Shifting norms, changing lives – the power of Transformative Household Methodology in rural Africa

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Abbreviations

ADIMAP	Amuru Disability Mainstreaming Project, Uganda
EASE	Ripple Effect's Economic and Social Empowerment approach
FAO	Food and Agriculture Organization of the United Nations
GALS	Gender Action Learning System
GSI	Gender and social inclusion
ILO	International Labour Organization
IPV	Intimate partner violence
NGO	Non-Governmental Organisation
OECD	The Organisation for Economic Co-operation and Development
PWD	People with a disability / disabilities[1]
SAA	Social Analysis and Action
SDG	Sustainable Development Goal
SHG	Self-help group
THM	Transformative Household Methodology
UN	United Nations
UNDP	United Nations Development Programme
WHO	World Health Organisation

[1] Throughout this paper, we have used the term people with a disability / disabilities to reflect the language used in the UN Convention on the Rights of Persons with Disabilities and to align to the language used in East Africa where Ripple Effect works.

Executive Summary

Gender inequality remains a persistent barrier to global sustainable development and social justice. Despite international commitments to gender equality, entrenched cultural norms continue to restrict women's rights, autonomy, and access to resources, particularly within the household. In response to these challenges, Ripple Effect has developed and successfully implemented **Transformative Household Methodology (THM)** – a practical, participatory tool designed to uncover and challenge gender inequalities at the household level and beyond.

This paper presents compelling evidence of how THM is creating powerful change across communities in East Africa. Originating in Ethiopia in 2009, THM uses simple visual tools to facilitate inclusive, family-based discussions that highlight gender disparities in workloads, decision-making, resource control, and food consumption. Through this reflective process, households create action plans that lead to more equitable relationships, shared responsibilities, and improved well-being.

Findings from Ripple Effect's projects, evaluations, and research studies demonstrate that THM leads to:

- **Greater equality in workloads** between men and women, with increased male participation in domestic and caregiving tasks.
- **Enhanced decision-making power for women** in areas such as household expenditure, food distribution, and education.
- **Improved access to and control over resources** for women, including land, income, and agricultural inputs.
- **Rising confidence and leadership among women**, with many taking on roles in community governance and public life.
- **Stronger family relationships**, reduced conflict, and higher levels of respect between household members.

THM's flexibility makes it suitable for adaptation across various thematic areas including **nutrition, disability inclusion, and prevention of gender-based violence**. Results from Ripple Effect projects in Zambia and Uganda highlight the success of THM in promoting equitable food distribution and challenging discriminatory norms around disability, demonstrating its potential as a transformative tool beyond gender alone.

THM is simple, low-cost, and scalable. Its participatory, visual nature ensures accessibility for all literacy levels, while its whole household focus promotes deep, meaningful change which complements community-based gender approaches. The methodology has proven particularly effective when combined with Ripple Effect's **Economic and Social Empowerment (EASE)** approach, which supports households in achieving financial independence and improved food security.

In summary, THM is a powerful methodology that can be adapted and replicated widely to advance gender equality, improve livelihoods, and strengthen family and community resilience. Most importantly, it centres the voices of those most affected – ensuring that change is owned by the household and sustained over time.

1) Introduction

Gender equality is a fundamental human right, yet women and girls face injustice and discrimination every day of their lives because gender inequalities are still deep-rooted in each society. Women are excluded from decent work opportunities, face restrictions on the types of jobs they can hold and earn, on average, 22% less than men. They do more unpaid care work, spending 2.5 more time on domestic chores than men and so work longer hours. In many situations, they are denied access to basic education and healthcare and often experience violence. Women are under-represented in political and economic decision-making processes.

Gender equality became part of international human rights law with the adoption of the Universal Declaration of Human Rights by the United Nations (UN) General Assembly on 10 December 1948, which states: “All human beings are born free and equal in dignity and rights,” and that “everyone is entitled to all the rights and freedoms set forth in this declaration, without distinction of any kind, such as race, colour, sex, language, religion, birth or other status.” Then followed a number of treaties, including the adoption of the Convention on the Elimination of All Forms of Discrimination against Women in 1979. The Sustainable Development Goals (SDGs) were ratified by the UN in 2015 as part of the 2030 Agenda for Sustainable Development. Goal 5 aims to "Achieve gender equality and empower all women and girls" and is dedicated to advancing women’s rights and opportunities by ending all forms of discrimination, eliminating all forms of violence against all women and girls, eliminating all harmful practices, recognising and valuing unpaid care and domestic work, ensuring women’s full and effective participation and equal opportunities for leadership and by delivering universal access to sexual and reproductive health and rights (UN, 2015).

Despite decades of effort to bring about greater parity between men and women, inequalities continue to impact women and girls to the detriment of themselves and society. An estimated 850 million women and girls are living in countries rated “very poor” for gender equality. Women still face restrictions and abuses. There are barriers to employment or economic empowerment, whilst the laws of many countries are in need of reform, particularly those relating to employment, marriage and divorce, or rape. Representation of women in parliament is just 27.2%, only a 5% increase since 2015, and the gender pay gap has stagnated or widened. Just over half of women have decision-making power over their own sexual and reproductive health. There are also concerning signs of a growing backlash towards women’s rights. Violence against women is on the rise, sexual and reproductive health is under attack, and women are being silenced. Some of the identified factors include deep seated patriarchal attitudes, as well as increased conflict, instability and the climate crisis – all of which impact women disproportionately and are linked to a rise in domestic and sexual violence. Digital technology and social media, despite having the potential to be a force for good, are also being used to spread harmful stereotypes, harass or silence women. No country, so far, has achieved the promise of gender equality envisioned in the SDGs. In fact, in some countries, the situation for women has stagnated, or declined, and the fear is that gender inequalities could be worse in 2030 than they were in 2015.

What is required, to turn this around, is change at every level in every society. There is a need for legal and policy reforms with laws that uphold women’s rights, women represented in government, economic empowerment for women and recognition for, and

redistribution of, unpaid care work. Cultural and social change at grassroots level is also essential to challenge harmful stereotypes, promote healthy relationships and support women's decision-making and leadership.

Social change is what Ripple Effect has set out to achieve with its mission: "To inspire and equip African communities to transform lives and protect the planet." All its programming is underpinned by a gender and social inclusion approach, rooted in the principles of gender equity and equality, and focused on shifting the unequal dynamics between women and men, boys and girls within homes and communities. Central to achieving gender change is their THM tool which has been instrumental in exposing inequalities at household level and bringing about lasting change in attitudes, breaking deeply held beliefs, building women's confidence, opening up access resources and opportunities, and giving women a voice and the power to lead and influence.

This paper presents an overview of THM; what it is, how it was developed and the positive transformation it engenders for families and communities. It also demonstrates the tool's versatility for adaptation in different settings, contexts and thematic areas, specifically detailing the way in which it was adapted to assess inequalities related to nutrition, disability and intimate partner violence. THM is participatory, uses locally available resources and is simple to understand and use, so the potential for scaling, replicating and adapting this innovative tool is enormous. The paper draws on documented evidence from Ripple Effect project evaluations and research studies, as well as notes from Ripple Effect workshops and field visits, together with input from staff from their experience of practising THM and the lived experience of project participants of the changes that THM has brought to their lives.

Thus, in a small way within selected communities in Africa, Ripple Effect is contributing to the fight for gender equality. Yet for the women themselves, it is hugely significant, transforming every aspect of their lives and that of their children, bringing hope for future generations that genuine equality is possible.

2) Context and background

Ripple Effect's vision of a confident, thriving and sustainable rural Africa can only be achieved when men and women have equal access to, and control over, resources and are equally valued by society. THM was specifically designed to address inequalities within families where one member may have more power than others, another may be doing an unfair share of the labour required to run and manage a home, or where one person's voice and views dominate whilst others have little influence.

Inequality is a result of unequal access to benefits, rights or opportunities within society. Although in recent years significant progress has been made towards gender equality in Africa, particularly with regards to access to education and healthcare, the continent is only halfway towards achieving gender parity (Africa Development Bank, 2023). Multiple barriers persist which prevent women from thriving, particularly women's access to assets and resources which lags behind that of men, and women's greater burden of domestic work such as cleaning, cooking and caring for family members (FAO, 2023).

Ripple Effect has identified workloads as a key barrier to the empowerment of women, who undertake the majority of the work on farm and represent 66% of Africa's agricultural workforce (Gates Foundation, 2024). They till, plant, weed and harvest, which could be considered empowerment in terms of productive work, however in reality, it is an overwhelming burden for women farmers who have little say over the sale of produce they grow, or use of income. Men usually work off-farm, leaving women to bear the brunt of daily household tasks. In rural East Africa, women have a triple work burden in the productive, reproductive and community spheres, toiling for many more hours than men when unpaid care work and paid work are combined (ILO, 2018). Women's contribution to the economy is typically underestimated due to the lack of compensation or recognition for women's work. Instead, women's unpaid care work is seen as their responsibility solely because of their gender, whilst agricultural production is perceived as men's responsibility despite the majority of the workload being borne by women. This means that the immense amount of time, effort and skill that women and girls put into the economy is invisible (Were, 2022). Many women struggle to take advantage of new technologies for lack of knowledge or time to incorporate them whilst handling their existing responsibilities. Women are left exhausted, overworked and with little time for themselves. Programmes that aim to achieve women's economic independence and empowerment are failing to address the underlying barriers to their participation. The redistribution of responsibilities within agriculture aims to achieve workloads that are more fairly shared among men and women; however this requires organisations to intentionally address situations that disproportionately burden women with agricultural labour (Nchanji *et al*., 2025).

Gender relations are often strained due to deeply entrenched cultural norms and limited understanding of men's and women's rights, responsibilities and identities. The result of poor gender relations is that women and girls are left powerless and unable to voice their opinions or fulfil their potential. Men, on the other hand, often express feeling under pressure to provide for the household, without the means to secure food or income. They describe how this diminishes their self-esteem and leads them to act irresponsibly out of despair – which can escalate into alcohol abuse and gender-based violence. There is an imperative, therefore, to act to address these gender imbalances for the benefit of all.

3) Transformative Household Methodology

Transformative Household Methodology (THM) was designed to raise awareness of intra-household gender relations and challenge unequal gender attitudes, roles and norms through facilitated dialogue involving women, men, girls and boys. THM identifies the different roles and responsibilities of household members, their access to and control over resources and their related benefits.

THM was developed by Ripple Effect (formerly Send a Cow) in Ethiopia in 2009 and has since been integrated into all of the organisation's programmes. The methodology combines the Harvard Gender Analytical Tool – which uses activity profiles and analyses access to and control over resources and benefits – with Participatory Rural Appraisal tools such as proportional piling, wealth ranking, and seasonal analysis, which rely on locally available materials.

Photo 1: A THM training session in Dawuro, Ethiopia.

How THM works

THM is led by trained and experienced facilitators, either staff or local community volunteers. Those selected for this role need the skills to engage with a wide range of people, manage challenging conversations and resolve conflict. Facilitators must be fluent in the local language and conversant with the culture; they must also be trustworthy and capable of keeping confidentiality. Ripple Effect utilises a cascade model of capacity building whereby the Gender & Social Inclusion Coordinator trains staff on gender

awareness and THM methodology, who then go on to train capable community volunteers to facilitate the process at community level. The process is as follows:

1. The trained facilitator explains to the participating family how THM works and what it is intended to achieve, answering any questions they might have.
2. All members of the household create a grid on the ground with a row for each family member, including the children, and columns representing the aspects of their lives they want to discuss. These may include daily chores (e.g., water collection, cooking, childcare, hoeing, cleaning) or resources over which decisions need to be made (e.g., food, livestock, money, education of children). The family decide together which activities or decisions they wish to include on the grid and represent them with items from the home, such as a bowl to represent cooking, a jerry can for water collection, or a hoe. They can use any item as long as all family members agree and understand what they represent.
3. Each member places stones (or beans, leaves) in the grid to represent their current level of engagement in activities or influence over resources.
4. The scores are counted to uncover areas of disparity. The results are explored and discussed to reveal any gender stereotypes or assumptions that underly the distribution of roles and responsibilities within the family.
5. The family proposes their own solutions to the identified issues and develops a vision and action plan for bringing greater gender equality and participation for all members.
6. Facilitators carry out follow up visits to the family over time to track progress against their action plan.
7. In specific cases where families or individuals are resistant to change, further follow up visits are made. The family may be taken to meet other households who have embraced the process and are experiencing positive changes, to encourage adoption.

Complex family structures

In Africa, family structures are diverse and vary significantly across the continent and even within countries. While the traditional nuclear family (two parents with their children) is present, extended family households, single-parent households, and households with absent parents are also common. A substantial number of children live in households headed by grandparents or other relatives due to factors such as migration, ill-health, or socioeconomic challenges. It is important to bear in mind when facilitating THM that households are not homogenous. It is a strength of the tool that it can be applied to any family, however care needs to be taken to understand the situation of the individual household, who is the head of the family and who are the other members (biological or not) who make up the household. The fluidity of households also needs to be considered, since family members may be leaving or returning, for example from boarding school or from working elsewhere. Special attention needs to be given to understanding control within polygamous or multi-generational families, for example if there are grandmothers, or mothers-in-law living with a woman and her spouse, the facilitator will need to carefully assess which of the women holds most control.

THM in a group setting

THM is also effective when used at group level with community volunteers leading the exercise. In some cases, Ripple Effect found it was beneficial to carry out THM with gender-segregated groups initially and bring them back together for joint discussion. This type of approach was particularly important for sensitive topics, such as gender-based violence. In community situations, participants discussed gender inequalities more generally, focusing on roles, decisions and access to resources. Importantly, THM in this context was found to challenge entrenched stereotypical beliefs and cultural norms to bring about attitude change. Once groups participated in THM, prominent members, such as village, religious, political or opinion leaders, became role models who raised awareness and encourage implementation of more gender equal roles and relationships within their sphere of influence.

4) THM integrated into Ripple Effect's holistic approach

THM forms part of Ripple Effect's Economic and Social Empowerment (EASE) approach and is rarely implemented in isolation from other aspects of their programming, unless for specific research interventions. EASE is a holistic methodology which empowers both women and men to increase their access to economic resources and opportunities and to exercise greater control over both their resources and life choices, whilst also supporting individuals to develop a sense of autonomy and self-confidence. Project participants are organised into self-help groups (SHG) of 25-40 members, who come together to effect whatever developmental change they want for themselves. Working through groups is a cost-effective and sustainable way of delivering training and sharing knowledge and resources. Groups also foster commitment, provide a level of accountability and offer a mutually supportive environment for members, which has been proven to increase their ability to recover from shocks and stresses.

Households, groups and communities involved in Ripple Effect projects participate in an 'envisioning' process in which they identify their goals and aspirations and set out plans for achieving those. As outlined above, THM facilitates dialogue around gender inequalities within the home and community and empowers people to make changes towards greater equality as part of their vision for the future, owned and embraced by all.

Gender and social inclusion considerations are explicitly incorporated into EASE at all levels of project design, implementation and evaluation so that harmful gender and cultural norms can be challenged and transformed into positive attitudes. THM plays a key role in this alongside community awareness raising, values-based discussions and facilitated household dialogue.

THM has proven to be a useful tool throughout the whole project cycle from assessment to evaluation. Starting with community assessments, which are undertaken before entering a new project area, THM is used to identify prevalent gender dynamics and social norms within target communities and households. These findings inform project design and contribute to the setting of clear objectives and outcomes in line with participants' own vision and needs. During project implementation, THM is one of the key elements of the gender and social inclusion training package within the social aspect of EASE. It identifies inequalities within families and guides the process of setting action plans for change, with a clear understanding of the benefits of doing so. THM is also employed at community level with leaders and community influencers to raise awareness of gender disparities, enabling them to help create a more receptive environment for challenging cultural norms. The tool has also been found to be highly effective for project monitoring and evaluation processes to generate vital data on trends in gender inequalities, as well as to follow changes in attitudes and behaviours over time. The results from THM supplement and triangulate data from annual household surveys and also identify areas of unexpected positive or negative impact.

5) THM and other gender transformative approaches

THM was created in order to target the underlying causes of gender inequality. Worldwide, there is a growing recognition that being “gender aware” is insufficient to bring about change. For significant sustainable change to happen, institutional and systemic transformation regarding gender and power needs to take place. Any gender transformative programming must therefore centre around fostering societal transformation towards gender equality (Macarthur *et al*., 2022). A transformative approach should move away from treating the symptoms of gender inequality and social exclusion, focusing instead on challenging those structures that reinforce exclusion at foundational level through identifying and removing barriers to equality. Such approaches are motivated towards profound gender transformation with the goal of enabling both women and men to flourish and address the root causes – not just the consequences – of existing inequalities. Gender transformative approaches are also sufficiently complex to recognise and value diverse identities, including contextual differences, intersectional inequalities and the inclusion of children’s voices. Participatory action research methods are a key component to ensure that changes are stimulated from within a community, by facilitating critical awareness and questioning of gender roles and norms.

CARE’s signature approach to re-envisioning gender norms is Social Analysis and Action (SAA). SAA enables individuals to explore and challenge the social norms, beliefs and practices that shape their lives through a facilitated process. It is a community-based approach that supports participants to identify and challenge restrictive social norms and act together to create more equal norms and practices. The process begins with CARE staff, who reflect on their own beliefs and the impact of these on their work in order to achieve a level of comfort with discussing sensitive issues with others. The tool has been adapted to food and nutrition security by facilitating dialogue and encouraging critical reflection around the social, economic and cultural factors that influence agriculture practices, livelihoods, climate resilience and nutritional health. As such, SAA becomes a community-led change process through which participants act collectively to transform unequal social norms and address development challenges.

Other community-led empowerment methodologies include the Gender Action Learning System (GALS) developed by Linda Mayoux, Oxfam Novib and HIVOS (2007). GALS uses simple mapping and diagram tools for visioning and planning to empower women, men and youth to make changes in their lives. It is a staged process usually lasting two to three years, requiring competent and highly trained facilitators to ensure a common understanding and vision. Community members selected as ‘GALS champions’ lead the process in their communities, driving forward the change based on their commitment to the tools. The visual tools and participatory methodologies are easy to understand and accessible to all, regardless of education or literacy levels. GALS is flexible and can be adapted to different areas, such as value chain development and climate resilience.

Gender transformative approaches can also be used to address the root causes of prevalent issues, such as violence against women and HIV. SASA!, developed by Raising Voices (2008), is an evidence-based community mobilisation approach to prevent violence against women and children. By training community members to become activists, SASA! champions lead change within their communities by opening up

dialogue about power imbalances and their impact, as well as promoting the benefits of changing behaviours and practices towards more equal gender norms.

THM embodies many of the principles of gender transformative approaches. Its **whole household focus** is fully participatory, giving all family members a voice to express their perception of their own situation and that of their family. FAO (2023) notes that this fully participatory approach, which includes men, boys and community leaders in gender transformative processes, is critical for effective empowerment of women. Unlike other tools which work at group or community level, THM captures individual household dynamics, which are unique and often missed when gender transformative activities are carried out within a community setting. By involving all family members, THM analysis generates a common understanding of how gender norms influence the day-to-day lives of each member. It does not focus on only one area of gender dynamics, but instead considers roles, workload, decision-making, access to and control over resources and any other aspects of family life participants wish to include. All members can see the results of the exercise, with a visual representation of where the workload burdens and inequalities lie. This creates greater transparency and inspires household members to make changes. It often results in shock or surprise, particularly from the children when they realise the work burden their mothers have been carrying for a long time. Even the simple shift to describing activities such as cooking, cleaning and fetching water as 'work' can have a profound impact on perceptions around how women and girls spend their time. When analysing the situation of girl children, THM can starkly highlight the disparities in workloads between them and their male siblings, leading to discussions around the impact on their school attendance and performance. In many cases this realisation has led to increased investment in girls' education over time and greater freedom for them to do their homework.

Photo 2: Lucy, from Kyotera Uganda, sitting next to her family vision board

Similarly, all family members participate in the envisioning and action planning process – generating a vision for three to five years ahead which not only addresses inequalities

but also works towards a shared goal for the household, such as improving income or farm productivity. In this way it becomes clear to all involved that THM benefits everyone in the household, instead of creating division. The joint action planning process is also a useful strategy for securing male buy-in where there may be initial resistance to the empowerment of women.

THM is also a **highly accessible** tool, which is simple to use and understand, visual and non-threatening. In rural Africa, average literacy levels are low with 182 million adults unable to read or write, 48 million youth illiterate and 22% of primary aged children not in school (African Library Project, n.d.). Ripple Effect works with some of the poorest and most marginalised communities living in rural areas where illiteracy is high, particularly for women, many of whom missed out on schooling, or were educated to primary level, but not beyond. THM is comprehensible for all, regardless of education or literacy status, making it particularly effective in rural and agricultural settings. Its relevance to all household members encourages engagement, while the involvement of the whole family actively challenges traditional norms—particularly in contexts where women and children are typically not permitted to speak in the presence of a male head of household. The physical placing of stones or beans on the grid serves as a valuable first step to encourage engagement of all family members, prior to their active participation in the discussion that follows. Feedback from project staff who facilitate THM noted that because the tool is practical and interactive, many participants view it as a game, which sets it apart from other tools that can be long and complex, particularly if they include an extensive list of survey questions. GALS, for example, consists of a series of sequential activities, and requires much more time and greater resource investment to generate change. THM quickly captures attention due to its visual nature, often sparking an interest amongst other community members to learn more and take part in the training. The impact that it generates is also rapid; once the family sees a visual representation of their situation laid out before them, they are often motivated to address inequalities. THM is also low cost, requiring very few resources – only locally available materials and a skilled and experienced facilitator.

As well as being accessible, THM is also very **adaptable** which helps to ensure its relevance in any given context. THM could be relevant in different cultures or contexts and could be applied almost anywhere in the world (see Section 10). Staff in all Ripple Effect countries, from Burundi to the UK, have been trained in the approach and used it within their own households, as well as in the workplace. Additionally, it can be easily adapted for a particular sector to analyse and address the specific gender roles and inequalities therein. For example, in the agriculture sector, THM may be used to stimulate discussions around women's access to land for farming, or to challenge the cultural restrictions placed on women which prevent them from carrying out certain farming tasks such as ploughing, or milking.

Before THM was developed, Cornerstones were a key element of Ripple Effect's gender and social inclusion approach. These 12 values, e.g., Sharing & Caring, and Gender & Family Focus, set the foundation for other interventions and gave guidance to groups and families. Groups often found a way to depict these, for example by painting them on the walls of their meeting spaces, to remind members of each Cornerstone. Other groups would elect individual members to be responsible for a particular Cornerstone and ensure that the principles it represented were adopted. THM offers a more tailored

and in-depth approach for individual households or communities to see where they are not fully living out the Cornerstone values.

An important point to note is that THM, with its roots in Participatory Rural Appraisal exercises, is **not externally imposed** but instead generated by the family themselves. They plot out their own situation, laid out in front of them, which naturally leads to critical self-reflection and discussion. The exercise is family-orientated, rather than women-centric, which reduces potential resistance from men as the conversation is relevant to everyone in the family, so they do not feel singled out. Similarly, the action plan is crafted by the family themselves. Contributions from all members ensure a greater sense of ownership so the plans are more likely to be followed. A shared understanding of gender within the family setting provides strong foundations for the agriculture and enterprise elements of EASE. Men, for example, become more open to women's participation in economic activities and are more likely to proactively address the restrictions placed on women which prevent their participation – such as access to land for farming.

At community level, the tool is similarly effective in generating robust discussion about gender equality which can be harder to achieve in a traditional dialogue format. If a THM exercise is being carried out in the presence of peers for example, the process encourages observers to reflect on the issues raised. Community members can offer their analysis of a family situation and make suggestions to help change the status quo. It is often easier to identify solutions for others than to start with one's own household, but this is a helpful gateway to encourage self-reflection and sharing of the approach within more households. When working with self-help groups, the action planning process strengthens the organisational management and governance of the group as well as fostering problem solving.

Like all tools, THM also has its drawbacks. The exercise can be time-consuming, taking around three to four hours per household. However, once facilitators become skilled and experienced, the process becomes more streamlined and efficient. Discussions can potentially take an unexpected or difficult direction, for example where family members become upset. Situations like these are not uncommon when the disparities in workloads are revealed and family members realise their children and/or wife is burdened by work to such an extent that their health or education has been impacted. Skilled facilitation is essential to carefully manage these dynamics with sensitivity. A different challenge is that in farming contexts, it can be particularly difficult to find a time when all members of the household can be present given the need to work around agricultural responsibilities, jobs and schooling. Ripple Effect found that it was more difficult to recruit female community volunteers to facilitate THM in hard-to-reach communities which can only be accessed by poor quality roads because of cultural restrictions against women riding motorbikes. However, Ripple Effect is working hard to change this.

6) The impact of THM on gender equality

Ripple Effect has found THM to be a highly effective tool for bringing about significant and long-lasting change in gender dynamics, attitudes and behaviours between men, women, girls and boys. Significant transformation has occurred because the challenges and solutions were owned by all family members who held each other to account. Families said that THM was 'eye opening' and attributed changes in attitudes to the facilitated discussions.

This section provides an overview of the changes from the perspective of Ripple Effect project participants across East Africa.

Roles and workload

THM exposed the burden of work placed upon women, which was considerably higher than that of men. Before participating in projects, most men believed that they were doing all the work, whilst women had a different view. As one woman explained, "The man's activities are one at a time, and then he takes a long rest". They expressed frustration at their relentless workloads, saying, "When you marry, you become overworked," and "If you don't do the work then you are called a lazy one."

Men often justified this imbalance by pointing to cultural expectations, noting that since they paid the dowry, the woman's role was to work. As a result, women and girls were burdened with unpaid care responsibilities – such as looking after children or elderly relatives – as well as so-called "unproductive" tasks like fetching firewood and water, cooking, cleaning, and managing the household.

Facilitated dialogues revealed underlying stereotypes and assumptions around gender roles and workload allocation which had resulted in women and girls being over-burdened with chores compared with men and boys. When asked why men are not supposed to cook, some participants said that men feared cooking when women were present in case they got it wrong, whilst others said that men avoided cooking because of the smoke. Similarly, weeding was viewed as 'women's work', even though men and women planted crops and gardened together. When challenged on this, some men claimed that women were more knowledgeable or even had a 'biological gift' for weeding. Others suggested that men only weed crops that generate income. Some men proposed

Photo 3: Chantal and her daughter collecting water, Rwanda

that switching to planting in rows, rather than scattering seed, would encourage them to weed more.

Another barrier to change related to discomfort for men around fetching water, because typically only women were be found at water sources, which made it more difficult for men to go, especially if they were intending to wash. Facilitators challenged these comments by asking men and boys what they would do if their wife or mother became sick – would they just not eat or fetch water until she recovered? Similar bias was present regarding children's education. Boys were prioritised for education, whilst girls were frequently removed from school to help with farm and household tasks.

Using stones to score the THM grid helped everyone to see that women were working extremely long days – sometimes up to 18 hours – and managing many tasks at once. One man remarked, "It is as if they have twenty-four hands!". Some of the boys became emotional when they realised the heavy burden their mothers had been carrying. As a result, perceptions shifted: people began to recognise the different types of work involved, the importance of women's contributions, and challenged the cultural belief that men were 'the bosses' who should not do work at home. After the exercise, women's contributions to the household were valued much more, whereas before, the focus had been almost entirely on men's work.

Men and women began to collaborate and share workloads more equally to contribute to the success of their farms and household. It was observed that men started working harder, becoming more involved with the farm and the home, taking on activities that were previously seen as women's work, such as cooking, fetching water and caring for children. At the same time, women were able to take on tasks that would traditionally have been done solely by men. Just one year into a project in Ethiopia, participants reported more equal sharing of responsibilities and tasks around the home. There used to be separate roles for men and women, however with greater collaboration the gap in workloads reduced. This change was especially noticeable in farming and livestock rearing. For example, men started gathering food for animals – a task traditionally done by women – while women took on roles usually reserved for men, such as ploughing with oxen. Both men and women spoke about how sharing workloads more equally has allowed them to accomplish more together as a family. It has also freed up girls to be educated. One Ethiopian father commented, "My daughter's school performance was poor. I didn't know that this [heavy workload] was one of the reasons" and committed to improving this situation. With boys' increased involvement in farm and household chores, girls had more time to study and began performing better at school.

Women explained that they are also using resources more effectively by investing money in labour-saving devices such as bicycles, wheelbarrows, grasscutters and water collection equipment. In the past, when these devices were available, men or boys would help with chores; however, without such tools, women and girls were left to do this work alone. As a result, changing gender attitudes combined with better access to technology reduced workloads for women and girls. Men and boys are now more involved in cutting grass for animals, fetching water, and collecting firewood. This has lessened the burden on women and girls and made them feel better supported.

The stigma around men carrying out chores traditionally seen as women's or girls' work has reduced. Some men reported being laughed at for working in the home – especially

cooking or fetching water – but the ‘shame’ associated with taking on these tasks has decreased over time. This change is partly because neighbours have seen the huge benefits Ripple Effect families have gained by sharing the workload.

Attitudes and behaviours

Challenging the underlying gender norms and stereotypes was key to unlocking other benefits from THM. As attitudes and behaviours began to change, the dynamics between men and women also shifted. Women said that they felt more respected by their husbands and that there was more harmony in the home. They attributed this transformation to training and THM, which they said had opened their eyes to the situation and given them impetus to change it. Ripple Effect also found that, once the negative beliefs that had been held by men and boys altered, they became advocates within their communities for gender equality and improving the situation of women and girls. This was because the men and boys also benefitted from the changes, as they came to understand that THM and gender equality serve the interests of the whole family – when life improves for some members, it can improve for all. Despite being teased or insulted by neighbours when carrying out tasks that are seen as traditionally female, men and boys persevered, demonstrating their willingness to challenge traditional gender views and norms. With changes in attitudes, Ripple Effect has seen that men cease trying to undermine women and instead support and encourage them in their enterprises and community engagement roles. Following the example of their parents and neighbours, children also moved away from traditional attitudes and embraced more gender equal beliefs and roles, which gives hope for the next, and future, generations.

Access to and control over resources

According to FAO (2023), the gap between women and men in terms of access to resources remains unchanged, or is growing, particularly for rural women. Gender inequality in agriculture is primarily characterised by women’s lack of access to, or control over, resources. In Africa, men have traditionally owned land, livestock, money and productive resources so that, in spite of the considerable contribution women make to farm production, they are often prevented from voicing opinions or benefitting from these essential resources that provide food and income for families. Ripple Effect participants explained that social norms divided roles and ownership: men were expected to work on the farm and stay out of the kitchen, while women cared for animals but only had rights to what was in the kitchen. When it comes to money, it was men who controlled how it was used and spent. Particularly relevant to Ripple Effect participants, men owned the land and decided what was planted on it.

When women joined self-help groups and wanted to develop vegetable gardens, they often approached men for access to land so they could grow food. Initially, many men resisted changing how the land was used. However, once they saw the benefits – productive kitchen gardens, food on the table and money from selling vegetables – they began to freely support women and share the land. As a result, women gained greater access to resources and ownership over them. Once women started making their own money from farm businesses, they had greater control because the income was considered to belong to them and they were seen to be contributing to the household.

Figure 1 shows the change in women's control over farm-related assets in different projects and countries as a result of Ripple Effect's programming. In every situation, women's involvement and say over how assets were used and managed increased hugely. For example, in the 'Improved Nutrition' project in Dawuro, Ethiopia (2018-2021), almost all women participants (98%) reported full involvement in decision-making on the use of farm resources, up from 49% at baseline, whilst in 'Enterprising Migori' in Kenya (2020-2024), 98% of women were involved in decision-making about the types of crops to be grown on the farm. These data reveal significant changes to women's levels of influence over how land was used.

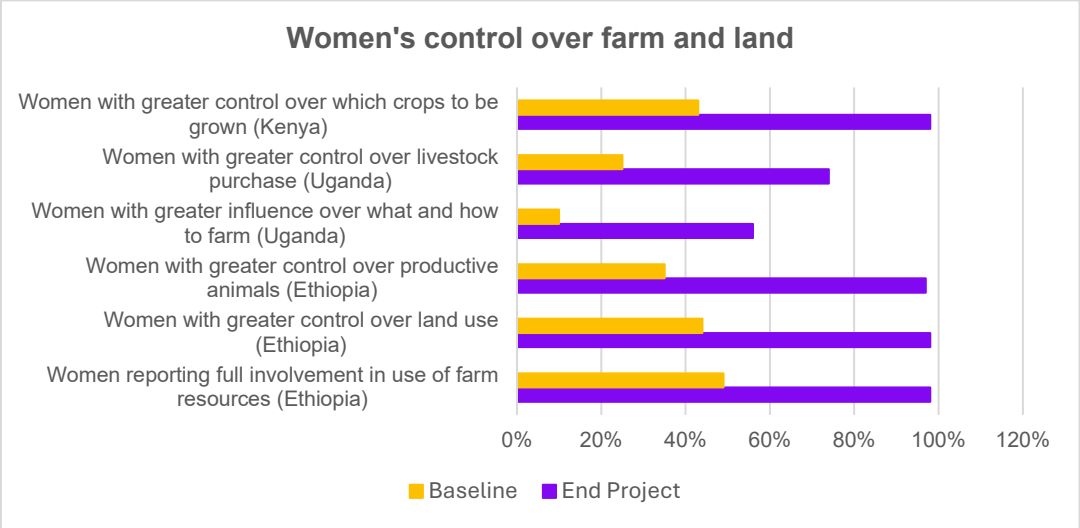

Figure 1: How women's control over farm assets and resources changed from baseline to project end in Kenya, Uganda and Ethiopia

THM also changed perceptions about women's ability to own resources and animals, such as oxen, and their right to decide whether to sell them. Men shared the land and helped with the digging, along with the children. However, one man in Ethiopia remained adamant that the land belonged to him. He "allowed" his wife to use a small area for vegetable production but kept control over what was planted on the remaining acreage. When the Revenue Bureau came to collect land tax, he had no money to pay. His wife, having made money from the sale of vegetables, was able to pay the tax bill, at which point the man said that the land was hers since she was the one who paid for it.

Decision-making in the home

Women were often excluded from decision-making within the home, rendering them powerless to influence what happens regarding their own lives and that of their children. Typically, men made higher level decisions on use of income, children's education and other matters affecting family members, whilst women had some say over smaller-scale decisions around food and childcare. Men admitted that, prior to their involvement in Ripple Effect projects, they thought women had little to offer in terms of ideas or decisions. THM paved the way for women to play a larger role in decision-making. They reported having greater influence within their home and being able to make decisions of their own, whilst contributing to discussions and joint decision-making with their partners.

Specifically, women reported a change in their ability to decide how money was spent and influence decision-making around children's education (Figure 2). For example, in the 'Developing Business Women' project in Ethiopia (2019-2022), 92% of women participants said they were more involved in the management of cash and household finances, up from a baseline of just 28%. Similarly, in 'Enterprising Migori', Kenya (2020-24) 86% of women were included in decision-making over major household expenses, whereas before two-thirds had been excluded from this. Women also increased their purchasing power. Before Ripple Effect, most women had some level of control over smaller amounts of money, but little say over larger purchases. However, by the end, 80% and 62% of women were involved in smaller and larger purchases respectively. Women's involvement in decision-making and greater control over financial resources was linked to growth in income partly because they were contributing economically and also because they were ensuring money was utilised more efficiently. The transition to joint decision-making was attributed to several factors including greater awareness of gender disparity in decision-making from THM, increased respect between men and women and the fact that women are "now bringing something to the table".

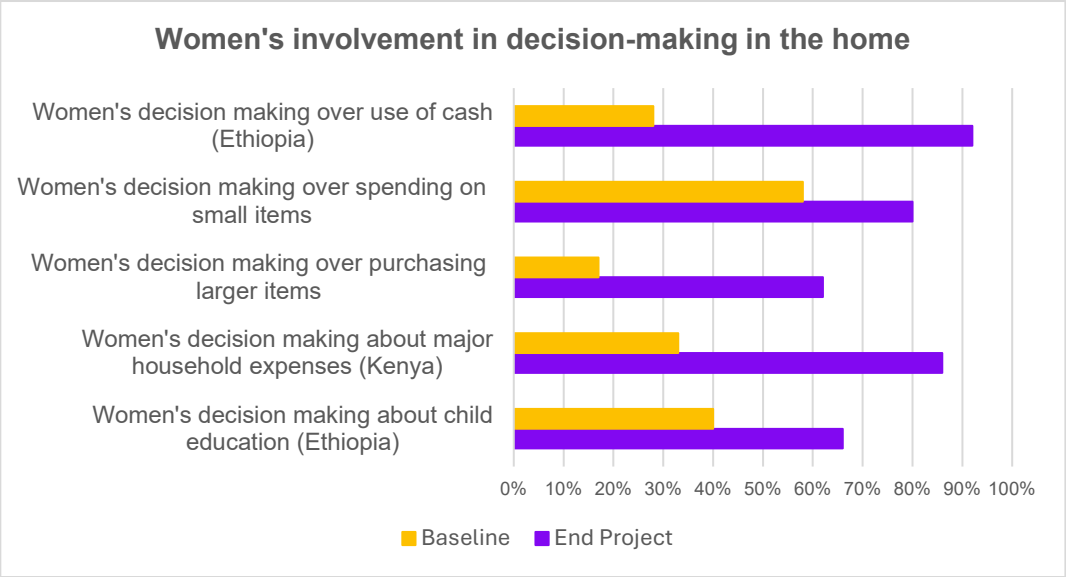

Figure 2: Changes to women's involvement in decision-making in the home regarding expenditure and use of money

Decision-making about food

Food and the kitchen have been the predominant areas where women had most influence and control because they were traditionally the ones tasked with cooking and feeding the family. However, results from Ripple Effect projects across East Africa found that prior to engagement, although most women influenced food purchasing and food distribution, only 28% had any decision-making power over food storage. This is because men tended to oversee harvesting and storage of crops and made decisions about whether to keep them for food security or sell for income, with women having little input. After THM the involvement of women jumped to 86%. A man from Uganda explained how much had changed for him and his wife. Before the project, he would decide how much of their crops to sell and negotiate with buyers without consulting his

wife. Since participating in THM, he will only sell crops with her agreement and even makes buyers wait for her if they come to buy when she is away from home.

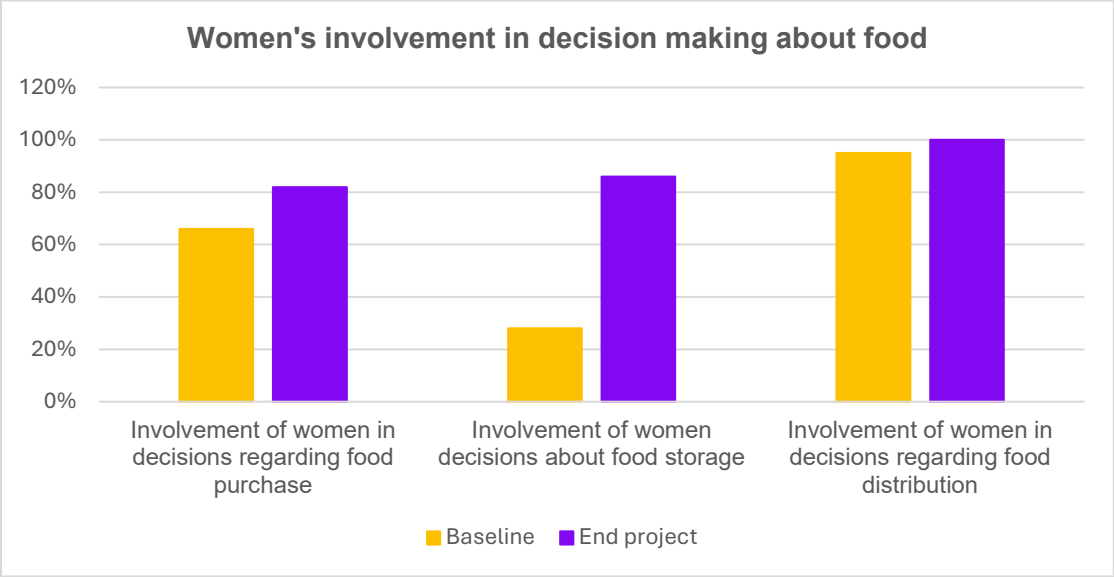

Figure 3: Changes in women's involvement in decision-making about food distribution, storage and purchase after participating in Ripple Effect projects

THM engendered greater respect between men and women as they listened to each other's opinions more readily, giving women a voice when they were previously ignored. Men said they appreciated their wives' input, recognising the value of differing viewpoints for decision-making. Husbands and wives reported being able to plan the farm and household cooperatively, deciding together what to plant, what to sell and what to spend their money on. As a result, power dynamics shifted so that relationships became more balanced and collaborative. Men also extolled the benefits of discussion and sharing, how the pressure of being sole decision-maker was lifted from them, and how joint decision-making as a couple, or family, meant that they made better decisions.

Women's confidence to lead and influence

Women experienced a number of barriers that prevented them from advocating for their rights or leading initiatives, including traditional beliefs and deep-rooted patriarchal norms that assigned domestic responsibilities to them and limited their engagement with public life. Women were also held back by illiteracy, low education levels and a lack of access to information about their rights and opportunities. Economic dependence on men also meant that they did not have the resources they needed to participate. Ripple Effect's EASE approach empowered women socially and economically so they could play their part in the community. As a result of THM and other interventions, women developed agency to travel from home to attend community meetings, training sessions and other events. Training helped build their confidence to speak out about their circumstances, raising the voice of women and girls.

In Figure 4, results from Ripple Effect in different countries, showed the difference made to women's confidence and freedom to engage and lead. In Rwanda, 94% of women said that their self-esteem had risen so they had gained the confidence to participate in

groups. Women expressed how vital this had been for them, as self-help groups were a safe space for sharing their opinions, speaking out and for practising their new-found skills. As a result, 88% of group members in Rwanda, and 81% in Uganda, became confident to speak in public (Uganda data not shown in figure 4).

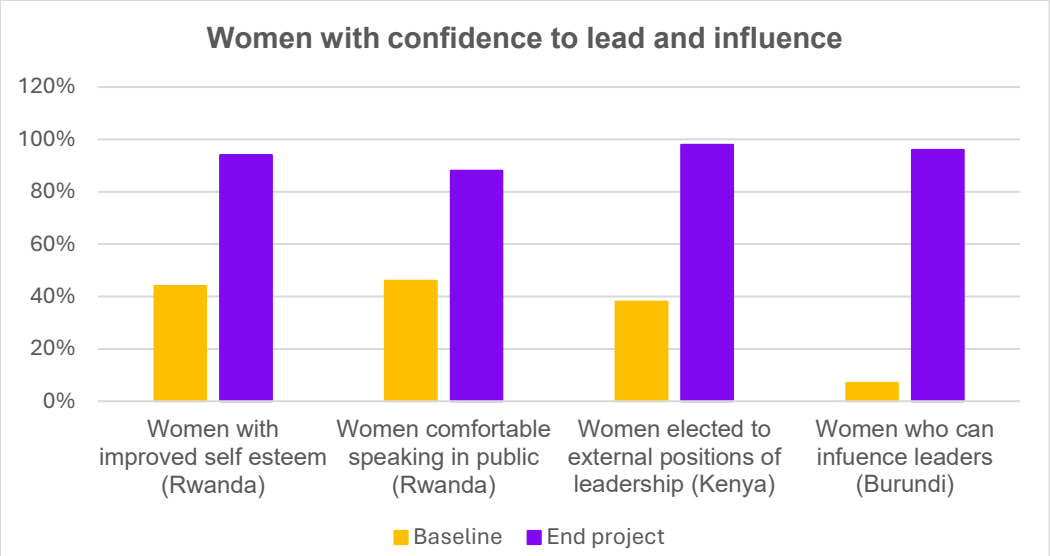

Figure 4: The proportion of women in Ripple Effect programmes with confidence to lead and influence

The proportion of women from Kenya elected to leadership positions outside their self-help group increased from 38% to 98%, meaning that the majority of women were leading other groups and organisations and influencing more widely. This was the result of women having developed their skills and experience through leadership of their own self-help group, giving them the confidence to be elected to lead in other spheres and positions.

Photo 4: Phoebe with the group she chairs in Kyotera, Uganda

Huge progress was also made in Burundi where just 7% of respondents initially thought that women in the community could influence formal and non-formal leaders to make decisions, yet by the end of the project 96% believed in women's capacity to influence. In addition, the social standing of women changed, with 97% of participants saying they were more respected and 94% having been asked for advice by others, something that gave them a sense of dignity and purpose.

The gender changes brought about through THM and other project interventions that built women's confidence and changed family dynamics, also had a positive impact on the wellbeing of men and women. Using the Rosenberg self-esteem scale (1979) to ask participants from the Bensa project in Ethiopia (2021-2024) a series of questions, Ripple Effect was able to assess how being part of a project impacted their self-esteem. The scale yields a score from 0-30, whereby higher scores indicate more positive self-esteem and scores between 15-25 are considered normal. Although the scale doesn't have strict cut-off points, scores in the range of 0-15 suggest feelings of inadequacy, incompetence, low self-image and worthlessness which make facing life's challenges difficult. Ripple Effect used the scale to gain a sense of the proportion of women and men whose self-esteem changed, as well as when in the project cycle change occurred.

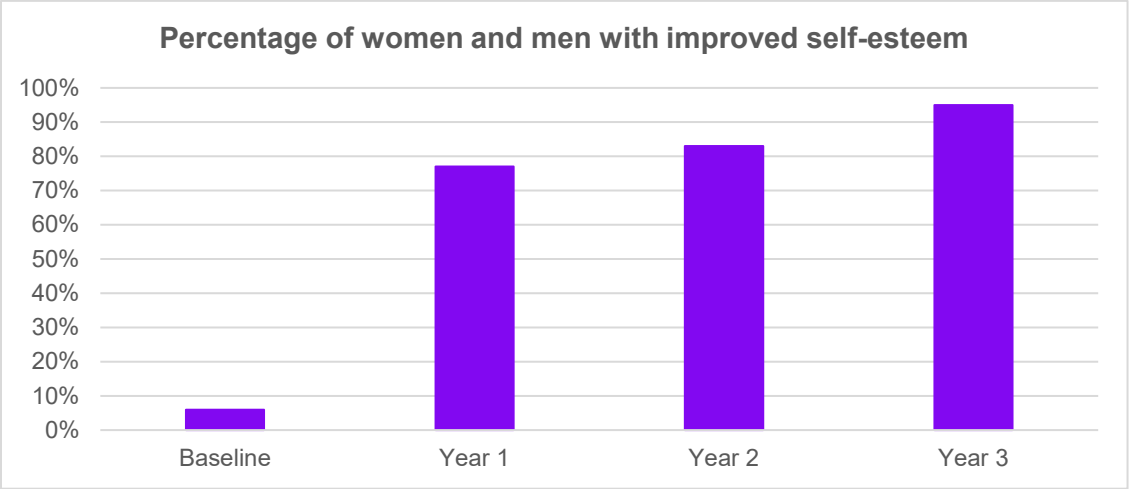

Figure 5: Percentage of women and men from a Ripple Effect project in Bensa, Ethiopia, who scored above 15 on the Rosenberg self-esteem scale

As shown in Figure 5, Ripple Effect was surprised to note that the proportion of people from Bensa reporting improved self-esteem rose from 6% at baseline to 77% in just one year. Wellbeing continued to increase over time with 95% of participants in year 3 reporting self-esteem scores over 15. The factors contributing to self-esteem were many and included food and income security, however these benefits can take longer than one year to achieve, implying that the rapid initial increase in self-esteem is derived from other, multiple factors such as those described above.

It is clear that THM, integrated within EASE, has contributed to changing the lives of women, men and children and bringing greater equality, sharing, love and respect within families and communities.

7) The impact of THM on nutrition

By adopting the agroecological climate-positive agriculture practices promoted by Ripple Effect, farm families increased their crop production and grew a more diverse range of foods. However, increased food production did not necessarily equate to consumption, so it could not be assumed that all family members were eating the sufficient, safe and nutritious food that they needed just because the family was growing more and had extra money to buy food.

In times of insufficient food, it is women and girls who suffer most. Women feed the world, and yet statistics show that they eat last and least, so are often malnourished and food insecure (Ncube, 2023). Entrenched patriarchal norms, gender roles and inequality mean that it is not uncommon for women to consume less food than men and children; women often get the leftovers, or food of lower quality, whilst men generally receive the best food. Women are very often excluded from eating protein, such as meat or dairy produce, to the detriment of their health and wellbeing. This is particularly key for pregnant or lactating women who need increased nutrients and calories to support their own health, the development of their baby and the production of breastmilk. The situation is also disadvantageous for girls. In Sub-Saharan Africa, a higher proportion of female teenagers aged between 15-19 years suffer from anaemia and weight-insufficiency compared to male counterparts, because of nutritional deficiencies caused by food insecurity and gender inequality (Odey *et al*., 2022).

Findings from Ripple Effect projects and research corroborate this view, since many women and girls reported discrimination in terms of food allocation within the family. Despite being responsible for food provision and preparation, women and girls said they received less food, particularly in lean periods, whilst men and boys ate the largest portions, especially of protein. Women from Uganda shared how they would only have meat once, or possibly twice, a year at Christmas and other celebrations, although in fact they "really only tasted the meat" because men and guests would eat the majority and women would be left with the gravy.

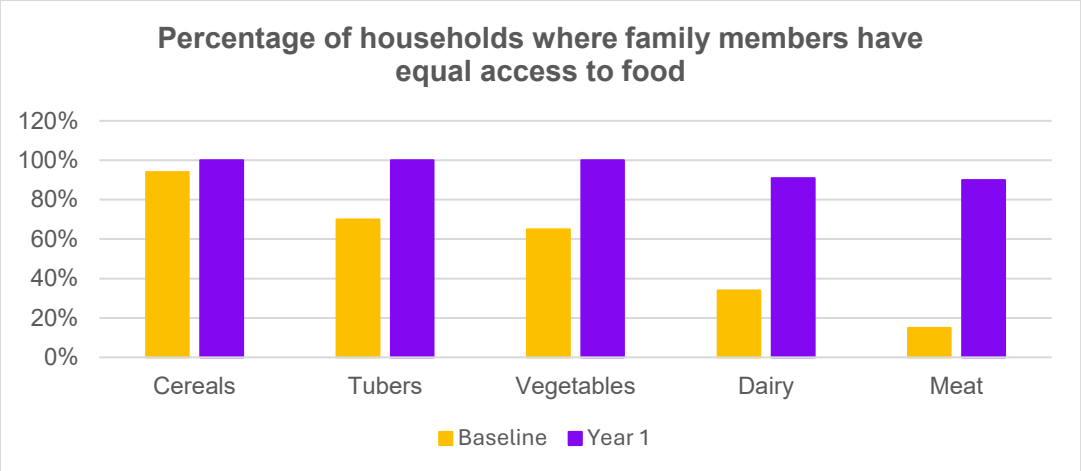

Figure 6: The percentage of households where family members have equal access to different food types (Ethiopia)

However, after working with Ripple Effect the situation altered. A study in Ethiopia assessed how the distribution of different food types changed within households (Figure 6). At baseline, most families were sharing cereals and tubers and, to some extent, vegetables, but not meat or dairy. After just one year of intervention, including THM, families changed how they distributed food so that over 80% of households were sharing all food types equally. Women and girls received their equal share, including meat and dairy produce, and were stronger and healthier as a result. Girls were performing better in school because they were consuming more food and had more energy to travel and concentrate in lessons.

Gender and nutrition research, Zambia

With funding from USAID's Implementer-led design, evidence, analysis and learning (IDEAL) programme (2021), Ripple Effect carried out research into equitable access and consumption of food using THM to understand and address the gendered cultural norms, beliefs and behaviours that impacted on household nutrition inequality. The aim was to adapt and test THM for nutrition and use it to change attitudes and behaviours and bring about fairer consumption of nutritious food for all.

The study, involving 50 families from Shibuyunji district of Zambia, focused on consumption of food groups by different family members, the frequency of eating and who in the home was responsible for paying for, buying, preparing and cooking food. Attitudes to food were also explored. It should be noted that for this study THM was not accompanied by the full Ripple Effect EASE approach, so any impact came as a direct result of THM-facilitated discussions rather than the complementary agricultural productivity or economic empowerment. Another observation of note was that the selected households were not homogenous, i.e., not all families comprised father, mother and children as some were headed by women, whilst others consisted of grandparents caring for grandchildren. Therefore, changes to diet, food consumption and response to traditions were variable and the research findings reflect general trends.

Consumption of different food groups

Protein is crucial for child development, physical and mental health, and overall well-being. The study found that a significant proportion of the selected population suffered from malnutrition, with protein deficiency being a particular concern for children. Protein was the most common food group to be unequally shared within households, with men eating more meat or fish than any other family member whilst girls, women and grandmothers often went without. The reasons given for men eating larger amounts of protein varied, however they predominantly centred on men as head of the household and the "one to go out and look for food". Women were taught from a young age that men should be given more food as a sign of respect. Some men thought women ate a lot of food from the pot so had their share whilst cooking, whereas women confessed to making sacrifices when there was insufficient food to make sure everyone else ate enough. One grandmother said, "*I only eat a little nshima - I am already grown and the children need more because they are still developing".* It was also intimated that orphans taken into families were not given as much food as biological children and went without meat.

Cultural taboos were also found to limit what people ate. Women were not allowed to eat certain parts of an animal, such as the gizzard, kidneys or other offal, as these were specifically reserved for men. Neither could women eat the meat of a cow that had

miscarried or died during calving, because it was believed that she would also miscarry. Pregnant women were not permitted to eat eggs as people believe that if they did, their baby would be born without hair. Men, in their turn, were not allowed to consume okra with varied beliefs held as to what would happen to him; some said he would be bitten by snakes, or that his hunting would be unsuccessful, whilst others held to it that he would be impotent. Further cultural restrictions were imposed on women; if a husband did not choose to eat a certain food, then his wife was also expected to stop eating it, even if she liked it.

After THM, men reported eating less meat and women, particularly young mothers and grandmothers, consumed more equal portions. Boys, who had been drinking most of the milk, reduced their consumption so that girls could have their share. Another significant change that occurred post-THM was that all families started eating more fruit and vegetables. One male participant said, *"Before we began household discussions, we never used to eat fruit unless during the rainy season when we would have mangoes. We now make sure that these are a part of our diet as much as possible, making use of the local fruits that we have".* A trend towards more equal consumption and sharing of food between family members was evidenced in all households.

Photo 5: Therese and her family eating together, Rwanda

Frequency of eating

Before THM, women and girls generally ate less often than men and boys. This changed so that everyone, including young mothers and children, were eating three meals a day. Parents who had not previously paid much attention, started noticing what children were eating and put more emphasis on breakfast to ensure everyone had sufficient, nutritious food and energy for the day ahead. One woman said that THM helped her recognise that elderly people eat more slowly than others, and so she gave the grandmother living with them a separate plate to enable her to eat at her own pace.

In addition to how often people ate, the study also looked at who ate first. Before THM it was primarily men (27%) or children (7%) who ate first; no women reported being the first to eat a meal as they usually ate later and alone. After THM the picture was still mixed, although the proportion of men and boys eating before the rest of the family reduced to 7%, and the number of girls eating early increased. The biggest change was in the proportion of families eating together, up from 13% at the start to 29% which helped ensure everyone had enough to eat as well as bringing harmony to their homes as they shared meals together.

Access and control of food

The decision over what families ate was primarily taken by women (60%) who were considered to be "in charge of the kitchen". Interestingly, this did not change after THM and, in fact, increased to 72% of women making decisions on what food to eat. There was also very little change post-THM regarding the purchase of food as the head of the household, whether a man, woman or grandmother, was expected to pay for it. When it came to going to the market to buy food, one woman reported an unexpected positive benefit from THM saying, "*Whenever we sent our children to buy food they used to steal the money. This was because we did not give them enough food. But from the time we started learning from this program to eat equal food, the children have stopped stealing because they know that when they get back home, they will find enough food and nice one just like that which mum and dad would have eaten".*

Strongly held cultural beliefs meant that women and girls did all the cooking because tradition dictated that once a man married he must not cook, or even touch pots in the kitchen, so his wife had to cook for him. Men and boys were only allowed to cook if women and girls were absent from home. Whatever the beliefs, the study found that after THM men and boys were more active in the kitchen and helped with chores such as drawing water and cleaning.

There was some resistance to change with a few participants expressing the view that there was nothing wrong with the current situation regarding food sharing. Some said that it was not possible for the family to eat more because food prices had gone up, whereas others realised that nutritious food did not have to be expensive. It was hard for people to let go of traditions, and some participants were laughed at by people from their communities when they changed behaviour, highlighting why making changes related to tradition and culture takes courage, sensitivity and time. According to participating families, the power of THM to effect change was due to the dialogue and discussions it stimulated which assisted families to find their own solutions. The fact that some saw THM as a game also helped overcome resistance to change.

By the end of the study, most families were sharing food more equitably and women received their share of meat and fish. Family members looked out for each other to ensure everyone was eating and that people were no longer judged for how much, or how little they ate. One participant said, *"We must make sure we do everything to accommodate those that might be at a disadvantage like the aged, children and people with disabilities to have the food that they need*". Other positive perceptions included the observation that sharing food more equally meant everyone was healthy, malnutrition was no longer present, and children did better in school because they had enough food. Above all, food equality was said to bring peace into the home: "*When we eat together at*

the same time, each person is able to eat until they are full. We eat as a family, so no-one eats alone."

The study concluded that THM is an effective tool for exploring the inequalities related to food and nutrition, with the dialogue it facilitates being particularly helpful in challenging the cultural beliefs and behaviours around food. Although nine months is too short to fully break down lifelong traditions, THM dialogues and structured conversations did challenge these and enabled families to change the way food was consumed in their homes.

8) The impact of THM for people with disabilities

Given the high prevalence of people with disabilities (PWD) in their projects and awareness of the barriers they face, Ripple Effect explored the potential for THM to address these inequalities and effect positive change for them and their families.

An estimated 1.3 billion people worldwide experience significant disability, representing 16% of the global population (WHO, 2023). Disability rates vary, but are higher in rural areas of Africa, and women and older people experience higher rates of disability than men. Stigma and segregation limit PWD's access to education, training or services, so they have lower levels of educational attainment and face challenges in finding work (World Bank). Superstition and false beliefs, such as the idea that disabilities are a result of curses or bad omens, exacerbate social isolation. Intersectionality impacts on the experiences of women and girls with disabilities and their greater vulnerability to abuse is well documented (Dunkle *et al*., 2018). In Northern Uganda, where assessment of THM for disability took place, most people with disabilities faced transport challenges and had not attended school or engaged in employment. They lacked opportunities for independent living so many were entirely dependent on others to care for them. Therefore, people with disabilities spent most of their time with their immediate family with limited engagement outside of the home, meaning that the attitudes of the family and person with a disability were pivotal to wellbeing, self-esteem, quality of life and empowerment.

Adapting THM to address inequalities for people with disabilities
Ripple Effect staff reviewed THM to see how it could be adapted to analyse attitudes towards people with disabilities and consulted them on what changes they wanted for their lives; what they wanted to do, who they wanted more contact with and what were the challenges that prevented them from doing these things. People with disabilities said they wanted to increase their self-esteem, develop a sense of belonging, reduce isolation and participate in decision-making and leadership. The following adaptations were made and THM for disability was tested with participants from the Amuru Disability Mainstreaming Project (ADIMAP) in Northern Uganda (2018-2021):

- In setting up the grid for THM, members with a disability were included and noted.
- Roles were analysed to show participation of all household members.
- Those with a disability were asked if there were roles, or activities, they would like to do more of. The question was posed in this manner to avoid reinforcing perceptions about people with disabilities not being as active within the family.
- Discussions on what barriers prevented people with disabilities from engaging in the roles and activities they identified.
- The family brainstormed potential solutions for breaking down identified barriers.
- Proposed action plans were recorded for follow up and accountability.

Testing THM for disability inclusion
THM was tested with households where at least one person with a disability resided, as well as in a group setting. After each session, the lessons learned and suggested amendments for refining THM were captured. Below is an overview of one test with a family:

Test with a family consisting of mother, father and seven children:

- The mother had a physical impairment and used a crutch, so family members placed her stones where she indicated so she did not need to keep getting up and down.
- The father had a speech impairment and was partially deaf. He did not use formal sign language but communicated using their own family signs. THM's visual nature made it easier for him to participate as he could see the grid, objects and scores.
- The father and sons made chairs and mats, and repaired saucepans for money. By scoring these activities, the total for male family members was higher than for women and girls yet while they were doing this work, mother and daughters were completing many other tasks so this misrepresented the true workload distribution.
- The mother said she would like to do more hair plaiting to earn income. The main barrier was lack of knowledge, so the family action was to save income to pay someone to train her.
- The father said he would like to plough the land with oxen. The family owns two oxen and a plough but he is unable to give verbal commands to the oxen. The family discussed the option of training oxen to respond to alternative signals, such as touch or ropes to guide them.

What people with disabilities want to do more of

People with disabilities wanted to engage in agriculture and horticulture, but digging and weeding were cited as being especially challenging with only elementary tools that were not suitable for people with physical impairments. Roads and water courses were not always accessible, with fields located too far away for some to get to. Access to houses and other buildings was another common challenge, with ramps and wider doorways as solutions for those with mobility issues. Many people with disabilities were keen to be able to wash independently, use latrines and improve their personal hygiene. Proposed adaptations to facilities included ramps, wider doorways and stools to sit on. A persistent barrier was the challenge of fetching water for bathing. Full participation in group meetings was also flagged, particularly by people with visual or hearing impairments who could not see or hear what was going on. Interpreters were hired for THM exercises, however the cost of this would be prohibitive for groups, so they planned to develop communication strategies to address the barriers. Some members said when going to the market to buy produce, stallholders would try to cheat them if they knew they had a disability. Sharing knowledge of current market prices was proposed, to give people with disabilities the confidence to buy at the right price.

Photo 6: A THM training session for disability inclusion in Uganda

Reflections, learning and further adaptations to THM for disability

Time:

- Too many roles and activities were selected which meant the voting took too long; people lost interest and insufficient time was left for discussions about barriers and solutions, which are the most impactful elements of the process. The number of roles and activities should be limited to allow time for conversation.
- It may not always be necessary to count the stones, which takes time; the visual piles of stones, or lack of them could be enough to direct the conversation.
- Facilitators could be provided with bags of stones, or beans, to save time in collecting them, especially when large numbers of people are involved.

Participation:

- Project staff had concerns about asking people with disabilities direct questions which could risk singling out individuals. However, when people with disabilities were not asked specifically about their situation, discussions were too general and not focused on disability. The recommendation was for facilitators to clearly state the purpose of the exercise at the start so questions about disability will not offend.
- Facilitators considered the needs of young children, making sure they understood the process and how/where to place their stones. This was a positive action that should be adopted in all THM settings.
- Contact outside of the family should be included in the grid, because it is an important consideration for people with disabilities who can be isolated.
- It should be emphasised that the intended outcome is for people with disabilities to do as much for themselves as possible, to maximise their potential and independence, rather than family members providing support.

Visualisation:

- More stones were required for a larger family.
- During THM tests, stones were removed from the grid after counting, however this meant that the 'visual impact' was lost and people forgot what the results had been. The stones should be left in place so people can refer back to, the scores.
- Some people found it hard to understand or remember the barriers. Using objects as a visual aid and to symbolise the barriers helped participants to focus.

Overall objectives:

- Some participants had not grasped the purpose of THM and were focused on voting to win and cheering for the people who got the most votes.
- Unless managed well, discussions turned to gender inequalities rather than those related to disability. THM for gender and for disability need to be clearly differentiated and facilitated separately.
- Good facilitation skills were essential to keep discussions on track. At times they became disjointed, e.g., when actions were proposed that were totally unrelated to the barrier under discussion. Select one action, or one barrier, to be discussed at any one time. Facilitators should not feel they have to address every barrier – those that are discussed can act as examples for people to follow afterwards.
- In the group setting, actions were not captured or prioritised, so no clear plan was set. Without an action plan the potential for transformation will be lessened, so one member of the family or group should be tasked with writing, or drawing the actions to ensure they are captured.
- More challenges were experienced with THM at group level, so it was proposed to perfect the tool with households before testing further with community groups.

Impact from the Amuru Disability Mainstreaming Project (ADIMAP), Uganda

Using Ripple Effect's EASE approach together with the adapted THM tool, the aim of the project was to bring social change, wellbeing and economic security to people with disabilities and their families.

Social inclusion

People with disabilities benefitted greatly from the social impact as noted in the external evaluation, "The project brought about tremendous improvement in social inclusion and cohesion" (Magara, 2021). As seen in Figure 7, 86% of participants reported greater involvement in joint planning and decision-making (up from 56% and 20% at baseline respectively). People with disabilities reported being able to join groups and engage in their communities, which reduced their isolation, increased trust and improved access to public services. These changes supported full, active involvement of people with disabilities.

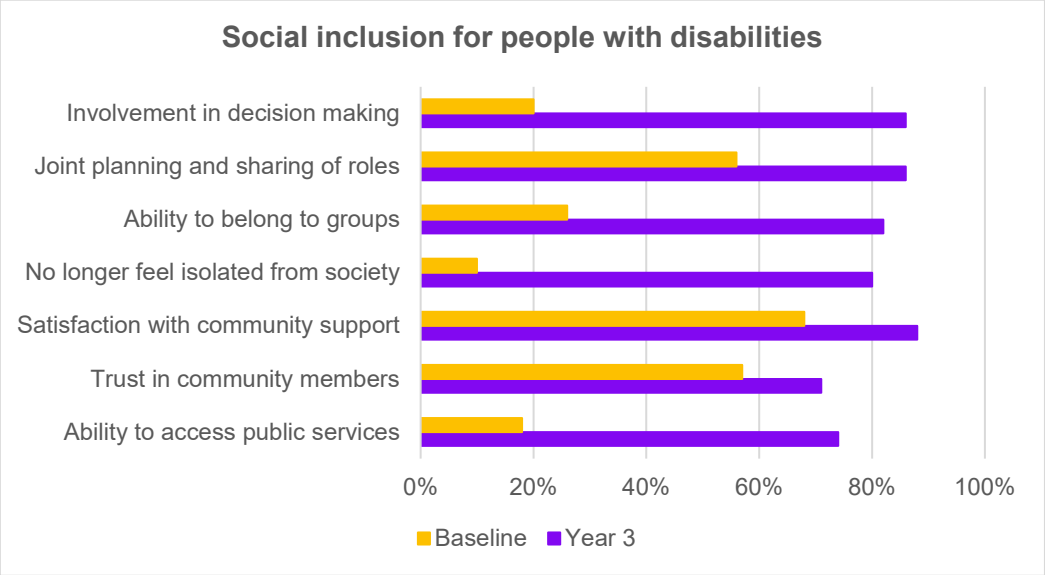

Figure 7: Changes in social inclusion for people with disabilities, ADIMAP project, Uganda

Food security and economic empowerment

The evaluator noted that these important social impacts were achieved within a context of "significant economic changes". People with disabilities gained the freedom to participate in farming so they could address their practical need for food and generate income. The proportion of households that reported being food secure increased from 7.7% at baseline to 69%, whilst income increased 14-fold from $0.24/per day to $3.58/day on average. Employment for project participants increased hugely from 10% at baseline to 79%, with more than 140 jobs created within project communities. THM played a significant part in opening up economic opportunities for people with disabilities that had been closed off to them. Before the project they were perceived as dependent, however by the end of the project many were generating income, saving money, accessing loans through their group savings & loan associations and paying these back efficiently.

Attitudes and behaviours

Project participants highlighted that improved economic status alone was not sufficient to achieve a greater sense of wellbeing for people with disabilities, and that negative attitudes, stigma and cultural practices needed to be challenged for them to fully participate and have their rights respected. Through awareness raising, the majority of participants (96%) came to understand the rights of people with disabilities, thereby challenging the status quo and driving attitude change. People became more accepting, reversing the social exclusion that many people with disabilities had experienced, which meant that 80% said their relationships at home and in the community had improved. A married man, aged 29, explained how THM had transformed him from someone who used to be rude to his wife and his children. He did not care about his son with a disability and so isolated him. Since THM, he testified how he had started caring for his boy, being polite to his wife, no longer abusing her, and helped with household chores.

Families actioned their plans to overcome the identified barriers, so people with disabilities could be more independent and participate more fully in family life. Two men made their mother a portable wooden seat for the latrine so she could use the toilet more easily, whilst others made drying racks at a lower height so those with disabilities could help wash dishes. Adapted latrines and bathing spaces enabled people with disabilities to take care of their own hygiene needs, and in private. Some families created furniture out of a clay mix traditionally used to build fuel-efficient stoves, e.g., a seat for the kitchen so a woman no longer had to balance as she cooked and a child with epilepsy could roast maize without fear of being burnt. Parents made a special chair for their young daughter with a gap on the side so she could rest her leg more comfortably. Others prioritised adaptations to farms and gardens so people with disabilities could practise agriculture, including wider spaces between rows for easier weeding and harvesting. After THM, one mother taught her daughter to feed herself giving her more agency over her eating. She had not thought her child would ever be able to do this until she realised from THM discussions that people with disabilities are more capable than they are sometimes given credit for.

Leadership and community engagement

By bringing people with disabilities out of seclusion, the project reduced the isolation they had experienced (90%) and brought them into the community. Satisfaction with support and trust in the community rose to 88% and 79% respectively.

People with disabilities felt they had a voice and were listened to, so that 65% felt comfortable speaking in public, up from 36%, whilst 64% were happy to speak at meetings where government officials were present. With enhanced confidence, self-esteem and understanding of their rights, people with disabilities took up positions of leadership within their communities (23% up from 11%), as chairperson, treasurer or committee member for their own group, or as elected sub-county government councillors. As a result, the proportion of people who believe that people can influence leaders to make decisions that are in their interests increased from 18 to 35%.

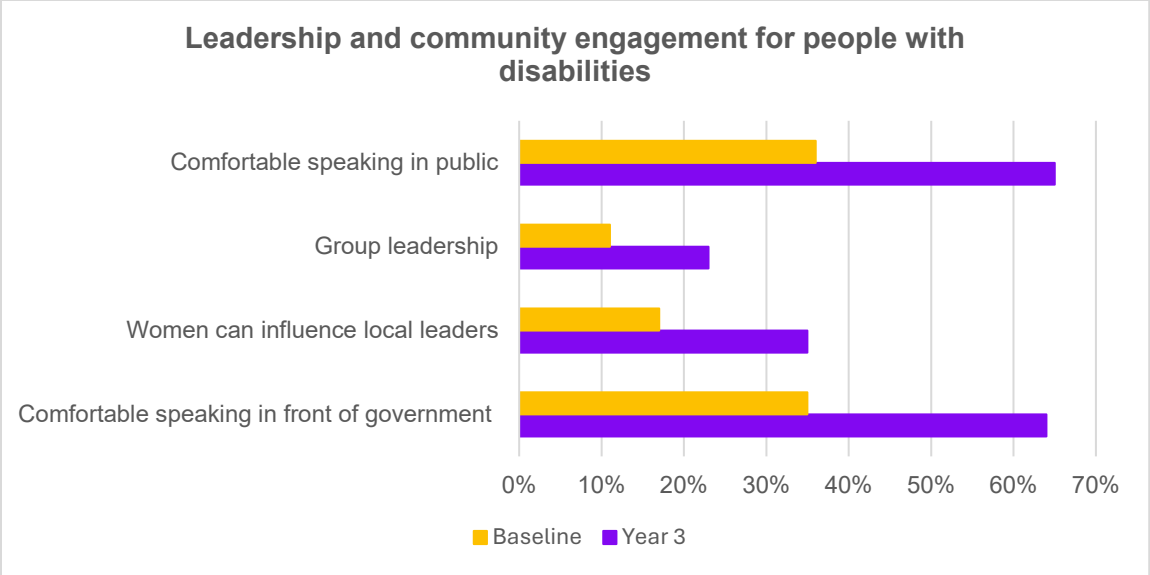

Figure 8: Percentage of people with disabilities able to lead and influence, ADIMAP project, Uganda

A widow, aged 49 and with a physical impairment, explained how her life changed. She said, *"I learned that, as a woman with a disability, I deserve respect like any other person, my rights should not be violated".* Despite being scared and lacking confidence, she was encouraged to take on the role of chairperson of her group. With training and experience, people trusted her and her self-confidence grew to the extent that she decided to run for sub-county councillor elections as a disability representative. *"I never imagined I would get up to speak in public and that people would listen to me",* she testified, "*I am proud and not afraid to contest for higher positions*".

Impact of adapted THM for disability

The evaluator of the ADIMAP project concluded that "*the achievements of the project were enabled by gender and social inclusion trainings and the use of THM, which clearly outlined gender disparities and stimulated dialogue on how to realistically design solutions on a case-by-case basis".* Notable change took place in terms of attitudes towards people with disabilities which laid the foundation for all other changes that occurred. For example, one man was embarrassed by his young, disabled son, and so kept him in seclusion. After THM, his attitude changed so he would take his son out for "walks" in his new wheelchair.

> *"Involving people with disabilities was the best thing, because in the past we would be isolated. We suffered and things were not easy before this project, that's the truth of the matter. I am a living example, just imagine a blind person leading other people who are not disabled. If people have elected a person like me to lead them, that means there has been positive change and people have accepted people with disabilities to stay with the people at large."* (Cluster representative, Akyaya Perina).

The situation for people with disabilities can be challenging. THM helped to identify and clarify the barriers that prevented them from participating or taking their own initiative. The key barriers identified were low self-esteem, lack of dignity or respect, and limited access

to adaptive technologies. By focusing on what people with disabilities can do, instead of what they are not able to do, the project empowered and inspired them. It demonstrated that people with disabilities had the capacity to work and thrive like other people, provided that they had access to assistive tools or devices, were given opportunities and had the support of a network of like-minded persons.

Thus, THM has demonstrated great potential as a tool for unpacking the complex challenges and barriers faced by people with disabilities, changing attitudes and unlocking practical action to break down the barriers so that they can develop greater independence, stand up for their rights and participate more fully in family and community life.

9) The impact of THM on relationships, conflict and violence

A key benefit of the THM model is its impact on intra-household relations between men and women, and between parents and children. Although the tool was not specifically designed to tackle violence, Ripple Effect staff recognised its potential to address underlying causes of household tension and conflict. These include unequal workloads, perceptions and stigma around roles and responsibilities, and power dynamics within the home.

Relationships and wellbeing

When asked about the greatest benefit they experienced after participating in Ripple Effect programmes, many women mentioned the improvements in relationships with their spouses and children, often crediting THM as a key factor in this change. They described a new sense of love and mutual respect between themselves and their husbands.

Photo 7: Therese and Deogratias, Rwanda

Men too were excited to share their experience of greater harmony in the home. They had not previously respected their wives – who, in turn, referred to their husbands as "dictators" because they told them what to do and did not listen. Men felt under pressure when asked by their wife for money for food and school fees, whilst women were frustrated at being dependent on men.

Women's social and economic empowerment, particularly the ability to grow food and generate income, has given them greater independence so they no longer need to ask men for money. Men felt that the burden of provision upon them was relieved so there was less tension and conflict had reduced. As one woman put it, the household dynamics had changed "from dictatorial to democratic". In some cases, this shift led to positive changes in male behaviours – where previously they would spend a large portion of time out drinking, sometimes due to the perceived pressure to provide for the

household. Given that alcohol use is a key contributing factor to intimate partner violence, addressing this trigger through THM and the EASE approach is central to the prevention and reduction of violence.

> *"More joint decision-making and joint planning – [we are] now able to discuss and plan as a family because the husband is now committed and no longer goes for alcohol."* Female participant

In Rwanda, an unexpected benefit was observed after the THM training as part of the 'Empowering Coffee Communities' project (2021-24). After participating in the THM exercise, many couples decided to get legally married which entitled them to joint ownership of assets such as land and property.

Children, mimicking their father's behaviour, did not always show respect towards their mothers. THM facilitated discussions in which children could participate equally with their parents. This enabled families to communicate better, sharing their challenges and needs more openly knowing that everyone would be listened to. This has engendered greater respect for each other.

In Dawuro, Ethiopia, 95% of participants reported improved family relationships, up from 14%, demonstrating the extent of change. A woman from Wolayita, Ethiopia, said her family now has a sense of togetherness and that she, her husband and children eat together which has brought them enjoyment and harmony. The Ethiopian external evaluator expressed his surprise at the open expression of affection he witnessed between husbands and wives. He explained that Southern Ethiopian culture is not very accepting of close physical contact between spouses. Women usually sit apart from men and defer to them in public conversations, yet he saw closeness between married couples with husbands and wives taking turns to speak, unabashed at answering questions and spontaneously standing together for photographs. He also observed husbands gently pulling their wives towards themselves and handling small children with ease and intimacy. Summarising the "complete transformation" many families reported, one man said, "We have more love among us".

THM for couples in conflict

After seeing the positive changes brought about through THM, community leaders from a Ripple Effect project in Rwanda identified families from the local area who were living in situations of conflict. The leaders asked Ripple Effect staff if they would deliver THM for these households to unpack the underlying causes of the conflict and help them find resolution for the disagreements. Altering the way the process is usually performed, they carried out THM with the couples only, without any children or other members of the households, to give privacy and a safe space for the couple to open up and discuss the underlying reasons for tension in the household. This approach was very successful in addressing conflict and will be reviewed and rolled out in other projects and countries.

Violence against women and girls

In 2018 a research project, led by the Global Women's Institute with funding from the Sexual Violence Research Initiative and World Bank, set out to examine the effectiveness of Ripple Effect's gender transformative approach in economic empowerment programmes to reduce intimate partner violence. The research team re-visited former Ripple Effect projects in Western Kenya, where it was known that conflict between partners had been frequent, to understand the level of violence experienced by women and how Ripple Effect's EASE approach, including THM, had impacted on that violence.

Key findings:

- The research found that 71% of women in the project had experienced some form of IPV and 59% had experienced sexual or physical violence.
- EASE, including THM, was found to have a considerable impact on the lives of women and the levels of violence they experienced. **Approximately 60% of women who had suffered violence reported that it had stopped or decreased.** The impact on different types of violence experienced is shown below:

	Stopped	Decreased	Stayed the same	Increased
Physical violence	36%	32%	24%	8%
Sexual violence	21%	46%	31%	2%
Emotional violence	20%	43%	30%	7%
Economic violence	13%	30%	48%	9%

Figure 9: Reported reductions in violence from start of Ripple Effect programme to follow-up survey

- Women noted that relationships in the household were more harmonious due to reduced poverty and greater sharing of roles, which led to a reduction in the violence they experienced.
- Specifically, women reported that more equal workloads contributed to reducing violence because men were working much harder and so were too tired to demand sex from them. Similarly, men's perception was that women were not as tired as they were previously because they were working less hard, and they were therefore more interested in sex.
- With greater economic security and independence, women were able to earn their own income and no longer needed to ask men for money. They were also able to manage their finances more effectively and their status increased as a result of their contribution to the household and through ownership of valuable assets such as livestock. As a result, the economic pressures on the family – a common trigger of violence against women and girls – reduced. Participants described how increased income and financial security led to fewer disagreements between husbands and wives and subsequently reduced levels of violence. Nevertheless, in some cases

women experienced an increase in IPV, due to their economic independence which was perceived to be a threat to entrenched norms of male superiority.

Reflections

THM has proven to be a very effective tool for addressing some of the triggers of disagreements and tensions within households. It has been shown to contribute towards a reduction in intimate partner violence when integrated into Ripple Effect's EASE approach. There is potential to consider how THM could be used to further analyse the areas of gender inequality that impact on violence against women and girls.

10) The potential for adapting, scaling and replicating THM

There is something universal about THM – it has the potential to be used by anyone and anywhere there are inequalities to be explored and addressed. Ripple Effect has demonstrated the versatility of the tool for addressing inequalities in terms of gender, nutrition, disability and violence. Thanks to its accessibility and low resource requirements, THM could be used, scaled, replicated and adapted in many different situations or thematic contexts. However, it should be noted that trying to address too many areas at once using THM is likely to result in a lengthy and unwieldy process that could lose participants' attention. Ripple Effect's experience has shown that a more focused approach yields better results. An initial assessment of the key inequalities as identified by community members could help prioritise THM to the area in which participants most desire change.

The potential for global reach

Given that THM does not require participants to be literate and instead uses locally available materials, together with facilitated discussions in the local language, the tool could, in fact, be used in any country or on any continent in the world. Ripple Effect has primarily used THM within projects in Africa, although staff have also successfully trialled it within the UK context to assess inequalities in workload within their families. Thought needs to be given to language when using THM in different countries and regions, with clear explanations of what it is, how it works and the intended impact. In Chitonga, a language of southern Zambia, THM facilitators found that there was no word for equitable so they spent time with participants to discuss the concepts and come to a mutually agreed term to convey the meaning correctly.

A pathway to scaling –THM volunteers

The main resource requirement for THM is a skilled facilitator who can dedicate the time to carry out the exercise with families, manage discussions and support the development of action plans. Volunteers based within the communities play a vital role in this, so that as many families as possible can participate in the exercise. It is a proven, effective model for rolling out THM at scale and at the lowest possible cost.

Staff train THM volunteers by taking them through the exercise with their own families so they have personal experience of the process and can understand the impact on other families. Volunteers then lead the exercise with other families in their community. Strong facilitation and conflict resolution skills are crucial. Each volunteer returns to the family for follow-up to discuss the household roles and decision-making, including any changes made and to review and re-set action plans for the future.

Photo 8: THM training in Ethiopia

THM in the community setting

THM has been used by Ripple Effect at both community and household level, although the emphasis has been very much towards creating change for families. It has been very influential when used within communities to raise awareness on gender roles, stigma, beliefs and barriers that hold women back. Where women used to be afraid to nominate themselves for leadership positions or contest elections, THM processes have given them the confidence to step forward and represent others. When leaders and community influencers are included in THM activities, and adopt and promote the ideas, then a more receptive environment can be created that enables families to change cultural norms. If community leaders make changes because of THM, then others are more likely to pick up on it. Within Ripple Effect projects, men and women who have experienced positive changes, such as greater respect and love for each other, often become advocates for change, challenging attitudes and behaviours that perpetuate gender inequalities and influencers within their communities. Project participants have also been known to initiate conversations about gender at community events and cultural ceremonies through dance and drama that challenge negative attitudes and practices. There is considerable potential for THM to be used more consistently in a community setting to promote widespread changes to attitudes, behaviours and social norms.

THM and young people

Africa has the youngest population globally, with 75% under the age of 35. Youth face high rates of unemployment and poverty as well as limited access to resources, finance or opportunities. There is often a critical gap between their education and experience, or lack of it, and the job market. Recognising the potential of young people to be a force for innovation and growth, Ripple Effect has developed youth-focused programming in recent years and is exploring the value of THM to identify and break down the barriers young people face when entering the job market or developing their own enterprises.

Some of the social barriers include how youth are perceived and any negative attitudes and stigma they experience, as well as their own self-perception or lack of confidence. For girls, they have the intersectional disadvantage of gender stereotypes as well as the age discrimination youth may face. As we have seen, THM-facilitated discussions can support improved equality and inclusive development for families. Why not for youth? Other areas that could be explored are the roles and power dynamics within families relating to young people, what they can or cannot do, what level of control they have over their own lives, or agency to make their own decisions

THM has the potential to empower young people by dismantling outdated cultural norms, changing their relationships between them and family members, and how they are perceived by the wider community.

Education should be seen as one of the most powerful tools for shaping the future of young people – a priority for African families who already invest a large portion of their income in it. As outlined above, THM is capable of exposing discrepancies in access to education between girls and boys. It is well documented that girls face greater barriers to schooling and educational attainment than their male peers, although in the poorer families that Ripple Effect works with boys may also miss out for lack of funds. THM could help to unpack the differences in access, quality of education and levels and

grades achieved. Even if school attendance was equal for girls, they may still be at a disadvantage if boys are sent to better schools, or if girls' traditional work burden of fetching wood or water and childcare continued to prevent them from doing their homework and studying in the evenings, as boys usually do. Ripple Effect plans to trial THM within the school clubs that they have established in several different projects. To date, the primary focus of these has been enterprise and income-generating activities, however these platforms could equally be used to explore gender awareness and promote education parity. THM could also be further scaled by integrating it more formally into educational settings by introducing the tool as a core component of the curriculum for schools, universities and vocational training institutions.

Another important area for youth engagement that THM could help them to direct purposefully is their passion, energy and creativity. In the ongoing 'Innovations for reduced and redistributed unpaid care work' project in Mount Elgon, Kenya (2024-2026) young people expressed frustration at being unable to grow grass for fodder because their parents had not yet transferred land to them. However, they showed enthusiasm for engaging in other areas of the fodder value chain, highlighting their potential for innovation and added value in livelihood development. Young people have the potential to become agents of change within their own families, communities and in the wider society. They have the drive to challenge traditional norms and question the way things have always been done, for example by contesting land and asset ownership. Youth are usually more technically aware, being up to date on digital technology and social media, which can offer them greater access to vital knowledge and information, as well as the large convening power to reach many people. It will be exciting to explore how THM could help unleash the power and potential of youth in Africa and globally.

THM and the climate crisis

According to UN Women, women are 14 times more likely to die during a disaster than men, and up to 80% of people displaced by climate change are women (UNDP, 2022). Women are not inherently at greater risk from climate change, but their burden of work, mobility constraints and limited access to resources, extension services and information make them more sensitive to the impacts and less able to build resilience. They are also underrepresented in climate policy.

THM could be used to facilitate group discussions on the major environmental challenges affecting the community, such as deforestation, land erosion, soil depletion, water scarcity or overgrazing by livestock. The grid could be used to explore who from the community contributes to, and is impacted most, by these issues. A carefully guided discussion could then support the group to draw on their knowledge and training to consider potential solutions. It will be necessary to ensure that the conversation does not invoke blame but focuses on the co-creation of joint plans for addressing the issues and the resources or labour needed from within the community to implement these. As with THM for gender equality, participants would be encouraged to reflect on any gendered division of labour, power dynamics or decision-making related to climate and natural resources and find ways to address identified imbalances. The aim would be to increase women's and marginalised groups' access to environmental knowledge and technologies and promote shared responsibility at community level, so that women and men are equally prepared and resilient in the face of disasters. This is an area for which Ripple Effect would like to develop and test THM.

Adoption by other organisations

Government ministries in Africa have shown great interest in THM because of the changes and impact they have witnessed within the communities they serve. Training of government extension workers in delivery and facilitation of THM would be a very effective way to scale and reach more communities. Ripple Effect already trains extension workers associated with its projects and in Ethiopia local authorities have accepted THM as part of the national Gender in Agriculture programme. However, more consistent training would result in a wider reach. Similarly, the inclusion of THM in the social and development curricula of colleges and universities would introduce students to the process and give them tools for their future work with communities. THM could be further shared through social media to reach wider and less specialist audiences, e.g., by digitising THM. Above all, to bring about transformative changes in gender norms and women's access to resources will require the involvement of government, international organisations, civil society and private sector.

The adoption of THM by other organisations that want to achieve greater equality and full participation for all could catalyse a powerful movement towards transforming gender relationships and equality for all. Others could advance THM by identifying further thematic applications and adaptations. THM could be a powerful tool to contribute to SDG5, helping to bring about the cultural and social change that is needed at every level in society from grassroots to legal and political spheres, empowering women to reduce their workloads, make decisions, build healthy relationships, giving them a voice and the confidence to lead and influence, and be an inspiration to the next generation of women leaders.

11) Conclusion

Transformative Household Methodology (THM) has emerged as a uniquely powerful tool for advancing gender equality and inclusion in rural Africa and beyond. Unlike conventional approaches which target individuals or communities in isolation, THM engages the household as a unit—making inequality visible within the intimate context of daily life and empowering families to identify and act on their own solutions.

Across Ripple Effect's diverse projects and research, THM has consistently resulted in significant shifts in attitudes, roles, and relationships. Families report greater harmony, more equitable distribution of workloads, improved communication, and increased respect between men and women. Men, once unaware of the disproportionate burden borne by women, often become key allies in the pursuit of equality as they discover the benefits of effecting positive changes at household level. Women, in turn, gain voice, confidence, and access to resources and leadership roles previously denied to them.

Applied in a community setting, THM challenges harmful social norms and empowers local leaders to become agents of change. When used alongside Ripple Effect's EASE approach, the methodology strengthens women's economic and social empowerment, enhances food security, and lays the foundation for sustainable development.

THM's participatory, visual, and accessible design makes it an ideal tool for rural and low-literacy populations. Its simplicity belies its transformative power: by turning abstract concepts of equity into visible and actionable realities, it creates a lasting shift in mindset and behaviour.

The adaptability of THM has enabled its application in critical thematic areas. In the area of **nutrition**, it has challenged unequal food allocation practices, reduced harmful taboos that contribute to undernutrition, and improved the health and educational outcomes of women and girls. In **disability inclusion**, THM has opened space for dialogue, dignity, and practical adaptations that support the autonomy and participation of people with disabilities, fostering household and community-level inclusion. Though not adapted specifically to address conflict and violence, THM delivered within the context of Ripple Effect's EASE approach has also contributed to a reduction in intimate partner violence.

In conclusion, THM is not just a methodology – it is a catalyst for social transformation. It brings about tangible improvements in family wellbeing, food security, livelihoods, and empowerment, while also challenging and reshaping the structural and cultural foundations of gender inequality. As Ripple Effect's experience shows, genuine change begins at home – but its impact can reach far beyond.

12) Recommendations

1. Package THM into a toolkit and manual with guidance notes so it can be accessed by staff, partners and other organisations

2. Raise awareness of THM so other organisations know of it and can adopt and adapt it in their own programming, offering training and support if requested.

3. Carry out further research and document learning around use of THM to inform future developments of the tool, inviting other organisations to test THM and provide their feedback on suggested improvements.

4. Explore the potential for THM in different thematic areas, such as sexual reproductive health and rights

5. Develop a standardised format for delivering THM within community settings. This could be pertinent to climate resilience and use of natural resources.

6. Explore ways to digitise THM and share it via social media to reach wider audiences.

7. THM for disability could be further adapted for specific impairments, e.g., visual, hearing, physical, to raise awareness at community level and tackle specific barriers relating to each impairment.

8. Explore the potential for THM to be used in a confidential setting with couples only (not the whole family) where conflict has been identified or there are sensitive issues to discuss.

9. THM has been shown to contribute to reduction in IPV. It could be very beneficial to explore the power of THM within a community setting to address violence against women and girls.

10. Collaborate with government extension services and aligned NGOs to co-design pilot programmes to ensure THM is officially adopted into service delivery.

11. Include THM in the curriculum for schools and universities to help raise awareness of inequalities and barriers to full participation for all students.

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Annex A: Example of a completed THM grid with scoring from a Ugandan family

Activity	Woman	Man	Boy	Girl
Personal tasks				
Brushing teeth	27	26	32	30
Bathing	38	25	42	31
Washing face	45	28	38	33
Household chores				
Cooking	73	11	16	51
Sweeping	56	7	33	41
Digging	50	52	28	14
Fetching water	67	3	16	64
Cleaning the toilet	44	51	39	14
Weeding	69	6	10	55
Community activities				
Group farming and clearing	39	34	36	27
Community Meetings	51	50	24	7
Total	559	293	314	367