PARES Case Study of Engagement & Involvement for Resilience

Case Study Title/ID: Ethiopia, Drought, Learning and Capabilities

Country/location: Ethiopia – Dubluk, Elwaye & Gomole Districts, Borana Zone

Crisis/challenge type: Drought

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PARES Domain illustrated by this case study:

Learning & Capabilities (Embedded & equitable partnership): inclusion and skills- building especially for male engagement in health, supports long-term health and livelihoods resilience at community and household level

Recommended Actions

For Communities: Encourage men to support women's participation in health services and outreach

For Government: Promote male engagement in health (inclusive health activities) through local implementation

For NGOs: Support fathers' group and other approaches that engage men in health and nutrition

For Funders: Invest in gender-responsive and gender-transformative health programming

Data for this case analysis

Primary data from three districts/villages – 18 key informant interviews; 9 focus group discussions; 20 validation workshops. All collected in 2023.

Key Message

Health engagement and gender norms – Active engagement of men and households through HEWs, fathers' groups, and community forums strengthens shared responsibility, improves preventive and promotive health behaviours, and ensures inclusive participation during drought.

Case study summary

In contexts of drought-related health stress, patriarchal gender norms, and limited household resources, the presence of health extension workers, women development armies, fathers' groups, and supportive NGOs provides platforms for inclusive health engagement and trusted service delivery. When men and women are actively engaged in health and nutrition activities and see the benefits of preventive actions, men's understanding of shared household responsibility increases and support for women's participation strengthens, leading to improved health-seeking behaviours, including timely vaccination, nutrition screening, and greater uptake of preventive and promotive health services during drought.

Detailed explanation of engagement mechanisms

Context that provides the conditions in which the observed actions work

The community lives in patriarchal social norms which often limits women's participation in public and community health activities. Households face increased health vulnerabilities during drought, including risks of malnutrition and delayed vaccination. Communities have access to formal health structures, including HEWs, WDAs, and district health offices, which are supported by local NGOs. These structures provide platforms for health promotion and service delivery but rely on male household members' acceptance and support to ensure women's meaningful participation in preventive and promotive health activities.

The actions (mechanisms) that were observed to lead to resilience outcomes

This pathway is activated when men are engaged through structured orientation and training sessions conducted by HEWs, NGOs, and district health offices, which help men understand the value of health initiatives and recognize the importance of their wives' participation. In male-dominated communities initially reluctant to allow women to work with HEWs, the formation of fathers' committees provides a practical strategy for male involvement, enabling men to participate alongside women in health initiatives. Drought severity also acts as a trigger – when households experience severe impacts, men's motivation to protect family well-being increases, reinforcing their engagement. These mechanisms operate in interaction – trusted health actors (HEWs, WDAs, and

NGOs) provide resources and guidance, fathers' committee structure male participation, and environmental stressors (drought) heighten perceived risk. This combination shapes men's reasoning, increasing their support for women's involvement, which in turn motivates households to adopt preventive and promotive health practices. Coordinated community health interventions such as vaccination campaigns and nutrition education then leverage this support mutually reinforcing pathways of engagement and service uptake.

Observed outcomes

These interacting mechanisms lead to multiple outcomes at both household and community levels. Intermediate outcomes include increased male support for women's participation, stronger collaboration between men, women, and health actors, and greater coordination of health activities across community structures. Health-related outcomes include improved health-seeking behaviour, higher utilization of preventive services such as vaccinations, better recognition and management of child malnutrition, and strengthened trust in community health programs. Collectively, these outcomes enhance household and community resilience by improving preparedness for health shocks and sustaining adaptive health practices during drought conditions.

Case Evidence

Vignettes #9, #10, and #11 in Ethiopia – Drought – Supporting Evidence document

Related Case Studies

Social relations and structures

Ethiopia – Drought – Trusted Leaders and Communication
Ethiopia – Drought – Knowledge Integration
Ethiopia – Drought – Social Capital and Collective Action

Other relevant case studies

Ethiopia

Ethiopia – Covid19 – Resource Mobilization and Management
Ethiopia – Covid19 – Multi-sectoral Collaboration

Drought

Uganda – Drought – Trusted Leaders and Intermediaries

Uganda – Flood – Drought – Social Capital and Collective Action

Uganda – Flood – Drought – Multi-stakeholder Coordination

Uganda – Flood – Drought – Embedded and Equitable Partnerships