"Integration + Innovation Transformed Adverse Gender and Cultural Norms"

By Lori Pappas, Global Team for Local Initiatives (GTLI)

Introduction and Objectives. Ethiopia is one of the poorest nations of the world; vulnerable to the impacts of climate variability and change. High dependence on natural resources and climate sensitive livelihoods, coupled with the existence of rampant poverty and variable weather events puts the country in the most vulnerable position. The limited economic, institutional and logistical capacity of Ethiopia exacerbates the vulnerability of the rural populace. Pastoralists of South Omo Zone, Southern Nations & Nationalities Peoples (SNNP) region, Ethiopia, are no longer able to absorb, adapt to, or manage the accelerating recurrent cycle of shocks and stresses to their environment.

Global Team for Local Initiatives (GTLI) works closely with these indigenous peoples to help them help themselves - working to create an enabling environment for resilience and empowerment for women and community; transforming the capacity of women, communities and organizations; and by strengthening their ability to leverage government supported programs and policies. GTLI's initiatives work to help improve access to clean water, promote disease prevention behavior, increase demand and access to reproductive health and family planning services and empower emergent community leaders to become teachers of their tribe.

Behavioral, environmental/physical and socio-cultural factors have been identified as the underlying barriers hindering South Omo pastoralists from practicing healthy Reproductive Health/Family Planning (RH/FP) behavior. Inhibiting factors include social stigma, adverse gender dynamics, low support from male partners to seek RH services, and poor linkages between communities and health facilities. These adverse gender norms, cultural beliefs, and

traditions limit a woman's autonomy and she is unable to make decisions regarding her well-being.

The goal of this Advancing Partners & Communities (APC) FP initiative was to build on the national FP/RH program by fortifying the SUPPLY side (strengthening the linkage between health workers and the community and increasing access to contraceptives) and stimulating the demand side (elevating the status of women, creating awareness of benefits of healthy timing and spacing of births, facilitating access to government services and building trust between the community and government health workers.)

Method(s). In January 2014, GTLI was awarded an USAID WASH project to provide sustainable clean water and motivate 8,000 people, members of the Dasenech and BenaTsemay tribes, to adopt disease prevention behavior. In March 2014, GTLI was awarded the APC project to integrate family planning (FP) into the WASH project, targeting the same beneficiaries. The FP program included a strong socio-economic component (literacy and livelihoods) to help women develop self-respect, confidence to advocate and participate in household and community decision-making.

GTLI implements all of its initiatives using its grass-roots developed behavior change process, termed COMMUNITY-BASED LEARNING IN ACTION (CBLA). *CBLA transforms the way in which a community collectively thinks and behaves* and motivates community's to inclusively assume full responsibility for managing their new resources and behaviors. CBLA is a highly participatory visual-discovery process that works within the context of the community, paying attention to the way people think, the influence of society, and the individual's choices and actions. *CBLA does not deliver messages!* It organizes conversations and activities so people will discuss the basic elements of the problem at hand (why they suffer from chronic diarrhea,

why many pregnant and new mothers are sick and/or die, etc.) in a structured way, combining information from multiple sources which results in the blending of traditional knowledge with modern thinking. By having this opportunity to repeatedly explore the problem together, they collaboratively, inclusively discover what they need to change in order to get their desired results, more healthy children and mothers.

The FP and WASH initiatives were implemented in two discrete phases with each tribe. Program learning from Phase 1 communities was used to revise the approach for Phase 2 communities. The specific objectives of the APC FP/RH project were to:

- ***Elevate the status of females*** - facilitated through Integrated Functional Vocational Literacy, where emergent community leaders (male and female) gained basic literacy and numeracy skills together, treated as equals, participating in collaborative discussions about nutrition and healthy families. All students became either chicken farmers or small vegetable gardeners, enabling male and female graduates to contribute to household assets.
- ***Increase knowledge and interest in Family Planning*** - accomplished through a series of structured discussions building awareness of healthy maternal and prenatal behavior. Participants discuss what traditions motivate them to have many children and what risks (to mothers and children) are involved when multiple births are close together. Individually and collectively, people discover in order to have *enough* healthy children to follow their livestock, they need to practice healthy timing and spacing of births *and* pay attention to the health of the pregnant mother.
- ***Improve the linkage to government services and national program*** was facilitated by establishment of community-owned and –operated "donkey ambulances." Women can now

access health facilities without the use of a mobile phone, fuel for the ambulance and per diem for the driver.

- ***Document and Assess Project Impact on Changing Community Norms in Favor of Family Planning*** has been facilitated through rigorous data collection, by tribe, by community, by individual.

Results and Conclusion.

Transforming gender and cultural norms requires a shift in the way in which individuals (male and female) see themselves, value themselves, assert themselves and interact within their households and their communities. It also requires transforming the capacity of women by helping them become self-determining, recognized as a community asset, and by allowing them to assume leadership roles. The community, itself, is transformed as it becomes self-determining and slowly gains the ability to positively influence the well-being of its people.

Impact Results from Phase 1, measured three months after phase-out:

New Women participating in Community decision-making	Before project: 59 women	After project: 352 women	497% increase
New households diversifying diets	Received chickens/veg: 160 HHs	Diversified diets: 69 HH	43% increase
New acceptors of modern contraceptives	Before project: 103 women	After project: 176 women	71% increase
Women participating in Literacy/Livelihood activities were 3.5 times more likely to accept FP			