



Food and Agriculture
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Investing in rural people



World Food
Programme

Gender transformative approaches for food security and nutrition



GOOD PRACTICE Social Analysis and Action, Ethiopia

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SECTION 1

OVERVIEW OF THE METHODOLOGY

Name of the methodology**Social Analysis and Action (SAA)****Countries with implementation experience**

More than 20 countries, including:

- **East and Southern Africa:** Democratic Republic of Congo, Ethiopia, Malawi, Rwanda, United Republic of Tanzania
- **West Africa:** Ghana, Mali
- **North Africa:** Egypt
- **Asia:** Bangladesh, Cambodia, India, Myanmar, Nepal, Viet Nam

In Ethiopia, SAA is implemented in various projects, including Towards Improved Economic and Sexual/Reproductive Health Outcomes for Adolescent girls (TESFA), which is carried out in the Amhara region with funding from the Nike Foundation and Johnson & Johnson.

Start/end date

- 2015–2017: full implementation
- 2018: testing new activity interventions and documentation

Lead organization sponsoring the development and implementation of the methodology

CARE is the lead implementer of SAA with the full participation of government partners at different levels to ensure ownership and sustainability.

A paramount contribution is also made by community members in implementing SAA and promoting changes in social and gender norms.

Purpose of the methodology and the domains of gender inequality that are addressed

SAA is one of CARE's approaches through which individuals and communities explore and challenge the social norms, beliefs and practices that shape their lives and are obstacles that lie at the root of development problems. It is a totally community-led social change process that uses participatory tools to achieve the long-term goal of empowering vulnerable communities through the advancement of equitable gender, social and power norms.

In the SAA approach, critical community dialogue and reflection with the people who influence the norms (e.g. community leaders, religious leaders, mothers-in-law, husbands) is carried out to shape existing expectations, decisions and behaviours around sexual and reproductive health, harmful traditional practices (e.g. early marriage, female genital mutilation), girls' and women's mobility, communication, resource ownership, decision-making power, child care, household chores and gender-based violence (GBV).

Contribution of the methodology to wider development/organizational/project goals

CARE has applied SAA to its projects in more than 20 countries. SAA addresses diverse development and social justice issues, and supports CARE's global commitment to gender equality and women's voice.

The goal of the TESFA project is to bring measurable positive change to the economic status and sexual and reproductive health of ever-married girls. In this context, SAA contributes significantly to an increase in the use of family planning services; a decrease in early child marriages; a more equal division of labour; improvements in communication and decision-making skills; improvements in women's ability to save and own assets; and improved relationships among husbands, wives, daughters-in-law, friends, and mothers-in-law.

Target group

TESFA targeted ever-married adolescent girls and community leaders who influence and perpetuate social and gender norms in the community.

SECTION 2

IMPLEMENTATION ARRANGEMENTS

Key entry points for applying the methodology

Training of trainers from the local government on the methodology is the first step in applying the methodology. The trained government partners then played a key role in cascading the training, and organizing SAA groups at the community level.

Implementing partners

The implementing partners are the local government sector offices (e.g. the offices of women and children affairs, health, education, the legal sector, administration, agricultural development) in collaboration with the project team.

Process of and criteria for selecting facilitators/champions/mentors

SAA group facilitators are selected by group members based on criteria proposed by government partners and project staff. Each group has two facilitators. If the group is heterogeneous, one female and one male facilitator are selected; if it is homogenous, a member of the same sex is selected as a facilitator.

Key criteria for selecting the group facilitators are:

- known, respected, trusted and accepted by the community;
- able to articulate ideas and facilitate discussion in local language;
- open-minded and analytical;
- agreeable to volunteering to work in her/his community without incentives;
- committed to development activities in the community;
- proficient in writing and reading (at least one of the facilitators);
- able to communicate well;
- skilled in creating a safe space for group members and facilitating change; and
- willing to genuinely reflect on her/his attitude and practices.

Training of facilitators/champions/mentors

SAA training of trainers for local government partners and project staff is provided for five days. The training aims to create an understanding of how norms affect the life of the community, especially women and girls; what critical reflection means; how to challenge and facilitate changes; and what women's empowerment means and its contribution. The training is given in a participatory way, and participants are equipped with different SAA tools designed to challenge the existing social and gender norms. The SAA global manual and SAA minimum standards are employed for facilitating the training.

Government partners who follow the training of trainer sessions take the lead in cascading the training for the SAA core groups and SAA group facilitators for two days. The SAA group discussion manual developed by the project is used for facilitating the training.

SECTION 3

IMPLEMENTATION CYCLE

Key steps in the implementation cycle**— Step 1: Barrier analysis to identify existing social and gender norms**

The assessment is conducted by CARE project staff to identify the existing social and gender norms in the community that affect the life of women and girls. It can be conducted together with the baseline assessment if needed.

— Step 2: Validation of norms with the community and government representatives

The gender and social norms identified through the barrier analysis/baseline process are validated by the community and government representatives. The norms are prioritized based on their impact on women's and girls' lives. This is a key step in securing the consent of the community and the government representatives to work jointly for change.

- **Step 3: Development of SAA discussion manual and translation to the local language**
The discussion manual is prepared by the project experts. It is developed in a simple way and presented in a logical progression that addresses community needs. For each topic, suitable SAA tools are used to facilitate effective discussion and lead to change.
- **Step 4: SAA training of trainers for government partners and project staff**
A five-day training session is organized for the government and project staff to equip them with the basics, tools and facilitation skills of SAA.
- **Step 5: Transform staff capacity**
Transforming staff capacities is a key component of SAA. It enables the staff to facilitate change at the community level. Staff meet regularly to critically reflect and challenge social norms guided by the discussion manual.
- **Step 6: Establishment of the SAA core group**
The core group represents the power holders in the community. They help to increase buy in and the scaling up of adaptation of new social norms. The core group is composed of the grassroots government and service providers, including community leaders, religious leaders, health extension workers, development assistants, school principals and members of legal structures. The core group is established by government partners in collaboration with project staff.
- **Step 7: Orientation training for SAA core group members**
A two-day training session is given for the core group on SAA and facilitation skills using the discussion manual.
- **Step 8: Large community meeting at the grassroots level**
The trained core group members organize a large community meeting at the grassroots level in collaboration with the government and project staff. In the meeting the general brief on SAA is described and SAA discussion groups are formed. The SAA discussion group members (25 to 30 members) include the religious leaders, influential community leaders, mother-in-laws (for ever-married adolescent girls) and influential women. The SAA groups first organize themselves, and after the SAA discussions are finalized, a Village Savings and Loan Association (VSLA) approach is introduced. The introduction of the VSLA approach helps them to continue to meet for VSLA activities and even continue SAA discussions.

Ever-married girls (10–19 years old) have their own group to discuss sexual and reproductive health and life skills. They also have their own VSLA to engage in economic activities and provide resources to participate in income generating activities.
- **Step 9: SAA group formation and selection of facilitators**
Each SAA discussion group selected two facilitators based on the criterion listed in the section above.
- **Step 10: SAA cascading training for the core group and SAA group facilitators**
Group facilitators (SAA groups and core group) train on SAA for three days using the SAA discussion manual. Mindset change is key. The first session is on value clarification. Different norms are identified, and the trainees reflect on their values and challenge each other.
- **Step 11: SAA core group and SAA group discussion start (reflect with the community)**
The SAA facilitators kick off the discussion at the group level to: (i) critically reflect and create an understanding of how norms related to gender and sexuality influence health, women’s economic empowerment, food security, nutrition and GBV; (ii) challenge existing norms and start a new way of thinking, feeling and behaving, and through discussions envisage new norms as alternatives; (iii) envision alternatives and identify concrete steps to take; and (iv) learn how gender, social and power norms shape perceptions and expectations of others and ourselves, and influence decisions and behaviours.
- **Step 12: Introduce other activities to SAA groups, depending on the nature of the project**
Some projects introduce VSLA into the ongoing SAA. There is another CARE approach, the village economic and social associations (VESAs) approach, which introduces VSLA as an integral part of the SAA early in the process and helps make the SAA discussion sustainable after completing the sessions. (See the Village Economic and Social Associations (VESAs) Manual in the resource materials section).

— Step 13: Exploring replication and/or feedback

Staff and partners ensure lessons learned are fed back to CARE to improve future programming.

Average length of the implementation cycle

The length of the implementation cycle depends on the group performance and their actions at the community level. SAA involves not only a monthly or bi-monthly discussion, it requires individual and collective planning and implementation. It usually takes one to one and a half years to complete the topics.

Graduation from the methodology

Change is a process, and the SAA groups are a change agent at the community level. The SAA groups may finalize the discussion topics and take action to realize positive change at individual and community levels on the existing social and gender norms. After the project period, the groups continue discussions on the given topics or include their own additional topics.

SECTION 4

MONITORING

Monitoring system

— Internal by participants

The SAA facilitator has a simple discussion monitoring form that is completed during every discussion session. The form tracks date of meeting, discussion topics and materials used in the discussion (e.g. picture codes, manuals, posters), the number of attendees and absentees, the number of dropouts and their reasons for leaving. The facilitator also documents an action plan that the discussants have agreed upon and follows the implementation status using the simple planning form. The facilitators also report on practical changes in the norms and challenges they faced in the implementation of the action plan.

A similar process is followed for staff reflection, as part of the capacity building activity. The facilitator of the staff reflection session reports on the topics that are discussed and the overall process of their critical reflection to learn more.

— External

The government partners and project staff provide monthly supportive supervision to the group and on-the-spot support. There are also quarterly review meetings with group facilitators to follow the progress of the discussions and review the implementation of activities. The review meeting also serves to share experiences among the facilitators and refresh on selected tools.

Indicators

— Quantitative

- Percentage of changes in early marriages, female genital mutilation and other harmful traditional practices during the reporting period
- Percentage of arranged early marriages cancelled by SAA
- Proportion of girls who have used any kinds of contraceptives to delay or avoid pregnancy
- Number of ever-married girls who participate in out-of-school girls support groups
- Number of facilitators of school clubs/groups trained on menstrual hygiene
- Increase in use of family planning services
- Changes in the level of ever-married adolescent girls' confidence and self-efficacy
- Percentage of girls who have confidence to speak up in disagreement with their husbands or mother-in-law
- Percentage of ever-married girls who report having autonomy or decision-making power over their own income
- Percentage of ever-married girls engaged in income generating activities
- Percentage of ever-married women engaged in reliable and diversified economic opportunities
- Number of community-based institutions supportive of women exercising their rights

— Qualitative

- Changes in the mobility of ever-married girls
- Changes in the level of confidence and self-efficacy of ever-married adolescent girls
- Changes in traditional attitudes brought about through changes in social/cultural norms that increase opportunities for ever-married adolescent girls
- Changes in husbands' behaviour regarding sharing household chores
- Changes in girls' participation in household decision making

SECTION 5

BUDGET

Main items of expenditure

- Human resources
- Barrier analysis
- Manual development
- Translation and printing
- Training-related costs
- Monitoring and evaluation (e.g. formal assessment, evaluation, supportive supervision, review meetings)
- Documentation (e.g. case studies, photos, recordings, videos)
- Operational costs, and staff travel and lodging

Total budget

The budget varies over time and depends on the organization and donor. In the TESFA project covering 42 groups, the average cost per group was USD 1 850 for two years including the follow-up activities.

SECTION 6

RESULTS

Number of beneficiaries reached

The TESFA project reached a total of 2 124 ever-married adolescent girls (10 to 19 years old) and 1 229 reference group members and SAA group members (41% women).

Main changes attributed to the methodology

SAA helps women and girls to have a voice in their life, household and community. Formal and informal structures become responsive to supporting women and girls to exercise their rights and protect them from GBV and harmful traditional practices. SAA also provides a platform and safe space for staff to reflect, challenge and change values and norms.

— Gender-related changes

- Couples' household communication and girls' decision-making skills improved.
- Improved mobility for girls, with indications that the norm that restricted girls from being able to go out of the house was changing. Girls were able to go freely in any social gathering (e.g. church, markets).
- The number of girls who reported feeling confident enough to speak up in disagreements with spouses or mothers-in-law increased.
- Husbands' involvement in household division of tasks (e.g. men engaging in childcare, cooking, baking *injera*, fetching water, cleaning their own feet)
- Girls were able to meet and have friends to share their ideas, which was not allowed previously.
- Women and girls started to take a leadership role in the community.
- Girls started to say no to early marriage and report any information about any arranged early marriages in their village to the SAA group.
- The SAA members engaged in cancelling more than 70 arranged early marriages in their community. In some instances, they reported it to the *woreda* police if they were challenged.

- The girls' group platform served as a catalyst for change beyond matters relating to sexual and reproductive health and economic empowerment. With their newfound negotiation skills and mobility, many of the girls chose to go to school, including those who had dropped out earlier.
- Girls' independence in earning her own income improved, which in turn contributed for the improvements of couples' communication and decision making.
- Women and girls saving for productive investment and income-generating activities increased.
- Women and girls' health-seeking behaviours and service utilization, including family planning, antenatal care and delivery services, improved.
- Proportion of girls using modern contraception increased.
- Women's confidence to use the toilet in the daytime, which was not allowed previously, increased.
- The girls' groups took ownership. They adapted the curricula on sexual and reproductive health and financial skills to make them story-based and more participatory, and included the development of role play.
- Community engagement went beyond support for the girls by creating mutual accountability between the girls, husbands and community members. The community took on the prevention of child marriage in their community, which was not an intended objective of the project.

Key success factors and strengths of the methodology

- The interest and the full commitment of government structures at different levels to engage in the implementation process was critical.
- The methodology gave full authority to community members to critically reflect, discuss, develop an action plan and execute their plan. The process is totally community led and the project did not interfere with implementation.
- The commitment of group facilitators, community leaders and religious leaders was significant for successful implementation.
- Exemplary changes in the lives of women and girls were also a driving factor for the successful implementation of the methodology.
- The introduction of saving and credit activities into the SAA groups contributed to the groups' regular meetings and commitments after the project closed.

Challenges and measures to overcome them

- The effort of SAA groups to cancel arranged early marriage was not an easy action in some cases. It required a coordinated action between the SAA group, the core group and the local administration.
- Conducting SAA requires good facilitation skills and its impact depends on the strength of the facilitation of the discussions. Hence the changes and impacts can vary between different facilitators.
- Some parents resist interference in their decision about the early marriage of their daughters, and some try to change the mode of the ceremony to use it as an opportunity for early marriage. The girls and SAA groups use their network to get information about the ceremony and take action if it is for an early marriage.

Potential for upscaling

From the practical lessons learned from the TESFA model, CARE is designing a more impactful and scalable version. TESFA+ will first build on the ex-post evaluation findings to investigate how to successfully reach more ever-married girls. This will include exploring and documenting the experiences of facilitators, the barriers to auto-replication in neighbouring villages, and complementary pathways to scale. With this additional understanding, CARE will work with communities to design a model that builds on the essential components of the methodology to explore girls' own improvements and capitalize on innovative avenues for impact.

Potential for replication

SAA groups have played a significant role in making changes in social and gender norms that have positively affected the life of girls and woman. Having observed these changes, neighbouring villages requested support to replicate these groups. One hundred and ninety-three girls' groups were formed and the project was forced to stretch its support to these groups.

Sustainability of the methodology once project/external input is complete

Throughout the implementation process, the government partners at all levels were fully engaged and this contributed significantly to the ownership and sustainability of project results. In addition, the introduction of the VSLA approach into the SAA groups encouraged the groups to continue their discussions after the project phased out.

SECTION 7

RESOURCES

Publications

- CARE (2018) *Social Analysis and Action Global Implementation Manual*
https://insights.careinternational.org.uk/images/in-practice/Gender-in-the-workplace/SAA_GloblImplementationManual_FINAL.English.rights-reserved_2018.pdf
- CARE (2017) *Social Analysis and Action (SAA) in Food and Nutrition Security Programming*
A manual for addressing gender and social norm barriers to promote gender transformative changes in Food and Nutrition Security (FNS) Programming
https://www.care.org/sites/default/files/documents/saa_in_fns_december_2018_1.pdf
- CARE Ethiopia (2018) *Village Economic and Social Associations (VESA) Manual*
<https://careclimatechange.org/livelihoods-for-resilience-activity-village-economic-and-social-associations-vesa-manual/>
- TESFA model brief
http://www.care.org/sites/default/files/tesfa_2_pager_screen.pdf
- TESFA ex-post evaluation (brief and full report) 2017
http://www.care.org/sites/default/files/tesfa_ex-post_final_report_sept-2017.pdf
- TESFA evaluation: summary of the evidence by the International Center for Research on Women (ICRW)
<http://www.care.org/sites/default/files/documents/TESFA%20Final%20Evaluation.pdf>
- TESFA+ Investigative research brief
https://www.care.org/sites/default/files/letter_tesfainvestigativeresearchbrief_screen.pdf
- Other reports available from CARE Ethiopia office: Social Analysis & Action Implementation Minimum Standards; SAA groups discussion manuals; Girls group discussion manuals on sexual and reproductive healthcare; VSLA discussion manual

Case stories, photo voices and videos

- TESFA case stories, photo voices and videos
<https://www.care.org/work/health/sexual-and-reproductive-health-and-rights/what-we-do/adolescent-health/tesfa>
<https://news.care.org/article/meet-the-runaway-bride-helping-to-stop-child-marriage/>

Cover photo: Ever married girls at discussion in megendi kebele of south Gondar

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