

Report on the Food and Nutrition Situation

in

South Wollo, Amhara Region, Ethiopia,

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1. Background

The objective of this report is to provide an overview of the food and nutrition situation in South Wollo, Amhara Region, the humanitarian response in the area thus far, to outline the existing problems and to provide recommendations for action. The methodology for this assessment consisted of a study of various survey and assessment reports of non-governmental organisations (NGOs), the Disaster Preparedness and Prevention Commission (DPPC) and United Nations (UN) agencies. This was followed by field visits to three woredas affected by the drought. Information was gathered from the zonal DPPD from DPPC at woreda level, from the zonal health department (ZHD), and from NGOs.

South Wollo consists of seventeen woredas, with a total population of approximately 2,500,000 people. Thirteen woredas have been affected by the drought, of which six severely so. Five out of these woredas are mainly belg producing, located in the highlands. These are Tenta, Legambo, Dessi Zuria, Kutaber and Mekdella woredas. The total number of people affected in June 2000 amounted to 1,185,9000 as compared to 786,000 in January.

As in most other drought-affected areas, food security in South Wollo is precarious due to a high population density, small land holdings per household, heavy reliance on (often erratic) rain and decreasing soil fertility. South Wollo is structurally food deficit, with much of the population chronically dependent on food aid. Many farmers supplement subsistence agriculture with cash income from seasonal labour, the sale of firewood or charcoal and, the less poor, hiring out animals for transport or ploughing. In times of stress, coping mechanisms include the sale of small livestock, productive assets such pack animals and oxen and seasonal out-migration.

Nutrition surveys carried out by the DPPC and NGOs indicate that malnutrition rates, since May 1999, have been higher than usual. During the first six months of this year, pockets of high levels of acute malnutrition, passing the threshold of 15%, persisted in at least three woredas. Because the DPPD in South Wollo is not in favour of selective feeding programmes, targeting the moderately and severely malnourished, distribution of supplementary food (blended food) has been mainly through woreda DPPCs. In the absence of an adequate general food ration and appropriate targeting mechanisms, this distribution was ineffective. This year, several NGOs have successfully negotiated mechanisms to improve the impact of supplementary food, either through feeding programmes for the malnourished or higher rations.

Because general food distribution in 1999 and the first five months of this year was, by and large, insufficient to cover the needs, NGOs, as elsewhere, compliment DPPC general food distribution. Little NGO food was distributed last year however, and most NGO complimentary food distribution started only in May 2000. Food distribution through DPPC has gained significant momentum since June of this year. Apart as free food aid, food is also provided through employment generating schemes (EGS) and some Food for Work (FFW), the latter with increasing support from NGOs and WFP. In addition, several NGOs are piloting cash for work programmes.

2 Nutrition Situation

2.1 Nutrition Surveillance

Until the end of 1999, the nutrition and food security situation in South Wollo was monitored through the nutrition surveillance programme (NSP) of SCF (UK), increasingly in conjunction with the early warning unit of South Wollo zone DPPD. In 2000, the programme was handed over completely to South Wollo DPPD, although SCF continues to provide technical and financial support. In May 1999, the nutritional surveillance programme reported that nutrition status in the belt producing highlands had declined significantly, due to poor consecutive harvests since 1997. Cereal prices were increasing and livestock conditions poor to very poor in all areas. Terms of trade¹ were the lowest recorded since 1993, while concurrent indicators of severe livelihood stress were evident. The NSP warned that the nutrition situation would further deteriorate unless relief efforts were stepped up.

In addition to NSP information on the nutrition situation, the DPPB and NGOs operating in South Wollo have also collected substantial anthropometric information. Sampling methods for nutritional surveys as elsewhere have varied, but the majority of surveys have been random cluster surveys, although not always employing the standard EPI methodology. In accordance with good practice, in all surveys also data were collected on underlying causes of malnutrition, in particular food insecurity and morbidity.

SCF (UK) and region 3 DPPB in May 1999, conducted a joint assessment mission to monitor the situation in the worst affected woredas in order to complement NSP surveys, which, they felt, were not extensive enough geographically. Since then, four nutrition-monitoring teams have regularly conducted nutrition surveys in the north-east Amhara region. The first survey consisted of 58 clusters in 12 woredas, including Tenta, Mekdella, Legambo, Ambasel and Dessie Zuria in South Wollo. Overall prevalence of global malnutrition (weight for length (WFL) lower than 80% of the median) was 5%, although there were also pockets with a prevalence of more than 10%. Malnutrition rates in the five woredas in South Wollo were 3%, 4%, 5%, 6% and 7% respectively. Although the overall malnutrition rate found in this survey might be considered representative for the selected area², the rates per woreda may not be representative, because they are derived from relatively small sub-samples. In any event, the confidence interval of such sub-samples is large, and real values are likely to be between 0 and 15%.

SCF/DPPB follow-up emergency assessments in South Wollo have been carried out only in Dessie Zuria, Legambo and Tenta. Figures indicate that nutritional status remained poor in Legambo and Tenta, but less so in Dessie Zuria throughout the second half of 1999. In March 2000, malnutrition rates in Tenta, Dessie Zuria and Legambo were 11.5%, 9% and 10% respectively. Two out of three of the kebelles surveyed in Legambo and half of the kebelles surveyed in Tenta continued to have a mean WFL below 90% of the standard, with one third having a mean WFL below 88%. By the end of May the nutritional status of children started to improve and findings from August indicate that malnutrition rates had decreased to normal.

¹ One goat was worth less than 20 kg of cereals.

² Note however, that the selected area was not representative because it consisted of the worst affected woredas.

Global malnutrition in Legambo, reportedly was 1.4%, in Tenta 4.4 % and in Dessie Zuria 3.4 %. (Please also refer to annex I.)

World Vision International (WVI), as part of its food security monitoring in areas of operation, conducts nutrition surveys twice a year. In Tenta woreda, results of WVI monitoring in May 1999, November 1999, February 2000 and May 2000, revealed global malnutrition rates of 24%, 23%, 21.5% and 16.5% respectively. Severe malnutrition in November 1999 was 2.9% and in May 2000 a rate of 1.1% was found. The methodology used by WVI is a combination of cluster and systematic random sampling among Peasants' Associations (PAs), with inconsistent application of the principle of sampling proportional to size. This makes comparison to regular 30 cluster surveys somewhat problematic. Nevertheless, the discrepancy between the WVI and SCF/DPPB findings is remarkable.

In May/June 2000, Concern carried out a rapid nutrition and food security assessment in Kalu Woreda, in thirty randomly selected clusters. Reported global malnutrition was 11.2% of which 3.0% severe. Nutritional status of mothers was acceptable, with only 3.2% of the mothers being malnourished.

The Ethiopian Red Cross Society (ERCS) in July 2000 commissioned a baseline nutrition study in 36 randomly selected clusters in eight accessible, belg dependent, drought affected kebelles of Ambasel and Kutaber woredas. Findings indicated a level of 31.3% global malnutrition, of which 3.7% was severe, in the two woredas together. Levels did not significantly differ between the two woredas. Because only the most affected kebelles were sampled, and among these only the accessible ones, findings not necessarily reflect the overall nutritional status in these woredas.

2.2 Supplementary Feeding Programmes.

DPPD in South Wollo is not in favour of selective feeding programmes targeting the moderately and severely malnourished. Distribution of supplementary food (blended food) during the last two years has been mainly through woreda DPPCs. SCF-UK/DPPB, WFP, UNDP-EU and other agencies have all reported that this distribution is ineffective insofar that it usually simply shared out to replace the general ration. Targeting is inconsistent, characteristics of the commodity and nutritional considerations are not well understood, and quantities distributed too small to have an impact. A major problem is the confusion between blended food as part of the general full DPPC ration (1.5 kg per person per month as an alternative to pulses) and blended food as a nutritious supplement for vulnerable individuals. In the latter case, rations may vary from 3 kg per person to 4.5 kg per family (that is on average 900 grams per person)³ per month. However, this is in theory, as the supply is rarely sufficient to meet either of these standards. Moreover, both quantities are substantially under the international recommended norm for take-home rations for supplementary feeding. The latter is 2 kg of blended food (or

³ DPPB/D uses both norms. This has created further confusion. For instance, in Tehuledere woreda, the mission was informed that families received up to three rations of 4.5 kg of CSB per person on the basis of who comes first (according to the distribution plan). As a result, 1/3 of the kebelles did not receive any CSB at all.

slightly less in case of a pre-mix) per person per week (8 kg per month), or the equivalent of at least 1,000 kcal per person per day.

In 1999, only some NGOs active in the health sector were able to target supplementary feeding to malnourished children using a cut-off level of less than 80% weight for height. In Tenta, WVI provided 4.5 kg of CSB to malnourished children identified in its' outreach Mother and Child Health programme⁴. WVI attributes the decline in malnutrition rates between November 1999 and May 2000 largely to this targeted supplementary feeding. Also malnourished children attending governmental clinics, supported by EEC/MY in Legambo and Kombolcha, received 4.5 kg blended food per month until their nutritional status had improved till normal.

Other NGOs in 1999 were less successful in efforts to maximise the impact of the supplementary food they provided. SCF UK distributed over 1,500 MT of blended food targeting all children under five, pregnant and lactating women. Upon review of the operation, the agency concluded that the impact of the distribution on the nutritional status of vulnerable groups was unsatisfactorily, despite some success in negotiating with DPPC⁵ a higher per capita ration. Concern provided supplementary blended food in Kalu woreda. Although the agency intended to target household on the basis of children's' nutritional status, eventually a compromise was reached with the DBB Department to geographically target kebelles instead, using the DPPC cut-off point of 90% mean WFL. In addition, for individual children a cut-off level of less than 90% weight for height was used. Each child thus identified received 3 kg of blended food per month. The programme was implemented from November 1999 till February 2000 and suspended in May after a one off extra distribution in April, because of poor impact, due to a variety of reasons. According to Concern, these included the small amounts distributed and the use of the 90% mean WFL cut-off point, that resulted in suspension of blended food distribution once the nutritional status in a kebele had reached a level of 90% WFL, regardless of the number of children actually malnourished.

In Ambasel and Kutaber woredas, the Ethiopian Red Cross society (ERCS) in the period November 1999-February 2000 distributed 2 kg of blended food per month to all children under five, pregnant or lactating women and other vulnerable people, such as lone elderly and handicapped. The ration was increased to three kg after 2 months. ERCS meanwhile has concluded, that this ration is too small to positively impact on the nutritional status, even when combined with distribution of cereals complimenting DPPC food distribution. Moreover, according to the ERCS baseline nutrition survey, there is no evidence that the food is actually consumed by the intended beneficiaries.

Since July 2000, there is some agreement from the DPPD, that, in order to more efficiently address malnutrition, there is (also) scope for separate distribution of blended food through supplementary feeding programmes for the malnourished. Both SCF UK and Concern have obtained permission to establish feeding programmes for the malnourished. SCF UK intends to commence a supplementary feeding programme, providing moderately malnourished children and underweight pregnant and lactating women with 12 kg per month, in Legambo woreda in

⁴ As part of the global CIDA funded MICAH (Micro-nutrient and Health) project.

⁵ SCF UK proposed a ration of 4.5 kg per person per month, but DPPC allocated only 0.9 kg per person. In the end, 3 kg was agreed upon.

September 2000. Standard health treatment⁶ will be provided through mobile clinics at all screening/distribution sites. Severely malnourished children will be treated in the woreda hospital, which SCF UK will support with special nutritious food, medicines and other non-food supplies if need be.

Concern resumed their programme in Kalu Woreda in July 2000. Nutritional status of children is now measured at 10 different sites, where possible in health facilities, and all malnourished (using a cut-off point of less than 80% weight for height) receive an increased ration of 4.5 kg of blended food per person per month. Malnourished pregnant and lactating women are included as well. Negotiations are proceeding to further increase the ration to 7 kg. The medical component of the programme, consisting of health and nutrition education and standard medical treatment, has just commenced. Because of the low number (40) of severely malnourished, who in addition are widely dispersed, the agency, thus far, has debated against therapeutic feeding. Concern intends to start a similar supplementary feeding programme in Dessie Zuria in September 2000.

WVI and EEC/MY meanwhile continue to provide supplementary food through health facilities. ERCS has combined general distribution with the provision of blended food complementary to DPPC distribution (refer to section 3.2.). To improve impact, ERCS considers increasing the ration and train their first aid volunteer based in villages in the dissemination of information of the proper use of blended food.

2.3 Health

Evidence from nutrition surveys suggests that in South Wollo –as elsewhere– high morbidity, due to in particular malaria and to a lesser extent to parasitosis and diarrhoeal diseases, has negatively impacted on the overall nutrition situation⁷. Concern reported that more than 40% of the children had suffered from diarrhoea during the two weeks prior to the survey, 26% from fever (possibly malaria which is endemic in the area), and 13% from acute respiratory infections (ARI). In addition, 14% of the children had vomited at least once. Similarly, results from an ERCS' nutrition baseline survey indicate that 44% of the children in the survey had been ill during the 15 days prior to the survey, of whom more than 50% had fever, nearly 30% diarrhoea and 15% malaria. An important determinant of diarrhoeal diseases, according to this survey, is the lack of safe water. Although most respondents, even in times of drought, had relatively easy access to water, more than 44% came from unprotected springs.

These incidences of malaria (in particularly in the lowlands), diarrhoeal diseases and ARI among children in South Wollo were not considered unusual however. SCF UK/DPPC nutrition monitoring teams reported repeatedly that morbidity during 1999 and the year 2000 was comparative to other years, according to mothers and key-informants. Multi-sectoral surveillance committees, which have been established at all levels, reportedly have facilitated

⁶ Measles vaccination, micro-nutrient supplementation, treatment of intestinal parasitosis, and systematic treatment of infections with oral antibiotics.

⁹ And, vice versa, morbidity has increased because of high levels of malnutrition.

monitoring of and response to outbreaks. According to the zonal health department, and confirmed by information collected as part of nutrition surveys, no typical drought related outbreaks were reported in 1999 or this year, although there were more cases of malaria among farmers from the highlands who had gone to work in the lowlands than usual. Reportedly there were (not drought related) outbreaks of relapsing fever among displaced in Dessie in July-August 1999 and of bacillary dysentery⁸ in Legambo (October 1999) and in Ambasel July 2000). In addition, in March 2000, cases of measles were reported in two kebelles in North Wollo, neighbouring South Wollo. In response, the zonal health authorities initiated a vaccination campaign. Interestingly, information available from nutrition surveys seems to confirm that vaccination campaigns are carried out sufficiently frequent to ensure a fairly high EPI coverage, at least in parts of South Wollo. Concern reported that in Kalu Woreda, in June 2000, more than two thirds of the population was vaccinated against measles (confirmed by card or memory). BCG vaccination coverage was as high as measles, but more accurate as the presence of a scar was the definition of vaccination. An EPI campaign was reportedly under way, expected to further increase coverage. EPI coverage in (parts of) Ambasel and Kutaber were even more impressive as reported by ERCS in July 2000. Seven out of ten children had been fully immunised confirmed by card, while an additional 15% had been fully immunised according to mothers. However, coverage is likely to be (much) lower in woredas whose capital is further away from the main road and thus less likely to have access to regular power supply, hampering the maintenance of the cold chain, and within woredas in the least accessible kebelles.

There is no comprehensive mortality surveillance in place in the region, but several agencies have included questions on mortality in their nutrition surveys. For example, Concern in June 2000 reported an under five mortality rate of 1.5/10,000/day in Kalu during the month prior to the survey, suggesting that the situation be under control. SCF-UK/DPPC nutrition monitoring teams similarly reported in October 1999, March 2000 and May 2000, that mortality according to mothers and key-informants was comparable to normal years.

Attendance at governmental health facilities seems to vary from woreda to woreda. At the governmental health facilities in Kutaber and Ambasel attendance is high according to ERCS findings. Normally, two out of three families go to a government clinic and 25% to the rural hospital, when a family member falls sick. A mere 3% had changed this health seeking behaviour during the last 6 months (that is the first half of 2000), lack of money being the main reason. By contrast, the average bed-occupancy in the hospital in Legambo is 30 patients, while the (new and fully equipped) hospital has 120 beds. According to the medical officer in charge, 60% of the population in Legambo can not afford to pay for the services and medicines, while written evidence of inability to pay is difficult to get.

Although there are some 15 NGOs active in the health sector, there have been no new initiatives in response to the drought. Besides activities by WVI and EEC/MY as outlined previously, long-term programmes in the health sector in South Wollo include a pilot project of SCF-UK in health system management and development of cost sharing models, provision of low cost medicines at the ERCS pharmacy, and support to reproductive health. Reportedly, among

⁸ Bacillary dysentery or shigellosis is mainly spread due to lack of hygiene.

other agencies, Amhara Development Agency, EEC/MY and EOC are actively involved in family planning, creating HIV awareness and control of sexual transmitted diseases.

4 Food Situation

4.1 Food Security

Five woredas in South Wollo, situated in the highlands, are mainly belg producers, six woredas in the lowlands rely on meher harvests, while farmers in the remaining four woredas cultivate both meher and belg crops. In addition there are two urban woredas. In the highlands, belg rains are used to plant wheat, barley and pulses between January and April. Also, some villages in the lowlands take advantage of belg rains to plant teff. Belg rains are also important for farmers in the mid-highland and lowlands for planting long maturing crops of teff, sorghum and maize. If the belg rains are (too) late or do not arrive at all, these farmers plant short term maturing, lower yielding crops of cereals inter-cropped with pulses during the kremt season. Even the mainly belg farmers in the highlands do not entirely depend on belg production, as they will delay planting if belg rains fail and attempt to profit from kremt rains for a late harvest of belg crops. Such harvest might be (greatly) reduced due to frost and/or hail. Eventual success is largely a matter of luck, depending on when exactly crops were planted and how these were affected by the weather. Frost and hail tend to cause damage in pockets.

Following poor harvests in 1997/1998 due to a prolonged dry spell, belg rainfall quality in 1999 was again extremely poor. This resulted in a nearly total crop failure in the highlands and high livestock losses. Lack of rainfall also negatively impacted on livestock conditions in the belg-meher and mainly meher areas, where more than 90% of villages surveyed through the NSP reported livestock conditions poor to very poor. Terms of trade⁹ in June 1999 were the lowest recorded since 1993. The quality of the 1999 kremt rains differed between areas, with poor rainfall in the mainly meher producing lowlands, but relatively good rains in the highlands and mid-highlands. Overall, excess rain in July/August and hail in the highlands (Tenta and Legambo) negatively affected meher crop yields however. As a result, terms of trade in October 1999 further deteriorated to an all time low of 9 kg of cereals in Legambo, 11 kg in Tenta and 13 kg in Dessie Zuria per goat/sheep. Terms of trade improved after the kremt harvest, but less so than usual. Livestock conditions in 2000 improved considerably and prices rapidly increased, partly as a result of previous excessive loss. By June 2000, terms of trade had further improved, but were still low as compared to normal post-belg harvest terms of trade. Moreover, improvement was due to high livestock prices rather than lower cereal prices, as would have been normal.

The 1999 multi-agency post-meher assessment indicated that a total number of 786,000 people would be in need of food assistance. In June 2000, after the third consecutive year of belg rain failure, the number was revised upward to 1,185,900, but allocation was only granted for 929,000 people. Approximately 45% of these, living in the six worst affected woredas, which include the five mainly belg producing highland woredas¹⁰ and one woreda from the belg-meher producing area, will need food until the next belg harvest in July 2000. The others are in need until October. Meher rainfall thus far is good, and in some areas also "belg" farmers are

⁹ One goat was worth less than 20 kg of cereals

¹⁰ Tenta, Legambo, Dessi Zuria, Kutaber and Mekdella woredas.

expected to have a reasonable meher crop, although some have been affected by hail¹¹. Prospects as of yet are, however, difficult to assess.

Useful information on food security at household level is also available from nutritional surveys and surveillance, including nutrition surveillance by the South Wollo zone DPPD. SCF-UK/DPPC nutrition monitoring teams in June 1999 reported that, in the three highland woredas under surveillance (Legambo, Tenta and Dessie Zuria), the number of meals consumed per day had decreased in quantity (from three to two) and quality, while the poorest were consuming a variety of wild foods. Coping strategies like the sale of firewood, stress sale of livestock and seeking off-farm employment had increased, but opportunities were not good, because the price of firewood had decreased from 3-4 Birr to 1.5-2 Birr per bundle and wages had gone down from 5-8 to 2-3 Birr. As a result, out-migration reportedly had increased. In October-November, the majority of surveyed villages was relying on relief food and continued to consume wild foods eaten in times of drought. Income generating opportunities had increased however, although this involved unusual out-migration to assist with the harvest in neighbouring zones. Continuous stress sale of animals, resulting in progressive depletion of livestock was reported as well.

In November 1999 WVI similarly reported that half of the people in Tenta woreda were dependent on relief food, while the remainder relied on livestock products and the purchase of cereals on the market. In a normal year crop production and purchase from the market would have been the major food sources. In May 2000, according to WVI, main sources of food in Tenta were relief food and livestock products, while sources of cash income were cash for work, sale of livestock and fuel wood. Children continued to eat only two meals a day, lacking in dairy products and protein from pulses, according to SCF-UK/DPPC. In Dessie Zuria and Legambo, however children were consuming three meals a day, although meals were nutritionally just as inadequate as in Tenta. Adults typically would eat twice a day, consuming the cheapest cereals available, that is sorghum and relief wheat.

Concern's findings in June 2000, indicate that in Kalu woreda the situation was better, with nearly two thirds of the households consuming three meals a day. However, 90% reported that meal quality (size and type of food) had decreased during the last month. 40% of the households relied on their own production for the consumption of their main staple (in majority sorghum, with a minority consuming wheat or maize). Half of the survey population purchased food on the market and 6% relied on employment generating schemes (EGS) for food. By contrast over the next two months, only 4% expected to be able to rely on their own food production, while 16% of the families hoped to profit from EGS. Findings clearly reflected the differences in cropping cycles and harvest results in this mixed belg-meher producing woreda. Where crops failed, according to Concern, the main coping strategies were additional income generation and selling of assets.

In belg producing areas of Ambasel and Kutabar, in July 2000, the situation was quite different, as can be concluded from the ERCS nutrition survey. More than 65% of the population in the survey areas reported to rely mainly on relief food, also in normal times. More than 50%

¹¹ Concern, ERCS, WVI and other NGOs have contributed by providing seeds.

reported that (relief) wheat was their main staple. Whereas in normal circumstances 31% would in July rely on their own production for staple consumption and 3% would buy from the market, this year nearly 60% bought from the market. Main sources of cash income reportedly were daily labour (43%), sale of firewood (34%) and stress sale of cattle (17%). Labour migration accounted for only 1%. By August 2000, labour migration according to all sources had come to a virtual standstill.

4.2 General Food Distribution

As in most other parts of Ethiopia, food needs for South Wollo this year were estimated by a multi-agency (meher pre-harvest) assessment mission. Such an assessment leads essentially to geographically targeting and an estimation of the total number of beneficiaries per woreda (but not who). The (sub)kebele (community) administrative structures play a vital role in linking area (geographical) to household targeting by identifying the most needy.

In South Wollo, actual food distribution in all woredas is undertaken by the Organisation for Rehabilitation and Development in Amhara, (ORDA) under the guidance of the regional DPP Bureau, zonal DPP department, woreda councils and kebele level administration. The advantages of ORDA over DPPB/D are among others; (i) strong logistics; (ii) a yearly plan that is part of the regional development plan; (iii) assigned relief co-ordinators and storekeepers in all woredas; and (iv) a system of transportation, storage, distribution and reporting that is regularly audited by donors. Every distribution is carried out in the presence of one or more woreda DPPC representative, while representatives from the zonal DPPD monitor each woreda once every three months.

This year, due to low availability and priorities elsewhere, there were no new food arrivals until late February/early March, amounting to less than 40% of the requirements. Actual food distribution started in April, but only in some woredas. Only in June, after substantial arrivals in May, food distribution reached the intended level. Current DPPC food stocks are sufficient to provide food to all affected farmers until October and an additional two months to Belg producers.

In theory, if actual allocations are less than previously determined requirements, affected woredas are revisited and informed of the official allocation in meetings between woreda officials, DPPB/D and kebele representatives. Kebeles are then requested to identify the most vulnerable families (among those previously identified) and to submit a beneficiary list to the woreda/DPP committee. In 1999, when food arrivals were late as well, reports about frequent reduction in ration sizes in order to cater for the original number of beneficiaries, rather than the most vulnerable among these, were abound. This was achieved either through voluntary or involuntary re-distribution. By August 1999, despite the increase in food deliveries, the practice of reducing ration sizes or of distributing fewer rations per household than which they were entitled to continued. Although, according to the DBBD, targeting on the base of vulnerability remains a problem, a study by SCF UK on the impact of food aid and reports by SCF UK/DPPC nutrition monitoring teams, indicate that this type of re-distribution declined considerably during the second half of 1999. Reportedly, limiting the total amount per family to 62,5 kg (sufficient for five persons) remained common however. Although this is official DPPD

policy, at present due to sufficient food availability, people for the first time appear to be receiving the full amount of food they are entitled too, regardless of family size¹², at least in some woredas.

As elsewhere however, distribution remains centralised, carried out in one or at most two places per woreda. This poses problems for people living in remote, inaccessible and frequently heavily food dependent kebelles. Some moderate improvement has been achieved by agencies complimenting DPPC distribution. ERCS, for example, has this year pre-positioned food in some areas, that are completely inaccessible during the rainy season.

In response to the quickly deteriorating food situation in belg dependent areas this year, compounded by insufficient DPPC food availability, WVI and ERCS in May commenced relief food distribution to the worst affected farmers in Tenta, Ambasel and Kutaber woredas respectively. ERCS at presents provides approximately 57% of the affected farmers in Ambasel and 53% in Kutaber. ERCS is responsible for all aspects, including transport to the distribution sites. Red Cross volunteers distribute the food. DPPC is covering the remainder of the beneficiaries in these woredas. In Tenta WVI has provided food for approximately 60% of the beneficiaries. In Kalu woreda, Concern as of June, has linked food distribution to its supplementary feeding programme by providing all households with a beneficiary in the programme with a general food ration as well. The provision of food is through employment generating schemes (EGS) however, and not restricted to the family-members of malnourished. Concerns current caseload is 56,000 people. Annex II provides an overview of agencies and activities in the food sector.

With a view to reduce dependency on food aid, link relief to development and contribute to long-term food security, official DPPC policy is to provide food assistance through EGS¹³. Although most areas in South Wollo, which have received food assistance, have attempted EGS, several problems have emerged, that have limited success. These include lack of inputs, planning, technical expertise and managerial skills. In response, several NGOs are assisting DPPC in improving EGS. SCF UK started an Institutional Support Project (ISP) in 1998. As part of this 5-year programme, ISP was asked to support the pilot implementation of EGS in – among others- Mekdella woreda in South Wollo. In 1999-2000, the project expanded to include four more satellite woredas. EGS projects, undertaken during the slack agricultural months (January-April), included road construction, check dams and terraces and establishment of a nursery site. Reviews undertaken after the first and second year of implementation indicate that EGS projects were highly accepted, that planning and management were successful and that EGS was perceived as a good system of delivery of food aid at all levels. Extension of EGS to include new woredas required only a minimum of staff support. Weaker points were the delay and lack of consideration to attendance and works accomplished in effecting wage payments, high work norms, small and restricted ration size (12.5 kg as opposed to the international norm

¹² The head of the DPPD during his initial briefing and the DBBD representative accompanying the mission confirmed this policy. However, beneficiaries and ORDA staff interviewed during a food distribution in Tehuledere said they were and had been for some time receiving their full entitlements. Also, ERCS, WVI and Concern beneficiaries are receiving full rations.

¹³ The objective is to include all able bodied. This is frequently but wrongly– translated into 80% of the food aid recipients. There is in fact no fixed norm.

of 15 kg and –again– limited to five rations per family). The programme is expected to further extend to other areas and further integrated in long term development.

ORDA, although well placed to support EGS, is only providing limited support to EGS in South Wollo, due to limited funds. ORDA main activity is providing technical advice to woreda councils on erosion prevention and re-forestation.

With a similar view to reduce dependency on free food assistance and support sustainable development, WFP is providing food for work (FFW)¹⁴ in five woredas, two of which are also covered by SCF's programme. Because the programme is highly successful, WFP is planning to further expand FFW country-wide including in South Wollo.

Cash for work programmes are, as of yet, scarce. WVI in 1999 piloted a cash for work programme in Tenta. The programme, targeting approximately 15,000 people, consisted of cleaning springs, digging canals and other activities aimed at improving water and sanitation. WVI is considering a similar programme for the last three months of 2000. Also ERCS is planning start cash for work as of September. The project will be the first in its kind in Ambasel and Kutaber and ERCS is experiencing some difficulties in convincing farmers of the advantages cash for work offers as compared to EGS or FFW. WVI experience has shown however, that participants are quick to discover these¹⁵.

All together, EGS, FFW projects or cash for work schemes supported by NGOs and WFP are implemented in 11 out of the 15 rural woredas. In addition there is also some EGS carried out by woreda councils, but according to DPPD and others, this type of EGS is erratic and restricted due to a lack of non-food inputs. Overall, the number of households participating in these programmes is thus (still) modest, despite considerable progress.

¹⁴ FFW for example is entirely aimed at sustainable development, provides work throughout a longer period of the year and irrespective of low or high food aid needs, to self selected people (as opposed to the most vulnerable).

¹⁵ These include the possibility to use cash to buy according to needs instead of bartering cereals at unfavourable terms near the distribution sites.

4. Conclusions

The nutrition and food security situation in South Wollo is monitored through the nutrition surveillance programme (NSP) of SCF (UK), which as of this year has been handed over to the early warning unit of South Wollo zone DPPD¹⁶. In addition, DPPC/B and NGOs operating in South Wollo have collected substantial anthropometric data, following reports on a deteriorating situation. Since May 1999 SCF-UK/DPPC nutrition monitoring teams have regularly conducted nutrition surveys in the north-east Amhara region. Figures indicate that the nutritional status remained poor in Legambo and Tenta, but less so in Dessie Zuria throughout the second half of 1999. By the end of May 2000 the nutritional status of children started to improve and findings from August indicate that malnutrition rates had decreased to normal in these woredas. However, results from nutrition surveys conducted by ERCS, WVI and Concern indicate that in the period May- July 2000 pockets of high levels of acute malnutrition, often passing the threshold of 15%, persisted in several woredas.

In 1999, response in terms of selective feeding programmes was hampered by DPPD's reluctance to target supplementary food specifically and with priority to the malnourished and to continue to include blended food into the general food distribution. There is abundant evidence that inclusion of blended food in the general distribution has virtually no nutritional impact. Targeting is inconsistent, characteristics of the commodity and nutritional considerations are not well understood, and quantities distributed are too small. More flexibility this year has resulted in a substantial increase in supplementary feeding programmes targeting the malnourished.

Although high, the prevalence of malaria, diarrhoea and other diseases among children during 1999 and 2000, thus far, appears similar to normal years. Mortality, according to mothers and key-informants, including health officials, was comparable to normal years as well. Interestingly, health seeking practices, with high reliance on governmental health structures, in some areas, appear unchanged, despite compromised livelihoods. In addition, in some areas, vaccination coverage is far above the national average. This should not prevent NGOs, however, from providing standard medical treatment as part of supplementary feeding programmes.

The combination of relatively modest levels of malnutrition and normal morbidity and mortality suggests that, by and large, the nutrition situation in South Wollo is currently under control. However, three consecutive years of poor rains have severely impacted on peoples' livelihoods. Findings from recent surveys and assessments indicate that in many cases, now poor villagers were relatively wealthy, but had to sell assets, in particular livestock. Through attempting to cope with the drought, many households have undergone a continual impoverishment and coping strategies have been severely eroded, both at household and community level. Despite its considerable volume, food aid has so far little impacted on supporting economic activities that have been negatively affected by sequential droughts. Neither did it effectively prevent the sale of assets including livestock, because there is often a gap in the delivery during it most needed¹⁷.

¹⁶ DPPD carries out nutrition surveillance with technical and financial support from SCF.
¹⁷ According to an in-depth impact study of food aid in 1999, carried out by SCF UK.

General food distribution in 1999 and the first five months of this year was, by and large, insufficient to cover the needs. As elsewhere, NGOs compliment DPPC general food distribution. Little NGO food was distributed last year however, and most NGO complimentary food distribution started only in May 2000. In May also, large quantities of DPPC food started to arrive in South Wollo. Current DPPC food stocks are sufficient to provide food to all affected farmers until October and an additional two months to belg producers.

Although targeting the most vulnerable population within woredas is occasionally still problematic, targeting has considerably improved during the last two years. Also, distribution of food through Employment Generating Schemes and Food for Work has gained momentum, in particular where WFP or NGOs provide technical, logistic and managerial support. There appears to be considerable disparity between and within woredas however, suggesting there is room for further improvement.

Because the belg rains failed again this year, resulting in harvest yields of approximately 25% of a normal year, DPPC food distribution to belg producers will continue to July next year. Meher rains so far have been good, although there are pockets where hail storms, frost or insects have negatively impacted on the young plants. Also, current livestock condition is much better than in 1999. No excessive losses have been reported; animals have reproduced well and are in apparent good health. DPPC food stocks are sufficient to provide food to all affected farmers until October and an additional two months to belg producers.

5 Recommendations

Nutrition

- Blended food distribution should be separated from the general distribution in order to improve nutritional impact. Blended food available from DPPC and other sources should be distributed with priority to the most vulnerable including malnourished through health facilities or selective feeding programmes.
- Nutrition surveys should (continue) to compliment NSP information, while follow-up surveys should (continue to) be carried out to measure impact and adjust programmes according to need. These surveys should (continue to) include questions which will help identify the underlying cause of the malnutrition
- Other vulnerable groups, such as elderly and pregnant and lactating women should be included in nutrition surveys to the extent feasible and –more than currently– included in selective feeding programmes if high numbers are found malnourished.

Health

- ZHD should be supported in further improving regular EPI coverage in remote and inaccessible areas, vitamin A and ferrous/folic acid supplementation and ORT with WHO/UNICEF technical support
- WHO should explore possibilities to link one or more of the above to its polio eradication campaign
- There is an urgent need to assist ZHD in malaria control by the provision of appropriate drugs to be provided for free, means to prevent malaria and the logistics to effectively implement such a programme at woreda level

Food

- Federal DPPC should actively follow-up on all evidence that ration guidelines are not followed at zonal level. This includes in particular the practice to restrict the number of rations to five per family.
- DPPC at all levels should be supported in its efforts to increase Employment Generating Schemes (ESG) through the provision of non-food inputs, technical, logistic and management support
- At the medium long term, there is a need to link ESG and FFW as components of a sustainable development programme.

DISCLAIMER

The designations employed and the presentation of material in this document do not imply the expression of any opinion whatsoever of the UN concerning the legal status of any country, territory, city or area of its authorities, or concerning the delimitation of its frontiers or boundaries.

8 September, 2000

ANNEX I

Nutrition Surveys in South Wollo.

Woreda	Date	Agency	Methodology	Sample size	Anthropometric Data	
					Mean WFL	< 80% WFL
Ambasel	May 99	SCF UK ¹⁸	Sub-sample of 58 clusters survey	±300	Mean WFL	< 80% WFL
					90.7%	6.0%
Ambasel/ Kutaber	July 2000	ERCS	36 cluster in 8 worst affected, accessible PAs	728	W/H<-2Z score+oed	W/H<-3Z score+oed
					31.3%	3.7%
Dessie Zuria	May 99 August 99 Sept. 99 Nov. 99 March 2000 May 2000 August 2000	SCF UK	Sub-sample of 58 clusters survey	±300	Mean WFL	< 80% WFL
					89.9%	7.0%
					91.9%	4.0%
					90.9%	6.2%
					90.1%	5.2%
					90.2%	
					91.0%	3.4%
Legambo	May 99 August 99 Sept. 99 Nov. 99 March 2000 May 2000 August 2000	SCF UK	Sub-sample of 58 clusters survey	± 200 ± 300	Mean WFL	< 80% WFL
					90.8%	5.0%
					89.1%	8.4%
					89.7%	6.0%
					89.6%	6.4%
					89.2%	10.0%
					90.1%	1.4%
Mekdella	May 99	SCF UK	Sub-sample of 58 clusters survey	± 200	Mean WFL	< 80% WFL
					91.2%	4.0%
Tenta	May 99	WVI	Randomly selected PAs	?	W/H<-2Z score+oed	W/H<-3Z score+oed
					24.0%	n.a.
Tenta	May 99 August 99 Sept. 99 Nov. 99	SCF UK	Sub-sample of 58 clusters survey	± 200 ± 300	Mean WFL	< 80% WFL
					90.5%	3.0%
					92.2%	10.0%
					89.1%	8.3%
Tenta	Nov 99 Feb 2000	WVI WVI	-5 sample PAs -22 PAs	703 703	W/H<-2Z score+oed	W/H<-3Z score+oed
					23.0%	n.a
					21.5%	2.9%.
Tenta	March 2000 May 2000 Aug. 2000	SCF UK	Sub-sample of 58 clusters survey	± 300	Mean WFL	< 80% WFL
					89.3%	11.5%
					90.3%	4.4%
Tenta	May 2000	WVI	24(out of 28) PAs	1182	W/H<-2Z score+oed	W/H<-3Z score+oed
					16.5%	1.9%
Kalu	July 2000	Concern	30 cluster	900	W/H<-2Z score+oed	W/H<-3Z score+oed
					11.2%	3.0%

Mean weight for length (WFL) expressed in % of mean of reference population (=100%);
Global malnutrition expressed in % weight for height (W/H) with a Z score < -2 + oedema
Severe malnutrition expressed in % weight for height (W/H) with a Z score < -3 + oedema

¹⁸ SCF UK reports WFL per site. In this summary, WFL has been calculated per woreda, assuming (perhaps not entirely correctly) that in all sites the same number of children was measured.

Global malnutrition expressed in % weight for height (W/H) < 80% of the median + oedema

ANNEX II

Food and Supplementary Feeding Programmes, South Wollo, 2000

Woreda Ambasel	Agency	Activity	Beneficiaries ¹⁹	Period
	ERCS	Relief Food Aid ²⁰	45,700	May-August
	ERCS	Suppl. Feeding	15,200	May-August
	ERCS	Cash for Work	to decide	Sept-December
	WFP	FFW	± 18,000	January-June
Debressina	SCF UK/DPPC	EGS	± 6,500	January-April
Dessi Zuria	Concern	Suppl. Feeding	Depends on screening	Sept-December
	Concern	EGS	All families of the above	Sept-December
	EECMY/LWF	Relief Food Aid	± 20,000	February-March
Kalu	Concern	Suppl. Feeding	3,300 < 5 y + 1,700 PNW ²¹	July-
		EGS	56,000	June-August
Kombolcha	EECMY	Suppl. Feeding	Needs basis	Permanent
Kutaber	ERCS	Relief Food Aid ²²	31,900	May-August
	ERCS	Suppl. Feeding	9,500	May-August
	ERCS	Cash for Work	to decide	Sept-December
	WFP	FFW	± 18,000	January-June
Legambo	EECMY	Suppl. Feeding	Needs basis	Permanent
	SCK UK	Suppl. Feeding	2,000 < 5 y + 500 PNW ²³	Sept-December
	SCF	EGS	10,000	January-April
	UK/DPPC			
Mekdella	SCF	EGS	31,900	May-August
	UK/DPPC	FFW	± 18,000	January-June
	WFP			
Sayint	SCF UK/DPPC	EGS	± 6,500	January-April
Tenta	WVI	Relief Food Aid ²⁴	123,800	May-August
	WVI	Suppl. Feeding	needs basis	Permanent
	WVI	Cash for Work?	to be decided	Sept-?
	WFP	FFW	± 18,000	January-June
Were Ilu	SCF UK/DPPC	EGS	± 6,500	January-April
Were Babu	WFP	FFW	± 18,000	January-June

¹⁹ Total. In case of FFW or EGS, calculated by multiplying the number of households by five.

²⁰ Complimenting DPPC

²¹ September estimate after second round of screening

²² Complimenting DPPC

²³ Estimate

²⁴ Complimenting DPPC

Annex III

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