DANCHURCHAID - ETHIOPIA

HIVAIDS and Political Space Programmes Evaluation

Technical Report¹

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¹ This document is a Technical Paper extracted from a detail Evaluation Report Submitted to DCA - Ethiopia. We strongly recommend reading the full report for comprehensive evaluation and analysis context.

REACH CONSULT
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Introduction

Dan Church Aid (DCA) is a faith based and ecumenical, non-missionary organization working with 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.

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.

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 back donors.
3. To document conclusions drawn and lessons learned including unintended results.
4. To propose recommendations for future focus areas of intervention.

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. 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. 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. 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 study population**

The study targeted CSOs, FBOs, rights holders (rural girls and women), and men, 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 information redundancy after some interviews or FGDs.

**Data collection**

The data collected for this evaluation study was primarily qualitative, complemented by quantitative information. In-depth interviews, focus groups discussions and review of documents were the major data collection methods.

**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.

**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 HIV/AIDS and political space programmes are supporting with each other mainly in dealing with HIV/AIDS 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 and rights as well in a wider sense.

According to the most recent reliable information in Ethiopia, about 25,000 women of reproductive age 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, and 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\(^2\) 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. Majority of the challenges can be attributed to low access and utilisation of maternal health service including ANC, delivery an PNC.

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.

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.

\(^2\) Since the confidence interval overlap it is not possible to affirm the change.
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. 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.

Early marriage and female genital cutting are among the most pervasive forms of HTPs in Ethiopia. The median age at first marriage for women (16.5) is lower than men (21.2). A follow up national survey of EGLDAM 1997 conducted in 2007 on the harmful traditional practices by showed a decrease in prevalence of early marriage from 33.1% to 21.4%. The same survey indicated a decrease in prevalence of FGC, from 73% to 56%. The decrease is more in younger age group. This study also 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.

### Summary Findings

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. 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.

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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. DCA supported programmes have utilized local human resources are effectively linked to HEP. There are initiatives to replicate programme initiatives.

The programmes have prioritized vulnerable groups, mainly women and youth. 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. Informants indicated that the problems addressed by the programmes are common priorities.

As we have indicated in several parts of this document, different partners are engaged to implement the two programme themes. Despite the diversity of partners, 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. 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.

Despite specificity of programme themes, there exists clear link among the DCA supported projects and indications of communities benefitting from multiple interventions. 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 rights.

Currently, as attributed to CC by informants 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. The programme has contributed for bringing FBOs and their leaders upfront in the fight against HIVAIDS 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. Currently, most FBOs have designed internal systems that enable them to raise awareness of their followers.
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. Furthermore, the programmes are aligned to the national adolescent and youth RH strategy. There exist a strong potential for synergy among the three themes and the nature of the programme design has a potential to address all the three strategic themes of DCA. Moreover, 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. HEWs have become key figures for the implementation of CC and community mobilization.

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, HIV/AIDS, GBV including HTPs cannot be dissociated. Moreover, the LFA could have been refined further. Although the project documents have not explicitly addressed sustainability and exit strategies, there exist commendable sustainability initiatives.

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. 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 HIV/AIDS.’
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.

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. 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. The programmes were dynamic and contextual, pertinent decisions were given timely. 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 HIV/AIDS 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. 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. 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. 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.

The Political space platform has faced the severest challenge as a result of the enacted CSO legislation. 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 scrappy 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 PAN 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 PAN, 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.

Totally DCA has invested over XXXX million USD 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.

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. The programmes are able to mobilise resources from local authorities such as the WoHO and WoHAPCO.

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4 Information compiled by the coordination office.
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. Although there is a satisfaction from partners in relation to feedback from M&E visits, little is documented to ensure institutional memory. 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.

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 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,

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5 Ethiopia PT4 Programme Annual Programme Report (2009)
manuals, brushes, newsletters were distributed). The demand for VCT was increased and a total of 2,896 persons (1232 female, 1664 male) 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.

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.

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.

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 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.
The programmes have been 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 a 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.

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 PLWHA repeatedly reported that stigma and discrimination has decreased significantly, especially since the last two years. 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. 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.’

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.

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 programmes 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.
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.

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 staff 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.

In addition to its inbuilt structures of sustainability, the programme is also able to mobilise additional resources by attracting other agencies. For instance, Concern Worldwide6 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

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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.’

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 HIV/AIDS 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 cross-roads and may suffer from programme phase-out given the low capacity of clubs and women associations at community level.

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.

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.

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.

Programme Limitations and Challenges

- The limited synergy between programmes is an observed challenge at projects level.
- DCA programmes are implemented in limited geographical segments in most cases in few targeted kebeles. The effect of neighbouring kebeles/districts and cross-border effects are visible.
- 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. 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.
- There has been observed lost opportunities of stronger collaboration and coordination among faith based organizations.

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 counter parts.

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 HIVAIDS 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.

**Recommendations**

- Building upon the current programme implementation the evaluation team strongly recommends up-scaling the projects both programmatically and geographically.

- 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 – results are on cross-roads.

- Documentation and M&E system should be strengthened at all level to ensure efficient and effective programme implementation; retaining institutional memory. Without evidence DCA programmes cannot be replicated.

- 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 turnover. In order to overcome the existing situation, systems and incentive mechanisms should be considered for attraction and/or retention of staff.

- Strengthening coordination and platforms. 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. Establish 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. 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.

- 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.