

INCEPTION REPORT
- DRAFT -
FORMATIVE EVALUATION
OF
END CHILD MARRIAGE (ECM)
FLAGSHIP RESULT PROGRAM
ETHIOPIA



Center for Evaluation
and Development

CENTER FOR
EVALUATION AND
DEVELOPMENT
(C4ED)

MANNHEIMER
ZENTRUM FÜR
EVALUATION UND
ENTWICKLUNGS-
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ABBREVIATIONS

AG	Attorney General
BOJ	Bureau of Justice
BOWCA	Bureau of Women and Children Affairs
BoWCSA	Bureau of Women, Children and Social Affairs
BOWSA	Bureau of Women and Social Affairs
C4ED	Center for evaluation and development
CBOs	Community-Based Organisations
CCC	Community Care Coalition
CFM	Child and Forced Marriage
CP	Child Protection
CPD	Country Program Document
CSE	Comprehensive Sexuality Education
DAC	Development Assistance Committee
DHS	Demographic and Health Surveys
ECM	End Child Marriage
EDHS	Ethiopian Demographic Health Survey
EMR	Evaluation Management Response
ESSSWA	Ethiopian Society of Sociologists, Social Workers and Anthropologists
EQ	Evaluation Question
FGDs	Focus Group Discussions
FGM/C	Female Genital Mutilation/ cutting
FOs	Field Offices
GDP	Gross Domestic Product
GIF	Graphic Interchange Format
GP	Global Program
IDI	In-depth Interview
IRB	Institutional Review Board
KIIs	Key-Informant Interviews
logframe	Logical framework
M&E	Monitoring and Evaluation
MaXQDA	Max Qualitative Data Analysis

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MoE	Ministry of Education
MoWSA	Ministry of Women and Social Affairs
MoWCY	Ministry of Women, Children and Youth
NGOs	Non-Governmental Organisations
OECD	Organization for Economic Co-operation and Development
REB	Regional Education Board
RHB	Regional Health Board
SBC	Social and Behaviour Change
SDG	Sustainable Development Goal
SMART	Specific, Measurable Achievable, Relevant and Time-Bound
ToC	Theory of Change
ToR	Terms of Reference
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WRC	Women's Refugee Commission

1. INTRODUCTION

The following report describes the design and methodology of the formative evaluation of the End Child Marriage (ECM) Flagship Result Program, which is part of UNICEF's efforts to accelerate actions to end child marriage in Ethiopia. The overall objective of the evaluation is to assess, draw lessons and document the relevance, effectiveness, efficiency, sustainability and added value of the ECM Flagship Result Program. The evaluation will provide evidence and share learnings and recommendations which will inform advocacy efforts and contribute to the improvement of strategies and implementation (of multisectoral cooperation) throughout and beyond the Flagship Program. Accordingly, findings will facilitate learning and inform the way forward for UNICEF, its Field Offices (FOs) and partners, and stakeholders such as Ministry of Women and Social Affairs (MoWSA) and Ministry of Education (MoE).

2. BACKGROUND

Child and forced marriage (CFM) is a human rights violation, disproportionately affecting women and girls. Child marriage¹ is a form of forced marriage, given that one and/or both parties have not expressed full, free, and informed consent. In Ethiopia, although child marriage (under 18 years) is outlawed, and the awareness of the law is increasing, its prevalence remains high (Jones et al., 2016). For example, the Ethiopian Demographic Health Survey (EDHS) finds that 40 percent of women (approximately 15 million) aged 20-24 years old were married or in a union before age of 18 and 14 percent of women (approximately 6 million) aged 20-24 years old were married or in a union before age of 15 (UNICEF, 2018; UNICEF, 2022).

Several studies show harmful consequences of child marriage for women. Women married before the age of 18 are more likely to give birth at earlier ages, have a larger number of children, and are less likely to deliver in health care facilities or assisted by skilled providers. They also have a higher chance of experiencing physical violence from an intimate partner (Fan & Koski, 2022). Child marriage is also associated with significant emotional distress and specific mental health conditions (Burgess et al., 2022). With respect to economic consequences, child marriage reduces the level of the girls' educational attainment, thereby reducing earnings in adulthood, as compared to women who are married after the age of 18 (Wodon et al., 2017). Studies also show that girls who marry early have little decision-making power within their marital home, lower labour force participation and earnings, and less control over productive household assets (Parsons et al., 2015).

Several interplaying factors result in high child marriage in Ethiopia. Social and religious norms that restrict females to the roles of wives and mothers as well as gendered stereotypes that oblige females to do all or most of the domestic labour work and childcare imply that girls tend to marry before the age of 18. Further, lack of alternatives such as opportunities for vocational training or safe secondary schools with water and toilets, or access to safe and paid labour may also put girls and women at risk of child marriage. Incentives for acquiring dowry and traditions of family honour tied to brides being young virgins also drive child marriage in Ethiopia. Emergencies such as conflict and drought further exacerbate the risk of child marriage, as the practice is used as an economic coping mechanism for family survival. In 2022, Ethiopia has seen rising trends of child

¹ Child marriage is any marriage where at least one of the parties is under 18 years of age. Forced marriage is a marriage in which one and/or both parties have not personally expressed their full and free consent to the union. These definitions are taken from the Terms of Reference (ToR).

marriage in conflict and drought-affected regions (UNICEF, 2022). A recent report shows that the COVID-19 pandemic also raises the risk of child marriage globally through interrupted education, economic and food insecurity, disruptions to programs and services, adolescent pregnancy, and death of a parent or primary caretaker. It further indicates that contextual factors such as the availability of social protection and poverty alleviation programs and the presence of conflicts, forced migration and displacement could also play a role in ending or perpetuating child marriage (UNFPA & UNICEF, 2021).

In cognizance of this, the government of Ethiopia committed to reducing harmful practices such as child marriage and FGM/C by 50 percent by 2020; and to the total elimination by 2025 (MoWCY, 2019). United Nations Children's Fund (UNICEF) also selected 'End Child Marriage' (ECM) as its Flagship Result Program to successfully implement the National Costed Roadmap to End Child Marriage and Female Genital Mutilation (2020-2024). It will accelerate the progress towards achieving the Sustainable Development Goal (SDG) 5.3, which is to "eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation by 2030". The Flagship Program is aligned with the UNICEF Strategic Plan Goal Area 3 (Every child is protected from violence and exploitation), and Article 35(4) of Ethiopia's Constitution, which guarantees women the right to protection by the state from harmful customary/traditional practices. It also supports "Proclamation No. 414/2004 of the Criminal Code of the Federal Democratic Republic of Ethiopia (UNICEF, 2022). The ECM Flagship Result Program is anticipated to contribute to the UNICEF outcome that "by 2025, children in Ethiopia, in both development and humanitarian contexts, have legal identity and are safe and protected from violence, exploitation, abuse and harmful practices". Furthermore, the Flagship Program aims to reduce the proportion of women aged 20-24 who were married or in a union, before the age of 18, from 40 percent to 27.6 percent by 2025.

As stated in the Terms of Reference (ToR), since 2020, the Phase II of the Global Program to End Child Marriage (GP ECM) (2020–2023) has been implemented in Ethiopia by UNICEF and UNFPA to accelerate actions to end child marriage. The current phase is expected to take a gender-transformative and multisectoral approach and will avail opportunities to change harmful social and gender norms and practices. This evaluation will look at what has been done for ending child marriage (including challenges faced and how the ECM Flagship Result Program has sought to mitigate these), and at how ECM Flagship Result Program can accelerate the progress towards ending child marriage.

To achieve its goals, the Flagship Program has interventions in different areas, including child protection, education, water sanitation and hygiene (WASH), social and behaviour change (SBC), health, nutrition, emergency, social protection, and communication, which are implemented by different governmental and non-governmental actors and coordinated by different UNICEF sections. This multisectoral approach is expected to produce the following outputs:²

- Output 1: Underserved/ marginalised adolescent girls (aged 10-19) who are at risk of child marriage or who are pregnant, married, divorced, or widowed are engaged in gender transformative life skills and comprehensive sexuality education (CSE) programs that build their knowledge, skills, awareness of their rights, and connect them to services.

² We noticed an inconsistency between outputs and outcomes depicted in the Flagship Program ToC compared to the Flagship Program's logframe (the ToC depicts three intermediate outcomes, six immediate outcomes and six outputs whereas the logframe depicts one outcome and four outputs). The Evaluation will use the outcomes & outputs as depicted in the logframe as a reference.

- Output 2: Families, communities, traditional and religious leaders, and other influencers are engaged in dialogue and consensus-building on alternatives to child marriage (including education), the rights of adolescent girls, and gender equality
- Output 3: Strengthened provision of integrated multi-sectoral services (WASH, Health, Social protection, Education and Nutrition services) to protect girls from child marriage
- Output 4: Capacity building and technical support provided to government to implement a budgeted multi-sectoral gender-transformative plan on ending child marriage across ministries and sections at sub-national levels.

The complete Theory of Change (ToC) as developed by the Flagship Program can be found in Annex 1.

3. EVALUATION PURPOSE, OBJECTIVES AND SCOPE

This evaluation is a formative evaluation of the ECM Flagship Result Program. Its overall objective is to assess, draw lessons and document the relevance, effectiveness, efficiency, sustainability and added value of the ECM Flagship Result Program. The evaluation will provide evidence and share learnings and recommendations which will inform advocacy efforts and contribute to the improvement of strategies and implementation (of multisectoral cooperation) throughout and beyond the remaining Flagship Program implementation. Accordingly, findings will facilitate learning and inform the way forward for UNICEF, its Field Offices (FOs) and partners, and stakeholders such as Ministry of Women and Social Affairs (MoWSA) and Ministry of Education (MoE).

The specific objectives of the evaluation are:

1. To assess the Flagship Result Program design and *results contributions of various actors*, as well as the *synergistic effects* of the various interventions (from several sectors) to ECM (at outcome level);
2. To assess whether the results achieved demonstrate *that interventions are on the right track* to deliver ECM desired (disaggregated) results at scale;
3. To identify *challenges, risks and mitigation* measures put in place;
4. To assess the *strength of partnership* among the major stakeholders and implementing partners that has/might contribute/d to achieve results;
5. To identify *knowledge gaps* as well as related future research.

The evaluation will be limited to UNICEF ECM Flagship and its various aspects. These include supporting an enabling environment to end child marriage, strengthening provision of integrated multi-sectoral services, and engaging families, communities and leaders in dialogue and consensus building around alternatives to child marriage. The evaluation will also assess other dimensions covered by the ECM Flagship Result Program such as engaging girls at risk (and boys) in gender transformative life skills programs that build their knowledge, skills, and awareness of their rights and to connect them to services. Gender, equity, and child rights dimensions will be given adequate consideration, and the evaluation will look at the Flagship Result Program through a gendered lens (for example, in looking at how programmatic activities address gender dynamics³ related to ending child marriage). Temporally, the scope of this evaluation ranges from the beginning of the Country Program Document (CPD), July 2020, to the beginning of the

³ Gender dynamics in this context refers to relationships and interactions between and among individuals, family members, service providers and the broader community, based on gender.

evaluation fieldwork in February 2023. Geographically, the evaluation will be national. However, while the desk review will cover sources and data from all regions, three regions, namely Oromia, Amhara, and Somali, will be visited for the primary qualitative data collection. Financially, this evaluation is budgeted with USD 99,040.

4. EVALUATION DESIGN AND METHODOLOGY

The formative evaluation will be theory-based and use an embedded, mixed-method design. Utilizing a selection of OECD Development Assistance Committee (DAC) criteria (relevance, effectiveness, efficiency, and sustainability), the evaluation is designed to test the Flagship Program's ToC to see if it holds true and assess whether the logframe as well as other Monitoring and Evaluation (M&E) frameworks and implementation modalities are on the right track. Special attention will be given to the relative contribution of the overall Flagship Program and its different sector components as well as external factors towards ending ECM.

The proposed embedded research design utilises qualitative and quantitative data sets, with one type of data embedded within a methodology framed by the other data type (Greene & Caracelli, 1997). In the context of this evaluation, quantitative secondary data will be included to answer research questions within the theory-based, qualitative evaluation. Due to the short timeline of the evaluation, a simultaneous approach will be used, where qualitative and quantitative primary and secondary data are collected at the same time, and then the different results are converged (by comparing and contrasting them) during the interpretation.

The research methodology follows a human rights based approach which is based on a participatory evaluation approach that allows adolescents the opportunity to express their own views and opinions on the activities, outputs, and outcomes of the ECM Flagship Result Program, as well as on evaluation results. The approach adopted will include both consultative and collaborative modes of participation of adolescents during the evaluation process (see UNICEF (2019)). Whenever possible, C4ED integrates a consultative approach into its evaluation designs, because direct involvement of the people who are the target audience of a Flagship Program is a prerequisite of a sound evaluation that reflects the reality of the target audience. Consultative approaches include structured surveys, FGDs and KIIs conducted with Flagship Program participants. A more collaborative approach will be used during IDIs with adolescent girls. To encourage their agency and collaboration, interviews with adolescent girls will follow a life histories approach, which gives respondents the room to lead the discussion. This approach does not merely relegate participants to data resources but engages them as active agents in defining the issues to be evaluated.⁴ As a final collaborative step, the evaluation methodology (inception report) and findings (final report) will be reviewed by and discussed with adolescents who have been identified by and collaborate with UNICEF as part of this evaluation.

The gender sensitivity of the evaluation will be ensured by considering gender in staffing decisions, variation in gender of respondents, selecting appropriate interview types and locations for discussing sensitive topics on gender with respective respondents, and tailoring interview questions to elicit information from a variety of viewpoints in a culturally appropriate way (accommodating gender norms and practices). In addition, research questions on (potential) ECM effects will be assessed against the theoretical framework of gender-transformative

⁴ Life histories are time-consuming (requiring data collection over a longer period of time) and therefore tend to be not suitable for short-term evaluations. Consequently, the methodology of life histories may only be partially applied for this evaluation.

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programming. Primary and secondary research will review the Flagship Program design, implementation, monitoring and reporting to assess the extent of the Flagship Program's contribution, and whether it is likely to contribute to gender transformative change at the individual and systemic level, across informal and formal spheres of life.

4.1. EVALUATION QUESTIONS

The evaluation questions explore the ECM Flagship Result Program design, inputs, outputs, and outcomes based on the OECD DAC criteria relevance, cohesiveness, efficiency, effectiveness and sustainability. Table 1 depicts the draft Evaluation Matrix including research questions, measurements, and sources and evaluation methodology.

Table 1 Evaluation Matrix

Evaluation Questions	Measurement	Sources	Methodology
1 RELEVANCE			
1.1 To what extent is the ECM Flagship Result Program design and implementation relevant in addressing major issues for girls' vulnerability to Child Marriage	<ul style="list-style-type: none"> - (gender specific) vulnerabilities and violations of (human) rights as identified by interviewed respondents -(gender specific) vulnerabilities and violations of (human) rights as identified by secondary literature -comparison of program design against identified vulnerabilities -ability of program to respond to vulnerabilities as perceived / experienced by respondents 	IDI with adolescent girls, KII with program implementers, FGD with community members / service providers, secondary literature, project planning documents	qual
1.2 How relevant and responsive has the ECM Flagship Result Program been to national and community needs, priorities and commitments?	<ul style="list-style-type: none"> -comparison of national / regional governmental commitments against program design -comparison of identified community needs and priorities against program design and perceived effects -extent to which external factors have undermined effectiveness of the program -extent to which such external factors (risks) have been identified and prevented or mitigated throughout project planning and implementation 	KII with program implementers, FGD with community members / service providers, national / regional policies / strategies / action plans	qual
	-target districts of the ECM Flagship Result Program have higher rate of Child Marriage and incidence of harmful traditional practices, compared to the national average before the implementation started	EDHS	quant
1.3 To what extent is the Flagship Program aligned with UNICEF priorities with respect to ending child marriage?	-comparison of UNICEF policies & plans against program design	UNICEF strategic documents, program documents	qual
3 EFFICIENCY			
3.1 How has the Flagship Program result's approach facilitated linkages and synergies between sectors to	<ul style="list-style-type: none"> -comparison of planned and practiced cross-sectoral cooperation between implementers -experienced (positive, negative, intended, unintended) effects from cross-sectoral cooperation among implementers 	KII with program implementers, program documents	qual

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accelerate efforts to end child marriage?	-drivers and barriers for cross-sectoral cooperation as identified by implementers		
	-availability and quality of disaggregated data on the individual or woredas level by received/implemented output and achieved outcome -effects of implementing activities on outcome indicator(s) at the individual or woreda level ⁵	program documents	quant
3.2 To what extent have the outputs of the ECM Flagship Result Program been achieved or are likely to be achieved with the appropriate amount of resources (funds, expertise, time, procedures, rules and regulations, administrative costs, etc.)?	-drivers / barriers for timely implementation of project activities (incl. expertise, procedures, rules and regulations) -drivers / barriers (incl. trade-offs) for cost-efficient program implementation (incl. expertise, procedures, rules and regulations)	KII with program implementers	qual
	-availability and quality of data on disaggregated expenditures on the realisation of outputs/outcomes by woreda, by sector, by implementing organisation and by time frame of implementation -input/output ratio (disaggregated on the regional level) ⁶	program documents	quant
3.3 To what extent are monitoring mechanisms in place to track changes as result of ECM Flagship Result Program implementation?	-validity and relevance of the structure of the ToC; extent of causal linkages and assignment of and logic between activities, outputs, outcomes and objective(s); consideration of risks and assumptions upon which the ToC was built. -extent to which indicators are specific, measurable achievable, relevant and time-bound (SMART) (incl. validity, reliability and homogeneity of data sources/means of verification) -comprehensiveness of performance monitoring and evaluation plan (incl. key performance indicators, frequency of data collection, sampling, method of data collection and data collection instruments)	KII with program implementers, program documents	mixed
4 EFFECTIVENESS			
4.1 How are different sectors (including new elements WASH, health, nutrition) contributing to increasing girls' wellbeing within and beyond the objectives of the ECM Flagship Result Program? ⁷	-reported (intended and unintended) effects of separate and cumulative outputs within set targets from logframe -reported (intended and unintended) effects of separate and cumulative outputs beyond targets from logframe -reported and /or deduced program interlinkages contributing to the effect -reported changes in outcomes between ECM program and ECM Flagship Result Program (incl. reported added value of WASH, health, and nutrition sectors)	IDI with adolescent girls, KII with program implementers, FGD with community members / service providers	qual
	-availability and quality of disaggregated data on the individual or woredas level by received/implemented output and achieved outcome -effects of implementing activities on outcome indicator(s) at the individual or woreda level ⁸	program documents	quant

⁵ Feasibility of measurement depends on the project's output and outcome data at individual- or woreda-level received by C4ED.

⁶ Feasibility of measurement depends on the project's data received by C4ED

⁷ Wording of the original EQ from ToR simplified to clearly distinguish EQ 4.1 from 2.1, 3.1 and 3.2

⁸ Feasibility of measurement depends on the project's output and outcome data at individual- or woreda-level received by C4ED.

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4.2 How much has the program positively influenced (or is likely to do so in the coming years) systems and policies in different sectors to support girls who are vulnerable to child marriage? ⁹	-reported changes in policies to which the Flagship Program contributed" -reported changes in procedures and practices of implementers, involved stakeholders and target community to which the Flagship Program contributed	KII with program implementers, FGD with community members / service providers	qual
5 SUSTAINABILITY			
5.1 Will benefits last?	-(individual) long term benefits as reported by program participants (girls and community members) -(systemic / institutional) long term benefits as reported by Flagship Program implementers and other key informants -factors undermining benefits as identified by Flagship Program participants and secondary literature -estimation of the likelihood of factors to occur within / beyond the lifespan of the Flagship Program	IDI with adolescent girls, KII with program implementers, FGD with community members / service providers, secondary literature	qual
5.2 What changes - to which the ECM Flagship Result Program contributed ¹⁰ – can be identified and are likely to last in the lives of individuals, families, communities and the broader environment?	-social behavioral changes (e.g. in information (knowledge), motivation (attitudes, beliefs), ability to act (skills, self-efficacy, access) and norms (perceived, sociocultural, gender) as reported by people affected by the program -factors undermining changes as identified by program participants and secondary literature -estimation of the likelihood of factors to occur within / beyond the lifespan of the program	IDI, KII with program implementers, FGD with community members / service providers	qual
5.3 To what extent is the “National Costed Roadmap to End Child Marriage and FGM/C – 2020-2024” implemented (incl. budget allocation and accountability mechanisms) and which outputs can be expected to last? ¹¹	-reported drivers and barriers for implementation -strengths and weaknesses of existing monitoring and accountability mechanism of the roadmap -extent of prospective institutional / systemic sustainability of Roadmap outputs beyond the roadmap's lifespan	KII with program implementers, roadmap records	qual

4.2. PRIMARY DATA COLLECTION AND ANALYSIS

Primary data from project implementers and participants will be the main source of information for the evaluation. The following sections depict the sampling strategy and tools used for primary data collection.

⁹ Original EQ from ToR shortened to increase legibility and conciseness.

¹⁰ The term “attribution” used in the ToR was replaced by the term “contribution” considering that this evaluation will not be able to confirm changes attributable to the Flagship Program.

¹¹ The question "what is the quality of the multisectoral ending child marriage strategy and its implementation (flagship)" from the original EQ of the ToC was deleted as it is unspecific and measurements would duplicate other measurements from EQ 2.1, 3.1, 3.2, and 4.1

4.2.1 SAMPLING STRATEGY AND DATA COLLECTION TOOLS

The following section describes our strategy for selection of respondents and the estimated number of respondents required for the primary data collection to reach saturation¹².

Qualitative interviews will be conducted in **three regions (Amhara, Oromia and Somali)** selected by UNICEF due to their high prevalence of child marriage, and significant allocation of resources for ECM Flagship Result Program implementation. After the approval of the inception report, **purposive sampling** will be employed to select **two woredas per region**, in which one data collection point (kebele) in each will be determined based on the following **selection criteria**: Maturity of Flagship Program implementation

- Prevalence and maximum convergence of multisectoral Flagship Program activities
- Accessibility and security for researchers
- [If applicable] maximum variation in overall performance of targeted vs. achieved Flagship Program outputs / outcomes
- [If applicable] variation in strong vs. weak prevalence of external factors which (are likely to) contribute to ECM and undermine Flagship Program outcomes (e.g. prevalence of conflict, drought)

Final selection of woredas / kebeles based on those criteria will lie with ECM Flagship Result Program staff of the UNICEF field offices in the regions. Table 2 in Annex 2 explains the rationale behind each selection criteria.

The sample will be stratified further into the following **respondent categories**: Flagship Program implementers (UNICEF and partner organisations), female adolescents participating in the program, their parents/guardians or husbands, community members / leaders participating in the program, and local / regional service providers profiting from program capacity developing activities. Different interview techniques (IDIs, KIIs, FGDs) will be tailored to the different respondent categories as explained below:

- **UNICEF ECM Flagship Result Program staff**: Interviews will be conducted with program coordinators at the national and regional level as well as sectoral / section focal points at the national level.
- **ECM Flagship Result Program implementers**: Selection of implementing organisations will consider coverage of all four (logframe) output components in each region, high level of engagement / activity coverage per output, as well as diversity of governmental and civil society implementers.
- **Female adolescent Flagship Program participants (10-19 years)**: Selection criteria will include multiple exposure to program activities (logframe outputs 1-3) with a focus on girls' empowerment (logframe output 1). Selection will also consider diversity of married and unmarried adolescents and in- vs. out-of-school program participants/activities. If possible, girls with disabilities will be included in the sample.

¹² While saturation can never be determined fully prior data collection and analysis, the suggested sample size was calculated based on C4ED's regional and sectoral experience as well as existing literature on determining sample sizes for achieving saturation (see Guest et al. (2006)).

- When feasible¹³, **family members** (with a focus on parents / caregivers and / or husbands / partners of Flagship Program participants will be interviewed after one-on-one interview sessions with adolescent girls.
- **Flagship Program participants from community mobilisation activities** (logframe output 3): Selection of community members will consider diversity of program activities across the regions (meaning different community groups from different community activities), and homogeneity of groups and activities within the regions (that is focusing on one selected community activity per woreda aimed at a specific community group).
- **Representatives from community service providers** of all sectors who participated in activities to strengthen integrated multi-sectoral services (logframe output 3): Selection of representatives from service providers will consider multi-sectoral diversity and diversity of Flagship Program activities.

In total, approximately 240 respondents (24 UNICEF staff, 12 implementing organisation representatives, 96 adolescent girls, 24 family members, 42 community members, 42 community service providers) will be interviewed. Table 3 in Annex 3 depicts the suggested number of respondents per respondent category and region.

The evaluation will employ three research methods for qualitative data collection: KII, FGD and IDI (life histories). For each method, different tools with topic guides and open-ended questions have been developed for different respondent groups. Interview questions and topic guides have been designed to answer different research questions and indicators, as depicted in the Evaluation Matrix (section 3.1):

- **KII / FGD interview guide for experts on the Flagship Program:** One-on-one, and if feasible / necessary, small group interviews will be held with key informants who are considered experts on the ECM Flagship Result Program. UNICEF staff as well as partnering implementing organisations will be interviewed on national and regional level. Particular focus during the interviews will be given to questions on intersectionality, and cross-sectoral efficiency of the program implementation.
- **FGD guides for Flagship Program participants:** The strength of a FGD is to generate and analyse group dynamics, contrast opinions among participants, and obtain a variety of information, more easily elicited due to the interaction generated in a group setting. For FGDs, two interview guides with open-ended questions have been developed, one for adolescent girls and one for local service providers. As FGDs with community members will depend on the prevalence and selection of different community activities and target groups, the interview guide will be developed after the selection of groups / activities has been agreed upon with UNICEF. All FGD guides aim to test relevance, effectiveness, and sustainability of the program.
- **Life history topic guide for adolescent girls and their families participating in the Flagship Program:** IDIs will be conducted with adolescent girls targeted by the program. The interviews will focus on eliciting the girls' narration of their life histories through open-ended and exploratory questions. This approach will be complemented with the life-line method, where a timeline is drawn on a piece of paper and main life events are marked. The life-line is co-constructed by the interviewee and the researcher and facilitates recollection and self-reflection (Adriansen, 2012), noting their importance, meaning (Gramling & Carr, 2004) and potential interconnections.. If feasible,

¹³ If family members are present and willing to be interviewed.

parents/caretakers and/or husbands/partners will also be interviewed as part of the life histories. Sessions are aimed to provide context and insights on barriers and drivers for ECM among young girls and their family members.

Interview and topic guides consider appropriate length for interviews to avoid respondent fatigue and to minimise the burden on the respondents. KIIs are designed to take around 60 minutes, FGDs should not exceed 90 minutes, life histories should not exceed 3 hours. To ensure cultural appropriateness and uphold ethical principles and standards, all data collection tools have been developed together with an Ethiopian ECM expert contracted for this assignment. Tools will be further translated to relevant languages or dialects. Upon approval of the inception report, the tools will be translated into Amharic, Afan Oromo, and Somali. Further feedback on interview guides and topic lists will be requested from the recruited qualitative researchers based on their experience and local knowledge to best contextualise the interview questions. In addition, the qualitative researchers will test the interview guides after their training during a pilot phase. A follow-up discussion (debriefing) after the pilot will help enhance the quality of the research tools. In addition, regular debriefing sessions among the qualitative research team during data collection will serve to continuously adjust topic and interview guides.

4.2.2 ANALYSIS

The analysis process of the primary qualitative data will be done in two stages. The first one, simultaneous to data collection, will be based on the research team's daily reflection and interpretation of interview notes and field observation notes to draw initial findings immediately after data collection, as requested by UNICEF.¹⁴ A more thorough analysis will be conducted after data collection by developing codes and themes for the collected data. The analysis of interviews will be stratified by respondent characteristics or markers, which vary for the different respondent groups (see selection criteria 3.3.1). Another step of triangulation will be through cross-checking evidence from the different types of tools and respondents to validate specific findings. Finally, findings from qualitative data collection will be triangulated with and complemented by findings from secondary quantitative and qualitative data analysis.

4.3. SECONDARY DATA COLLECTION AND ANALYSIS

To triangulate and complement primary qualitative data, this evaluation will gather and analyse different types of secondary data.

4.3.1 DATA SOURCES

Secondary data will stem from sources shared by UNICEF with C4ED and available secondary data sets. The data consists of the following sources:

1. **Monitoring data.** The data from the ECM Flagship has been collected and reported by UNICEF's implementing partners and reported during field visits. It is expected to measure whether project activities were conducted and targets on the output level are achieved and provide data on Flagship Program expenditures.

¹⁴ As UNICEF requests the research team to share findings immediately after data collection is completed, time constraints do not allow for translation and transcription and coding of audio recordings.

2. **Evaluability assessment.** According to the ToR, this assessment has been finalised in May 2021 and is expected to give an in-depth overview of the Flagship Program.¹⁵
3. **Program documents.** The documents shared by UNICEF among other background documents include a detailed ToC and the Flagship Program result framework which are important to understand the Flagship Program rationality.
4. **Survey data.** The ongoing quantitative survey by the Child Protection Section is expected to report on outcome level indicators.
5. **Secondary Data Sets.** The EDHS 2019 provides contextual insights with quantitative demographic and health information on households in the Flagship Program regions.

The quantitative component of the mixed-methods approach will make use of the available data. Of the above data sources, the output level monitoring data, combined with the outcome level survey data collected by the Child Protection Section, will provide good sources for quantitative analysis and for triangulation with the qualitative evaluation component. The monitoring data will be used as sources for all EQs with a mixed-method evaluation methodology, and the CP Section data will provide insights into EQs 2.1, 3.2, and 4.1.

The quantitative part of the project relies solely on secondary data. Most of data needed for data analysis is monitoring data collected during program implementation. Currently available data is still partial, which makes defining indicators challenging. The availability of the data is key to conduct the quantitative data analysis.

Sampling will be determined once complete datasets are obtained from the different stakeholders. For many of the quantitative measurements, microdata at individual or woreda level will be necessary.

4.3.2 ANALYSIS

For the evaluation, C4ED will analyse quantitative secondary data as part of the mixed-methods approach for the EQs 1.2, 2.1, 3.2, 3.3, and 4.1.

First, the data provided by UNICEF will be converted into a form that allows for the analysis with the statistical software Stata. Then, quantitative data will be systematically and comprehensively reviewed, organised by the Flagship Program's inputs, activities, outputs and the main outcomes of interest. All data sets will be critically assessed by evaluating the indicators measured.

Descriptive analysis (including mean, median, standard deviation, minimum, maximum, percentiles, among others) with graphs and tables will be used to present the quantitative results comprehensively. Regression results will also be included if indicators require some inferential statistical analysis, and this is possible with the available secondary data sources. Every step from data cleaning to analysis will be documented in do-files that will be shared with UNICEF after the completion of the assignment. We thereby guarantee adherence to OECD recommendations on research integrity, transparency, and replicability, such that "the relationship between 'raw' data and 'data products' [is] explicit" (OECD, 2016). Additionally, C4ED will inform UNICEF about identified data gaps. This will allow UNICEF to adapt their monitoring system and close the identified gaps for the following years.

¹⁵ At the time of writing the report we were not able to review the content of this assessment in order to inform the design of indicators for the evaluation questions.

Qualitative analysis of planning and strategy documents as well as monitoring and evaluation data for EQs 1.1-3. 3.1, 3.3, 5.1 and 5.3 will complement quantitative analysis of secondary data and qualitative analysis of primary data.

4.4. RISKS AND LIMITATIONS

This section provides an overview of the limitations, risks and the proposed prevention / mitigation measures of this evaluation.

A major **limitation** for the predominantly qualitative evaluation is the extent of external validity: Qualitative findings are often difficult to generalize and to apply to or compare with other situations as a small, non-random, purposeful sample is selected precisely because we wish to understand a particular individual in-depth, rather than finding out what is generally true for many. We deal with the limitations of qualitative research for external validity in several ways: 1) rather than providing empirical generalizations, qualitative research suggests what Cronbach (1975) calls “working hypotheses”, i.e., hypotheses that reflect situation-specific conditions in a particular context and 2) we introduce the notion of *transferability* (Lincoln, Lynham & Guba, 2011) in which the “burden of proof lies less with the original investigator than with the person seeking to make an application elsewhere. The original inquirer cannot know the sites to which transferability might be sought, but the applier can and does” (p.298). Finally, qualitative findings will be supplemented by and triangulated with (potentially externally valid) existing quantitative data. Analysis of secondary (quantitative) data in turn is itself mainly limited by the availability of said data.

The evaluation may also encounter **risks** related to logistics, security and quality in undertaking the qualitative primary data collection, as well as risks related to availability, reliability and quality of (quantitative and qualitative) secondary data. A comprehensive risk analysis, and detailed prevention / mitigation measures are provided in Table 4 of Annex 4.

5. FIELD WORK

Data collection will start after the approval of the inception report and after all preparatory tasks (securing ethical clearance, finalizing the definition of the sample preparation of fieldwork plans, contracting staff and training of researchers) have been completed and research tools have been finalised, translated, and tested. Deployment of researchers to the field to conduct FGDs, KIIs and IDIs will be after support letters for respective regions are obtained from the client.

The qualitative research team will consist of one experienced international C4ED researcher, one national C4ED researcher and one to two external local researchers per region who speak the local languages. To follow a gender-sensitive research approach the research team will be comprised of both female and male researchers.¹⁶ The regional researchers will receive a two-day training by the international C4ED researcher. After the training, the research team will pilot and adjust the interview tools where necessary (2 days).

The research teams will conduct a total of 66 in interview sessions (see also Table 3 Annex 3). Interviews will be held in person consecutively in the six woredas / kebeles of the three selected

¹⁶ Male researchers will conduct mixed FGDs and KIIs whereas female researchers will conduct mixed FGDs, FGDs and IDIs with adolescent girls as well as KIIs.

regions.¹⁷ Within the different woredas the research team will conduct interviews simultaneously: two researchers may conduct FGDs (one moderator, one note taker) while at the same time one researcher may conduct KIIs or IDIs. The international researcher will conduct interviews with the support of (a) local interpreter(s) contracted for this assignment. Researchers will alternate between respondent groups to maximise their exposure to different topics and viewpoints. This will enable a higher quality of triangulation during the analysis of interviews.

At the end of every data collection day, the research team will hold a debriefing session where preliminary findings from interviews are shared, compared, collated, and interpreted. In addition, rigorous and frequent exchange between the researchers strengthens the quality of the interviewer's performance, enhances the fluidity of the exchange with evaluation participants and enables the research team to adapt interview questions based on previous findings in a coordinated way throughout the data collection.

IDIs with adolescents will be conducted in "safe spaces" which are familiar to them. FGDs, service providers and community members will be conducted in community spaces. FGD with adolescents will be gender-segregated, that is, held with adolescent girls only. FGD with community members and service providers will be mixed-gender.¹⁸

A detailed field work plan will be developed after the approval of the inception report and after the exact research locations (woredas/kebeles) has been agreed upon with UNICEF field office staff. UNICEF field staff of the regions and staff of implementing organisations will support identification and mobilisation of selected interview respondents based on the agreed-upon selection criteria. Local guides recruited by C4ED will support the identification of respondents and the organisation of interviews and group discussions. C4ED's Ethiopia Office will support with the contracting, logistics and administrative tasks for the field work.

The training, pilot, and field work will be carried out in strict compliance with C4ED safety protocols related to the COVID-19 pandemic.

6. ETHICAL CONSIDERATIONS AND QUALITY ASSURANCE

6.1 ETHICAL CONSIDERATIONS AND ETHICAL CLEARANCE

For the design and implementation of this evaluation, C4ED abides by UNICEF's Procedure on Ethical Standards in Research, Evaluation, Data Collection, and Analysis (UNICEF, 2021) and UNEG's guidelines (2020). We have also taken into consideration recommendations put forward by the guidance of the Ethical Research Involving Children (ERIC) compendium by UNICEF Innocenti (2013). Furthermore, C4ED is guided by its internal Code of Conduct in Research, which instructs and commits all staff and contracted partners to the principles of integrity, accountability, independence and impartiality, respect for persons and communities, and professional commitment.

¹⁷ If face-to face interviews are not feasible some KII may be held remotely via messaging apps such as MS Teams or Zoom.

¹⁸ After assessment of the socio-cultural contexts in areas of data collection and considering the characteristics and nature of involvement of respondent groups to be interviewed we concluded that mixed-FGD for local community members and local service providers are culturally acceptable.

The evaluation design has thoroughly contemplated the core ethical principles of **respect, beneficence, justice, integrity** and **accountability** outlined by UNICEF's Ethical Procedure. Specific ethical considerations and protocols to be observed prior to, during and after the implementation of the evaluation have been established considering key ethical standards charted by UNICEF's Procedure, which include harms and benefits, informed consent, privacy and confidentiality, compensation and payment, and professional conduct. Through these standards, the evaluation design seeks to safeguard the respect for human rights, as well as the United Nations Convention on the Rights of the Child's (UNCRC).

The evaluation team has carefully selected the research methods and developed tailored protocols to abide by a '**Do No Harm**' approach. The design is based on our wide experience with vulnerable populations in Ethiopia and worldwide, and informed by local consultation with UNICEF, C4ED's Ethiopia office and a consulting national ECM expert. C4ED and associated staff commit to not exposing participants or researchers to harm, to abide by national legal provisions, and to be culturally sensitive to respondents' needs and socio-cultural practices when conducting the evaluation. **Ethical clearance** for the evaluation will be requested, in line with international standards, from the Ethiopian Society of Sociologists, Social Workers and Anthropologists Institutional Review Board (ESSWA IRB). In addition, C4ED, in consultation with UNICEF, will check and apply for any permissions needed for fieldwork with the relevant woreda and kebele administrators. Furthermore, COVID-19 prevention guidelines and national rules and restrictions will be incorporated into planning, and adjustment of workplans made, if needed.

A joint team of national and international researchers will work together to combine strengths and ensure best practices in ethical data collection. Researchers will be **trained on ethical research principles** to ensure that they conduct the research with professionalism and integrity, and that they are thoroughly equipped to clearly identify any potential issues and how to approach them. Researchers are also required to sign C4ED's Code of Conduct as part of our terms and conditions for taking part in the evaluation. C4ED is committed to taking all suitable corrective actions including disciplinary, legal, or other actions in response to any violation of this code of conduct. Moreover, C4ED will ensure that there is no conflict of interest in the evaluation for any involved staff or partners.

Data collection tools will be adapted to the needs and specificities of the types of research participants and their context. The design aims to ensure the **inclusion** of a wide variety of perspectives by involving adolescent and adult participants from different backgrounds and across three regions of Ethiopia. Female adolescent respondents will comprise both married and unmarried project participants. Provisions will be taken to allow for the inclusion of vulnerable groups, including out-of-school children and adolescents with disabilities. Separate interview guides and topic lists for adolescents and for adults have been developed, to ensure that questions are age appropriate, easily understandable, and relatable to their contexts. The research tools and consent forms have been prepared in English and will be contextualised and translated to the appropriate local languages (Amharic, Afan Oromo and/or Somali) to ensure their suitability. Furthermore, a pilot will be undertaken to test the appropriateness of the tools and make any necessary adjustments prior to the data collection start.

Field protocols¹⁹ have been designed to provide tailored guidance for data collection in the context of this evaluation, featuring considerations of participants' informed consent, privacy and confidentiality, wellbeing, and safeguarding, including of C4ED's duty of care.

Informed consent will be sought from all adult participants. The purpose of the research and the nature of participants' involvement will be explained by the researcher, and participants will be able to ask questions and clarify expectations prior to giving their consent. All participants will be notified that the information they put forward will be treated confidentially, anonymised and used only for the purposes of the evaluation. Any limits to confidentiality (e.g., in the case of key informants) will be explicitly mentioned. Local consultation will be undertaken to ascertain if consent needs to be obtained from community leaders, representatives or household heads as well, considering the prevailing power structures within communities. The consent form will use simple language and will be prepared both in English and in the respondents' native language. Before the interview, the researchers will read the consent form aloud to all participants and hand it over for them to keep and read themselves (when literate). Participants will be encouraged to ask any questions regarding the evaluation and their participation. Finally, participants will be asked to sign the form (or add their thumb print, in case of illiteracy). If interviews are recorded²⁰, the purpose of the recording will be explained and included in the consent form. All participants will be made aware that their participation in the evaluation is voluntary and that their consent is negotiable and can be withdrawn at any point without any negative consequences. No payments are foreseen to be provided to participants. For the case of adolescents, both parental/guardian **informed consent** and the adolescent's **informed assent** will be required.

Interviews will take place in settings which ensure participants' **safety and privacy**. Specific procedures have been outlined to ensure a **safe environment for children**. Interview venues selected should be acceptable for both the adolescents and their parents/guardians. Should adolescents prefer not to have the interview at home, Flagship Program implementers will be consulted on available venues (e.g., school, club), and any locations suggested will be checked with respondents to ensure they meet their requirements. Adolescents will be contacted firstly via an adult figure of trust who is connected to the Flagship Program implementation (e.g., community mobiliser from NGO, teacher from school). During the interview, adolescents will be asked if they would prefer to answer questions privately or in the company of another person. In case of no other person present, researchers will carry out the interview in a place where they can be observed by the parent or responsible adult, while keeping enough distance to ensure privacy.

Interviews with adolescents will go beyond a consultative approach, by using interview techniques that encourage their agency and collaboration. Researchers receive additional training in child-sensitive interviewing and consultations will take place with ECM experts to make sure that the specific participant needs are considered in this context. Given that children often have shorter attention spans and require higher motivation than adults, a flexible tool (life histories) will be employed for qualitative data collection. Its flexibility will allow the interviewer to shift the patterns of the conversation if the child appears bored or distracted. The methodology of life-lines used as part of the IDI with adolescents also aims to add dynamism to the interview and

¹⁹ Written protocols to ensure subjects' safety, the protection of human subjects' identities and the protection of data have been compiled on the basis of the ethical considerations here outlined.

²⁰ KII and FGD are planned to be recorded. Due to their length, sensitive nature (sensitive content related to personal experience of interviewed minors) and informal style life histories are not planned to be recorded. Interviews will only be recorded if respondents give informed consent.

enhance adolescents' engagement. Researchers will also consider techniques for responding to any potential discomfort shown by adolescents during the interview (i.e., taking breaks, changing topics, asking if they would like someone else present, and respecting their right to silence).

For all interviews, the respondents' local context and experiences will be taken into consideration when formulating the questions and listening to their responses, their ideas and needs given priority, and any technical terms or abstractions avoided. An active listening stance will be adopted by the researchers when receiving the answers of all respondent types. Researchers will practice active self-awareness and reflection, throughout the data collection process to ensure that any potential biases are kept in check and that the participants' views can be transparently and effectively captured. Researchers are trained to navigate interviews with sensitive topics and will take all necessary measures to ensure respondents' comfort and prevent or minimise their distress. Furthermore, interviews will be conducted in the local languages to encourage trust building, rapport, and free expression of participants. A gender-sensitive approach will also be ensured; C4ED will deploy a mixed team of male and female researchers, with female researchers leading all interviews with girls and women.

As part of C4ED's **duty of care**, researchers will be required to follow established procedures to ensure that participants wellbeing is safeguarded. Firstly, participants will be provided with a contact point to refer any concerns or grievances regarding researchers or any aspect of the research to C4ED, as well as with a relevant e-mail address (complaints@c4ed.org) as part of their consent form. Secondly, and in line with our 'Child Protection and Safeguarding Vulnerable Groups Policy' which promotes zero-tolerance against abuse, exploitation, and any form of harm to vulnerable people, researchers will be required to follow a procedure to refer any identified vulnerable participants to appropriate local support. The specific referral mechanism to be utilised will be discussed with UNICEF. For the case of adolescents, C4ED researchers could provide them with the contact/s of an appropriate NGO or official worker to whom they could speak to in case of need. Researchers can also offer support to the adolescents in making the referral to the appropriate institutional actor if needed and requested.

Data handling during and after the implementation of the research will ensure that the privacy and confidentiality of participants is respected and safeguarded. Data will be de-identified at individual level and findings aggregated to appropriate levels so that it will not be possible to pinpoint the sources. Names and other personally identifiable information will be removed from datasets as soon as possible after data is collected and unique identifiers will be assigned instead. Notes and interviews uploaded to the server will be nominated with numbers and typologies of respondents. All data collected will be uploaded and stored in C4ED's secure server online, to which only staff working on the project will have access, while physical copies will be destroyed. No participants will be identified in any reports unless they have explicitly provided their consent; otherwise, only numbers, locations and categories of respondents will be used in reporting.

6.2 QUALITY ASSURANCE

Collecting high-quality data depends i) on the quality of the interview tools, ii) the qualifications and skills of the field team, and iii) the quality of the monitoring approach. High qualifications and skills of the field team will be ensured by C4ED's standard operating procedures for rigorous recruitment and training of researchers.

The high quality of research tools will be ensured by multiple feedback rounds and by testing the final tools during the pilot phase as well as continuous feedback rounds adaptation during data collection. To guarantee that the data collected is of high quality, C4ED monitoring mechanisms will ensure that an audit trail (including consent and assent forms, recordings and interview / field notes) are documented. Through continuous, individual feedback loops among the research team, C4ED will ensure that the data format is correct, and the quality of the interviews and focus groups (and their recordings) is sound.

The quantitative analysis relies on secondary data collected during project monitoring by UNICEF and their implementing partners. To assure the quality of the statistical analysis of the provided survey data sets, C4ED will cross-check the reliability and validity of the existing survey data sets. It is difficult from C4ED's perspective to ascertain that the data has not been tampered or altered, and that it is truthful and unbiased. To gain an understanding of the data quality, we will critically reflect and discuss the potential limitations with UNICEF for each data set before using it. This includes the assessment of complementary information related to the data sets, such as the sampling approach, the questionnaires used, the data collection strategy, and additional documentation.

Given our focus on providing our clients with deliverables of the highest standards, C4ED includes a technical Quality Assurance position (backstopper) on every project. This expert reviews all data collection tools and reports before they are delivered to the client. The person is not a member of the project team but plays a role similar to that of a scientific referee, providing a fresh perspective to those working on the project day to day by offering valuable feedback in their area of expertise. In addition, a thematic expert on ECM based in Ethiopia has been contracted for the assignment so that it can be assured that tools, analysis and the respondent choice and sampling are appropriate and reports (including recommendations) are of high quality.

7. EVALUATION TIMELINE

The evaluation will take place between mid-November 2022 and end of June 2023 (7.5 months). A kick-off meeting took place on 21 November 2022 (week 1). The inception report including relevant documents for ethical clearance are to be submitted by 19 December 2022 the latest, four weeks after the kick-off meeting for the assignment has taken place. A presentation of the report to UNICEF and other stakeholders is planned for 10 January 2023. After feedback from various stakeholders, and, if necessary, subsequent adaptations and revisions, the inception phase is expected to be concluded with the approval of the inception report by mid-January (week 9)²¹.

The subsequent two weeks will be used to prepare for the field work. Preparations include translation of interview guides, development of field plan and identification and mobilisation of interview respondents, contracting regional interpreter(s) and guides as well as health, security and travel preparations for travel of the international researcher.²² Beginning of February, the international researcher will travel to Addis Ababa for the training of national researchers, piloting of interview guides and for conducting KIIs with respondents who are based in the

²¹ Tentative timeline in the ToR and the contract suggests the inception phase to be concluded by week. however, due to absences at the turn of the year the review and revision phase is expected to take 4 weeks, thereby the inception phase is expected to be concluded by week 9.

²² The tentative timeline in the ToR and the contract gives no room between approval of inception report and field work. However, at least 2 weeks need to be considered to finalize all necessary preparatory steps.

capital. Subsequent data collection throughout the three selected regions and return to Addis Ababa is planned for the subsequent 3 weeks. Initial findings can be presented to UNICEF in an in-person workshop on 1 March, or in a virtual workshop in the first week of March. Analysis of secondary data will be conducted by experienced C4ED quantitative researchers parallel to qualitative primary data collection and analysis. Close collaboration with and timely submission of relevant information from UNICEF and implementing partners for both primary and secondary data collection will be required to avoid any delays in the time allocated for field work and secondary data analysis.

To allow room for proper analysis of primary data as well as triangulation of findings of primary and secondary data we suggest expanding the period for the preparation of the draft final report from 4 to 5 weeks. The draft final report will be submitted by 7 April the latest. One month is planned for quality assurance (2 weeks) and commenting process (2 weeks) from UNICEF side. We expect to receive consolidated feedback to the report by 4 May (week 24). After subsequent revision and preparation, a presentation of the final report during a dissemination workshop by UNICEF and other stakeholders is expected to take place in the last week of May (week 27). The subsequent 4 weeks will be spent on the development of the additional dissemination documents, which will be submitted by end of June.²³

A detailed schedule with specific tasks, timelines and deliverables is presented in Table 5 of Annex 5.

²³ As the timeline suggested by UNICEF does not allow for buffers, any delays during inception, data collection, analysis or reporting will have an effect on and shift the timeline of the subsequent evaluation phases. Delays may be caused by factors and actors over which the evaluation team has very limited influence.

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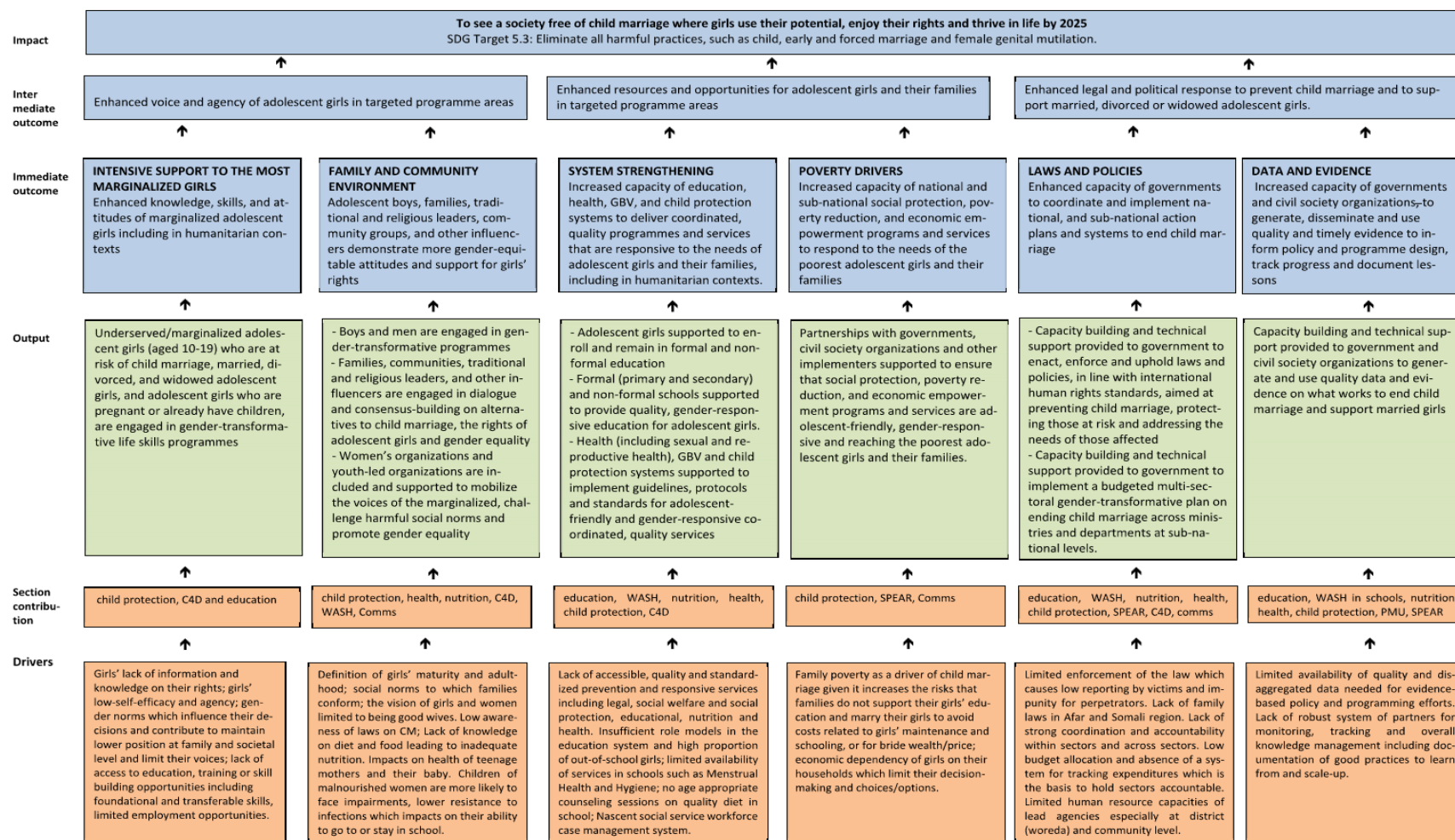
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Formative Evaluation of End Child Marriage (ECM) Flagship Result - Inception Report -

ANNEX 1: ECM FLAGSHIP RESULT PROGRAM THEORY OF CHANGE²⁴

Figure 1 Theory of Change



²⁴ Drawn from the document shared by UNICEF "200909_CM Flagship ToC_TwoPager_FINAL"

ANNEX 2: EXPLANATION REGIONAL SAMPLE SELECTION CRITERIA

Table 2 Regional selection criteria

Selection criteria for woredas / kebeles	Rationale
Maturity of Flagship Program implementation	As the evaluation aims to measure effects and sustainability of program activities priority will be given to woredas / kebeles where the program activities have been established and implemented for (relatively) long periods of time.
Prevalence and maximum convergence of multisectoral Flagship Program activities	As one focus of the evaluation is to assess the state of multisectoral cooperation, synergies and combined effects, priority will be given to woredas & data collection points where a high level of convergence of program activities from different sectors are expected.
[If applicable] maximum variation in overall performance of targeted vs. achieved Flagship Program outputs / outcomes	The formative evaluation is supposed to identify and make recommendations for future action based on lessons learnt from the program (what to continue, expand or upscale, what to avoid and what to change in the future). This is why it is important to not only look at locations with potential “best practices” but also explore barriers in areas where the program struggles to reach its objectives.
[if applicable] variation in strong vs. weak prevalence of external factors which (are likely to) contribute to the Flagship Program and undermine program outcomes (e.g. prevalence of conflict, drought)	It has been established that ECM can be influenced by a variety of intersecting factors. To best assess the ECM Flagship’s contribution to end ECM both scenarios where we assume we have strong influencing factors, and scenarios where we have weak influencing factors should be explored. This way, differentiated recommendations can be given for program implementers who work in different contexts.
Accessibility and security	Locations need to be safe for researchers to ensure safeguarding principles and protocols. Locations need to be (relatively) accessible to maximise value for money allocated to data collection and to maximise the number of interview sessions in order for findings to reflect the diversity and comprehensiveness of the Flagship Program and its effects at different levels.

**Formative Evaluation of End Child Marriage (ECM) Flagship Result Program
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ANNEX 3: QUALITATIVE SAMPLING FRAME

Table 3 Qualitative sampling frame

Respondent Categories	Identified respondent groups and selection criteria	Geographic coverage & no. respondents						Total no. resp.
Key Informant Interviews with Flagship Program implementers								
		National						6
UNICEF country office Flagship Program staff	UNICEF ECM Flagship Result Program responsables, and sectoral leads	6						6
		Amhara	Oromia	Somali			15	
UNICEF field office Flagship Program coordinators	UNICEF main focal points of the region for program coordination and reporting	1	1	1			3	
Flagship Program implementers on regional level (at least one implementer from each of the 4 components)	BOWCA/BoWCSA/BOWSA REB, RHB, BOJ/AG CARE, Viamo, OWS Development Fund	4	4		4		12	
Focus Group Discussions with Flagship Program implementers and participants								
		Amhara		Oromia		Somali		15
UNICEF field office Flagship Program staff sectoral leads		5(1)		5(1)		5(1)		15
		Wore da 1	Wore da 2	Wore da 1	Wore da 2	Wore da 1	Wore da 2	210
female adolescent Flagship Program participants engaging in girl's empowerment component and other components	In-school adolescent girls who are / were program participants with exposure to multiple sector activities	(1) 7	(1) 7	(1) 7	(1) 7	(1) 7	(1) 7	42

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female adolescent Flagship Program participants engaging in girl's empowerment component and other components	Out-of-school adolescent girls who are / were program participants with exposure to multiple sector activities	(1) 7	(1) 7	(1) 7	(1) 7	(1) 7	(1) 7	42
Flagship Program participants from community mobilisation activities	Men, women, boys, girls, religious leaders, community leaders	(1) 7	(1) 7	(1) 7	(1) 7	(1) 7	(1) 7	42
representatives from community service providers of all sectors who participated in the strengthening integrated multi-sectoral services component	Experts and officials working in those regional and woreda level bureaus including teachers, school administration, social workers, health workers prosecutors, judges	(1) 7	(1) 7	(1) 7	(1) 7	(1) 7	(1) 7	42
In-Depth Interviews / life histories with Flagship Program participants								
		Wore da 1	Wore da 2	Wore da 1	Wore da 2	Wore da 1	Wore da 2	36
female adolescents and their families	married and unmarried adolescent girls who are / were Flagship Program participants with exposure to multiple sector activities and their caretakers / husbands	6 (2)	6 (2)	6 (2)	6 (2)	6 (2)	6 (2)	36
								240

ANNEX 4: RISKS AND MITIGATION STRATEGIES

Table 4 Risks and mitigation strategies

Risks qualitative data collection	
Risk	Mitigation strategy
<p>Administrative, logistics & mobility related risks:</p> <ul style="list-style-type: none"> • Security problems due to conflicts and drought render some areas/ households inaccessible • Lack of political and legal support within woredas/ kebeles • COVID-19 repercussions, and inaccessibility of evaluation locations 	<ul style="list-style-type: none"> • Consult with UNICEF to get security assessment prior to staff deployment and make necessary adjustments such as change of evaluation woreda/ kebele, if situations don't allow data collection and mobility. Secondary data and remote interviews can be used to cover eventually inaccessible areas. • Involve local authorities and ensure regular communications with relevant stakeholders. • Adopt strict (safety) field protocols and Covid-19 contingency plan including options to switch from face-to face to remote data collection.
<p>Reliance on Flagship Program staff during sample selection leads to sampling bias in favor of "good performers"</p>	<ul style="list-style-type: none"> • Regional selection criteria target both good / poorly performing woredas and woredas with weak and strong external factors that undermine Flagship Program outcomes. • If feasible UNICEF Monitoring and Evaluation field staff monitor and backstop implementing partners during beneficiary identification and selection.
<p>Evaluation participants do not show up (e.g., FGD)</p>	<ul style="list-style-type: none"> • Collect names and contact information of the participants, particularly parents, from kebele logbooks (incl. name, address, and own or relative phone number, if available). This list will be identified prior to the data collection date. • Use this information and local guides to help identify/locate the respondents and communicate with them in advance for the interview (IDI) and FGD.
<p>Adolescent evaluation participants don't feel comfortable enough to openly share their experiences</p>	<ul style="list-style-type: none"> • Employ researchers with experience working with children and adolescents and optimal interpersonal skills to engage with them in a respectful, kind and friendly manner. • Identify an interview setting that is familiar to participants (where they feel safe and comfortable), as well as private and quiet enough to ensure confidentiality. • Engage adolescent participants in ice-breaker games (in a group, when relevant and possible) before the IDI and FGD, to start building rapport with them and help them loosen up. • Begin the IDI with a casual conversation and allow the conversation to flow naturally, with more sensitive topics only introduced once the respondent is already engaged. • Reassure that the interview uses a language that the respondents understand, about C4ED's confidentiality policy, about the goal of the interview and what is expected of them, and about their liberty to leave the interview at any point or skip any question they are not comfortable answering. • When necessary, introduce alternative interview techniques to elicit responses (e.g. showing pictures, photo elicitation exercise, drawing a timeline of key life events).

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<p>Evaluation participants are intimidated by the interview setting (i.e., international researcher with interpreter)</p>	<p>[In addition to the strategies listed above]</p> <ul style="list-style-type: none"> • Conduct training sessions for the interpreter(s) accompanying the international C4ED staff so they are fully prepared to not only interpret back and forth between the interviewee and the C4ED researcher, but also to be able to ask probing questions when necessary, in order to allow for a more natural flow of the conversation. • Pay special attention to nonverbal communication during the interviews and make sure that the international C4ED researcher practises active listening despite the language barrier. • Assess during data collection if different respondent groups are more open and responsive towards national or international researchers, and interview types and respondent categories may be divided between researchers accordingly.
<p>Respondents refuse to participate in the evaluation</p>	<ul style="list-style-type: none"> • Frequent communication with local authorities, UNICEF field offices and local project implementing staff to ensure introduction between community members and researchers, and experts and researchers and build trust. • Develop and enforce field protocols to be duly followed by researchers such as visiting respondents at convenient times and places. • Have alternate respondents in place and (small) time buffer during data collection planned to reach target figures.
<p>Low data quality:</p> <ul style="list-style-type: none"> • Low field researcher performance • Low quality due to unforeseen events or inconsistencies during data collection 	<ul style="list-style-type: none"> • Follow a thorough assessment and careful recruitment of external researchers/ data collectors. • Conduct an in-depth training for qualitative researchers with a performance observation during the training and pilot. • Assess data collectors' / researchers' performance during data collection on a daily basis • Assess field staff after training and continuously track their performance during data collection.
<p>Inconsistency of results during analysis</p>	<ul style="list-style-type: none"> • Triangulate findings by using multiple field researchers, sources of data and methods for data collection. • Engage in qualitative data collection until data becomes "saturated". • Use an audit trail in the qualitative methodology. • Apply a maximum variation in the sample selection in the qualitative methodology. • Let results be peer reviewed.
<p>Indicators selected to describe characteristics of interest do not measure the actual construct</p>	<ul style="list-style-type: none"> • Discuss intensively with Client, key stakeholders and back-check with the existing literature and past related studies. • Pilot the interview tools and adaptation of tools during data collection where necessary. • Ensure high quality translation to local languages.
Risks secondary data analysis	
Risk	Mitigation strategy
<p>Access to the secondary quantitative data takes longer than planned and delays analysis</p>	<ul style="list-style-type: none"> • Initiate communications to access the available quantitative data with the client immediately after the contract is awarded.

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<p>Potential risks about available dataset(s):</p> <ul style="list-style-type: none"> • Sample size may be small, making sub-sample/ disaggregated analysis over various groups impossible/ infeasible • Lack of relevant variables (no data collected on relevant variables) • Data are aggregated/ collected at the household level, missing observations at the relevant individuals such as adolescents 	<ul style="list-style-type: none"> • Request all relevant datasets from client to conduct analyses on various datasets. • Generate indicators from existing variables as much as possible. • Check other related datasets from other sources to conduct similar analysis and compare results. • Request raw datasets at a more disaggregated level such as at the individual level, if available.
<p>Low data quality:</p> <ul style="list-style-type: none"> • Missing values in key variables 	<ul style="list-style-type: none"> • Check if the missing values can be generated from related variables or impute using standardised method.
<p>Uncertainty about data reliability:</p> <ul style="list-style-type: none"> • Data can be tampered or altered • Data needs to be truthful and unbiased 	<ul style="list-style-type: none"> • Critically reflect and discuss the potential limitations with UNICEF for each data set before using it • Assess complementary information related to the data sets, such as the sampling approach, the questionnaires used, the data collection strategy, and additional documentation.

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ANNEX 5: EVALUATION TIMELINE

Table 5 Evaluation timeline

Tasks to be performed	Expected duration	timeline deliverable	Deliverables	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Kick-off meeting	2 hrs	week 1	-	x							
Inception report											
Writing draft inception report and quality assurance	3 weeks			x	x						
Develop research plan and evaluation protocol for IRB	0.5 week				x						
Developing tools for qualitative data collection	0.5 week				x						
Submitting inception report including documents for IRB		week 5	Draft inception report / IRB documents		x						
Endorsement process of evaluation inception report including revision	4 weeks	week 9	Final inception report		x	x					
Field work implementation and data analysis											
Literature review	2 weeks					x					
Preparation & analysis of secondary quantitative data	6 weeks						x	x			
Securing Ethical Clearance (IRB)	4 weeks				x	x					
Translation of interview tools	2 days						x				
Hiring interpreter and local guides	1 week						x				
Development field plan, incl. Sampling and mobilisation of respondents	1 week						x				

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<ul style="list-style-type: none"> Submission of dissemination documents 		<p align="center">week 31</p>	<p>Two pagers for each region, [tbd. 1- 2 working papers], 5 graphic interchange, formats (GIFs), 2 Infographics</p>								<p align="center">x</p>
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ANNEX 6: ECM FLAGSHIP RESULT PROGRAM LOGFRAME – REGIONAL TARGET BREAKDOWN (CONDENSED)²⁵

Results Statement	Key Indicators	Geographic disaggregation	Baseline		2020	2021	2022	2023	2024	2025	CM Flagship End Result	Means of Verification
			Year	Baseline Value								
Outcome 1: Enhanced knowledge, education and life-skills, and attitudes of marginalized adolescent girls on matters such as their rights, relationships, sexual and reproductive health, and financial literacy, including in humanitarian contexts	Proportion of girls who express increased sense of self-efficacy; who feel confident in their ability to negotiate and delay early marriage; who feel comfortable speaking without fear	National	2017	27%	37%	47%	57%	67%	75%	80%	80%	SBCC baseline-endline
Output 1: Underserved/ marginalized adolescent girls (aged 10-19) who are at risk of child marriage or who are pregnant, married,	Number of adolescent girls and boys that have participated in UNICEF-supported skills developmen	National	2019	0	Total=18,000 (75% girls) Humanitarian = 4,665 (75% girls) Development = 13,335 (75% girls)	Total=36,000 (75% girls) Humanitarian = 9,330 (75% girls) Development = 26,670 (75% girls)	Total=36,000 (75% girls) Humanitarian = 9,330 (75% girls) Development = 26,670 (75% girls)	Total=36,000 (75% girls) Humanitarian = 9,330 (75% girls) Development = 26,670 (75% girls)	Total=36,000 (75% girls) Humanitarian = 9,330 (75% girls) Development = 26,670 (75% girls)	Total=18,000 (75% girls) Humanitarian = 4,665 (75% girls) Development = 13,335 (75% girls)	Total=18,000 (75% girls) Humanitarian = 4,665 (75% girls) Development = 13,335 (75% girls)	Government Reports, UNICEF Periodic Reports (RAM, Field Monitoring, AR)

²⁵ To improve legibility several columns from the original document shared by UNICEF (document title “211215_ECM flagship logframe- Regional target breakdown”) which were not relevant for the inception report were removed.

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<p>divorced or widowed are engaged in gender transformative life skills and CSE programmes that build their knowledge, skills, awareness of their rights, and connect them to services.</p>	<p>t programmes for learning, personal empowerment, active citizenship and/or employability</p>	Afar	2019	0	<p>Total: 630 (75% girls) Humanitarian: 252 (75% girls) Development: 378 (75% girls)</p>	<p>Total: 1,260 (75% girls) Humanitarian: 504 (75% girls) Development: 756 (75% girls)</p>	<p>Total: 1,260 (75% girls) Humanitarian: 504 (75% girls) Development: 756 (75% girls)</p>	<p>Total: 1,260 (75% girls) Humanitarian: 504 (75% girls) Development: 756 (75% girls)</p>	<p>Total: 1,260 (75% girls) Humanitarian: 504 (75% girls) Development: 756 (75% girls)</p>	<p>Total: 630 (75% girls) Humanitarian: 252 (75% girls) Development: 378 (75% girls)</p>	<p>Total: 630 (75% girls) Humanitarian: 252 (75% girls) Development: 378 (75% girls)</p>
		Amhara	2019	0	<p>Total: 8,660 (75% girls) Humanitarian: 1,732 (75% girls) Development: 6,928 (75% girls)</p>	<p>Total: 17,320 (75% girls) Humanitarian: 3,464 (75% girls) Development: 13,856 (75% girls)</p>	<p>Total: 17,320 (75% girls) Humanitarian: 3,464 (75% girls) Development: 13,856 (75% girls)</p>	<p>Total: 17,320 (75% girls) Humanitarian: 3,464 (75% girls) Development: 13,856 (75% girls)</p>	<p>Total: 17,320 (75% girls) Humanitarian: 3,464 (75% girls) Development: 13,856 (75% girls)</p>	<p>Total: 8,660 (75% girls) Humanitarian: 1,732 (75% girls) Development: 6,928 (75% girls)</p>	<p>Total: 8,660 (75% girls) Humanitarian: 1,732 (75% girls) Development: 6,928 (75% girls)</p>
		Gambella	2019	0	<p>Total: 250 (75% girls) Humanitarian: 125 (75% girls) Development: 125 (75% girls)</p>	<p>Total: 500 (75% girls) Humanitarian: 250 (75% girls) Development: 250 (75% girls)</p>	<p>Total: 500 (75% girls) Humanitarian: 250 (75% girls) Development: 250 (75% girls)</p>	<p>Total: 500 (75% girls) Humanitarian: 250 (75% girls) Development: 250 (75% girls)</p>	<p>Total: 500 (75% girls) Humanitarian: 250 (75% girls) Development: 250 (75% girls)</p>	<p>Total: 250 (75% girls) Humanitarian: 125 (75% girls) Development: 125 (75% girls)</p>	<p>Total: 250 (75% girls) Humanitarian: 125 (75% girls) Development: 125 (75% girls)</p>

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	Oromia	2019	0	Total: 5,000 (75% girls) Humanitarian: 1,500 (75% girls) Development: 3,500 (75% girls)	Total: 10,000 (75% girls) Humanitarian: 3,000 (75% girls) Development: 7,000 (75% girls)	Total: 10,000 (75% girls) Humanitarian: 3,000 (75% girls) Development: 7,000 (75% girls)	Total: 10,000 (75% girls) Humanitarian: 3,000 (75% girls) Development: 7,000 (75% girls)	Total: 10,000 (75% girls) Humanitarian: 3,000 (75% girls) Development: 7,000 (75% girls)	Total: 5,000 (75% girls) Humanitarian: 1,500 (75% girls) Development: 3,500 (75% girls)	Total: 5,000 (75% girls) Humanitarian: 1,500 (75% girls) Development: 3,500 (75% girls)	
	SNNP	2019	0	Total: 1,280 (75% girls) Humanitarian: 384 (75% girls) Development: 896 (75% girls)	Total: 2,560 (75% girls) Humanitarian: 768 (75% girls) Development: 1,792 (75% girls)	Total: 2,560 (75% girls) Humanitarian: 768 (75% girls) Development: 1,792 (75% girls)	Total: 2,560 (75% girls) Humanitarian: 768 (75% girls) Development: 1,792 (75% girls)	Total: 2,560 (75% girls) Humanitarian: 768 (75% girls) Development: 1,792 (75% girls)	Total: 1,280 (75% girls) Humanitarian: 384 (75% girls) Development: 896 (75% girls)	Total: 1,280 (75% girls) Humanitarian: 384 (75% girls) Development: 896 (75% girls)	
	Somali	2019	0	Total: 750 (75% girls) Humanitarian: 300 (75% girls) Development: 450 (75% girls)	Total: 1,500 (75% girls) Humanitarian: 600 (75% girls) Development: 900 (75% girls)	Total: 1,500 (75% girls) Humanitarian: 600 (75% girls) Development: 900 (75% girls)	Total: 1,500 (75% girls) Humanitarian: 600 (75% girls) Development: 900 (75% girls)	Total: 1,500 (75% girls) Humanitarian: 600 (75% girls) Development: 900 (75% girls)	Total: 750 (75% girls) Humanitarian: 300 (75% girls) Development: 450 (75% girls)	Total: 750 (75% girls) Humanitarian: 300 (75% girls) Development: 450 (75% girls)	
Number of adolescent girls (aged 10-19) who actively participated in life skills or CSE intervention	National	2020	8,959	8,959	25,476	15,934	15,316	14,307	3,802	83,794	Programme/N GO records and relevant administrative data
	Afar	2020	0	0	384	384	384	384	192	1,728	
	Amhara	2020	2,700	2,700	12,000	2,700	3,600	2,700	1,800	25,500	
	Gambella	2020	0	0	500	500	500	500	250	2,250	

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	s in programme areas (targeting out-of-school girls only)	Oromia	2020	2,000	2,000	4,500	2,700	2,325	2,700	1,350	15,575	
		SNNP	2020	4,039	4,039	7,762	9,210	8,089	7,583	3,792	40,475	
		Somali	2020	220	220	330	440	418	440	220	2,068	
Output 2: Families, communities, traditional and religious leaders, and other influencers are engaged in dialogue and consensus-building on alternatives to child marriage (including education), the rights of adolescent girls, and gender equality	Number of people participating in community engagement and behaviour change interventions to address harmful practices, social and gender norms	National	2020	2,620	2,620	126,712	126,712	126,712	126,712	63,356	572,826	Programme records
		Afar	2020	164	164	6,665	6,665	6,665	6,665	3,333	30,157	
		Amhara	2020	1,228	1,228	62,276	62,276	62,276	62,276	31,138	281,471	
		Gambella	2020	205	205	2,777	2,777	2,777	2,777	1,389	12,702	
		Oromia	2020	409	409	30,000	30,000	30,000	30,000	15,000	135,409	
		SNNP	2020	287	287	11,664	11,664	11,664	11,664	5,832	52,774	
		Somali	2020	328	328	13,330	13,330	13,330	13,330	6,665	60,313	
	Number of individuals reached through media programmes with messaging on key protective behaviours and access to services	National	2019	0	0	856,000	866,000	876,000	876,000	438,000	3,912,000	media records
		Afar	2019	0	0	6,000	6,000	6,000	6,000	3,000	27,000	
		Amhara	2019	0	0	250,000	250,000	250,000	250,000	125,000	1,125,000.00	
		Gambella	2019	0	0	20,000	20,000	20,000	20,000	10,000	90,000	
		Oromia	2019	0	0	250,000	250,000	250,000	250,000	125,000	1,125,000	
		SNNP	2019	0	0	250,000	250,000	250,000	250,000	125,000	1,125,000	
Somali		2019	0	0	80,000	90,000	100,000	100,000	50,000	420,000		
Output 3: Strengthened provision of integrated multi-sectoral services (WASH, Health, Social protection, Education and Nutrition)	Number of adolescents reached through schools with Menstrual Hygiene Management implemented	National	2019	0	26400	78000	135000	193200	244200	270600	473700	Administrative data from regional water bureaus certified by UNICEF specialist/officers
		Afar	2019	0	1200	2400	4800	6600	8400	9000	16200	
		Amhara	2019	0	6000	18000	31800	45600	57600	63600	111300	
		Gambella	2019	0	600	1200	1800	2400	3000	3600	6300	
		Oromia	2019	0	10200	30000	51600	74400	93600	104400	182,100	

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services) to protect girls from child marriage	d in schools programmes as a result of UNICEF direct support and/or leveraged through national programmes.	SNNPR	2019	0	4200	13800	23400	33600	42600	46800	82200	
		Sidama	2019	0	1200	3600	6600	9000	12000	13200	22800	
		Somali	2019	0	3000	9000	15000	21600	27000	30000	52800	
Number of marginalized girls supported for school enrolment and retention	National	2019	37,000	0	0	150,000	150,000	150,000	100,000	550,000	Programme records	
	Afar	2019	4,000	0	0	6,000.00	6,000.00	6,000.00	7,000.00	25,000		
	Amhara	2019	20,000	0	0	20,000.00	20,000.00	20,000.00	12,000.00	72,000		
	Oromia	2019	8,000	0	0	44,000.00	44,000.00	44,000.00	30,000.00	162,000		
	SNNPR	2019	-	0	0	24,000.00	24,000.00	24,000.00	15,000.00	87,000		
	Sidama	2019	-	0	0	6,000.00	6,000.00	6,000.00	4,000.00	22,000		
	Somali	2019	5,000	0	0	30,000.00	30,000.00	30,000.00	20,000.00	110,000		
	Gambella	2019	-	0	0	20,000.00	20,000.00	20,000.00	12,000.00	72,000		
Number of girls and boys who have experienced violence reached by health, social work or justice/law	National	2019	12,503	9,916	13,495	13,097	11,172	13,125	12,046	72,852	Programme records, Tracking forms, survey of girls	
	Afar	2019	1,608	1,557	1,616	1,620	1,557	1,616	1,620	9,586		
	Amhara	2019	5,340	3,770	5,593	5,701	3,770	5,593	5,701	30,127		
	Gambella	2019	847	684	873	884	896	908	707	4,952		

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enforcement services	Oromia	2019	1,581	1,308	2,200	1,644	1,663	1,683	1,347	9,844	
	SNNP	2019	1,355	953	1,420	1,447	1,476	1,505	1,010	7,811	
	Sidama	2019	171	91	184	189	195	201	102	962	
	Somali	2019	1,601	1,554	1,609	1,612	1,615	1,619	1,560	9,568	
Number of health workers capacitated to provide gender responsive health services for adolescents	National	2019	0	0	80	249	249	249	249	1076	Programme records
	Afar	2019	0	0	29	83	83	83	83	361	
	Somali	2019	0	0	51	166	166	166	166	715	
Number of adolescent receiving nutrition services through with UNICEF support in the reporting year	National	2019	0	0	0	292,272	301,040	310,071	155,036	1,058,419	Programme records
	Afar	2019	0	0	0	30,598	31,309	32,249	16,608	32,249	
	Amhara	2019	0	0	0	81,903	84,360	86,890	44,749	86,890	
	Gambella	2019	0	0	0	9,233	9,501	9,795	5,045	9,795	
	Oromia	2019	0	0	0	30,563	31,480	32,424	16,699	32,424	
	Sidama	2019	0	0	0	18,651	19,211	19,787	10,190	19,787	
	SNNP	2019	0	0	0	22,426	23,099	23,791	12,253	23,791	
	Somali	2019	0	0	0	98,901	101,868	104,924	54,036	104,924	
Number PSNP Clients attending SBCC sessions that include preventative messaging on ending	National	2019	0	0	0	1,000,000	1,100,000	1,200,000	1,300,000	4,600,000	MIS
	Afar	2019	0	0	0	150,000	150,000	150,000	150,000	600,000	
	Amhara	2019	0	0	0	250,000	250,000	250,000	250,000	1,000,000	
	Gambella	2019	0	0	0	100,000	100,000	100,000	100,000	400,000	
	Oromia	2019	0	0	0	200,000	200,000	200,000	200,000	800,000	

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