

USHERING CHANGE AND TRANSFORMING LIVES

An evaluation of the Nigat project to shift household attitudes and norms towards child domestic workers in Addis Ababa, Ethiopia

JULY 2025

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All photos featured in this report were taken by children who participated in the evaluation's Photovoice activity.



EXECUTIVE SUMMARY

Introduction

Globally, one in five children is engaged in child labour (UNICEF, 2024). In Addis Ababa, Ethiopia, a study in selected neighbourhoods found that 37% of all girls aged 12–17 were engaged in domestic work (Erulkar, 2022) driven by poverty, cultural norms and gaps in the education system. Child domestic workers (CDWs) often face abuse, exploitation and isolation. Recognising this need, the Freedom Fund Ethiopia implemented the three-year Nigat project in Addis Ababa, aiming to promote safe and dignified living and working conditions for CDWs through community-based, multi-stakeholder interventions designed to shift household norms.

Methodology

The evaluation used a longitudinal qualitative design utilising Photovoice, in-depth interviews (IDIs), key informant interviews (KIIs) and focus group discussions (FGDs). The team collected data from 51 household participants, including CDWs, children of employers (CoEs) and employers. Households were classified into intervention and non-intervention groups¹ across three time points: baseline (January 2023), midline (May 2024) and endline (October 2024). KIIs and FGDs were also conducted with community stakeholders at midline and endline evaluations.

About Nigat project

The Nigat project, implemented by the Freedom Fund and its three local partners, was developed to protect CDWs in Addis Ababa by challenging abuse and promoting ethical living and working conditions for them. The project's three key objectives were: (1) changing attitudes and behaviours towards CDWs among stakeholders, (2) strengthening stakeholder accountability to improve identification and protection of vulnerable CDWs and (3) promoting child leadership and voice by equipping children with knowledge and advocacy skills, and enabling their participation in decision-making and speaking out about the rights and dignity of CDWs.

¹ Participants were recruited through implementing partners who initially identified neighbourhoods for the intervention. As the project commenced, at baseline, some households within the selected neighbourhoods received the intervention and others did not. By default, households that did not receive the intervention were classified as non-intervention households and kept as a comparison group for households that received the intervention. However, it is possible that they may have inadvertently received CDW-related support or training sessions from other Freedom Fund partners operating in nearby geographic areas, raising the possibility that these households do not meet the criteria of a true control group).

Findings

Living conditions

At baseline, CDWs perceived their standard of living as subpar and unjust. Many CDWs in the intervention group (67%) mentioned poor sleeping arrangements at baseline, often sleeping on uncomfortable surfaces with little privacy. Post-intervention, this improved, with only 27% reporting poor sleeping conditions at endline. At baseline, 60% of CDWs noted household mealtime practices that reinforced their subordination, such as eating alone, receiving leftovers and getting insufficient or poor-quality food. By endline, these practices had reduced to 17% in the intervention group, with CDWs more often integrated into family mealtime routines.

Working conditions

CDWs stated performing multiple household tasks, including cooking, cleaning and childcare. Many were exhausted due to heavy workloads, long workdays and limited assistance from other household members. At baseline, CDWs in the intervention group worked 6–12 hours daily, averaging 9 hours. By endline, the range shifted slightly to 4–12 hours, with 8 hours as the average. Additional challenges included working with hazardous tools and lacking access to medical care, often relying on home remedies when ill.

Contractual agreements and compensation

At baseline, most CDWs (80%) worked without formal contracts and were subjected to unclear, inconsistent pay arrangements. Employers typically used informal payment systems and justified low or no wages by arguing that domestic work offered non-monetary benefits or better opportunities unavailable in rural areas. Similarly, the compensation practices also saw limited progress from baseline to endline. In the intervention group, 78% of CDWs indicated receiving little or no compensation at baseline, with modest improvements to 73% at both midline and endline, with many relying on vague promises from employers of future support.

Relationships with household members

Although most employers claimed to treat CDWs like family, CDWs often stated otherwise. At baseline, both intervention and non-intervention groups described verbal and physical abuse, as well as occasional sexual harassment and abuse. These declined over time in the intervention group. For example, for the intervention group, verbal abuse dropped from 27% at baseline to 9% at endline, and physical abuse declined from 17% to 4%. CoEs in the intervention group noted growing empathy toward CDWs, which corresponded with a reduction in reports of social isolation, from 36% at baseline to 18% at endline. These shifts were not observed in the non-intervention group.

School enrolment

School enrolment in formal daytime school (FDS) and alternative basic education (ABE) increased significantly among CDWs in the intervention group, from 54% at baseline to 93% at endline. Most CDWs were enrolled in ABE programs held in the evenings to accommodate their work schedules. In the intervention group, day schooltime enrolment rose from 12% at baseline to 47% at endline, while ABE enrolment grew from 58% to 76%. At baseline, many CDWs struggled to balance school and work. Employer support, including educational materials and time off, contributed to improved enrolment.

Current priorities and future aspirations

At baseline, CDWs prioritised reconnecting with family, rest, nutrition and healthcare. By midline, they also emphasised financial support for their families and access to education. At endline, 73% of CDWs stressed the importance of education and employer support. Over time, CDWs grew more confident and optimistic, as reflected in the rise of those articulating future goals, from 66% at baseline to 83% at endline.

Key evaluation results

Baseline: January 2023

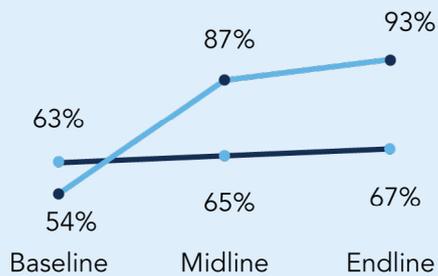
Midline: May 2024

Endline: October 2024

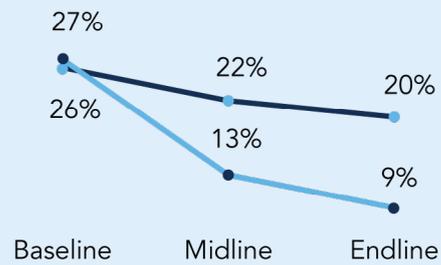
—●— Non-intervention group

—●— Intervention group

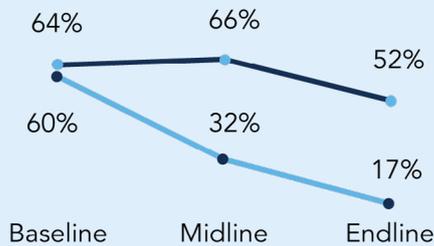
CDWs enrolled in school



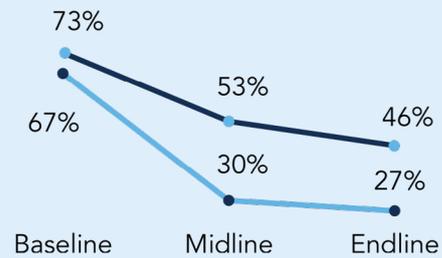
CDWs who experienced verbal abuse



CDWs who consumed poorer-quality food or separately from families



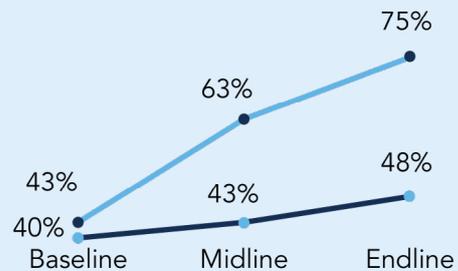
CDWs who slept in poor or unsafe spaces



CDWs who received minimal or no compensation



CoEs who showed empathy for CDWs they live with



Recommendations

Policymakers and child rights non-governmental organisations (NGOs) to strengthen legal protections for CDWs: Recognise domestic work as formal employment in law, set minimum standards for pay and working conditions, and advocate for the International Labour Organization's (ILO) Domestic Workers Convention, 2011 (No. 189). Integrate safeguards for CDWs into child protection policies, with special attention to prevent abuse and exploitation.

School officials to improve school structures and NGO partners of the Nigat project to refine CoE curriculum: Expand school-based peer groups, particularly for CDWs transitioning to formal day schools, and refine curriculum for CoEs to address workplace rights and exploitation. Provide ongoing mentorship to Child Rights Champions and advocacy training to support CDWs in schools and communities.

NGOs to advocate for mainstream material support for CDWs through community initiatives: Strengthen partnerships with local groups and government to provide school supplies and essentials for CDWs. Promote community-based support systems, like iddirs, to help cover fees and needs, ensuring sustainable, locally driven assistance.

Service providers to support CDWs' social network and communication with parents: Provide CDWs with safe spaces to connect with peers, access life skills, legal support, mentorship and mental health services. Reduce social isolation and help maintain family contact by offering free or subsidised phone services through these spaces and schools' guidance offices.

NGO partners to work towards improving social norms and attitudes towards CDWs: Focus awareness and behaviour change efforts on tackling the norms, attitudes, social expectations and economic pressures that lead to CDWs being overworked. Emphasise positive employer role models who treat CDWs well, highlighting that such treatment is achievable, socially valued and beneficial for both CDWs and employing households.

Policymakers and service providers to address socioeconomic challenges of vulnerable employers of CDWs: Strengthen support for vulnerable households, especially kinship employers, facing economic hardship, by connecting them to anti-poverty initiatives and social protection schemes to improve living conditions for CDWs.

Researchers and evaluators to expand on child-measurement approaches: Centre children's perspectives in future child labour research by using child-led methodologies, building on from this evaluation. Ensure evaluations capture children's lived experiences and priorities to define meaningful positive change. Integrate dignity and belonging as core indicators for measuring child domestic work, currently missing from international worst forms of child labour indicators.

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Abbreviations

| | |
|-------------|--|
| ABE | Alternative basic education |
| CDW | Child domestic worker |
| CoE | Children of employer |
| DRT | Development Research and Training |
| FDS | Formal daytime school |
| FGD | Focus group discussion |
| IDI | In-depth interview |
| ILO | International Labour Organization |
| KII | Key informant interview |
| NGO | Non-governmental organisation |
| WSCA | Woreda Women, Children, and Social Affairs |

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BACKGROUND

According to UNICEF, one in five children globally is engaged in child labour (UNICEF, 2024), and around 17.2 million children worldwide are involved in child domestic work (Erulkar, Negeri, and Hailu, 2022; Dito, 2022). In Ethiopia, child labour remains widespread, with rates reaching up to 82.7% in some areas (Erulkar, 2018). In 2018, 16 million Ethiopian children, primarily girls aged 5 to 17, were reported to be engaged in labour (US Department of Labor, 2024; Aboye and Alambo, 2019). Most CDWs are girls, live with their employers and perform household and childcare duties (ILO, 2017; Irenso et al., 2023). A large-scale study in Addis Ababa found that 37% of girls aged 12–17 were employed in domestic work (Erulkar, Negeri, and Hailu, 2022). The gendered nature of such work is evident, where current trends indicate that girls are more likely to do domestic chores while boys work in markets (Stein et al., 2016).

Factors that contribute to children’s engagement in domestic work include poverty, cultural values, social factors and shortcomings in development efforts (ILO, 2017). A 2024 study in rural Ethiopia found that older siblings are often obliged to work, especially if their parents are ill or deceased (Weldeyesus and Alemu, 2024). Cultural norms in Ethiopia also support sending children to wealthier relatives, particularly from rural to urban areas, in pursuit of a better life (Erulkar, Negeri, and Hailu, 2022). As a result, most CDWs originate from rural regions but work in cities (Aboye and Alambo, 2019; Erulkar, Medhin, and Negeri, 2017). CDWs usually enter employment via brokers or extended family (Erulkar, Negeri, and Hailu, 2022). Regardless of how they enter the workforce, many CDWs face serious challenges and lack access to support (Aboye and Alambo, 2019).

Nigat project key components

- Offered targeted support to build organisational capacity for employers, CoEs and CDWs.
- Identified Child Rights Champions among CoEs to promote peer advocacy.
- Provided school fees and materials (school supplies, hygiene kits, clothes, mattresses, blankets) for CDWs.
- Implemented training for local partners and government agencies, including schools iddirs.

CDWs often endure long hours, inadequate pay and frequent abuse—including physical, verbal, psychological and sexual abuse (Dinku, Fielding, and Genç, 2019). Employers often restrict CDWs’ movements, leaving them isolated with limited or no access to education (Erulkar, 2018). In a study in Addis Ababa, only 10% of CDWs attended school due to their long working hours (Erulkar, Negeri, and Hailu, 2022). They also face poor nutrition and limited rest, which contribute to adverse educational and health outcomes (Dinku, Fielding, and Genç, 2019). To improve adverse outcomes experienced by CDWs, the Ethiopian government and international partners have implemented several UNICEF-supported initiatives between 2017 and 2023, including cash transfers and expanded access to social services (US Department of Labor, 2024).

Ethiopia also made legislative strides, such as recognising children’s rights in its 1995 constitution and ratifying key international conventions. These include the ILO Minimum Age Convention (No. 138) in 1999, the African Charter on the Rights and Welfare of the Child in 2002 and the ILO Worst Forms of Child Labour Convention (No. 182) in 2003. The 2019 Labour Proclamation (No. 1156) prohibits labour for children under 15 and regulates working hours and conditions for youth aged 15–17 (Erulkar, Negeri, and Hailu, 2022). A National Action Plan launched in 2021 outlined strategies for identifying and reintegrating children removed from labour (US Department of Labor, 2024). Despite these efforts, CDWs remain largely unprotected, as domestic work is excluded from formal labour law, and the government has yet to ratify the ILO Domestic Workers Convention (No. 189) (Erulkar, Negeri, and Hailu, 2022).

To address some of these gaps, the Freedom Fund Ethiopia partnered with local organisations to implement the Nigat project. Nigat, meaning “dawn” or the “dawning of a new day”, was developed to improve the lives of CDWs by addressing the root causes of exploitation through three key strategies: shifting social norms and behaviours among employers, their children and the wider community; strengthening local protection and reporting mechanisms at both community and school levels and promoting child leadership.

A core component of the project was a curriculum for CoEs, designed to foster empathy and encourage them to take action in support of CDWs, at the household, school and community levels. The three key objectives of the Nigat project are:

1 Changing attitudes and behaviours towards CDWs

The project aimed to work with a diverse group of stakeholders including employers, CoEs, schools, iddirs and Woreda-level government offices to build a shared commitment on the rights and dignity of CDWs. A participatory curriculum, implemented in schools with CoEs, sought to help students and educators develop empathy and inclusive attitudes by exploring the experiences of CDWs. Community-level discussions further aimed to engage both adults and children in reflecting on CDWs’ challenges, shifting harmful norms and encouraging more supportive behaviours to improve their access to education.

2 Strengthening stakeholder accountability at Woreda

The project aimed to improve the accountability and responsiveness of key actors at the Woreda, school and community levels by strengthening community structures and providing targeted training to better identify vulnerable CDWs and promote protective bylaws and their enforcement to address child abuse and exploitation. Enhanced reporting systems and enforcement of CDWs’ protection bylaws were intended to enable timely identification and support for vulnerable CDWs, resulting in improved safeguarding as well as increased school enrolment.

3 Promoting child leadership and voice in advocacy

The project worked to enable children by equipping them with knowledge of their rights and supporting their role as Child Rights Champions. By encouraging child-led advocacy and participation in decision-making, the project aimed to foster greater awareness among peers, households and communities, contributing to a safer and more inclusive environment for CDWs.

The three NGOs who implemented the Nigat project include: Emmanuel Development Association, Hope for Children in Ethiopia Relief and Development Association, and Mahibere Hiwot for Social Development.



METHODOLOGY

The Nigat project was evaluated using a longitudinal qualitative research design to capture changes over time in the living and working conditions of CDWs across three sub-cities of Addis Ababa: Gulele, Lideta and Nifas-Silk-Lafto. Data were collected at baseline (January 2023), midline (May 2024) and endline (October 2024) from intervention and non-intervention households across seven districts. The evaluation explored the effectiveness, relevance and sustainability of the Nigat project by documenting evolving attitudes and norms among employers, CoEs and broader community stakeholders. The study involved 51 households at baseline, with some attrition and replacement at midline and endline to maintain a sample with comparable characteristics (Table 1). Participants included CDWs, their employers, CoEs and key informants—including community leaders, government officials and social workers. The evaluation received ethical clearance from the Institutional Review Board of the Ethiopian Society of Sociologists, Social Workers and Anthropologists.

Table 1: Retention and replacement of household participants

| | | Baseline | Midline | | | Endline | | | |
|---|----------------------------|-----------|-----------|------------------------|----------|-----------|-----------------------|------------------------------------|----------|
| | | | Total | Retained from baseline | New | Total | Retained from midline | Retained from baseline and midline | New |
| IDI with intervention and non-intervention HH | Intervention household | 25 | 29 | 12 | 17 | 28 | 9 | 14 | 5 |
| | Non-intervention household | 26 | 22 | 22 | - | 23 | 6 | 17 | - |
| | Total households | 51 | 51 | 34 | 17 | 51 | 15 | 31 | 5 |
| | Total participants* | 153 | 153 | 102 | 51 | 153 | 45 | 93 | 15 |
| Photovoice and FDGs with CDWs** | Intervention | 18 | 18 | 15 | 5 | 23 | 20 | 8 | 8 |
| | Non-intervention | 19 | 14 | 12 | - | 20 | 15 | 12 | - |
| Total | | 37 | 32 | 27 | 5 | 43 | 35 | 29 | 8 |

*The household was the sampling unit from which three participants—an employer, a CoE and a CDW—were selected to participate.

**Photovoice participant numbers vary as some CDWs declined participation in Photovoice but participated in household IDIs.

Four primary qualitative methods were employed: Photovoice, IDIs, KIIs and FGDs. Photovoice was used with CDWs across all three phases, enabling them to document and discuss their lived experiences through photography. Participants received training sessions and engaged in structured sessions that included image capturing, group reflection and narrative development. This participatory method helped CDWs to share insights into their realities while generating rich visual and narrative data for analysis. IDIs were conducted at each stage with CDWs, employers and CoEs to track changes in living and working conditions, access to education and relationships within households. KIIs and FGDs—introduced at midline and endline—included a broad group of community stakeholders who provided context on the intervention’s wider social impacts and sustainability (Table 2). All interviews and discussions were conducted in participants’ preferred languages, recorded, transcribed and analysed using Dedoose software, with findings validated by participants and implementing partners. For more details on the methodology, please see Annexe: Methodology.

Table 2: Participants engaged in community key informant interviews and focus group discussions

| | KIIs | | FGDs | |
|---|-----------|-----------|----------|---------|
| | Midline | Endline | Midline | Endline |
| Government officials (Woreda Women and Children Social Affairs (WCSA) Office) | 11 | 7 | | |
| Volunteers | 4 | 2 | | |
| Social workers | 3 | 2 | | |
| Iddir council members | | 2 | 1 | |
| The Freedom Fund’s partner schools | | 2 | 2 | |
| The Freedom Fund’s partner program managers | | 3 | | |
| Total | 20 | 18 | 3 | |





FINDINGS

Demographic characteristics

CDWs predominantly originated from rural areas such as Woliyita, Butajira, Arba Minch and North Shewa and were aged 13–17, with a median age of 14 (Table 3). CDWs were primarily employed by relatives (58%), and nearly half had 3–5 years of experience in domestic labour. Employers were predominantly married women aged 30–40 and were either home-makers or street vendors. Most employers fell into the low-income (63%) category. CoEs were primarily girls aged 14–18 and were predominantly enrolled in 8th to 12th grade.

Table 3: Demographic characteristics of CDWs, employers and CoEs

| | | | Baseline percentage (freq.) | Midline percentage (freq.) | Endline percentage (freq.) |
|--------------|-------------------------------|---------------|-----------------------------|----------------------------|----------------------------|
| CDWs | Gender | Man | 0.0% | 0.0% | 0.0% |
| | | Woman | 100.0% | 100.0% | 100.0% |
| | Age | Aged 0-14 | 47.5% (24) | 49.0% (25) | 46.75 (24) |
| | | Aged ≥15* | 52.5% (27) | 51.0% (26) | 53.25% (27) |
| | Grade | 3-6 | 48.0% | 66.0% | 70.0% |
| | | 7-8 | 11.0% | 12.0% | 15.0% |
| | | 9-12 | 7.0% | 9.0% | 8.0% |
| | | >12 | 0.0% | 0.0% | 0.0% |
| | | Not in school | 34.0% | 13.0% | 7.0% |
| | Relation to employer | Relative | 58.0% (30) | 59.0% (30) | 57.0% (29) |
| Non-relative | | 42.0% (21) | 41.0% (21) | 43.0% (22) | |
| CoEs | Gender | Man | 45.2% (23) | 44.0% (22) | 46.0% (23) |
| | | Woman | 54.8% (28) | 56.0% (29) | 54.0% (28) |
| | Age | Aged 0-14 | 48.3% (25) | 49.3% (25) | 48.3% (25) |
| | | Aged ≥15* | 51.7% (26) | 50.7% (26) | 51.7% (26) |
| | Grade | 3-6 | 26.0% (11) | 27.0% (11) | 25.0% (10) |
| | | 7-8 | 17.0% (7) | 18.0% (7) | 16.0% (7) |
| | | 9-12 | 52.0% (22) | 50.0% (21) | 53.0% (22) |
| | | >12** | 5.0% (2) | 5.0% (2) | 6.0% (2) |
| Employers | Marital status | Married | 65.0% (33) | 66.0% (34) | 64.0% (33) |
| | | Unmarried | 35.0% (18) | 34.0% (17) | 36.0% (18) |
| | Age | 18-35 | 33.0% (17) | 32.0% (16) | 34.0% (17) |
| | | Over 35 | 67.0% (34) | 68.0% (35) | 66.0% (34) |
| | Income | Lower-income | 63.0% (32) | 62.0% (32) | 61.0% (31) |
| | | Middle-income | 27.0% (14) | 28.0% (14) | 29.0% (15) |
| | | Higher-income | 10.0% (5) | 10.0% (5) | 10.0% (5) |
| | Family size | 1-3 | 39.0% (20) | 39.0% (20) | 41.0% (21) |
| | | 4-6 | 43.0% (22) | 43.0% (22) | 41.0% (21) |
| | | Over 6 | 18.0% (9) | 18.0% (9) | 18.0% (9) |
| Education | No schooling or primary | 36.0% (18) | 35.0% (17) | 37.0% (19) | |
| | Secondary education or higher | 64.0% (33) | 65.0% (34) | 63.0% (32) | |

*Some participants turned 18 by the time endline data was collected.

**This indicates the proportion of those who go to school.

CDWs' living conditions

The following section presents findings on household members' perceptions of CDWs' living conditions, focusing on sleeping arrangements, mealtime practices and access to medical care. We examine the gap between CDWs' experiences and employers' perceptions of the care they provide, highlighting persistent challenges such as a lack of privacy, poor-quality sleeping spaces and unequal treatment during meals. We also explore how these conditions evolved, particularly within intervention households, and discuss how some improvements—especially in mealtime inclusion—were linked to the training sessions received through the intervention. Finally, we address CDWs' continued lack of access to formal medical care, an area that showed minimal progress across all evaluation phases.

Household members' perceptions regarding CDWs' living conditions

At baseline, most CDWs (69%) felt that their living conditions were below minimum expectations and spoke about it as unjust. Despite general agreement on the importance of adequate care by the household members, CDWs consistently indicated poor living conditions, including limited time for rest and a lack of privacy when sleeping. Key informants corroborated these sentiments, with many stating at midline that employers provided inadequate living arrangements for CDWs because they viewed them as inferior. A key informant from the WCSA Office said, *"Before the project, CDWs were not counted or considered as human beings even... the employers didn't see them like they required a proper diet, [or] like they need adequate rest or needed equal medical attention as their own children. Generally, they considered CDWs as inferior"* (KII, midline).

There were two predominant perspectives on CDW living conditions among employers and CoEs. First, at baseline, most employers (64%) and CoEs (55%) believed that CDWs had adequate living conditions and described improvements compared to the CDWs' past living situations, particularly since the time they resided in their parental homes. Furthermore, at baseline, most employers (74%) claimed that CDWs' basic needs were met and that CDWs had access to food, shelter and education. One employer emphasised their belief by stating, *"...we treat her like our own child, and everything goes smoothly for her, I don't believe there is anything she feels could be done better"* (Employer, aged 34, Gulele, midline).

Figure 1: A CDW shares her wish to sleep on a comfortable bed.



The girl in this picture is my employer's daughter², peacefully asleep on the bed she shares with her mother. In the second photo you can see the couch where I sleep³. They also have a son who sleeps on a mattress beneath me... I long for a comfortable bed like hers. Watching her sleep soundly on the bed makes me wish I had a proper place to sleep... The worst part is the constant fear of falling off the couch. I don't have a pillow, and I can't stretch my legs properly. It's not comfortable at all...

(Endline)

2 The image of the employer's daughter has been removed to maintain anonymity of the photovoice participant.

3 The image of the couch has been removed to maintain the anonymity of the photovoice participant.

Employers' beliefs about providing adequate living conditions for CDWs persisted over time. At midline, 59% of employers stated CDWs had better living conditions and more opportunities than they would have in their rural homes. The second perspective, reported primarily at midline, was held by 34% of employers in the intervention group, who acknowledged an awareness that CDWs may perceive their living conditions as substandard. However, they felt living conditions could not be improved due to the employer's own economic or logistical constraints. Overall, conflicted employers rationalise the hardships experienced by CDWs as necessary and found their employment arrangements to be mutually beneficial.

CDWs' sleeping arrangements

At baseline, 67% of CDW participants perceived their sleeping space to be of poor quality, unhygienic or unsafe. They also felt there was no consideration for their dignity, privacy or personal safety because many CDWs slept on low-quality surfaces such as worn-out foam mattresses or hard floors. CDWs also mentioned sleeping in living rooms, kitchens or hallways and that they frequently shared mattresses with other household members. In addition to the lack of privacy and uncomfortable surfaces, some CDWs highlighted sleeping in spaces that exposed them to environmental hazards, such as ashes, dust, humidity, and cold air, which increased their risk of illness.

At baseline, other evaluation participants, including some CoEs, reported that CDWs' sleeping arrangements were subpar. One CoE stated, "After a long day's work, she doesn't get a decent rest. She has to sleep on the floor" (CoE, aged 12, Lideta, baseline). At baseline, 37% of CoEs believed CDWs' sleeping arrangements needed improvement, while 44% felt they were comfortable, highlighting mixed perceptions of CDWs' living conditions. Of the CoEs who believed sleeping arrangements could be improved, 23% thought they could take action in their homes to improve CDWs' sleeping conditions.

At midline and endline, participants in the intervention group noted significant improvements in their living conditions, as only 30% and 27% of CDWs, respectively, mentioned issues with their sleeping arrangements, compared to 67% at baseline (Table 4). CDWs in the non-intervention group reported similarly poor sleeping arrangements, with 73% describing their sleeping spaces as uncomfortable at baseline. This number decreased to 53% and 46%, respectively, at midline and endline for the non-intervention group.

The Photovoice activity highlighted the lack of personal space for CDWs, a recurring theme throughout the evaluation period. Several CDWs stated they felt uncomfortable due to the existing sleeping practices, such as sharing rooms or beds with household members. Sharing sleeping spaces heightened CDWs' fear of exposure to physical and emotional abuse. CDWs expressed concerns



about the lack of privacy and inadequate rest, as well as the negative impact on their ability to function effectively during the day. One unanticipated finding was that some CDWs viewed bed sharing as a sign of familial inclusion, respect and integration within the household, as often family members shared sleeping spaces.

Household mealtime practices

At baseline, CDWs described stark exclusions and inequalities regarding mealtime practices, where 60% of them were required to eat separately and received lower-quality⁴ food or leftovers (Table 4). Moreover, 44% of CDWs revealed they were only allowed to eat after all members of the household finished their meal. In contrast, at baseline, 74% of employers believed they provided adequate meals that met CDWs' nutritional needs.

Mealtime practices improved by midline, with fewer CDWs (32%) reporting eating poor-quality foods separately. By the endline assessment, only 17% of CDWs in the intervention households mentioned eating poor-quality foods separately from the family. Additionally, by the endline, more CDWs in intervention households mentioned eating with the employer's family and receiving better-quality food compared to those in non-intervention households. In the non-intervention group, at baseline, 64% of CDWs described consuming poor-quality foods alone at midline. The number increased slightly at midline (66%) and then decreased to 52% at endline (Table 4).

CDWs who noted differential mealtime treatment stated the practices reinforced feelings of inferiority and isolation and highlighted their feelings of marginalisation. During the baseline, one CDW discussed mealtime practices in her employer's household. She said, "I eat twice a day...bread for breakfast in the morning, and I eat late at night when they [the family] finish eating... I usually eat alone...and [eat] whatever is left from the family. Some days I might not have enough food, so I go to sleep starving" (CDW, aged 14, Lideta, baseline). Many CDWs reported that mealtime was more than just a time to eat. It held deep cultural and emotional significance. CDWs referred to rural home customs where shared meals fostered connections and mutual care among family members.

Figure 2: A CDW discusses the positive effects of intervention on mealtime practices



The changes in my living conditions have made a huge difference. I now eat the same meal that makes me feel valued and respected. These improvements have given me a real sense of belonging in the household.

(Midline)

4 According to CDWs, poor-quality food refers to meals that lack essential nutrients and dietary diversity, are insufficient in quantity, irregularly provided or consist of leftovers.

Employers, COEs and some KII participants stated that they attributed changes in mealtime practices to the training sessions households received through the intervention. The following example illustrates CDWs' feelings of inclusion during mealtimes: *"The improvements in the living arrangements have created a home-like environment. We share meals together, making me feel like part of the family rather than just an employee"* (CDW, aged 12, Gulele, midline). Moreover, for many CDWs, eating with their employers is a symbolic affirmation of equality and respect. CDWs who shared meals with the employer's family noted receiving more balanced diets and experiencing increased energy levels, which in turn helped them carry out their tasks more efficiently.

CDWs' access to medical treatment

CDWs identified a lack of access to medical treatment as an unmet need. At baseline, CDWs stated that injuries or illnesses that occurred while working were typically treated with "home remedies" rather than formal medical care. At baseline, only 3% of the CDWs in the intervention group stated having access to medical care. These values changed minimally during the midline and endline evaluation, where 5% and 4%, respectively, of the CDWs indicated access to medical care (Table 4). In the non-intervention group, the number of CDWs who described access to formal medical care at baseline, midline and endline was 2%, 3% and 2%, respectively. Photovoice data further supported the lack of access to medical care for CDWs.

Figure 3: A CDW reported her lack of access to medical treatment



...When I bend over and do laundry or other chores, I get a headache. I am worried about my health. I take medicine but do not go to the hospital. I do not go to the doctor because the pain is not severe and only lasts for a few minutes...I also do not have the money to go to the clinic every time I get sick, which is often....

(Baseline)

Table 4: Changes in CDWs' living conditions

| | Intervention group | | | Non-intervention group | | |
|---|--------------------|---------|---------|------------------------|---------|---------|
| | Baseline | Midline | Endline | Baseline | Midline | Endline |
| CDWs who slept in poor and/or unsafe spaces | 67% | 30% | 27% | 73% | 53% | 46% |
| CDWs who consumed poor-quality food | 60% | 32% | 17% | 64% | 66% | 52% |
| CDWs who reported access to formal medical care | 3% | 5% | 4% | 2% | 3% | 2% |

Summary of CDWs' living conditions

- At baseline, 67% of CDWs in the intervention group mentioned poor sleeping arrangements, often on uncomfortable surfaces and in communal areas such as hallways or kitchens. By endline, only 27% of CDWs noted poor sleeping conditions.
- CoEs echoed CDWs' concerns about poor sleeping arrangements, while employers maintained that the conditions provided to the CDWs were adequate.
- At baseline, 60% of CDWs in the intervention group mentioned household mealtime practices that emphasised their subordination—receiving leftovers, small portions or poor-quality and non-diverse food. By endline, only 17% of CDWs indicated receiving poor-quality, inadequate food and having to eat separately from the family.
- In the non-intervention group, those reporting eating poor-quality food separately declined modestly from 64% to 52%, but this change was not as significant as in the intervention group.
- In cases of illness or injury, in the intervention group, CDWs described seldom having access to formal medical care (3% at baseline, 5% at midline and 4% at endline). The most common forms of treatment for CDWs' illness were home remedies.
- While improvements were evident in CDWs' living conditions, employers and KII participants noted that ongoing economic hardship could undermine the sustainability of these gains.

CDWs' working conditions

In this section, we discuss findings related to CDWs' workload, daily working hours, exposure to hazardous tasks, compensation practices and overall job satisfaction. The findings highlight how long, physically demanding workdays, often without adequate rest or recognition, shape CDWs' lived experiences. The section also underscores the widespread absence of formal contracts and the limited or inconsistent compensation CDWs receive, which is often mediated by familial relationships. Finally, we examine how support from household members, particularly in intervention households, contributed to some improvements in job satisfaction while also noting the persistent gaps between employer perceptions and CDWs' realities.

Figure 4: A CDW illustrates her workload of fetching large amounts of water



I am filling water cans, a task I do twice a week, making six rounds each time. Each can holds 20 litres... No one helps me. At first, the backpain was unbearable, but I've grown used to it now. I know that if I get seriously ill or in pain, they will take me to the hospital, but I don't ask for help.

I'm afraid I might upset them, and I could lose my job... I really wish they would reduce the number of cans I have to carry.

(Endline)

CDWs' workload and workday

CDWs described performing a variety of tasks, including cooking, cleaning, fetching water and providing childcare. At the baseline interviews and during the Photovoice activity, CDWs stated their tasks were physically demanding and that they frequently experienced extreme exhaustion and physical pain. CDWs also said that their employers often dismissed or silenced them when they spoke about those concerns. One CDW discussed such an instance, "Whenever I say to them I needed to sleep, they would say, didn't you work in the agricultural field while you were at Wolita? So, why are you tired?" (CDW, aged 15, Gulele, baseline).

Besides the exhaustion and demanding workload, study participants, including CoEs and key informants, noted that CDWs had long working hours. At baseline, 48% of CoEs mentioned that CDWs were the first to wake up and the last to go to sleep in the household. At baseline, CDWs in the intervention group described working between 6 and 12 hours a day, with an average of 9 hours worked (Table 5). At midline, these numbers declined slightly, with reported daily work hours ranging from 5 to 12 hours and an average of 8.5 hours per day. At endline, CDWs in the intervention group mentioned working 4–12 hours daily, with 8 as the average hours worked.

CDWs in the non-intervention group noted a similar number of average work hours per day. At baseline, non-intervention participants indicated working an average of 9 hours per day. This value decreased to 8.7 hours at midline and 8.3 at endline (Table 5). When discussing CDWs' workday, an iddir council member stated, "... [people in] our society think if they hired a CDWs, she/he has to work for 24 hours, that there is no need for [them] to rest" (Gulele, iddir council member, midline). Despite these already long working hours, CDWs and CoEs noted that CDWs' workdays often become even longer during holidays and when guests are present. One CoE said, "I suspect working hard for [such] a long time is the main challenge for her. She washes a lot of dishes and works long hours in a day. This is more pronounced on holidays and when we have invited guests at home" (CoE, aged 16, Lideta, baseline).

Figure 5: A CDW exposed to extreme heat and smoke



You see the traditional stove I use to bake injera. It's a skill my aunt taught me and now I bake for the whole family. The heat from the stove is intense, often burning my face and I have to step outside to cool down. The flames can extend beyond the stove, risking burns. I suggested a modern stove, but my aunt can't afford it and the roof leaks during rainy seasons affecting heat control. I

always advise others to be careful and if I feel unwell, I ask my aunt to take over for safety.

(Endline)

Dangerous and hazardous working conditions

Other work-related challenges CDWs faced included working in dangerous conditions where the use of potentially hazardous tools and materials was common. Participants described hazardous conditions, including handling boiling water, hot irons and sharp knives, often in poorly ventilated kitchens and cooking spaces.

These items exposed CDWs to considerable risks. A few CDWs discussed instances of having sustained injuries from knife cuts and broken glass but received minimal or no formal medical treatment. Despite these reports, many employers claimed that CDWs were often under supervision when performing risky tasks to ensure safety.

Contractual agreements between CDWs and employers

A majority of CDWs (80%) worked without formal contracts and endured unclear and inconsistent compensation practices. Employers generally adopted informal payment systems, rarely issuing official agreements. They viewed informal compensation systems as adequate for CDWs and often emphasised non-monetary benefits such as improved living conditions or access to education. In the intervention group, 63% of employers at baseline believed that domestic work offered CDWs opportunities unavailable in rural areas, which was one of the main reasons employers justified low or no wages for CDWs. Similarly, in midline and endline, 73% of respondents felt that CDWs payments were sufficient, given inflation and the economic pressures on their households. Additionally, 54% justified low wages by referencing the prevailing local wage standards. As one employer noted, *“We pay what the market dictates—this is the standard rate in our area, so it’s fair compensation...”* (Employer, aged 40, Gulele, endline).

In the intervention group, 78% of CDWs indicated receiving little or no compensation at baseline, with modest improvements to 73% recorded at both midline and endline (Table 5). The non-intervention group showed minimal change, with 81% reporting limited compensation at baseline, followed by 79% and 77% at midline and endline, respectively (Table 5). Payments were often made to CDWs’ families instead of the CDWs themselves, limiting their financial autonomy and reinforcing their economic vulnerability. Many CDWs depended on their employers’ unfulfilled promises of future support, such as educational or financial aid. As one CDW explained, *“My salary is sent when my mother is in trouble; otherwise, there is no salary. I am working to get a salary so that I can support myself... They said they will send me to America so that I can help my mother...”* (CDW, aged 15, Nefas-Silk-Lafto, baseline).

Figure 6: Zerubbabel Dereje’s transformation: A success story

Zerubbabel Dereje, a 13-year-old 6th grade student from Woreda 4, initially held discriminatory views and perceived CDWs as inferior. His attitudes shifted significantly following his participation in the Children of Employers training program, which emphasised CDWs’ rights and shared humanity. This experience prompted a personal transformation and inspired Zerubbabel to become an advocate for CDW rights in his community.

Inspired by training, Zerubbabel actively promoted respectful treatment of CDWs among his peers and family members. He also played a key role in founding a school-based gender club focused on equality and inclusion. As part of his advocacy, he also contributed 200 ETB (~USD 1.47⁵) to support the club’s activities, indicating his ongoing commitment to social change and motivating others to engage in similar efforts to foster a more inclusive environment.

Differences in compensation were also evident between CDWs who were related and non-related to the employers. Non-relatives were more frequently paid, while relatives—often younger CDWs—typically worked without remuneration. In the intervention group, 41% of CDWs received pay. Of these, 83% worked for non-relatives, and 17% worked for relatives.

Among the 55% of CDWs who worked without pay,⁶ 93% were employed by relatives and only 7% by non-relatives. This disparity reflects a pattern of unequal treatment, where employers often justify unpaid work through kinship ties, masking exploitative arrangements as familial duty.

5 The average exchange rate during the period of fieldwork (01 Jan 2023 to 01 Oct 2024) was USD 1 = ETB 135.8775. Source: <https://uk.investing.com/currencies/usd-etb-historical-data>.

6 The question was left unanswered by 4% of CDWs.

Employers frequently claimed to treat CDWs as family members. One explained, “We treat her like one of our own children. She eats with us, sleeps in the same house, and we make sure she gets the same care and attention as our kids...” (Employer, aged 34, Lideta, endline). However, many CDWs rejected this framing, citing dissatisfaction with the absence of direct compensation. This discrepancy highlighted a significant disconnect between employer narratives and CDWs’ realities.

Household member support with tasks and CDWs’ job satisfaction

Long working hours, exhaustion and an inconsistent payment structure contributed to widespread job dissatisfaction among the CDWs. At baseline, only 36% of CDWs in the intervention group described job satisfaction. This figure increased modestly to 43% at midline and reached 54% by endline (Table 5). In the non-intervention group, baseline job satisfaction was 34%, rose to 47% during the midline assessment, and then declined slightly to 42% at the endline (Table 5). While the overall difference between the intervention and non-intervention groups was not substantial, the steady improvement in the intervention group suggests that targeted interventions, particularly those involving CoEs, positively influenced CDWs’ work experiences. In many intervention households, CoEs increasingly assumed supportive roles by assisting CDWs with domestic responsibilities such as coffee preparation, baking, dishes and laundry. This support is evident in the data, where 44% of CoEs mentioned helping CDWs at baseline, increasing to 54% at midline and 58% by endline (Table 5).

Similarly, employers’ involvement in supporting CDWs with household chores rose from 33% at baseline to 44% and 64% at midline and endline, respectively. In contrast, CoEs in non-intervention households described minor fluctuations in support: 43% at baseline, 47% at midline and 46% at endline. Employer support in these households remained comparatively low, with 28%, 29% and 32% reporting involvement across the three evaluation time points (Table 5).

CDWs, CoEs and KII participants highlighted behavioural changes among employers and CoEs in the intervention group, attributing these shifts to the training sessions received during the intervention. A CoE remarked, “I used to insult and hit her, but now I wash my own socks” (CoE, aged 14, Gulele, endline). Support from employers and CoEs helped alleviate some of the physical demands on CDWs; however, it was not enough to mitigate the broader challenges associated with issues such as long working hours and the resulting physical strain.

Table 5: Changes in CDW’s working conditions

| | Intervention group | | | Non-intervention group | | |
|---|--------------------|---------|---------|------------------------|---------|---------|
| | Baseline | Midline | Endline | Baseline | Midline | Endline |
| Working hours | 9.0 | 8.5 | 8.0 | 9.0 | 8.7 | 8.3 |
| CDWs who mentioned minimal to no compensation | 78% | 73% | 73% | 81% | 79% | 77% |
| CDWs who stated job satisfaction | 36% | 43% | 54% | 34% | 47% | 42% |
| Employers who helped with household chores | 33% | 48% | 64% | 28% | 29% | 32% |
| CoEs who helped with household chores | 44% | 54% | 58% | 43% | 47% | 46% |

Summary of CDWs' working conditions

- CDWs perform a variety of household tasks, including cooking, cleaning and childcare.
- CDWs were often exhausted due to the demanding workload, long workdays and limited help from household members, although reports indicated slightly more support at midline and endline.
- Additional work-related challenges for CDWs include working in hazardous conditions and being exposed to dangerous tools such as sharp knives, boiling water and poorly ventilated cooking spaces.
- A majority of CDWs (80%) lacked formal contracts and structured compensation.
- Both intervention and non-intervention CDWs noted minimal or no compensation. In intervention households, 73% of CDWs reported receiving little to no compensation at endline.
- CDWs working for non-relatives often received tangible pay, while many working for relatives were unpaid and relied on promises of future support.
- Job satisfaction at endline was 54% for intervention and 42% for non-intervention CDWs, up from 36% and 34% at baseline, respectively.
- Employers and CoEs in the intervention group observed attitude and norm shifts that assisted CDWs more, as confirmed by KII and FGD stakeholder participants.

CDWs' access to education, school enrolment and priorities

Figure 7: A CDW studies with her employer's son



Here I am with my employer's son⁷. The children in the household view me as their older sister... however, I feel that my employers don't view me as part of their family, which makes me feel like something is missing. When all the children go to sleep, I do not... I ask the eldest son questions about my schoolwork. He often asks me questions in return.

In this picture he asked me about something, and I am showing him. We usually study together... I feel like he is my little brother and friend. He even helps me with washing his and his brother's socks. I'm really happy to have him in my life.

(Endline)

The following section presents findings on CDWs' access to education, including trends in school enrolment and employer support and how these influenced CDWs' evolving priorities and aspirations. We examine persistent barriers to education, such as long work hours and inconsistent support from employers and highlight the substantial gains made by the intervention group. The section also explores how CDWs' priorities shifted over time from basic needs such as rest, nutrition and medical care to longer-term goals such as vocational training, staying connected with family and building a better future. We close by outlining the growing sense of purpose and optimism among CDWs, especially those in the intervention group, as more began articulating clear goals and aspirations.

7 This image has been removed to maintain anonymity of the photovoice participant.

CDWs' access to education and school enrolment

One of the primary motivations for CDWs to enter domestic work is the promise of education to improve their future. Yet, at baseline, 40% of CDWs in the intervention group experienced significant barriers to school enrolment and attendance, including exhaustion from long working hours and insufficient employer support for both school attendance and time to study. Such challenges often led to tardiness, absenteeism and limited academic progress.

The Nigat project, alongside improved employer support, led to marked increases in school enrolment for the intervention group. At baseline, 54% of CDWs were enrolled in either FDS or ABEs. This number rose to 87% at midline and 93% at endline (Table 6). In contrast, the non-intervention group showed more modest gains—63% school enrolment at baseline, increasing to 65% at midline and 67% at endline (Table 6). Most CDWs in the intervention and non-intervention groups attended ABE programs in the evening—which required fees—unlike FDS, which is paid for by the Ethiopian government (Table 6).

In the intervention group, school attendance improved steadily. While 40% of CDWs mentioned difficulty attending classes due to work at baseline, this dropped to 30% at midline and remained stable at endline. However, in the non-intervention group, this figure rose from 35% at baseline to 42% at midline and 45% at endline.

Employer support was a key factor. In the intervention group, only 34% of CDWs described receiving educational support from employers at baseline. The percentage increased to 44% at midline and 73% by endline. Support from employers included supplying the necessary materials and granting CDWs time to attend classes and complete homework. In the non-intervention group, support rose from 23% at baseline to 46% at midline but plateaued at 46% by endline (Table 6). The observed trends in the non-intervention group indicate a lack of sustained employer engagement in supporting CDWs' educational needs.

CDWs' current priorities

Figure 8: A CDW discusses her desire for a mobile phone



This is the cellphone my employer uses as a flashlight in the dark. Afterwards, she locks it to prevent me from accessing it. It has no SIM card, so I can't use it to call my family. I haven't heard their voices in three months, and I miss them deeply.

Whenever I ask for help contacting them, she brushes me off, saying "not now" or claiming the phone has no credit or battery. In the four years I've worked here, she has never allowed me to reach out. Only when my cousin visits occasionally do I get a chance to hear my family's voice.

I don't understand why she won't let me speak to them. I just wish she'd help me reconnect with my loved ones.

(Baseline)

CDWs' needs and priorities evolved throughout the intervention period. At baseline, CDWs in both groups prioritised reconnecting with family, rest, nutrition and medical care. Many viewed education, vocational training and saving as key to improving their lives. Employers and CoEs also highlighted education as essential for a better future.

At midline, earlier priorities remained, but CDWs increasingly stressed the need to support their families financially. Vocational training became more appealing to secure diverse employment. One 13-year-old CDW in Gulele said, "I want to learn a skill so I can help my family and not just do domestic work... I think vocational training would give me more opportunities and help me find a different kind of work..." (midline).

Figure 9: A CDW illustrates her lack of basic hygiene products



This is me holding an empty sanitary pad to highlight how hard it is for me to access them. My period is heavy, so I need to change pads two or three times a day – one pack is never enough. I used to ask my employer, but she questioned how I used them so quickly. Eventually, I felt too embarrassed to keep asking.

One holiday, while selling grass, I sat for a long time and stained my dress. I was ashamed. A neighbour's son saw and gave me his jacket so I could cover myself and go home. When I told my employer, she didn't care.

Getting sanitary pads is a constant struggle. I wish such basic necessities were easier to access.

(Endline)

In the intervention group, 73% of CDWs highlighted the need for employer support with training and education. At endline, CDWs reaffirmed education and study time as top priorities, along with emotional needs such as staying in contact with family. Many CDWs (32% in the intervention group and 55% in the non-intervention group) noted the importance of mobile phones for staying connected with parents and accessing educational resources. Endline findings reflected CDWs' multifaceted priorities, including their reported need for personal safety, access to clothing and hygiene products. Photovoice data echoed in Photovoice these findings.

CDWs' future aspirations

CDWs expressed a range of long- and short-term goals. At baseline, 66% articulated aspirations, with many expressing hopes of escaping their current environment and building a better future. They dreamed of becoming soccer players, pilots, architects, teachers, doctors, designers and artists. Alongside these dreams, they also shared practical goals such as transitioning from ABEs to FDS, attending vocational schools and buying livestock to support their families.

Over time, aspirations in the intervention group became more defined. The percentage of CDWs with clear goals rose from 66% at baseline to 77% at midline and 83% at endline (Table 6). This steady increase reflects a growing sense of hope and purpose. Optimism for the future also rose slightly, from 33% at baseline to 48% at midline and 47% at endline.

Table 6: Changes in CDWs' school enrolment and future aspiration

| | Intervention group | | | Non-intervention group | | |
|---------------------------------------|--------------------|---------|---------|------------------------|---------|---------|
| | Baseline | Midline | Endline | Baseline | Midline | Endline |
| Overall school enrolment | 54% | 87% | 93% | 63% | 65% | 67% |
| CDWs attending FDS | 12% | 32% | 47% | 13% | 23% | 28% |
| CDWs attending ABE programs | 58% | 71% | 76% | 44% | 63% | 66% |
| CDWs struggling to attend class | 40% | 30% | 30% | 35% | 42% | 45% |
| Employer *support for CDWs' education | 34% | 44% | 73% | 23% | 46% | 46% |
| CDWs with noted goals and aspirations | 66% | 77% | 83% | 68% | 60% | 70% |
| Optimism about the future | 32% | 48% | 47% | 44% | 47% | 49% |

*Employer support is defined as giving CDWs time to attend classes, study or complete assignments at home, providing books and other school supplies and paying school fees for CDWs who attend night school.

Summary of CDWs' access to education, school enrolment and current priorities and aspirations

- School enrolment among CDWs in the intervention group dramatically increased over the intervention period (from 54% at baseline to 93% at endline).
- CDWs in the intervention group mentioned primarily attending ABE programs due to competing work priorities. The number of CDWs in ABE programs increased from 58% at baseline to 76% at endline among the intervention group and from 44% at baseline to 66% at endline in the non-intervention group.
- Employer support, such as providing educational materials and granting CDWs time to attend FDS and complete assignments, contributed to the observed increases in school enrolment.
- At baseline, CDWs in the intervention and non-intervention groups prioritised reconnecting with family, rest, nutrition and access to medical care.
- By midline, their priorities expanded to include financial support for families and a stronger focus on education.
 - » At endline, 73% of CDWs in the intervention group stressed the importance of education and called for employer support in attending school, studying at home and funding their future goals.
 - » CDWs shared diverse goals—from shifting to day school and supporting families to becoming soccer players, medical doctors and artists.
 - » The growing number of CDWs articulating clear aspirations—from 66% at baseline to 83% at the end line—showed increased confidence and optimism.

CDWs' treatment and connections within households

This section presents findings on how employers, CoEs and other household members treated CDWs and the quality of their relationships with them. In particular, the section contrasts CDWs' experiences being treated as workers versus family members while also documenting trends in described verbal, physical and sexual abuse over time. We also examine the growth of emotional connection and empathy for CDWs, particularly among female heads of households and CoEs, and assess the impact of these relational dynamics on CDWs' sense of social inclusion during the various phases of the evaluation. The findings highlight both the progress made in the intervention group and the continued challenges faced by many CDWs in achieving recognition, respect and support within the household.

Treatment of CDWs in the household

Relationships between CDWs and employers were complex, often influenced by whether they were related. While 55% of employers claimed to treat CDWs like family during the baseline assessment,

many CDWs felt excluded. One 14-year-old CDW explained, “They say I’m part of the family, but I feel more like a worker... I’m afraid to speak up because I worry they might get angry or send me away... I can’t shake the feeling that I’m being used” (CDW, aged 14, Nifas-Silk-Lafto, midline).

Figure 10: A CDW describes why she does not like pink slippers



It is what my employer uses to hit me when she gets mad. She picks whatever is around her and throws it over. The last time I remember is when she hit me with this. It is my slipper, and it hurts so much. I was hit because I did not finish the chores I was given in time. I kept silent throughout because it would get worse.

(Baseline)

At baseline, 39% of CDWs said communication with employers was formal, and many noted rules that limited their interaction with household members. CoEs and KII participants echoed these findings. One CoE shared, “I wanted to socialise with her [CDW] and have attempted to support her in her activities. However, for an unknown reason, Mom and, in some cases, Dad don’t want me to be near her. They always create some ways so that I distance myself from her” (CoE, aged 11, Nifas-Silk-Lafto, baseline). Although many CDWs hoped to be treated as family, only 30% of intervention group CDWs mentioned such treatment at baseline. The proportion increased to 44% at midline and 45% at endline.

Despite employers’ claims of respectful treatment, some CDWs reported verbal, physical and emotional abuse (Table 7). Punishments were used for disobedience, forgetfulness or accidents such as breaking dishes. A few CDWs described sexual harassment, including unwanted advances and provocative jokes. One mentioned sexual abuse at baseline.⁸

Abuse decreased over time, especially in the intervention group. For the intervention group, verbal abuse reports dropped from 27% at baseline to 13% at midline and 9% at endline. Reports of physical abuse fell from 17% at baseline to 6% and then 4% at midline and endline. Sexual harassment and abuse reports also declined, going from 6% at baseline to 3% at both midline and endline. In the non-intervention group, verbal abuse dropped from 26% to 22% and then 20%, with similar declines in physical abuse and sexual harassment and abuse (Table 7). These results suggest interventions contributed to reductions in abuse, though more work remains to address persistent and varied forms of exploitation.

⁸ CDWs who mentioned abuses in any form were connected to social support services including mental health providers and legal aid.

Table 7: CDWs reporting abuse

| | Intervention group | | | Non-intervention group | | |
|--|--------------------|---------|---------|------------------------|---------|---------|
| | Baseline | Midline | Endline | Baseline | Midline | Endline |
| CDWs who mentioned verbal abuse | 27% | 13% | 9% | 26% | 22% | 20% |
| CDWs who mentioned physical abuse | 17% | 6% | 4% | 16% | 10% | 6% |
| CDWs who mentioned sexual harassment and abuse | 6% | 3% | 3% | 7% | 5% | 4% |

CDWs' connections to household members

CDWs in the intervention group stated improved relationships with female heads of households and CoEs during the intervention period (Table 8). CDWs felt most connected to female heads of household who often gave directions and assisted with household work. At baseline, 72% of CDWs in the intervention group mentioned strong ties with female heads of households, rising to 85% at midline and 88% at endline (Table 8). Similarly, strong ties with CoEs rose from 54% at baseline to 70% at midline and 78% at endline. Participant's success stories echoed these improvements. In contrast, the non-intervention group showed no consistent trend, with 69% stating strong ties with female heads at baseline, 77% at midline and 67% at endline.

Figure 11: "They are like sisters now": A success story

Halima (38) lives with her daughter Amira (17) and CDW Gete (18). Before the Nigat training, Gete did nearly all the chores while Amira focused on school. After the training, Halima and Amira recognised the imbalance—now Amira helps Gete and they often work together, even baking Injera. Halima shared, "they are like sisters now."

Gete gained *confidence* and now aims to excel in school and become a businesswoman. She valued the sessions and peer meetups where CDWs shared stories. She noted her story helped improve the lives of other CDWs. After the training, her employers gave her their last name—a gesture of *inclusion* and *equality*.

The Nigat Project also sparked *community change*. Halima shared what she worked with her *iddir* and contributed to *policy changes* protecting CDWs. She and Amira now share their knowledge with others because they believe "every CDW can be treated as sons and daughters of employers."

The intervention group also saw positive shifts in outcomes such as empathy. CoEs highlighted empathy for CDWs, which increased from 43% at baseline to 63% at midline and 75% at endline (Table 8). Social isolation among CDWs declined from 36% at baseline to 23% at midline and 18% at endline. In the non-intervention group, CoEs reporting empathy only rose from 40% to 48%, while reports of social isolation remained stable (Table 8).

These findings suggest positive changes in relationship ties, empathy and integration for CDWs in the intervention group. However, some still faced challenges. At endline, 21% observed marginal, and 23% noted no improvements in treatment and subordinate status. Those who saw little change expected more support from employers and CoEs with tasks and educational goals. These results highlight the ongoing need for broader systemic interventions to support CDWs more fully.

Table 8: Reported changes in relationship ties between CDWs and household members

| | Intervention group | | | Non-intervention group | | |
|--|--------------------|---------|---------|------------------------|---------|---------|
| | Baseline | Midline | Endline | Baseline | Midline | Endline |
| CDWs with strong ties to female heads of household | 72% | 85% | 88% | 69% | 77% | 67% |
| CDWs with strong ties with CoEs | 54% | 70% | 78% | 49% | 45% | 53% |
| CoEs who show empathy for CDWs | 43% | 63% | 75% | 40% | 43% | 48% |
| CDWs who reported social isolation | 36% | 23% | 18% | 34% | 28% | 32% |

Summary of CDWs' relationships with household members

- Employers often claimed to treat CDWs like family, but many CDWs disagreed.
- At baseline, CDWs in both the intervention and non-intervention groups said they were treated as workers, with some reporting verbal and physical abuse, as well as sexual harassment and abuse. Mentions of abuse declined over time as relationships improved.
- CDWs consistently described having the strongest ties with female heads of household. In the intervention group, strong ties rose from 72% at baseline to 85% at midline and 88% at endline, respectively.
- In the intervention group, CoEs reporting empathy increased from 43% at baseline to 75% at endline. Combined with improved relationships, this shift contributed to reduced social isolation among CDWs.
- Relationship improvements in the non-intervention group were minimal.

Considerations for project sustainability

KIIs and FGDs were conducted with community stakeholders at midline and endline,⁹ which identified sustainability challenges, opportunities and areas for improvement for the Nigat project. Notable challenges included:

- Inadequate funding to continue providing educational support and materials for CDWs in ABE programs.
- Limited government capacity to shelter and reunite CDWs removed from employer homes.
- Insufficient resources to push for broader policy reforms concerning CDWs' working and living conditions.

Despite these challenges, duty bearers affirmed the project's strong potential for sustainability and long-term impact. Opportunities to address existing gaps were rooted in effective partnerships, clear processes and widespread project ownership. The early inclusion of stakeholders such as schools, iddirs, and government offices helped embed the intervention in existing systems, bolstering sustainability. One social worker affirmed, *"Local ownership of the project is strong, and partners are dedicated to doing their tasks."* (WCSA Office social worker, KII, endline).

Intervention components—such as training CoEs via school clubs and selecting Child Rights Champions—were seen as highly effective and motivated broader student engagement and laid a strong foundation for continued educational support for CDWs. Employer training, support for CDWs' daytime schooling and provision of school supplies contributed to sustained outcomes, including increased daytime attendance among CDWs. Broader awareness campaigns, including Children's Day events and public radio broadcasts, were also instrumental in spreading child rights awareness and strengthening community ownership.

⁹ KIIs and FGDs with stakeholders were not conducted at baseline, and this component was added from midline onwards.

Figure 12: A testimony from an iddir chairman: A success story

Ato Hailegzabiher Demsie, a chairman of an iddir in Woreda 04, Gulele sub-city, described significant institutional changes in response to the Nigat project. Following their engagement, his iddir, introduced by-laws specifically aimed at protecting CDWs from abuse and exploitation. While Ato Hailegzabiher had previously addressed broader child protection concerns, the intervention led to the formal integration of CDW-specific issues into the iddir's legal framework, mandating penalties for members who violate these protections.

He noted a marked increase in awareness and accountability within the iddir, with members now required to attend CDW education centres and support universal school attendance for children including for CDWs. The most notable outcome, according to Ato Hailegzabiher, has been a shift in attitudes and behaviours, contributing to a visible reduction in child abuse. He praised the collaboration with implementing partners and expressed a strong commitment to expanding their efforts to ensure long-term protection and improved outcomes for CDWs.

The continued involvement of schools and iddirs was emphasised as key to sustaining and scaling the project. Their reach and credibility make them ideal for expansion. An iddir council member noted, “[we] can take over the project objectives and implement activities with other stakeholders... we are sharply trained and well organised [to be able] to meet the needs of CDWs” (endline). There was a sense amongst the key informants that iddirs can mobilise resources and influence community priorities to maintain a focus on child welfare post-project.

Areas for improvement

Key informants suggested expanding the project scope to support groups who have been marginalised and who are vulnerable to exploitive work, such as street children, which they believed could have amplified the project's overall impact. KII and FGD participants also recommended extending the project timeline by at least a year to consolidate progress and ensure better integration into community systems.

Additionally, the informants noted that a more strategic approach to transitioning project activities to local stakeholders was needed. KII participants—including government officials, iddir council members, and partner schools—indicated that they were unaware of the project's end date, pointing to gaps in exit planning. A clearly communicated and coordinated exit strategy was deemed essential to align stakeholders and secure future support and funding.



NIGAT PROJECT: ACHIEVEMENTS, CHALLENGES AND RECOMMENDATIONS

The Nigat project offers useful lessons for promoting CDWs' rights and welfare in a resource-constrained context. Below is a summary of its key achievements, challenges and practical recommendations for future interventions and policy reform.

Key achievements

- **Child rights advocacy**
A tailored child rights curriculum and the selection of Child Rights Champions in schools supported CoEs to advocate for CDWs and make referrals to prevent abuse and exploitation.
- **Community engagement**
Involving community leaders, volunteers and mobilisers fostered trust between implementing partners and employers – these steps were critical for project acceptance and sustainability.
- **Multisectoral collaboration**
Strong partnerships with local authorities (for example, police and WCSA Office) proved pivotal in advancing child rights and creating safer community environments.
- **School-based support**
Partnering with schools allowed the use of mini media clubs, gender clubs and school guidance consulting departments, which were vital platforms for raising awareness and strengthening CDWs' support networks.
- **Iddir involvement**
Gaining the support of iddirs led to concrete community-level changes, including updates to iddir bylaws to better protect children and prevent exploitation.

Key challenges

- **Employer resistance**
Employers initially resisted the intervention, questioning its intentions. Involving trusted community figures in sensitisation helped address concerns and encourage informed participation.
- **Government staff turnover**
Frequent changes among government staff require ongoing orientation, consuming time and resources to re-establish shared understanding and continuity.
- **Economic constraints**
Most employers had low socioeconomic status, which limited their ability to improve CDWs' living and working conditions and likely explains the minimal shift in CDWs' working hours from baseline to endline.
- **Cultural norms around child labour**
Child labour remains culturally entrenched. While the project contributed to gradual shifts in attitudes, meaningful change is slow and difficult to achieve at scale.

Key recommendations

The following recommendations are primarily intended for service providers, both NGOs (including the Freedom Fund's implementing partners) and government agencies, as well as relevant policymakers.

1 Policymakers and child rights NGOs to strengthen legal protections for CDWs

- Strengthen legal protection for CDWs by recognising domestic work as a form of employment covered under the Ethiopian Labour Proclamation (No. 1156/2019). This would extend existing legal protection to domestic workers including minimum age, rest, recreation and time off. In addition, the laws should provide details about appropriate compensation by establishing a minimum wage for domestic work.
- Coordinate efforts on CDW-related issues beyond individual NGO projects to lead a unified advocacy strategy aimed at securing the Government of Ethiopia's adoption and enforcement of ILO Domestic Workers Convention, 2011 (No. 189).
- Integrate specific safeguards for CDWs into community-based child protection guidelines, including measures to prevent exploitation and abuse for those under 15 years old, and set clear standards for fair compensation and working conditions for CDWs aged 15 and above.

2 School officials to improve school structures and NGO partners of the Nigat project to refine the children of employer curriculum going forward

- Strengthen school-based peer groups to support CDWs transitioning from alternative education to formal day schools by providing social, emotional and academic support. Use the curriculum to establish and strengthen the peer groups among CDWs and CoEs.
- Refine the CoE curriculum to include modules that emphasise the distinction between treatment by family members within kinship arrangements and treatment by employers. The curriculum should clearly address workplace exploitation, the legal minimum age for employment and permissible working hours for children aged 15-17.
- Adapt the CoE curriculum for use with CDWs to build their agency and advocacy skills through a tailored approach.
- Provide more sustained and structured support to Child Rights Champions over a longer period to strengthen their role as advocates. While initial guidance was offered, continuous mentorship is needed to help them organise effectively in both school and community settings. This ongoing support will enable them to lead meaningful efforts that promote the rights and improve the treatment of vulnerable children, especially CDWs, within their communities.

3 NGO partners to advocate for mainstream material support for CDWs through community initiatives to help them access school

- Leverage and strengthen partnerships with iddirs, religious institutions, schools, NGOs and relevant government offices to ensure the continued provision of essential material support such as school supplies, hygiene kits and other basic necessities for CDWs.

- Explore iddir-based initiatives that leverage community solidarity to support vulnerable CDWs. These initiatives have introduced innovative social insurance mechanisms, such as member contributions, to help cover CDWs' school fees, educational materials and other essential needs. Building on these practices can enhance protection and inclusion for CDWs at the community level, while also promoting sustainable, locally driven support systems.

4 Service providers to support CDWs social network and facilitate communication with biological parents

- Ensure that CDWs, particularly those aged 15 and above, have access to safe space where they can connect with other children and access non-educational life skills and services, including legal support, mentorship and mental health support.
- Improve CDWs' ability to maintain contact with their birth families and reduce feelings of social isolation by offering free or subsidised phone services through safe spaces and other convenient locations such as schools' guidance offices.

5 NGO partners to work towards improving social norms and attitudes towards CDWs

- Focus awareness-raising and behaviour change activities on addressing underlying norms, attitudes, social expectations and economic pressures that contribute to CDWs overworking. Using empathy and moral reasoning drawing on best practices from the [Chora Campaign](#) which centred on children's rights and access to education.
- Promote positive employer role models by highlighting real-life examples of those who treat CDWs with fairness and respect. Share stories that showcase practices such as reduced working hours, access to education and supportive working conditions. These examples can demonstrate that respectful treatment is not only possible but also socially valued and mutually beneficial for both the child and the employing household.

6 Policymakers and service providers to address socioeconomic challenges of vulnerable employers of CDWs

- Strengthen support for vulnerable households, especially kinship employers who often face significant economic hardship themselves – by linking them to existing anti-poverty initiatives and social protection schemes, as a way to improve the living conditions for CDWs.

7 Researchers and evaluators to expand on child-led measurement approaches

- Build on the child-led methodology used in this evaluation to centre children's perspectives in future child labour research. Ensure that evaluations meaningfully capture children's lived experiences, priorities and their own definitions of positive change.
- Integrate dignity and belonging as core indicators for measurement tools related to child domestic work. As revealed through this evaluation, these themes are central to children's wellbeing but are currently missing from international forced labour and worst forms of child labour indicators. This will ensure that measurement tools reflect children's own priorities.



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ANNEXE: METHODOLOGY

A longitudinal qualitative design, where data were collected at baseline, midline and endline, was utilised to document changes over time in outcomes related to CDWs’ living and working conditions. Baseline data collected in January 2023 provided information by which to measure the Nigat project’s success. The midline assessment (May 2024) aimed to examine changes in CDWs’ living and working conditions, as well as assess their challenges, priorities and future aspirations since the implementation of the Nigat project. The endline assessment (October 2024) evaluated the project’s effectiveness, relevance and sustainability by reporting shifts in employers’ and CoEs’ attitudes and norms and assessing how well the project aligned with stakeholder priorities. This evaluation used several qualitative data collection methods. The first method used was Photovoice, where CDWs were asked to capture images reflecting their living and working conditions in all three phases of the evaluation. Second, IDIs were conducted with CDWs, employers and CoEs in all three phases of the evaluation to document shifts in attitudes and norms towards CDWs. Lastly, FGDs and KIIs were conducted at midline and endline to capture the perspectives of community stakeholders, determine the success of the intervention and assess its potential for sustainability.

Setting

The Nigat project was implemented in three sub-cities of the Addis Ababa city administration: Gullele, Lideta and Nifas-Silk-Lafto (Figure 13). Participants were selected from seven Woredas or districts within these sub-cities. These are Districts 2, 4, 5 and 7 in Gullele, Districts 3 and 4 in Lideta and District 5 in Nifas-Silk-Lafto. The sample size was proportionally allocated to each sub-city, Woreda, Kebele and Ketene.¹⁰ Table 9 provides estimates of the population in intervention areas.

Figure 13: A map of Addis Ababa highlighting the Nigat project’s implementation areas



10 Sub-city areas in Addis Ababa are divided into districts or Woredas that were further divided into smaller administrative wards or Kebeles containing small Ketenas that consisted of “city blocks.” City blocks were geographic areas delineated by major city streets.

Table 9: Distribution of source population (sub-city, district, sub-district and blocks) from which intervention and non-intervention participants were proportionally selected

| Sub-city | Woreda/ District | Number of sub-districts | Blocks | Number of households | Estimated number of households with CDWs ¹¹ |
|------------------|---------------------|----------------------------|--------|-------------------------|---|
| Gulele | Woreda 2 | 5 | 17 | 36,000 | 900 |
| | Woreda 5 | 4 | 20 | 17,000 | 425 |
| | Woreda 4 | 7 | 43 | 13,264 | 332 |
| | Woreda 7 | 10 | 53 | 37,066 | 927 |
| Lideta | Woreda 3 | 10 | 62 | 15,072 | 377 |
| | Woreda 4 | 5 | 35 | 3,022 | 76 |
| Nifas-Silk-Lafto | Woreda 5 | 5 | 46 | 9,700 | 243 |

Participants

The participants of this evaluation were employers, CoEs, CDWs and key community members and government stakeholders involved in project implementation. Participants were engaged in IDIs, KIs, FGDs and Photovoice. Participants were recruited through implementing partners who initially identified neighbourhoods for the intervention. As the project commenced, at baseline, some households within the selected neighbourhoods received the intervention, while others did not. By default, households that did not receive the intervention were classified as non-intervention households and kept as a comparison group for households that did; however, they may have inadvertently received CDW-related support or training sessions from other Freedom Fund partners operating in nearby geographic areas, meaning they may not constitute a true control group.

Given the longitudinal nature of this evaluation, some participants were lost to follow-up and were replaced. Of the 51 households selected for this evaluation at baseline, 43 households (66.7%) were successfully recruited and participated in the midline data collection process. To account for the households that dropped out, 17 (33.3%) new households (who had been receiving the intervention since baseline) were added to data collection at midline. Similarly, to account for the loss of follow-up at the endline, five new households were recruited. In summary, of the 51 households participating in the endline evaluation, 31 were part of the baseline and midline evaluations, 15 were retained from replacements introduced at midline, and five were newly replaced for the endline phase. Replacement households were selected to mirror the original participants. Therefore, they had similar characteristics in terms of household income, education and relationship to their CDWs. Table 1 details the number of participants who remained and those who were replaced at midline and endline. Lastly, KI data were collected from community stakeholders, including volunteers and government officials, during the midline and endline assessments. They provided feedback regarding the intervention's success and sustainability. KI participants were selected based on their knowledge and active involvement in the Nigat project. They were also chosen to reflect the diverse opinions among those involved in project implementation.

Data collection methods

Photovoice with CDWs

This evaluation used several qualitative data collection techniques. The first method employed was Photovoice,¹² which allowed CDWs to capture and reflect on their concerns freely. The number of CDWs who participated in Photovoice and subsequent FGDs varied at baseline, midline and endline. At baseline, 37 CDWs participated in Photovoice and its subsequent FGDs. At midline and endline, 32 and 42 CDWs participated in Photovoice and FGDs, respectively. CDWs were divided into Photovoice teams

¹¹ The estimated number of households with CDWs from which evaluation participants were selected at baseline, midline and endline.

¹² Photovoice is a participatory action research method by which people create and discuss photographs as a means of catalysing personal and community change (Caroline C. Wang 1998).

consisting of 4–6 CDWs supported by two facilitators. CDWs were given inexpensive digital cameras and participated in multiple training sessions to ensure they understood the Photovoice objectives, camera use and image interpretation. Photovoice sessions addressed the following:

Session 1: Introduction to photography and Photovoice

- Facilitators established group dynamics and ground rules for participation.
- Facilitators introduced Photovoice methods and goals.
- CDWs were introduced to photography techniques, camera use and the composition of effective images.
- CDWs were given time to practice firsthand, capturing and analysing photos.

Session 2: Photography

- CDWs engaged in capturing images based on project themes.
- CDWs received guidance on refining their photography skills.

Session 3: Image analysis and story development

- CDW participants selected and presented their final photos to the group.
- CDWs discussed their images, experiences and project themes captured.
- CDWs engaged in FGDs to provide feedback on one another's images and reflect on their shared experiences.
- Facilitators conducted one-on-one interviews to gather personal insights on images captured and the draft image narrative.

Household IDIs, KIIs and FGDs

The IDIs conducted at baseline, midline and endline stages aimed to assess the experiences of CDWs and the impact of the Nigat project. Baseline interviews explored CDWs' living and working conditions, household roles, relationships, challenges, priorities and aspirations. Midline interviews tracked changes in these areas, assessed needs and evaluated the project's progress and sustainability. Endline interviews evaluated the overall impact of the project, including changes in attitudes, norms and treatment of CDWs by employers and CoEs to determine whether initial needs were effectively addressed.

Data management and analysis

Pairs of highly trained research assistants from the DAB-DRT consulting firm collected interview and focus group data. To mirror the participants, the research team was composed of 75% women and 25% men. Interviews were conducted in the language preferred by the participants, audio-recorded, transcribed and de-identified before analysis using Dedoose. A draft analysis was shared with Nigat partners and participants for approval and validation.

CDWs analysed Photovoice data during one-on-one conversations with the research assistants and through FGDs conducted with four to six CDWs. The research team drafted detailed narratives based on individual conversations and FGDs with CDWs. The drafted narratives were presented with their corresponding image and shared with CDWs for approval.

Limitations

There are a few notable limitations to this type of evaluation. First, the longitudinal nature of the evaluation design required replacement (17 at midline and 5 at endline). Although these dropouts do not allow for direct comparisons of replaced households over time, the reliability of comparative analysis remains because the replacement households have the same baseline characteristics as the original households. While the turnover presented challenges, it did not fundamentally undermine the evaluation's capacity to provide valuable insights into the project's progress. Another limitation is social desirability bias, where some employers may have improved their treatment of CDWs because they are directly involved in the Nigat project and want to be perceived in a positive light or avoid being exposed by the images presented by CDWs during the Photovoice exercise.



VISION

Our vision is a world free of slavery.

MISSION

We invest in frontline organisations and movements to drive a measurable reduction of modern slavery in high-prevalence countries and industries.

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