Ethiopia

Country Snapshot
1 Population: 108,386,391
2 Life expectancy at birth: 62.6 years
3 Adult Literacy Rate: 49.1%
4 Access to improved water source: 57.30%
5 GDP per capita income: 853 USD
6 Infant mortality rate: 49.6 death/1,000 live births
7 Maternal mortality rate: 353 death/100,000 live births
8 HIV Prevalence: 2.4%

Source: CIA World fact (1,2,3,6&7), WHO/UNICEF (4), World Economic Outlook (5), WHO (8)

About
In 2008, CARE Ethiopia’s office moved from a project-based approach to a more focused and strategic program-based approach. Over the eight years since that transition, CARE Ethiopia has implemented a series of programs with successful outcomes, while simultaneously impacting the policies and practices of government, serving as a thought leader amongst NGOs, and bringing transformative change to rural communities. These broader and deeper impacts go beyond the direct impacts of its programs and are a result of CARE Ethiopia’s overall country strategy, which enables CARE to design for scale.

CARE Ethiopia works in various sectors but has particularly targeted the following:
1) Food Security and Resilience
2) WASH
3) Nutrition
4) Sexual and Reproductive Health and
5) Emergency Response as cross-cutting (focusing on the above sectors).
WASH

Water, Sanitation and Hygiene CARE strives to improve the health and wellbeing of communities by reducing the incidence of water and sanitation-related diseases in the South Gondar Zone of Amhara National Regional State. In pastoralist areas, CARE works in improving access to clean and sustainable water sources, hygiene awareness and, rangeland management practices.

CARE also runs a regional program to facilitate learning and the sharing of the best practices for water resource management among pastoralists. The goal is to reduce rural poverty by using water more productively and building community assets for pastoralists.

Sexual Reproductive Health and Nutrition

In the SRHN sector CARE focuses to increase the economic and sexual reproductive health problem of ever-married girls, improve nutrition status of mothers with their reproductive age and children under the age of two by reducing stunting and anemia among mothers.

This sector also address challenges faced by the community with regards to polio.

Food and Nutrition Security

Livelihoods and Food Security CARE interventions focus on agricultural and pastoral communities. CARE works in helping households graduate from the government-run productive safety net programme in part by increasing each household's income, insuring sustainable food sufficiency for chronically insecure households and increasing financial inclusion for individuals and their families. CARE works to empower poor households to make informed decisions about scarce resources, while facilitating their entry into markets and access to informal and formal financial products and services.

Emergency

Emergency Response CARE implements emergency programs in the areas of nutrition, food aid, agriculture and livelihoods, and water and sanitation. In response to drought and malnutrition, CARE is part of a large-scale emergency food relief intervention, and provides support to mothers and children, including through direct nutritional supplements. CARE assists vulnerable households by improving access to safe drinking water and distributing supplies to improve and sustain the health and livelihoods of people affected by severe drought.
Approaches

Influencing social norms the approach: Social Analysis and Action. Social Analysis and Action (SAA) is an approach for positively challenging and transforming gender and social norms in favour of women’s empowerment. Communities are encouraged to identify social norms that influence behaviour, then engage with the “gatekeepers” (those in the community who “keep the norms” and influence others, such as mothers-in-law or religious leaders) through recurring dialogue to address these norms and begin to change them.

The approach is unique amongst behavioural change approaches in that it begins with a staff transformation component, whereby CARE and implementing partner staff analyse their own biases and engage in continual reflection on their own social norms.

Climate change adaptation the tools: Climate Vulnerability and Capacity Analysis and Participatory Scenario Planning. The Climate Vulnerability and Capacity Analysis tool (CVCA) is a community-level process that brings improved understanding of the nature of changes in climate and their impact at the local level, linking Natural Resource Management (NRM), Water, Sanitation and Hygiene (WASH) and Disaster Risk Reduction (DRR) to climate change adaptation at the community level. CVCA entails an examination of existing livelihood strategies and responses to shocks to assess how sustainable, effective and resilient people and communities are in the face of climate change.

Do No Harm

Among our principle is Do-No-Harm, where we analyse the intended and unintended impacts of our programmes, encourage honest learning, and take action to prevent and respond to any unintended harms. We place special focus on preventing and addressing gender-based violence in all of our programmes.

We hold ourselves accountable for enacting behaviours consistent with these principles, and ask others to help us do so, not only in our programmes, but in all that we do.

Economic empowerment The approaches: Village Savings and Loans Associations (VSLAs) and Village Economic and Social Associations (VESAs). CARE’s VSLA approach promotes a savings culture while making small internal loans available for productive income generating activities. VSLAs provide a cohesive environment for introducing savings and credit, financial literacy, small business planning/management, and other economic skills in ways that are accessible to vulnerable women, men and youth. VSLAs support good governance, member accountability and market orientation. CARE has been implementing the VSLA approach globally since 1991 and in Ethiopia since 2000.

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