

7th Nutrition, WASH and Agriculture Project Research & Learning Working Group Meeting Summary Report /Learning Document

On February 28, 2020 - Tufts University, a Growth through Nutrition implementing partner, brought together over 40 participants from different nutrition projects to present and discuss two inter-related gender topics. Meskerem Jisso (Dilla University), a recipient of the Tufts 2018 Small Grant Program, shared findings from her study, which assessed the association between Women's Empowerment in Agriculture (WEAI) and nutritional status of mothers, children and adolescents in rural Ethiopia. Meseret Demissie, Chief of Party of the MNCHN program at CARE, shared lessons learned and best practices using the Social Analysis Action tool/approach for gender transformation programming on Growing Nutrition for Mothers and Children (GROW). An interactive question and answer session followed each presentation.

Summaries of the presentations, along with key findings and lessons learned are provided below. Power point slides are also attached for reference.

Topic 1: *Harnessing Women's Empowerment in Agriculture to Improve the Nutritional Status of Mothers, Children, and Adolescents in Rural Ethiopia*

Presentation summary:

This community-based, cross-sectional mixed method design study aimed to assess the level of the *Abbreviated Women's Empowerment in Agriculture Index (A-WEAI)* and its association with the nutritional status of mothers, children and adolescents. In addition to the overall A-WEAI, the study also looked at specific A-WEAI component indices, including: women's decision in production, resources (ownership of assets/access to credit), control over income, group membership, and time/workload, and its association with the nutritional status of mothers, children and adolescent girls. The study included 428 mothers/caretakers who have at least one child under five and/or adolescent girls, along with their husbands.

Key study findings:

Level of malnutrition is one of the highest even as compared to national or regional figures - stunted children (57.6%), wasted children (23.8%), underweight adolescents (44.3%), and underweight mothers (15.9%)

- Low level of women's empowerment in all dimensions of A-WEAI: slightly higher in decision making on production (65%) with other dimensions scoring a little above or below 50%, and very low for time/workload (18.2 %), resources (42%), income (48.5%) and group membership (54.3%). What is more concerning is that the overall women's empowerment in agriculture index (A –WEAI) is only 3.7%, one of the lowest even as

compared to other developing countries.

- There is no significant association between the multidimensional empowerment (A-WEAI) of women and nutritional status of mothers, children, or adolescent girls. This is due to the fact that the percentage of women empowered for all five components (3.7%) is not large enough to detect the association between the two. The findings from the qualitative study (FGDs), however, show that almost all FGD participants believe that disempowering women in agriculture has a great negative effect on nutritional status of children and mothers.
- Children whose mothers were disempowered in decision making on production were nine times more likely to have stunted children than those empowered for this dimension and 4.4 times more likely to have underweight adolescent girls.
- Contrary to expectations, the study findings show that mothers who were disempowered for control over resources (income) were 65% less likely to have a stunted child than their counterparts. This finding could be an indication that mothers are not properly utilizing the resources (income) to improve the nutritional status of their children.
- Families with a livestock density score of 2-3 have a 62% lower risk of having a stunted child, compared to households with a lower livestock density. This finding is consistent with previous studies that state that children from farm households owning livestock are less likely to be growth retarded than children of farmers without livestock, given human/livestock separation.

Q & A session on 1st Presentation

Q1. Women mis-utilizing the resource was given as one potential explanation for increased child stunting among empowered women for income. How are women mis-utilizing the resources?

A1. Women have different priorities and constraints at home that are not directly related to nutrition and also have heavy workloads that could potentially prevent them from using the resource for proper child caring and feeding practices.

Q2. How do you explain the high level of malnutrition in the study areas even as compared to the regional and national stunting rate? What are some of the quality assurance measures taken to ensure quality of data collected, especially anthropometric data collection?

A2. The study area (Gedeo) civil unrest, displacement, and drought in the area could contribute to a high level of malnutrition. The high percentage of malnutrition is also a reflection of the

poor economic situation in the area. The study used a calibrated, digital weighing scale, assessed MUAC and height board to ensure the quality of the data collected. In addition, supervision by both the research and Tufts team helped ensure data quality.

Q3. *Why were men not part of the study?*

A3. Men were part of the study although the findings did not focus on them.

Q4. *What was the reason for using abbreviated A-WEAI instead of WEAI?*

A4. The abbreviated WEAI was selected because it is the simplest and most recent index used globally to understand women's empowerment.

Q5. *The quantitative data indicated no statistical association between A-WEAI and nutritional status of mothers, children and adolescents. Do you think the results from the qualitative data are strong enough to continue future investments in women's empowerment?*

A5. The quantitative data did not show a significant positive association probably due to the small percentage of study participants who were empowered for all components (3.7%), so it is possible to see a significant association if the study was conducted with a study population with a much higher percentage of A-WEAI. In addition, the findings from FGDs show that almost all women believe that women disempowerment has a negative effect on the nutrition status of mothers, children and adolescents.

Q6. *What measures did the data collectors take when coming across severely malnourished children? Some of the findings are very concerning (i.e. very high stunting - 57.5%, wasting 23.8%). Has this finding been shared with the relevant government offices/zonal offices?*

A6. Tufts research ethics data collectors have advised care givers to obtain required health services for their malnourished children from the nearby health facilities and in some instances data collectors also informed HEW for further follow up of malnourished children.

2nd Topic: Lessons Learned from Gender Transformative Programing from GROW project.

Presentation Summary:

GROW, a 5-year project funded by the Canadian Government (2016 -2020), puts women's empowerment at the heart of its interventions to ensure rights to food security and nutrition for women, youth, small scale producers, and their families. The project applies the Social Analysis Action (SAA) tool/approach to promote gender transformation and/or equitable social norms and structures besides individual gender equitable behaviors. SAA catalyzes exploration and reflection on social norms and helps individuals and communities envision alternative ways of

thinking and behaving to challenge existing social norms that affect nutrition and development outcomes. SAA has 5 major implementation steps: the first step involves assessing the level of gender integration in the project, followed by building or transforming staff capacity, integrating SAA within the existing structures in the community, and conducting gender responsive monitoring, evaluation and learning.

Major achievements and best practices towards gender transformative programming:

- Increased representation of women on WASH committees
- Improved engagement of men homestead gardening
- Enhanced women's access to nutritious crops
- Emergence of women in agricultural technology fields
- Improved solidarity among women's saving groups and access to credit
- Improved intra household allocation of food
- Improved women's autonomy, decision making power and leadership capacity
- Improved women's engagement in new business

Q & A session on the 2nd Presentation:

Q1. *How is the private sector engaging in the project?*

A1. Behavior change can only happen when it is supported by access to different resources, such as agricultural inputs. The GROW project works with market associations to bring seed distribution and water harvest technologies to the community.

Q2. *Staff turnover at different levels is one major issue - how did the project overcome this to work with different stakeholders and bring about the expected gender transformation?*

A2. The project works with multisectoral committees. Technical committees provide frequent trainings and hand out materials, as well as work with community volunteers who can serve as perpetuators of the desired behavior changes.

Q3. *How do you involve boys in your project? What was the entry point for male engagement? Have you created a new structure, or used existing structures for community dialogue?*

A3. The project initially targeted men but found boys involved in farming activities who can work as HDAs or with HDAs, so the project ended up including boys in the program. The project used both existing and new structures, for example, Father to Father group, Mother to Mother groups, etc.

Q4. Is the manual that CARE developed tailored for different groups including religious groups, and what is the level of involvement of the different relevant sectors/ministries and programs, i.e. PSNP program in promoting the role out of the manual?

A4. The annual is a guide that was developed in a participatory manner by including all relevant ministries, i.e. Ministry of Health, Agriculture, Women and Child Affairs, Water and Energy. It is expected to be adopted and used by different projects and groups.

Q5. Now that the GROW project is ending soon, has the project devised strategies to diffuse some of the best practices, with an eye towards sustainability?

A5. The project works closely with the government and within community structures (nutrition coordinating and technical committees, Development Armies, religious leaders, norm holders) to ensure sustainability. In terms of diffusing best practices, the project uses zonal dissemination plans and the learning that comes out of the final project evaluation will be disseminated at the project closing event in March 2020.

Q6. Staff transformation is a challenging process, what are some of the specific interventions that the project applied to transform its staff and change staff attitudes and behavior regarding existing norms that impede nutrition and development outcomes, for example, the belief that men have no responsibility in the exclusive breast feeding process.

A6. CARE has used different strategies, tools and activities that are implemented quarterly. Some of these strategies include: identifying relevant norm-related topics and discussing them among staff in a safe, learning environment (without judgement), applying value clarification tools, and evaluating staff transformation levels using different tools.

Q7. Do you think gender transformation is something that can be achieved within a project life span? How long did each of the Social Analysis Action steps take to implement?

A7. Gender transformation is not going to be achieved over a project life span, it takes many years. But the project redefined gender transformation based on four achievable objectives.

There is no specific time limit for each of the SAA steps as some of the communities meet more frequently than others (twice a month while others only meet once a month). But generally, SSA includes 12 sessions and is expected to be completed within a year, which gives adequate time for participants to revisit and practice some of the sessions as needed.

Key Lessons and Recommendations

- There is generally a very low level of women's empowerment (3.7%) even as compared to many other developing countries. Women's empowerment should be viewed from all five components; programs with a multi-dimensional approach to empowerment have a better

chance of improving nutritional status of women, children and adolescents. Education, communication, and life trainings are also important aspects in empowering women.

- While empowering women on decision making on income is good, it needs to be accompanied by increased knowledge on nutrition, child feeding, and caring practices to ensure that it contributes positively to improving the nutrition status of children, mothers and adolescents.
- For women who are disempowered in all five components, especially time allocation, findings show that program interventions should involve the introduction or scale up of energy and time saving technologies and increased male involvement to help alleviate women's workloads in and out of the house. This frees up time for better child caring and feeding practices.
- Household livestock density positively affects child nutritional status, especially in households with 2-3 livestock. However, having a very large number of livestock may not help improve children's nutritional status since more time and resources might be diverted to livestock management and not child caring and feeding practices.
- According to the standard definition, gender transformation is not something that can be achieved over a project life span, therefore, it is imperative that projects implement a sustainability mechanism to help gauge the impact in the long run (beyond the project period). In the meantime, projects should define and set gender transformative objectives that can be attained within the project life span.
- Social Analysis Action is a promising approach to improve and challenge norms that affect nutrition and development outcomes; key achievements and best practices from CARE can be taken as good lessons for other projects and serve as a model for implementing SAA within projects to facilitate gender transformation programming.
- Conducting staff assessments and building staff capacity is a good lesson/practice for many projects to implement quality programs and enhance staff ownership
- It is important to devise different strategies for sharing key research findings, not only with project implementing partners but also with relevant stakeholders (including government offices) to ensure adequate utilization of evidence for action.

Areas of Further Research:

- Additional studies (study population with higher percentage of A-WEAI) are required to see if there is a significant association between A-WEAI and nutritional status of children, women and adolescents.
- Additional studies are needed to identify barriers to using household income for improving nutritional status of children.