

SUMMARY

1. Introduction

1. This report is a review of CARE and other agency experience in rehabilitation in Ethiopia. It is part of a study undertaken by the Institute of Development Studies (IDS) to assist CARE in working towards a rehabilitation strategy for the Greater Horn of Africa. The report is based on a visit to Ethiopia in May and June 1997, including one week visiting CARE projects in Eastern Hararghe.

2. Background to rehabilitation in Ethiopia

2. Ethiopia has experienced a series of political, economic and climatic shocks since 1974. These have included civil and international wars, human rights abuses, frequent droughts, which have contributed to famines in 1984-86, 1987/88 and 1990/91. Despite a period of relative political stability and significant economic reform since 1991, a majority of Ethiopians remain food insecure. For these reasons, large parts of Ethiopia can be said to be in a state of 'permanent emergency', where there is a need for external assistance even after good harvests, and where vulnerable people have little resilience to the repeated shocks.

3. There is no policy framework for rehabilitation activities, as such, but the most relevant government policies include the National Policy for Disaster Prevention and Management (NPDPM) and the Food Security Strategy. The NPDPM is an attempt to introduce new forms of disaster management, in order to reduce dependency on free food distributions and to establish a link between relief and development. The main modality of disaster management is Employment Generation Schemes (EGS), through which all able-bodied people are to earn relief assistance. In practice, the implementation of EGS differs between the various regions of Ethiopia.

3. Rehabilitation in Ethiopia: Who's doing what?

4. Many activities are undertaken in the 'grey area' between relief and development in Ethiopia. There are some explicit rehabilitation budget lines, from which NGOs and government departments receive funding for a variety of projects. Other donors support food or cash for work projects, which attempt to provide income supplements to vulnerable households, as well as creating long-term development assets. The distinction between relief- and development-oriented NGOs is increasingly breaking down, as the more development-focused NGOs begin to implement relief programmes in the areas in which they work and as NGOs traditionally engaged in relief adopt more developmental approaches. This has led to innovative approaches to relief, including scaling up development projects such as small-scale credit schemes and cash for work projects. Other NGOs have become involved in institution-building both with national NGOs and with government departments and some have focused on human rights concerns and advocacy. Finally, one way of looking at rehabilitation is to consider the changes
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institutions must undergo when adapting from relief provisioning to development-orientation.

4. CARE's experiences in Ethiopia

5. CARE-International has developed a 'household livelihood security approach', which informs its programming in relief and development situations. This includes the adoption of a vocabulary which effectively undermines the artificial distinctions between relief, rehabilitation and development. CARE's focus on livelihood promotion, protection and provisioning recognises that each stage will occur simultaneously within a country, its communities and even its households.

6. CARE has been operating in Ethiopia since its first relief operation in 1985, and has moved into food for work (FEW) and development, including population and AIDS, coffee production and primary health care. CARE remains committed to respond to emergencies as they occur in project areas, and to that end, CARE-Ethiopia's Food Information System (CEFIS) provides market and meteorological data on CARE's operational areas, acting as an early warning system. CARE-Ethiopia has embarked on a Long Range Strategic Planning process and its first

Long Range Strategic Plan was published in October 1996. This identifies strengths, weaknesses, a vision statement and strategic programme goals.

7. In Eastern Hararghe, the case study for this review, CARE began in 1985 with free food distributions in response to the 1984/85 famine and in 1987 moved into FEW. Increasingly, CARE has increased its focus on the development impact of projects. This has involved complementing FEW with community-based development (CBD), reducing the size of the programme area in order to achieve developmental impact and assessing possibilities for partnership.

8. The main lessons learned by CARE in Eastern Hararghe concern the use of food as a resource, issues related to the relief-development continuum, and partnerships, gender, participation and sustainability.

The role of food

9. Food has been an important resource input for a food deficit and highly vulnerable area. There is evidence that FEW projects have provided an important additional coping strategy for vulnerable households, which has reduced the pressure to sell productive assets. On the other hand, the appropriateness of food, compared to alternative inputs, has been questioned by CARE staff and in project evaluations. And there has been a tendency to adopt 'food-driven programming', in which projects have focused more on food-delivery than on responding to the priorities of communities. Some FEW activities have been inappropriate to the perceived needs of communities and have not been sustainable. And planning has often been over-centralised, as a result of the logistical requirements of food delivery.

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The relief-development continuum

10. CARE has struggled with the challenges thrown up by the relief-development continuum. An attempt has been made to retain an emergency-response capacity, while moving increasingly into development activities. CARE's approach in Eastern Hararghe reflects the household livelihood security framework, in terms of balancing activities which promote, protect and provision livelihoods. An attempt has been made to protect ongoing development projects, by avoiding the tendency to shift resources away from development when there are emergency needs. But emergencies have often resulted in staffing shortages, as many project staff take on responsibility for emergency response activities.

Participation, gender, partnerships and sustainability

11. CARE acknowledges its lack of attention to these issues in its projects. There has been an attempt to train project staff in participatory methodologies and to identify potential partnerships but the organisation has been slow to adopt a commitment to these concepts at an institutional level. CARE's attention to concerns of gender equity in projects has been weak, according to CARE's new gender policy, and there has been a reluctance to address gender inequalities within the organisation. There has been a 'go it alone' tendency, in relation to other NGOs and government institutions, and often some tension between government and CARE staff. And the creation and support of 'social capital' has been limited to establishing functional committees to implement CARE projects, rather than focusing on the more political dimensions to institution-building. As a result of these limitations, sustainability of projects has been problematic.

12. Many of these weaknesses are related to CARE's reorientation from a relief to a development NGO. CARE has been slow to adopt development thinking and also to restructure the organisation, particularly in Eastern Hararghe, to reflect the new direction and approach. It is, however, encouraging that CARE has recognised its weaknesses in these areas and is developing strategic thinking (including its new gender policy).

5. Conclusions

How useful is rehabilitation anyway?

13. The consensus of agency representatives in Ethiopia is that rehabilitation is not a particularly useful concept in the sense that it is increasingly used. There are two issues here. First, as Ethiopia is experiencing a permanent

emergency, any attempt to support the rebuilding of assets, infrastructure and institutions must acknowledge the possibility that assets will be destroyed in a future crisis. In this context, it is not useful to make a distinction between those activities which attempt to ‘rebuild’ and those which ‘create’, especially when rebuilding implies a return to the *status quo ante*, which may have caused crisis in the first place. Both rebuilding and creation should pay attention to developmental notions of community participation, ownership, empowerment, gender equity and sustainability. And both sets of activities should undertake baseline surveys and evaluate impact as well as outputs. (End p viii)

14. The second problem concerns the relief-development continuum. Agencies in Ethiopia are actively grappling with the challenges associated with the continuum, involving an erosion of the distinction between relief- and development-oriented NGOs. One of the lessons of ‘linking relief and development’ is that the continuum is not linear: in most cases, relief, rehabilitation and development activities are undertaken simultaneously. This is particularly the case for vulnerable households, who are engaged in a continuous struggle to meet short-term food needs, (re)build household assets and invest in future productivity. In this context, undertaking rehabilitation as a separate activity from relief and development runs the risk of actually *prohibiting* a smooth transition from relief to development. This is seen most clearly in the problems experienced with donor rehabilitation budget lines.

15. It might be more useful to redefine notions of development in countries experiencing permanent emergency. Development would include activities which attempt to lay the foundations of self-reliance, by building secure institutions, promoting diversified incomes, etc. Rehabilitation still has a role, but should be limited to providing discrete, short-term activities for people who have been displaced and wish to return to their homes and resume productive activities. Such activities do not encompass issues such as institution-building as they involve only a one-off provision of inputs, and consequently require less rigorous monitoring and evaluation compared with development projects. Once reintegrated, beneficiaries of rehabilitation assistance can then benefit from development resources provided to communities.

Sequencing

16. The application of CARE’s own livelihoods framework in Eastern Hararghe and in Ethiopia more generally suggests that *protection* could be a useful entry point for CARE to consider developing further. Protection offers several advantages over rehabilitation. First, it reflects the complex reality of vulnerable households, drawing attention to the critical pre-emergency period, when vulnerable households have begun to decapitalise their assets and search for alternative income-generation. Second, protection can be extended to include protection from violence, theft and extortion, thus entering the political sphere at a project level. It puts a focus on supporting local institutions, such as women’s groups and judicial structures, as well as monitoring human rights abuses and raising concerns with government at the appropriate levels.

17. A third benefit of protection is that activities can be scaled up in advance of a potential emergency to reduce the impact on vulnerable households and improve their resilience to recover. This suggests that recovery from crisis would be incorporated into the regular development programme. And fourth, protection can be programmed to take place continuously, or on an annual basis, as an extension of the regular development programme. This report suggests certain conditions and challenges for successful protection.

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Partnerships and social capital

18. In order for development to be effective and sustainable, it is essential to foster partnership with other agencies, including local government, and national and international NGOs. Indigenous institutions, whether governmental, non-governmental or community-based, should be promoted as implementers of projects. The choice of institution with which to work depends on many factors. Lessons from agency experience in Ethiopia suggest that, first, institution-building should be defined as a separate project goal and monitored and evaluated correspondingly; and, second, that it is a long-term process, involving patience and potential setbacks.

Exit strategies

19. There are three main lessons here. First, exiting also takes time and investment in capacity-building and training, which suggests that exit strategies should be defined at an early stage in a project cycle: ideally, an exit

strategy should be part of a project's design. Second, stakeholder analysis is a useful tool in defining which institutions and groups will benefit from the project and therefore which will have a stake in taking over project management. Third, an effective exit strategy is to phase-down projects, by reducing the numbers of project staff and gradually hand over project functions to partners; it may be useful to maintain a monitoring capacity after the agency has departed.

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5. Conclusions

118. This report has discussed the context for rehabilitation in Ethiopia, summarised agency activities, sought lessons from CARE's experiences, particularly in Eastern Hararghe, and discussed these lessons in the context of the IDS inception report. This concluding section will first return to the terms of reference for the study (Appendix I) and suggest answers to the four key questions set out above in the introductory section. The second part of the section will ask how useful the thirteen-point charter set out by IDS is for agencies engaged in rehabilitation activities in Ethiopia.

5.1 Lessons for Rehabilitation in Ethiopia

a) How useful is rehabilitation anyway?

119. So far this report has avoided the difficult question concerning the usefulness of rehabilitation as a concept and an activity in Ethiopia. Box 6 summarised some of the problems agency staff have with the concept. It is my conclusion that rehabilitation is not, in fact, particularly useful in Ethiopia in the sense that it is increasingly used. There are two main reasons for this.

120. First, as section two argued, Ethiopia is experiencing a 'permanent emergency', characterised by structural food insecurity and repeated climatic shocks. And, although political stability has improved greatly since 1991, the potential for civil unrest, violence and population movements remains. This means that any attempt to support the rebuilding of assets, infrastructure and institutions must acknowledge the possibility that assets will be destroyed in a future crisis. Also, as many of Ethiopia's problems are structural, it is important to focus on structural solutions.

121. In this context, it is not particularly helpful to make a distinction between activities which attempt to 'rebuild' and those which 'create' assets, infrastructure or institutions, especially when 'rebuilding' implies a return to the *status quo ante*, which may have caused crisis in the first place. Both rebuilding and creating should pay attention to developmental notions of community participation, ownership, empowerment, gender equity and sustainability. And both sets of activities should undertake baseline surveys and evaluate impact, as well as outputs.

122. The second problem with rehabilitation concerns the relief-development continuum. Agencies in Ethiopia are actively grappling with the challenges associated with the continuum. This has involved an erosion of the distinction between relief- and development-oriented NGOs, as traditionally development-focused NGOs increasingly respond to emergencies (e.g. SOS Sahel and Action Aid), and the more relief-oriented NGOs (such as CARE, the Save the Children family and World Vision) adopt development approaches. NGO activities increasingly straddle the distinction between relief and development, as resources are provided to increase the skills and capacity of food delivery mechanisms, and as agencies attempt to integrate EGS schemes with ongoing development efforts.

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123. One of the lessons of conceptual and practical work on linking relief and development is that the continuum is not linear: in most cases, relief, rehabilitation and development are undertaken simultaneously. This is particularly true for vulnerable households, who are engaged in a continuous struggle to meet short-term food needs, rebuild household assets and invest in future productivity. It may make sense to programme relief separately from development, in order to ensure that the main purpose of relief - to save lives and prevent widespread illness - is achieved. But undertaking rehabilitation as a separate activity from relief and development runs the risk of actually *prohibiting* a smooth transition from relief to development.

124. A good example of this is provided by the difficult experience of donor rehabilitation budget lines in Ethiopia. There has been a great deal of confusion on the part of implementing agencies as to what constitutes a rehabilitation project and what does not. As one NGO representative put it, "if there wasn't a budget line for rehabilitation, I don't think we would use the term." Most of the projects funded under rehabilitation budget lines are essentially development projects, but with a shorter funding cycle. And all NGOs interviewed objected to the idea that projects

of one or two years can achieve impact, build institutions and foster participation, which they are required to do. So most NGOs look elsewhere for funding once the rehabilitation funding has expired (and presumably delete the word 'rehabilitation' from the title of the project).

125. These problems suggest that the conceptual value of rehabilitation in a permanent emergency is highly questionable. What might be more useful would be to redefine notions of development. In a country with such high levels of vulnerability to food insecurity as Ethiopia, most observers agree that development is not about 'economic take-off', but about laying the foundations of self-reliance, by building secure institutions, promoting diversified incomes, etc. Most agencies - as well as vulnerable households - are attempting to prevent productive assets from being eroded further, and laying the foundations for development. In the words of CARE's livelihoods framework, combining protection with promotion.

126. This is not to say that rehabilitation is completely redundant. There is still a need for discrete, short-term activities for people who have been displaced and wish to return to their homes and resume productive activities. One approach is promoted by the Relief Society of Tigray (REST), which provides returnees with 1,000 *birr*, nine months of food rations and also some counselling, to ease the transition into communities. Once returnees are repatriated, they are considered to be part of the community and are not treated as a special case, in order to avoid resentment between the host community and the returnees.

127. Such activities are different from longer-term development projects because they are of shorter duration, do not encompass issues such as institution-building as they involve only a one-off provision of inputs, and consequently require less rigorous monitoring and evaluation compared with development projects. Therefore, they fit nicely between relief and development activities and can usefully be described as 'rehabilitation'.

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b) Sequencing activities

128. The terms of reference raised questions about the balance and sequencing of activities, including short-term income transfers, rebuilding household assets, rebuilding community assets and rebuilding community institutions. As I argued above, these activities should be part of a development package, programmed according to needs and priorities defined by a community. And, as the continuum is non-linear, particularly in the context of a 'permanent emergency', sequencing is not necessarily appropriate.

129. Balancing activities is, however, relevant. In this context, CARE's own work on livelihood security offers a more useful and practical framework than rehabilitation. As discussed above, CARE distinguishes between activities which provision, protect and promote livelihoods. Figure 8 suggested a way of conceptualising CARE's activities in Eastern Hararge in terms of provisioning, protection and promotion. Protection may be a useful entry point for CARE to consider developing further.

130. In Ethiopia, a focus on protection offers several benefits. First, protection reflects the complex reality of vulnerable households in Ethiopia, as they struggle to balance sets of activities and coping strategies. It draws attention to the pre-emergency period, when vulnerable households have begun to decapitalise their assets and search for alternative income-generating activities, such as collecting and selling firewood or petty trading. Here, protection could involve activities such as alternative income-generating activities (including food/cash for work) or providing credit. Activities would seek to support and extend households' sets of coping strategies and would ideally take place within a development programme.

131. A second appeal of protection is that it can be extended to include protection from violence, theft and extortion, thus entering the political sphere. This puts a focus on supporting local NGOs and CBOs, such as women's groups and judicial structures, as well as monitoring human rights abuses and raising concerns with government at the appropriate levels.

132. Third, while emergency programmes tend to operate only after the declaration of an emergency, and often come late, with inadequate resources, protection activities can be scaled up in advance, to reduce the impact of an emergency on vulnerable households, and improve their resilience to recover. In this framework, ‘recovery’ would be dealt with in a regular development programme.

133. Fourth, protection can be programmed to take place continuously, or on an annual basis. Some activities, such as institution-building or collecting early warning data, would take place continuously, while asset protection would take place in advance of an emergency. Rather than establishing new projects (such as with EGS), protection could simply involve a scaling-up of existing development activities. A good example of this is CARE’s current approach to FFW in Eastern Hararghe, which has the flexibility to be scaled-up when needs arise.

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134. In order to be successful, protection requires certain conditions. For example:

- a good understanding of socio-economic conditions, through baseline assessments;
- good early warning information, which can give estimates of ‘protection’ requirements (including human rights monitoring);
- participatory planning, in order that people’s priorities are met;
- consistency with development programmes, to ensure that activities do not act as a disincentive to ongoing development activities;
- consistency with emergency programmes, so that protection dovetails into the emergency programme;
- flexibility in planning, so that activities can be easily scaled up or down, as required.

135. This approach also raises new challenges. For example, should the target population for protection activities be limited to those PAs assisted under development programmes, or extended to other PAs in the *woreda*? Should protection activities be monitored and evaluated separately or seen as part of a development programme? I would argue that protection should be one component of a development package and should therefore target the same population and be monitored and evaluated under the development programme, but these questions require further research.

c) Partnerships and social capital

136. This report has discussed issues related to partnerships, institution-building and working with others at some length. It is clear that, for development to be successful, partnership with other agencies, including local government and national and international NGOs, is essential. Any agency should therefore strive to promote complementarities wherever possible, to consider the activities of other agencies when beginning programmes and when evaluating its own programme, and to promote joint training, information-sharing and possibly joint implementation of projects.

137. For projects to be effective and sustainable, indigenous institutions, whether governmental or community-based, should be developed to implement projects. There are many different models of institution-building (or social capital development) in Ethiopia. Some NGOs prefer to work with existing institutions, many of which are informal and carry out traditional functions, such as funeral societies or small-scale credit and loan activities. Others prefer to build new institutions to implement their work. Some NGOs prefer to work with local government departments, or with national NGOs. And others choose some combination of these. The choice of institution to work with and to strengthen will depend on many factors, including what institutions already exist, which show an interest in growing, what skills and resources the intervening agency can draw on.

138. There is no one way to build institutions and to foster social capital development. Some argue that the more institutions the better, in order to create a vibrant civil society.

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There is a large literature on NGOs and institutional development, which covers many of these issues. In short, if

rehabilitation is largely a development project, as argued in this report, then it should adopt the same approach to partnerships and institution-building as development projects.

139. Lessons from agency experience in Ethiopia suggest two principles to bear in mind when working on institution-building. First, the creation, or development, of CBOs and local NGOs is important in order to empower communities to define their own priorities and to strengthen their voice in relation to government. But often institutions are seen as merely functional to the achievement of other project goals and objectives, which can result in collapse once the project is completed. To be successful, institution-building should be defined as a separate project goal and monitored and evaluated correspondingly.

140. Second, institution-building is a long-term process, involving patience and potential setbacks. Participatory methodology offers useful tools in helping institutions define both problems and potential solutions. Often building skills and confidence is more important than resource transfers.

d) Exit strategies

141. As this report has argued that rehabilitation is not part of a linear set of activities, the issue of exiting from rehabilitation into development is not appropriate. However, as with issues related to partnerships and institution-building, there are many lessons for exiting from agency experience in Ethiopia. The most important lessons are summarised here.

142. First, exiting takes time and investment in capacity-building and training. Therefore, the appropriate institutions which will take over project activities should be identified at an early stage and an exit strategy should be defined as early as possible: ideally, it should be part of a project's design.

143. Second, stakeholder analysis is a useful tool to use in defining which institutions and groups will benefit from the project and therefore which will have a stake in taking over project management.

144. Third, an effective exit strategy is to phase-down projects, by reducing the numbers of project staff and gradually handing over project functions to partners. It is useful to maintain a technical support, supervisory and/or monitoring capacity, in order to ensure that the hand-over is smooth. It may be useful to maintain a monitoring capacity even after the agency has departed, in order to monitor the effectiveness of the hand-over.

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5.2 Final Reflections on Rehabilitation

145. It is possible that donors will increasingly fund development activities which they label 'rehabilitation', if this is the case, are the labels really all that important? As one NGO representative in Addis Ababa put it, "we don't care what we call projects, so long as they get funding." The labels themselves are not important, but the implications are. One of the characteristics of rehabilitation budget lines is that they are for short-term projects: usually between six months and two years. If it is possible for NGOs to secure alternative funding to continue projects after the initial period, there may not be a problem. But there is a concern if NGOs are being asked to implement essentially development projects, which involve institution-building, participatory planning, sustainability and the achievement of impact, in less than two years.

146. The IDS inception report produced a thirteen-point 'charter' on lessons to learn about rehabilitation. It is reproduced above as Figure 2. The lessons from Ethiopia suggest that all thirteen points are important; but that they address the challenges of undertaking development in a 'permanent emergency', rather than rehabilitation.

5.3 Next Steps

147. As mentioned in the introduction, this report is part of a larger study on rehabilitation in the Greater Horn of

Africa. A draft final report, which incorporates the findings of the four country case studies, will be produced by IDS by the end of September 1997. And a workshop on the overall study is planned to be held in November 1997. (End p 47)

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Rehabilitation in the Greater Horn: Towards a Strategy for CARE

Terms of Reference

1. This project is intended to help CARE prepare a strategy for its development and emergency work in the Greater Horn region; and particularly to contribute to such a strategy in the area of rehabilitation.
2. The overall strategy will reflect the importance of the region to CARE programmes world-wide, and the need for CARE to respond to the complex and rapidly evolving situation on the ground. It will also enable the organisation to make an appropriate contribution to the US Government's Greater Horn Initiative.
3. CARE International is currently working in all the countries of the Greater Horn Region, with the exception of Eritrea and Djibouti. These include North and South Sudan, Ethiopia, Kenya, Tanzania, Rwanda, Burundi, Uganda, and, to a limited extent, Zaire. Total expenditures in FY 95 totalled approximately \$US 32 m, with projects in agriculture and natural resources, primary health care, population, small economic activity development, food security, and emergency relief.
4. Emergency and post-emergency situations are a major focus of CARE in the Region, with a strong strategic focus on livelihood security, both as the ultimate goal of development in the region, and as a key conflict-prevention strategy. CARE programmes are involved in the all stages of the relief-development continuum, with activities in the areas of livelihood provisioning, protection and promotion.
5. Rehabilitation, after drought, conflict, or other emergency, is an essential step in making the transition from relief to development assistance, and in helping to build a long-term strategy for livelihood security. It is a relatively new area, however, and one which raises both conceptual and programmatic problems. First, can rehabilitation be promoted or sustained in communities subject to recurring shocks? Second, what balance should be struck, and what sequence should be followed, in different contexts, with respect to the main elements of rehabilitation assistance: short-term income transfers, rebuilding household assets, rebuilding community assets, and rebuilding community institutions? In particular, how can the paramount need to rebuild social capital best be managed? And what is the role of different inputs, including food? Thirdly, what kinds of partnerships should international NGOs establish, with international organisations, local NGOs, community-based organisations, and local government? And, in this context, how can institutional capacity for rehabilitation be assessed? Fourthly, what kinds of exit strategies should be adopted, to ensure the smooth transition to sustainable development programmes?
6. CARE has some experience of these questions, through its own programmes in the region. Other organisations (including governments) have also tackled similar questions, in the Horn and elsewhere (Central America, Bosnia, Sri Lanka, other places). There is also a growing academic literature on the subject, much of it drawing on field experience. CARE needs to synthesise this experience, however, and to take a critical look at its own programmes. It then needs to build the conclusions into its wider strategy for the Greater Horn.
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7. The purpose of this consultancy is thus four-fold: first, to help CARE conceptualise rehabilitation; secondly, to help CARE draw lessons from the literature and from the experience of other organisations; thirdly, to help CARE examine critically its own experience with rehabilitation programmes in the Greater Horn; and, finally, to help CARE chart a way forward for rehabilitation, as it develops a strategy for the region as a whole.
8. More specifically, the consultancy will carry out the following tasks:
 - i. An initial review of rehabilitation concepts and experience. This review will take the form of a paper which:
 - (a) reviews the role of rehabilitation in the relief-development continuum, distinguishing different kinds of emergency situation and the role of rehabilitation in each; (b) provides a brief summary of rehabilitation policy and experience of different donors and NGOs; and (c) identifies and comments briefly on an initial set of conceptual and policy issues in rehabilitation, including, but not exclusively, the issues listed in para 5. above. The paper will not exceed 50 pages in length, plus appendices. There will be an extended, annotated bibliography.

- ii. A field review of rehabilitation experience in four countries or regions in the Greater Horn: North and South Sudan, Ethiopia, and Rwanda. In each case, the consultants will: (a) summarise CARE experience with rehabilitation; (b) identify the strengths and weaknesses of CARE activities; (c) draw comparisons, where possible, with the experience of other donors; and (d) explore the practical implications for CARE programmes and procedures in the country or region. Central to the field work will be the preparation, in conjunction with CARE colleagues, of project or programme case studies, chosen to represent different kinds of rehabilitation experience, in different situations, and both successful and less successful in terms of project relevance, effectiveness, efficiency and sustainability. The field reports will take the form of four working papers, not more than thirty pages in length, plus appendices.
- iii. The preparation of an overview report, combining the findings of the initial overview and the four field studies. This report will: (a) provide an overview of rehabilitation concepts and experience; (b) review the lessons of experience in the Greater Horn, by CARE and, to the extent possible, of other donors; and (c) set out options for the future work of CARE, including both policy and programmatic aspects, as well as further needs for research and analysis. This report will not exceed 50 pages, plus appendices.
- iv. Contribute to a symposium to be held in the region, for CARE staff and other participants, at which the overview report will be discussed. The symposium will last for two days and will be attended by a maximum of 50 people.
- v. Following the symposium, revise the overview paper and submit a final report.

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9. It is intended that the project should be completed by the end of September, 1997. For this to happen, the initial inception report should be completed by end-March 1997, and discussed by CARE by end-April 1997. Field work would then take place during the period May-July 1997, with the draft final report submitted by early August. The symposium would take place in early September 1997, and the final report would be submitted by the end of September 1997.
10. The project will be managed by a steering committee set up in CARE headquarters. The task manager will be Mr. Isam Ghanim, Deputy Director, East Africa Region.