

Adolescent girls' capabilities in Ethiopia

The state of the evidence on
programme effectiveness

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December 2017

Acknowledgements

The authors would like to thank all those who helped to produce this country evidence review, including Alula Pankhurst, Nicola Jones, Rachel Marcus for valuable comments, Katie Parry for the MSSM coding, Gabbi Gray and Alexandra Vaughan for administrative support, Aaron Griffiths for copy editing and Jojoh Faal for formatting.

Disclaimer

Gender and Adolescence: Global Evidence (GAGE) is a nine-year longitudinal research programme building knowledge on good practice programmes and policies that support adolescent girls in the Global South to reach their full potential.

This document is an output of the programme which is funded by UK Aid from the UK Department for International Development (DFID). The views expressed and information contained within are not necessarily those of or endorsed by DFID, which accepts no responsibility for such views or information or for any reliance placed on them.

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Acronyms

ABE	Alternative Basic Education
AIDS	Acquired Immune Deficiency Syndrome
CBO	Community-based organisation
CHILD	Children in Local Development
CIDA	Canadian International Development Agency
COMPASS	Creating Opportunities through Mentorship, Parental Involvement and Safe Spaces
DFID	Department for International Development
DHS	Demographic and Health Survey
ECMP	End Child Marriage Programme
EDHS	Ethiopia Demographic and Health Survey
EPPI	Evidence for Policy and Practice Information
FAO	Food and Agriculture Organization of the United Nations
FFE	Food for Education
FGD	Focus Group Discussion
FGM/C	Female Genital Mutilation/Cutting
GAGE	Gender and Adolescence: Global Evidence
GEAC	Girl Education Advisory Committees
GEC	Girls' Education Challenge
GEQIP	General Education Quality Improvement Project
GETE	Girls' Empowerment Through Education
GoE	Government of Ethiopia
HER	Higher Education Readiness
HIV	Human Immunodeficiency Virus
HTP	Harmful Traditional Practices
ICT	Information and Communications Technology
ICRW	International Center for Research on Women
IFAD	International Fund for Agricultural Development
IFPRI	International Food Policy Research Institute
ILO	International Labour Organization
INGO	International Non-Governmental Organisation
IUD	Intra-Uterine Device
KII	Key Informant Interview
KMG	Kembatti Mentti Gezzimma
MDG	Millennium Development Goal
NGO	Non-Governmental Organisation
ODI	Overseas Development Institute
OFSP	Other Food Security Programme
PAGES	Pastoralist Afar Girls' Education Support
PSNP	Productive Safety Net Programme
RBA	Results-Based Aid
RCT	Randomised Control Trial

SACCO	Savings and Credit Cooperative
SCTPP	Social Cash Transfer Pilot Programme
SDG	Sustainable Development Goal
SIDA	Swedish International Development Cooperation Agency
SILC	Savings and Internal Lending Community
SME	Small and Medium-sized Enterprise
SNNPR	Southern Nations, Nationalities and People's Region
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TESFA	Towards Improved Economic and Sexual Reproductive Health Outcomes for Adolescent Girls
TVET	Technical and Vocational Education and Training
UEWCA	Union of Ethiopian Women Charitable Associations
UN	United Nations
UNCDF	United Nations Capital Development Fund
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USDA	United States Department of Agriculture
USDOL	United States Department of Labor
VCT	Voluntary Counselling and Testing
VSLA	Village Savings and Loan Association
WFP	World Food Programme

Executive Summary

Report objectives

This rapid country evidence mapping report brings together key evidence on the wellbeing of adolescent girls (aged 10-19) in Ethiopia, particularly what is known about the effectiveness of interventions in the six core capability domains of the Gender and Adolescence: Global Evidence (GAGE) programme. It focuses on the availability of evidence and important gaps, and it is not intended as a comprehensive assessment of ‘what works’. Moreover, it specifically focuses on adolescent girls and does not attempt to synthesise the existing body of literature on gender and development interventions in Ethiopia, as the girl-focused literature itself draws upon wider gender and development analysis.

This report has been produced to inform GAGE programming and to feed into the design of the longitudinal impact evaluation study. In addition, it aims to provide a resource for researchers, programme designers and policy makers to better understand what is known about interventions targeting adolescent girls in Ethiopia and what the key evidence gaps are so that GAGE and other research programmes can best contribute to a robust evidence base to support evidence-informed policy and programming.

Methodology

This report draws on the analysis of 61 impact studies and evaluations, obtained through a systematic search process conducted in Google Scholar and specific searches of key international development websites and databases. The vast majority (75%) of these impact studies and evaluations were grey literature, a large proportion of it produced by international agencies and non-governmental organisations to present or assess implemented programmes. In the case of multi-component programmes, there is inevitably some cross-over between capability sections.

State of the intervention evidence base on adolescent girls in Ethiopia

We found 61 impact studies and evaluations, of which the majority combined quantitative and qualitative methodologies. Thus a total of 35 studies employed mixed methods, 20 used various quantitative techniques and only six used purely qualitative methodology. Three multi-component programmes (End Child Marriage Programme/Finote Hiwot, the Male Norms Initiative, and Towards Improved Economic and Sexual Reproductive Health Outcomes for Adolescent Girls/TESFA) had a quasi-experimental design with arms to assess the relative effectiveness of different intervention strategies. In addition, the ongoing multi-country Creating Opportunities through Mentorship, Parental Involvement and Safe Spaces (COMPASS) intervention in refugee camps in western Ethiopia is currently being evaluated by a wait-listed cluster randomised control trial. We also found a few quantitative studies assessing the impact of legal and policy reforms on girls’ age of marriage, education and economic wellbeing. Use of the Maryland Scale of Scientific Measurement showed that one third of the studies had a strong research design, and were considered rigorous (attaining a 4 or 5 score).

Most of the examined interventions were implemented in Amhara, followed by Oromia, SNNPR, Addis Ababa and Tigray. Almost all of the accessed impact studies and evaluations were conducted relatively soon after the end of the project (within two years) or on programmes that were still ongoing. In addition, although the intervention target spans the adolescent age group, evaluations rarely assess and specify outcomes by narrower age groups. Identifying which intervention strategies have better effects on different adolescent age groups, understanding whether impacts prove transformative into adulthood, and determining the relative importance of different components in effecting change in girls’ lives, are three key areas where GAGE would be well-placed to make valuable contributions.

Key findings

Voice and agency interventions

Overview of the evidence and key findings: Many international agencies and NGOs have made transforming discriminatory social norms and promoting girls’ agency and voice an important focus of their work, implementing programmes that combine life skills/empowerment strategies with community mobilisation. Our search generated 21 impact studies and evaluations of such interventions with the most common approaches being establishment of girls’ clubs led by female mentors, and community conversations. A considerable number of examined studies and evaluations focused on assessing multi-component programmes that addressed harmful traditional practices and the underlying

social norms. In addition, four evaluated interventions targeted married girls and aimed to improve their communication and negotiation skills, while two others focused on boys and men and promoted more gender-equitable norms and behaviours. The active involvement of boys and men along with use of community structures were found to effectively address harmful norms and practices. However, there is very little evidence about what works to empower girls of different age groups and in different environments. Moreover, there is still limited evidence of the extent to which attitude change is translated into behavioural change and of the sustainability of this observed change.

Bodily autonomy, integrity and freedom from violence interventions

Child marriage

Overview of the evidence and key findings: The evidence base on programmes to tackle child marriage is particularly strong, with 13 out of the 19 impact studies and evaluations of examined interventions aiming to improve the bodily integrity of adolescent girls in Ethiopia concerning child marriage. Most available evidence comes from large scale multi-component programmes which have included a combination of girls' clubs, access to education, community mobilisation and economic incentives – and with apparently successful effects on reducing child marriage rates in targeted areas. Involving boys and men, engaging local and religious leaders, closely monitoring and reporting child marriages to legal authorities, and ensuring community ownership of the intervention also appear promising. However, the relative effectiveness of different strategies remains unclear along with the exact pathways and the sustainability of the observed changes. Moreover, evidence from the first phase of Berhane Hewan showed that the intervention was successful only among younger adolescent girls.

Female genital mutilation/cutting

Overview of the evidence and key findings: Our search generated five impact studies and evaluations assessing interventions seeking to reduce and eliminate FGM/C. The majority of these evaluated interventions successfully used community mobilisation strategies – especially, intensive community conversations – which enable local communities to access information, discuss and reflect on their own views of the practice. Involvement of religious leaders and male community members along with provision of alternative income-generating activities to traditional circumcisers also appear effective. However, more evidence is necessary on what works for sustainable change, given reports of medicalised and underground FGM/C practices.

Violence against girls

Overview of the evidence and key findings: The evidence base on interventions focusing on protecting adolescent girls from physical and sexual violence, is rather weak – our search identified only two impact studies and evaluations. Evidence indicates that interventions appear to be successful in changing attitudes towards acceptance of such violence, yet they do not always lead to behavioural change, with younger adolescent girls benefiting less as they are ultimately less able to protect themselves compared to older girls. Emerging evidence from the quasi-experimental evaluation of a programme targeting adolescent and young men indicates that a combination of community mobilisation with gender education components can lead to positive behavioural changes towards their female partners.

Psychosocial wellbeing interventions

Overview of the evidence and key findings: Our search generated eight impact studies and evaluations of interventions aiming to improve the psychosocial wellbeing of adolescent girls, indicating that the evidence base on this capability area is very limited. The examined interventions have focused on marginalised and vulnerable groups such as migrants to urban areas, domestic workers, survivors of violence and abuse, sex workers and refugees. Almost all are multi-component programmes with several other objectives. While some evaluations assessed the mental health outcomes of participants as measured by international self-assessment tools, others focused on girls' social and emotional wellbeing measured by changes in their self-confidence and their relationships with significant others. However, even when positive impacts are reported, lack of a rigorous research design does not allow us to identify the most effective strategies. Most often the study compares results to a control group or to the baseline and presents findings without trying to explain them.

Education and learning interventions

Overview of the evidence and key findings: Our search generated 25 impact studies and evaluations of education-related interventions, indicating that there is a considerable body of evidence on interventions targeting girls or children and aiming at increasing their access to education and improving their learning outcomes. In some cases, this is linked to the protective effect of education on delaying girls' marriage. A few studies also investigated the educational outcomes of

social protection programmes, such as school feeding schemes and the PSNP, as well as of legal and policy reforms. The majority of examined interventions combined several strategies, notably cash or in-kind support to girls, establishment of girls' clubs, teacher training, infrastructure improvement and community awareness-raising on the value of education. While evaluations show improved enrolment and attendance indicators, more attention needs to be paid to best practices to help older girls complete their secondary education in different environments and married girls to return to school. In addition, the so far mixed results of household participation in public works on education could be a point of further investigation.

Economic empowerment interventions

Overview of the evidence and key findings: Our search generated 21 impact studies and evaluations of programmes promoting adolescent girls' economic empowerment. Most often they provide them with business skills training, financial literacy and access to credit to start their own income-generating activities, or with vocational skills to improve their employment opportunities. Given that the majority target girls along with women or youth, it is challenging to identify age- and sex-disaggregated effects due to limited data. Evaluations actually indicate that girls are often those benefiting less from programmes targeting women or youth as inadequate attention is paid to their specific needs. Moreover, youth schemes fail to address discriminatory social norms which shape girls' labour market outcomes. Few studies used a robust methodology; thus we still do not know what works best to empower and promote the economic wellbeing of adolescent girls in different settings. Our knowledge is particularly limited when it comes to younger adolescent girls who remain invisible in these interventions. Several studies also focused on the impact of social protection interventions on beneficiary economic wellbeing and particularly child labour, yet so far evidence on the linkages between PSNP participation and girls' domestic and paid labour is mixed.

Sexual and reproductive health, health and nutrition interventions

Overview of the evidence and key findings: Our search yielded 25 impact studies and evaluations of programmes aiming to improve adolescent girls' physical health. The vast majority of examined interventions aimed to increase sexual and reproductive health knowledge and to improve access to such services for male and female youth, including married adolescent girls. While evaluations show that these interventions were often able to meet their aim to different degrees, they do not consistently identify best practices for adolescent girls of different ages and in different environments. However, use of safe spaces and mentors as well as involvement of girls' partners appear to have promising effects on the health of older adolescent girls. Moreover, there is very limited evidence on younger adolescent girls who are often missed out by sexual and reproductive health interventions or programmes with nutritional objectives which tend to focus on young children. In the case of youth programmes or interventions targeting girls and women of reproductive age, adolescent girls are also missed out. Finally, longer-term impacts are unclear as most evaluations take place shortly after programme completion.

Key evidence gaps

This review uncovered a number of key evidence gaps. Thus, GAGE research could usefully focus on the following gaps in order to contribute to a more robust and comprehensive evidence base on adolescent girls' capabilities and programmatic responses:

- Investigate the long-term impacts of programmes targeting adolescent girls, especially in the areas of norm change and girls' empowerment
- Explore what works to improve girls' psychosocial wellbeing, including enhancing their coping strategies and strengthening their resilience
- Generate greater insights about how best to protect older adolescent girls from child marriage and enable them to complete their education
- Generate insights about how best to reach and benefit younger adolescent girls with information and services in the areas of economic empowerment and health
- Explore the impacts of economic empowerment interventions, those aimed at younger adolescents as well as those aimed at improving the employment and income-generating opportunities of older adolescent girls.

1. Introduction

This rapid country evidence mapping report outlines the key evidence on interventions to boost adolescent¹ girls' capabilities in six key domains in Ethiopia. Together, these domains encompass the areas to be explored in the longitudinal studies undertaken by the Gender and Adolescence: Global Evidence (GAGE) programme: voice and agency, bodily autonomy, integrity and freedom from violence, psychosocial wellbeing, education and learning, economic empowerment, and sexual and reproductive health, health and nutrition. This report is intended to highlight areas where knowledge on adolescent girls' interventions is strongest and to identify key gaps to inform the design of GAGE's longitudinal studies. It is also intended as a living document to be updated over the course of GAGE.

1.1 Methodology and overview of the literature

This rapid country evidence mapping is based on a systematic search process. The main search locations were Google Scholar, academic and development databases, and websites of organisations known to be active in Ethiopia. Full details of the search terms and locations are provided in Annex 2. The sources found were uploaded to and coded in EPPI Reviewer (a systematic review software) to facilitate analysis. Inclusion and methodological assessment decisions were made by one researcher, as is common in rapid evidence assessments.

The overall search process returned 699 documents. Of these, 190 had information about interventions: 129 were project descriptions and 61 were impact studies and evaluations. Overall, 75% of these impact studies and evaluations were grey literature. Table 1 below outlines the thematic distribution of the impact studies and evaluations and shows that the largest number of evaluations focused on education and physical wellbeing, followed by voice and agency, and economic empowerment. The smallest number addressed psychosocial wellbeing, indicating that these issues have been little studied in relation to adolescent girls in Ethiopia. Most of the examined interventions were implemented in Amhara, followed by Oromia, SNNPR, Addis Ababa and Tigray.

Table 1: Thematic distribution of impact studies and evaluations

Thematic distribution of impact studies and evaluations	Number of studies (n=61)
Education and learning	25
Sexual and reproductive health, health and nutrition	25
Voice and agency	21
Economic empowerment	21
Bodily autonomy, integrity and freedom from violence	19
Psychosocial wellbeing	8

Note: many studies generated insights on multiple capabilities and hence numbers add up to more than 61.

The majority of these 61 studies combined qualitative and quantitative methods. In particular, 35 studies used mixed methodology, 20 used various quantitative techniques, and only 6 used purely qualitative methodology. Several studies used a quasi-experimental design, yet only three multi-component interventions – End Child Marriage Programme/Finote Hiwot, Towards Improved Economic and Sexual Reproductive Health Outcomes for Adolescent Girls (TESFA), and the Male Norms Initiative – were evaluated using a quasi-experimental design with arms to assess the relative effectiveness of different strategies. No cluster randomised control trial was found, although the multi-country Creating Opportunities through Mentorship, Parental Involvement and Safe Spaces (COMPASS) intervention in refugee camps in western Ethiopia, is currently being evaluated by a wait-listed cluster randomised control trial (RCT).

The design of the evaluation studies was classified according to the Maryland Scale of Scientific Measurement (MSSM), a scale which is used to identify studies with strong and weak research designs. Studies with scores of 4-5 were considered to have very strong research designs with treatment and control groups, those with 2-3 medium strength designs and those of 1 or less, very weak designs. As evident in Table 2, one-third of the reviewed studies had a strong research design.

¹ Adolescents are defined as age 10-19 inclusive.

Table 2: Distribution of MSSM scores

MSSM Coding Score	Number of Studies (n=61)
MSSM Score 1	14
MSSM Score 2	19
MSSM Score 3	8
MSSM Score 4	19
MSSM Score 5	1

1.2 Limitations

The rapid and desk-based nature of this study means that some key literature may have been missed. Some relevant evaluations and studies may have been discarded as the age group was not specified precisely enough to be sure that studies were relevant to adolescent girls. Some relevant studies may have also been discarded because inclusion and exclusion decisions were made by a single researcher. Single coding of studies may have also affected the precision by which evaluation methodologies were classified.

2. Voice and agency interventions

As soon as they reach puberty, adolescent girls face restrictions in their mobility and social interactions, are socialised to accept parental decision-making about their lives, and have limited opportunities for capability development at the expense of their physical, economic and social wellbeing. However, discriminatory social norms are currently shifting in response to social and economic factors, including progressive government laws and policies, increased female education, participation in girls' clubs, positive female role models and employment opportunities (Jones et al., 2014a; 2015a).

2.1 Overview of the evidence

Our search generated 21 impact studies and evaluations of interventions aiming to transform discriminatory social norms and to enhance adolescent girls' voice and agency. Fifteen of these sources were grey literature and the remaining six were academic papers. A popular type of interventions to empower girls includes the establishment of girls' clubs led by female mentors in safe spaces along with the provision of life skills training. On the other hand, the most common mechanism for norm change and the promotion of gender-equitable attitudes and masculinities was community conversations. More recently, an innovative social communication platform has started being used to encourage behavioural change among both girls and the wider community. Most examined studies focus on large scale, multi-component programmes. In terms of methodology, the majority used mixed methods, seven used quantitative and only two used purely qualitative techniques. While a number of evaluations used a quasi-experimental design with treatment and control groups, we did not find any study using a cluster randomised control trial. Our search also generated 40 sources with information about relevant projects. A more detailed overview of all examined studies is provided in Annex 1.

2.2 Girls' clubs

Most examined programmes targeted adolescent girls and provided them with groups led by female mentors, where girls came together and attended life skills training. The **Biruh Tesfa** (meaning 'Bright Future' in Amharic) programme was designed by the Population Council to support the most marginalised girls, including domestic workers, migrants, orphans and girls with disabilities, in the poorest urban areas of Ethiopia. Adult female mentors were recruited from project communities and trained to facilitate girls' groups organised according to girls' age. These out-of-school girls met three to five times weekly and were provided with training which included topics such as self-esteem, communication, gender and power dynamics, rape and coercion, sexual and reproductive health, and financial literacy. The quantitative evaluation found that girls who participated in the programme were able to access peer networks and spend time with other girls in a safe environment. They also significantly improved their sexual and reproductive health knowledge and increased their social support networks at endline compared to the control group (Erulkar et al., 2013). Qualitative research with participants also highlighted that girls acquired useful knowledge about how to protect themselves, while they developed their confidence and their ability to solve problems effectively (Erulkar et al., 2011). The **Powering Up Biruh Tesfa** expanded the Biruh Tesfa model and also included safe spaces, girls' groups and female mentors. Its quantitative evaluation found that the project enabled young adolescent girls to build their skills and to increase their health service utilisation compared with their lack of knowledge, confidence or experience at baseline (Erulkar and Medhin, 2014).

Berhane Hewan (meaning 'Light for Eve' in Amharic) was another Population Council programme that aimed to delay child marriage through establishing groups of married and unmarried girls aged 10-19 in rural Ethiopia. Girls' groups were again facilitated by adult female mentors and provided participants with life skills and livelihood training. The quasi-experimental evaluation showed that girls in intervention areas increased their friendship networks and improved their reproductive health knowledge and contraceptive use; at endline these girls were more likely to talk to their friends about problems in marriage or about sexual and reproductive health issues compared to the baseline. As a result of the programme, younger adolescent girls

were also more likely to be in school and to delay their marriage (Erulkar and Muthengi, 2009; Muthengi and Erulkar, 2011). Another mixed methods evaluation with girls' fathers, mothers and husbands, reported that according to their view, girls' groups led by mentors was the second most important programme component contributing to delaying child marriage and increasing family planning use as well as the third most important component contributing to the increase in participants' school attendance (Mekbib and Molla, 2010).

Another large multi-component programme aiming to delay child marriage, the **End Child Marriage Programme (ECMP)/Finote Hiwot** (meaning 'Pathways to Life' in Amharic) in Amhara uses a girl-centred approach and school clubs with girls and boys along with community conversations (DFID, 2015a). A qualitative assessment found that participation in these school clubs increased awareness and support, contributed to the empowerment of young participants, and helped cancel girls' marriages. Girls reported that they were able to better protect themselves against child marriage and were no longer afraid to report to their teachers and friends that their family wanted to marry them off. Girls also noted that those who marry early were now ashamed and stigmatised from their own friends. Moreover, relationships between students and teachers improved and were characterised by greater openness and mutual respect. School clubs and provision of safe spaces for girls to meet and discuss were thus highly valued in terms of improving girls' knowledge and providing them with opportunities to talk to boys and re-think their relationships along with increasing their ability to communicate and their confidence to act (IMC Worldwide, 2015). A recent quantitative assessment found that the programme also increased the household decision-making power over child marriage and child education of women in intervention areas. However, the study also noted that according to some suggestive evidence spousal violence against women and rape may have become more accepted by women in intervention areas (Chow and Vivalt, 2015).

The **Towards Improved Economic and Sexual Reproductive Health Outcomes for Adolescent Girls (TESFA)** project, implemented by CARE Ethiopia, also used group-based peer education. The project provided life skills training to married girls in Amhara, emphasising effective communication and negotiation skills in order to empower these girls and enable them to advocate for themselves. While the evaluation led by the International Center for Research on Women (ICRW) focused on health and economic outcomes, TESFA did see large gains in communication between girls and their husbands as well as decreases in gender-based violence levels. Moreover, the evaluation found an exceptional shift in girls' decision-making and communication skills, particularly in relation to sexual and reproductive health and family planning matters. Girls were able to discuss with their husbands, felt that their opinions were now considered and were more involved in decisions about whether to have a child or not. These improvements were significant in all interventions arms. However, the evaluation also stressed that ultimately husbands and family continued to have the final say on family planning (Edmeades et al., 2014).

Another programme established by the Population Council in rural Amhara with the aim of supporting young married girls, is the **Meseret Hiwott** programme (meaning 'Base of Life' in Amharic). Female mentors were recruited from rural communities and trained to mobilise and lead girls' groups. They then made recruitment visits to local households to identify married girls aged 10-24 and to encourage them to participate to the programme. This allowed mentors to negotiate with other gatekeepers, such as husbands, parents and in-laws. Girls' groups met locally three times weekly and attended a 32-hour curriculum on communication, self-esteem, sexual and reproductive knowledge, family planning, gender and power dynamics, and financial literacy. An additional programme, **Addis Birhan** (meaning 'New Light' in Amharic) was designed to contribute to the objectives of Meseret Hiwott by providing rural husbands with communication and support skills to improve the wellbeing of their wives and families. Male mentors recruited husbands of all ages (from 10 to 85 years) and male groups were provided with a participatory curriculum which included partner communication, non-violent and respectful relationships, caring for wives and children, alcohol and drugs use, sexually transmitted infections (STIs) and domestic violence (Erulkar and Tamrat, 2014).

In their quantitative evaluation, Erulkar and Tamrat (2014) found that girls' group participation was associated with increases in spousal help with domestic work, accompaniment to the clinic, family planning and voluntary

counselling and testing. These increases were even higher when both partners participated in the two programmes. Girls who did not participate were more likely to need permission to leave the house than girls who did, and less likely to report that their husbands helped them with housework in the last three months compared to participants (Erulkar and Tamrat, 2014). Qualitative studies and regular monitoring of the Addis Birhan programme also suggested that male participants changed, becoming gender aware, improving their relationship with their wives and peers, stopping substance abuse and starting to save up (Girma et al., 2012).

Similarly, the **Kalkidan Safe Spaces Groups** (kalkidan meaning ‘promise’ in Amharic), implemented by the Population Council, was a community-based initiative for husbands and wives aged 15-49 in low-income areas of Addis Ababa, Bahir Dar and Mekelle. Respected local leaders were recruited from project communities to act as mentors on a tailored curriculum addressing power and gender, family planning and sexual and reproductive health. Participants attended weekly single-sex groups led by a same-sex mentor, but periodically female and male groups were brought together for collective discussion. Using mixed methods, Erulkar and Nourhussein (2014) found a clear improvement in spousal communication and family life with respondents spending more time together and discussing issues. Both men and women noticed an increase in male time spent at home along with a more equitable sharing of household duties and a reduction in male alcohol consumption. The use of mixed sex groups reportedly enabled women to overcome their shyness or fear and voice their opinions in front of men (Erulkar and Nourhussein, 2014).

2.3 Youth clubs

A number of programmes targeting adolescents and young people and aiming to empower them socially and economically used youth clubs. The multi-component UNICEF-led **Adolescent/Youth Development Programme** targeted both males and females aged 15-29 and also aimed to promote their participation in voluntary service, in media production and dissemination. It thus encouraged them to participate in youth centres and in volunteer and media activities provided by youth clubs. The mixed methods evaluation found that 57% of respondents participated in some form of volunteer activity, yet a higher proportion of boys than girls did so. Girls reported that they often did not attend due to the male-oriented nature of many activities which were usually perceived to be inappropriate for girls, due to the location of the activities with girls concerned about the safety of travelling to and from the programme site and due to many facilities being unsuitable for girls. While 40% of respondents said that they used youth centres and clubs, in most cases the number of participating boys was higher than that of girls with girls’ participation being between 9% and 34%. Moreover, while youth centre services were primarily aimed at out-of-school youths, most of the users were in school (BDS, 2012).

Another programme using youth centres was the joint UN Children’s Fund (UNICEF) and UN Population Fund (UNFPA), **A Rights-Based Approach to Adolescent and Youth Development**. A mixed-methods final evaluation found that the programme was relevant and operating efficiently with very high levels of satisfaction among youth participants. Nearly 70% of youth leaders felt that the programme helped contribute to a safer social environment for girls. However, the remaining 30% pointed out that the programme did not provide appropriate recreational facilities for adolescent girls, while some girls also complained that the programme did not adapt to their needs. Moreover, nearly 85% of youth leaders stated that the programme increased public awareness about gender issues relating to young people. Quality of the space and equipment of youth centres varied considerably, while, like the Adolescent/Youth Development Programme outlined above, older male youths were making the most of recreational facilities, meaning that adolescent girls were again missing out (HLSP, 2013).

Save the Children’s **‘Breaking Poverty through Protection and Investing in Decent Employment for Vulnerable Children and Youth’** also included youth clubs aiming to empower marginalised youth members. These youth clubs included sports clubs, literature, drama and music clubs, environmental clubs and training clubs, and supported their members to develop their social and leadership skills. However, a midline assessment found that despite their potential as platforms for youth participation and advocacy, members in

most clubs were school students aged 13-20, while the vast majority of vulnerable girls and boys were not members and did not even know their existence. In some areas, vulnerable youths could not attend these clubs as they lived in remote rural areas while clubs were based in urban centres (Yamaguchi-Fasting and Larsen, 2012).

2.4 Community conversations

Community mobilisation appears to be a particularly common approach taken in Ethiopia to address and transform discriminatory social norms relating to female genital mutilation/cutting (FGM/C), child marriage and gender inequality. In particular, community conversations have been the primary instrument used to bring about the social change leading to the **district-level declaration** for the abandonment of FGM/C and child marriage (also see Section 3). These intensive community dialogues enable community members to access correct information from trusted sources, discuss and reflect (UNICEF, 2013a). A mixed methods evaluation of such declarations in 10 districts noted that in some districts this process was spearheaded by women's affairs offices (for instance in SNPPR), while in others (for example in Afar), NGOs played the key role. Community conversations along with awareness-raising activities led to community behavioural change. Facilitated by trained community facilitators, community conversations took place with the participation of community leaders, religious leaders, local officials and the whole community and apart from harmful traditional practices (HTPs), they discussed broader gender inequality issues. Combined with school-based clubs, these mechanisms enabled young and older community members to reflect on their own about gender inequality and harmful practices, abandon the practice and adopt more gender-equitable attitudes. While in some regions, adolescents and women were encouraged to participate, qualitative research revealed that adolescents may have been excluded as they were regarded as children. Likewise, many adult women were unable to get involved due to heavy workloads or perceptions regarding appropriate gender roles in public life (CDC, 2012).

The **End Child Marriage Programme (ECMP)/Finote Hiwot** also enables schools to work closely together with community conversations. Moreover, its approach is focused on the concept of empowerment and not simply knowledge transfer and thus has helped to bring about changes in gender relationships with many women and men claiming that there is now greater gender equality in their communities. A qualitative assessment indicated that there is evidence of increasing communication and understanding between girls and boys, women and men (IMC Worldwide, 2015).

The UN Joint Programme **Leave No Woman Behind** in Amhara and Tigray focused on social mobilisation for social change, and also included community conversations. Its mixed methods evaluation highlighted that the mechanism had positive effects on girls' and women's health and education, while it also increased respect for their rights against HTPs and understanding of their right to participate in development activities. Through community conversations, the programme also enabled some community members to become advocates facilitating the implementation of national laws and policies that protect girls' rights (Kabuchu, 2013).

CARE's **Healthy Unions** programme focused specifically on community engagement and behavioural change to eliminate bride price, bride abduction, and child marriage. The programme aimed to transform local norms underlying those practices and to increase the capacity and political will of community-based organisations (CBOs), leaders and community members to take collective action, and to advocate for law enforcement. Using mixed-methods, the evaluation found that traditional perceptions over HTPs were questioned and started changing in some cases over the project duration, with younger people not interested in preserving harmful traditions. The vast majority of respondents agreed that facilitators had the capacity to inform the community on the harmful consequences of child marriage and FGM/C. Respondents also affirmed that community conversations helped them properly express their opinions. Moreover, community facilitators worked with paralegals and other coalitions to strengthen the response capacity of local law-enforcing bodies. The study also remarked that working through existing community structures and traditional leaders, and strengthening their capacities, increased community ownership of project goals and addressed harmful social norms effectively (Takele, 2010).

The **Kembatti Mentti Gezzimma** (KMG) (meaning ‘women of Kembatta working together’) programme targeted girls at risk of FGM/C in Kembatta in the Southern Nations, Nationalities and People’s Region (SNNPR) and led to the almost total eradication of the practice in the target area due to the facilitation of effective community dialogues. The KMG community-based approach involved boys and men, provided community awareness-training and alternative income-generating activities for traditional circumcisers, and shifted underlying unequal gender norms. In particular, community conversations led by local trained facilitators were conducted twice a month for over a year and a half, enabling discussions, analysing stereotypes, exploring issues in depth, and questioning traditional beliefs about the practice. Boys and men reported that they now preferred to marry uncut girls and women, with many citing maternal mortality as the key reason for this change of view (Stern and Anderson, 2015). Numerous respondents also affirmed the centrality of promoting male cooperation with women to abandon the practice because ‘one hand cannot clap by itself’, as men were more likely to be influential community members and thus could play a significant role in challenging resistance from other men. The interviews also revealed how KMG also promoted more gender-equitable attitudes with increased support for women’s property inheritance, political participation, positive sexuality, household decision-making and reduced domestic burden (Stern and Anderson, 2015).

Finally, the **Male Norms Initiative** targeted men aged 15-24 with interactive group education and community engagement and was evaluated using a quasi-experimental research design with three arms – the first combining community engagement with interactive group education sessions promoting gender-equitable norms and violence prevention, the second including only community engagement activities, and the third being the control arm. Both intervention groups scored higher than the control group and showed a positive, significant shift towards support for gender-equitable norms between the baseline and endline. They also reported a significant decrease in intimate partner violence at endline, while no such change was reported by the control group. The mixed methods evaluation also noted that young men in the combined intervention group reported more support for gender-equitable norms at endline, compared to those in the community engagement only group (Pulerwitz et al., 2010; Pulerwitz et al., 2014).

2.5 Media interventions

Launched in 2013 by the Girl Effect, **Yegna** is a branded social communications platform aiming to inspire positive behavioural change and reframe the value of adolescent girls in Ethiopian society². It is a radio programme consisting of a weekly drama, a talk show and music. The show and the drama address a range of topics affecting girls’ lives, such as child marriage, adolescent pregnancy, violence and barriers to education. Girl Effect notes that 84% of girl listeners said that Yegna helped them become more confident and 76% that it inspired them to continue their education. A qualitative study by the Overseas Development Institute (ODI) in Amhara assessed the radio component of the programme. Although other studies suggested relatively positive programme effects, this study found more mixed results. In villages with electricity and where girls’ listening groups allowed girls to listen together and discuss, Yegna introduced girls to new ideas and strengthened the role of the Women’s Development Army – a local government structure which transmits the programme – in tackling discriminatory gender norms. Thus the programme generated community dialogues and helped communities focus on harmful traditional practices and girls’ education. However, in communities without electricity where girls also listen alone the programme, the impact was limited. Moreover, boys and men were often excluded from the target audience although they should have been proactively targeted (Jones et al., 2015a).

2.6 Assessment of the evidence and key gaps

The evidence on girls’ agency and norm change is rather strong and overlaps greatly with the bodily integrity section which follows as the primary objective of these interventions is to tackle child marriage, FGM/C or violence against girls and young women. Community conversations seem to be an extremely common and

2 See <http://www.girleffect.org/what-we-do/yegna/>.

effective approach in Ethiopia. Moreover, establishment of girls' clubs/groups and provision of life skills education by trained female mentors contributes to girls' empowerment. In the case of married girls, participation of their husbands in similar groups appears to maximise programme effects. On the other hand, youth clubs often benefit boys more than girls, including younger adolescent girls, who are unable to participate in them. However, with most evaluations lacking age-disaggregated data, we still know very little about the best strategies to empower girls of different age groups, let alone about the sustainability of any positive change.

3. Bodily autonomy, integrity and freedom from violence interventions

Despite the law setting the legal minimum age of marriage at 18, child marriage continues to be widespread with 40% of Ethiopian women age 20–24 having married before age 18 and 6% of girls aged 15–19 having married before age 15 in 2016 (CSA and ICF, 2017). Poverty, lack of education and discriminatory social norms about girls' virginity are the key drivers of the practice. However, evidence indicates that child marriage prevalence is gradually declining in most regions due to government legal and policy efforts, increased education and positive role models (UNFPA, 2012; Jones et al., 2016b). Similarly, FGM/C is another harmful traditional practice that remains widespread in the country; latest data from the Ethiopia Demographic and Health Survey (EDHS) reports that over 65% of women aged 15–49 are circumcised, including 47% of girls aged 15–19 and 59% of young women aged 20–24 (CSA and ICF, 2017). However, some evidence also indicates that the practice has been declining over time, largely due to the concerted efforts of the government, international agencies, religious groups and local NGOs (CEDAW Committee, 2010; UNICEF, 2013b; Jones et al., 2015b). Adolescent girls are also highly vulnerable to domestic and sexual violence as well as human trafficking and sexual exploitation. Although gender-based violence is apparently widely accepted, some evidence indicates that such acceptance is slowly declining, particularly among younger generations (CSA and ICF, 2017; Jones et al., 2014b).

3.1 Overview of the evidence

We found 19 impact studies and evaluations of programmes aiming to improve the bodily integrity of adolescent girls in Ethiopia. Thirteen of these studies were grey literature and six were academic papers. The evidence base on programmes tackling child marriage is particularly strong, as 13 studies assessed programmes seeking to tackle child marriage – a few sought to tackle child marriage and other harmful traditional practices. Moreover, five studies focused on FGM/C, while two studies assessed interventions addressing physical and sexual violence against girls. The majority of these impact studies and evaluations focused on programmes funded by donors such as DFID and USAID, designed by large INGOs such as the Population Council and CARE, and implemented by local partners. In terms of the methodology used, ten studies combined quantitative and qualitative methods, six others used only quantitative techniques and only three used purely qualitative methodology. Several had a quasi-experimental design, but three specifically investigated the impact of different treatment arms (End Child Marriage Programme/Finote Hiwot, TESFA and the Male Norms Initiative), while the ongoing COMPASS intervention is being evaluated with a wait-listed cluster-RCT. In addition, we found 27 project documents and reports with useful information about interventions in this thematic area. A more detailed overview of all examined studies is provided in Annex 1.

3.2 Interventions tackling child marriage

Given the extent of child marriage in Ethiopia, several interventions aim to tackle the practice and protect adolescent girls. The ongoing **End Child Marriage Programme (ECMP)/Finote Hiwot** in Amhara aims to delay 37,500 child marriages by at least one year, and to reduce the proportion of girls aged 15–18 first married by the exact age of 15 to around 10%, while the rate in the control group is expected to be 20%. One evaluation used a quasi-experimental design and divided the information and economic incentive components of the programme into 'intensive' and 'expansion' treatment arms. Thus the intensive areas received both information and economic incentives, while the expansion areas received only information. However, the study found that both treatment arms were effective in reducing child marriage as both components decreased the probability that a girl was married at the follow-up survey by 5–7 percentage points and the probability that a girl had ever been married by 6–9 percentage points. As the effects of the intensive and expansion treatment arms did not significantly differ from one another, the study suggests that the information component of ECMP has a greater impact on the age of marriage than the economic incentive

component. Interestingly, the baseline and follow-up surveys revealed that ECMP has led to an increased polarisation of views on child marriage, as more respondents in the follow-up survey reported on child marriage either more favourably or more unfavourably than in their baseline responses. Most importantly, child marriage did not decline significantly over this time period, as the interval of two years between surveys may have been too short to observe one (Chow and Vivaldi, 2015).

A second assessment used qualitative and participatory methods. Both adult and young participants said that ECMP had encouraged wide-ranging attitude changes towards child marriage. Some respondents claimed that child marriage had in fact been entirely eliminated already, yet the study stresses that it is too early to know whether this is accurate. Participants in the intensive areas seemed to be very enthusiastic about the community mobilisation elements of the programme, with the emphasis on empowerment increasing the likelihood of sustainable change. Interestingly on the topic of sustainability, all communities seemed to distinguish between ‘ending child marriage’ and ‘ending child marriage forever’. They all felt that currently communities were actually ‘ending child marriage’ as they were just in the process of reducing it (IMC Worldwide, 2015).

A similar, large scale, multi-component project, **Berhane Hewan** (meaning ‘Light for Eve’ in Amharic), also sought to combat child marriage in rural Amhara, targeting both married and unmarried girls aged 10-19. Its key activities included forming girls’ groups, conducting community conversations, and offering economic incentives to parents, who were promised a goat at the end of the programme on condition that their daughters attended at least 80% of school or group sessions and that they agreed not to marry them off during the two-year programme period (Muthengi and Erulkar, 2011). The programme included a quasi-experimental research design in order to compare outcomes between girls in the intervention area with those in the control area. Indeed, the programme considerably increased girls’ school enrolment and age at marriage. In particular, girls aged 10-14 who participated in the programme were more likely than those in the control area to be in school at the endline and less likely to have ever been married (Erulkar and Muthengi, 2009). The proportion of girls aged 10-14 who had married dropped from 10% to 2% in the intervention area, while it increased from 14% to 22% in the control area (Muthengi and Erulkar, 2011). However, girls aged 15-19 in the intervention area were 2.4 times more likely to be married at endline, and their percentage remained the same over the study period while it declined in the control group³ (Erulkar and Muthengi, 2009).

However, it is difficult to ascertain which intervention strategy was the most influential in bringing about these positive impacts (Population Council, 2014). Mekbib and Molla (2010) conducted a mixed-methods cross-sectional study in order to determine which components contributed to the delay in child marriage according to the fathers, mothers and husbands of participating girls. The majority replied that community conversations (76% of fathers, 66% of mothers and 84% of husbands), group meetings (68% of fathers, 66% of mothers and 78% of husbands), and mentors’ house-to-house visits (30% of fathers, 32% of mothers and 28% of husbands) were the three most effective strategies. As a result of these findings, the ongoing second generation of the programme continues implementing community conversations, schooling support and conditional transfers, while using different intervention arms in three different locations in order to determine which components are most effective in reducing child marriage (Population Council, 2014).

ActionAid’s **Combatting Violence Against Women and Harmful Traditional Practices** programme used Women’s Watch Groups to reduce child marriage in Amhara, Benishangul Gumuz, Oromia, SNNPR and Tigray. After receiving training on gender issues, groups were raising awareness about violence against women and girls, including child marriage, influencing parents to cancel marriage plans, and collaborating with school-based girls’ clubs, boys’ groups and local authorities to protect girls. Boys’ awareness groups organised by the NGO included both boys and girls and helped raise awareness in their communities on gender issues and HTPs. A recent qualitative study by ODI noted that the programme evaluation indicated extremely positive effects,

3 The evaluation found that 46% of older adolescent girls in the intervention area and 30% in the control area were ever-married at endline compared to 46% and 57% at baseline respectively (Erulkar and Muthengi, 2009).

with child marriage reportedly being nearly eliminated in some areas. Similarly, the ODI study confirmed that Women's Watch Groups played a key role in combating the practice with respondents claiming that child marriage was eliminated in their local area as they had not seen a case of child marriage for several years, while no marriage occurred without the consent of a 'Marriage Approval Committee' which checked that brides are over age 18. Respondents also attributed programme success to its holistic approach and the collaboration of various actors and networks which instilled community ownership (Jones et al., 2016a).

CARE's **Towards Improved Economic and Sexual Reproductive Health Outcomes for Adolescent Girls** (TESFA) programme also established girls' groups and community involvement through the Social Action and Analyses (SAA) groups which included village elders, religious leaders and health workers. The programme did not aim to prevent child marriage, but instead to mitigate the severe health and economic consequences of the practice. Thus TESFA focused on girls aged 14-19 who had already been married (Edmeades et al., 2015). However, the programme evaluation reported that there were some welcome spill-over effects on child marriages, as the SAA groups of trained gatekeepers critically reflected on the factors of the practice, supported positive role models and took action against the practice, preventing more than 70 child marriages from taking place. While this was not the explicit goal of the programme, it demonstrates that TESFA's anti-child marriage messages resonated with the targeted communities (Edmeades et al., 2014).

A number of programmes have particularly centred on community dialogues to combat child marriage. For instance, the UN Joint Programme, **Leave No Woman Behind** in Amhara and Tigray also included social mobilisation and community conversations. Its mixed methods evaluation notes that much of the programme built upon learning gained through the Berhane Hewan project. All respondents commented on the increase in prevention and reporting of child marriage as a result of community conversations, with 904 child marriage cases reported to the community conversation facilitators, justice services and the Ministry of Women, Children and Youth Affairs in Amhara. One of the successes of this programme was that local administrators seemed to be very intricately related to the programme and were able to mobilise communities and popularise the programme. Additionally, community conversations helped change social norms surrounding child marriage and led to public declarations of the abandonment of the practice, while graduates from community conversations took a leadership role in advocating against child marriage (Kabuchu, 2013).

Indeed, district-level declarations seem to be a common way of tackling child marriage in Ethiopia. An impact study of such **declarations to abandon FGM/C** showed that they also affected child marriage. A large proportion of respondents across locations reported a decline in child marriage in the past five years. The majority of female respondents declared that they did not plan to marry off their daughters before age 18. This was attributed to interventions raising awareness about the harmful effects of the practice and increased reporting to authorities. The legal approach and efforts ensuring that girls remain in school also worked well in the study areas. In addition, respondents reported that abduction rates declined. Interestingly, the evaluation suggested that the criminalisation of abduction apparently was taken much more seriously than the criminalisation of other HTPs (CDC, 2012).

Reporting of child marriage to authorities is another common intervention strategy. The **Adjibar Safe Motherhood Project** focused on strengthening community level health facilities and services, but also trained and encouraged communities to mobilise against child marriage and to report such cases. Community members were encouraged to report child marriages to teachers, health workers or the local district council, who would then refer matters to law enforcement authorities. In the year before the evaluation, 320 cases of child marriage were reported by teachers to legal authorities. Health workers were also encouraged to broaden their clinical practice and take a more holistic approach to care, looking out for cases of child marriage and stressing the negative consequences of the practice. As part of the project, 'anti-HTP' clubs were also established in schools, educating young people on child marriage and connecting them with a teacher who would keep an eye out for them. These teachers would make home visits, investigate if a girl dropped out of school and notify the authorities of a child marriage case (Natoli et al., 2008).

The CARE ‘**Healthy Unions: Community Engagement and Behavioural Change to Eliminate Bride Price, Bride Abduction, and Early Marriage in Ethiopia**’ project in Oromia used similar community mobilisation strategies. The programme aimed to transform community norms and to increase the capacity and political will of CBOs and community leaders to take collective action and advocate for law enforcement. Using mixed methods, a study found that the vast majority of respondents agreed that child marriage was declining, with most citing ‘awareness of programmes’ or ‘fear of the law’ as the major reasons for this decline. When asked whether they thought child marriage should be protected as a positive cultural value, the vast majority disagreed. They also thought that child abductions were decreasing. The evaluation noted that one intervention area had less positive findings due to a combination of factors, including stronger traditional norms and a dominant customary law, making legal action slower or weaker and law enforcement bodies less active (Takele, 2010).

Law enforcement also appears to be a promising strategy. One study that assessed the impact of the 2000 **Revised Family Code**, which raised the minimum legal age of marriage from 15 to 18 years, found that this legal reform increased the average age of marriage for females by one year and shifted the distribution of marriage ages up. The reform thus made marriage at age 15 or younger far less common (McGavock, 2015).

A recent comprehensive review of good practices combined with analysis of new qualitative data of what works to tackle child marriage in Ethiopia, concluded that as one size does not fit all, successful programmes are those tailored to the local context, targeting community and religious leaders, raising awareness and educating parents through existing government interventions, supporting girls’ clubs and involving boys and men to promote alternative masculinities. In order to have transformative effects, interventions should address the key drivers of child marriage, including discriminatory social norms, limited access to secondary education and economic hardship. Their success also depends on cross-sectoral cooperation, local ownership and assistance to communities to develop reporting chains for girls at risk (Jones et al., 2016a).

3.3 Interventions tackling FGM/C

Our review examined several FGM/C interventions which used community mobilisation strategies. The **district-level declaration to abandon FGM/C** has been employed throughout Ethiopia to reduce and eliminate FGM/C, with most declarations coming out of intensive community dialogues which enable communities to reflect on their own views of the practice. A mixed-methods evaluation monitored the progress of 10 self-declared districts (woredas) in abandoning FGM/C and child marriage and looked at strategies that have been successful so far. The evaluation found a very good awareness in all locations, with over 70% of women and 40% of adolescents aware of the declaration. The majority of respondents also recognised the harmful effects of the practice and stated that they did not plan to force FGM/C on their daughters in the future. However, a considerable number of parents, between 17% and 32%, said that they would still circumcise their daughters using cultural and religious justifications (CDC, 2012).

As well as encouraging community members to report cases of child marriage as outlined above, the **Adjibar Safe Motherhood Project** also encouraged community members to report cases of FGM/C, while health workers were asked to take a more holistic approach to their clinical practice, including addressing the health-related consequences of FGM/C, providing counselling support to those who had been circumcised, and reporting cases to legal authorities (Natoli et al., 2008).

One of the best examples of a successful community-focused FGM/C prevention programme has been an intervention in SNNPR: the **Kembatti Mentti Gezzimma** (KMG) (meaning ‘women of Kembatta working together’). The programme was founded by a local women’s rights campaigner and aimed to listen and respect the community, learning from local experience and taking a gender transformative approach. The programme engaged men and boys as active agents of change and supported them to disseminate information and to implement sanctions for those who continued the practice. Meanwhile, community conversations educated men and women about the harmful effects of FGM/C and the benefits of abandoning it. Moreover, traditional circumcisers were provided with alternative income-generating opportunities. A qualitative study found that

the programme was successful, with all participants stressing that FGM/C had almost completely been eradicated in Kembatta zone along with other harmful practices such as bride abduction. The study pointed out that the programme led to a shift in social norms as boys and men now preferred to marry uncut girls and women, with many citing maternal mortality as the key reason for this change of view. After a decade of KMG implementation, only 3% of elders wanted their daughter to be cut or their son to marry a girl who was cut. Indeed, UNICEF in 2008 reported that KMG had reduced FGM/C in Kembatta from 97% in 1999 to 4.7% in 2008 (Stern and Anderson, 2015). Teferra (2006) lays out a number of successful strategies used by KMG, including promoting a progressive interpretation of existing laws, playing a major role in persecuting circumcisers, and encouraging role models to speak out. Moreover, KMG successfully involved churches, schools and other community-level institutions, organising sensitisation workshops. Likewise, UNICEF (2013a) stress that one of the most important aspects of programme success was its credibility and trust among local people as well as the ability to leave them space for reflection. It also applied public pressure, celebrating the weddings of women who were uncut.

CARE took a different approach and embarked on integrating FGM/C interventions into existing programmes. The NGO partnered with the Ministry of Health and focused on **CARE community-based reproductive health** programmes which targeted a pastoralist population of 18,000 in Afar. It thus added FGM/C abandonment activities into these programmes, making them less focused on health and more focused on social norms and behavioural change. The intervention included community-level educational outreach activities using Behaviour Communication Change (BCC) approaches, community-level advocacy, and training of dispensary service providers in treating FGM/C related issues (Chege et al., 2004).

An evaluation using a quasi-experimental design with intervention and control sites where no FGM/C operations had taken place found that interventions were effective in increasing knowledge of the harmful effects of FGM/C among women and men, children and adults with no differential exposure by age. The evaluation comments that with exposure to information, women would associate some of the negative consequences with their direct experiences. However, 32% of men reported that they intended not to cut their daughters in the future compared to 16% of women at endline. Interestingly, the evaluation notes that just over a year after the endline, 70 village elders from both intervention and control sites made declarations on the abandonment of FGM/C. Though it is too early to say whether this is linked to longer term behavioural change, it is clear that there has been some collective mobilisation. The evaluation also stresses that the integration of FGM/C work into existing programmes was more successful overall in Ethiopia than in Kenya; one of the reasons for this is that the NGO was much more effective in engaging religious leaders in Ethiopia (Chege et al., 2004).

Another programme that focused on community attitude and behavioural change was the **Ejere Civic Education and Support Project**, carried out by the Hundee Oromo Grassroots Development Initiative in Oromia. The programme involved facilitation of separate discussion forums for women and men, joint consensus-building workshops and the establishment of Women's Rights Defence Committees as well as the establishment of a working relationship with law-enforcing organisations. Some project documents note positive impacts. For instance, the majority of circumcisers stopped working due to both reduced demand as well as fear of the committees and law enforcement agencies (GTZ, 2008). Meanwhile, Teferra (2006) notes that successful strategies used by Hundee include the participatory workshops where community members debate issues. Hundee was ultimately effective in facilitating the creation of a 'critical mass' of men and women who actively oppose FGM/C.

3.4 Interventions addressing violence against girls

The evidence base on what works to protect Ethiopian adolescent girls from violence appears to be rather weak. The **Girl Power Programme** targeted girls and young women aged 10-24 in Amhara, Oromia, SNNPR and Addis Ababa and, along with education interventions, included protection activities. The latter included provision of life skills training to girls, rehabilitation and vocational training support to former sex workers,

provision of a hotline and referral system, community conversations and media sensitisation, establishment of child protection structures and collaboration with government organisations. Its mixed methods midline assessment noted that girls and young women reported that the prevalence of violence in their communities did not change one year after the programme had started. Only sexual violence was seen to have decreased significantly amongst adolescent girls, particularly amongst older adolescent girls as they were more able to protect themselves. Moreover, adolescents and young women significantly improved their ability to say no to sexual activity. Attitudes towards violence also changed among community members. All community members agreed that violence should be reported. The majority of community members did not agree that a man is allowed to beat his wife or that children should be beaten. However, these values changed less among boys and young men. Overall opinions changed enormously in many instances, yet perceived practices did not, as actual incidences of violence did not change (Transition International, 2013).

Another programme addressing violence against girls was the **Male Norms Initiative**, implemented by Hiwot Ethiopia with technical support from EngenderHealth. The programme targeted young men aged 15-24 through community engagement and group education activities. The former included leaflet distribution, music and drama skits, community discussions, condom distribution, and an International Father's Day march. The latter included 19 two-hour sessions which took place every week and covered issues surrounding gender equality and gender-based violence. The evaluation used a quasi-experimental difference-in-difference design with three arms. In the first arm, young men participated in community engagement and interactive group education sessions. In the second arm, participants received only community engagement activities, while the third arm served as the control group (Pulerwitz et al., 2010; Pulerwitz et al., 2014).

The proportion of male participants who reported being violent towards their partner dropped significantly in both intervention groups, while there was no change in the control group. In the first arm, the proportion of men who reported physical or sexual violence toward their partner decreased from 36% to 16%, and the percentage who reported any type of violence decreased from 53% to 38%. The proportion of young men in the second arm who reported physical/sexual violence against their partners decreased from 36% to 18%, and the percentage of those who reported any type of violence decreased from 60% to 37%. In addition, young men reported positive changes in their own behaviour after participation in the programme: 95% of participants in the first arm and 82% in the second arm. Both groups acknowledged becoming more aware of gender issues, treating women with more respect, and improving their condom negotiation ability and communication about HIV risk issues (Pulerwitz et al., 2010; Pulerwitz et al., 2014).

The ongoing multi-country **Creating Opportunities through Mentorship, Parental Involvement and Safe Spaces** (COMPASS) programme in conflict-affected communities is also implemented in refugee camps in western Ethiopia and involves young female mentors in safe spaces, facilitating discussion groups for girls aged 13-19. The primary aim is to address sexual violence in these communities, while also improving gender relations. The sessions centre on self-confidence, building friendships, communication, problem solving, gender-based violence and healthy relationships. The intervention is currently being evaluated with a wait-listed cluster-randomised control trial (Falb et al., 2016). In addition, the **Protecting and Empowering Displaced Adolescent Girls** programme, also aims to enable displaced adolescent girls to protect themselves from sexual violence (Paik, 2014).

3.5 Assessment of the evidence and key gaps

The majority of the evidence centres on addressing the high incidence of harmful traditional practices, particularly child marriage and FGM/C, while the evidence base on programmes specifically addressing violence against girls is much weaker. Programmes tackling child marriage and FGM/C are largely concerned with rural girls, particularly in Amhara, as well as girls' wider communities. Indeed, the most favoured approach in Ethiopia appears to be changing attitudes and behaviours through community mobilisation and community conversations. This includes working with religious and community leaders as well as the creation of discussion groups and forums in order to take a district or village-level stance on HTPs. This programmatic focus on

attitude and behavioural change in the wider community has proven to be generally successful. Most programmes also focus on legal enforcement, and encourage communities, teachers and health extension workers to report cases to legal authorities. This legal approach seems to be largely effective with clear evidence of increased rates in reporting in many contexts.

The majority of examined studies use the age of marriage or rate of FGM/C as indicators, but they do rely heavily upon self-reporting in order to determine behavioural change. Once the results from Berhane Hewan's more recent phase and the ECMP become available, we will hopefully be able to make clearer conclusions on which particular components are successful at delaying marriage, and to determine whether community conversations are indeed the most effective approach. Yet what needs to be reminded is that the complexity of the practice and its wide variation across Ethiopia entails that interventions tailored to local environments are probably the most successful. In addition, COMPASS will produce an RCT over the coming years which will contribute to filling the evidence gap on impact evaluations regarding violence against girls as well as impact evaluations using an RCT research design.

4. Psychosocial wellbeing interventions

Mental illness affects between 12% and 25% of children and adolescents in Ethiopia. However, appropriate services are limited and based in the capital. School-based violence threatens adolescent mental health, yet there is limited awareness and use of available counselling services in schools while traditional explanations and treatments are still widespread. Domestic workers, girl migrants, orphans, early married and pregnant girls as well as survivors of sexual violence are more likely to experience mental health problems (MoH, 2012). Adolescent girls have lower self-efficacy than boys in terms of feeling in charge of their life and destiny (Dercon and Sing, 2013).

4.1 Overview of the evidence

Our search generated eight impact studies and evaluations of interventions aiming to improve the psychosocial wellbeing of adolescent girls, directly or indirectly. Six of these studies were grey literature, while the remaining two were papers published in academic journals. Six studies combined qualitative and quantitative methods to assess intervention impacts, while two used only quantitative techniques. Almost all assess multi-component programmes with several objectives such as increasing participants' economic activity, improving their sexual and reproductive health behaviours or protecting and empowering them. Thus most of these studies are also discussed in other sections of this review. In order to assess intervention impacts on psychosocial wellbeing, some evaluations focus on mental health and use a number of international self-assessment tools such as the Self-Reported Questionnaire, the Kessler 6 questionnaire, the Youth Self-Report, the Strengths and Difficulties Questionnaire or the brief Developmental Assets Profile. Others focus on social and emotional wellbeing and assess changes in girls' self-confidence and their relationships with significant others. We also found three sources with information about interventions with psychosocial support components. A more detailed overview of all examined studies is provided in Annex 1.

4.2 Interventions with psychosocial support components and outcomes

While most of the examined interventions explicitly aimed to improve the psychosocial wellbeing of participants and thus integrated particular components such as counselling, a few focused on empowering girls. **Biruh Tesfa** (meaning 'Bright Future' in Amharic) targeted marginalised out-of-school adolescent girls in poor urban areas, including domestic workers, migrants from rural areas, orphans and girls with disabilities. The project aimed to build girls' social networks and support along with improving their skills and protecting them from HIV infection. To this end, it included formation of girls' groups, peer mentors, and life and psychosocial skills training. The mixed methods evaluation of the pilot in Addis Ababa found that more girls at the project site reported having many friends in the neighbourhood at endline, while the proportion did not change at the control site. Moreover, the proportion of girls having a place outside of home to meet other girls increased significantly more compared with that of girls at the control site (Erulkar et al., 2011). The project was evaluated again with a quasi-experimental methodology and pre- and post-intervention surveys in intervention and control areas. Once again, girls at the two intervention sites in Amhara were more than twice as likely to report social support compared to girls at the control site. More girls at the intervention sites reported having many friends close by along with a space in the community to meet them. They were also significantly more likely to have at least one source of support compared to girls at the control site (Erulkar et al., 2013).

A three-month **psychosocial support pilot intervention for marginalised adolescents** in Addis Ababa also targeted Biruh Tesfa participants. The intervention aimed to test a strategy to address mental health problems among vulnerable adolescent migrants aged 15-18. Participants included girls from Biruh Tesfa and boys from Retrak, a programme helping young men involved in street labour activities. The intervention included psychosocial support by trained counsellors during individual and group sessions consisting of creative art therapy and music, drama and dance. The assessment used the Youth Self-Report (YSR) to measure changes

in four psychosocial indicators (anxiety, attention problem, aggressive behaviour, and social problem) between baseline and endline. The study found that girls experienced significant reductions in all four indicators, while overall prevalence of mental health problems among them fell from 35% to 15%. On the other hand, no such improvement in mental health outcomes was found among boys. The gender difference was attributed to the nature of the intervention which may have been more appropriate for girls than for boys and thus succeeded in engaging them more actively (Jani et al., 2015).

The **Child Friendly Spaces** project in Buramino refugee camp in Somali region targeted refugee children and adolescents aged 6 to 17 years and provided them with psychosocial support activities along with literacy and numeracy classes and feeding services. The mixed methods evaluation used the Strengths and Difficulties Questionnaire (SDQ) and a brief version of the Developmental Assets Profile (B-DAP) to assess project impact on child emotional wellbeing. The scores achieved in the two questionnaires showed that all children and adolescents improved their wellbeing irrespective of their participation in the intervention as indicated by a reduction in psychosocial difficulties, and an increase in pro-social behaviour and in developmental assets. The intervention improved more the psychosocial wellbeing of male participants aged 6-11 years, while the decline in scores between female participants and non-participants were similar. Moreover, the intervention improved the wellbeing of all participants with extreme difficulties at baseline who showed a significant improvement compared to non-participants at endline (Metzler et al., 2013).

The **Breaking Poverty through Protection and Investing in Decent Employment for Vulnerable Children and Youth** intervention in Amhara targeted marginalised and vulnerable children and youth and aimed to empower them economically and socially. Its social empowerment component included youth clubs, life skills training, psychosocial support and systematic peer-to-peer counselling. In particular, girls who had been exposed to sexual exploitation were provided with counselling and behavioural change sessions. During the intervention, they were also offered accommodation at a Safe Home. The midline assessment found that these girls highly valued the psychosocial support they accessed which along with the vocational training and the assistance of social workers, enabled these girls to improve their personal and social skills. However, the study found that psychosocial support was mostly available to the girls at the Safe Home and only half of other participants could access it on request. Yet limited awareness meant that it was rarely used by other participants (Yamaguchi-Fasting and Larsen, 2012).

The final assessment of the **Social Cash Transfer Pilot Programme (SCTPP)** in Tigray also aimed to examine programme impact on women's mental health. The evaluation survey included a brief module of questions based on the Self-Reported Questionnaire (SRQ-20) and the Kessler 6 questionnaire which were both validated and already used in the country. Measures of mental distress were worse at endline, with beneficiaries reporting higher levels than the control group. No statistically significant effects were found and the evaluation notes that either the size of the cash transfer was possibly too small to generate any detectable effect or that there was potentially some impact which was nonetheless statistically insignificant (Berhane et al., 2015).

The **Joint UN Programme on Gender Equality and Women's Empowerment** included psychosocial support to girls and women survivors of gender-based violence along with a telephone hotline service. However, an assessment of its first phase reported that consultations lasted too long and planned services were still unavailable (Etta et al., 2013). The evaluation of the **Towards Economic and Sexual Reproductive Health Outcomes for Adolescent Girls (TESFA)** project which targeted married adolescent girls in Amhara and aimed to empower them economically and to improve their sexual and reproductive health behaviour, pointed out that participants reported improved mental health, increased social support and enhanced communication with their husbands (Edmeades et al., 2014).

Our search also provided information about two school-based projects which included psychosocial training. The **World Food Programme (WFP)** primary school feeding programme provided such training to students and teachers in order to promote a positive school environment and enhance student achievements (WFP, n.d.). Likewise, the **Healing Classrooms** Initiative provided psychosocial training to teachers in a refugee camp to

help their students cope with traumatic experiences and hardship (Winthrop and Kirk, 2005). Given the importance of counselling for students, the Ministry of Education also enables secondary school students to access **school-based guidance and counselling services** in order to deal effectively with physical, emotional and academic difficulties. However, a mixed methods study in Harari and Oromia regions found that both students and teachers had poor awareness about these services and only 20% of students used them. Although more girls were aware of their existence, male students used them significantly more as many counsellors in the surveyed schools were men and thus girls were afraid to discuss their problems with them in private (Alemu, 2013).

4.3 Assessment of the evidence and key gaps

Evidence on interventions aiming to improve adolescent girls' psychosocial wellbeing is limited and focuses on marginalised and vulnerable groups such as domestic workers, sex workers, survivors of violence and abuse, migrants and refugees. Even when the intervention has positive impacts, lack of a rigorous research design does not allow us to identify the most effective components. In most cases, the study compares results to a control group or to the baseline and presents findings without trying to explain them. We also know very little about what works to enhance the emotional and social wellbeing of girls in rural areas as well as of different age groups. Moreover, there is no evidence about what enables sustainable improvement as studies are carried out shortly after the end of the programme and do not assess longer-term effects.

5. Education and learning interventions

Over the last two decades, Ethiopia has made remarkable progress in expanding the public education system equitably and reducing the gender gap in education. Indeed, female primary school net enrolment increased from 20% to 84% between 1996 and 2012; and in 2014 the overall enrolment rate for girls aged 7-18 years was 66% compared to 64% for boys with fewer girls over-age for grade in school than boys (Bastian et al., 2013; CSA and World Bank, 2015). However, girls have higher dropout and repetition rates, while their secondary school enrolment and attendance as well as higher education participation rates are still low. Moreover, quality of education is low and learning outcomes are poor. Children from poorer backgrounds and those from rural areas have the lowest learning achievements. A wide range of economic, sociocultural and institutional factors contribute to girls' educational disadvantage, including poverty, household chores, child marriage, discriminatory norms and attitudes (Bastian et al., 2013; Karippai and Kassa, 2010; MoFED and UN Ethiopia, 2012; Woldehanna and Pankhurst, 2014). Although the number of out-of-school children declined significantly, girls with disabilities, domestic workers and girls in pastoralist areas are more likely to be deprived of education than boys (MoE and UNICEF, 2012; MoFED and UN Ethiopia, 2012).

5.1 Overview of the evidence

Our search generated 25 impact studies and evaluations of education-related interventions with 19 being grey literature and the remaining six academic papers. A considerable number of these studies assess the effects of interventions targeting girls or children and aiming to improve their access to quality education. In addition, several multi-component programmes aiming to tackle child marriage or to empower girls and women have also included education interventions. A few impact studies also investigated the education outcomes of social protection programmes such as school feeding projects and the Productive Safety Net Programme (PSNP). Finally, two studies evaluated the impact of the land certification programme and the reformed family code on education. The most common intervention type is apparently the provision of a grant or school materials to girl students, followed by the establishment or strengthening of girls' school clubs and improvements in the quality of teaching, the girl-friendly school environment and school infrastructure (see Table 3).

Table 3: Main types of evaluated education and learning interventions

Main types of interventions	Number of sources
Cash transfers/scholarships/in kind transfer	12
School girls' clubs	6
Quality of teaching improvements	5
Measures increasing girl-friendliness	5
School infrastructure improvements	5
Bridge to education/second chance school	3
School feeding/take home rations	3

Note: many sources generated insights on more than one intervention type and hence numbers add up to more than 25.

Nearly half of all these studies used mixed methods, while ten used only quantitative and three purely qualitative methodology. While a few used quasi-experimental design, none included a cluster-RCT. One evaluation of a multi-component programme used a quasi-experimental design with two treatment arms (Chow and Vivalti, 2015) to assess programme effects on child marriage, but not on education. Another evaluation used a cross-sectional design to investigate the contribution of each programme component according to interviews with fathers, mothers and husbands of participating girls (Mekbib and Molla, 2010). In terms of location, most assessed interventions were implemented in Amhara, followed by Addis Ababa, Oromia, SNNPR and Tigray.

We also found 42 sources with information about education interventions benefiting adolescent girls. These interventions include completed and ongoing medium and large scale projects mostly targeting marginalised girls and aiming to improve their access to primary and secondary education. A more detailed overview of all examined studies is provided in Annex 1.

5.2 Education and learning interventions

Several examined programmes aimed to increase girls' or children's access to primary or secondary education as well as to improve education quality and learning outcomes. The **Friendly Primary Schools for Girls and Marginalised Children project** in SNNPR targeted marginalised groups such as children with disabilities and orphans as well as rural girls with a primary education focus. The project included provision of material support, girls' clubs, school infrastructure and equipment improvement, life skills training, and capacity building for parents, officials and civil society organisations to support girls' education. The mixed methods evaluation reported increased enrolment, declined dropout rates, improved school environment and quality of teaching, and increased community participation into school governance. In particular, girls increased their enrolment rates, while their dropout and repetition rates declined. More students at endline reported that parents gave equal emphasis on girls' and boys' education, while the majority said feeling safe in school and having a mechanism to report cases of abuse (Plan, 2015).

The **Gambella Educational Materials and Scholarship Support Programme** targeted disadvantaged girls in seven districts in the region and provided them with school materials in primary school and scholarship support in secondary school. Girls were also provided with tutorial classes and solar lamps so that they could complete their homework after finishing their domestic tasks. A study by ODI noted that programme beneficiaries had high educational aspirations, while scholarships allowed poor families to prioritise their daughters' education over marriage. However, beneficiaries were very few, targeting was weak and funds were irregularly dispersed (Jones et al., 2016a).

The **Higher Education Readiness (HER) Initiative to Lead Change** in Addis Ababa aimed to increase academic performance, leadership and secondary school completion rates of girls preparing for university. It combined activities to enhance girls' academic performance, personal growth, and social impact with activities to address barriers to girls' education and to improve parental and community perceptions. Using a quasi-experimental design, a small scale assessment of 100 girl graduates at the end of the intervention found that over 90% of participants completed secondary school, passed the national exams with the highest possible results and the majority continued to university, while dropout rates were 10 times higher in the control group. Moreover, HER participants showed greater leadership skills, higher confidence levels and increased understanding of the importance of education than the control group. The initiative also helped their parents to realise the value of education and increased their knowledge about how best to support their daughters in school. Programme graduates also encouraged and inspired their siblings to work harder and helped community women to read and write (Valuy and Martel, 2016).

The **Accelerated Development of Literacy, Numeracy and Life Skills among First Cycle Learners in Ethiopia** targeted primary school children in Addis Ababa, Amhara and Harari with the aim to improve teaching and learning outcomes. The midline assessment used mixed methods and tests to measure student learning competencies. While students improved their scores between baseline and midline and those in the intervention schools performed better than those in control groups, scores were still low with wide variations between school grades and regions. Moreover, boys performed better than girls, including adolescent students in grade 4 (CfBT Education and FEAT SC., 2015).

The UNICEF-led **Child Friendly Schools** targeted primary school children across the country with improved school infrastructure, tutorial classes for girls, incentives for improved performance and school supplies. The assessment combined quantitative and qualitative methods and found that most students expressed their satisfaction with overall improvements in the quality of school facilities and learning materials. Since the

beginning of the programme, enrolment rates increased, particularly for girls. Yet dropout and repetition rates did not improve, with more boys than girls leaving school. Moreover, although the programme aimed to make schools gender-responsive, no clear gender strategy was identified (UNICEF, 2010a).

The **Community-School Partnership Programme (CSPP) for Education and Health** targeted 1,800 primary schools in some of the most disadvantaged areas and provided them with incentive grants to improve their physical infrastructure along with material and tutorial support to girls and the establishment of Girls' Education Advisory Committees (GEACs). The qualitative midline assessment found that Gender Parity Index in participating schools improved between baseline and follow-up. The worst gender parity was recorded in schools in Afar and Somali regions, although enrolment did increase. Moreover, children with disabilities were not assisted to attend CSPP schools. The study noted that the greatest success of the programme was GEACs which often evolved from girls' clubs and included teachers, students and community representatives. These committees dealt with issues related to girls' education and progress. In particular, teachers in GEACs operated as role models and mentors for girl students, provided tutorials and also intervened and made home visits in cases of girls' absenteeism (Tate et al., 2011).

The UNICEF-led **Getting Ready for School** programme in Harari, Oromia and Tigray aimed to facilitate the successful transition of young children in primary school with assistance provided by older students in grades 4-8 in local communities. It was expected that these young Facilitators would improve their educational engagement and performance. Using a matched-subjects design, the evaluation found that the majority of Facilitators were academically engaged and had positive attitudes towards learning with more than 70% saying that they planned to continue to secondary school. The study notes problems with data availability and does not disaggregate by sex (UNICEF, 2010b).

The DFID-funded **Results-Based Aid (RBA) in the Education Sector in Ethiopia** aims to improve participation and performance in lower secondary education with a focus on girls and children in emerging regions⁴. The project provides financial rewards to schools with strong performance in terms of increased numbers of students enrolled and sitting and passing the grade 10 examinations. Indeed, at the end of 2014 more children, including girls, sat and passed the exams compared to the previous year. However, it remained unclear whether these changes could only be attributed to the RBA project or to government efforts, while concerns were raised about the suitability of results-based aid mechanisms as they are at odds with the Constitution and national equity policies (DFID, 2014).

A number of projects to prevent or assist adolescent girls engaged in child labour also included provision of education. For instance, the multi-country **Combatting Exploitative Child Labour through Education** targeted children and adolescents aged 5-17 and aimed to reduce child labour in Amhara, Benishangul Gumuz, Oromia, SNNPR and Addis Ababa through improved access to quality formal and informal education. It thus provided direct material support to children, including paying fees in private schools and training centres, awareness-raising activities of the problem and collaboration with the International Labour Organisation to change child labour policies in the country. The midline assessment found that the support provided to students was important. Yet one in four children, almost equal numbers of girls and boys, dropped out of the project due to relocation because of drought or conflict. Smaller class sizes and trained teachers in informal education centres made parents believe that they were better than formal schools. The project also offered a two-month School Readiness Programme to emotionally and academically prepare children who had left primary school and to enable them to re-enter along with another particular programme targeting adolescents with literacy and numeracy skills, life skills and vocational training. Overall, parents were pleased that their children were able to attend school, although some reacted angrily to project monitoring and inquiries about children's absence from school. The assessment did not observe any overt gender bias, yet it does not provide sex-disaggregated information (Tietjen, 2007).

4 The emerging regions include Afar, Benishangul Gumuz, Gambella and Somali.

Our search also accessed a number of ongoing programmes targeting adolescent girls. The **Girls' Empowerment through Education (GETE)** project targets girls aged 7-14 in Addis Ababa from slum and semi-rural marginalised communities and aims to improve their access to quality education. Strategies include provision of school uniforms, educational materials and sanitary pads along with tutorials and rights training to girls, teacher training, girl-friendly infrastructure, community awareness-raising about the importance of girls' education, and livelihood opportunities for their parents. According to a project document, girls' attendance and performance has improved, community awareness increased, and schools have become more responsive to girls' needs (Plan, n.d.).

As part of the Girls' Education Challenge, DFID is currently supporting three education projects for girls in Ethiopia: **Securing Access and Retention into Good Quality Transformative Education** targets more than 16,500 marginalised girls in primary and lower secondary education in Amhara and Oromia with the aim of increasing the value of education among fathers and brothers, removing barriers to school, supporting a safe, inclusive and child-friendly school environment, and supporting staff and communities for sustainable access to education. Likewise, the **Pastoralist Afar Girls' Education Support (PAGES)** projects target 18,500 pastoralist girls in primary school with the objective of strengthening quality formal and alternative education, improving school infrastructure, improving girls' life skills and confidence, and creating an enabling learning environment that also considers the impact of migration on girls' education. Finally, the **Life Skills and Literacy for Improved Girls Learning** in rural Wolaita Zone, SNNPR, targets more than 56,500 primary school girls with various strategies including the development of Gender Action Plans, local language resources development, support for girls' clubs and provision of tutorials and sanitary pads, teacher training and gender mainstreaming along with GEAC support and community awareness campaigns (DFID, 2015b).

Funded by DFID, the **Building Relationships through Innovative Delivery of Growing Education Services (BRIDGES)** in Somali region, was part of a broader peace and development programme that aimed to scale up access to education and improve quality while also contributing to peace building in the region. Indeed, school enrolment increased with girls representing 40% of total enrolment (DFID, n.d.). The current **Somali Region Peace and Development Programme (PDP)** also targets 57,000 girls and boys in primary education (ibid.). Moreover, a number of large scale programmes aiming to improve quality and equity of education as measured by learning outcomes and completion rates also benefited girls such as DFID's **Quality Education Strategic Support Programme (QESSP)**, the USAID-funded **Improving the Quality of Primary Education Programme (IQPEP)** and World Bank's **General Education Quality Improvement Project (GEQIP)** (DFID, 2013; Method et al., 2010; World Bank, 2013). For example, the first phase of GEQIP increased the completion rate for girls in grade 8 from 37% to 52% compared to just a 1% increase for boys (World Bank, 2013). Our search also provided information about several other projects which specifically address the menstrual hygiene challenges adolescent girls face in school (Tamiru, 2015; Save the Children, 2014).

5.3 Multi-component programmes with education interventions

A few large scale, multi-component programmes that aimed to delay child marriage or empower girls and women also included education interventions. **Berhane Hewan** (meaning 'Light for Eve' in Amharic) was a multi-component programme which targeted girls aged 10-19 in rural Amhara with the aim of protecting those at risk of child marriage while also supporting those already married. The programme explicitly included educational support in order to address economic barriers to girls' schooling and use education and its protective effects as an instrument to delay child marriage. The programme provided school materials such as exercise books, pens and pencils to in-school girls along with support to out-of-school girls who wanted to return to formal education. In addition, it established groups for out-of-school girls where they were provided with basic literacy and numeracy skills. Parents of girls who would not arrange their marriage and would allow their daughter to attend at least 80% of school or group sessions received a goat at the end of the project. The evaluation of the two-year pilot used a quasi-experimental design and found considerable improvements in girls' school enrolment. Overall, more girls in the intervention area were in school compared to the control

group. The evaluation distinguished between younger and older girls and found that although girls aged 10-14 in the intervention area were less likely to have ever attended school at baseline compared to the control group, they were more likely to do so by endline. On the other hand, the programme increased enrolment of older girls aged 15-19, yet this change was statistically insignificant (Erulkar and Muthengi, 2009). Girls' literacy levels also improved: while girls in the intervention group were more likely to be illiterate at baseline, their proportion declined by 24% at endline (Muthengi and Erulkar, 2011). Another study using cross-sectional design with mixed methods collected data from parents, mothers and husbands to explore which programme component was perceived to be more important to keep girls in school. Provision of school supplies was mentioned by most respondents, followed by the provision of the goat and girls' groups (Mekbib and Molla, 2010).

The ongoing **End Child Marriage Programme/Finote Hiwot** in Amhara also primarily aims to delay the age of first marriage by one year for 37,500 adolescent girls. The programme includes among its components the provision of school materials to girl students as well as school-based clubs. Its midline qualitative assessment in 2014 noted that the number of girls dropping out of school was reported to consistently decline across programme areas, partly due to reduced child marriage prevalence and partly due to the provision of the material support. Communities apparently placed a high value to this provided support (IMC Worldwide, 2014). However, a quantitative evaluation focusing on the programme's key components found that the programme had mixed results on girls' education: their school enrolment declined, yet the highest grade completed increased (Chow and Vivalt, 2015).

The **Powering Up Biruh Tesfa** targeted out-of-school girls aged 7-18 in the most marginalised urban areas of Addis Ababa and provided them with safe spaces where groups of younger and older girls could meet and attend non-formal education four times weekly based upon the non-formal curriculum of the Ministry of Education. Its quantitative evaluation six months after the programme started focused on girls aged 12-18 and reported that girls' participation in formal education increased dramatically between baseline and endline and from zero reached 38% in both the intervention and the control group. The study attributed this change to the governmental campaign supporting children to re-enter school. On the other hand, the study also found a dramatic increase in girls' participation in non-formal schooling from 6% to 49% in the intervention area compared to an increase from 5% to 12% in the control area. This change was clearly attributed to the programme. Moreover, girls in the intervention group also improved their literacy and numeracy scores, especially girls who had never been in school while no such change was recorded among out-of-school girls in the control group (Erulkar and Medhin, 2014).

The multi-component **Empowering Adolescent Girls** project targeted in-school and out-of-school adolescent girls and their communities in rural Oromia and Tigray with various interventions. Its education component included providing scholarships and school materials to girls, establishing non-formal education centres, sponsoring vocational training, facilitating tutorial sessions, and sensitising communities on the value of education. In-school girls were also provided with ruminants and fuel-saving stoves, while those out-of-school were provided with non-formal alternative education. Its midline assessment and a comprehensive project report found that the project increased girls' school enrolment and reduced their dropout rates. Girls also used the provided stipends to purchase books, rent a room to stay close to their secondary school or meet their basic needs. Fuel-saving stoves greatly reduced the time girls spent on firewood collection and cooking time, and thus enabled them to spend more time studying. Qualitative research revealed that girls particularly valued the financial support and the stoves. The project also constructed water points and latrines enabling girls to be on time in class and to increase their enrolment and performance during menstruation. In addition, the project constructed five alternative education centres for children aged up to 14 and provided teachers' salaries and teaching materials. These centres enabled girls who had never attended school to enrol as well as married girls to complete their basic education. These centres were particularly successful as girl students chose the days and timing of classes and as communities were actively involved (CRS, 2009).

The **Girl Power Programme** implemented by Plan in Amhara, Oromia, SNNPR and Addis Ababa targeted girls and young women and aimed to empower them and build local capacity. Post-primary education was a key component and included provision of bursaries, sanitary pads and tutorial classes along with physical infrastructure improvement, gender-responsive pedagogy and girls' and Tuseme clubs with boys' participation. Its mixed-methods midline assessment found that female participants were most satisfied with the education activities. Moreover, attitudes towards post-primary education for girls, including for married girls and young mothers, improved with almost all adolescents and young women along with community members agreeing that girls should be able to continue their education after marriage or childbirth and that girls should have equal education opportunities. In particular, adult men and women improved their views about girls' education between baseline and follow-up (Transition International, 2013).

The **Promoting African Grassroots Economic Security** (PAGES) aimed to help children and particularly girls in Addis Ababa, Amhara, Oromia and SNNPR to realise their right to quality and inclusive primary education. Apart from an economic component, it also included an education component which included improving school infrastructure with construction of latrines and reading rooms, provision of equipment, child-friendly and gender-friendly pedagogy and gender equality training to teachers, officers and parents. Its mixed methods evaluation found that primary school completion rates improved with more than 98% of girls and boys completing primary education and teachers reporting a decline in dropout rates. Quality and inclusiveness also improved markedly between baseline and endline. Gender-sensitive training raised teacher awareness of the need to explicitly involve girls and support them to become more active in class. Improved teacher-student relationships, targeted support, provision of hygiene products and girls' latrines and strengthening of girls' clubs, enabled girls to enhance their school attendance and performance. Students were also encouraged to report pregnancies and assaults, and pregnant girls were retained in school after giving birth (NCG, 2015).

The **Child Friendly Spaces in Buramino Camp**, Somali, aimed to promote refugee child wellbeing through literacy and numeracy skills, psychosocial activities and a feeding scheme. The evaluation used the Functional Literacy Assessment Tool to assess changes in literacy and numeracy. Indeed, literacy and numeracy scores improved between baseline and follow-up with older children aged 12-17 showing greater increases in average literacy and numeracy scores. Boys had higher skill levels, which adults attributed to previous limited educational opportunities for girls in Somalia. However, the evaluation also commented that boys' greater achievements may also suggest that programme activities were less effective for girls (Metzler et al., 2013).

The **UN Joint Programme on Leave No Woman Behind** in Amhara and Tigray included among its four key components literacy and education for girls and women. The 2013 final evaluation used mixed methods and found that dropout rates declined – particularly for girls in Amhara – enrolment and retention increased and class performance improved during the programme while a clear link was identified between adult literacy and formal education. Parents and particularly mothers reported that attending literacy classes helped them value education and thus started allowing time for homework to their children, encouraged their daughters to attend school and prompted those out of school to attend the Alternative Basic Education centres (Kabuchu, 2013; Kabuchu, n.d.).

The **Joint Flagship Programme on Gender Equality and Women's Empowerment** also aimed to improve girls' secondary and tertiary education participation, provide teachers with gender-responsive pedagogy, increase the number of girls and women with a basic functional literacy and enable women to access leadership development opportunities. Thus the programme provided economic support to disadvantaged girls and young women to complete their education, offered scholarships to female teachers and ministry staff, established and strengthened girls' advisory committees, associations and clubs, and offered tutorial support to girls in higher secondary and tertiary education, including in technical and vocational education and training (Etta et al., 2013).

5.4 School feeding and social protection interventions

Our search also generated a number of studies assessing the impact of school feeding programmes and two other social protection programmes on girls' and boys' education. The **School Meals Programme** has been implemented by the World Food Programme (WFP) and the Ethiopian government in primary schools in chronically food-insecure rural districts with low enrolment and high gender disparity since the 1990s. The programme includes the provision of a daily food ration⁵ to children supported by the Children in Local Development (CHILD), a community mechanism to ensure programme sustainability and effective participation of local communities along with the Food for Education (FFE) initiative, which provides eight litres of vegetable oil per semester to households on condition that their daughters attend 80% of classes. A WFP evaluation reported that both CHILD and FFE increased enrolment rates, improved attendance and reduced gender gaps in primary enrolment and school dropouts with girls in several FFE schools outnumbering boys. The FFE was particularly important in the pastoralist areas of Afar and Somali, with the programme being the key factor for school attendance in situations of severe drought (Riley et al., 2009). However, another quantitative study using survey data for children aged 7-13, found mixed results on learning achievements, attention span and cognitive skills. School meals did not have any effect on students' cognitive skills, and had negative effects on younger adolescent girls' concentration. A negative effect on girls' writing was also noted. The study attributes these findings to problems in programme implementation with some children adversely affected where the programme was poorly organised. On the other hand, the FFE had positive effects on reading, writings and maths skills for both girls and boys. Moreover, children in households contributing cash rather than material support to the programme had better learning outcomes – perhaps as they did not have to get involved in the acquisition of provided material support. While boys increased their participation in family business and domestic tasks, the programme did not have any such effects on girls (Pope et al., 2012).

The **Social Cash Transfer Pilot Programme (SCTPP)** in two districts in Tigray aimed to improve the lives of vulnerable people and children and to enhance their access to education and healthcare services. Apart from the basic monthly grant, each household with at least one child under the age of 16 received an additional grant, while those with a child enrolled in school received extra cash assistance for a maximum of four children. However, the final mixed methods evaluation found that the programme had only modest effects on enrolment and grade progression in one district and no effects on school outcomes for children aged 6-16 in the other. Overall, the programme increased school enrolments of children aged 9-11 by 3.7 percentage points – a statistically significant increase. Moreover, it had a large, positive and statistically significant impact on girls aged 6-11 in one district as it increased the likelihood of their enrolment by 13.3 points, schooling efficiency by 14 points and grade attainment by half a grade. No impact was found on older girls' or boys' schooling outcomes. The evaluation also noted that respondents in qualitative research stressed the important role of Community Care Coalitions, community groups which made sure that children from SCTPP households attended school (Berhane et al., 2015).

The impact of the **Productive Safety Net Programme (PSNP)** on education has attracted a lot of attention. The PSNP included two main components: public works schemes and direct cash transfers to households without a working-age, able-bodied member. Using quasi-experimental techniques based on matching, Hoddinott et al. (2009) evaluated the public works component of the PSNP and found that boys aged 6-16 in households receiving more regular transfers (at least 90 birr, or nearly US\$4 per member) showed large increases in school attendance rates. On the other hand, school attendance for girls aged 6-10 on average showed a weakly significant decline of seven percentage points; programme impact on older girls aged 11-16 was positive but statistically insignificant. Similar findings were found for girls in households with more regular transfers with younger girls' attendance declining and older girls increasing by 15 percentage points – again a weakly significant effect. The decline in younger girls' attendance was combined with increased child labour. Based on Young Lives survey data and propensity score matching techniques, Woldehanna (2009) found that in

5 Each child is provided with 650 kcal per day in the form of a porridge cooked at the school by community paid cooks.

general, the PSNP had positive effects on the time children spent on schooling and studying and on the highest grade completed – yet those effects were not statistically significant. In particular, the PSNP increased the time girls spent studying at home by 0.25 hours daily in line with a reduction in time spent on childcare and household chores, a statistically significant finding. No significant effect on grade completed was found for either girls or boys. In the case of households who received direct support, children’s schooling increased along with the highest grade completed, especially for urban boys.

Based upon Young Lives’ quantitative and qualitative data, Tafere and Woldehanna (2012) used difference-in-difference regression on matched sample, propensity score matching and difference-to-difference matching to estimate the impact of public works on children’s time allocation to study and schooling. They found that the public works component of the PSNP did not increase the time children spent on schooling and studying at home. Enrolment rates actually declined for both girls and boys between 2006 and 2009. However, average grade completed increased with girls having higher grade achievements than boys. Grade-for-age declined and was overall less than one, indicating that students did not progress one grade per year. Qualitative data also shows a negative association between the PSNP and schooling as grade levels achieved by children from PSNP households were lower than those from non-participating households. Out of 24 children who were below the expected grade level for their age, 17 were from PSNP households. Seven out of 32 children included in the study were not at school at the time of the research and all were from PSNP households. The authors stress that insufficient PSNP transfers meant that households sent their children to work for wages at the expense of their schooling. Some teachers confirmed that they gave permission to students to work in public works, while some site supervisors also tried to be flexible so that poor children could combine school with public works participation.

5.5 Legal and policy reforms

Our search also examined studies which explored the impact of policy and legal reform on girls’ schooling. A quantitative study using four rounds of data from the Ethiopian Environmental Household Survey in two zones in rural Amhara explored the impact of the **Land Certification programme** on school enrolment, grade progress and child labour. The study found that the programme had a positive effect on school enrolment. After the programme started, girls were 5.4 percentage points and 3.6 points more likely to be enrolled in school in each zone. No difference was found among younger and older girls. However, oldest sons appeared to be disadvantaged in terms of school enrolment in one zone where land was more productive, with younger boys being more likely to be enrolled. Moreover, grade progression for older boys who were the most likely to inherit the land deteriorated in both zones. No statistically significant change was found among the other children’s groups. The study attributes older boys’ disadvantage to parental and child beliefs that formal education would pay off less and that involvement in farm activities was more profitable (Fors et al., 2015).

The 2000 **Revised Family Code** guaranteed equality of spouses during the conclusion, duration and dissolution of marriage, gave women the authority to jointly administer common marital property, provided civil courts with more authority to settle inheritance disputes, withdrew spousal authority to deny permission to women to work outside the home, and raised the minimum age of marriage from 15 to 18 years for girls. A study using difference-in-difference methodology and three rounds of Demographic and Health Survey (DHS) data assessed the impact of the Code on women’s wellbeing, including age of marriage and education. It thus found that the reform increased the average age of marriage by one year and made marriage at age 15 or younger less common. This one-year delay in marriage as a result of the reform and its effect on age at marriage increased educational attainment for women by one year and literacy by 18 percentage points (McGavock, 2015). Another study examined the impact of the perceived allocation of assets upon divorce and found that it was correlated with children’s school outcomes as when women’s perceptions of equitable asset division improved, children’s school outcomes also improved. On the other hand, girls in households where women perceived the custody of an asset (land, livestock or the house) to be given to the husband upon divorce, were

more likely to fall behind in terms of highest grade attained (Kumar and Quisumbing, 2012 cited in Quisumbing and Kovaric, 2013).

5.6 Assessment of the evidence and key gaps

The reviewed interventions indicate that there is a considerable body of literature on programmes aiming to increase adolescent girls' access to education and to improve their learning outcomes. In several cases, this is linked to the protective effect of education on delaying girls' marriage. The majority of the examined interventions combined several strategies, notably cash or in-kind support for girls to address the economic barriers to schooling along with establishment of girls' clubs, teacher training, physical infrastructure improvement and community awareness-raising of the value of girls' education. Some innovative measures were also implemented such as fuel-saving stoves and solar lamps helping girls to combine their household chores with their homework. There are also several interventions targeting marginalised children, such as girls living in urban slums, child labourers, children with disabilities, refugee children or children living in pastoralist areas and providing them with alternative non-formal education. However, most programmes focused on primary education, and only a few on secondary where enrolment and attendance rates are still low, particularly for girls. Moreover, many available studies do not disaggregate data by sex and age and thus younger adolescents are considered within the broader group of children, while the special needs of girls are missed. An encouraging exception is the evaluation of Berhane Hewan, which distinguished programme effects between younger and older adolescent girls. Thus, we do not know the best practices to help older girls stay and complete their schooling in different local contexts, let alone married adolescent girls. Although there is an increasing number of quasi-experimental studies, there is also the need to improve the rigour of evaluated education interventions, while also using participatory qualitative techniques in order to highlight how change takes place and what participants think about the intervention themselves.

6. Economic empowerment interventions

Ethiopia is one of the five countries globally which have the majority of the 200 million youth aged 15-24 lacking basic skills (UNESCO, 2012). Youth unemployment and informal employment rates are higher than the national average with girls and young women aged 15-24 being the most disadvantaged as they are concentrated in the informal economy with higher unemployment rates and lower earnings than boys and young men. Most adolescents are employed in agriculture, yet they prefer non-farm wage employment. Girls are less likely than boys to inherit land and in general, face greater difficulty to access assets and credit, including the necessary capital to start a business (CSA and ICF, 2017; Broussar and Tekleselassie, 2012; Bezu and Holden 2014a). A considerable number of girls migrate to urban areas and to the Middle East in search of work and a better life. Migration provides both opportunities and risks for girls as they get involved in informal employment with lower earnings, are at higher risk of getting trapped in low income employment, and have higher vulnerability to exploitation and sexual abuse (Bezu and Holden, 2014b; Jones et al., 2014b).

6.1 Overview of the evidence

Our search generated 21 impact studies and evaluations of programmes promoting adolescent girls' economic empowerment. The majority – 18 studies – were grey literature, while three were academic papers. Most studies assess medium to large scale programmes. Seven studies assess programmes targeting youth and aiming to increase their access to financial services, improve their employment opportunities or enable them to get involved in income-generating activities. The most common intervention type appears to be the provision of business skills training (see Table 4).

Table 4: Main types of evaluated economic empowerment interventions

Main types of interventions	Number of sources
Business skills training	9
Vocational skills	5
Microfinance savings/loans	5
Business start-up grant	4
Financial literacy	4

Note: several sources generated insights on more than one intervention type and hence numbers add up to more than 21.

In addition, eight studies evaluate social protection interventions and particularly the impact of the PSNP on child labour. We also found two studies assessing the revised family code and the land certification programme. The majority of studies combine qualitative and quantitative methodologies, while five use only quantitative techniques. One multi-component intervention – TESFA – was evaluated using a quasi-experimental design with four arms in order to assess the relative effectiveness of different strategies. We also found 35 sources providing information about projects aiming to increase girls' economic participation. A more detailed overview of all examined studies is provided in Annex 1.

6.2 Interventions targeting girls and women

A number of programmes explicitly target adolescent girls with a package of interventions in order to empower them. The **Towards Economic and Sexual Reproductive Health Outcomes for Adolescent Girls** (TESFA, meaning 'hope' in Amharic) is one of the few interventions globally that targeted married adolescent girls. Implemented in rural Amhara, TESFA aimed to empower married girls aged 14-19 through the provision of economic and sexual and reproductive health information and support, delivered primarily by peer educators once every two weeks for a year. The intervention also engaged with local community gatekeepers, including village and religious leaders who formed the community-based Social Analysis and Action groups and received training with the objective of supporting girl participants. The evaluation at the end of the intervention

combined qualitative and quantitative techniques and included a quasi-experimental design with four arms in order to assess the relative effectiveness of different components. Girls were divided into four groups and the first group received economic information and guidance based on an adapted Village Savings and Loan Association (VSLA) model with girls engaging in savings and income-generating activities. The second group provided girls with sexual and reproductive health information and services, while girls in the third group were offered both the economic empowerment and sexual and reproductive health components. Girls in the fourth group received a delayed version of the combined curriculum and thus served as the control group (Edmeades et al., 2014; Edmeades et al., 2015).

The ICRW-led evaluation found that the proportion of girls participating in paid employment and income-generating activities increased in all groups between 27% and 40%, with the largest increase recorded in the third group and the lowest in the control group. More girls in the first group saved part of their earned income compared to the other groups and particularly the fourth group. Moreover, girls in the first and the third group who were provided with financial training increased significantly the use of savings for productive investment – a 45% and 28% increase respectively, compared to just 1% in the second group that received only the sexual and reproductive health component. Girls in the first and third group also increased considerably their access to loans with again the largest increase recorded in the first group followed by the third group. The evaluation also examined girls' control over household economic decisions and found increased participation with the exception of loans which the majority of girls shared with their husbands. Qualitative data clarified that this should not be interpreted as a loss of autonomy as it was linked to girls feeling closer with their husbands. In the case of girls' control over assets, such control increased over less valuable property such as poultry, yet it did not change over larger livestock where girls again collaborated with their husbands. The evaluation thus concluded that TESFA was successful in economically empowering married girls. However, it points out that there was no area in which the combined arm outperformed the economic empowerment arm consistently, thus the combination of the two strategies did not generate better outcomes. On the other hand, the combined curriculum may have improved both economic and health outcomes for participating girls (see also Section 7). In addition, the evaluation also noted the difficulty in reaching the most marginalised girls, especially those who were divorced or widowed, along with the need to further investigate how best to meet the economic needs of married girls (Edmeades et al., 2014; Edmeades et al., 2015).

The **Empowering Adolescent Girls project** in rural Oromia and Tigray was a multi-component programme that targeted 5,500 in- and out-of-school adolescent girls with a comprehensive package of interventions and aimed to empower them. The economic empowerment component included facilitating girls' access to land, providing technical skills training and financial literacy, promoting girls' engagement in agricultural enterprises and petty trade, supplying ruminants and stipends, creating Savings and Internal Lending Communities (SILCs) and cooperatives, and involving parents, boys, community leaders and district officials (CRS, 2009).

The midline assessment found that the programme provided girls with agricultural training, organised them into irrigation groups, and enabled them to access a plot of communal or parental land to cultivate and manage. Girls also started getting increasingly involved in agro-enterprises, selling agricultural products and earning their own income. Nearly one in three girls had their own income which they used to meet the costs of schooling and improve their diet. In most cases, girls cultivated the land jointly with family members and thus shared their profits with their family. In that way, they also got involved in household decision-making and fathers reported valuing their daughters more. Vulnerable girls were provided with ruminants while those who received stipends invested in small livestock, got involved in animal breeding and doubled or tripled their profits. Girls were also provided with financial literacy training and were assisted to open their own bank accounts and join SILCs and cooperatives. Between baseline and midline the percentage of girls with savings increased from 14% to 34%. Apart from developing saving habits, girls were also able to access small loans for off-farm income-generating activities. Those who did not invest their savings, used them at critical times such as during the school registration period, dry season or times of household hardship. Apart from their economic

function, savings groups also operated as safe spaces where girls had the opportunity to socialise and help each other (CRS, 2009).

A number of programmes led by international agencies and key donors also targeted girls and women with an economic or broader empowerment and gender equality objective. The multi-sectoral **UN Joint Programme on Leave No Woman Behind** targeted 100,000 adolescent girls and women in Amhara and Tigray and also included a livelihood component among its key four areas. Thus girls and women were provided with life skills and business training and support for income-generating activities. The mixed methods evaluation concluded that the programme met its objectives, yet data only registers general benefits and is not disaggregated by age (Kabuchu, 2013). Evidence indicates that economically disadvantaged girls were assisted to generate their own income and thus increased their confidence; in some cases, girls were able to pay accommodation fees and continue their secondary education away from home (MDG-F Secretariat, 2013). Likewise, the **UN Joint Programme on Gender Equality and Women's Empowerment** also aimed to promote women's empowerment, gender equality and children's rights and included an economic empowerment component. Vulnerable women were provided with access to business training and start-up capital along with membership in self-help and savings groups. Yet no age-disaggregated data is again available (Etta et al., 2013). In addition, the **Rural Women Economic Empowerment Programme** has been added with a particular focus on poor rural women in agrarian and pastoral communities (UNDP, 2014). Again, no age-disaggregated data is available.

The **Worth Literacy-Led Saving and Credit Programme** targeted 9,000 women, single and married, old and young, with basic skills training, savings and lending groups, and village banks. The mixed methods evaluation notes that 2% of sampled participants were less than 20 years, but does not provide any other age-disaggregated data. The programme increased participants' literacy, savings, loans, and income levels as well as their involvement in household decision-making and support towards child schooling (Abebe and H'selassie, 2009). The UN Women-funded **Integrated Economic Empowerment of Marginalised Women and Girls in Ethiopia** project also provided 2,000 participants with life and vocational skills training, access to credit and information and communication technologies as well as community awareness raising sessions. Girls and women learnt to read and calculate, joined self-help groups and cooperatives, engaged in income-generating activities, saved and increased their income (UEWCA, 2014).

6.3 Youth economic empowerment interventions

Given persistent and high unemployment rates for young women and men – defined as those aged 15-29 years – many interventions targeting youths and aiming to improve their employment opportunities or promote their entrepreneurship have also benefited adolescent girls. The **Adolescent/Youth Development Programme** was part of a broader multi-component UNICEF-led programme that targeted one million adolescents and youths aged 10-29 years. The intervention included a livelihood component that provided vulnerable adolescents and youths with vocational and entrepreneurship skills training along with start-up capital to help them engage into income-generating activities and improve their livelihoods. The mixed methods evaluation found that the younger age group benefited less from the programme, while the number of male participants who received training and start-up capital was more than twice that of female participants. In addition, urban females benefited more than rural females. Older adolescent girls aged 15-19 accounted for the smallest proportion of participants. However, more girls and young women who received start-up capital and started their own business were running it successfully than their male counterparts, although no explanation is provided. The majority of those who started their business reported that their lives changed for the better (BDS, 2012).

The programme was succeeded by the **Rights-Based Approach to Adolescents and Youth Development in Ethiopia** which has targeted the most vulnerable and marginalised children and youth, including domestic workers and sex workers, youth with disabilities, orphans, street children and married adolescent girls. A main component of the programme is training and livelihood support with an explicit focus on girls. The mixed methods assessment of the first phase of the programme found that livelihood schemes were highly valued

by participants, the majority of whom were vulnerable females. However, there was an explicit need to improve programme participation among younger adolescents aged 10-14 years (HLSP, 2013).

The **Youth Livelihood Project** targeted vulnerable youth aged 15-29 in Addis Ababa and Amhara with particular attention paid to girls and young women. The project provided financial literacy and business skills training along with start-up capital to participants with successful business plans. The mixed methods assessment reported that one in three participants were younger than 18 years and that equal numbers of male and female participants accessed start-up capital and engaged in income-generating activities. Most girls got involved in preparing and selling food or running small shops, using their acquired knowledge of business planning and management. They also reported improved business attitude and savings. The programme enhanced participants' self-confidence, creativity and positive attitude about the future, while several youths were persuaded to continue their education and combine it with work (EDA, 2012).

The **Breaking poverty through protection and investing in decent employment opportunities for Vulnerable Children and Youth** project also targeted vulnerable and marginalised children and youths aged 8-25 involved in hazardous informal work in Amhara. The project provided them with literacy and numeracy classes, vocational training, business skills training and farmer training along with job placements and support in order to enable their transition into safe and decent employment. In addition, the project established youth employment centres and a Safe House for girls and young women exposed to sexual exploitation where they could stay during training. Street children who wished to return to their families were provided with support. A mixed methods impact study along with a tracer study assessing the employment status of participants one year after they graduated from the programme reported that almost half of participants were female and that the majority were able to find employment after graduation. However, most were self-employed. Moreover, those aged between 16 and 20 years had very few opportunities compared to older youths, as inadequate attention was paid to the age of participants and their special needs. Overall, participants had difficulty finding employment due to the low quality of training and poor networking, while those who tried to start their own business faced lack of capital and equipment and many did not have a decent income (NHSAC, 2013; Yamaguchi-Fasting and Larsen, 2012). However, the project enabled participants, including former sex workers, to access training and get decent employment or start their own business (ibid.). Interestingly, the vast majority of those who found employment reported that their current job was safe and that they were satisfied with the training and current job (NHSAC, 2013).

The **Promoting African Grassroots Economic Security** (PAGES) project targeted youth and adult women in Amhara, Oromia, SNNPR and Addis Ababa and provided them with financial literacy, vocational and business skills training, apprenticeships and VSLAs in order to enable them to get involved in income-generating activities or find employment and improve their livelihoods. The evaluation combined a household survey with qualitative methodology and concluded that PAGES met its objectives. Young participants reported a tenfold increase in their income with female youths earning slightly higher income than male youths. However, targeting youths in urban areas proved to be challenging as young women preferred higher education instead of learning about hairdressing or food processing. Moreover, the employment rate of trainees did not meet the target as only 39% of female and 48% of male trainees found employment at the end of training. This was attributed to lack of connections, limited employment opportunities but also gender discrimination in the labour market. Although members in VSLA groups were able to save and almost one in three young participants accessed loans, group savings were too low to enable substantial loans (NCG, 2015).

Ethiopia was one of the countries where the **YouthStart programme**⁶ was implemented. The programme aimed to increase access to financial services for low-income youth in a number of sub-Saharan African countries. Participants were provided with financial literacy sessions, individual or group savings, and an individual or group loan to start or expand their business. Although 18 is the official age for opening a bank

6 See <http://www.uncdf.org/en/youthstart>.

account in Ethiopia, local partners allowed working adolescents aged 14 years or more to open and manage their own bank account. A mixed methods United Nations Capital Development Fund (UNCDF) impact study reported that half of participants were girls and young women. Compared to the control group, participants saved more and more frequently, and had more than double the amount of net average income. Overall, they developed good savings and money management practices, while they also reported feeling more confident about their future, less stressed and happier (UNCDF, 2016).

Several other projects targeting youth and women with business skills training and support to start their own business have been implemented such as the **Entrepreneurship Development Programme** (EDC, 2014) or the USAID-led **Youth Economic Strengthening Hubs** targeting 35,000 adolescents and youths with skills training, access to networks and self-help groups (USAID, 2015). Technology has also been used to provide entrepreneurship skills to youth; the **ListenUp!Radio** with an audience of 3.7 million improved half of listeners' business attitudes, while it also helped youth with disabilities start their own business (Forward Foundation, n.d.).

6.4 Social protection interventions

Our search also examined a number of studies assessing the impact of social protection interventions on beneficiary economic wellbeing and particularly on child labour. The **Social Cash Transfer** scheme was part of a broader UNICEF-led adolescent programme and targeted vulnerable groups, including child-headed households and households with orphans. The scheme provided cash transfers and a revolving interest-free loan fund for physically able poor and particularly women to help them generate an income. The mixed methods impact study reported that girls' education and household access to clothing, healthcare and sanitation improved along with participants' savings, income and social inclusion (Tegenu et al., 2012).

The **Social Cash Transfer Pilot Programme** (SCTPP) in Tigray provided a monthly cash transfer to vulnerable children, older people or people living with disabilities in extremely poor households. The mixed methods evaluation was carried out by three research institutes and found that the programme improved beneficiary food security and enabled them to start small businesses and accumulate assets. Although the programme explicitly aimed to reduce child involvement in farm and off-farm economic activities, use of child labour for wage employment and household business increased, but the increase was smaller for children in beneficiary households than for those in the control group. While boys in beneficiary households reduced the number of days spent on wage employment, girls did not. On the other hand, the number of days spent on family business increased for both boys and girls, yet the increase was smaller for girls in beneficiary households. Moreover, the time adolescents aged 12 years and over spent on household chores declined from baseline to endline with the reduction being higher for girls than for boys in beneficiary households (Berhane et al., 2015).

The **Productive Safety Net Programme** (PSNP) is the main food security programme in Ethiopia and the second largest social protection programme in sub-Saharan Africa. Currently in its fourth phase, the programme targets around 10 million chronically food insecure people in rural areas and provides cash or food transfers through public works schemes. In addition, households without a working-age, able-bodied member are provided with direct support. The programme has been complemented by the Other Food Security Programme (OFSP) providing access to credit and agricultural extension services in order to enable participants build assets and graduate. The PSNP design pays explicit attention to gender discrimination and includes several gender-sensitive features, including construction of community assets that reduce girls' and women's time poverty such as water and fuelwood sources, provision of direct transfers to pregnant and lactating women, and women's involvement in community programme structures. An impact study by ODI found a mixed implementation record of the gender dimensions of the PSNP. However, qualitative research with adolescent girls and young women indicated that the programme reduced their need to seek domestic work in nearby towns which was poorly paid and exposed them to exploitation and abuse (Jones et al., 2010).

While most evaluations assess PSNP impacts on household food security and income, there are also several studies investigating programme effects on child labour. Although the minimum age for public works participation is above 15 years, evidence indicates that younger adolescents did get involved (Tafere and Woldehanna, 2012). However, the extent of adolescent participation in the PSNP is unclear. One source based on data from the first phase of the programme reported that 8% of labourers were under 18 (Sharp et al., 2006 cited in Porter and Goyal, 2016). Apart from their direct participation, the programme may have also indirectly increased demand for adolescent labour for childcare, domestic work or involvement in economic activities where they substitute their parents.

The economic literature argues that public works schemes may have two types of effects on child and adolescent welfare: the income and the substitution effect. On one hand, adult participation in such schemes can increase household income and thus reduce demand for child labour. On the other hand, it can also result in child labour substituting adult labour at home or in the family business. Effects depend on the amount of adult labour required, the wage paid, the opportunity costs of adult time, and child productivity; sex and age are also important factors (Hoddinott et al., 2009).

Our search examined five impact studies on PSNP effects on child labour – four of them used the Young Lives dataset. However, they report mixed results. Using quasi-experimental techniques and data from a survey conducted within the first two years of the programme, Hoddinott et al. (2009) argued that the programme led to a moderate reduction in agricultural labour hours for boys aged 6-16 years. While younger girls aged 6-10 increased the time spent on domestic labour, older girls aged 11-16 experienced a reduction in total labour time of over 5 hours weekly compared to girls in non-participating households. Moreover, boys in households that received both PSNP and OFSP transfers reduced the time spent on domestic labour, while girls increased their overall labour time by almost 4.5 hours weekly with most of them spent on domestic labour. In their recent study, Porter and Goyal (2016) reported a reduction in child labour – yet they do not provide any gender- or age-disaggregated data. Likewise, Camfield (2012) did not find that the PSNP increased girls' labour and only reported that girls in PSNP households spent slightly less time in leisure and study. However, her research confirmed that girls did work in the PSNP, while also involved in other paid and unpaid activities. This is in line with two other cited studies (Emirie et al., 2009 and Berhane et al., 2011 cited in Camfield, 2012) which also found that girls in PSNP households got involved in domestic work and income-generating activities to cover the gap between household consumption needs and PSNP-generated income. Woldehanna (2009) also found that girls reduced the time spent on care and domestic tasks but increased the time on paid work. Using 2009 Young Lives data, Tafere and Woldehanna (2012) also argued that the substitution effect dominates the income effect. Girls increased the time spent on unpaid domestic work as well as paid work due to the insufficient amount of PSNP transfer to meet household needs. This study also noted that half of the children who participated in the qualitative research reported participating in public works, and others substituting their parents occasionally; programme officials also confirmed that adolescents aged between 13 and 15 years replaced their parents.

Given that Ethiopia has one of the highest rates of child labour globally (UNESCO, 2012), the issue has attracted considerable attention with projects such as the **Ethiopians Fighting Against Child Exploitation** or the **Engaged, Educated, Empowered Ethiopian Youth** project targeting several thousand adolescent girls and boys involved in or at risk of exploitative child labour and providing them with livelihood and education support, while also trying to raise awareness of the problem among communities (USDOL, 2015).

6.5 Legal and policy reforms

Two quantitative studies examined the impact of legal reform and included information related to adolescent girls' economic wellbeing. Based on two rounds of DHS data, Hallward-Driemeier and Gajigo (2013) investigated the impact of the 2000 **Revised Family Code**. Among its provisions, the reformed Code maintained that a spouse could no longer deny permission for the other to work outside the home, and increased the marriage age from 15 to 18 years. The study found that the new Code increased women's proportion in

occupations that were non-home based, were paid, provided all year round employment and had higher education requirements, between 15% and 24% in the areas where it was initially implemented compared with non-reforming areas. This effect was particularly strong for young, single women. The study attributes the change to the increase in the age of marriage which may be either the direct result of raising the legal minimum age of marriage or the indirect outcome of raising the economic opportunities for women to work.

Using four rounds of data from the Ethiopian Environmental Household Survey, the second study by Fors et al. (2015) explored the impact of the **Land Certification Programme** in rural Amhara on child schooling and labour. The study found that the programme led to a reduction of child labour – 32% for girls – in one zone yet it increased it, especially for boys, in the other. Labour supply in farming activities increased considerably, yet it had no effect on girls' labour requirements, while it did not have an overall negative impact on male schooling.

6.6 Assessment of the evidence and key gaps

There is considerable body of literature on interventions targeting adolescent girls and aiming to empower them economically. However, the majority target girls along with women or youth and it is thus challenging to identify age- and sex-disaggregated effects due to limited data. Moreover, evidence suggests that adolescent girls are often those benefiting less from programmes targeting women or youth as inadequate attention is paid to their special needs. Youth programmes also fail to address discriminatory social norms which are a significant barrier to girls' economic participation. As there are very few evaluations with a robust methodology, we still do not know what works best to promote the economic wellbeing of adolescent girls. Our knowledge is even more limited when it comes to younger adolescent girls who remain invisible in the intervention evidence base. More attention should also be paid to the problem of child labour, especially as a result of public works schemes, as existing evidence is inconclusive.

7. Sexual and reproductive health, health and nutrition interventions

Although national policies have created an enabling environment for youth-friendly services, implementation remains a problem, while girls have difficulty to use them due to embarrassment, lack of confidentiality and social norms about their sexuality (MoFED and UN Ethiopia, 2012; Tilahun et al., 2012). Menstruation remains a taboo issue with younger adolescents often being unaware of it (TCECA, 2014). Although the overall use of contraception is increasing, only 7.5% of married and sexually active unmarried girls aged 15–19 use it, while unmet need for family planning among married girls is 20.5% (CSA and ICF, 2017). Small scale studies indicate that abortions among students are rather common (Melaku et al., 2014). Reflecting high rates of child marriage and norms favouring early childbearing, 13% of adolescent girls aged 17, 20% of girls aged 18 and 28% of girls aged 19 were already mothers or pregnant in 2016. Early pregnancy and childbirth is a leading cause of mortality among Ethiopian adolescent girls. Although antenatal and postnatal services are available, utilisation is rather low (CSA and ICF, 2017). In addition, 29% of girls aged 15–19 are thin/undernourished and 20% are anaemic (ibid.). Discriminatory gender norms about food allocation make girls more vulnerable to food insecurity than their brothers (Hadley et al., 2008).

7.1 Overview of the evidence

Our search yielded 25 impact studies and evaluations of programmes aiming to improve adolescent girls' physical health. The majority – 17 studies – were grey literature and the remaining eight were academic papers. Apart from two studies assessing the nutritional impact of two social protection interventions and a study of a school-based health education intervention, all the other examined sources were of programmes aiming to improve adolescent sexual and reproductive health through the provision of relevant information and services. In particular, most programmes included sex education and youth-friendly services, with one intervention using a weekly radio drama to provide family planning information. In many cases such information and services were provided through multi-component programmes, which often included safe spaces and peer mentors. While 11 studies used mixed methods and 11 quantitative methods, only three used purely qualitative methodology. Although we did not come across any cluster RCT, a number of examined programmes were evaluated using a quasi-experimental design. In addition, our search generated 20 documents with information about physical health projects. A more detailed overview of all examined studies is provided in Annex 1.

7.2 Interventions providing youth-friendly services

Several NGOs implement projects that aim to improve youth access to and use of family planning services. The **Ipas Youth Friendly Service Intervention** selected 76 public health facilities across Amhara, Oromia, Tigray, SNNPR and Addis Ababa and provided youth-friendly specialised training on abortion care and contraception to service providers. Alemayehu et al. (n.d.) analysed and compared data from the intervention facilities with data from 336 non-intervention facilities one year after the training. While all facilities received standard training on abortion and contraception, intervention facilities received youth-friendly training. This training focused on the importance of listening to women's needs, putting young people first, and ensuring confidentiality at all times.

As a result, the study found that the facilities with youth-friendly training showed a greater contraception uptake. While 36% of young women who chose to use contraception in intervention facilities received long-acting and reversible contraceptives, only 22% in the non-intervention facilities did so. Additionally, more young women who chose to have an abortion in the intervention facilities chose to receive contraceptives compared to those in the non-intervention sites. Post-abortion contraceptive uptake in these facilities was 91% compared with 84% in non-intervention facilities. Thus the study concluded that improving the

interpersonal skills of health providers and making service delivery more convenient for young women could be effective in decreasing unintended pregnancies among young women in Ethiopia (Alemayehu et al., n.d.).

Child Fund Ethiopia also implemented the **Youth-Friendly Adolescent Reproductive Health and HIV and AIDS** project in SNNPR, targeting youths aged 15-24. The project benefited more than 1,200 young people – more adolescent girls and young women than boys and young men. The intervention focused on increasing awareness of adolescent reproductive health and ensuring access to quality confidential services, building the capacity of government health facilities. Using qualitative techniques, the assessment found that the project was well-known by most in-school and out-of-school youths as well as health facility staff, with most respondents having a good understanding of its key objectives, services and target population (Bitew et al., 2014). The youth-friendly centre was also well-equipped with all the necessary materials and was indeed effective and efficient regarding resource utilisation, while its sustainability looked very likely. Moreover, the intervention was found to be relevant, as respondents noted that it filled the gap in the district.

The assessment found that the intervention contributed to behavioural change through empowering girls and making them more confident to discuss sexual and reproductive health issues. As a result, respondents highlighted that the project massively reduced the incidence of unwanted pregnancy, unsafe abortion and violence. Respondents also pointed out that girls became more confident in taking leadership roles. The youth forums and youth-led activities were seen as particularly crucial in ensuring that the centre and services felt youth-owned. In addition, respondents reported finding the multi-purpose nature of the youth centre extremely positive as young people were able to learn, play and socialise at the same time, meaning that utilisation increased as youth did not feel embarrassed or stigmatised for using the service (Bitew et al., 2014).

Likewise, UNICEF and UNFPA jointly implemented the **Rights-Based Approach to Adolescent and Youth Development** programme in Addis Ababa, Afar, Amhara, Oromia and SNNPR (HLSP, 2013). The programme targeted vulnerable and marginalised adolescents and youths aged 10-24 and aimed to provide sexual and reproductive health information and services. In particular, it focused on developing and implementing model sexual and reproductive health services for young people in pastoralist areas and ensuring that youths, especially girls, accessed the most up-to-date relevant information. It also targeted parents and wider communities to build capacity on sexual and reproductive health and thus create an enabling environment for youth. The evaluation used a mixed methods approach and found the programme to be relevant and efficient. Overall, the programme reached around 600,000 young people between 2007 and 2013 and distributed around 1,400,000 condoms, including 11,625 female condoms. There were some weaknesses in youth participation levels in annual planning and target setting, and while there were very high levels of satisfaction with the youth-friendly services overall, the evaluation found considerable variation in the quality of facilities. In addition, older male youths seemed to make most use of recreational facilities, while services for key marginalised groups, such as people living with HIV and young people with disabilities, had to be strengthened (HLSP, 2013).

Led by Pathfinder International and in collaboration with several local partners and the government, the **Integrated Family Health Project** aimed to introduce and scale up youth-friendly services in the Ethiopian health system, promoting an integrated model to strengthen family planning, reproductive health, and maternal and child health services for rural communities. Services were designed to serve a diverse age range from young adolescents (aged 10-14) through to young adults (aged 20-24). Between 2008 and 2011, nearly 550,000 visits for clinical services and more than 1.5 million visits for sexual and reproductive health information were recorded at project facilities. Males made up 43% of service visits, which is considered to be a high proportion, given that men and boys rarely choose to utilise such services. A project document comments that although the programme reached young people, facility-level records generally reveal a low-uptake by young adolescent girls aged 10-14 (Asnake et al., 2012).

The **Mobilising Youth Participation in a National HIV and AIDS Programme** was a programme that centred on engaging youth in order to strengthen youth-friendly interventions. The programme essentially aimed to build

a national youth network and to increase community and political support for youth sexual and reproductive health issues (Attawell, 2004). Thus, it facilitated the participation of Ethiopian youth in the development of a National Youth Charter which expressed their particular needs, and included a Plan of Action to mobilise youth to seek better sexual and reproductive health and HIV and AIDS services. The Plan was presented to the Ministry of Youth, Sports and Culture, and led to an increase in interest among government officials on youth reproductive health issues. This programme therefore provided youth with an opportunity to take a leadership role on an issue affecting them, as they were able to input into policy and programme development (Attawell, 2004).

7.3 Interventions providing sexual and reproductive health knowledge and services

Our search also generated a number of programme evaluations relating to sexual and reproductive health (SRH) services more widely and often targeting women and girls more generally rather than having an explicit youth-friendly focus. The UN Joint **Leave No Woman Behind** was an integrated, multi-sectoral programme aiming to address the major challenges faced by girls and women in Amhara and Tigray and thus included a component focusing on SRH services. This component was designed to strengthen women's and girls' rights claiming capacity for information and services for SRH, and to strengthen the institutional capacity of health facilities. The programme trained health extension workers in SRH, HIV and gender issues, and increased the frequency women and girls used such services. Indeed, the mixed methods assessment found an overall growth in demand for services of over 400% in Tigray and 147% in Amhara along with a positive impact on hospital deliveries and use of family planning. Flexibility and partnership with the community was a strong driver for the success of the health component of the intervention, including community contribution of cereals for mothers, coffee ceremony at health posts, volunteers at health centre to cook for the mothers and improved community ambulance. Although the programme targeted women and girls, one of the significant points stressed in the evaluation was the major gaps in age-disaggregated data. It is therefore difficult to isolate the effects of the intervention on adolescent girls (Kabuchu, 2013).

Similarly, the CARE Ethiopia **Family Planning and HIV/AIDS Prevention Project Phase II** targeted men and women aged 15-49 in Oromia and focused on their unmet need for SRH information and services, the low quality of healthcare, and the prevalence of HIV and AIDS in the region. The evaluation combined quantitative and qualitative methods and found that the overall proportion of women who used long-term contraception rose from 6% at the baseline to 28%, while around 80% stated that they were willing and planning to use some form of family planning in the future. In addition, the proportion of people who were willing to pay for family planning services rose from 40% at the baseline to 71%, implying an increase in the value attached to these services. While the key source of SRH information at baseline was the media, at the end of the programme the key source was community workers (Mekonnen and Takele, 2006).

The **Adjibar Safe Motherhood Project**, implemented by World Vision Australia, is another example of a SRH programme which did not specify youth or adolescent girls but did include them in its remit through targeting all women of childbearing age. Being a six-year programme implemented in the township of Adjibar in Amhara, it aimed to address high rates of maternal deaths and morbidity. Strategies included strengthening facility and community level health services, improving referral capacity and increasing access to emergency obstetric care and essential drugs. Its evaluation used participatory qualitative methods, including document reviews and field visits, FGDs, semi-structured interviews, informal discussions and observations. The researchers found that the programme was effective in raising awareness about the importance of maternal health. There was an improvement in community attitudes towards family planning and birth spacing. The study also found an increase in confidence in health services, and an understanding of the importance of delivering in a clean, safe facility. Women were encouraged to think about possible health complications and to keep in mind an emergency transport route to the hospital. Health workers were encouraged to broaden their clinical practice and take a more holistic approach to care. They were also encouraged to see clinical encounters as an

opportunity for health education, for example, educating women about the importance of attending antenatal care sessions (Natoli et al., 2008).

Likewise, USAID's **Integrated Management of Adolescent and Adult Illness Project** aimed to reduce HIV and AIDS through strengthening health services and access to anti-retroviral therapy. Key programme activities included the integration of HIV care into other clinical services, training of health workers, mentoring and the creation of connections between higher medical levels such as hospitals, with local community, home care and health outreach services. Overall, those interviewed felt that health centres had a positive relationship with their local communities. Health centre staff who had received training and were interviewed were largely positive and felt that their knowledge and skills had improved over the course of the programme. Moreover, HIV treatment and service delivery seemed to be generally well-integrated at the health centre level, while HIV education was provided to all health centre adolescent patients (Lifson et al., 2009).

Another USAID-supported intervention, the **Psychosocial and HIV Vulnerability of Marginalised Adolescents** project, targeted vulnerable adolescent migrants aged 15-18 in Addis Ababa and provided psychosocial counselling and support by trained counsellors, which also included sexual health and HIV and AIDS, alcohol and drug abuse and violence topics. Participants were female migrants participating in Biruh Tesfa and male migrants in Retrak project. The quantitative evaluation found that both girls and boys significantly increased their comprehensive HIV knowledge between baseline and endline as well as their knowledge of a place to get tested for HIV and even being tested for HIV. Boys also significantly increased their use of SRH services and discussing such issues, while use and discussion of SRH services among girls also increased but findings were not significant. Girls with mental health problems were less likely to report comprehensive HIV knowledge or perceived HIV risk. Yet no such associations between mental health and HIV risk were found among male participants (Jani et al., 2015).

7.4 Interventions combining safe spaces, mentors and SRH

We also found a few programmes which employed safe spaces and peer mentors to improve the physical health capabilities of adolescent married and unmarried girls. The **Towards Improved Economic and Sexual Reproductive Health Outcomes for Adolescent Girls (TESFA)** project, implemented by CARE Ethiopia in Amhara region, focused on providing economic empowerment and SRH training to 5,000 ever-married girls using a group-based peer education framework. Its evaluation used a quasi-experimental research design with four arms to analyse the differences in key outcomes between the SRH-only and combined programming approaches. It thus found that both the SRH-only and the combined SRH with the economic empowerment component arms saw gains in SRH far greater than those in the control group. Moreover, gains were significantly larger in the SRH-only arm compared to the combined arm. The percentage of girls in the SRH-only arm who had visited a health clinic in the previous six months increased from 52% to 81%, while the percentage of girls visiting a health clinic in the combined arm increased from 52% to 69%, and the percentage of girls in the control arm increased from 50% to just 60% between baseline and endline (Edmeades et al., 2014; Edmeades et al., 2015).

Likewise, the **Kalkidan** (meaning 'Promise' in Amharic) **Safe Spaces Groups** project implemented by the Population Council, was a community-based initiative for husbands and wives, targeting all couples aged 15-49 in three low-income areas in Addis Ababa, Bahir Dar and Mekelle. Adolescent girls were included in the intervention, yet sources do not provide age-disaggregated data. The project aimed at addressing the HIV risk faced by women within their marriages by improving HIV knowledge and gender equality within marital relations. Mentors were recruited to facilitate weekly group discussions for six months on a tailored curriculum addressing power and gender, including topics like supportive relationships, alcohol, violence and contraception. Combining survey data and qualitative research, Erulkar and Nourhussein (2014) found a clear increase in communication on topics around SRH and other topics between partners and within the family generally. Both men and women noticed a decrease in alcohol consumption among husbands. A number of

respondents pointed out that the model should be scaled up in order to serve a larger segment of the community.

Another safe spaces intervention was **Berhane Hewan** (meaning 'Light of Eve' in Amharic), also designed by Population Council and implemented in rural Amhara by the Ministry of Youth and Sports. The programme targeted 12,000 adolescent girls aged 10-19 who were at risk of child marriage or already married, mobilising them into clubs. Erulkar and Muthengi (2009) used a quasi-experimental research design with baseline and endline surveys using chi-square tests, proportional hazards models and logistic regressions. The researchers found that three-quarters of girls attended at least one community conversation, with 70% attending on a topic related to child marriage and HIV and AIDS, 63% of older adolescent girls and 49% of younger adolescent girls also attending meetings on family planning, and 56% of older girls and 32% of younger girls attending meetings on safe motherhood. By the endline, girls in intervention areas were more likely to know about condoms and injectable contraception compared to girls in control areas (Erulkar and Muthengi, 2009). They were also more likely to talk to their friends about family planning and STIs, while almost three-quarters of sexually active girls in the intervention areas had used a contraceptive method compared to less than half of girls in the control areas (Muthengi and Erulkar, 2011).

Another evaluation conducted by Mekbib and Molla (2010) specifically explored the contribution of each Berhane Hewan component in increasing family planning utilisation. According to 85% fathers, 74% mothers and 76% husbands, community conversations positively affected family planning behaviour, while group meetings by mentors and house-to-house visits were also mentioned as the components that improved family planning knowledge and practices among participating girls. The evaluation noted that mentoring was accepted very easily by adolescent girls and their families, and thus recommended its use in rural Ethiopia through its integration into the system of Health Extension Workers.

Similarly, Population Council's **Biruh Tesfa** (meaning 'Bright Future' in Amharic) programme, facilitated a safe community space and mentoring programme for out-of-school slum dwelling girls aged 10-19. The programme aimed to provide domestic workers, orphans and migrants in urban Ethiopia with social support, HIV education and life skills (Erulkar et al., 2011). Using a quasi-experimental research design, the evaluation focused on changes in social support, yet it also included a few health-related outcomes. Girls in intervention sites at end line were thus twice as likely to score highly on HIV knowledge questions. They were also twice as likely to obtain voluntary counselling and HIV testing and twice as likely to want to be tested as girls in the control group (Erulkar et al., 2013). In 2013, **Powering Up Biruh Tesfa** was set up to expand the model. During the six-month expansion of the programme, vouchers for medical service were issued to participants. The Population Council evaluation found that 70% of voucher users had never visited a health facility before, demonstrating that a high proportion of girls were introduced to the formal health system through this programme (Erulkar and Medhin, 2014).

A similar Population Council programme which also used safe spaces was the **Meseret Hiwott** (meaning 'Base of Life' in Amharic). The programme was established with the aim of supporting young married girls in rural areas of Amhara through strengthening their social networks and increasing their SRH knowledge and skills to address HIV. Once again, married girls were encouraged to join groups where trained mentors facilitated life skills sessions. The topics most commonly discussed were HIV and AIDS, family planning, pregnancy, menstruation, domestic and sexual violence and STIs. The Population Council evaluation (Erulkar and Tamrat, 2014; Population Council, 2014) analysed cross-sectional data and found that girls' group participation was associated with increases in spousal accompaniment to the clinic, family planning and voluntary counselling and testing (VCT). These increases were even higher when both spouses participated. Girls were eight times more likely to receive VCT than non-participants and 18 times more likely to receive VCT if both partners attended. The lowest family planning use and VCT were recorded among girls who had not participated in the programme.

The **Youth to Youth Initiative** also used youth clubs and peer education in order to reach as many adolescents with SRH information as possible. The evaluation found that many participants reported increases in knowledge and understanding of life-saving health related matters as well as improved leadership skills and self-esteem. The mixed-methods evaluation highlighted that in targeting youth more generally it is vital to ensure the continuation of gender-sensitivity when implementing the initiative – insisting on equal participation of girls and young women (Tautz, 2011).

7.5 Media interventions

We also found one media intervention which utilised the radio to inform older adolescent girls about SRH. The **'Journey of Life'** radio show was implemented by the National Office of Population as part of a four-year initiative aimed at increasing family planning and understanding of HIV prevention among males and females aged 18-30. The show included 26 weekly episodes and was broadcasted on Sunday mornings. Our search generated two evaluations of this programme. The first aimed to test a new resource and exposure technique in order to accurately determine direct exposure levels to the programme. It thus randomly selected 100 people aged 18-30 from Addis Ababa and used 11 closed-ended questions and two open-ended questions (Farr et al., 2005). The second evaluation focused on the relationship between reported exposure to the radio drama and intentions to practise at least one of the following behaviours in order to prevent HIV transmission: abstinence, monogamy or condom use. To this end, it used a cross-sectional sample, with only one person per household (aged 15 and older) being randomly selected for an interview (Smith et al., 2007).

The first evaluation found that over 90% of households that had listened to the radio over the past week reported having specifically listened to the 'Journey of Life' programme, while 90% of listeners were able to accurately report the precise content of the programme. The study notes that respondents overwhelmingly reported that after listening to the radio programme, they wanted to change their behaviour to protect their physical health; 93% reported changing their behaviour in a positive way after listening to the show (Farr et al., 2005). Similarly, the second evaluation highlighted that the more time listeners spent listening to the radio show, the more they identified with the female protagonist and the more emotionally involved in the show they became. Identification with a character who contracts HIV after failing to use contraception correlated positively with stronger behavioural intentions. Thus respondents overall reported stronger intentions to practise at least one prevention behaviour (Smith et al., 2007).

7.6 School-based interventions

The **Community-Schools Partnership Programme** (CSPP), designed by Save the Children, targeted 1,800 primary schools across Afar, Amhara, Gambella, Oromia, Somali, Benishangul Gumuz, Tigray, and SNNPR, and focused on water, health and sanitation assistance in order to support education. Tate et al. (2011) conducted a qualitative evaluation and found that although the connection between health and education capabilities was exemplary, in some ways health overshadowed the education aims of the programme. The evaluation found sufficient handwashing facilities and separate latrines for girls and boys across the schools (an average of 1-2 handwashing facilities and 4-12 pits/rooms per school) as well as a clear presence of an Education and Health Data Collection System in most schools. However, the objective of having 'one session per week for health education' appeared to be slightly misleading because the time was not specified, meaning a five-minute mention could be perceived as a session. In addition, health workers tended to visit twice a month instead of once a week as expected. Another point that was highlighted in the evaluation was that more had to be done to fully meet the need of children with disabilities, for example health-related workshops and training to identify how best to support them.

7.7 Interventions with nutritional outcomes

We also found two evaluations that assessed programme nutritional impact. The first concerned the PSNP which was introduced by the government in 2005 and targets households living in poverty mostly (80%) with

public works (food for work and cash for work) and 20% with unconditional transfers for those who are unable to work. An evaluation measured the effect of PSNP on child nutritional outcomes since children living in households that receive cash transfers are expected to improve their nutritional status (Porter and Goyal, 2016). The evaluation used 2002, 2006 and 2009 Young Lives data and quantitative methodology and found a positive medium-term nutritional impact for children aged 5-15 associated with improved food security and reduced child working hours. The evaluation also found significant positive evidence that PSNP acted as a safety net for children, cushioning them from nutritional vulnerability. While there were no significant differences found in the impact between ages 8, 12 and 15, the impact was higher for children exposed between the ages of 2 and 5 (Porter and Goyal, 2016).

Meanwhile, the UNICEF-led **Social Cash Transfer Pilot Programme (SCTPP)** in two districts in Tigray aimed to improve the quality of life for vulnerable children, older persons, and persons with disabilities. Using mixed methods, the evaluation of this pilot programme found that SCTPP overall improved household food security and reduced hunger. Both adults and children were able to eat more meals. Diet quantity and quality also improved. The intervention increased the availability of calories at household level, while in one district it improved seasonal fluctuations of children's food consumption. However, the evaluation found that the programme had no impact on stunting or on the other anthropometric indicators used in either districts (Berhane et al., 2015).

7.8 Assessment of the evidence and key gaps

Almost all of the evaluated interventions we came across focused on the older age group, targeting young women, youth or women aged 15-49, meaning there is a lack of evaluated interventions targeting younger adolescent girls, while interventions on nutrition tend to focus on children. Moreover, evaluations of programmes targeting young women or youths often lack specific age- and sex-disaggregated data, making it very difficult to determine programme impacts on adolescent girls in particular. We found several Population Council evaluated interventions focusing on girls aged 10-19, but no evaluated interventions centring specifically on the 10-14 age group. The majority of the examined interventions aimed to increase SRH awareness or service use among both males and females of reproductive age, and were largely successful to different degrees. However, most of the studies relied heavily upon behavioural intentions and self-reporting rather than more quantifiable health outcomes, such as the number of pregnancies, HIV rates or detailed data on health service attendance. The majority of the evaluations used mixed and quantitative methods, and although a few used a quasi-experimental design, none used an RCT. Moreover, most of the evaluations in this section were completed immediately after the intervention, meaning that there is a lack of evidence that considers longer-term impacts, as some of the SRH knowledge gained by adolescents may be lost later on in their lives.

Conclusions: Key evidence and gaps

This rapid country evidence mapping report has provided an overview of 61 impact studies and evaluations, assessing the effects of various interventions on discriminatory norm change and adolescent girls' voice and agency, child marriage, FGM/C and violence against girls, adolescent psychosocial wellbeing, girls' access to education, the development of their economic capabilities, and their physical wellbeing. The largest number of assessed interventions focused on girls' education and physical health. In particular, education-related interventions sought to improve girls' school enrolment and attendance, primarily through the provision of cash and in-kind support along with the establishment of girls' clubs. On the other hand, the vast majority of health interventions aimed to improve girls' access to sexual and reproductive health knowledge and use of relevant services. The next most evaluated interventions were programmes aiming to economically empower girls, largely through the provision of business skills training, vocational education and access to credit, as well as programmes to change discriminatory norms and empower girls in order to tackle the underlying barriers constraining their capability development. There is also a considerable number of studies assessing interventions to tackle harmful traditional practices, notably child marriage and FGM/C along with protecting girls from physical and sexual violence. The smallest number of impact studies addressed psychosocial wellbeing, reflecting the fact that this area has been little studied in relation to adolescent girls in Ethiopia; the few examined studies focused on marginalised and vulnerable groups, while lack of a rigorous research design does not allow us to identify best strategies or pathways of positive change.

Although many interventions are multi-component programmes, their evaluations tend to focus and highlight the effectiveness of a particular component, often the provision of safe spaces and female mentors, which appear to have positive outcomes across a range of girls' capabilities. However, it is increasingly noted that approaches tailored to local environments, community involvement and a combination of strategies are probably more effective. Thus the most common approach to changing discriminatory norms, socially empowering girls and tackling child marriage, combined girls' clubs, life skills/empowerment training and community mobilisation. In particular, community conversations have been the primary instrument to bring about collective change and prompt communities to abandon FGM/C and child marriage in many cases. Community engagement, including targeting of local and religious leaders, awareness-raising and active involvement of men and boys along with gender education and promotion of alternative masculinities have also been part of the solution. Provision of economic incentives were also found to be a significant component of programmes ensuring that girls stay in school and delay their marriage. Overall the majority of studies indicate some positive changes in knowledge and attitudes, harmful traditional practices' prevalence rates, and girls' schooling outcomes. In some studies, girls report increased self-confidence or ability to influence decisions, yet these are self-reported perceptions rather than evidence of actual changing influence on decision-making.

There is less evidence on how to tackle physical and sexual violence against girls as reported attitude change often fails to be translated into behavioural change, with so far promising results emerging only from an intervention working with adolescent boys and young men through interactive gender education sessions and community engagement. On the other hand, there is a considerable body of evidence on interventions to economically empower girls and either improve their wage employment or their entrepreneurship skills and opportunities. However, as most of these interventions target girls along with women or youth, their evaluations point out that they end up benefiting them less due to inadequate attention paid to their special needs. In particular, younger adolescent girls are largely missed out from economic empowerment interventions. They are similarly left out from sexual and reproductive health programmes which focus on older adolescents and youths, while programmes with nutritional objectives tend to focus on young children. The problem is often accentuated by limited sex- and age-disaggregated data, which does not allow us to distinguish programme effects among different groups.

Indeed, although the target of many evaluated programmes spans the whole adolescent age group, or even includes young women, few evaluations disaggregate among different age groups of targeted girls and thus it remains unclear whether certain approaches are more effective with younger or older girls. Only the Population Council evaluation of Berhane Hewan reported that the programme was more effective for younger adolescents aged 10-14 who were able to increase their school enrolment and their age of marriage, while the increase in older girls' school enrolment was statistically insignificant and the proportion of those married remained unchanged between baseline and endline (Erulkar and Muthengi, 2009). Evaluators were unable to explain these findings, and hope that the ongoing second generation of the programme will enable them to clarify those issues. A few evaluations also provide information about the dose and exposure to each programme component, such as the overall hours of provided training or frequency of sessions, yet without comparing potential differential impacts in line with adolescent age groups, socioeconomic status, location or other variables.

The quality and rigour of examined evaluations also vary considerably. Over half used mixed qualitative and quantitative methods, but less than half used methodologies generally considered rigorous. Although qualitative components did not always provide deep insights, in several cases, they helped illuminate both the mechanisms by which impacts were achieved and the broader context of programme implementation. Several evaluations used a quasi-experimental design, yet none used a cluster-RCT. The ongoing evaluation of a multi-country intervention (COMPASS) targeting refugee girls and aiming to protect them from sexual violence and empower them, is using a wait-listed cluster-RCT. Moreover, only three quasi-experimental evaluations of multi-component programmes examined the relative effectiveness of different intervention strategies. One evaluation of the End Child Marriage Programme/Finote Hiwot compared the impact of two treatment arms on the likelihood of child marriage: the one arm received both the information and economic incentive components ('intensive'), while the other received only the information component ('expansion') (Chow and Vivalt, 2015). The evaluation of the Male Norms Initiative also included three arms: the first involving community engagement with interactive group education sessions promoting gender-equitable norms and violence prevention, the second including only community engagement activities and the third being the control arm (Pulerwitz et al., 2010; Pulerwitz et al., 2014). Finally, the Towards Improved Economic and Sexual Reproductive Health Outcomes for Adolescent Girls programme used four arms to analyse the differences in key outcomes between different components: the first arm included the economic empowerment component, the second the sexual and reproductive health component, the third combined these two components, and the fourth was the control group (Edmeades et al., 2014; Edmeades et al., 2015).

The majority of evaluations were conducted either at the end or within two years of the end of the programme (or after the girls sampled had graduated from the programme). This means that there is very little evidence of how far programme effects led to sustained changes in girls' later adolescence or adult lives. A few evaluations acknowledge the need to set up mechanisms that will enable graduates of norm change and empowerment programmes to maintain linkages with the programme and be able to access support for a few months after programme completion. However, no further information is provided. In addition, several studies stress that effective norm change requires more time than the short duration of most interventions, which is usually simply not enough to transform them and translate measured attitude change into actual behavioural change, let alone ensure the sustainability of this change.

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Annex I: Ethiopia Interventions Table

Programme name and details	Target group	Main activities	Impact evaluation and if so, methodology	Programme impacts
Voice and agency interventions				
Adolescent/Youth Development Programme 2007 – 2011. Implemented across the country in all nine districts and the two city administrations. UNICEF/MoWCYA. Targeted one million vulnerable children and adolescents.	Children, adolescents and young people, male and female, aged 15-29. The programme took a segmented approach by working with adolescents and youth aged 10-14, 14-19 and 19-24. The programme also worked with out-of-school adolescents with a focus on those most at risk.	It targeted four intervention areas: youth participation and capacity building; promotion of youth livelihood opportunities; youth centres and delivery of services; national policy and strategy development for the youth.	The evaluation used mixed qualitative and quantitative methods through studying secondary documentary evidence (work plans) and primary evidence collected in the field (BDS, 2012).	57% of respondents had taken part in some form of volunteer activity, but a higher proportion of boys had taken part in volunteer activities than that of girls (59% as opposed to 52% in the household survey). Girls reported not attending due to the male-oriented nature of many activities, often deemed inappropriate for girls. Moreover, the location of many of the activities meant that girls were concerned about the safety of travelling. Over 167,900 university students participated in the volunteer programme, with the overwhelming majority, over 160,500 participants, being in SNNPR. Most of programme activities were effectively implemented, but lacked in female participation. While 40% of respondents said that they used youth centres and clubs, in most cases the number of participating boys was higher than that of girls with girls' participation being between 9% and 34%. The youth centre programme suffered from the fact that the majority of those using the services were in school, although the programme aimed to target out-of-school youth (BDS, 2012).
Woreda-level declaration to abandon FGM/C	Girls under age 18, vulnerable to child marriage and FGM/C.	These 10 woredas adopted declarations to abandon FGM/C and child marriage.	The mixed methods evaluation monitored the progress of these 10 self-declared woredas in	Community conversations were the primary vehicle used to bring about the woreda declaration. In some woredas, this process was spearheaded by women's

<p>10 woredas (districts) in Afar, Benishangul Gumuz, SNNPR and Addis Ababa.</p>			<p>abandoning FGM/C and child marriage and looked at strategies that have been successful so far. Overall 1,275 households were covered in the 10 selected woredas (CDC, 2012).</p>	<p>affairs offices (SNPPR), but in others it was spearheaded by NGOs (Afar). Facilitated by trained community facilitators, community conversations occurred with the participation of community leaders, religious leaders, local officials and the whole community and apart from HTPs, they discussed broader gender inequality issues. Combined with school-based clubs, these mechanisms enabled young and older community members to reflect on their own about gender inequality and harmful practices, abandon such practices and adopt more gender-equitable attitudes. Key informant interviews and FGDs revealed that adolescents often did not take part in community conversations because they were regarded as children. Many adult women also did not participate due to work load pressures or perceptions regarding gender roles in public life. Similarly, adult men in some woredas were unable to participate because community conversations were carried out when they needed to travel across the border for trade purposes (CDC, 2012).</p>
<p>End Child Marriage Programme (ECMP)/ Finote Hiwot ('Pathways to Life') 2011 – 2016. Amhara. GoE and UNFPA. Originally aimed to target 200,000 girls, but DHS data led to this target being revised to a more realistic of 37,500 girls.</p>	<p>Girls under age 18 at risk of child marriage.</p>	<p>The programme consisted of a number of different components, focusing on information and economic incentives. The information arm included facilitating community conversations, peer education, and local awareness campaigns, while the economic arm involved entrepreneurship training and school materials for</p>	<p>One examined evaluation is a quantitative, quasi-experimental study which used data from a baseline carried out in 2012 and a follow-up survey in 2014. The baseline survey data comprised 2,591 households and within each household, fathers, mothers, girls and boys were surveyed separately. The follow-up</p>	<p>Chow and Vivalt (2015) found that ECMP increased women's household decision-making power along with suggestive evidence that violence against women and rape may have become more accepted. IMC Worldwide (2015) found that participation in school clubs increased awareness and support, contributed to the empowerment of young participants, and helped cancel girls' marriages. Girls reported that they were able to better protect themselves against child marriage and were no longer afraid to report to their teachers and friends that their</p>

Funded by DFID.		girls. This was divided into ‘intensive’ and ‘expansion’ treatment areas. The intensive areas received both information and economic incentives, while the expansion areas received only information (Chow and Vivalt, 2015). ECMP is above all a community-based, girl-centred programme. Although the primary beneficiaries are girls, the programme seeks to trigger a community-wide ‘tipping point’ for behavioural change by also working with parents, community leaders, women’s groups and local government officials (IMC Worldwide, 2015).	survey consisted of 694 households. The evaluation assessed the impact of the information treatment arm (‘expansion’) and the information treatment plus economic incentives arm (‘intensive’) (Chow and Vivalt, 2015). A second midline assessment used qualitative and participatory methods (IMC Worldwide, 2015).	family wanted to marry them off. Girls also noted that those who marry early were now ashamed and stigmatised from their own friends. School clubs and provision of safe spaces for girls to meet and discuss were thus highly valued in terms of improving girls’ knowledge and providing them with opportunities to talk to boys and re-think their relationships along with increasing their ability to communicate and their confidence to act. As the programme approach is focused on the concept of empowerment and not simply knowledge transfer, the programme has helped to bring about some changes in gender relationships with many women and men claiming that there is now greater gender equality in their communities. The assessment indicated that there is evidence of increasing communication and understanding between girls and boys, women and men (IMC Worldwide, 2015).
Biruh Tesfa (‘Bright Future’) 2006-2013. Amhara, Addis Ababa and Tigray. Population Council. 63,000 girls had participated by 2013.	Out-of-school slum dwelling girls aged 10-19.	The programme provided domestic workers, orphans and migrants in urban Ethiopia with social support, HIV education and life skills. Safe spaces were provided, girls’ groups were formed and meetings facilitated by a trained adult female mentor. Meetings were held three to five times a week. Groups were formed for	The quantitative evaluation used a quasi-experimental research design with pre- and post-test surveys in intervention and control areas (Erulkar et al., 2013).	Younger adolescents aged 12-14 attended an average of 43 meetings compared to older adolescents aged 15-18 who attended an average of 34 meetings. Girls who participated in the programme were able to access peer networks and spend time with other girls in a safe environment. They also significantly improved their sexual and reproductive health knowledge and increased their social support networks at endline compared to the control group. Girls also acquired useful knowledge about how to protect themselves, while they developed their

		girls at different ages. Once in groups, girls received life skills training, literacy education and physical health check-ups. Life skills training included training on topics such as self-esteem, communication, gender and power dynamics, rape and coercion, sexual and reproductive health, and financial literacy.	confidence and their ability to solve problems effectively (Erulkar et al., 2013).
Powering Up Biruh Tesfa 2013-2014. Addis Ababa. Population Council. 3,159 girls in 17 woredas (districts) with an average age of 13 years.	Girls aged 7-18 years out-of-school, living in the poorest and most marginalised urban areas.	The project mainly aimed to increase literacy and numeracy and to improve girls' health. Girls were provided with safe spaces and mentors and joined groups according to their age, that is, groups for those 7 to 11, and for those 12 to 18 years. Groups met in late afternoon for two hours, five days a week. Girls received non-formal education four times a week. The fifth day they attended life skills training, including training on financial literacy, menstruation, disability and violence.	The quantitative evaluation compared data from a baseline conducted prior to the establishment of girls' groups with data from the endline which took place six months after the programme started. It included 17 woredas where the programme was implemented along with 10 woredas where it was not, thus serving as a control group. The survey included 2,000 girls aged 12-18 (Erulkar and Medhin, 2014).
			The evaluation found that the project enabled young adolescent girls to build their skills and to increase their health service utilisation compared with their lack of knowledge, confidence or experience at baseline (Erulkar and Medhin, 2014).

<p>Meseret Hiwott programme ('Base of Life')</p> <p>2008-2013.</p> <p>Rural Amhara.</p> <p>Population Council.</p> <p>225,000 married girls joined.</p> <p>Funded by USAID/PEPFAR.</p>	<p>Married adolescent girls aged 10-24.</p>	<p>This programme was established with the aim of supporting young married girls, and enabling them to increase their social networks, and to improve their SRH knowledge and skills.</p> <p>Female mentors were recruited from rural communities and trained to mobilise and lead girls' groups. They then made recruitment visits at the household level to identify married girls and encourage them to participate in the programme. This allowed mentors to negotiate with other gatekeepers, such as husbands, parents and in-laws.</p> <p>Participants were organised into girls' groups which met three times a week, in locally available meeting spaces, such as community halls, participants' houses, or under a tree. They attended a 32-hour curriculum, covering topics like SRH and self-esteem.</p> <p>An additional programme, Addis Birhan ('New Light')</p>	<p>Erulkar and Tamrat (2014) used a quantitative quasi-experimental design, and analysed cross-sectional data from population-based surveys among married girls.</p>	<p>Girls' group participation was associated with increases in spousal help with domestic work, accompaniment to the clinic, and family planning. These increases were even higher when both partners participated. Girls who did not participate in the programme were more likely to need permission to leave the house than girls who did (81% vs. 75%). In addition, 33% of girls who did not participate and 59% of girls who did participate reported that their husbands helped with housework in the last 3 months. Finally, 81% of girls whose husband also took part in the programme reported that their husbands helped them with housework.</p>
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		<p>was designed to contribute to the objectives of Meseret Hiwott by providing rural husbands with communication and support skills to improve the wellbeing of their wives and families. Male mentors recruited husbands of all ages (from 10 to 85 years) and male groups were provided with a participatory curriculum which included partner communication, non-violent and respectful relationships, caring for wives and children, alcohol and drugs use, STIs and domestic violence.</p>		
<p>UN Joint Programme Leave No Woman Behind (LNWB) 2009-2013. Tigray and Amhara. MoWCYA and Bureau of Women Affairs with UNFPA and WFP. Funded by the MDG Achievement Fund.</p>	<p>Adolescent girls and women in targeted regions.</p>	<p>LNWB was an integrated, multi-sectoral programme aiming to address the challenges girls and women face. It had 4 key areas: social mobilisation, including community conversations; reproductive health; literacy and education; and livelihood support.</p>	<p>A mixed methods evaluation included KIIs, FGDs, change stories, quantitative data collection, and participatory self-assessment meetings (Kabuchu, 2013).</p>	<p>LNWB has stimulated social changes in attitudes and practices of communities through community conversations. It also increased respect for girls' and women's rights against HTPs and understanding of their right to participate in development activities. Through community conversations, the programme also enabled some community members to become advocates facilitating the implementation of national laws and policies that protect girls' rights (Kabuchu, 2013).</p>

<p>Berhane Hewan ('Light of Eve')</p> <p>First phase: 2004-2008. Second phase: 2010-2016.</p> <p>Amhara.</p> <p>Population Council and UNFPA.</p> <p>10,466 girls.</p> <p>Funded by UNFPA, UN Foundation and Nike Foundation.</p>	<p>Married and unmarried girls 10-19.</p>	<p>Key activities included group formation, support for girls to remain in school and community awareness activities. Girls' groups were facilitated by adult female mentors and provided participants with life skills and livelihood training.</p>	<p>The programme was evaluated using a quasi-experimental research design in order to compare outcomes between girls from the intervention and the control areas. The study included baseline and endline surveys, chi-square tests, proportional hazards models and logistic regressions (Erulkar and Muthengi, 2009).</p> <p>A second study evaluated the programme using mixed methods and cross-sectional data analysis (Mekbib and Molla, 2010).</p>	<p>Erulkar and Muthengi (2009) found that at the endline survey, three-quarters of girls had attended at least one community conversation. 47% of older adolescent girls and 36% of adolescent girls had attended meetings on community issues. In terms of isolation as a consequence of child marriage, the percentage of girls in intervention areas who had made new friends in the past year was 4% at baseline compared to 18% at endline – but remained 15%-16% in control areas. At baseline, only 30% of girls reported having a best friend, compared to 48% in the control area. At endline, around 50% had a non-familial best friend in both groups (Muthengi and Erulkar, 2011).</p> <p>The second evaluation found that according to participating girls' fathers, mothers and husbands, girls' groups led by mentors was the second most important programme component contributing to delaying child marriage and increasing family planning use as well as the third most important component contributing to the increase in participants' school attendance (Mekbib and Molla, 2009).</p>
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<p>Kalkidan ('Promise') Safe Spaces Groups 2012-2014. Addis Ababa, Bahir Dar and Mekelle. Population Council. 26,587 project participants across the three sites with a fairly even split in participation of males and females.</p>	<p>Husbands and wives aged 15-49 in low-income areas.</p>	<p>Kalkidan was a community-based initiative for husbands and wives in low-income urban areas. Respected local leaders were used as mentors who provided a tailored curriculum addressing power and gender, including topics like caring and supportive relationships, communication, alcohol and violence, HIV, contraception and counselling. Participants attended single-sex groups that met on a weekly basis for around 6 months. Periodically, female and male groups were brought together for collective discussion.</p>	<p>Information was collected throughout the project and a baseline survey was undertaken in Bahir Dar (Amhara) and Mekelle (Tigray). This evaluation used mixed-methods. The baseline served as a benchmark. The initial aim was to conduct an endline survey at the completion of the project, but this did not happen due to lack of budget. Instead, the evaluation relied on quantitative survey data and qualitative studies (Erulkar and Nourhussein, 2014).</p>	<p>There was a clear improvement in spousal communication and family life with respondents spending more time together and discussing issues. Both men and women noticed an increase in male time spent at home along with a more equitable sharing of household duties and a reduction in male alcohol consumption. The use of mixed sex groups reportedly enabled women to overcome their shyness or fear and voice their opinions in front of men (Erulkar and Nourhussein, 2014).</p>
<p>Healthy Unions: Community Engagement and Behavioural Change to Eliminate Bride Price, Bride Abduction, and Early Marriage in Ethiopia Project 5 woredas in Oromia. CARE and EGLDAM. Funded by USAID.</p>	<p>Girls at risk of child marriage.</p>	<p>The programme aimed to transform community norms, and increase the capacity and political will of Community-Based Organizations (CBOs), leaders and community members to take collective action and to advocate for law enforcement.</p>	<p>Takele (2010) used mixed methods to evaluate this programme, including conducting FGDs, interviews, document reviews and household and institutional surveys.</p>	<p>Traditional perceptions over HTPs were questioned and started changing in some cases over project duration, with younger people not interested in preserving harmful traditions. The vast majority of respondents agreed that facilitators had the capacity to inform the community on the harmful effects of child marriage and FGM/C. Respondents also affirmed that community conversations helped them properly express their opinions. Moreover, community facilitators worked with paralegals and other coalitions to strengthen the response capacity of local law enforcing bodies. The study also remarked that working through existing community structures and</p>

				traditional leaders, and strengthening their capacities increased community ownership of the project goals, and effectively addressed harmful social norms (Takele, 2010).
Kembatti Mentti Gezzimma (KMG) ('Women of Kembatta working together') Started in 1999. Kembatta zone, SNNPR. Implemented by KMG. Estimates suggest that over 100,000 have been spared FGM/C in the region.	Girls at risk of FGM/C in Kembatta zone.	KMG was founded by a local women's rights campaigner from Kembatta, Bogaletch Gebre. The underlying approach is to listen and respect the community, learning from local experience, and to facilitate effective community dialogues. It also provides alternative income-generating activities for traditional circumcisers. KMG takes a gender transformative approach.	Stern and Anderson (2015) examined how KMG engaged men and boys and ensured programme success. The evaluation used a qualitative approach.	Community conversations enabled discussions, analysed stereotypes, explored issues in-depth, and effectively questioned traditional beliefs about the practice. Thus boys and men reported that they now preferred to marry uncut girls and women, with many citing maternal mortality as the key reason for this change of view. Numerous respondents also affirmed the centrality of promoting male cooperation with women to abandon the practice because, 'one hand cannot clap by itself', as men were more likely to be influential community members and thus could play a significant role in challenging resistance from other men. Interviews also revealed how KMG also promoted more gender-equitable attitudes with increased support for women's property inheritance, political participation, positive sexuality, household decision-making and reduced domestic burden (Stern and Anderson, 2015).

<p>The Male Norms Initiative 2008. Three low-income sub-cities in Addis Ababa. Hiwot Ethiopia and EngenderHealth. Funded by PEPFAR.</p>	<p>Young men 15-24.</p>	<p>The Initiative provided interactive gender education (GE) and community engagement (CE) activities. GE activities included 19 two-hour sessions which took place every week and covered issues surrounding gender equality and gender-based violence. The CE activities included leaflet distribution, music and drama skits, community discussions, condom distribution, and an International Father's Day march.</p>	<p>The evaluation used mixed methods, and a quasi-experimental design with three arms assigning young Ethiopian men aged 15-24 years to a community engagement intervention in combination with interactive group education sessions. The second arm received CE activities alone, and the third operated as the control group (Pulerwitz et al., 2010; Pulerwitz et al., 2014).</p>	<p>Both intervention groups scored higher than the control group and showed a positive, significant shift towards support for gender-equitable norms between the baseline and endline. They also reported a significant decrease in intimate partner violence at endline, while no such change was reported by the control group. The evaluation also noted that young men in the combined intervention group reported more support for gender-equitable norms at endline compared to those in the community engagement only group (Pulerwitz et al., 2010; Pulerwitz et al., 2014).</p>
<p>Joint UNICEF-UNFPA Programme, 'A Rights-Based Approach to Adolescent and Youth Development' 2007-2013. Addis Ababa, Afar, Amhara, Oromia and SNNPR. UNICEF and UNFPA. The programme reached approximately 600,000 young people. Funded by the Royal Norwegian Embassy (RNE).</p>	<p>Vulnerable and marginalised adolescents and young people aged 10-24.</p>	<p>The programme aimed to promote young people's rights to SRH, HIV-prevention, gender equality and sustainable livelihoods. The programme also ensured that parents and wider communities received capacity building on SRH and related issues. The programme also focused on young people in pastoralist areas, especially girls (HLSP, 2013).</p>	<p>The programme was evaluated by a mixed methods study. Data collection methods included: a desk review of key documents, key informant and stakeholder interviews, FGDs, site visits to 12 woredas, and one tracer project, a snap-shot survey of youth leaders across all sampled woredas, and exit interviews with 32 users of the youth-friendly health service. Field visits were conducted in a</p>	<p>The programme was found to be relevant and efficient. There were very high levels of satisfaction among participating youth. Although female participation in programme activities generally improved over the course of the programme, older male youth were making the most of recreational facilities, meaning that adolescent girls were missing out. Nearly 70% of youth leaders felt that the programme helped contribute to a safer social environment for girls; and nearly 85% of youth leaders stated that the programme increased public awareness about gender issues relating to young people (HLSP, 2013).</p>

			representative sample of 12 of the 25 programme woredas. Small adjustments were made to ensure the sample adequately covered different types of the target population (HLSP, 2013).	
<p>Towards Improved Economic and Sexual Reproductive Health Outcomes for Adolescent Girls (TESFA) project</p> <p>2010-2013.</p> <p>Amhara.</p> <p>CARE Ethiopia.</p> <p>5,000 girls.</p> <p>Funded by the Nike Foundation.</p>	<p>Ever-married girls aged 14-19.</p>	<p>The programme centred on the economic empowerment and SRH training to 5,000 girls using a group-based peer education framework with the aim of lessening the severe health and economic consequences of child marriage.</p> <p>Groups met every two weeks for around 26 meetings over the course of the year. The life skills training component emphasised effective communication and negotiation skills in order to empower girls and enable them to advocate for themselves.</p> <p>These groups were supported by community-based Social Analysis and Action (SAA) groups, made up of community members,</p>	<p>The evaluation used mixed methods and a quasi-experimental design with four arms to analyse the differences in key outcomes between different intervention strategies (Edmeades et al., 2014).</p>	<p>While the evaluation focused on health and economic outcomes, the programme did see large gains in communication between the young wives and their husbands. In addition, the programme saw decreases in levels of gender-based violence. The evaluation also found an exceptional shift in girls' decision-making and communication skills, particularly in relation to sexual and reproductive health and family planning matters. Girls were able to discuss with their husbands, felt that their opinions were now considered, and were more involved in decisions about whether to have a child or not (Edmeades et al., 2014).</p>

		who acted as community liaisons for the project.		
Breaking Poverty through Protection and Investing in Decent Employment for Vulnerable Children and Youth 2011-2014. Amhara. Save the Children and two local partners, CHADET and FSCE. 3,000 children and youth.	Children and youth aged 8-25.	The project also included youth clubs with the aim to empower marginalised youth members. These youth clubs included sports clubs, literature, drama and music clubs, environmental clubs and training clubs, and supported their members to develop their social and leadership skills.	A midline assessment used mixed methods (Yamaguchi-Fasting and Larsen, 2012).	The assessment found that despite their potential as platforms for youth participation and advocacy, members in most clubs were school students aged 13-20, while the vast majority of vulnerable girls and boys were not members and did not even know their existence. In some areas, vulnerable youth could not attend these clubs as they lived in remote rural areas while clubs were based in urban centres (Yamaguchi-Fasting and Larsen, 2012).
Yegna Started in 2013. Girl Effect Ethiopia.	Adolescent girls and their communities.	Yegna is a branded social communications platform, aiming to inspire positive behavioural change and reframe the value of adolescent girls in the Ethiopian society. It is a radio programme consisting of a weekly drama, a talk show and music. The show and the drama address a range of topics affecting girls' lives, such as child marriage, violence, adolescent pregnancy and barriers to education.	A qualitative study by ODI in Amhara assessed the radio component of the programme (Jones et al., 2015a).	Girl Effect notes that 84% of girl listeners said that Yegna helped them become more confident and 76% that it inspired them to continue their education. Although other studies suggested relatively positive programme effects, the ODI study found more mixed results. In villages with electricity and where girls' listening groups allowed girls to listen together and discuss, Yegna introduced girls to new ideas and strengthened the role of the Women's Development Army (a local government structure which transmits the programme) in tackling discriminatory norms. Thus the programme generated community dialogues and helped communities focus on harmful traditional practices and girls' education. However, in communities without electricity where girls also listen alone the programme, the impact was limited. Moreover, boys and men were often excluded from the target audience although they should be proactively targeted (Jones et al., 2015a).

Bodily autonomy, integrity and freedom from violence interventions

<p>Woreda-level declaration to abandon FGM/C</p> <p>10 woredas (districts) in Afar, Benishangul Gumuz, SNNPR and Addis Ababa.</p>	<p>Girls under 18 of age, vulnerable to child marriage and FGM/C.</p>	<p>These 10 woredas adopted declarations to abandon FGM/C.</p>	<p>An evaluation monitored the progress in these 10 woredas and their declarations to abandon FGM/C and child marriage, and looked at strategies that have been successful so far. Quantitative and qualitative instruments were used. A total of 1,275 households were covered in the 10 selected woredas (CDC, 2012).</p>	<p>A large proportion of respondents in all woredas (apart from respondents from Afar) reported a decline in the practice of child marriage in the last 5 years. The majority of female respondents declared that they did not plan to marry off their daughters before age 18. This was attributed to interventions raising awareness about the harmful effects of the practice and increased reporting to authorities.</p> <p>Ensuring girls go to school and stay there was also found to be a successful strategy in delaying child marriage, including raising awareness of the value of education. The legal approach also worked well in the study areas.</p> <p>In terms of abduction, the overwhelming majority of respondents in SNNPR and Benishangul Gumuz reported a decline in abduction. In Addis Ababa, 29% perceived a decline in comparison to only 4% of respondents in Afar. Among adolescent girls, 81% in SNNPR, 47% in Benishangul Gumuz, 10 % in Addis and 2% in Afar perceived a decline.</p> <p>The criminalisation of abduction seems to be taken much more seriously than the criminalisation of other HTPs.</p> <p>Awareness-raising interventions led to an increase in the reporting of child marriage to justice administration bodies.</p> <p>The evaluation also found a very good awareness in all locations, with over 70% of women and 40% of adolescents aware of the declaration. The majority of respondents also recognised the harmful effects of FGM/C and stated that they did not plan to force FGM/C on their daughters in the future. However, a</p>
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				considerable number of parents, between 17% and 32%, said that they would still circumcise their daughters on the basis of cultural and religious justifications (CDC, 2012).
End Child Marriage Programme (ECMP)/Finote Hiwot 2011-2016. Amhara. GoE and UNFPA. Originally aimed to target 200,000 girls, but DHS data led to this target being revised to a more realistic 37,500 girls. Funded by DFID.	Girls under age 18 at risk of child marriage.	The programme consists of a number of different components, focusing on information and economic incentives. The information arm includes facilitating community conversations, peer education and local campaigns; the economic arm involves entrepreneurship training and school materials for girls. The information and economic incentive components were further divided into 'intensive' and 'expansion' treatment arms. The intensive areas received both information and economic incentives, while the expansion areas received only information (Chow and Vivalt, 2015). ECMP is above all a community-based programme. Although the primary beneficiaries are girls, the programme seeks to trigger a community-wide 'tipping point' for	A quantitative evaluation with a quasi-experimental design with two treatment arms, used data from a baseline carried out in 2012 and a follow-up survey in 2014. The baseline survey data was collected from 2,591 households and within each household, fathers, mothers, girls and boys were surveyed separately. The follow-up survey consisted of 694 households. The evaluation assessed the impact of the information treatment arm and the information treatment plus economic incentives treatment arm (Chow and Vivalt, 2015). A midline assessment used qualitative and participatory methods (IMC Worldwide, 2015).	The first evaluation found that both treatment arms were effective in reducing child marriage as both components decreased the probability that a girl was married at the follow-up survey by 5-7 percentage points, and the probability that a girl had ever been married by 6-9 percentage points. As the effects of the intensive and expansion treatment arms did not significantly differ from one another, the study suggested that the information component of ECMP has a greater impact on the age of marriage than the economic incentive component. The baseline and follow-up surveys also showed that ECMP led to an increased polarisation of views on child marriage, as more respondents in the follow-up survey reported on child marriage either more favourably or more unfavourably than in their baseline responses. Child marriage did not decline significantly over this time period, as the interval (of just 2 years) between the two surveys may have been too short to observe such a change (Chow and Vivalt, 2015). In the second study, both adult and young participants said that ECMP had encouraged wide-ranging attitude changes towards child marriage. Some respondents claimed that child marriage had in fact been entirely eliminated already, yet the study stress that it is too early to know whether this is accurate. Participants in the intensive areas seemed to be very enthusiastic about the community mobilisation elements of the programme, with the emphasis on empowerment increasing the likelihood of sustainable change.

		behavioural change by also working with parents, community leaders, women's groups and local government officials (IMC Worldwide, 2015).		Interestingly on the topic of sustainability, all communities seemed to distinguish between 'ending child marriage' and 'ending child marriage forever'. They all felt that currently communities were actually 'ending child marriage' as they were just in the process of reducing it (IMC Worldwide, 2015).
Berhane Hewan ('Light for Eve') First generation of activities 2004-2008. Then second generation of work 2010-2016. Rural Amhara. Population Council and UNFPA. 10,466 girls participated in Berhane Hewan. Funded by UNFPA, United Nations Foundation and Nike Foundation.	Married and unmarried girls 10-19.	Key activities included group formation, support for girls to remain in school, community conversations and economic incentives to parents who were promised a goat at the end of the programme on condition that their daughters attended at least 80% of school or group sessions and that they agreed not to marry them off during the two-year programme period.	The programme was evaluated by a quasi-experimental research design in order to compare outcomes between girls from the programme area with those from the control area. The evaluation used baseline and endline surveys, chi-square tests, proportional hazards models and logistic regressions (Erulkar and Muthengi, 2009). A second evaluation used a cross-sectional, mixed-methods study to determine which components contributed to the delay in child marriage according to the fathers, mothers and husbands of participating girls (Mekbib and Molla, 2010).	The programme considerably increased girls' school enrolment and age at marriage. In particular, girls aged 10-14 who participated in the programme were more likely than those in the control area to be in school at endline and less likely to have ever been married (Erulkar and Muthengi, 2009). The proportion of girls aged 10-14 who had married, dropped from 10% to 2% in the intervention area while it increased from 14% to 22% in the control area (Muthengi and Erulkar, 2011). However, girls aged 15-19 in the intervention area were 2.4 times more likely to be married at endline, and their percentage remained the same over the study period while it declined in the control group (Erulkar and Muthengi, 2009). In the second study, the majority replied that community conversations (76% of fathers, 66% of mothers and 84% of husbands), group meetings (68% of fathers, 66% of mothers and 78% of husbands), and mentors' house-to-house visits (30% of fathers, 32% of mothers and 28% of husbands) were the three most effective strategies (Mekbib and Molla, 2010).

UN Joint Programme Leave No Woman Behind (LNWB) 2009-2013. Tigray and Amhara. MoWCYA and Bureau of Women Affairs, with UNFPA and WFP. Funded by the MDG Achievement Fund.	Adolescent girls and women.	LNWB was an integrated, multi-sectoral programme aiming to address the challenges girls and women face. It had 4 key areas: social mobilisation, reproductive health, literacy and education, and livelihood support.	The mixed methods evaluation was carried out in 2013 and included KIIs, FGDs, case studies of change, participatory self-assessment meetings and quantitative data collection (Kabuchu, 2013).	The evaluation notes that much of the programme built upon learning gained through the Berhane Hewan project. All respondents commented on the increase in prevention and reporting of child marriage as a result of community conversations, with 904 child marriages cases reported to the community conversation facilitators, justice services and the MoWCYA in Amhara. One of the successes of this programme was that local administrators seemed to be very closely related to the programme and were able to mobilise communities and popularise the programme. Additionally, community conversations helped change social norms surrounding child marriage and led to public declarations of the abandonment of the practice, while graduates from community conversations took a leadership role in advocating against child marriage (Kabuchu, 2013).
Revised Family Code 2000.	Girls under age 18.	In 2000, the minimum age of marriage was raised from 15 to 18 for girls.	An impact study by McGavock (2015) used a quantitative difference-in-difference strategy.	The legal reform increased the average age of marriage for females by one year and shifted the distribution of marriage ages up. The reform made marriage at age 15 or younger far less common (McGavock, 2015)
Adjibar Safe Motherhood Project World Vision Australia. Amhara – implemented in the township of Adjibar in Tenta woreda.	Women of childbearing age.	Strategies included strengthening facility and community level health services, with attention to HTPs, including child marriage. The project also trained and encouraged communities to mobilise	Participatory qualitative methods were used, including 15 group discussions, 8 semi-structured interviews, informal discussions and observation. Field visits were complimented by in-	Community members were encouraged to report child marriages to teachers, health workers or the local district council, who would then refer matters to law enforcement authorities. Health workers were also encouraged to broaden their clinical practice and take a more holistic approach to care, looking out for cases of child marriage and stressing the negative consequences of the practice. ‘Anti-HTP’ clubs were

Funded by the Australian government and AusAid.		against child marriage and to report such cases.	depth document review (Natoli et al., 2008).	<p>established in schools, educating young people on child marriage and connecting them with a teacher who would keep an eye out for them. These teachers would make home visits, investigate if a girl dropped out of school and notify law enforcement services of a child marriage case.</p> <p>The project also encouraged community members to report cases of FGM/C, while health workers were asked to take a more holistic approach to their clinical practice, including addressing the health-related consequences of FGM/C, providing counselling support to those who have undergone FGM/C, and reporting cases to legal authorities (Natoli et al., 2008).</p>
Healthy Unions: Community Engagement and Behavioural Change to Eliminate Bride Price, Bride Abduction, and Early Marriage in Ethiopia Project 5 woredas in Oromia. CARE and EGLDAM. Funded by USAID.	Girls at risk of child marriage.	The programme aimed to transform community norms, and increase the capacity and political will of CBOs, leaders, and community members to take collective action and advocate for law enforcement.	Takele (2010) used mixed methods to assess the programme, including conducting FGDs, interviews, document reviews and household and institutional surveys.	The vast majority of respondents agreed that child marriage was declining, with most citing 'awareness of programmes' or 'fear of the law' as the major reasons for this decline. When asked whether they thought child marriage should be protected as a positive cultural value, the vast majority disagreed. They also thought that child abductions were decreasing. The evaluation noted that one intervention area had less positive findings due to a combination of factors, including stronger traditional norms and a dominant customary law making legal action slower or weaker and law enforcement bodies less active (Takele, 2010).
Towards Improved Economic and Sexual Reproductive Health Outcomes for Adolescent Girls (TESFA) project 2010-2013. Amhara region.	Ever-married girls aged 14-19.	This programme aimed to mitigate the severe health and economic consequences of child marriage. Thus the programme focused on girls that had already	A mixed methods evaluation used a difference-in-difference approach and quasi-experimental design with four arms to analyse the differences in key outcomes between different	The programme evaluation reported that there were some welcome spill-over effects on child marriages, as the SAA groups of trained gatekeepers critically reflected on the factors of the practice, supported positive role models and took action against child marriage, preventing more than 70 child marriages from taking place. While this was not the goal of the

<p>CARE. 5,000 girls. Funded by the Nike Foundation.</p>		<p>experienced a child marriage. Economic empowerment and SRH training were provided to girls with the aim of tackling the health and economic consequences of child marriage. Groups met every two weeks for around 26 meetings over the course of one year. These groups were supported by community-based Social Analysis and Action (SAA) groups, made up of community members, who acted as community liaisons for the project.</p>	<p>strategies (Edmeades et al., 2014; (Edmeades et al., 2015).</p>	<p>programme, it demonstrates that TESFA's anti-child marriage messages resonated with the targeted communities (Edmeades et al., 2014).</p>
<p>Kembatti Mentti Gezzimma (KMG) End FGM/C Programme 1999 – ongoing Kembatta zone in SNNPR. Estimates suggest that over 100,000 have been spared FGM/C in the region.</p>	<p>Girls at risk of FGM/C in Kembatta.</p>	<p>KMG was founded by a local women's rights campaigner from Kembatta, Bogaletch Gebre. The underlying approach is to listen and respect the community, learning from local experience. It also provides alternative income-generating opportunities to traditional circumcisers. Overall, KMG uses a gender transformative approach.</p>	<p>Using a qualitative approach, Stern and Anderson (2015) assessed how the programme engaged men and boys.</p>	<p>The study found that the programme was successful with all participants stressing that FGM/C had almost completely been eradicated in Kembatta zone along with other harmful practices such as bride abduction. The study pointed out that the programme led to a shift in social norms as boys and men now preferred to marry uncut girls and women, with many citing maternal mortality as the key reason for this change of view. After a decade of KMG implementation, only 3% of elders wanted their daughter to be cut or their son to marry a girl who was cut. UNICEF in 2008 reported that KMG had reduced FGM/C in Kembatta from 97% in 1999 to 4.7% in 2008 (Stern and Anderson, 2015).</p>

FGM/C programme integration into CARE’s ongoing work in partnership with the Ministry of Health CARE. Focused on current CARE reproductive health programmes which had a reach of a pastoralist population of 18,000 in Afar.	Girls at risk of FGM/C.	FGM/C abandonment activities were added into CARE community-based health projects. As they were added, programmes became more holistic. Programmes thus focused less on health and more on social norms and behavioural change. The intervention included community-level educational outreach activities using Behaviour Communication Change (BCC) approaches; community level-advocacy; and training of dispensary service providers in treating FGM/C related issues.	A mixed methods evaluation with quasi-experimental design assessed programme impacts. The area of six villages where CARE had no FGM/C operations was used as the control group (Chege et al., 2004).	The study found that interventions were effective in increasing knowledge of the harmful effects of FGM/C among women and men, children and adults with no differential exposure by age. The evaluation comments that with exposure to information, women would associate some of the negative consequences with their direct experiences. Yet 32% of men reported that they intended not to cut their daughters in the future compared to 16% of women at endline. The evaluation notes that just over one year after the endline, 70 village elders from both intervention and control sites, made declarations on the abandonment of FGM/C. Though it is early to say whether this is linked to longer term behavioural change, it is clear that there has been some collective mobilisation. Integration of FGM/C work into existing programmes was overall more successful in Ethiopia than in Kenya; one of the reasons was that the NGO was much more effective in engaging religious leaders in Ethiopia than in Kenya (Chege et al., 2004).
Ejere Civic Education and Support Project Oromia. HUNDEE / Oromo Grassroots Development Initiative.	Girls at risk of FGM/C.	Key activities included: separate discussion forums for women and men; joint consensus-building workshops; establishment of Women’s Rights Defence Committees (WDC); and the establishment of a working relationship with law-enforcing organisations.		Some project documents noted positive impacts. For instance, the majority of circumcisers stopped working due to both reduced demand as well as fear of the WDC and law enforcement agencies (GTZ, 2008). Teferra (2006) stressed that successful strategies used by Hundee include the participatory workshops where community members debate issues. Hundee was ultimately effective in facilitating the creation of a ‘critical mass’ of men and women who actively oppose FGM/C.

Creating Opportunities through Mentorship, Parental involvement and Safe Spaces (COMPASS) 2014-2017. It is being implemented and evaluated in conflict-affected communities in the Democratic Republic of Congo (DRC), Sudanese refugee camps in western Ethiopia, and in Pakistan.	Girls aged 13-19 years.	<p>The intervention involves young female mentors in safe spaces facilitating discussion groups.</p> <p>The primary aim is to address sexual violence in these communities and the secondary aim is to improve gender relations.</p> <p>The core component is to provide opportunities for girls to build assets to protect themselves from violence and defend themselves from violence when it does occur.</p> <p>This is achieved through structured, facilitated sessions that focus on self-confidence, building friendships, communication, problem solving, gender-based violence and healthy relationships.</p>	The programme is being evaluated in Ethiopia by a wait-listed cluster-RCT (Falb et al., 2016).	
Protecting and Empowering Displaced Adolescent Girls Ongoing. Ethiopia, Tanzania, and Uganda.	Adolescent girls.	To enable displaced adolescent girls to defend themselves from sexual violence and empower them to build brighter futures (Paik, 2014).		
Girl Power Programme (GPP) 2011-2015.	Girls aged 10-24.	The programme aimed to build capacity in local civil society to support the	Transition International (2013) conducted a mixed methods midline	The assessment noted that girls and young women reported that the prevalence of violence in their communities did not change one year after the

<p>Amhara, Oromia, SNNPR and Addis Ababa. Child Rights Alliance. 97,325 beneficiaries reached. Funded by the Dutch Government.</p>		<p>empowerment of girls and young women for gender equality. The programme focused on four thematic areas: violence against girls and women; socio-economic participation; socio-political participation; and post-primary education. Protection activities included: supporting rehabilitation and vocational training of (former) sex workers; providing life skills training of girls; informing girls about protection services; providing a hotline and referral system; and community conversations.</p>	<p>assessment. Data was collected among 402 girls and young women, 119 community members and 9 key informants.</p>	<p>programme had started. Only sexual violence was seen to have decreased significantly amongst adolescent girls, particularly amongst older adolescent girls as they were more able to protect themselves. Moreover, adolescents and young women significantly improved their ability to say no to sexual activity. Attitudes towards violence also changed among community members. All community members agreed that violence should be reported. The majority of community members did not agree that a man is allowed to beat his wife or that children should be beaten. However, these values changed less among boys and young men. Overall opinions changed enormously in many instances, yet perceived practices did not, as actual incidences of violence did not change (Transition International, 2013).</p>
<p>The Male Norms Initiative 2008. Three low-income sub-cities in Addis Ababa Hiwot Ethiopia and EngenderHealth Funded by PEPFAR.</p>	<p>Young men 15-24.</p>	<p>The project included group gender education activities (GE), and community engagement (CE) activities. GE activities included 19 two-hour sessions which took place every week and covered issues surrounding gender equality and gender-based violence. The CE activities included leaflet distribution, music and drama skits, community</p>	<p>A mixed methods evaluation with a quasi-experimental design with three arms assigned young Ethiopian men aged 15-24 years to the first arm which combined community engagement (CE) with interactive group education (GE) sessions. The second arm received CE activities alone, and the third operated as the control group (Pulerwitz et</p>	<p>The proportion of male participants who reported being violent towards their partner dropped significantly in both intervention groups, while there was no change in the control group. In the first arm, men who reported physical or sexual violence toward their partner decreased from 36% to 16%, and the percentage who reported any type of violence decreased from 53% to 38%. Young men in the second arm who reported physical/sexual violence against their partners decreased from 36% to 18%, and the percentage of those who reported any type of violence decreased from 60% to 37%. In addition, young men reported positive changes in their own</p>

		discussions, condom distribution, and an International Father's Day march.	al., 2010; Pulerwitz et al., 2014).	behaviour after participation in the programme: 95% of participants in the first arm and 82% in the second arm. Both groups commented becoming more aware of gender issues, treating women with more respect, and improving their condom negotiation ability and communication about HIV risk issues (Pulerwitz et al., 2010; Pulerwitz et al., 2014).
Combatting Violence Against Women and Harmful Traditional Practices 2009 – 2011. Tigray, SNNPR, Amhara, Oromia, Benishangul Gumuz. ActionAid and Bureau of Women Affairs. Funded by the UN Trust Fund.	Women and girls.	The key vehicle for change was the Women's Watch Groups (WWGs) whereby 20 women in each kebele received gender training. They then provided teaching to community on HTPs and child marriage, supported out-of-school girls and kept an eye out for child marriages within the community. There was also an economic component as group members accessed a revolving loan which women usually used for livelihood support. ActionAid also supported school-based clubs and boys' clubs providing education on gender and power issues, SRH, contraception, child marriage, and sanitary supplies.	PRO UST Research and Training Centre conducted a mixed methods evaluation, cited in Jones et al. (2016a).	Jones et al. (2016a) noted that the programme evaluation indicated extremely positive effects with child marriage reportedly being nearly eliminated in some areas. Similarly, the ODI study confirmed that WWGs played a key role in combating the practice with respondents claiming that child marriage was eliminated in their local area as they had not seen a case of child marriage for several years, while no marriage occurred without the consent of a 'Marriage Approval Committee' which checked that brides were over age 18. Respondents also attributed programme success to its holistic approach and the collaboration of various actors and networks which instilled community ownership.
Psychosocial wellbeing interventions				

Biruh Tesfa ('Bright Future')
2006-2014.

The project was first pilot tested in Addis Ababa between 2006 and 2008. It was then also implemented in four urban areas in Amhara and later scaled up to 18 cities.

Implemented by the Population Council, MoWCYA, and Regional Bureaus.

More than 50,000 girls reached by early 2012.

Funded mostly by USAID/PEPFAR but also the Nike Foundation, UN Foundation, DFID and UNFPA.

Marginalised adolescent girls, aged 10-19, out-of-school, and living in poor urban areas, including domestic workers, rural-urban migrants, girls with disabilities and orphans.

The project aimed to build social networks and to support and improve girls' skills to prevent HIV infection. It used house-to-house recruitment, girls' groups, female mentors, life skills training, basic literacy and HIV and reproductive health information. Girls met three to five times a week and attended a 30-hour curriculum. They could remain in groups after project completion. Groups were formed for girls at different ages. The mentors training manual also included psychosocial life skills and building self-confidence. Girls who had experienced sexual violence received counselling, legal support and accommodation in the shelter, ran by an organisation supporting street girls which partnered with Biruh Tesfa. Girls with disabilities were supported by the Ethiopia Women with Disabilities National Association, another project partner and later by

The evaluation of the pilot in Addis Ababa included pre- and post- intervention surveys with an intervention and a control group. Participants were also interviewed about the changes they experienced in their lives (Erulkar et al., 2011). The baseline was conducted in 2008 in Addis Ababa, Bahir Dar and Gondar, and the endline in 2011 only in Gondar, Amhara. The two intervention sites had a combined population of nearly 19,000, while the control site of 10,300 people. In particular, 1,172 girls participated in the surveys, 601 at baseline and 571 at endline, which took place after 30 months of project implementation (Erulkar et al., 2013).

The pilot evaluation found that more girls at project site reported having many friends in the neighbourhood (from 29% at baseline to 35% at endline), while the proportion of girls with friends did not change at control site between the two surveys. Moreover, the percentage of girls having a place outside of home to meet other girls increased from 7% to 25% at project site but only from 18% to 22% of girls at the control site (Erulkar et al., 2011). Girls in the two intervention sites were more than twice as likely to report social support compared to girls at the control site. Overall, girls at the project site were significantly more likely to have at least one source of support compared to girls at the control site: their proportion increased from 48% to 54% between baseline and endline, while the proportion of girls in the control group increased from 41% to just 42% (Erulkar et al., 2013).

Handicap International (Erulkar et al., 2011).				
Psychosocial counselling pilot addressing mental health disorders among marginalized adolescents A 3-month intervention in 2013-2014. Addis Ababa. Funded by USAID.	Female and male adolescents aged 15-18, who were migrants and participated in Biruh Tesfa and Retrak respectively.	<p>The intervention aimed to pilot test a strategy for addressing mental health problems among vulnerable migrant adolescents and for measuring whether psychosocial support interventions affect HIV-related outcomes among them.</p> <p>Participants in Biruh Tesfa were mostly migrant young women working as domestic workers, while those in Retrak were young men often involved in street labour activities.</p> <p>The intervention lasted for three months and included psychosocial counselling administered by trained counsellors on issues of adolescent development, psychological wellbeing, mental health problems and vulnerability factors. Counselling was provided in individual and group sessions, including creative art therapy and music,</p>	<p>The quantitative study used the Youth Self-Report (YSR) and a behavioural survey to measure changes in HIV-related behaviour at baseline and endline. 315 girls and 102 boys participated in the baseline and endline surveys. However, there was no control group and the study acknowledged the need for more robust evaluation design (Jani et al., 2015).</p>	<p>The majority of boys (72%) had at least one of the four psychosocial problems measured by indicators (attention problem, anxiety problem, social problem and aggressive behaviour). On the other hand, only one third (37%) of girls had at least one such problem at baseline. At endline, girls experienced significant reductions in all four key indicators. Overall mental health problems prevalence among girls fell from 35% to 15%. However, no significant reductions were recorded in mental health outcomes for boys as from 75.5% the prevalence fell to 73.5% at endline (Jani et al., 2015).</p> <p>The authors argue that it is possible that girls experienced the measured decline in mental health problems because the nature of intervention may have been more appropriate for or geared towards girls more than boys and thus made them more actively engaged (Jani et al., 2015).</p>

		drama and dance. Counselling was provided to all consenting enrolled participants from Biruh Tesfa and Retrak. In addition, participants were provided with SRH information, including substance abuse and violence.		
Towards Economic and Sexual Reproductive Health Outcomes for Adolescent Girls (TESFA) 2010-2013. CARE Ethiopia. Two districts in South Gondar, Amhara. 5,000 married girls. Funded by NIKE and Packard Foundation.	Married adolescent girls aged 14-19 years in rural areas in Amhara.	Girls were divided into four types of groups of 10-20 girls. Each group was provided with the following main components, delivered by peer educators once every two weeks for a year: Economic Empowerment (EE) including savings and business information and guidance to engage in income-generating activities, based on an adapted model of CARE's Village Savings and Loan Association (VSLA) model; Sexual and Reproductive Health (SRH) information; Combined EE and SRH components; and a fourth group which received a delayed version of the combined curriculum and became the control group.	The ICRW evaluation combined qualitative and quantitative techniques and also included a quasi-experimental design (Edmeades et al., 2014).	Girls who participated in the programme reported improved mental health along with increased social support and improved communication with their husbands (Edmeades et al., 2014).

		<p>TESFA also engaged the local community gatekeepers, including village leaders, religious leaders and health workers. They comprised the community-based Social Analysis and Action (SAA) groups and received training in areas related to project goals in order to support girl groups.</p>		
<p>Social Cash Transfer Pilot Programme (SCTPP) 2011-2014. Two woredas in Tigray. Bureau of Social and Labour Affairs (BoLSA) and UNICEF.</p>	<p>Vulnerable children, older people and people with disabilities in extremely poor households.</p>	<p>Provision of a cash transfer – median per capita payment was 77 Birr (US\$3.5) monthly. The programme also included the creation of Community Care Coalitions – community-led groups – which were involved in beneficiary identification and selection and helped in the payment process.</p>	<p>The programme was evaluated by IFPRI, the Institute of Development Studies and the Department of Economics, Mekelle University. The evaluation combined qualitative and quantitative methodology and also examined programme impact on women’s mental health as a potentially important factor contributing to good childcare. The evaluation survey included a brief module of questions to measure mental health of new mothers and other women in the sample. To this end, the Self-Reported Questionnaire (SRQ-20) developed by WHO was</p>	<p>The final evaluation did not find impacts on women’s mental health. The authors argue that the size of the transfer was possibly too small to generate any detectable effects or that there was some impact which was not statistically significant. At baseline, there had been high levels of mental distress in one woreda and among beneficiaries. Yet measures of mental distress were worse at endline in both woredas with beneficiaries reporting higher levels of distress than the control group. Using SRQ-20 scores to assess programme impact on maternal mental health, no statistically significant effects were found (Berhane et al., 2015).</p>

used as it had been validated in Ethiopia and had been used to detect perinatal common mental disorders in the country. The SRQ-20 was translated into Tigrinya and asked to the primary adult female of each household at both baseline and endline, and in all monitoring surveys. In the later survey rounds, the Kessler 6 questionnaire – a set of six questions indicating how frequent interviewees experience one of six symptoms of mental distress - was also used. This instrument was also validated in Ethiopia and used to assess maternal mental health (Berhane et al., 2015).

<p>Child Friendly Spaces (CFS) in Buramino refugee camp 2012. Somali region. World Vision. 1,006 children aged 6-11 and 565 aged 12-17 years.</p>	<p>Somali refugee children aged 6 to 17 years.</p>	<p>CFS is an intervention used to support and protect children in emergencies. This project provided literacy and numeracy skills and feeding services along with psychosocial activities such as drawing, singing and recreational play and counselling. Such activities were provided in two centres in the camp which offered two three-hour sessions, a morning session for children aged 6-11 and an afternoon session for adolescents aged 12-17.</p>	<p>The intervention was evaluated by World Vision and Columbia University. The baseline collected data from a sample of children and their carers – both those who attended the project but also those who did not and served as the control group. A follow up three and then six months after the project had started provided more data. The ratio of sampled boys and girls was nearly even for all ages and groups. The evaluation explicitly assessed project impact on child social and emotional wellbeing. The tools used to measure psychosocial wellbeing included the Strengths and Difficulties Questionnaire (SDQ) and a pilot briefer version of the Developmental Assets Profile (B-DAP). In addition, discussions were held with parents and caregivers as well as with significant community representatives and CFS facilitators (Metzler et al., 2013).</p>	<p>Based on scores on the SDQ and B-DAP, the evaluation found that all children improved their psychosocial wellbeing after several months in the camp, even those who did not attend the intervention. There was a considerable reduction in difficulties, an increase in prosocial behaviour and an increase in developmental assets between baseline and follow-up in all children. The intervention apparently improved more the psychosocial wellbeing of younger boys aged 6-11 who attended CFS as indicated by the substantial reduction in reported levels of psychosocial difficulties among them (scores were reduced from 15 to 7.67) which was greater than the reduction among non-participants. However, in the case of girls, the decline in scores between participants and non-participants were similar. Girls who attended the sessions had already at baseline on average more developmental assets than other child groups, and thus were more likely to enrol in the CFS. In addition, all children who had extreme psychosocial difficulties at baseline and attended the intervention showed significant improvement than non-participants. Finally, parents with children attending CFS reported lower stress at follow-up compared with increased stress found among parents of non-attendees (Metzler et al., 2013).</p>
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<p>Breaking Poverty through Protection and Investing in Decent Employment for Vulnerable Children and Youth</p> <p>2011-2014.</p> <p>Amhara.</p> <p>Save the Children and two local partners, CHADET and FSCE.</p> <p>3,000 children and youth.</p>	<p>Vulnerable and marginalised children aged 8-14 and youth aged 14-25 involved in hazardous informal work, including female sex workers.</p>	<p>The programme aimed to improve employment opportunities and promote the social inclusion of marginalised and vulnerable children and youth. It had two key components, economic and social empowerment. It also included a Safe Home supporting girls exposed to sexual exploitation. Its social empowerment component included establishment of youth clubs and life skills training as well as psychosocial support and systematic peer to peer counselling in order to empower vulnerable youth. Both local partners employed counsellors who worked with vulnerable participants such as girls exposed to sexual exploitation. These girls were offered peer to peer sessions, group counselling, and sessions on behavioural change and life skills.</p>	<p>A mid-term assessment in 2012 combined quantitative and qualitative techniques, including key informant interviews and FGDs with participants and stakeholders (Yamaguchi-Fasting and Larsen, 2012).</p>	<p>The systematic counselling and peer to peer component was highly valued by girls living in the Safe Home. Combined with the vocational training component and apprenticeship training, it enabled girls to discuss and develop communication skills. Whereas at the beginning of the programme, participants showed lack of motivation, engaged in conflict and were absent, as a result of the programme and the work by social workers participants acquired social skills.</p> <p>Yet the midline assessment found that despite the importance of the psychosocial support and counselling, it was only available to participants in the Safe Home and to half of the vocational training participants on request. As few knew about it, it was thus rarely used (Yamaguchi-Fasting and Larsen, 2012).</p>
<p>Joint UN Programme on Gender Equality and Women's Empowerment (JP GEWE)</p>	<p>Children and women.</p>	<p>The programme had four key areas: women's economic empowerment; increased opportunities for</p>	<p>A report at the end of the first phase of the programme interviewed implementers, stakeholders</p>	<p>The report found that at the end of the first phase the planned telephone hotline service for survivors was slow to start, with consultations and discussions continuing for far too long before the space for</p>

<p>2011-2013. MoWCYA, MoFED and UN (ILO, UNICEF, UNESCO, UN Women, UNFPA and UNDP). Funded by DFID.</p>		<p>secondary and higher education, leadership and decision making for women and girls; strengthening institutional capacity for gender mainstreaming; and protecting the rights of girls and women. In order to achieve the latter the programme included prevention and response mechanisms to violence against women and girls at federal and local levels along with increasing capacity for gender- responsive support, including psychosocial support to survivors of violence (Etta et al., 2013).</p>	<p>and beneficiaries (Etta et al., 2013).</p>	<p>hosting the hotline was finally identified (Etta et al., 2013).</p>
<p>Guidance and Counselling services at secondary schools</p>	<p>Secondary school students.</p>	<p>Guidance and counselling services are available in schools to enable adolescents to deal with the physical, emotional and academic difficulties they may experience.</p>	<p>A mixed methods study in 3 schools in Harari and 6 schools in Oromia regions with such services were randomly selected, and 225 students participated along with 111 staff and officials. The study used a survey along with semi-structured interviews (Alemu, 2013).</p>	<p>The study found that only 51% of students and 34% of teachers were aware of such services at their school. However, more girls were aware of them (55%) compared to 47% of boys. Only 20% of students used them with more male students (28%) doing so than girls (13.5%). While the majority of boys said that they did not need such services, girls reported that they were afraid to go to the school guidance and counsellor's office. The study points out that as most counsellors were men, girls were afraid to discuss their problems with them in private (Alemu, 2013).</p>

<p>WFP primary school feeding programme WFP and Project Concern International.</p>	<p>Primary school students in food insecure areas.</p>	<p>WFP supported the provision of psychosocial support activities in collaboration with Project Concern International on the grounds that a healthy psychosocial environment and a supportive school climate improves student achievements (WFP, n.d.).</p>	<p>A 2008 WFP survey showed that in 2007 psychosocial training was offered to 8% teachers and 11% of students in WFP-assisted schools (WFP, n.d.).</p>
<p>Healing Classrooms Initiative 2004. Tigray. 25 teachers and nearly 800 students. International Rescue Committee (IRC).</p>	<p>Children in Walanihby refugee camp.</p>	<p>Training and support for teachers in emergencies is a critical part of efforts to mitigate psychosocial distress affecting children. IRC trained teachers, provided teaching and learning materials, ran school feeding, and engaged youth in recreation and youth outreach activities. The initiative focused on men and women refugees who were teaching and aimed to improve their confidence and skills in order to help their students and ensure that they have hope for a better life and survive in the hard realities of the camp while coping effectively with trauma, displacement, loss and exposure to violence. Thus</p>	

IRC provided psychosocial teacher training which covered child development, techniques for creating a supportive classroom environment, communicating with students, identifying distressed students and referring them to mental health specialists (Winthrop and Kirk, 2005).

Education and learning interventions

Friendly Primary Schools for Girls and Marginalised Children project

2012-2014.

SNNPR.

Plan Ethiopia and Wolaitta Development Association.

12,600 girls and 17,400 boys in 22 primary schools; 12 schools were directly targeted.

Funded by the Finland National Office.

Rural girls, marginalised children, children with disabilities and orphans in targeted area.

The project aimed to improve primary school completion, transition rate and academic performance of marginalised groups and rural girls. Thus it provided material support, including classroom renovations, desks, sports materials, laboratory equipment, ICT along with provision of life skills training to students and capacity building programmes for the school community. The objective was to improve quality of primary schools in targeted communities, enhance capacity of parents, government and CSOs, and

The evaluation used mixed methods including a survey, FGDs, KIIs, case studies and observation. Data was collected from students, teachers, school principals, girls' clubs members, parents, local government officials and project officers (Plan, 2015).

The evaluation found that enrolment increased for both girls and boys, dropout rates declined, the school environment improved and became free from violence, school infrastructure improved, the quality of learning improved, while communities contributed to school governance.

In particular, girls increased their enrolment rates (23% and then 14%) in schools targeted by the project, their dropout rates in the third year were less than that of boys, and repetition rates for girls declined to 0.44 compared to 5.8 at the baseline. In addition, 41% of students reported that parents gave equal emphasis on girls' and boys' education (compared to 30% of respondents at baseline); 82% said that they felt safe at school; and 86% reported that there was a system in school to facilitate case reporting; 73% of students indicated that there was a mechanism to ensure that children were represented in school; and 88% indicated that girls' clubs were the mechanism to

		improve school governance in order to promote girls' education.		turn to when they needed guidance at school (Plan, 2015).
(Higher Education Readiness) HER Initiative to Lead Change 2013-2015. Addis Ababa. Institute of International Education. 100 students in two upper secondary schools.	Upper-secondary school girls.	The HER Initiative aimed to increase academic performance, leadership, and secondary school graduation rates of Ethiopian female students in preparation for university. It had three key components: personal growth, academic performance and social impact, that is, improving capacity of schools to address the barriers girls face and to improve perceptions of girls' education among parents and communities.	The mixed methods evaluation used a quasi-experimental design with 100 female students who graduated in 2015 in two schools – School A and School B – as the intervention group and a group of 67 students from the same school with a similar background which was used as the control group. Quantitative and qualitative methods were also used (Valuy and Martel, 2016).	From the 100 students that attended the programme, 96 graduated from high school and 62 successfully matriculated to university. In particular, dropout rates in the control group were 10 times higher than in School B; graduation rates in both schools were over 90%: 77% of students in School A and 52% in School B matriculated to university, while HER students in both schools achieved the highest possible results in the national exams. HER students also showed greater leadership skills than the control group; felt that women and men are equal; felt more confident to attend university; increased their financial literacy and entrepreneurship skills; and increased understanding of the importance of education. Their parents also improved their understanding of the importance of girls' education and of the unique needs of female students and they increased their knowledge about how to better support female students. Schools also increased their commitment to girls' education and HER students' club in School B won a prize for its efforts around girls' education from two government agencies. Moreover, HER students encouraged and inspired their siblings to study harder, helped community women to read and write, and also participated in an initiative that contributed to the SDGs (Valuy and Martel, 2016).

<p>Gambella Educational Materials and Scholarship Support Programme 2013-2015. Seven woredas in Gambella. Regional Bureau of Education and UNICEF. 320 students in 2013 and 200 in 2015.</p>	<p>Disadvantaged girls in primary and secondary school, including orphans.</p>	<p>The programme aimed to improve access to education for poor and vulnerable girls through the provision of school materials in primary school and scholarship support in secondary school. In primary schools, the programme also provided solar lamps to girls so that they were able to complete their homework in the dark after they finished their domestic tasks. Secondary school girls were also provided with tutorial classes.</p>	<p>A study of the programme in two woredas was conducted in 2015 by ODI, using mixed methods (Jones et al., 2016a).</p>	<p>Adolescent girls benefiting from the programme were found to have high educational aspirations, while scholarships allowed families to prioritise their daughters' education over marriage. However, there were very few beneficiaries, targeting often missed the poorest, and funds were dispersed irregularly (Jones et al., 2016a).</p>
<p>Accelerated Development of Literacy, Numeracy and Life Skills among First Cycle Learners in Ethiopia project Ongoing. Ministry of Education, regional education bureaus and UNICEF. Addis Ababa, Amhara and Harari. Funded by UNICEF.</p>	<p>Primary school children.</p>	<p>The project aimed to support the implementation of the national education goals and particularly school-based interventions focusing on improving learning and achievement of learning outcomes, including an at least 20% increase of boys and girls achieving the Minimum Learning Competencies at each grade level, and improved teachers' classroom practices.</p>	<p>A midline evaluation was conducted in 2015. The baseline took place in 2013, while the endline was planned for mid-2016. The midline used mixed methods combining a quantitative cross sectional survey with a qualitative case study. Tests in Amharic, English, Mathematics and Environmental Science were administered to students in grades 1 to 4 and semi-structured interviews were conducted with students, teachers, officials and</p>	<p>Although students' scores improved from baseline, they were still low with wide variations within the target grades and regions. Students in programme schools performed better than those in the control schools. Students in Addis Ababa performed better than those in the same grades in Amhara by around 3%. Boys were overall doing better than girls, and this was also the case in grade 4. English was the most challenging subject. An increase of only 3% of grade 4 students achieving the national benchmark from the baseline was recorded instead of the 20% target increase (CfBT Education and FEAT SC., 2015).</p>

			community members. The study collected data from 240 programme schools as well as 57 schools which served as the control group in 39 woredas in Amhara and Addis Ababa (CfBT Education and FEAT SC., 2015).	
Child Friendly Schools (CFS) 2007-2011. All states and the two city administrations. UNICEF and Ministry of Education.	Primary school children.	UNICEF aimed to establish 1,000 primary schools certified as child-friendly by 2011. Before the introduction of the CFS programme, conditions and services in the majority of schools were not child-friendly. The programme included renovation or construction of classrooms, pedagogic centres, water points, provision of equipment, tutorial classes for girl, incentives for improved performance, and school supplies.	The assessment combined quantitative and qualitative methods including desk review, KIIs, FGDs and survey with a total of 631 students, 84 teachers but also school principals, education officers and UNICEF staff (UNICEF, 2010a).	85% of student respondents expressed their satisfaction with overall improvement in the quality of classrooms, libraries, and learning materials. About 75% were happy with access to water and sanitation facilities. Moreover, enrolment grew steadily since the beginning of the programme, especially girls' enrolment in 67% of the schools visited. However, there was no progress in reducing dropout and repetition rates, while compared with the baseline the dropout rate was higher by 2 percentage points and repetition rate by 0.3 points. More boys than girls left the child-friendly schools. Reasons mentioned by students included sickness, family problems, child labour, poverty and lack of parental support. 40% of students expressed dissatisfaction with the teaching-learning process in the classroom. Although all schools were aware of gender issues and claimed to be more gender-responsive than before, the assessment found that they still lacked a clear gender strategy (UNICEF, 2010a).
Getting Ready for School programme 2008-2009. Harari, Oromia and Tigray.	Young and older children.	The pilot programme aimed to facilitate successful transition of young children into primary school through	The evaluation used a matched-subjects design. Intervention schools were selected to represent a mix	The assessment found a medium-positive effect on children's development in beginning mathematics and a large effect on children's beginning literacy. In addition, perfect on-time enrolment. In terms of

UNICEF.		the use of older school children – the Young Facilitators as providers of early childhood education support to younger children in their communities. Schools were in rural areas. The programme included 35 sessions of 2-3 hours each and aimed to increase school readiness and increase on-time enrolment in primary school of young children. On the other hand, Young Facilitators typically in grades 4-8 were provided with guidance and educated young children, while they were expected to improve their educational engagement and performance, increase their positive attitudes towards learning and increase their belief in the importance of supporting young children’s learning.	of high- medium- and low-performing schools and then the matched control group schools were selected. Data was collected from teachers, young facilitators, community stakeholders, children and their families. A total of 415 Young Facilitators and 2,258 young children participated (UNICEF, 2010b).	programme effects on facilitators, there were problems with available data as baseline data was not available in all sites. However, a majority of Young Facilitators were academically engaged, and had positive attitudes towards learning (between 71% to 93% in 14 indicators with 71% saying that they wanted to go to secondary school), while most (89%) believed in the value of school readiness for young children. The development of Young Facilitators as a community resource emerged as a significant programme outcome (UNICEF, 2010b).
Community-School Partnership Programme (CSPP) for Education and Health 2008-2011.	Primary schools in some of the most disadvantaged areas.	The project provided support for water, health and sanitation and aimed to enhance quality and equity of primary education, improve access to information and improve	The midline assessment in 2010 used qualitative methods such as interviews, FGDs, and observation along with reviewing key programme documents (Tate et al., 2011).	The assessment found that gender parity index for CSPP schools in 2010 exceeded the baseline. Those CSPP schools appearing to perform worse in terms of gender parity than did schools as a whole, were in Afar and Somali. Even there though, some progress was recorded as enrolment in CSPP schools in Somali tripled since baseline and in Afar increased by 29%.

<p>Afar, Amhara, Benishangul Gumuz, Gambella, Oromia, Somali, Tigray, SNNPR.</p> <p>Save the Children, World Learning and Tigray Development Association.</p> <p>1,800 primary schools.</p> <p>Funded by USAID.</p>	<p>access to water, sanitation and hygiene services at primary schools. The project also provided school incentive grants to schools to help them improve their physical and social infrastructure (construction of latrines, water points, provision of support to girls such as tutoring, materials, and the establishment of Girls’ Advisory Committees at each school to address issues linked to girls’ education and progress), and promote a better learning environment.</p>	<p>Except for SNNPR and Amhara, enrolments in CSPP schools increased compared to the baseline in all regions. Children with disabilities were not assisted to attend CSPP schools. A clear success story were the Girls Education Advisory Committees (GEACs). GEACs consisted of 5-8 members –teachers, students and community representatives – often having evolved from girls’ clubs. Teachers in GEACs appeared to be role models and mentors for girls but also made home visits to parents to find out about girls’ absenteeism and intervene on behalf of girls, while they also provided tutorials (Tate et al., 2011).</p>		
<p>Combating Exploitative Child Labour through Education in Kenya, Uganda, Rwanda, and Ethiopia Together Project (KURET)</p> <p>2004-2008.</p> <p>Addis Ababa, Amhara, Benishangul Gumuz, Oromia, SNNPR.</p> <p>World Vision and IRC.</p> <p>Funded by USDOL.</p>	<p>Children aged 5-17 years engaged in or being at risk of child labour. Children at risk were those affected by HIV and AIDS, conflict and other extreme conditions such as drought.</p>	<p>The project aimed to reduce child labour in targeted areas through improved access to quality education, including formal schools but also alternative learning programmes. The project sought to improve physical infrastructure and school availability, provide direct material support and pay school fees, and link children to organisations that could meet the livelihood needs of children and their families. It also</p>	<p>The midline qualitative assessment included a desk review, visits to project sites, consultations with staff and policy makers as well as teachers, parents, community leaders and beneficiaries (Tietjen, 2007).</p>	<p>Supported by the project, children enrolled in KURET-supported public and private schools and training schemes. However, one in four children, almost equal numbers of boys and girls dropped out of the project due to relocation because of conflict or drought. Children were also offered participation in Alternative Basic Education. Smaller class sizes and trained teachers in the IRC-ABE centres made parents believe that these centres were better than formal schools. The project also offered a two-month School Readiness Programme by World Vision to academically and emotionally prepare children who had left school to re-enter formal primary school. In addition, in 2007 a Functional Literacy Programme was also launched in IRC-run ABE centres targeting older children and combining literacy and numeracy skills with life skills</p>

		raised awareness of the problem and also worked with government institutions.	and vocational training. Parents were pleased that their children were able to go to school. Yet some other parents had mixed reactions to the monitoring and follow-up by schools. School Management Committees and KURET-supported students frequently reported that their parents/guardians often got angry with inquiries about child's absence from school. The project collaborated with the ILO sub-regional office, yet it was also less able to promote child labour policies in the country. The assessment did not observe any overt gender bias and the assessment did not include gender-disaggregated information (Tietjen, 2007).
Results-Based Aid (RBA) in the Education Sector in Ethiopia 2012-2016. Ministry of Education. Funded by DFID.	Secondary school students, girls and boys.	The project has aimed to improve participation and performance in lower secondary education as measured by gross enrolment rate and the percentage of students passing the grade 10 examinations with a focus on girls and students in the emerging regions (Afar, Benishangul Gumuz, Gambella and Somali). It has thus aimed to increase lower secondary enrolment from 39% to 62% by 2015 and put an additional 800,000 and 700,000 boys in lower secondary school. The project provides financial rewards to strong	A project document at the end of 2014 pointed out that more girls and boys sat and passed the grade 10 examinations: there were more than 104,000 girls who sat the exams and more than 16,000 more girls that passed these exams compared to 2013. Yet it is unclear whether changes can be attributed to the pilot or government efforts to promote secondary education. Moreover a context analysis raised doubts on the suitability of using results-based aid mechanisms in the country as it is at odds with the Ethiopian Constitution and equity policies. Evaluation of the pilot proved difficult (DFID, 2014).

		performing schools. Thus increased numbers of students sitting and passing national examinations provide a result-based payment from DFID (DFID, 2014).		
UN Joint Programme on Leave No Woman Behind (LNWB) 2009-2013. Amhara and Tigray. MoWCYA and regional Bureaus of Affairs along with UNFPA and WFP. The programme provided literacy classes to 53,472 people, including girls and women.	Adolescent girls and women in targeted regions.	LNWB was an integrated multi-component programme with four key areas: social mobilisation, reproductive health, literacy and education, and livelihoods.	The 2013 final evaluation used quantitative and qualitative methodology, including KIIs, FGDs, and stories of change (Kabuchu, 2013).	The assessment reported that more than 53,000 community members in two regions attended non-formal education literacy classes along with life skills and some knowledge of agriculture, irrigation and the environment. The programme also provided some school and sanitary support to poor adolescent girls in the community, who were identified through the literacy classes. The assessment also indicated a clear link between adult literacy and formal education with increased school enrolment and retention, increased school attendance and improved class performance as parents allowed time to their children for homework. Mothers said that literacy classes helped them encourage their daughters to participate in formal education and for those who had dropped out of school to attend Alternative Basic Education services. Dropout rates for both girls and boys declined during the programme, particularly for girls in Amhara. Mothers reported valuing child education and working to ensure that children stay in school (Kabuchu, 2013; Kabuchu, n.d.).

Joint Flagship Programme on Gender Equality and Women's Empowerment (JP GEWE) 2011-2013. MoWCYA, MoFED and UN (ILO, UNICEF, UNESCO, UN Women, UNFPA and UNDP). Funded by DFID.	Children and women.	The programme aimed to promote gender equality and women's empowerment through 4 key areas: women's economic empowerment, educational attainment at secondary and tertiary levels, strengthening capacities for gender mainstreaming and protecting women and girls.	The assessment report at the end of the first phase of the programme interviewed implementers, stakeholders and beneficiaries (Etta et al., 2013).	The programme supported girls and young women in secondary and higher education, while it also aimed to increase the number of teachers able to provide gender-responsive pedagogies, increase the number of girls and women with a basic functional literacy and also increase women's access to leadership development opportunities and public awareness on the importance of female leadership participation. The programme provided scholarships to female teachers and ministry staff along with financial support to economically disadvantaged girls and young women to complete their education. It also established and strengthened girls' advisory committees, female students' associations and girls' clubs. It also promoted tutorial classes for girls and women in higher secondary and tertiary education, including TVET (Etta et al., 2013).
End Child Marriage Programme (ECMP)/Finote Hiwot 2011-2016. Amhara. 37,500 adolescent girls in Amhara. Funded by DFID.	Adolescent girls at risk of child marriage.	The programme aims to delay the age of first marriage by one year. It has several components, including monthly community conversations, use of school clubs and provision of economic incentives to parents or guardians of girls. The Economic Incentives component includes revolving fund loans and training in business development and entrepreneurship along with	A quantitative study with two arms used data from the baseline conducted in three zones in Amhara in 2012 and a follow-up survey in 2014. The baseline included 2,591 households; within each household fathers, mothers, girls and boys were surveyed separately (Chow and Vivalt, 2015). A qualitative midline assessment also provides information on programme	The midline report finds that the prevalence of child marriage fell considerably. 2,377 households received economic support through the economic incentives revolving fund, while 4,352 in-school girls along with 777 out-of-school girls were provided with school materials. The report notes that the number of girls dropping out of school was reported to consistently decline across programme areas, partly due to cancelled child marriages and partly due to the provision of school support. The economic incentives and school materials were highly valued by communities (IMC Worldwide, 2014). Both components reduced the likelihood that a girl was married or promised at the time of the follow-up survey by 6 percentage points and the likelihood of having ever been married by 8 percentage points. The

		provision of school materials to girls.	education outcomes (IMC Worldwide, 2014).	effects of the intensive and expansion treatment arms were not significantly different. Education-related outcomes were mixed. School enrolment among girls was reduced, but the highest grade completed did increase (Chow and Vivaldi, 2015).
Berhane Hewan ('Light for Eve') 2004-2016. The pilot took place between 2004 and 2006. Rural Amhara. Designed by the Population Council and implemented by the Ministry of Youth and Sport and the Amhara Regional Bureau of Youth and Sport.	Girls aged 10-19 married and unmarried.	The project aimed to protect girls at risk of child marriage and to reduce the practice in rural areas along with supporting already married girls. It included support for girls already in school in order to remain in school (provision of school materials such as exercise books, pens and pencils, about US\$4 in support per girl per year), as well as support for out-of-school girls who wanted to return to formal education. The aim was to address economic barriers to schooling and to take advantage of the protective effect education has against child marriage. The project	An evaluation of the pilot used a quasi-experimental design with baseline and endline surveys, an intervention and a control village and chi-square tests, proportional hazards models and logistic regressions to assess changes in marriage age, education and reproductive health (Erulkar and Muthengi, 2009). Mekbib and Molla (2010) used a cross-sectional study design with quantitative and qualitative methods in 2009 to explore the contribution of the programme different components in delaying child marriage, increasing school attendance and using	The evaluation of the pilot found considerable improvements in girls' school enrolment. Overall, more girls in the intervention area were in school compared to the control area (71% versus 69%). In particular, girls aged 10-14 who participated in the project were more likely to be in school compared to those in control areas. While at baseline fewer girls aged 10-14 in the intervention group compared to those in the control group had ever attended school (71% versus 82%), they were more by endline (97% versus 93%). While 70% were in school at the baseline, this increased to 96% compared to 78% and 89% of the control group respectively. In the case of older girls aged 15-19 in the intervention group enrolment also rose between baseline and endline, yet no statistically significant changes were found between the two groups (Erulkar and Muthengi, 2009). Improvements in girls' literacy levels were also found; while girls in the intervention area were more likely to be illiterate before the project (45% versus 28% of the control group), levels declined and reached 21% and 19% at endline (Muthengi and Erulkar, 2011).

also included formation of groups with female mentors for out-of-school girls who were provided with non-formal education (basic literacy and numeracy skills), livelihood skills, and reproductive health information. Girls met five times a week but married girls who were also organised into groups of 15-20 girls met only once a week due to time constraints. Finally, the project included community conversations.

Parents of unmarried girls who promised that during the two years of the programme they would not arrange to marry their daughters, and ensured that their daughters attended at least 80% of the group sessions, would along with their daughter receive a goat worth US\$20 at the end of the project.

family planning services. Apart from in-depth interviews, they collected data from 150 fathers, mothers and husbands of girls who participated in Berhane Hewan.

In the study by Mekbib and Molla (2010), most respondents reported that provision of school supplies kept girls in school (88% of fathers, 92% of mothers and 60% of husbands). The next mentioned programme component contributing to keeping girls in school was the economic incentive – the provision of the goat (44% of fathers, 52% of mothers and 36% of husbands). The third component mentioned was girls' groups led by mentors (mentioned by 38% of fathers, 28% of mothers and 48% of husbands).

<p>Powering Up Biruh Tesfa 2013-2014. Addis Ababa. Population Council. 3,159 girls in 17 woredas with an average age of 13 years.</p>	<p>Girls aged 7-18 years out-of-school, living in the poorest and most marginalised urban areas.</p>	<p>The initiative aimed to increase literacy and numeracy and to improve girls' health. Girls were provided with safe spaces and mentors and joined groups according to their age, that is, groups for those 7 to 11, and for those 12 to 18 years. Groups met in late afternoon for two hours, five days a week. Girls received non-formal education four times a week using the Ministry of Education non-formal education curriculum. The fifth day they attended life skills training, including financial literacy, menstruation, disability and violence. Each participant received school materials, basic clothing, and a voucher subsidising basic health services.</p>	<p>The quantitative evaluation compared data from a baseline conducted prior to the establishment of girls' groups with data from the endline which took place six months after the programme started. It included 17 woredas where the programme was implemented along with 10 woredas where it was not, thus serving as the control group. The survey included 2,000 girls aged 12-18 (Erulkar and Medhin, 2014).</p>	<p>The evaluation found that participation in formal education increased dramatically between baseline and endline from 0% to 38%. The increase was similar in both the intervention and the control group. The evaluation attributes the change to the Ministry of Education campaign in 2013 which aimed to get children back to school with parents, teachers and communities responsible for targeting out-of-school children and supporting their re-entry to school. Participation in non-formal schooling also increased in the intervention site from 6% to 49%, and from 5% to 12% in the control group. This dramatic increase in the intervention group was attributed to Biruh Tesfa. Between baseline and endline, girls in both groups also improved their literacy and numeracy scores by nearly half a point and by more than half a point respectively, with these changes being statistically significant for both groups. Moreover, girls who had never been in school and participated in the project demonstrated significant increases in their literacy and numeracy scores between baseline and endline (from 0.4 to 0.6 and 2.6 to 3.5 respectively), while such improvements were not seen among girls who had never been in school in the control group. The study also controlled for baseline scores, age, migration status and relationship to household head, and found that among girls who had still not attended school at endline, those in the intervention group had significant gains in aggregate reading and maths scores (Erulkar and Medhin, 2014).</p>
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Promoting African Grassroots Economic Security (PAGES) 2010-2015. Addis Ababa, Amhara, Oromia and SNNPR. Plan Ethiopia. 7 girl-friendly schools were built; latrines, reading rooms and water points established; 12 schools were supported with electronics, books, furniture and laboratory equipment; 949 (including 396 women) teachers were trained in topics such as civic and ethical teacher, child rights, active learning, gender, child-centred teaching etc.; 94 (including 34 women) members of school committees/parents teacher associations were trained in gender equality; 86 (28 women) government education staff received gender equality training; and 711 (246 women) parents received gender equality training. Funded by DFAT and Plan Canada.	Youth and adult women in the four programme areas.	The project aimed to enhance household livelihoods and increase the number of children and particularly girls able to realise their rights to quality and inclusive primary education. Thus it included two basic components: an education component to enhance quality of schools, and a livelihood component with vocational training, income-generating activities and access to financial services through VSLAs.	The 2015 evaluation used mixed methods, including a household survey, FGDs and semi-structured interviews (NCG, 2015).	The evaluation found that primary school completion rates improved and more than 98% of girls and boys completed primary school in the districts where PAGES was implemented. Teachers reported that dropout rates declined – in one school they said that the rate from 7% reached 1%. Quality and inclusiveness of learning environment in classrooms markedly improved as the baseline score from 0/50 reached 37/50 at follow-up. Teachers’ training improved their capacity and affected students’, particularly girls’, classroom participation with teachers indicating that girls became more active and their performance improved. Before the project girls had a lower classroom participation compared to boys. They were absent, less prepared and had to help their mothers leaving them little time to study. Training made teachers improve their classroom management and raised their awareness of the need to involve girls in class. Thus girls improved their performance and even got better grades than boys according to the qualitative research. Making schools more gender-friendly with hygiene products and girls’ latrines also helped girls. PAGES also strengthened girls’ clubs and students were encouraged to report pregnancies and assaults and ask teachers for help. A more participatory and less hierarchical student/teacher relationship was developed. Moreover, reports about pregnancies and assaults were followed up, while pregnant girls were retained in school after given birth, sending a clear message to communities (NCG, 2015).
Girl Power Programme (GPP) 2011- 2015.	Girls and young women.	The Programme aimed to build capacity in local civil	The midline review used mixed methods and	The assessment found that girls and young women were most satisfied with education activities. Girls

<p>Amhara, Oromia, SNNPR, and Addis Ababa.</p> <p>Plan Netherlands, Defence for Children-ECPAT Netherlands, International Child Development Initiatives and Child Helpline International and local partners.</p>	<p>society and to empower girls and young women. It focused on violence against girls and post-primary education. The education component included direct material support to girls such as bursaries and sanitary pads, provision of tutorial classes, support to infrastructure such as latrines, promotion of ICT in education, formulation and strengthening of girls' clubs and Tuseme clubs with boys, gender-responsive pedagogy, national girls' education forum and revision of girls' national strategy.</p>	<p>collected data from 402 girls and young women aged 10-24, 119 community members and 9 key informants. Data was also collected from three district panels and two girl panels (Transition International, 2013).</p>	<p>were supported by tutorial classes, and received bursary support and educational materials as well as sanitary pads. Moreover, they had positive values about girls continuing their education after primary school. In particular, 87% of girls and almost all adolescents and young women agreed that girls should be able to continue their education after marriage/childbirth. Community members also agreed (over 94%) that girls should be able to continue their education after marriage/childbirth. They also agreed that girls should have equal opportunities to go to school. Compared to the baseline, adult men and women improved their views about girls' education. Boys and young men were also supportive (Transition International, 2013).</p>
<p>Girls' Empowerment through Education (GETE)</p> <p>2012-2016.</p> <p>Addis Ababa.</p> <p>Plan International and Ratson.</p> <p>11,972 children including 5,168 girls.</p>	<p>Children in 8 primary schools with a focus on girls aged 7-14 years from slums and semi-rural marginalised communities, in- and out-of-school.</p>	<p>The project aims to improve girls' access to quality education. It includes teacher training, community awareness raising, promotion of girls' participation in school and the community, provision of school materials and training support to girls, and economic activities and savings and loan groups for parents. In particular, girls are provided with material</p>	<p>A project document reported that school attendance and academic performance of girls improved along with their self-confidence and esteem. Schools have become more girl-friendly, while community awareness about girls' education increased (Plan, n.d.).</p>

		support such as uniforms, educational materials and sanitary pads, as well as tutorial sessions and training on child rights, while school infrastructure is supported to be girl-friendly (Plan, n.d.).		
Child Friendly Spaces (CFS) in Buramino Camp Somali region. World Vision Ethiopia. 1,571 children aged 6-17.	Somali refugee children aged 6-17 years in Buramino Camp.	The project aimed to promote children's social and emotional wellbeing, including the provision of skills and knowledge along with their protection from risk. Thus children in two CFS sites were offered a feeding programme, psychosocial activities and literacy and numeracy skills.	To measure changes in literacy and numeracy, the mixed methods evaluation used an adapted Functional Literacy Assessment Tool (FLAT) to assess all children enrolled in the CFS at baseline and follow-up. Children who did not attend the programme were not assessed, but were known to have little access to formal education in the camp (Metzler et al., 2013).	The evaluation found that all children who attended the programme improved significantly their literacy and numeracy. Literacy scores at follow-up were higher than at baseline for children aged 6-11 with average scores increasing from 0.07 to 0.36. Nearly one in five children who could not read at all at baseline could read words at follow-up. Children aged 6-11 also showed significant improvements in numeracy with average scores increasing from 0.11 to 0.86. Greatest gains in numeracy were measured among boys than girls – boys had an average score of 0.98 and girls of 0.72. Older children aged 12-17 showed greater increases than younger children as average literacy scores increased from 0.70 to 1.74. Average scores in numeracy increased from 0.91 to 2.67. The proportion of older children with no reading skills fell from 69% to 30% and of those with no numeracy skills from 63% to 11%. However, among older children there were even greater differences between boys and girls. Boys had higher levels of skills at baseline and also achieved higher levels at follow-up in both literacy and numeracy scores. Qualitative research with adults showed that gender differentials were attributed to previous lack of educational opportunities in Somalia for girls. Yet the evaluation also comments that the greater improvement

achieved for boys may also suggest that the practices used in the programme were less effective for girls than boys (Metzler et al., 2013).

<p>Empowering Adolescent Girls (EAG) 2006-2009. Catholic Relief Services (CRS) and local partners. Rural Tigray and Oromia. 5,500 girls. Funded by the Nike Foundation.</p>	<p>Adolescent girls, in- and out-of-school, who were living in the watersheds covered by the Integrated Watershed Management project in the two regions.</p>	<p>The educational component included provision of scholarships to girls living alone and poor girls who lived with their families, supply of school materials, establishment of non-formal education centres, sponsorship of vocational training, awards to students who excelled, facilitation of tutorial provision, access to libraries, and sensitisation of communities on the value of education. In-school girls were also provided with ruminants – sheep, goats or chickens, while they were also provided with fuel-saving stoves given that they are those responsible for household chores, including cooking. The project also created and operated non-formal alternative basic education centres for boys and girls aged up to 14 years with an explicit focus on out-of-school girls (CRS, 2009).</p>	<p>A CRS comprehensive report presented key programme effects, including outcomes of the midterm evaluation in 2008 (CRS, 2009).</p>	<p>The project increased school enrolment and reduced girls' dropout. The midline reported that the percentage of project girls enrolled in school increased from 72% to 85%. Girls used scholarship stipends to purchase books and pens, rent a room close to the secondary school or buy food and household utensils. They were also able to save some money and invest their savings. The ruminants enabled girls to participate in decision making over their assets. The project found that the first income generated was used for clothing; girls from rural areas experienced a sense of shame when wearing older, torn clothes. Moreover, use of fuel-saving stoves greatly reduced firewood collection and cooking time, and thus freed girls' time for study. In one case, girls reported that the most important project contributions was the economic support, particularly the financial support and the fuel-saving stoves.</p> <p>The project also constructed 5 alternative education centres, and paid for teachers' salaries and teaching materials. These centres enabled girls who had never attended school to enrol. Academic performance improved because students were spending less time travelling to school each day. The centres also tried to enrol out-of-school married students. These centres were successful because girls themselves chose the days and timing of class. For instance, early morning and market days were not selected as appropriate times for class. The centres were also successful because of the active engagement of communities.</p>
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The project also constructed water points in schools and latrines for girls, and assisted household latrine construction. Some children who had to walk 2-3 km during school breaks to drink water could now easily access water at school without being late to class. Girls also reported an increase in comfort at school during menstruation, which led to more consistent enrolment and increased performance (CRS, 2009).

Securing Access and Retention into Good Quality Transformative Education

2012-ongoing

Amhara and Oromia.

ChildHope UK and CHADET.

Funded by DFID as part of GEC (Girls' Education Challenge).

16,503 marginalised girls targeted.

Marginalised girls in primary and lower secondary education.

The project aims to increase the value attached to education by families and especially fathers and brothers; to remove the barriers that prevent girls from completing primary school; to support girls to learn useful skills; to support the creation of safe, inclusive and child-friendly learning environments for girls and boys, including those with disabilities; and to support teachers, administrators and communities develop the skills and mechanisms to sustain access to quality education (DFID, 2015b).

Pastoralist Afar Girls' Education Support Projects (PAGES)

2012-ongoing

Eight rural woredas in Afar.

Save the Children, CARE, APDA, Kelem.

Funded by DFID as part of GEC.

18,498 girls.

Pastoralist girls in primary school.

The project aims to strengthen quality and gender-responsive alternative basic education and formal primary education for girls in pastoralist communities; to improve physical infrastructure; to improve life skills, literacy and confidence among girls and create supportive community environments; to improve basic service delivery and minimise demand-side barriers to quality education for girls; and to strengthen government capacity to sustain and scale up project outcomes. The project explicitly aims to develop strategies to reduce or minimise the impact of migration on girls' education (DFID, 2015b).

<p>Life Skills and Literacy for Improved Girls Learning in Rural Wolaita Zone</p> <p>2012-ongoing</p> <p>SNNPR.</p> <p>LCDE, LCD and Whizz Kids Workshop.</p> <p>Funded by DFID as part of GEC.</p> <p>56,683 girls.</p>	<p>Girls in primary school.</p>	<p>The project aims to support the development and implementation of Gender Action Plans; to develop local language resources for use in schools, support girls' clubs, and provide tutorial classes for girls and sanitary pads; to train teachers and other school stakeholders in gender mainstreaming; to explore the challenges and benefits of girls' education; and to build parental support for girls' education through supporting GEAC in community awareness campaigns (DFID, 2015b).</p>	<p>More children than those targeted enrolled in primary formal and alternative schools. Girls represented 40% of total enrolment (DFID, n.d.).</p>
<p>Building Relationships through Innovative Delivery of Growing Education Services (BRIDGES)</p> <p>2010-2012.</p> <p>Somali region.</p> <p>Save the Children, Islamic Relief and Mercy Corps.</p> <p>Children in 159 ABE and formal primary schools.</p> <p>Funded by DFID.</p>		<p>The project was part of the broader Peace and Development Inception Programme, and aimed to scale up access to education and improve the quality of education and contribute to peace building in the region. It aimed to enable 22,100 boys and girls to continue to quality education; help 2,000 boys and girls to continue their education even when families move in search of pasture and water during the dry season;</p>	

		increase by 10% and 20% the enrolment of girls in four model schools (DFID, n.d.).
Somali Region Peace and Development Programme (PDP) 2014-2018. Somali region. Funded by DFID.	Primary school children.	By 2018 among its other targets, the programme aims to support 57,000 more children, boys and girls, in primary education (DFID, n.d.).
Quality Education Strategic Support Programme (QESSP) 2010-2013. Funded by DFID.		The programme aimed to improve the quality and equity of education as measured by learning outcomes and completion rates. Thus it was expected that primary school completion rates for boys and girls would increase from 62% to 72% in grade 5 and from 42% to 50% in grade 8. In addition, the proportion of students scoring at least 50% in core subjects in the National Learning Assessment should increase from 20% to 23% in grade 4 and from 10% to 14% in grade 8 (DFID, 2013).

Ambassador's Girls Scholarship Programme (AGSP) Started in 2000. Funded by USAID.	Secondary school girls and university students.	The scheme is implemented by USAID and the American Ambassador and helps around 1,000 girls with good academic performance to continue their secondary education (Method et al., 2010; USAID, n.d.).	
Transforming Education for Children and Adults in the Hinterlands (TEACH II) 2009-2013. PACT and local partners. Funded by USAID.	Children and adults in pastoralist areas in 8 regions.	The programme provided Alternative Basic Education classes in remote areas where there were no government schools along with facilitators' training, adult functional literacy classes and woreda capacity building for such classes (Method et al., 2010).	
Improving the Quality of Primary Education Programme (IQPEP) 2009-2014. All regions. Funded by USAID.		The programme aimed to improve school physical infrastructure, assess curriculum and textbooks, and provide teacher development, early reading assessments and support to National Learning Assessments (Method et al., 2010).	
General Education Quality Improvement Project (GEQIP) The first phase started in 2008. World Bank.		The first phase aimed to improve teaching and learning conditions in primary and secondary education and to improve	The World Bank reported that the first phase of the programme was successful. The percentage of students scoring at least 50% increased from 20% to 29% for Grade 4 and from 10% to 18% for Grade 8 from year 2006/07 to 2010/11. Moreover, completion

		<p>the management and planning capacity of the ministry and regional education Bureaus. In particular, the percentage of students scoring at least 50% in national learning assessments in Grade 4 and 8 in core subject should be improved; completion rates of Grade 5 and 8 should increase and Gross Enrolment Rate in the two cycles should also increase (World Bank, 2013).</p>	<p>rates surpassed all original targets set for the programme for year 2016/2017. Completion rate for Grade 5 reached 74% and for Grade 8 reached 52%. The improvement was significantly higher for girls. For Grade 8, the completion rate for female students increased from 37% in 2006/7 to 52%, while the completion rate for male students only increased slightly from 51% to 52%. Gross enrolment rates in the 1st and 2nd cycles of secondary education also increased (World Bank, 2013).</p>
<p>Adolescent Development Sponsorship Programme 2014. Oromia. Save the Children.</p>	<p>Adolescents.</p>	<p>The project targeted students in over 100 primary schools as well as 50 out of school clubs with sexual and reproductive health education, life skills and menstrual hygiene management. Adolescent mothers were provided with literacy and financial education sessions (Save the Children, 2014).</p>	

Always Confident 2014. Addis Ababa. Save the Children Ethiopia. 30,000 girls. Funded by Procter and Gamble.	Primary school girls.	The project built on a previous project and aimed to deliver menstrual hygiene management education to girls in public primary schools (Save the Children, 2014).		
Women and Girls Empowerment Project Pathfinder International. Funded by the David and Lucile Packard Foundation.	Adolescent girls and women.	The project had several components and aimed to empower girls and women socially and economically. It thus also included educational support – scholarships - to poor girls and promotion of female education through mentoring and role models (Wilder et al., 2007).		
Girls in Control programme 2013-2015. Amhara, Oromia, SNNPR and Tigray. SNV Netherlands Development Organisation.	School girls in 40 targeted schools.	The project addressed the menstrual hygiene challenges school girls face and sought to improve awareness among local communities (Tamiru, 2015).		
Social Cash Transfer Pilot Programme (SCTPP) 2011-2014. Two districts in Tigray. Bureau of Labour and Social Affairs (BoLSA) and UNICEF.	Vulnerable children, older people and people with disabilities in extremely poor households.	The cash transfer aimed to improve the lives of vulnerable people and children and to enhance their access to social services such as education and health care. The basic	IFPRI along with the Institute of Development Studies and the Department of Economics, Mekelle University evaluated the programme using mixed methods. Qualitative data	The final evaluation found that SCTPP had no effect on the school outcomes for children aged 6-16 years in the one woreda, while it had a modest effect on enrolment and school efficiency in the other. In terms of age, SCTPP increased school enrolments of children aged 9-11 by 3.7 percentage points - which was statistically significant. The programme had a large,

household grant was Birr 155. In addition, households received Birr 25 for each child under the age of 16 and an additional Birr 19, if the child was enrolled in school for a maximum of four children.

collection and surveys were conducted in 2012 and 2014. The first survey was conducted in 2012 and although it took place after the programme had started, it was considered the baseline and provided basic statistics on the well-being, livelihoods, schooling, and health of individuals and households of both SCTPP participants and non-participants. The midline report updated them and provided information on trends in maternal, child and household level outcomes. The final report assessed the contribution of the SCTPP to improvements in household welfare. The final report used matching methods of programme evaluation — specifically inverse probability-weighted regression-adjusted estimators — to construct a comparison group by matching treatment households to comparison group households based on observable characteristics (Berhane et al., 2015).

positive and statistically significant impact on girls aged 6-11 years in the one woreda as it increased the likelihood on enrolment by 13.3 percentage points, schooling efficiency by 14 points and grade attainment by a half grade. No impacts were found on older girls' schooling outcomes or boys. It was also reported in the qualitative research that the Community Care Coalitions supported children's schooling and made sure that children from SCTPP households were attending school (Berhane et al., 2015).

School Meals Programme (SMP)

Started in 1994.

The pilot started in war-affected zones in Tigray by WFP, yet since then it expanded in Afar, Amhara, Oromia, SNNPR, Somali and Tigray in woredas with chronic food insecurity, low enrolment and high gender disparity.

Government of Ethiopia and WFP.

In 2008, 63,853 girls received take-home rations and overall 421,802 children received meals in WFP-assisted schools.

Schools in chronically food insecure rural districts.

The programme has aimed to attract children to school, increase their enrolment, improve their attendance and reduce dropout rates. Particular attention was paid to increase girls' enrolment. Since 2007, WFP has added the Children in Local Development (CHILD), a community-led mechanism used by WFP and the Ministry of Education to increase the sustainability and impact of school meals by assisting local communities to effectively plan for a child-friendly school environment. Children are provided with 650 kcal per day in the form of a porridge cooked at the school by community-paid cooks. WFP also launched the Food for Education (FFE) initiative in pastoralist areas in Afar, Somali, Oromia and SNNPR to narrow gender gaps through the provision of 8 litres of vegetable oil to households per semester on condition that girls attended 80% of classes; the oil is

A quantitative study explores the impact on the SMP. It uses data from the 2010 WFP school survey school catchment areas in food-insecure woredas in Amhara, Oromia, SNNPR and Tigray. Children aged 7-13 years were included. The survey also included schools with the additional FFE component (Poppe et al., 2012).

The mixed methods WFP evaluation in 2009 assessed CHILD and FFE in Afar, Amhara, Oromia, SNNPR and Tigray, using semi-structured interviews with officials and beneficiaries along with operational data (Riley et al., 2009).

The quantitative study (Poppe et al., 2012) finds mixed results on learning achievement, attention span and cognitive skills. School meals did not appear to have an effect on cognitive skills. The programme was also found to have a negative effect on concentration for older girls (aged 11-13) and younger boys (7-10). No effect on reading was found, while a negative effect on writing for girls was noted. The authors attribute these findings to problems in programme implementation with some children adversely affected where the programme was poorly organised. Take home rations appear to have a positive impact on reading, writing and maths for girls and boys; yet they are less favourable in terms of cognitive skills.

Children in households contributing cash rather than material to the programme were found to benefit more in terms of their learning outcomes. Perhaps this is linked to children having to get involved in the acquisition of this material. The timing of the distribution of school meals was also found to play a key role, that is to say if they are served at the beginning or sometimes half-way through classes but not at the end. In terms of children's activities, boys increased their participation in family business and domestic tasks, while their participation in paid activities declined. No effects on girls' activities were found (Poppe et al., 2012).

The 2009 WFP evaluation reported that CHILD and FFE increased primary school enrolment rates, improved attendance and reduced gender gaps in enrolment as well as dropouts. The evaluators noted that FFE was particularly important in the pastoralist areas of Afar and Somali. When there were severe drought conditions in these areas, the programme was perhaps

		used as an incentive to encourage parents to send their children to school.		the major factor for school attendance. Many FFE schools achieved gender parity and, in several schools, girls outnumbered boys.
McGovern-Dole International Food for Education and Child Nutrition Programme 2010-2016. Afar and Somali. WFP and USDA 263,000 students. Funded by USDA.	School children in 590 primary schools.	This school feeding programme aims to reduce hunger and boost school enrolment in these two regions which are two of the most food deficit areas in the country. The programme provides a daily ration of porridge and a monthly take-home ration of vegetable oil for female students who attend 80% of the time (USDA, 2016).		A project document reported increased school enrolment rates and improved female attendance and learning outcomes. In 2014, the gender ratio in targeted schools was 0.95:1 compared to 0.87:1 in non-targeted schools (USDA, 2016).
Productive Safety Net Programme (PSNP) 2005-ongoing. It started in Amhara, Oromia, Tigray and SNNPR but expanded in Afar, Harare, Dire Dawa and Somali regions. It benefited nearly 8 million people in rural areas. The programme is now in its fourth phase, is implemented in 411 woredas and reaching up to 10 million people. Government of Ethiopia along with WFP and partners, including DFID, Irish Aid, European Union, CIDA,	Chronically food insecure individuals in rural areas of the targeted regions.	PSNP is the second largest social protection programme in sub-Saharan Africa and the key food security programme in Ethiopia. It mostly provides cash or food transfers to households through public works schemes building community assets. Each beneficiary household is allocated a labour quota of up to 30 days of work for each member. PSNP also includes a smaller scheme of direct transfers to households without a	Hoddinott et al. (2009) evaluated the Public Works component of PSNP, 18 months after the programme started. Woldehanna (2009) used Young Lives survey data and propensity score matching techniques to estimate the PSNP impact on child schooling and time spent studying. Tafere and Woldehanna (2012) also used Young Lives quantitative and qualitative data from 2006 and mainly from 2009 in rural Ethiopia	Hoddinott et al. (2009) found that boys aged 6-16 in households receiving more regular transfers (that is, at least Birr 90 per member) showed large increases in school attendance rates – the programme increased their school attendance rate by 19 percentage points overall and particularly by a significant 23 percentage points among younger boys, while it was much smaller and insignificant for older boys. Young girls aged 6-10 years had on average lower school attendance – a weakly significant 7 percentage points decline on average in school attendance rates as a result of the programme. Impact on older girls aged 11-16 was positive but insignificant. In the case of households which received more regular transfers, older girls aged 11-16 increased their school attendance by 15 percentage points, yet it was a weakly significant

Embassy of the Kingdom of the Netherlands, European Commission, Irish Aid, SIDA, USAID, DANIDA, UNICEF and World Bank.

working-age, able-bodied household member, such as elderly or members with disabilities, unable to work. PSNP is complemented by the Other Food Security Programme (OFSP) which includes access to credit, agricultural extension, technology transfer and irrigation schemes, and has aimed to increase agricultural productivity, build assets and enable PSNP participants to graduate from the programme.

The PSNP design is gender-sensitive, paying attention to gender differentials in labour force participation and time poverty; including provision for employment of female-headed households; enabling women's involvement in community decision-making programme structures; providing for construction of community assets reducing women's time poverty such as community water and fuelwood sources; providing for public works labour to

to investigate the PSNP effects on child welfare, including education. Difference-in-difference regression on matched sample, propensity score matching and difference-to-difference matching were used to estimate programme impact on children's time allocation to study and schooling.

effect. Younger girls were negatively affected again but the effect was statistically insignificant. Woldehanna (2009) finds that PSNP had a positive effect on the time children spent on schooling, studying and on the highest grade completed – yet these effects were not statistically significant. Moreover, PSNP increased the time girls spent studying at home by 0.25 hours daily in line with a reduction in time spent on childcare and household chores. This was statistically significant. No significant effect on grade completed was found for girls or boys. Provision of the direct support was found to increase children's schooling and highest grade completed, especially for urban boys – it increased by half a year. Tafer and Woldehanna (2012) find that the public works component of PSNP did not increase the time children spent on schooling and studying at home, while qualitative data indicates that it had a negative impact on their learning. Enrolment declined between 2006 and 2009 for both girls and boys. Yet average grade completed increased with girls having higher grade achievements than boys. Grade-for-age declined and was overall less than one, indicating that students did not progress one grade per year. Qualitative data shows a negative association between the PSNP and schooling with children either combining work and school or dropping out of school to get involved in paid work. Grade levels achieved by children from PSNP households were lower than those from non-participating households. Out of 24 children who were below the expected grade level for their age, 17 were from PSNP households. Seven out of 32 children included in the study were not at school at the time of the research and all were from PSNP households.

		be used to cultivate land holdings of female-headed households; providing direct transfers to pregnant and lactating women labourers; and provisioning for child care facilities in work sites.		Insufficient PSNP transfers meant that households sent their children to work for wages and thus their schooling was affected and in some cases children had to drop out of school. Some teachers confirmed that they gave permission to students to work in public works, while some site supervisors also tried to be flexible so that poor children could combine school with participation in public works.
Land certification programme Rural Amhara. 2002-2010.	Rural households.	Provision of certificates confirming individuals' property rights to land.	A quantitative study explored the impact of the land certification programme in rural Amhara on schooling and child labour. The study used panel data from 12 randomly chosen kebeles in two zones in Amhara. Data was derived from the Ethiopian Environmental Household Survey in 2000, 2002, 2005 and 2007 (Fors et al., 2015).	The study found that the programme had a positive effect on school enrolment. After the arrival of the land certification programme, girls in one zone were 5.4 percentage points more likely to be enrolled in school and those in the other 3.6 points more likely. No difference was found among younger and older girls. Oldest sons appear to have been disadvantaged in terms of school enrolment in one zone where land is more productive with younger boys more likely to be enrolled. Moreover, grade progress for oldest boys who were the most likely to inherit the land, deteriorated in both zones. No statistically significant change was found among the other groups. The difference in the case of older boys was linked to parental and child beliefs that formal education would pay off less and that involvement in farm activities was more profitable (Fors et al., 2015).
Revised Family Code 2000.		The revised Code in 2000 guaranteed equality of spouses during the conclusion, duration and dissolution of marriage, gave women the authority to jointly administer common marital property,	A study using difference-in-difference methodology and DHS data from 2000, 2005 and 2011 investigated the impact of the Code on women's wellbeing, including age of marriage	The study found that the reform increased the average age of marriage by one year and made marriage at age 15 or younger less common. A one year delay in marriage as a result of the reform and its effect on age at marriage increased educational attainment for women by one year and literacy by 18 percentage points (McGavock, 2015).

provided civil courts more authority to settle inheritance disputes, withdrew spousal authority to deny permission to women to work outside the home, and raised the minimum age of marriage from 15 to 18 years for girls.

and education (McGavock, 2015). Another study examined the impact of the perceived allocation of assets upon divorce (Kumar and Quisumbing, 2012 cited in Quisumbing and Kovaric, 2013).

The study by Kumar and Quisumbing (2012 in Quisumbing and Kovaric, 2013) found that perceived allocation of assets upon divorce is correlated with children's school outcomes as when women's perceptions of equitable asset division improve, children's school outcomes also improve. On the other hand, girls in households where women perceive the custody of an asset (land, livestock or the house) to be given to the husband upon divorce, are more likely to fall behind in terms of highest grade attained.

Economic empowerment interventions

Towards Economic and Sexual Reproductive Health Outcomes for Adolescent Girls (TESFA)

2010-2013.

CARE Ethiopia.

Two districts in South Gondar, Amhara.

5,000 married girls.

Funded by NIKE and the Packard Foundation.

Married adolescent girls aged 14-19 years in rural areas in Amhara.

Girls were divided into four types of groups of 10-20 girls. Each group was provided with the following main components, delivered by peer educators once every two weeks for a year: Economic Empowerment (EE) including savings and business information and guidance to engage in income-generating activities, based on an adapted model of CARE's Village Savings and Loan Association (VSLA) model; Sexual and Reproductive Health (SRH) information; Combined EE and SRH components; and a fourth group which received a delayed version of the

ICRW evaluated the programme using a quasi-experimental design with four arms in line with the four groups in which girls were divided in order to examine the relative effectiveness of each component in improving the economic wellbeing and the sexual and reproductive health of participants. Quantitative data was collected at baseline and endline from a cohort of 3,103 participating girls between October 2011 and April 2013, with information on a range of outcomes, including experience with savings, loans, income generation, attitudes,

The evaluation found that girls in all groups increased their participation in paid employment and income-generating activities compared to baseline; thus at the endline, 36% more girls in the EE and SRH arms increased their participation compared to over 40% more girls in the combined third arm and 27% more girls in the control group. This finding is partly attributed to spill over effects and partly to the rapid economic changes taking place in Amhara and Ethiopia in general.

At endline more working girls reported saving their earnings for future health expenditures or investment in income-generating activities: 28% in the first arm, 20% in the second arm, 23% in the combined arm and just 3% in the control group. Girls reported saving money in eqqubs. In addition, girls who participated in the first and third group which were provided with financial training, increased the use of savings for productive investments such as small businesses and agricultural supplies: 45% increase in the first arm and 25% increase in the combined arm, yet only 1% in the

		<p>combined curriculum and became the control group. TESFA also engaged the local community gatekeepers, including village leaders, religious leaders and health workers. They comprised the community-based Social Analysis and Action (SAA) groups and received training in areas related to project goals in order to provide support to girl groups.</p>	<p>knowledge and practice regarding family planning, couple communication and experience with intimate partner violence. Qualitative data was also collected at baseline (Edmeades et al., 2014; Edmeades et al., 2015).</p>	<p>second and 5% in the control group. Moreover, girls increased their borrowing, an increase of 45 percentage points in the first arm, 10 points in the second arm, 35 points in the combined arm, and 2 points in the control group.</p> <p>The evaluation also found that girls increased their involvement in household economic decisions and that more girls shared their loans with their husbands – which was not due a loss of autonomy but rather a sign of increased spousal collaboration. In terms of girls’ ability to access and manage household assets, girls increased their access and sole control over less valuable property such as chickens, but their control over larger livestock did not change or even fell, a finding again attributed to greater collaboration with their husbands.</p> <p>The evaluation concluded that there was little evidence of a synergistic effect, that is, the combination of economic empowerment and SRH components did not have better economic outcomes than offering the two curricula separately (Edmeades et al., 2014).</p>
<p>Empowering Adolescent Girls (EAG) 2006-2009. Catholic Relief Services (CRS) and local partners. Rural Tigray and Oromia. 5,500 girls. Funded by the Nike Foundation.</p>	<p>Adolescent girls, in- and out-of-school, who were living in the watersheds covered by the Integrated Watershed Management project in the two regions.</p>	<p>EAG was a multi-component programme that included interventions in five key areas: leadership, voice and rights; economic empowerment; social opportunities; education; health and security. The economic empowerment strategies included creation of savings and internal lending communities (SILCs),</p>	<p>A CRS comprehensive report presented key programme effects, including outcomes of the midterm evaluation in 2008 (CRS, 2009).</p>	<p>The programme enabled girls to access productive assets such as land and irrigation equipment as well as participate in SILCs and access small loans which they used for non-farm income-generating activities.</p> <p>The project also provided technical training to girls and their families on agronomy, land management, income generation, and marketing. Girls learnt how to plant vegetables less susceptible to pests and more likely to provide profit. Girls were then organised into formal irrigation groups, and each girl was provided with a plot of land to cultivate near the irrigation point</p>

engagement in market-led agricultural enterprises, participation in irrigation groups, engagement in petty trade, formal registration of cooperatives and facilitation of girls' access to land.

The project also targeted parents, community leaders, districts officials and boys.

and was responsible for managing her plot of land. In most cases, girls collaborated with family members to farm and manage the plots.

Girls were able to access land by accessing communally owned land, obtaining land use rights on parental land, or were provided with land for small scale agriculture. Fathers started valuing their daughters more, particularly when daughters attracted irrigation investment in previously non-arable land. Through the process of cultivating land jointly with family members, girls also became engaged in joint household decision-making. After securing land rights and completing agro-enterprise activities, girls could lease the land in the future.

The project also supplied ruminants for vulnerable in- and out-of-school girls and gave girls the tools and training to set up backyard gardens. Girls who received scholarships invested in small livestock and poultry and were able to breed their animals to double or triple their profits.

Girls also formed their own cooperatives, opened their own bank accounts and earned income from the sale of agricultural products. As girls could not legally form associations, their mothers or other women-headed households were given the responsibility to deal with cooperative issues. District government offices later revised this approach to allow girls to form group collectives. In 2008, the midline evaluation found that the percentage of girls involved in community agro-enterprise had increased from zero to 14%, while girls were able to improve the quality of their diets.

The midline evaluation also found that the percentage of girls with income increased from 21% to 31%. With their income, girls were also able to support the costs

of schooling and of living on their own close to the nearest school. Parents felt relieved that girls met their school expenses. When family or community members assisted girls in working the land, girls shared their profits with the household.

The programme also established SILCs with the participation of girls engaged in petty trade, those who received stipend or scholarship support, girls in irrigation groups, and ruminant recipients. These groups contained both in-school girls, out-of-school girls and mixed groups. Girls in SILC groups received training in financial literacy, savings, record-keeping and lending procedures. When SILCs were established by girls who had formed their own cooperatives, the project facilitated their formal registration. Through SILCs, girls regularly saved and accessed loans.

The midline evaluation found that the percentage of girls with savings had increased from 14% to 34%. Girls developed savings habits, and many opened bank accounts. In some cases, they took out loans to lease land for cultivation. Those who did not invest their savings used them during school registration periods, dry seasons, just before the harvest and at other periods of household hardship. SILCs also operated as safe spaces where girls had the opportunity to come together, discuss and help each other (CRS, 2009).

Integrated Economic Empowerment of Marginalised Women and Girls in Ethiopia
2013-2014.
Local NGOs led by UEWCA.

Marginalised girls and women in targeted regions.

Provision of basic skills training so that participants are able to read and calculate, technical skills training in poultry, horticulture, cattle rearing or bee keeping, access to credit, involvement in

Within the first one year and a half, girls and women were able to read and calculate, engage in economic activities, save and increase their income. Community awareness activities were also organised and reached more than 46,500 members – male and female – to promote gender equality and girls and women's rights in education, economic activities etc. (UEWCA, 2014).

<p>Amhara, Afar, Benishangul Gumuz, Oromia and Tigray. 2,000 girls and women. Funded by UN Women.</p>		<p>income-generating activities, access to ICT and community awareness-raising activities. Participants were organised into self-help groups, SACCOs and business cooperatives in order to save and access loans for investment.</p>		
<p>UN Joint Programme on Leave No Woman Behind (LNWB) 2009-2013. MoWCYA and regional Bureaus of Affairs along with UNFPA and WFP. Amhara and Tigray. 69,484 girls and women were educated about income-generating activities (IGAs); 13,665 received training in IGAs; 19,347 women engaged in IGAs; 17,376 accessed credit services; and 24,795 accessed saving services. Funded by the Spanish supported MDG Achievement Fund.</p>	<p>Adolescent girls and women in targeted regions.</p>	<p>LNWB was an integrated, multi-sectoral programme aiming to address the challenges girls and women face. It had 4 key areas: social mobilisation, reproductive health, literacy and education, and livelihood support. The latter included women's involvement in income-generating activities. Women were provided with life skills training and savings and credit schemes. Women engaged in small scale trading or livestock production (goats, sheep, poultry, or cattle) and started saving and investing in assets and household basic needs. The programme aimed to improve the life skills,</p>	<p>The mixed methods evaluation was carried out in 2013 and included KIs, FGDs, case studies of change, participatory self-assessment meetings and quantitative data collection (Kabuchu, 2013).</p>	<p>The evaluation found that in Tigray women started children's savings schemes for children's education or to meet other child expenses. The programme has apparently met its objectives, yet data only registers general benefits and is not disaggregated by age. The evaluation found that women were able to access credit, increase their savings, invest and increase their assets, while also improving their self-confidence and social capital (Kabuchu, 2013). The mid-term assessment reports training of women and girls in income-generating activities (Kanuchu, n.d.). Another 2013 report notes that economically disadvantaged adolescent girls and women were assisted to generate their own sources of livelihoods, and thus increased their capacity and confidence. Some adolescent girls were able to pay the fees of their hostels where they stayed in order to continue their secondary education away from home (MDG-F Secretariat, 2013).</p>

		literacy and knowledge of 100,000 girls and women on income-generating activities, improve the asset management skills of 8,000 women, and improve their access to savings and credit groups.		
UN Joint Programme on Gender Equality and Women's Empowerment (JP GEWE) 2011-2013. MoWCYA, MoFED and UN (ILO, UNICEF, UNESCO, UN Women, UNFPA and UNDP). Funded by DFID.	Children and women.	This was one of the three flagship UN Joint programmes in MDGs priority areas. The programme aimed to promote and strengthen women's empowerment, gender equality and children's rights. It had four key themes, including women's economic empowerment. It thus sought to increase vulnerable women's access to financial and business development services, including access to training and information as well as access to credit.	The assessment report at the end of the first phase of the programme interviewed implementers, stakeholders and beneficiaries (Etta et al., 2013).	The programme mostly provided small loans either to individual women entrepreneurs, women's groups or mixed cooperatives. Already on the first year, 6,000 women received start-up capital. Yet the size of the provided loan was rather small for business growth. Training was also provided for establishment of self-help groups, savings and credit associations, and business management. No age-disaggregated data is provided (Etta et al., 2013).
Worth Women Literacy-led Saving and Credit programme 2006-2008. Pact Ethiopia. 15 woredas (districts) in Amhara, Oromia and SNNPR.	Women in targeted communities, single and married, young and old (2% of sampled participants were less than 20 years).	The Worth initiative aimed to economically empower women and increase their literacy and numeracy through the establishment of more than 390 savings	The evaluation took place in 2008 and used mixed methods with FGDs with programme members in 12 woredas in all three regions as well as KIIs with key	As a result of the programme, nearly 34% women were able to read and write. In addition, Worth members were able to save Birr 152 and 81% of the sample also had voluntary savings while 75% of members took a loan from their group at least once. No evidence of loan default was found in Worth

<p>9,000 women. Funding was provided by USAID and SIDA.</p>	<p>and lending groups with an average of 23 members each. Groups attended a 1-2 hours weekly savings and literacy meeting. Village banks intended to help women establish or expand their small business.</p>	<p>stakeholders and partners. Moreover, a survey of 930 Worth members was conducted (Abebe and H'selassie, 2009).</p>	<p>village banks. Nearly 70% of members engaged in one or more businesses. Thus 66% of respondents reported an income increase. Those who were unable to engage in business reported lack of own initial capital, lack of skills, and lack of credit or a high interest rate.</p> <p>Women also sent more children to school as a result of having a better income and increased awareness, and they started supporting students by participating in school meetings, checking children's school attendance and results, checking homework, freeing children from agricultural activities and giving them time to study, and discussing progress with children.</p> <p>Women also reported increased decision-making participation in child schooling, household property management, child marriage and participation in public meetings (Abebe and H'selassie, 2009).</p>
<p>Rural Women Economic Empowerment Programme (RWEE) 2014-2017. Afar and Oromia. IFAD, WFP, FAO and UN Women along with federal and regional governments. 2,000 poor rural women farmers and pastoralists, 12,000 household members, 80 rural women producers cooperatives, 3,000 women members of rural savings and credit cooperatives (RUSACCOs) and 5,000</p>	<p>Poor rural women in agrarian and pastoral communities in Afar and Oromia (IFAD, n.d.).</p>	<p>RWEE is a component of JP GEWE and aims to accelerate rural women's economic empowerment. Its main outcomes include increasing women's income and enabling them to have sustainable livelihoods, improving rural women's food security, strengthening their voice in decision-making and creating an enabling policy and institutional environment (UNDP, 2014).</p>	

women members of producers cooperatives. Funded by the governments of Spain, Norway, Sweden and participating UN agencies.

Adolescent/Youth Development Programme

2007-2011.

UNICEF and MoWCYA.

Afar, Amhara, Oromia, SNNPR, Tigray, Addis Ababa and Dire Dawa.

One million vulnerable children and adolescents participated in the broader programme, while 9,096 youth in the livelihood scheme received skills training, and 13,381 accessed start-up capital for income-generating activities.

Adolescents and youth aged 10-29, in and out of school, including those most vulnerable and at risk.

The intervention was part of the broader UNICEF-led Adolescent Development, Protection and HIV/AIDS programme. It aimed to increase the life and livelihood skills of children and adolescents so that they participate effectively in livelihoods and decision-making in their communities. The programme included four types of activities/schemes: youth participation and capacity building; youth and economic livelihoods; youth centre and service delivery; policy and strategy development.

Most vulnerable adolescents were provided with training, including entrepreneurship, marketing, vocational, apprenticeship and consultation skills. They were also provided with start-up capital to help them

The evaluation included qualitative research – KIIs and FGDs with stakeholders and youth participants as well as non-participating youth in intervention areas – along with document review, a household survey and a survey of available facilities. However, poor record keeping in many of the institutions involved meant that there was a lack of data which made difficult the assessment. Youth who participated in the evaluation were between 15 and 29 years. The study assessed five main youth activities, including the provision of training and start-up capital to help youth improve their livelihoods (BDS, 2012).

The assessment found that 126 of the sampled youth (out of 334) reported that skills training enabled them to get a job. Moreover, 133 out of 334 said that it had enabled them to start their own business.

Girls aged 15-19 comprised the smallest proportion of participants who accessed credit/financial support. Overall the younger age group comprised the smallest proportion of beneficiaries. The number of male participants who received training and start-up capital was more than twice that of female participants. Moreover, the proportion of urban females was higher than that of rural females.

The majority of those who received start-up capital and started a business (79%) were running it successfully – more girls and young women (87%) were successful than boys (75.5%). Those whose business was unsuccessful attributed the problem to high price of inputs and lack of market for their products. The majority (78%) of those who took credit and started their own business said that it changed their lives for the better (BDS, 2012).

		begin income-generating activities.		
<p>Rights-Based Approach to Adolescents and Youth Development in Ethiopia</p> <p>It succeeded the Adolescent/Youth Development Programme. 2007-2013.</p> <p>25 woredas (districts) in Addis Ababa, Afar, Amhara, Oromia and SNNPR.</p> <p>Implemented by UNFPA and UNICEF.</p> <p>8,133 youth received training and livelihood support.</p> <p>Funded by the Royal Norwegian Embassy.</p> <p>The second phase of the programme started in 2014 and was expected to finish in 2017. It aims to reach 403,000 adolescent girls and boys, and to provide livelihood support and income-generating activities to 13,000 of them.</p>	<p>Most vulnerable and marginalised youth, married adolescent girls, domestic workers, sex workers, youth with disabilities, orphans and street children and students in higher institutions, aged 10-24 years in targeted woredas.</p>	<p>The programme aimed to improve youth development by promoting rights relating to HIV and AIDS, sexual and reproductive health, gender equality and sustainable livelihoods. It also included meetings and consultations with parents and communities to create a protective and enabling environment. A component of the programme was livelihood schemes for the most vulnerable youth with an explicit focus on girls.</p>	<p>An end of programme assessment was carried out in 2013 to determine whether the first phase of the programme achieved its objectives. The evaluation used mixed methods, including FGDs, interviews and snap-shot surveys (HLSP, 2013).</p>	<p>While there was a sharp increase in support between 2010 and 2011, this declined in 2012. While in 2011 performance was high in Addis Ababa, Amhara, Oromia and SNNPR in 2011, in 2012 livelihood support was higher in Oromia. Overall, the schemes were highly valued by young participants.</p> <p>The first phase of the programme reached more than 8,000 adolescents and young people and provided them with funds for income-generating activities – 69% of them were females (RNE et al., n.d.). Gender-disaggregated data was incomplete in 2009 and 2010. In 2011, 66% of participants in livelihood schemes were vulnerable female youth and this number reached 90% in 2012 (HLSP, 2013).</p> <p>The report noted that according to the mid-term review there was need to improve outreach to those aged 10-14 (HSLP, 2013).</p>
<p>Youth Livelihood Project</p> <p>2009-2011.</p> <p>Emmanuel Development Association (EDA), Akaki-Addis Microfinance Institute (AMFI) and Debre Berhan-Amhara</p>	<p>Vulnerable youth aged 15-29 with attention paid to young girls.</p>	<p>The project provided business training and financial literacy to youth. After training, participants could apply for a start-up capital to enable them to get involved in income-</p>	<p>The EDA evaluation was conducted in 2011 at the end of the project. It used mixed methods, including FGDs, in-depth interviews, case studies, and a survey of participants. The study</p>	<p>Equal numbers of male and female youth accessed a business grant. Most females got involved in preparing/selling food or running small shops, while most males engaged in urban livestock keeping and shoe shining and repair. Training changed the thinking</p>

<p>Credit and Saving Institute (ACSI). Addis Ababa and Amhara. 300 trained youth were provided with business grants of Birr 387,402. Funding was provided by CIDA.</p>		<p>generating activities. Each business plan was assessed and if successful, applicants were provided with a business grant between Birr 700 and 1,020. During special training events programme participants were also encouraged to continue their formal education.</p>	<p>notes that 34% of participants in the evaluation were adolescents younger than 18 years (EDA, 2012).</p>	<p>of girl entrepreneurs as they learnt about business planning and management. Participants reported that they improved their business attitude and increased knowledge about the importance of saving. Thus 80% of participants started saving, nearly 50% up to Birr 100 weekly. Some girls reported being able to save more than Birr 100 weekly. Participants also reported becoming self-confident, creative and positive about the future. More than 500 youth were persuaded to continue their schooling and combine work with education (EDA, 2012).</p>
<p>Promoting African Grassroots Economic Security (PAGES) 2010-2015. Addis Ababa, Amhara, Oromia and SNNPR. Plan Ethiopia. 987 youth attended business training; 983 were trained in vocational and life skills; 25 VSLA apex associations were established and members received training on forming legal associations; 125 vocational graduates were linked up with apprenticeships; 1,164 youth VSLA members received training on financial literacy. Funded by DFAT and Plan Canada.</p>	<p>Youth and adult women in four programme areas.</p>	<p>The programme aimed to enhance household livelihoods and increase the number of children, particularly girls at primary school. It had two components, livelihoods and education – the former included financial literacy, vocational and business skills training, apprenticeships and VSLAs to enable youth but also adult women to find employment or get involved in income-generating activities.</p>	<p>The 2015 evaluation used mixed methods, including household survey, FGDs and semi-structured interviews (NCG, 2015).</p>	<p>The evaluation found that overall PAGES met its objectives. Youth income multiplied by ten for young women and men and seven times for women. On average, female youth earned US\$32.65 monthly compared with US\$32.16 of male youth at endline. Household assets increased by about 25%. Targeting youth for vocational training in urban areas proved challenging as youth would prefer higher education instead of learning about food processing or hairdressing. Moreover, the employment rate of trainees did not meet the 60% target as only 39% of female and 48% of male trainees were employed after the end of training. Identified factors included lack of network and lack of employment opportunities along with gender barriers. In addition, over 2,600 VSLA groups were established with members expected to contribute Birr 0.5 weekly. The evaluation found that 32% of youth and female VSLA members accessed loans; yet savings of VSLA groups were very low, limiting members' likelihood of taking larger loans (NCG, 2015).</p>

Breaking Poverty through Protection and Investing in Decent Employment Opportunities for Vulnerable Children and Youth project

2011-2014.

Amhara.

Save The Children and two local NGOs, CHADET and FSCE.

500 children aged 8-14 and 2,500 youth aged 14-25.

Funded by the European Union.

Vulnerable and marginalised children aged 8-14 and youth aged 14-25, involved in hazardous informal work, including female sex workers.

The project aimed to improve employment opportunities and thus social inclusion and empowerment of marginalised children and youth. Its economic empowerment component included literacy, numeracy, vocational, farmer or entrepreneurship training, job placements for trainees, support to youth entrepreneurs, establishment of networks to support participants in need of decent employment, and capacity building for youth safe and decent employment. One Stop Youth Employment Centres were also established along with a Safe Home which provided young women exposed to sexual exploitation a place to stay during training. Street children were assisted to return to their families in case they wanted to.

A midterm assessment in 2012 combined quantitative and qualitative techniques, including KIIs and FGDs with participants and stakeholders (Yamaguchi-Fasting and Larsen, 2012).

A tracer study used quantitative and qualitative data, including FGDs and KIIs, with the aim to assess the employment status and conditions of children and youth who had participated in the project. Most had graduated one year before (NHSAC, 2013).

Almost half of participants were female. By 2013, the project provided TVET training to 52% of male and 48% of female participants; 39% of males and 61% of females were trained in Farmer Training Centres (FTC); and 59% of males and 41% of females were trained in Basic Business Skills (BBS) (NHSAC, 2013).

Among those who graduated in 2011 and 2012, 83% and 78% got employment opportunities respectively. Overall 68% were self-employed, 19% were in wage employment and 13% were unemployed. Among TVET graduates, 69% were employed in private institutions as temporary employees. Participants could not get employment opportunities due to low quality of training and poor networking and communication of the two project implementers regarding the objective of the project as well as beneficiary competency. The major problems faced were limited employment opportunities while those who tried to start their own business faced lack of financial capital and tools. Those youth aged between 16 and 20 years had fewer employment opportunities compared to older youth (NHSAC, 2013).

The project enabled former sex workers to access training and start their own decent business or get decent employment. Overall the project enabled participants to move into decent employment or improve the conditions of their existing job (Yamaguchi-Fasting and Larsen, 2012). Prior to joining the project about 71% of participants were engaged in hazardous job such as sex work, daily labour, dancing or had no job. After the project, most of them transferred to decent jobs. Among those beneficiaries who were engaged in decent jobs, 80% said that their current job was safe for their health and 62% that they

were satisfied with their current job. Most trainees reported that training increased their competitiveness. Yet many were self-employed and could not get jobs in their field because they were not competitive in the labour market (NHSAC, 2013). One of the partners focused on training females in hairdressing and tailoring, yet such professions were not marketable in most rural areas and small towns. Short length of the vocational training courses did not provide the full skill level required to be competitive. While some trainees from vocational training made the transition from hazardous work to safe employment, there was need to improve their income and develop their business in order to make a decent income (Yamaguchi-Fasting and Larsen, 2012). Overall, more attention had to be paid to the age of participants and related needs. Participants should have accessed better labour market information and counselling to get a sustainable job so that they did not return to the former hazardous job. Better linkages had to be established between employers and implementing partners in order to ensure employment opportunities for trainees. And quality of training had to be improved (NHSAC, 2013).

YouthStart programme 2010-2015. Amhara. UNCDF, the MasterCard Foundation and local partners – ACSI and PEACE in Ethiopia.	Low-income youth.	The programme aimed to increase access to financial services for low-income youth in sub-Saharan Africa, including Ethiopia. Participants attended financial literacy sessions, learnt to save either in an individual savings account or as members of a group;	UNCDF conducted a study between 2014 and 2015 to assess how participation in the programme changed youth behaviour. The study collected data on the saving and spending patterns of youth aged 18-24 years by conducting biweekly interviews with participants	Almost half of participants were girls and young women. Participants had more than double the amount of net average income compared to youth in the control group. They also saved through their YouthStart account nearly 50% of the time. Compared to the control group that also saved through a savings account, they saved more money and more frequently. The study also found good savings and loan practices as a result of the programme. Participants developed a financial plan, set and
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		<p>and were provided with individual or group loan to start up or expand their own business.</p> <p>Local partners allowed working adolescents aged 14 years or more to open and manage a bank account on their own using either a kebele ID or their labour contract (Hopkins et al., 2012).</p>	<p>over a six-month period along with in-depth interviews and FGDs with youth and their parents. Money management, use of financial services and planning for future were assessed (UNCDF, 2016).</p>	<p>achieved financial goals. In addition, they were more confident about their future, less stressed and happier. The study also suggested that the programme may have also led to asset accumulation (UNCDF, 2016).</p>
<p>Entrepreneurship Development Programme 2013-2015. Entrepreneurship Development Center.</p>	Youth and women.	<p>Provision of entrepreneurial skills training and business advisory services for income generation and employment creation with a focus on women and youth and their economic empowerment (EDC, 2014).</p>		<p>EDC launched the 'Connecting 1,500 women and girls to the export market', while another financial scheme targeting low-income women was ready. Entrepreneurship training workshops were held with participation of youth and women. In addition, young graduates were provided with entrepreneurship training to motivate them to get involved in business (EDC, 2014).</p>
<p>ListenUp! Radio 3.7 million audience.</p>	Young entrepreneurs.	<p>This radio programme aims to provide skills to young entrepreneurs. The programme introduced and strengthened modern business concepts, promoted use of technology, broadened youth networks and provided business coaching.</p>		<p>50% of listeners said that the programme improved their business attitude, while youth with disabilities received business coaching both on and off air and were able to start their own business (Forward Foundation, n.d.).</p>
<p>Youth Economic Strengthening Hubs 2015-2020.</p>	Unemployed and underemployed	<p>30 Hubs aim to provide access to job networks, self-help groups and life skills</p>		

<p>Afar, Amhara, Oromia, Somali, SNNPR and Tigray.</p> <p>35,000 adolescents and youth.</p> <p>USAID.</p>	<p>adolescents and youth – half of them females.</p>	<p>training to girls and boys (USAID, 2015).</p>		
<p>Productive Safety Net Programme (PSNP)</p> <p>2005-</p> <p>It started in Amhara, Oromia, Tigray and SNNPR but expanded in Afar, Harare, Dire Dawa and Somali regions.</p> <p>It benefited nearly 8 million people in rural areas. The programme is now in its fourth phase, is implemented in 411 woredas and reaching up to 10 million people.</p> <p>Government of Ethiopia along with WFP and partners, including DFID, Irish Aid, European Union, CIDA, Embassy of the Kingdom of the Netherlands, European Commission, Irish Aid, SIDA, USAID, DANIDA, UNICEF and World Bank.</p>	<p>Chronically food insecure individuals in rural areas of the targeted regions.</p>	<p>PSNP is the second largest social protection programme in sub-Saharan Africa and the key food security programme in Ethiopia. It mostly provides cash or food transfers to households through public works schemes building community assets. Each beneficiary household is allocated a labour quota of up to 30 days of work for each member.</p> <p>PSNP also includes a smaller scheme of direct transfers to households without a working-age, able-bodied household member, such as elderly or members with disabilities unable to work. PSNP is complemented by the Other Food Security Programme (OFSP) which includes access to credit, agricultural extension, technology transfer and irrigation schemes, and has</p>	<p>The programme has been evaluated by a number of studies which most often focused on its effects on household food security and income. Several studies also assessed programme direct or indirect impacts on child labour.</p> <p>Hoddinott et al. (2009) used quasi-experimental techniques based on nearest neighbour matching – a type of covariate matching – to estimate the effects of PSNP participation on child labour hours on farm and domestic activities, and on school attendance. Data was derived from the Food Security Programme Survey in 2006 – a quantitative household and community survey which was conducted 18 months after PSNP began. This impact study uses three treatment groups</p>	<p>Although the minimum age for public works participation is 18 years or above 15 years according to other sources, evidence indicates that adolescents did get involved. Sharp et al. (2006 cited in Porter and Goyal, 2016) reported that nearly 8% of labourers were under 18. In addition, the programme may increase demand for child labour for childcare, domestic work or substituting parents on the family enterprise.</p> <p>Hoddinott et al. (2009) found that PSNP participation in the past year led to a moderate reduction in agricultural labour hours (2.87 hours) for boys aged 6-16 and a reduction in domestic labour hours (1.2 hours) for those aged 6-10 weekly. Effects on girls were weaker, yet they were worse for younger girls aged 6-10 who increased their labour hours. Girls of that age increased their domestic labour hours by 1 more hour. Older girls experienced a reduction in total labour time of 5.29 hours weekly, that is, 16% of labour time supplied by girls of that age in the control group. In particular, girls aged 11-16 reduced their agricultural labour hours by 3.3 hours and their domestic labour hours by 1.6 compared to girls in the control group. Boys in households that received regular transfers – at least Birr 90 - reduced significantly their hours of work – more than the aforementioned average effects. No significant effect was found on girls' labour time. Finally, in households</p>

aimed to increase agricultural productivity, build assets and enable PSNP participants to graduate from the programme.

The PSNP design is gender-sensitive, paying attention to gender differentials in labour force participation and time poverty; including provision for employment of female-headed households; enabling women's involvement in community decision-making programme structures; providing for construction of community assets reducing women's time poverty such as community water and fuelwood sources; providing for public works labour to be used to cultivate land holdings of female-headed households; providing direct transfers to pregnant and lactating women labourers; and provisioning for child care facilities in work sites.

to estimate average impact of PSNP transfers on child labour, average impact of regular transfers of at least Birr 90, and average impact of combined PSNP and OFSP transfers on child labour.

Porter and Goyal (2016) used 2002, 2006 and 2009 Young Lives data to assess PSNP impact on nutrition and labour of children aged 5-15 years. They used matching and difference-in-difference estimates.

Camfield (2012) combined quantitative data from the 2009 third round of Young Lives with qualitative data collected in 2008 and 2009.

Woldehanna (2009) used 2002 and 2006 Young Lives survey data and logit models.

Tafere and Woldehanna (2012) used quantitative and qualitative data from Young Lives Round 3 survey in 2009. Using difference-in-difference regression on matched sample, propensity score matching techniques and difference-in-difference matching, they estimated

that received both PSNP and OFSP transfers, boys aged 6-16 reduced the time spent on domestic chores, while girls increased their overall labour hours by 4.48 hours weekly – 3 more hours were spent on domestic work. The study attributes the latter effects to the increased labour demands induced by OFSP transfers in line with the production loan and debts such household carried (Hoddinott et al., 2009).

Porter and Goyal (2016) found evidence that programme participation improved child nutrition in line with reduced child working hours. Between 2006 and 2009, hours worked by children whose families participated in the PSNP declined with thus the income effect dominating the substitution effect. Yet no gender or age differentials are provided.

Camfield (2012) does not find evidence that the PSNP had a significant effect on girls' labour, only that girls from PSNP households spent slightly less time in leisure and study. Two of the girls she interviewed said that they worked in the PSNP while they also engaged in other paid and unpaid activities. Another girl herded the cattle bought through OFSP. Camfield also noted that other studies found mixed results: Emirie et al. (2009) and Berhane et al. (2011) found that girls in PSNP households did domestic work while their parents worked on the PSNP or were involved in income-generating activities to cover the gap between PSNP income and household consumption needs.

Woldehanna (2009) found that household participation in public works reduced the time rural girls spent caring for siblings and doing domestic work (0.5 hours less daily) but it also increased the time spent on paid work (0.25 hours more daily). It also

PSNP impact on the allocation of children's time to work and studying. They combined survey data of 569 rural households and qualitative case studies of 32 households and children living in four rural communities. Households which did not participate in the programme but had similar characteristics were used as the control group. Jones et al. (2010) used mixed methods, including a household survey, FGDs, KIIs, and life histories in Tigray and SNNPR to assess how gender sensitive the programme is.

reduced boys' involvement in childcare and household chores (0.57 hours daily).

Tafere and Woldehanna (2012) found that the substitution effect dominated the income effect and that children spent more time doing paid and unpaid work, such as care for others, domestic tasks, and paid work. Yet girls who spent more time on care and domestic tasks than boys, reduced the time spent on family business. While girls spent nearly 6 hours daily on all kinds of paid and unpaid work, boys spent 5.82. Yet boys spent more than 3 hours on family business such as agricultural work and herding compared with 0.6 that girls spent. Girls increased their participation in paid work but reduced their participation in family business. The authors note that one possible reason for the decline in girls' family business involvement is that in this survey round girls were around 15 years so fear of abduction made households prefer keeping their daughters at home and having them involved in domestic tasks. Half of the children in households who participated in the qualitative research reported that they were involved in public works – yet these children were all below age 16 - while others only helped or substituted their parents occasionally. Qualitative research with PSNP officials confirmed that children between 13 and 15 years were indeed involved in public works replacing their parents. Children from households participating in the PSNP were also involved in wage labour due to insufficient transfers to meet household food needs.

In their study, Jones et al. (2010) found that few community members were aware of the PSNP provision for water points and fuelwood sources closer to villages in order to reduce girls' and women's

time burden. Moreover, women's programme participation exacerbated their time poverty. However, women's involvement in the PSNP also changed community perceptions about women's abilities, while women were also learning to articulate their views more through participation in public works and related community meetings. In addition, interviews with adolescent girls and young women indicated that the PSNP reduced their need to seek domestic work in nearby towns which was poorly paid and exposed them to exploitation and abuse by employers.

<p>Social Cash Transfer (SCT) Scheme 2005-2011.</p> <p>Started in Tigray in 2005, expanded in Gambella and SNNPR in 2006, and to all regions in 2007.</p> <p>From 2007 to 2011 the SCT was operated by UNICEF as part of the Adolescent Development, Protection and HIV (ADPH) programme. It ended at the end of 2011.</p> <p>UNICEF and regional governments.</p>	<p>Vulnerable groups, including female-headed households, households with sick members or members with a disability, child-headed households, and households with people living with HIV and with orphans.</p>	<p>The scheme aimed to improve nutrition, health, education and sanitation of vulnerable households. It had two main components: provision of cash transfers and provision of a UNICEF-supported revolving interest free loan fund for the physically able poor, particularly women, to help them generate an income. The average cash transfer amount was Birr 700 per beneficiary, and the average loan amount handed over was Birr 2,500 per borrower - yet there were variations.</p>	<p>The study used mixed methods including a household survey, FGDs with beneficiaries and KIIs with key stakeholders (Tegenu et al., 2012).</p>	<p>The study found that most beneficiaries were women – 57% heading households – and that direct transfers and the revolving loan fund reached the target group. According to 88% of respondents, the scheme improved children's education, particularly girls, while 72% reported that it improved child health. In general, it improved clothing, healthcare and sanitation. In addition, it moderately improved participants' and particularly women's household income, improved saving behaviour, and helped build up household assets. It also promoted social inclusion as it enabled participants to join iddirs from which they were excluded in the past due to their inability to pay the membership fee (Tegenu, 2012).</p>
<p>Social Cash Transfer Pilot Programme (SCTPP) 2011-2014.</p>	<p>Vulnerable children, older people and people with disabilities in</p>	<p>Provision of a cash transfer – median per capita payment was Birr 77</p>	<p>IFPRI along with the Institute of Development Studies and the Department</p>	<p>The evaluation found that payments were made reliably, yet the level of payment was low. Nearly 65% of the transfer was spent on food and thus the</p>

<p>Bureau of Labour and Social Affairs (BoLSA) and UNICEF. Two woredas in Tigray.</p>	<p>extremely poor households.</p>	<p>monthly. The programme also included the creation of Community Care Coalitions – community-led groups – which were involved in beneficiary identification and selection and helped in the payment process.</p>	<p>of Economics, Mekelle University evaluated the programme using mixed methods. Qualitative data collection and surveys were conducted in 2012 and 2014. The first survey was conducted in 2012 and although it took place after the programme had started, it was used as the baseline and provided basic statistics on the well-being, livelihoods, schooling, and health of individuals and households of both SCTPP participants and non-participants. The midline report updated them and provided information on trends in maternal, child and household level outcomes. The final report assessed the contribution of the SCTPP to improvements in household welfare. The final report used matching methods of programme evaluation to construct a comparison group by matching treatment households to comparison group households based on</p>	<p>programme improved beneficiary food security. Children and adults ate more meals and their diet quality and quantity improved. The programme also provided working capital for participants to start small businesses. It also helped them accumulate various forms of assets such as farm equipment, livestock and consumer durables. The programme explicitly aimed to reduce participation in child labour (both on farm and non-farm) and time spent out of schooling. Although use of child labour for wage employment and household business increased, the increase was smaller for beneficiary households than those in the control group. The number of days, children spent on wage employment decreased for boys but not for girls in beneficiary households. The number of days spent on household business activities increased for both boys and girls, but the increase was smaller for girls in beneficiary households compared to girls in the control group and boys in beneficiary households. In addition, the time children aged 12 years and over spent on household chores declined from baseline to endline, and the reduction was much higher for girls than for boys in beneficiary households (Berhane et al., 2015).</p>
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observable characteristics (Berhane et al., 2015).		
Somali Region Peace and Development Programme (PDP) 2013-2018. Somali region. 100,000 people, including women and girls access sustainable employment opportunities; 3,120 households benefit from livelihood interventions; 5,280 households benefit from SME support and access to credit; 944 individuals access vocational training. Funded by DFID.	People living in the region with particular attention paid to girls and women.	Provision of an integrated package of basic services, economic opportunities and access to justice for poverty reduction and regional peace. The economic opportunities component focuses on vulnerable groups who are transitioning out of pastoralism. Female-headed households and unemployed young women are provided with business support (DFID, n.d.).
Stepping Up, Stepping Out (SUSO) project Nikat. 1,716 sex workers benefited in 2013. Funded by Aids Fonds.	Sex workers.	The project aims to economically empower sex workers and enable them to improve their health and wellbeing. The project is led by sex workers themselves and provides them with access to education, skills development and vocational training and access to savings and loans (NSWP, n.d.).

Ethiopians Fighting against Child Exploitation 2011-2015. World Vision. Addis Ababa and SNNPR. 20,000 child labourers. Funded by USDOL.	Children engaged or at risk of exploitative child labour in the traditional weaving industry and in rural areas.	The programme provided livelihood assistance to the households of these children. It also raised awareness through radio, television and brochures (USDOL, 2015).		
Engaged, Educated, Empowered Ethiopian Youth Project 2014-2018. World Vision. Amhara and SNNPR. 12,000 boys and girls. Funded by USDOL.	Boys and girls aged 14-17 years in- and out-of-school and engaged in or at risk of exploitative child labour.	Provision of livelihood assistance to the households of targeted children along with access to education and decent employment opportunities (USDOL, 2015).		
Revised Family Code 2000.		According to the new law, women were given the authority to administer common marital property; a spouse could no longer deny permission for the other to work outside the home; more authority was given to courts and less to traditional mechanisms to settle disputes in divorce and inheritance cases; and the marriage age increased from 15 to 18 years.	Based on two rounds of DHS data from 2000 (before implementation of the reform) and 2005 (after implementation in five areas), the study used difference-in-difference estimation technique to investigate the impact of the reformed code (Hallward-Driemeier and Gajigo, 2013).	The study finds that the revised code had a strong effect in increasing women's share in non-home based , paid, year-round employment, and those types of employment with average higher educational requirement. The relative increase in women's participation was between 15% and 24% higher in reform than in non-reform areas. This effect was particularly strong for young, single women. This effect seems to result from an increase in the age of first marriage which may be the direct result of raising the legal minimum age of marriage for women, or the indirect outcome of raising the economic opportunities for women to work (Hallward-Driemeier and Gajigo, 2013).

Land Certification programme 2002-2010. Amhara.	Rural households.	Provision of certificates confirming individuals' property rights to land.	A quantitative study explored the impact of the land certification programme in rural Amhara on schooling and child labour. The study used panel data from 12 randomly chosen kebeles in two zones in Amhara. Data was derived from the Ethiopian Environmental Household Survey in 2000, 2002, 2005 and 2007 (Fors et al., 2015).	In one zone, the programme reduced hours of child labour. Labour supply declined on average by 30% for boys and 32% for girls. Yet in the other zone child labour increased after the arrival of the programme, particularly for boys. Their labour supply in farming activities increased by 75%, while there was no effect on girls' labour supply. Yet this increase in male labour supply does not appear to negatively affect their schooling (Fors et al., 2015).
Sexual and reproductive health, health and nutrition interventions				
Ipas Youth Friendly Services Intervention 2010-2011. 76 public facilities in Amhara, Oromia, Tigray, SNNPR and the city of Addis Ababa, representing urban, peri-urban and rural areas. Ipas. Between July 2011 and December 2012, 19,520 women were served at the 76 youth friendly service sites.	Adolescent girls and young women.	Ipas aimed to provide better access to contraceptives to young women in Ethiopia. In particular, they were concerned with the low uptake of long-acting and reversible contraceptives (LARC) across the country. 76 public facilities were chosen to receive youth-friendly service training. The main activity entailed specialised training designed by Ipas on youth-friendly abortion care and contraceptive services. This 5 day-training for service providers followed on from	A quantitative evaluation used data collected between July 2011 and December 2012 from the 76 sites and compared this to data from 336 non-intervention sites. All sites received the standard abortion and contraception training, while the intervention sites received the additional specific youth-friendly service training (Alemayehu et al., n.d.).	Post-abortion contraceptive uptake was overall high: 91% at the youth-friendly service sites in comparison to 84% at the non-intervention sites. In addition, 35.5% of those in the youth-friendly service sites who had chosen to use contraception, received LARC compared to 22% in the non-intervention group. Among the young women who received an abortion, 10% in the youth-friendly service sites chose an IUD, and 26% chose an implant. In contrast, only 4% and 18% chose an implant in the non-intervention sites. Among women under age 25 who had chosen to use contraception, 38% chose LARC at the youth-friendly service sites compared to 24.5% in the non-intervention sites; 9% chose an IUD and 29% chose an implant at the youth-friendly service site compared to 4% and 24% respectively at the non-intervention sites (Alemayehu et al., n.d.).

		two weeks' clinical training on comprehensive abortion care (CAC) and LARC service provision. The training stressed the importance of looking out for young women's needs and understanding their experiences.		
Youth Friendly Adolescent Reproductive Health and HIV and AIDS project 2012-2014. SNNPR. Child Fund Ethiopia. Since the youth-friendly centre started, 1,262 youths utilised the service (676 females and 586 males). Financial support from Child Fund Australia.	Young people aged 15-24.	<p>There were three focus areas:</p> <p>Promoting behavioural change through increased awareness on adolescent reproductive health, and transmission and prevention of HIV/STIs among young people in the target area; establishing and ensuring access to quality youth-friendly reproductive health services in the target area based on youth needs, and ensuring that youth used these services in full confidence with no fear of stigma; and building the capacity of government health facilities to provide youth-friendly services in the target area.</p> <p>Meanwhile, the expected outcomes of the project</p>	<p>The evaluation used 4 qualitative methods: KIIs, observations, case studies and project documents. The team conducted 8 FGDs with 5 students, a forum member, a community representative and a health care provider, along with 11 KIIs with school principals, kebele (village) administrations, health officers, education office and trade and industry officers (Bitew et al., 2014).</p>	<p>The project was well-known in the community and schools, and overall contributed to behavioural change as it empowered youth, and in particular young girls, to feel confident to discuss sex, sexuality and SRH in an open and frank manner. Girls became far more confident in taking leadership roles.</p> <p>The project also massively reduced the incidence of unwanted pregnancy, unsafe abortion and violence. Respondents highlighted that the project promoted SRH service utilisation.</p> <p>The project also built the capacity of stakeholders through trainings and material provision and created assets for the community like the construction of a youth centre. The youth-friendly centre was well-equipped with all the necessary materials and was indeed effective and efficient regarding resource utilisation, while its sustainability looked very likely. Moreover, the intervention was found to be relevant, as respondents noted that it filled the gap in the district (Bitew et al., 2014).</p>

		<p>were: increased awareness of STIs and HIV transmission, prevention and services available for 5,152 young people, including those living with disabilities; youth-friendly services within government health facilities; and government health facilities establishing strong and continuous youth-friendly services.</p>		
<p>Kalkidan ('Promise') Safe Spaces Groups 2012-2014. Addis Ababa, Bahir Dar and Mekelle. Population Council. 26,587 participants took part in the project across the three sites with a fairly even split in participation of males and females.</p>	<p>Husbands and wives, aged 15-49.</p>	<p>Kalkidan was a community-based initiative for husbands and wives. It addressed the HIV risk faced by many women within their marriages, by improving HIV knowledge and improving gender equality within marital relations.</p> <p>Adults who were respected local leaders were recruited from project communities to act as mentors on a tailored curriculum addressing power and gender including topics like caring and supportive relationships, communication, alcohol and violence, HIV, contraception</p>	<p>A mixed methods evaluation used data from the baseline. The baseline served as a benchmark and the Population Council had hoped to conduct an endline survey at the completion of the project, yet this did not happen due to lack of budget. Instead, they relied on quantitative survey data and qualitative studies (Erulkar and Nourhussein, 2014).</p>	<p>The study found a clear increase in communication on topics around SRH and other topics between partners and within the family generally. Both men and women noticed a decrease in alcohol consumption among husbands. A number of respondents pointed out that the model should be scaled up in order to serve a larger segment of the community.</p>

		and counselling. Mentors then went house-to-house to identify eligible participants who were invited to single-sex groups that meet on a weekly basis for around 6 months.		
<p>Journey of Life Radio Show</p> <p>Journey of Life began on 25 November 2001, and ended on 9 June 2002.</p> <p>National radio show.</p> <p>Implemented by the National Office of Population (NOP) as part of the 4-year initiative Ethiopia Reproductive Health Communication Project (ERHCP).</p>	<p>Males and females aged 18-30.</p>	<p>The programme aimed to increase family planning use and understanding of HIV prevention.</p> <p>The programme was a 26-week radio drama with each episode being around 20 minutes in length. It was broadcasted on Sunday mornings at 10am for 6 months.</p>	<p>One quantitative evaluation aimed to test a new resource and exposure technique in order to accurately and precisely determine direct exposure levels to the radio programme. The respondents were 100 randomly selected people aged 18-30 from the Addis Ababa area. They used 11 closed-ended questions and two open-ended questions (Farr et al., 2005).</p> <p>A second quantitative evaluation focused on the relationship between reported exposure to the radio drama and intentions to practise at least one behaviour to prevent HIV transmission (abstinence, monogamy, or condom use). A cross-sectional sample of 862 respondents was recruited, and only one</p>	<p>Of households that had listened to the radio over the past week, just over 90% reported having listened to the show. 90% of listeners were able to correctly report the information and storylines in the programme. Respondents overwhelmingly reported that they felt strongly about changing their behaviour in order to protect their health after listening to the show. Indeed, 93% reported changing their health behaviour in a positive way after listening to the show (Farr et al., 2005).</p> <p>In the second evaluation, listeners reported identifying more with the female protagonist the more that they listened to the drama, becoming increasingly emotionally involved in the show. They reported stronger perceptions of personal efficacy in HIV prevention behaviours, and as a result, reported stronger intentions to practise at least one prevention behaviour. Identification with a character who contracts HIV after failing to use contraception correlated positively with stronger behavioural intentions (Smith et al., 2007).</p>

			person per household (age 15 and older) was randomly selected for an interview (Smith et al., 2007).	
Joint UNICEF-UNFPA Programme, A Rights-Based Approach to Adolescent and Youth Development 2007-2013. Addis Ababa, Afar, Amhara, Oromia and SNNPR. UNICEF and UNFPA. The programme reached approximately 600,000 young people. Funded by the Royal Norwegian Embassy.	Most vulnerable and marginalised youth, married adolescent girls, domestic workers, sex workers, youth with disabilities, orphans and street children and students in higher institutions, aged 10-24 years in targeted woredas.	The programme aimed to improve youth development by promoting rights linked to HIV and AIDS, sexual and reproductive health, gender equality and sustainable livelihoods. It also included meetings and consultations with parents and communities to create a protective and enabling environment. A component of the programme included livelihood schemes for the most vulnerable youth with an explicit focus on girls.	The evaluation used mixed methods. Data collection methods included desk review of key documents, key informant and stakeholder interviews, FGDs, site visits and one tracer project, a snap-shot survey of youth leaders across all sampled woredas, and exit interviews with 32 users of the youth-friendly health service. Field visits were conducted in a representative sample of 12 of the 25 programme woredas. Small adjustments were made to ensure the sample adequately covered different types of target population (HLSP, 2013).	The programme reached around 600,000 young people between 2007 and 2013 and distributed around 1,400,000 condoms, including 11,625 female condoms. There were some weaknesses in youth participation levels in annual planning and target setting, and while there were overall very high levels of satisfaction with the provided youth friendly services, the evaluation found considerable variation in the quality of facilities. In addition, older male youth seemed to make most use of recreational facilities, while services for key marginalised groups such as people living with HIV and young people with disabilities had to be strengthened (HLSP, 2013).
UN Joint Programme Leave No Woman Behind (LNWB) 2009-2011. Tigray and Amhara. MoWCYA and Bureau of Women Affairs, with UNFPA and WFP.	Adolescent girls and women.	LNWB was an integrated, multi-sectoral programme aiming to address the challenges girls and women face. It had 4 key areas: social mobilisation, reproductive health, literacy and education, and	The mixed methods evaluation was carried out in 2013 and included KIIs, FGDs, case studies of change, participatory self-assessment meetings and quantitative data collection (Kabuchu, 2013).	Around 982 Health Extension Workers were trained over the space of 4 years. There was a positive impact on hospital deliveries and use of family planning. The frequency women and girls used services increased; for instance, in Tigray, a total of 94,951 women and girls and in Amhara, 107,509 accessed health over the 4 years. Moreover, 6,708 births were attended by a health worker in Tigray health centres, and 1,504 in

<p>Funded by the MDG Achievement Fund.</p>	<p>livelihood support. The reproductive health component was designed to strengthen women's and girls' rights-claiming capacity for sexual and reproductive health information and services, and to strengthen the institutional capacity of health facilities. Activities included developing and disseminating appropriate materials and messages; and conducting sensitisation and community mobilisation.</p>	<p>Amhara. Growth in demand for services of over 400% in Tigray and 147% in Amhara. Flexibility and partnership with the community was a strong driver for the success of the health component of this intervention, for example community contribution of cereals for mothers, coffee ceremony at health posts, volunteers at health centre to cook for the mothers and improved community ambulance service. Although the programme targeted women and girls, major gaps exist in data disaggregated by age (Kabuchu, 2013).</p>
<p>Berhane Hewan ('Light of Eve') First generation of activities 2004-2008. Then second generation of work 2010-2016. Rural Amhara. Population Council and UNFPA. 10,466 girls participated in Berhane Hewan. UNFPA, United Nations Foundation and Nike Foundation.</p>	<p>Adolescent girls 10-19. The programme mobilises adolescent girls aged 10-19 into clubs and supports them to remain in school and improve their SRH needs through information and services.</p>	<p>Berhane Hewan was assessed using a quasi-experimental research design in order to compare outcomes between girls from the programme area with those from the control area. Erulkar and Muthengi (2009) used baseline and endline surveys, chi-square tests, proportional hazards models and logistic regressions. Mekbib and Molla (2010) used a cross-sectional, mixed-methods design to examine the contribution of</p> <p>Erulkar and Muthengi (2009) found that three-quarters of girls attended at least one community conversation, with 70% attending on a topic related to child marriage and HIV and AIDS; 63% of older adolescent girls and 49% of younger adolescent girls also attending meetings on family planning; and 56% of older girls and 32% of younger girls attending meetings on safe motherhood. By the endline, girls in intervention areas were more likely to know about condoms and injectable contraception compared to girls in control areas (Erulkar and Muthengi, 2009). They were also more likely to talk to their friends about family planning and STIs, while almost three-fourths of sexually active girls in intervention areas had ever used a contraceptive method compared to less than half of girls in control areas (Muthengi and Erulkar, 2011).</p>

			each Berhane Hewan component in increasing family planning utilisation.	Mekbib and Molla (2010) found that according to 85% of fathers, 74% of mothers and 76% of husbands, community conversations positively affected family planning behaviour, while group meetings by mentors and house-to-house visits were also mentioned as programme components that improved family planning knowledge and practices among participating girls.
<p>Family Planning and HIV/AIDS Prevention Project Phase II</p> <p>2002 and 2006.</p> <p>West Hararghe, East Haraghe and Borena Zones of Oromia.</p> <p>CARE.</p> <p>1.3 million people of reproductive age, in 155 different peasant associations, of which over 700,000 were estimated to be direct beneficiaries.</p> <p>Funded by the Royal Government of the Netherlands.</p>	15-49 men and women.	<p>The programme focused on unmet need for SRH information and services; low quality of reproductive health care and poor prospects for sustainability of improved services; increasing prevalence of HIV infection and STIs and stigmatisation of people infected with and affected by HIV and AIDS; increasing access to family planning services and improving positive attitudes towards contraception. In addition, it aimed to work on improving quality of reproductive health care; decreasing risky sexual behaviours; and creating a supportive and enabling environment in the community and healthcare system.</p>	<p>This evaluation used both quantitative and qualitative data collection methods, including a survey, FGDs, interviews and document reviews (Mekonnen and Takele, 2006).</p>	<p>The proportion of women who used long-term contraception increased from 6% to 28%. The proportion of people willing to pay for family planning services increased from 40% at baseline to 71%, implying an increase in the value attached to these services. Around 80% of respondents stated that they were willing and planning to use some form of family planning method in the future. At baseline the key source of SRH information was the media, while at the end of the programme the key source were community workers (Mekonnen and Takele, 2006).</p>

Adjibar Safe Motherhood Project World Vision Australia. Amhara – implemented in the township of Adjibar in Tenta woreda. Funded by the Australian government and AusAid.	Women of childbearing age.	Strategies included strengthening facility and community level health services, improving referral capacity, and increasing access to emergency obstetric care and essential drugs.	Participatory qualitative methods were used, including 15 group discussions, 8 semi-structured interviews, informal discussions and observation. Field visits were complimented by in-depth document review (Natoli et al., 2008).	The project was effective in raising awareness about maternal health. Health workers were encouraged to broaden their clinical practice and take a more holistic approach to care. They were encouraged to see clinical encounters as an opportunity for health education, for example, to educate women about the importance of attending antenatal care sessions (Natoli et al., 2008).
The Community-Schools Partnership Program (CSPP) 2008-2011. Tigray, SNNPR, Afar, Amhara, Gambella, Oromia, Somali, Benishangul Gumuz. Save the Children, World Learning and Tigray Development Association. 1,800 primary schools. Funded by USAID.	Girls and boys of school age in primary school.	CSPP provided water, health and sanitation assistance in order to support education.	A qualitative evaluation, assessed the programme (Tate et al., 2011).	The study found that although the connection between health and education capabilities was exemplary, in some ways health overshadowed the education aims of the programme. The evaluation found sufficient handwashing facilities and separate latrines for girls and boys across the schools (an average of 1-2 handwashing facilities and 4-12 pits/rooms per school) as well as a clear presence of an Education and Health Data Collection System in most schools. Yet the objective of having ‘one session per week for health education’ appeared to be slightly misleading because the time was not specified, meaning a 5-minute mention could be perceived as a session. In addition, health workers tended to visit twice a month instead of once a week as expected. Another point that was highlighted in the evaluation was that more had to be done to fully meet the needs of children with disabilities, for example health related workshops and trainings to identify how best to support them (Tate et al., 2011).

<p>Towards Improved Economic and Sexual Reproductive Health Outcomes for Adolescent Girls (TESFA) project</p> <p>2010-2013. Amhara region. CARE Ethiopia. 5,000 girls. Funded by the Nike Foundation.</p>	<p>Ever-married girls aged 14-19.</p>	<p>Groups met every two weeks for around 26 meetings over the course of the year. These groups were supported by community-based Social Analysis and Action (SAA) groups, made up of community members, who acted as community liaisons for the project.</p>	<p>A mixed methods evaluation used a quasi-experimental design with four arms: the first arm included the economic empowerment component; the second arm included sexual and reproductive health information; the third arm combined these two components; and the fourth arm included the control group (Edmeades et al., 2014; Edmeades et al., 2015).</p>	<p>Preliminary results indicated that respondents in both the second and the combined arms saw gains in sexual and reproductive health far greater than those in the control group. Those gains were significantly larger in the second arm compared to the combined arm. The percentage of girls in the second arm who had visited a health clinic in the previous six months increased from 52% to 81%, while the percentage of girls visiting a health clinic in the combined arm increased from 52% to 69%, and the percentage of girls in the control arm increased from 50% to just 60% (Edmeades et al., 2015).</p>
<p>The Integrated Family Health Project (IFHP)</p> <p>Oromia, Tigray, SNNPR, Amhara, and parts of Benishangul Gumuz and Somali.</p> <p>Led by Pathfinder International and John Snow, Inc. in partnership with the Consortium of Reproductive Health Associations (COHRA) and 11 other local partners.</p> <p>5-year (2008-2013) in collaboration with GoE to promote an integrated model to strengthen family planning, reproductive health, and maternal and child health</p>	<p>Youth, male and female, aged 10-24.</p>	<p>It aimed to introduce and scale-up youth-friendly services in the Ethiopian health system. In 2005, Pathfinder and partners worked with GoE to begin the piloting phase. The project was scaled-up in 2008, implemented into a total of 160 sites by 2012. In 2012 the programme transitioned to GoE implementation.</p>	<p>No evaluation was found, but a detailed project outline is available with some discussion of impacts (Asnake et al., 2012).</p>	<p>Between 2008 and 2011, there were around 550,000 visits for clinical services and more than 1.5 million visits for SRH information at programme sites. Males made up 43% of service visits, which is a high proportion considering men and boys rarely choose to utilise such health services.</p> <p>Youth friendly services were designed to serve a diverse age range, from very young adolescents (ages 10-14) through to young adults (ages 20-24). When the programme was first scaled-up, the national Health Management Information System (HMIS) did not provide age-disaggregated data. The partners therefore worked with local government to ensure detailed data collection. Although young people are being reached in Ethiopia, facility-level records do generally reveal a low-uptake by very young adolescent girls age 10-14 (Asnake et al., 2012).</p>

services for rural communities.

Funded by USAID.

Integrated Management of Adolescent and Adult Illness Project

Implemented in 9 regions and 2 city administrations since 2005.

Funded by USAID.

Adults and adolescents, male and female, at risk of HIV.

It aimed to reduce HIV and AIDS through strengthening health services and access to anti-retroviral therapy. It focused on the integration of HIV care into other clinical services such as STI care and maternal care. It provided support and mentoring, while using the Health Network Model – creating connections between higher medical levels such as hospitals and local community, home care and health outreach services. It also provided training for health workers, and supported data management of service use and service delivery.

Researchers visited 20 health centres and used structured survey instruments for quantitative and qualitative evidence. Observations were made of clinical management and FGDs were conducted with those who had attended training (Lifson et al., 2009).

The project was positively assessed as respondents felt that health centres had a positive relationship with their local communities. Health centre staff who had received training and were interviewed, were largely positive and felt that their knowledge and skills had improved over the course of the programme. Moreover, HIV treatment and service delivery seemed to be generally well-integrated at the health centre level, while HIV education was provided to all health centre adolescent patients (Lifson et al., 2009).

Mobilising Youth Participation in a National HIV and AIDS Programme

Ministry of Youth, Sports and Culture, and the YouthNet and IMPACT Projects of Family Health International. Funded by USAID.

Young people.

The programme aimed at engaging youth in order to strengthen youth-friendly interventions. It also facilitated the participation of Ethiopian youth in the development of a National Youth Charter. The Charter aimed to express their SRH

The programme led to an increase in interest among government officials on youth sexual and reproductive health. It also provided youth with an opportunity to take a leadership role on an issue affecting them – providing them with an opportunity to have genuine input into policy and programme development (Attawell, 2004).

		needs for the future, and included a Plan of Action to mobilise youth to seek better SRH and HIV and AIDS services. The Plan was presented to the Ministry of Youth, Sports and Culture. The programme essentially aimed to build a national youth network and to increase community and political support for youth SRH issues.		
Youth to Youth Initiative Primary aim is to reach as many adolescents as possible with SRH information.	Young girls and boys.	Key activities included youth clubs, sexual and reproductive health services, peer education, social marketing, mass information, community conversations, advocacy and a hotline.	An impact study used mixed methods (Tautz, 2011).	Many young people reported increases in knowledge and understanding of life-saving health related matters, as well as leadership skills and self-esteem issues. The continuation of gender-sensitivity when implementing the initiative was considered to be vital – insisting on equal participation of girls and young women in the clubs (Tautz, 2011).
Biruh Tesfa ('Bright Future') 2006-2014. The project was first pilot tested in Addis Ababa between 2006 and 2008. It was then also implemented in four urban areas in Amhara and later scaled up to 18 cities. Population Council, MoWCYA, Regional Bureaus.	Out-of-school slum dwelling girls aged 10-19.	The project aimed to build social networks and support and to improve girls' skills to prevent HIV infection. It used house-to-house recruitment, girls' groups, female mentors, life skills training, basic literacy and HIV and reproductive health information. Girls met three to five times a week and	The evaluation of the pilot in Addis Ababa included pre- and post-intervention surveys with an intervention and a control group. Participants were also interviewed about the changes they experienced in their lives (Erulkar et al., 2011). The baseline was conducted in 2008 in Addis	Girls in intervention sites at endline were twice as likely to score highly on HIV knowledge questions. They were also twice as likely to obtain voluntary counselling and HIV testing and twice as likely to want to be tested as girls in the control group (Erulkar et al., 2011).

<p>More than 50,000 girls by early 2012.</p> <p>Funded mostly by USAID/PEPFAR but also the Nike Foundation, UN Foundation, DFID and UNFPA.</p>		<p>attended a 30-hour curriculum. They could remain in groups after project completion. Groups were formed for girls at different ages. The mentors' training manual also included psychosocial life skills and building self-confidence. Girls who had experienced sexual violence received counselling, legal support and accommodation in the shelter ran by an organisation supporting street girls which partnered with Biruh Tesfa. Girls with disabilities were supported by the Ethiopia Women with Disabilities National Association, another project partner, and later by Handicap International (Erulkar et al., 2011).</p>	<p>Ababa, Bahir Dar and Gondar, and the endline in 2011 only in Gondar, Amhara. The two intervention sites had a combined population of nearly 19,000 while the control site of 10,300 people. In particular, 1,172 girls participated in the surveys, 601 at baseline and 571 at endline, which took place after 30 months of implementation (Erulkar et al., 2011).</p>	
<p>Powering Up Biruh Tesfa 2013-2014.</p> <p>Addis Ababa.</p> <p>Population Council.</p> <p>3,159 girls in 17 woredas with an average age of 13 years.</p>	<p>Girls aged 7-18 years out-of-school, living in the poorest and most marginalised urban areas.</p>	<p>The initiative aimed to increase literacy and numeracy and to improve girls' health. Girls were provided with safe spaces and mentors and joined groups according to their age, that is, groups for those 7 to 11, and for those 12 to</p>	<p>The quantitative evaluation compared data from a baseline conducted prior to the establishment of girls' groups with data from the endline which took place six months after the programme had started. It included 17 woredas where</p>	<p>During the 6-month expansion of the programme under 'Powering Up Biruh Tesfa', 487 vouchers for medical service were issued to 320 participants. 70% of voucher users had never visited a health facility before, demonstrating that a high proportion of girls were introduced to the formal health system through this programme (Erulkar and Medhin, 2014).</p>

		<p>18 years. Groups met in late afternoon for two hours, five days a week. Girls received non-formal education, four times a week, using the Ministry of Education non-formal education curriculum. The fifth day they attended life skills training, including training on financial literacy, menstruation, disability and violence. Each participant received school materials, basic clothing, and a voucher subsidising basic health services.</p>	<p>the programme was implemented along with 10 woredas where it was not, thus serving as a control group. The survey included 2,000 girls aged 12-18 (Erulkar and Medhin, 2014).</p>	
<p>Meseret Hiwott ('Base of Life') 2008-2013. Amhara. Population Council. 225,000 married girls joined. USAID/PEPFAR.</p>	<p>Married adolescent girls aged 10-24.</p>	<p>Female mentors were recruited from rural communities and trained to mobilise and lead girls' groups. They would then make recruitment visits at the household level to identify married girls age 10-24 and encourage them to participate in the programme. This allowed mentors to negotiate with other gatekeepers, such as husbands, parents and in-laws.</p> <p>Participants were then organised into girls' groups</p>	<p>Erulkar and Tamrat (2014) conducted a quasi-experimental evaluation. Their study analysed cross-sectional data from population based surveys among married girls. Outcomes were compared across three different treatment groups: non-participating girls, participating girls, and participating girls with partners that participated in the Addis Birhan intervention. The latter was designed to contribute to</p>	<p>Programme participation was associated with increases in spousal accompaniment to the clinic, family planning and voluntary counselling and testing (VCT). These increases were even higher when both spouses participated. Girls were eight times more likely to receive VCT than non-participants and 18 times more likely to receive VCT if both partners attended. The lowest family planning use and VCT were recorded among girls who had not participated in the programme (Erulkar and Tamrat, 2014).</p>

		<p>which met three times a week, in locally available meeting spaces, such as community halls, participants' houses, or under a tree. They then went through a 32-hour curriculum, covering topics like sexual and reproductive health and self-esteem.</p>	<p>the objectives of Meseret Hiwott by providing rural husbands with information, communication and support skills to improve the wellbeing of their wives and families.</p>	
<p>Productive Safety Net Programme (PSNP) 2005 – ongoing. It started in Amhara, Oromia, Tigray and SNNPR but expanded in Afar, Harare, Dire Dawa and Somali regions. The programme is now in its fourth phase, implemented in 411 woredas, and reaching up to 10 million people. Government of Ethiopia along with WFP and partners, including DFID, Irish Aid, European Union, CIDA, Embassy of the Kingdom of the Netherlands, European Commission, Irish Aid, SIDA, USAID, DANIDA, UNICEF and World Bank.</p>	<p>Households living in poverty.</p>	<p>PSNP is the second largest social protection programme in sub-Saharan Africa and the key food security programme in Ethiopia. It mostly provides cash or food transfers to households through public works schemes, building community assets. Each beneficiary household is allocated a labour quota of up to 30 days of work for each member for a maximum transfer of Birr 180 per member annually. PSNP also includes a smaller scheme of direct transfers to households without a working-age, able-bodied household member, such as elderly or members with a disability unable to work.</p>	<p>A quantitative evaluation measuring the effect of PSNP on child nutritional outcomes, used Young Lives data from 2002, 2006 and 2009 (Porter and Goyal, 2016).</p>	<p>The study found a positive medium-term nutritional impact for children aged 5-15 associated with improved food security and reduced child working hours. The evaluation also found significant positive evidence that PSNP acted as a safety net for children, cushioning them from nutritional vulnerability. While there were no significant differences found in the impact between ages 8, 12 and 15, the impact was higher for children exposed between the ages of 2 and 5 (Porter and Goyal, 2016).</p>

<p>Social Cash Transfer Pilot Programme (SCTPP) 2011-2014. Two woredas in Tigray. Bureau of Labour and Social Affairs (BoLSA) and UNICEF.</p>	<p>Vulnerable children, older people and people with disabilities in extremely poor households.</p>	<p>Provision of a monthly cash transfer. The programme also included the creation of Community Care Coalitions – community-led groups – which were involved in beneficiary identification and selection and helped in the payment process.</p>	<p>IFPRI along with the Institute of Development Studies and the Department of Economics, Mekelle University evaluated the programme using mixed methods. Qualitative data collection and surveys were conducted in 2012 and 2014. The first survey was conducted in 2012 and although it took place after the programme had started, it was used as the baseline and provided basic statistics on the well-being, livelihoods, schooling, and health of individuals and households of both SCTPP participants and non-participants. The midline report updated them and provided information on trends in maternal, child and household level outcomes. The final report assessed the contribution of the SCTPP to improvements in household welfare. The final report used matching methods of programme evaluation to construct a comparison group by matching treatment</p>	<p>SCTPP overall improved household food security and reduced hunger. Both adults and children were able to eat more meals. Diet quantity and quality also improved. The intervention increased the availability of calories at household level, while in one district it improved seasonal fluctuations of children's food consumption. However, the evaluation found the programme had no impact on stunting or the other anthropometric indicators used in either districts (Berhane et al., 2015).</p>
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			households to comparison group households based on observable characteristics (Berhane et al., 2015).	
Psychosocial counselling pilot addressing mental health disorders among marginalized adolescents A 3-month intervention in 2013-2014. Addis Ababa. Funded by USAID.	Female and male adolescents aged 15-18 who were migrants and participated in Biruh Tesfa and Retrak respectively.	The intervention aimed to pilot test a strategy for addressing mental health problems among vulnerable migrant adolescents, and for measuring whether psychosocial support interventions affect HIV-related outcomes among them. It provided participants with sexual and reproductive health information, including substance abuse and violence.	A quantitative evaluation assessed the pilot (Jani et al., 2015).	Both girls and boys significantly increased their comprehensive HIV knowledge between baseline and endline as well as the knowledge of a place to get tested for HIV and even being tested for HIV. Boys also significantly increased their use of SRH services and discussing such issues, while use and discussion of SRH services among girls also increased but findings were insignificant. Girls with mental health problems were less likely to report comprehensive HIV knowledge or perceived HIV risk. Yet no such associations between mental health and HIV risk were found among male participants (Jani et al., 2015).
Reducing Barriers and Increasing Utilisation of Reproductive, Maternal and Neonatal Health Services 2013-2017/18. Afar, Somali and pastoralist areas in Oromia and SNNPR. Federal Ministry of Health with participation of regional health bureaus, development agencies, faith-based organisations and NGOs. Funded by DFID.	Adolescents aged 10-19, women and new-borns.	To improve the health outcomes of women (including married adolescent girls), new-borns and youth in targeted regions using culturally and age appropriate service provision. In addition, to improve community attitudes, girls' and women's empowerment and programme accountability. The project establishes youth clubs and		DFID reported that 2,888 peer educators were trained, 84 youth clubs were established only in Oromia, and 4,268 adolescents were provided with age appropriate sex education across all regions. In particular, considerable progress was observed in establishing RMNH initiatives for in-school adolescents. However, there is a need to develop innovative approaches to engage out-of-school youth in pastoralist areas who account for a large number of the overall adolescent population (DFID, 2016).

provides reproductive,
maternal and neonatal
health (RMNH) education.

Annex II: Methodology

Search grids for Google and Google Scholar

Annex Table 1: Gender and empowerment

Population	Theme	Intervention type	Thematic terms	Research terms
Girl	Empowerment	Girls club	Attitude	Impact
Adolescent	Norm Change	Peer support	Gender norm	Evaluation
Youth	Ethiopia	Mentor	Social norm/norm change	Assessment
'Young women'		Adolescent/Youth development programme	Expectation	Analysis
		Social network	Perception	Research
		Life skills	Physical violence	Results
		Rights	Sexual violence	Programme / Project
		'Soft skills' 'interpersonal skills'	Harassment	Intervention
		'Behaviour Change Communication'	Rape	Interview
		Media	Workplace violence	Participatory
		Campaign	Transactional sex	Study
		Marketing/ social marketing	Age of marriage	
		Community conversation/ dialogue/discussion	Empowerment	
		Positive deviance	Early/child/forced marriage	
		Soap opera	Negotiation skills	
		Radio/TV	Decision making	
		Magazine	Leadership	
		School material	Voice/ Speaking out	
		Theatre/ drama/ skit/puppet	Confidence	
		Cell phone/SMS/internet/ ICT/computer	Friends/social network	
		Safe spaces	Participation	
		Youth group	FGM/C	
		Masculinity	Marriage by Abduction/ Bride Kidnapping	
			Discrimination	
			Mobility/Freedom of movement	
			Self-esteem	

Annex Table 2: Education and learning

Population	Theme	Intervention type	Thematic terms	Research terms
Girl	Education	Education	Enrolment	Impact
Adolescent	Ethiopia	Literacy	Attendance	Evaluation
Youth		School	Exam results / grades/ qualifications	Study
'Young women'		Cash transfer/in-kind transfer	Learning outcomes	Assessment
		School building	Vocational skills	Analysis
		Primary school	Accessible service	Research
		Secondary school	Staff attitudes	Results
		New schools	Violence	Programme/Project
		Quality	Attitudes towards violence	Intervention
		Teachers	Physical violence	Interview
		'Girl friendly'	Sexual violence	Participatory
		Non-formal	Harassment	
		Informal	Rape	
		Second chance	Transactional sex	
		Catch up	Early/child/forced marriage	
		Bridge	Corporal punishment	
		Ration	Confidence	
		Girls clubs	Friends	
		Club	Decision making	
		After school club	Expectation	
		School feeding	Negotiation	
		Scholarship	Retention	
		Radio/Newspapers	Transition	
		Computer/Internet	Completion	
		SMS/Cell phone/Mobile	Distance	
			Household/domestic chores	
			Time use	
			Menstruation	

Annex Table 3: Economic empowerment

Population	Theme	Intervention type	Thematic terms	Research words
Girl	Economic Empowerment	Economic empowerment	Assets	Impact
Adolescent	Ethiopia	Skill	Income	Evaluation
Youth		Business	Savings	Assessment
'Young women'		Entrepreneurship	Livelihoods	Analysis
		Grant	Labour force participation/employment	Research
		Start-up capital	Ownership	Programme/Project
		Financial literacy	Inheritance	Intervention
		Microfinance	Social network	Participatory
		Savings	Confidence	Study
		Bank	Friends	Interview
		Loan	Decision making	Results
		Cash transfer/In kind transfer	Expectation	
		Work experience/apprenticeship	Negotiation	
		Training	Transactional sex	
		Economic opportunities	Migration	
		Vocational skills	Child Labour	
		Mobile/ SMS/cell phone/ ICT/computer/ internet	Sex work	
		Informal economy	Trafficking	
			Domestic work	
			Unemployment/underemployment	
			Land	
			Agriculture	
			Street children	
			Workplace violence/harassment	
			Work	
			Public works/PSNP	

Annex Table 4: Physical and psychosocial wellbeing

Population	Theme	Intervention type	Thematic terms	Research terms
Girl	Health	Youth friendly service	Weight	Impact
Adolescent	Ethiopia	Sexual health service	Nutritional status	Evaluation
Youth		Reproductive health	Contraception/birth spacing	Assessment
'Young women'		HIV/AIDS	Fertility	Analysis
		Nutrition	Maternal health	Research
		Supplement	Pregnancy	Results
		Staff training	Emotional wellbeing	Programme /Project
		Counselling	Abortion	Intervention
		Support	STI	Interview
		Helpline	Anaemia	Participatory
		Mental health	Malaria	Study
		Psychosocial /psychological wellbeing	TB	
		(sex) health education/ information/training	Anxiety	
		Health insurance	Depression	
		Fee waiver	Micronutrient deficiency	
			HIV/AIDS	
			Friends	
			Social network	
			Confidence	
			Relationship	
			Happiness	
			Life satisfaction	
			Service access/use	
			Height	
			BMI	
			Obesity	
			Antenatal/postnatal	
			Alcohol	
			Khat	
			Tobacco	
			Substance	
			Menstruation	

Annex Table 5: Databases and websites searched

Academic databases
Econlit
ERIC
PubMed
International organisation websites
African Development Bank
DFID
ILO
IOM
OECD/ SIGI
UNAIDS
UNCDF
UNDP
UNESCO
UNFPA
UNHCR
UNICEF
UN Women
USAID
WFP
WHO
World Bank
University of Oxford – Young Lives
International NGO websites
28toomany
CARE International
Catholic Relief Services – CRS
Girl Effect Ethiopia
Girls Not Brides
International Center for Research on Women – ICRW
International Rescue Committee – IRC
Pathfinder International
Plan International
Population Council
Population Reference Bureau
Save the Children
World Vision
National and regional NGO websites
African Child Policy Forum

FAWE
Amhara Development Association
National government websites
Central Statistical Agency
Ministry of Education
Hand-searched programmes
Accelerated Development of Literacy, Numeracy and Life Skills among First Cycle Learners in Ethiopia
Addis Birhan
Adolescent Development Sponsorship Programme
Adolescent/Youth Development Programme
Ambassador's Girls Scholarship Programme - AGSP
Berhane Hewan
Biruh Tesfa
Breaking Poverty through Protection and Investing in Decent Employment for Vulnerable Children and Youth
Building Relationships through Innovative Delivery of Growing Education Services – BRIDGES
Child Friendly Schools
Combating Exploitative Child Labour through Education in Kenya, Uganda, Rwanda, and Ethiopia Together Project - KURET
Combatting Violence Against Women and Harmful Traditional Practices
Community-School Partnership Programme for Education and Health - CSPP
Creating Opportunities through Mentorship, Parental involvement and Safe Spaces – COMPASS
Empowering Adolescent Girls – EAG
End Child Marriage Programme –ECMP/Finote Hiwot
Ethiopia Integrated Management of Adolescent and Adult Illness project
Friendly Primary Schools for Girls and Marginalised Children project
Gambella Educational Materials and Scholarship Support Programme
General Education Quality Improvement Project - GEQIP
Getting Ready for School
Girls' Empowerment through Education – GETE
Girls in Control programme
Girl Power Programme
Health Unions
(Higher Education Readiness) HER Initiative to Lead Change
Improving the Quality of Primary Education Programme - IQPEP
Integrated Economic Empowerment of Marginalised Women and Girls in Ethiopia
Integrated Family Health Project
Ipas Youth Friendly Services Intervention
Joint Flagship Programme on Gender Equality and Women's Empowerment
Journey of Life Radio Show
Kalkidan Safe Spaces Group

Kembatti Mentti Gezzimma End FGM/C Programme - KMG
Life Skills and Literacy for Improved Girls Learning in Rural Wolaita Zone
Male Norms Initiative
Meseret Hiwott
Pastoralist Afar Girls' Education Support Projects - PAGES
Powering Up Biruh Tesfa
Productive Safety Net Programme - PSNP
Promoting African Grassroots Economic Security – PAGES
Quality Education Strategic Support Programme - QESSP
Results-Based Aid (RBA) in the Education Sector in Ethiopia
Rights-Based Approach to Adolescents and Youth Development in Ethiopia
School Meals Programme
Securing Access and Retention into Good Quality Transformative Education
Social Cash Transfer Pilot Programme - SCTPP
Social Cash Transfer Scheme
Somali Region Peace and Development Programme - PDP
Towards Economic and Sexual Reproductive Health Outcomes for Adolescent Girls - TESFA
UN Joint Programme on Leave No Woman Behind
Women and Girls Empowerment Project
Yegna
Youth Livelihood Project
YouthStart programme
International reports
Education for All Country Reports
National Human Development Reports
UNFPA State of the Population Reports
UNICEF State of the World's Children Reports
World Bank Country Poverty Assessment Reports
World Bank World Development Reports
International data
DHS Country Reports
MICS Country Reports
SIGI Country Report
WHO Country Statistics



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About GAGE

Gender and Adolescence: Global Evidence (GAGE) is a nine-year longitudinal research programme generating evidence on what works to transform the lives of adolescent girls in the Global South. Visit www.gage.odi.org.uk for more information.

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This report is an output of the GAGE programme, which is funded by UK aid from the UK Department for International Development (DFID). The views expressed and information contained within are not endorsed by DFID, which accepts no responsibility for such views or information or for any reliance placed on them.

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