

Abstract

Despite benefiting from over 25 years of development assistance, Ethiopia continues to experience one of the highest child mortality rates in sub-Saharan Africa. High turnover rates among government workers and lack of continued support to volunteers combined with poor public health and healthcare infrastructure have mitigated any gains in child survival from international and government-sponsored measures. In the northwestern part of Ethiopia, CARE initiated a five-year child survival project in the Farta district of Amhara Region. While similar to other child survival projects in terms of education, the Farta Child Survival Project involved religious leaders and community members to heighten accountability for improved health outcomes. As a result, the project's outcomes against baseline exceeded targets, including exclusive breastfeeding, improved environmental hygiene, and enhanced health behaviors. This analysis reviews the Farta Child Survival project to discern which factors in implementation encouraged effective behavioral change through the application of Social Cognitive Theory.