



## BERHAN PROGRAMME: Supporting People with Disabilities through a Sexual and Reproductive Health project

# LEARNING BRIEF

Lead author: Worku Kindie

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## INTRODUCTION

The BERHAN program, a 48-months initiative in Ethiopia's Amhara region, aimed at improving Sexual and Reproductive Health and Rights (SRHR) of 32,116 individuals in rural communities within Este and Fogera woredas. The program was implemented by CARE from March 2020 to February 2024 with financial support from the Austrian Development Agency (ADA), the operational unit of Austrian Development Cooperation (ADC). BERHAN sought to improve the SRHR of girls and women, and to address issues of Female Genital Cutting (FGC) and Early Marriage (EM) in particular, and adopted a comprehensive approach, using evidence-based, community-led interventions to empower girls and women and transform community dynamics and structures. BERHAN intentionally worked with more than 500 people with disabilities (PWD).

## OBJECTIVES

This study aims to look at lessons learned from engaging people with disabilities around SRH related issues, documenting the extent to which they felt included across various project platforms and how other stakeholders also felt about and supported this inclusion. Recommendations from the project are also drawn out.

Note that the project focused exclusively on people with physical disabilities, these were mainly physical impairments. Mental health related support was not included. However, in the future, thoughts about how to do so should be considered.

## METHODOLOGY

The study was based on individual In-depth Interviews (IDIs) with five PWDs from two intervention kebeles, namely Shina and Tweaking, in Fogera woreda. Due to the volatile security situation, the team was not able to collect data in Este woreda. From these IDIs, one person from Tiwazakana Kebele was selected for a personal testimony.

- Key Informant Interviews (KIIs) were also conducted with four government stakeholders (3 men, 1 woman) from Cooperative, Women, Children and Social Affairs (WCSA), Education and Health Offices of Fogera Woreda and with two male government stakeholders from South Gondar WCSA and the Cooperatives Zone department.
- Two Focus Group Discussions (FGDs) were conducted in Fogera Woreda in 2 different Kebeles; one with 6 PWDs (2 women & 4 men) and the other with 12 community members, (10 women), of which 6 are SAA/VSLA<sup>1</sup> members and 4 are Girls Group (GG) members.

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<sup>1</sup> SAA (Social Analysis and Action) and VSLA (Village Savings and Loans Associations) are two methodologies CARE used in the BERHAN project.



## KEY INTERVENTIONS

The key entry points for the intervention are summarised in the below diagram:

Social Analysis and Action (SAA): A CARE-developed community-led process for challenging gender and social norms. SAA includes ongoing transformation sessions, where staff and partners address their biases. The SAA tool has contributed to transforming social norms that relate to person with disabilities, for example the view that disabilities are curses from God. 76 PWD were members of SAA.

Village Savings and Loan Associations (VSLA): are groups of 15-20 people who save together and take small loans from their group savings. VSLAs empower marginalized people by encouraging members to save and generate capital that they can then use to invest in economic opportunities and for social purposes, and to enhance their financial skills. They serve as entry points to address cross-cutting issues such as gender equality and sexual and reproductive health. 276 PWD participated in the project established VSLA groups.

Girls' Groups (GG): Group of girls aged 10-19 years who come together, share experiences and support each other. The project trained them on VSLA, SRH, and Life Skills. The project also trained mentors for each group. 30 girls with disabilities were involved in girls' groups.

## FINDINGS

### 1. The biggest difference generated by the project

"Prior to the BERHAN project, we were marginalized and excluded from community development and social activities. Our relationship with the community, including our neighbours, was not positive. However, now we are actively engaged in community economic and social activities, such as in savings and loans, in meetings, and in social gatherings. This demonstrates that we are capable of accomplishing a lot and to lead better lives." - Statement from participants in the Focus Group Discussion (FGD) with People with Disabilities (PWDs).

"Before, the community saw disability as a 'sin' from God. BERHAN project has removed this perception, reduced psychological challenges, and improved overall well-being. Active participation, particularly among women with disabilities, has resulted in positive attitudinal and life improvements." Mr. Melkam Asmamaw, South Gondar Zone Cooperatives department.

Feedback from the research clearly highlighted that, **there has been a positive shift in community attitudes towards people with disabilities**, who were previously not perceived as full human beings. People with disabilities report being better able to participate in community activities and gatherings. They report attitude changes over time, marked by **increased respect, acknowledgment of their ideas and knowledge, and recognition of their value**.

### 2. The most unexpected changes

"In the community, there was a prevailing belief that PWDs could not marry, give birth, maintain proper sanitation, or lead and manage a family. However, thanks to the project, this perception is changing, as it is highlighting that individuals with disabilities can be productive and effective in their lives." Mr.

Endalkachew Kassaw, South Gondar Zone Women and Social Affairs department.

Respondents highlighted the benefits for PWD of having increased knowledge about Sexual and Reproductive Health, including how to access services, emboldening them to visit health facilities for delivery and other SRH services. By accessing that information and having a more supporting environment, **people with disabilities addressed the silence and taboos around their SRH needs.**

People with disabilities also talked about being more able to engage in open discussions with family members, including with husbands, wives, their children and with neighbours. This includes negotiating with their families, especially wives being allowed by their husbands to participate in activities such as Village Savings and Loan Associations (VSLA) and attend various meetings. They reported that the combination of changes in their own knowledge and attitudes as well as those of others resulted in them leading happier and healthier lives.

### **3. Village Savings & Loan Associations (VSLAs) and Social Analysis and Action platforms (SAAs)**

One woman from Fogera woreda, Shina Kebele, explained that through the VSLA she started with a very small initiative to plant vegetables such as salad, onion and carrots in her home yard. She stated “Salad is better than butter for me because I sold 30 packs of salad at the market for 10 ETB (Equivalent to 0.2\$) each in a week. So, I made 300 ETB (2\$) a week. Nobody gets 300 ETB (2\$) per week by selling butter”, Ms. Mulu Asrade, Fogera Woreda, Shina Kebele.

Another woman explained that “I took an ETB 2000 (36.4\$) loan from my VSLA group and purchased 10 hens. After four months, I sold these for ETB 5,000 (91\$). With this money and ETB 2,000 (36\$) additional loan, I bought a heifer. This heifer gave birth to 2 calves. **The impact on my life has been significant. This includes being able to keep my two children in school.**” Demek Assefa, Shina Kebele Fogera woreda.

PWD were helped to this success thanks to the bylaws developed by the groups which prioritised PWD when it came to accessing loans and other kinds of support. They were also exempt from penalties for coming late or being absent on designated savings and discussion meetings. The result was therefore often a circle of benefits. Because of the positive attitudes towards them, many of the PWD contributed actively to discussions and some took on management roles in the committees- for example out of 600 VSLA management committee members, 58 are PWDs. The result was that many PWDs were successful and became role models, earning the group's trust due to their strong savings record and timely loan repayments. Because of the proactive and inclusive approach taken, particularly over time, PWD proved an asset to many VSLA groups.

The support from the community extended in other ways, for example, non-disabled VSLA/SAA members supported PWDs in farming activities. Unlike other arrangements where PWD had to pay for the labour of others to support this, SAA/VSLA members supported them often for free and in recognition of the joint social bond.

Moreover, gradually, through their engagement in SAA groups, some **PWDs also became actively engaged in preventing and mitigating Harmful Traditional Practices (HTPs) like Female Genital Cutting (FGC) and Early Marriage (EM).** For example, in terms of direct impact, Ms. Mulu Asrade, from Shina Kebele prevented her sister's two babies and a 5<sup>th</sup> grade girl in her neighbourhood from being circumcised. Also, 4 PWD (4 women, 1 man) were selected as SAA facilitators<sup>2</sup> (out of 240).

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<sup>2</sup> Have a more leading role, facilitate SAA meetings and discussions.

## 4. Girls' Groups

Girls with disabilities likewise talked about the benefit from being included in Girls Groups and the fact that non-disabled girls underwent a positive change in attitudes towards PWDs in general. This in turn resulted in their active support for individuals with disabilities within their community.

The Girls Groups platforms were mainly used for discussion and sharing of information about SRH. The groups also set up their own VSLAs and engaged in some small-scale income generating activities. At school level they enacted plays which included students to raise issues related to disability and foster a more inclusive and understanding environment. Moreover, the influence of the GGs was also felt at village level- for example, GG members supported two PWDs in Tiwazakana and Shina Kebeles with household chores and with their income-generation activities.



*Mebera Desse, 17, is a Girl Group member in Berkut Kebel. Credit: CARE Ethiopia*

## 5. Engagement with other stakeholders

The feedback from the research is that, prior to the project, government engagement and support was not very strong and that they also were not encouraged into and usually did not consider participation of PWD in various activities such as public meetings and elections.

"The engagement of PWDs with partners, especially government ones, was a gap. PWDs struggled to access government services, facing prolonged delays of up to 2 years to obtain a kebele ID. Securing agricultural inputs was an additional challenge, for instance, sometimes, officials do not give attention to PWDs. This situation is particularly difficult for women with disabilities. Unless they receive support from their families, PWDs find it difficult to access essential services." Statement from participants in the Focus Group Discussion from Tiwazakana Kebele.

At the kebele level, except among Health Extension Workers in the health sector, there was a noticeable lack of attention to understanding and responding to the experiences and needs of people with disabilities. The engagement and involvement of this community were largely overlooked.

PWD reported a dearth of awareness campaigns aimed at educating them about their rights. Likewise, in terms of financial access, individuals with disabilities encountered challenges accessing loan opportunities from various financial institutions and from individual lenders within their vicinity.

The project did make a difference, through the training of government stakeholders and their engagement in the project- however, the improvements were limited and not systemic.

## RECOMMENDATIONS

**For PWDs:** organizing them at the kebele level and above, PWD could collectively strengthen their voice and be able to increase their participation in community engagements, meetings, and social affairs. Working collaboratively, they could create a platform to advocate for their rights and for greater inclusion. For example, although they might need some support to get started, PWD from each SAA group could come together as a core group to advocate on disability issues.

**Government:** Staff and structures need to better understand, emphasize, and respond to the challenges of PWD. At all levels and all sectors, knowledge of and access to good data on PWDs, their composition and their constraints is required. A comprehensive understanding of PWD would facilitate more effective, transparent, and targeted support.

Every sector office should integrate the concerns of PWDs into their annual plans, emphasizing the importance of a shared and cohesive approach for the effective enhancement of PWDs' lives. This requires concerted efforts and strong coordination and collaboration.

Government and other stakeholders should ensure PWDs are included in SRH initiatives and also in VSLA and other economic initiatives to build their economic independence to help them and to transform attitudes. Additional support and continued follow up is also vital. Attention to the needs and experiences of PWD can result in significant positive change.

**At community level:** Awareness is needed to challenge discriminatory practices to include and provide opportunities to PWDs at community level. Their active involvement in development activities benefits everybody and is their right.

Furthermore, finding ways to link PWD together for joint advocacy, initiatives such as the establishment and strengthening of “role model” PWDs at each community level, showcasing successful examples of engagement and empowerment could be a useful way of creating a momentum and transforming attitudes in communities.

**Other stakeholders including CARE:** Including PWDs in platforms such as VSLAs, SAAs and GGs not only results in improving the lives of PWDs but also leads to greater changes in attitudes in the community. CARE and other development partners including government should give due attention to the integration of PWDs- for this to be successful due attention should be given to the distances and locations of meeting places of interventions. In the BERHAN project, some of the constraints related to the latter could have sometimes been addressed more easily if the project team and government partners had checked in with the groups on that particular issue.

## CONCLUSION

- Persons with physical disabilities have significantly improved their lives through involvement in the BERHAN project, including through their participation in Social Analysis and Action (SAA), Village Savings and Loan Associations (VSLAs), and Girls Groups. Linking capacity-building, awareness creation, and economic strengthening have led to positive changes in self-esteem, aspirations, and engagement with families and communities.
- Likewise, community attitudes have shifted, **with non-disabled members now considering many PWDs as role models**, contributing to increased support and positive interactions. PWDs have also played a crucial role in preventing Harmful Traditional Practices.

Improvements in targeting and follow-up would help achieving better results, but the take-away is that CARE should take the lessons learned from systemic integration of PWD and the powerful change that can be achieved into all its programming.

## TESTIMONY

### **BERHAN: A beacon of light in my life**

“My name is Hulager Zeleke, 35, Asalif Abo Got, Tiwazakana Kebele, Fogera Woreda, living with my two boys. I am a woman with a disability.

Prior to the intervention of the project, I was without any support in my life and feeling hopeless. In our community, people with disabilities faced challenges in everything, including accessing loans, as there was a belief we have no capacity to repay. Our social participation in our neighbourhoods, including in community meetings was low. Disability was often viewed as a 'sin' bestowed by God. Sending my children to school was a struggle, and my eldest boy had to work in another household as a labourer. My livelihood depended on income from weaving cotton, hair dressing, and a small yield from my farmland, where I couldn't fully benefit due to a crop-sharing arrangement. I led a destitute life.

However, my life changed when BERHAN entered our community three years ago. I became one of the first beneficiaries of the project. BERHAN initiated various activities, such as organizing saving and loan groups and establishing SAA groups. The project conducted group discussions covering topics like disability, adolescence, early marriage, and female genital cutting (FGC), actively involving disabled individuals in these sessions.

The project also empowered people with disabilities through diverse training programs, including VSLA (Village Savings and Loan Association), marketing, Income Generating Activities, Selection, Planning and Management, and financial management. These trainings enabled disabled individuals, like me, to participate and enhance our livelihoods.

With the support and effort of the project, my life underwent significant changes. My social engagement and participation in community gatherings increased, thanks to the knowledge and capacity gained from training sessions. I joined VSLA groups, started saving, and obtained loans for IGAs. The community's attitude towards disability improved considerably.

With my first loan of 2000 ETB (36\$), I purchased five improved variety hens. After some time, I sold them and expanded my investments, acquiring a cow that gave birth to two calves. I sold one calf to purchase improved crop seeds and fertilizer. I liberated my farmland from the sharing arrangement, hired a farmer for cultivation, and continued weaving cotton and hairdressing from my home. I enrolled my children in school, bought a new dress adopted improved dietary habits, and proved to the community that disabled individuals can work and transform their lives. In every aspect, BERHAN is truly a beacon of light for my life."

Cover image: Tsehan Dagneu, 52, a VSLA member who is part of the BERHAN project. Credit: CARE / Sarah Easter