



# Good Practice Guide

## Changing social norms in Sexual Reproductive Health and Rights Programming

Cluster: Borena, Ethiopia  
Learning agenda theme: Social Analysis and Action  
Result area: Social norms change  
Intervention type: Sexual and Reproductive Health Rights

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# RESET Plus – Family Planning for Resilience Building

**RESET Plus** is a program funded by the European Union to **contribute to resilience through consolidated Family Planning (FP) practices, gender equality and decreased demographic pressure.**

RESET Plus is being implemented (2018-2021) by the organizations AMREF, CARE, Save The Children and We-Action in 5 different project locations in Ethiopia. RESET Plus is being implemented alongside another EU-funded program called RESET II, which focused on resilience building and creating economic opportunities in Ethiopia.

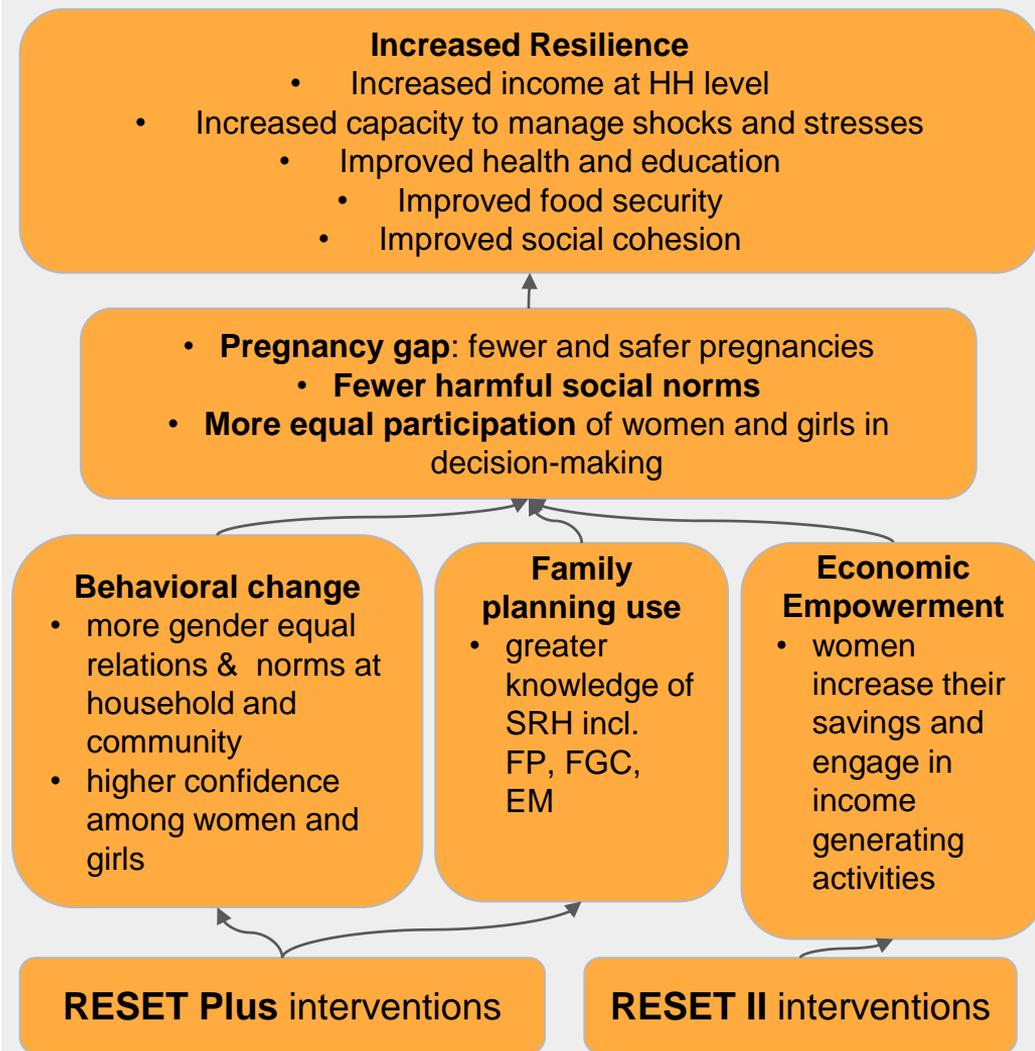
CARE implemented this project in Dillo, Arero, Moyale, Miyo, Dhas and Dire Woredas of Borena Zone.



# Theory of Change

The project's baseline showed that there are a **number of misconceptions** around family planning (FP) among the population in Borena that are **detrimental to the communities' wellbeing and ability to manage risks and deal with shocks and stresses** - particularly for women and adolescent girls. The misconceptions included the beliefs that FP will make women infertile, or that it encourages women to have sex with other men than their husband.

The baseline also showed that a **number of social norms and harmful traditional practices** (Early Marriage (EM), Female Genital Cutting (FGC)) hinder women and girls from realizing their SRHR.



# What is SAA (Social Analysis and Action)?



SAA is a facilitated process through which individuals and communities explore and challenge the social norms, beliefs and practices that shape their lives. The core elements driving SAA are:

**Reflect** to create understanding of how norms related to gender and sexuality influence health, women's economic empowerment, food security, nutrition, and gender based violence.

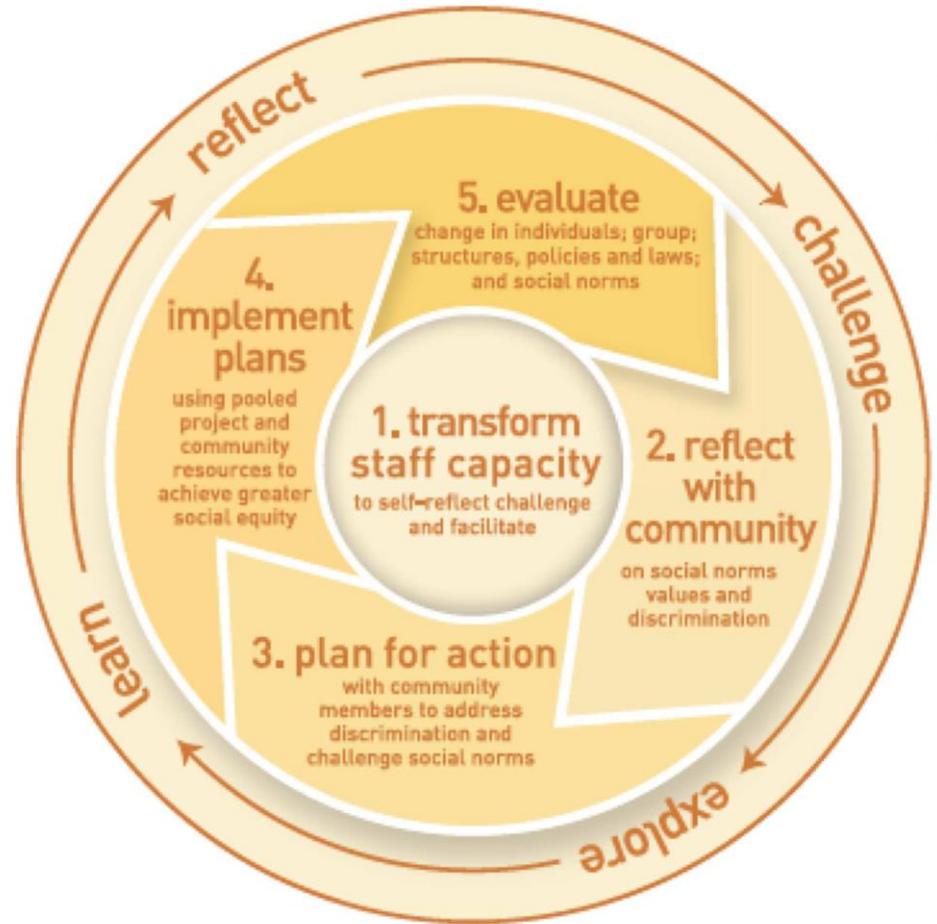
**Learn** how gender, social, and power norms shape perceptions and expectations of others and ourselves and influence decisions and behaviors.

**Challenge** norms by taking concrete steps to address health, food and nutrition security, economic empowerment and other social issues through a reflection action cycle, supporting changes in individual attitudes and social norms, leading to greater gender equality in households, communities, and society.

**Explore** by envisioning alternatives (by developing action plans) and moving towards alternative ways of thinking and behaving.

# Key steps of the SAA model

1. **Transform staff capacity**
2. **Reflect with Communities**
3. **Plan for Action**
4. **Implement Plans**
5. **Evaluate the changes**



# What are the main issues that the Social Analysis and Action addressed?

- **Harmful Traditional Practices** (female genital cutting, early marriage)
- Definition of **gender**, and explanation of similarities and differences between sex and gender
- Sexual and reproductive health **rights** of women and girls
- **Equity** issues regarding boys and girls in the family (e.g. boys and men eat before girls and women)
- Girls dropping out of school / girls being married off
- **Consequences** of early marriage for labor and/or delivery
- Importance of giving birth at a health institution
- **Division of roles** between men and women
- Male domination and **decision-making power** on resource management/control and remittances
- Monogamy vs Polygamy



*“SAA has not only changed the community but it has also changed my life. I am currently pregnant after six years. SAA has helped me to delay more years. My husband cares for me. He even washes my legs at night, helps me to go to bed.”*

*SAA has also explored visible and invisible social norms that affect women empowerment. SAA must also focus on young boys.”*

*Jilo Dhenge, Previous head of Dillo woreda women’s, youth and children’s Affairs Office*

## What is the context in which this practice/model/approach has been implemented and tested?

- SAA was implemented in a context where **discriminatory social norms** affected the daily life of women, girls, boys and men
- SAA was implemented in **rural kebeles**. Most of the community members involved are pastoralists.
- The project had **major support** of government representatives, power holders (such as religious and clan leaders) and the community to try the SAA approach

## What are the main contextual factors and risks that could impact successful replication?

- A **pandemic** like COVID-19 discouraged SAA members to hold regular discussions
- Droughts and other shocks **force communities to move**, which disrupt the groups' routine discussions and implementation of action plans
- Establishing SAA groups with members **from different geographies** may discourage people to have regular meetings due to travel required to meet
- Power holders in the community who do not support the SAA might **pose a risk** to the success of the groups

# How does the model/approach address key cross-cutting issues for resilience building

## **Gender and youth**

- Project staff and government partners **reflected first on their gender biases** and their role in gender mainstreaming
- The project promoted **equity** between men and women, girls and boys, in all its interventions (not only SAA)
- Boys and girls benefit from the discussions adult SAA group members conduct on changing discriminatory social norms

## **Conflict-sensitivity**

- The SAA manual and trainings provides guidance on how to **facilitate** discussions and **how to deal with possible conflicts**

## **Integration and synergies (coordination)**

- SAA was implemented in parallel to other interventions from the RESET II project and the Government Productive Safety Net Program (PSNP)

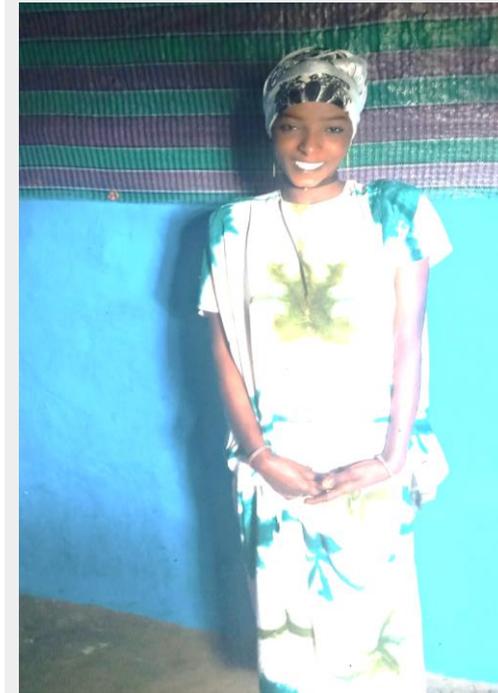
## **Sustainability**

- SAA approach builds the **reflective and collaborative capacity** of power and norm holders, and community members, for long term reflection within communities
- **Government representatives** are trained and directly involved in facilitating discussions and supporting the SAA groups with the implementation of their action plans

# Main results and impact

*Attitudinal change, increased knowledge and understanding of the positive impact of more gender equitable social norms*

- Increased **awareness of the consequences** of unequal division of roles and responsibilities between men and women- husbands have started to support their wives with childcare, cooking food and collecting firewood
- The SAA framework improved **transparency of beliefs and practices among communities** and provided a safe space for open discussions about HTPs- feelings of shame decreased and **confidence** of community members increased when talking about sexual reproductive health
- Women's right to move (to meetings, to the market) was respected by an increased number of households- **women reported that their income increased as a result of that additional freedom**

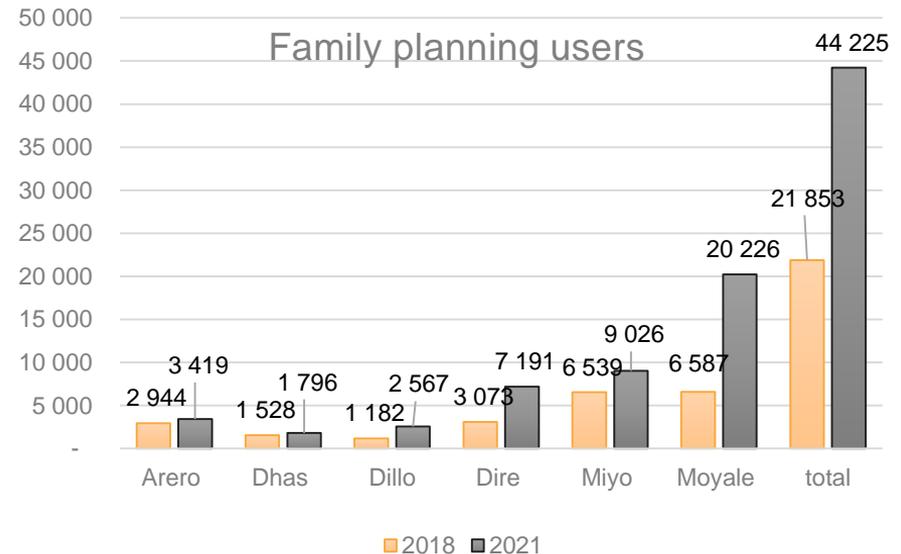


"I am happy with the decision made by my parents, and even if they don't agree, I will never accept the marriage proposal. I want to continue my education and I want to be a doctor." Turu Kana daughter of Moti

# Main results and impact

## *Increase in use of family planning, community takes action against harmful traditional practices*

- Use of family planning among SAA group members in Borena increased from 11% to 85% at the end of the project
- As a result of the collaboration between the justice, the women, youth and child offices and the SAA group members, **71 cases of early marriages were cancelled** and **41 girls returned to school after dropping out**
- Also, **44 attempts of female genital cutting were stopped** and FGC practitioners were sanctioned by SAA group members
- **School enrollment of girls increased** over time - girls have started to speak out against marriages and now express their feelings and expectations
- As **reporting of GBV cases increased**, referrals to health centers also improved and saved lives



# Main results and impact

## Improved health practices and other results

- Wife and husband increasingly **go together to health centers** for pregnancy tests and antenatal care – husbands increasingly agree to allocate household funds for family planning methods
- Birth delivery at health facilities also increased
- Community members also started to **provide feedback to health service providers**, as they increasingly appreciated open and transparent conversations
- As knowledge on communicable diseases and infant care was shared in SAA groups, at the same time Jaala-Jaaltoo (extramarital sexual practice) reduced and child vaccinations increased
- The SAA approach **has been replicated** by some woreda office representatives to other kebeles
- Women conferences were initiated by kebele officials as a result of the SAA



*“I feel happy when communities regularly visit our health post. Their confidence in selecting contraceptive methods has increased, and requests for advice on health services and continuous children vaccination also increased as a result of the SAA”.  
They use different contraceptive methods from time to time based on their interest (suitability with their body)”.*

*Elsa Hailemikael (Health Extension Worker)*

# Step 0: Collect data on social norms

## Collect Data

- A gender and power analysis engages communities in identifying the gender, social and power issues that negatively impact development outcomes.
- Discussions should take place in a safe space and facilitators should not be judgmental of community members' thoughts, beliefs, and practices

## Prepare the discussion manual

- Based on the data collected CARE developed a discussion manual for the project teams, contextualized it to the different project geographies and translated it into local languages for local partners.
- For this project, CARE also recorded messages from the SAA manual for the Borena context. That way illiterate community members could also work with the SAA without having to use the manual.

*“It is not allowed for unmarried women to have sex according to Bale culture. Therefore, she should not use FP. If she is found using it, the community disrespects her. It is considered as she is against the culture. She may be excluded from social activities. No one marries her.*

*Project baseline, KII, Meda Wolabu. Bale*

# Step 1: Transform Staff Capacity

Beliefs, attitudes, and values of staff are shaped by the societies they live in – just like the people in the communities where development programs operate.

## Self-reflection

- Self-reflection encourages staff to become aware of their gender biases and address these so that they do not reinforce or perpetuate these stereotypes while facilitating the SAA process.
- Any other individual involved in the implementation of the SAA that is not staff (in our case government partners) also participated in this reflection exercise.
- During the SAA process staff is engaged in ongoing, critical self-reflection on gender, social and power norms.

## Building skills to facilitate critical reflection and dialogue (CRD)

- Improve staff capacity and familiarity with SAA's process, theoretical underpinnings, and implicit values and enhance staff comfort and skill of facilitating dialogues and reflections with communities.
- CRD enables individuals and communities to question and, challenge restrictive norms, envision alternatives, and act together to shift norms.



## Step 2: Reflect with Communities

Reflect with community, the second step of SAA, is a continuous process of exploring the underlying causes of gender, social, and power norms. While the specific issues will differ across contexts, they should all be linked to gender, social, and power norms.

### Explore

- Power-holders and marginalized groups are identified, grouped into “core groups” and “community groups” respectively, and trained on the SAA method
- Social and gender norms are uncovered and discussed for how they facilitate or detract individuals from their desired goals

### Challenge

- Through discussing and exploring the identified norms, community members recognize that some values, customs, beliefs, and behaviors negatively affect their wellbeing and development. SAA facilitators guide participants through this sensitive process, asking probing questions to enable community members to reflect upon who is affected by inequitable norms, how they are affected, and what negative consequences this has for individual and community wellbeing.

### Motivation for positive change

- By recognizing how gender, social, and power norms can negatively affect development and wellbeing, participants begin to envision positive alternatives.



“ I recommend expanding the approach beyond the RESET plus intervention areas and across the NGO’s government sectors.”

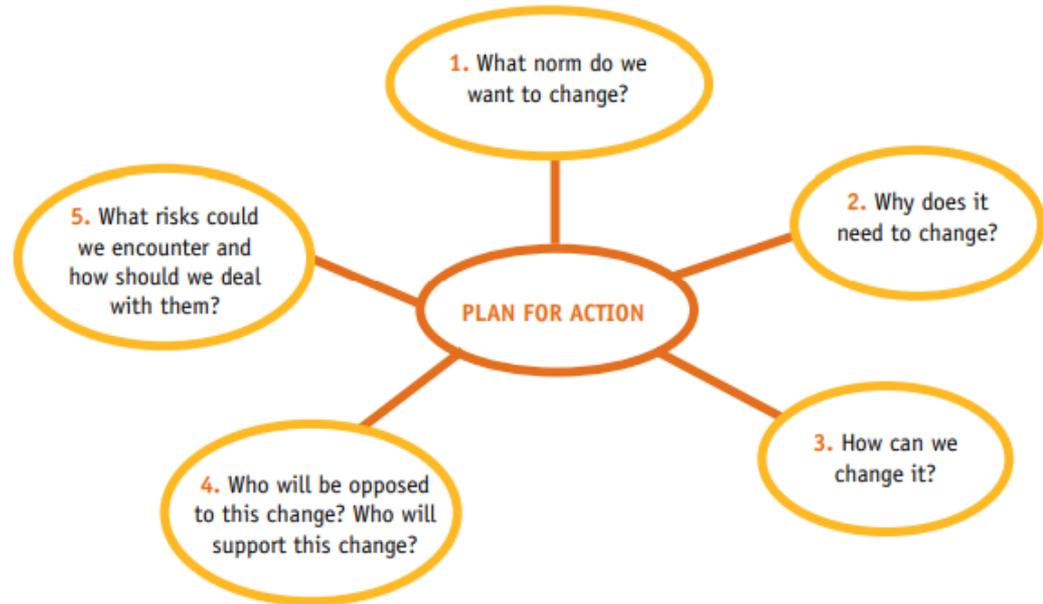
Fitshum Degmu Borana Zone  
NGO Coordinator

# Step 3: Plan for Action

This is a vital step in turning motivation for change into individual and collective action, centering around communities' own identification and prioritization of actions to challenge gender, social, and power norms.

Community proposes solutions to change gender, social and power norms, weighing feasibility and potential impact. Key discussion points when facilitating community dialogue during the planning for action are:

## Steps to facilitate plan for action



# Step 4: Implement Plans

Implementing plans developed by communities is very sector and project-specific and need to be flexible to ensure that they are responding to changes in the context that occur during implementation.

- 1. Priorities:** *Keep the dialogue focused on the key issues participants want to tackle with SAA.* In the RESET Plus project SAA groups in Borena decided to focus on identified norms in the SAA manual, including Early marriage, FGC, household roles and responsibilities, and family planning.
- 2. Entry points:** *Which stakeholders should be approached? Who from the community will lead the process? Where will the planned activities occur?* The RESET Plus project approached religious leaders, elders, gate keepers, kebele gender focal person, health extension workers and health workers; government representatives at kebele and woreda level. The group facilitators led the processes in their respective kebeles.
- 3. Actions:** *What will be the guiding strategy – advocacy and campaign or livelihood generation etc., or mix of several actions?* In the RESET Plus project a mix of several actions ran in parallel to the implementation of the action plans, including community dialogues and discussions, awareness creation campaigns and outreach.
- 4. Logistics:** *Who will implement and when?* Facilitators might lead, but not only. Members choose who should do what. The implementation process follows the Do No Harm Framework to ensure that unintended negative impacts are prevented and mitigated. In the project we trained SAA facilitators and government partners on referral systems for cases of GBV.



“SAA is an approach that reduces HTP and negative social norms while also increasing social bonding among communities, resulting in improved resilience by encouraging groups to harvest range land and save for drought season, house construction step by step.”

Zonal Women, youth and Child affairs,  
vice leader, Dimbalal Abera

# Step 5: Evaluate

The changes that SAA aims to facilitate are ambitious and ambiguous, typically take a long time, and are rarely linear. Monitoring should occur in each stage of the SAA process.

## Monitoring

- SAA facilitators record reflection sessions and report back to project staff
- Regular supervision visits were conducted with SAA facilitators and government partners
- A data collection tool was developed to collect data on SAA group meetings, membership, a.o.

## Evaluation

- End-term evaluation
- Case story for Borena context developed
- Good practice for Borena context developed
- Learning extraction report for Borena context



“We've seen a dramatic shift in communities that were staunchly opposed to the project's inception. Our monitoring report and database have shown an increment in family planning users over time. RESET plus makes the greatest contribution to zonal level performance.” .

Borana Zone Maternal and Child Health  
department head

# What are the important points to keep in mind when replicating/scaling the SAA model?

- Use CARE's SAA Implementation Manual as a guide
- Translate the manual into local languages
- Always start with building the capacity of staff, and local government if they are applying the tool
- Sustain exchange with staff and local government on process
- Plan for risk mitigation (do no harm)
- Allocate enough budget
- Introduce accountability and feedback response mechanisms

## **DOs**

- ✓ Respect culture and context of the community
- ✓ Active listening, invite everyone to speak up
- ✓ Provide regular support to groups

## **DON'Ts**

- ✗ interfere and judge communities' decision
- ✗ discriminate against members of the same group
- ✗ implement SAA in a short-term project

# What are the main gaps, challenges or areas requiring further innovation or research? Why are they important?

- **Reporting of events or risks** not always done in a systematic manner by SAA group members and facilitators  guaranteeing that SAA groups can discuss and take action in a safe space is paramount. Further research needs to be done to improve reporting.
- Unexpected security incidences, the COVID-19 pandemic, and forced mobility because of drought affected communities and led to **dropouts during meetings**  finding alternative ways to engage with SAA groups in such contexts would be important. CARE is currently implementing pilot innovations, including sharing recorded SAA messages on radio devices, or using “Talking Books” to spread messages and record feedback from the groups.
- **Most men** in the SAA groups did not attend discussions on a regular basis  the involvement of men and boys is an area which needs further research and sharing of best practices among practitioners
- When cases are reported to police by SAA members, they resist to take action  the involvement of stakeholders from the justice sector needs to be looked into in the future

# Supporting information

## *Sources of Evidence*

- *Data was collected from two woredas and three kebeles in Borena in 2020: 7 In-depth interviews from actual beneficiaries of SAA; 3 key informant interviews with Woreda Office for Women, Youth and Child Affairs and with Health Extension Workers (HEWs); and 2 focus group discussions*
- *CARE Monitoring data*
- *Project reports, case stories and case studies were reviewed*
- *Secondary data from government partners*

## *Links to additional resources:*

- *Social Analysis and Action: <https://www.care.org/our-work/health/strengthening-healthcare/social-analysis-and-action-saa/>*
- *[Social Analysis and Action Toolkit](#)*