

Norwegian Church Aid Ethiopia Strategy

2016-2020



NORWEGIAN CHURCH AID
actalliance

Updated 20th, September, 2015

Table of contents

List of abbreviations.....	3
Executive summary.....	5
1. Context analysis.....	7
2. Lessons learned.....	11
3. Geographic focus	12
4. Theory of Change for NCA Ethiopia.....	14
5. Strengthening civil society.....	16
6. Programmes.....	18
6.1. Global Programme: Reproductive Health (RH).....	18
6.2. Global Programme: Climate resilience.....	21
6.3. Global Programme: Water, Sanitation and Hygiene (WASH)	24
7. Emergency preparedness and response.....	27
8. Finance and funding	29
9. Monitoring and evaluation.....	31
10. Organisational prerequisites.....	32
11. Risk management.....	34
Annex 1: Map	35
Annex 2: Partner information.....	36
Annex 3: Cross-cutting issues and strengthening civil society.....	48
Annex 4: Programme results frameworks.....	49
Annex 5: Funding strategy and targets	50
Annex 6: Planned evaluations.....	51
Annex 7: Risk analysis and management	52
References	54

List of abbreviations

ACT	Action by Churches Together
ADAA	African Development Aid Association
ARRA	Administration for Refugee and Returnee Affairs
B4G	Beza for Generation
BfdW	Brot-für-die-Welt
BPRM	Bureau for Population, Refugees and Migration (US Department of State)
CC	Community Conversation
CCRDA	Consortium of Christian Relief and Development Associations
CEFM	Child, Early and Forced Marriages
CRGE	Climate-Resilient Green Economy
CR	Climate Resilience
CS	Civil Society
CSO	Civil Society Organization
DAG	Development Assistance Group
DCA	DanChurchAid/Folkekirkens Nødhjelp
DF	Development Fund
DFID/UKAID	Department For International Development/United Kingdom Agency for International Development
DRMFSS	Disaster Risk Management and Food Security Sector
DRMTWG	Disaster Risk Management Technical Working Group
DRR	Disaster Risk Reduction
ECC-SADCO	Ethiopian Catholic Church Social and Development Commission
ECFE	Evangelical Churches Fellowship of Ethiopia
ECHO	European Commission's Humanitarian Aid and Civil Protection Department
EECMY-DASSC	Ethiopian Evangelical Church Mekane Yesus –Development and Social Service Commission
EIFDDA	Ethiopian Inter-Faith Forum for Development, Dialogue & Action
EKHCDP	Ethiopian Kale Hiwot Church Development Program
EOC-DICAC	Ethiopian Orthodox Church – Development Inter Church Aid Commission
EMDA	Ethiopian Muslim Development Agency
EPRDF	Ethiopian People's Revolutionary Democratic Front
EPRP	Emergency Preparedness and Response Plan
FBO	Faith-Based Organization
FDRE	Federal Democratic Republic of Ethiopia
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
GO-NGO	Government Organizations-Non-Government Organizations
GTP	Growth and Transformation Plan
HAP	Humanitarian Accountability Partnership
HP/HTP	Harmful Practice/Harmful Traditional Practice
ICCO	Inter-Churches Organization for Development Cooperation
IGA	Income-Generating Activity
INGO	International Non-Governmental Organization
IRC	International Rescue Committee
IRCE	Inter-Religious Council of Ethiopia
Kebele	Village in Amharic
KMG	Kembatta Women Self Help Center
MDG	Millennium Development Goal
M&E	Monitoring & Evaluation

MFA	Ministry of Foreign Affairs (Norway)
MTR	Mid-Term Review
NCA	Norwegian Church Aid
NDPPC	National Disaster Prevention and Preparedness Committee
NFI	Non-Food Item
NGO	Non-Governmental Organization
NOK	Norwegian Krone
NORAD	Norwegian Agency for Development Cooperation
NRK	Norsk Rikskringkasting
ODA	Official Development Assistance
ODF	Open Defecation Free
ODWaCE	Organization for Development of Women and Children Ethiopia
OFDA	Office of Foreign Disaster Assistance (USAID)
OWDA	Organization for Welfare and Development in Action
PME	Planning, Monitoring & Evaluation
REDD	Reducing Emissions from Deforestation and forest Degradation
REST	Relief Society of Tigray
RRAD	Refugee and Returnee Affairs Department (of EOC-DICAC)
RH	Reproductive Health
SDG	Sustainable Development Goal
SGBV	Sexual and Gender Based Violence
SHARE (ECHO)	Supporting Horn of Africa Resilience
SNNPR	Southern Nations, Nationalities and Peoples Regional (State)
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TBA	Traditional Birth Attendant
TRHaDO	Tamira Reproductive Health and Development Organization
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations (International) Children's (Emergency) Fund
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs
USAID	United States Agency for International Development
USD	United States Dollar
WASH	Water, Sanitation And Hygiene (promotion)
WASHCO	Water, Sanitation and Hygiene Committee
Woreda	District in Amharic

Executive summary

During the last two decades Ethiopia has made impressive progress on many development indicators. However, still with around 28 million or 30% of all Ethiopians living below the national poverty line, many are vulnerable to climate-induced and economic shocks. Contributing to their vulnerability are; poor access to water, low agricultural productivity and widespread environmental degradation. Factors, besides insufficient nutrition, that put at risk the lives and health of particularly young women, girls and infants are: Unsafe and inaccessible water supply; non-existent or poor sanitation and hygiene practices; risky pregnancies and delivery and; harmful practices such as Female Genital Mutilation (FGM) and early marriages. These development challenges are also duly recognized by the Ethiopian government as demonstrated amongst others in their five-year Growth and Transformation Plans (GTP).

NCA-Ethiopia believes that lasting changes depends on ensuring local ownership to changed practices and the management of interventions during and beyond the actual project period. The vision for the new strategic period, 2016-2020, is therefore to: *“Seek a future in which Ethiopian rural communities are resilient, and women, youth and girls are empowered to continually improve and sustain their lives and health”*. This will be sought achieved through the following four key change pathways: Changing social norms and hence practices and behaviour; building strong community responses; linking community interventions with government policies, offices and public services and; strengthening civil society organizations. When designing and implementing its program interventions, NCA will address and mainstream as relevant: gender, people with special needs, conflict sensitivity and the environment.

Changes will be sought within three programmatic areas: Water, Sanitation and Hygiene (WASH), climate resilience and reproductive health. All three represent a continuation of NCA's programs during the period 2011-2015. Girls, young women and men, living primarily in rural districts with high prevalence of harmful practices as well as recurrent food and water shortages, will be prioritized. Key stakeholders are community leaders and organizations, relevant government offices on all levels, and faith-based and secular organizations with local presence and legitimacy. The target is to assist, with a total budget of nearly NOK 216 million, over 500,000 people with one or more interventions during the 2016-2020 period.

NCA's development programs for WASH and climate resilience will aim to mitigate emergency situations such as droughts and floods. However, when required, NCA will also intervene in emergency and refugee crisis. As per September 2015, over 10 million Ethiopians¹ need additional support with food, either from the government or the international community. The country is also hosting over 720,000 refugees from neighbouring countries. The initial priority for refugee assistance is South Sudanese refugees in Gambella and Eritrean refugees in Addis Ababa and Tigray. For emergency responses, NCA may respond to government declared emergencies in any location, but in general it will prioritize geographic areas i.e. the selected zones for its development programs. These are: Southern zone in Tigray; East Shoa in Amhara; East Haraghe and West Arsi in Oromia; Shebelle in Somali and; Segen, Sidama, South Omo and Wolaita in Southern Nations, Nationalities and Peoples Regional State (SNNPR).

NCA's partners are both Ethiopian specialist secular and faith-based organizations. The latter include all major faiths, both Christian (Orthodox, Protestant and Catholic) and Muslim. NCA's role build on its added-value in Ethiopia, which includes: A name and position amongst faith-based partners and religious leaders, which enable it to play a coordinating role of inter-faith action and to address sensitive issues; its technical expertise on WASH, climate resilience and reproductive health; its knowledge about government policies and laws and; relations with regional and national resource organizations and networks. Priority areas for strengthening Ethiopia's civil society organizations are: Defending the civil society space through documentation, visibility and dialogue with key gov-

ernment entities and; capacity development within NCA's programmatic areas and on accountability towards donors, government and communities served. For more details, please see chapters 4 and 5.

1. Context analysis

Socio economic situation

In spite of good progress on most development indicators, over 71% of all Ethiopians can still be classified as living in a situation of severe deprivation or poverty². High economic annual growth of around 10% during the last decade³, has not produced enough employment opportunities. Urban unemployment amongst 20-24 year olds is close to 28%⁴. Poverty, including landlessness and insignificant rural job creation, drive many youth to urban centers or abroad. In the search for a better life, some fall victims to human trafficking, abuse and exploitation in foreign countries.

Over 30% of the population in Amhara, Tigray and Oromia regions is unable to pay for basic food necessities⁵. Reasons include: *"...land degradation, recurrent drought, poor and inadequate management of risk, population pressure, and subsistence agricultural practices..."*.⁶ Economic shocks such as sudden changes in prices on agricultural inputs and products and climate-related events, contribute to raise food insecurity levels for the 85% of the population depending on agriculture⁷. Less predictable climate patterns, including more frequent and extreme droughts and floods, put families at risk of depleting their savings and selling off productive assets e.g. livestock, land and farming tools, in order to feed themselves.

Sustainable water supply is key to achieving higher agricultural productivity and improved health for livestock and humans. Better access to irrigation could potentially move 6 million Ethiopians out of poverty⁸. Providing safe water to the estimated 42 million people without such access, whereof 33 million in rural areas⁹, would reduce prevalence of water-borne diseases, and the water collection burden of women and girls. A higher number of functional water schemes, combined with improved sanitation and better hygiene practices, would help reduce amongst others child mortality. In 2010 for example, 14% of all deaths of Ethiopian children younger than five years, was due to diarrhea¹⁰. During the last decade, improved sanitation has been less prioritized. As a consequence only 28% of the population in 2015 had such access compared to 57% for safe water⁸.

Besides education, health is the sector where Ethiopia has made most progress amongst others through a decentralized system of health clinics and health extension workers. Still, maternal mortality stands at 676 women for every 100,000 live births¹¹. Only 15% of all births are attended by skilled mid-wives¹². Fertility rates, albeit decreasing, continue to be high with 4.6 children per woman¹³. Although knowledge about modern contraceptives are nearly universal, only 44% of all married women between 15 and 29 years old are using such methods¹⁴. One reason is the less than 50% health coverage amongst adolescents and youth¹⁵. Female Genital Mutilation (FGM) and early marriage have consequences for girls and women's health, well-being and length of education. More than 50% of all girls 0-14 years are considered to be at risk of FGM¹⁶, and the average age of marriage for women is only 16.5 years¹⁷.

Located between several fragile countries i.e. Eritrea, South Sudan and Somalia, Ethiopia has become the African country receiving most refugees. At the end of July 2015, the number of refugees were nearly 720,000¹⁸. This burden comes in addition to the 4.5 million Ethiopians, who in 2015 require emergency food assistance¹⁹, and the around 10 million, who are included in the government's Productive Safety Net Program (PNSP)²⁰. In August 2015, over half of Ethiopia's 814 districts, were classified as facing a moderate to very severe food insecurity situation²¹.

State's institutional capacity

The Federal Democratic Republic of Ethiopia (FDRE) and its administrative structure reach every corner of the country through eleven regional states and city administrations, some 70 Zones, 814 districts (woredas) and thousands of villages

(kebeles). Each zone and district include administrative offices for sectors such as health, water, agriculture, and finance and economic development.

The country's development is guided by 5-year plans, the national Growth and Transformation Plans (GTP). The next is for 2016-2020²². The aim is to become a middle-income country by 2025 by accelerating economic growth. For most key sectors, the State apparatus has comprehensive policies, plans and programs. These include a WASH Implementation Framework²³, a Green Economy Strategy²⁴, and National Strategies for Disaster Risk Management²⁵, Reproductive²⁶ and Maternal²⁷ Health, and Harmful Traditional Practices²⁸.

A conscious decision to dedicate more than 65% of all public expenditures on pro-poor sectors such as education, water, health, agriculture, roads and energy²⁹, have helped Ethiopia to meet the Millennium Development Goal (MDG) for poverty reduction. However, still, some 28 million Ethiopians live under the national poverty line of USD 0.70³⁰. Also the 2015 MDG targets for maternal health, sanitation, women's empowerment and equality, and environmental sustainability was not met within the 2015 deadline³¹.

In spite of many policies, improved legal frameworks, extensive governmental structures and some well-established national systems e.g. for early disaster warning, significant gaps remains both with respect to geographic areas and population groups' equal access to public services and justice. Reasons include the government's stretch capacity due to a weak starting point as one of the most war-torn and famine-stricken countries; challenges with recurrent droughts, floods and isolated conflicts and; rapid population growth and urbanization. In addition, poor awareness of and weak implementation of policies and laws; inadequate governance systems; lack of and high-turnover of competent and skilled manpower; and a focus on institutional arrangements rather than operational aspects, are all factors affecting the effectiveness of the government apparatus to respond and provide services³².

Power analysis

Visible power in Ethiopia is exercised primarily by government ministries, bureaus and agencies. Through the state's decentralized federal structure, significant power is also with regional parliaments and government offices. More invisible power is exercised through the ruling coalition party's mobilization around the political doctrine - the developmental state. The Ethiopian People's Revolutionary Democratic Front (EPRDF) has dominated since 1995³³, and during the 2015 election, it won all seats in the national and nearly all in the regional Parliaments. A tendency is towards increased regulation and coordination by government offices of all realms of the society. To a certain extent this includes co-optation of other potentially influential groups such as religious actors, media, academia and civil society.

Government influence extends in theory down to the grassroots through the system of "one person being responsible for five households". This facilitates communication and awareness raising on for example health issues, and control and mobilization around specific government agendas. Other influential groups, includes traditional, clan and religious leaders and leaders of community-based and traditional organizations such as "Iqubs" and "Idirs". The latter facilitate community and household savings, local safety nets and solidarity actions. Through their role and wide membership, they have legitimacy and are influential actors for community decision making, mobilization, conflict mitigation and resolution, and for maintenance and formation of attitudes, beliefs and practices.

Socio-cultural norms shaping peoples' attitudes and beliefs, tend to make Ethiopian girls and women more disadvantaged with poorer access to decision-making; public services; land; information; justice and; leisure opportunities. Acceptance of violence against girls and women, including harmful practices such as FGM, abduction and early marriage, are

often considered a normal part of community and family life. Traditional beliefs also affect for example maternal health as they tend to favor home delivery, and as they shape perceptions about complications and risk factors during pregnancy and birth.

Ninety-percent of all Ethiopians belong to either the Orthodox, Muslim or Protestant faiths³⁴. Within them, there are large variations in doctrines from conservative to liberal, on amongst others gender roles and Sexual and Reproductive Health (SRH) issues. Religious institutions play a key role in shaping people's values and are often a spiritual and social safety net for the most marginalized. Through their centuries old national to grassroots institutional structures and direct interaction with believers, Ethiopian religious institutions are a powerful force for both maintaining status quo and for social mobilization and change.

Role of civil society

Ethiopia's civil society include a range of organizations from grassroots level e.g. informal and traditional community-based organizations, agricultural cooperatives and water-committees to national-based organizations. Amongst the latter are organizations with closer links to the government e.g. membership, mass and regional development organizations as well as more independent faith-based and secular Non-Governmental Organizations (NGOs).

With the 1991 fall of the Derg regime, NGO numbers increased significantly to over 3,000³⁵. However, since the 2009 Civil Society Organizations (CSO) law³⁶, civil society space has become restricted. The law prohibits NGO involvement in issues related to democratic governance, peace and human rights, and puts restrictions on funding sources and expenditures. Consequences include a shift by NGOs towards service delivery, an increase in operational INGOs and considerable sustainability challenges for smaller NGOs.

In spite of this, Ethiopian CSOs continue to play a significant role in poverty alleviation and provision of services and safety nets to the poorest. Local NGOs with strong local presence and legitimacy, contribute to mobilize and change community leaders and people's knowledge, attitudes and practices in important and sensitive areas such as sanitation and hygiene practices, health-seeking behavior and harmful practices. Many NGOs, and in particular faith-based development organizations, have a long-term commitment to the communities they serve. Hence they present an opportunity for fostering local ownership and for follow-up of accountability and sustainability of services e.g. WASH schemes, agricultural cooperatives and savings groups, and of changes of attitudes and practices related to e.g. harmful practices.

As members of networks and coalitions, and through project implementation and dialogue with government offices on various levels, individual CSOs, are able to exercise a degree of influence within their sectors. This may range from government offices' accountability, cooperation and links with local community structures and organizations, to dialogues on policy development and their implementation.

Conflict analysis

Since the Ethiopian-Eritrean war, Ethiopia has been the most stable country on the Horn of Africa besides Djibouti. However, in border areas, some spill-over from the conflicts in South Sudan and Somalia as well as tensions with Eritrea, can be felt. Isolated conflicts over water and land, often labelled ethnic conflicts, occur periodically, particularly in pastoralists' areas and areas with competing land development activities including for hydro-electrical power generation and commercial farming. Certain areas have and continue to face tensions around identity markers such as religion and ethnicity. Although the government emphasizes a history of tolerance and respect between the peoples' of Ethiopia,

there is a tendency towards greater expression of identity, particularly amongst the youth. This includes expressing stronger belonging to a specific faith direction within the great diversity of Islam and Christianity. Current and potential conflict areas include West Arsi and East Haraghe in Oromia, Gambella and South Omo in SNNPR.

Problem statement

A key challenge for development interventions in Ethiopia is local ownership and sustainability. NCA-Ethiopia will therefore focus on this, when addressing the following programmatic problems for:

- WASH: High mortality and morbidity rates due to water- and vector borne diseases as consequences of: People's and communities' lack of sanitation facilities; unhygienic practices and; poor access to safe and well-functioning water supply.
- Climate resilience: Chronic and periodic food insecurity due to the combination of severe poverty and climatic shocks, resulting in households depleting their savings, selling off assets and increasing their dependency on emergency relief.
- Reproductive health: Girls and women suffering health and other consequences of social norms being maintained, which support attitudes and practices related to e.g. unsafe home-deliveries, early marriages and pregnancies, female genital mutilation and intimate partners violence.

2. Lessons learned

The country program strategy for the forthcoming period draws on lessons learnt from the implementation of the previous 2011-2015 strategy, ongoing program monitoring, reviews and evaluations, and partner and staff consultations. Key lessons include:

- Reviews and partner consultations show that program integration between WASH, Climate Resilience and Reproductive Health means better cost-effectiveness and more comprehensive results. Service components such as water supply and Income-Generating Activities (IGA) helps create space for community dialogues on behavior change and taboo subjects such as FGM. An integrated reproductive health program will take better advantage of synergies between various health components both for messaging and programming e.g. for harmful practices, maternal health, youth Sexual and Reproductive Health (SRH) issues, and hygiene promotion.
- As observed during field monitoring, NCA-Ethiopia's WASH program in the past focused primarily on providing access to safe water mainly through drilling of shallow wells. However, sustainable health benefits can only be achieved through integrating water supply with improved sanitation and better hygiene practices. Also as confirmed through an NCA-Ethiopia internal rapid assessment in April 2015, capacity strengthening and involvement of local structures from the beginning, enhances community ownership and sustainability of results. For example there is a correlation between strong, accountable and effective WASH committees and functional WASH schemes.
- Evaluations of Samre³⁷ and Hintalo Wajirat³⁸ projects in Tigray confirm that watershed management and livelihoods diversification are two effective strategies for building communities' resilience to climate change. Also alignment of project plans and integration of activities with local government structures leverage better results. This includes for example tapping into human and material resources of local government offices e.g. the Productive Safety Net and agricultural and health extension workers.
- As documented in the Mid-Term Review (MTR) of the Joint project with Save the Children on FGM³⁹, local ownership and consensus on changes are critical in order to ensure lasting changes in practices. Successful approaches include Community Conversations (CC) and involving traditional community based structures and religious leaders in changing long held beliefs and social norms related to e.g. harmful practices, sanitation and hygiene.
- Experience from the past strategic period has shown that results are more impressive for programs and projects with more significant funding. One approach to this is joint programming with other INGOs. Positive examples include the joint program with Save the Children on FGM and the joint climate change adaptation project with Brot für die Welt (BfdW) in Ensaro Wayu, Amhara.
- Reviews show that partners' compliance with NCA and donors' financial and administrative requirements, is often a greater challenge than programmatic achievements. Hence, there is a continued need for strengthening partners' internal processes and procedures for financial and administrative control as well as their monitoring and reporting. This includes in some cases, strengthening partners' management and number of qualified staff, including their retention.
- As recommended by partners during an April 2015 partners' meeting and online survey, NCA-Ethiopia should strengthen the frequency of its monitoring visits and meetings with partners. These should give equal weight to financial and programmatic performance, compliance, documentation and learning. Strengthening partners' capacity around strategic program design, Monitoring & Evaluation (M&E), and internalization of evaluation findings, have also been raised as issues⁴⁰.

3. Geographic focus

NCA's geographic focus areas

NCA-Ethiopia in 2011-2015 worked in Addis Ababa and over 20 zones in six regions; Tigray, Amhara, Oromia, Somali, SNNPR and Gambella. For 2016-2020, the number of regions will be maintained, but the number of zones for development interventions will be halved. Geographic concentration will first of all be the result of integration of two or more programs in one geographic area. For the selection of locations, the reproductive health program takes priority as changing social norms require continuity of efforts. Its focus will be on consolidating results in current geographic areas and expanding to adjacent villages and districts, where FGM is still highly prevalent. Drought prone areas with tensions over water and recurrent water trucking, will be prioritized for new WASH interventions as well as watershed management activities to ensure sustained use and regeneration of ground water resources. Climate resilient projects will continue in three current zones, but in different water catchment areas. The priority for humanitarian interventions is South Sudanese and Eritrean refugees in Gambella and Tigray. Although NCA may respond to any declared refugee crisis or emergency in Ethiopia, preference will be given to zones and districts classified as hot spot priority areas, and for which NCA is already working with partners on development or humanitarian interventions.

Criteria used for geographic selection

- Potential for integration of programs i.e. two or more programs for each location.
- Presence and strength of partners in the locations i.e. their ability to bring results.
- Severity/prevalence/coverage/need including vulnerability as disaster-prone areas.
- Potential synergies with other Norwegian and ACT-sister organizations.
- Strategic choice of locations for programs – donor/government/UN emphasis, and scale-up considerations to adjacent areas e.g. for Reproductive Health (RH).
- Potential for Civil Society (CS) development/strengthening in the area.

Zone	Programs	Justifications
Tigray/ Southern region	Dev. WASH, Climate Resilience	Program integration; build on lessons learnt with current partners; poor institutional water supply, food insecure; cooperation/co-funding with Development fund (DF); private donations from Norway and Australia.
Amhara/ North Shoa	Dev. WASH, RH, Climate Resilience	Program integration; build on lessons learnt with current partner; food insecure; co-funding with Brot für die Welt; potential cooperation with DF.
Oromia/ East Haraghe & West Arsi	Dev. WASH, RH, Climate resilience	Program integration; very poor WASH coverage (water trucking), food insecure, disaster- and conflict prone; scale-up/expansion areas for RH incl. for the worst forms of FGM, CS strengthening.
Somali/ Shebelle	Dev. RH	Build on lessons learnt with current partner, scale-up area for RH, cooperation with DF, CS strengthening.
SNNPR/ Sidama & Wolaita	Dev. RH	Build on lessons learnt with current partners, consolidation and scale-up areas for RH, CS strengthening.
SNNPR/ Segen	Dev. WASH, Climate Resilience	Poor WASH coverage (many non-functional schemes), potential cooperation with BfdW, CS strengthening WASH & accountability.
SNNPR/ South Omo	Dev. WASH, RH, Climate Resilience	Program integration, build on lessons learnt with current partner, poor WASH coverage, food insecure, disaster- and conflict prone, RH scale-up area, potential cooperation with Christian Aid, CS strengthening.
Addis Ababa	Dev./Hum. All	National dialogues, coordination, networking and policy work.
Gambella	Hum. WASH	South Sudanese refugee influx of over 200,000. Large WASH needs in camps and host communities. CS strengthening. Cooperation with DanChurchAid.

Tigray/ Addis Abeba	Hum. Various interventions	Eritrean refugee influx of over 130,000 with secondary movement. Needs for education, psychosocial and medical support and livelihood activities in camps and urban setting. CS strengthening.
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4. Theory of Change for NCA Ethiopia

Vision

NCA-Ethiopia's **vision** is therefore to: *“Seek a future in which Ethiopian rural communities are resilient and women, youth and girls are empowered to continually improve and sustain their lives and health”.*

Preconditions to reaching the vision

To contribute to this vision, NCA-Ethiopia will follow four change pathways:

- Change social norms: For women, youth and girls to be empowered, social norms that favour their right to decide over own bodies, must be accepted by the local community. Influential community leaders and members must be convinced about the need for change, including with respect to negative health consequences of e.g. poor sanitation and hygiene, home-delivery without skilled health staff, early pregnancies and harmful practices. In order to sustain changes, a critical mass of convinced family heads, boys and girls have to be created. Through them and a sanctions system, pressure to conform will be exercised on those likely to maintain old practices. Sanctions may include penalties imposed by traditional community-based organizations or the government judicial system.
- Build strong community responses: For Ethiopian rural communities to be resilient, they need organization, capacity, knowledge and means for: Consultative change processes e.g. community dialogues; committees for regeneration and protection of water, soil and vegetation; community task forces for disaster-risk preparedness and response; self-help groups for savings and livelihood development and; for operations and maintenance e.g. WASH Committees. In order to achieve this, an initial support with capital, tools, capacity building and organization may be required.
- Link community interventions with government policies, offices and public services: For changes in points 1 and 2 to be viable, interventions must be aligned with Ethiopian government policies, and coordinated with relevant government offices. Families, women and youth must be informed about their rights according to Ethiopian laws, and about available public services. Further local community leaders' must know about government policies and plans, and community interventions must be linked with government offices and services for long-term coordination and support. This link must include mechanism for citizens' feedback and consultations as a part of social accountability.
- Strengthen civil society organizations: For both initial action as well as follow-up of the three above points, Ethiopian rural communities need support of both faith-based and secular CSOs. Provided local presence, legitimacy, and understanding of the communities they serve, local CSOs can play a crucial role in: Changing social norms; establishing links to government entities; developing local structures and ownership and; encouraging corrective action if sustainability is at risk. For Ethiopian CSOs, key sustainability issues are: An enabling space; ability to relate to government laws and policies; documented and recognized results and; proven up-ward and downward accountability.

NCA's role and added value in contributing to change

For the above and in particular point four, **NCA's added value** lies in its good name and position also with religious leaders and Faith-Based Organizations (FBOs), enabling it to play a coordinating role for inter-faith cooperation and dialogue on sensitive issues; its technical programmatic expertise; its knowledge about government policies and laws and; relations with regional and national resource organizations and networks. For the latter, NCA has and will continue to play a role in linking up smaller CSOs with stronger national NGOs. NCA is committed to build partners' capacity on programmatic, cross-cutting and administrative issues. For cross-cutting issues, gender, youth, people with special needs, the environment and conflict sensitivity, will be addressed as relevant to geographic area and intervention. The goal is to help partners professionalize, mobilize

funds and grow into significant actors within NCA's three programmatic areas. It will include, as a part of defending civil society space, a continued effort to document partners', especially FBOs, contribution to solving Ethiopia's developmental challenges within WASH, climate resilience and reproductive health.

Duty bearers and rights holders

Efforts towards this vision will prioritize girls, young women and men, living primarily in rural districts with high prevalence of harmful practices and recurrent food and water shortages. Key stakeholders are community leaders and organizations, relevant government offices on all levels, and faith-based and secular organizations and structures.

5. Strengthening civil society

As described in chapter 1 “Context Analysis”, Ethiopia has, in spite of government restrictions, a civil society that ranges from the grassroots and traditional community-based organizations, to regional and national NGOs and network organizations. Some may have strong links to the market, government or a particular faith. They may be member-based development or mass-organizations, or founded and managed by dedicated individuals. On a grassroots level, many are the result of development interventions e.g. self-help groups, watershed committees, cooperatives, irrigation user associations, and committees for WASH, refugees and disaster risk management.

Civil Society Organizations (CSOs), particularly on a grassroots level, have often strong legitimacy through their local rootedness. Together they constitute considerable social capital, which with the right approach, can be mobilized for development and social change for e.g. WASH, climate resilience and reproductive health.

Working strategically with civil society

Since 2013, when NCA changed its WASH program from being operational, all NCA's programs has been fully partner-based. The way NCA works with local CSOs vary from program to program, but follows in general the same principle: NCA partners with and builds the capacity of local secular and faith-based organizations, who in turn works hand-in-hand with local grassroots organizations. This enables a combination of local NGOs' understanding and urgency to promote social change with the application of local contextualized knowledge and legitimacy. This is particularly important in a country like Ethiopia, where people may be skeptical to foreign as well as the central government's intentions, particularly in areas concerning identity and traditional practices. Equally important is that working with local CSOs, builds better ownership and hence sustainability.

For the 2016-2020 strategic period, NCA and partners will take into consideration both the more restrictive civil society space, a more competitive funding environment and the continued requests from local communities for tangible or more material changes in their lives. The aim will be to a larger extent, combining service delivery with efforts to change attitudes and practices related to more sensitive and taboo issues such as harmful practices and reproductive health. As religion is often used as an argument for maintaining underlying social norms, NCA will continue to partner with both individual and umbrella organizations connected to Ethiopia's most important faiths.

Strengthening civil society through programme work

The above description of NCA's way of working highlights how CSOs can contribute to Ethiopia's development efforts as long as they are locally rooted and have legitimacy. The key is effective, participatory, transparent and accountable program work. On a community level this means ensuring that local structures, developed as a consequence of interventions, are representative. This implies that they are supported by the majority of the local population, and that they allow for active participation in decision making by both women and men, as well as different stakeholder groups. For water and watershed management this means for example that different user groups are represented e.g. by both genders, but also by users of safe drinking water as well as farmers of crops and livestock. Further it implies active involvement of local community structures and representatives throughout the project cycle. Their involvement contributes to strengthening the democratic aspects of the program work i.e. giving decision-making power to the community, and hence foster local ownership.

Capacitating core partners as civil society actors

As described in Chapter 2 “Lessons learned” compliance with administrative and financial regulations is often a greater challenge than programmatic achievements. NCA will therefore during the strategic period 2016-2020 focus equally much on these aspects as on the programmatic. For the latter, NCA will continue to implement the Humanitarian Accountability Partnership (HAP) with both its faith-based and secular partners with the aim

to ensure effective interventions, full participation of local communities and continual learning and improvement.

At the end of 2015 and the current strategic period, NCA will conduct an organizational capacity assessment of its partners. This will include governance, management, programmatic, financial and administrative aspects. The assessments will be used as a complement to the NCA global partnership scorecard and will inform NCA and partners about both generic and more tailor-made capacity strengthening interventions. These may include close accompaniment through frequent monitoring and supportive supervision, on-the-job training, experience sharing, technical backstopping such as provision of tools, program manuals and standards, and assistance with developing for example personnel and financial systems, manuals and internal control systems. Depending on the capacity of partners, NCA may temporarily employ or second key personnel at partners' offices to ensure meaningful transfer of skills and to set up systems for sound program and financial management.

NCA will also continue to support mutual learning between partner and NCA staff as well as experience sharing platforms amongst partners. This will include transferring some of the good lessons learnt from the reproductive health program to the WASH and climate resilience programs. Whenever feasible and relevant, these experience sharing activities will include other Norwegian, International and Ethiopian resource organizations including from academia, the private sector, and ACT-sister organizations. NCA will also, with assistance from its head and fellow country offices, facilitate linking Ethiopian civil society actors with global or regional-based organizations and networks as a part of fostering mutual learning and action. The above may include advocacy on permissible issues within the selected NCA thematic areas. Issues will be identified and documented by establishing cooperation between partners, NCA and research-based institutions. This will contribute to strengthening Ethiopian NGOs' documentation skills. The documentation will also be used to demonstrate Ethiopian CSOs and in particular FBOs' contribution to Ethiopia's development priorities. This is important in order to give civil society more visibility and to defend the current civil society space.

In order to facilitate national dialogues and promote civil society's added-value, amongst others with the documentation described above, NCA will continue partnering and coordinating with forums. These include various WASH, climate change and food security platforms, Government-Non-Government (GO-NGO) forums, and umbrella and network organizations e.g. the ACT-Ethiopia Forum, the Consortium of Christian Development and Relief Associations (CCRDA), the Ethiopian Inter-Faith Forum for Development, Dialogue and Action (EIFDDA), and the Inter-Religious Council of Ethiopia (IRCE).

6. Programmes

6.1. Global Programme: Reproductive Health (RH)

Needs analysis

A major maternal health challenge is women's low demand for professional health services. Nationally only 40% of all pregnant women attend ante-natal care⁴¹. In Dale district, Sidama, this is as low as 10%⁴². Also only 32% of all pregnant women in North Shoa, Amhara and 39% in Bedeno district, East Haraghe, give birth in health clinics and hospitals⁴³. Reasons include: Women and family heads' low awareness about risks related to pregnancy and labour; young women's low status in the family; a preference for Traditional Birth Attendants (TBAs); a lack of access to transportation and; dissatisfaction with health centers' attention to pregnant women including being attended to by male health workers. Rural health centers also often lack qualified personnel; WASH facilities and; standard delivery equipment⁴⁴.

Adolescent and youth Sexual and Reproductive Health (SRH), in Ethiopia age bracket 10 to 29 years, remains a sensitive topic. In two studies only around one-third of the youth had engaged in conversation with their parents about SRH⁴⁵. Reasons were: Cultural and religious taboos; shame and; lack of communication skills. Also, SRH is inadequately covered in schools; one third of all youth have no access to SRH services⁴⁶; many youth centers are non-functional; and existing SRH services are adult-centered and not adapted to youth's needs. Consequences include: Low rate for contraceptive use including condoms i.e. only 50% of youth engaging in high risk sex protect themselves⁴⁷. Other consequences as reported in West Arsi, Oromia, and North Shoa, Amhara, are: Unwanted pregnancies; illegal abortions; Sexually Transmitted Infections (STIs); substance abuse and; school dropouts⁴⁸.

In Ethiopia there are 140 different types of Harmful Practices (HPs) with FGM, Child, Early and Forced Marriage (CEFM), being the most widely practiced⁴⁹. Prevalence of FGM varies between and within regions, and ethnic groups: Amhara 62.9%; Oromia 58.5%; SNNPR for example Wolaita district 60.5% and; Somali region 71%⁵⁰. For the latter region, the trend is towards the milder form of Sunna. Health consequences are psychological and a higher likelihood of adverse obstetric outcomes⁵¹. Gender-Based Violence (GBV) is also highly prevalent. Estimates for intimate partner violence varies, depending on source, i.e. from 28%⁵² to as high as 72%⁵³. Only 2% of "survivors" seek legal assistance and 3% medical assistance⁵⁴. Challenges are: Stigma related to HPs, GBV and "being a victim"; social norms contributing to controlling women and girls' sexuality, their position in the family, and their acceptance of GBV and HPs; low awareness about health consequences of GBV; weak law enforcement; limited availability of and access to services and; little awareness and involvement from community-based organizations including traditional and faith-based, to protect and assist women and girls at risk and as "survivors".

Programme goal

NCA's Reproductive Health program goal is: *"Women, girls and youth's reproductive health status is improved, and they are protected from any form of violence and Harmful Practices"*. The program is relevant to Sustainable Development Goal (SDG) 3; "Ensure healthy lives and wellbeing for all at all ages", and SDG 5: "Achieve gender equality and empowerment of all women and girls".

Programme description and theory of change

To reach its goal, NCA and partners will employ various strategies related to the following expected outcomes:

Outcome 1: *“Conventional reproductive health services are preferred over traditional practices”*. For pregnant women and youth to access maternal and SRH services, attitudes towards these must change. This requires dialogue with community leaders, traditional practitioners e.g. TBAs, and household heads to convince them about advantages of conventional RH services. Users must be informed about available services and how they contribute to reducing health risks. Further barriers to access must be reduced, including for: Dialogue between spouses, parents and children on maternal health and SRH; transportation to services; and service providers’ attention to users. Assumptions are: Religious, clan and traditional leaders as well as government officers collaborate and; maternal health services and basic physical structures for SRH services are available in the intervention areas.

Intervention strategies include:

- Community dialogues involving traditional and faith-based leaders, community-based organizations, household heads and community members, both women and men.
- Engaging role model parents, community- and faith-based structures in opening up dialogue between spouses, parents and their adolescents and youth on maternal health and SRH.
- Awareness raising and information dissemination on available services.
- Capacity strengthening of service providers particularly with regard to attention and care.
- Establishing referral linkages including to adequate transportation (for maternal health).
- Integrated program strategy for provision of WASH facilities for improved maternal health services.

Outcome 2: *“Communities and faith actors take action to end FGM, CEFM and GBV”*: For this to happen, communities and faith actors must take ownership of the issues. This implies that they see GBV in any form as contradictory to women and girls’ rights and dignity. If convinced, they will integrate action against GBV in their structures and activities e.g. bylaws, sermons, campaigns, educational programs, trainings, declarations and social sanctions. To reach a consensus on this, awareness raising and facilitated consecutive dialogues with faith and community leaders, as well as their members, will be necessary. Assumptions are: The current momentum by the Ethiopian government and national religious leaders to end FGM, CEFM and intimate partner violence is maintained, including their support for mobilizing communities and government offices e.g. law enforcing bodies, to take action against GBV.

Intervention strategies include:

- Awareness raising through use of media, local campaigns and outreach education.
- Facilitation of community dialogues towards declarations and action against the practice.
- Integration of issues in bylaws and activities of community-based organizations.
- Strengthening links to and capacity of local law enforcement for increased case reporting and verdicts.
- Mobilization of local faith-based structures through awareness raising, training and cascading higher level commitments to grassroots churches and mosques.

Outcome 3: *“Survivors of GBV, FGM and CEFM have safely accessed adequate and appropriate support services”*: These include medical, economic and psychosocial support. For this to happen, barriers to seeking assistance have to be reduced. These include: Stigma and taboos related to e.g. fistula and intimate partner violence; protection of survivors; lack of information about available services and how to access them and; weak referral links and coordination mechanisms. The underlying assumption is that services can build on already existing structures and specialized institutions e.g. for fistula.

Intervention strategies include:

- Awareness raising and mobilization of key religious and community leaders on reducing stigma and taboos related to GBV.

- Mapping of available services including their capacities and interest in assisting survivors.
- Establishing first-point of contact for “survivors” in the local community and referral links between them and health, economic, psychosocial and legal services.
- Organize “survivors” in self-help saving groups and income-generating activities.
- Information dissemination on available services and first point of contact.
- Capacity strengthening of service providers based on organizational capacity assessments.

For all outcomes, the aim is to engage in relevant interventions: Men and boys, women and girls, and local structures e.g. local schools, girls and boys clubs, traditional community based organizations, churches and mosques, health clinics and government offices. The involvement of the latter will be key for multi-sectoral coordination, establishment of referral systems and enforcement of policy. Also the aim will be to document best practices, and work in partnership with local and national networks, forums and associations.

Needs analysis

Around 30% of Ethiopia's population live below the national poverty line and 85% depend on agricultural-related activities⁵⁵. Climate change through raising temperatures and exaggeration of traditional patterns of erratic rainfall and recurrent droughts, poses great challenges for Ethiopia's planned growth and transformation pathway. This emphasizes agriculture as a key sector for driving economic growth. Recognizing that climate change will have a negative impact on agricultural productivity and household food security, has led to the launch of a Climate-Resilient Green Economy (CRGE) strategy⁵⁶. This CRGE will continue as a priority under GTP2. Amongst the most vulnerable households are the great majority of farmers depending on rain-fed agriculture, the estimated 8 million pastoralists⁵⁷ and rural asset poor households, representing 10% of the total households in NCA's project areas in Tigray and Amhara⁵⁸. Their livelihoods and incomes depend on predictable seasons and the availability of water and pastures. Additional negative effects of climate change is the acceleration of already "...high levels of land degradation, soil erosion, deforestation, loss of biodiversity, desertification, recurrent floods, as well as water and air pollution"⁵⁹.

With increased climate change impacts, essential community infrastructure and resources e.g. irrigation, water supply and watersheds, are more exposed. However, little attention has been given to applying contextual minimum standards for building and protecting such structures from the consequences of climate-related events. Also, although community task forces for early warning and response exist, they are often inactive, and the information loop back to the communities after data analysis, is weak⁶⁰.

Common characteristics for NCA's priority project areas are severe degradation of the natural environment through deforestation, improper farming practices and overgrazing, and poorly developed and managed water resources. The result is soil erosion and poor soil fertility and hence lower agricultural productivity. In Ankober, North Shoa⁶¹, this has resulted in farmers being able only to harvest once a year compared to two 20 years ago. The average difference in yield between good and bad seasons in NCA's selected project areas in Tigray and Amhara, is 11.65 quintals/hectare⁶², and in Siraro, West Arsi, as high as 15 quintals/hectare⁶³. Implementation of sustainable land management plans and small-scale irrigation systems, and access to improved seeds and knowledge could all contribute to improved productivity. However, for NCA's project areas in Tigray and Amhara, only 10% of the land is covered by sustainable land management plans, and just an average of 10% of the farmers have been trained on improved agronomic practices.

Programme goal

NCA's Climate Resilience program goal is: "*Vulnerable communities have the capability to resist, absorb, adapt and recover from the impacts of climate change*". This goal is relevant to SDG 2 on: food security and sustainable agriculture; SDG 13 on climate change and its impacts and; SDG 15 on amongst others reversing land degradation.

Programme description and theory of change

To achieve the goal, the program will work on Theories of Change based on strengthening three major capacities for communities' climate resilience. These are: 1) Absorptive = the capacity to prevent and resist disasters; 2) Adaptive = structural or livelihood adjustments and 3) Transformative = when a new way of life is required in order to sustain health and life.

1. Local government and communities are capable of preventing and responding to disasters (absorptive capacity): For this to happen, communities must have organization, knowledge and means. For prevention, this require that communities are aware of essential and exposed common resources

and infrastructure e.g. watersheds, access roads, water supply and irrigation schemes, and which measures to take to protect these against climate related events. For communities to take ownership, it is vital that they, both women and men, participate in assessments, in establishing community tasks forces, and in developing and implementing minimum standards for their protection and sustainability. For response, this require community organized tasks forces with agreed contingency plans, mandate and legitimacy, enabling them to mobilize both financial and human resources for community-based disaster risk reduction and response. Further these structures must be linked with national, regional and zonal early warning and response mechanisms. The assumption is that local government offices is committed to support such disaster risk reduction and response activities.

Expected results (outcomes) and intervention strategies include:

Outcome 1: "Context specific minimum standards for mitigating risks on structural interventions are applied"

Outcome 4: "Organized civil society structures demonstrate action on climate resilience".

- Mapping of essential common resources exposed to damage by climate-related events.
- Planning, design and implementation of measures, based on agreed minimum standards, to protect and sustain common resources and infrastructure including for rehabilitation of watersheds e.g. vegetation, soil and groundwater.
- Establishment, capacity development and facilitation of consultative processes with the community at large and community-based organizations e.g. for watershed management and disaster risk reduction and response/community task forces.
- Assisting community task forces with implementing contingency plans, resilience funds, and the link to national, regional, zonal and district early warning and response systems.

2) Communities have improved adaptive capacity through introduction of climate-smart agriculture and sustainable land management: For this to happen, food production and land management plans must take into consideration the effect of climate change. This require farmers to learn about and accept new agricultural interventions such as conservation farming and irrigation, and that they respect agreed upon land management plans. The latter must include measures to protect and sustain common watershed resources including restrictions on grazing and utilization of water. Assumptions are that government offices have the capacity to support the introduction of agricultural interventions, and that consultative processes involving community leaders, government offices and users, will result in implementation of common plans for sustainable land management.

Expected results (outcomes) and intervention strategies include:

Outcome 2: "Food production is adapted to changes in climate".

Outcome 3: Sustainable land management plans are in use".

- Training of farmers on adaptive agricultural interventions including small scale irrigation, drought resistant seeds, and new planting and farming techniques.
- Assistance with planning and implementing measures e.g. irrigation, tools and seeds.
- Facilitating consultations and implementation of sustainable land management plans in collaboration with relevant government offices and the community.

3) Households build adaptive and transformative capacities: For this to happen, asset-poor people, particularly landless youth and women-headed households, must have access to alternative livelihoods. This require start-up capital, know-how, production means and access to markets. In order to break a potential cycle of dependency, selected individuals must be trained on basic business skills including literacy and numerical skills, savings and loans and negotiations. Also, whenever feasible, households should be organized or connected to self-help groups, loan- and savings groups or cooperatives in order to have more negotiation power and access to resources and markets.

Expected results (outcomes) and intervention strategies include:

Outcome 5: “Asset-poor households generate income from alternative livelihoods”.

- Mapping of, including value-chain analysis, and consultations with potential households on alternative livelihoods.
- Skills training of household members on alternative livelihoods and business skills.
- Organization of self-help groups and saving and loan associations.
- Assistance with basic production means.
- Establishing links with resource organizations including on research, markets, cooperatives and government services including micro-finance institutions as deemed relevant and feasible.

Needs analysis

As described in the context analysis, improved WASH services will bring great health benefits through reduction of water- and vector borne diseases e.g. diarrhea, hepatitis A, typhoid, giardia, bilharzia and malaria. This is also recognized in Ethiopia's GTP2. This aims at increasing water coverage from an estimated 55% in 2015 to 70% in 2020 measured with the new standards for rural districts of 25 liters/person/day and a maximum distance of 1 km from domicile to water point⁶⁴. To reach this target, various challenges have to be addressed including: The high number of non-functional schemes i.e. a national average of 26% in 2011⁶⁵; inadequate surveillance and testing of water quality and availability; insufficient mobilization of local communities from planning to hand-over of WASH schemes; WASHCOs' weak governance systems, sense of ownership, and ability to operate and maintain water schemes; weak supply systems for spare parts and repairs; inadequate follow-up from districts authorities amongst others for maintenance support and; communities lack of measures to protect water resources from depletion and pollution.

A priority for GTP2 is improved sanitation and hygiene practices. An estimated 65 million people or 72% of the population⁶⁶, practice open defecation or use inadequate sanitation facilities. Also, only 20% regularly wash their hands at critical times⁶⁷. Challenges to be addressed include: Low awareness of how potential health risks due to poor sanitation, hygiene practices, water treatment and storage, can be prevented; sanitation and hygiene being perceived as a low priority by communities and authorities and; inadequate understanding of standards and affordable models for improved sanitation facilities.

There are large variations between regions, zones and districts for water supply and sanitation coverage. For example, water coverage for NCA's WASH intervention areas with the GTP1 standards⁶⁸, varies between 40% for Dassenach district, South Omo and 75% for Ankober district, North Shoa⁶⁹. For institutional WASH, figures are even lower. Only 24% of the schools of NCA's three intervention districts in Tigray and Amhara have access to water supply and latrines, and only half of the health clinics have water. In Dassenach, none of the 16 schools have water, only two have sex-disaggregated latrines, and only one of the health posts/clinics have water supply. Also figures for Open Defecation Free (ODF) villages varies greatly from none in Dassenach to 16% in Siraro, West Arsi, and 17% as an average for East Haraghe. For the intervention districts in Tigray and Amhara less than half are declared ODF villages⁷⁰.

Programme goal

NCA's WASH program goal is: "*User communities in project areas have sustainable access to safe and adequate WASH facilities for improved health and well-being*". This goal has relevance to SDG 6: "Ensure availability and sustainable management of water and sanitation for all" and SDG 3: on health.

Programme description and theory of change

To reach the goal, NCA and partners will work on Theories of Change related to ensuring:

1) Safe and adequate water supply

For this to happen, water supply schemes for both households and institutions, must be rehabilitated or constructed. This requires design based on context-specific feasibility studies of existing schemes, water resources available and users' needs, ability to contribute/pay and demand for water. An important part of this is consulting future users, both women and men, and working closely with district water bureaus. Design and implementation is to be based on the more ambitious government standards and targets for water quality and access outlined in GTP2. The key underlying assumptions are: Good

collaboration can be established with district officers, and that they have basic WASH competence and knowledge about standards and policies.

Expected results (outcomes) and intervention strategies include:

Outcome 5: "Men and women have access to inclusive, adequate and sustainable WASH services in public institutions" i.e. water supply for health clinics and schools.

Outcome 6: "Men and women access sound, sustainable and at least basic water supply services for domestic and productive purpose".

- Assessment of existing schemes (e.g. hand-dug, shallow and deep wells), water resources (e.g. springs, rain- and groundwater), ability to pay/contribute, needs and demand.
- Consultations with community representatives, future users and authorities.
- Planning, design, rehabilitation and construction of water supply schemes.
- Establishment of systems and structures for operations and maintenance.

2) Sanitation and hygiene practices preventing spread of diseases

For this to happen, social norms and practices must change. This requires that community members both on an individual and collective level have improved understanding of health risks and start to associate shame and disgust with poor sanitation and hygiene conditions. If convinced, communities will make joint decisions for action and exercise peer pressure for change including ensuring that households, communities and institutions construct and maintain sanitation infrastructure e.g. latrines, hand-washing facilities, drainage and safe waste disposal. To facilitate this change, influential community leaders as well as key government officers and service providers e.g. for health and education, must be engaged. Key assumptions are: Relevant government offices prioritize sanitation and hygiene activities in line with government policies and; once communities have knowledge about how to prevent water- and vector-borne diseases, they act on this knowledge.

Expected results (outcomes) and intervention strategies include:

Outcome 3: "Men and women practice good hygiene that protect against key public health risks".

Outcome 4: "Target communities have access to adequate, appropriate and sustainable sanitation service in their household".

Outcome 5: As described above under water, but for sanitation and hygiene in schools and clinics.

- Establishment, mobilization and training of community structures and service providers e.g. schools (hygiene clubs), health posts (health extension workers), traditional and faith-based organizations as well as community outreach educators.
- Awareness raising on disease prevention on community and household levels.
- Planning and construction of latrines, drainage and waste disposal in health clinics and schools taking into consideration users with special needs.

3) Sustainability in all WASH interventions (relevant for all outcomes, but specifically outcomes 1 and 2)

For this to happen, users and local communities must take ownership of the WASH interventions. This requires their full participation prior to, during and after interventions; organization and capacity building of structures and service providers for operations and maintenance and; linking relevant government offices and services to local community-managed water and sanitation schemes. As a part of this, attention must be given to: Equal participation of women, men and different user groups; existing social structures and organization and; schemes' governance and accountability systems e.g. for management of fees and handling of complaints and schemes' non-functionality. For water resource sustainability, users and stakeholders must be empowered to implement protective watershed management (this will be a part of NCA's climate resilience program). A key assumption is that communities, once capacitated, have a common interest in and ability to maintain schemes and facilities.

Expected results (outcomes) and intervention strategies include all the above outcomes and:

Outcome 1: Community members demonstrate that they have taken ownership of the WASH services”.

Outcome 2: “District water offices have included men and women’s recommendations on WASH services in their work plans”.

- Establishment and training of WASHCOs. This will include ensuring proper governance systems and securing 50% women’s representation also in leadership positions.
- Capacity development of district water bureaus based on needs assessments and in collaboration with zonal and regional water bureaus.
- Linking WASHCOs with district water bureaus including facilitating dialogues on roles and responsibilities and implementation of feedback systems on functionality.

7. Emergency preparedness and response

As indicated in Chapter 1: "Context analysis", Ethiopia's emergencies can be divided into two categories: National emergencies and refugee crisis. For these, NCA's planned response and priorities are:

National emergencies

Droughts, floods and local conflicts may push vulnerable populations into situations of internal displacement, loss or depletion of assets, and starvation. As many as one-third of Ethiopia's population are undernourished⁷¹, and hence vulnerable to external shocks. In 2015 an estimated 4.5 million people need emergency food aid from the international community and over 1 million people assistance with emergency water interventions, whereof 271,500 with water trucking⁷². Amongst the most affected are NCA's prioritized project areas of East Haraghe and West Arsi in Oromia, North Shoa in Amhara, South Omo in SNNPR and Southern Tigray⁷³.

NCA may decide to intervene in any large-scale emergency declared by the Ethiopian government. However, in general, the priority will be areas with existing partners and projects. This will help ensure a better continuum of interventions from emergency to development, and that lessons learned from emergency situations can feed into development programming. The aim will be to use lessons learned to strengthen Disaster Risk Management (DRM) and other activities under the climate resilience program.

The priority sector will be WASH with emphasis on water supply infrastructure, excreta disposal, vector control, related Non-Food Items (NFIs) and hygiene promotion. For water supply, water trucking will be considered a very last resort. NCA may also involve in provision of other NFIs, food and agricultural assistance depending on partners' capacity, identified needs and consultations with local authorities. It will align activities with the National Disaster Prevention and Preparedness Committee's (NDPPC) guidelines and participate in relevant task forces led by the Disaster Risk Management and Food Security Sector (DRMFSS) of the Ministry of Agriculture (for overall coordination and food management) and Ministry of Water, Irrigation and Energy (for WASH). In addition NCA will participate in the monthly UNOCHA Humanitarian Community Coordination meetings, UNICEF-led WASH cluster meetings and, as feasible, in the annual planning processes of humanitarian requirements and in needs assessments coordinated by the Disaster Risk Management Technical Working Group (DRMTWG). It will also pro-actively contribute with information, whenever pertinent, to mechanisms and systems for early warning.

Refugee crisis

By the end of July 2015, Ethiopia hosted nearly 720,000 registered refugees, who had fled from consequences of war, instability and oppression in neighbouring countries. This included 283,000 South Sudanese, 248,200 Somalis, 145,000 Eritreans and over 43,300 from other nationalities in 25 refugee camps as well as in host communities including Addis Ababa⁷⁴. As most of the refugees arrive from situations of protracted crisis, it is likely that they will remain in Ethiopia over the next years or opt for secondary movement to Europe, the Arabian Peninsula or South Africa.

For these crisis, NCA will continue to prioritize South Sudanese and Eritrean refugees in both camp and host community settings in Addis Ababa, Gambella and Tigray regions. NCA will also consider intervening in host communities and other refugee crisis depending on its capacity and strategic considerations e.g. the cross-border relevance for NCA country programs in the region. The main priority sector will be WASH. However, depending on unmet needs of refugees, potential areas for NCA's engagement will also include reproductive health, livelihoods and Sexual and Gender-Based Violence (SGBV) and secondary education benefiting both refugees and host communities.

Activities will be coordinated and carried out under the approval of the relevant government entity, the Administration for Refugee and Returnee Affairs (ARRA) and UNHCR.

NCA will participate in and seek leadership in WASH working groups, and take part in the UNHCR-led Refugee Task Force and other relevant meetings and processes on national and local levels.

Strengthening disaster response capacity

NCA has a long history of responding to humanitarian needs in different parts of Ethiopia. Since April 2015 NCA together with ACT-members DanChurchAid (DCA) and Ethiopian Evangelical Church Mekane Yesus – Development And Social Services Commission (EECMY-DASSC) has, as its latest intervention, been providing a WASH-response to South Sudanese refugees in camp settings in Gambella. As a part of this, NCA strengthened in 2014 and 2015 its WASH and emergency response and preparedness capacity through the recruitment of additional experienced staff including for its senior management. This was part of a plan to establish a flexible team with skills relevant both to development and emergency WASH. During 2016-2020 the aim is to do the same with the reproductive health team.

Based on amongst others the joint Humanitarian Requirements plan issued by UNOCHA and the government of Ethiopia, and consultations with partners, NCA will prepare an Emergency Preparedness and Response Plan (EPRP), which will be updated on an annual basis. This will focus primarily on WASH interventions and Non-Food Items (NFIs) for agricultural activities. The EPRP will take into account using existing development WASH staff, cooperation with ACT-sister organizations and partners with strong local presence as well as administrative and logistical capacity to respond to emerging crisis.

Most of NCA's local partners have little experience with responding and preparing for major emergency and refugee crisis. The exception is EOC-DICAC and their Refugee and Returnee Affairs Department (RRAD). NCA will therefore co-implement and take the technical lead for WASH, reproductive health and GBV activities, and provide grant management and close accompaniment for all partner activities.

Whenever feasible, NCA will seek cooperation with other ACT-Alliance members, both international and national. This will range from information exchange and coordination of activities in crisis of common interest to consortia fund applications and joint projects. For the former, the ACT-Ethiopia Forum will be key. NCA will also work with the forum to revise and update the current joint ACT-Alliance EPRP for Ethiopia.

8. Finance and funding

Funding situation

Its large poor population, strategic position on the Horn of Africa and the government's capacity to bring results, makes Ethiopia an attractive country for donors. During the last decade Ethiopia was amongst the top ten recipient countries globally of both humanitarian and development aid⁷⁵. After steady growth in funding from USD 687 million in 2000, Official Development Aid (ODA) levels stabilized between 2009-2013 at around USD 3.5 to 3.85 billion annually⁷⁶. The largest donor countries, ranked by size, were in 2013 the United States, UK, Japan, Canada, the EU, Germany, the Netherlands and Norway⁷⁷. However, with all the largest INGOs present, competition for all sorts of funding is high.

Recognizing that priorities may overlap or different strategies may cause fragmentation and challenges for the Ethiopian state apparatus, donors aim to harmonize development efforts through the common platform: The Development Assistance Group (DAG) Ethiopia⁷⁸. This consists of 27 development partners including the African Development Bank, the World Bank, the European Commission, the UN and bilateral donors including Norway. The focus for harmonization efforts is Ethiopia's Growth and Transformation Plan (GTP) and global goals such as the Millennium and Sustainable Development Goals (MDGs/SDGs). A trend is towards larger programs with pre-defined frames for results reporting, and a preference for larger consortia applications with grant management delegated to either very large INGOs or UN organizations.

Analysis of donor market

Potential donors for NCA-Ethiopia's priority sectors include (based on donors current priorities, which may change with new SDGs and GTP2):

Program/ Donor	WASH	Reproductive health (RH)	Climate Resilience (CR)	Emergency/ Humanitarian	Comments
DFID ⁷⁹ /UK Aid	Water and sani- tation	Maternal health, FGM and CEFM	Climate change	Humanitarian (food security), WASH in camps	Consortia approach with ACT alliance members
Dutch Em- bassy ⁸⁰		Youth SRH, Child Marriage	Food security incl. irrigation		Cooperation with UN and ICCO?
EuropeAid ⁸¹	Water supply		Drought resilience		Includes ca- pacity building of CSOs.
ECHO ⁸²	SHARE: WASH	Reproductive health	SHARE: food, & DRR	WASH, NFI	Direct or as part of consortia.
NORAD		Maternal health, Youth SRH	Climate Resilience		As part of NORAD frame.
Norwegian MFA				Education, WASH, food security	Proposal sub- mitted 2015 for Eritrean ref.
Norwegian Embassy		Joint program on FGM/HP	REDD+, climate resilience	Education, WASH agriculture	Current donor for FGM/HP
NRK Telethon	WASH				Funding avail- able for 2016- 2020.
OCHA ⁸³				WASH, food & agriculture	Joint proposals with local partners.
OFDA				WASH	Sub grant from contract holder such as IRC, GOAL
Private donors	WASH		Climate Resilience		Current inter- est areas of donors
UNFPA ⁸⁴		Maternal health, GBV, youth SRH			Current donor, interested in FBOs.
UNHCR				WASH in camps	Complicated fund processes. Not reliable as sole funding source
UNICEF ⁸⁵	WASH	Maternal health,		WASH; camps &	FGM/Child

		GBV		communities	marriage most potential
USAID ⁸⁶ /USD Department of State		Quality health services.	Economic growth with resilience in rural Ethiopia.	OFDA and BPRM (WASH, food, agriculture)	Tend to favour larger US INGOs. Consortia ap- proach?
Wellwishers, Australia	WASH				Current private donor/foundation

Programme selection based on donor market analysis

Funding from the NORAD framework agreement will be prioritized for programmatic areas where NCA-Ethiopia's prospects of funding is weaker or for which NCA is piloting new programs i.e. climate resilience and the maternal and youth SRH components of the Reproductive Health program.

In addition NCA and Save the Children will apply for a third phase of the Joint Program on "Accelerating Change towards Zero Tolerance of FGM in Ethiopia". The application for this program will be submitted in November 2015.

Other Norwegian funding sources include private individuals, schools, congregations and companies, the NRK Telethon in 2014 and the Norwegian Ministry of Foreign Affairs for specific refugee crisis and emergency interventions in Ethiopia.

The aim is to double the funding to NOK 216 million over the five year period compared to 2011-2015. This implies increasing the 2015 funding level of NOK 25 million to an average annual figure of over NOK 40 million. This level may be reached in 2016 depending on the success of current proposals.

Forecasted income

Year	2016	2017	2018	2019	2020	Total all in NOK
Programs						
WASH	11,3	12,1	11	10,5	9,25	54,1 million
RH	11,6	13,5	13,5	13,7	14,2	66,5 million
CR	6,7	8,3	9,3	9,5	9,85	43,7 million
Emergency	13,8	6,5	8,9	9,0	9,3	47,5 million
Grand Total	43,4	40,4	42,7	42,7	42,6	211,8 million

9. Monitoring and evaluation

Monitoring principles and practices

NCA's monitoring principles and practices will be informed by results frameworks agreed with donors, NCA's global routines and guidelines, and country-adapted frameworks. The latter will include developing an own Monitoring & Evaluation (M&E) framework for the country program. This will focus primarily on issues concerning monitoring and evaluation frequency and routines, data collection and data quality assurance. The framework will also take into consideration government-set national targets, indicators and standards. M&E activities will focus both on project and program levels, the latter as described in this country program strategy. To the extent possible, principles for monitoring and data collection will be standardized across programs and projects. This will include the principle of Sex and Age Disaggregated Data (SADD).

During the 2016-2020 strategic period NCA will continue to collect data on output and activity-levels, but pay greater attention to the outcomes of programmatic interventions as well as NCA's civil society impact through partners' improved capacity and engagement. Fundamental to this focus will be this country program strategy's attached results-framework as well as project-and partner-related log-frames with clearly defined objectives and indicators.

In addition, each program and project will be included as a separate section of the country office's M&E framework, describing the frequency, methodology and responsibilities for conducting M&E activities. These plans will be geared towards ensuring programmatic quality, assessing results and achievements, improving organizational learning, and demonstrating accountability towards communities and donors. As for the respective projects and partners' results frameworks, these plans will be developed in consultation with partners.

NCA program staff will monitor projects at field level at least twice a year. At least one of these field visits will be accompanied by NCA finance staff. More frequent field visits as well as partner meetings will be applied for partners with performance issues (e.g. with progress, burn-rates or program quality) or with an identified higher potential financial risk. Such risks will be identified through partner assessments, and reviews of financial statements, audit reports, and partners accounting and internal control mechanisms. Findings from monitoring visits will be shared with partners and documented for future follow-up.

NCA's planning process will be fact and evidence-based. This will imply collection of data prior to (needs assessments and baselines), during and after implementation (endlines), identification of good practices, and designing and improving interventions based on this. Conflict and gender analysis tools will be used at the planning stage, the latter in order to identify how the program/project will affect men and women differently, and how the program best can address gender inequalities.

Evaluations

Informed by NCA's global evaluation policy and donors' requirements, the country office will conduct various evaluations or reviews. In terms of frequency, the country office will conduct mid-term evaluations/reviews for projects with a duration of three or more years, and a final evaluation for all pilot and major both emergency and development projects. In addition evaluations will be conducted for each thematic program and the country program as a whole.

Theories of change and results-frameworks will be reviewed and updated on the basis of major changes in context or minimum as a part of the annual planning process. Testing their relevance and underlying assumptions will be a part of Terms of References for evaluations/reviews. Recruitment of consultants and research institutions will be through open tender and on a competitive basis.

10. Organisational prerequisites

The main opportunities for NCA lies in its very relevant programming with respect to government and donor priorities and its good relations with both faith-based and secular partners. The main threats are further government restrictions and donors' loss of interest in smaller civil society organizations as development actors, high inflation, a continued weak Norwegian kroner, and partners' non-compliance with financial and donor requirements. NCA Ethiopia's strengths include a well-established office, competent staff, a good relationship and name with partners, and greater cooperation across departmental and program lines. Amongst its weaknesses are limited accompaniment and focus on partners' capacity development, a lack of a standardized Monitoring & Evaluation system across programs, a still not fully implemented performance management system and some remaining staff competency gaps.

Competence development

Key competency areas to be covered during 2016-2020 are:

- **WASH:** Partners' capacity and WASH knowledge vary greatly. Their focus is primarily on shallow well development with mostly weak integration of sanitation, hygiene, operations, maintenance, and water resource management. NCA will therefore closely accompany partners in all aspects of WASH from project design, feasibility studies and scheme development to community mobilization, implementation and post-implementation activities. It will also provide capacity building on all aspects of WASH including management, policies, standards, governance, accountability and sustainability. To do this, NCA will maintain its WASH team of four people with a professional background in water engineering, hydrogeology, community mobilization and sanitation and hygiene.
- **Reproductive Health:** For Harmful Practices, NCA will continue with the current experienced partner portfolio. Priorities will be field monitoring, tools development, facilitation of experience exchanges and documentation including through cooperation with academic and research institutions. NCA will work on deepening partners' capacity on gender, maternal health and youth SRH issues. To do this, NCA will maintain a team of four people with a background on public health, psychology and social work. In addition it may consider recruiting a health professional.
- **Climate Resilience:** NCA will continue with two of its well-experienced partners on climate resilience, and may add two new partners for the Oromia region. The focus will be on quality assurance of partners' proposals and plans, field monitoring and facilitation of know-how transfer to partners on new innovative approaches. For irrigation components, NCA will rely on expertise from its WASH team. In addition it will recruit one to two staff with expertise on watershed management/natural resource conservation, agriculture and livelihood development.
- **Emergencies/humanitarian relief:** The emergency preparedness and response work will rely on resources from other teams, short-term support from NCA-Oslo, and new recruitments in connection with actual projects. Efforts will be coordinated by an experienced emergency coordinator. As described in the previous section, WASH staff will support planning, start-up and monitoring of emergency projects.
- **Program support functions:** To support program development, monitoring and documentation, NCA will maintain a team of a Planning, Monitoring and Evaluation (PME) Coordinator and a Communications Coordinator. In addition NCA will recruit a Grant/Partnership Coordinator with responsibility also for partners' capacity development on this topic.
- **Financial and administrative functions:** Partners' capacity development and follow-up on finance and administrative issues will be of high priority. A team of four financial staff will be maintained responsible for partners' financial monitoring, accom-

paniment and capacity development, and for all accounting functions. In addition, NCA will maintain one person for logistics, an IT and human resource coordinator, and six support staff (e.g. drivers, compound attendance and administrative support).

- **Senior Management Team:** The current Senior Management team of an expatriate Country Representative, a Finance and Administration Manager, Program Director, IT and Human Resource Coordinator and Reproductive Health Program Manager will be maintained.

The above set-up implies maintaining a total staff of 25-30 people excluding operational humanitarian aid projects. In addition NCA will consider offering one to two internships a year to young people under education or who are newly graduated. Women will be prioritized for internships in areas, where they are underrepresented e.g. WASH.

Human resource development will focus on more systematized performance management; updating staff's technical expertise; and improved financial, grant and fundraising skills for program staff. When feasible for all parties, NCA-Ethiopia will be open to staff exchanges for broadening their experiences and for helping out under temporary crisis e.g. in connection with regional emergencies.

Human resource needs

The country program will continue to rely on NCA-Oslo's support for finalization and submission of funding proposals, intelligence gathering on funding opportunities, and establishing relations with major donors on head office level.

Cost effectiveness

For greater cost-effectiveness NCA will aim to:

- Keep total administrative costs on or below 15% of the total budget.
- Increase the 2015 budget with more than 30%, and manage this budget with the number of staff outlined above with the exception of more operational emergency interventions.
- Implement more integrated projects, meaning higher budgets per partner, and hence reduced partners' administrative costs as percentage of the total budget.
- Continue to share office facilities with other organizations, and explore additional options for sharing resources with ACT-sister organizations.

11. Risk management

Strategic

The Civil Society Law states that: "Foreign and Ethiopian Charities" have no mandate to work on human rights issues including "... the promotion of the equality of gender..."⁸⁷. To minimize risks of a more restrictive interpretation of this paragraph, NCA and partners will: Approach sensitive issues such as FGM, early marriage and intimate partner violence from a health and women-well-being perspective; coordinate and participate in Government-NGO platforms chaired by the Ministry, Regional and District Bureaus for Women, Children and Youth Affairs and; organize national dialogue forums together with and through the Inter-Religious Council of Ethiopia (IRCE), a government recognized inter-faith umbrella association.

The Charities and Societies Agency has expressed concern about INGOs and their partners' compliance with the 30/70 rule when seen as a totality for both. This may result in further restrictions for how administrative costs are understood. To mitigate risks related to e.g. renewal of license, NCA will: Channel funds to partners through its country office; aim to maintain administrative costs on or below 15% of the total budget; increase the budget per project and; work with partners to lower their administrative costs.

Very large INGOs and UN organizations are increasingly taking over the role as grant managers, focusing on strategic partner organizations e.g. national faith-based and larger uncontroversial NGOs. This represents a challenge for medium-sized partner-based organizations such as NCA. In order to mitigate risks related to competition for funding, NCA will: Strengthen communication on its added value and role; cooperate on funding opportunities with UN, ACT-sister and local organizations and; engage in more consultations and sharing of plans with local partners.

Financial

Partners' weak financial and administrative management represents a great potential for financial mismanagement. Risks are related to: Partners' number of and stability of qualified staff; their existing accounting, internal control systems and routines and; weak external audits. To minimize risks, NCA will: Conduct assessments of potential financial risks represented by each partner; tailor internal audits/financial monitoring and partners' capacity development accordingly and; strengthen partnership management through clarifying expectations to partners' improvements of systems and routines and, if unsuccessful, the process of phasing-out partnerships as a final resort.

Operational

A particular challenge concerns implementation of more sophisticated WASH programs with current faith-based partners. To secure both acceptable project progress and quality, NCA will: Assess partners' WASH capacity beyond drilling of shallow wells; be more strategic in developing partnerships and expectations based on WASH contextual challenges; develop a co-implementation modality where NCA takes on the technical lead role; identify and link up with additional WASH resource organizations and; establish a WASH-Forum of partners for mutual learning and advocacy.

Hazards/security

NCA has decided to prioritize some of Ethiopia's most marginalized and hard to reach areas including Arsi, East Haraghe, South Omo and Gambella. Due to their ethnic composition and pressure on natural resources, these are potential areas of conflict. NCA will therefore: Apply and train partners on principles and tools related to conflict sensitivity/do no harm for program/project design and implementation; extend security management e.g. planning and training to partners; tailor security plans to each intervention area; strengthen attention to emerging security issues in each location and; establish stronger procedures and systems for staff's hibernation and evacuations, including medical.

Annex 1: Map

See attached PDF file

1. African Development Aid Association (ADAA)

- **Type:** Core partner
- **Year of establishment:** 1988
- **Legal status:** Ethiopian Resident Charity Organization at Charities & Societies Agency with a registration # 0094.
- **Number of employees:** 39, Male 33, 6 Female
- **Number of members:** NA
- **Management structure:** The core organizational structures are the General Assembly, the Board & the Secretariat. The General Assembly is the supreme body aimed at making deliberations on policy issues. It is composed of the community groups, founding members, ADAA's Management Committee members and core project staff.
- **Financial foundation:** Donors
- **Membership in networks (including ACT Alliance):** ADAA is a full member of the following different umbrella organizations and networks: Consortium of Christian Relief and Development Association (CCRDA), Basic Education Association in Ethiopia (BEA_E), Poverty Action Networks in Ethiopia (PANE), Sustainable Land Use Forum (SLUF), Network of Civil Society Organizations in Oromia (NeCSOO), Consortium of Reproductive Health Association (CORHA), Consortium of Population Health and Environment (CPHE) and Consortium of 6 NGOs (FED)
- **Cooperation with local government:** ADDA cooperates with zonal and woreda (district) level authorities including bureaus for health; finance and economic development; women, children and youth affairs; justice and offices for saving and cooperatives, micro-finance and small enterprises and other relevant government bodies.
- **Other donors:** Path Finder International, Sustainable land use forum, stitching kinderpostzegels, Netherlands (SKN), Facilitate for Change (FCE), The Brooke, Consortium of Self Help Group, Approach Promoter, HIVOS, UNDP, ESAP2, CORHA,
- **Geographic area:** Oromia Region West Arsie Zone, Arsi Nagelle, Shashamanne, Siraro, Shalla, Kofale and Kore Woreda
- **Thematic/Global programme area (technical expertise):** Reproductive Health/Family Planning and HIV/AIDS prevention and control, Fighting Harmful Practices, Non Formal Basic Education, Livelihoods, Environmental Conservation, and Local Market Promotion.
- **Rationale for NCA's partnership with this organisation:** ADDA has good local foundation operating in Muslim dominated and drought prone area. It also works closely with local government offices and other stakeholders. It works with many developmental actors with good local coordination.
- **Year of when partnership with NCA was established:** 2008
- **Division of labour between NCA and partner (added value each brings):** NCA provide fund, technical support, Monitor and evaluated. NCA will enter into detailed partnership agreements with each implementing partner; it will ensure that funds are timely channeled as per the agreement and that they are properly accounted for. On the other hand, the partner provides concept note, plan, implements the programs and report.

2. Beza for Generation (B4G)

- **Type :** Core partner
- **Year of establishment:** July 2001
- **Legal status:** Ethiopian Resident Charity Organization at Charities & Societies Agency with a registration #3449 (as of 2015)
- **Number of employees:** 22
- **Number of members:** 150 members (include staffs and other volunteers)

- **Management structure:** BEZA has the following management structure: 1) General Assembly: This is the highest body of the organization 2) The Board of Directors: The Board is the supervising organ, which oversees the overall operation of BEZA. The Board of Directors has five members. The Board of Directors of BEZA is responsible to the General Assembly of B4G. 3)The Secretariat with Executive Director and the necessary staff
- **Financial foundation:** Donors and members contribution.
- **Membership in networks :** SHAFOCs, FGM network, CRHA
- **Cooperation with local government sectors:** Beza works with Zonal and woreda (district authorities) bureaus for: health; finance and economic development; women, children and youth affairs; justice and; offices for savings and cooperatives; micro-finance and small enterprises; and other relevant government bodies.
- **Other donors:** CORDAID and local Hero form Netherland, Bristol Myers Squibb Foundation
- **Geographic area:** SNNPR state Sidama zone of four districts namely Dale, Wonsho, Loka Abaye and Yirgalem city administration.
- **Thematic/Global programme area (technical expertise):** Reproductive and maternal health, harmful practices, community mobilization, HIV & AIDS, self-help groups and micro-enterprises.
- **Rationale for NCA's partnership with this organisation:** Being a dynamic and successful organization, it has managed to accomplish a number of community services with very limited financial budget as well as with high degree of acceptance by the community members, CBOs and government offices. The integration of HIV/AIDS with SRH programs [in which FGM is included among its focus areas], is also another strength, where both the RH and HIV/AIDS issues are presented simultaneously, in an interwoven way. Beza will build on its already existing wide based community participation and collaboration with CBOs and government structures, which all are supporters and promoters of its initiatives. One of the focus areas of the project will be engaging adolescent boys & men of all ages in the abandonment of FGM. It has established a good working relation with Fistula hospital in the same geographic area.
- **Year of when partnership with NCA was established:** 2001
- **Division of labour between NCA and partner (added value each brings):** NCA provide fund, technical support, Monitor and evaluated. NCA will enter into detailed partnership agreements with each implementing partner; it will ensure that funds are timely channeled as per the agreement and that they are properly accounted for. On the other hand, the partner provides concept note, plan, implements the programs and report.

3. Evangelical Churches Fellowship of Ethiopia (ECFE)

- **Name:** FBO/core partner
- **Year of establishment:** 1976
- **Legal status:** Registered in Ministry of Federal Affairs with registration number 1841
- **Number of employees:** 33 (11 women & 21 men)
- **Number of members:** 56 Denominations & 100 Para churches
- **Management structure:** the highest bodies of the organization are the General Assembly, Board of Management, and General Secretary. Key departments are Administration & Finance, Churches & Public Relations, Mission & Peace, Women & Family department, HIV/AIDS department, and advocacy. The reproductive health program is managed under the Women and Family department.
- **Financial foundation:** Donors and membership fees
- **Membership in networks (including ACT Alliance):** CCRDA, IRCE, Faith to Action Network

- **Cooperation with local government:** City governments of Addis Ababa and Hawassa, Bureaus for women, children & youth affairs; health and; education, and other youth centred organizations.
- **Other donors:** Inter Alliance for peacebuilding, ICCO, Love Ethiopia Festival, PAOC, Christian Aid, Sacramento Church in US.
- **Geographic area:** Nationally, Addis Ababa, Hawassa and SNNPR region
- **Thematic/Global programme area (technical expertise):** Reproductive Health, GBV, HIV & AIDS.
- **Rationale for NCA's partnership with this organisation:** Being an umbrella organization of various Evangelical denominations, it has a huge potential to reach grassroots communities. It has a wider presence in the southern region (where 55.5% of the Protestants live. It has strategic potential to reach leadership of various churches and to mobilize the critical mass of the church community through their leaders. ECFE has potential to reach more than 30,000 young university students under its member fellowship (Evangelical University Students Fellowship); and more than 8 big theology schools. During its 7 years of partnership with NCA, massive campaigns has been conducted including a research on the role of theology colleges and leadership. Compared to what has been done and what the research outcomes indicate, there is a lot that remains to be done and the momentum in the previous phase should be sustained. Therefore in the coming phase, the identified gaps will be addressed, more work will be done to sustain the achievements already gained, reach more leaders at all levels, and engage theological colleges effectively so that to integrate the issue in their curriculum. Therefore; this project will be a continuation of the previous engagements to strengthen, sustain the achievements so far made, and to continue to reach the wider church community.
- **Year of when partnership with NCA was established:** 2008
- **Division of labour between NCA and partner (added value each brings):** NCA provide fund, technical support, Monitor and evaluated. NCA will enter into detailed partnership agreements with each implementing partner; it will ensure that funds are timely channeled as per the agreement and that they are properly accounted for. On the other hand, the partner provides concept note, plan, implements the programs and report.

4. Ethiopian Catholic Church Social and Development Commission (ECC-SADO)

- **Type:** FBO/Core partner
- **Year of establishment:** The secretariat was established in 1965 by the Catholic Bishops conference
- **Legal status:** Ethiopian Resident Charity Organization at CSO/NGO Agency with registration # 0756
- **Number of employees:** At the head office level it has 103 employees. But it has also regional offices with staffs
- **Number of members:** The thirteen dioceses are under the national secretariat
- **Management structure:** The highest body of the Church is the Bishops conference. The board management team at the national level have the supreme authority giving direction and supervision to the departments.
- **Financial foundation:** Donors
- **Membership in networks (including ACT Alliance):** CCRDA
- **Cooperation with local government:** Works closely with government offices (bureaus) at various levels in each region. Each region has a diocesan office.
- **Other donors:** MISEREOR, TROCAIRE/CADOD, Doctor With Africa-CUAMM, EIFFDA, Caritas Swiss, US-CBC and CN, Caritas Germany, Cordaid, Caritas Belgium/EU, Caritas Korea, Caritas Luxemburg, Caritas Canada, Caritas International Belgium, Multi Trust Donor Fund, Catholic Relief Services.
- **Geographic area:** National level, Tigray region, Mekele city and SNNPR.
- **Thematic/Global programme area (technical expertise):** Health including maternal and reproductive health, GBV, education, livelihoods and WASH.

- **Rationale for NCA's partnership with this organisation:** It is a faith based organization that share the same values as NCA. In spite of its few members in Ethiopia, it is an influential church with the other faiths, and it has good technical expertise on amongst others WASH and Reproductive Health.
- **Year of when partnership with NCA was established:** 2009
- **Division of labour between NCA and partner (added value each brings):** NCA provide fund, technical support, Monitor and evaluated. NCA will enter into detailed partnership agreements with each implementing partner; it will ensure that funds are timely channeled as per the agreement and that they are properly accounted for. On the other hand, the partner provides concept note, plan, implements the programs and report.

5. Ethiopian Evangelical Church Mekane Yesus –Development And Social Service Commission (EECMY/DASSC)

- **Type:** FBO/Core partner
- **Year of establishment:** 1959 as a national church, and early 1970s as DASSC (EECMY's development arm).
- **Legal status:** Ethiopian Resident Charity Organization at Charities & Societies Agency with registration #0397
- **Number of employees:** 1,805 (1,165M & 640F).
- **Number of members:** NA
- **Management structure:** The highest bodies are the General Assembly, the Board & the Commissioner. The General Assembly is the supreme body aimed at making deliberations on policy issues and election of the Board.
- **Financial foundation:** Donors
- **Membership in networks (including ACT Alliance):** CCRDA and ACT Alliance Ethiopia Forum, IRCE/EIFFDA
- **Cooperation with local government:** EECMY-DASSC cooperates with Zonal and woreda (district) level bureaus including for: health; finance and economic development; women, children and youth affairs; justice and offices for: savings and cooperatives; micro-finance and small enterprises and; other relevant government bodies.
- **Other donors:** Geneva INC, Earmarked Grant to compassion, Iceland Christian Aid, Berlin Mission Germany, Danish Missionary Council, NLM, NLM TFC, PATH Finder, EC NLM, Cordaid, WAE, MWA, Plan International Ethiopia, Orbis, KNH, Compassion, EED/BftW, GF, EC, Church of Sweden.
- **Geographic area:** Nationally, EECMY-DASSC is present and operational in all 11 Regions including Addis Ababa and Dire Dawa through its 26 branches.
- **Thematic/Global programme area:** Food security, natural resources management and environmental protection, HIV & AIDS prevention and control, gender issues including harmful practices, community based education and health interventions, relief and early warning.

Rationale for NCA's partnership with this organisation: Based on shared vision and values, and with its well-established and grass rooted structures, EECMY-DASSC is the organization that invited NCA in 1974 as its partner to come to Ethiopia and closely cooperate with, in both humanitarian and development support to the Ethiopian needy communities. Since then, NCA cooperated with EECMY-DASSC as its core partner, in its endeavor of emergency response, diversified Development and Social Service programs/projects across the country. At present NCA is supporting a climate change adaptation project in Saherti Samre woreda of Tigray, and education and health project in Hamer and Bena Tesmay wereda of SNNPR. The integrated watershed development approach CCA interventions resulted in restoration of degraded land, increased reforestation/vegetation cover, reduced soil erosion & run off surface water there by replenishing ground water and soil fertility. The engagement in the pastoral areas in anti HTPs was successful mainly because of its engagement in multifaceted

needs of the community with physical presence in one of the most marginalized communities and in the remotest area of the country. The church has established a clinic, non-formal education center and other development related activities in the areas where the CC project is operating now in Erobore and Tesmay. The church has Youth hostel at Turmi town (tourist station of the area) which is giving service for the pastoralist children of Bena, Tsemay, Erobore, Hamer and Khara ethnic groups. These structures and physical presence has created a comparative advantage to the church to reach the most marginalized pastoralist community. The project has intended to scale up in Dasench community where EECMY-DASSC is one of the few NGOs operating in that particular area through Community Based Health Project (running four health clinics). In this community, the project has established its office with other premises that could render services for other development projects in that community. In addition to this, the Synod is also running girls' boarding school which is giving services for girls selected from the Dasenech pastoralist community while no intervention was there by other organizations. In this district there is high prevalence of FGM (more than 80%). The interventions in Tesmay and Erobore has created a great opportunity for the church to get recognition in this pastoral community, with this the project is intended to scale up in Dasench community, where historically the Dassench and Erobore communities have same lineage; vital factors for FGM intervention where Ethnicity is very decisive.

- **Year of when partnership with NCA was established:** 1973
- **Division of labour between NCA and partner (added value each brings):** NCA provide fund, technical support, Monitor and evaluated. NCA will enter into detailed partnership agreements with each implementing partner; it will ensure that funds are timely channeled as per the agreement and that they are properly accounted for. On the other hand, the partner provides concept note, plan, implements the programs and report.

6. Ethiopia Muslim Development Agency (EMDA)

- **Type :** FBO/Core partner
- **Year of establishment:** 1995
- **Legal status:** Ethiopian Resident Charity Organization at the Charities & Societies Agency with registration #0374
- **Number of employees:** 36 (23M&13F)
- **Number of members:** N/A
- **Management structure:** EMDA is the development arm of the Ethiopian Islamic Affairs Supreme Council (EIASC). It follows the EIASC national and regional structure, and has a Board of Management with representatives from the EIASC. The Head office is located in Addis.
- **Financial foundation:** Donor
- **Membership in networks (including ACT Alliance):** It is member of EIFFDA
- **Cooperation with local government:** EMDA cooperates with the bureaus for health and for women, children and youth affairs.
- **Other donors:** GFR, Path Finder, Population council, UNFPA
- **Geographic area:** Nationally
- **Thematic/Global programme area (technical expertise):** Health including maternal and reproductive health, FGM and GBV.
- **Rationale for NCA's partnership with this organisation:** NCA have partnered in the past with EMDA in the areas of peace building and HIV & AIDS. Since the end of 2009, EMDA has been implementing anti-FGM projects together with NCA. This has included engaging the top leadership of EIASC in theological reflections on the view of Islam on FGM.

Consistent engagement will be undertaken until change is effected by targeting areas where the practice of FGM is highly prevalent; such as the Somali re-

gion. The aim is to bring behavioural change amongst the large majority of Muslims; and to help EMDA develop its own theological reflections on the issue in order to communicate consistent messages for awareness raising. NCA believes that EMDA is the only strategic and government recognized Muslim based organization with the potential of reaching the majority of Muslims from the top leadership to grassroots (Mosque level) level. However, it is a weak organization in terms of programmatic and financial issues and needs considerable capacity strengthening.

- **Year of when partnership with NCA was established:** 2000
- **Division of labour between NCA and partner (added value each brings):** NCA provide fund, technical support, Monitor and evaluated. NCA will enter into detailed partnership agreements with each implementing partner; it will ensure that funds are timely channeled as per the agreement and that they are properly accounted for. On the other hand, the partner provides concept note, plan, implements the programs and report.

7. Ethiopian Orthodox Church –Development Inter Church Aid Commission (EOC/DICAC)

- **Type:** FBO/Core partner
- **Year of establishment:** 1972
- **Legal status:** Ethiopian Resident Charity Organization at CSO/NGO Agency with a registration # 1560
- **Number of employees:** 171(118M&57F)
- **Number of members:** NA
- **Management structure:** EOC/DICAC Board of Directors, Commissioner, and Department Heads.
- **Financial foundation:** Donors and membership fee
- **Membership in networks (including ACT Alliance):** EOTC-DICAC is actively involved in coordination networks and various forums. It is currently a member of EIFFDA and CCRDA. It is also a member of the Ethiopian ACT-Alliance Forum. EOC is a founding member of the World Council of Churches (WCC), the all-African Conference of Churches (ACC) and the Joint Relief Partnership (JRP) of the 1980s.
- **Cooperation with local government:** DICAC cooperates with Zonal and woreda (district) bureaus for: health; finance and economic development; water and irrigation; agriculture; women, children and youth affairs; justice and offices for: savings and cooperatives, micro-finance and small enterprises and other relevant government bodies
- **Other donors:** IOCC, BftW, CoS, UNFPA, UNHCR
- **Geographic area:** Nationally, EOC-DICAC is present and operational in all 11 Regions including Addis Ababa and Dire Dawa
- **Thematic/Global programme area (technical expertise):** Health including reproductive health, harmful practices, GBV and psycho-social support; education; WASH; food security; skills training; emergency responses and assistance to refugees and returnees.
- **Rationale for NCA's partnership with this organisation:** This is one of NCA's core partners with a national presence. Through its church organization from national level to thousands of local churches on the grassroots level, it has the potential of reaching more than half of Ethiopia's population. It is Ethiopia's most influential church with great historical roots and legitimacy. It has the potential of mobilizing critical masses of believers for changes in social norms. It operates locally with a high degree of voluntarism. Moreover, through its local operations and pastoral work, the church has an intimate understanding of the multi-faceted nature of local peoples' lives and problems. Its declarations against FGM and GBV should be sustained in the future amongst others through institutionalizing anti HTP/FGM messages in church's teachings and structures.
- **Year of when partnership with NCA was established:** 1993

- **Division of labour between NCA and partner (added value each brings):** NCA provide fund, technical support, Monitor and evaluated. NCA will enter into detailed partnership agreements with each implementing partner; it will ensure that funds are timely channeled as per the agreement and that they are properly accounted for. On the other hand, the partner provides concept note, plan, implements the programs and report.

8. Inter Religious Council of Ethiopia (IRCE)

- **Type:** FBO and strategic partner
- **Year of establishment:** 2010
- **Legal status:** registered with the Ministry of Federal Affairs
- **Number of employees:** 21
- **Number of members:** 7 members (major religious institutions)
- **Management structure:** The seven members have an overseer role, and constitute IRCE's general assembly and board. IRCE has a secretariat with a Secretary General and various departments.
- **Financial foundation:** membership fee, donor, government office
- **Membership in networks (including ACT Alliance):** Global religious initiatives
- **Cooperation with local government:** Ministry of Federal Affairs and Ministry of Women, Children and Youth Affairs.
- **Other donors:** USAID, UNDP, International Peace Alliance, Worldvision, UNICEF
- **Geographic area:** National and regional levels, and in regions also cooperation on zonal and woreda levels.
- **Thematic/Global programme area (technical expertise):** Peacebuilding and conflict mitigation, reproductive health and GBV.
- **Rationale for NCA's partnership with this organisation:** IRCE is composed of Ethiopia's seven most influential religious institutions from the Orthodox, Muslim, Catholic and Protestant faiths. Its role is to serve the council members, represented by their religious institutions, to help them freely practice their faiths, protect their constitutional rights and promote inter-faith cooperation and harmony. IRCE is an important and government recognized umbrella organization, key for facilitation of higher level inter-faith dialogue forums.
- **Year of when partnership with NCA was established:** 2010
- **Division of labour between NCA and partner (added value each brings):** NCA provide fund, technical support, Monitor and evaluated. NCA will enter into detailed partnership agreements with each implementing partner; it will ensure that funds are timely channeled as per the agreement and that they are properly accounted for. On the other hand, the partner provides concept note, plan, implements the programs and report.

9. Kembatta Women Self Help Center (KMG)

- **Type:** Core partner
- **Year of establishment:** 1997
- **Legal status:** registered at the Charities & Societies Agency with registration number #0842
- **Number of employees:** 102
- **Number of members:** N/A
- **Management structure:** The core organizational structure is the General Assembly, the Board and the Secretariat. The General Assembly is the supreme decision making body responsible for deliberations on policy issues. It is composed of representatives from the community groups, founding members, KMG Management Committee and core project staff.
- **Financial foundation:** Donor and community contributions

- **Membership in networks (including ACT Alliance):** CCRDA, Basic Education Association in Ethiopia (BEA_E), Poverty Action Networks in Ethiopia (PANE), Consortium of Reproductive Health Associations (CORHA)
- **Cooperation with local government:** Zonal and woreda (district) bureaus for: health; finance and economic development; women, children and youth; justice and offices for savings and cooperatives; micro-finance and small enterprises and; other relevant government bodies.
- **Other donors:** Ambassador and Head of MISSION, Australia Aktion Regen, European Community, EA-Ireland, the Embassies of Canada, France, Sweden, UK and Finland, Liberty Hill Foundation, Pane, Plan International Ethiopia, SNV Ethiopia, SNV NEW, USAID, Women In, World Bank.
- **Geographic area:** Traditionally Kambata Tambaro Zone, but currently expanding to the neighboring zones of Gamo Gofa, Wolayta, Guraghe, Konso and Derashe special woredas in SNNPR
- **Thematic/Global programme area (technical expertise):** Comprehensive Sexual and Reproductive Health including FGM and other Harmful Practices, Livelihood and Women Economic Empowerment, education, environmental rehabilitation and climate change mitigation, Small infrastructure
- **Rationale for NCA's partnership with this organisation:** KMG is well positioned to scale up its best practices, proven intervention tools and approaches nationally; while consolidating its achievements in Kembatta Tembaro zone to ensure their long term sustainability. KMG is well known for its implementation of community-driven projects, which includes broad community mobilization for changing social norms.
- **Year of when partnership with NCA was established:** 1998
- **Division of labour between NCA and partner (added value each brings):** NCA provide fund, technical support, Monitor and evaluated. NCA will enter into detailed partnership agreements with each implementing partner; it will ensure that funds are timely channeled as per the agreement and that they are properly accounted for. On the other hand, the partner provides concept note, plan, implements the programs and report.

10. Organization for Welfare and Development in Action (OWDA)

- **Type:** Core partner
- **Year of establishment:** 1999
- **Legal status:** Ethiopian Resident Charity at the Charities & Societies Agency with registration No. 0421
- **Number of employees:** Male 100 and Female 29 Total 129
- **Number of members:** Male 43 Female 6 Total 49
- **Management structure:** Structurally the General Assembly is the highest decision making organ of the organization. It meets once a year, and formulates the overall direction and elects the board. The board assigns the executive director who in turn is responsible for recruiting other key staff for the day-to day activities of the organization. The Board approves and monitors the strategic and operational plans and reviews the organization's performance on a quarterly basis.
- **Financial foundation:** Donors
- **Membership in networks (including ACT Alliance):** CCRDA, Basic Education Association in Ethiopia (BEA_E), Poverty Action Networks in Ethiopia (PANE), Sustainable Land Use Forum (SLUF), Consortium of Reproductive Health Association (CORHA), Consortium of Population Health and Environment (CPHE) and pastoralist societies forum.
- **Cooperation with local government:** Zonal and woreda (district) bureaus for health; finance and economic development; women, children and youth affairs; justice and; offices for savings and cooperatives; micro-finance and small enterprises and; other relevant government bodies
- **Other donors:** The Denan Project Inc., CCRDA, The Development Fund (DF)-Norway , Save the Children International, British Council, VSF, OXFAM GB,

Cooperation VNG International U.A (ESAP2), CORDAID, Muslim Hands, IGMG , Muslim Global Relief and IHH-Turkey, Human Appeal International(HAI), WAFA Relief and IHH-Holand, WHO

- **Geographic area:** Somali region
- **Thematic/Global programme area (technical expertise):** Reproductive Health, WASH, Education, Livelihoods, Gender and Socio-economic empowerment, capacity development, social accountability, Relief food and Child Welfare
- **Rationale for NCA's partnership with this organisation:** Close to 4 million people live in the Somali region, with a high prevalence of FGM, which is a deeply rooted tradition in the community. OWDA is one of the biggest organizations in the Somali region, it is well-grounded and equipped in number of areas including for the work on FGM. It has a developed capacity to implement projects in the Somali region (in 5 zones) with offices in Addis Ababa, Jijiga, Gode, Andale and Denan. It has a number of committed staff and is operating school and health facilities.

OWDA has extensive organizational experience and has achieved commendable results in program delivery and stakeholder engagement. This makes it an ideal partner for organizations seeking to address the myriad of socioeconomic challenges facing people in the Somali region. This includes the common interest of NCA and OWDA of addressing deep-rooted harmful traditional practices like female genital mutilation. OWDA's grass-root connections and wide presence in many hard-to reach areas provide an opportunity to reach areas where these challenges are most pervasive.

- **Year of when partnership with NCA was established:** 2000
- **Division of labour between NCA and partner (added value each brings):** NCA provide fund, technical support, Monitor and evaluated. NCA will enter into detailed partnership agreements with each implementing partner; it will ensure that funds are timely channeled as per the agreement and that they are properly accounted for. On the other hand, the partner provides concept note, plan, implements the programs and report.

11. Relief Society of Tigray (REST)

- **Type:** Resource partner
- **Year of establishment:** 1978
- **Legal status:** Ethiopian Resident Charity at the Charities & Societies Agency with registration No. 1177
- **Number of employees:** 1105 (895m & 210F)
- **Number of members :** N/A
- **Management structure:** Board, Executive Director, Departments and at woreda level, project coordination offices
- **Financial foundation:** Donors
- **Membership in networks (including ACT Alliance):** Nationally it is a member of CCRDA (Christian Relief and Development, Federal Food Security Task Force headed by the DFMFSS Directorate, Federal Social Protection Task Force, and regionally it is also a member of ACSOT (Alliance for Civil Society Organization Tigray), Member of the regional Food Security Task Force, Regional WASH, and MANTIF working in the emergency issues, Member of the different forums organized under the Bureau of Social Affairs, such as the Social protection forums for children, elderly, disabled etc
- **Cooperation with local government:** Cooperation with regional, zonal and woreda (district) bureaus including: Finance & Economic Development; water & irrigation; agriculture;
- **Other donors:** USAID, EU, UN Agencies, DFID, DF Norway. Bread for the World (BfW), the Development Fund of Norway (DF), WellWishers from Australia, A Glimmer of Hope a foundation from the US, BARR Foundation again a Foundation from US; UNOCHA
- **Geographic area:** Tigray Regional State

- **Thematic/Global programme area (technical expertise):** WASH, Climate Change Adaptation, Emergency Response, Health, Education, and other development intervention areas.
- **Rationale for NCA's partnership with this organisation:** Highly experienced and with solid capacity for work on the grass roots. Efficient and effective in programs/project implementation and management.
- **Year of when partnership with NCA was established:** Early 1980s
- **Division of labour between NCA and partner (added value each brings):** NCA provide fund, technical support, Monitor and evaluated. NCA will enter into detailed partnership agreements with each implementing partner; it will ensure that funds are timely channeled as per the agreement and that they are properly accounted for. On the other hand, the partner provides concept note, plan, implements the programs and report.

12. Ethiopian Kale Hiwot Church Development Program (EKHCDP)

- **Type:** FBO/Core partner
- **Year of establishment:** 1985
- **Legal status:** Ethiopian Resident Charity at the Charities & Societies Agency with registration No. 1218
- **Number of employees:** 90
- **Number of members:** NA
- **Management structure:** The General Assembly is the highest body, electing the Board and appointing the Commissioner for the organization.
- **Financial foundation:** Donor
- **Membership in networks (including ACT Alliance):** CCRDA, WASH Ethiopia, MWA
- **Cooperation with local government:** Cooperation with regional, zonal and woreda (district) bureaus including: Finance & Economic Development; water & irrigation; Health, Education, and agriculture bureau
- **Other donors:** Tear UK, Tear NL Tear Australia, Living Water International, SP Canada, CAWST Canada, BftW.
- **Geographic area:** Nationally, EKHCDP is present and operational in 8 Regions including.
- **Thematic/Global programme area (technical expertise):** WASH, Education, Health, agricultural and climate adaptation, child protection and support
- **Rationale for NCA's partnership with this organisation:** Long time and solid experience in WASH with established crews and drilling rigs.
- **Year of when partnership with NCA was established:** 2013
- **Division of labour between NCA and partner (added value each brings):** NCA provide fund, technical support, Monitor and evaluated. NCA will enter into detailed partnership agreements with each implementing partner; it will ensure that funds are timely channeled as per the agreement and that they are properly accounted for. On the other hand, the partner provides concept note, plan, implements the programs and report.

13. Tamira Reproductive Health and Development Organization (TRHaDO)

- **Type:** Secular/Core partner
- **Year of establishment:** September 21, 1997
- **Legal status:** Re-registered as an Ethiopian Resident Charity at the Charities & Societies Agency with Registration Number - 0184
- **Number of employees:** 40
- **Number of members:** (General Assembly Members – 15, Youth members on talent development & Edutainment - 30, Out of school Youth Peer Educators – 60, In school Youth Peer Educators – 75, MARPs Peer Educators - 172, Honorable Members – 55)

- **Management structure:** Tamira has the following governing bodies. 1) **General Assembly:** The ultimate power of governing the organization is vested in the general assembly. The general assembly selects the management board and the board, in turn; appoint the Executive Director Besides this, the general assembly is responsible for determining policy issues related to the organizational objective and appraises annual budgets and activity reports. 2) **Management Board:** Generally, the management board members has the authority of controlling the overall activities of the organization. In addition to appointing the Executive Director, it is responsible for appointing an external auditor. In order to implement different projects within legal parameters of the relevant laws and regulation of the country, and to make sure that TRHaDO gets all legal advice when it is in need.3) **The Executive Director:** According to article 21 of the statues of TRHaDO, the Executive Director shall be appointed on a full time basis by the Board of Directors. The Executive Director shall be the Chief Executive Officer of TRHaDO. The day-to-day activities of TRHaDO shall be carried out by a secretariat headed by the Executive Director and the secretariat has two major units. A Program Unit and the Administration & Finance unit.
- **Financial foundation:** Donors and membership fee
- **Membership in networks :** Shashemene City Referral Network, CCRDA, Oromia region, East Showa & West Arsi zone as well as in each woreda the GO & NGO Forums, CoYDOE – Founding & Board Member
- **Cooperation with local government:** The organization works closely with all governmental sectors on each level, but the following bureaus on regional, zonal, woreda (district) and town levels are major partners: Finance & Economic Development; Health; Youth and Sports; Women, Children and Youth Affairs; and the offices for Environmental Protection; Government Communication Affairs and; Culture and Tourism
- **Other donors:** Population Services International – PSI /Since 2009/(I-NGO), IPAS International /Since 2010/ (I-NGO), Digital Opportunity Trust – Ethiopia – DOT-E /Since 2010/ (I-NGO), Germen Foundation for World Population – DSW /2007 - 2009/ (I-NGO)
- **Geographic area:** Oromia Region: Shashemene City Administration, West Arsi Zone: Shashemene, Shalla and Arsi Negele woredas and East Showa Zone: Batu, Meki & Alemtena towns
- **Thematic/Global programme area (technical expertise):** Reproductive Health, Youth SRH
- **Rationale for NCA's partnership with this organisation:** TRHaDO is a well reputed youth organization. It is seen as a best practice youth center model. Amongst its strengths is its ability to build partnerships and networks with the community, government and other organizations, and its ability to facilitate a number of community services with a very limited financial budget. It enjoys a high degree of acceptance by the community, CBOs and government offices. The integration of HIV/AIDS with SRH components [in which FGM is included as one of the focus areas], is also another strength.
- **Year of when partnership with NCA was established:** 2001
- **Division of labour between NCA and partner (added value each brings):** NCA provide fund, technical support, Monitor and evaluated. NCA will enter into detailed partnership agreements with each implementing partner; it will ensure that funds are timely channeled as per the agreement and that they are properly accounted for. On the other hand, the partner provides concept note, plan, implements the programs and report.

14. Organization for Development of Women and Children Ethiopia (ODWaCE)

- **Type:** Resource partner
- **Year of establishment:** Became active in 1987 as a National committee on Traditional Practices-Ethiopia (NCTPE), registered under the Ministry of Health

- **Legal status:** In 1993, NCTPE registered as an NGO
- **Number of employees:** Male 16 ; Female 9; Total 25
- **Number of members:** 7 Board members ; 25 General assembly members /NA
- **Management structure:** The core organizational structures are the General Assembly, the Board & the Secretariat. The General Assembly is the supreme body responsible for making deliberations on policy issues.
- **Financial foundation:** Donors and membership fee
- **Membership in networks (including ACT Alliance):** CCRDA and the National Alliance to End FGM and Child, Early and Forced Marriage.
- **Cooperation with local government:** ODWaCE cooperates with Ministry of Women, Children and Youth Affairs and the Ministry of Culture and Tourism; the Tigray Bureau of Women, Children and youth Affairs; the Somali Bureau of Women, Children and Youth Affairs; the Somali Bureau of Health; the Amhara Bureau of Women, Children and Youth Affairs; the SNNPR Finance and Economic Development Bureau, the SNNPR Bureau of Women, Children and youth Affairs; the SNNPR Bureau of Health; the South Omo Zonal Health Office; the South Omo Zonal Women, Children and youth Affairs; the South Omo Zonal Finance and Economic Development; the East Gojjam Zonal Women, Children and youth Affairs and; East Gojjam Zonal Finance and Economic Development Bureau
- **Other donors:** Save the Children International (EU Fund), Save the Children International (Norad Fund), Every One campaign, Save the Children International, UNICEF-Ethiopia, and Cordaid(Netherlands)
- **Geographic area:** Amhara region: East Gojjam and different zones and districts of the region. Tigray region: Mekele. SNNPR state: Sidama, South Omo and different zones and districts of SNNPR. Somali region: Awbare, Hashin, KebriBeya, Gursum, Jijiga, Degahabur, Aware, Gashamo, and Gunagudo. Oromia region: Arsi and Dodota In addition: Addis Ababa, Afar, Dire Dawa and Harari.
- **Thematic/Global programme area (technical expertise):** Reproductive Health with a focus on Harmful Traditional Practices.
- **Rationale for NCA's partnership with this organization:** ODWaCE, being a pioneer organization in bringing forward the issue of HTPs to the attention of the public and decision makers, can be considered as a center of excellence with vast experience and remarkable achievements over the past two decades. It has been a pioneer for evidence-based work including establishing baseline and follow-up surveys on the prevalence of FGM. As a consequence, ODWaCE has emerged as a networking and coordinating body for multiple institutions engaged in addressing FGM. The organization has built solid relations with government stakeholders such as the Ministry of Women, Children and Youth Affairs and other line ministries. The membership of the network is increasing, beyond the national level to regional levels and these need to be strengthened and sustained during the next five year period. For 25 years ,ODWACE has served as the leading organization and center of excellence for mobilizing communities; for awareness raising amongst the general public; for training of different stakeholders on HTPs; for carrying out comprehensive baseline and follow up surveys on Harmful Traditional Practices(HTPs); for networking & coordination; for capacity building; for research and documentation; for familiarization and sensitization on laws, policies, strategies and programs related to HTPs and; for supporting HTP affected women and girls.
- **Year of when partnership with NCA was established:** 1995
- **Division of labour between NCA and partner (added value each brings):** NCA provide fund, technical support, Monitor and evaluated. NCA will enter into detailed partnership agreements with each implementing partner; it will ensure that funds are timely channeled as per the agreement and that they are properly accounted for. On the other hand, the partner provides concept note, plan, implements the programs and report.

Annex 3: Cross-cutting issues and strengthening civil society

Refer to Excel Sheet 3

Annex 4: Programme results frameworks

Refer to Excel Sheets 4.1, 4.2, 4.3,

Annex 5: Funding strategy and targets

Donor Relations

Below are non-Norwegian donor of strategic important for the coming strategic period

- UNFPA and UNICEF- NCA will strengthen its existing relationships with UNFPA and UNICEF, which are the UN lead agencies on maternal health issues and reproductive health in development and emergency settings.
- UNOCHA, USAID/OFDA are the major donors for humanitarian response programs in Ethiopia. NCA will need to establish relationships with agencies currently holding contracts for funding from USAID and ECHO. As such, NCA Ethiopia will seek to be a sub-grantee among the implementing partners and be able to access funding of approximately USD 250,000 up to 350,000 per application. WASH is among the sectors prioritized for funding. Previously, NCA directly received UNOCHA funding; now with enhanced commitment for emergency response, NCA shall renew its relationship to be able to access funding for WASH which could amount to USD 600,000 per application.
- EU- EU is a strategic donor with due emphasis on civil society strengthening in Ethiopia. NCA's programs are in line with EU's commitment for development in Ethiopia. EU is a potential donor for RH, climate resilience and WASH.

Funding Investments

NCA Ethiopia has been able to maintain relationships with the Norwegian Embassy and UN donors including UNFPA and UNICEF for its reproductive health and FGM programs. In addition, NCA has good relationships with UNHCR and ECHO. The country office can better market its huge investment on WASH for creating opportunities to access funding from non-Norwegian donors. The country program have been heavily dependent on Norwegian sources as there is limited staff capacity for fundraising and grant management.

NCA Ethiopia has the potential to access more funding due to the increased attention of donors to Ethiopia. However, there is stiff competition from INGOs - and in some cases local NGOs - to access funding. Both the government as well as the donors challenge INGOs like NCA to demonstrate their added value as intermediary agencies. NCA will need to continue to define, articulate and demonstrate its added value in this increasingly competitive environment, and will need to maintain its status as a preferred implementation and collaboration partner to government, donors, and civil society agencies.

The country office will invest on marketing its programs, improving its communication, documentation and dissemination, financial systems and procedure, relationship building, staff, and maintaining good track record. We require HQ support on intelligence gathering on funding opportunities and establishing relationships with major donors such as EU, DFID and ECHO.

Budget Forecast (Refer to Excel Sheet 5)

Annex 6: Planned evaluations

Programme/ project	Year	Donor	Partner	Internal/external	Comments (size of project, evaluation requirement, etc.)
Climate resilience program	2020	Norad	TBD	External	Final program evaluation
Climate resilience program	2017	Norad	TBD	Internal and External	Mid-term review
WASH Program	2020	NRK Telethon	TBD	External	Final program evaluation
WASH Program	2017	NRK Telethon	TBD	Internal and External	Mid-term review

Annex 7: Risk analysis and management

Risks identified		Analysis of risks			Management of risks			
Risk number	Description: risk and risk type: corruption,	Likelihood/ Probability: low/ medium/high	Impact: Low/ medium/ high	Risk level	Risk management method: accept, avoid, mitigate	Risk mitigation activities	Contingency plan	Responsible
1	<u>Strategic:</u> Agency apply a stricter interpretation of "gender programming"	Low	Serious	High	Mitigate	Focus on health consequences of GBV; coordinate with relevant government offices; participate in relevant Government-NGO platforms; national dialogue forums through IRCE.	Phase-out GBV components	RH Program Manager
2	<u>Strategic:</u> Agency implement stricter regulations for the 30/70 i.e. 30% administrative costs are understood as across a project i.e. both for the partner and the INGO together.	Medium	Moderate	High	Mitigate	All funds to partners to be channeled through the representation; maintain max. 15% administrative costs for NCA; increase budget per partner and project; work with partners to lower their administrative costs.	Become self-implementing? Reduce number of partners and projects further and prioritize only large professional national NGOs.	Program Director and Finance & Administration Manager

3	<u>Strategic:</u> Lack of funding opportunities and high competition for medium-sized partner-based organizations.	Medium	Serious	Critical	Mitigate	Strengthen communication on NCA's added-value; cooperate on funding opportunities with UN, ACT-sister and local organizations; engage in consultations and sharing of plans with local partners.	Merger of operations with relevant ACT-sister organizations?	Country Representative in cooperation with Program Director and Coordinators
4	<u>Financial:</u> Partners' financial mismanagement	High	Serious	Critical	Mitigate	Assess potential risks posed by each partner; tailor audits, monitoring and capacity development to each partner; implement clear expectations to partners' improvement of systems and routines.	Phase-out from partnership	Finance and Administration Manager in cooperation with finance and program staff
5	<u>Operational:</u> Faith-based partners' weak WASH capacity.	High	Moderate	High	Mitigate	Assess partners' WASH capacity beyond shallow wells; develop partnership based on WASH contextual challenges; co-implementation with NCA taking on the technical lead role; link up with additional WASH resource organizations; establish a WASH-Forum with partners	Change from faith-based to other actors including from the private sector	WASH Manager together with Program Director

6	<u>Hazards/security:</u> Insecurity and conflict in project areas.	Medium	Moderate	High	Mitigate	Extend security management to partners; tailor security plans to each intervention area; strengthen attention to emerging security issues in each location; establish stronger procedures and systems for staff's hibernation and evacuations.	Phase-out of project area.	Security focal point together with Country Representative and Program Director
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