GENDER TRANSFORMATIVE METHODOLOGIES in Ethiopia’s agricultural sector: the annexes

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By Kristie Drucza and Wondimu Abebe
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). 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 HARVEST SIDA funded Program 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 Uganda. 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.

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.

2 HARVEST gender responsive livelihood diversifications for vulnerable people programme in Ethiopia funded by Swedish International Development Cooperation Agency.
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. Table 2 illustrates THM’s four steps, tools and methods.

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

<table>
<thead>
<tr>
<th>Step 1: Creating a household vision</th>
<th>Objectives</th>
<th>Method</th>
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</table>
| Tools to create a household vision: | To enable participants to prepare vision for their household | Households members sit together and design a household vision using these prompting questions:  
- 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 |
| 1. Gender action learning system vision journey |  |  |
| 2. Family life model |  |  |
| 3. Household mentoring |  |  |
| Situation analysis tools: | To identify the current household situation; its economic and social conditions | Households members analyze their current situation in terms of vision, asset base, sharing of workload, power relations, food security, etc., asking the following questions:  
- Where are we now?  
- Why are we here? E.g., analysis of gender based inequality, impact and household capacity |
| 1. Activity profile |  |  |
| 2. Access to and control over resources and benefits |  |  |
| 3. Power relations and |  |  |

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.
4. Access to food and consumption

**Step 2: Action plan preparation**

<table>
<thead>
<tr>
<th>No specific tool is mentioned but examples given to identify the household’s external and internal opportunities and challenges</th>
<th>To identify existing opportunities that can help households to achieve their vision and address the challenges they may face</th>
<th>First year action plan preparation</th>
</tr>
</thead>
</table>
| • Market mapping  
• Enterprise gross margin analysis  
• Pairwise ranking | • Household members discuss:  
  o What opportunities are available that may help to achieve the household vision? How can they be accessed?  
  o What are the challenges, risks and assumptions that may hinder the achievement of the vision?  
  o How can they be minimized? | • Household members discuss:  
  o What would the household like to achieve in the first year?  
  o What additional skills and resources do members of the household need to achieve these goals? |

**Tools to move from analysis to action:**

- Market mapping
- Enterprise gross margin analysis
- Pairwise ranking

**Step 3: Implementing the action plan and monitoring progress**

<table>
<thead>
<tr>
<th>No specific tool is mentioned</th>
<th>To encourage household members to work together towards the target</th>
<th>Action plan implementation</th>
</tr>
</thead>
</table>
|  | • 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 |  |

<table>
<thead>
<tr>
<th>No specific tools are mentioned</th>
<th>To identify progress and whether the household is on track to achieve their goals</th>
<th>Monitoring implementation progress</th>
</tr>
</thead>
</table>
|  | • Household members hold regular meetings to reflect on progress:  
  o Is our household progressing satisfactorily towards our vision and following the action plan?  
  o Is our household achieving its target?  
  o 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.) |  |

<table>
<thead>
<tr>
<th>No specific tool is mentioned</th>
<th>To review the household vision and action plan and make necessary changes</th>
<th>Update the vision and action plan</th>
</tr>
</thead>
</table>
|  | • Household members discuss whether:  
  o The household vision or the targets need to be revised  
  o There are new opportunities to take advantage of or new challenges to overcome  
  o 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

<table>
<thead>
<tr>
<th>Tools for graduation:</th>
<th>A household takes between one and three years to graduate from the facilitated THM. A household is ready to graduate when:</th>
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<tbody>
<tr>
<td>• GALS achievement journey</td>
<td>• A facilitator recognizes a household’s readiness to graduate:</td>
</tr>
<tr>
<td>• Gender situational analysis</td>
<td>o The household is self-confident, resourceful and motivated to continue using the methodology with minimal external support</td>
</tr>
<tr>
<td></td>
<td>o There is evidence of improved household dynamics and gender transformation</td>
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<td></td>
<td>o Household members are involved in wider social groups</td>
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<table>
<thead>
<tr>
<th>No specific tool is mentioned</th>
<th>No specific tool is mentioned</th>
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<tbody>
<tr>
<td>To understand a household’s achievements and readiness for graduation</td>
<td>To motivate and encourage households to use THM</td>
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<table>
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<tr>
<th>Sustaining the use of THM</th>
<th>Sustaining the use of THM</th>
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<tbody>
<tr>
<td>• Individual mentors or group facilitators occasionally visit former households to check progress and the sustained use of THM</td>
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<tr>
<td>• Individual households join ongoing THM groups to enhance sustainability</td>
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</table>

<table>
<thead>
<tr>
<th>No specific tool is mentioned</th>
<th>No specific tool is mentioned</th>
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<tbody>
<tr>
<td>To encourage the scaling up of THM</td>
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<table>
<thead>
<tr>
<th>Scaling up requires</th>
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<tbody>
<tr>
<td>• Experienced households to share THM with other households</td>
<td></td>
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<tr>
<td>• THM households participate in awareness-raising and advocacy events</td>
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<tr>
<td>• Some households become peer trainers</td>
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</table>

### Adaptation

Send-a-Cow Ethiopia (SACE) adopted THM from SIDA and has implemented it with households since 2009. SACE uses seven steps to implement THM: (1) forming self-help groups (SHG), (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.

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

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9 Although SACE made minor modifications during implementation, it used the methods described in Table 3 (according to SACE respondents).
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.
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>
<thead>
<tr>
<th>Name of project</th>
<th>Impact</th>
<th>Country</th>
<th>Methods used</th>
</tr>
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<tbody>
<tr>
<td>Rising from the hillsides: from scarcity to surplus in the Wolayta and Gamo highlands of Ethiopia Evaluation of Send-a-Cow Ethiopia</td>
<td>The evaluation report indicated: • 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</td>
<td>Ethiopia Gamo Gofa and Wolayta zones SNNPR region</td>
<td>External consultants used qualitative methods (interviews and observation) and secondary source (literature review)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Defar Project in Gamo Gofa and Wolayta Zones, SNNPR(^{16})</th>
<th>resources and benefits</th>
</tr>
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<tbody>
<tr>
<td>• Changed attitudes towards gender relations and improved intimacy and closeness between married couples</td>
<td>to carry out evaluation</td>
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**Case study**\(^{17}\)

Transformative household methodology, Send-a-Cow Ethiopia October 2014 (also from the Defar Project)

The case study shows significant changes in household gender relations such as:

- 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.
two exercises are related to developing solutions. 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.

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.

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

<table>
<thead>
<tr>
<th>Exercises</th>
<th>Objectives</th>
<th>Method</th>
<th>Duration</th>
</tr>
</thead>
</table>
| 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:  
- 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 |

26 Oxfam (2016).  
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. | Exercise two begins with categorizing the work of men and women: 1. What men and women do to make products for sale 2. Paid labor and paid services-wage 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 The exercise estimates the weekly average hours for men and women as follows: • Each participant lists all activities (main activity, simultaneous activity and supervision activity) undertaken in a single day 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 | 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 | 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... |
| 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 | This exercise uses a series of probing questions to explore how care work changes due to:  
- 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 | 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 |
| **Exercise 7: Identifying problematic care activities** | Identify different categories of infrastructure and services that support care work | 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 | **Purpose 4. Discuss available services and infrastructure, and identify options to reduce and redistribute care work** |
| 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 | Generate a discussion on options for reducing and redistributing care work by posing probing questions such as:  
- 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 |
especially to reduce care work difficulties for women | the household, between men and women, between boys and girls, without increasing work for girls and older women?

- Rank these options based on their perceived benefits
- Reflect on questions such as:
  - 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?

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.

30 Oxfam (2016).
<table>
<thead>
<tr>
<th>Name of project that implemented RCA</th>
<th>Impact</th>
<th>Country</th>
<th>Methods used</th>
</tr>
</thead>
</table>
| Oxfam GB Dairy Value Chain project and Gendered Enterprise Development for Horticulture Producers   | • 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 firewood) 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 | • 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                                               | • Men now better understand care work and some households started sharing care work more equitably between men and women  
  • 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 | • 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.
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.

- 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.

Bethany Project, Bekezela Home Based Care and Umzingwane Aids Network – within the securing rights in the context of the HIV/AIDS program.

- 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 care.\(^34\)
- Oxfam and partners influenced stakeholders to recognize care work as a development issue.

**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. GALS was initiated by Linda Mayoux for Micro Finance Institutions and NGOs in Pakistan, India and Sudan in 2004. Under WEMAN 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. GALS is not only a methodology for women, but a mainstreaming methodology for women and men to address gender issues in any development project.

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 vision (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.

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).
40 Mayoux (2014).
Table 6. Sessions, tools and methodology of GALS Phase 1.\textsuperscript{41}

<table>
<thead>
<tr>
<th>Session and/or tools</th>
<th>Objectives</th>
<th>Method\textsuperscript{42}</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part 1: Change Catalyst Workshop (CCW)</td>
<td>To build the capacity of implementing staff and community champions&lt;br&gt;To obtain senior management buy-in for GALS implementation</td>
<td>Three key activities are carried out:&lt;br&gt;• First, inception workshop to obtain buy-in by senior management and other key stakeholders&lt;br&gt;• Second, train community champions and staff (Vision Journey, Gender Balance Tree and Empowerment Leadership Map)&lt;br&gt;• 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</td>
<td>3 days</td>
</tr>
<tr>
<td>Session 1: Starting the Road: Soulmate visioning</td>
<td>To clarify participants’ life vision, identify their current position, and analyze opportunities and constraints</td>
<td>• Participants individually imagine a happier future and draw the images they see&lt;br&gt;• Finding soulmates: participants group together with those who have similar vision drawings&lt;br&gt;• A group of four or five participants collectively draws a large drawing with their group that incorporates all the elements from the individual drawings&lt;br&gt;• Each group appoints two presenters for sharing the collective drawing and elements of gender justice in plenary</td>
<td>3 hours</td>
</tr>
<tr>
<td>Session 2: Vision journey</td>
<td>To introduce the basic planning principles and steps for visioning and developing realistic targets</td>
<td>• In a vision journey, each participant develops his/her own vision for the future by drawing on a double page of their notebook:&lt;br&gt;  o A circle at the top right corner: future vision&lt;br&gt;  o A second circle at the bottom left corner: the present situation, and connects the circles via a straight line (representing the road to change)&lt;br&gt;  o Ten opportunities and ten constraints on either side of the line/road&lt;br&gt;  o 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&lt;br&gt;  o Milestones are phrased in a “SMART”\textsuperscript{43} manner and put into an action plan</td>
<td>3 hours</td>
</tr>
</tbody>
</table>

\textsuperscript{41} Mayoux and Oxfam Novib (2014).
\textsuperscript{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.
\textsuperscript{43} Specific, Measurable, Attainable, Realistic and Time-bound.
<table>
<thead>
<tr>
<th>Session</th>
<th>Activity</th>
<th>Description</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 3</td>
<td>Gender balance tree</td>
<td>To identify who contributes most work, who benefits most, and help them to improve the tree's gender balance</td>
<td>Each participant creates a gender balance tree by: o Drawing a trunk to represent members of the household (working women, working men and dependents) o Roots display the tasks (paid and unpaid) of household members o Branches represent household expenses o Symbols show what imbalances and pushes the tree – e.g., who owns which property and who makes which decisions • An action plan is then prepared to bring the desired change (to make the tree balanced)</td>
</tr>
<tr>
<td>Session 4</td>
<td>Empowerment leadership map</td>
<td>To understand interpersonal emotional, economic and power relationships within communities and institutions</td>
<td>Each participant creates an empowerment leadership map: o They draw themselves on a sheet of paper o They draw different people and institutions who are “important” to them o They map social/emotional, economic and power relationships with people and institutions radiating from, or to, themselves o 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</td>
</tr>
<tr>
<td>Session 5</td>
<td>Taking GALS back home</td>
<td>To clarify tools and ensure participants have a pictorial manual to share with others • To help participants use role plays and share gender messages with more people</td>
<td>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</td>
</tr>
<tr>
<td>Session 6</td>
<td>Multi-lane Highway (MLH) action plan</td>
<td>To help participants prepare their personal MLH and make them ready for community workshops</td>
<td>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</td>
</tr>
</tbody>
</table>
### Part 2 Community Action Learning (CAL)

<table>
<thead>
<tr>
<th>Community workshops and share with their organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Closing songs and remarks to inspire participants</td>
</tr>
<tr>
<td>CAL is implemented at three levels (individual, group and organizational) and involves six meetings</td>
</tr>
<tr>
<td>• Champions lead CAL while staff document and give advice and feedback on facilitation techniques</td>
</tr>
<tr>
<td>• In the first three meetings, participants use the tools - vision journey, gender balance tree, and empowerment leadership map</td>
</tr>
<tr>
<td>• In the second three meetings, participants review the progress on their vision, gender balance and pyramid peer sharing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 hours every 2 weeks over 3 months</td>
</tr>
</tbody>
</table>

### Part 3 Participatory Gender Reviews (PGR)

<table>
<thead>
<tr>
<th>To appreciate past achievements and understand challenges and opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 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</td>
</tr>
<tr>
<td>• PGRs focus on gender changes that occurred due to GALS implementation</td>
</tr>
<tr>
<td>• Four additional rights-focused tools (achievement journey, gender justice diamond, CEDAW diamonds, and CEDAW challenge action trees) are used</td>
</tr>
</tbody>
</table>

### PGR Tool 1 Achievement journey

<table>
<thead>
<tr>
<th>To assess and appreciate actions and achievements and identify unachieved targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>The achievement journey tool is carried out using:</td>
</tr>
<tr>
<td>• Most significant change interactive theatre: single sex group role play is completed before and after GALS</td>
</tr>
<tr>
<td>• Participant diaries: participants carry out the achievement journey by answering:</td>
</tr>
<tr>
<td>o What was the vision?</td>
</tr>
<tr>
<td>o What was the starting point?</td>
</tr>
<tr>
<td>o Which milestones have been reached?</td>
</tr>
<tr>
<td>o What were the reasons, key opportunities and challenges?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 hours</td>
</tr>
</tbody>
</table>

### PGR Tool 2 Gender diamonds

<table>
<thead>
<tr>
<th>To reflect on gender relations, exchange lessons learned and ideas with others</th>
</tr>
</thead>
<tbody>
<tr>
<td>The gender diamond tool is undertaken by:</td>
</tr>
<tr>
<td>o Drawing their likes and dislikes</td>
</tr>
<tr>
<td>o Drawing the likes and dislikes of the opposite sex</td>
</tr>
<tr>
<td>o Discussing commonalities and preparing action plan to change at least five things in the next few months</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 hours</td>
</tr>
</tbody>
</table>

### PGR Tool 3

<table>
<thead>
<tr>
<th>To exchange ideas on</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separate groups of five or six men and women draw</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 hours</td>
</tr>
</tbody>
</table>

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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

<table>
<thead>
<tr>
<th>CEDAW rights diamonds</th>
<th>Further changes with other women and men</th>
<th>one CEDAW right issue:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>o Freedom from violence</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Gender equality in decision-making</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Equal property rights</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Freedom of thought, movement and association</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Equal right to work and leisure</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Each group indicates the best situation at the top of the diamond, worst at bottom, and average situations in the middle of the diamond</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PGR Tool 4 CEDAW challenge action trees

<table>
<thead>
<tr>
<th>PGR Tool 4 CEDAW challenge action trees</th>
<th>To analyze the interrelations between different gender challenges and the reasons for the challenges</th>
<th>• Participants draw CEDAW challenge action trees by:</th>
<th>3 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>o Defining the trunk or challenge, and drawing the vision - to change the challenge at top of the trunk</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Defining the roots or causes through categorization and by specifying which sex it affects most</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Defining the branches or action commitments</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Defining the SMART fruits or individual achievements and how to assess progress</td>
<td></td>
</tr>
</tbody>
</table>

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. 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

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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 Project of ACDI/ VOCA Ethiopia.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Objectives</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender awareness</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 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 | • Small groups of participants create a gender balance tree by:  
  o Drawing a tree that has a solid trunk, with three branches at the top and three roots at the bottom  
  o 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  
  o Women’s and men’s income, and shared income are placed in the branches of the tree  
  o 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 | • 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 | • 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 | • A group of four to six participants discuss:  
  o Gains to women from cooperative membership  
  o The most time consuming activities of cooperative membership for women |

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

<table>
<thead>
<tr>
<th>Name of project/study</th>
<th>Impact</th>
<th>Country</th>
<th>Methods used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case study Gender Action Learning System in Ghana, Nigeria, Rwanda, Sierra Leone and Uganda</td>
<td>GALS brings positive changes in gender and social norms at household and group levels The major changes attributed to GALS are: • 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</td>
<td>Ghana, Nigeria, Rwanda, Sierra Leone and Uganda</td>
<td>This case study&lt;sup&gt;49&lt;/sup&gt; was undertaken by Clare Bishop-Sambrook (IFAD) and consultants. Data collection methods are not specified in the case study.</td>
</tr>
<tr>
<td>Gender mainstreaming in value chain development: Experience with Gender Action Learning System in Uganda</td>
<td>GALS brought about: • 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)</td>
<td>Uganda</td>
<td>Linda Mayoux used mixed research methods (qualitative interviews and a quantitative survey)</td>
</tr>
<tr>
<td>Projects of ACDI/VOCA Ethiopia that implement GALS&lt;sup&gt;52&lt;/sup&gt;</td>
<td>Field monitoring report shows that those cooperatives trained by GALS: • Developed a gender strategy • Increased women’s membership and leadership in cooperatives</td>
<td>Ethiopia</td>
<td>ACDI/VOCA has not conducted an evaluation of the GALS approach. This information</td>
</tr>
</tbody>
</table>


<sup>50</sup> The case study does not mention the methods used to collect information.


<sup>52</sup> Information obtained during interviews with ACDI/VOCA project staff.
• Increased government recognition of the need for GALS to promote gender equality in primary cooperatives after being trained was gathered by CIMMYT during interviews.

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

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. The manual is divided into three sections and Table 9 explains the ABCD process in detail.

<table>
<thead>
<tr>
<th>Session</th>
<th>Objectives</th>
<th>Method</th>
<th>Duration</th>
</tr>
</thead>
</table>
| Session 1 Entry Points | To identify the community to work with | • 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:  
o A history of endogenous community development  
o A high level of social capital  
o Strong local leadership  
o 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 | • An appreciative interview involves three participants: the interviewer, the interviewee and an observer  
• The interviewer asks questions such as:  
o 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.
<table>
<thead>
<tr>
<th>Session 3</th>
<th>Mapping skills of the hand, heart and head</th>
<th>To acquire analytical skills and tools for mapping individual skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A group of three participants map their skills and capacities and list them on a flipchart separately for head, heart and hand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Participants discuss how they can do the same exercise with the community</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Session 4</th>
<th>Mapping associations</th>
<th>To discover informal and active community associations and the various relationships among these associations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Invite diverse community representatives (women, men, youth and elders) to a meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Participants list informal and formal associations in which they are members, and describe the roles of such associations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Facilitators share the importance and number of these associations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Participants reflect on the exercise in plenary</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Session 5</th>
<th>Variation: the power of associations</th>
<th>Participants individually list five different associations, people's connection to them and the power of such associations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Facilitators should explain that communities with many associations are likely to be well organized and active as their associations are social assets</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Session 6</th>
<th>Mapping physical and natural assets</th>
<th>To identify a village's physical and natural assets and its living conditions (types and location of houses, access to services, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>This exercise is done at the community level and in training sessions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Community level: 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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Draft a map of each group, and all participants come together to add or correct the map</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The facilitator summarizes and presents the importance of mapping physical and natural assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Training session: a group of three participants draws a map of a community with physical and natural assets depicted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Group representatives present their map in plenary and discuss</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Session 7</th>
<th>Transect walk</th>
<th>To further analyze the physical and natural resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A transect walk is done by taking a community group on a walk through the community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• As they walk, the group notices the differences in land</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

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 use patterns and any potential opportunities that are available in the community

- A map is then drawn of the community
- When walking is not possible, participants use the physical and natural resources map to make a transect\(^{64}\) line to represent their community’s diversity
- When they complete their transect, 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

A group of three participants creates a “leaky bucket” using eight steps:

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
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
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
4. Draw arrows between the three boxes inside the bucket to show the financial interactions between the economic players these boxes represent
5. Draw arrows leaking out of the bucket from households, businesses, and local government, to represent spending
6. When participants understand the basic idea of the exercise, they list all inflows and outflows in the community
7. Identify opportunities to increase inflows and circulation of money within the community
8. Identify opportunities to plug leaks\(^{66}\)

---

**Session 9**
**Mapping institutions**
To list the institutions in the community and the assets these institutions provide

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

---

\(^{64}\) 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:  
• 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 | • 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 responsively in community-driven development and prepare an “opportunity statement” for prospective donors | • 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 |
Session 13
Monitoring and evaluation: the most significant change (MSC)

To learn one technique for doing evaluation with a community

MSC is carried out by carrying out eight steps at the community level:

• 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.

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

60 minutes

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. 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.

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.

<table>
<thead>
<tr>
<th>Name of research</th>
<th>Impact</th>
<th>Country</th>
<th>Methods used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applying Asset Based Community Development (ABCD)</td>
<td>Midterm evaluation(^{69}) indicated:</td>
<td>Ethiopia</td>
<td>Internal evaluation team used: historical profile, association and institution mapping, “leaky bucket”, focus group discussions, individual interviews, most significant change and household interviews</td>
</tr>
</tbody>
</table>
| Approach in Ethiopia: midterm evaluation report\(^{69}\) | • 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.) | Durame, Gebre Fendide (SNNPR) and Aga Boricho and Salka (Oromia Regional State) |                                                                                                                                                                                                           |
| Applying an Asset Based Community-Driven Development  | Final evaluation\(^{70}\) reported the following ABCD impacts:           | Ethiopia: Darame, Gebre Fendide (SNNPR) and Aga Boricho and Salka (Oromia) | The internal evaluation team applied the same methods used in the midterm evaluation                                                                                                                     |
| Approach in Ethiopia: 2003-2011 final internal evaluation | • 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 |                                                                                                           |                                                                                                                                                                                                           |

\(^{69}\) 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.
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

<table>
<thead>
<tr>
<th>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</th>
<th>The action research process reported the impact of ABCD as:</th>
<th>Ethiopia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased confidence of women and increased women’s participation</td>
<td>Increased internal contributions towards development activities</td>
<td>Increased internal contributions towards development activities</td>
</tr>
<tr>
<td>Presence of more women leaders among ABCD groups</td>
<td>In all groups, men reported appreciating the contributions of women more fully than they had in the past.</td>
<td>In all groups, men reported appreciating the contributions of women more fully than they had in the past.</td>
</tr>
<tr>
<td>The changing role of women within the household as well as tangible gains such as more women running businesses</td>
<td>For local partners, ABCD improved organizational capacity and relationships with the community</td>
<td>For local partners, ABCD improved organizational capacity and relationships with the community</td>
</tr>
<tr>
<td>For local partners, ABCD improved organizational capacity and relationships with the community</td>
<td>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.</td>
<td>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.</td>
</tr>
</tbody>
</table>

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.


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

75 Legesse, Peters, and Mathie (2014).

76 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. FLM was developed and piloted in the Community Connector Project 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>
<thead>
<tr>
<th>Session/Tool</th>
<th>Objectives</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triple roles of women and girls</td>
<td>To highlight the heavy workload that women and girls carry out in society</td>
<td>The facilitator explains women’s triple role:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Reproductive role: involves maintaining the household and its members (e.g., cooking, water collection, caring for children, etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Productive role: involves producing goods and services (e.g.,</td>
</tr>
</tbody>
</table>

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.
79 The number of participants that should attend each discussion and the duration of each session are not stated in the manual.
farming)
  • Community role: involves social events and services for the well-being of the community (e.g., celebrations)

<table>
<thead>
<tr>
<th>Roles identification table</th>
<th>To identify the difference between the workload of men and women, boys and girls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Separate groups of men and women discuss and complete the role identification table(^80) by paying attention to the triple roles of men, women, boys and girls</td>
</tr>
<tr>
<td></td>
<td>• In a plenary session, the participants discuss:</td>
</tr>
<tr>
<td></td>
<td>o The commonalities and differences between the men’s and the women’s tables</td>
</tr>
<tr>
<td></td>
<td>o Whether the situation is fair to all members of the family</td>
</tr>
<tr>
<td></td>
<td>o What could be done to make the situation fairer for all members of the family?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Access and control profile</th>
<th>To show how household decisions are made and family assets are used by both men and women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Access and control profile table(^81) has three categories: (1) resources/assets; (2) access; and (3) control separated by men and women</td>
</tr>
<tr>
<td></td>
<td>• Separate groups of men and women discuss who has control over each resource</td>
</tr>
<tr>
<td></td>
<td>• In a plenary session, the following questions are discussed:</td>
</tr>
<tr>
<td></td>
<td>o What resources do women have access to and control over that men do not?</td>
</tr>
<tr>
<td></td>
<td>o What resources do men have access to and control over that women do not?</td>
</tr>
<tr>
<td></td>
<td>o Do men and women have equal access and control over resources or does one group have an advantage over the other? Why?</td>
</tr>
<tr>
<td></td>
<td>o Is this situation fair to all members of the family?</td>
</tr>
<tr>
<td></td>
<td>o What could be done to make the situation fairer for all members of the family?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Discussion Topic 1- Sharing parenting roles and care for children</th>
<th>To promote men’s /fathers’ role in parenting and making the household situation fair</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Participants discuss the following questions:</td>
</tr>
<tr>
<td></td>
<td>a) What does parenting and the care of children involve?</td>
</tr>
<tr>
<td></td>
<td>b) Who does the parenting and care of children in most homes?</td>
</tr>
<tr>
<td></td>
<td>c) What are the main questions we need to ask to ascertain whether that situation is fair to all members of the family?</td>
</tr>
<tr>
<td></td>
<td>o Are the women the only parents in the family?</td>
</tr>
<tr>
<td></td>
<td>o If fathers are not involved in parenting, what are the consequences?</td>
</tr>
<tr>
<td></td>
<td>d) What are the things that could be changed to make the situation fair?</td>
</tr>
<tr>
<td></td>
<td>e) What new attitudes and behaviors do we want to see in a family so that men do more care work?</td>
</tr>
</tbody>
</table>

\(^80\) 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.
| 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 | Participants discuss:  
- a) What is decision-making?  
- b) How does decision-making affect how resources are controlled in the household, and in business and farming?  
- c) Who makes the major decisions in most homes?  
- d) What are the main questions we need to ask to understand whether a situation is fair to all members of the family?  
- e) What are the things that could be changed to make the situation fairer?  
- f) 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. | Participants discuss:  
- a) What tasks are involved in farming and business?  
- b) In most homes, what farming and business tasks do men do?  
  - Women? Boys? Girls?  
- c) What are the main questions we need to ask about whether that situation is fair to all members of the family?  
  - Who does the heaviest and greatest amount of work?  
- d) What are things that could be changed to make the situation fairer?  
- e) 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 | Participants discuss:  
- a) What are the community management and leadership positions?  
- b) Who in the household takes on most community management and leadership positions?  
- c) What are the main questions we need to ask about whether that situation is fair to all members of the family and the community?  
- d) What are the things that could be changed to make the situation fairer?  
- e) 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 | Participants develop an action plan that considers:  
- 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>
<thead>
<tr>
<th>Name of project</th>
<th>Impact</th>
<th>Country</th>
<th>Methods used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribution of Family Life Model to Women’s Decision Making and Economic Empowerment83</td>
<td>The results show that due to FLM:</td>
<td>Uganda</td>
<td>Independent consultants commissioned for qualitative (key informant interviews and focus group discussions) and quantitative (household survey of 600 respondents) evaluation</td>
</tr>
<tr>
<td></td>
<td>• 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)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Women’s confidence when bargaining with their spouses increased</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Increased joint decision-making for economic well-being of the household</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case study Family Life Model84</td>
<td>Changes attributed to FLM are:</td>
<td>Uganda</td>
<td>This case study was undertaken by Clare Bishop-Sambrook (IFAD) and Robert Gensi and</td>
</tr>
<tr>
<td></td>
<td>• Men’s reduced alcohol use</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Improved communication between husbands and wives relating to issues of</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

84 IFAD (2014).
• 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

- 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

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**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

<table>
<thead>
<tr>
<th>Tools</th>
<th>Objectives</th>
<th>Method91</th>
<th>Duration</th>
</tr>
</thead>
</table>
| Tool 1: Ideal man/woman| To explore how concepts of masculinity and femininity influence social dynamics in families and communities | • 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                       | • 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.
| Tool 3: Fishbowl | To help participants explore, articulate and analyze their personal feelings about social issues | - 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 | - 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 | - 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 | - 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 | - 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 |

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92 For further information, please see example in CARE (2007), pp. 75–77.
<table>
<thead>
<tr>
<th>Tool</th>
<th>Description</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tool 8: Crossing the river</td>
<td>To challenge participants to examine their beliefs on gender and sexuality</td>
<td>1-2 hours</td>
</tr>
<tr>
<td>Tool 9: Values clarification</td>
<td>To reflect on personal attitudes and values about commonly held beliefs</td>
<td>1-2 hours</td>
</tr>
<tr>
<td>Tool 10: Program Principles Analysis (PPA)</td>
<td>To help staff critically analyze their own reproductive health and HIV program approaches</td>
<td>From half a day up to an entire day</td>
</tr>
<tr>
<td>Tool 11: Reflective Practice (RP)</td>
<td>To think critically about project progress and its change</td>
<td>An hour to a full day of periodic meetings and half day meetings every quarter</td>
</tr>
<tr>
<td>Tool 12: Most Significant Change (MSC)</td>
<td>To reflect with colleagues and peers on what</td>
<td>One to two days for training&lt;sup&gt;95&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<sup>93</sup> 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).

<sup>95</sup> 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.
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. 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. 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

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94 See the MSC collection and selection process example in CARE (2007, p. 106).
95 Care (2007).
96 CARE Ethiopia (2014).
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.\textsuperscript{99}

<table>
<thead>
<tr>
<th>Session and tools</th>
<th>Objective</th>
<th>Method</th>
<th>Duration\textsuperscript{100}</th>
</tr>
</thead>
</table>
| 1. Division of labor | **Session one:** reproductive, productive, and community role | 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 | - 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:  
  o Why is the situation like this in the household?  
  o Why is sharing household chores important?  
  o What would be some of the steps to make this change? | 45 minutes |
| | **Tool:** pile sorting | | |
| 2. Power relations and decision-making | **Session one:** power relations and decision-making in the household | To facilitate a discussion on the different kinds of power relationships and how they affect decision-making power | - 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 |
| | **Tool:** storytelling | | |
| | **Session two:** men's and women's roles in household nutrition | To facilitate discussion on how inequitable attitudes and social norms can be changed to achieve the desired nutritional change | - 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 |
| | **Tool:** No specific tool | | |

\textsuperscript{99} CARE Ethiopia (2014).

\textsuperscript{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.
| 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  
- 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 | enhance shared roles in household nutrition | 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  
- 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  
- 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:  
  o The maps and focuses on the amount of resources in the community  
  o Whether these resources are accessible to all or determined by a person’s gender, class, ethnicity, disability, etc.  
  o Whether the mobility restrictions affect certain groups and why  
- Participants reflect on issues they would like to change in plenary | | 1.5 – 2 hours |
### 4. Resource Management and Self-reliance

| Session three: institutional service and assets | Explore opportunities and challenges women face to access and utilize public services and resources in an equitable, safe, and timely manner | Two groups of participants discuss questions related to women’s access to agricultural inputs/extension services, demonstrations, rural credit facility, etc. | 1 hour |
| Tool: focus group discussion | Each group presents their discussion points in plenary | Participants reflect on the points raised in plenary |

| Session four: culture of inheritance and resource ownership | To understand the limitations of the culture of inheritance that keep women from fully realizing and exercising their right to land | The facilitator tells a case story about a divorced woman who was denied land rights | 2 hours |
| Tool: storytelling | 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 |

| Session one: working culture – culture of time management | To show participants how their seasonal work and the nature of their working culture affects their livelihoods | Participants in groups explain their daily activities throughout the year and categorize them as ongoing\(^{101}\) or sporadic | 1 hour |
| Tool: seasonal calendar | The group draws a matrix to indicate each month and stones are used to represent the frequency of the activity | Groups discuss: o Differences in the activities men and women do and identify “intensive” activities that require participation of the family unit, etc. |

| Session two: saving culture - traditional and extravagant expenses/ceremonial expenses | To help participants avoid many forms of extra expenditure and promote a saving culture | Participants brainstorm on their saving culture | 45 minutes |
| Tool: storytelling | 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 |

| Session three: culture of self-reliance - aspiration to graduation | To explore factors hindering participants from acknowledging their own capabilities and encourage | The facilitator reads part of the story and participants discuss whether the story reflects the reality | 2.5 hours |
| Tool: storytelling | The facilitator then continues reading the second part of the story and participants discuss questions related to aid support and |

\(^{101}\) Ongoing activities are performed on a continual basis throughout the year, while sporadic ones are performed at certain times of the year.

43
### 5. Harmful traditional practices

| Session one: Family size and polygamy | To explore the community’s attitude towards family planning in relation to food security | Two single-sex groups discuss:  
- 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 | To discuss the causes and consequences of early and forced marriage and how it relates to food security | 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) | To create awareness of the different ways men abuse power and become violent against women | 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 | To explore community attitudes towards edible food and meal times in relation to food security | 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) | To show participants how the practice of FGM violates the human rights of a girl or woman | 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 SAA 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 TESFA\(^{104}\) 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 ABDISHE\(^{106}\) 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.

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102 Sustainable Access to Financial Services for Investment.
106 ABDISHE means “her hope” in Afan Oromo, the local language.
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.

<table>
<thead>
<tr>
<th>Name of project</th>
<th>Impact</th>
<th>Methods used</th>
</tr>
</thead>
</table>
| Village savings and loan association (VSLA) as a platform for integrated programming: the integration of SAA into the SAFI Project\[109\] | The use of SAA brought:  
  • 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 |
| TESFA improving the lives of married adolescent girls in Amhara, Ethiopia a summary of the evidence\[111\] | Evaluation reported the changes in lives of married adolescent girls:  
  • Reduced gender-based violence  
  • 40% of girls were engaged in work for pay from the combined\[112\] 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  
  2. (SRH) girls who received information and guidance about sexual and reproductive health issues  
  3. Combined (EE and SRH) girls who received both EE and SRH; and comparison  
  4. Girls who received intervention (EE and SRH) after evaluation.  
  \[111\] This summary of the evidence evaluation document does not specify which type of qualitative and quantitative methods were used to gather data.

\[109\] 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.
- 180 early and forced marriages were cancelled over the course of the project duration
  However, the extent of SAA contribution to these changes is not clearly illustrated, except in efforts against early and forced child marriage

| ABDISHE/ linking initiatives, stakeholders to achieve gender-sensitive livelihood security (LINKAGES) project end line evaluation report | \(\text{2. (SRH)}\) girls who learned about issues related to their SRH
| 3. (combined) girls who received both EE and SRH
| 4. (comparison) girls who received intervention (EE and SRH) after evaluation |

| The evaluation findings indicated: |
| • 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 |
| However, the evaluation report does not indicate the extent of SAA’s contribution to these impacts except in gender-based violence and conflict reduction |

| Ethiopia Oromia Region Eastern Hararghe Zone and Fedis Woreda |
| External Consultant conducted the final evaluation using qualitative FGD and KII and quantitative household survey |

| Improving lives through CARE’s sexual, reproductive, and maternal health programs: using SAA in Madagascar to break from family |
| The case study reported the impacts as: |
| • 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 |

| Eight communes of Madagascar |
| CARE USA developed the case study by using qualitative methods (mainly the most significant) |

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114 CARE Ethiopia (2016).
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.

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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. 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.

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. 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.

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

<table>
<thead>
<tr>
<th>Stages and tools</th>
<th>Objectives</th>
<th>Method</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stage 1: Relationship-building</strong></td>
<td></td>
<td></td>
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<tr>
<td>Setting rules</td>
<td>To formulate rules and agreements that guide interaction during the workshop</td>
<td>• Groups of four to five participants establish workshop rules and symbolize in pictures and share/agree in plenary</td>
<td>45 minutes</td>
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<tr>
<td></td>
<td></td>
<td>• Participants select a “minister of justice” and timekeeper to monitor the rules</td>
<td></td>
</tr>
<tr>
<td>Stocktaking</td>
<td>To identify strengths and weaknesses of participants’ HIV prevention mechanisms</td>
<td>• Each participant in group discusses his/her HIV prevention mechanisms</td>
<td>1.5 hours</td>
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<tr>
<td></td>
<td></td>
<td>• Group representative presents the identified strengths and weaknesses of the mechanisms in plenary</td>
<td></td>
</tr>
<tr>
<td>Process facilitation and facilitator role</td>
<td>To understand the role of process facilitation and distinguish community roles from the facilitator’s role</td>
<td>• The facilitator presents two facilitation scenarios on a flipchart</td>
<td>1 hour</td>
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<tr>
<td></td>
<td></td>
<td>• Groups of participants discuss and present the preferred type of facilitation scenario for CC</td>
<td></td>
</tr>
<tr>
<td>Active listening</td>
<td>To develop active listening capacity and help participants listen and accept different perspectives</td>
<td>• Groups of five or six participants discuss “controversial issues”</td>
<td>1 hour</td>
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<tr>
<td></td>
<td></td>
<td>• Each group reflects on what they heard from other groups</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Each group presents three key elements of active listening and respecting diversity</td>
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<tr>
<td>Team-building</td>
<td>To increase an individual’s role and contribution to the team</td>
<td>• Team-building exercise: A group of five participants collectively draws an animal on a flipchart without talking to each other</td>
<td>1 hour</td>
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<tr>
<td></td>
<td></td>
<td>• Participants post the animal on the wall and discuss it in plenary</td>
<td></td>
</tr>
<tr>
<td>Reflection and review</td>
<td>To discuss the importance of reflection and review as part of the community process</td>
<td>• Participants discuss:</td>
<td>20 minutes</td>
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<tr>
<td></td>
<td></td>
<td>o How can ongoing reflection/review be helpful to facilitators as well as to the community?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o How can the community revisit their plan</td>
<td></td>
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</tbody>
</table>

120 Gueye et al. (2005).
and evaluate their actions?

<table>
<thead>
<tr>
<th>Stage 2: Identification of community concerns</th>
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</thead>
</table>
| **Social-cultural dynamics** | To reflect on the sociocultural situation and misconceptions related to HIV/AIDS | • Small groups discuss:  
  o 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 | • 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 | • 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 | • 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 | • 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 | • 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** | To construct and interpret a community wall and a facilitator wall | • 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).
| Stage 3: Changing power relations | To make participants aware of the impact and consequences of power dynamics | • 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 | • 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 | • 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 | • 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 | • 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 | • 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. 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, 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.

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

<table>
<thead>
<tr>
<th>Session</th>
<th>Objectives</th>
<th>Method127</th>
</tr>
</thead>
</table>
| Session 1: Setting the stage. To explore the social, cultural and economic challenges women and girls face and existing opportunities. | To understand social, cultural and economic challenges, as well as the opportunities women and girls have | - 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 1: Understanding the status of women and girls | To understand role of culture in defining gender roles and relationships | - 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 2: The role of culture in gendered relationships | To identify norms and values, and analyze their implications for women | - 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 3: Norms and values | To understand what is changing and not changing in women’s situation and status | - 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 4: Getting deeper into the “changes” | To understand the extent of the changes | - Four groups seated separately in different rooms debate given topics and record major points for presentation  
- Facilitators observe and moderate the debate |

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.
<table>
<thead>
<tr>
<th>Discussion 1: Understanding gender</th>
<th>Session 2: Gender and culture. To understand the relationship between gender and culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>To make participants aware of women’s participation in FOs</td>
<td>To make participants aware of women’s participation in FOs</td>
</tr>
<tr>
<td>Discuss to make women aware of women’s participation status in FOs</td>
<td>The facilitator presents women’s participation status in FOs</td>
</tr>
<tr>
<td></td>
<td>Brainstorming on issues such as: the number of women in FOs, challenges that limit women’s participation, etc.</td>
</tr>
</tbody>
</table>

### Discussion 1: Understanding gender

- To deeply understand gender
  - A group of 10 participants discuss 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
  - Participants in groups list existing norms (newur) 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
  - 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
  - The discussion on domestic violence involves:
    - 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
  - 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
  - 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
  - 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
  - Participants are divided into two groups to debate on local proverbs - one group discusses supporting the idea

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128 The manual does not specify whether the group is mixed or single sex for most group works.
stereotypes and prejudice while another opposes it

• Discussion on the causes, consequences and implications of stereotypes

Session 3: Farmers' organizations. Create better awareness of FOs for both male and female members

<table>
<thead>
<tr>
<th>Discussion 1: Presentation on primary cooperatives (PC)</th>
<th>Participants gain better understanding of PC's purpose and functions</th>
</tr>
</thead>
</table>
| To encourage women to participate in FO leadership    | • Participants use two points of debate (FOs roles and gender) and discuss:  
| To understand gender issues in FOs                     | o How to respond to women’s needs better in FOs  
|                                                          | o Steps to include women in FO leadership roles                  |

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

<table>
<thead>
<tr>
<th>Discussion 1: Women’s membership in FOs</th>
<th>To create awareness for increasing women’s membership in FOs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussion 2: Women’s participation</td>
<td>To understand the implication of proverbs for women’s FO membership</td>
</tr>
<tr>
<td>Discussion 3: Challenges for women’s participation and leadership</td>
<td>To promote more women as FO members and leaders</td>
</tr>
<tr>
<td>Discussion 4: Examining attitudes towards women’s leadership</td>
<td>To identify proverbs that have implications for women’s leadership in FOs</td>
</tr>
</tbody>
</table>

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.  

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. 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.  

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.  

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. Table 18 briefly outlines the methods used in these studies and the findings.  

Table 18. Summary of evidence on CC impact.

<table>
<thead>
<tr>
<th>Title of project/research/evaluation</th>
<th>Impact</th>
<th>Country</th>
<th>Methods used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community conversations as a strategy to change harmful traditional practices against women (2016) (^{135})</td>
<td>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 &quot;community conversations are a valuable instrument to induce a change in social values in order to empower women.&quot;</td>
<td>Ethiopia (^{136})</td>
<td>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.</td>
</tr>
<tr>
<td>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})</td>
<td>The findings highlight CCs as an efficient and effective strategy to fight FGM/C. Specifically: • 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</td>
<td>Ethiopia (^{138}) 10 districts (^{138})</td>
<td>Independent researchers conducted a mixed methods evaluation - quantitative (1275 households surveyed) and qualitative (in-depth and key informant interviews and focus group discussions)</td>
</tr>
<tr>
<td>Using Community Conversation in the fight against HIV and AIDS (2013) (^{139})</td>
<td>The article reported the following impact: • CCs served as the main source of information and knowledge about HIV and AIDS</td>
<td>Ethiopia (^{140}) Bahir Dar</td>
<td>An independent consultant (^{141}) was commissioned to do a qualitative research study (in-depth...)</td>
</tr>
</tbody>
</table>

\(^{135}\) 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.

\(^{140}\) The CC was implemented by Amhara National Regional State HIV/AIDS Prevention and Control Coordination Office.
| **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**  
| **WFP P4P Gender in FOs**  
| **Field project monitoring results** report:  
| **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 implemented in stakeholder interviews and focus group discussions)**  
| **WFP P4P has not yet done an evaluation**  
| **Upscaling community conversation in Ethiopia: Unleashing community capacities for HIV/AIDS response**  
| **UNDP 2004**  
| **The UNDP report indicated:**  
| **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.:**  
| **A farmer who participated in CC**  
| **Ethiopia UNDP with NGOs implemented CC**  
| **The UNDP document does not mention which data collection methods were used**  

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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.  
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.
acknowledged that circumcising his first-born daughter was a mistake and decided to leave his second daughter uncircumcised.

- 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 geda leaders.

| GENNOVATE | 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:

- "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..."

A typical female response from this community:

- "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 | GENNOVATE, a medium-n 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

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/

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.”

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.