HIVAIDS and Political Space Programmes

Evaluation Report

Reach Consult

28 August 2010
Addis Ababa

1 An extract of the detail evaluation report in summary technical paper format is available from DCA on request.
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## References

Annex I: Evaluation Matrix (HIVAIDS and Political Space Programme)
Acknowledgment

First and foremost we would like to acknowledge women and youth who have provided us with all the pertinent information for the evaluation of the programmes. We were overwhelmed and inspired by their commitment to change their situation and concern of ownership to the programmes. Second, we are grateful to the project managers and coordinators in respective sites for their support and facilitation. In Kokossa, without Ato Jarso, the EECMY-WBS Kokossa project manager, the evaluation team couldn’t have performed the data collection during the planned time.

We would also like to express our heart felt thanks to DCA programme coordination office, especially to Dr Eyassu Mekonnen, Dr Daniel Merhatsidk, Ms Komi Alemu and Tegene Hailegiorgis for their open door policy to respond for all our inquires.

Finally we would like to acknowledge both anonymous and overt reviewers who have provided their inputs and comments in the draft report, which significantly contributed for improving the quality of the final document.
### Acronyms

<table>
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<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immuno-Deficiency Syndrome</td>
</tr>
<tr>
<td>ADAA</td>
<td>African Development Aid Association</td>
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<tr>
<td>ANC</td>
<td>Antenatal Care</td>
</tr>
<tr>
<td>BSS</td>
<td>Behavioural Surveillance Survey</td>
</tr>
<tr>
<td>CBO</td>
<td>Community Based Organizations</td>
</tr>
<tr>
<td>CA</td>
<td>Christian Aid</td>
</tr>
<tr>
<td>CC</td>
<td>Community Conversation</td>
</tr>
<tr>
<td>CCRDA</td>
<td>Consortium of Christian Relief Development Associations</td>
</tr>
<tr>
<td>CPMT</td>
<td>Child of Present Man of Tomorrow</td>
</tr>
<tr>
<td>CSOs</td>
<td>Civil Society Organizations</td>
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<tr>
<td>DCA</td>
<td>Dan Church Aid</td>
</tr>
<tr>
<td>DHS</td>
<td>Demography and Health Survey</td>
</tr>
<tr>
<td>ECFE</td>
<td>Evangelical Churches Fellowship of Ethiopia</td>
</tr>
<tr>
<td>EECMY</td>
<td>Ethiopian Evangelical Church Mekane Yesus</td>
</tr>
<tr>
<td>EECMY-WBS</td>
<td>Ethiopian Evangelical Church Mekane Yesus-Wabe Batu Synod</td>
</tr>
<tr>
<td>EGLDAM</td>
<td>Ye Ethiopia Goji Lemadawi Dergitioch Aswogaj Mahber</td>
</tr>
<tr>
<td>EMERDA</td>
<td>Ethiopian Muslims Relief &amp;Development Association</td>
</tr>
<tr>
<td>EmOC</td>
<td>Emergency Obstetric Care</td>
</tr>
<tr>
<td>EOC-DICAC</td>
<td>Ethiopian Orthodox Church - Development and Inter church Aid Commission</td>
</tr>
<tr>
<td>EC</td>
<td>European Commission</td>
</tr>
<tr>
<td>FDRE</td>
<td>Federal Democratic Republic of Ethiopia</td>
</tr>
<tr>
<td>FGC</td>
<td>Female Genital Cutting</td>
</tr>
<tr>
<td>HAPCO</td>
<td>HIV/AIDS Prevention Control Office</td>
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<tr>
<td>HTP</td>
<td>Harmful Traditional Practices</td>
</tr>
<tr>
<td>IEC/BCC</td>
<td>Information Education, Communication/ Behaviour Change Communication</td>
</tr>
<tr>
<td>IGAs</td>
<td>Income Generating Activities</td>
</tr>
<tr>
<td>M &amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
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<tr>
<td>NCA</td>
<td>Norwegian Church Aid</td>
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<tr>
<td>NGOs</td>
<td>Non-governmental Organizations</td>
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<tr>
<td>OF</td>
<td>Obstetric Fistula</td>
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<tr>
<td>OSSA</td>
<td>Organization for Social Service on AIDS</td>
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<tr>
<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
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<tr>
<td>PANe</td>
<td>Poverty Action Network of Civil Society in Ethiopia</td>
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<tr>
<td>PLWHA</td>
<td>People Living with HIV and AIDS</td>
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<tr>
<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
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<tr>
<td>PNC</td>
<td>Postnatal Care</td>
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<tr>
<td>RBA</td>
<td>Rights Based Approaches</td>
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<tr>
<td>SNNPR</td>
<td>Southern Nations Nationalities and Peoples Regional State</td>
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<tr>
<td>SDD</td>
<td>Sigma, Discrimination and Denials</td>
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<tr>
<td>SRHR</td>
<td>Sexual and Reproductive Health Rights</td>
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<td>STIs</td>
<td>Sexually Transmitted Infections</td>
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<tr>
<td>UNAIDS</td>
<td>Joint Programme United Nations against HIV/AIDS</td>
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<tr>
<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
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<td>WSA</td>
<td>Women Support Association</td>
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1. Introduction

1.1. Project background

Dan Church Aid (DCA) is a faith based and ecumenical, non-missionary organization working with development wings of churches and non-religious civil society organizations to assist the poorest of the poor. DCA is a non-political and non-partisan organization and support to communities and disaster affected population is provided regardless of race, creed, political or religious affiliation. DCA is a funding agency working through partnership with local Faith Based Organizations, secular civil society organizations and non-government organizations. DCA started its operations in Ethiopia in the early mid 1970s by working through its FBO partners in response to the famines of Wollo and Tigray. At the beginning of year 2000 it undertook an organizational assessment that led to the decisions to decentralize its operations in focus countries and regions. Following this decision, the Ethiopia office was opened in mid-2004.

The DCA decentralization is accompanied by a number of strategies including the use of Programme Approach in the implementation of DCA programme in focus countries. Currently, the DCA Ethiopia Office is supporting over 20 small and large-scale projects spread out in Amhara and Oromia Regions. DCA also supports national level interventions. Most of the community-based projects are implemented through partners in North Wollo, Wag Himra and North Shoa zones of Amhara Region, as well as Bale, West Arsi, Guji and Borena zones of Oromia Region. Few civil society capacity building and advocacy-oriented activities are implemented at national level through NGO umbrella organizations. All projects are embodied within 3 programme types namely Food Security, HIV/AIDS and Gender and Political Space which all are implemented through local partners. The three programmes were designed following a country Poverty and Rights Analysis and Programme Context Assessments during the early years of the opening of the country office.

1.2. Evaluation objectives

1. To assess the programs using the five major evaluation criteria: Relevance, Effectiveness, Efficiency, Impact and Sustainability.
2. To examine the overall program management, coordination and capacity including the relations between backdonors.

3. To document conclusions drawn and lessons learned including unintended results.

4. To propose recommendations for future focus areas of intervention.

1.3. Evaluation Methodology

The Political Space and HIV/AIDS Programme Strategy evaluation is conducted in July and August 2010. The major source of information employed during the evaluation of the political space and HIV/AIDS programme was qualitative method complemented with quantitative information from national and partners’ documents. Primary information was collected from the target CSOs and rights holders, in this case sample rural girls, youth, men, and women residing in Amhara and Oromia. Tools were developed to measure changes and challenges pertinent to women’s bargaining power to claim their rights, participation and influence were developed and administered. In the meantime, situations related to reproductive (including HIV/AIDS), economic and political rights were analyzed -which were the most prevalent forms of violations. Secondary data was collected and analyzed from different sources including pertinent publications on the role of CSOs and political space in Ethiopia, programme implementation (process) reports, available evaluation studies (baseline and midterm) and partners and DCA documentation. Besides that, this evaluation gave due emphasis to document the lessons learnt, opportunities and challenges.

The term “space” here is understood as it refers to the different arenas in which decision making takes place, in which power operates and how these spaces are created. There is a distinction between three types: a) ‘Provided’ or ‘closed’ spaces: spaces which are controlled by an elite group. b) ‘Invited’ spaces: with external pressure, or in an attempt to increase legitimacy, some policymakers may create ‘invited’ spaces for outsiders to share their opinions. c) ‘Claimed’ spaces: these can provide the less powerful with a chance to develop their agendas and create solidarity without control from power-holders.²

To ensure the comprehensiveness of information, indicators matrixes were developed based on the programme objectives – which in turn will guide interview and focus group discussion guides. In addition to the in-built DCA programmes geographical and programmatic cohesiveness, the evaluation logic and team’s capability which Reach Consult presents would ensure integrated analysis of HIV/AIDS programme with political space. Studies indicate that women, especially those in reproductive age are more vulnerable to HIV/AIDS than any other age group or their male counterpart– which have been highly associated to socio-economic, cultural, and political barriers. The team also ensured the inclusion of FGD and interview guides to investigate underlying interrelations and contribution of each program to the other. Totally 21 Focus Group Discussions and 27 in-depth interviews were conducted all over the sample project areas. Formal discussions with semi-structured approach were also held with DCA programme coordination office and local authorities.

The analysis of the current dynamics among the CSO and NGO environment is crucial for bringing meaningful and realistic recommendations for future direction. In the last 2 years the new CSO legislation has provoked several studies among which those conducted by EC (2007) and several consultancy papers by CRDA are worthy to mention – which has been reviewed by this study team. Moreover, the enacted legislation and its implication were also analyzed from partner’s perspective.

**The study population**

The study targeted CSOs, FBOs, rights holders (rural girls and women), duty bearers at regional and local levels, the traditional and religious leaders, and other community members in the programme implementation areas. The selection of the study population lent itself to enable the research team to collect information at individual, community and institutional levels.

**Sampling and Sample Size**

Primary information was collected from selected partners, namely EOC, EECMY, EECF, WSA, AADA, CPMT and OSSA Dessie Branch who are implementing the political space and HIV/AIDS programmes. DCA coordination Office is also included in the study. Information is also collected from local communities and leaders during the field visit. As the study is mainly qualitative, the sample size was determined by the level of saturation of information. The
research team has developed criteria for determining information saturation, including continued information redundancy after some interviews or FGDs.

**Data collection**

The data collected for this evaluation study was primarily qualitative. In-depth interviews, focus groups discussions and review of documents were the major data collection methods. In this regard, the tools and guidelines for data collection were drafted by Reach Consult PLC and reviewed and endorsed by Dan Church experts before the start up of the data collection.

**Data Analysis**

Data gathered from the key informant interviews and focus group discussions were transcribed and then translated into English before analysis. Qualitative data was thematically analyzed and crosschecked with Open Code 3.4 software. The analysis of the findings focused on five major evaluation criteria – adopted from EC (2004): relevance of the program and its design; effectiveness of the program as compared to its targets; efficiency of the program implementation process; impacts/effects of the program activities; and sustainability of the program results as it
1.4. Evaluation Constraints

The evaluation team was highly relied on qualitative design as a result of the nature of the programmes, partners to be reached, and geographical diversity.
2. **Sexual and Reproductive Health in Ethiopia: an Overview**

Quick reviews of the national strategies pertinent to health indicate that the two programmes considered by this evaluation have a tendency to fall under sexual and reproductive health components. In general, the HIVAIDS and political space programmes are supporting with each other mainly in dealing with HIVAIDS prevention and control, gender and gender based violence, women empowerment, fighting against harmful customary/traditional practices and local capacity building initiatives. It should be noted that the political space strategy has addressed both sexual and health components as well as rights in a wider sense.

**Maternal Health**

According to the most recent reliable information source (DHS: 2005), fertility has reported to decline to 5.4 births per woman compared to the results of National Family and Fertility Survey (NFSS: 1990), which shows 6.4 births per woman with steeply decline among the youngest cohort, and rural women on average have 2.4 children more than urban women. The use of modern contraceptives by married women increased from 6% (DHS, 200) to 14% in 2005 (DHS, 2005). Ethiopia is one of the countries with high maternal mortality. In Ethiopia, about 25,000 women between the ages of 15 and 49 die every year as a result of complications arising from pregnancy and childbirth. Furthermore, among survivors, about 400,000 women face serious complications such as fistula, infertility, chronic pain that affect them for the rest of their lives. Existing evidences indicate that there is slight decline of MMR from 871 for the period 1994-2000 to 673\(^3\) deaths per 100,000 live births between 1998 and 2004. The major causes of maternal deaths in Ethiopia are similar to most developing countries: infection, haemorrhage, obstructed labour, abortion and hypertension in pregnancy.

There was virtually no progress between 2000 and 2005 in the use of antenatal care (ANC) provided by health professionals—the proportion of women who had at least one ANC consultation was 27% in 2000 and 28% in 2005. Only 12% of women made the four or more visits. Only 6% of women make their first antenatal care visit before their 4\(^{th}\) month of pregnancy. The median duration of pregnancy for the first antenatal care visit is 5.6 months. There was little change in the timing of the first visit from 2000 DHS. Area of residence (e.g.,

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3 Since the confidence interval overlap it is not possible to affirm the change.
urban), socioeconomic status (e.g., highest wealth quintile), higher education of mother, lower parity, married status, and religious affiliation (e.g., non-belief in traditional religion) were significant predictors for seeking ANC, as well as distance to the nearest health centre and quality of care received (e.g., iron tablets, information for pregnancy complications).

Only 6% of delivering women used a health professional for birthing, 28% used a traditional birth attendant and the vast majority (61%) was at home with relatives/others; 5% were alone. Only 6% of births were in facilities (5% in public and 1% private facilities); 43% in urban areas and 2% in rural areas. The proportion of young women giving birth is still high; 17% of young women age 15-19 is pregnant or has already given birth by age 19, similar to the figure in 2000 DHS (16%). Use of postpartum care with a skilled care provider among women outside of professional birthing care remains very limited-- 5.5% using such care during 2001-2005, 5% within the first 48 hours after birth.

Of the approximately two million women who suffer from obstetric fistula (OF) worldwide, an estimated 27,000 or 14% live in Ethiopia. Based on a prevalence study in seven of the eleven administrative regions that found a rate of 2.2 OF/1000 women of reproductive age and 1.5 untreated OF per 1000, women with OF were young, had married early in life through family arrangements or abduction, and had delivered for the first time.

Unsafe abortion poses burdens not only for Ethiopian women and their families, but also for the country’s health system. The data collected from about 300 public facilities in 2007 and 2008 showed an increase in the proportion of cases that received safe services from 16% to 44%. Despite improvement in post abortion care services have improved, deaths and suffering from unsafe abortion continue to occur. In earlier hospital and community studies, deaths caused by abortions account for about 32% of deaths. In the recent national EmONC assessment, abortion contributes to 7% of maternal deaths at facility level.

**HIV/AIDS**

According to a single point HIV prevalence estimate, the national adult prevalence for 2010 is 2.4%, which is higher for female (2.9%) than male (1.9%) and higher in urban (7.7%) than rural (0.9%) areas. The same report indicated that the national adult HIV incidence is 0.29% for 2010 that is higher in urban (2.04%) than rural (0.20%) areas. The numbers of children orphaned by
AIDS are estimated to be 804,184 in 2010. The HIV incidence rate for those aged 15-19 years was estimated to reach the highest peak of 0.64% in 1998, and then declined to 0.41% by 2005. The fertility intention of people living with HIV/AIDS was documented in few studies. The two studies in Addis Ababa and Adama found that 57% and 31% of women living with HIV/AIDS have a desire for children respectively. A similar study conducted in Addis Ababa found that the desire was 44.7%. Findings from 2005 (2nd) round of Ethiopian behavioural surveillance survey (BSS) showed that: almost all the study population knew two of the three preventive methods and nearly 55% knew all three. Among the pastoralists, 29% knew all three preventive methods; measuring comprehensive knowledge of the respondents by taking those who know all three preventive methods and with no misconceptions was found to be less than 20%.

A recent epidemiological synthesis indicated that contrary to expectations, small towns included in the DHS survey exhibited a higher-than-expected prevalence of HIV compared to bigger towns. According to this study, small towns may be HIV hotspots that have been neglected in HIV prevention efforts to date. Huge urban-rural differentials have long been noted in the country. However, as the communication and transport infrastructure improves, there is likely to be further mixing of urban and rural populations, with the possibility of further spread of HIV.

HIV prevalence (%) by type of residence

AIDS AND POLITICAL SPACE PROGRAMME EVALUATION – DCA ETHIOPIA

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HIV prevalence (%) by type of residence

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The young populations, especially never-married sexually-active females, face the greatest risk of HIV infection in the country, with prevalence rates much higher than the average for both urban and rural areas as well as all women of reproductive age. This is associated with an early age of sexual debut and sexual mixing with high-risk older men, on top of their biological and gender-related vulnerability. All of this would suggest that many of these small towns may be HIV hot-spots that have been neglected in HIV prevention efforts to date that focused on larger centers. The proximity of these small towns to rural areas could pose a risk to hitherto unaffected rural populations. The epidemic potential in small towns and the possibility of bridging a spread to rural communities appears to be huge and is not being given enough attention.5

Currently, the prevalence is higher in the urban population, but the incidence rate is increasing and is much higher among the rural population. The context analysis clearly shows that the two large population groups carrying the brunt of the disease are the rural Ethiopians and the women. While the relative burden of AIDS is increasing in Ethiopia, the number of new HIV infections, AIDS cases and AIDS deaths is increasingly born by rural Ethiopia, despite the relatively lower rural prevalence rates. Consequently, there is a continued increase in new HIV infections and a rise in HIV/AIDS death in rural areas.

Gender inequality, with violation of the girls/women’s sexual and reproductive health rights, is identified as one of the root causes for increasing girls/women’s vulnerability to HIV/AIDS. There are few sexual and reproductive health rights services in Ethiopia. The low status of women in society and at household level clearly contributes to the higher vulnerability of the girls/women to HIV/AIDS infection. Young girls and women do not have the full assertiveness and cannot decide with whom, when and how to have sex. Due to the unequal power relations between women and men, women cannot negotiate safe sex. The gender inequality linked with the high poverty level in Ethiopia further endangers the girls/women to engage in sex for goods or commercial sex as a means of income, especially when they are forced to migrate from food insecure areas seeking better economic opportunities and fleeing from harmful traditional practices like forced and early marriage.

Other Sexually Transmitted Infections

The prevalence of active syphilis which was restricted to the young age groups (15–24 years) in the inner city of Addis Ababa declined from 7.6% in 1995 to 1.3% in 2001. The study conducted at the University of Gondar Teaching Hospital found to be 1% prevalence of syphilis among pregnant women receiving antenatal care. The other study carried out on reproductive health problems of female youth (15-24 years) in Mettu town showed that about 52% had sexual experience. From the sexually active age group, 25.5% had history of STIs one year prior to the study.

**Harmful Customary/Traditional Practices/FGM and GBV/**

The median age at first intercourse for women is identical to the median age at first marriage. The median age at first sexual intercourse has increased over the past two decades, from 15.7 years for women aged 45-49 to 18.2 years for women aged 20-24 (2005 DHS).

The median age at first marriage for women (16.5) is lower than men (21.2). The proportion of women married by age 15 has declined from 38% among women age 45-49 to 13% among women age 15-19 (DHS 2005). A follow up national survey conducted after ten years from the baseline survey (1997) on the harmful traditional practices by EGLDAM showed a decrease in prevalence of early marriage from 33.1% to 21.4%. A study carried out in slum areas of Addis Ababa showed that 23% of boys and 45% of girls migrated to the city, mostly from rural areas for educational purposes or work opportunities. About one quarter of female migrants moved to the city to escape early marriage.

Nearly eight percent (7.8%) of women reported that they had been married by abduction. Out of which, 12.9% was in SNNPR and 10.8%) was in Oromia, while it was less in Tigray (1.4%) and Amhara (2.4%). Of those women who have heard about marriage by abduction, 2.9% believe that the practice should be continued (DHS 2005). A follow up national survey on the harmful traditional practices by EGLDAM showed a decrease in prevalence of FGC, from 73% to 56%. The decrease is more in younger age group. In some communities, especially among the Muslim, the trend is shifting from what is called “infibulations” (severe form) to ‘Sunna’ (mild form), which is a partial/total removal of clitoris. In some communities FGC is considered as social identity.
The Percentage of women circumcised declined from 80% in 2000 to 74.3% in 2005. It’s low in Gambella (27.1%) and higher in Afar (91.6%) and Somali (97.3%) regions. Of those circumcised, 6.1% have infibulations, which is higher in Afar (63.2%) and Somali (83.8%) regions. Support for the practice has also declined from 60% to 31.4% over the same period. Fifty two percent of mothers with at least one daughter had a daughter circumcised in 2000 compared to 38% in 2005. A follow up national survey on the harmful traditional practices by EGLDAM showed a decrease in prevalence of FGC, from 73% to 56%. The decrease is more in younger age group. In some communities, especially among the Muslim, the trend is shifting from what is called “infibulations” (severe form) to ‘Sunna’ (mild form), which is a partial/total removal of clitoris. In some communities FGC is considered as social identity.

The study by EGLDAM indicated that percent decrease in prevalence of FGM (1997-2007) in Amhara and Oromia is 22.4 and 26.7% respectively, making the prevalence rate remaining at 62.9% and 58.5%. The reduction in Amhara is considered to be negligible given one of the highest prevalence prevailing and is significant achievement in Oromia after SNNPR and Tigray.

A national guideline defines sexual violence as any act, attempted or threatened, that is sexual in nature and is done with force – physical, mental/emotional, or social and without the consent of the affected person/survivor. This includes acts of forcing another individual through violence, threats, deception, cultural expectations, weapons or economic circumstances to engage in behaviour against his or her will by any person regardless of relationship to the survivor, in any setting including but not limited to home and work place.

The forms of gender based violence include sexual violence, sexual abuse, sexual harassment, sexual exploitation, early and forced marriage, discrimination and FGC. In Ethiopia it additionally includes marriage by abduction and domestic violence. The different documentations/studies in Ethiopia showed that violence against women is common. It is also observed that sexual violence is usually followed by sexual risk taking, like having multiple partners. A survey by EWLA on the incidence of violence against women in 28 police stations between 1988 and 1994 E.C. found 1955 rape cases (EWLA, 2004). Different surveys have indicated the severity of the problem and identified 2263 reported cases of rape. The police research in four years indicate that 7946 cases of rape were reported; and FGAE treated 280 and 351 rape victims in 2002 and 2003. WHO multi countries study on women’s health and domestic
violence against women from 2000-2003, and the data collected from 3016 women of age 15-49 years from Butajira (Southern Ethiopia) found that 49% of ever partnered women experienced physical violence by their partners at some point in their lives, 29% during the past 12 months; 59% of ever partnered woman experienced sexual violence at some point in their lives and 44% during the past 12 months. When the data for physical and sexual violence are combined, 71% of ever partnered women experienced one or the other form of violence, or both over life time. A population based study on 1837 out of school females aged 10-19 in three urban areas found that 48% were domestic workers; 23% reported being sexually experienced and 27% of those had first sex before age 15. Compared with other young women, domestic workers were significantly more likely to have had sex before age 15 and to have been coerced into having sex (1.8); and social coercion was associated with significantly higher odds of coerced first sex (2.0).

The attitudes of men and women towards negotiating safer sex and husband beating or hitting his wife/partner were assessed in 2005 DHS (indicated in the following table) and the result showed that the attitude for negotiating sex seems better, but the accepting the domestic violence has still been high. The majority support a woman’s right to negotiate safe sex, which is higher among young age and urban inhabitants, whereas it is lower among the married ones.

<table>
<thead>
<tr>
<th>Description</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Proportion who believe that, if she knows her husband has STI, a woman is justified in:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refusing to have sexual relations</td>
<td>81.3</td>
<td>85.2</td>
</tr>
<tr>
<td>Asking that they use a condom</td>
<td>41.6</td>
<td>64.6</td>
</tr>
<tr>
<td>Either refusing sexual relations or asking to use condom</td>
<td>84.5</td>
<td>89.1</td>
</tr>
<tr>
<td><strong>Wife is justified in refusing sexual intercourse with husband if she:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>knows husband has STD</td>
<td>81.3</td>
<td>85.3</td>
</tr>
<tr>
<td>Knows husband has sex with other women</td>
<td>82.1</td>
<td>82.9</td>
</tr>
<tr>
<td>Is tired or not in the mood</td>
<td>69.5</td>
<td>77.5</td>
</tr>
<tr>
<td>Agrees with all the reasons</td>
<td>62.1</td>
<td>72.0</td>
</tr>
<tr>
<td>Agrees with none of the reasons</td>
<td>10.5</td>
<td>10.6</td>
</tr>
<tr>
<td><strong>Husband is justified in hitting or beating his wife if she:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burns the food</td>
<td>61.0</td>
<td>24.1</td>
</tr>
<tr>
<td>Argues with him</td>
<td>58.7</td>
<td>30.5</td>
</tr>
<tr>
<td>Goes without telling him</td>
<td>64.2</td>
<td>36.2</td>
</tr>
<tr>
<td>Neglects the children</td>
<td>64.6</td>
<td>31.0</td>
</tr>
<tr>
<td>Refuses to have sex with him</td>
<td>44.3</td>
<td>23.3</td>
</tr>
<tr>
<td>Agrees with at least one reason</td>
<td>81.0</td>
<td>51.5</td>
</tr>
</tbody>
</table>
3. Overview of the Programme Strategies

3.1. Political Space Strategy

The focus of the Political Space Programme was to counter the violations of women’s reproductive, economic, social and political rights as laid out in the Ethiopian constitution and the CEDAW declarations\textsuperscript{6} to which the Ethiopian government is a signatory and the related national legislation.

The present constitution in Ethiopia, which came into being in August 1995, contains articles to protect the fundamental rights of women and their access to and control over resources. Furthermore, it stresses the equality of women and men in marriage and divorce, and recognises the history of inequality and discrimination suffered by women in Ethiopia. In spite of the encouraging legislation, the implementation process still leaves much desired. The bureaucratic resistance to enforce more gender balanced public policies and the dominance of cultural/traditional practices has made it difficult to implement the provisions in the constitution and the general legal framework. The traditional set-up of society and thinking is still dominating. There is also less commitment from the government in implementing policies and laws regarding women’s rights and a general lack of resources for this task. Finally, low awareness of the existing policies by the government officials combined with reluctance of women themselves to take violation issues forward contributes to the current situation\textsuperscript{7}.

DanChurchAid’s Political Space Programme in Ethiopia was believed to address the institutional and practice-related causes of non-adherence to the policies of gender equality as they relate to women’s ownership, reproductive and political rights. By doing so, the programme aims at mobilising and strengthening the bargaining power of women to claim their rights, participate actively and influence processes leading to a more fair distribution of the resources in the society.

The primary rights holders targeted by DanChurchAid’s Political Space programme in Ethiopia are rural girls and women residing in the Amhara and Oromia Regional States. Special attention was also given to girls and women at risk of being subject to reproductive, economic and

\textsuperscript{6} CEDAW is short for Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW)

\textsuperscript{7} DCA (2006): Context Analysis of the Political Space Strategy
political rights violations. Accordingly, the DCA strategy focuses on reproductive rights which refer to the rights of girls and women to determine themselves when to marry, whom to marry, when to have sex and with whom and when to get children. It further refers to the freedom from violence related to reproductive health, including female genital mutilation. Economic rights violations under this programme refer to limitations on women’s livelihood, specifically the denial of women’s rights to own and inherit land, property or other productive resources. Political rights violations under this programme refer to the right to participate in political processes at all levels in the society.

In the Ethiopian context, the violations of women’s reproductive, economic and political rights are strictly intertwined as they reflect a general perception in Ethiopian society of women as subordinate to men, as objects of control and as subjects to male domination. The effects of these violations, the general negative perception of women and their limited participation in decision making combined with very little or no bargaining power and time and energy to deal with aspects beyond day-to-day survival leaves women in a very vulnerable positions. In this position they are subjects of increased food insecurity, poor health, low school enrolment, higher levels of illiteracy, poorer job opportunities and increased vulnerability to HIV/AIDS compared to the risks of men.

The DCA programmes targeted duty bearers such as government officials at regional and district levels who are responsible for implementing the laws against harmful traditional practices, property- and land grabbing, and the criminal law that specifies the penalties related to violations of these laws. Another target group of the programme is the traditional and religious leaders at community level who play an important role as opinion makers and as arbitrators in community and family conflicts, including conflicts related to property, wife inheritance, rape, abduction and early marriage. Very often traditional leaders contribute to the continuation of damaging practices and are therefore important to influence. Furthermore the programme targets civil society organisations and communities.

Rights violations are widespread in Ethiopia, but there is in particular a significant level of violations and thereby following insecurity in rural communities, which are difficult to access for human rights monitors. Thus, the programme focuses on the most rural parts in the above designated areas because of these areas are known to have higher prevalence of harmful
traditional practices, including abduction, inheritance marriage as well as violations of female ownership rights.8

Most of the people living in these areas are subsistence farmers deriving their livelihoods from small plots of land, combined with other income from animal husbandry, occasional labour, trade or other endeavours. (See the DanChurchAid food security programme for further analysis.) In some areas, such as Borena in southern Oromiya, the beneficiaries are pastoralists. This creates a different kind of challenge in dealing with awareness raising and mobilisation. The programme analyses how to deal with the challenges of working with pastoral communities.

3.2. HIV/AIDS Programme Strategy

Based on the context analysis, the focus of DanChurchAid Ethiopia’s HIV/AIDS programme is primarily addressing the prevention of HIV/AIDS. The programme focused on girls and women as the most vulnerable group. The girls and women were the primary right holders, but also PLWHA were included as right holders in the programme. The emphasis was given to the rights of young people to gender sensitive information and to their sexual reproductive health rights. Protection against risky harmful traditional practices was an evident area for DanChurchAid to deal with in order to prevent HIV/AIDS especially among young girls and women. In relation to sexual and reproductive health rights and empowerment of girls and women, the HIV/AIDS programme was intended to integrate a number of activities with the political space programme.

The strategy further addressed the discrimination and stigma that are especially affecting the people living with HIV/AIDS, but are also a significant barrier to the prevention of HIV/AIDS. The right of PLWHA was addressed through increased mobilisation and advocacy for non-discriminatory access to social services. The context analysis shows the limited access to basic social services especially in the rural areas.

The HIV/AIDS programme is linked to food security programme in order to address some of the nutritional and economic needs of people affected by HIV/AIDS. Although the HIV/AIDS programme is primarily focused on prevention of the spread of the infection through information

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8 The results of the baseline survey on harmful traditional practices showed that, among many different types of harmful traditional practices identified, most are practiced in Amhara and Oromiya regional states.
and education and on securing the rights of vulnerable people through empowerment and advocacy, there is some elements of service provision, as the needs are immense and people do not have the access to testing, medicine for opportunistic infections and ART. Access to VCT has been one of the areas that DanChurchAid was considered as part of the prevention component. Social services were the other focuses of the community based approach on training and economic empowerment of vulnerable people affected by HIV/AIDS.

The country programme made the choice of focusing on the rural population, which makes up to 85 percent of the people of Ethiopia. The HIV/AIDS programme followed the country programme and put the primary focus on rural areas. At the same time, the HIV/AIDS programme acknowledges the link between urban and rural population. Rural people do not live in isolation in their communities, but make visits to towns. Because of the long distances, many forced to stay overnight in the town and it is quite customary to have a sexual relationship with a commercial sex worker. The man would bring sexually transmitted infections or the HIV virus to his home and put the wife at risk. Other risks are attending meetings in towns or youth attending secondary schools in towns without the supervision of the parents. Based on local context specific assessments, urban areas linking up to the projects may be considered to be included in the interventions.

Ethiopia has ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and has passed a number of laws protecting women. In spite of the policies and conventions ratified and made into law, they have not been implemented at the desired level to ensure the protection of rights of girls/women. The challenges are multiple. The government implementation has to be effective; and the community has to accept the new regulations and to discontinue the traditional methods of dealing with violations, which do not give the necessary protection to women. Boys and men have to be supported and involved as moral duty bearers to secure the rights of their sisters and daughters. A very interesting initiative is observed among Kokosa youth clubs who have included protection of girls’ right not to be circumcised, abducted or inherited for marriage. According to the youth informants, anyone who has performed or assisted the violations of women right is subject to penalty. In severe cases the youth communicate with persecutors so that the perpetrators will be tried in a formal court. The
HIV/AIDS programme is working closely with the political space programme to ensure the implementation of these laws.

Harmful traditional practices are prevailing especially in rural areas and are violating the sexual and reproductive health rights of girls/women. Ethiopia has a National Policy on Women, which was enacted in 1993 along with the institutional arrangement for its enforcement from the federal to the local level. Constitutional guarantees under article 35 of the Constitution (1995) provide for a wide range of human rights for women. The Family Law and the Criminal Law of the country have been revised to standardise the legal and policy environment according to rights of women as enshrined in the constitution and relevant international human rights laws. Nevertheless, the rights of girls and women are significantly violated in terms of continued harmful traditional practices such as early marriage of girls down to ten years of age, abduction of girls followed by rape, widow inheritance and female genital mutilation. The attitude of the communities in general towards maintaining the practices of harmful traditions must be addressed with gender balanced application to reduce the vulnerability of the young girls and women to HIV/AIDS infection.

Stigma and discrimination are also identified as some of the major human rights violations and at the same time a root cause to the spread of HIV/AIDS. The right to freedom from discrimination and to equality are fundamental human rights. In Ethiopia, stigmatisation is very widespread and there are only very few people living with HIV/AIDS who have disclosed their positive status, and most of them residing in urban areas. Within the faith based groups even fewer PLWHA feel safe to reveal their HIV positive status. Several factors contribute to the stigmatisation of PLWHA, such as limited involvement of the community, religious leaders, and influential persons in local level dissemination of information, incomplete knowledge, fears of death and disease, sexual norms and a lack of recognition of stigma; the knowledge that HIV can be transmitted sexually, combined with a correlation of HIV with socially ‘improper’ sex, such that people with HIV are stigmatised for their perceived immoral behaviour; the absence of meaningful initiatives to develop workplace policies within both the legal and moral duty bearers. The stigma and discrimination are severe barriers to the prevention of HIV/AIDS and further obstruct the essential access of people living with HIV/AIDS to support and assistance.
The general access to HIV/AIDS information and services is extremely poor in the rural areas of Ethiopia. The quality of the information, especially on sexual and reproductive health, is very poor and not local context specific. Relevant and appropriate government policies of mainstreaming HIV/AIDS are in place, but the policies and strategies are not implemented optimally, especially in the rural areas. The right to information and services is not fulfilled as an equal right for both rural/urban and female/male populations. Young women’s access to seek, receive and impart information in relation to reproductive health and to sexuality education and information, particularly in rural areas, is significantly lower compared to young men’s access.

The access to health services is especially limited for the rural areas. The access to basic health services need is limited to populations close to towns. The rural population affected by HIV/AIDS are further deprived their right to care and support. ART is free in Ethiopia, but the access is again limited to the urban population or those parts of the rural population who can afford transportation to health facilities in towns. For instance, studies\(^9\) indicate that despite free access to maternal and child health services, opportunity costs related to transportation, accommodation, language and cultural barriers are reported to contribute to underutilisation of the same services. Despite economic growth in Ethiopia as a whole, the majority of rural areas continue to be very poor. In addition to the economic barrier, stigma and discrimination must be addressed strongly in relation to the access to ART.

Based on the context analysis and through consultations with partners, the Ethiopia HIV/AIDS programme focused on *rural poor girls/women and rural people living with HIV/AIDS*. The active participation of duty bearers is crucial in addressing the HIV/AIDS epidemic. Both moral and legal duty bearers are responsible for actively working to address the HIV/AIDS epidemic actively. The interaction between duty bearers and right holders is essential to identify and address the factors of vulnerability for various groups of population. The programme aims at targeting legal and moral duty bearers at different levels like national, regional, Woreda and individual levels.

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4. Programme Evaluation

As it is described in the methodology section the programme evaluation relied on inductive approach, in which sample projects are evaluated to feed information to the programme evaluation. Besides, core centrally managed activities are analysed at programme level.

4.1. Relevance

According to the EU PCM guideline (2004), relevance refers to the appropriateness of project objectives to the problems that it was supposed to address, and to the physical and policy environment within which it operated. It should include and including an assessment of the quality of project preparation and design – i.e. the logic and completeness of the project planning process, and the internal logic and coherence of the project design.

The evaluated projects are well in line with the strategy of PT1 and PT4 and focusing on a multi-sectoral approach to HIV/AIDS. Generally, the project we have evaluated fit well with the DCA programme focus contributing to multiple objectives. The DCA funded programmes are designed on concrete evidences of the needs. The Context analysis and problem identification was conducted in Habru, Dessie, Kokossa and Assasa, and all partners such as EECMY, ADAA, CPMT, OSSA, ECFE, EMARDA and EOC were aware and participated in the evaluation process. None of the programmes are new initiatives rather built upon existing results and experiences by partners in their respective programme sites. Phase one project evaluation findings and baseline surveys provided information for the programme design. DCA documentation review also indicates that the programmes have passed through a rigorous appraisal (community and local government body) processes. Recommendations of evaluations and appraisal inputs are incorporated in the programme design.

Despite few is said in the programme design of EECMY about PLWHA and their engagement as right holders, the programme implementation process proved to involve PLWHA strongly. PLWHA are mobilized and strongly engaged in seeking for own health, shifting to productive citizens (IGA – engagement) and fight against SDD. The nature of the programme design has a potential to address all the three strategic themes of DCA. For instance, the GBV prevention programme implemented by WSA in Habru has addressed GBV, IGA (which can contribute for
food security) and increased awareness of rights and services available. Moreover, the
discussions made with women groups indicate that their awareness about HIVAIDS and other
sexually transmitted diseases has improved significantly. Women are much aware of the property
right, ownership and disbursement procedures. There are also initiatives of sending their children
to school, especially girls.

DCA supported programmes have utilized local human resources from the government
especially from courts and police. This has enabled the linkage between the communities and the
legal system to be strong. In some programmes like WSA in Habru and ADAA in Assasa, legal
advisors having an educational background of law have been assigned by the programmes.

The DCA supported programmes have strong linkage with the Health Extension Programme
of the MoH at a local level. This has enabled the acceleration and expansion of CC programmes
in non-project sites by enhancing the skills of community health workers. Programmes
components supported by DCA are replicated by different partners and in different geographic
locations. For instance, the Kokossa approach is up taken by other Mekan Eyesus programmes
internally. WSA reported that its both approaches of “Neighbour Women’s’ Dialogue” and
“Self-help Groups” are being adopted by PADET and EECMY respectively.

4.1.1. Identification of Real Needs and Target Groups

The programmes have prioritized vulnerable groups. As it is indicated in the programme strategy
(HIVAIDS), DanChurchAid Ethiopia’s prioritisation of specific vulnerable groups is based on
the factors of their vulnerability as assessed from the perspective of DanChurchAid’s overall
approach and intervention logic. The evaluation team has observed that the programme partners
have strived to reach the most vulnerable groups such as women and youth in all programme
areas. The implemented programmes are aligning with geographical and target priorities
stipulated in the programme strategy, and they are rural focused projects supporting women,
youth and PLWHA.

Project beneficiaries and partners participated in focus group discussions and key informant
interviews expressed their views regarding the existing programmes. Most informants reported
that HIVAIDS, GBV, and HTPs are real problems that should be addressed. Some community
members have also challenged IEC/BCC focused interventions to be complemented with other
‘development oriented’ components. In Kokossa as a result of previous programmes on rural development supported by DCA, communities were heard always complaining about the ‘where about’ of that novel approach. Local authorities and staff of Women Affairs Office underlined that the recent changes observed in women status has been unthinkable without the projects of DCA.

4.1.2. Local Implementing Capacities

As we have indicated in several parts of this document, different partners are engaged to implement the two programme themes. Partners of DCA have ideological, philosophical and organisational differences. Some are huge organisations (EOC, EECMY), while others are medium (WSA, ADAA) and some others are even grass roots initiatives like (CPMT). Despite the diversity, however, almost all have proven experience and capacity to implement programmes in their respective areas. Strong physical infrastructure and long history of presence in the project locations have contributed to the successful implementation of the programmes. Partners are aware of and informed about the socio-cultural settings of their respective communities. The fight against and the emerging success stories on jaba’ata, wife inheritance, FGC and all forms of HTPs are based on the utilisation of existing social, cultural, and religious structures. Project partners have shown their capacity to mobilise religious leaders, gadda leaders, elders and formal local authorities.

Although the project partners have reasonably acceptable capacity to run the projects, they are working with weak collaborators such as Women Affairs Office. The women affairs office, which is the forefront duty bearer, is found to be under budgeted, over-burdened, and poorly equipped. Except the motivation and commitment of staff in all Women Affairs Offices, their endeavours are seriously curtailed by extremely limited resources under their jurisdiction. It is not unusual to see Women Affairs Office without adequate working room which hampers and threatens their day to day activities let alone to think about the sustainability of programme results.

DCA has been working to strengthen local capacities mainly through advocacy trainings as it is indicated during the discussion with programme coordination team. Through this training, how to work with media and parliament were emphasized and results from PANE were shared. The
In 1983 I was a brilliant grade 5 student. While I was going back home in the afternoon, a group of young boys abducted me and I got married to my current husband. I have no choice at that time than getting married. When the staff of this project started the activities, I was impressed on the issues the project aims to address. I am a victim of both FGM and abduction. So I started to work hard and actively participate in women’s group. I decided not to circumcise my daughter. I also convinced her and my husband about its harmfulness. I am unfortunate that she was abducted and taken to unknown place when she was in grade 6 a year ago. Something I have never thought of was happened again in my life. I never thought that this comes back again. I started to mobilize women group, and consulted the offices of women affairs, the police and justice. After a long search, we found the address of a person who abducted my daughter, but we could not find her because his relatives hide her in Arbegona (neighboring district located in SNNPRS). As the region is not Oromia, the procedure to search for her and the perpetrators and collaborators was rigorous. Police were reluctant to follow up the case. Some people were telling me that nothing is special with my daughter – she is abducted as any other girl! I realized that I can’t go beyond. So I have to negotiate – at least to save her from circumcision

4.1.3. Relevance of Holistic Approach

Despite specificity of programme themes, there exists clear link among the DCA supported projects and indications of communities benefitting from multiple interventions. Communities have benefited from multiple activities and components. For instance, community conversation was used to address issues related to HIVAIDS, Gender Based Violence and HTPs. Women self help groups (SHGs) have functioned for economic empowerment as well as addressing political space related issues. By-laws were also developed with regards to marriage, migration, HTPs, and property rights. The same forums served as venues for HIV prevention messages. GBV programme implemented by WSA has initiated significant number of women to demand legal
and medical services, which is addressed by additional programme designed based on needs arising from preceding project.

During FGDs conducted in Kokosaa and Habru, with women, those in child bearing age indicated how the challenges of women are inter-generational. Women have reported that they have knowledge about their right and where to report in case of violence. In many communities by-laws regarding PLWHA, early marriage, migration, GBV and other project themes are developed and implemented. In Habru for instance, a mother who allows her daughters to undergo FGC, perform early marriage and moved to take migration as an option for unjustified reason will be punished. Such woman will not be allowed to become a member of self-help group in addition to legal measures that would be taken against her. In relation to this, the marriage approval committee established in each K’ebele which initiate ‘pre-requisite clearance’ to process marriage, which includes knowledge of HIV status, age and life sustaining resources. In Kokossa early marriage and FGC are punishable. Communities report to groups and volunteers in such cases so that legal action will be taken immediately.

There are several cases and instances in which communities; especially women are organizing to interact with duty bearers in order to defend their rights. One of the major positive outcomes is improving awareness among the duty bearers and right holders regarding their roles. In Assasa, local authorities and justice department indicated that two kebeles which were the most ‘notorious’ and hundreds of complaints had been coming for certain years were selected for intervention two years ago. In other words, these Kebeles were characterized by high prevalence of HTPs including FGC, polygamy and other forms of GBV such as murder and physical assault committed on women by their husbands. Currently, due to CC and increased awareness of the community, less number of complaints is coming from the Kebeles to the Woreda. As a result of increased capacity of women and communities, as informants indicated, GBV has reduced in the intervention kebeles. It can be argued that increased knowledge and awareness potentially can explain increased reporting to formal authorities, and in the meantime contributed for reduction of gender based violence. Where community structures are established, it seems that mechanisms have contributed to get ‘community based solutions.’ Communities are able to design and implement by-laws, able to abate GBV. In 2009/10, an average of 9.3 complaints reported to District Women and Children Affairs Office (DWCAO) from 25 non-intervention kebeles
(maximum 32 and Minimum 4), while only 2 cases reported from the intervention kebeles. As a result of the success stories and achievements in the project area, women in non-intervention Kebeles are also encouraged to appeal for duty bearers. Informants further indicated that CC has brought significant change in men’s role and family relations in those kebeles. Women often reported that men are taking increasingly greater role in child care. As women indicated a greater tendency of consultation for asset disposal as a major change CC has brought on men’s behaviour.

The programme has contributed for bringing FBOs and their leaders upfront in the fight against HIV/AIDS and ensuring rights. In Oromia and Amhara project sites, the involvement of religious leaders and FBOs is the key to the success of the programme. Orthodox, protestant and Muslim leaders have also shown greater engagement in improving the situation of HIV/AIDS affected women and children. Informants underlined that ‘bringing the issue of HIV/AIDS to religious institutions was a challenge by itself in the past. The three religious groups were considering HIV/AIDS as an outcome of sin because HIV/AIDS wouldn’t be internalized as a problem by religious people. Informants from the three religious groups argued that the ability to teach about HIV/AIDS is a success after a long struggle because religious leaders who discuss about HIV/AIDS were seen as they are departed from their actual mission and religious affairs.

Currently, however, FBOs have designed internal systems that enable them to raise awareness of their followers. The Archbishop’s rally is a clear example of dedication of church leaders to fight against women right and HIV/AIDS prevention. The Muslim community has organized events and ‘Jumma teachings’ every Friday. Different types of IGA groups are also supported by the FBOs. The protestant churches have initiated regular schedules for awareness rising against HIV/AIDS. An informant from Dessie EOC indicated that the programme has played a central role for engaging ‘Sabath School youth’ which is not the case with other projects they implement.

4.1.4. Complementary and Coherence with Related Initiatives

The complementary and coherence can be seen at micro (project) and macro (national level). At Macro level, DCA supported programmes are in line with the national policies and priorities. The National RH included three of the eight goals of MDGs known as improving maternal
health, promoting gender equality and combating HIV/AIDS. The road map to accelerate the reduction of maternal and newborn mortality in Africa has been endorsed by the AU and signed by the government of Ethiopia and other member states as well as is fully incorporated in this document. The goal of the strategy is to build on the momentum occasioned by the MDGs to garner the multi-sectoral support needed to meet the reproductive and sexual health needs of culturally diverse population. The strategies included in the document are 1, the social and institutional parameters of women’s health; 2, Fertility and FP; 3, Maternal and newborn health; 4, HIV/AIDS; 5, RH of young people; and 6, Reproductive organ cancer. Some of the targets set in the strategic documents are: increase CPR to 60% by 2010; skilled birth attendance of 60%, ANC coverage of 70%, MMR of 350 and NMR of 18 by 2015.

Furthermore, the DCA programmes are aligned to the national adolescent and youth RH strategy which strives to meet the immediate and long-term RH needs of young people through increased access and quality of SRH services for adolescent and young people; increase awareness and knowledge about ARH issues that leads to healthy attitudes and practices in support of young people RH; create an enabling positive environment regarding the RH needs of young adolescent and youth; and design and implement innovative and evidence based ARH programs that are segmented and tailored to meet diverse needs of youth.

There exist a strong potential for synergy among the three themes of the programme. The nature of the programme design has a potential to address all the three strategic themes of DCA. For instance, the GBV prevention programme implemented by WSA in Habru has addressed HIV/AIDS, IGA (which can contribute to food security) and increased awareness of rights and services available (broader political space). Moreover, discussion with women groups indicates that their awareness about HIV/AIDS and other sexually transmitted infections have been enhanced and improved. Women are much aware of the property right, ownership and disbursement procedures. There are also initiatives to send children to school, especially girls. In Kokossa the HIV/AIDS prevention programme has exceedingly contributed for enhancing knowledge and awareness of rights over property for women. It has contributed a lot for fighting against GBV including HTPs.

DCA supported programmes have closely worked with HEWs. This has enabled the programmes to ensure sustainability of outcomes, increasing their capacity and closely collaborate to enhance
common goals. ADAA and Kokossa HIVAIDS Project partners and local collaborators indicated that the trainings provided by the programmes enabled HEWs to become key actors for the implementation of CC and community mobilization. Moreover, VCT campaigns are also reported to be implemented in collaboration.

4.1.5. **Design Strengths and Weaknesses**

DCA programmes have stronger components of partner consultation and participation. The programme designs are informed by context analysis and priorities of communities. This is evident from the sense of community ownership, liking and respect of the communities to the programme and project implementers. The themes addressed real life challenges of communities and primarily targeted the most underserved and marginalised communities. As it is indicated from a coordination office, ‘the selection of implementing partners was generally contextual. As more than 90% of the national population has one type of religion or the other, faith-based organizations were selected in most cases. Those organizations which got good comparative advantage at the specific project localities were preferred. Smaller and more targeted partners who have demonstrated exceptional capacity in mobilization and strengthening of civil societies were included.’

Despite the strengths, little attempts are made to design the programme components synergistically. Conventionally, from the perspective of addressing sexual and reproductive health and rights, HIVAIDS, GBV including HTPs cannot be dissociated. Moreover, the LFA could have been refined more focusing on core and sub activities. In a report submitted to DCA we have observed 45 activities, of course, some of the activities are one and the same except target group differences.

Although the project documents have not explicitly addressed sustainability and exit strategies, there exist commendable sustainability initiatives. Activities identified have in-built nature to sustain results. Communities are equipped with the necessary knowledge and awareness. Women are more aware of their rights and are demanding for more services. Communities are demanding and participating in development endeavour has increased. Local authorities are engaged from the off-set of the programme and are including some of the results in their own plan of action and allocating resources, especially HIVAIDS components. Women affairs are including fight against
HTPs in their plans and budgets. In some districts, district council reported that they are willing to accelerate and scale-up best practices from the projects. Moreover, robust community structures are developed and organized. For instance, there are strong income generating groups, PLWHA groups and groups against GBV who can take over the results of the programme. The marriage approval committee has been organized in each target kebeles in Habru Woreda is the key in fight against early marriage. The gadda and religious leaders have effectively started to involve in the traditionally defined ‘women affairs.’ This is observed in terms of personal commitment from the leaders and their effect on mobilization of their constituency for change. The Archbishop rally and the planned educational programmes in Orthodox and allocating awareness creation sessions during spiritual conferences in protestant churches, and the Jumma preachers in mosques are inherently established structures that can reach thousands of people at a time.

The evaluation team found that the DCA programme design to be live and flexible for learning and improvement. There are cases which collected information and designed programmes that have served as inputs for further improvement of interventions. A very positive development in this aspect is the introduction of legal and medical services programme on gender based violence programme. The former programme identified that community mobilization, sensitization, awareness rising, and promoting knowledge for their rights doesn’t necessarily ensure women’s status. The service is the key for affected and infected women. Thus, WSA and DCA have developed a programme for service delivery and capacity building. The additional programme has enabled women to access medical services for fistula repair and post abduction services.

The conventional and traditional women’ groups are aimed at strengthening the economic capacity of women. Organized women groups used to receive grants to engage in income generating activities. However, the DCA programme has widened the scope of such groups and transformed them to rights groups. These groups started to advocate for women right, against gender based violence of many kinds, and stand firm for supporting awareness raising against HIV/AIDS and STIs.

Programme partners have also clearly set out the lessons learned from the DCA supported programmes. One of the informants from WSA argued as follows: ‘We have been organizing and supporting women self help groups for many years with primary objective of women
economic empowerment. But as we started to work with DCA approach, we are successfully able to utilize the same groups to fight against GBV, HTPs and HIVAIDS.’

The thematic approach programming seems to hinder effective programmatic and geographical synergy among the DCA supported programmes. There are ad-hoc inclusions of activities in some programmes. Thus, there exist an opportunity to improve the programme design through planned and informed linkages. There is no reason HIV programme can not implement political space components and vice versa. This can also be extended to food security programmes by developing concise LFAs.

4.2. Efficiency

According to EU PCM manual (2004) efficiency refers to the fact that the project results have been achieved at reasonable cost, i.e. how well inputs/means have been converted into activities, in terms of quality, quantity and time, and the quality of results achieved. This generally requires comparing alternative approaches to achieving the same results, to see whether the most efficient process has been adopted.

4.2.1. Overall management

The evaluation team identified that DCA Ethiopia has been playing a crucial role on overall programme management and coordination. In addition to grant management and involvement at levels of PCM, cross-cutting themes on capacity building, research and advocacy were centrally implemented. Likewise, DCA supported programmes have multiple programme management modalities as diverse partners are involved. For instance, the projects run by FBOs such as EECF, EMARDA and EOC are highly centralized, whereas OSSA of Dessie branch has relatively wider space for local level decision making and decentralization. Programmes run by WSO and ADAA have partial decentralizing as result of local coordination offices. Projects implemented by EECMY have enjoyed the highest level of decentralization.

The DCA coordination has centrally coordinated the programmes with acknowledged positive programme management support from local partners. There is a programme of monitoring system in place and every project was monitored at least once a year with some got the opportunity to be monitored twice a year. This can be considered as reasonably acceptable level
given the number of projects DCA coordinates and their physical location – mostly remote and inaccessible in some case. There are clear evidences that the DCA coordination office was on top of projects. The programmes were dynamic and contextual, pertinent decisions were given timely. The programme is being implemented based on the context analysis done in the year 2004. Gradually the programme Matrix was revised following the midterm review outcome in 2008.

The programmes have gone through a rigorous programme design, selection, appraisal and funding processes. All programmes are informed by existing evidences and context analysis. Moreover, there are evidences that the programme design was highly participatory. Some critical issues and concerns, which were identified in project proposal evaluation phases, have been improved during the project appraisal process, whereas others were improved during the implementation process. For instance, some of the critical issues identified in step one and two regarding EECMY capability to engage Muslim communities was found to be effectively addressed. In Kokossa, a team of Muslim religious leaders indicated that ‘We were very suspicious of the project owners and their activities during the initial period of the project because we thought that the project was a cover that paves the way for conversion to Protestant Christianity. Thanks to the project management, we were closely communicated and approached throughout the project phases. We finally developed trust as a result of increased participation and benefits we gained from the programme. The programme addressed common problems and priorities. This is a church, but we never felt ashamed of coming here to discuss on our common problems such as HIVAIDS and HTPs.’

Despite few say in the programme design (EECMY) about PLWHA and their engagement as right holders, the programme implementation process proved to involve PLWHA strongly. PLWHA are mobilized and strongly engaged in seeking for own health, contributing in the fight against HIVAIDS, mobilizing communities, advocating for their rights and shifting to productive citizens (IGA – engagement) and fight against SDD.

As it is indicated from the DCA coordination team and validated from local partners, programme platform is established as a forum for continued joint learning, keeping track on lessons learned and facilitating how to apply them in practice. There exist strong potential in the joint platform yet it is found to be underutilised. The joint platform is an opportunity to initiate joint advocacy
program even though it is not yet utilized at all. The platform is a very big structure to produce standardized training and IEC materials for advocacy purposes to be more effective & efficient. The network and the platform can be taken as a very high opportunity to exchange best practices, exposure visits and project success to partners. Despite the limited political space for CSOs, mandated national NGOs could have increased their capacity to monitor and inform rights status for women, children, and the vulnerable ones. Thus, the local initiatives could be an area of engagement for future in order to produce annual reports at national and regional levels.

DCA Coordination office has facilitated several partner platform meetings (twice a year) and has served as a platform for partners to discuss relevant issues and share lessons learnt and best practices. The change in hosting partners and inclusion of projects to be visited was reported by partners to be an interesting internal learning opportunity. Some of the earlier interventions such as support for KMG have contributed to the present programmes. KMG served as a learning hub for experience sharing and source of trainers for contemporary partners. In all project localities, all partners have appreciated the platform meetings to be helpful because of the exchange of experiences and sharing of information on how to implement activities.

The Political space platform has faced the severest challenge as a result of the enacted CSO legislation. The effect of the CSO legislation was observed from its practical and potential perspective. It diverted the attention of partners and forced some them to revise their strategy. In spite of the challenges, partners reported that one platform meeting was effectively conducted in one of the project areas hosted by DCA partner in North Shewa. More importantly, the joint platform has a potential to strengthen the synergy between the three programmes. Discussion with coordination team indicated that ‘Coordination of DCA partners with other PLWHA associations has been demonstrated in Oromiya as DCA partners were working on behavioural change, while the PLWHA association was working on condom distribution.’

However, the analysis of existing documents, discussion with DCA management and staff has shown that documentation and communication of best practices and evidences of working models is scrawny at the coordination level. Furthermore, advocacy component of the programme is far behind than the strategy strived for. This can be attributed to the political space vowed to CSOs and lack of institutional capacity from the partner’s side. There is no evidence that DCA supported programmes have contributed to policy design or change despite financing
partners like PANE and CRDA to engage in dialogue with decision makers on the operational space of the new CSO law. DCA as a financing partner can claim part of the success stories of CRDA, most notably its ability to take a seat as a board member of the Charities and Societies Agency representing the diverse civil societies.

DCA has also coordinated researches at regional and national level. With CRDA and PANE, DCA has financed the piloting Citizen Report Card (CRC) and other research undertakings including research and documentation on climate change. The most commendable job is the proactive initiative to support to conduct a survey on how to continue and strengthen civil society organizations work in the face of the formidable new CSO law. However, there are limitations of communicating the research outputs.

4.2.2. Cost and value-for-money

Totally DCA has invested over 5 million DKK for the two programmes to support over 1 million direct beneficiaries (200,000 in Political Space and 800,000 in HIVAIDS Programmes). The programmes are implemented in rural proper mostly remote districts and were dealing with the poorest segments of the community. The issues in the programme theme demand for intensive engagement of communities to challenge customs and cultures. Given the number of beneficiaries it has reached and focused priorities we opt to conclude that the cost and value for the money is reasonably acceptable.

As we have indicated in the aforementioned section, diverse project management modalities were implemented across the projects. This has enabled the project to enjoy subsidies of different forms. The most important aspect of the programmes is ability to sustain with limited overheads and running costs at local level. FBOs have started to mobilize own resources to invest on HIVAIDS prevention programmes. In Dessie Muluwongel Church committed office and office supplies for this programme free of charge. The EMRDA led project is sited in Muslim Council Office and utilizing equipments and supplies from the council. Orthodox Church Development Agency hosted all the staff and project in its branch office free of charge. All leaders reported that the project is dealing with internal issues and problem of their followers. Thus, they consistently reported that ‘even without the project we will continue to do our job…because it is

10 Information compiled by the coordination office.
our own problem that we need to fight.’ There are evidences which churches are mobilizing financial resources to support women. The Muslim council in Dessie is planning to build ‘safe shoe box’ and charging followers when they come to mosque. This is a great opportunity to raise thousands of birr every week from jumma worshippers.

**Table: Programme Budget and Budget Utilisation (PT1)**

<table>
<thead>
<tr>
<th>Entry Point</th>
<th>Danida DKK</th>
<th>Own Funds DKK</th>
<th>Total budget</th>
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</thead>
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Source: DCA annual Report

**Table: Programme Budget and Budget Utilization (PT4)**

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</thead>
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<td>462,778.00</td>
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<tr>
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<td>119,366.95</td>
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</table>

Source: DCA Annual report, 2009

As it is observed from the field, some of the project activities have potential to serve the communities and programme purposes for the coming years. The community information/resource centres, IEC materials developed by the Ethiopian Evangelical Church Fellowship and Orthodox Church are worthy to mention. The IEC materials are of high quality, contextualised and living documents with regards to HIVAIDS prevention and control.
4.2.3. Partner country contribution

There are no financial contributions from the country. However, there are significant in kind contributions from partners. Offices, office supplies and materials are worthy to mention as partner contributions. The projects are able to attract top level leadership from FBOs. In fact, trainings and mass mobilisations led by the Archbishops and Church Pastors have been beyond monetary contributions.

The programmes are able to mobilise resources from local authorities such as the WoHO and WoHAPCO. For instance in Kokossa, the project was working with local authorities and by mobilising health workforce from district and health centres. As it is indicated by the project manager, 90% of the kits supplies for VCT came from Woreda health office and the project contributed to fill the gaps when absolute shortage was faced. Districts were engaged in procurement of STI drugs and provided pharmacists to support drug procurement. Trainers were also mobilised from public sectors staff.

4.2.4. Quality of supervision and monitoring

DCA reports and consultations with partners indicate that there are reasonably acceptable levels of monitoring visits. For instance, in 2009 there were a total of 10 monitoring visits (twice each) to partners’ projects (EECMY, EOC and Christian Aid projects) for PT4 projects. Monitoring visits for PT1 projects were conducted once a year in each partners projects. Existing documents indicate that a project implemented by Hope for Destitute Women and Children Development Association (HDWCDA) wasn’t visited in 2009. Although there is a satisfaction from partners in relation to feedback from M&E visits, little is documented to ensure institutional memory.

4.2.5. Technical assistance

The project coordination unit at DCA has provided several missions for monitoring which provided several technical assistance inputs. External consultants and internal monitoring missions have been participating in the design, implementation, monitoring and evaluation of programmes. However, given the complexity of the programmes, more technical assistance could have been provided for local partners.
The advocacy capacity of local partners is curtailed by several internal and external factors. The CSO legislation is the major obstacle. However, there is a clear lack of capacity among local partners for advocacy. Except interventions through CRDA and PANE network, DCA partners have done little on advocacy both at local, regional and national levels.

In spite of attention given to close the gender disparities and disproportionate vulnerability of women, there are internal inconsistencies observed. In some cases, local partners have seen striving minimally to enhance women’s involvement in trainings and discussions. Logically, the very programme aimed at empowering women should strive to engage women as much as possible – it should be a role model.

4.3. Effectiveness

According to the EU PCM manual (2004), effectiveness refers to an assessment of the contribution made by results to achievement of the Project Purpose, and how assumptions have affected project achievements. This should include specific assessment of the benefits accruing to target groups, including women and men and identified vulnerable groups such as children, the elderly and disabled.

4.3.1. Project achievements / Results delivered

HIV/AIDS Programme

The vulnerable groups in particular girls and young women in DCA focus areas are empowered to claim and access rights from duty bearers to knowledge, prevention, care and support and treatment for reduced vulnerability to HIV/AIDS. There were increased number of vulnerable groups equipped with the necessary knowledge & accessed to information on the matters of HIV/AIDS and SRHR via issues of early marriage, abduction, FGM, polygamy and other HTPs. Analysis of available physical reports of the programme for the year 2009 indicates that total of around 158,471 (76,251 female, 82,219 male) youth vulnerable accessed information on the matters of HIV/AIDS, SRHR, STI, safe sex practices and condom use promotion and reducing HTPs including early marriage, FGM, Unmarried sex partners, sharing blades, rape, polygamy and abduction through the different modalities including IEC/BCC, community conversation, peer education and archbishop rallies.
Analysis of the same document\textsuperscript{11} indicates that lots of groups were formed and strengthened that were actively involved in raising awareness on HIV infection and RH risk. These include Anti AIDS clubs, peer groups, women groups, CBOs and others. IEC/BCC material related to HIV awareness in vulnerable, SRHR, SDD, care and support, SHG, peer education, OVC, human right and faith based involvement was produced and distributed. (A total of 50,908 different kinds of IEC materials including leaflets, posters, manuals, brushes, newsletters were distributed). The demand for VCT was increased and a total of 2,896 persons (1232 female, 1664male) were provided with VCT service by the program only, and many others referred to health institutions which resulted from significant attitudinal and behavioral changes. Establishment of mobile VCT initiatives and strong coordination with district Health and HAPCO have contributed a lot for the achievement.

Most of the influential organization (of bigger size and geographical reach) partners were engaged in advocacy campaigns in the reporting period. Particularly, OSSA through EU-ERH project, NAPWE and NEP+ were actively involved in promotion of right based advocacy and community mobilization.

A In addition, a total of 731 members of CBOs and 909 religious leaders were given training on reduction of HIV-related SDD, community mobilization and HIV prevention. Additionally, different experience sharing visits were done which together with the trainings, empowered FBOs and CBOs to include HIV/AIDS in their routine activities – including religious activities, mutual help, and credit and saving to mention. At an institutional level for instance, ECFE has issued HIVAIDS policy supported by DCA.

\textsuperscript{11} Ethiopia PT4 Programme Annual Programme Report (2009)
Clear indications were seen that Stigma, Discrimination and Denial is decreasing in project areas as there was active involvement of PLWHA associations and different CBO’s combating SDD through the project activities as well as psychosocial support provided by volunteer HBC givers and self support associations.

Strengthening previously established PLWHA associations in rural areas was done and nine PLWHA associations were newly established and strengthened through training, material & financial support as well as IGA. A total of 1496 PLWHAs and 185 affected were addressed. Care and support activities were also successfully performed.

The projects have integrated gender issues and given emphasis to women & girls by increasing their awareness through training them on HIV/AIDS and on their basic right so as to ensure women empowerment and gender equality. Gender equality and sensitivity was adequately reflected in all projects: in right holder selection, duty bearer strengthening, PLWHA empowerment and other activities.

DCA established Platform meeting with its partners for exchange of lessons learned and planning of projects and 13 partners were represented and discussed on different issues and took action points. To strengthen the capacity of partners, DCA provided partners with training on HIV/AIDS Program Monitoring and Evaluation and result based reporting for Ayelech is 33 years old HIV positive women living near Dessie. She used to work in the lowlands (bereha) in different sectors. She used to have thousands of birr and was supporting her family around Dessie. She supported the education of her siblings, living of her father and mother. She remembers it was time of ‘love and abundance.’ Few years ago she got sick and fell bed-ridden. When she got tested, she knew that she is HIV positive. She doesn’t want to remember the situation…just she felt unfortunate. As she was so weak and tired she came back to her parents house. The love and abundance was not there. She has seen every form of discrimination. She started to leave alone in a deteriorated hut, while her parents have a luxury villa. She has given her own glass, plate, spoons, forks. Currently, she doesn’t blame anyone for the past. In her own words she said ‘it is due to lack of awareness, not because of hatred that I was totally detached from my parents and the whole world for certain years.’ In those years, her parents were not willing any one to visit her because they were so much worried about their status within the community not for their daughter.

One day the founder of a local NGO (CPMT) came and advised her to join a group of PLWHA. Then, I was given chicken to start up my own IGA. Unfortunately, all of the chicken were males. Therefore, I sold them 600 birr and started to retail the grain and eggs. Thereafter, I have got additional loan from CPMT and started to expand my business because I have experience of running a business. Since then, I started to earn money. Gradually, love and care started to come from the people. Presently, I am a management member of the IGA group. Many women are members of this savings and credit group headed by me. I have proved my leadership. Currently, I have over 19,500 Birr in cash. She concludes ‘Someone who is not able to learn from his past life is so foolish and doomed to fail’
five days and 13 partners were represented. This has a very good contribution to capacity building of partners. Procurement training was also given to AFM, EOC DICAC, EECMY WBS and EECMY NCES. Partner capacity building was also addressed through provision of different equipments, furniture, hiring of technical staff and regular communication at different projects.

Experience sharing field visits were one of the major tools used almost by all projects to learn from others’ best practices in community mobilization, prevention of HTPs and HIV/AIDS, fighting SDD, IGAs and others. Right Based Approach is the main pillar of the program which was being employed through the components of projects by focusing on vulnerable groups (girls, women). It was particularly applied in identifying and fighting HTPs as well as gender inequalities as they expose women to risk of being infected with HIV/AIDS.

Trainings provided and supported by DCA have contributed for enhancing partner’s technical capacity in HIV/AIDS services quality monitoring and evaluation. The training was planned based on findings and recommendations from previous platform meeting and observations and reviews during project monitoring visits and regular reports. Partners were also given training on Procurement procedures.

Most of the project right holders are women and most projects work closely with women affairs office, and women are actively participating in the implementation of the different projects under the program. The partnership DCA has with PLWHA networks has contributed for strengthening the networking among PLWHA Associations.

DCA has also strong partnership and collaboration with sister agencies, especially CA and NCA. One of the examples could be one of the active projects in 2009; EU–ERH project is co-financed by DCA/DANIDA and CA and implemented by a consortium of nine partners most of which are FBOs. DCA has been making joint reviews, monitoring visits and a lot of other activities together with CA. DCA established Platform meeting with its partners for exchange of lessons learned and planning of projects. Here though it was only once\(^{12}\), there was a platform that brought CA, NCA and DCA partners for experience sharing and result based management training (RBM). As a result NCA and DCA has shared resources for their respective partners.

\(^{12}\) External reviewers have pointed out the information and the review team discussed with DCA for validity before incorporating in the evaluation final document.
NCA partners who joined the training. This is found to be a good opportunity to share resources
and bringing partners together in various venues. In this regard, 13 partners were represented and
discussed on different issues and took action points. To strengthen the capacity of partners, DCA
provided partners with Training on HIV/AIDS, Program Monitoring and Evaluation and result
based reporting for five days and 13 partners were represented. This has a very good contribution
to capacity building of partners. Procurement training was also given to AFM, EOC DICAC,
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provision of different equipments, furniture, hiring of technical staff and regular communication
at different projects. Experience sharing field visits were one of the major tools used almost by
all projects to learn from others’ best practices in community mobilization, prevention of HTPs
and HIV/AIDS, fighting SDD, IGAs and others.

**Political Space Programme**

Analysis of existing programme documents for the year 2009 indicates that communities in the
project area has benefited from the extensive awareness rising sessions, issues related to
women’s rights, abduction, early marriage and HIV/AIDS. These activities are resulted 1) Fifteen Parents who were in the process of arranging marriage to their under aged children have changed their mind and the girls are returned back to schools 2) The gender core group have filed a total of fourteen sexual and Gender Based Violence. Out of which, five of them are cases of attempted rape, two cases of abduction on under aged girls and seven reported rape cases. Ten of the cases were considered in the local legal system and the criminals were imprisoned. The other cases were closed due to lack of evidence.

A total of 1299 people participated in community conversation sessions and 32 radio broadcast
sessions conducted in the issue of gender equality, children’s rights, early marriage, good
governance, and peace and conflict resolution. The community conversation has created: 1) optimum community participation in addressing community problems 2) It increased the participation of women in community meetings, 3) It has made Gender Based Violence to be considered as a serious problem, 4) It also paved the way for open discussions between male and female in the community that used to be considered as taboo, 5) It also made the practitioners of Harmful Traditional practices to be aware of the effects of their practices and made them to stop
from performing the practice. In addition, a total of 12,000 leaflets, posters and newspapers have been printed and distributed to support the awareness raising campaign in the project sites.

Existing networks and local government structures in the project sites have been strengthened to sustain the overall outcomes of the project in our intervention area. The local government Women’s affairs bureau were capacitated both materially and through extensive workshops on how to handle cases of abduction and how to implement laws related to Gender Based Violence. Local governments are intervening in gender-based violence, property rights, and rape and abduction cases. For instance Legal support was given for six women claiming property right and three Harmful traditional victims. Workshops in women rights, gender equality and HIV/AIDS were conducted and attended by a total number of 252 local government officials (173 Male & 79 Female). In addition to this, sensitization workshops was conducted and attended by 60 people who are working as gender core groups in local communities.

In the project sites effective and coordinated response has existed among judiciary, health office, local administration and the local community. For instance, 15 families who were arranging marriage for their under aged children have terminated the process and they have let the children to go back to school. The local justice system is following four early marriage cases in the project areas. The community, religious leaders and harmful traditional practitioners fully recognised about the ill effect of SGBV related issues. This in turn has made cases of sexual violence to be reported regularly; and girls victimised by HTP have got support. For instance, Nine Fistula Cases due to Sexual Gender Based Violence were referred for medical treatment.

The capacity of women was strengthened through income generating activities and awareness raising programmes like community conversation. For instance, women organised under Nineteen Self Help Groups are engaged in different income generating activities by accessing the Self Help groups saving. Moreover, there are eighteen Cluster Associations of which three associations came up with income generating activities and they were supported by DCA. This will enable the Cluster Associations to support the Self Help Groups against Gender Based Violence during phase out.
4.3.2. Management of Unforeseen External Factors

The most notable context change after the programme approval is the enactment of the CSO legislation. The CSO legislation has come up with some opportunities and formidable challenges. The legislation has completely changed the political space of CSOs and dynamics. It made difficult implementation of right based approach and gender. Some partners were forced to change their names and strategies. Partners were forced to brainstorm workable and viable strategies to comply with national context. DCA has taken an initiative to finance research.

It has been noted that there exist confusion of M&E components of programmes at partners’ level. Monitoring and evaluation highly relied in the ‘impression’ of local authorities than independent team. Some partners do not give a strong emphasis on monitoring in terms of human resource, survey costs, strengthening outcome/impact analysis. Some partners have no documented results of surveys.

4.4. Impact

Impact refers to the effect of the project on its wider environment, and its contribution to the wider policy or sector objectives (as summarized in the project’s Overall Objective).

The programmes have able to bring positive changes in terms of increasing knowledge and awareness of target groups. FGD participants, community leaders and other community members are well aware of the conventionally acknowledged mode of transmission and means of prevention. When informants are interviewed about misconceptions, there exists high level of knowledge. Few years ago, people considered HIV positive people to be ‘wild, cannibal, and those deserve extinction.’ However, that is not the case today. In fact today in all project sites communities recognize that HIV/AIDS has affected everyone in one way or the other, and it is no more an external problem of those ‘deviants.’ Even though, DCA partners can take the lions share of the success, the observed impact is not solely attributed to DCA programme, but a result of concerted efforts of all other partners.

Increased number of women are claiming their rights and gaining support from communities and the local authorities including the police and judiciary. By-laws pertinent to GBV, early marriage, stigma and discrimination are developed and enacted. As a result, there are families
who are taking the initiative to become models despite challenges. In a focus group discussion at Hebano, women were boldly expressing their story. Most importantly FGM is declared to be a harmful traditional practice and is no more of something to be proudly performed. Unlike few years ago, a practice which was celebrated with festivities, circumcision is pushed to underground operation. In several group discussions, especially in Kokossa, girls who have married uncircumcised indicated that number of uncircumcised girls getting married increasing through time. On top of that, widow inheritance has declined. On top of that, widow inheritance has declined.

The most alarming finding during project visit and focus group discussion with both PLHA and other community members is the decline of stigma and discrimination. Surprisingly enough, in Kokossa, Habru, Tita and Garado PLWA repeatedly reported that stigma and discrimination has decreased significantly, especially since the last two years. PLWA are playing significant role in taking over the leadership roles in their own association as well as in formal governmental structures. Unlike the reality few years ago, communities are willingly to join associations and initiatives by PLWA such as income generating groups, saving and credit associations, and Idirs which are managed by PLWA. A co-worker in Dessie indicated that ‘I have never thought of my co-workers status of being HIV positive. But through interviews you reminded me!’

The projects have also contributed to economic and social empowerment of women. Women are vocal, participating and demanding for their rights and services. They started to challenge patriarchy and local authorities. DCA supported programmes have strived to challenge a deeply intricate social and cultural problems in remote areas of the country and with marginalized communities. The project has contributed for breaking the silence in relation to HIV/AIDS and GBV in all project sites. Women started to stand for their rights both as individuals, groups and institutions. SHGs and income generating activities, contextually designed for specific sites have contributed to enhance women’s income and asset creation. Women were proud of informing the way their livelihood has improved. The SHGs and IGAs have become buds of exercising leadership and pool of confident women to stand for their rights.

In the programme area, the awareness about gender and rights has significantly improved. A women participant indicated: ‘previously men considered us as goods. They consider that they have every right over us. We were treated like domestic animals. If my husband beats me, I used to accept the norm. Now I am clearly aware of my rights and duties. If he wants to wash his foot
I give him water, or tell him where it is.’ Another participant of FGD indicated that claiming over property was unthinkable. She underlined her views in her own words as follows, ‘Men used to consider women as domestic animals. If I inform him that I am going to rear livestock, he may say yes you can bring. Once I bring them home it becomes his property. If I ask him to sell them, he tells me that I have no right. He says ‘women are animals, how come an animal can own another animal?’ But currently it is not the case. I know what to do and where to exercise my right. Actually these days men are changing very much.’

Many participants agree that increased participation of women in public gatherings was a very good evidence of increased awareness. Women publicly comment men and systems. They are observed proposing changes in systems and roles. One woman asked the evaluation team ‘Why do you always come here as if we are immoveable stones? Why not we come and see what you are doing somewhere else?’ women are also very much optimistic about their daughters. Most women focus on providing opportunities for girl’s education. As a woman informant indicated in Kokossa, ‘we are struggling with the existing system, culture and men. This is the most difficult path. Our girls will be educated, get employed and liberate themselves by doing so- that will be easiest path.’

The programmes have contributed to the expansion of HIVAIDS services such as VCT, PMTCT and ART services. The health systems strengthening components have contributed to bring the impact. It also brought some unplanned community development initiatives. The EECMY programme has proven to mitigate conflicts among the Muslim and Christian community, strengthened trust and mutual support. The same programme and the ADAA led programme enhanced demand for social services (schools) and led them to community contributions – demanding and participating community. In Hebano a high school is being constructed by community contribution and in Assesa a primary school is under construction. WSA programmes continued to harness SHGs without the project’s involvement, months after the phase out of the project. Women were repeatedly reporting that as the result of awareness created by the programmes. Pregnant women are aware of the risks related to pregnancy. The programme also provided ambulatory services for women facing complication and saved lives.

**Sustainability**

According to the EC PCM Manual (2004), sustainability refers to the assessment of the likelihood of benefits produced by the project to continue to flow after external funding has
ended, and with particular reference to factors of ownership by beneficiaries, policy support, economic and financial factors, socio-cultural aspects, gender equality, appropriate technology, environmental aspects, and institutional and management capacity.

4.4.1. Acceptance and ownership of objectives and achievements

In all programmes, there are no rigorous exit strategies. However, almost in all cases sustainability of programmes is hitherto agenda for implementers and executing agencies. There are good initiatives in programmes of EECMY and ADAA. Communities are equipped with the necessary knowledge and awareness. Women are more aware of their rights and are demanding for more services. Communities are demanding and participating in development endeavour has increased.

Local authorities are including some of the results in their own plan of action and allocating resources, especially in HIVAIDS components. Beyond rhetoric, district women affairs offices have included fighting against HTPs in their plans and budgets. The intervention has contributed for capacitating staff and institutions which enhanced their capacity to plan and implement activities. In some districts, district council reported that they are willing to accelerate and scale-up best practices from the projects.

Robust community structures are developed and organized. For instance, there are strong income generating groups, PLWHA groups and groups against GBV who can take over the results of the programme. The marriage approval committee has been organized in each target kebeles in Habru Woreda is a key to fight against early marriage. The gadda and religious leaders have effectively started to involve in the traditionally defined ‘women affairs.’ This is observed in terms of personal commitment from the leaders and their effect on mobilization of their constituency for change. The Archbishop rally and the planned educational prgrammes in Orthodox and protestant churches and the Jumma preachers in mosques are inherently established structures that can reach thousands of people at FBOs.

There is strong sense of ownership of the programme results.
4.4.2. Institutional Capacity of the Parties Involved

The DCA country programme has been supporting several partners; however the evaluation team has approached sample projects implemented by WSA, ADAA, EECMY-WBS, EMRDA, CPMT, and ECFE in Oromia and North Wollo of amhara region. The following section is a brief description of existing institutional capacities within partners and will conclude with the contribution of DCA programmes for further strengthening of the capacity of local partners.

Women Support Association (WSA) is an indigenous, non-governmental and humanitarian organization, working in Ethiopia to the improvement of the social, economic and physical well being of the poor, rural women in particular, and the community in general. WSA was established in 1995. Until November 2006 it was known by the name of Women Support Organization (WSO), however commencing November 2006 its name was changed to Women Support Association (WSA). It has changed its name by substituting the word Organization by Association requested by the Ministry Justice while it was in the process of revising its Memorandum of Understanding (MOU). Then, it is registered as Ethiopian Resident Charity under the CSA. The organization has been implementing various projects in the area of promoting women’s rights and economic empowerment; Prevention of Sexual and Gender Based Violence (SGBV); Reproductive Health including Prevention and Control of HIV/ AIDS and Harmful Traditional Practices; Education (formal and non formal); developing water points/sources (hand dug wells & spring developments), and food security projects in three Zones (Oromyia, North Wollo and North Shoa) of Amhara National Regional State and Addis Ababa Administrative Region.

Self Help Group (SHG) formation and management is a community development approach. SHG is an informal association of poor persons / weaker sections in a community with a common objective of working together for their economic and social development and also for their overall area development. This economic and social empowerment leads to political empowerment. To empower poor women using this approach, the women should pass through three stages – SHG, Cluster Level Association (CLA) and Federation. At the SHG stage, 15 to 20 women will form one SHG and each SHG will select its management team that comprises a leader, book writer and cashier who can serve for a fixed term. The SHGs exercises regular savings ((both optional and mandatory) and credit; involve in economic activities using the
groups savings; form good social bond and affinity with their group members, and address basic social issues within the family and in the community. The SHGs management and members will be made to have better awareness of different social issues, communication and leadership skills. They will also be given literacy education during their weekly meeting.

The core approach of WSA is establishing and strengthening women self-help groups. To improve the life of vulnerable community groups the organization has been implementing different projects in the areas of reproductive health, prevention and control of HIV/AIDS, family planning; and assisting formal schools and establishing so-called Alternative Basic Education schools; facilitating various Income Generating Activities (IGAs) to empower women and attain food security at household level; and working against early marriages, abductions, rape, wife inheritance, polygamy. Currently, WSO is focusing on the empowerment of women by organizing them in Women Self Help Groups (SHG) which is autonomous grass-root institution that paves the way for needy women to be strengthened economically, socially and culturally by their own efforts with minimal external resources.

Ethiopian Orthodox Church and Inter Church Aid Commission (EOC/DICAC) started to cooperate in 2005 in Wadla, North Wollo. EOC/DICAC is specialized in rural development projects. EOC/DICAC is the development commission of the Ethiopian Orthodox Church. DICAC had been set up to implement relief, rehabilitation and development projects. The project in Wadla supports agricultural production, various income generating activities, diversification of income sources etc. Although a new partner to DCA, EOC-DICAC is a development actor with ample and long experience especially in rural development projects. With its widespread membership base and long tradition in Ethiopia, EOC-DICAC is a strong partner when it comes to knowledge about the problems facing people in rural settings.

Ethiopian Evangelical Church Mekane Yesus/Development and Social Service Commission (EECMY/DASSC) is among the faith-based partners of DanChurchAid with a cooperation lasting more than 25 years. EECMY is one of the two major evangelical churches in Ethiopia and with more than four million members. EECMY plays an important role in the fight against poverty, HIV/AIDS and rights violations. DanChurchAid supports ongoing projects with Wabe Batu Synod (WBS), North Central Ethiopia Synod (NCES) and South Ethiopia Synod (SES) in different development areas as well as relief activities. EECMY Wabu Batu Synod plays an
important role in the fight against HIV/AIDS through DanChurchAid’s HIV/AIDS programme. DanChurchAid supports ongoing projects with the Wabe Batu Synod (WBS), North Central Ethiopia Synod (NCES) and South Ethiopia Synod (SES) on HIV/AIDS issues. The present HIV/AIDS project by the Wabe Batu Synod focus mainly on prevention through behavioural change and on improving the living situation of the already infected persons. Advocacy and rights-based activities are included in the fight against harmful traditional practices and other practices inhibiting women’s free choices.

Ethiopian Muslims Relief and Development Association (EMRDA) strive to bring about sustainable change in the lives of poor and vulnerable groups residing particularly in rural areas of Ethiopia. An indigenous NGO established in the year 1994 and re-registered with Charities and Societies Agency with the objective of preventing abject poverty and unemployment through participation and sustainable integrated rural development. Starting from its inception, EMRDA has been engaged in promoting in the following activities including reproductive health and HIV/AIDS prevention; basic formal and informal education; small scale water development, vocational and skills training, civic education, orphans and vulnerable children (OVC), care and support; child labour reduction, women’s empowerment, Community-based organizations (CBOs), capacity building, and Disaster and emergency relief /Humanitarian Aid. EMRDA has provided service to an estimated of 6 million needy and vulnerable people including children in 7 regional states of the country (Amhara, Afar, Oromia, Harare, Dire Dawa, SNNPR and Addis Ababa). with the fund secured from international donors, charitable organization and individuals.

African Development Aid Association (ADAA) is an indigenous non-profit making NGO established in 1988. It currently operates in the central & southern parts of Ethiopia, specifically in Oromia Regional State. ADAA’s mission is to facilitate sustainable community based development initiatives in its target areas with special emphasis on women, children & youth. In its target areas, ADAA intends to enhance access to education and information in general and basic education in particular. It also tries to increase accessibility, availability and acceptability of the RH/FP methods and services integrated with HIV/AIDS prevention and control, and fight HTPs that contribute to HIV/AIDS and related socio-economic factors. It also advocates for the rights of women and children through awareness creation; facilitate access to basic food security for healthy and productive life; contribute to environmental conservation and rehabilitation; and
enhance its capacity through human resources development. ADAA's partnership with DanChurchAid established since 2006 with the overall objective of the project that aims to enhance the empowerment of women by increasing the awareness level about their rights, HTPs, and HIV/AIDS, and to contribute to the social and economic development of the project areas. ADAA is now undertaking the baseline survey at the project intervention areas.

DCA has supported capacity building initiatives for the partners. Partners reported that they have received training on project cycle management, monitoring and evaluation and advocacy skills. Advocacy trainings have provided skills for partners on how to work with the media and parliament. National advocacy experiences and initiatives including the initiation of Citizen Report Card (CRC) were shared by PANE to other partners. Partner staffs shared experiences related to community mobilization from KMG. Besides, the trainings organized in-country; selected partners were sponsored for international trainings and international experience sharing forums. Some of these include staffs of EIFDDA who attended AIDS conference in Canada and shared the experience with the other staffs. DCA has also sponsored staffs of implementing partners for several trainings organized by CRDA. Moreover, programme staffs were able to share experiences from Vienna AIDS conference in 2010 and 8 staff from partner organization and government offices have visited projects in Philippines and came up with inspiring ideas on the role of developing vibrant CSOs. Furthermore, DCA has also organized and conducted information and experience sharing events among partners at Merhabete, and Awassa which also included program visits. Exchange visits have enhanced the intra-learning among partners. Moreover, DCA has supported partners and staff to learn and disseminate experiences from global conferences and international initiatives.

Given the project implementation areas and the current manpower dynamics in Ethiopia, it is not surprising to see staff turnover at all levels. DCA coordination office is not an exception; it suffered with not less magnitude than its partners. The EECMY-WBS approach to support long term trainings seems to yield a better result. The project is able to retain key personnel, in one of the remotest rural settings of the country. It has indicated that longer term training support can contribute for staff retention.
4.4.3. Durability of ProjectOutputs

In addition to its inbuilt structures of sustainability, the programme is also able to mobilise additional resources by attracting other agencies. For instance, Concern Worldwide\(^\text{13}\) started supporting DCA’s local partner, Women’s Support Association (WSA) to tackle gender-based violence in South Wollo who runs over 108 self-help groups which has enabled 2,000 women to transform their lives.

In a FGD of women of reproductive age at Hebano/Kokossa, a woman was quoted to say: ‘Thanks to this programme today is totally different from yesterday. We are well aware of our rights. There are clear ladders of results we have achieved. For instance, even if this project phases out, we will struggle against HTPs, until death. We will fight it until death! Yes we know the presence of the project makes as strong partners against the fight. Yes we know we might lose the momentum due to lack of capacity. We are sure today that the project can complement but cannot substitute the role of the victims. We will fight HTPs.’

4.4.4. Financial sustainability

The programme collaborators, in most cases legal duty bearers such as district council and women affairs have started and are willing to allocate budget for the major activities of HIV prevention and controls so that results achieved can be sustained. District health offices and HAPCO are mobilising resources for community based activities. As a result of the implementation of health extension service, activities which were traditionally considered as ‘an NGO arena’ such as CC and community mobilisation are adapted to be central for HEP. According to discussions with local authorities there exists strong commitment for accelerating preventive health promotion. Moreover, FBOs have taken up initiatives to mobilise resources for HIVAIDS prevention programmes. EMRDA in Dessie also reported that they are planning innovative approaches to continue programme implementation, by constructing fee-based safe shoe boxes that could be used by Muslim worshipers on Fridays.

However, from the current status, it is evident that some of the programme results are on crossroads and may suffer from programme phase-out given the low capacity of clubs and women associations at community level.

### 4.4.5. Technical Issues

Except the innovative programme approaches in terms of programme strategies, partner selection and targeting, DCA supported projects are based on conventional knowledge. Most importantly, activities are context based and are built up on existing experiences and capacities of local partners. The collaboration and strong relation already established within DCA partners and local authorities is believed to strengthen and ensure continuity of some of the technical interventions such as VCT, ART and PMTCT services. Moreover, advocacy issues can be taken up by women affairs and other initiatives of DCA partners.

### 4.4.6. Gender Roles

Almost in all project districts, poverty is pervasive. Markets, social service facilities (health, education) are distant. There are some positive indications that girls education is increasing from time to time. Despite demanding domestic activities, women have shared their precious time to attend trainings, conferences, meetings and exchange visits. Women are increasingly involving and participating in ‘associations’ and women leagues to deal with social and political affairs. Some women started to sit in political and administrative positions.

In the programme areas girls and women are experiencing steady progress in taking up new fields of activities. The HEW and the volunteers programme (in EECMY) and FfC (in AADA) provided opportunities for girls to get jobs. The meaning of having an employed girl is enormous – it has a potential to encourage girls education. Women affairs office positions are progressively shifting to women. Women including PLWHA are engaging in income generating activities. Women progressively own live animals and property. As women repeatedly indicated, few years ago women were not allowed to go with their husbands and encouraged to own livestock and other property. Women reported that the system was so repressive of women’s ownership of property. They further argued that men used to say ‘women are not better than livestock. So that they can’t own any property. Even if we buy or own livestock by some means, they perceive us
as their own property leave alone the livestock, and despise us by saying ‘how come cattle can own cattle?’ Nowadays however, as a result of continuous project interventions, especially CC and legal support we can own livestock. Men can’t sell it or claim it to be theirs. As an informant indicated, ‘as the result of interventions especially CC there are improvements which are reliving women giving them more time to deal with their own problems beyond their daily basic needs.’

Given the women population, however, it can be argued that there is little progress in this aspect. Local authorities, especially District Women Affairs indicated that women are still bearing the burden of the domestic chores. There are few options of labour saving technologies, and minimal male involvement to share burden of work related to the traditionally feminized, but highly and daily needed household activities.

4.4.7. Environment

The programme by its nature has no/or minimal effect over the environment. Except road construction and maintenance works by EECM WBS project at Kokossa we have observed none of the programmes affecting/impacting the environment. The maintenance works are mandatory and are done by the local community contribution. However, there is a potential to link environmental protection and management with the existing programmes through the income generating schemes. The same programme is introducing and encouraging planting selected trees and environmentally friendly seedlings of apple and seedlings of Enset.
5. Programme Limitations and Challenges

Both the political space and HIVAIDS prevention and control programmes have faced several challenges. The programme components deal with deep-rooted socio-cultural and political aspects which imply the need for acceleration of interventions. Given the intricacy of the problems being addressed, it is naïve to conclude that the problems are solved. Undeniably, there is a significant progress towards positive changes.

The limited synergy between programmes is an observed challenge at projects level. As it is indicated by WSA informants, gender based violence (GBV) programme is challenged by food insecurity. Although women have taken an initiative to develop by-laws to manage displacement and internal migration to urban centres, women continued to move to Addis Ababa and other towns in search of supporting their livelihood. It is reported that vulnerability to HIVAIDS has increased among these groups of women.

DCA programmes are implemented in limited geographical segments in most cases in few targeted kebeles. The effect of neighbouring kebeles or districts remained a challenge. Changes are spatially limited and are not far reaching in terms of area. Programmes are area specific, whereas social interaction is not geographically bound. Cross-boundary FGM and other forms of GBV practices remain a critical challenge almost in all programme areas. Clandestine deviance from intended outcomes is reported in relation to HTP in different project locations. Parents decided to undergo FGC on their daughters by sending them to their relatives outside the intervention Kebeles or Woredas. Early married girls without the approval of the marriage committee return back after sometimes (mostly completing a long honeymoon). The other problem is inter-changing the involved parties as a result of the absence of vital registration system and identification card. For instance, an older girl will undergo the whole process of marriage approval including VCT and at the end the younger will be found to get married. There are some initiatives to link marriage approval process with kebele administration and using issuing of the identification card for approval.

In some cases, programme designs didn’t consider population growth and fluid district boundaries. As a result, the exact beneficiary estimates are under-reported in some projects.
It is found that the level of engagement of core duty bearers/collaborators was minimal. GBV Project Implementing partners are affected by reluctance of justice and police departments in bringing perpetrators to justice. Traditional leadership is also reported to be reluctant in fighting against HTPs. Thus, the programme design and strategies should move forward to come up with calculated plans to enhance engagement of the formal and informal leadership.

In spite of commendable programme implementation, best practices and models with potential to replication, documentation, sharing and communication both for internal learning and external parties is limited at all levels of the programme management.

Despite the critical role of women affairs (duty bearer) plays in sustaining the result the projects have supported intermittently on ad-hoc basis. The argument is that DCA raised funds mainly to support the poor Ethiopian communities not the government structure. The government in its turn should strengthen its own structures. To support the government structures, donors prefer bilateral agreements with the government rather than through DCA. Though this has been the fact, DCA has involved staffs of women affair offices in trainings and other capacity building activities. DCA also believes that providing material support to the government is not sustainable. Due to high turnover of staffs in such offices, trainings were also not very helpful.

In spite of compelling reasons to support communities rather than government structures from coordination office, the evaluation team has observed critical flaws in this approach. Accordingly, weak collaborator contributes less and puts sustainability of results in question given their central role. Moreover, DCA partners are working in a very limited geographic area implementing programmes with high expansion and replication potential. In this case, the women affairs offices are responsible to address the district as a whole. Hence, to ensure the sustainability of the DCA projects, strengthening the local structures is very essential.

There has been observed lost opportunities of stronger collaboration and coordination among faith based organizations. DCA has initially planned EOC and EMRDA to coordinate activities in Dessie and Jimma. After one year, nothing has been done due to problems of capacity. Hence DCA was obliged to assign OSSA with the coordination role. OSSA in its turn were not able to effectively manage this coordination role due to lack of budget to play a coordination role. As DCA is a co-applicant for this project, more issues have to be addressed by the Christian Aid, the
primary applicant. The evaluation team understands that CA and OSSA have a long term relation which can be leveraged to motivate OSSA to undertake additional assignment. However, in the long-term, it will be a wiser approach to allocate resources for programme coordination.

6. Conclusions and Recommendations

6.1 Conclusion

Based on the evaluation of sample projects and information at hand, the overall objectives of PT1 and PT4 programs have resulted in promising impacts and were effective and efficient in resource utilization. There are clear indications that the programmes have empowered vulnerable right holders, particularly rural girls and women, to protect themselves against the risk of HIV/AIDS reflected in terms of increased knowledge and awareness on both the modes of transmission and means of prevention.

In all project areas, PLWHA have reported that there is a sharp decline of stigma and discrimination. Moreover, PLWHA have got opportunity to participate and demand for HIV/AIDS services and at the same time are increasingly becoming productive. Bed ridden patients are supported by home base care providers. Thus, the evaluation team understands that respect, protection and support for people living with or affected by HIV/AIDS has been enhanced as the result of the programme in the project implementation areas. Various HIV AIDS services such as VCT, PMTCT and ART are expanded by the government and partnerships with the programme. Related to the service expansion, women have increasingly benefited from the initiatives.

DCA supported programmes have benefited from networking and capacity building initiatives. There exist start-up endeavours to create geographical and programmatic synergies. Despite lack of documentation and communication, partners capacity has been strengthened to implement and monitor programme activities in an efficient and effective manner that meets the rights and priorities of the target groups.

Women and girls are becoming more vocal and started to participate in issues that affect their situation. They reflect more on issues of their own concerns. Women started to claim their human and property rights. Furthermore, women started to establish strong community based
clubs/associations that enable them to fight for their rights. Poor women and girls living in project sites of Amhara and Oromiya regions increased knowledge, and means to mobilize and claim their rights. Economic empowerment has also enabled them to stand on equal foot with their male counterparts.

Several trainings, review meetings, experience sharing visits and coordinated working modalities have contributed to improving knowledge and understand of local authorities regarding the rights of women. As a result, prevention of violations against women and girls, and access to justice has increased and initiated in all project localities. As a result of increased knowledge and understanding of the women’s circumstances, to complement the formal legal system, communities have developed their own by-laws and started to question perpetrators.

Despite undeniable progress, both the political space and HIV/AIDS prevention and control programmes have faced several challenges. Deep-rooted socio-cultural and political aspects, limited synergy and limited geographical reaches can be mentioned. In some cases, programme designs didn’t consider population growth and fluid district boundaries. As a result, the exact beneficiary estimates are under-reported in some projects. It is found that the level of engagement of core duty bearers/collaborators was minimal. GBV Project Implementing partners are affected by reluctance of justice and police departments in bringing perpetrators to justice. Traditional leadership is also reported to be reluctant in fighting against HTPs. In spite of commendable programme implementation, best practices and models with potential to replication, documentation, sharing and communication both for internal learning and external parties is limited at all levels of the programme management.

Despite the critical role of women affairs (duty bearer) plays in sustaining the result the projects have supported intermittently on ad-hoc basis. In spite of compelling reasons to support communities rather than government structures from coordination office, the evaluation team has observed critical flaws in this approach. Accordingly, weak collaborator contributes less and puts sustainability of results in question given their central role. Moreover, DCA partners are working in a very limited geographic area implementing programmes with high expansion and replication potential. In this case, the women affairs offices are responsible to address the district as a whole.
Hence, to ensure the sustainability of the DCA projects, strengthening the local structures is very essential.
6.2. Recommendations

Building upon the current programme implementation the evaluation team strongly recommends up-scaling the projects both programmatically and geographically. Programmatic expansion may include integration with existing programmes; addressing gaps; and comprehensive programming in terms of sexual and reproductive health. Geographical expansion will tackle one of the major drawbacks of the current programme severely affected by cross-boundary effects. Since critical information is already communicated via community works minimal investments can yield major results in such instances. Cross-boundary FGM, early marriage and other forms of GBV practices remain a critical challenge almost in all programme areas. Clandestine deviance from positive outcomes can be averted through these two approaches. In light to this, providing opportunities for existing partners to consolidate achieved results can also be considered.

Although the overall activities of the projects on HIV/AIDS and Political Space Program have resulted in promising impacts, the activities implemented against harmful customary practices need long-term intervention especially in areas where there is no other NGO like Kokosa Woreda. This is mainly because HTPs are deeply rooted on the tradition and associated with the culture of the community for centuries. Accordingly, the evaluation team recommends a consolidation phase of programme that integrates both HIV/AIDS and Political Space Programme in Sexual and Reproductive Health Approach. This enables the results on the crossroads to move forward and sustained.

Strengthening M&E system doesn’t only supports efficient and effective programme implementation, but also strengthens institutional memory. In documentation and retaining institutional memory, DCA and partners are lagging far behind than their achievements. Lessons learnt and efficient models should be documented and communicated among partners. To facilitate periodic visits, supervision and monitoring on activities implemented by partners at the gross-roots level, DCA should also consider capacities at coordination level. This will enable research, policy analysis and advocacy works to be documented.

Although the case is not exceptional to DCA concerning the human resources across the country, both DCA and its partners have been suffering from staff turn over. In order to overcome the
existing situation, systems and incentive mechanisms should be considered for attraction and/or retention of staff.

The evaluation team believes that DCA has already established platforms which can ensure coordination, however with missed pragmatic opportunities. As the programmes implemented by FBOs have shared approach and commendable models of programme implementation, coordination is a missed opportunity. For example, good lessons might have been learnt from the coordination role which was expected to be played by OSSA and was not assumed due to lack of budget. Such challenges of managing multiple partners should be well digested during the programme design. The Coordination can also be viewed with sister organizations on strengthening networking, capacity building of local partners, joint fundraising, sharing resources and sustainability actions. Mechanisms to ensure sharing best practices and innovative models of programme design and implementation should be developed to ensure replication and scaling up approaches of DCA within and beyond.

There is an urgent need to enhance the engagement of formal and moral duty bearers. Although the law has been put in place and new by-laws are adopted to reduce gender based violence and harmful customary practices, it was found that girls and women are still victims of rape, assault, murder and several forms of abuses. What is needed is enforcement of these laws and stiffer penalties against offenders. Besides that, working closely with law enforcing bodies such as the police, judges and persecutors working at zonal, district and kebele levels will be very essential. We strongly believe that given the role and responsibility of the women affairs, DCA should consider building the capacity of local authorities, especially women’s affairs office. This can be initiated during the programme design and strategies should move forward to come up with calculated plans to enhance engagement of the formal and informal leadership.

DCA programmes should further strive to strengthen networking, cross-learning, sharing and collaboration among local partners. Organizations supported by DCA, such as KMG have accumulated expertise and can serve as knowledge hub for other partners implementing community based activities.

Given the current scrawny documentation and communication of best practices and evidences of working models there is an urgent need for the coordination office to work on feasible modalities
for documentation and communication. Much work, with less documentation and communication undermines DCAs and partners efforts to implement replicable programmes. Moreover, partners should be supported to properly document M&E documents in a palatable manner and ensure the retention of institutional memory, in an environment where staff turnover is high.

DCA found to be strong contributor of operations research through partners. There are key areas of operations research such as understanding the contemporary dynamics of HIVAIDS in relation to rural areas and small towns; lessons learnt from the role of community based organizations and FBOs in fight against HIVAIDS; and modeling innovative approaches. We strongly recommend a quantitative study with larger sample size to understand status of GBV in project areas in collaboration with partners.

Building upon current initiatives may facilitate DCAs advocacy work at micro-and macro level. Partnership with CRDA, PANE and OSSA can be leveraged further for advocacy activities. However, cautious strategies to be developed to work in harmony with the CSO legislation; including strengthening institutional and organisational capacity of partners. Ethiopian charities are highly constrained by sources of funding; however DCA can encourage its grassroots partners to cost local authorities and community contributions in their proposals.

At all stages of the project cycles DCA should encourage partners to come up with activities that enhance inclusion of women and girls. Gender, HIVAIDS and addressing the needs of people with disabilities can be considered as cross-cutting issues. Moreover, all M&E activities should strive to present disaggregated data.

In addition to the routine M&E activities in collaboration with local authorities it seems important to have independent evaluations. Thus, sufficient resources should be allocated for robust M&E. Some partners do not give a strong emphasis on monitoring in terms of human resource, survey costs, strengthening outcome/impact analysis. Some partners have no documented results of surveys.
References:

7. Dan Church Aid and EECMY/ADDA/WSA/CPMT/OSSA/ECFE - Annual Programme Reports


## ANNEX I: The Evaluation Matrix

### EVALUATION METHODOLOGY FOR THE HIV/AIDS PROGRAM

<table>
<thead>
<tr>
<th>PROGRAM OBJECTIVES</th>
<th>EVALUATION QUESTIONS</th>
<th>METHODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>To empower vulnerable right holders, in particular rural girls and women, to protect themselves against the risk of HIV/AIDS.</td>
<td>How do groups formed by youth and specially girls/women interact with moral and legal duty bearers to claim their sexual and reproductive health rights and improved access to information?</td>
<td>Interview</td>
</tr>
<tr>
<td></td>
<td>What has been done so far to increase the knowledge of girls/women and boys/men about their sexual and reproductive health rights, sexually transmitted infections and HIV/AIDS?</td>
<td>Interview</td>
</tr>
<tr>
<td></td>
<td>Is there any documentation that indicates CBOs in project areas have included protection of sexual and reproductive health rights and HIV/AIDS prevention in their strategies?</td>
<td>Interview</td>
</tr>
<tr>
<td></td>
<td>What does the engagement of partners in advocacy forums at national and regional level looks like?</td>
<td>Interview</td>
</tr>
<tr>
<td>To increase respect, protection and support for people living with or affected by HIV/AIDS to the right to non-discrimination and access to adequate service by legal and moral duty-barriers</td>
<td>How many PLWHA associations were established and how PLWHA are participating in developing strategies and projects of Dan Church partners?</td>
<td>Interview</td>
</tr>
<tr>
<td></td>
<td>Have CBOs and Dan Church Partners developed institutional and work place HIV/AIDS policies and are they acting against discrimination of PLWHA?</td>
<td>Interview</td>
</tr>
<tr>
<td></td>
<td>What attitudinal changes have been observed in project areas, as per reports and behaviour change surveys?</td>
<td>Review of surveys</td>
</tr>
<tr>
<td>To integrate gender equality, whether political or cultural, in HIV/AIDS programmes to reduce women’s risk of HIV/AIDS infection</td>
<td>What actions and efforts have been taken by partners to integrate gender equality issues in HIV/AIDS policies, and strategies and their engagement with Regional HAPCOs?</td>
<td>Interview with partners</td>
</tr>
<tr>
<td></td>
<td>What of issues have been addressed by partners and CBOs in actively influencing the legal system in relation to HIV/AIDS risk?</td>
<td>Interview/Review of reports</td>
</tr>
<tr>
<td></td>
<td>What does the integration of HIV/AIDS programs with food security program and gender equality issues looks like among DCA partners?</td>
<td>Interview/Review of reports</td>
</tr>
<tr>
<td>To strengthen the networking and partners capacity to plan for synergy between programmes, implement and monitor programme activities in an efficient and effective manner that meets the rights and priorities of the target groups</td>
<td>What does the networking (exchange visits and advocacy) among partners looks like?</td>
<td>Interview</td>
</tr>
<tr>
<td></td>
<td>What are the evidences of improved capacity in project monitoring and evaluation and in participatory methods?</td>
<td>Interview</td>
</tr>
<tr>
<td></td>
<td>How is Dan Church Aid keeping tracks of lessons learnt and facilitating how to apply them to practice?</td>
<td>Interview/Review of documents</td>
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### EVALUATION METHODOLOGY FOR POLITICAL SPACE PROGRAM

<table>
<thead>
<tr>
<th>PROGRAM OBJECTIVES</th>
<th>EVALUATION QUESTIONS</th>
<th>METHODS</th>
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<tbody>
<tr>
<td><strong>Women and girls reflect more on issues of their own concerns</strong></td>
<td>Have communities, men and women, started questioning about their own situation and look for more information?</td>
<td>In-depth interviews and FGDs</td>
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<td>Has the work burden of women been relived and have they obtained more time to deal with their own problems beyond their daily basic needs?</td>
<td>In-depth interviews and FGDs</td>
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<td>Have women and girls taken up new fields of activities that increase their participation in local communities?</td>
<td>In-depth interviews and FGDs</td>
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<td><strong>Poor women and girls living in Amhara and Oromiya regions increased knowledge, and means to mobilize and claim their rights</strong></td>
<td>Have communities analyzed their problems and needs as well as they are aware of how such problems affect or relate to women’s situation?</td>
<td>In-depth interviews and FGDs</td>
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<td>Do women know their rights and whom to claim these rights?</td>
<td>In-depth interviews and FGDs</td>
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<td>Do women are able to organize themselves and interact with moral duty bearers in order to defend their rights?</td>
<td>In-depth interviews and FGDs</td>
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<td>Have community committees been established or mobilized and are providing support and advice to women and moral duty bearers who want to defending women’s rights?</td>
<td>In-depth interviews and FGDs, Document review</td>
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<td><strong>Better prevention of violations against women and girls and increased access to justice</strong></td>
<td>Have attitudes of local government officials and traditional leaders towards women’s rights improved?</td>
<td>In-depth interviews and FGDs</td>
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<td>Do religions leaders and community elders’ cooperate with women groups?</td>
<td>In-depth interviews and FGDs</td>
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<td>Do religious leaders and government officials take initiatives themselves in support of women’s rights?</td>
<td>In-depth interviews and FGDs</td>
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<td>Have women’s organizations and CBOs drafted and implemented lobby strategies and campaigns?</td>
<td>Review of documents</td>
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<td>Have women received legal advice and representations?</td>
<td>In-depth interviews and FGDs, Document review</td>
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<td>Have civil society structures at the national level been strengthened to work for better governance?</td>
<td>In-depth interviews and FGDs</td>
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<td><strong>Development of policies, laws and government strategies aiming at enhancing the respect for human rights and democracy and thereby contributing to the improvement of the women’s position in the country.</strong></td>
<td>Do partners actively involved in the national policy formation process?</td>
<td>In-depth interviews and FGDs</td>
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<td>Have advocacy issues been taken up by partners?</td>
<td>In-depth interviews and FGDs</td>
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<td>Do non-advocacy partners engage in national advocacy campaigns?</td>
<td>In-depth interviews and FGDs</td>
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<td>What researches have been carried out on the national and regional level human rights and women situation?</td>
<td>Review of research reports</td>
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<td><strong>Program activities are conducted in an efficient and effective manner, which meets the rights and priorities of the target groups</strong></td>
<td>To what extent the program has contributed to political and social research, analysis and advocacy capacities in the Ethiopian civil society?</td>
<td>In-depth interviews and FGDs</td>
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<td>To what extent has DCA facilitated capacity building based on needs identified by partners and facilitates capacity building on advocacy and rights-based approach for partners?</td>
<td>In-depth interviews and FGDs</td>
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<td>How DCA is keeping track of lessons learned and facilitate how to apply them in practice? There are clear indications that the programme has been approved through a rigorous process</td>
<td>Document review</td>
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<td>Do right holders benefit from the activities of more than one program?</td>
<td>In-depth interviews and FGDs</td>
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