

GENDER TRANSFORMATIVE METHODOLOGIES in Ethiopia's agricultural sector: — the annexes

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Annex 1: Transformative Household Methodology (THM)

Background

Transformative Household Methodology (THM) intends to transform intra-household gender relations by improving relations between women and men, girls and boys. THM was adapted from a Harvard gender analytical tool (activity profile, and access and control over resources/benefits) and participatory rural appraisal tools (such as proportional piling, wealth ranking and seasonal analysis).¹ Initially the approach was developed by Ethiopian gender staff of Swedish International Development Cooperation Agency (SIDA) for the Amhara Rural Development Program in 2004 and also used in the HARVEST² SIDA funded Program³ but operated at the community level. Send a Cow Ethiopia adapted the approach from SIDA and implemented it with households since 2009. IFAD funded Send a Cow to pilot and then scale up the THM in different areas of Ethiopia and IFAD has also funded THM projects in Malawi and Uganda⁴. It is unclear how similar the SIDA, Send a Cow and non-Ethiopian THM approaches are, as not all manuals were able to be sourced.

Methodology

THM can be implemented through an individual household mentoring and group based approach. Each approach has its own implications for service providers, facilitators and the budget. In both approaches THM includes four basic steps: 1) creating a vision, 2) preparing an action plan, 3) implementing the action plan, and 4) graduation from external support and ensuring sustainability (see Table 2). It is important to follow this sequence during implementation because visioning and situation analysis are crucial for inspiring households and unlocking their potential.⁵

The individual household mentoring approach of THM is essentially a means of reaching poorer households whose views are usually neglected in various community development activities. The mentor guides individual households to analyze their situation and develop a household vision, and prepare an action plan, and encourages them to form self-help groups. Mentoring is time bound (one to three years) and given to vulnerable households to develop their self-reliance.

The group-based approach of THM teaches members the basic skills of visioning and planning (steps 1 and 2 in Table 2) and then asks members to repeat the process at home. A group facilitator teaches members how to use THM tools at home, supports members to graduate from needing assistance, and encourages them to raise awareness for the method and reach new households. By using THM tools, the group can also develop a group vision and action plan to improve their capacity and members' livelihoods in an inclusive manner.

¹ IFAD (2014). Ethiopia.

² HARVEST gender responsive livelihood diversifications for vulnerable people programme in Ethiopia funded by Swedish International Development Cooperation Agency.

³ Bishop-Sambrook C (2014). How to do household methodologies: Gender, targeting and social inclusion, date accessed 6 July 2017, <https://www.ifad.org/documents/10180/568527da-7d78-4c7c-813e-683aa8483e45>.

⁴ Bishop-Sambrook C (2014).

⁵ Bishop-Sambrook C (2014).

In both household- and group-based approaches, facilitators are crucial actors. They support households throughout the change process, starting from defining household visions, via implementation and monitoring, to graduation. There are three types of facilitators: (1) group facilitators (for the group-based approach), (2) community-based facilitators (they support other group members), and (3) mentor facilitators (who undertake individual household mentoring). Facilitators should be sufficiently trained on various THM tools and gender issues, and should regularly receive technical support from service providers (NGO or government).

Facilitators have to experience implementing the THM tools in their own households and gain personal experience in the method before they guide other households. The duration and frequency of facilitator support differ: (1) group facilitators hold weekly, bimonthly or monthly meetings until plans are developed, but ideally group meetings are held without the facilitator; and (2) mentor facilitators usually visit households once every two to four weeks for up to three years. Motivating facilitators and ensuring the services provided are sustainable are usually done through leadership support and incentives such as financial remuneration, equipment, tools, resources, and non-financial incentives such as personal development opportunities.

THM can be integrated into development projects or be implemented by itself in various sociocultural contexts. It is preferable to incorporate THM in project design so it will have the greatest impact on project goals. Nevertheless, THM can also be integrated in ongoing project activities.⁶ Table 2 illustrates THM's four steps, tools and methods.

Table 2. Transformative household methodology steps, tools and processes.

Tools	Objectives	Method ⁷
Step 1: Creating a household vision		
Tools ⁸ to create a household vision: 1. Gender action learning system vision journey 2. Family life model 3. Household mentoring	To enable participants to prepare vision for their household	<ul style="list-style-type: none"> • Household members sit together and design a household vision using these prompting questions: <ul style="list-style-type: none"> ○ Where would our household like to be in two to five years' time? ○ What would you like to have, do and pursue? • Each household member describes their contribution to the vision • They draw or write their vision in a notebook
Situation analysis tools: 1. Activity profile 2. Access to and control over resources and benefits 3. Power relations and	To identify the current household situation; its economic and social conditions	<ul style="list-style-type: none"> • Household members analyze their current situation in terms of vision, asset base, sharing of workload, power relations, food security, etc., asking the following questions: <ul style="list-style-type: none"> ○ Where are we now? ○ Why are we here? E.g., analysis of gender based inequality, impact and household capacity

⁶ Bishop-Sambrook C (2014).

⁷ Send-a-Cow Ethiopia provides three-day training courses for facilitators on THM tools.

⁸ THM manual outlines several tools to use in most steps but it does not elaborate nor provide any guidance on how facilitators should use these tools.

decision-making processes 4. Access to food and consumption		
Step 2: Action plan preparation		
No specific tool is mentioned but examples given to identify the household's external and internal opportunities and challenges	To identify existing opportunities that can help households to achieve their vision and address the challenges they may face	<ul style="list-style-type: none"> • Household members discuss: <ul style="list-style-type: none"> ○ What opportunities are available that may help to achieve the household vision? How can they be accessed? ○ What are the challenges, risks and assumptions that may hinder the achievement of the vision? ○ How can they be minimized?
Tools to move from analysis to action: <ul style="list-style-type: none"> • Market mapping • Enterprise gross margin analysis • Pairwise ranking 	Households prepare an action plan by breaking the vision journey into achievable time-bound activities	<p>First year action plan preparation</p> <ul style="list-style-type: none"> • Household members discuss: <ul style="list-style-type: none"> ○ What would the household like to achieve in the first year? ○ What additional skills and resources do members of the household need to achieve these goals?
Step 3: Implementing the action plan and monitoring progress		
No specific tool is mentioned	To encourage household members to work together towards the target	<p>Action plan implementation</p> <ul style="list-style-type: none"> • Facilitator and peers motivate households to work together to achieve their goals • Service providers may provide additional support to poorer and vulnerable households so they can achieve their action plans
No specific tools are mentioned	To identify progress and whether the household is on track to achieve their goals	<p>Monitoring implementation progress</p> <ul style="list-style-type: none"> • Household members hold regular meetings to reflect on progress: <ul style="list-style-type: none"> ○ Is our household progressing satisfactorily towards our vision and following the action plan? ○ Is our household achieving its target? ○ Is revision of the action plan or targets necessary? • Facilitators and peers monitor household progress, especially gender changes (household decision-making processes, workload, sharing of benefits, etc.)
No specific tool is mentioned	To review the household vision and action plan and make necessary changes	<p>Update the vision and action plan</p> <ul style="list-style-type: none"> • Household members discuss whether: <ul style="list-style-type: none"> ○ The household vision or the targets need to be revised ○ There are new opportunities to take advantage of or new challenges to overcome ○ Are there any skills that the household needs to develop further? • A new action plan is developed when specific targets are achieved and the vision is revised if the original

		goals are unattainable due changing circumstances
Step 4: Graduating and sustaining the use of THM		
Tools for graduation: <ul style="list-style-type: none"> • GALS achievement journey • Gender situational analysis 	To understand a household's achievements and readiness for graduation	A household takes between one and three years to graduate from the facilitated THM. A household is ready to graduate when: <ul style="list-style-type: none"> • A facilitator recognizes a household's readiness to graduate: <ul style="list-style-type: none"> ○ The household is self-confident, resourceful and motivated to continue using the methodology with minimal external support ○ There is evidence of improved household dynamics and gender transformation ○ Household members are involved in wider social groups
No specific tool is mentioned	To motivate and encourage households to use THM	Sustaining the use of THM <ul style="list-style-type: none"> • Individual mentors or group facilitators occasionally visit former households to check progress and the sustained use of THM • Individual households join ongoing THM groups to enhance sustainability
No specific tool is mentioned	To encourage the scaling up of THM	Scaling up requires <ul style="list-style-type: none"> • Experienced households to share THM with other households • THM households participate in awareness-raising and advocacy events • Some households become peer trainers

Adaptation

Send-a-Cow Ethiopia (SACE)⁹ adopted THM from SIDA and has implemented it with households since 2009.¹⁰ SACE uses seven steps to implement THM: (1) forming self-help groups (SHG),¹¹ (2) preparing for household analysis, (3) conducting basic gender analysis, (4) analyzing results, (5) creating the action plan, (6) following up, and (7) disseminating practices.¹²

Volunteer facilitators and mentors are selected from the community and receive a stipend of US\$40 per month to facilitate THM gender analysis at the SHG and household level. These facilitators and mentors train peer farmers who in turn train their group members. Four peer farmers (both female-headed and male-headed households) are selected from each SHG. The

⁹ Although SACE made minor modifications during implementation, it used the methods described in Table 3 (according to SACE respondents).

¹⁰ Bishop-Sambrook (2014).

¹¹ Each SHG has at least 20 members, and the group is further divided into 3 or 4 cells. Each cell consists of approximately seven members.

¹² IFAD (2014). Ethiopia.

SACE Gender and Social Development Department conducts three days of training for facilitators and peer farmers.

A participatory gender analysis exercise is carried out with household members. With the support of a facilitator, household members discuss workloads, access/control over resources, and develop a family action plan. Facilitators make weekly (for the first three months), monthly (next three months) and quarterly visits (after six months) following this exercise to encourage households to implement the action plan. They also hold regular meetings with individual households within the cell and monthly meetings with the group to monitor progress. Average time for THM implementation is 12 months.¹³

Evidence from Ethiopia

SACE implemented a project titled “Developing farmers towards food and income security” (DeFar) funded by DFID to promote food and livelihood security of selected groups of poor smallholder farmers in Wolayta and Gamo Gofa zones using the THM. External consultants were commissioned to carry out a final evaluation using qualitative methods (interview and observation). The evaluation results attempted to isolate the impact of THM on community perceptions about the division of labor, intra-household gender relations, and THM’s contribution to project objectives.¹⁴ Moreover, in 2014 IFAD and SACE prepared a case study on the contribution of THM to SACE projects and differentiated the contributions of THM toward project goals and toward household gender relations and found that THM contributed significantly to the achievement of SACE’s goal to improve the food security of households in the project area.¹⁵ Table 3 briefly outlines the evaluation and case study findings.

Table 3. Summary of evidence on THM impact.

Name of project	Impact	Country	Methods used
Rising from the hillsides: from scarcity to surplus in the Wolayta and Gamo highlands of Ethiopia Evaluation of Send-a-Cow Ethiopia	The evaluation report indicated: <ul style="list-style-type: none"> Improved self-image and agency of women Men’s involvement in traditionally non-male household activities Increased number of women community facilitators Improved access for women to all 	Ethiopia Gamo Gofa and Wolayta zones SNNPR region	External consultants used qualitative methods (interviews and observation) and secondary source (literature review)

¹³ IFAD (2014). Ethiopia.

¹⁴ Roberts, A., Tadesse, W., and Gebeyehu, F. (2015). Rising from the hillsides: from scarcity to surplus in the Wolayita and Gamo highlands of Ethiopia; evaluation of Send a Cow Ethiopia DeFar Project in Gamo Gofa and Wolayita Zones, SNNPR August 2015 Final Report Send a Cow Ethiopia, Addis Ababa, Ethiopia.

¹⁵ IFAD (2014). Ethiopia.

Defar Project in Gamo Gofa and Wolayta Zones, SNNPR ¹⁶	<p>resources and benefits</p> <ul style="list-style-type: none"> • Changed attitudes towards gender relations and improved intimacy and closeness between married couples 		to carry out evaluation
Case study ¹⁷ Transformative household methodology, Send-a-Cow Ethiopia October 2014 (also from the Defar Project)	<p>The case study shows significant changes in household gender relations such as:</p> <ul style="list-style-type: none"> • Men's reduced spending on alcohol • Wives being consulted before decision making • Men cooking for the family • Less conflict in households • Increased women's mobility (e.g., to attend meetings) • Girls go to school and have time to study 	Ethiopia Gamo Gofa and Wolayta zones SNNPR region	The case study was prepared by Clare Bishop-Sambrook (IFAD) and Nigist Shiferaw (SACE). Data collection methods are not specified in the case study.

Conclusion

THM is a collection of participatory tools originally developed to address household gender inequities and power imbalances and to help households be more self-sufficient and plan for the future. It is cost-effective, illiterate-friendly, and can be implemented using locally available materials. Once participating households develop their action plan, THM facilitators provide technical support and motivation. Households disseminate knowledge and skills to other households so that community level transformation is possible. Evidence from evaluations and other case studies reveal that THM delivers positive impacts in the area of division of labor and increased women's decision-making capacity and access/control over resources. Ideally THM should be integrated in development programs from the design phase. THM can easily be adapted to different contexts by various development partners, and the average implementation period is 12 months.

¹⁶ Roberts, Tadesse and Gebeyehu (2015).

¹⁷ IFAD (2014). Ethiopia.

Annex 2: Rapid Care Analysis (RCA)

Background

Rapid Care Analysis (RCA) is a qualitative participatory methodology developed by Oxfam GB in 2013 and implemented in six WE-CARE¹⁸ project countries (Colombia, Ethiopia, Malawi, the Philippines, Uganda and Zimbabwe). RCA was also implemented in 14 other countries to assess paid and unpaid care work¹⁹ in the community.²⁰ Oxfam's rationale behind RCA is to:

Increase the *recognition* of care work, *reduce* the drudgery of care work, *redistribute* responsibility for care more equitably, and ensure the *representation* of care workers in social and economic empowerment projects and processes.²¹

Methodology

RCA is a set of rapid participatory exercises designed to assess unpaid household work and unpaid care in communities. The RCA methodology is developed in two manuals: 1: Guidance for Managers and Facilitators, and 2: Toolbox of Exercises. The former offers background for effectively using RCA tools and helps decision-making in terms of resources, duration and choice of exercises for particular projects, whereas the latter states concrete methods for implementing RCA using participatory exercises and focus group discussions. RCA has been designed "to be simple, low-cost, quick to use, and easy to integrate into existing programs."²²

RCA has four purposes: (1) explore relationships of care in the community, (2) identify women's and men's work activities and estimate average unpaid hours per week, (3) identify gender patterns and social norms relating to care work, changes and the most problematic care activities, and (4) discuss and identify available services, support, and infrastructure within a community for reducing and/or redistributing unpaid care work. RCA provides a snapshot of the situation of unpaid care work in a community. It is "not a stand-alone tool for awareness raising."²³ However, RCA can be used to support a process of awareness raising and change in terms of how care is provided in communities.

RCA includes eight exercises. The first six are related mainly to analyzing the situation of care work, including problematic work and the social norms that determine care patterns. The last

¹⁸ WE CARE (Women's Economic Empowerment and Care) is a three-year program initiated by Oxfam GB in 2014 to address the issue of unpaid care work.

¹⁹ Unpaid care work refers to "the provision of services for family and community members outside of the market" (e.g., services are not paid for). Kidder, T. and Pionetti, C. (2013). Participatory methodology: guidance for managers and facilitators. Revised by Chipfupa, U., Remme, J. and Kidder, T. October 2016. Oxfam: GB. p.7.

²⁰ Oxfam (2016). Women's Economic Empowerment and Care (WE-Care)-Oxfam Phase 1 Final Report August 2014-June 2016, Oxfam: GB. Date accessed: 29 March 2017. <http://policy-practice.oxfam.org.uk/publications/womens-economic-empowerment-and-care-we-care-oxfam-phase-1-final-report-620126>.

²¹ Kidder and Pionetti (2013), p.5.

²² Kidder and Pionetti (2013), p.4.

²³ Kidder and Pionetti (2013), p.4.

two exercises are related to developing solutions.²⁴ Two facilitators (one man and one woman who can be staff or consultants with a good working knowledge of gender, skills and participatory methodologies, a good understanding of care work and knowledge of the local language) facilitate the exercises. It is necessary to have a documenter and one or two observers when RCA is done for the first time.²⁵

As part of the RCA planning process, the facilitation team needs one or two days' training. To undertake a full RCA (all eight exercises) takes two days, although a shorter version of the RCA can be done in one day. Although there is some flexibility in the use of the exercises, the manual advises that exercises 5-8 should be done in sequence. The choice of RCA exercises depends on the focus of the program, the expected results, and the evidence needed to design further activities or advocacy. The time-use exercise (Exercise 2) is the most critical exercise in the methodology and should always be included. Table 4 outlines RCA exercises, objectives and methods.

For rigorous analysis of unpaid care work, Oxfam advises that RCA should be used in combination with a household care survey (HCS). HCS is a quantitative survey to examine the gender- and age-based nature of care work, the adverse effects of work burdens and the causes of the unequal distribution of care. HCS can be implemented as a baseline and end-line survey to measure the responsibility for hours of care. To address unequal care roles and redistribute care roles from women to men, RCA was implemented along with community conversations that included “model families” sharing their care (re)distribution, positive change stories and time- and labor-saving equipment.²⁶

Table 4. Exercises, purpose, objectives, and methods of RCA.²⁷

Exercises	Objectives	Method	Duration ²⁸
Purpose 1. Explore relationships of care in the community			
Exercise 1: Care roles and relationships	Get participants to reflect on who they care for and who cares for them, and how relationships of care build on social roles in the family and community	The process consists of: <ul style="list-style-type: none"> • Drawing a set of concentric circles • Writing their names in the middle of the circles • Writing down who each participant cares for on a daily, weekly, and monthly basis in the first, second and third circles • Presenting the diagram to the plenary • Discussing the findings • Comparing responses in terms of age, gender, and family status 	60 minutes

²⁴ Kidder and Pionetti (2013).

²⁵ Kidder and Pionetti (2013).

²⁶ Oxfam (2016).

²⁷ Kidder and Pionetti (2013).

²⁸ Note: Suggested numbers of participants to be engaged in RCA exercises are 15 – 20, but smaller groups of around 15 people (60% female) work better.

Purpose 2. Identify women's and men's work activities and estimate average hours per week			
Exercise 2: Average weekly hours spent on different types of work	Make visible the total volume of work done by women and by men, and within this, identify the share of care work done respectively by women and men.	<p>Exercise two begins with categorizing the work of men and women:</p> <ol style="list-style-type: none"> 1. What men and women do to make products for sale 2. Paid labor and paid services-waged work on farms, and other waged work 3. Unpaid care work, direct care of persons and housework 4. Unpaid work, making products for home consumption 5. Unpaid community work, attendance at committees, and community work 6. Non-work time, personal care (bathing, resting), sleep, education and training, socializing, entertainment and recreation <p>The exercise estimates the weekly average hours for men and women as follows:</p> <ul style="list-style-type: none"> • Each participant lists all activities (main activity, simultaneous activity and supervision activity) undertaken in a single day hour by hour • The number of hours of work for main activities, simultaneous activities and supervised activities are recorded separately for men and women • The total number of hours for three categories of work are calculated • Those totals are then multiplied by seven for main, simultaneous and supervised hours to get the weekly amount • Plenary discussion 	120 minutes
Purpose 3. Identify gender patterns in care work, social norms influencing care work patterns, changes in care patterns, and the most problematic care activities			
Exercise 3: How care roles are distributed	Explore the distribution of care roles at the household level	<ul style="list-style-type: none"> • Put the detailed activities (identified in Exercise 2) into universal categories of care • Reflect on who does what care work and the priority of the care work • Participants estimate the frequency of care work performed by different categories of people and rank care tasks collectively 	For Exercises 3 and 4 = 90 minutes
Exercise 4: Identifying social norms that impact on care work	Identify social norms that influence the distribution of care work	<ul style="list-style-type: none"> • Assess participants' perception of what men/women should do in terms of tasks and roles in paid and unpaid work • Male and female groups separately share their perceptions of care work by labeling each activity "enjoyable", "important", and "requires skills" for women and men • Women discuss: What should men do? What should a good man do? Men discuss: What should women 	

		do? What should a good woman do? and reflect on social norms	
		<ul style="list-style-type: none"> • Plenary discussion 	
Exercise 5: Exploring changes in care patterns	To find out how external events and policies affect either positively or negatively the patterns of care work, often for influencing and advocacy purposes	<p>This exercise uses a series of probing questions to explore how care work changes due to:</p> <ul style="list-style-type: none"> • Climate change in rural areas • Post-disaster situations • Policy changes • Community displacement • Availability of seasonal employment • Other incidents like crises, death of a person, calamities 	For Exercises 4 and 5 = 90 minutes
Exercise 6: Identifying problematic care activities	Identify the care activities that are most problematic for the community and for women	<ul style="list-style-type: none"> • Men and women form separate groups • Men discuss problematic care activities for the whole community and for women in particular and identify the four most problematic care activities in terms of time, mobility, health risk and how they affect participation in other activities like education • Women discuss the difficulties women face as a result of the care work they do • Plenary discussion 	Exercises 6 and 7 = 90 minutes
Purpose 4. Discuss available services and infrastructure, and identify options to reduce and redistribute care work			
Exercise 7: Mapping infrastructure and services that support care work	Identify different categories of infrastructure and services that support care work	<ul style="list-style-type: none"> • Display care diamond figure which represents four categories of actors that provide care support, and related infrastructure and services: (1) households/family, (2) markets/employers, (3) government, and (4) NGOs/religious organizations/community groups • List the services that are available locally in an inner circle and in an outer circle list the services that are not visible in the setting but exist in the village, e.g., services provided by religious organizations, elders, etc. • The third circle (larger than the previous ones) represents new services or infrastructure needed to meet care needs 	
Exercise 8: Proposing solutions to address the problems with care work	Identify and rank options to address problems with the current patterns of care work, and	<ul style="list-style-type: none"> • Generate a discussion on options for reducing and redistributing care work by posing probing questions such as: <ul style="list-style-type: none"> ○ What forms of social and technological innovations could be developed to reduce the time or labor for care tasks? ○ How can care work be redistributed within 	90 minutes

	<p>especially to reduce care work difficulties for women</p>	<p>the household, between men and women, between boys and girls, without increasing work for girls and older women?</p> <ul style="list-style-type: none"> • Rank these options based on their perceived benefits • Reflect on questions such as: <ul style="list-style-type: none"> ○ Which services, infrastructure or equipment are most important to help families provide care? ○ What is emerging from these exercises? ○ Are men willing to reconsider their own role in providing care? 	
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Adaptation

Ethiopia is one of the six countries that implemented the “Women’s Economic Empowerment and Care: Evidence for Influencing Change” (WE-CARE) project to address unpaid care work (August 2014 to June 2016). The aim of the project is to test innovative research methodologies (RCA and HCS) and generate context-specific evidence about care activities to influence existing development initiatives and policy advocacy.²⁹ RCA was implemented as stated in the manual in two Ethiopian projects: the Dairy Value Chain project and the Gendered Enterprise Development for Horticulture Producers project.³⁰

Evidence from Ethiopia and Global

Evidence of RCA contributions has been summarized from Oxfam GB Women’s Economic Empowerment and Care (WE-CARE)-Oxfam Phase 1 Final Report August 2014 - June 2016. Six countries reported their progress and the findings were compiled by Oxfam. Most of these country reports show changes in project outcome levels rather than isolate the impacts of RCA. The project that hosted RCA in each country and its findings are summarized in Table 5 below.

²⁹ Rost, L., Bates, K., and Dellepiane, L. (2015). Women’s Economic Empowerment and Care: Evidence for Influencing Baseline Research Report. Published by Oxfam GB for Oxfam International.

³⁰ Oxfam (2016).

Table 5. Summary of RCA impact.³¹

Name of project that implemented RCA	Impact	Country	Methods used
Oxfam GB Dairy Value Chain project and Gendered Enterprise Development for Horticulture Producers	<ul style="list-style-type: none"> • The RCA exercises triggered community conversations about care roles which led to the identification of interventions such as the distribution of energy saving fuel stoves to save time (e.g. in collecting fire wood) and contributed to households distributing unpaid care work more fairly. • Oxfam’s livelihood and humanitarian programs were inspired to use RCA to address unpaid care work 	Ethiopia: Oromia Region	The report did not mention the methods used to collect information and whether information was gathered by an external evaluator or project staff
Economic justice program, working with the National Association for Rural, Black and Indigenous Women and the San Isidro Foundation	<ul style="list-style-type: none"> • Care work is included in concept notes and new project proposals • A better understanding of the reality of rural women’s lives as a result of project implementation • Organizing film forums on care in local schools and youth clubs to promote the recognition and redistribution of care work • Developed a day of reflection on violence against women using theatre 	Colombia	The report did not mention the methods used to collect information and whether information was gathered by an external evaluator or project staff
RCA and the ICT-enabled HCS through nutrition programs	<ul style="list-style-type: none"> • Men now better understand care work and some households started sharing care work more equitably between men and women³² • Findings of the RCA were used to initiate awareness raising at the local and national levels • Local leaders acknowledged unpaid care work as a developmental issue and included it in village development plans 	Malawi	The report did not mention the methods used to collect information and whether information was gathered by an external consultant or project staff
Post-Typhoon Haiyan reconstruction program in Eastern Visayas aimed to increase women leadership	<ul style="list-style-type: none"> • Enhanced the capacity of Oxfam staff to integrate RCA in other programs • RCA improved the gender focus of livelihood and resilience programs • RCA was adopted as standard practice in Oxfam programs 	The Philippines	The report did not mention the methods used to collect information and whether information was gathered by an external consultant or project staff

³¹ Oxfam (2016).

³² The report did not quantify the proportion of men who shared care work.

<p>Oxfam’s Women’s Leadership Project aims to foster local activism and women’s leadership to address violence against women and claim their land rights</p>	<ul style="list-style-type: none"> • Increased recognition of care work and men’s understanding of the need to reduce women’s care work and redistribute tasks among household members • Increased involvement of women in productive activities • Men reduced alcohol consumption and thus the occurrence of domestic violence decreased in the target community 	<p>Uganda</p>	<p>Focus group discussion was used to collect data as part of an end-line study³³</p>
<p>Bethany Project, Bekezela Home Based Care and Umzingwane Aids Network – within the securing rights in the context of the HIV/AIDS program</p>	<ul style="list-style-type: none"> • Changes in social norms, values and beliefs and evidence of the redistribution of care work and a reduction in women’s hours of care work • Most community members recognized that care work is “proper” work and men participate in more care tasks • Longitudinal analysis (2014-15) of men’s hours of care work indicated a statistically significant increase in men’s average hours of care³⁴ • Oxfam and partners influenced stakeholders to recognize care work as a development issue 	<p>Zimbabwe</p>	<p>The report did not mention the methods used to collect information and whether information was gathered by an external evaluator or project staff</p>

Conclusion

RCA is a qualitative participatory methodology for assessing care work that leads to changes in the inequitable distribution of unpaid care work between family members. RCA has been implemented in over 20 countries. RCA findings from six WE-CARE countries found highly unequal unpaid care work distributions that limit women’s and girls’ opportunities to participate in paid activities and education. RCA was used in combination with other approaches (e.g., community conversations) to challenge societal norms and shift attitudes on gender roles and unpaid care.³⁵ For rigorous information on unpaid care, it is recommended that RCA should be used in combination with an HCS to capture changes. RCA is designed to rapidly assess inequitable care roles and the second half of RCA activities aims to develop solutions. RCA can be adapted to particular situations and objectives; thus the number of exercises can be reduced and completed in a single day. RCA involves a lot of writing and may not be as helpful to illiterate participants as pictorial (mapping and diagrams) tools.

³³ It is not clear whether study was done by external consultants.

³⁴ The report did not quantify the number of hours men spend on care work.

³⁵ Oxfam (2016).

Annex 3: Gender Action Learning System (GALS)

Background

The Gender Action Learning System (GALS) is a community-led empowerment methodology that uses specific participatory processes and diagrammatic tools. It aims to give women and men more control over their lives as the basis for individual, household, community and organizational development.³⁶ GALS was initiated by Linda Mayoux for Micro Finance Institutions and NGOs in Pakistan, India and Sudan in 2004. Under WEMAN³⁷ and other initiatives, the methodology has been used to promote gender justice in different forms by over 80,000 women and men in Africa, Asia, Latin America and the Caucasus.³⁸ GALS is not only a methodology for women, but a mainstreaming methodology for women and men to address gender issues in any development project.³⁹

Methodology

GALS consists of a set of principles related to gender justice, participation and leadership, and a series of visual diagrammatic tools that are used for visioning, analysis, change planning and tracking by individuals, households and stakeholder groups or in multi-stakeholder settings. GALS can be implemented on its own or integrated into existing development projects. GALS has three phases:

- Phase 1: Rocky road to diamond dreams: visioning and catalyzing change. This phase has five steps: (1) setting the vision; (2) diagnosing the current situation; (3) identifying opportunities and constraints that will affect realization of the vision; (4) setting targets and milestones; and (5) creating action plans for achieving the vision⁴⁰ (3-6 months);
- Phase 2: Mainstreaming gender justice. This phase integrates phase 1 learning, processes and tools into organizations and programs (1 year); and
- Phase 3: Gender justice movement. This phase is ongoing, dynamic and involves self-motivated innovation, networking and advocacy for gender justice at all levels, including macro-level policy-making.

All phases can be implemented sequentially or in parallel and adapted to specific purposes and contexts. Table 6 outlines the objectives, tools, and methods that are used in phase 1. GALS can be implemented by community champions, facilitators, senior and core implementing staff, and other staff.

³⁶ Mayoux, L. (2014). GALS Overview: Gender Action Learning System. Date accessed: 16 February 2017. http://www.galsatscale.net/_documents/GALSatScaleOverviewCoffee.pdf.

³⁷ WEMAN stands for Women's Empowerment Mainstreaming and Networking for gender justice in economic development. It is a global program of Oxfam Novib.

³⁸ Mayoux and Oxfam Novib. (2014).

³⁹ Mayoux (2014).

⁴⁰ Mayoux (2014).

Table 6. Sessions, tools and methodology of GALS Phase 1.⁴¹

Session and/or tools	Objectives	Method ⁴²	Duration
Part 1: Change Catalyst Workshop (CCW)	To build the capacity of implementing staff and community champions To obtain senior management buy-in for GALS implementation	Three key activities are carried out: <ul style="list-style-type: none"> • First, inception workshop to obtain buy-in by senior management and other key stakeholders • Second, train community champions and staff (Vision Journey, Gender Balance Tree and Empowerment Leadership Map) • Third, two-day debriefing and planning meeting with core staff and the consultant to decide on the implementation of community action learning and set a date for the participatory gender review 	3 days
Session 1 Starting the Road: Soulmate visioning	To clarify participants' life vision, identify their current position, and analyze opportunities and constraints	<ul style="list-style-type: none"> • Participants individually imagine a happier future and draw the images they see • Finding soulmates: participants group together with those who have similar vision drawings • A group of four or five participants collectively draws a large drawing with their group that incorporates all the elements from the individual drawings • Each group appoints two presenters for sharing the collective drawing and elements of gender justice in plenary 	3 hours
Session 2 Vision journey	To introduce the basic planning principles and steps for visioning and developing realistic targets	<ul style="list-style-type: none"> • In a vision journey, each participant develops his/her own vision for the future by drawing on a double page of their notebook: <ul style="list-style-type: none"> ○ A circle at the top right corner: future vision ○ A second circle at the bottom left corner: the present situation, and connects the circles via a straight line (representing the road to change) ○ Ten opportunities and ten constraints on either side of the line/road ○ A third circle is placed next to the vision and represents the target to be achieved. Three or four circles are drawn to show measurable milestones along the line/road within one year ○ Milestones are phrased in a "SMART"⁴³ manner and put into an action plan ○ 	3 hours

⁴¹ Mayoux and Oxfam Novib (2014).

⁴² The number of participants that should attend CCW is 40-60 participants, of whom 20 should be male and female "champions" from the most disadvantaged groups.

⁴³ Specific, Measurable, Attainable, Realistic and Time-bound.

<p>Session 3 Gender balance tree</p>	<p>To identify who contributes most work, who benefits most, and help them to improve the tree's gender balance</p>	<p>Each participant creates a gender balance tree by:</p> <ul style="list-style-type: none"> ○ Drawing a trunk to represent members of the household (working women, working men and dependents) ○ Roots display the tasks (paid and unpaid) of household members ○ Branches represent household expenses ○ Symbols show what imbalances and pushes the tree – e.g., who owns which property and who makes which decisions <ul style="list-style-type: none"> ● An action plan is then prepared to bring the desired change (to make the tree balanced) 	<p>3 hours</p>
<p>Session 4 Empowerment leadership map</p>	<p>To understand interpersonal emotional, economic and power relationships within communities and institutions</p>	<ul style="list-style-type: none"> ● Each participant creates an empowerment leadership map: <ul style="list-style-type: none"> ○ They draw themselves on a sheet of paper ○ They draw different people and institutions who are “important” to them ○ They map social/emotional, economic and power relationships with people and institutions radiating from, or to, themselves ○ They mark five things they like and five things they don't like about the relationships ● A plan is developed to teach three to five people about the need for change in the next three months 	<p>3 hours</p>
<p>Session 5 Taking GALS back home</p>	<p>To clarify tools and ensure participants have a pictorial manual to share with others</p> <p>To help participants use role plays and share gender messages with more people</p>	<ul style="list-style-type: none"> ● Three groups of participants draw one picture on a flipchart (one per group - vision journey, gender balance tree and empowerment leadership map) and each group presents their picture in plenary and participants via discussion amend it ● Each participant copies the amended flipchart picture onto the back of their notebook diaries ● Each participant should have a usable copy of each tool in their diary and should be clear about peer sharing process ● Participants need to consider this exercise as a recap of what they have learned so far ● The same group role plays and shares the information with family and friends using bad and good facilitation techniques ● Good facilitation techniques are discussed and adopted by participants 	<p>3 hours</p>
<p>Session 6 Multi-lane Highway (MLH) action plan</p>	<p>To help participants prepare their personal MLH and make them ready for community workshops</p>	<ul style="list-style-type: none"> ● Participants draw their own MLH by copying the visions, the current situation and the targets for the next three months ● Participants prepare their plan to deliver 	<p>3 hours</p>

		<p>community workshops and share with their organization</p> <ul style="list-style-type: none"> • Closing songs and remarks to inspire participants 	
Part 2 Community Action Learning (CAL) ⁴⁴	To help participants implement their personal visions (gender changes) in their lives and share what they learned with others through pyramid peer sharing	<p>CAL is implemented at three levels (individual, group and organizational) and involves six meetings</p> <ul style="list-style-type: none"> • Champions lead CAL while staff document and give advice and feedback on facilitation techniques • In the first three meetings, participants use the tools - vision journey, gender balance tree, and empowerment leadership map • In the second three meetings, participants review the progress on their vision, gender balance and pyramid peer sharing 	2 hours every 2 weeks over 3 months
Part 3 Participatory Gender Reviews ⁴⁵ (PGR)	To appreciate past achievements and understand challenges and opportunities	<ul style="list-style-type: none"> • PGRs are carried out on a quarterly, biannual and annual basis to strengthen GALS processes; they are carried out by experienced GALS experts together with champions, staff members and community leaders • PGRs focus on gender changes that occurred due to GALS implementation • Four additional rights-focused tools (achievement journey, gender justice diamond, CEDAW diamonds, and CEDAW challenge action trees) are used 	
PGR Tool 1 Achievement journey	To assess and appreciate actions and achievements and identify unachieved targets	<p>The achievement journey tool is carried out using:</p> <ul style="list-style-type: none"> • Most significant change interactive theatre: single sex group role play is completed before and after GALS • Participant diaries: participants carry out the achievement journey by answering: <ul style="list-style-type: none"> ○ What was the vision? ○ What was the starting point? ○ Which milestones have been reached? ○ What were the reasons, key opportunities and challenges? 	3 hours
PGR Tool 2 Gender diamonds	To reflect on gender relations, exchange lessons learned and ideas with others	<p>The gender diamond tool is undertaken by:</p> <ul style="list-style-type: none"> ○ Drawing their likes and dislikes ○ Drawing the likes and dislikes of the opposite sex ○ Discussing commonalities and preparing action plan to change at least five things in the next few months 	3 hours
PGR Tool 3	To exchange ideas on	Separate groups of five or six men and women draw	3 hours

⁴⁴ When community action learning is implemented, the number of participants should be 20 at most.

⁴⁵ The number of participants that should attend a participatory gender review is 50-60.

CEDAW rights diamonds	further changes with other women and men	<p>one CEDAW right issue:</p> <ul style="list-style-type: none"> ○ Freedom from violence ○ Gender equality in decision-making ○ Equal property rights ○ Freedom of thought, movement and association ○ Equal right to work and leisure <ul style="list-style-type: none"> ● Each group indicates the best situation at the top of the diamond, worst at bottom, and average situations in the middle of the diamond 	
PGR Tool 4 CEDAW challenge action trees	To analyze the interrelations between different gender challenges and the reasons for the challenges	<ul style="list-style-type: none"> ● Participants draw CEDAW challenge action trees by: <ul style="list-style-type: none"> ○ Defining the trunk or challenge, and drawing the vision - to change the challenge at top of the trunk ○ Defining the roots or causes through categorization and by specifying which sex it affects most ○ Defining the branches or action commitments ○ Defining the SMART fruits or individual achievements and how to assess progress 	3 hours

Adaptation

The GALS approach and tools can be adapted to promote gender transformation and mainstreaming in any development issue including cooperatives, livelihood and value chain development, sexual and reproductive health, etc.⁴⁶ ACDI/VOCA Ethiopia uses the adapted GALS methodology in its Cooperative Development Project. The adapted manual focuses on cooperative gender awareness, gender strategy development and gender action plan preparation to improve women’s attendance, active participation and leadership within cooperatives. Under each of these topics, there are activities to facilitate discussion on gender issues in relation to cooperatives (e.g., women in leadership roles). The gender balance tree and visioning tools are adapted from GALS Phase I to assess gender disparity and develop an action plan to change such disparity.

There are significant differences between GALS Phase I and the adapted cooperative manual. The Phase I GALS manual is comprehensive and gives detailed explanations of each tool, session, and step, and lasts 3 – 6 months, whereas the ACDI/VOCA’s adapted manual requires just two days’ training and two days for cooperative gender strategy development. It only uses two adapted tools (the gender balance tree and visioning). Phase I GALS begins with visioning, then assesses the situations in relation to that vision, but the ACDI/VOCA cooperative manual starts by assessing the situation (the existing imbalance between men and women) and then comes to visioning. It does not use the review tools but it does

⁴⁶ Mayoux and Oxfam Novib (2014).

establish an action plan with milestones. Table 7 below outlines the adapted ACDI/VOCA methodology. The two methods have different purposes and the ACDI/VOCA adaptation reveals how flexible the GALS method can be.

Table 7. GALS Methodology for the Cooperative Development Project⁴⁷ of ACDI/VOCA Ethiopia.

Activity	Objectives	Method ⁴⁸
Gender awareness		
Activity 1.1 Gender balance tree	To understand the disparities that exist between men's and women's respective work, expenses, and decision-making power within their own household and how this disparity affects their participation in cooperatives	<ul style="list-style-type: none"> • Small groups of participants create a gender balance tree by: <ul style="list-style-type: none"> ○ Drawing a tree that has a solid trunk, with three branches at the top and three roots at the bottom ○ The different types of work and leisure that women/girls and men/boys do are placed on the left root and right root, respectively, and the types of work that both sexes do are placed on the middle root ○ Women's and men's income, and shared income are placed in the branches of the tree ○ Decision-making (who makes which types of decisions) is placed on the trunk of the tree • Participants discuss in plenary whether the tree is balanced or not, whether it is equitable for men and women to have different responsibilities, different expenses, and different decision-making power
Activity 1.2 Visioning	To help participants pinpoint what they want to change about gender equity in their households, communities, and cooperatives	<ul style="list-style-type: none"> • Individual participants carry out a visioning activity that highlights the changes they wish to see in their household, community and cooperative over the next 10 years • Participants share their visions with each other in groups, and come up with a shared picture • Peer reviewed recommendations are recorded on a flipchart
2. Developing a gender strategy		
Activity 2.1 Gender awareness	To examine the roles of women and men in the cooperative	<ul style="list-style-type: none"> • Participants review previous gender balance tree diagrams and discuss progress and rationale • Plenary discussion on linkages between household workload and cooperative participation • Facilitator presents cooperative review findings, such as proportion of male and female leaders, members, etc., in plenary
Activity 2.2 Gender priorities	To identify gender norms and social dynamics that negatively affect	<ul style="list-style-type: none"> • A group of four to six participants discuss: <ul style="list-style-type: none"> ○ Gains to women from cooperative membership ○ The most time consuming activities of cooperative membership for women

⁴⁷ ACDI/VOCA and USAID (n.d). GALS Methodology Manual Cooperative Development Project. ACDI/VOCA Ethiopia.

⁴⁸ The number of participants and duration of each activity are not stated in the adapted methodology.

	women's benefit from cooperative membership	<ul style="list-style-type: none"> ○ Constraints that prevent cooperatives from realizing the full potential of women's contributions ● Randomly selected groups present their findings in plenary
Activity 2.3 Assessing gender practices (High-Medium-Low Review)	To determine how well the cooperative is promoting equitable participation of, and benefits to, men and women	<ul style="list-style-type: none"> ● Participants are individually provided with three small pieces of paper with the letters H, M, and L - H stands for High, M for Medium, and L for Low ● Facilitator reads ten practices for promoting gender in cooperatives ● Participants judge individually how well their cooperative follows those practices by raising their letters
Activity 2.4 Improving gender practices	To help participants make a plan for their cooperative to address four failures in their gender practices	<ul style="list-style-type: none"> ● Small groups of participants review H-M-L results and share findings with a larger group ● Participants in a group identify: <ul style="list-style-type: none"> ○ The three best things that the cooperative can do to decrease women's burdens, and ○ Three things the cooperative should do to increase women's participation ● Participants propose a gender strategy for their cooperative
3. Developing a gender action plan		
Activity 3.1 Create a gender action plan	To help participants identify specific actions for pursuing their top gender strategic priorities	<ul style="list-style-type: none"> ● Three groups (each includes four to six participants) discuss and identify four top gender priorities ● Each group creates its own action plan consisting of the type of activity, timeliness, responsible body and indicator ● Each group leader presents their action plan to plenary ● Each group keeps a copy of the plan for monitoring purposes

Evidence from Ethiopia and global

The evidence on GALS is more robust than the evidence on some of the other methods. However, more evidence of adaptations and context is needed. GALS case studies were collated by IFAD to try to isolate the methodology's contribution to changes in gender inequalities. A study of mixed methods conducted in 2012 by Linda Mayoux (the author of GALS) demonstrates that GALS brought about profound changes for significant numbers of people in a relatively short period of time on sensitive issues like gender-based violence, land ownership, decision-making, division of labor, etc., in Uganda. Moreover, during interviews with ACDI/VOCA Ethiopia, the cooperatives trained in GALS developed gender strategies and increased women's membership and leadership in their cooperative. Table 8 briefly summarizes the available evidence.

Table 8. Summary of evidence on GALS impact.

Name of project /study	Impact	Country	Methods used
Case study Gender Action Learning System in Ghana, Nigeria, Rwanda, Sierra Leone and Uganda ⁴⁹	GALS brings positive changes in gender and social norms at household and group levels The major changes attributed to GALS are: <ul style="list-style-type: none"> • Behavioral changes at the household level and livelihood improvement • Increased incomes and savings • Reduced alcohol abuse, gambling and domestic violence • Men become involved in more domestic chores like fetching water and firewood, cooking food, etc. • Women’s workload is reduced, which enables them to spend more time on business or leisure pursuits • Women also take up leadership positions and increasingly acquire, own and control property and assets 	Ghana, Nigeria, Rwanda, Sierra Leone and Uganda	This case study ⁵⁰ was undertaken by Clare Bishop-Sambrook (IFAD) and consultants. Data collection methods are not specified in the case study.
Gender mainstreaming in value chain development: Experience with Gender Action Learning System in Uganda ⁵¹	GALS brought about: <ul style="list-style-type: none"> • Significant reduction in gender-based violence • Increased participation of women in many areas of decision-making • Significant reduction in male alcoholism • Increased savings • Significant changes in division of labor • Significant increase in women’s land ownership in the project area (48% of households had some form of documentation on women's or joint ownership of land) 	Uganda	Linda Mayoux used mixed research methods (qualitative interviews and a quantitative survey)
Projects of ACDI/VOCA Ethiopia that implement GALS ⁵²	Field monitoring report shows that those cooperatives trained by GALS: <ul style="list-style-type: none"> • Developed a gender strategy • Increased women’s membership and leadership in cooperatives 	Ethiopia	ACDI/VOCA has not conducted an evaluation of the GALS approach. This information

⁴⁹ IFAD (2014). Case study: Gender Action Learning System in Ghana, Nigeria, Rwanda, Sierra Leone and Uganda. Date accessed: 28 March 2017. <https://www.ifad.org/documents/10180/4d41104d-d98a-4753-acb6-7f5a25c055f8>.

⁵⁰ The case study does not mention the methods used to collect information.

⁵¹ Mayoux, L. (2013). Gender mainstreaming in value chain development: experience with Gender Action Learning System in Uganda. Revised article for Enterprise Development and Microfinance Journal. Published online. Date accessed: 19 May 2017. <http://www.developmentbookshelf.com/doi/10.3362/1755-1986.2012.031>.

⁵² Information obtained during interviews with ACIDI/VOCA project staff.

	<ul style="list-style-type: none"> Increased government recognition of the need for GALS to promote gender equality in primary cooperatives after being trained 		<p>was gathered by CIMMYT during interviews.</p>
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Conclusion

GALS is a community-led empowerment methodology that uses specific participatory processes and diagrammatic tools to promote gender justice in any context. The GALS process requires deep reflection, rigorous documentation, transformation of power relations, conducting analysis and planning. In Ethiopia, ACDI/VOCA adapted GALS for a cooperative development project that increased women membership. Well-trained facilitators are crucial to GALS' success (especially during the first phase). Evidence suggests that GALS is a powerful tool that brings about positive changes in gender and social norms at the household, community and group levels. Its diagrammatic and visual tools render it suitable for illiterate people.

Annex 4: Asset-Based Community Development (ABCD)

Background

The Asset-Based Community Development (ABCD) approach was developed in Ethiopia to address: (1) “dependency syndrome” (a result of historically large food aid contributions and Official Development Assistance), and (2) the top-down nature of development in the country (which has overlooked bottom up, community development where communities set their own development priorities).⁵³

ABCD is an approach for the sustainable development of communities based on their strengths, abilities, opportunities, potentials, talents and gifts. It is different from the “needs based” or “problem based” approach as it focuses on what communities have and what they know. The motto of ABCD is “start with what we have, build with what we know.” For ABCD, when communities identify their existing resources, they are more likely to be interested to mobilize their assets for their own development needs.⁵⁴

WISE, Oxfam Canada and Coady International Institute together with three local NGOs (HUNDEE, Kembatta Women’s Self Help Centre and Agri-Service Ethiopia) developed and piloted ABCD in 21 community groups in three regions (Oromia, Tigray and Southern Nations, Nationalities and Peoples) of Ethiopia from 2003 to 2006.⁵⁵ The aim of this piloting phase was to see whether NGOs can initiate activities at the community level that shift the emphasis away from needs and problems to community strengths, assets and opportunities.⁵⁶ Numerous training sessions, including three train-the-trainer workshops have been held in 2016-17.

Methodology

ABCD⁵⁷ has been designed in three sections. The first section “the paradigm” deals with tools that help change mindsets from needs based to asset based thinking. The second section “the process” uses tools to motivate community driven development. The third section “facilitation” has some techniques and tools for effective ABCD process facilitation.⁵⁸

To create a strength-based understanding with communities, ABCD uses the analogy of the glass half full or half empty and asks people what they see. This stimulates community members to see the “filled” portion of the glass (assets) rather than focus on the “half

⁵³ Peters, B., Gonsamo, M., Molla, S., and Mathie A., (2009). Applying an Asset-Based Community Development (ABCD) approach in Ethiopia: midterm evaluation summary in Ethiopia 2008-09. Published by the Coady International Institute and Oxfam Canada, December 2009. Date accessed: 18 March, 2017.

<http://www.coady.stfx.ca/tinroom/assets/file/resources/publications/research/ABCD-approach-Ethiopia.pdf>.

⁵⁴ Peters, B., and Eliasov, E. (2013). Compendium of tools for asset-based community-driven development facilitators. Produced by the Gordon Institute of Business Science and the Coady Institute. Date accessed: 28 April 2017. <http://tsdp.co.za/wp-content/uploads/2013/08/ABCD-Training-of-Trainers-Tools-July-2013.pdf>.

⁵⁵ Peters et al. (2009).

⁵⁶ Peters et al. (2009).

⁵⁷ The Compendium of tools (ABCD manual) interchangeably uses ‘ABCD’ as an approach and a methodology.

⁵⁸ Peters and Eliasov (2013).

empty” portion (needs or problems). Their assets (social, natural, physical, financial and human) become a starting point for their development. The basic principle of ABCD is that everyone, including the “poorest of the poor” has assets, and that by identifying, recognizing and mobilizing their assets, people can self-improve their lives.

The ABCD approach discovers personal strengths, skills and assets of undervalued community groups such as women, the elderly, youth, the very poor, etc., and encourages their participation and contribution in community-driven development processes. The approach recognizes how power differences, socioeconomic factors such as gender, class, ethnicity, etc., and time and place constraints can influence the participation of these community groups. It suggests certain exercises/topics to discuss, modify, challenge and transform exclusion.

Facilitation skills are one of the most essential factors for motivating community-driven development. Facilitators need to have well-developed observation and listening skills, the ability to make connections and draw conclusions, and should also be motivational, dynamic and engaging. Several participatory methods and tools are used in ABCD, including role play, games, group activities, creative art and film.⁵⁹ The manual is divided into three sections and Table 9 explains the ABCD process in detail.

Table 9. ABCD process and tools.⁶⁰

Session	Objectives	Method	Duration ⁶¹
Session 1 Entry Points	To identify the community to work with	<ul style="list-style-type: none"> • A field visit, questionnaire, and secondary data will assist in determining which community to begin working with. Facilitators should spend time talking to field staff, local government officials, and other key informants • Facilitators should choose a community that is more likely to successfully adopt the ABCD approach so that it can be a role model for other communities. The ideal community should have: <ul style="list-style-type: none"> ○ A history of endogenous community development ○ A high level of social capital ○ Strong local leadership ○ A good relationship with local government 	30 minutes
Session 2 Appreciative interviewing	To discover ways to focus on achievements and assets and motivate members for future action	<ul style="list-style-type: none"> • An appreciative interview involves three participants: the interviewer, the interviewee and an observer • The interviewer asks questions such as: <ul style="list-style-type: none"> ○ Tell me a time when your community worked together to get something done without external 	40 minutes

⁵⁹ Further information on the ABCD facilitation process can be obtained from the manual (pages 138-160) (Ibid).

⁶⁰ Peters and Eliasov (2013).

⁶¹ Note: The number of participants that should attend each session is not specified in the manual.

		<p>assistance</p> <ul style="list-style-type: none"> ○ Tell me about a time when you felt the community group was really at its best ○ What are the characteristics that helped the community be successful? <ul style="list-style-type: none"> ● The three persons on the team discuss what they learned from the interview 	
Session 3 Mapping skills of the hand, heart and head	To acquire analytical skills and tools for mapping individual skills	<ul style="list-style-type: none"> ● A group of three participants map their skills and capacities and list them on a flipchart separately for head, heart and hand ● Participants discuss how they can do the same exercise with the community⁶² 	
Session 4 Mapping associations	To discover informal and active community associations and the various relationships among these associations	<ul style="list-style-type: none"> ● Invite diverse community representatives (women, men, youth and elders) to a meeting ● Participants list informal and formal associations in which they are members, and describe the roles of such associations ● Facilitators share the importance and number of these associations ● Participants reflect on the exercise in plenary⁶³ 	60 minutes
Session 5 Variation: the power of associations		<ul style="list-style-type: none"> ● Participants individually list five different associations, people's connection to them and the power of such associations ● Facilitators should explain that communities with many associations are likely to be well organized and active as their associations are social assets 	
Session 6 Mapping physical and natural assets	To identify a village's physical and natural assets and its living conditions (types and location of houses, access to services, etc.)	<p>This exercise is done at the community level and in training sessions:</p> <ul style="list-style-type: none"> ● <u>Community level</u>: men and women should separately draw a map of all physical and natural resources and assets including settlement areas, grazing land, forest, roads, water, and buildings ● Draft a map of each group, and all participants come together to add or correct the map ● The facilitator summarizes and presents the importance of mapping physical and natural assets ● <u>Training session</u>: a group of three participants draws a map of a community with physical and natural assets depicted ● Group representatives present their map in plenary and discuss 	90 minutes
Session 7 Transect walk	To further analyze the physical and natural resources	<ul style="list-style-type: none"> ● A transect walk is done by taking a community group on a walk through the community ● As they walk, the group notices the differences in land 	60 minutes

⁶² This exercise can also be done in a two minute "buzz group".

⁶³ This exercise can also be done in a two minute "buzz group".

	within a community	<p>use patterns and any potential opportunities that are available in the community</p> <ul style="list-style-type: none"> • A map is then drawn of the community • When walking is not possible, participants use the physical and natural resources map to make a transect⁶⁴ line to represent their community's diversity • When they complete their transect,⁶⁵ all participants come together to add or correct it 	
Session 8 The leaky bucket	To identify opportunities for savings and income generation in the community and how money and services flow through the local economy	<p>A group of three participants creates a "leaky bucket" using eight steps:</p> <ul style="list-style-type: none"> • Step 1. Imagine income from outside the community pouring into a bucket from the top while expenditure on goods and services purchased outside the community spills out the holes in the bottom • Step 2. Draw a picture of a bucket: inside the bucket, draw three boxes representing the three main economic actors (households, local government and businesses) in any market economy • Step 3. Draw arrows coming into the bucket from the top to represent income generated outside the community and leading to households, businesses, or local government • Step 4. Draw arrows between the three boxes inside the bucket to show the financial interactions between the economic players these boxes represent • Step 5. Draw arrows leaking out of the bucket from households, businesses, and local government, to represent spending • Step 6. When participants understand the basic idea of the exercise, they list all inflows and outflows in the community • Step 7: Identify opportunities to increase inflows and circulation of money within the community • Step 8: Identify opportunities to plug leaks⁶⁶ 	180 minutes
Session 9 Mapping institutions	To list the institutions in the community and the assets these institutions provide	<ul style="list-style-type: none"> • A group of three participants identifies five useful institutions (e.g., NGOs, government, etc.) that can provide potential assets • Participants discuss why they think these institutions can be useful for their development and present their outputs to plenary 	40 minutes

⁶⁴ A transect is an imaginary line across an area to capture as much diversity as possible.

⁶⁵ See an example of a community map with a transect line on pages 94-96 (Ibid).

⁶⁶ For further information on tips, leaky bucket figure, examples, and case studies, please see pages 99–107 (Ibid).

Session 10 Action planning	To stimulate the preparation of action plans using assets and opportunities identified so far	Action plan preparation involves four steps: <ul style="list-style-type: none"> • Step 1: Review assets and opportunities: findings from the mapping exercises (e.g., social assets) • Step 2: Identify a project goal for positive change (without external assistance) • Step 3: Identify community assets to achieve the project goal • Step 4: Convene a core group to carry out the activity (e.g., emergence of leadership) 	60 minutes
Session 11 Reflect on the ABCD process	To share and discuss results of group mapping activity and develop an action plan	<ul style="list-style-type: none"> • A small group of participants prepares an immediate action plan • Each group walks around the room looking at the other action plans and then discusses them 	90 minutes
Session 12 How to support ABCD action plans: service delivery and responsive investment	To discuss strategies for investing responsibly in community-driven development and prepare an “opportunity statement” for prospective donors	<ul style="list-style-type: none"> • Activity 1: Service delivery and responsive investment A group of two to four participants discusses the characteristics of service delivery and responsive investment and indicates whether their organization is more focused on service delivery or responsive investment and whether they should write a proposal for additional funds • Activity 2: An opportunity statement based upon their action plan is prepared by the groups for potential investors 	60 minutes

<p>Session 13 Monitoring and evaluation: the most significant change (MSC)</p>	<p>To learn one technique for doing evaluation with a community</p>	<p>MSC is carried out by carrying out eight steps at the community level:</p> <ul style="list-style-type: none"> • Step 1: Select the “domain” of change (e.g., changes in agricultural practices) • Step 2: Decide on the reporting period (e.g., monthly or every two months) • Step 3: Decide whether other stakeholders (e.g., NGOs, fieldworkers, government officials, women, children, elderly, poor, well-off, etc.) should be included • Step 4: Ask the chosen sample to indicate the most significant observed change story that resulted from ABCD • Step 5: Review and organize the stories into the “domains” created in step 1 • Step 6: Summarize some of the MSC stories in a manner suitable for presenting to the community • Step 7: Verify the stories and give feedback to the community • Step 8: Share the MSC with a wider audience including government, donors, etc. <p>Using MSC in a training session - a group of five or six participants shares MSC and then each group picks an MSC story they agree to present to a wider audience</p>	<p>60 minutes</p>
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Adaptation

Since 2003, the ABCD methods have been tested and refined primarily in Ethiopia. The process started with appreciative interviewing about positive changes that occurred in communities without external support; then an inventory of assets followed by an assessment of financial inflows and outflows, and finally, the action plan prepared by the community.⁶⁷ Ten years of action research across six countries (South Africa, Ethiopia, Kenya, Zimbabwe, the Democratic Republic of the Congo and Canada) were compiled in 2013; this has led to the refinement of the ABCD method.⁶⁸

Evidence from Ethiopia

Midterm and final evaluations were conducted to assess the progress, success, challenges and impacts of the ABCD method at community and organizational levels in 2009 and 2013. Mixed research methods were employed by an internal evaluation team. Evaluation findings indicate strong benefits to women such as increased women’s participation in ABCD groups and in economic activities, increases in women’s confidence, more women in leadership

⁶⁷ Peters et al. (2009).

⁶⁸ Peters and Eliasov (2013).

roles, and more equitable roles within households. Moreover, using the ABCD method in projects is helping to achieve the overall project objectives (see Table 10).

Table 10. Summary of ABCD impact.

Name of research	Impact	Country	Methods used
Applying Asset Based Community Development (ABCD) Approach in Ethiopia midterm evaluation report ⁶⁹	<p>Midterm evaluation⁷⁰ indicated:</p> <ul style="list-style-type: none"> • All seven ABCD groups increased their asset base, although the degree of increment varies • Improved access to and use of services, e.g., ABCD group constructed a school in their town, cleared a road for easy transportation, etc. • Six ABCD groups reported an increase in savings – both financial and in-kind – at group and individual levels • Five ABCD groups reported women’s increased participation in economic activities • Five ABCD groups reported increased capacity to organize and mobilize resources to achieve development goals • Regardless of the degree of resource mobilization, all ABCD groups pooled material and financial resources to implement action plans • 40% of men and 25% of women reported changes in attitudes (increased confidence, appreciation of previously unrecognized assets, etc.) • 50% of men and 25% of women focused on changes in organizational capacity • 50% of women and 10% of men indicated tangible improvements (e.g., road repair, milk collection center, water supply, etc.) 	Ethiopia Durame, Gebre Fendide (SNNPR) and Aga Boricho and Salka (Oromia Regional State)	Internal evaluation team used: historical profile, association and institution mapping, “leaky bucket”, focus group discussions, individual interviews, most significant change and household interviews
Applying an Asset Based Community-Driven Development Approach in Ethiopia: 2003-2011 final internal evaluation	<p>Final evaluation⁷² reported the following ABCD impacts:</p> <ul style="list-style-type: none"> • In terms of organizational capacity, significant expansion in the number of associations in six of the seven ABCD communities • Increased participation of women in ABCD groups in every community • Increased participation of women in economic activities in five ABCD groups • Changes in group and individual household savings 	Ethiopia: Durame, Gebre Fendide (SNNPR) and Aga Boricho and Salka (Oromia)	The internal evaluation team applied the same methods used in the midterm evaluation

⁶⁹ Peters et al. (2009).

⁷⁰ Midterm evaluation involved seven ABCD groups (318 participants and three local NGOs) out of 21 groups implemented the ABCD in Ethiopia and analyzed the changes out of seven.

report ⁷¹	<p>(e.g., two ABCD groups reported spending less on social festivities)</p> <ul style="list-style-type: none"> • Increased internal contributions towards development activities • In all groups, men reported appreciating the contributions of women more fully than they had in the past⁷³ 		
Testing an asset-based, community-driven development approach: 10 years of action research in Ethiopia: a reflection paper for the 2013 IDRC Canadian learning forum ⁷⁴	<p>The action research process reported the impact of ABCD as:</p> <ul style="list-style-type: none"> • Increased confidence of women and increased women's participation • Presence of more women leaders among ABCD groups • The changing role of women within the household as well as tangible gains such as more women running businesses • For local partners, ABCD improved organizational capacity and relationships with the community • Changes such as local NGO adaptations to indigenous resource-sharing practices, new types of relationships between communities and NGOs, provision of support in a way that it would not undermine community ownership, etc.⁷⁵ 	Ethiopia	Internal staff applied a range of methods to gather information, such as individual and household interviews, most significant change techniques, discussion with partners in annual review workshops, etc.

Conclusion

ABCD is an approach that brings men, women, elders and youth together to achieve sustainable development by helping communities mobilize and build on their strengths, talents, potential, resources and assets rather than focusing on their deficiencies. The ABCD approach suggests external support has to be provided carefully and strategically. The ABCD approach was introduced by two NGOs (Oxfam Canada and Coady International Institute) in Ethiopia and engaged diverse members of the community. Midterm and final evaluations reveal that the ABCD approach enhanced organizational capacity; increased income, community ownership, leadership, participation and confidence; fostered more inclusive relationships among different actors; and demonstrated a number of gains for women and gender equality. It is encouraging to see that such a community-strengthening tool exists, and although it does not deliberately set out to change gender relations, it has a positive impact on gender equality through the process of strengthening communities.

⁷² Final evaluation also involved seven ABCD groups (more than 400 ABCD group members, NGOs, and local government officials) and the findings of the final evaluation are consistent with the midterm except the inclusiveness of groups and emergence of new leaders increased in the final evaluation.

⁷¹ Peters, B. (2013). Applying an Asset-Based Community-Driven Development approach in Ethiopia, 2003-2011. Final internal evaluation report. Coady International Institute, February 2013. Date accessed: 6 May 2017. <http://www.coady.stfx.ca/tinroom/assets/file/ABCDEthiopiaFinalEvaluation.pdf>.

⁷³ For further information on the results of the evaluation of ABCD groups, please see Peters and Eliasov (2013).

⁷⁴ Legesse, Peters, and Mathie (2014).

⁷⁵ Please see further information on ABCD impact on future programming in Ethiopia (Ibid).

Annex 5: Family Life Model (FLM)

Background

The Family Life Model (FLM) aims to promote positive change and transformation within the family by challenging traditional attitudes and practices of gender inequality. FLM facilitates the articulation of family aspirations (usually food, wealth and health) and linkages to resources to achieve these aspirations, including the role of family unity.⁷⁶ FLM was developed and piloted in the Community Connector Project⁷⁷ in Uganda. FLM can be integrated in development projects and the implementation cycle takes six months to one year.

Methodology

FLM applies the “triple A” approach to stimulate households and communities to assess, analyze and take actions to address their challenges and to meet their aspirations in the context of food and nutrition security and socioeconomic well-being. FLM is based on the principle of holistic support to household development needs. FLM uses three types of facilitators: (1) community connector officers (employed and paid by the project), (2) community knowledge workers (community-based trained volunteers/mentors paid a stipend of US\$ 22 per month), and (3) group promoters (unpaid community-based volunteers who train group members).

Aside from training and selecting facilitators, FLM implementation involves a community livelihood analysis (gathering information via focus group discussions), workshops and tools to identify challenges and location-specific training material development to address the challenges identified. Group promoters work with groups and facilitate training sessions to stimulate change, while community knowledge workers track the behavioral changes, gather lessons learned and report to community connector officers. The FLM tools, discussion topics, objectives and methods are described in Table 11 below.

Table 11. FLM tools, discussion topics, objectives and methods.⁷⁸

Session/Tool	Objectives	Method ⁷⁹
Triple roles of women and girls	To highlight the heavy workload that women and girls carry out in society	The facilitator explains women’s triple role <ul style="list-style-type: none">• Reproductive role: involves maintaining the household and its members (e.g., cooking, water collection, caring for children, etc.)• Productive role: involves producing goods and services (e.g.,

⁷⁶ IFAD (2014). Uganda.

⁷⁷ The Community Connector Project is a five-year USAID Feed the Future project that was implemented by Self Help Africa Uganda in partnership with FHI 360 and several other partners from July 2012 to December 2016.

⁷⁸ Gorta Self Help Africa (n.d). The Family Life Model: a guide to implementation. SHA (Self Help Africa), Ethiopia.

⁷⁹ The number of participants that should attend each discussion and the duration of each session are not stated in the manual.

		<p>farming)</p> <ul style="list-style-type: none"> Community role: involves social events and services for the well-being of the community (e.g., celebrations)
Roles identification table	To identify the difference between the workload of men and women, boys and girls	<ul style="list-style-type: none"> Separate groups of men and women discuss and complete the role identification table⁸⁰ by paying attention to the triple roles of men, women, boys and girls In a plenary session, the participants discuss: <ul style="list-style-type: none"> The commonalities and differences between the men's and the women's tables Whether the situation is fair to all members of the family What could be done to make the situation fairer for all members of the family?
Access and control profile	To show how household decisions are made and family assets are used by both men and women	<ul style="list-style-type: none"> Access and control profile table⁸¹ has three categories: (1) resources/assets; (2) access; and (3) control separated by men and women Separate groups of men and women discuss who has control over each resource In a plenary session, the following questions are discussed: <ul style="list-style-type: none"> What resources do women have access to and control over that men do not? What resources do men have access to and control over that women do not? Do women and men have equal access and control over resources or does one group have an advantage over the other? Why? Is this situation fair to all members of the family? What could be done to make the situation fairer for all members of the family?
FLM has additional discussion questions and answers on the following topics that can be integrated into sessions as needed. ⁸²		
Discussion Topic 1- Sharing parenting roles and care for children	To promote men's /fathers' role in parenting and making the household situation fair	<ul style="list-style-type: none"> Participants discuss the following questions: <ol style="list-style-type: none"> What does parenting and the care of children involve? Who does the parenting and care of children in most homes? What are the main questions we need to ask to ascertain whether that situation is fair to all members of the family? <ul style="list-style-type: none"> Are the women the only parents in the family? If fathers are not involved in parenting, what are the consequences? What are the things that could be changed to make the situation fair? What new attitudes and behaviors do we want to see in a family so that men do more care work?

⁸⁰ See page 7 of Gorta Self Help Africa (n.d).

⁸¹ See page 9 of Gorta Self Help Africa (n.d).

⁸² The manual does not elaborate on these discussion questions. It is not clear whether the discussion is carried out by same sex groups or mixed sex groups.

		<ul style="list-style-type: none"> The facilitator presents answers to each question from the manual
Discussion Topic 2- Sharing control of resources and decision making	To improve household decision-making by encouraging participation of all family members in the decision	<p>Participants discuss:</p> <ol style="list-style-type: none"> What is decision-making? How does decision-making affect how resources are controlled in the household, and in business and farming? Who makes the major decisions in most homes? What are the main questions we need to ask to understand whether a situation is fair to all members of the family? What are the things that could be changed to make the situation fairer? What new attitudes and behaviors do we want to see in a family so that women have more decision-making power?
Discussion Topic 3- Sharing work on farm and in business	To promote fair sharing of farming and business work like selling products, opening joint bank accounts and saving, etc.	<p>Participants discuss:</p> <ol style="list-style-type: none"> What tasks are involved in farming and business? In most homes, what farming and business tasks do men do? Women? Boys? Girls? What are the main questions we need to ask about whether that situation is fair to all members of the family? <ul style="list-style-type: none"> Who does the heaviest and greatest amount of work? What are things that could be changed to make the situation fairer? What new attitudes and behaviors do we need to see in a family for a more equitable distribution of labor allocation?
Discussion Topic 4 - Sharing community management and leadership positions	To encourage more women to take up leadership positions in the community	<p>Participants discuss:</p> <ol style="list-style-type: none"> What are the community management and leadership positions? Who in the household takes on most community management and leadership positions? What are the main questions we need to ask about whether that situation is fair to all members of the family and the community? What are the things that could be changed to make the situation fairer? What new attitudes and behaviors do we want to see to facilitate women taking up leadership roles?
Develop a family action plan	To provide a sense of direction and to change a household's situation in the future	<ul style="list-style-type: none"> Participants develop an action plan that considers: <ul style="list-style-type: none"> The fair sharing of tasks among all members of the family (men, women, boys and girls) How to establish the desired change How the plan changes family members How to discuss the plan with family members

Adaptation

Self Help Africa Ethiopia (SHAE) has projects that focus on community-based seed multiplication (including wheat) to improve livelihoods. SHAE adapted the FLM to their needs and targets cooperative members, rather than households. SHAE does not use facilitators to continuously support and monitor families on their action plan implementation. Rather, SHAE uses community level activities to raise awareness on gender inequality and gives members assignments covering what they can change at home. They use some of the training materials provided in the FLM manual but not necessarily in the same sequence nor to the same extent. SHAE combines FLM training with other specific cooperative training. When participants attend the next training/group session, they are asked to report back on their home assignments about FLM training. This leads to a regular discussion on gender and what change occurred.

Evidence on the impact of FLM

A study was conducted in 2015 on the contributions of FLM to women’s decision-making and economic empowerment in Uganda. The study tried to isolate the contributions of FLM to women’s decision-making and bargaining power. Table 12 briefly outlines the methods used in the study and its findings. The evidence for Uganda is more robust than for Ethiopia because in Uganda, an independent evaluation was done, along with case study development. FLM improves women’s decision-making within the household, which makes women feel more empowered. Anecdotal evidence from Ethiopia shows that FLM leads to increased female participation in seed production.

Table 12. Summary of evidence on the impact of FLM.

Name of project	Impact	Country	Methods used
Contribution of Family Life Model to Women’s Decision Making and Economic Empowerment ⁸³	<p>The results show that due to FLM:</p> <ul style="list-style-type: none"> • Women’s bargaining spaces and ability to make decisions increased in three of the four decision areas (95% improved access to finance, 80% decision on child education and 66% crop selection) • Women’s confidence when bargaining with their spouses increased • Increased joint decision-making for economic well-being of the household 	Uganda	Independent consultants commissioned for qualitative (key informant interviews and focus group discussions) and quantitative (household survey of 600 respondents) evaluation
Case study Family Life Model ⁸⁴	<p>Changes attributed to FLM are:</p> <ul style="list-style-type: none"> • Men’s reduced alcohol use • Improved communication between husbands and wives relating to issues of 	Uganda	This case study was undertaken by Clare Bishop-Sambrook (IFAD) and Robert Gensi and

⁸³ Okotel, M. and Okwadi, J. (2015). Contribution of Family Life Model to Women’s Decision Making and Economic Empowerment in Uganda. Self Help Africa and USAID Community Connector: the integrated nutrition and agriculture project. Kampala, Uganda.

⁸⁴ IFAD (2014).

	<p>family health, food and wealth creation</p> <ul style="list-style-type: none"> • Improved savings and household incomes due to careful budgeting and joint prioritization by husband and wife • Increased ownership of productive assets that increase opportunities for income generation 		Isaac Obongo (Self Help Africa, Uganda). Data collection methods are not specified in the case study
SHAE Community Based Seed Production Project	<ul style="list-style-type: none"> • Anecdotal evidence from SHAE gathered during interviews suggests that women’s participation in community-based seed production increased as a result of FLM 	Ethiopia	Evaluation has not yet been done, so it is not possible to state FLM’s contribution to project goals, or to gender equality within households

Conclusion

FLM is an integrated gender transformative approach that intends to promote joint decision-making of all household members and equal control over resources at the household and community level. FLM helps communities to identify their problems and take appropriate actions to achieve their aspirations. It does this through a combination of participatory tools and discussions. To be successful, FLM needs competent and well-motivated facilitators who provide holistic and continuous support to households and community groups. Facilitators need to be able to answer challenging gender equality questions and thus must be well-trained on the merits of gender equality themselves. While the manual provides some summary points and topic answers for facilitators, the FLM manual is more of a guide than an in-depth training manual. The risk is that inexperienced facilitators may interpret the issues and tools incorrectly or take the FLM approach in a less optimal direction for the achievement of gender equality. However, the available evidence from Uganda indicates that FLM has been successful in empowering women and contributing to more equitable household dynamics. The evidence from Ethiopia is weaker.

Annex 6: Social Analysis and Action (SAA)

Background

CARE USA's Sexual and Reproductive Health (SRH) team developed the Social Analysis and Action (SAA) approach to better create an enabling environment for normative changes around SRH. SAA was first tested in Georgia, Malawi, Sierra Leone and Uganda, and takes 6-12 months to complete.⁸⁵

Methodology

SAA is a facilitated process through which individuals and communities explore and challenge the social norms, beliefs and practices that shape their lives and health.⁸⁶ The goal of SAA is to facilitate a community-led social change process through which participants can act together to create a more equitable and resilient society.⁸⁷ The SAA methodology consists of five main phases: transform staff capacity, reflect with community, plan for action, implement plans, and evaluate.⁸⁸

The distinctive feature of SAA is that it starts with critical reflection and dialogue sessions with CARE staff and SAA facilitators. The first step is transforming staff capacity, which is crucial for undertaking successful SAA approaches because it encourages staff to question their own biases, assumptions, beliefs, and attitudes about gender, power and sexuality that influence their work. Moreover, repeated reflection and dialogue sessions help to build staff capacity to discuss sensitive and controversial issues with the community.

Facilitators need to have strong communication and facilitation skills and be able to challenge and be challenged on issues pertaining to gender relations and equality. Skilled facilitation by SAA facilitators is an essential component of SAA. With diverse social actors, facilitators reflect on the community's complex social realities that impact health by:

- Exploring (engaging communities to analyze many social factors);
- Challenging (asking provocative questions to see the reality through a new lens); and
- Negotiating (discussing opposing ideas to arrive at a consensus).⁸⁹

SAA also facilitates action planning by engaging community leaders and members to consider potential positive and negative impacts of planned actions and to prioritize social issues based on the community's willingness and ability to address one or two issues at a time. A small group of people representing different community voices is involved in planning. Action plans often last three to six months. In SAA, the group is encouraged to integrate evaluation mechanisms into their action plans so that data on the status of its implementation are generated. Once activities are completed, adjustments or new plans are carried out to address emerging issues.

⁸⁵ CARE (2007).

⁸⁶ CARE (2007).

⁸⁷ CARE (2016).

⁸⁸ CARE (2007).

⁸⁹ CARE (2007).

When communities start to explore their own changes, conflict ensues. It may not always be possible to anticipate how and when a community will react negatively, so staff members need to be flexible in their support. They also need to understand the power dynamics of the community, be inclusive, and encourage local conflict resolution systems. Creating public spaces for dialogue is key. The increased level of agency and openness of communication motivates communities to implement their plans.

When evaluating projects that have implemented SAA, it is important to look for evidence of changes at the community and individual levels. These social changes may include reductions in discrimination or violent behavior, improved self-esteem, equitable treatment by state services, changing social norms, more equitable participation of marginalized groups in community leadership, decision-making, and governance systems and processes. To measure the outcomes of social change, SAA uses observation and regular community consultation, and integrates reflection in project implementation approaches and most significant change. In keeping with the learning, empowering and reflection principles of SAA, communities are a part of the evaluation process.

SAA uses 12 tools that are integrated at different stages of the project cycle. These tools are designed to engage staff and partners (tools 1-3), involve communities in data collection and deeper exploration of social factors (tools 4-9), and in reflection and monitoring (tools 10-12). Table 13 below briefly describes each tool, its objectives, methods, number of participants involved and duration.

Table 13. Methodology and tools of SRH SAA.⁹⁰

Tools	Objectives	Method ⁹¹	Duration
Tool 1: Ideal man/ woman	To explore how concepts of masculinity and femininity influence social dynamics in families and communities	<ul style="list-style-type: none"> • Participants individually mention the first word that comes to mind when they hear the words “man” and “woman” • Groups of four or five men and women separately illustrate on large sheets of paper what they understand to be an ideal man and an ideal woman in their culture • Each group explores gender stereotypes and how images of the ideal man and woman are created • Participants reflect on what they learned and write down one action or change they will make in their life 	2 - 2 1/2 hours
Tool 2: Silent power	To get participants to think about personal power, and	<ul style="list-style-type: none"> • Participants individually brainstorm examples of people with “power” • Four groups of participants enact a short skit portraying an expression of four types of “power” (power over, power with, power within and power to) • After each group portrays its skit, a facilitator raises 	1 1/2 - 2 hours

⁹⁰ CARE (2007).

⁹¹ The number of participants varies from one tool to another. Tools 1, 2, 7 and 9 should have 10-25 gender balanced participants. Tools 3, 5 and 8 should have 10-15 per group. Tools 4, 6 and 12 should have 5-10 per group. Tools 10 and 11 should have 4-20 per group.

	how it influences power balances in a development settings	<p>questions such as:</p> <ul style="list-style-type: none"> ○ What kind of power do development workers use? ○ How do development workers consider their power when they enter into the community? <ul style="list-style-type: none"> ● Each participant writes one way of using his/her own personal power in a new manner during the next three months 	
Tool 3: Fishbowl	To help participants explore, articulate and analyze their personal feelings about social issues	<ul style="list-style-type: none"> ● Participants share their personal experiences around issues of social inequality based on previous tools ● Two circles of chairs are created to form a “fishbowl.” The inner circle (4-5 people) shares experiences while the outer circle listens ● A facilitator leads a discussion on social inequality and ways to combat it ● Participants share what they will do differently hereafter 	1 hour
Tool 4: Problem Tree	To identify and analyze social and cultural factors that affect health	<ul style="list-style-type: none"> ● Groups of participants draw a tree with branches, leaves and roots reaching down in several directions to suggest community problems are the tree and the causes of the problems are the roots ● Group members brainstorm the causes of the health problem selected 	1 1/2 – 2 hours
Tool 5: Social mapping	To explore how social status may determine a person’s mobility and access to community resources	<ul style="list-style-type: none"> ● Participants draw a map of their community to identify resources, and how social and gender status affects access to these resources ● The facilitator leads a discussion about the map that explores issues of mobility and access to resources using probing questions 	1 1/2 – 2 hours
Tool 6: Focus group discussion (FGD)	To better understand meanings, values and perceptions relating to a particular issue	<ul style="list-style-type: none"> ● The composition of FGDs depends on the subject matter; it can be groups of men, of women, unmarried adolescent boys, and unmarried adolescent girls ● There are guiding questions related to inequalities, denial of rights, and social factors that affect SRH⁹² 	1 – 1 1/2 hours
Tool 7: Body mapping	To become more comfortable speaking about body	<ul style="list-style-type: none"> ● Single-sex groups of 5-6 people draw and label various reproductive and sexual body parts, mark parts of the body that give them pleasure, pain, shame and power with different colors ● The facilitator leads a discussion with the entire group 	2 hours

⁹² For further information, please see example in CARE (2007), pp. 75-77.

	parts in the context of sexuality	using guiding questions such as why, when, and how do people experience power, pleasure, pain, and shame in the areas marked	
Tool 8: Crossing the river	To challenge participants to examine their beliefs on gender and sexuality	<ul style="list-style-type: none"> • The facilitator reads a story that asks participants to make a choice involving sex to examine their beliefs on gender and sexuality • Participants in groups identify their choices and convince others to agree with their decisions 	1-2 hours
Tool 9: Values clarification	To reflect on personal attitudes and values about commonly held beliefs	<ul style="list-style-type: none"> • The facilitator reads out loud a series of value statements that reflect an opinion or value and gives each person a chance to decide whether they “agree”, “disagree”, “not sure”, “agree but not sure”, and “sit out” if they don’t want to participate • Participants individually express their personal feelings about each value statement • The facilitator uses additional probing questions to encourage debate within the group 	1-2 hours
Tool 10: Program Principles Analysis (PPA)	To help staff critically analyze their own reproductive health and HIV program approaches	<ul style="list-style-type: none"> • Participants in groups discuss how their project follows the six CARE international programming principles⁹³ and then present their findings to a wider audience 	From half a day up to an entire day
Tool 11: Reflective Practice (RP)	To think critically about project progress and its change	<ul style="list-style-type: none"> • Key stakeholders (project staff, senior management, project participants, and government staff) develop probing questions to measure the effectiveness of the proposed interventions • A team of stakeholders collects data from diverse groups using key informant interviews/FGDs and observation • The team conducts a stakeholder meeting with approximately 20 participants • The team documents findings and strategy revisions that arose during the discussion 	An hour to a full day of periodic meetings and half day meetings every quarter
Tool 12: Most Significant Change (MSC)	To reflect with colleagues and peers on what	<ul style="list-style-type: none"> • Staff training on how to collect different stories (interview project participants, FGDs, and hear unsolicited stories) • MSC committees are formed at different levels to 	One to two days for training ⁹⁵

⁹³ The six CARE international programming principles are: to promote empowerment, work with partners, ensure accountability and promote responsibility, address discrimination, promote the non-violent resolution of conflicts, and seek sustainable results (CARE 2007, p. 93).

⁹⁵ Additionally, 2-3 hours monthly for collecting and documenting stories, and 4-8 hours for quarterly or biannual meetings to select stories and analyze them.

	<p>changes occurred and why changes happened, and analyze implications for future strategies</p>	<p>review and select one exceptional story among all other stories</p> <ul style="list-style-type: none"> • A discussion is facilitated about the implications of the story for future programming • Share the final story chosen and the process of how and why it was chosen, and its implications for project interventions with stakeholders verbally in meetings, newsletters, or emails⁹⁴ 	
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Adaptation

CARE Ethiopia adapted the SAA for their food security program and developed a manual for staff to implement. The original SRH SAA manual includes three tools (ideal man/woman, silent power and fishbowl) to orient CARE program staff and key partners to help them understand gender and power exploring values.⁹⁶ However, the food security program SAA manual has guiding questions to help staff discuss and reflect on the challenges associated with engaging communities in sensitive and difficult topics. It has a seven step implementation strategy (these steps are not included in SRH SAA):

1. establishment of core groups;
2. sensitivity workshop for core groups;
3. assessment of the overall *kebele* situation;
4. selection of SAA facilitators;
5. training of facilitators;
6. identification of members in SAA groups; and
7. consensus of interested parties.⁹⁷

The food security SAA identifies five major social determinants of food security.⁹⁸ These determinants are: division of labor, power relations and decision-making, access and control of resources, resource management and self-reliance, and harmful traditional practices. Each social determinant is composed of two to three sub-social determinants, and a total of 16 sessions are held with different groups of community members to explore the determinants. In the manual, each session has its own summary, purpose, tool, steps, discussion questions and facilitator notes (see Table 14 below). To facilitate these sessions, the food security manual adapted four tools from the SRH manual (value clarification, social mapping, focus group discussion, and fishbowl) and added new tools (pile sorting, storytelling, and seasonal calendar). These tools were added to address gender-based division of labor, power relations and decision-making, and the work culture. Moreover, SRH has different tools (MSC, RP and

⁹⁴ See the MSC collection and selection process example in CARE (2007, p. 106).

⁹⁶ Care (2007).

⁹⁷ CARE Ethiopia (2014).

⁹⁸ The Food Security SAA Manual does not describe how social determinants are identified and validated by the community. It only mentions that it took stories and discussion tips from preliminary assessments conducted at the community level using secondary documents. For further information, see CARE Ethiopia 2(014, pp. 4 and 9).

PPA) to monitor progress, whereas the food security manual does not state clearly how to monitor SAA implementation.

Table 14. Methodology and tools of the food security program SAA.⁹⁹

Session and tools	Objective	Method	Duration ¹⁰⁰
1. Division of labor			
Session one: reproductive, productive, and community role Tool: pile sorting	To help community groups envision alternative roles for women and men and openly discuss different ways in which husbands and wives can work together for a better life	<ul style="list-style-type: none"> • Participants place sets of cards with different HH tasks (productive, reproductive and community) under women, men and both • The facilitator asks participants if the piles placed are fair or need to be rearranged for equity • The facilitator raises questions such as <ul style="list-style-type: none"> ○ Why is the situation like this in the household? ○ Why is sharing household chores important? ○ What would be some of the steps to make this change? 	45 minutes
2. Power relations and decision-making			
Session one: power relations and decision-making in the household Tool: storytelling	To facilitate a discussion on the different kinds of power relationships and how they affect decision-making power	<ul style="list-style-type: none"> • Mixed sex groups discuss who decides which issues and record their responses for “men”, “women” and “joint” on flip charts • The facilitator reads a story and participants discuss the story • The facilitator encourages participants to discuss the issues at HH level and report back at the next meeting 	45 minutes
Session two: men’s and women’s roles in household nutrition Tool: No specific tool	To facilitate discussion on how inequitable attitudes and social norms can be changed to achieve the desired nutritional change	<ul style="list-style-type: none"> • Participants are separated into two groups. One group draws a woman in the community, and another group draws a man in the community • Each group presents their picture and the facilitator leads a discussion noting characteristics in the picture • The facilitator probes additional characteristics of men and women in relation to household nutrition • Participants discuss what should be done to 	45 minutes

⁹⁹ CARE Ethiopia (2014).

¹⁰⁰ Food security SAA group composed of 25-30 members (including men and women, female headed household, pregnant and lactating women, and boys and girls) is established at each village and trained.

		enhance shared roles in household nutrition	
Session three: women's representation and decision-making in formal and informal institutions Tool: storytelling and value clarification	To explore women's representation in formal institutions, their challenges in gaining leadership and decision-making roles, and identify society's attitudes toward their roles	<ul style="list-style-type: none"> • The facilitator tells a story of a husband and wife when the wife speaks in public • Each participant retells the story to another participant and discusses it • The facilitator reads value statements out loud and participants stand with the statement they think best suits their beliefs and attitudes about the situation • The facilitator helps participants analyze why women feel uncomfortable speaking in public and the cultural and attitudinal perceptions associated with the issue 	2.5 hour
3. Access and control of resources			
Session one: assets in the household Tool: fishbowl	To facilitate a discussion on how the community perceives women's participation in building and holding assets in rural communities	<ul style="list-style-type: none"> • Create a "fishbowl": form two circles of chairs (inner and outer circles). Three to four participants sit in the inner circle and share their experience about the kinds of household resources/assets that men and women control, and the key factors that encourage women in asset creation and holding while the outer circle listens • Outer circle participants note how women build assets, whether husbands and the community at large recognize women's asset building potential and their need for control • Participants discuss their perceptions about women holding and controlling assets in relation to the nutritional status of a household 	45 minutes
Session two: livelihood assets Tool: social mapping	Explore how social status determines a person's mobility and access to community resources	<ul style="list-style-type: none"> • Participants in groups draw a map of their community and mark where different groups (the wealthy, laborers, different religious groups, etc.) live • Each group discusses: <ul style="list-style-type: none"> ○ The maps and focuses on the amount of resources in the community ○ Whether these resources are accessible to all or determined by a person's gender, class, ethnicity, disability, etc. ○ Whether the mobility restrictions affect certain groups and why • Participants reflect on issues they would like to change in plenary • 	1.5 – 2 hours

Session three: institutional service and assets Tool: focus group discussion	Explore opportunities and challenges women face to access and utilize public services and resources in an equitable, safe, and timely manner	<ul style="list-style-type: none"> • Two groups of participants discuss questions related to women's access to agricultural inputs/extension services, demonstrations, rural credit facility, etc. • Each group presents their discussion points in plenary • Participants reflect on the points raised in plenary 	1 hour
Session four: culture of inheritance and resource ownership Tool: storytelling	To understand the limitations of the culture of inheritance that keep women from fully realizing and exercising their right to land	<ul style="list-style-type: none"> • The facilitator tells a case story about a divorced woman who was denied land rights • Participants discuss cultural perceptions towards women's land ownership and cultural inheritance • Participants reflect on the changes they want to see in women's land ownership and inheritance in plenary 	2 hours
4. Resource management and self-reliance			
Session one: working culture – culture of time management Tool: seasonal calendar	To show participants how their seasonal work and the nature of their working culture affects their livelihoods	<ul style="list-style-type: none"> • Participants in groups explain their daily activities throughout the year and categorize them as ongoing¹⁰¹ or sporadic • The group draws a matrix to indicate each month and stones are used to represent the frequency of the activity • Groups discuss: <ul style="list-style-type: none"> ○ Differences in the activities men and women do and identify "intensive" activities that require participation of the family unit, etc. 	1 hour
Session two: saving culture - traditional and extravagant expenses/ ceremonial expenses Tool: storytelling	To help participants avoid many forms of extra expenditure and promote a saving culture	<ul style="list-style-type: none"> • Participants brainstorm on their saving culture • The facilitator reads stories about challenging situations for saving • Participants reflect on each story in plenary • The facilitator presents the benefits and challenges of saving 	45 minutes
Session three: culture of self - reliance - aspiration to graduation Tool:	To explore factors hindering participants from acknowledging their own capabilities and encourage	<ul style="list-style-type: none"> • The facilitator reads part of the story and participants discuss whether the story reflects the reality • The facilitator then continues reading the second part of the story and participants discuss questions related to aid support and 	2.5 hours

¹⁰¹ Ongoing activities are performed on a continual basis throughout the year, while sporadic ones are performed at certain times of the year.

storytelling	appropriate behavior that boosts a culture of self-efficacy	its impact on dependency, sustainability and creation of independence <ul style="list-style-type: none"> Participants in groups set short-term and long-term goals and prepare an action plan 	
5. Harmful traditional practices			
Session one – Family size and polygamy Tool: storytelling	To explore the community's attitude towards family planning in relation to food security	Two single-sex groups discuss: <ul style="list-style-type: none"> The practice of polygamy, and men's and women's feelings towards it Men's involvement in family planning and inhibiting factors Men's and women's role in family planning, things that only men or only women should do to increase family planning 	1.5 hours
Session two: impact of early and forced marriage Tool: focus group discussion	To discuss the causes and consequences of early and forced marriage and how it relates to food security	<ul style="list-style-type: none"> Two mixed groups of participants discuss their personal attitudes towards causes of early marriage Each group presents in plenary the advantages and disadvantages of early marriage 	45 minutes
Session three: gender-based violence (GBV) Tool: value statement	To create awareness of the different ways men abuse power and become violent against women	<ul style="list-style-type: none"> The facilitator writes the four forms of violence (psychological, economic, sexual, and physical) on a chart and asks participants to give examples of GBV between partners The facilitator reads the value statements (focused on GBV) and participants individually respond whether they agree or disagree and why Participants in groups discuss how to prevent GBV and prepare a plan to educate their village community 	1.5 hours
Session four: food taboos No specific tool	To explore community attitudes towards edible food and meal times in relation to food security	<ul style="list-style-type: none"> Two mixed groups discuss their personal attitudes towards edible food and poisonous food Each group presents discussion outputs to audience and discusses the implication of food taboos in terms of food sufficiency in plenary 	1 hour
Session five: female genital mutilation /cutting (FGM/C) Tool: value statement	To show participants how the practice of FGM violates the human rights of a girl or woman	<ul style="list-style-type: none"> The facilitator reads value statements (focused on FGM/C) and participants individually respond whether they agree or disagree and why Participants in group discuss how to stop FGM and prepare a plan to educate their village community to prevent the practice 	1.5 hours

Evidence from Ethiopia and global

A number of Care program evaluations have incorporated SAA. CARE Rwanda and CARE USA conducted a study using interviews on the integration of SAA into SAFI.¹⁰² It isolated the contribution of SAA to project objectives and found that SAA led to an increase in men's sharing of household chores, reduced gender based violence, increased household income, etc. In terms of the project's overall goals, the study showed that SSA accelerated the speed by which the project met its higher level objective. SAA is believed to have contributed to improved household economic status and health by addressing inequitable gender dynamics that are barriers to women's participation and reduce women's benefits from village saving and loan groups, and by enhancing women's confidence in discussing SRH with their husbands.¹⁰³

CARE Ethiopia implemented the TESFA¹⁰⁴ project in two woredas of Amhara region from 2009 to 2013 to reach 5,000 married adolescent girls ages 10 to 19 with information and services on SRH and economic empowerment. The International Center for Research on Women evaluated the TESFA project by applying mixed research methods. It documented changes in the lives of married adolescent girls due to their participation in the project. Although the evaluation identified several impacts of the project, it did not clearly isolate the contribution of SAA to these impacts except in efforts to avoid early and forced child marriage.¹⁰⁵

CARE Ethiopia implemented ABDISHE¹⁰⁶ to strengthen 6,400 chronically food insecure women and their households' livelihoods through market access in Fedis Woreda of the Oromia Region. External consultants used mixed research methods to evaluate the project and identify the overall project impacts on the lives of the beneficiaries. However, the evaluation did not clearly separate the attribution of SAA to these impacts.¹⁰⁷

CARE Madagascar piloted SAA in a national health project to promote reproductive health and family planning services. The case study was conducted by CARE USA by applying qualitative methods (especially the most significant change) and pointed out the increased acceptance of family planning in the target community. The case study mentioned that it was difficult to estimate how much SAA itself might have contributed to increased use of family planning as SAA began six months after the project.¹⁰⁸ The summary of the evidence is presented in Table 15.

¹⁰² Sustainable Access to Financial Services for Investment.

¹⁰³ Murangira, F and Echevarria L. O., (n.d). VSLA as a platform for integrated programming: the integration of social analysis and action into SAFI, CARE Rwanda and CARE USA. Date accessed: 14 June 2017. <http://www.care.org/sites/default/files/documents/FP-2012-RWA-Project-Summary-SAFI-RI.pdf>.

¹⁰⁴ Edmeades, J., Hayes R., and Gaynair, G., (n.d). Improving the lives of married adolescent girls in Amhara, Ethiopia: a summary of the evidence. International Center for Research on Women and CARE. Date accessed: 9 May 2017. <http://www.care.org/sites/default/files/documents/TESFA%20Final%20Evaluation.pdf>.

¹⁰⁵ Edmeades, J., Hayes, R., and Gaynair, G., (n.d).

¹⁰⁶ ABDISHE means "her hope" in Afaan Oromoo, the local language.

¹⁰⁷ CARE Ethiopia, (2016). ABDISHE/linking initiatives, stakeholders to achieve gender-sensitive livelihood security (LINKAGES) Project Prepared by Teruneh Zenna Business and Management Consultancy (TZBMC) April 2016, Addis Ababa, Ethiopia.

¹⁰⁸ CARE (2012) Voices from the village: improving lives through care's sexual, reproductive, and maternal health programs using social analysis and action in Madagascar to break from family planning 'business as usual'

Table 15. Summary of evidence on SAA impact.

Name of project	Impact	Country	Methods used
Village savings and loan association (VSLA) as a platform for integrated programming: the integration of SAA into the SAFI Project ¹⁰⁹	<p>The use of SAA brought:</p> <ul style="list-style-type: none"> • Increases in VSLA members' household income • Higher adoption of modern family planning methods • More equitable division of household tasks • Decreased gender-based violence • Increased communication between couples • Joint decision-making on SRH and use of money within the household 	CARE Rwanda integrated SAA in SAFI ¹¹⁰ project. Implemented in Gatsibo district, Rwanda	CARE Rwanda and CARE USA staff used key informant interviews to conduct this study
TESFA improving the lives of married adolescent girls in Amhara, Ethiopia a summary of the evidence ¹¹¹	<p>Evaluation reported the changes in lives of married adolescent girls:</p> <ul style="list-style-type: none"> • Reduced gender-based violence • 40% of girls were engaged in work for pay from the combined¹¹² group • 23% of girls who had earned money reported they saved some portion of their income • 27% of girls from the SRH group and 15% from the combined group used modern family planning methods, whereas only 5% of the comparison group did • 70% of the girls in the SRH group and 60% in the economic empowerment group were tested for HIV compared to approximately 50% at the onset of the project • More girls' decision-making and communication about sexual and reproductive health issues 	Ethiopia two districts in the South Gondar, Amhara Region	External Consultant (International Center for Research on Women) used qualitative and quantitative research methods to evaluate the project. ¹¹³ However, the TESFA project divided participants into four groups: 1. (EE) girls who received information and guidance about saving and loans

Number 7th February 2012 by Cooperative for Assistance and Relief Everywhere, Inc. (CARE). Date accessed: 9 May 2017, http://familyplanning.care2share.wikispaces.net/file/view/CARE_Madagascar.pdf.

¹⁰⁹ Murangira, F and Echevarria (n.d).

¹¹⁰ Sustainable Access to Financial Services for Investment (SAFI) project is funded by the MasterCard Foundation and CIDA.

¹¹¹ See: Care Ethiopia (n.d) TESFA project result summary, Care Ethiopia, Addis Ababa, Ethiopia. Funded by Nike Foundation and Packard Foundation.

¹¹² The TESFA project divided participants into four main groups: Economic Empowerment (EE) – girls who received information and guidance about village saving and loans; Sexual and Reproductive Health (SRH) – girls who learned about issues related to their SRH; combined – girls who received both EE and SRH; and comparison – girls who received intervention (EE and SRH) after evaluation.

¹¹³ This summary of the evidence evaluation document does not specify which type of qualitative and quantitative methods were used to gather data.

	<ul style="list-style-type: none"> 180 early and forced marriages were cancelled over the course of the project duration <p>However, the extent of SAA contribution to these changes is not clearly illustrated, except in efforts against early and forced child marriage</p>		<p>2. (SRH) girls who learned about issues related to their SRH</p> <p>3. (combined) girls who received both EE and SRH</p> <p>4. (comparison) girls who received intervention (EE and SRH) after evaluation</p>
<p>ABDISHE/ linking initiatives, stakeholders to achieve gender-sensitive livelihood security (LINKAGES) project end line evaluation report¹¹⁴</p>	<p>The evaluation findings indicated:</p> <ul style="list-style-type: none"> 65% of project beneficiaries moved out from food support which had been 100% at baseline Women’s self-esteem had increased from 2.67 to 2.88 (out of 4) Increased women’s confidence when discussing and expressing their feelings Meaningful representation of women at local level decision venues Decreased early marriage and increased retention of girls in school Reduced gendered division of labor Reduced gender-based violence and conflicts <p>However, the evaluation report does not indicate the extent of SAA’s contribution to these impacts except in gender-based violence and conflict reduction</p>	<p>Ethiopia Oromia Region Eastern Hararghe Zone and Fedis Woreda</p>	<p>External Consultant conducted the final evaluation using qualitative FGD and KII and quantitative household survey</p>
<p>Improving lives through CARE’s sexual, reproductive, and maternal health programs: using SAA in Madagascar to break from family</p>	<p>The case study reported the impacts as:</p> <ul style="list-style-type: none"> Increased community acceptance of family planning Traditional leaders had abandoned the customary wedding benediction Reduced taboos on communication about sexuality between parents and children and on youth using contraceptives 	<p>Eight communes of Madagascar</p>	<p>CARE USA developed the case study by using qualitative methods (mainly the most significant</p>

¹¹⁴ CARE Ethiopia (2016).

planning “business as usual” case study ¹¹⁵			change technique ¹¹⁶)
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Conclusion

SAA is an activity within a multi-year program and takes six months to one year to implement, depending on the community and project priorities. Although SAA is an approach developed primarily to address social and cultural factors that affect sexual and reproductive health, it can be applied to broader development issues. The key elements of SAA are: exploring social factors; understanding social complexities that hinder development; and taking practical steps to address such issues through analysis-action-reflection and learning. SAA uses practical methodologies and participatory exercises to critically challenge deeply held beliefs, social stigma, discrimination, and stereotypes, and change social norms and values that perpetuate inequalities. Since SAA engages different groups of the community, when effectively implemented, it has the potential to bring about social transformation. SAA methods and tools can be integrated at any stage in a development program or a project cycle. It is encouraging to see SAA adapted to food security and nutrition, and to water, hygiene and sanitation projects. More evidence from evaluations that isolate the contributions of SAA to overall program impacts is needed to understand the strength of the SAA approach. Anecdotal evidence from stakeholder interviews and project reports shows that SAA has contributed to program success and has changed social norms that impede development.

¹¹⁵ CARE (2012).

¹¹⁶ The case study stated it used health center data to track changes in family planning utilization. It also stated that community members, health center staff and stakeholders were engaged to identify changes in behavior, attitudes and practices but it is not clear what other qualitative methods were used to generate data.

Annex 7: Community Conversation (CC)

Background

Community Conversation (CC) is an approach that involves a series of facilitated dialogues in which people from the same community have open discussions about what might be holding them back from achieving their development goals. The topics covered include individual and community values, behaviors, and sensitive issues (such as gender inequity) that affect their lives.¹¹⁷ CC is an inclusive approach which uses transformative tools and participatory processes to build the capacity of all members to understand their problems in new ways. CC was adapted from the work of the Salvation Army (Zambia) and Enda Tiers Monde/Santé (Senegal) in the mid-1990s to assist with changing behavior during the height of the HIV and AIDS epidemic. In 2001, UNDP started implementing the CC approach in several countries, including Ethiopia, and developed the Community Capacity Enhancement Handbook (CCEH) to guide program staff through the approach.¹¹⁸

Methodology

CC recognizes that communities have the capacity to improve their development challenges. It also recognizes that changing community's harmful attitudes and behaviors is complex and needs supportive facilitation. Trained facilitators are crucial to facilitate interaction and dialogue, reinforce ownership, and mobilize local capacity and resources. They need to understand how change occurs and how to support the change process.¹¹⁹ According to the CCEH, a CC should take place twice a month over a period of nine months to one year, but the manual does not specify the number of participants that should attend a CC process. CCs are a flexible methodology whose primary purpose is to bring community members together to identify and discuss solutions to their own development problems.

According to the CCEH, the implementation of a CC is undertaken in two sessions: (1) a skill-building session for trainers; and (2) a skill-building session for community facilitators. Trainers' training is conducted in 10 days, of which 6 days are devoted to building the capacity of trainers on key CC concepts, tools and competencies, and the remaining four days are for field practice and feedback.

A CC has six stages: (1) relationship building (to gain the community's confidence and trust, and to engage it in the change process); (2) concern identification (to identify and map community concerns); (3) concern exploration (to help the community explore their concerns in depth, i.e., the magnitude of the concern and its underlying factors); (4) decision-making

¹¹⁷ Gueye, M., Diouf, D., Chaava, T., and Tiomkin D. (2005). Community Capacity Enhancement Handbook: the answer lies within. Leadership for Results: UNDP's Response to HIV/AIDS. HIV/AIDS Group Bureau for Development Policy. United Nations Development Program (UNDP). Date accessed: 21 August 2017. http://www.undp.org/hiv/docs/prog_guides/cce_handbook.pdf.

¹¹⁸ Gueye et al. (2005).

¹¹⁹ The Community Capacity Enhancement handbook does not specify the number of participants that should attend the entire CC process.

(to help the community envision the future and make decisions to address the challenges of HIV/AIDS); (5) action or implementation (to help the community carry out decisions and action plans); and (6) reflection (to review changed values, attitudes and practices). Each stage has specific tools associated with it (see Table 16).

Table 16. CC stages, tools and methods.¹²⁰

Stages and tools	Objectives	Method	Duration
Stage 1: Relationship-building			
Setting rules	To formulate rules and agreements that guide interaction during the workshop	<ul style="list-style-type: none"> Groups of four to five participants establish workshop rules and symbolize in pictures and share/agree in plenary Participants select a “minister of justice” and timekeeper to monitor the rules 	45 minutes
Stocktaking	To identify strengths and weaknesses of participants’ HIV prevention mechanisms	<ul style="list-style-type: none"> Each participant in group discusses his/her HIV prevention mechanisms Group representative presents the identified strengths and weaknesses of the mechanisms in plenary 	1.5 hours
Process facilitation and facilitator role	To understand the role of process facilitation and distinguish community roles from the facilitator’s role	<ul style="list-style-type: none"> The facilitator presents two facilitation scenarios on a flipchart Groups of participants discuss and present the preferred type of facilitation scenario for CC 	1 hour
Active listening	To develop active listening capacity and help participants listen and accept different perspectives	<ul style="list-style-type: none"> Groups of five or six participants discuss “controversial issues” Each group reflects on what they heard from other groups Each group presents three key elements of active listening and respecting diversity 	1 hour
Team-building	To increase an individual’s role and contribution to the team	<ul style="list-style-type: none"> Team-building exercise: A group of five participants collectively draws an animal on a flipchart without talking to each other Participants post the animal on the wall and discuss it in plenary 	1 hour
Reflection and review	To discuss the importance of reflection and review as part of the community process	<ul style="list-style-type: none"> Participants discuss: <ul style="list-style-type: none"> How can ongoing reflection/review be helpful to facilitators as well as to the community? How can the community revisit their plan 	20 minutes

¹²⁰ Gueye et al. (2005).

		and evaluate their actions?	
Stage 2: Identification of community concerns			
Social-cultural dynamics	To reflect on the sociocultural situation and misconceptions related to HIV/AIDS	<ul style="list-style-type: none"> • Small groups discuss: <ul style="list-style-type: none"> ○ The underlying factors and magnitude of the HIV/AIDS epidemic, etc. • Group presentation and plenary discussion 	1.5 hours
Strategic questioning	To understand the relevance of strategic questioning in stimulating CC and action	<ul style="list-style-type: none"> • The facilitator explains how strategic questions are used with other tools • Participants practice how to formulate strategic questions 	1 hour
Historical timeline	To explore the meaning of significant events in the lives of community members	<ul style="list-style-type: none"> • Participants think back to identify the significant events that affected their community and discuss each event, its impact, community feelings, the importance of identifying and exploring concerns, etc. 	1 hour
Transect walk	To build relationships, identify concerns and better understand the community	<ul style="list-style-type: none"> • A group of six to eight participants walk silently through the community and observe community activities, HIV/AIDS prevention, community resources, behaviors, and factors that make the community vulnerable to HIV 	1 hour
Mapping	To practice mapping and identify community concerns	<ul style="list-style-type: none"> • Participants develop a community map based upon the transect walk and present it in plenary 	1.5 hours
Storytelling	To demonstrate the use of stories to stimulate CC	<ul style="list-style-type: none"> • The facilitator narrates the beginning of the story and invites participants to continue the story • The facilitators capture the perspectives of the group, analyze them, and share the findings in plenary • Participants practice storytelling, document perspectives and analyze them 	5 hours
Facilitator and community walls ¹²¹	To construct and interpret a community wall and a facilitator wall	<ul style="list-style-type: none"> • A community wall is the analysis and interpretation of stories in CC which are comprised of community perspectives, burning issues, non-burning issues and misconceptions • A facilitator's wall consists of: facilitators' perspectives, implications for the community, implications for the facilitators, and refinement of the methodology 	Not stated
Stage 3: Exploration of concerns			

¹²¹ Please see further explanation on community and facilitator's walls and their components page 58 to 64 of Gueye et al (2005).

Power relations	To make participants aware of the impact and consequences of power dynamics	<ul style="list-style-type: none"> • A group of two participants does role play on power relations • Participants share their feelings, reflections and ideas on this exercise in plenary • The facilitator presents different types of power 	1 hour
Change and language	To promote the use of language that respects the dignity of all people	<ul style="list-style-type: none"> • The facilitator explains the importance of language in HIV/AIDS prevention • A group of five or six participants discuss sensitive language related to HIV/AIDS communication 	1 hour
Stage 4: Decision-making and commitment to action			
Social capital analysis	To identify the social capital of communities	<ul style="list-style-type: none"> • A group of five participants discusses social capital manifestations in the community and the link between social capital and HIV prevention, care and treatment, and discusses them in plenary 	1 hour
Five friends of planning	To introduce “five friends of planning” and practice it in a CC	<ul style="list-style-type: none"> • The facilitator draws the palm of a hand with five key words: what? how? who? when? and where?, and explains how to plan • A group of four or five participants creates a detailed plan of action and presents it in plenary 	2 hours
Stage 5: Action (Implementation)			
Use of all previously introduced tools	To implement agreed decisions into action	<ul style="list-style-type: none"> • Using previously introduced tools, CC participants implement decisions • Facilitators continue to support the community by visiting implementation sites 	
Stage 6: Reflection and Review			
Use of all previously introduced tools	To look back and review the changes in values, attitudes and practices	<ul style="list-style-type: none"> • Participants recap events and processes, and share experiences individually and collectively • Reflection and review should be participatory, respecting the capacity of communities to identify changes • Community provides the indicators to validate the changes 	

Adaptation

CCs have been used in many programs in Ethiopia since 2002. For example, the World Food Program (WFP) Purchase for Progress (P4P) adapted the CC method to its livelihood

intervention to promote women’s participation and benefits from membership in farmers’ organizations (FOs). P4P Gender developed CC facilitators’ manual on women’s participation, control and benefits in FOs. The manual has four sections: (1) setting the stage; (2) gender and culture; (3) farmers’ organizations; and (4) women’s participation and leadership in FOs.¹²² UNDP CCs are implemented in six stages, while P4P CC has one more stage (identification of assets and resources; see Figure 1). The adapted manual (Figure 1) is more like one of the other methodologies in the way it uses smaller groups, rather than a large community gathering.

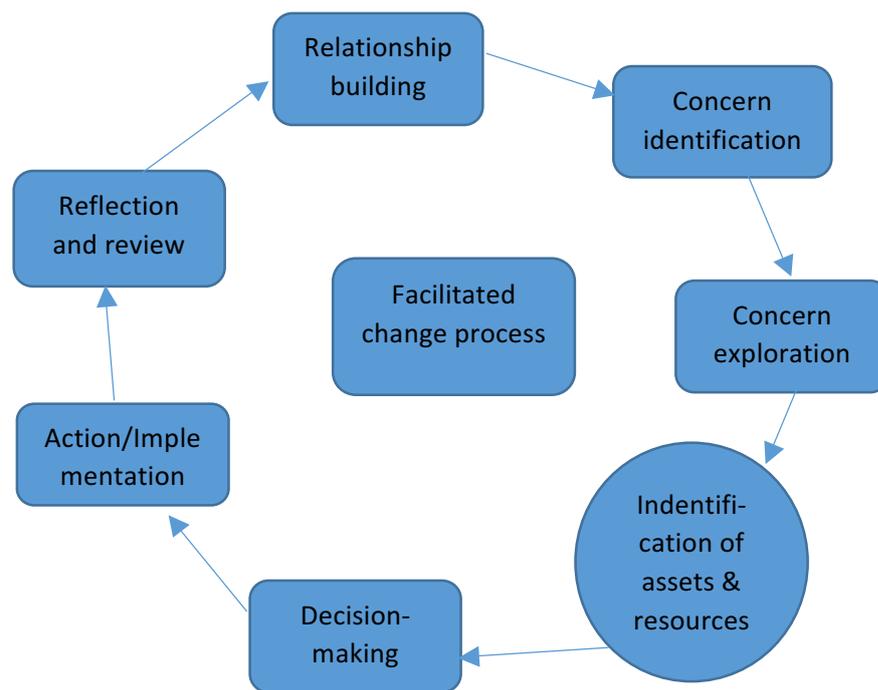


Figure 1. WFP P4P CC methodological approach.¹²³

P4P CC focuses on various issues affecting women’s participation in FOs and gives due consideration to sociocultural attitudes, practices, norms, and stereotypes,¹²⁴ whereas UNDP CCs focus exclusively on HIV.

The role of facilitators in carrying out an effective CC process is highly emphasized in both UNDP and P4P CC manuals. The UNDP CC manual suggests six days of skill-building training for community facilitators, while the P4P CC manual does not specify the number of training days (rather it says “adequate training”). In the UNDP CC manual, an external expert makes three visits (five days each) every two to three months to build the capacity of facilitators and communities, whereas in the P4P CC manual, facilitators have quarterly meetings with the management committee.

¹²² WFP P4P Gender (2014). Community conversation facilitator’s manual on women’s participation, control and benefits in FO’s, WFP P4P Gender. July 2014. Addis Ababa, Ethiopia.

¹²³ Identification of assets and resources has been added to the WFP P4P CC methodology (WFP P4P Gender 2014, p. 5).

¹²⁴ WFP P4P Gender (2014).

The UNDP CC manual includes community-to-community experience-sharing and knowledge-transfer visits to strengthen skills of facilitators and encourage communities, which is not the case in P4P CC. Instead, the P4P CC manual includes a dissemination of knowledge and learning phase whereby six facilitators train 20 supporting facilitators who each share knowledge with 10 community members and each CC member disseminates knowledge to five non CC members. Such a dissemination process has a longer term scalable effect.

In the WFP P4P CCs, the participants identify the root causes of food insecurity like gender-based division of labor, women’s low literacy, norms and values, proverbs, etc. and come to a consensus and resolution to address the identified problems (see Table 17). Moreover, CC is implemented with other initiatives that promote home-based literacy, create linkages with savings and credit institutions and primary cooperatives, and develop business skills, etc.¹²⁵

*Table 17. WFP P4P CC sessions, objectives and tools.*¹²⁶

Session	Objectives	Method ¹²⁷
Session 1: Setting the stage. To explore the social, cultural and economic challenges women and girls face and existing opportunities.		
Discussion 1: Understanding the status of women and girls	To understand social, cultural and economic challenges, as well as the opportunities women and girls have	<ul style="list-style-type: none"> • Six groups discuss social opportunities and problems, economic problems and opportunities, and the cultural opportunities and problems that women and girls face in their communities • Groups working on similar questions compare their notes and present in plenary
Discussion 2: The role of culture in gendered relationships	To understand role of culture in defining gender roles and relationships	<ul style="list-style-type: none"> • Three large groups discuss proverbs and questions such as the role of culture in defining gendered roles and relationships • Open plenary discussion for further understanding of culture
Discussion 3: Norms and values	To identify norms and values, and analyze their implications for women	<ul style="list-style-type: none"> • A group of 18 participants discusses norms and values that limit women’s and girls’ choices and opportunities. • Summary presentation by the facilitator on key learning
Discussion 4: Taking stock of changes in the community	To understand what is changing and not changing in women’s situation and status	<ul style="list-style-type: none"> • Three groups of participants list changed cultural practices and analyze the reasons why certain changes did not occur • Reflection on overall learning and observation in plenary
Discussion 5: Getting deeper into the “changes”	To understand the extent of the changes	<ul style="list-style-type: none"> • Four groups seated separately in different rooms debate given topics and record major points for presentation • Facilitators observe and moderate the debate

¹²⁵ <https://www.wfp.org/stories/ethiopia-wfp-agriculture-initiative-opens-doors-rural-women-3>.

¹²⁶ The manual suggests two to three hours duration for each discussion session when CC is undertaken twice a month. If the CC is undertaken once a month, three to four hours is recommended. The number of participants in CC, as implicitly stated, should be 50 to 60.

Discussion 6: Women and their participation in FOs	To make participants aware of women's participation in FOs	<ul style="list-style-type: none"> The facilitator presents women's participation status in FO Brainstorming on issues such as: the number of women in FOs, challenges that limit women's participation, etc.
Session 2: Gender and culture. To understand the relationship between gender and culture		
Discussion 1: Understanding gender	To deeply understand gender	<ul style="list-style-type: none"> A group of 10 participants¹²⁸ discusses their understanding of "gender" The facilitator explains the difference between "gender" and "sex"
Discussion 2: Exploring social norms and traditional practices	To identify norms that affect women's participation and benefits, prioritize and plan for resolution	<ul style="list-style-type: none"> Participants in groups list existing norms (<i>newur</i>) for womanly and manly behavior and prioritize them according to the degree of influence on women's participation and benefit Each group agrees on resolutions to change norms, practices and attitudes, and to share responsibilities
Discussion 3: Gender-Based Violence (GBV)	To identify norms that lead to GBV and pass resolution to address the issues	<ul style="list-style-type: none"> Participants identify and analyze GBV, discuss its causes, prioritize its harmful effects, and pass resolutions to address it
Discussion 4: Domestic violence	To create awareness of the causes of domestic violence and initiate resolutions	<ul style="list-style-type: none"> The discussion on domestic violence involves: <ul style="list-style-type: none"> Group discussion on causes and proverbs that promote domestic violence Role play by male and female participants Experts explain how the law treats domestic violence Poetry writing by men and women participants Participants pass resolution to address domestic violence
Discussion 5: Exercise on division of labor	To create awareness of how gender-based division of labor is developed	<ul style="list-style-type: none"> Role play by selected participants - how girls and boys are treated in a household Groups of participants discuss the role play and present their findings in plenary
Discussion 6: Women's economic contribution to their households	To understand women's economic contribution to their households	<ul style="list-style-type: none"> A group of 12 mixed participants identifies women's household work and agrees on the rate of a daily local laborer's salary and calculates women's and girls' routine work based on daily rate for a week, a month and a year Participants reflect on findings and the facilitator concludes
Discussion 7: The role of language in the change process	To examine the implication of stories, proverbs, folklore, songs and sayings on gender	<ul style="list-style-type: none"> Participants identify songs, stories, proverbs and folklore that promote unjust gender relations Participants identify songs, proverbs, folklore and stories with positive connotations for women and gender relationships
Discussion 8: Perceptions,	To promote discussion on proverbs, prejudice	<ul style="list-style-type: none"> Participants are divided into two groups to debate on local proverbs - one group discusses supporting the idea

¹²⁸ The manual does not specify whether the group is mixed or single sex for most group works.

stereotypes and prejudice	and stereotypes	while another opposes it <ul style="list-style-type: none"> • Discussion on the causes, consequences and implications of stereotypes
Session 3: Farmers' organizations. Create better awareness of FOs for both male and female members		
Discussion 1: Presentation on primary cooperatives (PC)	Participants gain better understanding of PC's purpose and functions	<ul style="list-style-type: none"> • PC representatives sit in front and participants ask them questions about FOs: membership, administration, benefits, etc.
Discussion 2: Debate on FO's roles and relevance	To encourage women to participate in FO leadership	<ul style="list-style-type: none"> • Participants use two points of debate (FOs roles and gender) and discuss: <ul style="list-style-type: none"> ○ How to respond to women's needs better in FOs ○ Steps to include women in FO leadership roles
Discussion 3: Issues around FOs	To understand gender issues in FOs	<ul style="list-style-type: none"> • Three groups¹²⁹ of participants conduct dialogue on issues related to FOs • A note-taker presents findings in plenary
Session 4: Women's participation and leadership in FOs. To explore issues related to women's participation and leadership in FOs and come up with solutions		
Discussion 1: Women's membership in FOs	To create awareness for increasing women's membership in FOs	<ul style="list-style-type: none"> • Participants brainstorm in plenary how to integrate women's needs in FOs
Discussion 2: Women's participation	To understand the implication of proverbs for women's FO membership	<ul style="list-style-type: none"> • Participants discuss local proverbs and their implication for women's membership • The facilitator presents ideas behind lower levels of women's active participation
Discussion 3: Challenges for women's participation and leadership	To promote more women as FO members and leaders	<ul style="list-style-type: none"> • Participants discuss two dialogues: <ul style="list-style-type: none"> ○ Dialogue 1- FO leaders complain that "women do not understand how FOs work....." ○ Dialogue 2- Many organizations suggest that training and education will help women become better leaders but it is a taboo for a married woman to spend the night out of her home
Discussion 4: Examining attitudes towards women's leadership	To identify proverbs that have implications for women's leadership in FOs	<ul style="list-style-type: none"> • Participants brainstorm: <ul style="list-style-type: none"> ○ Advantages of having women in leadership in FOs ○ Proverbs that relate to women's leadership

In Ethiopia, CCs have been widely used in many projects. For instance, the International Maize and Wheat Improvement Center (CIMMYT) Ethiopia in its Nutritious Maize for Ethiopia (NuME) project funded by the Canadian Government adapted CCs to address women's lower participation in quality protein maize (QPM) dissemination activities in two *woredas* of SNNPRS. Two CC groups per *woreda* were established and each group was comprised of 70

¹²⁹ The manual does not specify whether the group is mixed or single sex.

participants (50% women). Three facilitators were selected from each group and 12 facilitators were trained in using the CC tools. CC groups met every two weeks at a community gathering place to discuss issues such as sociocultural factors affecting women's use of agricultural technology, women's decision-making status, women's and girls' school dropout rate, gender-based violence, and women's empowerment, etc. Participants reached a consensus on issues they wanted to change. A gender specialist and field project staff conducted regular monitoring and quarterly review meetings with facilitators.¹³⁰

Evidence: Ethiopia

CCs have been more widely studied than the other promising methodologies identified. To examine the contribution of CCs to changing harmful traditional practices in Ethiopia, de Cao et al. (2017) carried out an experiment (control group and treatment group). Their findings suggest that CCs are a valuable methodology to help change values and behavior, including women's decision-making power.¹³¹ Tesfaye (2013) examined the way CCs generate a deep understanding of the underlying factors fueling the HIV/AIDS epidemic, and facilitate social cohesion and a desire for change in the Amhara region. Moreover, CCs served as the main source of information and knowledge about HIV and AIDS and reduced the discrimination people living with HIV were facing.¹³²

Alem et al. (2013) evaluated a UNICEF and UNFPA project on female genital mutilation and/or cutting (FGM/C) that used intensive community conversations in Afar, Benishangul Gumuz, Southern Nations, Nationalities and People's Region, and Addis Ababa to empower community members and identify harmful practices. The mixed methods evaluation found progress in reducing the prevalence of female genital mutilation and/or cutting.¹³³

The United Nations Development Program (UNDP) together with NGOs (Kembatta Women's Center and Bethel Rural & Urban Development Association) implemented CC programs to curb HIV transmissions in Alaba (SNNPR) and Yabelo (Oromiya) for the first time in 2002. CCs were found to be effective to help participants identify their own cultural norms and values that fuel HIV/AIDS prevalence and use their social capital to overcome them.¹³⁴ Table 18 briefly outlines the methods used in these studies and the findings.

¹³⁰ CIMMYT Ethiopia (2016). Community conversation approach in nutritious maize for Ethiopia project report. Addis Ababa, Ethiopia (unpublished internal report).

¹³¹ de Cao, E., Marloes, H., Samson, J., and Robert, L. (2017). Community conversations as a strategy to change harmful traditional practices against women. *Applied Economics Letters*, 24:2, 72-74, DOI: 10.1080/13504851.2016.1161713. Date accessed: 18 July 2017.

<http://www.tandfonline.com/doi/full/10.1080/13504851.2016.1161713?scroll=topandneedAccess=true>.

¹³² Tesfaye, A. M. (2013). Using Community Conversation in the Fight against HIV and AIDS. *Journal of Development and Communication Studies*. pp. 344-357. Vol. 2. Nos. 2/3, July-December, 2013. ISSN (Online): 2305-7432. Date accessed: 18 July 2017. <http://www.devcomsjournalmw.org>.

¹³³ Alem, E., Hailu, E., Siyoum, H., Sesay, I., Mitik L., Suyama, M., et al. (2013). Evaluation of progress using community conversation as a strategy to encourage district level abandonment of female genital mutilation and/or cutting in 10 districts in Ethiopia. *African Evaluation Journal* 1(1), Art. #11, 10 pages. <http://dx.doi.org/10.4102/aej.v1i1.11>. Date accessed: 18 July 2018.

<http://aejonline.org/index.php/aej/article/viewFile/11/51>.

¹³⁴ UNDP (2004). Upscaling Community conversation in Ethiopia: Unleashing capacities of communities for the HIV/AIDS response. Date accessed: 19 September 2017.

<https://www.google.com/search?source=hpandq=Upscaling+Community+conversation+in+Ethiopia%3A+Unleas>

Table 18. Summary of evidence on CC impact.

Title of project/ research/evaluation	Impact	Country	Methods used
Community conversations as a strategy to change harmful traditional practices against women (2016) ¹³⁵	The article generates evidence that CCs contribute to a change in social values, beliefs and attitudes about harmful traditional practices against women. The article shows the big differences between the treated group and the control group in terms of changes in values and behavior for certain issues (sexual abuse, decision-making, women’s bargaining power, and prostitution). The article concludes that “community conversations are a valuable instrument to induce a change in social values in order to empower women.”	Ethiopia ¹³⁶	The experiment involved two groups of 200 people (treatment and control). Both groups were randomly divided into groups A and B and asked nine sensitive questions (including on decision-making, sexual abuse and female bargaining power). Indirect questioning was used to detect truthful answers.
Evaluation of progress using community conversation as a strategy to encourage district level abandonment of female genital mutilation and/or cutting (FGM/C) in 10 districts in Ethiopia (2013) ¹³⁷	The findings highlight CCs as an efficient and effective strategy to fight FGM/C. Specifically: <ul style="list-style-type: none"> • 69% of women and 41% of girls perceived a decline in the FGM/C practice after CCs • 76% of women informed they would not circumcise girls in the future • Increased awareness about the adverse effects of FGM/C on women • Most men reported they don’t want to see FGM/C practiced in their community 	Ethiopia 10 districts ¹³⁸	Independent researchers conducted a mixed methods evaluation - quantitative (1275 households surveyed) and qualitative (in-depth and key informant interviews and focus group discussions)
Using Community Conversation in the fight against HIV and AIDS (2013) ¹³⁹	The article reported the following impact: <ul style="list-style-type: none"> • CCs served as the main source of information and knowledge about HIV and AIDS 	Ethiopia ¹⁴⁰ Bahir Dar	An independent consultant ¹⁴¹ was commissioned to do a qualitative research study (in-depth

hing+capacities+of+communities+for+the+HIV%2FAIDS+responseandq=Upscaling+Community+conversation+i
n+Ethiopia%3A+Unleashing+capacities+of+communities+for+the+HIV%2FAIDS+responseandgs_l=psy

¹³⁵ de Cao et al., (2017).

¹³⁶ Although the name of the NGO is not stated in the article, the number of CC groups formed between 2010 and 2013 by the NGO was reported to be 35. The research was partially funded by NWO-WOTRO, the Netherlands.

¹³⁷ Alem et al., (2013).

¹³⁸ UNICEF and UNFPA supported the government of Ethiopia for its declaration of abandonment of FGM/C through the social convention strategy in ten districts of Afar, Benishangul Gumuz, and Southern Nations, Nationalities, and People’s Region and Addis Ababa.

¹³⁹ Tesfaye (2013).

¹⁴⁰ The CC was implemented by Amhara National Regional State HIV/AIDS Prevention and Control Coordination Office.

	<ul style="list-style-type: none"> • Discrimination of people living with HIV and AIDS decreased • More courage to speak out about sex-related issues • More community discussions about collective problems and how to solve them 		interviews and focus group discussions)
WFP P4P Gender in FOs	<p>Field project monitoring results¹⁴² report:</p> <ul style="list-style-type: none"> • Women’s decision-making in households increased • Couples’ communication and discussion about household matters improved • Women’s confidence increased, e.g., speaking up in meetings about sociocultural factors that affect them • Women’s participation in income generating activities increased • Women’s participation in FOs increased (from 15% to 23%, and leadership from 4% to 5%) • Some men started sharing household chores 	Ethiopia, WFP P4P ¹⁴³ implemented in stakeholders	WFP P4P has not yet done an evaluation ¹⁴⁴
Upscaling community conversation in Ethiopia: Unleashing community capacities for HIV/AIDS response UNDP 2004 ¹⁴⁵	<p>The UNDP report indicated:</p> <ul style="list-style-type: none"> • CC participants declared that their participation in CC helped them make the decision to get tested for HIV • The practice of “festal hakims”, traditional healers, or so-called “plastic bag doctors” who travel from one village to another, has been forbidden • Community members changed their perspectives, attitudes and cultural practices on gender issues, based on their links to HIV/AIDS, e.g.: <ul style="list-style-type: none"> ○ A farmer who participated in CC 	Ethiopia UNDP with NGOs implemented CC ¹⁴⁶	The UNDP document does not mention which data collection methods were used

¹⁴¹ The funding source is not mentioned in the article.

¹⁴² Information collected from interviews with WFP P4P Gender staff and from the WFP website: <https://www.wfp.org/stories/ethiopia-wfp-agriculture-initiative-opens-doors-rural-women-3>.

¹⁴³ WFP P4P implemented the project in partnership with the Federal Cooperative Agency, the Ministry of Women and Children Affairs and the Ministry of Agriculture and Natural Resources in eight primary cooperatives (Oromia, Amhara and SNNP).

¹⁴⁴ WFP P4P is currently undertaking an outcome assessment with external consultants; its findings will be released at the end of October 2017.

¹⁴⁵ UNDP (2004).

¹⁴⁶ United Nations Development Program (UNDP) together with NGOs (Kembatta Women’s Center and Bethel Rural and Urban Development Association) implemented CC programs in Alaba (SNNPR) and Yabelo, (Oromiya) in 2002.

	<p>acknowledged that circumcising his first-born daughter was a mistake and decided to leave his second daughter uncircumcised</p> <ul style="list-style-type: none"> ○ An imam (religious leader) in Alaba brought his Koran to CC and taught that promiscuity and traditional practices of wife sharing and offering the wife to visitors were wrong ○ In Yabelo, traditional practices such as Yala Yalto (the practice of having multiple lovers) and early marriage were declared illegal by <i>geda</i> leaders 		
GENNOVATE ¹⁴⁷	<p>This study did not set out to capture data on CCs but male and female respondents from one community self-identified the contribution of a Global Fund CC project to more liberal gender roles. For example, a typical male response from this community was:</p> <ul style="list-style-type: none"> ● "Some years ago, there was what they call a Community Conversation on HIV/AIDS, family planning, women and men's equality and the like. That time we learned a lot. We had a chance to clearly identify the bad from the good and decided together to change the way we live and to discard those practices that are dragging us down. It was a good thing ..." <p>A typical female response from this community:</p> <ul style="list-style-type: none"> ● "Thanks to the community conversations ... now we have the ability to be listened to. Women negotiate what is to be used for consumption and also to be sold and calculate together with the husband how the money should be used. If he 	Ethiopia	<p>GENNOVATE, a medium-<i>n</i> qualitative comparative study (in 26 countries) conducted by CGIAR, used the following data collection methods: community profiles; literature reviews; ladder of life FGDs (focus group discussions); capacities for innovation FGDs; aspirations of youth FGDs; semi-structured interviews; and individual life stories. The sample from Ethiopia included 274 individuals (137 men; 138 women); 80 were young people (39 girls; 41 boys) in four communities in Amhara and Oromia.¹⁴⁸</p>

¹⁴⁷ GENNOVATE is comparative qualitative research project conducted in four wheat growing areas in Ethiopia (and 26 other countries) found that CCs had a profound impact on gender relations in one of the communities studied. <https://gender.cgiar.org/themes/gennovate/>

¹⁴⁸ For more information on the study design, see: Petesch, P. et al. (2015). Innovation and Development through Transformation of Gender Norms in: Agriculture and Natural Resource Management. *Methodology Guide for Global Study*.

	refuses to listen to me and if what he suggests is not good for our life, then I have the right to stop him and he will never breach that.”		
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Conclusion

CCs bring local community members together and engage them in a series of dialogues. While these are usually done in large groups in public spaces, organizations like WFP have adapted the approach to a more general reflection on practices that disadvantage women (GBV, leadership and participation) in smaller groups/institutions. The UNDP experience of community-based intervention on HIV/AIDS shows that CCs have helped communities explore the underlying factors that caused the HIV/AIDS pandemic. Through facilitated discussions, community members develop solutions to the problems they self-identify and facilitators empower communities to embrace change. CCs are typically undertaken twice per month over a period of one year. The CC approach can be integrated with other development programs. In Ethiopia, CCs have been implemented to promote grassroots awareness about HIV and AIDS and other development problems such as harmful traditional practices, child abuse, gender inequality, family planning, etc. Aside from the WFP and CIMMYT examples, it is unknown how frequently CCs are used in agricultural programs. The available evidence reveals that CCs are a valuable methodology to create awareness, bring about behavioral change, and address harmful traditional practices.

