Catalyzing Multi-Sectoral Collaborations in the Prevention of Early Marriage and Female Genital Mutilation in Ethiopia:

The Experience of Integrated Family Health Program

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OUTLINE

- Background/Context
- Intervention model
- Results
- Lessons learned
COUNTRY CONTEXT

- Early marriage and FGM most widely practiced harmful traditional practices with median age at first marriage is 16.5 and prevalence of FGM 23% for 0-14 years girls

- Both early marriage and FGM have been outlawed since 2005 and punishment ranges from simple imprisonment to 7 years

- A range of intervention exist focusing on changing social norms, empowering girls, incentives to families to keep girls in school, law enforcement
Existing gaps relate to capacity, linkages and coordination of prevention and response efforts among state and non-state actors.

The complex nature of the drivers and protective factors around the practices makes it difficult to bring desired changes.

Current national trends show decline, Government and partners has shown significant commitment and elimination is targeted by 2025 for both practices.
Integrated Family Health Program (IFHP)

- USAID – Funded Program
- Focus on improving health of families through increasing FP/MNCH practices, products and services
- Operates in 6 regions and 300 Districts
- Prevention of EM and FGM approaches are integrated with other interventions
GOAL OF THE INTERVENTION ON FGM AND EM

- To prevent early marriage and FGM by catalyzing multi-Sectoral actions in three regions of Ethiopia

- Structural and community level interventions are implemented for the period of 2011-2013 in 38 districts in Amhara, Oromia and Tigray regions
**Interventions**
- Capacity building
- Convening and catalyzing government and community actors
- Integrated community sensitization, marriage cancellation, mobile vans

**Intermediate results**
- Increased communication
- Avoid duplication
- Increased Service linkages

**Cross Cutting**
- Supportive supervision and follow up visits
- On site technical support and referral
- Monitoring and evaluation

**Decreased incidence of EM and FGM**
RESULT 1. CAPACITY BUILDING

• Three days training based on IFHP curriculum on Gender and Family Health provided to 3,645 program experts from regional and zonal government sector office (Health, Education, Social Affairs and Justice)

• Contents of the training focus on GBV, the Family Law, and the sexual and reproductive health consequences of CM and FGM
RESULT 2. CATALYZING AND CONVENING

- 36 rounds of quarterly review meetings supported among multi sector trainees, community and religious leaders, women’s affairs structures

- The meetings target specific challenges identified using Root Cause Analysis and propose solutions for follow up
RESULT 3. INTEGRATED COMMUNITY SENSITIZATION

• More than one million community members participated in community awareness events through health extension workers and mobile vans along with other health information packages

• Support for community based early marriage cancellation committees which is composed of school director, community police, women’s affair and religious leader

• The committee has a mandate to intervene and cancel arranged marriages through negotiating with parents
OUTCOME

• Random follow-up household survey show decline in the incidence of EM from baseline 25.6% to 19% and for FGM from 20.9% to 11.6%

• Qualitative findings also showed that increased knowledge of communities on the health consequences of EM and FGM and increased tendency to quit the practices
LESSONS LEARNED

- Building capacity of existing community and government structures and facilitating collaborations regularly has contributed to the prevention of EM and FGM.

THANK YOU!
RESOURCES

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www.pathfind.org