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| **LOGICAL FRAMEWORK FOR THE PROJECT** | | | | |
|  | **Intervention logic** | **Objectively verifiable indicators of achievement** | **Sources and means of verification** | **Assumptions** |
| **Overall objectives** | To contribute to the reduction of neonatal mortality and maternal mortality in Afar region of Ethiopia by the next Ethiopia Demographic and Health Survey (EDHS) | * Neonatal mortality rate   *Baseline: 33 deaths per 1,000 live births (EDHS 2011)*   * Maternal mortality ratio   *Baseline: 801 deaths per 100,000 live births (EDHS 2005)* | Next EDHS |  |
| **Specific objective** | To reduce the prevalence and the harmful consequences of female genital mutilation in Zone 5 of Afar region by 2015 | * Among women age 15-49 who have heard about circumcision, percentage who believe practice should be continued   *Baseline: 65,6% for the whole of Afar region (EDHS 2005)*  *Target: 40%*   * Among women age15-49 with at least one living daughter, percentage with at least one daughter circumcised   *Baseline: 85,1% for the whole of Afar region (EDHS 2005)*  *Target: 75%*   * Among girls born in the last 12 months, percentage who have been circumcised   *Baseline: N/A*  *Target: 50%*   * Among girls born in the last 12 months and who have been circumcised, percentage with vagina sewn closed   *Baseline: N/A*  *Target: 50%* | Surveys (initial, mid-term and final) on knowledge, attitudes and practices about female genital mutilation  Surveys (initial, mid-term and final) on knowledge, attitudes and practices about female genital mutilation  Surveys (initial, mid-term and final) on knowledge, attitudes and practices about female genital mutilation  Surveys (initial, mid-term and final) on knowledge, attitudes and practices about female genital mutilation | There is low risk for lies or false declarations during surveys.  There is low to medium risk for the practice of female genital mutilation to continue through less severe forms, in secret and/or in neighbouring areas.  The Afar region is homogeneous so that baseline values calculated for the whole of the region (EDHS 2005) are applicable to the sole Zone 5. |
| **Expected results** | 1. The population in Zone 5 of Afar region (around 205,000 individuals) are aware of the harmful consequences of female genital mutilation. 2. Prevention and management of complications and consequences of female genital mutilation is integrated in the continuum of care provided in 57 health facilities in Zone 5 of Afar region. 3. Female genital mutilation is a focus of community dialogue in 57 *kebele* in Zone 5 of Afar region and communities choose to abandon the practice. 4. Knowledge, and prevention, of female genital mutilation is introduced and supported at regional level. | * Percentage of population that knows at least three complications / consequences of female genital mutilation   *Baseline: N/A*  *Target: 75%*   * Among women age 15-49 having received antenatal care from a skilled provider during their last pregnancy, percentage who received information on the risks and the consequences of genital mutilation on a newborn girl   *Baseline: N/A*  *Target: 90%*   * Among women age 15-49 who gave birth to a girl in a health facility, percentage who received information on the risks and the consequences of genital mutilation on their newborn girl   *Baseline: N/A*  *Target: 100%*   * Among women age 15-49 with vagina sewn closed (type III FGM) having received antenatal care from a skilled provider during their last pregnancy, percentage who got de-infibulated during the 2nd quarter   *Baseline: N/A*  *Target: 50%*   * Percentage of antenatal consultations conducted in accordance with WHO recommendations related to female genital mutilation   *Baseline: N/A*  *Target: 75%*   * Number of communities publicly declaring that they abandon female genital mutilation   *Baseline: 0*  *Target: 10*   * Number of coordination meetings between partners and other stakeholders   *Target: at least four meetings per year*   * Number of reports, publications, conferences and their main recommendations   *Target: one annual report, one final publication + at least one conference* | Surveys (initial, mid-term and final) on knowledge, attitudes and practices about female genital mutilation  Surveys (initial, mid-term and final) on knowledge, attitudes and practices about female genital mutilation  Surveys (initial, mid-term and final) on knowledge, attitudes and practices about female genital mutilation  Surveys (initial, mid-term and final) on knowledge, attitudes and practices about female genital mutilation  Observation of a sample of consultations in health facilities, through a checklist  Reports from local authorities and community leaders, press releases, media coverage  Minutes of meetings  Copies of reports and publications + conference proceedings | The awareness of the population concerns all the types of female genital mutilation, including the least severe forms.  Health facilities are functional and there is no disruption in the continuum of care.  Community leaders (clan leaders, religious leaders...) and traditional authorities (sultan) are influential and instrumental enough to convince their communities to abandon the practice of female genital mutilation.  All the stakeholders involved in prevention of female genital mutilation in Afar region are known. All of them agree to share information and their experiences. |
| **Activities** | *Activities related to the expected result 1:*  R1-A1: to conduct KAP surveys  R1-A2: to develop information, education, communication for the population on female genital mutilation  R1-A3: to train and support114 Health Extension Workers (HEW), 92 skilled health workers, 548 teachers on IEC on female genital mutilation  *Activities related to the expected result 2:*  R2-A1: to train and support 92 skilled health workers on female genital mutilation in the continuum of care  R2-A2: to introduce materials and protocols in 57 health facilities for the integration of WHO recommendations related to female genital mutilation  R2-A3: to set up protocols (including transfers to Dalifage hospital) for the opening of type III FGM during the second quarter of pregnancy  *Activities related to the expected result 3:*  R3-A1: to train the local partner ACISDA on community dialogue facilitation methodology  R3-A2: to set up, train and support 57 local anti-FGM committees  R3-A3: to facilitate community dialogue sessions on prevention of female genital mutilation in 57 *kebele*  *Activities related to the expected result 4:*  R4-A1: to prepare and write memoranda of understanding between partners and other stakeholders  R4-A2: to facilitate regional networking between partners and stakeholders involved in prevention of female genital mutilation | ***Means:***  Personnel:  1 general coordinator (36 months), 1 project coordinator (36 months), 6 supervisors, 5 community dialogue facilitators, 1 liaison officer, 1 administrator coordinator, 2 accountant, 5 drivers, watchmen  Equipment:  4 vehicles 4x4, 1 vehicle 2x4, 1 generator, computers and printers, office furniture, video equipment  Training:  Training materials (stationery…), training room rental, drinks and meals  Studies:  3 KAP surveys (initial, mid-term, final), consultancy contracts  Supplies:  IEC materials (500 flipcharts, 7,100 T-shirts), stationery (programme + offices), visibility items (stickers...)  Operational facilities:  1 field office in Dawe, 1 sub-office in Dalifage, 1 coordination office in Addis Ababa | Signed memoranda of understanding, monthly reports from the supervisors and the general coordinator, minutes of coordination meetings, number of training sessions (training certificates), number of IEC flipcharts and T-shirts distributed, number of anti-FGM committees established (lists of members), minutes of anti-FGM committee meetings (including registration of new born girls) | Security conditions are good in the intervention area.  The intervention area, including its remotest parts, remains accessible throughout the project (except maybe during rainy seasons – July-August). |