting from the kebele level and reaching to the national level. This system will both generate baseline data and ensure continuous data collection for as long as the national strategy is in existence.

To this effect, regular national assessments on HTPs will be conducted to measure the magnitude of the problem at national and regional level including; prevalence, forms, impacts and other measures. In addition, qualitative studies need to be done to answer the why and how questions related to HTPs and to understand the reality on the ground. It is believed these assessments would inform national and regional level benchmarks for anti-HTP efforts. To ensure continuous generation of data on HTPs with the National Demographic and Housing Survey (DHS) indicators will also reflect the HTPs issues (especially early / child marriage, FGM/FGC, and abduction), in all post 2014 surveys.

Evaluation and reporting/feedback

Periodic and regular evaluations will be conducted to measure the situation and progress as necessary. Regular review of the progress on HTPs will be conducted by the National Platform and a bi-annual review meeting to review the progress of implementation will be carried out. Identification of nationally agreed key indicators (impact/outcome level) and means of verification of these indicators need to be set out and detailed in the M&E framework, in order that the data can be gathered accordingly.

MoWCYA will take the lead in convening bi-annual review meetings and in the preparation of bi-annual progress reports with the inputs of the other HTP platform members. The reporting should also articulate how feedback is to be given to communities, girls and women in order to ensure accountability. This will be done using a participatory approach and existing structures.

National and Regional Action Plan

A two-year action plan has also been prepared to guide the implementation of the national strategy at national level (See Annex II). In line with the basic frameworks, principles, strategies and objectives laid out in the National Strategy, it is believed that the regional states should lead on the preparation of regional and grassroots action plans based on the regional realities. Hence, the two-year action plan for the National Strategy on HTPs is a prototype plan prepared by taking FGM, child marriage and abduction as examples. It is to be adapted or adopted by regional states, to include other HTPs, according to their reality on the ground. It is expected that the regional action plans may adopt the national plans or adapt the national framework to regional priorities. Regular and periodic revision of national and regional action plans may be conducted, as necessary. (See Annex I: Monitoring and Evaluation Framework Table).

Annex I: Monitoring and Evaluation Framework of the National Strategy on HTPs Perpetrated Against Women and Children in Ethiopia

	Goal: To improve community awareness and community mobilization for better understanding of the impacts o HTPs , and to bring about behavior change in communities			
		Areas	**Key Questions**	**Indicators**
Prevention	**IMPACTS**: Social transformation at all levels on HTPs, the rights of women and children, and gender equality	- Gender equality, rights of women and children - Socio-economic well-being of women and children	Target population covered in behavior change and awareness raising	- Number of target populations and districts conducting community conversations - Number of woredas and kebeles to have declared themselves free of HTPs - % of HTPs prevalence at regional or national level
	OUTCOMES: Changed behavior and societal attitude towards HTPs and the rights of women and children	- Community conversations and community mobilization	- Majority of the target population is covered by awareness raising, behavior change and capacity building interventions	- Number of target populations and districts conducting community conversations - Number of woredas and kebeles to have declared themselves HTP free - % of HTPs prevalence and incidence of GBV at regional or national levels
	OUTPUTS: Coverage and numbers of communities reached with prevention interventions (awareness building, capacity building and community mobilization)	Community outreach programmes, community conversations, community mobilization and radio programs	- Coverage of community conversation and awareness raising programmes is accessible in a large number or majority of the population	- Number of districts with improved awareness - Number of community units and institutions addressed with the intervention, - number of institutions covered by capacity building interventions
	PROCESS: Resources and training	Community conversation teams, manuals and facilitators	Community conversation teams, manuals and facilitators are all accessible creating wider coverage	- Number CC units established - Number of CC facilitators trained and deployed - Number of strategies, manuals and materials deployed - Number community trainings conducted - Number of awareness raising sessions conducted other than CC interventions
	INPUT: Strategies, policies, guidelines, technical support and financing	Policy and law implementation and coordination	National strategic goals/ plans are implemented and laws are enforced	- Number of selected facilitators for the intervention - Number of policy, strategy, manuals and guidelines and codes available - Intervention sites, means, tools and priority areas are selected - number of facilitators selected

				- national platform established to coordinate efforts with the right representation

	Goal: To strengthen and improve policy and legal frameworks, ensure effective law enforcement, build institutions for effective implementation of anti-HTP efforts, and to create strategies to strengthen the overall anti-HTP effort			
		Areas	**key questions**	**Indicators**
Protection	**IMPACTS**: Create enabling environment for the effective protection of women's and children rights and wellbeing	- Legal protection to gender equality, rights of women and children	- Outreach and coverage of legal protection intervention includes wider public and especially rural areas	- Number of target population and districts conducting legal protection programmes - Number of people, institutions and districts implementing law enforcement on HTPs - % HTP/and gender based violence prevalence at regional or national level
	OUTCOMES: Effective law and policy framework, coordinated and implemented law enforcement	- Legal awareness and law enforcement	- A majority of target population (specially women and girls) is covered by legal awareness and legal protection interventions	- Number of target population and institutions reached with legal awareness interventions - Number of target population and institutions enhanced in their capacity to effectively implement HTP laws - % of reporting of HTPs - % of convictions of HTP cases
	OUTPUTS: Coverage and numbers of communities, individuals and institutions reached with legal protection	Community outreach programmes on legal awareness and protection	- Legal awareness, legal support is provided to the wider population	- Number of districts covered with legal awareness interventions - Number of women and men in districts trained with legal awareness - Number of service providers, community & religious leaders trained in legal awareness - Number of selected facilitators for the intervention - Number of trainings conducted
	PROCESS: Resources and training	Community conversation teams, manuals and facilitators	Community teachers, legal aid providers, manuals and facilitators all are accessible and have wider coverage	- Number of legal units identified - Number of community representatives selected , trained and deployed - Number of manuals and materials deployed - Number of trainings conducted
	INPUT: Strategies, policies, guidelines, technical support and financing	Policy and law implementation and coordination	National strategic goals/ plans are implemented and laws are enforced	- Number of policies, strategies, manuals and guidelines as well as codes available - Intervention sites, means, tools and priority areas are selected - Number of facilitators selected - National platform established to coordinate efforts with the right representation

	Goal: Put in place effective and efficient institutional mechanisms to provide services and support to women and children affected by harmful traditional practices, focusing all vulnerable groups and victims of HTP			
		Areas	**Key Questions**	**Indicators**
Provision/response	**IMPACTS**: Women and children affected by HTPs are provided with rehabilitative services	Rehabilitation, service provision and response	Outreach of rehabilitative services encompasses wider public and especially rural areas, and women and children affected by HTPs	- Number of target population and districts providing integrated rehabilitative services - Number of people, institutions and districts providing services
	OUTCOMES: Provision of health, psycho-social and economic services for women and children affected by HTPs	Beneficiaries and coverage of services	The majority of the target population is benefited and covered by the rehabilitative services	- Number of target population and institutions benefiting from rehabilitative services - Number of target population and institutions enhanced in their capacity with effective implementation of law - Percentage of reporting of HTPs to legal agencies
	OUTPUTS: Coverage, range and scale of economic, health, psycho-social support and rehabilitative services	Wider reach of service provision to women and children affected with HTPs	Coverage in scale and range of rehabilitative services provided for women and children affected by HTPs	- Number of information centre/ services, health facilities providing services - Number of beneficiaries from information centres/ services, health facilities - Number of institutions established for specialized service provision - Number of beneficiaries from specialized service provision
	PROCESS: Resources and training	Information centres, health centres, women's empowerment interventions	Information centers, health centres, women's empowerment interventions all in right place and time to make an effective response	- Number of information centre/ services, health facilities identified - Number of community representatives selected , trained and deployed
	INPUT: **S**trategies, policies, guidelines, technical support and financing	Policy and law implementation and coordination	National strategic goals/ plans are implemented and laws are enforced	- Number of information centres/ services, health facilities made available - Number of intervention centres, service providers, tools and areas selected and established - Number of special trainers deployed - Amount of budget allocated from the national platform

Annex II: Two-Year Action Plan of the National Strategy on HTPs perpetrated against Women and Children

1.	**Prevention: Improve community awareness and community mobilization for better understanding of HTP impacts, and bring behaviour change among communities**					**Implementation year**	
	Activity	**Indicator**	**Means of verification**	**Budget**	**Responsible**	**2013**	**2014**
1.1.	Conduct public awareness creation and regular public sensitization on HTPs and the rights of women and children	- Number, types and amount of awareness raising programs - Number of awareness raising programmes conducted	- Periodic and annual reports - Programme implementation plans and progress reports	800,000	MoWCYA EHRC,MoJ, MoE, MoH, MoLSA, CSO, FBO, Women's Federation, media, Development Army	X	X
1.2.	**Integrate public sensitization** against HTPs through multiple programmes including functional adult literacy programmes and the Health Extension Package.	- Number of sensitization programmes conducted - Number of individuals supported in the programme	- Periodic and annual reports - Programme implementation plans and progress reports	670,000	MoWCYA, EHRC,MoJ, MoE, MoH, MoLSA, CSOs, FBO	X	X
1.3.	**Expansion of community teaching on HTPs** through Women's Development Armies and women's organizations (mobilization), where communities themselves identify the causes and contributing factors for HTPs and design strategies to address the same thus ensuring ownership	- Increased availability and accessibility of schools at different levels - Number of beneficiaries	- Periodic and progress reports - Programme implementation plans and progress reports	800,000	MoWCYA, EHRC, MoJ, MoE, MoH, MoLSA, NGO, FBO, Women's Federation, Development Army	X	X
1.4.	Strengthen religious and clan leaders, boys and males involvement /engagement in anti-HTPs efforts at all levels	- Number of men's clubs addressed - Number of beneficiaries	- Periodic and progress reports - Programme implementation plans and progress reports	800,000	MoWCYA EHRC,MoJ, MoE, MoH, MoLSA, NGO, FBO, Women Federation, Development Army	X	X
1.5.	**Facilitate and support community dialogue and collective consensus** building against all forms of HTPs against women, girls and children	- Number of community dialogues conducted - Number of community structures supported	- Periodic and annual reports - Community dialogue reports	830,000	MoWCYA EHRC,MoJ, MoE, MoH, MoLSA, NGO, FBO, Women's Federation, Women Development Army	X	X

1.6.	Support and expand legal literacy programmes and legal education for the public, CSOs, CBOs, community and women's groups, HTP committees and school clubs about women's and children's rights and about HTPs	- Number of legal literacy programmes supported - Number of women groups benefited from legal programmes	- Periodic and annual reports - Programme implementation plans and progress reports	700,000	MoWCYA EHRC,MoJ, MoE, MoH, MoLSA, NGOs, FBOs	X	X
1.7.	Design and adopt context specific **behaviour change strategies** to be used in social community mobilization initiatives	- Number of strategy documents and produced - Number of consultations in drafting the documents	- Report on consultation and validation	500,000	MoWCYA EHRC,MoJ, MoE, MoH, MoLSA, NGO, FBO	X	
1.8.	**Mobilizing, and awareness creation for the media** on the dissemination of information on the rights of children and women and the role of the community in prevention of HTPs	- Number of media programmes conducted - Number of sensitizations programmes conducted - Number media members supported with capacity building programmes towards HTP	- Training implementation reports - Programme implementation plans and progress reports	600,000	MoWCYA, EHRC,MoJ, MoE, MoH, MoLSA, NGOs, FBOs, Women's Federation, media, Development Army	x	
1.9.	Strengthen and build the capacity of organizations (police and law enforcement bodies, HTP committees, CBOs , FBOs, CSOs and community change agents (Women Development Armies, women's organizations, gender activists, health institutions, etc.) on gender equality and sensitization against HTPs, and ensure enhanced participation/ownership	- Number of trainings /workshops conducted - Number of awareness creation events organized - Number of community based institutions and women's groups strengthened - Numbers of programmes run by these institutions - Number of community change agents trained and sensitized	- Training reports - Programme implementation plans and progress reports - Implementation plans and progress reports - Annuals and periodic reports	900,000	MoWCYA EHRC,MoJ, MoE, MoH, MoLSA, CSOs, FBO, Women's Federation, media, Development Army	X	
1.10.	Facilitate assemblage, exchange and scale-up of best practices and cross learning in prevention and elimination of HTPs and improve documentation of best experiences, and lessons (international/national and regional level) and ensure programme synergy	- Number of exchange visits conducted - Number of organizations and regions participated	- Programme implementation plans and progress reports - Implementation plans and progress reports - Annuals and periodic reports	950,000	MoWCYA EHRC,MoJ, MoE, MoH, MoLSA, CSOs, FBOs, Women's Federation, media, Development Army		X
1.11.	Document **best practices**, experience sharing and ensure programme scaled up	- Number of best practices identified - Number of best practice and experience sharing	- Reports and documents produced - Programme	600,000	MoWCYA EHRC,MoJ, MoE, MoH, MoLSA,		X

		events - Number of documents produced	implementation plans and progress reports		NGOs, FBOs, Women's Federation, media, Development Army		
1.12.	**Strengthening community policing** with special focus on HTPs, child marriage, abduction and FGM/C	- Number of community policing structures supported by the programme - Number of reported cases and investigations - Number or % of districts with strong community policing initiatives	- Periodic and annual reports - Programme implementation plans and progress reports	670,000	MoWCYA EHRC,MoJ, MoE, MoH, MoLSA, NGOs, FBOs		X
1.13.	Promote champions with proven achievements and recognise exemplary role models, mentors and most significant positive change agents	- Number of promotion activities - Number of models, mentors and change agents recognised	- Periodic reports - Activity implementation report	870,000	MoWCYA EHRC,MoJ, MoE, MoH, MoLSA, NGOs, FBOs		X
1.14.	Provide life skills development training and provide working spaces and facilities for women and girls (especially adolescent girls through entrepreneurship skills)	- Number or percentage of women/girls supported by the programme - Number of businesses initiated by women and girls - Percentage of women employed/income generating	- Periodic and annual reports - Programme implementation plans - Progress reports	500,000	MoWCYA EHRC,,MoJ, MoE, MoH, MoLSA, NGOs, FBOs	X	
1.15.	Provide economic empowerment for HTP practitioners	- Number or percentage of women/girls supported by the programme - Number of businesses initiated by women and girls - Percentage of women employed/income generating	- Periodic and annual reports - Programme implementation plans - Progress reports	970,000	MoWCYA EHRC,,MoJ, MoE, MoH, MoLSA, NGOs, FBOs	X	
1.16.	Provide technical support and feedback for national actors and conduct review and consultative meetings at all levels	- Number or percentage of women/girls supported by the programme - Number of businesses initiated by women and girls - Percentage of women employed/income generating	- Periodic and annual reports - Programme implementation plans - Progress reports	770,000	MoWCYA EHRC,,MoJ, MoE, MoH, MoLSA, NGOs, FBOs	X	
1.17.	Expand access and utilization of youth friendly reproductive health education and information and provide ASRH services and programmes at schools and health centres, and for adolescents out of school through youth centres	- Number or percentage of youth supported by the programme - Number of schools and health centers - Percentage of youth centers providing support	- Periodic and annual reports - Program implementation plans - Progress reports	500,000	MoWCYA EHRC,,MoJ, MoE, MoH, MoLSA, NGO, FBO	X	

1.18.	Strengthen strategic partnerships among all development forces, (the state, non-state actors and the public) by ensuring effective coordination towards information management and programme integration	- Number or percentage of coordination efforts - Percentage of information systems employed	- Periodic and annual reports - Programme implementation plans - Progress reports	300,000	MoWCYA EHRC,,MoJ, MoE, MoH, MoLSA, NGOs, FBOs	X	
1.19.	Conduct national level assessments/surveys in order to generate comprehensive national and regional data on the awareness level, prevalence, forms, impacts and measurements of HTPs	- Coverage and scope of the study (geographical, thematic coverage) - Number of regions/ districts, and areas covered by the study	- Survey plan/proposal - Periodic and progress reports - Validation report	850,000	MoWCYA, CSA, MoJ, MoE, MoH, MoLSA, CSOs, FBOs	X	

2.	**Protection: Strengthen and improve policy and legal framework, ensure effective law enforcement, build institutions for effective implementation anti-HTP efforts, implementation of policies and strategies**						
	Activities	**Indicator**	**Means of verification**	**Budget**	**Responsible**	**2013**	**2014**
2.1.	Assess the legal and policy framework in the light of the international and regional commitments the country has undertaken with regard to the rights and wellbeing of women and children and HTPs.	- Number of assessments highlighting gaps - Degree of conformation to international/ regional frameworks though ratifications	- Assessment report	800,000	MoWCYA, MoJ, MoLSA EHRC, MoH, MoE	X	
2.2.	Provide policy and law revision recommendations (for provisions that afford protection to those who are at risk or vulnerable to the perpetration of HTPs)	- Number of revised legislative frameworks (substantive and procedural) pertaining to HTP - Number of sensitization trainings given to legal policy makers on HTP Initiatives and concerning revisions; - Amount/ percentage of adoption of protective legal framework in the legal framework; - Level of utilization of protective measures	- Policy reports documents - Revision documents - Annual and periodic reports	530,000	MoWCYA, MoJ, MOLSA EHRC, MoH, MoE	X	
2.3.	**Harmonization** of civil laws and customary laws at federal, regional and zone/woreda and grassroots levels, and strengthen implementation (with the active involvement of elders, tribal leaders and other community based structures)	- Number of civil and customary laws aligned with the country's constitution - Number of prepared background documents and legislative proposals for further harmonization - Number of consultations conducted on harmonization - Number of prepared background documents and legislative proposals for further harmonization	- Policy documents - Sensitization reports - Revision documents - Periodic reports - Consultation reports	720,000	MoWCYA, MOLSA EHRC, MoH, MoE	X	
2.4.	Strengthen the capacity and commitment of federal, regional and kebele/grassroots level authorities and, community policing teams to implement effective laws and policies on	- Number of capacity building interventions conducted - Number of stakeholders benefited from the capacity building intervention - Number of gender	- Mainstreaming programme reports - Annual and periodic reports	600,000	MoWCYA EHRC,MoJ, MoE, MoH, MoLSA, NGOs, FBOs	X	

	HTPs	experts at all relevant levels					
2.5.	**Mainstream** measures against HTPs in legal policies and strategies	- Number of programmes into which anti HTPs efforts are mainstreamed - Amount of budget allocated to each implementing agency	- Assessment report - Annual, progress and periodic reports	500,000	MoWCYA, MoJ, MoLSA EHRC, MoH, MoE	X	
2.6.	Develop a comprehensive national policy with subsidiary or supporting instruments, which lists out the major forms and particulars of HTPs against women and children, the preventive, protective and rehabilitative measures, the sanctions accorded thereto, the duties and responsibilities of all pertinent development actors involved and the rights of claimholders in such contexts	- Number of revised legislative frameworks - Number of policy consultations and dialogues conducted - Number of sensitization conducted	- Policy report documents - Revision documents - Annual and periodic reports	590,000	MoWCYA, MoJ, MOLSA EHRC, MoH, MoE	X	
2.7.	**Strengthen the capacity of law enforcement bodies** like police and community policing teams at the grassroots level, to ensure effective implementation and mainstreaming of the anti-HTP provisions in the legislation	- Number of capacity building interventions conducted - Number of stakeholders benefited from the capacity building interventions - Number of institutions into which anti HTP efforts are mainstreamed - Number of documents/guidelines produced on HTP mainstreaming	- Programme reports - Annual, progress and periodic reports - Policy documents and reports	600,000	MoWCYA EHRC,MoJ, MoE, MoH, MoLSA, NGOs, FBOs	X	
2.8.	Undertake a comprehensive national survey and subsequent assessments on the prevalence, magnitude, causes and forms of HTPs, and the level of legal enforcement and policy implementation in addressing HTPs to generate relevant information at all levels	- Coverage and scope of the study (geographical, thematic coverage) - Number of regions/ districts and areas covered by the study	- Survey plan/proposal - Periodic and progress reports - Validation report	850,000	MoWCYA, CSA, MoJ, MoE, MoH, MoLSA, CSOs, FBOs	X	
2.9.	Provide technical support and feedback for national actors and conduct review and consultative meetings at all levels	- Number and percentage of actors given technical support - Level of cooperation among communities in HTP cases	- Periodic and progress reports - Programme implementation plans and progress reports	400,000	MoWCYA EHRC,MoJ, MoE, MoH, MoLSA, NGOs, FBOs, Women federations,		

					Women's Development Army		
2.10.	Institutionalize and build **formal and continuous systems** for national, regional, woreda and kebele level data collection on HTPs	- Inclusion/expansion of HTP issues in CSA systems (DHS, annual surveys) - Number of indicators included in DHS concerning HTPs	- Annual and periodic Report - DHS annual report	720,000	MoWCYA, MoJ, MOLSA EHRC, MoH, MoE, CSA		X

3.	**Provision/Service: Put in place effective and efficient institutional mechanisms to provide services and support to women and children affected by harmful traditional practices, focusing all vulnerable groups and victims of HTP**						
	Activities	**Indicators**	**Means of verifications**	**Budget**	**Responsible**	**2013**	**2014**
3.1.	Institutionalize integrated service provision systems through health, legal, economic, psycho-social and social services for women and children affected by HTPs.	- Number of beneficiaries - women and girls - Range of information available	- Periodic and progress reports - Programme implementation plans and progress reports	500,000	MoWCYA EHRC, MoJ, MoE, MoH, MoLSA,	X	X
3.2.	Establish **information centres** for women, children and girls within existing services providing institutions on HTP prevention and protection	- Number of information centres established - Number of women and girls who use information centres	- Periodic and progress reports - Programme implementation plans and progress reports	700,000	MoWCYA EHRC, MoJ, MoE, MoH, MoLSA,	X	X
3.3.	Disseminate information on available services, their accessibility and significance to the wider public	- Number of beneficiaries - women and girls - Range of information available	- Periodic and progress reports - Programme implementation plans and progress reports	500,000	MoWCYA EHRC, MoJ, MoE, MoH, MoLSA,	X	X
3.4.	Provide legal aid for women and children affected by HTPs	- Number of victims of HTPs provided with legal services - Number of institutions providing legal aid	- Periodic and progress reports - Programme implementation plans and progress reports	570,000	MoWCYA EHRC, MoJ, MoE, MoH, MoLSA,	X	X
3.5.	Provide and expand rights-based education programmes for women, youth and community groups through existing structures and institutions	- Number and percentage of reported cases - Cooperation among communities in HTP cases	- Periodic and progress reports - Programme implementation plans and progress reports	600,000	MoWCYA, EHRC, MoJ, MoE, MoH, MoLSA, NGOs, FBOs, Women's Federation, Development Army		X
3.6.	Provide economic empowerment through business skills development for girls and women affected by HTPs	- Number of economic incentive programs targeted at survivors of HTPs or those at risk - Number of women or adolescent girls benefited from the economic incentive programmes	- Periodic and progress reports - Programme implementation plans and progress reports	700,000	MoWCYA EHRC, MoJ, MoE, MoH, MoLSA, NGOs, FBOs, Women's Federation, micro credit and saving institutions	X	
3.7.	Provide **ASRH** services and programmes at schools and health centres, and for adolescents out of school	- Revising and integrating the HTPs components in the Health Extension	- Periodic and progress reports - Programme implementation	800,000	MoWCYA EHRC,MoJ, MoE, MoH, MoLSA,		X

	through health extension workers	package; - Number of beneficiaries	plans and progress reports				
3.8.	Expand reproductive health services including family planning, access to services and information about fistula services for girls who encounter difficulties in giving birth	- Number of health service providers with a focus on reproductive health - Number of beneficiaries	- Periodic and progress reports - Programme implementation plans and progress reports	780,000	MoWCYA EHRC,MoJ, MoE, MoH, MoLSA, NGOs, FBOs, Women's Federation, Development Army		X
3.9.	Expand **women, girl and child friendly structures** within the courts and police structures	- Number of women and child friendly structures established - Number of women and children benefited from the programme - Amount of budget allocation to the expansion	- Periodic and progress reports - Programme implementation plans and progress reports	900,000	MoWCYA EHRC,MoJ, MoE, MoH, MoLSA,		X
3.10.	Improve the **efficiency and effectiveness of service providers** in handling cases of HTP	- No of trained personnel deployed - Number of special trainings conducted for service providers - No of service providers capacitated	- Periodic and progress reports - Programme implementation plans and progress reports	970,000	MoWCYA EHRC,MoJ, MoE, MoH, MoLSA,		X
3.11.	**Expand capacity building programmes** such as specialized trainings for the main sectors engaged in response services (i.e., gender sensitive training to be given to justice administration organs on gender sensitive investigation, prosecution; similar trainings for health sector officers and those that provide psychosocial support)	- Number of gender sensitive trainings conducted - Number of participants	- Periodic and progress reports - Programme implementation plans and progress reports	980,000	MoWCYA EHRC,MoJ, MoE, MoH, MoLSA, CSOs, FBOs, Women's Federation, Development Army		X
3.12.	Provide life skills and entrepreneurial skills for victims of HTPs	- Number of life skills and entrepreneurial skills trainings provided - No of victims of HTP provided with life skills support	- Periodic and progress reports - Programme implementation plans and progress reports	540,000	MoWCYA EHRC,MoJ, MoE, MoH, MoLSA,		X
3.13.	Provide tailored teaching on the rights of women for victims of HTPs so they can claim their rights and stand up for themselves	- Number of teaching programmes conducted - No of victims of HTPs supported	- Periodic and progress reports - Programme implementation plans and progress reports	400,000	MoWCYA EHRC,MoJ, MoE, MoH, MoLSA,		X
3.14.	Increase the availability and accessibility of specialized services through the	- Number of gender sensitisation trainings conducted	- Periodic and progress reports - Programme	980,000	MoWCYA EHRC,MoJ, MoE, MoH,		X

	deployment of trained personnel and adequate resources	- Number of participants	implementation plans and progress reports		MoLSA, CSOs, FBOs, Women's Federation, Development Army		
3.15.	Increase the availability and accessibility of available **specialized services** through the deployment of trained personnel and adequate resources and by disseminating information on available services, their accessibility and significance to the public	- Number of specializes services established - Number of service giving personnel given specialized training on HTP	- Periodic and progress reports - Programme implementation plans and progress reports	800,000	MoWCYA EHRC, MoJ, MoE, MoH, MoLSA,		X
3.16.	Expand and strengthen **special medical units** for victims of HTPs to provide medical care and physical support	- Number of special medical units established and strengthened - Number of special medical units strengthened	- Periodic and progress reports - Programme implementation plans and progress reports	600,000	MoWCYA , MoH, MoLSA,		X
3.17.	Expand **the establishment of one – stop- centres** throughout the country and other referral arrangements for the provision of comprehensive integrated services	- Number of one stop centres established - Extent of services given by these centres - Number of beneficiaries using these centres	- Periodic and progress reports - Programme implementation plans and progress reports	785,000	MoWCYA EHRC,MoJ, MoE, MoH, MoLSA,		X
3.18.	Strengthen alternative care **services-safe houses** and day care centres for young mothers and adolescent girls affected by HTPs	- Number of safe house services established and strengthened - Number of women and children victims supported by safe houses	- Periodic and progress reports - Programme implementation plans and progress reports	580,000	MoWCYA EHRC, MoJ, MoE, MoH, MoLSA,		X
3.19.	Provide **psycho-social support for HTP** victims	- Number of psycho-social support units established - Number of victims of HTP provided psycho-social support	- Periodic and progress reports - Programme implementation plans and progress reports	670,000	MoWCYA EHRC, MoJ, MoE, MoH, MoLSA,		X
3.20.	Promote the involvement of **CBOS and FBOs** in the provision of care and support services to survivors of HTP	- Number of CBOS and FBOs involved in the provision of care and support services - Number of beneficiaries	- Periodic and progress reports - Programme implementation plans and progress reports	680,000	MoWCYA EHRC, MoJ, MoE, MoH, MoLSA, NGOs, FBOs, Women's Federation		X
3.21.	Conduct a national level assessment/survey in order to generate comprehensive national and regional data on the legal framework, reported HTPs, forms and measures of HTPs	- Coverage and scope of the study (geographical, thematic coverage) - Number of regions/ districts, and areas covered by the study	- Survey plan/proposal - Periodic and progress reports - Validation report	650,000	MoWCYA, CSA, MoJ, MoE, MoH, MoLSA, CSOs, FBOs	X	

3.22.	Undertake a comprehensive national survey and subsequent assessments on the types, level and coverage of different services provided for women and children, who survive HTPs	-	-				

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