

InterAction Member Activity Report

ETHIOPIA AND ERITREA

*A Guide to Humanitarian and Development Efforts of
InterAction Member Agencies in Ethiopia and Eritrea*

June 2008



Photo courtesy of Save the Children USA

Produced by Kent Perttula

With the Humanitarian Policy and Practice Team of

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MAP OF ETHIOPIA



Map courtesy of University of Texas Libraries / Perry-Castañeda Library

MAP OF ERITREA



Map courtesy of University of Texas Libraries / Perry-Castañeda Library

REPORT SUMMARY

This report offers international organizations, non-governmental organizations (NGOs), the media and the public an overview of the humanitarian and development assistance being provided to the people of Ethiopia and Eritrea by InterAction member agencies.

Twenty member organizations reported on their current or planned relief and development operations. The programs address a broad range of sectors, including: agriculture and food security; business development, cooperatives and credit; disaster and emergency relief; nutrition/food and water distribution; education and training; gender and women issues; health care and training; HIV/AIDS relief; human rights; peace and conflict resolution; livestock; refugee and IDP protection and assistance; rural development; and water and sanitation.

These activities take place in a number of locations, including Afar, Dire Dawa, Jigjiga and the Oromiya, East and West Hararghe zones in Oromia region, Somali, SNNPR and Amhara Zones in Ethiopia and in Eritrea. Agencies also have programs in Gode, Kelafo and Mustahil of the Somali National Regional State (SNRS) of Ethiopia.

The agencies in this report have presented various objectives for their programs in and around the Horn of Africa. Many deal with addressing the immediate needs of the population through the distribution of food and non-food supplies, provision of health care services and water sanitation etc. Some agencies focus on particularly vulnerable populations, such as women and children.

Many of the agencies in this report work with the support of, or in coordination with, local and international partners.

BACKGROUND SUMMARY

Introduction

The United Nations Development Program ranks Ethiopian and Eritrea 169th and 157th respectively out of 177 countries listed in the 2008 Human Development Report. Both countries, located adjacent to each other on the Horn of Africa, have long been afflicted by famine, disease, internal and external conflict resulting in displaced people, and mismanaged economies. Major droughts in the past two decades, the latest ones in 2006 and 2008, have plagued the region resulting in decreased food security. The border dispute between Ethiopia and Eritrea dating to the late 1990's has caused violence and displacement in their border region.

Political Situation

Ethiopia, which until 1993 included what is now Eritrea, is the oldest independent state in Africa. The country was controlled by a military dictatorship, the Derg, from 1974 until 1991, when the Derg was ousted by a coalition of opposition groups called the Ethiopian People's Revolutionary

Democratic Front (EPRDF). Popular opposition stemming from the Derg's mismanagement of the economy was exacerbated by persistent drought and resultant famine. Following the establishment of the EPRDF-led transitional government, various regional and ethnic groups within Ethiopia increased their call for autonomy. In 1993 Eritreans voted overwhelmingly for independence in a UN-monitored referendum. Despite Ethiopia's recognition of Eritrea's independence, the two countries squabbled over border issues until 1998, when they went to war to settle the dispute. The two-year war cost both countries hundreds of millions of dollars and tens of thousands of lives. Following a peace agreement in 2000, a five-member independent commission was set up to demarcate the border, releasing its findings in 2002. The Eritrea-Ethiopia Border Commission was able to demarcate the border in November 2007 by using geographical coordinates. The proposed new border became an issue when Ethiopia rejected the requirement to surrender territory to Eritrea as stipulated by the demarcation. The issue remains tense with the possibility of renewed fighting.

Agriculture/Food Security

The economy of Ethiopia relies heavily on its agricultural sector, which accounts for nearly 50% of the nation's GDP, 60% of its exports, and 80% of its total employment, according to the CIA World Fact Book. However, serious droughts continue to plague Ethiopia and Eritrea which face food shortages and famine emergencies. Land degradation continues to undermine agricultural productivity in Ethiopia. In April 2008, the World Bank approved a \$20 million International Development Association (IDA) loan and a \$9 million Global Environment Facility Trust grant to aid the Ethiopian government in combating the issue of land degradation.

Last year the World Food Program (WFP) provided food for more than six million people including 630,000 children and 100,000 refugees. Droughts, poor access to food, and flooding hinder food security in Ethiopia, resulting in varying numbers of people receiving food aid from month to month.

Health

According to UNICEF, malnutrition is the largest cause of death in children under five. Sanitation facilities and clean drinking water are accessible to only 24% of households, leaving large numbers of children and families at risk of communicable diseases and diarrhea. Children are especially vulnerable due to inadequate access to health services and immunizations. Many under five deaths occur from preventable childhood diseases. Recent increases in malaria and meningitis cases have been reported in parts of Southern Nations Nationalities and People's Region of Ethiopia, located in the southwest area of the country. UNOCHA reports that the increase in cases is the result of shortages of health staff and drugs.

HIV/AIDS is a continuing issue for both countries, and is considered a generalized epidemic. According to the CIA World Fact Book, Ethiopia and Eritrea have adult HIV/AIDS prevalence rates of 4.4% and 2.7% respectively. The actual prevalence rate is difficult to measure, and there are a number of high risk groups within each country that have a significantly higher rate of infection. UNICEF reports that HIV/AIDS continues to be prevalent among young people between the ages of 15 and 24 years. Furthermore, the disease has left more than half a million children orphaned. There are several factors contributing to the spread of HIV/AIDS in Ethiopia

and Eritrea including illiteracy, stigma and discrimination against those living with the virus, widespread commercial sex, and harmful cultural and traditional practices.

IDPs and Refugees

Reverberations from the 1998-2000 war continue to affect relations between Ethiopia and Eritrea. Ethiopia's unwillingness to withdraw to the demarcated border, and Eritrea's insistence upon immediate compliance, has resulted in an ongoing state of high tension between the two countries. Thousands of internally displaced people on both sides of the border are reluctant to return home. The horn of Africa has been a region of instability creating large numbers of refugees many of whom have settled in Ethiopia. According to UNHCR, as of 2007 Ethiopia was host to more than a hundred thousand refugees and asylum seekers from neighboring countries including Sudan, Somalia, and Eritrea.

Humanitarian Response

The ongoing crises in Ethiopia and Eritrea have elicited a strong response from the humanitarian community. UNICEF estimates that recent droughts alone will leave more than 2.2 million Ethiopians without adequate food resources in 2008. Furthermore, latest market related factors influencing increased food prices, coupled with droughts and decreased production will cause a total of more than eight million people to be food-insecure in 2008. The impact of the droughts is worst in pastoral areas of the Somali Region, as well as in the Oromia and SNNP Regions, where the nutrition situation for women and children has reached emergency levels.

The NGO community faces many obstacles in reaching affected populations in Ethiopia and Eritrea due to various access constraints. In Eritrea, the expulsion of some humanitarian agencies, along with international political disputes and government imposed taxes on aid, have hampered the distribution of humanitarian assistance. Poor infrastructure in Ethiopia hinders access by humanitarian actors to emergency areas for aid distribution. In 2007, WFP reported security concerns in parts of the Somali Region were restricting access for aid vehicles and food deliveries. USAID's Office of Foreign Disaster Assistance deployed a Humanitarian Assessment Team to the Ogaden region of Ethiopia in late 2007 in response to reports of high rates of malnutrition. Together with the USAID Mission in Ethiopia, USAID/OFDA has developed a relief to development transition strategy for the chronically underdeveloped region, focusing on livelihoods and disaster risk reduction.

ORGANIZATIONS BY COUNTRY

Ethiopia

Adventist Development and Relief Agency
Americares
AMREF
Baptist World Aid
Brother's Brother Foundation
CARE
Catholic Relief Services
CHF International
Christian Reformed World Relief
Committee
Food for the Hungry
International Medical Corps
International Rescue Committee
International Orthodox Christian Charities
(IOCC)
Management Sciences for Health
Mercy Corps
Oxfam America
Pathfinder International
Save the Children
World Vision

Eritrea

Catholic Relief Services
International Medical Corps
International Rescue Committee
Physicians for Peace

ORGANIZATIONS BY SECTOR ACTIVITY

Agriculture and Food Security

Adventist Development and Relief Agency
AMREF
Baptist World Aid
CARE
Catholic Relief Services
Christian Reformed World Relief
Committee
CHF International
International Medical Corps
International Rescue Committee
Oxfam America
Save the Children USA
World Vision

Business, Development, Cooperatives and Credit

Adventist Development and Relief Agency
AMREF
Baptist World Aid
CARE
International Rescue Committee
Mercy Corps
Oxfam America
Save the Children
World Vision

Disaster and Emergency Relief

Adventist Development and Relief Agency
AMREF
Baptist World Aid
Brother's Brother Foundation
CARE
CHF International
Catholic Relief Services
International Rescue Committee
Oxfam America
Save the Children USA

Education and Training

Adventist Development and Relief Agency
AMREF
Baptist World Aid
Brother's Brother Foundation
CARE
Christian Reformed World Relief
Committee
CHF International
International Medical Corps
International Orthodox Christian Charities
International Rescue Committee
Mercy Corps
Pathfinder International
Physicians for Peace
Save the Children
World Vision

Gender Issues/Women in Development

Adventist Development and Relief Agency
AMREF
CARE
International Medical Corps
Pathfinder International
Save the Children
World Vision

Health Care, Medical Training and HIV/AIDS relief

Adventist Development and Relief Agency
AmeriCares
AMREF
Baptist World Aid
CARE
Catholic Relief Services
Christian Reformed World Relief
Committee
Brother's Brother Foundation
International Medical Corps
International Orthodox Christian Charities
International Rescue Committee

Management Sciences for Health
Pathfinder International
Physicians for Peace
Save the Children
World Vision

Human Rights/Peace/Conflict Resolution

AMREF
CARE
Mercy Corps
Oxfam America
Pathfinder International

Livestock and Livelihoods

CARE
Catholic Relief Services
Mercy Corps
Oxfam America
World Vision

Nutrition/Food and Water Distribution

Adventist Development and Relief Agency
Catholic Relief Services
Christian Reformed World Relief
Committee
CHF International
International Medical Corps
International Rescue Committee
Mercy Corps
Oxfam America
Save the Children
World Vision

Refugee and IDP Assistance

AMREF
Baptist World Aid
International Medical Corps
International Rescue Committee

Rural Development

Adventist Development and Relief Agency
AMREF
CARE
CHF International
International Medical Corps
International Orthodox Christian Charities
Mercy Corps
Save the Children
World Vision

Water and Sanitation

Adventist Development and Relief Agency
Baptist World Aid
CARE
Catholic Relief Services
CHF International
International Medical Corps
International Rescue Committee
Mercy Corps
Oxfam America
Save the Children
World Vision

GLOSSARY OF ACRONYMS

Acronym

InterAction Member

ADRA	Adventist Development and Relief Agency International
BBF	Brother's Brother Foundation
CARE	Cooperative for Assistance and Relief Everywhere, Inc.
CRS	Catholic Relief Services
CRWRC	Christian Reformed World Relief Committee
FHI	Food for the Hungry International
IMC	International Medical Corps
IOCC	International Orthodox Christian Charities
IRC	International Rescue Committee
MHS	Management Sciences for Health
PFP	Physicians for Peace
WV	World Vision

Other Acronyms

ARRA	Administration for Refugees and Returnee Affairs (Ethiopia)
ACDS	Adigrat Catholic Dioceses Secretariat
BPRM	Bureau of Population, Refugee and Migration Affairs (U.S. State Department)
CORHA	Consortium of Reproductive Health Agencies of Ethiopia
CRDA	Christian Relief and Development Association
CRDA	Catholic Relief and Development Agency
CORHA	Consortium of Reproductive Health Associations
CTC	Community-Based Therapeutic
DICAC	Development and Inter Church Aid Commission
ECHO	European Commission Humanitarian Aid Office
FGM	Female Genital Mutilation
GET	Global Elimination of Trachoma
GPDI	Gayo Pastoral Development Initiative
GWUMC	George Washington University Medical Center
HANS	Health and Nutrition for the Somali Region
HHI	Harvard Humanitarian Initiative
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IDP	Internally Displaced Person
IWM	Integrated Watershed Management
JRP	Joint Relief Partnership
JEOP	Joint Emergency Operations Plan
JOA	Jersey Overseas Fund

L-SAP	Livelihood Support for Somali Agro-Pastoralists
MOC	Missionaries of Charity
NGO	Non-Governmental Organization
OFDA	Office of Foreign Disaster Assistance (USAID)
OVA	Orphans and Vulnerable Children
PASDEP	Plan for Accelerated and Sustained Development to End Poverty
PC3	Positive Change: Children, Communities and Care
PCAE	Pastoralist Concern Association Ethiopia
PEPFAR	Presidents Emergency Plan for Aids Relief
PLI	Pastoralist Livelihood Initiatives
PSNP	Productive Safety Net Program
SIDA	Swedish International Development Cooperation Agency
SNNPR	Southern Nations, Nationalities and Peoples Region (Ethiopia)
SNRS	Somali National Regional State
STD	Sexually Transmitted Disease
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNMEE	United Nations Mission in Ethiopia and Eritrea
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
USAID	United States Agency for International Development
USBPRM	United States Bureau of Population, Refugees, and Migration
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WFP	World Food Program

ADVENTIST DEVELOPMENT AND RELIEF AGENCY INTERNATIONAL

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Introduction to Adventist Development and Relief Agency International

The Adventist Development and Relief Agency (ADRA) is an international nongovernmental organization operating in 125 countries and is mandated to provide relief and development to communities without regard to age, gender, ethnicity, or political or religious association.

ADRA's overall mission is to:

- Reflect the character of God through humanitarian and developmental activities.
- Actively support communities through a portfolio of development activities that are planned and implemented cooperatively.
- Provide assistance in situations of crisis or chronic distress, and work toward the development of long-term solutions with those affected.
- Work through equitable partnerships with those in need to achieve positive and sustainable change in communities.
- Build networks that develop indigenous capacity, appropriate technology, and skills at all levels.
- Develop and maintain relationships with our partners and constituents that provide effective channels for mutual growth and action.
- Promote and expand the equitable and participatory involvement of women in the development process.
- Advocate for and assist in the increased use of communities' capacities to care for and responsibly manage the natural resources of their environment.
- Facilitate the right and ability of all children to attain their full potential, and to assist in assuring the child's survival to achieve that potential.

ADRA in Ethiopia

The objective of ADRA in Ethiopia is to enable the economically disadvantaged to overcome poverty by working with communities in areas such as capacity building, education, and environmental awareness, thereby helping communities to help themselves.

ADRA Ethiopia focuses on implementing projects that:

- Alleviate food insecurity
- Protect and conserve the environment
- Work with local government and communities in development and relief related activities.

List of current projects and partners:

- ADRA Sweden/SMC funded FP HIV AIDS Rural Community Intervention Project
- ADRA Sweden/SMC funded Rural Development and Capacity Building Project in Adami Tulu Jido Kombolcha (ATJK), Ethiopia
- ADRA Norway/NORAD funded Integrated Rural community Development Project in Adami Tulu Jido Kombolcha, Ethiopia.
- USAID/OFDA funded Health and Nutrition Assistance for Emergency Relief in Somali region, Kelafo District
- UN OCHA funded Flood response and Acute Watery Diarrhea Prevention Project in Somali region, Mustahil district
- ADRA International funded Goat Project to provide goat restocking for 231 pastoral households in drought-affected Kelafo, Gode zone of the Somali Region.
- In 2007, ADRA International (private donations) funded Food Security project; Female Genital Mutilation (FGM) prevention project to assist 75 people; Orphanage Support project to assist 20 children for 10 months; Energy Efficient Stoves Project to benefit 300 households; and Restocking of Pastoralists and Water Development. The areas are in ATJK, South Nations, Tigray and Somali regions.

Funding sources:

USAID, UN OCHA, ADRA International, ADRA Norway, ADRA Sweden, Swedish Mission Council.

AMERICARES

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Introduction to AmeriCares

AmeriCares is a nonprofit international relief organization delivering medicines, medical supplies and aid to people in crisis around the world. Since 1982, AmeriCares has delivered more than \$7.5 billion in humanitarian aid to 137 countries around the world.

AmeriCares in Ethiopia

AmeriCares Trachoma Program: Preventing Blindness in Ethiopia

AmeriCares work in Ethiopia focuses on controlling trachoma through the extension of antibiotic treatment and surgical supplies.

Long overlooked despite being the world's leading cause of preventable blindness, trachoma, caused by the bacterium *Chlamydia trachomatis*, is most prevalent where living conditions are crowded and sanitation systems underdeveloped. Repeat and chronic trachoma infections lead to trichiasis, a painful condition whereby the eyelids become scarred and pull eyelashes inward. The eyelashes' perpetual scratching of afflicted persons' corneas lead to scarring and the loss of sight.

In 2004, AmeriCares joined a coalition effort led by the World Health Organization for the Global Elimination of Trachoma by 2020 (GET 2020). GET 2020 hinges on a four-pronged public health strategy called SAFE: *Surgery* to reverse trichiasis, *Antibiotics* to cure active trachoma infection; *Face washing* to prevent further contagion; and *Environmental change*, including clean water and sanitation, to reduce rates of transmission. In Ethiopia, AmeriCares focuses on "S" and "A," the most challenging components of the strategy. AmeriCares works through a close partnership with the International Trachoma Initiative and Pfizer, who donates the medicine toward this WHO-led global elimination effort.

In 2008, the Ethiopian Ministry of Health will be one of four beneficiaries—along with ministries in Mali, Niger and Senegal—of 15.6 million courses of treatment of donated Zithromax®, Pfizer's antibiotic that cures trachoma infections. The Ministry of Health distributes the antibiotic through mass administration programs conducted with the assistance of implementing organizations including AmeriCares' partner, the International Trachoma Initiative.

To help eliminate the backlog of trichiasis surgeries, AmeriCares delivered 369 specialized kits of ophthalmic instruments and consumable supplies to the National Committee for the Prevention of Blindness in spring 2008. The majority of these kits will be distributed to 63 Primary Eye Care Clinics, making trichiasis surgery available for targeted communities in the regions of Tigray, Amhara and Oramiya. Additionally, to help put more operators in the field, 54 kits will be utilized in new trichiasis surgery training programs to teach health practitioners the bilamellar tarsal rotation surgical technique.

Sectors into which programs in Ethiopia:

Health care

Specific locations of projects or programs:

Regions of Tigray, Amhara and Oramiya

Cooperative efforts with other local, international, or governmental agencies:

Ministry of Health, International Trachoma Initiative

AMREF

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Introduction to AMREF

AMREF's mission is to improve health as a means to eliminate poverty.

AMREF in Ethiopia

AMREF in Ethiopia has more than 20 Projects in the following regions:

- Slum areas of Addis Ababa
- Afar Regional State (Pastoralist communities)
- Southern Nationals and Nationalities Peoples Regional State (SNNPRS) South Oromiya Regional State

Scale of programs (e.g. number of beneficiaries, dollar value)

In regard to the beneficiaries we can divide them in to two:

- Direct beneficiaries – we have 292,300 direct beneficiaries. These includes people living with HIV/AIDS, youth and adolescents, women of reproductive age groups, children under five years of age, orphan and vulnerable children, the work force and etc.
- The indirect beneficiaries are much larger than this and estimated to be 2.2 million

Cooperative efforts with other local, international, or governmental agencies:

AMREF in Ethiopia has very strong local partnership with various organizations

- Member of the CORE group – in eradicating polio (PEI)
- Member of CRDA (Christian Relief and Development Association)
- Member of the Consortium of Reproductive Health Associations CORHA
- Member of Malaria Consortium
- Member and active participant of GAVI Civil Society Organizations' Team
- Member of NGO forum of Addis Ababa HIV/AIDS Prevention and Control Office (HAPCO)
- Member of CANGO – Canadian NGO coalition
- AMREF works in partnership and collaboration with several UN agencies, such as UNICEF and WHO, with clubs like Rotary Club, for which it received an award in 2007.

BAPTIST WORLD AID

US Contact

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Field Contact

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Introduction to Baptist World Aid

Baptist World Aid is the compassionate arm of the Baptist World Alliance, supporting two areas of ministry:

1. Relief - irrespective of tribe, caste, color or religion. There are three main types of relief:

Famine - BWAid feeds the starving and malnourished, especially in countries suffering from drought and food shortages.

Disaster - Food, shelter, blankets, medicines, and other necessities are provided following a major hurricane or cyclone, tidal wave, flood, volcanic eruption, earthquake, civil disorder, or other 'natural' or 'man made' disaster. This often includes subsequent rehabilitation of homes and churches after the immediate emergency has been met.

Refugee - Assistance is given in caring for large groups of refugees who flee their own country, and to displaced persons who flee from persecution and war in their own countries. BWAid does not however involve itself in the resettlement of individuals.

2. Development - projects designed to provide sustainable assistance to those in need, irrespective of their tribe, caste, color or religion. Grants are provided for approved projects and activities that will lead to improvement, self-sufficiency and sustainable development. These longer-term projects may be of an agricultural, health or educational nature.

Baptist World Aid in Ethiopia

Baptist World Aid is working with its member body, Ethiopian Addis Kidan Baptist Church, in the communities of Holle Sire and Awash Belo to meet their needs for pure water. This is in partnership with the Cooperative Baptist Fellowship and their Global Mission field personnel, using simple techniques to bring clean water to the Rift Valley region.

The villages had been using water from a small river, which flows around the villages, washing their clothes and their bodies in it. Their cattle use the river and the community was drinking the same water with no system to make it pure. Children especially face health problems. Also, both communities were not growing vegetables in their yards. It is hoped that by introducing them to growing vegetables and watering from the new water wells that it will help them to improve their health and to grow physically and economically.

Ethiopian Addis Kidan Baptist Church hopes to drill 100 water wells in both communities and plant six churches.

BROTHER'S BROTHER FOUNDATION

US Contact

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Brother's Brother Foundation
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Fax: 412-321-3325
Email: ervisnic@brothersbrother.org
Website: www.brothersbrother.org

Field Contact

Please contact US office

Introduction to Brother's Brother Foundation

Connecting people's resources with people's needs for nearly 50 years.

Brother's Brother Foundation in Ethiopia

Providing educational resources, medical supplies and/or humanitarian assistance when available, need is identified and logistically possible to respond.

Specific locations of projects or programs:

In 2007, medical, educational and humanitarian supplies valuing at a total of \$1,081,642.86 were sent to Ethiopia. BBF worked with the U.S. embassy in Addis Ababa to send textbooks valuing at \$1,037,466. BBF also collaborated with Crocs to send \$1,000 worth of shoes. Surgical instruments worth \$39,266 were hand-carried by members of Cure International who went on a mission trip to Ethiopia. The McLean Bible Church based in Washington, D.C. also hand-carried medicines valuing at \$3,910 on a mission trip.

Funding source(s) (optional):

Donated.

Scale of programs (e.g. number of beneficiaries, dollar value):

Since the 1980's, Brother's Brother Foundation has sent a total \$37,893,406 worth of medical, educational and humanitarian supplies to Ethiopia. These supplies were either shipped directly to Ethiopia in collaboration with other non-profit organizations or were hand-carried by medical mission teams.

Cooperative efforts with other local, international, or governmental agencies:

BBF has worked with the U.S. Embassy in Addis Ababa to send textbooks to Ethiopia. Recently, BBF collaborated with Crocs, Cure International and the McLean Bible Church to donate books, medicines, surgical tools and shoes to the population of Ethiopia.

CARE

US Contact Emmanuel Mugabi Program and Liaison Coordinator East and Central Africa Region CARE, 151 Ellis Street Atlanta, GA 30303 Tel. 404-979-9275 Fax. 404-589-2627 Email: emugabi@care.org	Field Contact Abby Maxman Country Director CARE Ethiopia Office Tel: + 251 11 618 3294 Direct: +251 11 618 1938 Email: AMaxman@care.org or care.eth@ethionet.et
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Introduction to CARE

CARE International's mission is to serve individuals and families in the poorest communities in the world. Drawing strength from our global diversity, resources and experience, we promote innovative solutions and are advocates for global responsibility. We facilitate lasting change by:

- Strengthening capacity for self-help;
- Providing economic opportunity;
- Delivering relief in emergencies;
- Influencing policy decisions at all levels;
- Addressing discrimination in all its forms.

CARE in Ethiopia

CARE Ethiopia's mission is to work with poor women and men, boys and girls, communities and institutions, to have a significant impact on the underlying causes of poverty.

Goal

By 2012, women are empowered and thus livelihoods vulnerabilities are reduced in communities where CARE works.

Strategic Direction 1 - Governance and Gender Sensitive Policies Support ongoing efforts to strengthen good governance and policy implementation in areas (thematic and geographical) in the context of the Government of Ethiopia *Plan for Accelerated and Sustained Development to End Poverty 2005-2010 (PASDEP)*.

Strategic Direction 2 - Learning, Capacity Building and Leading

Transform CARE Ethiopia into an organization that applies its learning and impact, and commits itself to diverse national leadership at all levels and competence in relation to CARE's evolving role.

Strategic Direction 3 - Gender Equality

CARE Ethiopia will focus on rights and assets of women and girls in its program interventions, with particular focus on asset creation, protection and promotion.

Strategic Direction 4 - Partnership and Facilitation

CARE and its partners will facilitate processes of capacity building of support structures so that sustainable benefits and impacts are achieved.

Specific locations of projects or programs:

CARE Ethiopia works in Amhara, Afar, and Oromiya regions, with major field offices in: E. Hararghe, W. Haraghe, Borana Zone in Oromiya; Debre Tabor and Bahir Dar in Amhara; Awash; Dire Dawa and Addis Ababa.

Funding source(s) (optional):

CARE Ethiopia receives support from more than 20 bi-lateral, multi lateral and private donors.

Scale of programs (e.g. number of beneficiaries, dollar value):

Approx. 4.4 million direct beneficiaries; estimated annual expenditure for FY08 approx. \$15 million.

Cooperative efforts with other local, international, or governmental agencies:

CARE Ethiopia works in partnership and collaboration with a range of local and international NGOs, and works with the Government for capacity building in all of its programs.

CATHOLIC RELIEF SERVICES

US Contact Dan Griffin (as of July 2008) Regional Representative Catholic Relief Services 228 West Lexington Street Baltimore, MD 21201 Tel: 410-625-2220 Email: dgriffin@crs.org Website: www.crs.org	Field Contact Ethiopia Lane Bunkers (as of July 2008) Country Representative Catholic Relief Services P.O. Box 6592 Addis Ababa, Ethiopia Tel: 251-1-653588 Email: crs@crsethiopia.org.et Eritrea Jim McLaughlin, Country Representative Office Address: CRS Eritrea, P.O. Box 8016, Asmara, Eritrea Tel: (291) 1 15 12 82 E-mail: jmclaughlin@crseritrea.org
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Introduction to Catholic Relief Services

Founded in 1943, Catholic Relief Services is the official international relief and development agency of the Catholic community in the United States. The agency carries out relief and development programs in over 100 countries and territories around the world, serving more than 80 million people on the basis of need, regardless of race, religion or ethnicity. CRS responds to victims of natural and manmade disasters, provides assistance to the poor to alleviate their immediate needs, supports self-help programs that involve communities in their own development, helps people restore and preserve their dignity and realize their potential, and helps educate Americans to fulfill their moral responsibilities to alleviate human suffering, remove its causes and promote social justice. The agency maintains strict standards of efficiency, accountability and transparency.

Catholic Relief Services in Ethiopia

CRS has been serving the people of Ethiopia since 1958. Its programs are geared towards the alleviation of human suffering throughout the country. Since the drought years of the 1984/85, CRS has played a major role in assisting the victims of famine by distributing emergency food and providing medicines, first through the Joint Relief Partnership (JRP), and since 2000 via the Joint Emergency Operations Plan consortium (JEOP). In the 2003 drought crisis, this work reached over 3 million Ethiopian per month.

CRS/Ethiopia continues to maintain a strong emergency capacity to respond to the frequent natural disasters such as drought, while balancing it with a variety of development programs based on an integrated watershed management (IWM) framework, which looks to integrate sectoral activities (agriculture, natural resource management, health and nutrition, and water and sanitation) within a given watershed in

order to maximize impact on household food security. CRS plans to build on and continue this integrated work in the coming years as detailed below.

Strategic Goals and Program Sector

High population density, environmental degradation and recurring drought continue to exacerbate the overwhelming scale of poverty in Ethiopia. Extremely limited health care and potable water make matters worse, with people often being too ill or too busy collecting water to work in their fields. To help communities improve their food availability and economic standing, CRS Ethiopia focuses programming activities in four key areas:

Safety Net and Food Security Programming

Ethiopia is one of Africa's largest countries, with a total area of 1.1 million km² and a population of 80 million. With 82% of the population living outside of urban areas and 80% actively employed in agricultural activities, the greatest challenge to poverty reduction remains rural and agricultural. The typical rural livelihood strategy combines crop and livestock agriculture, and off-farm income-generating activities (daily labor, petty trading, and seasonal migration). Agriculture activities suffer from erratic and insufficient rainfall, pest attacks, crop disease and soil degradation. Income levels are not only low but highly variable, due to periodic climatic shocks.

CRS has identified chronic food insecurity as a significant problem for rural, and some urban households, meaning that they consistently have inadequate access to sufficient food. CRS Ethiopia is implementing a USAID-supported initiative to support the Government of Ethiopia's Productive Safety Net Program (PSNP) in five woredas in Oromiya region and in Dire Dawa Administrative Council. PSNP is a component of the Government of Ethiopia's Food Security Program, and as such, is designed specifically for chronically food insecure *Woredas* of the country. The PSNP has the objective of providing food and financial transfers to food insecure households in a way that prevents asset depletion at the household level and also creates assets at the community level. Through this programme, CRS Ethiopia provides support to 169,000 people in the rural areas.

In addition, through a USAID supported urban-based safety net programme, CRS Ethiopia provides food aid to 40,000 people in Ethiopia's urban centers through the Missionaries of Charity. Urban poverty goes pretty much unnoticed in the food security frameworks for Ethiopia, since the proportion of the population living in urban areas is comparatively small. However, the urban population in Ethiopia is growing at a rate of around 6% per year. For many in this group access to food is a challenge, with ever increasing economic migration, increasing costs of living in town, high unemployment rates and an absence of a formal social safety net for the disabled, sick and elderly. Visual signs of this problem include increasing numbers of women, children, elderly and disabled people living on the streets and a 20% increase in demand for Missionaries of Charity (MOC) services over the last two years.

Water and Sanitation

About 85 percent of Ethiopians live in rural areas, and of these, less than 15 percent have access to safe water. To help improve this situation, CRS Ethiopia includes water and sanitation activities in all of our projects which cover 24 woredas in four regions and the Dire Dawa Administrative Council. These activities emphasize the multiple uses of water for both domestic and productive needs such as gardening and livestock watering.

Since 1984, CRS Ethiopia has drilled 372 deep and highly productive boreholes providing water for over 1 million direct beneficiaries. Other water sources provided include protected springs, hand dug wells and dams. CRS Ethiopia has also helped build more than 20,000 household pit latrines since October 2000. By providing a holistic set of services centered around water, CRS is helping Ethiopian communities build a stronger foundation for improving their food production, overall health and economic standing. In our rural development programs, CRS Ethiopia delivers integrated services within watershed areas to help neighboring communities maximize the benefits of available water. Project activities include water systems, agricultural support, natural resource management, health initiatives and support for increasing incomes. CRS has also donated several drilling rigs to the Ethiopian Catholic Church to tap deep, essential groundwater on a wider scale.

Emergency Preparedness and Recovery

Cyclical food shortages in Ethiopia have diminished the ability of vulnerable rural households to cope with shocks such as drought or floods. For this reason, CRS Ethiopia includes emergency preparedness and recovery in all of our programs, helping communities prepare and mitigate the impact of drought and protect lives and livelihoods. CRS Ethiopia's current recovery program, operating in ten woredas in Oromiya region and supporting 22,600 households, through the provision of farming tools and supplies, helps to reduce the loss of essential household or farming assets, promotes positive coping strategies, and helps to increase income sources. These interventions also help communities withstand disasters in the future.

CRS Ethiopia supports disaster mitigation and recovery projects in drought- and flood-prone areas using CRS private funds as well as funding from the U.S. Office of Foreign Disaster Assistance and the United Nations Humanitarian Response Fund. These projects aim to rebuild individual and community assets after emergencies through nonfood aid in the form of agriculture and livestock, health and nutrition, water and sanitation, and capacity-building interventions. CRS also responds to acute emergencies, such as famine or floods, by distributing emergency food, water, and essential household items as required.

Agriculture and Livelihoods

The majority of Ethiopians are subsistence farmers trying to support an average family of five people on less than an acre. Even in good years, the most vulnerable families — including those headed by women or the elderly — can only produce enough food to cover their needs for three or four months. To survive the rest of the year, they are forced

to sell whatever precious assets they have, including tools, livestock and even wood from their house frames.

To help families grow more food and avoid destitution, CRS Ethiopia supports projects that increase agricultural productivity and enable poor farmers to better access existing markets. CRS also rehabilitates degraded land, teaches better management of natural resources and promotes microfinance projects to help poor families increase their incomes. In particular, CRS Ethiopia supports small savings-and-lending programs for women in and around urban areas, enabling women to expand their business opportunities and eventually lead their families out of poverty.

HIV and AIDS

CRS Ethiopia is working to control the spread of HIV and reduce the social impact of AIDS by supporting local partners to provide related education, care and counseling. CRS programs teach youth and adults how to prevent infection and give care and support to orphans and families affected by the disease. The programs also include community-based activities that are designed to reduce the stigma and discrimination often experienced by orphans and people living with HIV and AIDS.

Reducing stigma is also an important component in facilitating community members to take a more active role in caring for and supporting people living with HIV and AIDS within their community. Participatory learning tools such as "We Stop AIDS" and "In Charge!" encourage communities to accept these individuals and offer them critical social support. These tools also work in supporting individuals and communities to consider HIV and AIDS and its prevention in relation to their own and their families' lives, empowering them with skills to protect themselves

Catholic Relief Services in Eritrea

CRS has supported projects in Eritrea over the last 30 years, first through the CRS Ethiopia program prior to independence in 1991 and now from an office in Eritrea's capital of Asmara. Key activities have included emergency preparedness, emergency response, agricultural recovery, health, nutrition, education, and water and sanitation initiatives, often in partnership with the Eritrean Catholic Secretariat. In recent years, due to insufficient rainfall and a scarcity of water, CRS has focused efforts on water and sanitation activities in drought-affected communities. CRS maintains an office in Asmara, employing one international and 26 national staff.

Water and Sanitation

Since 2003, CRS has rehabilitated or upgraded more than 30 water sources, providing access to clean water for over 35,000 Eritreans. CRS continues to work with the government of Eritrea's Water Resource Department, regional government administrations and local communities to implement water and sanitation activities in drought-prone areas.

CRS is currently implementing water and sanitation projects in villages in the southern part of the country. Primary activities include the provision of solar or hand pumps, construction of latrines, and the construction of water supply systems, including storage

tanks, pipelines and public distribution points. CRS also provides support for the construction of sanitation facilities and trains community members to manage water sources and improve village sanitation. Key donors for CRS' projects in Eritrea include the Office of U.S. Foreign Disaster Assistance and the government of the Netherlands.

CHF INTERNATIONAL

US Contact Jhon Manning Program Officer CHF International 8601 Georgia Avenue, Suite 800 Silver Spring MD 20910-3440 USA Tel: (+1) 301-587-4700 Fax: (+1) 301-587-7315 E-mail: jmanning@chfinternational.org	Field Contact Brannon Brewer Country Director CHF Ethiopia PO Box 743, Code 1250 Addis Ababa, Ethiopia Tel: 011-(251)-11-6636335/48 Fax: 011-(251)-11-6611727 E-mail: brewer@chfethiopia.org.et
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Introduction to CHF International

CHF International's mission is to be a catalyst for long-lasting positive change in low- and moderate-income communities around the world, helping them to improve their social, economic and environmental conditions.

CHF International in Ethiopia

Objective for Health and Nutrition for the Somali Region (HANS): to improve the health of populations affected by natural disaster.

Objectives for Livelihood Support for Somali Agro-Pastoralists (L-SAP):

1. Agriculture and Food Security (increased agricultural production and household assets restored)
2. Economy and Market Systems (to increase household purchasing power through income generating activities)
3. Water, Sanitation and Hygiene (WASH) (to improve community health through capacity building in effective water chain management).

Specific locations of projects or programs:

Somali National Regional State – otherwise known as Ogaden

Sources of funding:

UNOCHA

USAID

Scale of programs (e.g. number of beneficiaries, dollar value):

The HANS program is designed to assist over 96,000 direct beneficiaries in the pastoral woredas of Gode, Kelafo and Mustahil in Somali National Regional State (SNRS) of Ethiopia with the goal of improving the health of populations affected by natural disaster.

The L-SAP program is designed to assist over 175,000 agro-pastoralist people in the woredas of Gode, Kelafo and Mustahil of the Somali National Regional State (SNRS) to improve their capacity to cope with shocks, improve health practices, and achieve sustainable and improving livelihoods.

CHRISTIAN REFORMED WORLD RELIEF COMMITTEE

North American Contact Jacob Kramer Relief Team Leader Christian Reformed World Relief Committee (CRWRC) 3475 Mainway PO Box 5070 STN LCD 1 Burlington, ON L7R 3Y8 Canada Tel: (905) 336-2920, Ext. 240 Fax: (905) 336-8344 E-mail: kramerj@crcna.ca Website: www.crwrc.org	Field Contact (Please contact North American office).
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Introduction to Christian Reformed World Relief Committee (CRWRC)

CRWRC's mission is that communities around the world in circumstances of injustice, poverty or disaster are transformed and improve their circumstances in sustainable ways.

Christian Reformed World Relief Committee in Ethiopia

CRWRC is working in collaboration with a Christian international NGO based in Ethiopia, Food for the Hungry International/Ethiopia (FHI/E). FHI/E has worked in Ethiopia for many years and CRWRC has collaborated with FHI/E on a variety of relief projects.

FHI/E has become increasingly involved in the HIV/AIDS epidemic. In an effort to fight the growing problem, FHI/E is implementing projects in prevention, care and support for Orphans and Vulnerable Children (OVC).

The program involves supporting and monitoring the development of children who have been impacted by the HIV/AIDS epidemic—both the physical development of HIV/AIDS orphans and vulnerable children promoted through developmental food support; as well as the intellectual and social development of orphans and vulnerable children improved via increased access to formal & non-formal education.

Approximately 4,300 OVC's will have increased access to both education and the food required for their physical development. Just over 2,000 metric tonnes of commodities (wheat, lentils, oil) are required for the project over the three-year period.

The overall objective of the 3-year program is to reduce impact of HIV/AIDS in the project areas of Jijiga, Somalia Region State; Ziway, in the Oromia Region; and South Gondar, in Amhara National Regional; and to promote the continued development and productivity of people affected by HIV/AIDS.

FOOD FOR THE HUNGRY

US Contact Andrew Barnes Food for the Hungry, Inc. 236 Massachusetts Avenue, NE, Suite 305 Washington, D.C. 20002 Tel: (202) 547-0560 x 104 Fax: (202) 547-0523 Website: www.fh.org	Field Contact Please contact main office.
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Introduction to Food for the Hungry

Food for the Hungry was founded in 1971 and helps some of the world's most disadvantaged people in more than 26 countries through child development programs, agriculture and clean-water projects, health and nutrition programs, education, micro-enterprise loans, HIV/AIDS care and prevention, and disaster relief.

Food for the Hungry in Ethiopia

Food for the Hungry/Ethiopia started operations in Ethiopia in 1985 as a result of emergency relief. Since then, it has been involved in ongoing relief efforts, as well as longer term rehabilitation and development activities. FH/Ethiopia has delivered resources with a value of over 156 million USD to the people of Ethiopia since 1985, including over 31 million since 2003.

Productive Safety Net Program: Food for the Hungry Ethiopia implements the Productive Safety Net program in five districts in Amhara, where beneficiaries receive six months of food for work. The food for work is used to develop community assets. Natural resource conservation, reforestation, water development (irrigation and potable), rural road development, preventative health, new crops and marketing, and saving groups are all a part of the program.

HIV/AIDS (Pepfar): Food for the Hungry implements and works through partners to implement the AB method – abstinence and behavior change - in 7 towns in Amhara, primarily working with youth.

Orphans and Vulnerable Children: Food for the Hungry provides food allowances, school support, tutoring and social support to orphans and vulnerable children in Zeway Ethiopia and in areas covered above.

Child Development: Food for the Hungry implements child development programs in Zeway and Belo, providing education, food security, and other necessities for children to be overcome spiritual and physical poverty.

Emergency Relief: Food for the Hungry is providing relief in Gambella in response to last year's flooding, and in Zeway, as a response to the current drought.

Water development - potable water – Food for the Hungry is developing wells and springs in Amhara through the Millennium Water Alliance.

Sasiga development program – Food for the Hungry also implements an integrated development program in western Ethiopia.

INTERNATIONAL MEDICAL CORPS

US Contact Rabih Torbay Vice President of International Operations International Medical Corps 1313 L Street NW, Suite 220 Washington DC, 20005, USA Tel: (202) 828.5155 E-mail: rtorbay@imcworldwide.org	Field Contact Seifu Woldeamanuel – Country Director Ethiopia P.O.Box 2314 Addis Ababa Ethiopia Tel: 251-11-6638-985 E-mail: swoldeamanuel@imcworldwide.org
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Introduction to International Medical Corps

International Medical Corps (IMC) is a global, humanitarian, nonprofit organization dedicated to saving lives and relieving suffering through health care training and relief and development programs.

Established in 1984 by volunteer doctors and nurses, International Medical Corps is a private, voluntary, nonpolitical, nonsectarian organization. Its mission is to improve the quality of life through health interventions and related activities that build local capacity in underserved communities worldwide.

By offering training and health care to local populations and medical assistance to people at highest risk, and with the flexibility to respond rapidly to emergency situations, International Medical Corps rehabilitates devastated health care systems and helps bring them back to self-reliance.

International Medical Corps in Ethiopia

International Medical Corps (IMC) has worked in Ethiopia since 2003 and now serves a population of 5 million throughout the country. Its programs cover five zones in three Ethiopian states - Oromia, Southern Nations, Nationalities and Peoples, and Somali with health and nutrition services, health education and training programs, water and sanitation projects, livelihood systems, and other forms of sustainable relief and development.

International Medical Corps began its work in Ethiopia with a Community-Based Therapeutic (CTC) that targets children and women of reproductive age. Since its inception in 2003, CTC has significantly increased the health care capacity throughout the country with more than 257 health posts and clinics and 27 hospitals. Through 206 outpatient sites, the program has treated approximately 30,000 children suffering from malnutrition and has educated more than 90,000 mothers and caregivers in nutrition. In the period from October 2007 to January 2008, IMC screened nearly 20,000 children and treated approximately 3,500 severely malnourished children.

A reproductive health program that trains traditional birth attendants on clean and safe delivery techniques and educates the community on sexually transmitted disease, including HIV/AIDS, also advances its focus on women and child health. To help ensure that clean deliveries are carried out and safe sex practices are followed, International Medical Corps

distributes safe delivery kits and condoms to community members. To increase the effectiveness of its malnutrition program, International Medical Corps created a livelihood program that provides tools, seeds, and technical support to 150 women so that they are able to grow a variety of agricultural crops for household consumption and income generation.

In addition to primary and reproductive health services, International Medical Corps also has provided psychosocial support to refugees. With support from UNHCR, IMC supported 700 urban Somali and Sudanese refugees in Addis Ababa, over half of which suffered from severe anxiety and stress. IMC continues to provide psychosocial training to Ministry of Health staff and humanitarian workers at the Teferi-Ber refugee camp.

International Medical Corps has also collaborated with other international organizations to implement water, sanitation, and hygiene activities. While the program develops systems for drainage, safer water supply, and waste disposal, it also promotes sanitation awareness by educating local populations and recruiting Community Water Committees and Community Health Promoters to carry out the program activities.

With sustainable relief and development central to its mission, all of International Medical Corps' programs in Ethiopia strongly emphasize local training and engagement. Since 2003, IMC has trained over 1,400 medical professionals throughout the country and 15,000 women in safe sex, prenatal care, family planning, and personal hygiene.

Specific locations of projects or programs:

Five sites in the states of Oromia, Southern Nations, Nationalities and Peoples, and Somali including: East and West Hararghe zones in Oromia region; Gedhio and Dawro zones in SNNP region, and Teferi-Ber refugee camp and Liben zone in Somali region.

Funding source(s):

Office of United States Foreign Disaster Assistance (OFDA), Conrad Hilton Foundation, European Commission Humanitarian Office (ECHO), Save the Children-UK, the Bureau for Refugees, Population and Migration (BPRM), United Nations High Commissioner for Refugees (UNHCR), Jersey Overseas Aid (JOA), Ireland's GOAL, UNFPA-CERF, and Patmos International Fund

Scale of programs (e.g. number of beneficiaries, dollar value):

Total Beneficiaries: 777,000

Total Budget: \$2,994,688

Cooperative efforts with other local, international, or governmental agencies:

IMC works closely with other international agencies in the country and the region including WHO, UNICEF, WFP, GOAL, MSF, Save the Children (UK & US), Concern, CARE, UNHCR, and other agencies involved in the health and nutrition sector. IMC also enjoys excellent relationships with the Ministry of Health and the Administration for Refugee/Returnee Affairs (ARRA). IMC is a member of the coordination forum coordinated by the Catholic Relief and Development Agency (CRDA) and actively coordinates with many of the leading NGOs in Ethiopia.

INTERNATIONAL RESCUE COMMITTEE

US Contact Zoe Daniels, Program Officer 122 East 42nd Street, 12th Floor New York, NY 10168 Tel: (212) 551 2906 E-mail: zoe.daniels@theIRC.org	Field Contact David Murphy, Country Director IRC Ethiopia TK International Building, 6 th Floor Bole Road Addis Ababa, Ethiopia P.O. Box 107 Post Code 1110 Tel: 251 11 663 35 E-mail: ircethiopia@ethionet.et
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Introduction to International Rescue Committee

Founded in 1933, IRC is a global leader in emergency relief, rehabilitation, protection of human rights, post-conflict development, resettlement services and advocacy for those uprooted or affected by conflict and oppression. At work in 25 countries, the IRC delivers lifesaving aid in emergencies, rebuilds shattered communities, cares for war traumatized children, rehabilitates health care, water and sanitation systems, reunites separated families, restores lost livelihoods, establishes schools, trains teachers, strengthens the capacity of local organizations and supports civil society and good governance initiatives. For refugees afforded sanctuary in the United States, IRC offices across the country provide a range of assistance aimed at helping new arrivals get settled, adjust and acquire the skills to become self-sufficient.

International Rescue Committee in Ethiopia

IRC began working in Ethiopia in response to drought in the Somali Region in 2000 and now currently works throughout the country assisting refugees in three refugee camps and vulnerable Ethiopian populations in four regions. In the camps, IRC works with Sudanese refugees who fled the 21-year civil war in Sudan, Eritrean refugees who fled during the Ethiopia-Eritrea border war of 1998-2000, and Somali refugees largely from the Mogadishu area. In Ethiopian communities, IRC works with drought-affected populations and communities where child labor is prevalent. For the refugees, IRC Ethiopia provides formal and non-formal emergency education, psychosocial support for youth, community services, water supply improvement, sanitation promotion, HIV/AIDS awareness and prevention, reproductive health education and services, voluntary counseling and testing, and gender-based violence awareness and prevention. For vulnerable communities in Ethiopia, IRC projects include the provision of emergency water and sanitation, livelihoods recovery initiatives for both farmers and pastoralists, and community based education aimed at reducing the number of children involved in the worst forms of child labor. IRC Ethiopia draws on the IRC's Program Framework to inform all its programming; this is done by following the five guiding principles of Protection and Promotion of Human Rights, Participation, Capacity Building, Partnership, and Holistic Programming.

Program Offices

Country Office: Addis Ababa

Sherkole Refugee Camp, Asosa Region

Benishangul-Gumuz Zone

Shimelba Refugee Camp

East Tigray Region, Tigray Zone

Kebrebeayah Refugee Camp

Jijiga Region, Somali Zone

Asbe Teferi Town, West Hararghe Region, Oromia Zone

Funding source(s):

IRC receives funding from USBPRM, OFDA, USDoL, UNHCR, WFP, UNFPA, and private foundations.

Scale of programs:

IRC Ethiopia currently serves approximately 44,000 refugees in 3 camps and 1,018,037 drought affected Ethiopians with an annual budget estimated at \$10 million.

Cooperative efforts:

IRC is UNHCR's sole implementing partner in Kebrebeayah Camp and a major implementing partner in Sherkole and Shimelba Refugee Camps. IRC works closely with government structures such as the Administration of Refugee and Returnee Affairs, the Disaster Prevention and Preparedness Commission, and all appropriate line ministries in various sectors, i.e. Rural Development Bureau, Water Bureaus, etc...

Special concerns:

The Sudanese refugee camp is located in a very remote area where access, transportation and logistics are very challenging. The Eritrean refugee camp in the north is not far from the Eritrean border, where there is a heavy military presence on both sides due to the ongoing tensions leftover from the 1998-2000 Ethio-Eritrean War. The Somali Refugee camp is located in Somali Region, which is also remote and borders Somalia/Somaliland, where unrest continues. In Asbe Teferi, IRC is working with drought-affected populations and faces no particular security concerns. In all regions, IRC has been able to implement activities smoothly.

INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES (IOCC)

US Contact Amal Morcos Director of Communications International Orthodox Christian Charities (IOCC) 110 West Road, Suite 360 Baltimore, MD 21204 USA Tel: +1 410 243 9820 Fax: +1 410 243 9824 Mobile: +1 443 823 3489 E-mail: amorcos@iocc.org Website: http://www.iocc.org	Field Contact Thomas Kivlan Head of Office IOCC Ethiopia P.O. Box 81110 Amist Kilo St. Addis Ababa, Ethiopia Tel: 011 251 111 567 425 E-mail: tkivlan@iocc.org
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Introduction to IOCC

The mission of IOCC is to respond to the call of our Lord Jesus Christ to minister to those who are suffering and in need throughout the world, sharing with them God's gifts of food, shelter, economic self-sufficiency and hope.

IOCC in Ethiopia

The objectives in Ethiopia dovetail those for the agency worldwide. In essence, we are responding to the call of Jesus Christ to assist the needy through the sponsorship of an HIV AIDS Response Mechanism Project and small development projects. The HIV program is located in 30 cities around the country and renders care and support to people living with AIDS both physical and psychological. In addition, the program targets the needs of vulnerable children who have lost their parents to the pandemic. Lastly, concerted efforts are made to prevent the transmission of the virus through messaging to people at risk in a number of different categories. Johnson, and used to treat opportunistic infections in people living with HIV/AIDS.

Specific locations of projects or programs:

As noted above, the HIV program is sponsored in thirty cities around the country. The small projects include the construction of a medical clinic in Oromia, a dairy program in Oromia and a water project in South Gondar.

Funding source(s):

- United States Agency for International Development (USAID)
- Greek Orthodox Ladies Philoptochos Society

Scale of programs (e.g. number of beneficiaries, dollar value):

Over the next four years, IOCC will receive \$8.1 million to sponsor the HIV/AIDS program across the nation. If one includes people living with AIDS, vulnerable children and messaging to people at risk of contracting HIV, the number of beneficiaries is almost

too large to accurately calculate. We are talking of anywhere from 100,000 to 250,000 people in a variety of different categories.

Cooperative efforts with other local, international, or governmental agencies:

IOCC's in-country implementing partner is the Ethiopian Orthodox Church and its humanitarian organization, the Development and Inter Church Aid Commission (DICAC)

Special concerns (e.g. relations with local and national authorities, security):

There are no programmatic issues in this category. Relations with authorities at all levels are good. The country is moving forward economically albeit with plenty of stops and starts brought on principally by the extreme poverty of many and the lack of good governance at a national level.

There are concerns with respect to security as tensions with Eritrea continue to loom large over a border dispute which, for a host of complicated reasons, cannot seem to be resolved. Both Ethiopia and Eritrea have large armies glaring at each other at and around their common border. Both claim to be seeking a peaceful solution. Nonetheless, a small provocation on either side could spark another border war which would be devastating to both countries.

In addition, the situation in Somalia does not seem to be improving. Ethiopian troops are stuck in Mogadishu propping up a government which is not strong enough to govern by itself. Terrorist activities are the order of the day in Mogadishu and seem to be growing worse. The overriding strategic concern is that such activities could spread to the Ethiopian capital and do great damage to the burgeoning development programs currently in full bloom.

MANAGEMENT SCIENCES FOR HEALTH

US Contact Diane Fusilli Director of Communications 784 Memorial Drive, Cambridge, MA 02139 Tel: 617-250-9500 Fax: 617-250-9090	Field Contact Please contact main office.
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Introduction to Management Sciences for Health

Management Sciences for Health (MSH) is a nonprofit international health organization composed of nearly 1,300 people from more than 60 nations. Our mission is to save lives and improve the health of the world's poorest and most vulnerable people by closing the gap between knowledge and action in public health. Together with our partners, we are helping managers and leaders in developing countries to create stronger management systems that improve health services for the greatest health impact.

Management Sciences for Health in Ethiopia

In collaboration with the Ministry of Health, donor agencies, and diverse partners, MSH works in Ethiopia to scale up health services in areas including capacity-building in the pharmaceutical sector, availability of health commodities, maternal and child health, HIV/AIDS, and infectious diseases.

Specific Programs

ESD (Extending Health Service Delivery for Reproductive Health and Family Planning)

October 2005-September 2010

Funded by USAID

The project builds upon extensive work in reproductive health/family planning (RH/FP) services carried out under Advance Africa (MSH) and the CATALYST (Pathfinder International) projects and is USAID's general-purpose RH/FP community-level service delivery mechanism for missions.

Focus Area

Enhancing service delivery and the systems that support RH/FP

The Office of Population and Reproductive Health (PRH) supports a core agenda focused on increased utilization of quality RH/FP services at the community-level among underserved and at-risk groups, especially youth, families in the poorest economic quintiles, postpartum and postabortion clients, and people at-risk for or infected with HIV.

GMS (Grant Management Solutions)

August 2007-September 2010, possible renewal until 2012

Funded by USAID; managed by OGAC

The Grant Management Solutions (GMS) project was established by the US government to provide urgent, short-term technical support to countries receiving grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Focus Areas

- governance and leadership challenges (i.e., working with Country Coordinating Mechanisms, aka CCMs)
- financial and grants management (i.e., working with Principal Recipients, aka PRs)
- procurement and supply management
- monitoring, evaluation, and reporting
- improving the effectiveness of community-service organizations and local consultants

RPM Plus (Rational Pharmaceutical Management Plus)

September 2000-September 2008

Funded by USAID

Focus Areas

- improving the availability and use of pharmaceuticals (medicines, vaccines, health supplies, and equipment) of assured quality for USAID population, health, and nutrition priority interventions
- promoting practical, sustainable improvements in pharmaceuticals management by developing capacity within cooperating countries and fostering collaboration between countries
- high-priority concerns:
 - > fighting the spread of antimicrobial
 - > TB control
 - > HIV & AIDS
 - > malaria reduction
 - > child survival and maternal health

SCMS (Supply Chain Management System)

September 2005-September 2010

Funded by the President's Emergency Plan for AIDS Relief (PEPFAR) through USAID Project led by the Partnership for Supply Chain Management, a nonprofit organization established by JSI and MSH.

Focus Areas

- SCMS strengthens supply chains to enable the scale-up of HIV & AIDS treatment in developing countries. Funded by PEPFAR, SCMS delivers essential medicines and supplies to the frontlines of HIV & AIDS programs.
- SCMS can purchase any of the hundreds of products needed for a comprehensive HIV & AIDS care and treatment program, including: antiretroviral (ARV) drugs; drugs to treat opportunistic infections such as tuberculosis; drugs and supplies for palliative and home-based care; tests; laboratory equipment; and other supplies.
- The project provides quantification, procurement, freight forwarding/inventory management, delivery, quality assurance, and information management support. SCMS can work anywhere in the world but is initially focused on the 15 PEPFAR focus countries.

- SCMS also provides technical assistance to countries to improve supply chain functioning.

TB CAP (Tuberculosis Control Assistance Program)

October 2005-September 2010

Funded by USAID

TB CAP is focusing on USAID's target countries by building on the Tuberculosis Coalition for Technical Assistance's experience and is also highlighting newer areas of work, especially in TB/HIV co-infection, and strengthening health systems.

Focus Areas

- improving the political commitment for DOTS (directly observed treatment, short-course)
- strengthening and expanding programs
- increasing the public-private partnerships
- strengthening and expanding TB- and HIV-coordinated activities
- improving human and institutional capacity

In addition to the core-funded activities, most of TB CAP's work is supported through mission buy-ins at the country and regional levels.

TB CAP is the USAID's Bureau for Global Health's lead technical assistance partner in developing and implementing TB control strategies.

HCSP (HIV & AIDS Care and Support Program)

June 2007-June 2010

Funded by USAID

The project is implementing the largest national expansion of HIV & AIDS services at the community and health center level in Africa.

Focus Areas

HCSP is strengthening the health system and rapidly scaling up diagnostic and treatment services for HIV & AIDS and TB in five targeted regions with three interrelated strategic models:

- a results-oriented strategic framework is being used as the basis for HIV prevention—increasing access to treatment, care, and support services at facility and community levels, and strengthening health systems and referral networks for antiretroviral treatment
- a family-focused approach is putting the family in the center of all activities, supported by community- and faith-based organizations, coordinated by community health workers, and linked with facility-based services, which are supported by a network of public and private institutions
- performance-based contracting is being used to engage a large number of public and private institutions at all levels throughout the country in the rapid scale-up of services

MERCY CORPS

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Introduction to Mercy Corps

Mercy Corps works amid disasters, conflicts, chronic poverty and instability to unleash the potential of people who can win against nearly impossible odds. Since 1979, Mercy Corps has provided \$1.3 billion in assistance to people in 100 nations. Supported by headquarters in North America and Europe the agency's global programs employ 3,500 staff worldwide and reach more than 14.4 million people in more than 35 countries. Over the past five years, more than 90 percent of the agency's resources have been allocated directly to programs that help people in need. For more information, visit www.mercycorps.org.

Mercy Corps in Ethiopia

Mercy Corps Ethiopia's main goal is to Reduce Poverty throughout the country. Mercy Corps works towards this goal in two ways; 1) By promoting and building peace and stability in target areas and 2) By helping communities and households engage in productive and sustainable livelihoods.

Specific locations of projects or programs:

Addis Ababa; throughout SNNPR; Somali Region; Oromiya Region.

Funding source(s):

USAID, OFDA and Private Donors

Scale of programs (e.g. number of beneficiaries, dollar value):

Mercy Corps Ethiopia reaches approximately 625,000 beneficiaries and has a total budget of approximately \$7,800,000.

OXFAM AMERICA

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Introduction to Oxfam America

Oxfam America is an international development and relief agency dedicated to creating lasting solutions to hunger, poverty, and social injustice around the world. Oxfam collaborates with local organizations to help people identify and address the root causes of poverty. The agency provides financial, technical, and networking assistance that supports community development initiatives. Oxfam also campaigns for change. Oxfam's community involvement forms the basis of its advocacy work, through which the agency challenges national and international laws and policies that reinforce poverty.

Oxfam America in Ethiopia

Oxfam America's involvement in Ethiopia began when the agency funded humanitarian assistance during the famine of 1984. The Oxfam America program in the Horn of Africa countries has since expanded to include not only emergency humanitarian assistance but also livelihoods, peace building, and advocacy work. Working with local partners, Oxfam America has been helping local communities survive conflicts and marshal their natural resources in ways that strengthen families, villages, and entire regions. Through the agency's work in the country, major contributions have been made to the lives and livelihoods of rural Ethiopians by improving access to water, empowering small coffee farmers to compete in global markets, fostering new and traditional approaches to peace building, and providing assistance during emergencies.

In line with Oxfam America's overarching goal of reducing poverty and building sustainable peace in the Horn of Africa region, the agency continues to work with local partners, allies, and stakeholders who are committed to bringing about significant and lasting change in the lives of the people of Ethiopia.

Improving access to water

Through grants to local organizations, Oxfam America works with agricultural, pastoral, and semi-pastoral communities in disaster-prone and food-insecure areas of the country to help communities realize their right to secure and sustainable livelihoods. The approach builds on indigenous knowledge to expand traditional ponds, improve wells, and develop small-scale irrigation systems. Such improvements are helping to ensure that families have a safe supply of water nearby not only for themselves and their livestock,

but for their crops, as well. Oxfam America's water development program includes small-scale irrigation and clean water supply and sanitation, and supports pastoral and agricultural communities in Oromia, Tigray, and Amhara Regions. With an annual budget of \$730,000 for 2008, Oxfam America is cultivating strategic partnerships to scale up its water program in terms of area covered, numbers of beneficiaries, efficiency of resource utilization, and resource leveraging to improve lives and livelihoods in rural communities.

Empowering Coffee Farmers

Through the Ethiopia Coffee Program, Oxfam America supports smallholder coffee farmers organized in cooperatives and unions by building their capacity to produce and export quality coffee and access specialty markets for an additional premium. To this end, Oxfam America supports Oromia, Yirgacheffe, Sidama, and Kaffa Coffee Farmers Cooperative Unions by building their capacity to promote their coffee to international buyers, roasters, and consumers at various international conventions. Oxfam America continues to play a pivotal role in bringing together fair trade certifiers, unions, and cooperatives to work on getting fair trade certification for primary cooperatives. By accessing fair trade and other specialty markets, which can at times offer prices three times as high as those of the local dealers and exporters, coffee farmers have been able to use the additional premium to invest in social development initiatives in their communities such as schools, health posts, and water points.

In its advocacy and campaign work, Oxfam America has created much-needed opportunity for poor Ethiopian coffee farmers, who are never heard from during international trade discussions and negotiations, to voice their plight to a global audience. It is through this type of public awareness campaign that Oxfam helped bring attention to a dispute that Ethiopian coffee farmers had with Starbucks over the country's effort to trademark its fine coffee brands. This effort paved the way for an agreement in 2007 on distribution, marketing, and licensing that brought Ethiopia and Starbucks together in partnership to help the country's coffee farmers.

In a continued effort to support coffee quality improvement, focusing on eco-friendly coffee processing, Oxfam America has allocated about \$375,000 for 2008 to work with Oromia, Yirgacheffe, and Sidama Unions to support coffee quality improvement and access to international markets.

Humanitarian Response and Peace Building

During crises, Oxfam America works with local organizations, providing immediate response to meet the emergency needs of affected communities. With the program's growing emphasis on disaster risk reduction, Oxfam America is working to help communities increase their resilience, focusing on areas of the country prone to rapid-onset disasters and inter-clan and inter-ethnic conflicts. In collaboration with Harvard Humanitarian Initiative (HHI), Oxfam America has developed an early-warning surveillance system that is being piloted in Moyale district of Oromia Region to help track drought-related public health trends and alert Oxfam, its partners, and other local

stakeholders to take proactive measures to address the communities' concerns related to the monitored indicators.

Another component of Oxfam America's humanitarian work in Ethiopia is peace building and conflict resolution in pastoralist areas, where intra- and inter-clan conflicts occur over scarce resources such as grazing land and water and disputed regional boundaries. We work with local partners to develop innovative conflict-resolution mechanisms that employ traditional systems, such as elders' councils, and add in new twists, such as women-run peace councils, and training sessions on human rights.

Regarding the border tension between Ethiopia and Eritrea, Oxfam America is monitoring the humanitarian situation along the border. With the withdrawal of UNMEE from the buffer zone between the two rival countries, the military build-up from both sides, skirmishes between various armed groups and the Ethiopian defense forces, and reports of increased incidence of landmine explosions and other related security matters affecting civilians, Oxfam America has strengthened its humanitarian preparedness capacity along the Ethiopian side of the border. We have recently conducted a technical assessment of the water and sanitation situation and potential needs in districts bordering Eritrea, and started preparedness projects with the Adigrat Catholic Dioceses Secretariat (ACDS), a local organization that operates in the Tigray Region. Oxfam America now has a permanent branch office in Mekele, Tigray, staffed with a humanitarian officer, who works closely with the partner organization and other humanitarian actors.

With an annual budget for 2008 of about \$801,500, Oxfam America's humanitarian programs in Ethiopia will increasingly focus on disaster risk reduction, specifically in relation to climate change, conflict prevention, and early warning systems in pastoralist areas.

PATHFINDER INTERNATIONAL

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Introduction to Pathfinder International

Pathfinder believes that reproductive health is a basic human right. By choosing the timing and number of their pregnancies, women can significantly improve their lives and those of their children and families, and the welfare of their communities.

Pathfinder provides women, men, and adolescents throughout the developing world with access to quality family planning information and services. Further, Pathfinder works to halt the spread of HIV/AIDS and provide care and support for people living with the virus. In the US and abroad, Pathfinder advocates for sound reproductive health and family planning policies that will advance the well-being of families in developing countries everywhere.

Pathfinder International in Ethiopia

Pathfinder International/Ethiopia seeks to improve access to and use of affordable, high quality family planning and reproductive health services, including HIV prevention, care and support services.

Pathfinder works to improve integrated services through traditional and alternative service delivery mechanisms, including community-based services. Pathfinder collaborates with local Implementing Partner Organizations to build community-based health care service delivery and management systems. Pathfinder's recent work has focused on widely expanding RH/FP service delivery and training in the regions of Amhara; Oromia; South Nations, Nationalities and Peoples Region; and Tigray. Particular focus has been on promoting gender equity and women's empowerment, expanding the integration of HIV/AIDS prevention and care with RH/FP training and service delivery, and on expanding services targeted specifically to the RH and sexuality needs of youth.

(Note: Pathfinder does not currently work in Eritrea.)

Sectors into which programs in Ethiopia fall

- Reproductive Health (including HIV prevention, care and support)
- Education/Training
- Gender Issues/Women in Development
- Human Rights

Specific locations of projects or programs

The 4 regions of Amhara, Oromia, SNNPR, and Tigray, (plus Addis Ababa), which is where roughly 85% of the population resides.

Funding source(s)

- Extending Service Delivery for Reproductive Health and Family Planning Project (ESD), a USAID Cooperative Agreement
- The David and Lucile Packard Foundation
- Swedish International Development Cooperation Agency (SIDA)
- Other private donors

Scale of programs

Major ongoing programs are as follows:

- Extending Service Delivery (ESD) Program: Ethiopia FP/RH Project (\$5.8 million for Year 6 activities)
- Packard Foundation: Women's and Girl's Empowerment Project (Phase Three: \$1.2 million over 3 years)
- SIDA Agreement: HIV/AIDS Care and Support Project (\$5.7 million over 4 years)

Cooperative efforts with other local, international, or governmental agencies

Pathfinder works with government agencies at the national, regional, woreda (district), and village level. The organization has been instrumental in promoting coordination amongst community leaders at the district level through Woreda Action Committees. Pathfinder works with close to 50 local implementing partners comprised of NGOs and CBOs; 120 for-profit, private sector clinics located throughout the country; and works closely with the Consortium of Reproductive Health Agencies of Ethiopia (CORHA), which serves as an umbrella organization to help coordinate RH/FP activities in the country. Further, Pathfinder coordinates with the other international organizations based in Ethiopia.

PHYSICIANS FOR PEACE

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Introduction to Physicians for Peace

Physicians for Peace is a non-profit, medical education organization headquartered in Norfolk, Virginia. With over 350 medical education mission in over 50 countries since 1989, Physicians for Peace has provided medical education in a variety of specialties to health care professionals and their patients in geographic areas of profound need and scarce resources. Our primary focus is on teaching, and our goal is long-term sustainability and self-sufficiency. PFP's vision is to further the cause of world peace and international goodwill through medicine.

Physicians for Peace in Eritrea

Since 2001, Physicians for Peace has worked in Eritrea conducting medical/surgical missions designed to provide the desperately needed immediate medical services and establish more long term medical education and training projects to enhance the country's medical infrastructure. During this period Physicians for Peace teams have worked in health facilities in Asmara and surrounding areas to address the pressing healthcare needs and have helped thousands of patients. Physicians for Peace works in partnership the Ministry of Health in Eritrea and local health facilities to not only address the short term urgent health needs but establish and encourage self-sufficiency for Eritrean health professionals and improve the conditions of health facilities. Physicians for Peace philosophy to actively engage local health professionals and health officials in our medical missions and programs from the very start has ensured strong linkage with local medical and public health communities as well as a strong commitment from the Ministry of Health for continuing and expanding these initiatives.

In 2006, Physicians for Peace entered into a formal partnership with the George Washington University Medical Center (GWUMC) and the Eritrean Ministry of Health to establish *The Partnership for Eritrea*. This is unique collaboration aims to build Eritrea's health care capacity, train Eritrean physicians to be excellent specialty clinicians, and ensure sustainability by training Eritrean physicians as future medical educators and reverse the trend of medical brain drain in Eritrea in particular and sub-Saharan Africa in general. The three parties signed a Memorandum of Understanding in October 2006 and have launched the country's first medical residency programs in pediatrics and surgery at the Orotta School of Medicine. The first group of residents will soon be completing their first years of training.

Specific Locations of Projects and Programs: Asmara, Eritrea

SAVE THE CHILDREN USA

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Introduction to Save the Children USA

Save the Children is the leading independent organization creating real and lasting change for children in need in the United States and around the world. It is a member of the International Save the Children Alliance, comprising 28 national Save the Children organizations working in more than 110 countries to ensure the well-being of children.

Save the Children USA in Ethiopia

Save the Children USA is the leading agency in Ethiopia implementing, influencing and advocating for child-focused programs that ensure children of all ages in Ethiopia have their basic needs met and are able to thrive in a protected environment. Save the Children is committed to ensuring that children in need are healthy, educated, safe, and able to attain their rights.

Programs:

Save the Children USA has a wide range of programs in Ethiopia including economic opportunity, education, hunger and malnutrition, health, HIV/AIDS, and emergency response. Programs range in size, location and in the number of beneficiaries.

Economic Opportunity

Save the Children's youth employment program is funded through sponsorship and is located in the Oromia – Wolisso district, reaching 1,750 beneficiaries.

Save the Children also runs an income generation project for HIV affected families, funded by HRCI and USAID, reaching 106 beneficiaries.

Education

Save the Children implements Early Childhood Development and formal and/or non-formal basic education programs in the Oromia-Wolisso district,, reaching over 7,000 beneficiaries.

Hunger and Malnutrition

In the Somali Region, Save the Children implements Emergency Food Distribution programs funded through USAID reaching 162,024 beneficiaries. The Pastoralist Livelihoods Initiatives, funded by USAID are also located in the Somali and Oromiya

regions, and reach over 400,000 beneficiaries. Save the Children implements health and nutrition services and support programs in the SNNPR – Bona District, funded by UN OCHA, reaching 163,000 beneficiaries.

Health

Save the Children's health programs are found in the Oromia – Wolisso district, the SNNP region, Addis Ababa, Oromiya, Afar and Somali regions, funded by a range of actors. Save's health programs reach almost 16 million people.

HIV/AIDS

In Addis Ababa, Afar, Amhara, Dire Dawa, Oromiya and SNNPR regions, Save the Children implements HIV/AIDS programs focusing on orphans and vulnerable children, reaching over 250,000 beneficiaries.

Save the Children also implements a range of palliative care activities including clinical, psychological, social and spiritual care activities related to HIV/AIDS in Afar, Dire Dawa, and Oromiya.

HIV/AIDS prevention programs are run in Afar, Dire Dawa and Oromiya, reaching over 170,000 beneficiaries.

Emergency Response

In Ethiopia, Save the Children's emergency response activities are focused on water, sanitation and hygiene (WASH) sector and shelter and non-food items. Save the Children is active in the Oromiya – Wolisso district, the Somali region, Afar region and Gode, reaching approximately 50,000 people.

Cooperative efforts:

Save the Children USA works with various international agencies, local agencies and government agencies in cooperative efforts to provide a range of program in Ethiopia. Save the Children USA's many partners include NGOs such as ADRA International, CARE, World Learning, World Vision and PACT, Universities, and UN Partners including WFP, UNICEF, WHO, and UNDP. Save the Children partners with local agencies when possible, and works with local government agencies in implementing programs and building capacity.

Save the Children is funded from a variety of sources, including sponsorship from private donors, UNOCHA, USAID, USAID/OFDA, FAO and the Gates Foundation.

WORLD VISION

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World Vision's History in Ethiopia

During its long presence in Ethiopia, World Vision has provided famine relief and other humanitarian and development assistance. In 1971, World Vision began its first relief project to help the Nuer tribes people, refugees from the civil war with Sudan. About the same time, in the Ogaden area between Ethiopia and Somalia, villagers suffered severe consequences from drought. Thousands were left destitute when they lost most of their livestock. Between 1971 and 1975, World Vision served Ethiopians by drilling wells to provide water for villagers and their livestock; by improving medical, economic, and educational standards for villagers in southwest Ethiopia; and by helping indigent children living in the streets of Addis Ababa through a rehabilitation program.

In 1976, World Vision's sponsorship program began assisting 2,000 children. During the period between 1976 and 1980, child sponsorship projects grew, impoverished families were cared for, medical treatment was provided, and proactive measures were taken to mitigate the effects of future natural disasters.

In 1981, one of the worst droughts in Ethiopia's history claimed many lives through starvation. In 12 of the country's 14 regions, food shortages affected thousands, and 80 to 100 percent of crops were lost. In response to the need of famine victims, World Vision implemented a massive relief operation, saving thousands of lives.

Fourteen drought-related projects were active between 1981 and 1985 to meet the needs of those affected. World Vision airlifted food and medical aid to the affected regions. The hungry were fed, the sick treated, the poor received clothing, and many were rehabilitated to become self-sufficient.

From 1986 to 1990, as drought conditions eased, certain projects within the Ethiopia program were scaled back from the \$70 million budget necessary to fund relief efforts to \$43 million. However, World Vision continued its rehabilitation efforts in order to restore pre-drought conditions for many.

World Vision in Ethiopia Today

World Vision continues serving the people of Ethiopia through projects that focus on education, immunization, and nutrition. Currently, more than 63,700 girls and boys are enjoying the advantages of child sponsorship through the generosity of U.S. donors. Area development work is also contributing to the education, health care, food security, and water needs of communities. In total, more than 100,000 people are benefiting from ongoing program efforts that include:

- ***Addis Ababa Fistula Hospital Project*** enables doctors to perform obstetric fistula surgery each year to more than 1,000 patients who otherwise could not afford it. Fistula is an injury that occurs during prolonged, unrelieved, obstructed labor—often as a result of female genital mutilation. These mothers suffer from urinary incontinence and become susceptible to infections and damage to reproductive organs. Basic hygiene classes and follow-up home visits by gynecologists and nursing staff are among the services offered.
- ***Borkena Valley Trachoma Control and Prevention Program*** seeks to reduce the transmission of trachoma, a disease that causes blindness. The program has four components: surgery to correct already damaged eyes; antibiotics to treat developing conditions before patients need surgery; facial cleanings to prevent the infection from developing; and environment projects that focus on clean water and removing sewage issues.
- ***Productive Safety Net Program***. The purpose of this program is to decrease the number of persistent poor requiring food or cash assistance to meet their basic needs in targeted Woredas. The project will focus on strengthening the capacity of productive safety-net program implementers in organizational management, technical service delivery, and community empowerment and participation.
- ***Millennium Water Program*** consists of six interrelated water and sanitation projects, each of which will be lead by an MWA member. WV will complete activities in SNNPR and also work in Oromia. The regions and woredas selected have significant overlap with areas targeted for other activities under USAID’s draft strategy for 2005 to 2009..
- ***Multi-Sectoral Interventions in Pastoralist Communities to Increase Resilience to Aggregate Shocks in Afar Region***. The goal of the program is to improve livelihood security and resilience to aggregate shocks for pastoralists and agro-pastoralists in the target area.
- ***Positive Change: Children, Communities and Care (PC3)***. Working with Save the Children, this program’s overall goal is to improve the well-being of children affected by HIV/AIDS.
- ***Afar Area Development Program*** assists the semi-nomadic Afar people in the northeastern region by providing a holistic, community-based approach to meet the needs of poor farmers with a special emphasis on children and women. This includes building veterinary posts, livestock vaccination sites, teaching improved farming methods to increase agricultural productivity, increasing immunization coverage, and access to primary education for children.

- ***Ethiopia Omosheleko HIV/AIDS Prevention and Control Project*** focuses on raising awareness to reduce the spread of sexually transmitted diseases and HIV/AIDS, alleviating the social impact of HIV/AIDS in target communities, supporting HIV/AIDS testing institutions, and increasing care and support to patients.
- ***Sibrya Springs Development Project*** is a construction project that will supply drinking water to approximately 21,000 people and 10,000 animals from the Sibiya Spring by capping a structure at the head of the spring; building a reservoir to collect the water before distribution; laying more than 31 miles of pipeline; and constructing 28 water points and 11 cattle trenches.
- ***Boset Water Harvesting Project*** proposes a lasting solution to food insecurity in the eastern region of Ethiopia where drought incidents are increasingly continuous. A five-year strategic rural development plan has been developed that will sustain development of agriculture and income generation opportunities.

While much has been accomplished through partnering with the people of Ethiopia to improve their circumstances today and for generations to come, more needs to be done. For further information about World Vision's programs in Ethiopia, please contact the United States office.