WHAT HAVE WE LEARNED?

KEY LESSONS FROM 20 YEARS OF PROGRAMMING IN ETHIOPIA

Concern worldwide
Acknowledgements

This publication draws on twenty years of experience from Concern Worldwide’s programming in Ethiopia. The success of our programmes is largely due to the invaluable insights and commitment of thousands of programme participants, community leaders, local government officials and other community members. It is our great honour and privilege to partner with local organisations, communities and ministries. We would also like to acknowledge Concern’s dedicated field staff, who have devoted countless hours ensuring that our programmes are constantly striving to reach the most vulnerable with the highest quality of programming possible. Special thanks are due to devoted teams leaders, programme managers, advisers and country directors that have championed Concern’s work in Ethiopia.

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Introduction

Concern Worldwide started working in Ethiopia in 1973 with an emergency response. In more recent years (particularly since the establishment of the Peoples’ Democratic Republic of Ethiopia in 1994) the Country programme has evolved and has seen an investment of over €100 million, responding to emergencies and supporting long-term development and resilience building amongst the extreme poor in selected woredas in eight of the nine regions of the country.

As in most contexts where Concern works, there have been events and challenges, natural shocks and emergencies, often unforeseen; this is coupled with ever changing relationships with the State, with donors and the humanitarian system. This paper tells the story of this journey. It describes a shift from the nominally integrated rural development programmes that grew out of emergency responses (in the 1990s) through a period focusing mainly on emergency interventions (in the early 2000s), towards longer-term sector-based programmes (2004 to 2010) which have now developed into well-defined integrated programmes (post 2010).

Programme Evolution

Following a long period of continuous emergency responses a new development programme began in Sike woreda (now Badewocho), Hadya Zone SNNPR in 1992 with another later developed in Wolayita Zone. These programmes were described as ‘integrated’ but early achievements on this front were not overly impressive, limited to ‘some integration at regular management meetings’ even though at community level there was ‘limited integration affecting community management’. A subsequent evaluation of the programme highlighted ‘Integration is not possible in areas where the sectors have different target groups … real integration can only happen if all sectors integrate at management and field levels’.

However, a more pressing challenge in the shape of funding constraints presented itself (by the late 1990s, the annual budget for operations in Ethiopia had dropped below €1million), and the programme found itself somewhat ‘lost’. To address this, from the year 2000 the team started to implement activities on a sectoral basis. Specialist expertise was brought to bear focusing on Education, HIV and AIDS and Nutrition. Projects were delivered across all of Concern’s priority work areas, though in predominantly the same zones in which previous programmes had been delivered. This was bolstered by significant increases in donor funding for the Ethiopian food crisis of 2000.
By the year 2007 three individual health and nutrition programmes were underway – the Kalu Health Programme, the Duguna Fango and Offa Roll Back Malaria Project (both woredas in Wolayita Zone) and the National CMAM (Community Management of Acute Malnutrition) Programme. The subsequent expansion of this programme to Tigray in the far north meant that by 2008, Concern was implementing health and nutrition programmes in four regions of the country. Specific livelihood programmes started in mid-2005 in Damot Woyde Woreda; by 2007 the programme had expanded to include Offa Woreda (also in Wolayita), and Dessie Zuria and Kalu Woredas (both in South Wollo Zone in Amhara Region). The Education Programme in Ethiopia was implemented in three areas between 2002 and the end of 2011. From 2007 to 2013, Concern implemented a standalone HIV and AIDS Programme in Kalu Woreda and in urban areas of Addis Ababa.

The adoption of the policy paper How Concern Understands Extreme Poverty in 2010 and the resulting attention to a better understanding of context saw the nature of the Country programme change once again. These now became area-based (with an urban programme in Addis Ababa and two rural programmes in Wolayita (SNNPR) and Wollo (Amhara)) to ‘solve the many and multi sectored problems of beneficiaries like Water Sanitation and Hygiene (WASH), IYCF and agriculture’3. These interventions differ from the previous incarnation of integrated programmes in that they are based on comprehensive contextual analyses which provide a solid understanding of the existing livelihoods; build in a comprehensive process of engaging with the Government; address issues of poverty from a variety of approaches; have an integrated results framework; and can clearly identify a substantial number of beneficiaries. A change in approach in the emergency programmes is also apparent from the same time, which sought to transition from the ‘curative side’ to prevention, ultimately leading to the adoption of resilience as a cornerstone of the current Ethiopia country strategy.

The following sections present some of the highlights along this journey and draw heavily on programme evaluations and interviews with key staff involved in the country over the past 20 years.

**From Community-Based Therapeutic Care to Community-Based Management of Acute Malnutrition**

When people speak of innovation and Concern, the first programme that comes to mind is Community-based Therapeutic Care (CTC) now known as ‘Community-based Management of Acute Malnutrition’ (CMAM), with Concern Ethiopia a pioneer in the use of the approach. Early responses to emergencies in Ethiopia, such as the 1994 relief programme, focused on the treatment of malnourished children in tents and the number of children treated at the feeding centre. While these interventions undoubtedly saved the lives of many⁴, frustration with repeating the same activities on a large scale every number of years, with all of the challenges related to the inefficiencies of essentially hospitalising children who require round-the-clock care for 30 days, meant the environment was ripe to try something new.
CTC was first piloted on a small scale in 2000 in the Wolayita and Hadiya Zones in SNNPR (along with Valid International and Oxfam). The opportunity for a larger scale application came in December 2002, as nutrition surveys reported high levels of acute malnutrition in the South Wollo Zone of Amhara Region in the woredas of Kalu and Dessie Zuria. The initial response was launched through a traditional targeted SFP but with support from Valid International, Concern established a CTC programme in February 2003, with huge success.

The National CMAM Programme started in 2005, making Ethiopia one of the first Concern Country Programmes to incorporate a specific target of working with Government to bring about change in the implementation of national policies. Initial reaction amongst Government sources was sceptical, while the donor community was also slow to embrace the approach. The programme organised exchange visits and used data emanating from the programme to demonstrate that it was effective. By the end of 2007, OTP services had been established in 72 health facilities in food insecure areas of four Regions of Ethiopia – SNNPR (26), Oromiya (19), Tigray (19) and Amhara (10).
**BOX 1**

**What is ‘Community-based Management of Acute Malnutrition—CMAM?’**

Traditionally when children presented with severe acute malnutrition they were treated with therapeutic milk in Therapeutic Feeding Centres (TFC), often large tents with doctors and nurses. These centres treated only a small number of malnourished children who stayed in the centres for approximately 30 days and required full-time, round-the-clock care by experienced medical staff. TFCs incurred high costs and struggled to manage sizeable caseloads. In addition, mothers or caregivers often presented at these centres accompanied by their other children, which increased the risk of infection and cross-infection. The opportunity cost to the family of having a child admitted to a TFC was high as the mother or caregiver usually remained at the centre, requiring the remainder of the family to assume greater responsibility for caregiving and productive duties.

A CTC programme works through community mobilisation. Children are referred from the community to a local health post or centre for weekly or semi-weekly check-ups. They are assessed according to a ‘triage of care.’ If they are severely malnourished to a manageable level and do not show signs of other illness, they are given RUTF as treatment for malnutrition and discharged to their homes. This RUTF is an energy-dense mineral/vitamin enriched, peanut-based food, which is microbiologically safe and keeps for months in simple packaging. It can be eaten uncooked by children six months and older and does not require the addition of water, reducing the risk of infection. If the child is severely malnourished with medical complications, he or she is referred to a treatment or stabilisation centre. These children generally remain in the centre for only a few days before being discharged to an outpatient programme.

There are four key components to the CMAM approach:

1) **Community Mobilisation:** which includes building relationships and fostering the active participation of the community and identifying, mobilising and training community volunteers for CMAM. The volunteers measure Mid-Upper Arm Circumference (MUAC) of all children between 6 to 59 months to identify those with acute malnutrition.

2) **Supplementary Feeding Programme (SFP):** This provides take-home food rations and routine basic treatment for families of children with moderate malnutrition but no medical complications, and provides support for other groups with special nutrient requirements, including pregnant and lactating mothers.

3) **Outpatient Therapeutic Programme (OTP):** provides home-based treatment and rehabilitation using RUTF for children with severe acute malnutrition but no medical complications (usually 80-85% of children) and monitors children’s progress through regular outpatient clinics.

4) **Stabilisation Centre/Inpatient Care:** This provides intensive in-patient medical and nutrition care to acutely malnourished children with complications such as anorexia, severe medical issues or severe oedema, but is linked with the OTP to allow early discharge and continued treatment in the community.
This had expanded to 187 health facilities in 87 Woredas by 2009. The final evaluation of this programme identified that the number of severely malnourished children covered was above target (41,243 against a plan of 38,000) and that the programme had trained 7,564 Health Professionals (HPs) and 7,806 Village Community Health Workers (VCHWs). Amongst these 70 percent of the HPs and 80 percent of the VCHWs were still active and within the areas they were trained.

Engagement with the Government was complicated by the fact that, until 2006, treating malnutrition cases was not considered part of the Ministry of Health’s (MoH) responsibilities. Other problems included the need for integration into the regular planning cycle of the MoH, the need for OTP to be accepted as an activity for which health centre staff were officially responsible and the reliance on the Ministry of Health supply system for the RUTF and essential drugs at OTP sites and the supply of anthropometric materials and report cards.

This meant in the earlier years of implementation it was difficult to obtain accurate programme statistics on use, a problem that still exists today. Notwithstanding, taking an International NGO-implemented Programme (that evolved from an innovative emergency intervention) and transforming it into a longer-term initiative to support a government ministry within the routine health system has been a huge success.

**Supporting Sustainable Livelihoods**

In recent years (2008 to 2015) Livelihood Security programmes have accounted for just under a quarter of the total expenditure of the Concern Ethiopia programme. The desire to shift to a more development-focused livelihoods programme, taking a longer view, was first mooted in 2003, with a ‘Livelihood Security Analysis’ undertaken in Damot Woyde Woreda the following year. By 2007 the programme had expanded to include Offa Woreda (also in Wolayita), and Dessie Zuria and Kalu Woredas (both in South Wollo Zone in Amhara Region). Throughout, the focus has been on increasing food production through a variety of interventions, strengthening Community Based Natural Resource Management (CBNRM) and enhancing programme participants’ ability to interact with the markets.

In the zones where Concern operates, rain-fed agriculture presents a major challenge – essentially when the rain fails, the crop fails. In response, Concern focused on the introduction of new, more drought tolerant, crops and developed irrigation as part of a package of ‘improved agricultural practices’. Two new crops in particular stand out for their contribution to the yield of farmers: the tubers potato and taro. Potatoes have been vigorously promoted since 2008 in the uplands of Dessie Zuria (South Wollo Zone, Amhara Region); in this area when the shorter rains (the Belg), failed for the second time in 2009, potato production stabilised the local food prices for household food requirements. In 2011, the introduction of new species (Gudeni, Jalnie and Gussa) delivered considerable improvements in the yield of potatoes (from 8-10 MT to 20-23.7 MT per hectare). At that stage, more than 8,000 households were engaged in potato production, up from the original...
These households were reporting an average income of about €175 per harvest, by selling the potatoes at local markets and selling potato tubers in the form of seeds for Government institutions. The second crop was Taro, introduced in Wolayita Zone (in SNNPR), where 11,932 households were directly supported (since 2010) by the provision of improved varieties that gave higher yields and were more drought tolerant. An evaluation of the Farming Together Project found that Taro distribution “had a big impact on improving food security” with the yield of beneficiaries being 66 percent higher than others in the community.

Limited access to productive land is a key driver of rural poverty in Ethiopia. To address this, soil and water conservation projects that aim to maximise effective land-use have been a mainstay of Concern Ethiopia’s work since the 1980s. Various evaluations have found these land restoration interventions to be well executed and to have an important impact on the lives of the poor. For instance, in 2015 landless married youth rehabilitated a total of 806 hectares of degraded land through a cash for work programme, in addition to protecting soil erosion and flooding at the downstream farmlands, this has decreased the migration of youth in search of labour. One evaluation found that “The land reclamation work was perhaps one of the highlights of the project and was done to a very high standard”, while another described land reclamation work as being ‘very impressive’. However, the issue of sustainability has been raised over the years with one report highlighting terraces were ‘falling down’, and the fact that cash or food for work schemes have the potential to undermine communities’ willingness to carry out further work without payment. From this, one essential lesson has been that community ownership of the programme is of paramount importance, and that when working on watershed management there is a need to work with all members of the community, spanning the whole valley and take a long term perspective.
The third arm of the livelihoods interventions has been around interaction with the market. In Dessie Zuria this included training in business planning and management for Savings and Credit Cooperatives (SACCOs) and identifying and strengthening the market outlets for agricultural products (potato, livestock and apples), while instructing cooperative members on quality control, customer satisfaction, and time planning. The Programme has also supported the adoption of other new livelihoods options through skills training (such as tailoring or pottery skills) and the provision of start-up capital and support to enter the local market. However, these enhancements have struggled to reach the scale necessary to have a large impact, nor have they demonstrated any sign of being adopted further by the community.

One of the biggest challenges facing the livelihoods interventions is how to target individual benefits in a context where ‘everybody is poor’ and put in place strategies to ensure benefits accrue to the poorest. The widely praised SACCOs that have undoubtedly contributed to women’s ability to engage in various income generating activities, meet their household needs and cover educational material expenses for their children have de facto excluded the poorest. An evaluation of the Resilience Programme found\(^1\) that a number of the poorest beneficiaries initially struggled to understand the repayment mechanism they had agreed to after a distribution of livestock. At the same time as one Key Informant identified about natural resource management intervention ‘you can’t just work with a few poor farmers, you have got to work with everyone on the contour’. A further challenge in the implementation of the Livelihoods Programmes has been a tendency to try to cover too much at any one time reducing the level of input per kebele, which in some cases was already below that needed to create a significant change in livelihoods\(^2\).

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\(^{18}\) Well managed land. Source: Thomas Sommerhalter, Concern Worldwide, 2014

\(^{19}\) KEY LESSONS FROM 20 YEARS OF PROGRAMMING IN ETHIOPIA

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“Because of weather problems and the small size of our land, we were living in poverty,” Zentu recalls, speaking of the life she and her family (her husband and their six children) used to endure.

For communities, such as Zentu’s, whose livelihood depends on agricultural production, the size of a family’s land can be a major constraint. It is difficult for households with many dependents and small landholdings to feed their family. Land of this size is not enough to support a family and, therefore, they need to complement and diversify their livelihoods.

Zentu joined a women’s association supported by Concern, which enabled her to save a small amount of money per month. “Through Concern’s support, I was able to buy three sheep. When the sheep produced offspring, I was able to sell the males and keep the females for breeding. After that, I could get income and I understood the benefit of saving. I tried to raise awareness for my husband also.” Zentu’s new found knowledge and awareness-raising has paid off. Now, her husband and children have begun saving at the local credit and savings cooperative (SACCO).

Zentu says that her movement used to be very restricted. She was always at home in the tukul (small hut with a thatched roof), which she shared with her husband and children. Her involvement with the SACCO and the support of Concern helped to increase her confidence and find her voice. “Before Concern, I was afraid to speak and shy, but now I am able to explain my point of view. Women are becoming more influential in the community.” She tells me that members of the cooperative now have equal rights with their husbands in decision making and in the control of resources. She is proud of the community work she now engages in, and has single-handedly raised awareness of and encouraged 100 people to join the cooperative.

Through Concern’s support, she was able to increase her asset base and build her income, allowing her to construct a larger dwelling with a more secure corrugated iron roof. Recently, she has bought materials to construct another dwelling. “I am expanding my capital,” she smiles.

The cooperative is also supported by Concern and helps to raise awareness around reproductive health, gender equality, HIV and AIDS, and child feeding, in a way that was not available to the community previously. Zentu tells me: “I am young, but because of a lack of reproductive health education, I have already given birth to six children.” She is proud that she can now afford to send her children to school. Zentu has also engaged in functional adult literacy training and can read and write. The knowledge she has gained has led to an improvement in hygiene conditions and better feeding practices for her family.

Zentu now has hopes for the future, which she never would have envisioned before. “My vision is to move to a nearby town, construct a house and to be an entrepreneur. I am grateful for all the support I have got from Concern Worldwide.”
The need for frequent emergency responses may be seen to undermine the feasibility of long-term development programmes: at one point in the 1990s it was suggested that Concern Ethiopia should forget development and focus on emergencies, such was the frequency of shocks that required an organisational response. However, the problems faced by the Extreme Poor in Ethiopia (including land degradation, population pressure, landlessness, low input subsistence agriculture, and climate fluctuations, including erratic rainfall) suggest that systemic change must be fundamental in Concern’s work. Since 2011, Concern has adopted and applied the principle that ‘resilience’ is the best armour for the poorest communities in the face of these shocks.

Although ‘Resilience’ is a relatively new ‘buzzword’ in development circles, the evolution of Concern’s Disaster Risk Reduction (DRR) interventions in Ethiopia can be traced back to the Dessie Zuria Livelihoods Programme. Early activities undertaken under this umbrella included carrying out nutrition surveys and circulating the results to other NGOs and Government bodies, collecting early warning information, sharing it with other actors and developing contingency plans.
Concern’s current flagship Wolayita Resilience Programme integrated four components – Livelihoods, Health and Nutrition, Water, Sanitation and Hygiene (WASH) and DRR, with one of the early lessons being that for the multi-sector, integrated approach to be effectively implemented, all sectors have to be deployed in each targeted Kebele. An external evaluation found this programme to be delivering - at least in its early stages - effective and tangible improvements in the daily lives of beneficiaries and communities. Since 2012, vulnerable areas of 52 Kebeles of Duguna Fango and Kindo Koysha Woredas (both in Wolayita Zone of SNNPR) have been recipients of Concern’s resilience-building intervention.

Responding to Emergencies

Concern Ethiopia is recognised as a leading NGO in the delivery of emergency responses. The organisation has intervened in almost all the emergencies of the past two decades, where activities have included Employment Generation Schemes (EGS), in more recent years tied in with the Productive Safety Net Programme (PSNP) and large-scale nutrition responses helped by a close relationship with the Ministry of Health through the scale up of CMAM activities. For many years, one of the key objectives of the Country Programme was ‘to identify and respond to emergencies in Ethiopia in a rapid and appropriate manner and build the capacity of partners to respond to emergencies’.

The EGS started out as Food for Work activities in 1986 in Damot Weyde where they initially consisted of construction and upgrading of roads and other infrastructure; evolving into more structured employment schemes by 1995 and to Cash for Work (CfW) by 2007. The EGS became a normal part of the Livelihoods Programme and were most effective when there was little or no food available in the community. These schemes were seen to have had a positive impact targeting the extreme poor, with CfW schemes bringing the additional benefit of stimulating the local economy, enhancing the dignity of beneficiaries and contributing additional labour to Natural Resource Management (NRM) Projects. The Community overwhelmingly saw the targeting processes for inclusion in these schemes as fair, partially driven by their involvement in the process.

Challenges have existed, for instance in ensuring that the amounts given were appropriate and commensurate with the work done, while at times participants highlighted the work was too physically demanding for women. A similar issue was raised in a 2013 report on the PSNP that suggested women found it difficult to balance their necessary daily tasks with the added burden of a work scheme. The question of what happens to the infrastructure once it has been built has also been raised, with training on how to use these assets always needed.

“CONCERN ETHIOPIA IS ONE OF THE ‘GO TO’ AGENCIES IN RESPONDING TO NUTRITION CRISES IN ETHIOPIA”
Concern Ethiopia is one of the ‘go to’ agencies in responding to nutrition crises in Ethiopia. Since the mainstreaming of CMAM into the national government health structure (see above) the approach has now changed to offering scaled-up support to Government systems to respond to a nutrition crisis. Concern provides mentoring and technical support for MoH staff to ensure high quality CMAM activities through regular review of service quality with the Woreda health office, joint assessment visits and ensuring the reporting and logistics systems are working smoothly.

Prior to 2003, it had become clear that emergency interventions tended to negatively affect the team’s ability to proceed with more routine activities at the same time. These earlier emergencies brought standard programmes to a halt; in part, this had to do with the scale of the intervention required. Since 2003 Concern Ethiopia has coped increasingly well with emergencies – and while staff levels are liable to routinely double to 400 (and occasionally to over 600) people during an emergency, the team is able to absorb this effectively. This is in part the result of having developed a strong Human Resource department. Notwithstanding, a 2015 review of the Wolayita programme found that “The sustainability of Concern Ethiopia’s interventions has enjoyed by and large positive results. Yet recurring disasters continue to interrupt development progress despite the population’s undoubted enhanced capacity to absorb climatic extremes”.

Amongst the major lessons learned from Concern Ethiopia’s work on emergencies has been the importance of early warning, resulting in an earlier, broader and more effective response, and when this is not forthcoming having a strategy for lobbying and advocacy. Other key lessons have been the need for a multi-sector response even in an emergency context; for instance, the 2011 Emergency Response Programme was lauded for responding early with rapid surveys that looked at nutrition, livelihoods and WASH. Lessons from the Emergency Response Programmes have also influenced subsequent long-term development interventions including CTC / CMAM and fresh food vouchers.

**Addressing Inequality**

Inequality is one of the main causes, maintainers and obstacles that prevent people from escaping extreme poverty. Gender inequality, in particular, is a consistent feature of extreme poverty. Ethiopia suffers from some of the lowest gender equality performance indicators in sub-Saharan Africa, presenting a considerable challenge to Concern Ethiopia’s programme.

Concern Ethiopia’s efforts in this culturally sensitive area started in earnest in 2003 with the recruitment of a gender specialist, resulting in the production of a Gender ‘Code of Conduct’, signed by all staff, and weekend workshops were organised to facilitate discussion to expand gender equality beyond the office and into the home.

In the field, progress on addressing gender inequality was initially made in the area of education, with early progress achieved in bringing about changes in parents’ attitude towards girls’ education. This came with the establishment of non-formal basic education centres near the community and the organising of events to raise awareness about girls’ right to education.
In 2006 a Gender Based Violence (GBV) Project was initiated with a local NGO – Women Support Association (WSA). Based on Self Help Groups (SHGs), the aim of the project was the social-economic empowerment of women. Through the project, women were organized into credit and saving groups, family dialogue was initiated in beneficiary households and the creation of a safe school environment was facilitated to promote the enrolment of girl students. This project recorded “remarkable achievements” in terms of community sensitization and awareness towards GBV, the creation, and capacity building, of local institutions as well as capacitating local Government bodies to enhance their responsiveness to the issue of GBV.

Outside of the specific GBV Project, a number of the other activities have targeted women and girls. These include the Rural Livelihoods Programme that has targeted female-headed households based on the rationale these ‘tend to be the most vulnerable’. This was verified in an evaluation of the programme along with the point that such a focus would exclude poor married women who were not household heads. In fact, there does not appear to have been any difficulty in getting women to participate in the programmes, the challenge appears to have been in terms of their ability to address systemic problems reinforcing inequalities. A 2013 evaluation of the Farming Together Programme found that the intervention had been less successful in addressing issues of empowerment, gender relations and local Government accountability.

**BOX 3**

**Key inequality data**

- The female morbidity rate (at 75.5%) is three time higher than that of males, while HIV prevalence is almost double.
- 74% of women have undergone female genital mutilation
- 41% of girls are married before they are 18
- Almost 10% of women have been abducted into marriage
- 68% of women believe their husbands have a right to beat them
- One in two women have experienced physical violence from a partner, while 59% have experienced sexual violence from a partner


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“**CONCERN ETHIOPIA HAS ALWAYS FOCUSED ON WORKING WITH PARTNERS AND DEVELOPING THEIR CAPACITY**”
The need to understand the potential impact of any intervention on the lives of women and to raise awareness of how the daily realities of women affect the problems that their household face have been learned by the Concern Ethiopia team, albeit with a recognition that more work needs to be done. Notwithstanding, a review by University College Dublin (UCD) of Concern’s work in Damot Woyde observed significant differences across all sectors in relation to gender when compared with other districts. This work found that women played a significantly greater role in decision making at household and district levels, they were more engaged in training and income generating activities, and all evidence suggested that this was a key driver in the behavioural change experienced in Damot Woyde.

**Partnership and Capacity Building**

Concern Ethiopia has always focused on working with partners and developing their capacity. These partners have included national and local NGOs, Community Based Organisations and the Government of Ethiopia.

In 2005, Concern worked with nine local NGOs in the Education, Livelihoods, and HIV/AIDS sectors. By 2007, this had increased to 12 and by 2008 it had reached 13. Many of Concern Ethiopia’s local partners at this time were strategically embedded, in areas of extreme poverty, and thus were able to serve the needs of the most vulnerable people. By 2010, local partners were implementing 25 projects with Concern.

Concern has used a two-pronged approach towards partners: first, build the technical capacity of the organisation; and second for NGOs and CBOs develop the overall capacity of the organisation so that it can become an active participant in civil society. A review of capacity-building processes (undertaken in 2009) found that Concern was the only partner amongst different donors who gave due attention to organisational capacity building to ensure sustainability. Overall, partners felt that the most significant impact was with regard to the development of strategies and policies such as Human Resource and Finance and the development of systems.

The number of partners has fallen in recent years because:

- Some partners have changed status under the Government’s NGO regulations;
- Concern has reduced the number of Programme areas; and
- Financial constraints

Concern has also worked with its local partners to facilitate the establishment of networks and groups of agencies (for example in Education, with CHADET in 2003). If kept accountable, this initiative has huge potential in terms of influencing sectoral policy and practice.
However, the relationship with NGOs is only half the story in terms of partnerships in Ethiopia. In general, programmes have been implemented very closely with relevant Government Departments. Livelihood Programmes have worked closely with the Ministry of Agriculture, the Ministry of Water Resources and the Government Cooperatives Department.

The Federal Ministry of Health is mandated with the overall responsibility of the management of Severe Acute Malnutrition (SAM) in Ethiopia, making it a natural (and necessary) partner with the Health Programme. Working with Government has been recognised as essential to achieving the objectives of the Programmes from the outset and an early review identified that ‘one of Concern’s strengths has been our good relationship with Government’. The same review further argued the importance of continuing to foster this positive relationship identifying that building trust at all levels is key to maintaining good working ties with Government. These relationships need to build on the privileged opportunity for Concern to become an ‘innovator’. Concern finds new approaches and technologies, tests them in the field and then hands them to Government for scale-up.

**Addresing HIV and AIDS**

In 2011, at the time of the last Demographic and Health Survey (DHS) in Ethiopia, the HIV prevalence rate amongst adults was 1.5 percent; in 2013, there were an estimated 793,700 people living with HIV, including 200,000 children, with approximately 45,000 AIDS-related deaths and about 900,000 AIDS orphans.

Concern Ethiopia’s engagement in the fight against HIV dates back to 2001, first dealing with high levels of stigma amongst team members. Before introducing HIV and AIDS-related Programmes, the organisation had to deal with the levels of stigma internally, as one senior member of staff at the time highlighted “it was always “them out there” who had it”- with an underlying attitude amongst the team that nobody within Concern could possibly be affected by the disease. In 2004, to start this process, a new staff member was brought in who began the ‘community conversations’ approach, and a HIV mainstreaming plan was developed, this defined mainstreaming HIV and AIDS as “a process that increases a project/organisation’s capacity to better cope with susceptibility to HIV/AIDS infection and vulnerability to the impacts of HIV/AIDS.”

A stand-alone Programme focussed on improving the health, psychological, economic and overall well-being of People Living with HIV (PLWHA) and their families was implemented between 2007 and 2013. By 2011, the objective of the intervention was identified as “improve the health, psychological, economic and overall wellbeing of PLHIV and their families and reduce the HIV transmission among the identified target groups”. Activities were usually implemented under five headings:

With most of Concern Ethiopia’s direct HIV and AIDS activities implemented through partners, it was important that any capacity-building support was comprehensive (including both technical and organisational support). It also had to be tailored to each organisations’ needs so that it would be used and appreciated by partners. One assessment of the HIV and AIDS Programmes found that the coordination and management of the partners’ multi-faceted Programmes was impressive, and that activities were well planned and structured, partly because partners’ technical capacity had been developed. Further, the project’s mini-network and Concern Ethiopia’s Rights-Based Advocacy Working Group were good forums for partners to share, learn and work together. However, there were challenges in the HIV and AIDS stand-alone Programmes, including the problem of beneficiaries becoming dependent on support or having complex needs that the Programme could not address, and that compiling evidence to assess outcomes of key areas of work was assessed to have been inadequate. The most innovative approach adopted was the Community Conversations, while less successful were initiatives to support income generating activities amongst PLWHA.

A review undertaken in 2009 revealed that HIV and AIDS had been effectively mainstreamed in all programmes and staff had internalized the concept of mainstreaming. Programmes were focused on incorporating HIV and AIDS messaging in their activities, these included information on means of transmission, prevention, VCT, PMTCT, condom use, ART and harmful traditional practices. No longer implementing specific HIV and AIDS Programmes, Concern Ethiopia now incorporates HIV and AIDS messaging and prevention within its routine work.

“CONCERN ETHIOPIA’S ENGAGEMENT WITH THE FIGHT AGAINST HIV DATES BACK TO 2001, FIRST DEALING WITH HIGH LEVELS OF STIGMA AMONGST TEAM MEMBERS”
Conclusions

Over the past 20 years, Concern Ethiopia’s Programmes have evolved considerably reflecting the changing environment in the country as well as changes in Concern’s own global approaches, though these changes take time to come to fruition. In the mid-1990s Concern implemented nominally integrated programmes and by 2011 had reverted to multi-sector integrated programmes, through for instance, the Resilience Programme. However, closer examination shows that the meaning of ‘integration’ has been considerably refined over 20 years. There is still substantial scope to improve on this, for instance within nutrition interventions in Ethiopia, to address the underlying or systemic causes of malnutrition and to identify innovative means of dealing with this, including better links to livelihoods programmes.

Early experiences also showed the importance of regular, long term funding. The support received from Irish Aid has been essential in addressing this and in helping poor households to escape from the very worst of poverty, through a holistic and dedicated programme approach covering a three-to-five-year period. These lessons have to be shared and used to influence government interventions such as the PSNP, the largest safety net programme in Africa.

The sheer size and scale of the work necessary in a country like Ethiopia can be quite intimidating for a single agency – the annual aid budget for the country is about $3 billion compared to the 7 million that Concern has to work with. In a country of 95 million people, achieving effective scale is essential: this means the agency has to be a specialist and have to ally with Government initiatives to maximise input and influence. The Concern Ethiopia Programme must be intelligently focused and targeted – Concern’s most successful programmes, such as the Natural Resource Management interventions and the pioneering CMAM Programme are achieving long term, sustainable improvements in the lives of the poorest of the poor. This demonstrates that Concern must focus on areas where its marginal benefit is maximised and build on the successful model of ‘selling’ evidence-based policy recommendations to Government.

Concern Ethiopia have demonstrated that it is possible to influence change without traditional forms of advocacy through maximising the availability of good quality data and information, identifying ‘champions’ for an issue and working from the grassroots level up. Concern has had considerable success in engaging in policy dialogue at the meso and macro level, and there are several examples of how this has informed policy and practice. However, Concern Ethiopia has not always made the most of the opportunities presented by the quality of its work, shielded and obscured by the restrictions imposed by the Civil Society Organisation law. Looking forward particular areas of focus could include lobbying for change in policy and pushing for a more consolidated approach at donor and Government levels to link emergency response and recovery, alongside pushing for systemic changes in the way certain services are delivered. This would apply to both food and medical supply problems. There are also opportunities for advocacy work in collaboration with other NGOs on key issues.
Concern’s membership of the Nutrition cluster for example has afforded the organisation the opportunity to shape national nutrition policy and active participation in various forums where humanitarian issues are discussed also gives a strong voice. Membership of consortia such as Alliance 2015 offer similar opportunities for advocacy and influencing.

A recent study undertaken by UCD to review the impact of Concern’s work in Damot Woyde found that despite its relatively low levels of natural and physical capital, communities had developed relatively strong capacities to manage risk. This report clearly traced these advances back to Concern Ethiopia’s interventions across a range of sectors; in particular in transferring essential knowledge on soil and water conservation (SWC) and nutrition practices. In terms of sustainability, this research found that Concern Ethiopia’s interventions had enjoyed largely positive results. Yet recurring disasters continue to interrupt development progress despite the population’s undoubted enhanced capacity to absorb climatic extremes. Further Concern Ethiopia had employed a number of approaches to ‘hand over’ projects to local stakeholders including to local government, NGOs and the local community, even though the results of these efforts have been mixed. A second key finding of this research had to do with developing trust with the development stakeholders in Wolayita. The report highlighted that Concern Ethiopia was one of the few external actors to retain a presence in the zones since 1985 maintaining close contact with the authorities and an obvious trusted relationship has been established between all parties. This is essential given the recurring nature of disasters in the zone and the need to maintain proximity and access in light of the inevitability of future emergency intervention;

Based on the review of documentation and interviews undertaken to produce this paper it is apparent that Concern is viewed as a reliable long-term partner, implementing solid programmes that have fostered some innovative approaches, particularly when it comes to addressing issues of food and nutrition security. Based on programming experience, themes around resilience, humanitarian response and climate issues will form part of the next strategic plan (covering the period 2016 to 2020). The current drought-induced humanitarian crisis in Ethiopia, where Concern has scaled up to meet the needs of affected people in 30 woredas will also influence the shape and direction of the Country programme in the years to come. There will no doubt be an adjustment in policy and practice following this drought year and Concern will continue to play an active role in these conversations.
Endnotes

4. In a 1996 evaluation one government official is quoted as saying this particular intervention had ‘saved the lives of thousands of people during the meningitis outbreak’ (Broderick, 1996).
7. Initial funding for this was provided by the US Office for Disaster Assistance (OFDA) in 2005. Concern Ethiopia was also involved in the Piloting Community-Based Management of Acute Malnutrition Project, funded by World Bank through the Japanese Social Development Fund (JSDF). This began in 2009 and aimed to support the Ethiopian Government in the effective implementation of CMAM in Tigray Region.
16. Smith, P., 2013, Maximising rural communities’ livelihood options through engagement between non-state actors, Government and the private sector (Farming Together), Tanzania, Burundi, Ethiopia, Final Evaluation
17. Ibid


21. The full title of this programme is “Creating resilience through integrated multi-sector approach in emergency prone areas of Wolayita Zone, SNNP Region” project


23. See, for instance (Norman, 2000: 28), who found that 93% of participants felt the targeting process was ‘fair’; a similar point is also raised in Crowley and Durda (2003)


31. Smith, P., 2013, Maximising rural communities’ livelihood options through engagement between non-state actors, Government and the private sector (Farming Together), Tanzania, Burundi, Ethiopia, Final Evaluation


33. Foley C., 2000, Capacity Building and Partnerships, Field Visit Report, Concern Ethiopia


KEY LESSONS FROM 20 YEARS OF PROGRAMMING IN ETHIOPIA