



LEARNING EXTRACTION AND DOCUMENTATION

Family Planning for Resilience Building amongst Youth and Women in Drought Prone and Chronically Food Insecure Regions of Ethiopia (RESET Plus Project)

Final Report

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Acronyms

CARE	Cooperative for Assistance and Relief Everywhere
COVID-19	Coronavirus Disease of 2019
EU	European Union
FGC	Female Genital Cutting
FGD	Focused Group Discussion
FP	Family Planning
GBV	Gender-Based Violence
HDA	Health Development Army
HEP	Health Extension Program
HTP	Harmful Traditional Practices
KII	Key Informant Interview
SAA	Social Analysis and Action
SNNP	Southern Nations, Nationalities and Peoples
SRH	Sexual Reproductive Health
SRHR	Sexual and Reproductive Health Rights
VSLA	Village Savings and Loan Association
WHO	World Health Organization
WSA	Women Support Association

Executive Summary

The RESET Plus project introduced the social analysis and action (SAA) approach in the intervention woredas of Borena to address social norms and barriers affecting community members, mainly women and girls' social and economic development. Gender-related social constructs were apparent and are reinforced to support male power structures and stereotyped masculinities. For example, despite the vast burdens, women and girls' work in the Borena community used to be considered less valuable than men and boys, creating a considerable disparity in perceptions. In addition, there was inequality in access to and control resources and the role of decision-making at the household level, leading to power imbalance favouring men. The key to addressing this imbalance is men's continued involvement to play a prominent role in interventions in socio-cultural influence positions. RESET Plus project intervention focused on cultural factors that influence family planning decisions, including gender role inequality, patriarchal family structure, religious and cultural influences, the taboo associated with discussing sexual health matters, and women's decision-making autonomy. The intervention engaged women and their partners in culturally responsive family planning and contraception counselling that played a crucial role in improving SRHR and family planning service utilisation.

The SAA approach has played a crucial role in strengthening interventions on fighting the harmful traditional practices with a deep-rooted cultural base in the Borena community. The SAA initiative sensitised the communities about gender equality and equity. SAA groups challenge existing norms and barriers for gender equality and community transformation. The intervention has encouraged women to participate in meetings involving conflict resolution, resource utilisation, and fighting harmful traditional practices. The assessment data revealed that the changes brought through the SAA in attitudes are well felt at both the household and community levels.

Table of Contents

Acknowledgement	i
Acronyms.....	ii
Executive Summary.....	iii
1. Introduction.....	1
1.1 Project Background	1
1.2 Objectives of the Task.....	3
1.3 Scope of the Task	3
1.4 Methodology	4
2. Analysis and Discussion of Results	4
2.1 The Role of FP Service Utilisation on Household Resilience	5
2.2 Role of the SAA Tool on FP Service Utilisation.....	9
2.3 Significance of SAA in Challenging Social Norms and Gender Inequalities	11
2.4 Key Lessons on SAA Tool	14
2.5 Challenges in SAA Implementation	16
3. Conclusions.....	17
Annexe.....	20
Focus Group Discussion Guide	20
Key Informant Interview Guide	22
In-depth Interview Guide.....	24

1. Introduction

1.1 Project Background

Family planning for resilience building (RESET Plus project) was initiated by European Union (EU) and started its operation in early 2018, intending to contribute to resilience through consolidated family planning service utilisation, gender equality and decreased demographic pressure. RESET Plus is built on the RESET II project (2017-2020), aimed to create a more significant economic opportunity, strengthen the resilience of vulnerable communities, and improve governance and conflict prevention. These projects are essential to the Ethiopian context, where recurring environmental and livelihood crises are predominant.

Ethiopia is one of the developing countries with more than 40% of its population under 15 years. Moreover, its annual population growth rate is higher than 2%, translating into more than 3 million children every year. Thus, population growth is the most significant demographic challenge leading to hunger, poverty, scarcity of land and natural resources such as water. As a result, expansion of agricultural extension services, job creation for young people, building resilient institutions and infrastructure, and humanitarian assistance during crises are challenged. Large family size is, hence, a significant cause of poverty and poor health in developing countries. In addition, population pressure and resource scarcity also lead to political violence¹.

RESET Plus contributed directly to improved access to a wide range of contraceptives, increased gender equity among men and women, enhanced resilience and productive capacity of women-led organisations and groups. The consortium of Amref Health Africa in Ethiopia, Save the Children (Ethiopia and Netherlands), CARE (Ethiopia and Austria), and Women Support Association (WSA) run the project intending to raise the demand for family planning by 39%. In addition, RESET Plus plans to increase access to and provide quality comprehensive sexual and reproductive services, particularly family planning, by 28% amongst adolescents, youth, and women principally through awareness-raising. The five clusters covered were Wolayta and South Omo Zones in SNNP Region; Wag Himra Zones in Amhara Region; Bale and Borena Zones in Oromia Region, where all areas were highly

¹ Tir, J., & Diehl, P. F. (1998). Demographic pressure and interstate conflict: linking population growth and density to militarised disputes and wars, 1930-89. *Journal of Peace Research*, 35(3), 319-339.

drought-prone and food-insecure areas. The Borena zone project comprises Arero, Miyo, Dire, Moyale, Dillo and Dhas Woredas.

The overall objective of the intervention (RESET Plus) was to contribute to resilience through consolidated Family Planning (FP) practices, gender equality and decreased demographic pressure in 5 EU RESET clusters. This action contributes directly to improved access to a wide range of contraceptives, increased gender equity among men and women, and enhanced resilience and productive capacity of women's led organisations and groups. Specific objectives of the action were to:

- Increase demand for family planning by 39% through awareness-raising on demographic pressure and promotion of attitudinal changes regarding family planning and gender equality, particularly among adolescents, youth, men and women in drought-prone and chronically food-insecure regions;
- Increase access to and provision of quality comprehensive Sexual Reproductive Health (SRH) services, especially FP services by 28% among adolescents, youth and women through service delivery and outreach services, health systems strengthening (capacity building and technical support), monitoring and coordination, women's socio-economic empowerment and promotion of gender equality.

By promoting SRH among youth and adolescents, the project aims to delay the sexual debut, increasing family planning and the link with health. Women can wait the recommended two years after birth before becoming pregnant again. These longer birth intervals are linked to reductions in stunting and underweight children's two critical barriers to becoming healthy, productive adults. Four interlinked results/outcomes were expected to achieve the objectives, namely:

- Increased awareness on the impact of demographic pressure on food security and livelihoods;
- women, youth and adolescent boys and girls empowered to make informed SRH & FP decisions;
- Improved quality SRH/FP services, delivered through 25 health facilities to women, adolescents and youth;
- Improved multi-sector coordination to integrate SRH/FP services among RESET partners and relevant stakeholders.

The Social Analysis and Action (SAA) tool has been used to promote gender equality and women's voice. SAA is a social and behavioural change communication methodology that facilitates dialogue on social norms, gender norms, power relations, economic and cultural factors in sustainably influencing development outcomes. The core group composed of clan

leaders, government, and service providers was organised. Guidelines were developed to establish a common understanding of gender equality and SRH and increase the voices of girls and women on SRH. The core group supports strengthening and reinforcing social behaviour change in the community. The training was provided to women in different economic groups on gender and SRH/FP to promote SRH/FP among themselves and family members. And also, members of health development armies were oriented to promote SRH/FP at the household level and link with the health extension program (HEP). The VSLA groups were supported to undertake regular discussions on gender and SRH/FP for mutual understanding. Local training was organised for elders, clan/religious leaders, Idirs, and others on gender equity and SRH/FP. Capacity building and orientation meetings were scheduled for partners on the strategic links between gender, family planning and resilience.

1.2 Objectives of the Task

The general objective of this task was to assess and document lessons learned, good practices, success stories of the RESET Plus Project in six woredas of the Borena cluster. The specific objectives of the task were to:

- Assess the effect of SRH/Family planning service utilisation for household resilience building.
- Assess how the SAA tool improves SRH/family planning service utilisation? If yes, how? If not, why not?
- How SAA/gender strategy contributes to challenging social norms and gender inequalities
- Identify key lessons/ learnings on SAA methodology/tool in improving SRH/FP service utilisation
- Identify problems and challenges encountered in the course of social norms intervention to improve SRH/FP service utilisation
- Recommend key corrective measures for the future projects' resilience building

1.3 Scope of the Task

The scope of the assignment (learning extraction and documentation) covers the activities implemented under RESET Plus implemented in the six target districts of Borena Zone from October 2018 to 2021 by CARE Ethiopia. The assignment focuses on producing a concise report on the lessons learned from the FP in the RESET plus interventions and its role in building long-lasting resilience and coping capacity of the target vulnerable people to human-made and nature-induced disasters (such as conflict and drought). In addition, the assignment is expected to produce a documentary video of about 15-20 minutes by having different interview platforms with beneficiaries, partners and key stakeholders who participated in the project intervention.

1.4 Methodology

This learning extraction and documentation exercise employed a consultative process to ensure active involvement of leadership, members, employees, partner organisations, communities and other stakeholders. Participatory techniques and being sensitive to gender issues were used for the study; field observation, focus group discussions, key informants' interviews, desk review and in-depth interviews were used. The assessment participants at a community level were SAA members, community leaders, elders, and religious leaders. A total of 24 key-informants, 14 males (age 25-76) and ten females (age 22-38), including government officials, community leaders, religious leaders, elders, beneficiaries, school club leaders, health workers, and kebele managers, were interviewed. In addition, four FGDs were conducted with 22 participants, five male (age 27-60) and 17 female (age 22-70).

Field data gathered dealt with the experience of FP/SRH service utilisation and its implication for resilience building, the significance of SAA in improving FP/SRH service utilisation, the contribution of gender strategy to challenging social norms and gender inequalities and the challenges and problems encountered throughout the project implementation. Meanwhile, the principle of saturation was applied. Participants for the study were selected based on purposive sampling. In addition, the following RESET Plus related documents were reviewed: the baseline report, good practice guide, case study, SAA manual, grant application, exit strategy, and implementation guideline for CARE lead activities. Field activities (in-depth interviews, KII interviews, FGD sessions, and observation) were video/audio recorded, and photos were taken. The study strictly adhered to standard ethical principles. The COVID-19 specific hygiene and physical distancing principles were taken care of during the focus group discussion.

2. Analysis and Discussion of Results

The findings are presented in five subsections - the role of family planning service utilisation on household resilience building, the part of the SAA tool on FP service utilisation, the significance of SAA on challenging social norms and gender inequalities, significant lessons on the SAA tool, and problems and challenges in SAA intervention implementation.

SAA is a social and behavioural change communication methodology that facilitates regularly recurring critical reflection and dialogue on how social norms, gender norms, power relations, economic and cultural factors influence development outcomes². The SAA tool was initiated in 2004 and applied in more than 20 countries by CARE projects to address diverse development and social justice issues, supporting the organisation's global

² The definition of SAA is provided in the *SAA global implementation manual (2015)* and the *RESET plus implementation guideline for CARE lead activities (2019)*

commitment to gender equality and women's voice. As most of the inequalities in a given society are caused by social determinants, SAA tools address social and behavioural changes linked to several development problems in a sustainable manner. With the SAA approach, social and behavioural change is a participatory process requiring critical self-reflection and intrinsic motivation on all facilitators and group members involved. The SAA approach builds on social and behaviour change theories depicting change along the continuum of pre-contemplation – awareness - taking action - termination of the negative behaviour. The SAA guideline has been used by the staff of RESET plus consortium members to increase the gender transformative potential of their work.

2.1 The Role of FP Service Utilisation on Household Resilience

The gender strategy in RESET Plus broadly analyses equity, power relations, and household decision-making processes. It discusses the role of family planning service utilisation on household resilience building. According to the WHO's definition,³ family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through contraceptive methods and the treatment of involuntary infertility. According to the WHO definition, women's ability to space and limit their pregnancies directly impacts their health and well-being and the outcome of each pregnancy. Family planning encompasses the services that give women, men, couples, and adolescents the ability to avoid unintended pregnancy and choose when to have a child. Building resilience implies becoming more proficient at anticipating, preventing, recovering, and rebuilding following adverse shocks and stresses⁴. This report presents how the SAA tool helps communities in six woredas of Borena to challenge social norms and gender inequalities, improves SRH/family planning service utilisation, and support resilience building. The report extracts lessons on how the project succeeded in diversifying livelihoods, bolstering community resilience, and empowering women.

In many developing countries, as is the case in Ethiopia, chronic poverty, repeated economic and environmental shocks, poor health, and lack of access to and use of family planning contribute to recurring cycles of crisis. This report explores the connections between women's access to family planning and resilience. It makes the case how RESET Plus intervention improved women's access to family planning services and contributed to building resilience. Effective communication of this connection helps promote family

³ Shaw, D. (2016). The ABCs of family planning. *Geneva: WHO2010*.

⁴ De Souza, R. M. (2014). Resilience, integrated development and family planning: building long-term solutions. *Reproductive Health Matters*, 22(43), 75-83.

planning as a local, regional, and national development priority, especially in areas where recurring crises occur.

Findings from operational research⁵ with the application of a community-based comparative cross-sectional study conducted among a sample of 737 women of reproductive age in Bale Zone of Oromia Region and Wolayta and South Omo Zones of SNNP Region explored the effect of voluntary Family planning utilisation in contributing to resilience (household food security). The study's findings revealed that the duration of family planning use contributed to household-level food security. The study suggested that programs focusing on food security and nutrition can consider the consistent and long-term use of family planning utilisation as one of the intervention areas to maintain household-level food security. The study also emphasised interventions to address the factors hindering family planning use as a key strategy.

A case study conducted by CARE on the role of family planning in building the resilience of the pastoralist community of Borena has shown how family planning contributed to an increase in the population's resilience in six woredas of Borana Zone. The case study has also provided an overview of some of the program's main achievements, the role of the different actors involved, the challenges encountered, and the program's potential for scalability. The case study presented the achievements in increasing resilience among the community through increasing family planning utilisation. For example, more than three-fourths of women (77%) reported that family planning and spacing between pregnancies allowed them to engage in income-generating activities. An increase in income improved food security. Family planning utilisation and spacing also allowed households to collect more grass during the wet season and feed their cattle during the dry season. In addition, women's leadership skills allowed them to engage in community decision processes, which ultimately increased the household's capacity to manage shocks and stresses. Other improvements include female genital cutting (FGC) prevention, girls' school enrolment, social cohesion, and institutional delivery.

Though there are variations in their understanding of family planning, the views of the participants of the current assessment were within the context of the general definition of family planning.

As to my perception, family planning is having a gap between consecutive births or spacing (25 years old female discussant and beneficiary, D/Mega Kebele)

⁵ Amref Health Africa in Ethiopia (2020). Does improved access to and quality Family planning contribute for food security? An Operational Research

To my understanding, family planning is a method to have a space between consecutive births that helps appropriate growth for the children by reducing the sharing of the limited resources. (30 years old male discussant, Saphante Kebele)

There is an understanding of family planning among respondents as spacing between consecutive births with a positive connotation on the child's health and lower socio-economic stress on parents from having unplanned children. The use of family planning also reduces the uneven distribution of limited resources that the family has. For the children, family planning has a positive role in facilitating their growth.

However, there are some differences in the role family planning had on the family, minimising the community's demographic pressure and resilient capacity; it was unquestionably the accepted critical part of every community. Regarding the effect of utilising family planning, sexual and reproductive health on the resilience-building capacity in food insecure and drought areas like the pastoralist community of Borena, the views of the key informant, discussants, and interviews from the beneficiaries were presented below:

Family planning services significantly impact resilience building in food insecure and drought areas like our cases. The fewer children a family has, the higher they withstand whenever drought occurs, and the less a family sustains associated complications. Family planning has a tremendous role in a drought area, including our cases, because we have been using family planning. We saved our economy, saved from severe health complications and reduced the impact of drought on our life, cattle, diet, and essential service. The project's educational program has helped me have a good resilience capacity to drought and food insecurity. (A 25 years old female discussant and beneficiary, D/Mega Kebele)

Family planning had a significant role in building resilience in the family and community. Even family panning reduces the nutrition-related deficiencies of the children in a family. For the children's growth, family planning also has a significant role in that it gives time for the child to be nurtured, fed more than if more children are in a family. (A 60 years old female discussant, D/Mega Kebele)

One of the primary benefits of family planning is having a smaller family size. So, drought and food insecurity affect families of larger sizes. Family planning utilisation played a significant role in withstanding the impact of drought at a family level. (22 years old beneficiary, D/Mega Kebele)

As can be observed from the participants' views, family planning has a significant role in strengthening the resilience of the communities against severe conditions such as drought and food insecurity. The use of family planning included lessening the impact of drought and food insecurity, strengthening the household economy, and reducing the complications

that would have existed in the absence of family planning. Furthermore, the smaller the family size, the higher the family's capacity in mitigating any form of severe conditions. The benefits that family planning had also were explained by multiple sources:

The benefits of family planning are proper education, nutrition, social participation, and even reducing demographic pressure. In addition, the role of family planning goes to having a resilient capacity in severe conditions. (55 years old male elder, D/Saphante Kebele)

The role of family planning to resilience building in drought and food-insecure areas is beyond what can be explained in words. Whenever there is a space between consecutive births, the families' tendency to withstand severe conditions such as drought is incomparably higher than those with large family sizes. (25 years old female Health Extension worker, Bokola Kebele)

Family panning had a role in resilient building in drought and food insecurity. A simple example is that following drought, the potential of the community to address aspects of the family's needs is compromised, and families that didn't utilise family planning sustain stress to fulfil the need of children. So, family planning could be unquestionably the best tool to build a resilient community. (76 years old elder, D/Mega Kebele,)

Though our community had a natural family planning method (breastfeeding) helping the resilience building in drought and food-insecure areas, modern family planning service utilisation had a paramount role. (A 56 Years old male, Yabelo zone, Community Leader)

My perception regarding family planning is that giving birth and waiting for some time to have the next child can benefit the mother, child, and father. So, this can give them access to education, diet, and other basic needs. (55 Years old elder, Haralo Kebele)

Family planning has numerous contributions that the participants commonly reflected; it has had a role in ensuring proper education, nutrition, social participation, and even reducing family pressure or demographic pressure. Moreover, family planning also increased the family and community's coping potential.

Regarding the role of family planning on enhancing resilience-building against drought and food insecurity, much was acknowledged about the crucial role of RESET Plus in awareness-raising and convincing the community to accept and utilise family planning. Reflections of the discussants, beneficiaries and key informants are presented below:

The common practice in the culture of Borena was that every child must breastfeed at least for three years. At the time of the introduction of family planning by the project, when we were told to use modern family planning, we were much concerned about why this came to us and asked why they tend to reduce our generations. However, after we were educated about the importance of family planning in training, group discussion, and experience sharing, we realised that it benefited our community by strengthening our potential of resilience against drought and crises. (68 years old elder, Haralo Kebele)

Years before, we didn't know what family planning was. However, we have been educated much on birth spacing/ family planning, and we stick to the courses of advice provided by the organisation. The principles of the religion (Muslim) I belonged to allowed us to have a birth spacing of three years consistent with the courses of advice from the project. (36 years old male community Leader, D/Mega Kebele)

Since the project came into our localities, we learnt much and started using family planning after being briefed on its importance (65 years old male Religious Leader of D/Mega Kebele)

In general, there is a consensus among the beneficiary communities and the relevant local stakeholders of RESET Plus that family planning contributed in different ways to building a resilient community in drought and food-insecure areas. These include allowing the family to have the capacity to balance resources with the household need, reduce demographic pressure, provide educational opportunities to children.

2.2 Role of the SAA Tool on FP Service Utilisation

According to the baseline study, household-level decision-making in the RESET Plus project areas is male-dominated, including decisions on contraceptive use. The baseline finding suggested that traditional-type communication strategies targeting only women may not be as effective as having men and couples as the primary recipients of communication activities. CARE's consolidated approach, SAA, was adopted by the implementing partners to address the social, economic and cultural factors that influence sexual and reproductive health rights (SRHR) of the communities in the RESET Plus intervention woredas. In addition, the gender strategy establishes an understanding of the social complexities and selection of concrete steps to address health and social issues within a reflection-action cycle. The SAA approach enables response to the community's complex realities, focus on real needs, and engage a broader range of stakeholders in project implementation. The approach was to change norms and values that perpetuate gender inequality, hindering the adequate performance of SRHR.

The social analysis and action (SAA) approach has been a fundamental tool used during RESET Plus intervention to make an essential change in awareness and family planning service utilisation. SAA involves monthly discussions on social norms and SRHR between local leaders and community members. As a result, the SAA has significantly impacted the local community, improving family planning service utilisation as perceived by the respondents interviewed.

A case study conducted by CARE on the role of family planning in Borana Zone has provided an overview of some of the program's main achievements: awareness-raising and discussions on gender roles increased men's interest in FP, women participation in major household decisions is increased, women are encouraged to request family planning services from the health facilities, men are more involved in child care, and husbands agree with the use of FP. The study has also shown increased knowledge, access and use of FP. According to the result of the case study: the majority (83%) of women received counselling on FP after their last birth; about three fourth (74%) of women's last delivery was more than two years ago; nearly half (48%) of women want to delay their subsequent pregnancy for more than three years; about three fourth (71%) believe that women face multiple risks with close pregnancies; more than half (51%) of SAA and VSLA members started using family planning, and almost all the respondents knew about at least one FP method.

SAA members, community leaders, elders, and religious leaders were trained on gender, family planning, and resilience to address problems sustained in their cultural practices. For example, there have been traditional practices in the Borena community, which are harmful, affecting people's health. Such practices have been under continuous discussion by the social action group. Regarding the role that the SAA intervention had in improving sexual and reproductive health/family planning, the study participants replied as follow:

The social norm intervention by the SAA tool played a pivotal role in understanding the conditions in the community. They share experiences, fight traditional harmful practices, raise awareness on various topics; mainly, sexual and reproductive health issues, particularly family planning, while combating harmful traditional practices. I perceived an increased demand for family planning in our community than ever. (25 years old female Health Extension worker, Bokola Kebele)

It has been about some years since the project's launch here in Borena trained several groups. And I think that the SAA had contributed a tremendous impact at fighting harmful traditional practices that augmented the family planning service utilisation. (56 Years old male, Yabelo zone, Community Leader)

The SAA played a significant role in raising awareness regarding the merits of family planning through continuous discussions held within the community. By

reducing the deep-rooted traditional harmful practices in the community, the project contributed much to the increase in family planning service utilisation. (55 years old male elder, D/Saphante Kebele)

Despite some elders being against the principles of family planning, the SAA has been instrumental in addressing the impact of harmful traditional practices on family planning service utilisation, which contributed to making changes. (55 years old Elder, Haralo Kebele)

It is clearly understood that the social norm intervention by the SAA has impacted malpractices within the community. The intervention primarily used the SAA approach that played a crucial role in strengthening good practices, fighting the harmful traditional practice that had a cultural base within the Borena community. The commonly practised traditional harmful practices were early marriage, female genital mutilation, tonsillectomy, and rejection of using modern family planning. Most of which have now been significantly reduced, though there were still problems, as some have been done secretly. SAA is a vital tool to make family planning a culturally responsive service. A woman's and men's beliefs about family planning practices are shaped by the local culture in which they are raised. Therefore, engaging women and their partners in culturally responsive family planning and contraception counselling are essential in communities with deep-rooted cultures, such as Borena. Cultural factors that influence family planning decisions in Borena that RESET Plus addressed include gender role inequality, deference to male spouse authority, religious and cultural influences, difficulties in discussing sexual health issues, women's decision-making autonomy.

2.3 Significance of SAA in Challenging Social Norms and Gender Inequalities

Despite their remarkable contribution to economic development, women in many cultures of Ethiopia have been placed in a disadvantaged position with no or less authority and decision-making power in the control and management of resources, including their reproductive rights and their social affairs. Such inequality emanated from the traditional norms and values adhered to by most communities in Ethiopia. Social norms and gender-specific compromises are critical barriers to gender inequality. Social and cultural norms can foster behaviours that perpetuate inequalities, while power concentrations create imbalances and capture influential groups such as dominant, patriarchal elites.

The strategy of challenging the social norms and gender inequalities were critical, particularly in the pastoralist community of Borena. In Borena, the implementation site of RESET Plus, the gender strategy played a significant role in gender mainstreaming, equality, empowering women in various social activities, and organising women for multi-purpose and decision-making capabilities. As witnessed by the opinion of the study participants, the

role that the SAA played in challenging the social norms and gender inequalities was tremendous.

The gender strategy balances the role of both sexes, which was principally propagated during the project's intervention. There was traditional harmful practice within the community, such as early marriage, tonsillectomy, female genital mutilation. But they are largely sanctioned these days, except in communities residing in distant locations. (25 years old female Health Extension worker, Bokola Kebele)

I perceived that the gender strategy had played many roles in fighting against harmful traditional norms. For example, the collaboration between my wife and I was very loose in my family, which is well improved due to the intervention. In our community, rape, early marriage, tonsillectomy, and other harmful practices were common but are being addressed since the implementation of the project. (55 years old male elder, D/Saphante Kebele)

Some years back, there were no ways to treat men and women equally. Some practices and perceptions undermine women in the house or the field. Even during the night, the wife has to wait if the husband stays outside, and she is the one who locks the door after he comes in. There is a thought that why a man gets tired when there is a woman at home (Otoo dubartiin jirtuu dhiirri maaliif dhaabbataa) and every activity is expected to be performed by the women. (36 years old male community Leader, D/Mega Kebele)

In the early phase of the project, the communities challenged the gender strategy to maintain the existing social norms. But later on, the strategy gets ground, and changes start to occur. What the gender strategy did to the community was also narrated by the views of the participants as follow:

The gender strategy has changed the harmful norm that a girl must undergo circumcision to be married. Thanks to the project, female circumcision is no longer practised in the community. (55 years old Elder, Haralo Kebele)

Before the project's launch, we were at a pace of believing that we men are superior to everything whatsoever per the favour that our culture granted us. However, as of the implementation of the project, we understood much about gender equality, sharing benefits and shouldering life burden and responsibility, and making household-level decisions. (76 years old male elder, D/ Mega Kebele)

The project had positively impacted our community. There have been lived experiences that women took almost all household activities and most farming activities as a matter of Borena Culture. This time, there has been a shift of role

sharing by men following the awareness raised in the regular discussions held within the SAA groups and shared experience from a few role models in the community. The gender strategy broke the cultural barrier giving way for the right of women to make decisions on resources, equally participate in social discussions and household level decisions. (A 56 Years old male, Yabelo zone, Community Leader)

Regarding the gender strategy, our culture viewed women as inferior to men, but now we understand that both men and women and boys and girls deserve equal treatment. (55 years old Elder, Haralo Kebele)

The contribution of gender strategy goes beyond assuring equality of men and women, but also it focuses on combating harmful traditional practices in the community.

The gender strategy helped us fight the deep-rooted harmful practices in our society. SAA group discussion among men and women participants has contributed to changes in behaviour and communication. As a result, our community members started to practice sharing household chores, and many of the men supported their wives in the household chore. And men nowadays allow their wives to attend public meetings, collaborate on household activities, and manage resources. (65 years old male Religious Leader of D/Mega Kebele)

The social norm intervention contributed much to ensuring gender equality and eliminating the harmful traditional practices that caused gender inequality to manifest in the community. The gender strategy focused on women empowerment in the project implementation areas, as it was one of the methods to ensure gender equality. The Village Savings and Loans Association (VSLA) methodology was adopted to fill in the gap in this regard. VSLA is a low-cost financial service founded on the principle of fund pooling, designed to serve the very poor whose income is irregular. No matter how remote people reside or how poor they are, VSLAs provides access to small amounts of local capital on flexible terms and transact such loans frequently at very low risk and negligible cost.

Years back, women had no significant place in our culture, which now reverted to equal rights and roles in their households. Even from these locally formed groups (SAA), we men have been getting the group's assistance when needed. After joining the VSLA that help women to earn income, major household decisions are made in consultation between husband and wife. VSLA assists the entire family at the time of emergency conditions. (55 years old discussant, D/Saphante Kebele)

Through SAA sessions, participants shared insights about GBV, gender inequality, and HTPs that reduced its prevalence in the communities. The members highly demand the VSLAs and positively impact participants' livelihood and emotional well-

being. The VSLA is a vital solution to such problems whenever an emergency arises.
(56 Years old male, Yabelo zone, Community Leader)

2.4 Key Lessons on SAA Tool

The project implementation paves the way to generate sustainable lessons that are scalable to other communities of similar socio-cultural settings. This is because of the lessons learnt from the implementation of the project - cooperation of key partners on goal achievement, formation of SAA groups to solve most common problems in the community such as enhancing the family planning service utilisation, gender equality assurance, finding local solutions to local problems, dedication, experience sharing, dissemination of information relevant to behaviour change, and assuring economic well-being of the community, and women, in particular - were of paramount significance. The opinion of the participants, in this regard, is presented as follow:

From the program implementation, we learnt that local cooperation of the people (group work) contributes tremendous impact on the resilience-building compared to those working individually. The program implementation paves ways for forming and developing numerous groups, such as SAA, VSLA, and the health development army (HDA). The groups have been working for the common goal of solving their economic problem, gender-related issues, cooperation for improved health status, including family planning and sexual and reproductive health. We learned how the project's collaboration helped people identify, prioritise, and solve local problems with locally accepted procedures. (36 years old male community Leader, D/Mega Kebele)

What can best be learnt from here may be the cooperation we had, dedication to solving our problems, and coordination of the community for the local problem. (65 years old male Religious Leader, D/Mega Kebele)

Experience sharing, disseminating information regarding the community's priority areas, particularly whenever new technology comes to the environment, harmful traditional practice before reaching irreversible condition, and effective communication. (76 years old male elder, D/ Mega Kebele)

We learnt great things from the lessons about family planning, gender strategy, economic competency, raising the awareness of the community about the need for women's involvement in resource management and decision-making in their household and the community. (56 Years old male, Community Leader)

As seen in the SAA approach, engaging all relevant stakeholders such as sector offices, community leaders, implementing partners, and community members in project design, development implementation, and monitoring create a sense of ownership. Engaging all the relevant bodies in the entire project implementation process helps sustain the initiative and

changes observed. In the SAA groups, most women participants were illiterate. However, their role in terms of leadership was apparent, which is a lesson that despite their education level, women can play an important leadership role if given the opportunity. In addition, it is an essential lesson that the intervention community is empowered to identify and solve their problems and challenges with minimal outside support and a proven approach (SAA). Regular monitoring systems, follow-ups, joint supportive supervision, and review meetings were essential for the success. Access to information is the gateway to attitudinal and behavioural change in traditional communities. The SAA methodology helped most members to access information and challenge different socio-cultural barriers of family planning. In addition, the SAA approach helped women to get an opportunity to discuss their issues with their male counterparts which was not the practice before in the Borena community.

The SAA provided a suitable platform to facilitate discussions on various social and cultural barriers. The cultural barriers include inequality between men and women and boys and girls. In addition, the platform created a suitable environment to employ local knowledge to solve local problems and share their experiences. RESET Plus project supported the local community to undertake conversations about existing social, cultural and traditional challenges and ways to reduce harmful traditions that affect women and girls. As a result, the prevalence of HTPs and GBVs has shown a significant decrease. In addition, men were actively involved in SAA discussions to support the mitigation measures of gender inequality. As a result, men and boys have started to share household chores in their families, GBVs and HTP practices have also been significantly reduced in the project areas. Men's resistance in letting their wife attend public meetings have also declined. The SAA helped both genders learn and practice being consultative and willing to collaborate on household-level resources management.

The review of project-related documents and the current field visit revealed that SAA had a significant implication on challenging social norms and achieving gender equality in Borena communities. Gender equality is achieved as the SAA approach supported women's participation in social dialogues and encouraged more men to assume a more prominent role in advocating for gender equality. Men's engagement in SAA changed the situation that disproportionately bears domestic responsibilities to women while denying them equal rights of household-level decision making. Generally, the gender strategy played a crucial role in assuring gender equality, women economic empowerment in small village saving associations, and fighting against harmful traditional practices.

2.5 *Challenges in SAA Implementation*

There is ample evidence showing changes observed after the SAA approach in the intervention areas. However, there were several challenges during the implementation of the SAA methodology. The views of the participants about the challenges and problems encountered were as follows:

To my observation, long distance between the groups to reach other for the discussion, transportation issue, financial problems and inappropriate place for the group meeting. Therefore, most of the days, the groups discussed in the field uncomfortably. (55 years old male elder, D/ Saphante Kebele)

Among the challenges were; disagreement in concept, conflict of interest, time management, failure to accept others' ideas. (25 years old female Health Extension worker, Bokola Kebele)

In my experiences as an active participant, the challenges were poor communication among the members, the unwillingness of the member to contribute saving regularly, and absenteeism in some cases from the meeting. (76 years old male elder, D/Mega Kebele)

The perception of the men is that if a woman uses family planning, she be sexually active and misbehave. There is a fear that a woman using contraception is tempted to have an extramarital sexual encounter. Such a belief is seen in many of the husbands. (56 Years old male, Yabelo zone, Community Leader)

The community members ' regular participation in the discussion meetings was necessary for the SAA's community discussions to be practical and achieve its objectives. The SAA approach was observed to be applicable in the context of the Borena community. The implementing partners, government sector offices, clan leaders, religious leaders, and the community discuss and disseminate their discussion results to create awareness and develop action plans for implementation.

The common challenge that recurred throughout the project period to hold the regular meeting and discussion was the need to travel long distances and the lack of transportation means that require time and energy to travel. There were other challenges such as lack of an appropriate place to undertake the meetings and some form of refreshment facility. In addition, according to the assessment result, there were several other challenges observed during SAA implementation. These were disagreements to reach consensus in some concepts, conflict of interest, time management, aggression during a discussion, poor communication skills, failure of some members to make a regular contribution, and some men's unwillingness to allow their spouse to attend meetings.

Most SAA groups were more focused on discussing and disseminating their discussion results to create awareness in the community than developing and implementing an action plan. On the other hand, most operational challenges were addressed as the implementing partners, and all other actors followed the implementation manual and provided regular follow up and supportive monitoring services. Therefore, to address the socio-cultural and economic barriers for successful utilisation of family planning services successfully using the SAA methodology, addressing the problem of arranging meeting places and some facilities (such as refreshment) is essential.

3. Conclusions

Family planning has several roles in building resilient communities in drought-prone and food-insecure areas. Family planning allows families to balance resources with needs, reduce demographic pressure, enhance educational opportunities, and improve women and girls' social participation and decision-making capabilities.

RESET Plus project-related studies and field observation have shown improvement in family planning service utilisation and its role in increasing the population's resilience in the five woredas of Borana Zone. Findings have also shown an overall improvement in family planning service utilisation, spacing between pregnancies, increase in institutional delivery, women's leadership skills, FGC prevention, girls' school enrolment, and social cohesion. There is a consensus among the beneficiary communities and the local stakeholders that an increase in family planning service utilisation has a positive role in strengthening the household economy and building resilience in drought-prone and food-insecure communities. Such roles include allowing the family to plan a balanced living condition that reduces demographic pressure, provide educational opportunities to children, and improve social participation and women's decision-making.

The social analysis and action (SAA) approach has been a fundamental tool used during RESET Plus intervention to make an essential change in the community's awareness and practice on SRHR and family planning service utilisation. The SAA approach has also played a crucial role in strengthening interventions on fighting the harmful traditional practices with a deep-rooted cultural base in the Borena community, such as early marriage, female genital mutilation, tonsillectomy, and rejection of using modern family planning. RESET Plus project intervention focused on cultural factors that influence family planning decisions, including gender role inequality, patriarchal family structure, religious and cultural influences, the taboo associated with discussing sexual health matters, and women's decision-making autonomy. The intervention also engaged women and their partners in culturally responsive family planning and contraception counselling that played a crucial

role in improving SRHR and family planning service utilisation in the intervention community.

As is indicated in several study reports, women in many cultures of Ethiopia are in a disadvantaged position in the control and management of resources, including their reproductive rights. There is inequality in access to and control of resources, and the subordinate role of women in decision-making at the household level leads to power imbalance favouring men. Such inequality emanates from the traditional norms and values adhered to by most communities, and these social and cultural norms foster behaviours that perpetuate inequalities. The key to addressing this imbalance is men's continued involvement to play a prominent role in interventions in socio-cultural influence positions. The RESET Plus project introduced the SAA approach in the intervention woredas of Borena to address these social norms and barriers affecting women and girls' social and economic development. The RESET Plus gender strategy played a significant role in gender mainstreaming, equality, empowering women in various social activities, organising women and building their decision-making capabilities. The intervention has encouraged women to participate in meetings that empowered them in conflict resolution, resource utilisation, fighting against harmful traditional practices, and their decision-making roles. The changes brought through the SAA in attitudes are well felt at both the household and community levels.

The lessons learnt from implementing the RESET Plus project - cooperation of key partners on goal achievement, formation of social groups to finding local solutions to local problems such as gender inequality and cultural barriers to family planning service utilisation were of paramount significance. Furthermore, the RESET Plus project effectiveness, such as the dedication of staff, identifying and engaging all the relevant bodies in the entire project implementation process, experience sharing, and dissemination of information relevant to behaviour change, was a great help. In addition, the project contributed to gender equality as the SAA approach continues to support women's participation in social dialogues and encourage more men to assume a more prominent role in advocating for gender equality. In this regard, the RESET Plus project implementation has generated lessons that are scalable to other communities of similar socio-cultural settings.

Despite ample evidence showing lessons and encouraging achievements due to the application of the SAA approach, there were also some challenges encountered during the implementation of the project. Challenges such as long-distance between villages of the SAA group members and lack of appropriate meeting place were the major ones to undertake the meetings regularly. Others such as time management, poor communication skills, failure to make a regular contribution, and some men's unwillingness to permit their spouse to attend

meetings were challenges that were rarely observed. These challenges need to be given due regard for any future intervention using the SAA approach.

Focus Group Discussion Guide

Topic: Learning extraction on Family Planning for Resilience Building amongst Youth and Women in Drought Prone and Chronically Food Insecure Regions of Ethiopia (RESET Plus)

The purpose of the task is to assess and document; lessons learned, good practices, success stories of the RESET Plus Project in the Borena cluster implemented from 2018 to 2021.

Please answer the following questions

Woreda, _____, Kebele _____

Age-----in years

Sex -----

Role-----

Facilitator welcome, introduction and instructions to the discussants

Welcome and thank you for volunteering to take part in this discussion. You have been asked to participate as your point of view is important. I realise you are busy, and I appreciate your time.

Introduction: This discussion is designed to assess your current thoughts and feelings about the role of Family Planning for Resilience Building amongst Youth and Women in Drought Prone and Chronically Food Insecure Regions of Ethiopia (RESET Plus). The discussion will not take more than an hour. However, I May tape the discussion to facilitate its recollection.

Anonymity: Despite being taped, I would like to assure you that the discussion will be anonymous. The tapes will be kept safely in a locked facility until they are transcribed word for word, then they will be destroyed.

Ground rules

There are no right or wrong answers

You do not have to speak in any particular order

When you do have something to say, please do so.

You do not have to agree with the views of other people.

Guiding questions

1. The effect of the SRH/FP service utilisation for household resilience building

- Do you know about family planning? Are you using family planning?
- Do you think family planning service utilisation has a role in resilience building in food insecure and drought areas?
- What were the effects of sexual and reproductive health/ family planning service utilisation for household resilience building? What about its effects on you?

2. Role of social norms intervention (SAA) for Sexual and reproductive health/family planning service utilisation

- Do you think social norm intervention had a role in improving Sexual and reproductive health/family planning? Did it happen to you?
- What are the roles of social norm intervention that had a role in improving Sexual and reproductive health/family planning?

3. Significance of gender strategy on challenging social norms and gender inequalities

- Do you perceive that gender strategy has a role in challenging social norms and gender inequalities? How was it in your cases?
- How gender strategy plays a role in challenging social norms and gender inequalities?

4. Challenges and problems encountered in social action analysis and social norms intervention at improving family planning service utilisation.

- What were the challenges you sustained in implementing social action analysis and social norms intervention at improving family planning service utilisation?

5. Recommendation

- What do you suggest in the future?

6. Concluding question

- Of all the things we've discussed today, what would you say are essential issues you would like to express.

Conclusion

Thank you for participating. It has been a very successful discussion

Your opinions are a valuable asset to the study

We hope you have found the discussion interesting

Key Informant Interview Guide

Topic: Learning extraction on Family Planning for Resilience Building amongst Youth and Women in Drought Prone and Chronically Food Insecure Regions of Ethiopia (RESET Plus) particularly in Borena Zone

The purpose of the task is to assess and document; lessons learned, good practices, success stories of the RESET Plus Project in the Borena cluster implemented from 2018 to 2021.

Please answer the following questions

Woreda _____, Kebele _____

Organisation -----

Occupation/Role/-----

Sex -----

Age-----

Facilitator welcome, introduction and instructions to the interviewee

Welcome and thank you for volunteering to take part in this discussion. You have been asked to participate as your point of view is important. I realise you are busy, and I appreciate your time.

Introduction: This interview is designed to assess your current thoughts and feelings about the role of Family Planning for Resilience Building amongst Youth and Women in Drought Prone and Chronically Food Insecure Regions of Ethiopia (RESET Plus). The discussion will take no more than half an hour. I May tape the interview to facilitate its recollection.

Anonymity: Despite being taped, I would like to assure you that the interview will be anonymous. The tapes will be kept safely in a locked facility until they are transcribed word for word, then they will be destroyed.

Ground rules

There are no right or wrong answers

You do not have to speak in any particular order

When you do have something to say, please do so.

You do not have to agree with the views of the other.

Guiding questions

1. The effect of the SRH/FP service utilisation for household resilience building

- Do you think family planning service utilisation has a role in resilience building in food insecure and drought areas? What were those, if any, for the beneficiaries?
- What were the effects of sexual and reproductive health/ family planning service utilisation for household resilience building?

2. Role of social norms intervention (SAA) for Sexual and reproductive health/family planning service utilisation

- Do you think social norm intervention had a role in improving Sexual and reproductive health/family planning? Did it happen in this case?
- What are the roles of social norm intervention that had a role in improving Sexual and reproductive health/family planning?

3. Significance of gender strategy on challenging social norms and gender inequalities

- Do you perceive that gender strategy has a role in challenging social norms and gender inequalities? How was it in your cases?
- How gender strategy plays a role in challenging social norms and gender inequalities?

4. Challenges and problems encountered in social action analysis and social norms intervention at improving family planning service utilisation.

- What were the challenges you sustained in implementing the social action analysis and social norms intervention at improving family planning service utilisation?

5. Lessons learned from the program implementation

- 5.1 What were key lessons/learning's on social action and analysis methodology at improving sexual and reproductive health/family planning service utilisation?

6. Recommendation

- What do you suggest in the future?

In-depth Interview Guide

Topic: Learning extraction on Family Planning for Resilience Building amongst Youth and Women in Drought Prone and Chronically Food Insecure Regions of Ethiopia (RESET Plus) particularly in Borena Zone

The purpose of the task is to assess and document; lessons learned, good practices, success stories of the RESET Plus Project in the Borena cluster implemented from 2018 to 2021.

Please answer the following questions

Woreda_____, Kebele_____

Age-----in years

Sex -----

Role_____

Facilitator welcome, introduction and instructions to the interview

Welcome and thank you for volunteering to take part in this interview. You have been asked to participate as your point of view is important. I realise you are busy, and I appreciate your time.

Introduction: This interview is designed to assess your current thoughts and feelings about the role of Family Planning for Resilience Building amongst Youth and Women in Drought Prone and Chronically Food Insecure Regions of Ethiopia (RESET Plus). The interview will take about no more than half an hour. I May tape the discussion to facilitate its recollection.

Anonymity: Despite being taped, I would like to assure you that the interview will be anonymous. The tapes will be kept safely in a locked facility until they are transcribed word for word, then they will be destroyed.

Ground rules

There are no right or wrong answers

You do not have to speak in any particular order

When you do have something to say, please do so.

You do not have to agree with the views of other people.

Guiding questions

1. The effect of the SRH/FP service utilisation for household resilience building

- Do you know about family planning? Are you using family planning?
- Do you think family planning service utilisation has a role in resilience building in food insecure and drought areas?
- What were the effects of sexual and reproductive health/ family planning service utilisation for household resilience building? What about its effects on you?

2. Role of social norms intervention (SAA) for Sexual and reproductive health/family planning service utilisation

- Do you think social norm intervention had a role in improving Sexual and reproductive health/family planning? Did it happen to you?

- What are the roles of social norm intervention that had a role in improving Sexual and reproductive health/family planning?

3. Significance of gender strategy on challenging social norms and gender inequalities

- Do you perceive that gender strategy has a role in challenging social norms and gender inequalities? How was it in your cases?
- How gender strategy plays a role in challenging social norms and gender inequalities? What happened to you?

4. Challenges and problems encountered in social action analysis and social norms intervention at improving family planning service utilisation.

- 4.1 What were the challenges you sustained in implementing social action analysis and social norms intervention at improving family planning service utilisation?

5. Recommendation

- What do you suggest in the future?

6. Concluding question

- Of all the things we've discussed today, what would you say are essential issues you would like to express.

Conclusion

Thank you for participating. It has been a very successful discussion

Your opinions are valuable asset to the study

We hope you have found the interview interesting