



Gender Analysis Report

Strengthen Productive Safety Net Program Institutions and Resilience II (SPIR II)

Resilience Food Security Activity

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Joint Men and Women Focus Group Discussions, Amhara Region

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Disclaimer

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LIST OF ACRONYMS

BHA	Bureau for Humanitarian Assistance
CPNP	Community-based Participatory Nutrition Promotion
CU2	Children Under Two (years old)
CU5	Children Under Five (years old)
DA	Development Agent
EDHS	Ethiopia Demographic and Health Survey
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
FHH	Female-Headed Household
GA	Gender Analysis
GESI	Gender Equality and Social Inclusion
GBV	Gender-based Violence
GSD	Gender, and Social Development (in the PSNP PIM)
HTP	Harmful Traditional Practices
IDP	Internally Displaced Person
IGA	Income Generating Activity
IPT-G	Interpersonal Therapy in Groups
IPV	Intimate Partner Violence
IWM	Integrated Watershed Management
KFSTF	Kebele Food Security Task Forces
KII	Key Informant Interview
MCHN	Maternal, and Child Health and Nutrition
MFI	Microfinance Institutions
NGO	Non-Governmental Organization
NRM	Natural Resource Management
OCHA	United Nation’s Office for Coordination of Humanitarian Affairs
PIM	Program Implementation Manual (for PSNP)
PLW	Pregnant and lactating women
PMG	Producer Marketing Groups
PSNP	Productive Safety Net Program
PW	Public Works
PWD	Person with Disability
SAA	Social Analysis for Action
SBCC	Social Behavior Change Communication
SDG	Sustainable Development Goal
SPIR II	Strengthen PSNP Institutions and Resilience II
SWC	Soil, and Water Conservation
ToC	Theory of Change
TPLF	Tigray Peoples’ Liberation Front
UN	United Nations
USAID	United States Agency for International Development
VESA	Village Economic and Savings Association
WASH	Water, Sanitation, and Hygiene
WASHCO	Water, Sanitation, and Hygiene Committee
WV	World Vision

EXECUTIVE SUMMARY

The main objective of the SPIR II Gender Analysis (GA) is to identify gender and social inequalities that could negatively affect the achievement of SPIR II project objectives and to ensure that the design and interventions to increase women’s empowerment, equity for women, men, boys and girls, and other vulnerable groups (including the elderly, persons with disabilities [PWDs], internally displaced persons [IDPs]) do not exacerbate existing power or abusive gender relations. The SPIR II GA builds on the previous project’s GA (2018), its Impact Evaluation, and other relevant literature. The GA also covered two new SPIR II woredas that are priority 1 hotspots and had not yet participated in SPIR activities. This GA reveals the impact of significant shocks—including conflict and climate impacts—between the 2018 SPIR GA and endline and November of 2022, making primary data collection for this GA especially important to understand the current context. These changes have largely resulted in increased stresses and fewer opportunities for women, and PWD. This GA also provides information for the Gender Action Plan (see Table 5) so that SPIR II can promote Gender Equality and Social Inclusion (GESI).

The GA uses CARE’s Gender Analysis Framework, the ‘Good Practices Framework’ and World Vision’s GESI Domains. The GA included a desk review, 52 key informant interviews (KIIs) and 42 focus group discussions (FGDs) in four woredas in Amhara and Oromia regions. The FGDs were conducted with female and male caregivers of children under five years (CU5), female headed households (FHHs), male youth (15-29 years), female youth (15-29 years). KIIs were conducted with project staff at different levels, local government officials, community influencers/gatekeepers, young married couples (separately), community members, PWDs, and IDPs.

The information is structured around core areas of inquiry while incorporating the respective Theories of Change from SPIR II and WV GESI.

Gender Division of Labor and Time Use

Women and girls have more childcare and domestic responsibilities because of patriarchal norms. While some men—especially young, urban men—in the Oromia region are challenging these norms, women still have little to no opportunity to engage in productive work outside their homes and cannot focus on improving nutrition due to time poverty. Men face significant pushback when they challenge these norms. In Amhara region, women’s workload increased during the conflict with men mobilized to fight. Youth are mostly engaged in unpaid work. Young men help their fathers on the farms and young women assist their mothers with domestic labor as well as on-farm activities.

“We sometimes feel hopeless and angry that men aren’t doing anything to help.”

KII - Female respondents, Lugo, and Oda Aneni kebele, Habro woreda, Oromia

Household Decision Making and Power

In male headed households in the Oromia region, most decisions are made jointly between the man and woman. In the Amhara region, most decisions are male dominated. However, women in the Amhara region can make independent decisions on domestic issues. Women’s decision-making power increased if they were in urban areas and increased with age and education. In the Oromia region, younger women noted that their husbands consult them on most decisions which reflects the shifting culture. During disagreements, men still make most of the final decisions. Joint decision-making is critical for households to make better use of

their time and assets to enhance nutrition and overall livelihoods. The most promising intervention from SPIR endline to shift men's attitudes about these roles is the enhanced nutrition package, which SPIR II is replicating broadly.

Access, Use and Control over Productive Resources

Men have access, use and control over key productive assets. However, in the Oromia region, women had more control compared to Amhara region. Male control over resources was a challenge during the recent conflict in Amhara region as women found themselves managing these assets alone. Also, as the conflict decimated the assets men traditionally control, women gained relatively more control because aid often comes in the form of cash for household spending or cooking equipment. Women have greater access to household income and resources, but men still have control. Women with disabilities are further disempowered. This lack of control limits the ability of women and PWD to use family assets to increase household production and nutrition.

Access to Services and Meaningful Participation in the Public Sphere

In the Oromia region, there were improvements in how women, girls, and vulnerable groups could access services and engage in village economic and saving associations (VESA). In the Amhara region, conflict reduced women's mobility, time availability, and ability to participate in the public sphere. Despite increased awareness of the importance of women's engagement in decision-making and access to services at the kebele level, it remains male-dominated. Women rarely speak or make decisions in public spaces. In the Amhara region, women must get their husband's approval to participate in PNSP-related work, programs, and committees.

Control over One's Body

Regional and age differences are notable in terms of women's negotiation capacity, discussions about sex and contraceptive use within and outside of the household. Younger men and women indicated that discussions related to sex, the spacing of childbirth, and the use of contraceptives were taking place intra household. Educational attainment of men was noted as an enabling factor. Whereas, religious and cultural norms, especially in Oromia region, were limiting factors for use of family planning methods.

Violence Against Women and Girls and Restorative Justice

Although gender-based violence (GBV) is gradually declining, cases were prevalent in all woredas with the Oromia region having the highest rate. The conflict in Amhara region has dramatically increased GBV. Women, girls, including those with disabilities, and those living in extreme poverty are most at risk. Underreporting of GBV cases, especially intimate partner violence (IPV), is rampant due to survivors' fear of repercussions from challenging community norms. GBV depletes the overall physical, emotional, psychological, and spiritual well-being of the survivor. This limits the survivor's ability to provide adequate care and nutrition for their children as well as restricts their participation in production and community decision-making.

Aspirations for Oneself

Women, men, youth, and PWDs aspire to have a better life in secure and peaceful environments. However, various economic, environmental, social, cultural, and security factors limit these aspirations. Youth are limited by unemployment, familial dependence, feelings of hopelessness and political instability. Youth want to be productive, independent,

and to graduate from PSNP. Women are limited by GBV (particularly IPV), conflict-affected areas, unequal division of labor, and limited access to key productive resources and public services. Young women additionally lack ownership of assets, and they have limited mobility. Most women want to work hard, save, and get loans to engage in income-generating activities (IGAs), including animal husbandry, poultry, and other business activities. Women, particularly unmarried women, want a greater role in decision-making, more agency, and higher access to services. Most older women did not want to graduate from the PSNP as they fear recurrent natural shocks and see limited economic opportunities. PWDs, especially female PWDs, are impacted by discrimination and are excluded from decision-making. They want a role in decision-making, a more inclusive environment, and increased access to health, education, and livelihoods services.

Impact of Conflict

The GA findings in the Amhara region reflected the challenges and shifts in gender norms caused by the Tigray conflict. With men being conscripted or killed, women are responsible for managing existing assets and making household decisions. The economic impact of COVID-19, desert locusts, and the conflict has increased economic uncertainty, putting the responsibility on women to support their families. This caused some to resort to agreeing to early marriage for their daughters. Conversely, men living in IDP camps took on more household responsibilities. Women's movement has been more restricted because blackouts and conflict have increased GBV risks. The long-term impact of the conflict on gender norms is not yet known but could present an opportunity to challenge the strict patriarchy that has existed in Amhara region.

Overall Recommendations

While there have been promising shifts in gender norms and roles, particularly in the Oromia region among youth, these gender and social norms continue to prevent women, youth and PWDs from contributing to the overall well-being of their families. This will require programming that incorporates CARE's agency, structure and relations domains and WV's access, participation, decision-making, well-being, and systems domains. Women, youth and PWDs need to have more time to participate in productive activity; more decision-making power at the household and community levels to impact nutrition and livelihoods systems; and increased access and control over land, finance, and household assets. GBV, particularly IPV, needs to be reduced so that women can take advantage of available opportunities. Changes to gender relations take time and should not focus on women alone – men must also understand and value gender equality. Men can be powerful agents of change and can support women and girl's empowerment. It is critical that the program continues to empower women, youth and PWD and use existing activities to support a shift in gender and social norms.

Whilst SPIR II's program design and ToC included several gender transformative interventions (including community dialogues, using the Social Analysis for Action [SAA], Men's Engagement, peer-education, religious leaders, VESA groups), some additional and key areas where GA results can be incorporated include:

- Promote improved farming technologies that save time, energy, and cost to enable the engagement of women and PWDs in other IGAs and social transformation processes. Advocate to give priority to youth and women who are interested in the production of labor and time saving technologies as a source of income.

- Promote women role models in communities who engaged in male dominated IGAs after the onset of the conflict. Prioritize women who lost their spouses to be connected to IGAs.
- Promote loan access for women and PWDs, especially in conflict affected areas, to build/rebuild their family businesses.
- Strongly reinforce implementation of SAA together with Men’s Engagement and Religious leader dialogues, to drive gender and social norm change at community level.
- Include discussions on accommodating PWDs, as well as sexual and reproductive health/healthy timing and spacing of pregnancy, in community dialogue modules for VESA, SAA, religious leader dialogue, peer education manuals.
- Create awareness with WFTSF to increase women’s actual membership/meaningful participation from both male-headed households and FHHs in community committees and task forces and encourage these women to actively participate.

For more recommendations and implications for the SPIR II project, see the Gender Action Plan in Table 5 page 43.

1. INTRODUCTION AND BACKGROUND

1.1 Project Background

World Vision (WV), CARE and ORDA Ethiopia are implementing the WV-led SPIR II Activity with funding from the United States Agency for International Development’s (USAID) Bureau for Humanitarian Assistance (BHA). This follow-on project started in September 2021 and will continue until September 2026. The project’s goal is aligned with the Government of Ethiopia’s Productive Safety Net Program 5 (PSNP 5), which focuses on building the resilience of the extremely poor and vulnerable to shocks and food insecurity for stronger food security and nutrition. SPIR II targets 456,791 PSNP clients in nine woredas in the Amhara region and eight woredas in the Oromia region (see Figure 1 below for project intervention areas). It also benefits 271,586 non-PSNP households through targeted interventions. The project examines the availability, access and utilization of food while also addressing causes of underlying social vulnerability and discrimination. The three purposes and theory of change (ToC) of the project are:

- **Purpose 1** - Vulnerable households and individuals have sufficient quantity, quality, and diversity of food at all times.
- **Purpose 2** - Vulnerable community members’ livelihoods are transformed.
- **Purpose 3** - PSNP systems deliver accountable, effective, and shock-responsive services.

SPIR II works in an integrated and holistic fashion to create, and to sustain necessary change at the individual, household, community, and systems levels. The ToC are underpinned by key technical approaches (see Table 1 below).

Table 1: SPIR II ToC

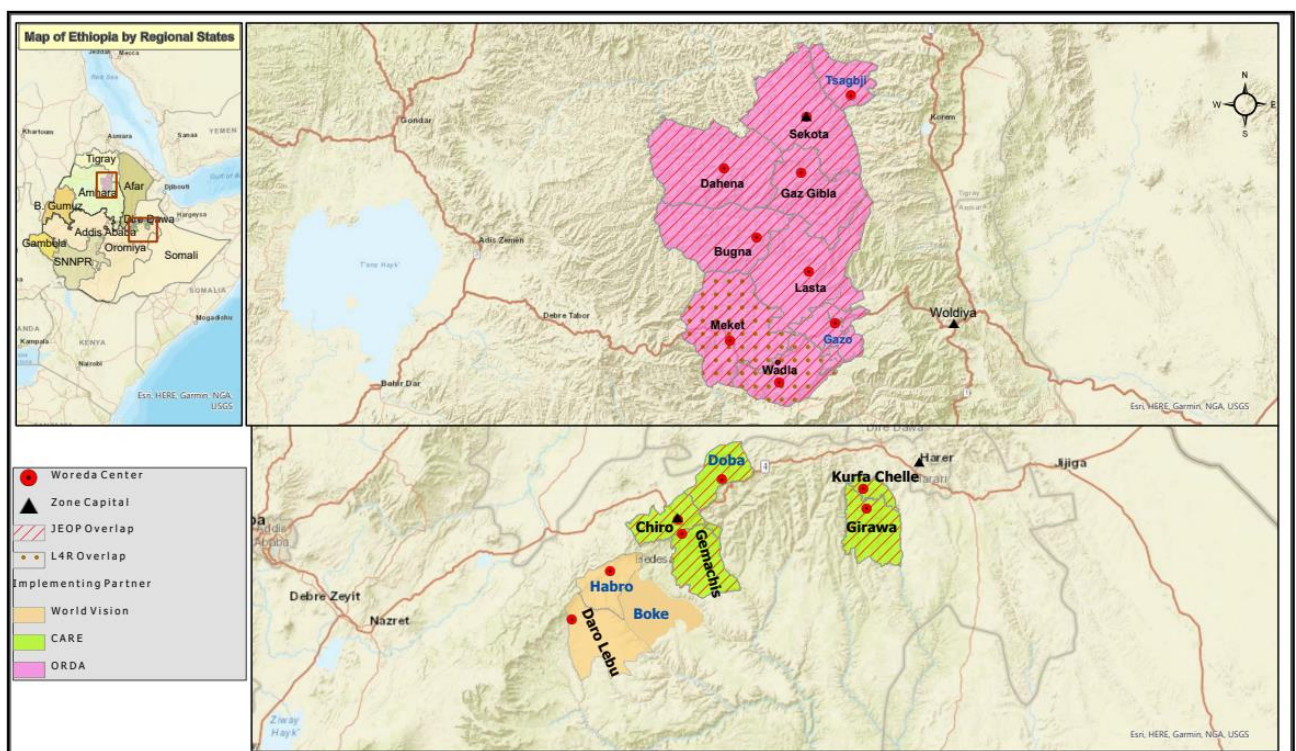
Purpose	IF	THEN
Purpose 3	IF core aspects of PSNP service provision (SP 3.3 and SP 3.2) are improved and IF the natural resource base is strengthened for more integrated and inclusive access and ownership of assets (SP 3.1) and IF early warning systems and shock responsive capacities are improved (SP 3.4)	THEN PSNP systems deliver accountable, effective, and shock-responsive services
Purpose 2	IF all individuals (especially women and youth) have skills and capacities to improve their livelihoods (SP 2.2) and IF households engage in multiple income and production pathways (SP 2.3) and IF households can accumulate and protect assets through inclusive economic participation and decision making (SP 2.1)	THEN vulnerable community members’ livelihoods are transformed
Purpose 1	IF consumption is smoothed (SP 1.1) through timely and reliable transfers (SP 3.3) and IF enteric diseases decrease and sanitation access increases through community-wide WASH (SP 1.4) and access to potable water (SP 3.1) and IF families and community platforms support dietary diversity, Infant and Young Child Feeding (IYCF), and	THEN vulnerable households and individuals have sufficient quantity, quality, and diversity of food at all times

women and adolescent health (SP 1.2 and SP 1.3), and can access and afford quality nutritious foods (SP 2.1 and SP 2.3)

If there is a successful realization of the Purposes, then food security of vulnerable households in targeted PSNP communities is improved, contributing to a sustained reduction in rural poverty.

SPIR II's ToC shows cross-sectoral integration of the purposes and sub-purposes defined by USAID/BHA, with purpose 3 (P3) establishing the necessary pre-conditions – including decreased risk and vulnerability; transformed gender and social dynamics; greater voice and agency for women, youth, and other marginalized groups; greater social cohesion; rehabilitated natural resources; and strengthened PSNP service delivery and accountability – foundational to the successful implementation of Purpose 1 (P1) and Purpose 2 (P2).

Figure 1: SPIR II Intervention Area Map



1.2 Context Setting

Policy Framework

The Ethiopian government supports the Sustainable Development Goals (SDGs), which aims to achieve gender quality and empower all women and girls by 2030 (SDG goal 5), and the Africa Renaissance Agenda 2063, committing to a specific goal on full gender equality in all spheres of life. Additionally, Ethiopia has signed regional protocols and charters, along with global agreements and frameworks, that promote women empowerment, gender equality and social inclusion. These commitments are represented in different national policies and strategies. In 2020, Ethiopia created a 10-year Perspective Development Plan which gives strategic direction to women's rights and equal representation of women and vulnerable people (including PWD) in different economic, social, and political platforms. It also aims to

create conducive environments for women, increase the benefits of disabled¹ and socially excluded groups by expanding developmental safety net systems, increase social welfare funding and facilitate employment opportunities and legal support for vulnerable groups².

Gender and Inclusion in the PSNP

The government's flagship social safety net program, PNSP 5, aims to reduce extreme poverty in Ethiopia. It is designed to promote women's meaningful participation in task forces and committees to enable greater priority of interventions that benefit women and enhance accountability measures for the implementation of gender and social development (GSD) provisions. Work norms and the public work (PW) were revised to ease the burden of labor constrained FHHs and include care services; women are allowed to come late and leave early to perform their household chores; pregnant women should be transitioned to temporary direct support (TDS) on confirmation from the health worker of her pregnancy and continue to receive direct support until her child is 24 months old. PSNP 5 emphasizes women's active participation in community and Kebele Food Security Task Forces (KFSTF) and community watershed teams (50% should be female) so that their priorities receive greater attention in planning processes. To increase nutritional outcomes, 3% of the PW capital budgets are earmarked for gender and nutrition-sensitive activities. All GSD and nutrition provisions under the PW Output of PSNP 4 are maintained in PSNP 5.³

Key Statistics on Women in Ethiopia

The estimated population of Ethiopia is 120 million, with approximately 50 percent female, and 41 percent under the age of 15⁴. Despite the efforts mentioned above to close the gender gap, women and girls don't have the same opportunities as men and boys. Women and girls aged 10+ continue to spend 19.3% of their time on unpaid care and domestic work, compared to 6.6% spent by men⁵. This situation prevents them from entering and remaining in the labor force, strengthening economies and enabling development. The following section summarizes key issues related to women, girls and PWDs in key sectors:

- **Land and property ownership.** Property ownership rate remains higher among men than women (48% and 40%, respectively).⁶ The Ministry of Agriculture is currently attempting to address this by creating linkages for poor female farmers to financial credit institutions through the PSNP.
- **Access to education.** Ethiopia ranks among the bottom 35 countries on the gender gap index for offering equal access to education to both boys and girls⁷. Only 44.4% of women are literate (versus 59% of men), and approximately 20% of girls are not enrolled in primary education compared to 12.3% of boys. Gender gaps remain large in tertiary education, where only 5.3% of girls are enrolled⁸. Evidence suggests that

1 The UN convention on the Rights of Persons with Disabilities define persons with a disability as “include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with attitudinal, environmental or institutional barriers hinder their full and effective participation in society on an equal basis with others” (UN, 2006), p.4).

2 Betelhem H. et.al. [2021]. Gender Equality and Social Inclusion overview for the WASH sector in Ethiopia.

3 PSNP-5's design document (2020-2025), prepared by FDRE-MoA's Food Security Coordination Directorate (FSCD).

⁴ <https://data.worldbank.org/country/ethiopia>.

⁵ <https://data.unwomen.org/country/ethiopia>

⁶ Ethiopia Demographic and Health Survey, 2016

⁷ World Economic Forum. [2021]. Global Gender Gap Report. March 2021

⁸ World Economic Forum. [2021]. Global Gender Gap Report. March 2021

the most common factors affecting young women's education are domestic duties, early marriage, household income, and limited mobility⁹.

- **Sexual and reproductive health.** The 2019 Mini Ethiopia Demographic and Health Survey (EDHS) shows an increase in modern contraceptive use from 14% of women using these methods in 2005 to 41% in 2019. Married women in Oromia have a lower prevalence of contraception use (40.7%), compared to women in Amhara (49.5%)¹⁰.
- **Violence against women and girls.** A third of women aged 15 to 49 years had experienced either physical, emotional, or sexual violence from their husband or partner, 68% agree that wife beating can be justified and about 65% of women aged 15-49 having undergone FGM^{11,12}. Oromia region registered the highest rates with 28% of the women having experienced physical violence¹³. According to the 2016 EDHS, 40% of girls in Ethiopia are married before the age of 18 compared to 5% of boys, and 14% are married before their 15th birthday¹⁴. Ethiopia also has one the highest adolescent fertility rates in Sub-Saharan Africa (72.4 births for every 1,000 women aged 15-19 years)¹⁵. There are increasing reports of conflict-related sexual violence, including rape and gang rape, including in Amhara region.. Girls and women have been killed and subjected to sexual violence, physical harm, and psychological injuries. The destruction of health facilities limits women and girls' access and right to health services. PWD and the elderly, especially older women, are at a higher risk of physical and mental violence in conflict affected areas. Women also face socio-economic challenges as they lose sources of financial support due to family members being killed or physically injured¹⁶.
- **Healthcare services.** Ethiopia achieved most of the Millennium Development Goal targets. This is due to the government's commitment to strengthening the implementation of its Health Extension Program, which deploys 38,000 (98 % female) health extension workers in rural and urban areas. Despite the overall improvement in access to health care services, regional and rural-urban differences are still stark. For example, between 2016 and 2020, approximately 80% of births in urban areas were attended by a skilled birth attendant compared to 21% of births in rural areas. The maternal mortality rate remains high at 401 deaths per 100,000 live births along with a high adolescent birth rate at 79.5 per 1,000 women aged 15-19¹⁷.

9 Stavropoulou M. and Gupta-Archer N. [2018]. Adolescent girls' capabilities in Ethiopia. State of the evidence based on Global Evidence (GAGE)' nine-year longitudinal research.

¹⁰ Ethiopian Public Health Institute (EPHI) [Ethiopia] and ICF. 2021. Ethiopia Mini Demographic and Health Survey 2019: Final Report. Rockville, Maryland, USA: EPHI and ICF.

¹¹ Central Statistical Agency (CSA) [Ethiopia] and ICF. 2016. Ethiopia Demographic and Health Survey 2016. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: CSA and ICF.

¹² Situation of GBV in Ethiopia, September 2022, GBV, Area of Responsibility, Ethiopia, Protection Cluster, UNFPA (<https://reliefweb.int/report/ethiopia/gbv-aor-ethiopia-situation-gbv-ethiopia-september-2022>)

¹³ Oxfam (2017), Ethiopia Gender Snapshot

¹⁴ Ministry of Women, Children and Youth, Federal Democratic Republic of Ethiopia, National Cost Roadmap to End Child Marriage and FGM/cutting, 2019, <https://www.unicef.org/ethiopia/media/1781/file/National%20Roadmap%20to%20End%20Child%20Marriage%20and%20FGM.pdf>

¹⁵ Strengthen PSNP 4 Institutions and Resilience (SPIR) Development 4 Food Security Activity (DFS4) Gender Analysis Report, 2018.

¹⁶ Source: The Ethiopian Human Rights Commission (EHRC)'s report, March 11, 2022.

¹⁷ <https://data.unwomen.org/country/ethiopia>

Customary and religious traditions, practices, and cultural norms

Although there have been some improvements over time, women, girls and PWDs in Ethiopia continue to face restrictions within economic, social, civic, and political participation, largely because of prevailing societal perceptions and expectations. The common gender norm, particularly in rural areas, is that women and girls will and should do most of the domestic work¹⁸. However, research indicates that these norms are slowly shifting and younger generations appear to have more gender-egalitarian attitudes, such as increased support for girls' education, later marriage and sharing household tasks and decisions. Despite elders passing down traditional gender cultural norms and beliefs, most of the current generation believes that traditional norms are not aligned with their values in gender equality.¹⁹

There are also cultural beliefs that encourage food taboos for pregnant women and adolescent girls which have significant impacts on nutrition. In some areas of Ethiopia, women are expected to avoid certain foods that may disrupt pregnancy (e.g., roasted barley, beans, kale, green pepper, and mustard). Potential reasons include that these foods may induce miscarriage, may affect the growth, or harm the baby, or can cause difficulty during labor. PLW also fast and refrain from animal products (meat, dairy, and eggs) and from eating or drinking before 3:00 PM. It also common for food that women receive to be restricted during the third trimester. These food taboos are accepted due to a societally influenced fear of negative effects to unborn children.²⁰ Similarly, spicy food is not allowed for adolescent girls. In West Haraghe (Gemechis Woreda; Kuni Segeriya Kebele), there is a community belief that when young girls eat spices they will misbehave and be sexually active.

Persons with disabilities

PWDs include persons with long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others²¹. Improvements have been slow, especially in rural settings, where PWDs are mostly hidden from society and are typically prevented from attending school and socializing with the community. There are circumstances where PWDs face exploitation through begging, sex, and abuse. PWDs often experience discrimination and face challenges in accessing job opportunities, health care, education, and other basic services.²² In a briefing note on PWD, UNICEF, using survey data from 2015/16, estimated that nearly 7.8 million people in Ethiopia live with some form of disability, or 9.3 percent of the country's total population. Of these, up to 2.2 million people (2.4 percent) have very profound difficulties. UNICEF lists key challenges including 1) disability-specific services (these services are weak, most PWDs are unable to access services, and where services do exist, they are provided by NGOs focusing on people with physical impairments, and less on

18 Stavropoulou M. and Gupta-Archer N. [2018]. Adolescent girls' capabilities in Ethiopia. State of the evidence based on Global Evidence (GAGE)' nine-year longitudinal research.

19 Stavropoulou M. and Gupta-Archer N. [2018]. Adolescent girls' capabilities in Ethiopia. State of the evidence based on Global Evidence (GAGE)' nine-year longitudinal research.

20 Strengthen PSNP 4 Institutions and Resilience (SPIR) Development Food Security Activity (DFSA) Gender Analysis Report, 2018.

²¹ The UN convention on the Rights of Persons with Disabilities (UN, 2006), p.4.

²² Krupa T, Lysaght R, Yehuala YS, Aldersey HM, Adugna MB, Kessler D, Batorowicz B, Montagnese J, Kolomitro K. Activity and participation experiences of people with disabilities in Ethiopia. *Afr J Disabil.* 2022 Sep 16;11:1002. doi: 10.4102/ajod.v11i0.1002. PMID: 36246483; PMCID: PMC9558741.

those experiencing other forms of disabilities, such as intellectual impairments; 2) limited funding and human resources for ministries to fulfill their mandates; and 3) lack of data and evidence (whilst large amounts of data were being collected annually by different government agencies, the quality of data collection and assessment tools used was low, and frontline workers and community volunteers had insufficient knowledge and capacity to identify, assess and screen vulnerable populations, including PWDs).²³

1.3 SPIR II Project Context

The SPIR II project woredas in Amhara and Oromia regions faced many significant shocks in the 12 months between SPIR endline impact evaluation survey and the data collection for SPIR II GA. These challenges pivoted around the conflict in the north and the drought in large parts of Ethiopia.

Amhara region: The conflict between the Government of Ethiopia and the Tigray People Liberation Front (TPLF) directly affected all SPIR II operational woredas in Amhara region. The conflict resulted in the suspension of activities for six months, with post-conflict recovery activities supported by a USAID/BHA approved pivot starting in 2022. To date, the security situation remains tenuous with the TPLF armed forces still occupying one SPIR II woreda, Tsagbji, and parts of Sekota and Gaz Gibla woredas. At the time of the SPIR end line evaluation, the harvest in Sekota and Gas Gibla was estimated to be below average and it was anticipated that the livelihood of the population would be severely impacted. Access to health care, education, and WASH services were not yet fully restored to pre-conflict levels. Particularly, women, girls, PWD, elders, and IDPs were impacted heavily, and the conflict expected to exacerbate existing gender and social inequalities in the zones.²⁴

Oromia region: The GA was conducted in two woredas in West Hararghe Zone, which are new SPIR II implementation areas. The Habro woreda is vulnerable to food insecurity due to high population pressures, land degradation, and deterioration of natural resources. The Doba woreda is a chronically food insecure woreda which has been characterized as a priority 1 hotspot woreda in both National Disaster Risk Management Commission and Emergency Nutrition Coordination Unit joint assessments. Many of the West Hararghe areas were significantly impacted by both desert locusts, fall army worm and prolonged drought. The partial and in some places, total failure of the Belg and Meher rains has significantly affected the lives and livelihoods of program participants in East and West Hararghe zones, with some project participants adopting negative coping strategies (selling of assets, and households reducing meals).

The SPIR Impact Evaluation: The SPIR impact evaluation showed that SPIR had significant impacts on a broad set of livelihood, diet, mental health, and empowerment outcomes. The study investigated the impact of the SPIR intervention on men's and women's mental health, marital dynamics, women's agency, and gender attitudes and roles. The impacts on gender and social norms were weak; as SPIR's intervention on male engagement improved men's gender equitable attitudes and roles, but it did not contribute to improvements in other dimensions of empowerment particularly related to women's decision-

²³ [Situation and Access to Services of PWDs in Addis Ababa, Briefing Note, UNICEF](#). The briefing note is drawn from of the full study report entitled: Situation and Access to Services of Persons with Disabilities in Addis Ababa. The study was commissioned by UNICEF Ethiopia under the Social Policy and Evidence for Social Inclusion (SPESI) section. It was undertaken by Development Pathways (2019).

²⁴ OCHA-Ethiopia. [2022]. Northern Ethiopia humanitarian update situation report, April, 2022.

making or self-efficacy. In woredas that included an enhanced nutrition package, the evaluation shows that men improved their gender equitable attitudes and roles. In areas without the enhanced nutrition package, there was little impact on men's roles and attitudes. This means SPIR II will build from the transformative pieces in the nutrition package to impact gender attitudes more widely²⁵ by taking its social norm programming approaches - Social Analysis and Action and Male engagement - to scale.

2. OBJECTIVES AND RESEARCH QUESTIONS

The main objective of the SPIR II GA is to identify social and gender inequalities that could negatively affect the achievement of SPIR II project objectives and to ensure that the design and interventions to increase women's empowerment, equity for women, men, boys and girls, and other vulnerable groups, do not exacerbate existing power or abusive gender relations. Building on the previous project's GA (2018), its Impact Evaluation, and other relevant literature, the GA was conducted to further understand the determinants of gender inequalities and social exclusion experienced by women, men, boys, and girls, and to provide information for the Gender Action Plan, and to promote gender equality, and social inclusion. Specifically, the 2022 SPIR II GA was intended to:

- Explore how unequal gender relations as well as gendered discrimination, subordination, and exclusion influence rights denials in SPIR II intervention areas, and how they intersect with other areas of marginalization or inequality, including age, and disability.
- Identify the different gender roles and relationships within SPIR II intervention areas and identify how these create specific needs, risks, and inequities for the various target groups.
- Examine how the outcome of each purpose affects the status of men and women, girls, and boys, with the aim to reduce the inequalities.
- Understand how and to what extent the GESI relations and dynamics can affect each purpose's outcomes and SPIR II's overall achievement.
- Identify, analyze, and examine how and to what extent gender and social norms affect the participation of women, men, youth (male and female) and their gain from productive engagement in SPIR II communities.
- Set progress markers for women's empowerment and improved gender equality across all three of the SPIR II purpose areas.

3. DESIGN AND METHODS

3.1. Guiding Approaches and Frameworks

CARE's Good Practice Framework provided the overall guidance for the GA along with WV's GESI Approach and ToC.²⁶ The rationale for using these guiding frameworks is to align with USAID's guidance²⁷ to consider gender inequality as one of the underlying causes

25 SPIR's endline evaluation used RCT design to learn about the effect of different combinations of the SPIR interventions on the well-being of PSNP4 households: the livelihoods package (L), the nutrition package (N), and enhanced versions of each package (L* and N*, respectively). These packages were combined into multisectoral graduation model programs and randomized at the Kebele level into four treatment arms: T1: L*+N*, T2: L*+N, T3: L+N*, T4: PSNP only.

26 [Gender_Equality_and_Social_Inclusion_Approach_2021.pdf](#) (wvusstatic.com)

27 ADS Chapter 205 Integrating Gender Equality and Female Empowerment in USAID's Program Cycle

of food insecurity in all projects funded by BHA, and to align with the major gender analysis domains identified by USAID (Laws, Policies, Regulations, and Institutional Practices that influence the context in which men and women act and make decisions, Cultural Norms and Beliefs, Gender Roles, Responsibilities, and Time Use, Access to and Control over Assets and Resources and Patterns of Power and Decision-making).

CARE’s Gender Equality and Good Practice Framework

CARE’s Good Practice Framework includes eight core area of inquiry across three gender equality domains (agency, structures, relations²⁸) as described in Table 2 below.

Table 2: CARE’s Three Domains of Gender Equality and Eight Core Areas of Inquiry

No	Core areas of inquiry	CARE’s three domains of gender equality			Data sources for GA
		Agency	Structures	Relations	
1	Gendered division of labor	x	x	x	KII, FGD, and in-depth document review
2	Household decision making	x	x	x	
3	Control over productive assets	x	x	x	
4	Access to public spaces and services	x	x	x	
5	Claiming rights and meaningful participation in public decision-making	x	x	x	
6	Control over one’s body	x	x	x	
7	Violence and restorative justice	x	x	x	
8	Aspirations for oneself	x	x	x	

WV’s GESI Approach and ToC

This approach and ToC feature five GESI domains of change that need to have impact across all levels from the individual to societal level. These include access, participation, decision-making, systems, and well-being. These domains support agency, empowerment, and transformation. See Figure 2 for a graphic description of the WV GESI approach.

While the CARE framework is focused on gender with intersectionality at the center, the GESI approach highlights the issues of social inclusion and intersectional vulnerability factors (e.g., age, disability, and displacement). The issue of social inclusion is important to have a greater understanding of intersectional vulnerability factors including age, disability, and internally displaced persons. The domains also provide an alternative structure for analysis which may highlight issues not evident from the CARE gender domains. Annex III provides more details of both these frameworks.



Figure 2: WV GESI Domains of Change

²⁸ **Agency** includes consciousness, confidence, self-esteem and aspirations and knowledge, skills, and capabilities. **Structures** include social norms, customs, values, practices, laws, policies, procedures, and services. **Relations** include power relations through which people live their lives through intimate relations, social networks, and group membership and activism.

3.2 Research Design and Methods

3.2.1. Geographic Locations

The GA was conducted in the project regions and zones: Oromia (East and West Hararghe) and Amhara (North Wollo and Wag Himra). One woreda in each zone and two kebeles per woreda (eight kebeles) was sampled. Two of the three new SPIR II woredas in Oromia region were selected to provide deeper understanding of the gender and social inclusion relations in these new woredas. In Amhara, the four kebeles were selected from the previous SPIR II impact evaluation control kebeles. See Table 3 below.

Table 3: Geographic Locations of GA

Region	Zone	Woreda	Kebele
Oromia	West Hararghe	Doba	Ifa Aman; Badhasa
		Habro	Lugo, Odda Aneni
Amhara	North Wollo	Meket	Agrit, Debrezebit
	Wag Himra	Gasgibla	Taba, Laltu

3.2.2. Methods of Data Collection

The primary methodology for this analysis was qualitative data collection, which was supplemented by a desk review of available literature (secondary data, published research, grey literature, laws, and policies).

In-Depth Desk Review and Extraction of Gender-Sensitive Secondary Data

The in-depth document review included 1) research conducted during SPIR, including the SPIR GA, the SPIR Impact Evaluation; (2) secondary data relevant to the SPIR II thematic areas of intervention; (3) policies, programs, and laws related to women's and girls' rights, as well as to those related to resilient agriculture, health, nutrition, and PSNP; and (4) national surveys including the EDHS, and published research and grey literature on cultural norms, values, attitudes, and practices related to gender in Ethiopia, and, as available, in the project target regions.

Qualitative Methods of Data Collection

From the qualitative perspectives, the GA employed both KIIs and FGDs.²⁹ These methods helped to explore contextual factors and the most significant changes in agency, relations, and structure as well as their impact on gender equality and social dynamics in the sampled locations.

- **FGDs:** The FGD were conducted with 6-12 participants from specific SPIR II beneficiary groups including male caregivers of CU5, female caregivers of CU5, FHHs, male youth (15-29 years), and female youth (15-29 years).
- **KIIs:** KIIs were conducted with a broad array of informants including SPIR II staff at different levels, local government officials, community influencers/gatekeepers (e.g., community leaders, mothers-in-law, religious leaders), young married couples (separately), community members (including PWD), and IDPs. KIIs helped reveal more general perspectives on gender and social norm dynamics, inclusion, and implications for SPIR II.

²⁹ The data collection tools can be found in Annex II and Demographic information of the KII and FGD participants is presented in Annex IV.

Sampling Techniques

Maximum variation sampling technique was used to examine a diverse range of opinions relevant to the gender analysis. Informants provided opinions on factors that affect the transformation of gender and social norms critical for significant change in income, production, protection, participation, and voice, especially for women and youth. The GA stratified and purposefully selected participants based on intersectionality and social inclusion frameworks, and included married women, women heads of households (FHH), young married youth (male and female), and PWDs. The KII were purposively selected based on their expertise, their experience with the PSNP and SPIR II, and their daily experiences in their communities.

3.2.3. Quality Assurance Mechanisms

Data collection tools: Interview guides/questionnaires for the KIIs and FGDs were mainly based on the CARE guiding framework and tailored to the three purposes of SPIR II. This was done by framing the questions around themes of each purpose, and to adjust to the type of interview to obtain specific information from specific groups/informants. Data collection tools were translated into local languages (Afan Oromo and Amharic) prior to field work. The data were collected by qualified and gender-trained field staff.

Ethical Considerations:

Prior to field work, the data collection teams were trained to ensure informed consent/assent (confidentiality, how to manage sensitive cases of GBV, trauma, the steps to protect data collected, and in the data management procedures). Meetings were organized with key community and religious leaders in the sampled locations to share the objectives of the GA, and to obtain their approval and to ensure protection of the study participants and GA teams. The SPIR II GA team developed informed consent and assent forms for key informants and focus group discussants. Before each KII or FGD, data collectors read a brief description of the SPIR II project, and its GA and informed them that their participation is voluntary and that they could discontinue participating at any time. Voluntary informed consent was obtained from all respondents prior to conducting KII and FGDs. No personal identifiers were used during data collection, data analysis, nor during reporting. Data collectors used pseudonyms or participant numbers during the FGDs and KIIs. SPIR II did not see ethical approval for the 2022 SPIR II GA.

Data Management:

Data were stored and managed to maintain respondents' confidentiality per the standards and requirements of national research ethics boards and general data protection laws. The data (questionnaires, field notes, debriefing notes, recordings, transcriptions, and translated transcriptions) were securely stored. All stored data were "de-identified" (i.e., without personal information) so that if someone gains unauthorized access (or even for authorized people), they would not be able to identify any of the participants or connect responses to an individual. A sign-in and sign-out protocol were developed, and responsibility for maintaining it assigned, so that at any point in time it is possible to keep track of any piece of data and who may be using it.

Audio records were transcribed by notetakers and translated into English. For quality assurance, transcription checks were completed by the team leader and project coordinator.

Data Analysis:

The qualitative data were first converted into a form suitable for analysis and interpretation, through sequences of activities, which includes transcribing. The data analysis involved skimming (superficial examination), reading (thorough examination), and interpretation. This iterative process combined elements of content analysis and thematic analysis. In the content analysis, information was organized into categories related to the leading questions of the GA. In doing so, data were analyzed using content analysis methods based on emerging themes and sub-themes in line with the objectives of the GA. This technique attempted to summarize different ideas, opinions, and comments into meaningful categories. Each leading question was coded, and these codes were later combined to provide categories of responses. We reviewed the notes, field notes, and English transcripts by participant type and group. Hereafter, we coded the texts by applying brief labels or initial codes to units of text that are meaningful and relevant to each research question. Thereafter, the team sorted the initial codes to further refine and condense them into more concise and focused codes that subsume the descriptive and broad initial codes. After refining the codes into more meaningful codes and grouping them, we identified emerging themes for each research questions. Throughout the data coding process, we used reflective memos to document the definition, description, and evaluation of codes, as well as the team’s individual and collective reflections and decision making. The team disaggregated findings along relevant demographic groups, domain of change and regions. The qualitative data analysis was done using the “Nvivo” software package.

3.2.4. Field Work

The data collectors were recruited by the consultant (DAB) as well as in-house program staff from WV, CARE, and ORDA Ethiopia. Each region had its own teams of data collectors. Data collection was conducted in August 2023 in both Amhara and Oromia regions after the training in Addis Ababa. Table 4 below provides an overview of the planned versus actual KII and FGD. An overview of the number and types of respondents and the interview type can be found in Annex IV.

Table 4: The Planned and Actual FGDs and KIIs conducted.

Regions/Zones/Woreda	Kebele	Originally planned		Actual		Remarks
		FGDs	KIIs	FGDs	KIIs	
Oromia, West Hararghe						No IDPs were found in Doba woreda, and in Habro only at kebele level
Doba Woreda	Ifa Aman and Badhasa	12	17	12	15	
Harbo Woreda	Lugo and Odda Aneni	12	17	12	16	
Amhara, North Wollo						One KII was canceled due to security threats
Meket Woreda	Agrit and Debrezebit	12	13	12	12	
Amhara, Wag Himra						Six FGDs and four KIIs from Laltu Kebele were canceled due to security threats
Gazgibla Woreda	Taba and Laltu	12	13	6	9	
Total		48	60	42	52	

5. GENDER ANALYSIS FINDINGS AND IMPLICATIONS

5.1. Overview

The findings of the GA were organized by the eight areas of inquiry:

1. Gendered division of labor
2. Household decision-making
3. Access to and control of productive resources and assets
4. Access to public services
5. Claiming rights and meaningful participation in public decision-making
6. Control over one's body
7. Violence and restorative justice
8. Aspirations for oneself

For the purposes of this GA, the areas of inquiry 4 (access to public spaces and services) and 5 (claiming rights and meaningful participation in public decision making) were combined.

For the areas of inquiry, there is an additional portion examining the social inclusion of vulnerable people to integrate WV's GESI domains. The results presented in this section mainly reflect key themes and ideas from the FGDs and KIIs. The findings are presented with a summary of perceptions, followed by key points from the findings accompanied by quotes from respondents. After identifying the key issues contributing to gender inequalities and GESI, a summary follows with implications on the ToC.

5.2. Gendered Division of Labor

Gender roles, responsibilities, and time use in Ethiopia are aligned with patriarchal norms, ideologies, and perceptions. These gendered roles and division of labor define what type of work is expected from women, men, girls, and boys. In rural areas in particular, most women play a triple role in reproductive, productive, and community-focused activities (such as attending weddings, funerals, which are done in women's "free" time). Men primarily undertake productive and community political activities, which are often paid, or incentive based. The 2018 SPIR GA report showed that although men and boys are sometimes involved in the preparation and distribution of food (e.g., infant and child feeding at the household level), and engaging in household chores (e.g., fetching water, washing utensils and clothes, sweeping the compound), their engagement in these activities often require less of their time. Daily childcare activities are still the responsibility of women, whilst men are responsible to provide for the material needs.³⁰ After women, girls are to look after their younger siblings. Most men do not play a significant role in the routine activities of childcare and feeding. There are exceptions, including households without mothers and girls or when the wife works outside the home. Grandmothers also care for their grandchildren by preparing breakfasts, washing clothes, and preparing children for school.

The 2022 GA sought to understand the extent of division of labor and time use and its implications on off-farm and on-farm livelihoods and income generation and use (P2) as well as health, nutrition, sanitation, and hygiene (P1) and on participation in PSNP 5 interventions (P3). The analysis assessed division of labor in different types of households, including male headed households, FHH, the role of male and female youth, and PWDs.

5.2.1 Highly Gendered Roles and Responsibilities

Respondents of the GA reported that women, men, boys, and girls have mostly distinct but complementary roles in domestic activities, agriculture and livestock production and marketing, and off-farm and non-farm livelihood activities. With slight geographical

³⁰ SPIR Development Food Security Activity, Gender Analysis Report, 2018

differences, the roles and responsibilities in food production, household feeding, child and infant feeding, and income generation are still highly gendered. Women and girls are involved in many of these activities and often take on more work resulting in a larger time burden than for men and boys.

Female respondents of all ages – whether married, FHHs, young mothers or girls - consistently reported that food preparation and cooking for the household is one of their main activities. Men and boys noted this duty as an occasional activity to support the women or girls. As food preparation requires water and firewood, men and boys would assist by collecting firewood and water. However, this mostly happens when men and boys have free time and often depended on the seasonal calendar. Gradual changes, particularly in urban areas were observed in some areas, particularly from Amhara region, where respondents reported that occasionally men cook and feed children.

Most respondents stated that women and girls are predominantly in charge of daily activities including hygiene, sanitation, cleaning, and washing. With slight differences across areas, men and boys are responsible for fetching water from the secured water points or rivers, mostly located at far distances especially during the dry season. In some areas, this burden is eased for households that are beneficiaries of newly constructed water points.

The number of FHHs, youth-headed households, and elderly-headed households have increased dramatically since the conflict has led to men being conscripted of families separating, and the responsibility of fetching water over long distances (rather than closer to home) now fell to women and girls³¹ Therefore, the lack of access to safe rural water supply has had a significant impact on women and girls. On the other hand, some men and boys were not working due to displacement (in IDP camps) and had to engage in activities traditionally assigned to women and girls such as cooking, taking care of children, going to milling centers, and bringing firewood and fetching water for the women to prepare food. Additionally, men reported that they might bear the responsibilities of routine domestic activities when their wives are ill and pregnant. Overall, women's care burden during the conflict increased significantly as they have been left to take on new roles and multiple jobs to care for their families on their own (without their husbands), including by being responsible for earning an income for their household.

The findings also show that men and women with disabilities are less likely to be engaged in IGAs. Men with disabilities are more likely to be engaged in IGAs than their women counterparts. The livelihoods of PWDs are also shaped by gender differences with men with disabilities earning livelihoods as daily laborers (shining shoes, cleaning vehicles, etc.), while women with disabilities engage in hairdressing, retailing produce, sewing, etc. Livelihoods of PWD also depend on the type disability. For example, people with hearing impairment earn their livelihood largely as daily laborers and maids, while the physically impaired are engaged in shining shoes, sewing clothes, and operating small businesses. Most of women with disabilities are either single or a female head of household, which require them to take full responsibility for the household tasks within and outside of the home, leaving little space

31 After the Ethiopian PM issued a call for eligible civilians to join the armed forces to fight TPLF-led forces (in August 10, 2021), male-youth mobilization and conscription intensified and reached at maximum level. The male mobilization continued (at higher level) until December 2021, when federal government forces fully liberated North Wollo and stopped at the borders with Tigray, having regained all towns and cities taken by the TPLF-led forces in Afar and Amhara regions.

for IGAs. Men with disabilities are most often married and male heads of households which allows them to delegate their tasks to their children.

Respondents mentioned that these gender-assigned roles significantly influence men's and women's access and control over productive assets and services as well as their meaningful participation in community and public spaces. They noted that gender-based tasks often result in women facing time constraints which makes it difficult for them to engage in activities that are traditionally associated with men and boys.

“...in our community, activities like feeding children, water and sanitation and childcare are women's work. Most of the time, males work outside the house, participating in field work like farming, fattening and the like, giving her money so that she saves as far as she is considered in our community as a male's bank. We don't allow the community to break the existing line regarding gender division of labor... If the season is not for agricultural activities, men do not support women and spend [time] on outdoor activities such as market information gathering activity, collecting information about what is happening around the community and chatting with friends at local beverage store. Especially in rural areas, men are still embarrassed to help their wives”.

KII - Community leader, Bedasa kebele, Doba woreda, Oromia

In the Oromia region, respondents mentioned that almost the same number of men and women are engaged in IGAs (mostly in “on-farm” activities) in their attempt to transform their livelihoods, but tasks are still gender-specific. For example, in male headed households in rural areas, most women support men in agricultural production through weeding, cultivation, preparing and delivering meals to men in the field, selling products in the market, and sometimes engaging in petty trade in addition to household chores and childcare.

“In our community, men get up too early in the morning, eat their breakfast, go outside stay there the whole day (mostly chewing Khat), come back evening, eat their dinner prepared by their wives/daughters and go to bed for sleeping. Sometimes, men are in the field all day and all night. Other tedious domestic tasks and child caring activities are exclusively performed by women and supported by daughters”.

FGD -Female caregiver of CU5, Bedasa kebele, Doba woreda, Oromia

In West Hararghe, women are expected to sell milk, butter, small livestock (shoats), khat and coffee, and often travel up to four hours on foot to reach the market. In FHHs, women and their children divide up agricultural, livestock, and domestic tasks which suggests that girls and boys have greater work demands than children in male headed households. Respondents in both regions reported that girls are particularly vulnerable to heavy work burdens and do much of the same work as women. Girls who have dropped out of school are especially affected by this. Female respondents in both regions highlighted the challenges of women's heavy workload and childcare, often without the support of their spouses and no days off.

“We work hard day and night, within and outside the home; and men often do not support us, at least taking care of their kids; even worse [sometimes] they are reluctant for sick children to take them to the clinic.”

“We sometimes feel hopeless and angry that men aren't doing anything to help.”

“The problem is that so many women accept their roles and responsibilities to be embedded in their culture and tradition and do not believe that men should share women's duties and responsibilities.”

KII - Female respondents, Lugo, and Oda Aneni kebele, Habro woreda, Oromia

5.2.2 Changes in Community Outlook of Women's Responsibilities

The division of labor and assigned roles are slowly changing, with some tasks shared between men/boys and women/girls. In comparison to older men, younger men are providing more support to women and girls with their household chores.

"The time we spend on household activities is much better now than in previous times. There is no difference between my and my wife's roles at the household level. For instance, I'll care for my child and fetch water if she starts preparing Injera. Similarly, we don't have a difference in time spent in child feeding and taking children to health care. Mostly, she is the one who takes the child for vaccination, but if she can't, I'll take him. The community considers holding children on men's shoulders or backs a shame. They say that is why I can't work outside or call me feminine. For me, this is not a problem. Some men in our area can help their wives with household tasks to reduce their burden. In contrast, most men do not believe in helping women at home, as they treat women in the old ways. This is not a good idea; I don't want to follow that trend. All men should support their wives in all household activities. It is not right to leave all the household activities to women. There has to be shared responsibility at the household level. When I help my wife, some people see it as dishonorable and often associated with feminine behavior. I don't give attention to such comments because we live our way; we can't live their lives."

KII - Married man from Agrit kebele, Meket woreda, Amhara

"According to our religion, there is no gender division of labor for specific individuals. Against religion, our community is tightly fastened by backward cultures and beliefs and believes women should actively engage in domestic tasks like food preparation and childcare. Men are engaged in farming the whole day; disabled persons should engage in minimal activity that requires low energy, like selling eggs, hens etc. However, girls and boys should fetch water from the river to help their mothers. This must be changed as it is not written in our holy book."

KII - Muslim religious leader, Bedasa kebele, Doba woreda, Oromia

Though there are slow changes, existing norms still negatively impact men's willingness to adapt. In several FGDs, men and women discussed why men were not interested in supporting their wives. If men spent increased time at home, the community and neighbors labelled them as feminine, resulting in shame and loss of community standing and discourages men to support women.

"Husbands should support their wives by assisting them in their house works and easing their un-bearingly workloads. Women have many household responsibilities, but we also participate in agricultural and livestock production. On the farm, especially during harvesting season, we participate in cultivating, digging, weeding, protecting the farm from animals, delivering farming materials to our husband, feeding the oxen, and so many other activities. Brave men support their wives. Nevertheless, when people see them [the men supporting their wives at home in particular], they laugh at them, and most say to them, 'Don't interfere with women's businesses... Men shall never spend much time at home; men should spend much time outside the home, no matter what."

FGD – Female caregiver CU5, Agrit kebele, Meket woreda, Amhara

Younger women and men (ages 18-30) are breaking the existing strong gender roles in their communities. In spite of the stigma, younger men are becoming pioneers in sharing women's burden of childcare and domestic. Such slow changes are occurring due to government policies, project interventions, the spread of new ideas, and information campaigns. Women respondents have also discussed how their partners now support them more in household responsibilities and chores to alleviate their workload.

Many of the reflections that indicate this shift in social norms are from FGDs and KIIs in the Amhara region. This implies that a significant number of men and boys have started to

engage in the activities previously considered “women/girls’ tasks including in unpaid household activities.

“I start my day by cleaning the house, cooking breakfast for my children, and feeding them. After that, I continue working various jobs like washing clothes, preparing lunch, taking care of children, etc. My husband works at a barber shop in winter and goes to college to continue his summer education in summer. So, most of the household chores were run by me. But when I go outside the home during distribution, he will take care of the children, including cooking food, feeding children, and engaging in WASH activities. If I am at home, most of the time, I am the one who care for my children, do the household chores, and take children to health care. My husband is supportive, and there are occasions when we share tasks equally”.

KII - Young married woman, Agrit kebele, Meket woreda, Amhara

5.2.3 Labor-saving Technologies

The GA attempted to identify labor-saving and gender-sensitive technologies that could help women, girls, FHHs and PWDs in their productive and reproductive roles. Respondents mentioned a few technologies including boreholes to improve access to water to ease the burden for women given their various household activities involving water use, grain mills, and solar stoves. The participants from the Amhara region also reported that many labor-saving technologies, such as boreholes and grain mills, were destroyed and damaged during the conflict. Except for these few technologies, the majority of the women and female youth respondents did not provide ideas for labor saving technologies, nor access to other options that could help them in their productive and reproductive roles.

5.2.4. Summary of Findings

With regional differences, and similar to the 2018 SPIR GA, tasks are still aligned with existing structures (patriarchal norms, ideologies, and perceptions) which have implications for women, girls, and vulnerable people’s roles in the public and private spheres. Women’s heavy workloads prevent them from providing and participating in optimal care and nutrition that includes health extension, health situation in household, health seeking behaviors, infant and young child feeding practices, and dietary diversity. This is exacerbated by the conflict in the Amhara region. Equal participation of men and women is important to implement SPIR II’s innovative approaches and to achieve food and nutrition security for vulnerable households. Time poverty is a key finding as was the lack of labor-saving technologies for women. Most of the frontline government staff SPIR II works with are dominated by men.

5.3. Household Decision Making and Power

Previous studies (including the 2018 SPIR GA, the SPIR Impact Evaluation) show that family planning as well as household spending, saving, and investment choices are ultimately decided by male household heads. The SPIR impact evaluation showed that the SPIR intervention improved men’s gender equitable attitudes and roles but did not reveal any improvements in other dimensions of empowerment particularly related to women’s decision-making or self-efficacy. Though most men valued women for being more economical and not wasting money, men on average still believed they had ultimate authority on managing and spending money. The decision-making patterns vary by place, within a given group, even from household to household.

The GA sought to understand the power and decision-making within the home in terms of off-farm and on-farm livelihoods and income generation and use (P2) as well as health,

nutrition, sanitation, and hygiene (P1) and on participation in PSNP 5 interventions (P3). The analysis assessed decision making in different types of households, including male headed households, FHH, and young married men and women, and with PWDs.

5.3.1 Male-Dominated Decision Making

In both Amhara and Oromia regions, respondents overwhelmingly reported that fathers and mothers were considered as the heads of the family and are the ultimate decision-makers on core issues in male headed households. However, final important decisions in the household are typically made by men, while women make everyday decisions on sanitation and hygiene activities, food preparation and childcare. In FHHs, all women stated that they make their own decisions but may seek the assistance of their male neighbors, elder sons, brothers, or relatives to support their decisions in some instances. The extent of women's participation in household decision-making varies considerably according to each household, but in many cases, it remains limited.

Across both regions, women and girls are still considered to be subordinate to men and therefore exercise limited decision-making power at household and community levels. This position is further exacerbated by women's limited access to key services, including education, training, and employment opportunities. Nearly half of the respondents mentioned that in general, male-dominated decision-making patterns at household and community levels are still intact. In rural areas, it is dominated mostly by illiterate males in the household.

“Men mostly make decisions on health-related issues as he is responsible to cover the medical cost. If he experiences any health problems, he can go to the health facility without any consultation with any family member, but if the mother had any health issues, he waits [on the assumption that she will recover soon] or until he gets enough money for the treatment. Especially in rural areas, men take women to health facilities after suffering a lot as they prioritize their work. But in urban areas, they make decisions together.”

KII - Religious leader, Agrit Kebele, Meket woreda, Amhara

“It depends; for example, an educated woman is free to make any decision on her own; whereas uneducated women always accept their husbands' decisions, including food preparation, family planning and regarding marriage.”

KII - Office of Women and Social Affairs, Habro woreda, Oromia

“Men make the decisions on what to produce in the farm. When I have some concerns, I will consult him. He accepts my idea if he agrees with it, but if he doesn't want, he will continue with his idea. Because in our culture, women are expected to live with the idea of men. Although he consults me on how much to reserve for household consumption and sell from the farm production, he is the one who makes decisions. Women also rely on their husband's decision to use, sell or buy food products. Husbands mostly decide on overall household issues, while women decide on the specific household expenditures. For instance, we don't produce peas and beans in our area, so I ask my husband for money to buy them. Then he tells me to sell other food items from the house and buy peas/beans and red peppercorn for sauce. Everything is done once I got permission from my husband.”

FGD – Female caregiver of CU5 Agrit kebele, Meket woreda, Aamhara

Factors that affect household decision-making include the formal education of women and their husbands, women's knowledge on gender equality and gender equitable attitudes, men's participation in different gender-related groups (e.g., men's engagement groups), access to different gender and livelihood-oriented trainings and financial services, quality of spousal relationships, and marital duration. Women with more lucrative and diverse IGAs and higher education are more self-reliant which increases their bargaining power and confidence in

household decision-making. According to FGD respondents, educated men who have been exposed to gender awareness-raising tend to be more respectful of and value their wives' opinions which leads to women sharing more in household and productive tasks.

Interventions that sensitize women and men at individual, household, and community levels to more gender-equitable norms and practices are among the enabling factors for decision making power. Conversely, women's and men's valuing of patriarchal norms and practices, women's and girls' low literacy, early marriage, and women's and girls' time and labor poverty are among the factors that lessen decision making power for women.

Overall, women often accept male-dominated decision-making at home and beyond. Due to socialization, women and girls tend to have lower self-confidence and limited belief in their own ability to influence decision-making at household, community, and institutional levels.

5.3.2 Joint Discussions on Household Decisions

While many households have a discussion between husband and wife, men still have the final say in household decisions. Women have more say in household decisions in Oromia region than they do in Amhara region. Young women and educated women are more likely to feel that they have a true say in decision making, than illiterate women.

"On food distribution we decide by discussing with each other. We didn't decide anything without discussion. We adjust what to produce on farm, how much to eat throughout the year. In our community, even if they didn't discuss with their partner, they discuss with their children. On family planning, we also discuss it and decide what and how to use it. When we come to finance it, we also decide by discussing how we can use this much money for something and the rest to save or something else that we should have to do. It's also the same on livelihood".

KII - Young married woman, Ifa Aman kebele, Doba woreda

Most illiterate women reported having low involvement in decision making, while other women reported being 'joint decision makers'. However, most male respondents believe themselves to be 'ultimate decision makers', followed by 'joint decision makers'. The dynamics of decision-making and power relations within households significantly vary with age. When older women were young and first married, they left major decision-making to the husband. However, as they grew older, they played an increasingly active role in decision-making on major issues concerning the household. Similar to the findings of the 2018 SPIR GA, respondents reported that when conflicts arise, men and women seek the advice of elders, parents, local leaders or others to help resolve disputes.

5.3.3 Independent Decision-Making

There are some issues that women and men make decisions on independently. As mentioned before, the woman's level of education, independent income sources, awareness, training, access to finance and other services, and spousal relationships also affect their ability to independently make decisions.

"With the exception of FHHs, women often make independent decisions on domestic issues (like food preparation and child caring) whereas men make an independent decision on farm-related issues."

KII - Religious leader; Taba kebele, Gazgibla woreda, Amhara

"Previously, men are the only one who make decisions around food distribution and on issues related to household expenditures. Women are not part of household decisions. However, currently women are responsible for administering household issues and deciding on any expenses, including the food produced from farmland. Because they are mostly victims of any problems that happen at home. In

case of borrowing/lending/saving money, they both make decisions together. No man can borrow or lend money without getting consent from the woman”.

KII - Religious leader, Agrit kebele, Meket woreda, Amhara

“Most of the time women make decisions on food preparation and consumption for example this amount should be saved, others for sale the rest for household consumption. On health issue of children and family planning usage since they are child caretaker, the issue decided by women. On saving and income I am the one who decide.”

FGD- Male respondent, Mixed gender group; Bedhasa kebele, Doba woreda, Oromia

5.3.4 Summary of the Findings

Some women respondents indicated that they acquire decision-making power due to their involvement in different small-scale IGAs. Female and male youth respondents from both regions described some changes in men’s attitudes toward women and girls in terms of being more respectful, asking permission to engage in activities, consulting their wives about investment, and sharing more in domestic decisions. However, in male headed households most important household decisions are still mostly made by men. Yet, joint decision making is important for the well-being of a household and to ensure there is always an adequate quantity, quality of nutritious foods. If household decisions are made unilaterally (by either men or women), it could put the health of the household members at risk, it reduces the possibility for households to engage in multiple income and production pathways, and participation for both in public activities.

5.4. Access to and Control over Productive Resources

Despite efforts by the government to increase women’s land ownership and land use, and to create linkages with financial credit institutions, the efforts are slow to bear fruit, and high value productive resources are owned by men. The 2018 SPIR GA also showed that most men did not consider women as “real” farmers despite some men considering them as “equals”.

The GA sought to understand to what extent women, men, youth, and vulnerable people (including PWDs) access, use and control key physical and socio-economic resources in various types of households.

5.4.1 Access to and Control of High Value Assets

In general, the respondents of FGDs and KIIs highlighted that men control higher-value resources such as large equipment required for agricultural production and land maintenance. Women, on the other hand, control domestic resources such as small-scale agricultural products and low-valued livestock and livestock products. Women were also identified as being money managers for consumption at the household level, giving them responsibility for going to the market, purchasing goods, and selling agricultural products. On the other hand, men are responsible for the sale of high value items such as cattle, camels, or land. Across demographics, older men and men in rural areas tend to control higher-value assets more than younger men and men in urban areas.

Most of the respondents mentioned that traditional practices and customary laws influence access to, use of, and control of resources, including land, in rural communities. Women and vulnerable people, such as PWDs, are often denied the right to inherit land. Discriminatory social norms tend to limit women’s role in exercising power and decision-making, with men generally dominating agricultural decision-making both in the household and even in the

community. In rural settings, men are generally considered the custodians of culture as well as the heads and providers of their families with absolute control over the household and economic resources.

Cultural norms around land ownership also play into women's economic empowerment and decision-making. For many women farmers, access to and use of resources does not guarantee control over resources, produce, or income. In most interviews and discussions, the respondents highlighted that even if women carried out nearly all the tasks involved in the production of cash crops as a part of livelihood transformation endeavors, men mostly make the final decisions, market the produce, and control most of the profit.

"While some women have access to assets, most women only have limited control, especially over substantial assets. PWDs lack the confidence to use services, and community awareness is more concerned with assisting them than enabling them to access and manage services in their communities. Norms like "man is responsible for assets, especially huge assets" and "PWD cannot do" exist".

KII - Office of Women and Social Affairs, Habro Woreda, Oromia

Though there are slow changes in this issue, the main obstacles that impact young women's access to and control productive assets were lack of education, lack of decision-making power in the household, being busy with childcaring, and negative attitude of the community about women's ownership to productive assets."

KII - Young man, Taba kebele, Gazgibla woreda, Amhara

Most of the KII respondents also said that the combination of deep-rooted social and cultural norms, low capacity to implement the policies at the local government level, and poor coordination of stakeholders, make it difficult for women and vulnerable people to have fair access, use and control over productive resources.

5.4.2 Access to and Control of Household Income and Budgets

Women generally have access to the household's "medium valued" assets and have a high level of involvement in how that money is spent, but this does not always mean they are in control of the spending. Most women respondents appeared to have significant control over their own income. Women who generate their own income are believed to be more confident to control their money and spend freely. They smooth consumption within the household by buying nutritious food items like meat. Most of the respondents in both regions stressed that on average when a mother receives income, more of that money is spent on direct family needs than when men receive the same income. People believe that women are better in the allocation of scarce resources in the home compared to their male counterparts, irrespective of their backgrounds. Overall, most respondents (male and female) reported that women are the primary managers of daily household budgets. In rural and urban areas, men value women for being more economical and not wasting money, but men still believed they had ultimate authority on managing and spending money.

5.4.3 Youth's Access to Income and Productive Resources

Youth (including male youth and PWDs) had limited access to income and productive resources which forces them to be dependent on their direct and extended families. Youth are experiencing land and resource scarcity to a more dramatic degree than previous generations because of explosive population growth and drought which has disrupted traditional agrarian lifestyles and livelihoods. Given that most households have a small plot of farming land, this makes male youth dependent on family resources even after marriage. Increasing violent

behavior by youth (normally boys) is one of the reported consequences of being unemployed and dependent on their families.

5.4.4 Access to Food and Control in Nutrition and Food Preparation

Most respondents noted that women are generally responsible for food preparation, consumption smoothing, cooking, and preserving and storing food for their children and families. However, across all the geographic locations, respondents highlighted food shortages and the high cost of food items (meat in particular) as a priority concern. Respondents mentioned that they consider the use of quality nutritious foods and maintaining healthy diets for PLW and CU2 (including animal source foods) when preparing food, but that the quantity of food consumption is more important than its nutrition value. Due to this, most people eat once or twice a day (except for children who eat more often) and rely heavily on cereals grown locally or food distributed through the PSNP.

Respondents in FGDs and KIIs, reported that women and girls were central agents in dealing with hunger and child malnutrition. In rural areas, women are mostly involved in all stages of food production, from seed and crop selection to making daily decisions on food storage, preparation, and allocation across family members.

A few women respondents from Amhara region reported that there are food items that are culturally considered taboo for PLW and children.

“As a pregnant woman reaches the 9th month of pregnancy, she is recommended not to eat porridge, all milk products, and hot drinks. Because these foods have an impact on the fetus. For lactating mothers, lentils, peas, and chickpeas are prevented from her meal as it is culturally believed that such food items would affect [negatively] the health of the newborn.”

FGD – Female participant, FHH, Agrit kebele, Meket woreda, Amhara

From the adolescent girls’ perspective, FGD respondents (from the female caregivers of CU5 group, Habro Woreda, Lugo Kebele) said that carrots, bananas, lettuce, and papaya are not advised for pregnant women. Additionally, milk is not advised for adolescent girls because it is believed to increase the young woman’s sexual drive and the possibility of pre-marital sex. Respondents from the FHH FGD from Debrezebit kebele also stated that some PLW would not eat animal source foods during Orthodox fasting months and times despite religious leaders, local leaders or their husbands not forcing them to do so. This is mostly in rural areas and by older women.

Due to food insecurity and financial problems, respondents from FGDs in both Oromia and Amhara regions stated that children’s eating is prioritized and followed by PLW. In some study areas, there are circumstances during acute food shortages where women (including PLW) are forced to feed their husbands and children before themselves. This practice occurs in various households, particularly in rural settings.

“A woman that eats before serving her husband is considered a bad woman, who does not care about her husband other than filling her stomach.”

FGD - Female caregiver of CU5, Taba Kebele; Gazigbla woreda, Amhara)

“Most of the men do not interfere in food preparation, we women don’t have a problem with preparation of nutritious food, consumption smoothing, child feeding; the problem is ...we face a shortage of food, we face financial constraints...and due to this, priority is given to infants, children and followed by husbands. In such a scenario, women suffer a lot”.

FGD – Female caregivers of CU5, Habro (Oromia) and Meket (Amhara) woredas

Access to food and good nutrition is particularly important for women and adolescent girls, as they mostly bear the burden of domestic chores and childcare. This is especially true for FHHs, divorced women or those living in polygamous relationships (as reported from Doba woreda). Regarding eating patterns, women are not expected to eat before the man except for pregnant women, the sick or the elderly. In rural areas, if a woman eats before a man, she is considered to be selfish and disrespectful and will be verbally or physically abused for going against the community's social norm.

5.4.5 Access to and Control of Assets in Crisis

The Amhara region has experienced a difficult year with consecutive shocks from COVID-19, desert locusts, and the on-going conflict. These shocks exacerbated pre-existing inequalities and discrimination causing women and vulnerable people to bear the brunt of the war. Before the crisis, men would control high value family assets and make final decisions about them. However, during civil unrest, many households lost their assets. Men have had to resort to regaining assets through aid and searching for other means of income. Many men respondents from the Amhara region reported that the war changed the influence of men quickly. When the main family assets were lost, the role of controlling resources was shifted to women because women mostly control the kind of emergency response aid families receive, such as consumable food, clothes or cooking items. The conflict also exacerbated the vulnerabilities of those who were already considered vulnerable, like FHHs, children, PWDs, the elderly, and girls. PWDs and others with restricted mobility, as well as their caregivers, are particularly vulnerable when trying to access food and/or relocate to safer areas where food was available.

5.4.6 Summary of the Findings

Men's control of high-value resources such as land, livestock, and household income leaves women vulnerable. Without adequate control of these assets, the capacity of women to respond and cope with shocks is limited. Equal land ownership and control over productive resources for women, youth, and other vulnerable groups, is important to achieve sustainable, improved integrated watershed management and increase the adoption of NRM as well as SWC practices in environmentally degraded areas.

5.5. Access to Essential Services, Meaningful Participation in Public Decision-Making

To enjoy equal rights, women, youth, and PWDs must become equal participants and decision-makers in all affairs of the community and beyond. This includes freedom of movement, expression, and association as well as participation in social, economic, and political decision-making to improve their quality of life. However, previous studies show that women, youth and PWDs face discrimination daily. For instance, the 2018 SPIR GA indicated that the lack of confidence in women, driven by perceptions that they are not strong leaders, was a factor leading to little meaningful participation in the public sphere. Youth noted lack of opportunities to participate and frustration that when they do speak, their voices are not heard.

The GA sought to understand women, man, youth, and PWDs access to services and participation in the public sphere, including in decision making.

5.5.1 Women's Involvement in Public Decision-Making

In both the Amhara and Oromia regions, there were varying responses regarding women, youth and PWDs' access to public spaces and essential services for resilient livelihoods and meaningful participation in public spheres. Several respondents of KIIs and FGDs said that women and youth are participating in community meetings and public governance (formal and informal) structures and that this is a significant change compared to the past. Others reported that women, youth and vulnerable people (e.g., PWDs) are facing different barriers (including gender related) in their attempts to participate in public decision-making, access to public spheres and essential services within their specific community with differences across regions. Furthermore, this limits women and youth's opportunity to build skills and confidence and participate in the wider community.

In both regions, respondents noted that the deeply gendered division of labor, women's time commitments to household responsibilities, and limited mobility (exacerbated by different shocks in the Amhara region in particular) are among the factors that limit their ability to access public spaces and services as well as other opportunities that may help them transform their livelihoods. Despite some improvements, women's household responsibilities still have a substantial impact on their ability to participate in public decision-making. Even when men support their public involvement, women often lack the time to do so.

Especially in rural settings and in conflict-affected areas of Amhara region, girls and women cannot move freely for fear of sexual violence, abduction, and harassment. Autonomy and mobility are especially restricted for married women. Most of the FGD and KII female respondents also mentioned that mobility restriction affects women and girls' active involvement in activities that can transform their livelihoods. Women and girls have low access to formal education and training opportunities and workshops that are key to bettering their lives compared to men and boys. Particularly in the rural areas of Amhara region, PWDs have limited access to formal education and training opportunities and workshops.

Limited access to formal education is one of the main limitations to women's and girls' economic advancement as it limits their employment opportunities; technical and business skills; participation and leadership in economic groups such as cooperatives; business management; and their lives in general. This increases their dependence on their husbands.

Respondents from Meket woreda stated that though women are participating more in public decision-making compared to the old days, their participation is still extremely limited.

"In our woreda, most women and youth have limited access to public decision-making activities. ... but the opportunity to access these services is limited and mostly controlled by men. So, it's better if special emphasis would be given to women and provided adequate support to engage in IGAs".

KII - Woreda Agricultural Office, Meket woreda, Amhara

5.5.2 FHHs and Women's Public Participation

FHHs and widowed women enjoy significant autonomy and freedom of mobility to participate in public spaces and spheres in comparison to other women. However, in some communities, the perception of these women is typically negative. This includes lack of community acceptance as women from the male-headed households fear that female household heads might take their husbands, which results in isolation from both the men and women in the community. Though FHHs have higher autonomy, they often distance themselves from active and meaningful participation in public decision-making.

“There are at least two reasons that hinder us from participating meaningfully in public spheres. Firstly, the community has a negative attitude toward women in FHHs. If there is anything that has benefits, they won’t tell us. Even if we want to participate in training and meetings at the Kebele level, they won’t give us a chance. This is just because of the malignancy of some people in the Kebele. They know we had no access to any source of income; we don’t know why they are against us. Secondly, we don’t have time; we are extremely busy working domestically and outside the home.”

FGD – Female responded, FHH, Agrit kebele, Meket woreda, Amhara

Generally, women, youth, and PWDs’ right to access public services and to meaningful participation in public decision-making is recognized. However, despite some improvements in urban areas, their meaningful participation is still low, and it is worse in rural settings and conflict affected areas. Women, youth, and vulnerable people in the Oromia region face lower barriers to public spheres and services (e.g., education, health, finance), compared to their Amhara counterparts. Regardless of these slight regional differences, these groups still face challenges to access services and participate in public spheres and decision making.

Although efforts have been made by the government programs, projects, and the communities themselves, the structures, memberships, and leaderships at kebele level and beyond are still largely dominated by men and access to services and public spheres are still skewed towards men in general, and in Amhara region in particular.

5.5.3 Hindering Factors for Women’s Public Participation

This view was also shared by majority of respondents from the Debrezebit kebele (Meket woreda). Different interventions are attempting to increase women’s public participation, but the effect is not equal.

“Women can be members of committees operating at kebele levels. However, we haven’t seen them as chairpersons of any committees. This is because women’s voice is not strong as men and women are less likely to be heard when issuing the order. Though they are members of the respective committees, women tend to speak less in the presence of males. When alone, they are active and loudly speak but diminish their voice when males are present. They might be afraid to label themselves as rude... The current women’s participation in any associations found in the Kebele are much better than what it was sometimes in the past. Nonetheless, women need much support from the government or safety net program until all women equally enjoy life like what men do”.

FGD – Female youth, Debrezebit kebele, Wag Himra woreda, Amhara

“Concerning the participation of women in different PSNP-related committees and VESA-related associations, there is a discourse that women and men have equal participation in different committees (like PSNP committees). However, there is no one in the PSNP committees’ leadership positions. Even if women want to take leadership positions in the committees’, no one elects them. Because the community doesn’t want to see female leaders. ... The FHH spent equal time on indoor and outdoor activities. We have to care for our children. If we stay long hours in the committee activities equally with men, who can take care of the children? So, we prefer to spend more time caring for our children than participating in PSNP committees”.

FGD – Female responded, FHHs, Agrit kebele, Meket woreda, Amhara

Participants from the Oromia region have similar views with minor differences. Male respondents confirmed these practices, noting that women were nominally represented in different committees, were generally outnumbered by men, and in most instances, women do not speak in meetings or are a part of leadership. There are some supporters of women in leadership positions because they are often viewed as honest and loyal leaders and less likely to be involved in corruption. However, the community is still largely led by men. In addition,

some respondents mentioned that women and youth are sometimes reluctant to accept interventions aimed at improving access to public services, and in claiming their rights to meaningfully participate in public decision-making.

“Some women don't seem to care. The young people have reservations about participating in public decision-making if the head of HH is available at that event. The PWDs feel they cannot perform such stuff and do not get enough attention from stakeholders, including the government. The problem is worse as we move farther away from urban areas”.

KII - Woreda, Office of Women, Youth and Child Affairs, Habro woreda, Oromia

5.5.4 Men's Views of Women's Public Participation

While the dominant view is that men control public participation and that women's participation is not encouraged, some male respondents rejected these generalizations. A male respondent for the KII with married men from the Doba woreda stated that many women in his community decide for themselves that they do not need any outside pressure to participate in public spheres including participating in workshops, trainings, and other activities. Women turn down these opportunities because they are already educated. Similarly, respondents from male caregivers of CU5 FGDs in Oromia region endorsed this comment.

“There is no gender division to use public services, and when the government built those positions, there was a pre-identified right for everyone: women, men, PWD, FHH and the like to access equally. But there are no conducive environments for PWD to access public services, for example, WASH schools and the like. Every individual has access to public services in our surroundings; for example, women, girls, PLW, disabled and boys have access to schools, and life-changing training, especially for women. There is a village savings and credit association and health service as well. Once the government builds that public service, everyone knows where and when to get those services.”

FGD – Male caregiver of CU5, Afa Aman kebele, Doba woreda, Oromia

“In safety net programs women and PWDs highly participate since they are vulnerable groups and eligible to get benefit. Women participate in task force committees like screening committee which is influential for PSNP beneficiary. Previously women's ideas had no acceptance in the community till some years ago. However, there is dramatic change in our community to include women as a key member in task force committees. The community trust them as they are genuine and fair in screening destitute households which are eligible for safety net service.”

FGD - Male caregiver of CU5, Odda Aneni kebele, Habro woreda, Oromia

5.5.5 PWD's Public Participation

Specific to PWD, the results showed that in rural areas women with disabilities, have low access to public services and spaces, driven by discrimination; stigma; lack of understanding, knowledge and respect among the service providers; inaccessible healthcare facilities; and lack of knowledge among PWDs about available key services. Especially in rural settings, mobility is a significant barrier for PWDs. Compared to women and girls with hearing impairments, women and girls with physical disabilities experience extra challenges due to the distance to health posts, schools and other key public spaces and the lack of accessible transport. In addition, women with disabilities are more restricted in their ability to participate in community activities and face additional barriers based on their gender and disability.

5.5.6 Women's Public Participation and Access to Services in Conflict Areas

In North Wollo and Wag Himra zones, the conflict exacerbated the vulnerabilities for women, youth, FHHs, elderly, and PWDs, including their access to essential public spheres, services, and participation in public decision-making processes. The conflict imposed movement restrictions for women and youth. Additionally, most market actors ceased to supply goods, which led to a shortage of basic commodities and food items, and to negative coping strategies such as decreasing meal frequency. The crisis has also created spaces for men and boys to share household decision-making power and household responsibilities, including searching for IGAs to fulfill their households' basic needs and replace livelihoods lost during the conflict.

Mobility and public gatherings were restricted and there was increased displacement in conflict areas, especially for women and girls. PLW, PWDs and the elderly had more trouble than other groups since they were unable to independently move around and receive aid. The conflict limited access to clean water and people were forced to pursue other non-clean sources for water. This situation made it hard for women and PWDs to practice daily personal hygiene for themselves, their children, and households due to distance to water sources.

The conflict also affected access to health services as medical equipment were destroyed, looted, and stolen in affected facilities. Women and children were disproportionately affected; home birth delivery increased, many women did not receive postnatal care, family planning services decreased, unwanted pregnancy increased, and malnutrition increased for PLW.

There was no electric power, which put girls' and women's safety at high risk in urban areas. Their movements at night were restricted for the fear that combating forces would defile or abduct them. Due to disrupted water and electricity utilities, many women resorted to cooking food over fires outside their dwellings and collecting water from streams and lakes. North Wollo and Wag Himra zones experienced a complete blackout during the first few months of the conflict. All communication channels were cut off and misinformation and confusion were rampant. High levels of familial separation resulted in unprecedented trauma, fear, and uncertainty, which impacted the psychological and emotional welfare of women and girls. Thus, the new determining factor for women's public participation and access to essential services is peace and security in their areas.

5.5.7 Summary of the Findings

It is challenging for PWD to enter public spaces and access required services (that includes education, health, access to finance, livelihood trainings/workshops, etc.). In many areas, women, girls and PWDs, lack the freedom of movement and security. This implies limited access to public spheres, essential services, and ability to increase their assets and sustainably satisfy their household and personal food and non-food needs. In association with this, if sustainable access to appropriate financial services is interrupted, women and PWDs will not be able to have a higher and more consistent income from non-farm and off-farm opportunities, implying that interventions aiming at transforming their livelihoods will be challenging. Meaningful participation by women, youth and PWDs in public decision-making is still limited, particularly in the Amhara region. Even in Oromia region, the participation of women and PWDs in KFSTF is restricted in screening of individuals to benefit from PSNP. Most leadership positions at kebele level and beyond are held by men.

5.6 Control over One's Body and Mobility

The 2018 GA has noted the restrictions of women movement, especially without husbands' consent, as well as the pressure for a young couple not to delay pregnancy once married. The GA asked about young married couples decision making regarding safe and consensual sex, family planning/contraceptive use, community perceptions, as well as mobility challenges.

Responses show considerable variations in women's control over their bodies. Some female respondents from both regions indicated that there were little discussions between partners about sex, little negotiation for women about sex, nor freedom to talk about their sex lives. In terms of contraceptive use, some respondents (in Oromia region) mentioned that it is a taboo.

"... at night, the husband calls us turning off the light (after he finishes chewing chat) to have sex which can't be refused. If a wife refuses her husband sexual intercourse, she can face divorce, or he will cheat on her."

KII – Young female respondent, Oda Aneni kebele, Harbo woreda, Oromia

"Family planning is not allowed by religion, no need to use it."

FGD – Female respondent with CU5, Doba woreda, Oromia

If women decided to use family planning, they often had to obtain approval from her husband. Younger respondents indicated that pregnancy spacing is discussed as a couple, as well as the number of children they wish to have, compared to the assets they own and household savings. A respondent indicated that the educational level of her husband plays a role in his acceptance of contraceptive use.

"I recently married, and we jointly decided on the utilization of family planning after we gave birth to one daughter. We don't have enough land to produce sufficient food for many children, so we are forced to limit the number of children. In addition to this, if we have many children especially of males, then they will not get sufficient land to inherit for them or share to the land to them when they reach for marriage, as we already have small land".

FGD – Female youth respondent, Taba kebele, Gazgibla woreda, Amhara

"On family planning, we also discuss it and decide what and how to use it. When we come to finance it, we also decide by discussing how we can use this much money for something and the rest to save or something else that we should have to do. It's also the same on livelihood".

KII - Young married woman, Ifa Aman kebele, Doba woreda

"On health issue of children and family planning usage since they are child caretaker, the issue decided by women."

FGD- Male respondent, Mixed gender group; Bedhasa kebele, Doba woreda, Oromia

"My husband is an educated person....and it is easy for us to use it. But it is a big deal for others because a husband who is not educated may not accept the issues easily."

FGD – Female youth respondent, Taba kebele, Gazgibla woreda, Amhara

Decisions about their personal liberty and freedom of movement (e.g., going out of the house to see friends, family, going to market, a training or to buy agricultural inputs) are mostly made jointly (by husband and wife) although it is sometimes male dominated. By contrast, women in FHH or widowed women, have more freedom to make decisions about their mobility than women in male headed households. In the Amhara region, the conflict reduced women's mobility due to fear of violence (see 5.7.2 below).

5.7. Violence Against Women and Girls, and Restorative Justice

In Ethiopia it is still a major concern, with nearly a third of women aged 15 to 49 years experiencing either physical, emotional, or sexual violence from their husband or partner, 68% agreeing that wife beating can be justified and about 65% of women aged 15-49 having undergone FGM³². A staggering 40% of girls are married before the age of 18 compared to 5% of boys, and 14% are married before their 15th birthday³³. Violence against women and girls needs to be addressed as a common feature of supporting people's lives and individuals' empowerment. Focusing on the needs of a survivor, restorative justice systems can function as an addition to or as effective alternatives to the traditional criminal justice system. Cognizant of this, study informants were asked about the community's attitudes, beliefs, or practices toward violence against women, and what is considered "normal" for violence.

5.7.1. Community Acceptance of GBV

With considerable variation across the woredas, most respondents stated that the community usually considers it normal (or it is underreported) when violence is committed by intimate partners, mostly by husbands against their wives. Although awareness of GBV-related legal repercussions (e.g., arresting perpetrators and penalties) were known, most women and youth respondents noted that it is difficult for a wife to report her husband to the police when he commits IPV. This is due to fear of being condemned or ostracized by relatives and to a lack of economic empowerment as most women depend on their husbands for the family's livelihood.

"Though decreasing from time to time, still husband physically attack his wife. Most wives tolerate the attack against them to not let others know the case out of home or tolerate to save marriage. Women having children do not want their marriage end up in divorce. Even worse, women do not leave violent partners due to fear of bringing shame to their families, and a belief that violence is normal. Other reasons mostly cited are fear of losing children and fear of retaliation."

FGD – FHH and young married woman from Meket woreda, Amhara)

The second type of violence that the community considered normal/under reported was violence against children by their parents. Harmful traditional practices (HTPs) (e.g., early and forced marriage, FGM/cutting) were reported as the third type of violence that is normalized and goes underreported. The status of IPV, beating of children, and early/forced marriage are higher in Amhara region than in Oromia region. On the other hand, polygamy and FGM were reported widely by respondents from Oromia region, and only to some extent by respondents from Amhara region. Polygamy is overt in Oromia region.

In some areas (Gazgibla, Meket and Habro woredas), the over-exploitation of women by forcing them to engage in public work with their children. In addition, the assault/sexual harassment of women engaging in trade activities (e.g., khat sellers, tea and tella sellers), were also considered normal by the larger community and underreported.

In some remote rural areas in Oromia region, inheritance of family resources after a spouse's death was reported as a serious form of economic violence against women, though its trend is

³² Situation of GBV in Ethiopia, September 2022, GBV, Area of Responsibility, Ethiopia, Protection Cluster, UNFPA (<https://reliefweb.int/report/ethiopia/gbv-aor-ethiopia-situation-gbv-ethiopia-september-2022>)

³³ Ministry of Women, Children and Youth, Federal Democratic Republic of Ethiopia, National Cost Roadmap to End Child Marriage and FGM/cutting, 2019, <https://www.unicef.org/ethiopia/media/1781/file/National%20Roadmap%20to%20End%20Child%20Marriage%20and%20FGM.pdf>

declining. This means a widow is expected to relinquish all her family resources to family members of her late husband after he passes away.

“Inheritance is sometimes practiced on widows by a family member of their late husbands, usually by their brothers. The widow will have no choice in this matter as all of her family resources (that include land, livestock, and any other assets used to support her and her children) belong to her husband’s family after he passes away.”

FGD – Female respondent, FHH, Doba woreda, Oromia)

People are more likely to report GBV related cases to police in Oromia region than in Amhara region. However, in both regions, underreporting is rampant.

“Incidents of domestic violence rarely reported to government officials or police. Women and youth women usually prefer to report such issues to religious leaders or close families, or simply not report at all. Another reason is police officers are dominated by men.”

KII - Married woman, Lugo kebele, Habro woreda, Oromia)

However, public awareness is changing due to coordinated and integrated interventions and awareness campaigns by different stakeholders. Violence against women, girls, and children is slowly decreasing over time, not only in urban areas but also in rural areas. Specifically, SPIR addressed the community through continued education about violence against women. Young and married women participate in women groups and workshops where they are informed about the types of violence women need to report for themselves but also for others. Key influencers like kebele leaders, religious leaders and women associations are actively engaged to reduce GBV rates in their communities.

5.7.2 GBV in Conflict Areas

Many women, including the elderly, and girls were victims of sexual violence in conflict areas. The most significant issues limiting victim’s access to health services are nonfunctioning health facilities and limited obstetric and reproductive health services and a lack of female professionals in health facilities. Particularly, adolescent girls (especially those living in rural areas), extremely poor women, displaced women, and FHHs are victimized the most.

“The TPLF-led forces have committed GBV on a widespread basis, with indications that these violations were “not isolated; rather, they seem to be part of a pattern of similar violations repeatedly perpetrated by large numbers of TPLF-led fighters in different locations of Amhara Region. TPLF appears to have been ethnically motivated revenge in response to atrocities committed by federal forces and their alleged allied forces in Tigray. Their words were direct and suggested ethnically motivated assault. The fighters said Amhara forces are criminals, they have massacred our people (Tigrayans); they raped our mothers, wives, now it is our turn to rape you as we want”.

KII - Kebele leader, Taba kebele, Gazgibla woreda, Amhara)

Respondents from Gazgibla woreda shared similar stories. They said that the crises have directly affected the livelihoods of the community, including women running small businesses. The power supply is no longer working, or is intermittent, leading to women and girls having to walk long distances (in many cases for over 6 hours) to collect water from unsafe sources. Due to the lack of power, there are no local milling services, meaning that women and girls also must travel long distances to get their remaining grain milled. In both cases, the women and girls report feeling particularly vulnerable to attacks and harassment.

“Because of the electricity power cut and destruction of water points, women and girls were required to travel on sloppy roads and long distances for about 3 hours to fetch water from nearby rivers and if

there are too many people in a queue waiting to fetch, it would take them even longer hours. Due to lack of electric utility, milling services were not operational and thus women were forced to go to other towns or nearby villages to get the service. For girls, their parents do not allow them to travel to collect firewood just as they do before, due to fear of unexploded bombs, rape, and sexual assault”.

FGD - (FHH, Taba Kebele Gazgibla Woreda)

Underage and forced child marriage also increased during the violent conflict in the Amhara region. The main reason mentioned by respondents were school closures and economic incentives in exchange for the marriage of the girl.

5.7.3 Summary of the Findings

Although slowly declining over time, violence against women and girls is prevalent in all the woredas, with IPV and other HTPs ‘normalized’ in the communities. At the household level, GBV may increase tension at home and lead to dysfunctional families, malnutrition, miscarriage, and food insecurity. GBV decreases ownership of key assets to satisfy households’ food and non-food needs and limit engagement in diversified livelihoods. Inheritance is one of many GBV practices that significantly affects women. The findings revealed higher vulnerability of women, adolescent girls, and children to increased violence in the conflict affected areas in Amhara region.

5.8 Aspirations for Oneself

Women, men, youth and PWDs aspire to have better lives and economic status through resilient livelihood transformation. For youth, feelings of hopelessness, unemployment, and dependence on their families are among the major challenges they face. For women, GBV, poverty, unpaid and gendered division of labor, and limited access to key productive resources and public services were identified among the main challenges. Female youth face rights violation such as lack of equal ownership and control of land, GBV, mobility restrictions, and HTPs. For PWDs, unemployment, discrimination, underrepresentation, poverty, limited access to resources and public services, and low decision-making power were among the main challenges noted.

5.7.1 Aspirations for Livelihood Transformation

Youth aspire to be employed and to be independent of their families. They want NGOs and the government to facilitate loan provision to start resilient businesses such as animal fattening, trading and other value chain activities. Male youth stressed that they want to graduate from PSNP. Female youth aspire to save and get loans at a fair interest rate to engage in IGAs, including animal husbandry, poultry, and other activities.

Most elderly women, however, were not interested in graduating from PSNP for fear of recurrent natural shocks, and due to low/no access to credit, lack of a saving culture, and lack of timely/continuous technical support from NGOs stakeholders and government sectors.

Women also aspire to acquire agency through increased access to public services and spaces (e.g., trainings, workshops). Likewise, PWDs aspire first to get access to essential services such as health care, education, and full and coordinated support from the government or non-government partners to transform their livelihoods by engaging in sustainable business activities. They also aspire to live in a more PWD-friendly environment.

Some female youth reflected that their aspirations are outside of the prescribed cultural and social roles since they want to engage in traditionally male-dominated tasks.

“I wish to engage in trade activity and bring income as equal as my husband so that I will have a say in decision in matters that affect me. I want to see the day where females are selected as chairwoman in the Kebele and leading the Kebele.”

FGD - Young woman, Debrezebit kebele, Wag Himra woreda, Amhara)

Most respondents from the North Wollo and Wag Himra zones mentioned their aspirations as having peace and security. The youth suggested that, to overcome the prevailing political conflict, it is necessary to engage in meaningful dialogues between the warring parties including the community, especially those who have been directly victimized by the conflict. The respondents want to see peace and security throughout the entire country.

6. LIMITATIONS

There were a few challenges faced during the GA, including challenges with collecting data in the Amhara region. Renewed conflict and insecurity resulted in some KII and FGDs being cancelled. Due to the prolonged conflict, the stories of hardship and trauma of the respondents in the conflict affected areas dominated many of the FGD and KIIs as evidenced in the report.

7. DISCUSSION

The results from the GA indicate that while there has been some change over time in the division of labor at household level, women’s decision making and their participation in public spheres, there are still glaring gender inequalities. The government’s policies strategies, and programs, including the PSNP 5, aim to be inclusive of women, girls, youth, and PWDs, but the actual inclusion of youth and vulnerable people is still suboptimal. For families, and for women, girls, youth, and vulnerable groups in particular, the conflict in Amhara had devastating consequences for all these groups on all the areas on inquiry for the GA. Two of the woredas in Oromia region are new to SPIR II implementation, which implies they have not yet directly or indirectly benefitted from any of the previous project’s implementation.

The existing community relations still favors men and abled persons in terms of power within the community. Specifically in the rural part of Amhara region, women and girls lack the power and opportunity to contribute to decisions and make choices on issues that are important in their lives. Women and girls do not have time to establish a greater sense of agency to challenge some of these existing relations in their communities. Therefore, a change in power relations is needed. Men and boys should share women’s and girls’ burden of the routine reproductive work and household activities and responsibilities.

While there are some men and boys that assist women and girls with traditionally female tasks and mandates, those men and boys are often faced with stigma from the community for not adhering to established gender roles. It is critical to acknowledge these men and boys as champions of gender equality to begin to challenge relational norms. Any task should become equal responsibility of both women and men.

Informal structures must be specifically targeted to bolster gender equality. The findings call for gender-responsive and sensitive projects and collaborations that support adequate opportunities and services for PWDs, women and girls. These services should also be monitored consistently for their effectiveness. Above all, the existing cultures, and social

norms that favor men, boys and abled persons but undermine women, girls and PWDs must be consistently addressed in programming.

Women, youth, and PWDs need more opportunities to participate in economic activities which means reducing household burdens on women and removing barriers to public participation for all groups. Women, youth and PWDs often participate in PSNP committees and groups but more support is needed so their voices are heard, and they are actively influencing decisions. The systems around the PSNP which are inclusive on paper need to be made inclusive in actual implementation. This means shifting gender and social norms of implementers and the wider community.

7. RECOMMENDATIONS FOR THE TOC

It is important to not underestimate the difficulty of achieving change in gender equality and social inclusion. From the findings of this GA, the following recommendations are proposed to guide the implementation of SPIR II project activities to achieve the three purposes. Simultaneous combinations of these agency, structure and relation-oriented recommendations will deliver transformative gender and social change.

During SPIR, SAA implementation was limited and only started much later; and more attention was being given to men's engagement than other gender transformative approaches. Based on the learning from the SPIR end line and project implementation, SPIR II's project design placed a stronger emphasis on community-based gender transformative approaches including through community dialogues such as the SAA, VESA, Male Engagement, religious leader dialogues.

7.1. Recommendations Cutting Across Purposes (including agency, structures, and relations)

- Building from the successful male engagement and nutrition interventions, SPIR II will prioritize community dialogues to drive transformation across shared division of labor, joint decision making regarding the households' health, nutrition, and food security needs, increasing men's participation in food preparation, childcare and household nutrition, reducing men's control over women's time, and freeing up women and girls time for productive tasks, to increase the possibility for them to engage in livelihood activities.
- Integrate gender equality and social inclusion themes in training materials including the SAA, VESA discussion guides, and ensure training considers the different self-confidence barriers women and men may have in using and influencing others, for example in communication, negotiation, and conflict resolution skills.
- Include discussions on accommodating PWDs, as well as sexual and reproductive health/healthy timing and spacing of pregnancy, in community dialogue modules for VESA, SAA, religious leader dialogue, peer education manuals.
- Prioritize the scale up the training for religious leaders as agents of change.
- Build trust and relationships in families and communities where there is resistance to women/PWD's rights, particularly with religious leaders and male leaders before embarking on any overt awareness-raising activities about gender equality and social inclusion. Ensure that men, particularly religious leaders, and community leaders are

fully aware and supportive of all planned activities, particularly activities that specifically target women, girls and PWDs.

- Ensure program social behavior change materials across purposes are gendered and reflect generational, status and inclusion considerations.
- Organize awareness-raising interventions within SPIR II target groups around gender disparities, social inclusion of vulnerable groups, (including PWDs) at the community and institutional levels. Increase community sensitization on the role that women play in household nutrition, food security and WASH.

Rewarding male champions and expand their sphere of influence in gender and norm transformation. Identify periodical events and campaigns to recognize and reward male partners who are willing to share the work burden at home and who fight against violence towards and discrimination of women, girls, and PWDs. The reward will include public acknowledgement of their gender transformative work in the community, a certificate of appreciation for their roles, and at events, small prizes such as a kitchen utensil like a jar for household use.

- Raise gender awareness of women, girls, youth and PWDs with government offices aligned with SPIR II intervention including women farmers, traders, and health and agriculture extension officers.
- Conduct periodic training in the GSD provisions for government staff in PSNP institutions to ensure these provisions are implemented and benefiting women, girls, and vulnerable groups.
- Provide training for women's leadership and convey clearly that women are valued and trusted. Leadership training should be aligned with technical inputs.
- Promote collective action of men and women with each other and with organizations and agencies within and across sectors, communities, and value chains.
- Conduct a zonal, woreda mapping, and build dynamic partnerships and engage in networks that are committed to gender equity – combining networks that engage agriculture, nutrition, WASH, health and women, youth and PWDs organizations to come together to learn from each other and promote collective change on key issues.

7.2. Purpose-based interventions to respond to the key findings (across agency, structures, and relations):

Purpose1:

- Combat food taboos that impact and may harm PLW, newborns and girls through the nurturing care group (NCG) model, the religious leader dialogue sessions, VESA groups.
- Support the establishment of NCG groups (for PLW and mothers with children under two years) and engage husbands and men in the key messages related to childcare, domestic responsibilities, transportation, and nutrition, health, and WASH.
- Strongly invest in SAA to promote joint gender and/or extended family unit decision-making models for nutrition, health, and livelihood to reduce household conflict in decision-making.

Purpose 2:

- SPIR II will assess, agree on, and thereafter promote improved technologies that save time, energy, and costs to enable the engagement of women and PWDs in IGAs and social transformation processes.
- SPIR II promote and prioritize youth and women who are interested to engaged in the production of labor and time saving technologies as a source of income (e.g., mixed flour for improved nutrition and IGA).
- Promote and encourage women as role models (women who engage in male dominated IGAs especially those affected by the conflict) to increase agency of other women in their areas.
- Promote the inclusion of women, youth and PWDs as beneficiaries of training programs (including financial management, business development and team building) This technical and financial knowledge is needed for vulnerable people to successfully engage in IGAs.
- Promote women-led innovations for production and value chain activities (including micro franchising).

Purpose 3:

- Actively promote changing the gendered attitudes of frontline government staff to be more engaged in supporting women's roles and meaningful participation in the public sphere.
- Intensify capacity building projects to strengthen the SPIR II staff in gender equality and social inclusion, and legal rights of women and PWDs.
- Provide regular training, on-the-job coaching for Government front line staff in the GSD provisions of the PSNP 5.
- Conduct a mapping of GBV services that focuses on prevention from and response to GBV to implement GBV mitigation measures.
- Promote gender and social-oriented affirmative action especially in communities where there is deep-rooted and systematic gender/social discrimination.
- Promote gender balance, a diversity of roles for women, and women/youth/PWDs meaningful participation and decision-making in committees related to nutrition, WASH, food security, NRM and other topics aligned with SPIR II.
- Work with stakeholders, including traditional and religious leaders, women, PWDs, and children rights advocates, in the provision of a response to GBV survivors. Identify the most important and appropriate stakeholders in the community that provide services to survivors and establish a referral path for first responders, so survivors get appropriate services.

8. GENDER ACTION PLAN

Overall, the GA results and recommendations indicate the need to incorporate modifications for gender, youth, and vulnerable groups into SPIR II interventions. If left unchanged, it will have an impact on the PSNP ability to reach its overarching goal and on SPIR II's ToC. To address this, the SPIR II team under the leadership of the Gender and Youth Advisor, developed a Gender Action Plan. This plan includes the gaps identified through the GA, the current project activities, and additional adjustments to be made to be more gender and inclusion transformative moving forward. These activities were carefully planned by the

SPIR II team to be actionable and measurable. This plan and how progress will be measured is found in Table 5 below.

Table 5: SPIR II Gender Action Plan

Gender Domain of change	Identified gender barriers	Existing gender activities in ToC	Adjustments/additional actions needed, including gender models	Purpose	When	Indicators
Gendered Division of labour, and time use	<p>Though small changes, there is still unfair division of labour in rural areas.</p> <p>Women have longer workdays as they bear the burden of domestic chores and in addition to their responsibilities.</p> <p>Lack of labor, and time saving technologies.</p> <p>Mostly it's shameful (for rural men) to be seen doing the unpaid domestic and care work.</p> <p>Women's work-burden exacerbated by the violent conflict, as their husbands were unemployed, conscripted or deceased or due to family separation.</p>	<p>Implement community dialogue including (Male Engagement, VESA discussions through Social Analysis for Action (SAA), religious leader dialogues on shared division of labour.</p> <p>Train men facilitators and advocates to promote childcare, nutrition, and food preparation.</p> <p>Reward men role models (Men Champions) who are actively supporting domestic tasks.</p> <p>Construct/rehabilitate potable water infrastructure.</p> <p>Train Government offices, PSNP frontline workers on Gender and Social Development Provisions of the PSNP 5.</p>	<p>Across purposes, assess, agree on and thereafter promote improved technologies that save time, energy and costs to enable the engagement of women and PWD in IGAs and social transformation processes.</p> <p>P1 and P2 to promote labor and time saving technologies through IGA and give priority to youth and women who are interested to engaged in the production of labor and time saving technologies as a source of income (e.g., mixed flour for improved nutrition and IGA).</p> <p>Promote and encourage women as role models (women who engage in male dominated IGAs especially those affected by the conflict).</p>	P1, P2 and P3	FY 23, 24, 25	<ul style="list-style-type: none"> • Changes in norms and practices which drives unfair division of labor) (QM2). • Number of young men recognized as “gender champions” and who promote transformation of deeply engrained norms in their communities. (NEW) • Assessment conducted to determine which time saving technologies SPIR II will promote. (NEW) • Change in women's time saving through use of improved technologies. (NEW) • Number of events organized to promote women owned business who engaged in male dominated IGAs. (NEW) • Number of PSNP clients (including FHH), who benefit from capital projects that address their needs. (e.g., restoring water supply facilities, and other infrastructure destroyed by the conflict). (PM22, HL.8.5-1; PM21)
Household decision making	<p>In male-headed households; majority of high-valued decisions are made by males, followed by joint-decision making, and independently.</p>	<p>Implement community dialogues (through approaches such as SAA, Men Engagement, VESA) to promote joint decision making between men and women.</p>		P1, P2	FY 23, 24, 25	<ul style="list-style-type: none"> • Changes in women's meaningful participation in household decision-making in (a) agricultural production (b) use of household income c) selling and buying of productive assets. (QM2). • Proportion of women and men reporting gender equitable attitudes (QM2).

		<p>Revise the male engagement manual to include discussion topics on equitable and fair control over resources and decision making.</p> <p>VESA members receive SBCC messaging on equitable intra-household decision making, health, nutrition, hygiene, gender and Natural Resource Management (NRM).</p>				<ul style="list-style-type: none"> • Number of public events and campaigns organized to provide opportunity for men engagement champions to publicly share personal testimonies of change. (NEW)
<p>Access, use and control over productive resources</p>	<p>Though small changes, there is still unfair access, use and control over key productive assets and resources (family money income, land and healthy food items).</p> <p>Vulnerable persons (women, youth, and PWD) have less access to key assets, resources, and services.</p> <p>Food taboos for pregnant and lactating women exist.</p> <p>PLW practice fasting which means they refrain from eating animal source foods (meat, dairy, and eggs) and from eating or drinking before 3:00 PM.</p> <p>Intrahousehold food distribution which prioritizes husbands to eat first, followed by children or PLW is still rampant.</p>	<p>Training to SPIR II staff, EW/DRR committee and selected community members trained on Gender-sensitive Climate Vulnerability and Capacity Analysis (GCVCA) and implication on lives and livelihood.</p> <p>Train men and influential leaders to promote access to and control over productive resources for women, youth and excluded groups.</p> <p>Train PSNP institutions staff trained on Institutional Gender Equity and Diversity as well as Youth Inclusion and Integration.</p> <p>Train community leaders and health workers on promoting optimal</p>	<p>Prioritize widowed women who lost their husbands during conflict in IGAs.</p> <p>Advocate for and consider women who lost their husbands during the conflict, for livelihood cash transfers.</p> <p>Advocate for and consider securing access to loans for women and PWD in conflict affected areas to build/rebuild their family on-farm or off-farm business.</p>	<p>P1, P2 and P3.</p>	<p>FY 23, 24, 25</p>	<ul style="list-style-type: none"> • Number of vulnerable groups who are members of a PSNP household targeted under PSNP 5 for food assistance OR who are beneficiaries of NCG, GPM, CPNP interventions. (PM01) • Changes in beliefs and norms around the consumption of animal source food (ASF) for PLW and CU2 on fasting days as well as on intra-HH food distribution and consumption. (QM1) • Number of women in conflict affected areas accessing loans through financial service providers. (PM32 and PM34) • Number of women who accesses loans and who makes decision about credit. (BL42 and BL 43): • Changes in beliefs and norms around, childcare and stimulation as well as respectful treatment of women. (QM1) • Changes in behavior of PLW who avoided food taboos and halt fasting [that impact, and may harm, pregnant women and their unborn] (QM1)

	<p>The recurrent shocks in Amhara exacerbated the pre-existing gender and intersectional inequalities in accessing necessary resources. Women and vulnerable groups suffered great losses in livelihood sources.</p>	<p>adolescent nutrition for girls and boys.</p> <p>Establish school nutrition clubs and train in home gardening practices.</p> <p>Religious leaders, work with men and nutrition champions on the promotion of healthy and nutritious diet and animal source of food.</p> <p>Community members receive SBCC messaging on the nutritional needs of PLW and CU2 and the contribution of animal source foods to their diets.</p> <p>Community members are engaged in the SAA process to critically reflect, challenge and change food taboos and discriminatory gender and social norms around women and marginalized groups' access to and control over productive resources.</p>				<ul style="list-style-type: none"> • Number of people (F, M) that attend community training which includes nutrition and financial literacy (VESA). (NEW) • Number of women, youth, and PWD in groups (PMG, EMA, VESA, etc.). who are linked to financial products and services. (NEW) • Changes in discriminatory gender and social norms that are transformed because of changes in practice of more women accessing and controlling productive resources compared. (QM2)
<p>Access to Essential services, public spaces and Meaningful Participation</p>	<p>Women from male-headed households have very limited access to public spaces and events (e.g., training and workshops) and little opportunity to meaningfully participate in public decision-making. It is</p>	<p>Watershed management and WASHCOs engage in gender equality and youth inclusion discussions.</p> <p>Train watershed management WASHCOs to engage communities on</p>	<p>Include topics of discussion on accommodating PWD in community dialogue modules. (VESA, SAA, peer education manual).</p> <p>Promote gender and social-oriented affirmative action –</p>	<p>P2 and P3</p>	<p>FY 23, 24, 25</p>	<ul style="list-style-type: none"> • Number of formal and informal meetings in which gender and social inclusion awareness and sensitization are incorporated. (NEW) • Number of youth (including PWD) supported in youth interventions and youth VESA (PM17)

<p>in the Public Spheres</p>	<p>more prevalent in rural areas.</p> <p>Youth and vulnerable persons (including PWDs) have limited access to loans.</p> <p>Limited participation in public decision making for youth and vulnerable persons (including PWD).</p> <p>Violent conflict in Amhara region significantly affected women's access to public services and spaces.</p>	<p>the inclusive development, implementation, and enforcement of by-laws.</p> <p>Youth engage in Youth VESAs and linking to financial services.</p> <p>Train VESA facilitators on revised discussion modules Gender Dialogue through the SAA approach, and health, nutrition, and WASH.</p> <p>Leadership training and mentoring for women, to participate in decision-making more effectively within key PSNP task forces (KFSTF, CFSTF) and PSNP technical committees.</p> <p>Train user groups, especially women and youth, on environmentally sound and sustainable natural and forest based IGAs.</p>	<p>this is particularly important in situations where there is deep-rooted and systematic gender/social discrimination.</p> <p>Work with government entities to track PWDs and services linkages.</p> <p>Shift discriminatory gender and social norms by working with elders, and male champions, capacitating women in the area, and creating women champions.</p>			<ul style="list-style-type: none"> • The proportion of youth who stated that reached their goals and aspirations. (NEW) • The number of financial literacy training provided (annually) in VESAs to introduce financial services and spread awareness about places PSNP clients can receive loans or access credit. (NEW)
<p>Control over one's body</p>	<p>Women have limited negotiation capacity regarding sex.</p> <p>Discussions are limited about sex and contraceptive use within and outside of the household.</p> <p>If a woman wants to use family planning/contraception, she</p>	<p>Train religious leaders and promote joint decisions on SRH related issues.</p> <p>Community dialogue and discussion with VESA, Men's engagement members on topics on sexual reproductive health/healthy timing and spacing of pregnancy and joint decision making.</p>	<p>Target and work with mother in-laws to promote, mobility freedom, healthy timing, and spacing pregnancy.</p>	<p>P1, P2</p>	<p>FY23-25</p>	<ul style="list-style-type: none"> • Percent of women in a union who made decisions about modern family planning (BL37): • Number of religious leaders trained on joint decision on SRH related issues. (NEW) • Number of community dialogue sessions organized to promote healthy timing and spacing of pregnancy and joint decision making. (NEW)

	<p>often has to obtain approval from her husband.</p> <p>Religious and cultural norms, especially in Oromia region, were limiting factors for use of family planning methods.</p> <p>Women and girls' freedom of movement is often decided jointly within a household, yet in some areas the decision rests with the man.</p> <p>FHH have freedom to make their own mobility decisions.</p>	<p>VESA members receive SBCC messaging on equitable intra-household decision making, health and nutrition.</p>				<ul style="list-style-type: none"> • Number of mothers-in-law who engaged in discussion of mobility freedom healthy timing, and spacing pregnancy. (NEW)
<p>Violence against women and girls and restorative justice</p>	<p>Domestic violence and child beating is still considered as normal by the community in many parts (in rural areas in particular).</p> <p>Prevalence of child marriage is still high.</p> <p>Mostly, GBV related cases are not reported.</p> <p>Prevalence of polygamy, FGM and inheritance over widowed women is prevent (though decreasing slowly) in the case of Oromia.</p>	<p>Train PSNP staff to map and assess the capacity of available social services, including GBV taskforces.</p> <p>Adolescent girls and boys receive messaging on early marriage, GBV, alcohol and drug abuse.</p> <p>Train PSNP staff, members of the GBV taskforces, to identify, coordinate, and manage referrals, including GBV case management.</p> <p>Community members receive messaging on referral pathways.</p> <p>Develop and disseminate materials on available</p>		<p>P1 and P3</p>	<p>FY 23, 24, 25</p>	<ul style="list-style-type: none"> • Number of individuals who receive mental health and psychosocial support (MHPSS). (NEW) • Number of GBV referral pathways established and strengthened. (NEW) • Number of GBV survivors linked to available services. • The proportion of GBV survivors who were linked to GBV services and who reported receiving a comprehensive package of support/targeted psychosocial support/restorative justice. • Number of One Stop Centers who provided services to GBV survivors. (NEW)

		<p>services, including GBV case stories.</p> <p>Train Community members on GBV prevention and response.</p>				
Aspiration for one self	<p>Unemployment and lack of peace and security</p> <p>Limited access to loan to start new business.</p> <p>Hostile political environment due to the violent conflict (in the case of Amhara region.)</p>	<p>Build capacities of youth, women and PWD on resilience through VESA, PMGs, Youth VESA,</p> <p>Link VESA members to financial service providers.</p> <p>Link youth to local offices and resources to support non-farm IGAs.</p> <p>Youth participate in soft skills and life skills training and develop Personal Development Plans.</p> <p>Saleswomen supported and engaged in micro-franchising model.</p> <p>Connecting PMGs, youth, and women with improved input suppliers, services, and markets.</p>	<p>Work with government entities to track PWDs and services linkages</p>	<p>P1, P2 and P3</p>	<p>FY 23, 24, 25</p>	<ul style="list-style-type: none"> • Number of youth, women employed and/or supported to start small businesses. (PM17 (EG.5-2), • Number of youth who accessed loans from financial institutions. (PM35) • Number of newly employed women, youth, and PWD. (NEW)

ANNEX I: GENDER ANALYSIS SOW



SPIR%20II%20Gender%20Analysis%2

ANNEX II: CARE AND WV GUIDING FRAMEWORKS



Annex%20II%20CARE%20and%20WV%20

ANNEX III: DATA COLLECTION TOOLS



Annex III - SPIR
II_Gender_Analysis_D:

ANNEX IV: PROFILE OF STUDY INFORMANTS



Annex IV - Profile of
study informants_.pdf