
**FOOD SECURITY AND VULNERABILITY IN SELECTED
TOWNS OF SOMALI, HARARI AND DIRE DAWA REGIONS,
ETHIOPIA**

**WFP-Ethiopia
Vulnerability Assessment and Mapping (VAM)**

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**Dire Dawa City
Administration**



Harari Region



Somali Region



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Executive Summary

The impact of inflation that started increasing in 2005 resulted in increased food insecurity in urban areas of Ethiopia. The prices of cereals increased by more than 100% since mid 2005 when the country faced a spiral of price increases. The ‘new emergency’ facing the urban poor as a result of the rapid food price increase led the Government to initiate an urban grain market stabilization program in 2007. The program started initially in Addis Ababa and was expanded to cover 12 towns. From April 2007 the Government sold over 420,000 MT of wheat to urban consumers at a subsidized price. The Government continued with the program in 2008 and 2009 with further grain imports for the program.

The Government also implemented some fiscal and monetary measures in 2008 by lifting certain taxes on food commodities (especially oil), as well as measures to curb the excess supply of money. Further increases in cereals, pulses and oil prices expected as a result of the general global price increases and reduced production from climate change it is becoming ever more important to understand and monitor people’s vulnerability to these changing circumstances. As shocks and hazards affecting urban food insecurity may ultimately lead to famine in the extreme, urban areas become prone to social unrest as highlighted by the food riots and unrest in some countries. Therefore, understanding the drivers of urban food insecurity and recommending sustainable interventions is of paramount importance. In order to effectively support the efforts and initiatives being made, the Regional Governments, WFP and partners embarked on this study aimed at collecting useful information on the effect of soaring market prices on urban populations and identify potential areas for intervention.

Objectives of the study

The purpose of the study is to generate food security and vulnerability information to help policy and decision makers to design and implement programs that contribute to the reduction of urban food insecurity and vulnerability. The specific objectives of the study include:

- To identify food security and livelihoods problems, constraints, strategies and coping mechanisms among different social and economic groups in the selected major towns of Somali, Harari and Dire Dawa Regions;
- To do an in-depth analysis of major factors to food and livelihoods insecurity in the selected towns in order to inform policy and program design as well as potential areas of interventions;
- To establish baseline data on urban vulnerability and lay foundation for developing a practical monitoring system that provides an early indication of food insecurity and livelihoods vulnerability;
- To assess the impact of Government initiatives with regard to cereal price stabilization program and identify gaps and problems encountered.

Key Findings

Asset Holdings and Livelihood Groups: Overall 50% of households in Jijiga and 25% of households in Gode (Somali Region) were asset poor. Some 55% of households in Gode were ‘asset medium. The ‘asset rich’ was 15% of households in Jijiga and 22% of households in Gode. At least 50% of households in Dire Dawa and 26% of households in Harar were ‘asset poor’, with 50% in Harar and 40% in Dire Dawa being ‘asset medium’. A large proportion (27%) of

households relied on remittances and gifts; 14% on sale of livestock and livestock products and 11% on crop and vegetable production in Gode. In Dire Dawa, about 10% of households relied on pensions. A remarkable proportion in Harar (20% of households) and Dire Dawa (18.3% of households) relied on non-agricultural wage labor with very few households in Gode relying on this source of income. The remainders of the populations across all the towns relied on different sources of income ranging from petty trade, house rental, artisan, NGOs, private salary employment and other sources.

Incomes and Expenditures: The lowest average income per household of Birr 881 per month (Birr 186/capita) was in Dire Dawa, followed by Jijiga (Birr 996), Harar (Birr 1117); and the highest income of Birr 2239 (Birr 473/capita) was in Gode. Regarding income levels, as perceived by respondents, the majority of the poor had monthly income of Birr 300-600 while most of the very poor were earning below 300 Birr. The majority of 'slightly better-off' households were earning Birr 600-2000 monthly. The majority of 'better-off' households were earning more than 2000 Birr per month. The information further indicated that 'very poor' people constituted about 40%, the poor about 30%, the slightly better off about 20% and the remaining 10% were considered as better off. However, there were some differences among the towns. In Dire Dawa and Jijiga people who were perceived as better off were earning more than 5,000 Birr per month, though the percentage of better off was only about 5% of the sample households.

The expenditure levels depict the livelihood patterns in the different towns. The average monthly household expenditure was Birr 966 for all four towns. The average monthly per capita expenditure for the towns was Birr 258. Distribution of expenditures across towns indicated that about 35% of households in Dire Dawa spent less than Birr 600 per month, followed by Jijiga (28%), Harar (22%) and Gode (only 3%) of their incomes. Most of the households in Gode spent more than Birr 1000 per month and in the remaining towns it was mainly distributed between expenditures of Birr 600 to Birr 1000. Overall, a greater proportion of household expenditures were on food items. On average, 72% of the total household income was spent on food across the four towns. Households in Jijiga spent about 75% of their monthly incomes on food, followed by 73% in Dire Dawa, 70% in Harar and 68% in Gode. Of the total food expenditures, cereals accounted for the largest share with 51% for households in Dire Dawa, 45% in Jijiga and Harar and 33% in Gode.

Markets: Price of food commodities showed significant increase during the last one year, though majority of respondents reported that price increases started since late 2005 and early 2006. Price of wheat grain remained the same (average of all towns) while that of red pepper declined slightly. Price of pasta doubled during a year while maccoroni, rice, meat, eggs, milk, cabbage and onins showed 50% or more increment during the time of the survey compared to same time last year. Most of the remaining food commodities increased by 20-50% during the reference period- an increase over the prevailing high prices that were growing since early 2006. There were remarkable variations across the towns where Jijiga experienced highest prices followed by Gode and Dire Dawa while Harar had moderate price hikes for most of the food commodities.

Although most of the food commodities were available in the market, respondents of FGDs and KIIs indicated that some items were not adequately available. Among the food commodities that were reported to be scarce or not available in many markets of the study towns were orange (67% of respondents), milk (60% of respondents), goat and sheep meat (51% of respondents), chicken and eggs (5% of respondents), barley (30% of respondents), rice (25% of respondents) and wheat flour (14% of respondents). Sources of food commodities were mainly big shops and road side markets. Major reasons mentioned by participants of FGDs/ KIIs for the poor supply of food commodities were: government restriction of cross border trades, high prices of commodities

from their sources and depleted capacity of traders due to inflation related problems as well as reduced demand of consumers.

Food Security: Based on Food Consumption Score analysis, at least 16.1% of households across all the towns had poor consumption, an indication of food insecurity. The greatest percentage of households to be food insecure were in Dire Dawa and Jijiga (at 22%), followed by Harar with 12% of households and the least was in Gode with 5% of households; hence this town had the largest percentage of food secure households estimated at 84% of households, whilst Dire Dawa had the least number of food secure households, which was estimated at about 37% of households.

Access to Social Services: On average, school attendance in year 2000 EC was 58% for Dire Dawa and 61% for Harar. The percentage of those not attending school was 32% in Dire Dawa and 26% in Harar. The remainder in these two towns were either dropouts or never enrolled. The percentage attending school was 32% in Jijiga and 49% in Jijiga towns. The percentage not attending school was highest in Jijiga (60%) followed by Gode with 40%. The reasons for dropping out of school, not attending or not enrolled were illness (for about 10% across all towns). Hunger was mentioned as a reason in Jijiga (10% of households). Expensive cost of schools and lack of money were mentioned by 11% of households in Dire Dawa.

In terms of tenancy status, which is a good measure of economic welfare, tenure arrangements were such that 67% of households in Gode and 53% in Jijiga owned houses they lived in. In terms of ownership only about 30% of households owned or purchased their houses in both Dire Dawa and Harar. Some 50% of households had written agreement in Harar and 33% in Dire Dawa. For those paying house rentals, 42% of households reported they paid cash for rentals in Jijiga, of which 13% had rent arrears. At least 57% of households did not pay rentals. In Gode, 77% did not pay rent and 21% paid cash, of which 14% had rent arrears. Some 64% of households paid cash for rentals in Harar, of which 30% were in rent arrears and 36% did not pay rentals. In Dire Dawa 56% of households paid rentals, of which 17% were in arrears and 43% did not pay rents.

The number of people per room indicates that the greatest level of crowding (more than three people per room) was common in Jijiga with 75% of households, of which 30% were more than four people per room, followed by Dire Dawa with 70%, and Gode with 19% with more than four people per room. The least level of crowding was in Harar with 55% of households living with at least 4 people per room and 15% had more than four people per room. The majority of households (92%) in Gode lived in houses built with non-durable materials of which 85% lived in pole and mud houses. In Jijiga, 57% of households lived in brick structures under iron or tile roofs and only 43% lived in structures made of non-durable materials. In Dire Dawa, only 27% lived in houses made of non-durable materials and 30% of the households in Harar had similar dwelling units.

With respect to kitchen facilities, Gode had the highest number of households with own kitchen at 58% of households, followed by Dire Dawa at 56% and Harar at 46%. Jijiga had the least number of households with own kitchen facilities (43%). The largest number of households sharing a kitchen was in Jijiga (53% of households), followed by Harar (42%), Gode (41%), and Dire Dawa (28%). The use of bedrooms as kitchens was not common. Only 16% of households in Dire Dawa and 12% of households in Harar used their bedrooms as kitchens.

The sources of water varied across the towns, with 87% of households in Jijiga getting tapped water, of which 25% of households had water inside their houses. In Jijiga only 4.5% of households had unsafe water sources and 6.2% treated their waters. Among those who treated their water, 50% of households used other means for treatment and 30% boiled the water. In Gode, 79% of households used river, stream or pond water, and only 19% used tapped water.

Despite the utilization of unsafe water, only 15% of households treated their water of which 41% boil the water and 47% used water guard or filtering. Some 97% of households in Dire Dawa used piped water of which 40% had water pipes inside houses. On the other side, only 3% of households used unsafe drinking water. In Harar, 76% of households used piped water of which 30% was inside houses. In Harar, only 3% of households used unsafe drinking water and 14% treated their drinking water and about 70% of these households used water guard.

Toilet facilities varied by towns. Availability of flush toilets was limited. In Jijiga, 33% of households used communal pit latrines. In Gode, a majority used VIP communal or private (72%), hence had better access to sanitation compared to households in Jijiga. In Harar, about 76% of households used private or communal pit latrines and only 15% used VIP and flush toilets. In Dire Dawa, a majority (56%) used pit toilets, communal or private, and only 40% used VIP and flush toilets.

Wood and charcoal were the dominant sources of energy for cooking. In Jijiga, 74% of households used charcoal for cooking whilst 22% used wood as source of fuel for cooking. In Gode, 75% of households used wood whilst 25% used charcoal. In Dire Dawa and Harar, there was a balance between use of fuel wood and charcoal. In Harar, 34% used fuel wood whilst 39% used charcoal and 14% used kerosene and 8% used gas. In Dire Dawa, 53% used charcoal and 41% used fuel wood and the remaining used other sources of fuel. For lighting, a majority used electricity. In Jijiga, 81% used electricity, 11% used paraffin and 7% used candles. In Gode, only 35% used electricity and 57% used paraffin as main sources for lighting. For Dire Dawa and Harar, a majority of about 95% of households used electricity and the remaining used other sources for lighting.

Illness for more than three months across the households (chronic illness) was relatively low and was 1.7% in Harar, 2.1% in Dire Dawa, 2.7% in Jijiga and 3.8% in Gode. Illness for less than three months was highest in Gode (8%), followed by Harar at 3.5%, and then Jijiga at 2.7% and lastly Dire Dawa at 2%. In Gode, the common illnesses reported were malaria (35%), diarrhoea (18%) and chronic fever (16%). Outbreak of diarrhoea in Gode was not surprising as more than 79% of households depended on unsafe water sources and the majority did not treat their waters before using. In Gode, backache was also very high compared to the other towns (at 8%). In Harar, diarrhoea was a common disease (16% of those who were ill), while hypertension, TB and HIV/ AIDS were the major problems in Dire Dawa.

Social Problems: Since food prices increased so high, people were affected nutritionally. Number of meals per day in a family was reduced. Many shifted to less preferred and cheap food, to less nutritious food, meaning quality food was highly decreased. Although children were given priority for food, neither parents nor children benefited much. It was a day-to-day scenario to forego meals and people were dissatisfied of their food. It had caused hunger and malnutrition. Households were taking different measures to overcome the food price increase. One way was for every family member to look for any casual labor to earn some income for each day. But people were weak to do physical labor to a required level and work time because of lack of energy. They could not make themselves productive since physical labor needed a lot of energy. The most affected people were those with no income or assets. The selling of assets, which is loss of assets, was a day-to-day scenario.

Absenteeism and school dropout rates were increased as students could not go to school in a situation where there was no food at home. In stead, students were forced to find ways of getting something to eat and family members also encouraged them to do so than go to school. Some families sent their children to better-off relatives until things would be improved. However, in many instances, the long-lived tradition of helping each other had faded away since everybody

was feeling poor and pessimist of the future. The good relationships and friendships between relatives, family members and neighbors had weakened drastically.

The Vulnerable Groups: Because of the food price increase, the very poor households were highly affected. Poor patients, although they were supposed to get extra treatment nutritionally, were victims of the situation. Unemployed people who had no means of income were clearly helpless, vulnerable and one of the most affected. Those living in rental houses were also affected as they had to pay house rents. Street children, beggars and the disabled poor were also very much affected as they had nobody to support them in a situation where everyone was challenged in the rising food price. Low paid civil servants with big family members were also very much challenged. The low paid pensioners, daily laborers, and child-headed households were also obviously affected. The road side vendors were also no less affected. Women-headed poor households, sex workers, shoe shines, fire wood and charcoal sellers, guards, waiters in cafés, bars and hotels, poor pregnant and lactating mothers were the other groups of vulnerable people found most affected among the urban poor households.

Coping Mechanisms: As a coping mechanism relying on less expensive food was widespread among households. The most common coping strategies adopted were:

- Relying on less preferred or less expensive food;
- Reducing number of meals per day;
- Reducing sizes of meals for all household members;
- Decreasing expenditures on cloths and other non-food items; and
- Borrowing money.

Assistance Programs: Five different measures were taken by the Government to mitigate the situation. These were: (i) supplying subsidized food like wheat, maize, edible oil etc.; (ii) established consumers associations' shops that would sell food items at a reduced price so that consumers would not be exposed to unfair traders' exaggerated prices; (iii) mobilized finance, food and clothing to help the poor; (iv) improved access to credit for people who planned to use the money for a profit making business; and (v) controlling exporting grain to neighboring countries and lifting tax on essential food items.

However, people indicated some shortcomings on the Government side. There was no adequate supply of the subsidized wheat, maize, oil, etc. Even the supply was only to those who could buy but not to the very poor who could not afford to buy. Since the targeting for the sale of food was not given attention, traders managed to buy the subsidized food, got the time to hoard it for resale at a favorable time. This aggravated the food shortage. Other than this, credit facility accessed by farmers had made them hold their grain than rushing to the market to sell it. This made the market short of essential food grains which exposed urban dwellers for food price hike. Some responded that there was neither credit access nor food supply by the Government. This response was given, most probably, from those who had neither the asset to use as collateral for credit access nor the money to buy the subsidized food. Some NGOs were reported to extend free food assistance to help HIV/AIDS patients and orphans.

Future Expectations: Most people expected some thing worse to happen in the future. Theft, robbery and violence were what many expected. Price was anticipated to continue rising. The chance of people to face serious food shortage looked likely. Market instability was likely to persist in the future. People were so frustrated and doubted to have a meal per day and hunger to widely spread. However, some expected market situation to be stable provided that the Government tried to control the market and halt grain exports.

Conclusions

From the survey findings it can be concluded that:

- Food availability was negatively affected as a result of poor supply of food commodities, malfunctioning of markets, high transport costs, hoarding of grains by traders, and increased exports of food items that contributed to the shortage of commodities in markets.
- Food accessibility was also seriously impacted due to several factors that included:
 - Poor level of asset base for most of the surveyed households.
 - High poverty conditions of the majority of households.
 - High level of expenditure on food by the majority of households.
 - Below acceptable level of consumption by a significant proportion of households.
 - Increased inflation on food commodities and other services that led households to have deteriorated purchasing power.
- Food utilization was also affected due to poor basic infrastructure and deterioration of basic services such as water supply, sanitation, housing and health facilities.
- As a result of the deterioration of all the three pillars of food security some of the surveyed households were found to be highly food insecure.
- Significant proportion of the households were also exposed to several risk factors that included high prices of food and non-food commodities and services, worsening food insecurity, preventable/communicable diseases, family disintegration, and disruption of social support/networks.
- In order to minimize some of the risks households were found to use consumption related destructive coping strategies that included skipping meals, reducing meal sizes, shifting to less expensive and less preferred food items, etc.
- As a result of high exposure to several risk factors and using damaging types of coping mechanisms, many households were found to be vulnerable. The study findings further indicated that the situation would not improve in a near future- rather worsening conditions were anticipated to continue unless appropriate measures would be taken.
- Although the Government tried to contain the multi-faceted problems of the urban populations by distributing wheat at subsidized prices and lifting of taxes from food commodities, compared to the magnitude and seriousness of the challenge, the level and type of assistance provided to the most affected households was found to be inadequate.

Recommendations

- WFP together with relevant Government bodies and other partners need to design a food aid program and implement through appropriate intervention modalities that may include free food distributions, market support, school feeding, and food for work/asset in order to reduce problem of food insecurity and related vulnerability conditions of the most affected households.
- UNICEF in collaboration with relevant Government bodies and other partners need to act on affected/deteriorated basic services such as water, sanitation, health facilities, etc.

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- A multi-agency and multi-sectoral regional task force should be established as soon as possible in order to address the multi-dimensional problems of the affected populations and design a well coordinated urban food security and market monitoring system.
 - The Government together with its development partners should plan and implement long-term and sustainable solutions and design welfare monitoring system for the urban populations in order to reduce the existing high level of poverty.
 - The Regional governments in collaboration with other operational Local/International NGOs need to create a common forum that will help to design area specific Income Generation Programs, mainly for those unemployed segments of the urban populations.

1. Introduction

1.1. Background and Rationales

Ethiopia is the second most populous country in Africa with a total population estimated at 73.9 million and a growth rate of 2.5 percent. An estimated 83% of the population resides in rural areas (CSA, July 2007); hence only around 16.5% of the population lives in urban areas. Compared to other African countries, Ethiopia's level of urbanization is low. However, the urban population is increasing rapidly with an average growth rate of 4% per year. This growth rate will probably result in Ethiopia's urban population exceeding 50 million by 2050¹.

Ethiopia has experienced a steady economic growth in the last four years that have also coincided with four years of consecutive good *Meher* (main season) harvest, with a real GDP growth rate of 11.9 % in 2003/04, 10.5% in 2004/05, 9.6% in 2005/06 and 11.4% in 2006/07². Economic growth highly depends on the performance of the agricultural sector that accounts for 47% of GDP followed by the service sector with 39% and industry with 14 percent. Agricultural production is highly vulnerable as it is dependent on rainfall. Only about 10% of the total cereal crop lands are irrigated, and yield variability at the regional level is one of the highest in the developing world: drought can shrink farm production by 90% from normal output. Despite the encouraging growth, general increase in inflation in recent years has been observed, which has been growing on average by 11.1% from December 2002 to December 2006³ and further increased to 33.6% in August 2008. Unless actions are taken timely to reduce the impact of soaring prices the economic gains for the last four years are under a threat.

Food security and vulnerability assessments in Ethiopia, like in many developing countries, have traditionally focused on rural areas, where about 80% of the population lives and the majority of whom are poor. Food insecurity levels in the rural areas rose from 2 million people in 1995 to about 14 million in 2008 of which 7.5 million is covered under the safety net program. As the population in urban areas has been on the increase and given the economic shocks, food insecurity in urban areas has become a major concern. A study by Abbi Kedir and Andrew Mackay in 2003 using 1994 to 1997 data estimated chronic poverty in urban areas at 25.9% and that 23% of the households experienced transitory poverty. The 1999/2000 Household Income, Consumption and Expenditure Survey (HICE) estimated that 37% of the urban population was below a national poverty line compared to 45% in rural areas. Poverty in urban areas was driven by unemployment, underemployment, lack of sanitation, increase in prices due to a general inflation (estimated at 33.6% in August 2008), reduced inter-dependency amongst urban households, household composition, low asset ownership, lack of education, high dependency on the informal sector, HIV/AIDS (estimated at 7.7% prevalence in urban areas⁴) and increased population pressure due to natural growth and rural urban migration.

The impact of inflation has been one key element that has resulted in increased food insecurity in urban areas. The prices of cereals have increased by more than 100% since mid 2005 when the country faced sharp price increases. Between 2002 and 2007, the food component of the national consumer price index (CPI) rose by 62.3% (over 15% inflation per annum). This is faster than the general CPI and significantly faster than non-food prices, suggesting that those involved in non-food sectors of the economy (predominantly the urban population) have become relatively poorer over the last five years. Whilst inflation is on the increase, wage rates have not kept pace with

¹ CSA 1994 Census population figures and projections. The new national census, conducted in May 2007, will revise the urban population figures and growth rates.

² Ministry of Finance and Economic Development; National Bank of Ethiopia

³ World Bank, 2006; Rashid et al., 2005

⁴ Ministry of Health, 2007

increase in inflation, for an example the least paid civil servants (Custodial and Manual services) salaries on average increased from Birr 200 in 2001 to Birr 320 in 2007, a 60% increase. Similarly professional and scientific services salaries increased from Birr 760 to Birr 1068 per month, an increase by 40.5% for the same period, whilst the inflation was 93% and for food items it was 125% for the same period⁵.

It is believed that the greatest impact of inflation is likely to be amongst both the urban and rural poor who are net buyers of food. In order to mitigate impacts of the high food prices, the Government assistance programs have been expanded to urban areas with an introduction of the urban grain market stabilization program in 2007. The Government sold to urban consumers over 120,000 MT of wheat between April 2007 and August 2008 at Birr 1.8/kg to the lowest administration level (the *Kebeles*). The program started initially in Addis Ababa, and then expanded to cover 12 urban centres namely Bahar Dar, Gondar, Dessie, Kombolcha, Mekele, Adigrat, Dire Dawa, Harar, Awassa, Nazareth and Jimma. The Government continued with the program from mid August 2008 in a different form and sold 150,000 MT of wheat to wholesalers, consumers, millers and traders at Birr 3.5 per kg on a first come first served basis, removing the coupons or ration cards system.

The Government also took some measures in 2008 by lifting certain taxes from food commodities (especially oil), as well as measures to curb the excess supply of money. While the Government's Disaster Prevention and Preparedness Policy does not exclude assistance to urban areas, it provides no clear direction for the institutional disaster response mechanism in an urban context. Understanding drivers of urban food insecurity and recommending sustainable interventions is of paramount importance as shocks and hazards affecting urban food insecurity may ultimately lead to increased poverty and urban areas becoming prone to social unrest, as highlighted by the food riots and unrest in some countries such as Egypt, Ivory Coast, Indonesia, and Sierra Leone. Constructing a poverty assessment profile at the urban/town level helps to assess causes, characteristics, and location of poverty in urban areas and also provides a snapshot showing who are poor, where they live, their access to services, living standard, and others thereby contributing to the targeting of poverty reduction measures. The Regional Government of Somali, Harari and Dire Dawa cognizant of the incidence and severity of urban poverty embarked on urban food security and vulnerability assessment with the cooperation of UN World Food Program (WFP) Ethiopia. Therefore, two major towns from Somali Region (Jijiga and Gode), Harar town from Harari Region and Dire Dawa town were selected for the food security and vulnerability study.

1.2. Objectives and Methodology

1.2.1. Objectives

The purpose of the assessment is to generate food security and vulnerability information to help policy and decision makers design and implement programs that contribute to the reduction of urban food insecurity and vulnerability. The specific objectives are:

- To identify food security and livelihoods problems, constraints, strategies and coping mechanisms among different social and economic groups in selected major towns of Somali, Harari and Dire Dawa Regions.
- To define predisposing factors to food and livelihoods insecurity in the urban areas in order to inform policy and program design.

⁵ Ethiopia Economic Association, April 2008

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- To outline household food expenditure and food access patterns among different socioeconomic groups in the urban areas of Somali and Harari Regions, and Dire Dawa Administrative Council;
 - To establish baseline data on urban vulnerability and lay foundation for developing a practical monitoring system that provides an early indication of urban food insecurity and livelihoods vulnerability.
 - Examine linkages between food security, education, nutrition, health and social cohesion.
 - Understand impacts of soaring food prices on food security and livelihoods.
 - Identify appropriate food and non-food interventions and policy implications.

1.2.2. Methodology

Sampling and coverage of the survey

A stratified two-stage cluster design was used for selection of ultimate sampling units (households), with *Kebeles* as clusters. The first stage selection was done by probability proportional to size (PPS) where size is the total number of households compiled from the 2007 population and housing census cartographic work. The second stage sample (household) selection was done by systematic random sampling.

Sampling and coverage of household survey

The most common instruments used for the assessment of urban food security and vulnerability are, among others, household income, consumption, assets and expenditures and well being instruments; Focus Group Discussions and Key Informant Interviews; and Traders instruments. Stratified two-stage cluster sampling was used in order the data collected be representative and free of bias. It is clear that urban/town households are diverse and need to be stratified to get adequate representation from each stratum. The purpose of stratifying is to have uniformity by grouping people together (cluster) according to their similarities in terms of their livelihood groups.

Household respondents were selected randomly using two stage cluster sampling methods (at the first stage *Kebeles* were randomly selected from the study towns and then at the second stage households were chosen randomly from the selected *Kebeles*). For such purpose supervisors were given training on how to sketch the sampling units using the usual PRA techniques to identify the major settlement areas, social services, business areas and others. Then, they proceeded their sampling selection by spinning any local materials in order to select the path until the intended households are covered. A total of 1,140 households were interviewed in all the selected towns that were designed to yield statistically representative results. Data collection on traders was designed to cover the diverse aspects of food items in the respective town. Accordingly, 80 traders were interviewed in each of Dire Dawa, Harar and Jijiga towns and 60 in Gode town. Similarly, 60 FGDs and 30 KIIs were interviewed from Dire Dawa, Harar and Jijiga, with 30 interviewed in Gode town. In selecting respondents care was taken to include even the minority groups like hotel and commercial sex workers, the disabled, veterans, street children, beggars etc. Table 1.1 shows sampling frames and sample sizes from the study towns.

Table 1.1: The sizes of each household target to the total population in the respective study towns

Category	Dire Dawa	Harar	Somali Region	
			Jijiga	Gode
Total population *	232,854	99,321	125,584	43,134
Male (% of Pop)*	50%	50%	53%	56%
HH Size*	4.3	3.4	6.3	6.3
Survey HH size (average)	5.3	4.7	6.3	5.9
Household targeted	320	320	320	240
% target	0.6	1.1	1.6	3.5
Households covered	327	315	321	235
Traders targeted	80	80	80	60
Traders covered	80	80	81	59
FGD and KI targeted	60	60	60	30
FGD and KI covered	151	162	153	57

* 2007 CSA Census added growth rate of 2.5%

Key Indicators

The approach generally adopted for urban study is a combination of:

- Income/consumption measures (basic baskets of goods, like food, water, clothing)
- Unsatisfied basic needs index (literacy, school attendance, piped water, sewerage, etc)
- Asset indicators (car, television, chair and tables, type of housing like floor, roof, etc)
- Vulnerability indicators (physical assets, human capital, income diversification, links to networks, participation in safety net programs, access to credit, market, etc)

Accordingly, the household survey used for urban food security and vulnerability study included the following basic information (Table 1.2) that derives the key indicators of urban food insecurity and vulnerability.

Table 1.2. Themes of analysis and indicators used in the study

Area of analysis	Specific indicators
Household demographics	Age pyramids, sex
Household food security	Analysis of food dietary diversity and food frequencies (one day and seven day meal recall) to calculate food consumption scores
Asset wealth	Number of different types of assets owned
Expenditure and income	Monthly (reported) per capita income and expenditure pattern
Coping	Various types of coping strategies adopted by households
Access to services	Access to health, education, water and sanitation, electricity, etc
Markets	Price changes and impacts, etc
Programs and safety nets	Food sources and the urban grain stabilization programs

1.3. Methods of Data Analysis

Relevant quantitative and qualitative data were collected using the various methods and instruments described above in order to get a complete picture of the situation under study. All quantitative data from households, traders and key Informant/ Focus Group questionnaires were entered into computer using CSpro Application Software. The quantitative data were exported from CSpro to SPSS for processing and analysis. Analysis of the quantitative data was then undertaken using SPSS, whilst all qualitative information were manually extracted by key

common issues, coded and analyzed by categorization, classification and summarization techniques using MS Excel. The findings were then systematically organized, summarized and presented in the form of tables and figures as appropriate.

2. Dire Dawa, Harari and Somali Regions: Brief Descriptions of study areas

2.1. Dire Dawa Administrative Council

Dire Dawa is one of two chartered urban settlements in Ethiopia (the other being the capital city, Addis Ababa). This chartered town is divided administratively into two *woredas*, the town proper and the non-urban *woreda* of Gurgura. Dire Dawa lies in the eastern part of the country, and it is the second largest urban settlement in Ethiopia. Based on the 2007 Census result of the Central Statistical Agency of Ethiopia (CSA), Dire Dawa has a total population of 342,827, of whom 171,930 were men and 170,897 women; 232,854 or 67.92% of the population were considered urban inhabitants. There were 75,693 households in Dire Dawa administrative council with an average of 4.5 persons per household. The major ethnic groups in Dire Dawa include the Oromo (46.08%), Amhara (20.09%), Somali (24.24%), Gurage (4.54%), Harari (1.08%); the remaining 3.97% of the population consists of all other ethnic groups. Some 70.9% of Dire Dawans were Muslims, 25.6% Orthodox Christians, 2.8% Protestants, 0.4% Catholics, and 0.3% followers of other religions.

According to CSA's reports, as of 2004, 90.76% of the total population had access to safe drinking water: 69.61% of rural and 99.48% of urban inhabitants having access. Values for other reported common indicators of living standards as of 2005 include the following: 11.4% of the inhabitants were in the lowest wealth quintile; adult literacy for men was 76.6% and for women 53%; and infant mortality rate was 71 infant deaths per 1,000 live births, which is less than the nationwide average of 77; at least half of these deaths occurred in the infants' first month of life.

Dire Dawa received postal service in August 1906, becoming the third location after Addis Ababa and Harar. Telephone service was available by 1954; and by 1967, Dire Dawa had almost 500 telephone lines, more than almost all other towns including Gondar, Harar, and Jimma. The CSA estimated in 2005 that farmers in Dire Dawa had a total of 40,400 head of cattle (representing 0.1% of Ethiopia's total cattle population), 46,280 sheep (0.27%), 118,770 goats (0.92%), 8,820 asses (0.35%), 5,070 camels (1.11%), 44,740 poultry of all species (0.14%), and 840 beehives (less than 0.1%).

2.2. Harari Region

Harari Region, formerly known as Region 13, is one of the nine National Regional States of Ethiopia, with the town of Harar as its capital. Based on the 2007 Census result of the Central Statistical Agency of Ethiopia (CSA), Harari has a total population of 183,344, of whom 92,258 were men and 91,086 women; 99,321 or 54.17% of the population were urban inhabitants. For the entire region 46,169 households were counted, which results in an average for the Region of 3.9 persons to a household, with urban households having on average 3.4 and rural households 4.6 people. Ethnic groups in the region include the Oromo (56.41%), Amhara (22.77%), Harari (8.65%), Gurage (4.34%), and Argoba (1.26%). The religious composition was that 69% were Muslims, 27.1% were Orthodox Christians, 3.4% Protestants, 0.3% Catholics, and 0.2% followers of other religions.

According to CSA's reports, as of 2004, 73.3% of the total population had access to safe drinking water, of whom 39.83% were rural inhabitants and 95.28% were urban. Values for other reported common indicators of living standards as of 2005 include the following: 5.7% of the inhabitants were in the lowest wealth quintile; adult literacy for men was 78.4% and for women 54.9%; and the Regional infant mortality rate was 66 infant deaths per 1,000 live births, which is less than the

nationwide average of 77; at least half of these deaths occurred in the infants' first month of life. The CSA estimated in 2005 that farmers in Harari had a total 31,730 head of cattle (representing less than 0.1% of Ethiopia's total cattle), 3,440 sheep (less than 0.1%), 26,910 goats (0.21%), 6,320 asses (0.25%), 31,430 poultry of all species (0.1%), and 670 beehives (less than 0.1%).

2.3. Somali Region

Somali is one of the nine Regional States of Ethiopia covering the eastern-most part of the country, with Jijiga town as its capital. The Region borders with Kenya to the south-west, the Ethiopian regions of Oromia, Afar and Dire Dawa to the west, Djibouti to the north and Somalia to the north, east and south. Somali Region is divided into nine Administrative Zones namely Afder, Degehabur, Fiq, Gode, Jijiga, Koraha, Liben, Shinile, and Werder. Based on the 2007 Census result of the Central Statistical Agency of Ethiopia (CSA), the Somali Region had a total population of 4,439,147, consisting of 2,468,784 men and 1,970,363 women; urban inhabitants number 621,210 or 14% of the population. With an estimated area of 279,252 km², the region had an estimated density of 15.9 people per square kilometer. For the entire region 665,397 households were counted, which results in an average for the Region of 6.6 persons to a household, with urban households having on average 6.3 and rural households 6.7 people. Ethnic groups include Somalis (97.2%), Oromo (0.46%), Amhara (0.66%), foreign-born Somalis (0.20%) and Guraghes (0.12%). About 98.4% of the population was Muslim, 0.6% Orthodox Christian, and 1.0% were followers of all other religions.

According to CSA's reports, as of 2004, 38.98% of the total population had access to safe drinking water, of whom 21.3% were rural inhabitants and 77.2% were urban. Values for other reported common indicators of living standards as of 2005 include the following: 71.8% of the inhabitants were in the lowest wealth quintile; adult literacy for men was 22% and for women 9.8%; and the Regional infant mortality rate was 57 infant deaths per 1,000 live births, which is less than the nationwide average of 77; at least half of these deaths occurred in the infants' first month of life. The CSA estimated in 2005 that farmers in Somalia had a total of 459,720 cattle (representing

1.19% of Ethiopia's total cattle), 463,000 sheep (2.66%), 650,970 goats (5.02%), 91,550 asses (3.66%), 165,260 camels (36.2%), 154,670 poultry of all species (0.5%), and 5,330 beehives (0.12%).

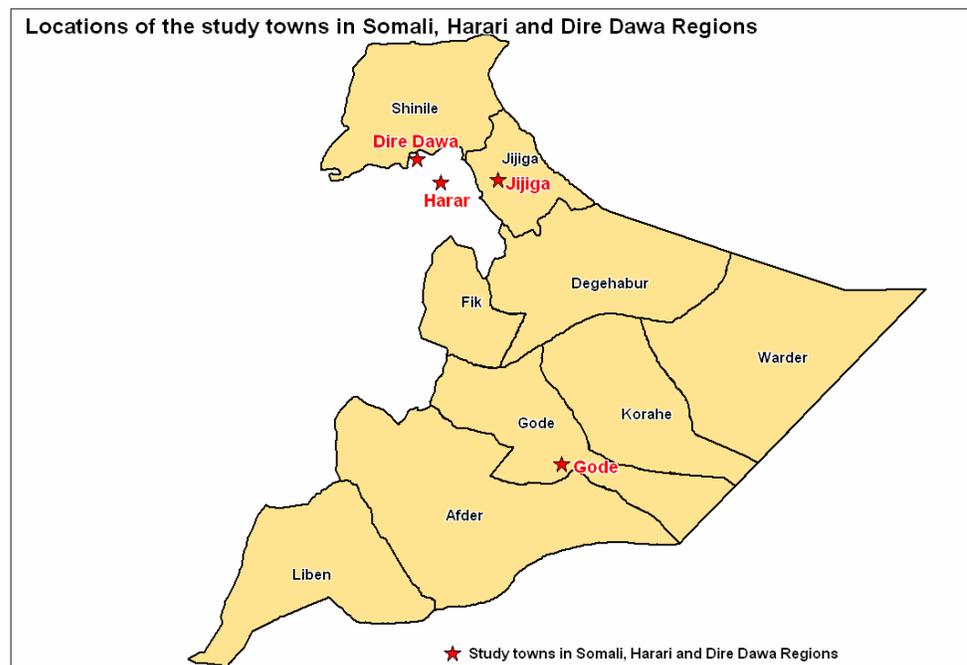


Figure 2.1. Somali, Harari and Dire Dawa Regions, Ethiopia

3. General information about the study population

3.1. Characteristics of the surveyed population

Household composition

Demographic variables such as population size and its sex composition are important inputs in the process of socio-economic development planning where its ultimate goal is to improve the welfare of the people. The results of the study show the average household size to be 5 for Dire Dawa and Harar while it was 6 for Gode and Jijiga.

Towns in Somali Region are unique in that they are situated in the pastoral areas of the country and have the highest average household sizes in the country. From the survey, 71% of households in Gode and Jijiga had 5 members or more compared to 40% in the EHDS 2005 (Table 3.1).

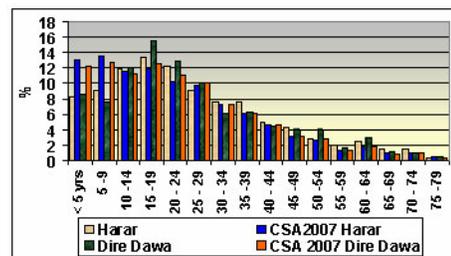
Table 3.1: Distribution of Number of people per Household compared to EDHS

Number of HH Members	Survey by Town (% of Population)				EDHS % of Households
	Dire Dawa	Harar	Jijiga	Gode	
1	2	3	2	0	13
2	8	16	5	3	13
3	15	13	9	9	16
4	16	19	13	17	18
5	19	19	15	16	14
6	14	12	12	19	11
7	10	9	12	11	6
8	6	4	10	11	4
9+	10	5	24	14	5

Age and sex structure

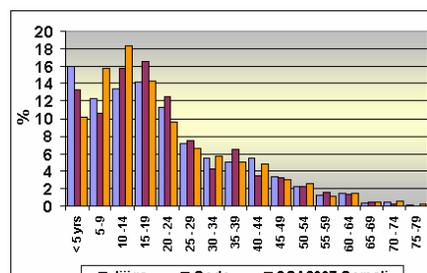
Dire Dawa and Harar: The population distribution by age composition from the survey indicates that majority of the population was below 20 years of age. The age groups of less than 9 years indicate that the 2007 Census for the towns has a higher percentage of population compared to the survey results for both Harar and Dire Dawa towns. In general across most of the age groups the 2007 Census for the towns has a similar percentage of population with the survey results, an indication that the sample represents the population sampled in Harar and Dire Dawa towns (Figure 3.1.).

Figure 3.1: Population Age Distribution compared to CSA 2007 in Dire Dawa and Harar



The sex composition of households sampled across urban centers indicate a distinct difference with Harar showing more females which is not comparable to the 2007 Census results that showed 50% to be males. In general for Dire Dawa the distribution of the population sampled by sex shows that male-headed households constituted 42.8% while the female-headed households constituted 57.2 %. Compared with the census results of 2007, Dire Dawa had 50% males and 50% females.

Figure 3.2: Population Age Distribution Compared to CSA 2007 in Somali Region



Somali: From the survey, age composition indicates that the majority of the population was less than 24 years, the distribution similar to the CSA 2007 census. However in the two towns of Gode and Jijiga, the

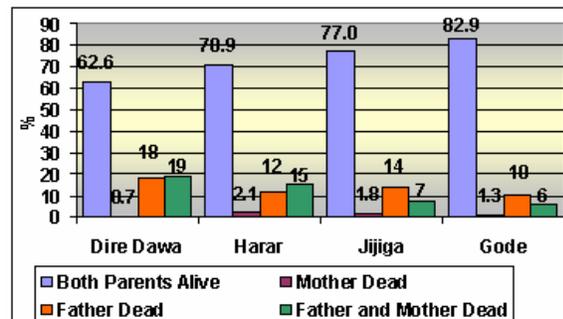
population below 5 years and the age group 20 to 24 years was higher compared to the CSA 2007 for the Somali region, whilst the population in the age groups 5 to 14 years the percentage of population was less in Gode and Jijiga compared to the 2007 census results for the region as a whole. For the age groups of above 25 years the percentage population in the 2007 Census was almost similar with that found in the survey results of Gode and Jijiga towns (Figure 3.2). The survey results indicate that 47% of the population was males compared to the Census results of 56% of the population being males. It should be noted, therefore that the discrepancy between the survey results and the Census data can indicate that the sample drawn from these towns was somehow biased, hence the results need to be interpreted with their shortfalls and the results are therefore indicative of the situation in Dire Dawa, Jijiga, Gode and Harar.

3.2. Children's living arrangements and orphanhood

Dire Dawa and Harar:

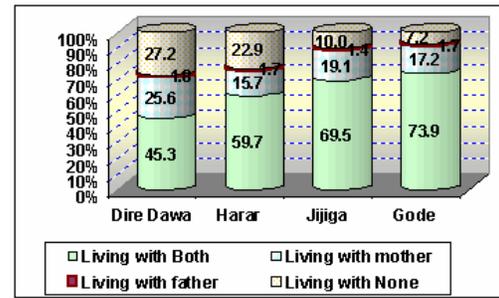
The Ethiopia Health and Demographic Survey of 2005 indicated that 62% of children were living with both parents in Somali. This is comparable to the survey results showing that 62.6% of children had both parents alive in Dire Dawa. Also the EDHS 2005 for Dire Dawa indicated that 7.8% lost their father compared to 18% in the survey and double orphans were 19% compared to 14% in the EDHS 2005.

Figure 3.3: Orphan Status across the urban centers



In Harar, about 71% of children had both parents alive compared to 67% in the EDHS 2005 for the Harar region. At least 15% of children were double orphans compared to 11.6% in the EDHS 2005. Of the orphans in Harar 2.1% were maternal orphans (mother dead) and about 12% were paternal orphans (father dead) (Figure 3.3).

Figure 3.4: Children Living Arrangements

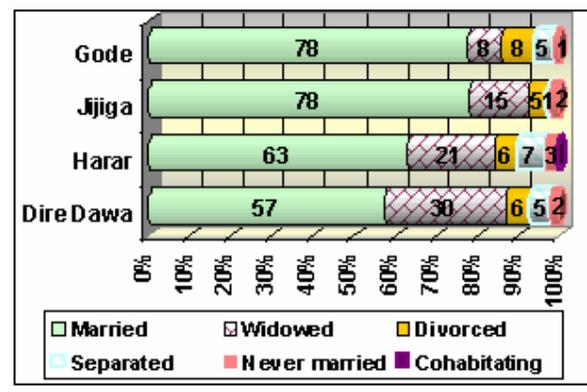


Somali: The EDHS 2005 indicates that 79.4% of children in the region were living with both parents; this percentage is close to the 77% in Jijiga and 83% in Gode with both parents alive. The double orphans in the EDHS 2005 were estimated at 9.7% slightly higher compared to the 6% in Gode town and 7% in Jijiga town (Figure 3.3).

3.3. Marital status

Dire Dawa and Harar: Marital status of households was such that about 57% of household heads were married, 30% widowed, 6% divorced and 5% separated and the remainder either never married in

Figure 3.5: Marital Status of Head of Household



Dire Dawa. The data on divorce rates was generally very low in Dire Dawa compared to other urban centers of the country and this could be due to the religious beliefs as the majority of the populations are Muslims. In Harar, over 63% of household heads were married, 21% were widowed, 6% divorced and 7% separated and a very small percentage (0.3%) were cohabiting.

Somali: Both Jijiga and Gode towns had a very high percentage (78%) of children living with both parents, with also a low percentage of widowhood rates of 8% in Gode and 15% in Jijiga town. The divorce rates were generally low across the urban centers at 5% for Jijiga and 8% for Gode (Figure 3.4)

3.4. People leaving out from households during 2008

Not many people left their households from January to October 2008. From the total population in the studied towns, 1.8% left their households for different purposes. People leaving their households by age category shows that children less than five years constituted 6% followed by adolescents (12%) and the largest population was the age group of 18 to 59 years (73%), while elderly people above 65 years and children between 5 to 11 years constituted about 4%. The largest number of adults who left their household was in Harar followed by Dire Dawa and Gode. Among the reasons for their leaving ranges from lack of food, resettlement, forced migration, attending school and marriages.

3.5. People with Disabilities

In general, there were very few household members with some form of disability. The highest percentage (2%) with physical disability was recorded in Gode, followed by Jijiga with 1.8%. Mental or both physical and mental disability were negligible, less than 1% of the sampled population (Table 3.2).

Table 3.2: Disabled persons by Town

Town	% Disabled People from Survey			
	None	Physical Disability	Mental	Both physical and mental
Dire Dawa	98.2	1.2	0.5	0.1
Harar	98.4	1.0	0.4	0.3
Jijiga	97.4	1.8	0.5	0.2
Gode	97.0	2.1	0.9	0.1

3.6. FGD and KII participants characteristics

The selection of focus group and key informant interview participants sought balance between males and females; thus the average of all towns was that 51.8% were males and 48.2% were females. However, there are variations between the towns (Table 3.3A). With regard to age group of participants, an average of about 54.7% were between 30 and 50 years old, while those below 30 years constituted 20.1% and the remaining 25.2% were over 50 years old (Table 3.3B).

Table 3.3A: Sex of Participants for FGD/KII

Sex	Dire Dawa	Harar	Somali Region	
			Jijiga	Gode
Male	41.7	45.1	61.4	71.9
Female	58.3	54.9	38.6	28.1
Total	100.0	100.0	100.0	100.0

Table 3.3B: Age Group of Participants for FGD/KII

Age Group	Dire Dawa	Harar	Somali Region	
			Jijiga	Gode
Below 30 Years	32.4	18.5	11.8	14.0
30-50 Years	46.4	61.1	55.6	56.1
More than 50 Years	21.2	20.4	32.6	29.8
Total	100.0	100.0	100.0	100.0

The distribution of FGD/KII participants showed that about 43% were engaged in civil services and shop/business activities- of which about 21% were civil servants. About 35% of participants were identified as house wives, not working and beggars/street children with a share of 15.7%, 12.0% and 7.5%, respectively. This shows that significant proportions of the participants were not engaged in economically productive activities. The remaining 22% were engaged in police/military services, working in religious institutions, daily labour and others.

There were significant variations across the towns in terms of distribution of participants by their occupations. The

highest percentage of civil servants was found in Harar (39%) while the lowest was from Gode (10.7%). Similarly, the highest percentage of participants engaged in private business was found in Dire Dawa (32.7%) followed by Gode (23.2%), and lowest in Harar (13.2%).

Table 3.3C: Occupation of Participants for FGD/KII

Occupation	Dire Dawa	Harar	Somali Region	
			Jijiga	Gode
Civil Servant	13.3	39.0	13.2	10.7
Shop/Business	32.7	13.2	19.7	23.2
Agriculture	0.0	0.0	1.3	1.8
House Wife	11.3	20.1	17.1	10.7
Working in Religious Institution	1.3	2.5	13.8	12.5
Not Working	8.7	10.1	10.5	30.4
Beggar/Street Children	12.7	0.0	11.8	3.6
Police/Military Service	7.3	8.2	9.2	7.1
Daily Labourers and Others	12.7	6.9	3.3	0.0
Total	100.0	100.0	100.0	100.0

The highest percent of 'not-working' people were found in Gode (30.4%), and the highest percentage of beggars were from Dire Dawa (12.7%) followed by Jijiga (11.8%) (Table 3.3C).

3.7. General information on the traders

The data collection from traders covered 82% (246) retailers and 18% (54) wholesalers across the four towns, which ensured coverage of a range of consumer goods. The distribution of the interviews were such that about 80 traders each were interviewed in Dire Dawa, Harar and Jijiga towns, whilst only 59 were interviewed in Gode town. In all the towns the majority of traders interviewed were owners of small shops/tuck shops accounting for an average of 41% of the sample. This was followed by large shop or vegetable or fruit vendors or roadside vendors that differed across the towns. More millers (11 in number) were interviewed in Harar compared to other towns. More big grain traders (7 in number) were interviewed in Gode town. At least two household trader associations were interviewed in Jijiga, Harar and Dire Dawa giving a diverse range of businesses (Table 3.4).

Table 3.4: Breakdown of trader and shops by type

Type of Trader	Trader	No	Percent	
	Wholesaler		54	18
Retailer		246	82	
Total		300	100	
Type of Shop	Small shop/Tuck shop	123	41.0	
	Roadside Vendor	42	14.0	
	Vegetable/Fruit Seller	34	11.3	
	Main/Large shop	33	11.0	
	Big Grain Market	20	6.7	
	HH Trader Association	5	1.7	
	Miller	19	6.3	
	Butchery	18	6.0	
	Other	6	2.0	
	Total		300	100

4. Major findings of the survey

4.1. Educational levels and characteristics

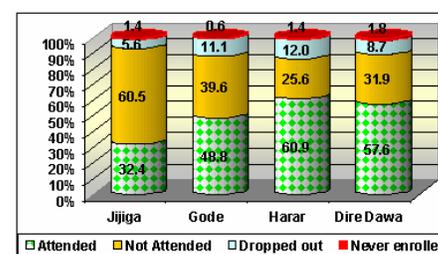
Dire Dawa and Harar: The level of education in Dire Dawa was such that over 60% of the population had some education, whilst 23% had no formal education and 17.5% were still enrolled in schools. About 26% of females did not have education compared to their male counterparts (18%). The percentage was much lower than the EDHS 2005 that indicated that 52.9% of males and 33.6% of females did not have any education. In addition the percentage of those who completed primary increased from 3.9% for males and 7.3% for females in the EDHS 2005 to 10.5% and 7.6%, respectively. In Harar, at least 30% of the population had some education and about 12% did not have any form of education and some 52% indicated that they were still enrolled in school. (Table 4.1).

Table 4.1: Levels of Education in the urban areas

		No Education	Still (enrolled) attending school	Some primary	Primary completed	Some secondary	Secondary completed	Tertiary or higher
Dire Dawa	Male	18.2	11.2	19.2	10.5	13.0	14.9	12.9
	Female	26.2	22.2	17.9	7.6	11.5	7.1	7.4
	Total	22.8	17.5	18.5	8.9	12.1	10.5	9.8
Harar	Male	13.1	20.7	14.8	12.2	13.1	15.3	10.8
	Female	12.1	64.1	6.6	4.1	4.3	6.0	2.7
	Total	12.4	52.3	8.8	6.3	6.7	8.5	4.9
Jijiga	Male	43.5	3.7	18.0	6.7	12.1	6.9	9.0
	Female	52.8	8.9	18.0	5.6	6.6	4.2	3.9
	Total	48.2	6.3	18.0	6.2	9.3	5.5	6.4
Gode	Male	37.2	3.8	16.2	6.0	12.0	9.8	15.0
	Female	38.0	38.3	8.9	3.9	4.7	3.8	2.5
	Total	37.6	23.2	12.1	4.8	7.9	6.4	8.0

Somali: The percentage without education was very high in Jijiga and Gode towns, whilst those still attending school was very low, the percentage of females with tertiary education was very low at 2.5% and 3.9% in Gode and Jijiga towns, respectively. The females attending school (38%) was very high compared to their male counterparts (Table 4.1).

Figure 4.1: School Attendance in EC 2000



School Attendance in EC 2000- Dire Dawa and Harar: On average, school attendance in the year 2000 EC was 58% in Dire Dawa and 61% in Harar. The percentage of those not attending school in 2000 EC was 32% in Dire Dawa and 26% in Harar. The remaining in these two towns were either school droppouts or never been enrolled (Figure 4.1). In 2000 EC, some 99% of children completed school in Dire Dawa, whilst 62% were registered at schools, of whom 6.2% did not attend school for at least four days per month. In Harar, 94% of those registered completed school in 2000.

School Attendance in EC 2000- Somali: In 2000 EC, about 69% in Jijiga and 80% in Gode completed school. Absentism from schools for about four days per month was very high in Gode (19%) and Jijiga (16%), the highest in all urban centers. The percentage attending school was 32% in Jijiga and 49% in Gode. The percentage not attending school was highest in Jijiga (60%) followed by Gode with 40% (Figure 4.1).

The reasons for dropping out of school, not attending or not enrolled were: illness for about 10% across all towns. Hunger was mentioned by households as a reason in Jijiga. Expensive schools and lack of money was mentioned by 11% of households in Dire Dawa. The other reasons such as work for money, help with household chores, early marriage and pregnancies were very rarely mentioned as reasons for dropping out of school or not attending schools (Table 4.2).

Table 4.2: Reasons for Dropping out of school/Not enrolled

	Dire Dawa	Harar	Jijiga	Gode	All Towns
illness	5.4	12.3	10.6	13.5	10.7
work for food or money	4.7	5.8	2.8	4.1	4.2
help with HH work	2.3	2.9	2.8	8.2	4.2
care for ill member/younger sibling	0	1.4	1.7	4.7	2.1
not interested in school	1.6	1.4	0	7.0	2.6
school too far away	0	0	1.7	2.9	1.3
Teacher absent/poor quality teaching	0	0.7	0	3.5	1.1
Hunger	0.8	3.6	10.6	1.8	4.5
Expensive/no money	10.9	5.8	7.8	2.3	6.5
Early marriage/Pregnancy	0.8	0.7	0	0.6	0.5
Never enrolled	2.3	4.3	6.1	1.2	3.6
Other Reasons	71.2	61.1	55.9	50.2	58.7

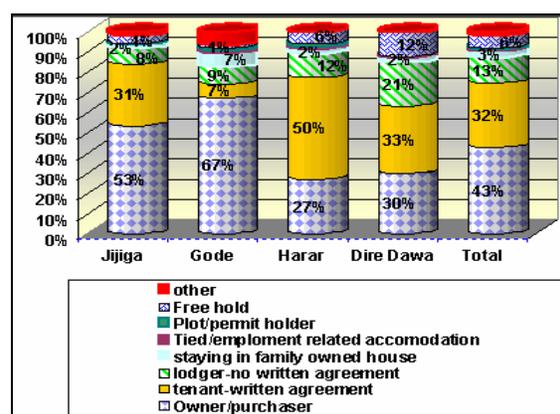
4.2. Housing, water, health, electricity, fuel supply and access

Housing conditions

Households were asked a number of questions in relation to tenancy status and housing quality. One question was referring to how long household members lived in their existing accommodation.

Dire Dawa and Harar: In Dire Dawa, 85% of households lived in the same houses for more than a year and only 10% stayed for six months to a year and 5% for less than six months. In Harar, 87% of households stayed in the same house for more than a year and 10% for less than six months. For those that had change houses, the main reason given was looking for a cheaper accommodation (33% of households in Harar and 44% in Dire Dawa); the other major reason was for better housing. Also being evicted from houses was mentioned by 33% of households in Dire Dawa (Table 4.3). In terms of ownership, only about 30% of households owned houses in both Dire Dawa and Harar. About 50% of households in Harar and 33% in Dire Dawa had written agreement (Figure 4.2).

Figure 4.2: Tenure Status across Urban areas



At least 64% of households paid for house rentals in Harar, of which 30% were in rent arrears. In Dire Dawa 56% of households paid rentals of which 17% were in arrears (Table 4.4). The number of people per room indicates that the highest level of crowding (more than three

Table 4.3: Percent of Households by Reasons for moving Houses

	Jijiga	Gode	Harar	Dire Dawa	Total
Cheaper accommodation	48.4%	41.2%	33.3%	44.4%	42.7%
Moving towns/changing jobs	9.7%	2.9%	13.3%	0.0%	6.7%
Better housing	22.6%	20.6%	46.7%	11.1%	24.7%
Evicted from previous house	6.5%	8.8%	0.0%	33.3%	9.0%
No reason	0.0%	20.6%	0.0%	0.0%	7.9%
other	12.8%	5.9%	6.7%	11.2%	9.0%

people per room) was in Jijiga (75% of households), of which 30% were more than four people per room, followed by Dire Dawa at 70%, and Gode having 19% with more than four people per room. The least level of crowding was in Harar with only 55% of households living with at least 4 people per room and 15% had more than four people per room (Figure 4.3).

The quality of housing was such that the majority of households (92%) in Gode lived in houses built with non-durable materials, of which 85% lived in pole and mud houses. In Jijiga at least 57% of households lived in brick structures under iron or tile roofs and only 43% lived in structures made of non-durable materials. In Dire Dawa, only 27% lived in houses made of non-durable materials and 30% of households in Harar had similar houses.

With respect to kitchen facilities, Gode had the largest number of households with own kitchen (58%), followed by Dire Dawa (56%) and Harar with about 46% of households. Jijiga had the least number of households with own kitchen (43%). The largest number of households sharing a kitchen was in Jijiga at 53% of the households, followed by Harar at 42% Gode 41%, and Dire Dawa with 28% of households sharing a kitchen. The use of bedrooms as kitchen was not common, with only 16% of households in Dire Dawa and 12% in Harar using bedrooms as kitchen (Table 4.5).

Somali: In Jijiga, about 82.4% of households stayed in the existing accommodations for more than a year, 15% for less than six months and 2.6% for more than six months to a year. In Gode, about 64% of households lived in their existing accommodations for more than a year; 21% for six months to a year and 15% for less than six months. For those who were in the existing accommodations for less than six months, the main reason given was moving to cheaper accommodations (for 48% of households in Jijiga and 41% in Gode). Only around 20% in both towns indicated moving to better accommodations as a reason (Table 4.3). The tenure arrangements were such that 67% of households in Gode and 53% in Jijiga stayed in own houses town (Figure 4.2).

About 42% of households reported that they paid house rentals in Jijiga, of which 13% had rent arrears. At least 57% of households did not pay rentals. In Gode 77% did not pay rent and 21% paid cash of which 14% had rent arrears.

Water and Sanitation

Dire Dawa and Harar: Most households in Dire Dawa (97%) used piped water, of which 40% had water inside their houses. In Harar, 76% of households used piped water, of which 30% was

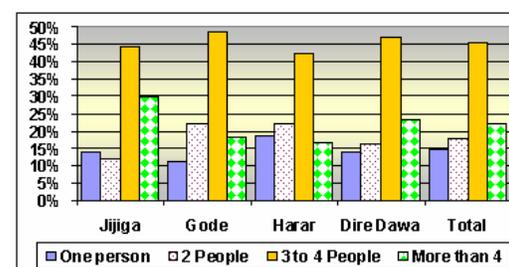
Table 4.4: Percent of Households by Months of Rental Arrears

Town	Rent Payment			Currently in Rent Arrears
	Pay Cash	Pay in kind/work	Do not pay	
Jijiga	41.7%	0.9%	57.3%	13.1%
Gode	21.3%	1.3%	77.4%	14.0%
Harar	63.5%	0.3%	36.2%	29.8%
Dire Dawa	55.7%	1.5%	42.8%	17.4%
Total	47.2%	1.0%	51.8%	18.9%

Table 4.5: Percent of Households by Kitchen Facilities

	Share kitchen	Have own kitchen cooking facility	Use bedroom as kitchen
Jijiga	52.6%	43.0%	4.4%
Gode	40.9%	58.2%	0.9%
Harar	42.2%	46.1%	11.7%
Dire Dawa	27.8%	56.0%	16.2%
Total	40.8%	50.4%	8.8%

Figure 4.3: Crowding (Persons per Room)



inside houses. In Harar, only 3% used unsafe water and 14% treated their drinking waters using water guard (70% of households) (Table 4.6). In Harar, majority of households (76%) used private or communal pit latrines with only 15% using VIP and flush toilets. In Dire Dawa, majority (56%) used pit toilets, communal or private, and only 40% used VIP and flush toilets (Table 4.7).

Somali: The source of water varied across the towns. Accordingly, 87% of households in Jijiga were getting tapped water and among these 25% had water inside their houses. In Jijiga only 4.5% had unsafe water sources and also 6.2% treated their waters while 50% used other means for treatment and 30% boiled their water.

In Gode, 79% of households used river, stream or pond water, with only 19% using tapped water. Despite the utilization of unsafe water, only 15% of households treated their water

of whom 41% boiled the water and 47% used water guard or filters. (Table 4.6).

Table 4.6: Sources of safe drinking water (% of HH access to water)

	Jijiga	Gode	Harar	Dire Dawa	All Towns
Piped water inside the house	24.9%	0.9%	30.5%	40.4%	25.9%
Piped water outside the house	48.0%	7.2%	44.1%	32.1%	34.6%
Communal tap (BONO) other people	14.0%	11.1%	21.3%	24.5%	18.2%
Borehole/ protected well	9.0%		1.3%		2.8%
Unprotected well	2.2%				0.6%
River, stream, pond	0.3%	79.1%		0.6%	15.8%
Other	1.6%	1.7%	2.9%	2.4%	2.2%
HH that treat their water	6.2%	14.5%	13.7%	1.8%	8.6%

Concerning toilet facilities, 33% of households in Jijiga used communal pit latrines. In Gode the majority (72% of households) used VIPs, communal or private, hence had better access to sanitation compared to Jijiga.

Heating and Lighting

Wood and charcoal were the dominant sources of fuel for cooking. In Jijiga, 74% of households used charcoal for cooking whilst 22% used wood as source of fuel for cooking. In Gode, 75% of households used wood whilst 25% used charcoal. In Dire Dawa and Harar, there was a balance between use of wood and charcoal. In Harar, 34% used wood whilst 39% used charcoal and 14% kerosine and 8% gas. In Dire Dawa, 53% used charcoal and 41% used wood and the remaining used other sources of fuel. For lighting, the majority used electricity. In Jijiga, at least 81% used electricity, 11% used paraffin and 7% used candles. In Gode only 35% used electricity and 57%

used paraffin as main sources for lighting. For Dire dawa and Harar, the majority (about 95%) used electricity and the remaining used other sources for lighting.

Table 4.7: Access to toilet facilities across towns

	Jijiga	Gode	Harar	Dire Dawa	Total
Flush private to households	7.5%	0.4%	2.2%	12.2%	6.0%
Flush shared with other household	14.0%	1.7%	2.2%	5.2%	6.1%
VIP private to household	5.0%	39.6%	2.5%	4.6%	11.0%
VIP communal	11.8%	37.9%	5.4%	17.4%	16.8%
Pit Private to household	17.1%	14.9%	25.1%	25.1%	21.0%
Pit communal	32.7%	4.3%	50.5%	31.2%	31.4%
None-bush	11.8%	0.9%	8.9%	4.0%	6.8%
other		0.4%	3.2%	0.3%	1.0%

Health and Health Facilities

The morbidity of household members during the past 12 months (referring to November 2007 to November 2008) exhibited that almost 90% of members in total were in good health and only 3%

to 12% were either ill for more than 3 months or less. Illness for more than three months across the households (chronic illness) was relatively low and was 1.7% in Harar, 2.1% in Dire Dawa, 2.7% in Jijiga and 3.8% in Gode. Illness for less than three months was highest in Gode (8%), followed by Harar at 3.5%, then Jijiga at 2.7% and lastly Dire Dawa at 2% (Figure 4.4).

Dire Dawa and Harar: Of those who were ill in the past year in Harar, the major disease reported was diarrhoea (16%). Some did not seek medical attention and the reasons for not seeking medical attention was mainly due to no money (50%), did not believe in health care (25%) and another 25% did not give any reason. In Dire Dawa, the major illness reported was hypertension (14%), TB and HIV/AIDS (10%). Dire Dawa reported the highest cases of HIV/AIDS and hypertension followed by Harar across the four towns (Figure 4.5). The main reasons why some ill people in Dire Dawa did not seek medical attention was no money (52%), followed by poor services (21%) and no reason (10%), then other reasons.

The under 5 years tended to have more people ill compared to the older age groups (Table 4.8). The major disease affecting children under 5 years was diarrhoea (35% of the group) followed by malaria and fever (over 10%). Diarrhoea was most prevalent for the under 14 years of age groups. Malaria tended to be more prevalent in the less than 40 years age groups. Chronic fever was more or less spread equally across all age groups.

Households access to health services varied across towns. In Dire dawa, at least 76% of households used a central hospital and referral hospital for their medical service, with the balance using other services. At least 15% sought medical treatment from traditional or spiritual healers. In Harar, at least 31% used a central hospital, 27% used private hospitals, 23% used a district hospital and 16% used referral hospital, whilst the balance used other services (Table 4.9).

Somali: Of those who were ill in Jijiga, the major causes mentioned were chronic fever (13.5%), eye problems (11%) and others. For those who did not seek health care, 44% indicated that health services were poor quality, whilst 28% indicated lack of money as the reason. In Gode, the main illness reported for those who were ill was Malaria (35%), followed by diarrhoea (18%) and

Figure 4.4: Morbidity across urban towns

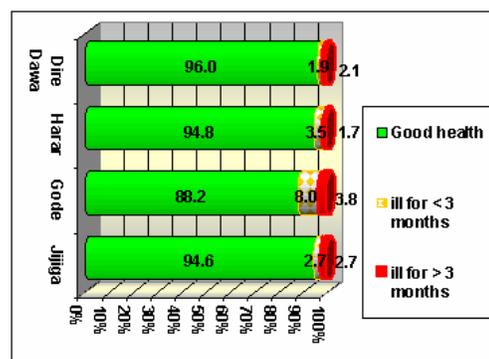


Table 4.8: Spread of Illness across Age groups

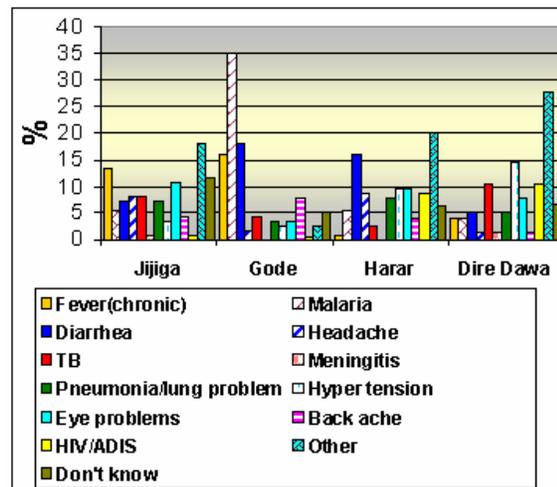
Age Group	Good health	ill for < 3 months	ill for > 3 months
< 5 Yrs	86.3	9.3	4.4
5 -17 Yrs	94.8	3.7	1.5
18 - 59 Yrs	92.7	4.3	3.0
> 60 Yrs	97.0	1.0	2.0
All Towns	93.6	3.9	2.5

Table 4.9: Access to Health Services (%HH)

	Jijiga	Gode	Harar	Dire Dawa
Did not get Health care	29.7	20.4	8.0	5.3
Central Hospital	14.4	15.0	31.2	52.6
Referral hospital	4.5	1.5	16.0	23.7
District/Municipal hospital/HC/clinic	37.8	44.7	23.2	6.6
Other public	2.7	1.5	4.0	5.3
Mission facility		7.3	2.4	1.3
Community health worker	0.9	7.8	0.8	
Private hospital/clinic	31.5	22.3	27.2	11.8
pharmacy	4.5	36.4		1.3
Other private	2.7	1.5	1.6	3.9
outside Ethiopia	0.9	1.5		
Traditional /spiritual healer	7.2	1.9	4.8	14.5
other	12.6	7.3	8.0	3.9

chronic fever (16%). Outbreak of diarrhoea in Gode was not surprising as more than 79% of households depended on unsafe water sources and majority did not treat their water before using. In Gode, backache was also very common compared to other urban centres at 8% (Figure 4.5). For those who did not seek treatment in Gode town, 77% indicated lack of money as the reason whilst 8% indicated that they did not believe in the health care service. In Jijiga, majority of households (69%) obtained health services from either the district hospital or private hospitals. At least 30% indicated they did not get health care and the balance received health services from other sources such as referral hospital, pharmacy, etc. At least 7% indicated they used traditional/spiritual healer. In Gode, majority (45%) used the district hospital and this was followed by pharmacy (36%), then private hospital at 22% of households. At least 20% did not seek medical care (Table 4.9).

Figure 4.5: Major Diseases across urban towns



4.3. Assets, livelihoods, income sources and expenditure pattern

Assets

The household questionnaire collected information on each household's ownership of basic and productive assets. Asset wealth was determined by counting the number of different types of assets a household owned and then creating categories of: 'asset poor' (0 to 4 different type of assets), 'asset medium' (5 to 9 different types) and 'asset rich' (10 or more types) households.

Overall 50% of households in Jijiga and 25% of households in Gode were asset poor. In Gode, majority of households (55%) were 'asset medium. The asset rich were 15% of households in Jijiga and 22% of households in Gode. At least 50% of households in Dire Dawa and 26% in Harar were asset poor, and 50% in Harar and 40% in Dire Dawa were asset medium (Figure 4.6). The most common types of assets owned were basic household possessions such as beds (47 % to 83%), tables and chairs (32% to 71%), radio (39% to 78%), and sofa sets (12% to 24%). Television sets were owned by 38 to 71% of households. Some 11 to 49% of the households owned jewellery, 38 to 58% owned wrist watch, and 40 to 64% owned CD/DVD players.

Figure 4.6: Asset Poverty across towns

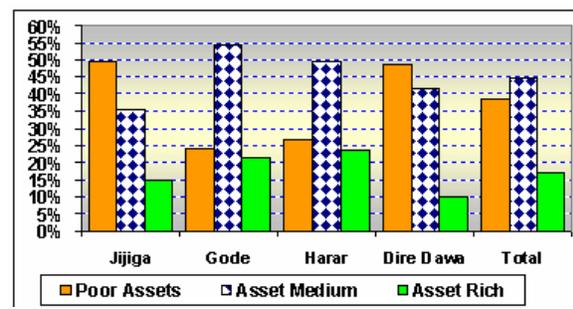
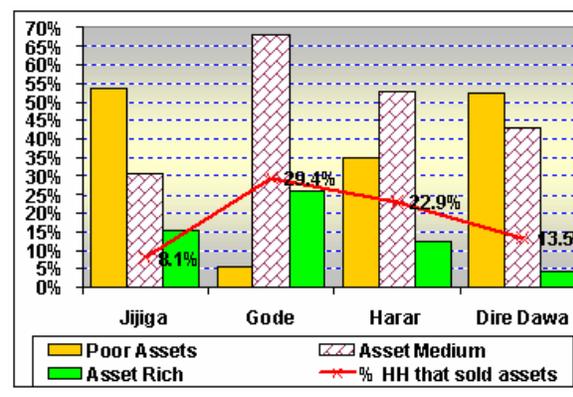


Figure 4.7: Sale of Assets by Asset Poverty



Of the transportation assets, bicycles were owned only by 3 to 14% and cars only by 3% of the households. Some 18 to 44% owned cell phones, 16 to 23% owned refrigerator/freezer and 12 to 24% had satellite dishes/ receivers. Agricultural assets such as axes, shovels, etc were not widely owned except in Jijiga and Gode which should be expected as some of the households depended on agriculture (Table 4.10).

Overall 17.6% of households indicated that they had sold household and agricultural assets in the past 6 months, excluding livestock sales. In the Somali town of Jijiga, 8% sold assets of which the majority (55%) were asset poor followed by 30% who were asset medium and a few (15%) who were asset rich households. In Gode, 29% sold assets of which the majority (67%) were asset medium, followed by the asset rich. In Dire Dawa, at least 14% sold assets of which the majority (53%) were asset poor households, followed by the asset medium (44%). In Harar, 23% sold assets of which the majority (54%) were asset medium and 35% were asset poor (Figure 4.7) households.

Table 4.10: Selected Asset Holding across Urban Centres

	Jijiga	Gode	Harar	Dire Dawa		Jijiga	Gode	Harar	Dire Dawa
Table and chairs	32.4	70.6	52.1	40.4	Motorcycle	0.9	0.4	1	0.9
Sofa set	16.8	12.3	23.8	17.7	Car	2.8	2.6	1	2.8
Radio only (working)	54.5	78.3	63.2	39.1	Cell phone	25.2	17.9	44.4	35.2
Television	46.4	38.3	71.1	62.1	Beds	47.0	63.0	82.5	77.1
Satellite dish	24.3	15.7	12.1	11.9	Watch/clock	38.3	42.6	57.8	48.6
Radio with CD/DVD player	39.6	48.5	63.8	52	Plough	5.6	10.2	4.4	0.9
Large electric stove/mitad	1.2	1.3	23.5	3.1	Yoke(arut)	5.3	6	1.9	0.3
Small gas stove	7.8	3.8	74.6	28.7	Machete	4.7	0.4	4.1	2.8
Refrigerator/freezer	17.8	16.2	26.3	22.9	Hoes	14.3	26.8	6.3	0.9
Jewellery (gold/silver)	10.6	49.4	34.6	18.7	Shovel	33.0	38.3	3.5	4.3
Sewing/knitting machine	0.9	14.9	1	0.3	Other specify	3.4	4.7	3.8	11.9
Cart	3.7	25.1	1.3	1.5	Rack	12.1	14	8.6	1.5
Bicycle	4.0	13.6	2.5	6.7	axe	33.0	68.9	19	16.5
					Pick	11.2	13.2	2.5	9.2

The reasons for asset disposal were mainly to buy food across all the towns centres. The sale of assets indicates desperation by the affected households.

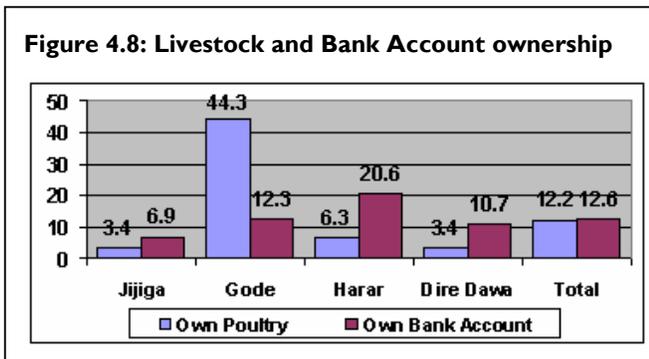
In Jijiga at least 83% of households who sold assets were to buy food, followed by medical and school expenses at 13% each. In Gode, at least 68%

of those who sold assets was to buy food, followed by 44% to pay debts, and 32% indicated that it was for medical expenses and 16% for school expenses. In Harar, at least 75% of households sold assets to buy food, 25% for medical expenses and 17% for school expenses. In Dire Dawa, at least 75% was to buy food, 18% for medical expenses and 13% for other various reasons (Table 4.11).

Table 4.11: Asset Sales and Reasons for Selling Assets

	Jijiga	Gode	Harar	Dire Dawa	All Towns
Fees/levies		1.5%		5.0%	1.5%
Funeral expenses		2.9%	1.4%		1.5%
Medical expenses	12.5%	32.4%	25.4%	17.5%	24.6%
School fees and uniform	12.5%	16.2%	16.9%	5.0%	13.8%
Purchase food	83.3%	67.6%	74.6%	75.0%	73.4%
Pay debts		44.1%	8.5%	2.5%	18.2%
other	4.2%	4.4%	2.8%	12.5%	5.4%

Livestock ownership was low and mainly poultry, ranging on average from 5 in Dire Dawa to 22 in Jijiga. There was a likelihood that a household did not want to disclose their ownership of cattle, sheep and goats as there were some households who sold cattle/camels, sheep/goats in the last six months especially in Gode. From the data collected that is mainly referring to poultry, 44% owned poultry in Gode and ownership in other towns was limited (Figure 4.8). At least 21% of households in Harar, 12% in Gode, 11% in Dire Dawa and 7% in Jijiga owned a savings bank account (Figure 4.8).



Livelihood Groups

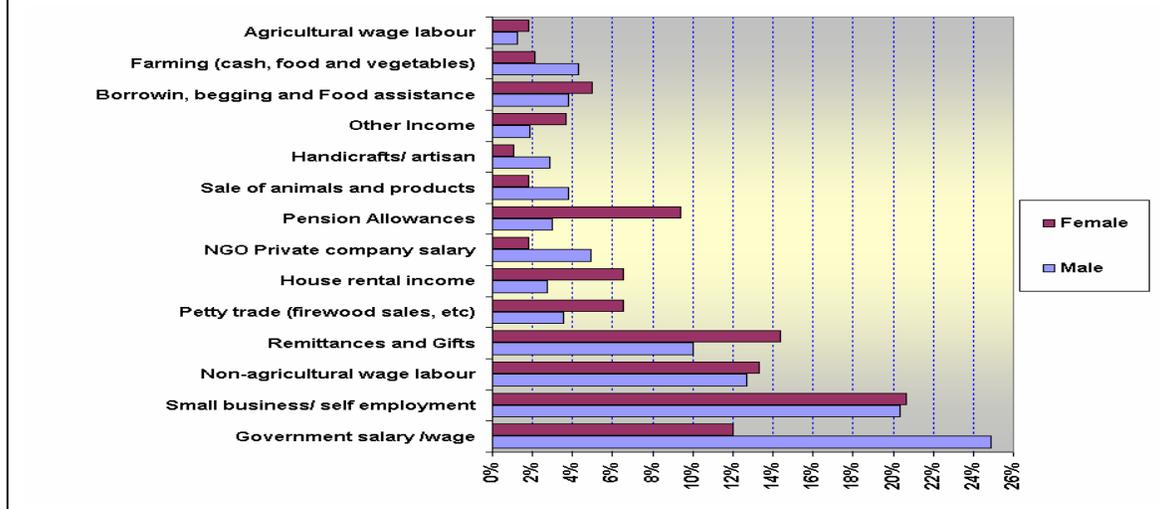
Households were asked to state up to three of the most important sources of livelihood. Based on this, livelihood groups were constructed using principal component analysis and clustering. The results revealed that many households depended on government wage, and small business/self employment. A large proportion (27%) of the households relied on remittances and gifts, 14% on sale of livestock and livestock products and 11% on crop and vegetable production in Gode. In

Table 4.12: Livelihood Groups Across the urban Areas

Livelihood Group	Jijiga	Gode	Harar	Dire Dawa	All Towns
Government salary /wage	18.9	19.2	29.5	15.3	20.8
Small business/ self employment	31.4	10.3	14.6	22.6	20.4
Non-agricultural wage labour	8.2	2.1	20.0	18.3	12.9
Remittances and Gifts	8.5	27.4	5.1	8.9	11.4
Petty trade (firewood sales, etc)	8.2	1.7	5.4	2.1	4.5
House rental income	5.0		2.9	6.7	3.9
NGO Private company salary	2.5	3.0	4.8	5.2	3.9
Pension Allowances	0.9	1.3	6.7	10.1	5.0
Sale of animals and products	0.6	14.1	0.3	0.6	3.2
Handicrafts/ artisan	6.3		1.6	0.6	2.3
Other Income	1.9	0.9	3.2	3.4	2.4
Borrowing, begging and Food assistance	1.9	7.3	2.5	5.8	4.2
Farming (cash, food and vegetables crops)	1.9	11.1	3.2	0.3	3.6
Agricultural wage labour	3.8	1.7	0.3		1.4

Dire Dawa, about 10% of the households relied on pensions. A remarkable proportion in Harar (20%) and Dire Dawa (18.3%) relied on non-agricultural wage labour with very few households in Gode relying on this source of income. The remaining households across all the towns relied on different sources of income ranging from petty trade, house rental, artisan, NGO, private salary employment and other sources (Table 4.12).

Figure 4.9: Livelihood Groups by Gender of Head of HH



The majority of households headed by males relied on government salary, followed by NGO, private salary, sale of animals and animal products or crop farming and handicrafts /artisans. Most of female headed households had remittances and gifts, pension allowances, house rentals and petty trade as their main sources of income. This indicates that female headed households had less reliable sources of income. An equal number of female and male headed households relied on small business/self employment and non-agricultural wage labour as main sources of income. The gender balance on livelihood sources makes women headed households more vulnerable to income shocks (Figure 4.9).

On average, 38% of the sampled households were characterized as asset poor (less than 4 asset categories). Many of these households were dependent on assistance, begging and borrowing handicrafts/artisans; and non-agricultural wage labour (over 60% of the groups was asset poor); followed by the farming cash, food and vegetables (47% of the group is asset poor); pension allowance, small business/self employment and house rental income with almost 40% of the group being asset poor. On average 18% of households sold their assets since January 2008. At least 37% of households from sale of animals and animal products livelihood group sold assets since January 2008, followed by the borrowing, begging and food assistance livelihood groups (26%) and non-agricultural wage labour group and pension allowances (25%), and other income, farming, petty trade and remittances livelihood groups (20%).

Sale of animals and animal products and the agricultural wage labour livelihood groups had the most people per room (tended to be more crowded). In addition, the animals and animal products livelihood group and farming livelihood group tended to have larger household sizes of greater than 6 persons per household. Hence, these livelihood groups were the most vulnerable groups as far as asset ownership was concerned.

Incomes

Households were asked to estimate the income that they earned in the month previous to the survey. This household level information was transformed into a rough per capita monthly income value dividing the reported income by the number of household members. The overall average per capita monthly income was 236 Birr/ month/person (1099 Birr/ month/household) among the asset poor households (median 160 Birr/ month/person), 322 Birr/ month/person (1545 Birr/ month/household) among asset medium (median 250 Birr/ month/person), and 451 (2404 Birr/ month/household) among asset rich (median 354 Birr/ month/person) households. Households in

Gode had higher monthly incomes than households in the other surveyed towns, with an average of 572 Birr/ month/person and 3026 Birr/ month/households. Other towns were found between 214 to 304 Birr/ month/person or between 1080 to 1253 Birr/ month/households.

Figure 4.10: Monthly income by town

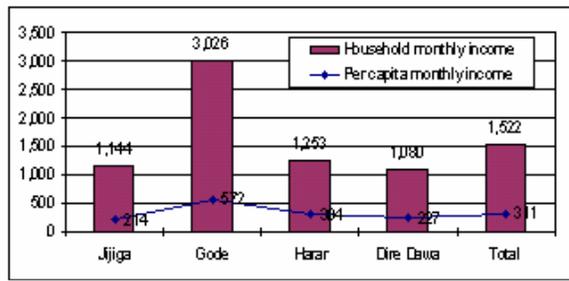
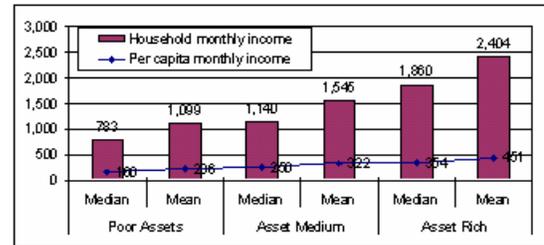
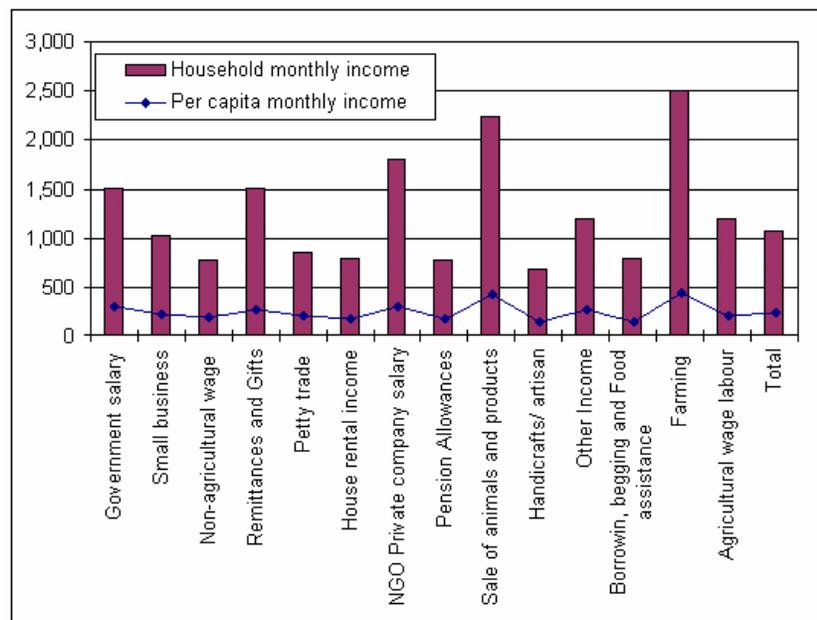


Figure 4.11: Monthly income by asset wealth group



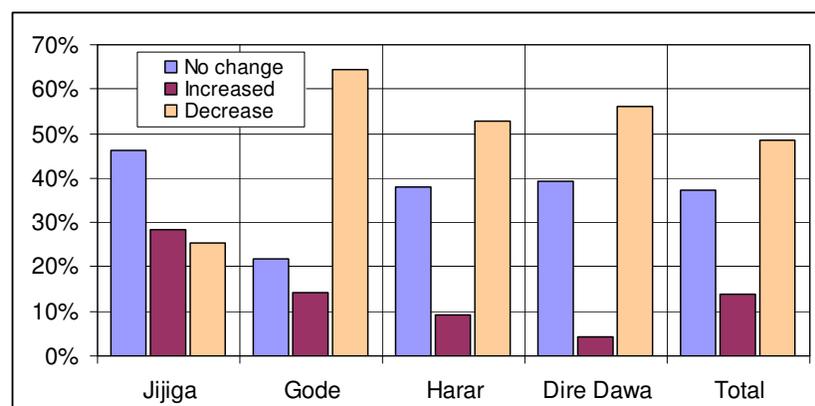
The highest mean value was found among households living on farming with 431 Birr/ month/person and 2500 Birr/ month/households. Sale of animals or animal products groups scored the second highest mean value (413 Birr/ month/person and 2243 Birr/ month/households), followed by the NGO/private company salary households (300 Birr/ month/person and 1800 Birr/ month/households) and the government salary group and remittances and gifts (270 to 300 Birr/ month/person and 1500 Birr/ month/households).

Figure 4.12: Monthly income by livelihood groups



Livelihood groups with the lowest per capita monthly income were: handicraft/artisans (mean 136 Birr/ month/person), borrowing, begging and food assistance (mean 143 Birr/ month/person) and those households dependent on pension allowances (mean 166 Birr/ month/person).

Figure 4.13: Household income change by town

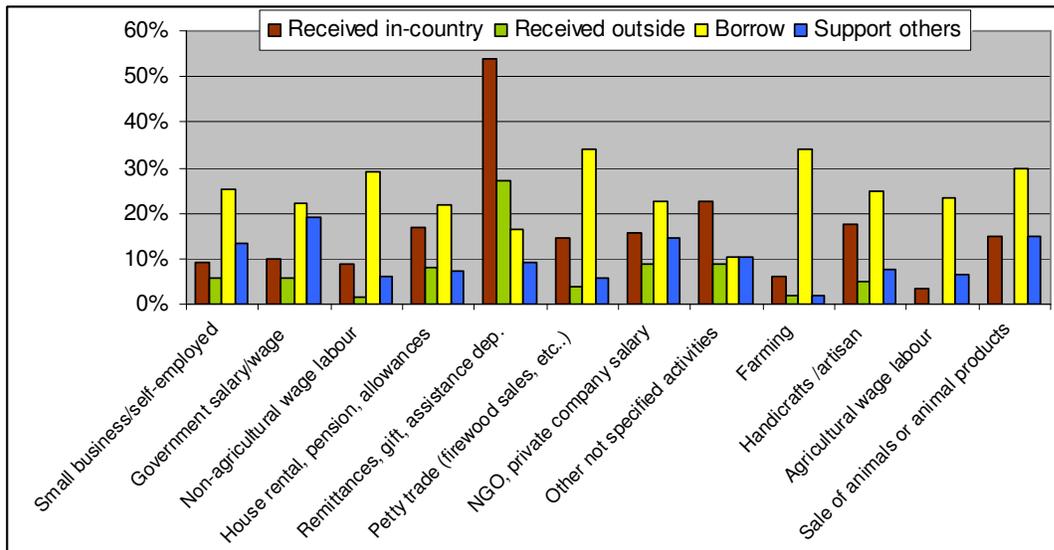


On average, about half of the sampled households reported that they experienced a decrease in their income from January 2008. About 38% reported no change in their income level and about 12% only reported an increase of income during the past year.

Households in Gode were the most affected in terms of income decrease with 65% of the households reporting income decrease, followed by Dire Dawa 57% and Harar 53%. In Jijiga 47% of households reported that their income did not change, followed by 39% of the households in Dire Dawa and 38% of the households in Harar. About 29% of households in Jijiga indicated an increase of income compared to only 4% of households in Dire Dawa.

Households were asked whether they had received support as food or cash from relatives/friends in the last year. Out of the entire sample, 14% of households received food and/or cash support from relatives/friends living in Ethiopia, while 7% only received support from outside Ethiopia. Across asset groups, there was a significant difference regarding support received from outside the country and in the possibility to support other households (both growing with wealth), and in the percentage of households who borrowed money in the last year, being higher among the asset poor group.

Figure 4.14: Distribution of households by livelihood groups and type of support they received

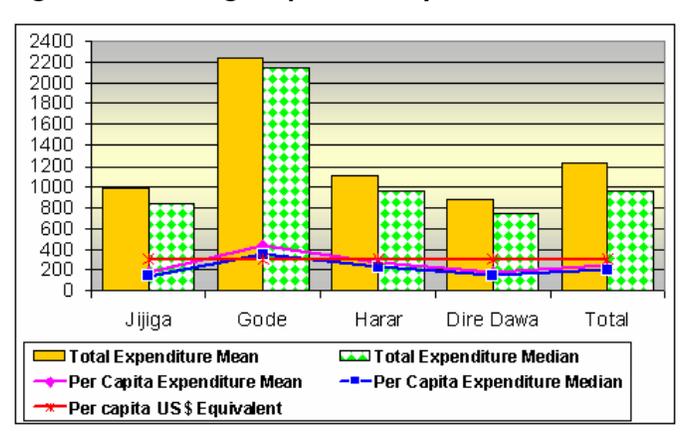


As expected, the livelihood groups of remittance, gift and assistance dependents were the most likely to be receiving support- 54% of these households were getting support from inside Ethiopia and 27% from outside. Borrowing rate was found to be relatively homogeneous across the groups, being highest among petty traders and farmer groups (34% in each group). The lowest borrowing rate was registered among households engaged in 'not-specified' activities.

Expenditures

The average monthly household expenditure was Birr 966 for all four

Figure 4.15: Average Expenditure by town



towns. The average monthly per capita expenditure was Birr 258. The expenditures however differed across the towns with the lowest average expenditure per household of Birr 881 per month (Birr 186/capita) in Dire Dawa, followed by Jijiga (Birr 996/capita), Harar (Birr 1117/capita) and the highest expenditure of Birr 2239 (Birr 473/capita) was in Gode. The expenditure levels depict the livelihood patterns in the different towns (Figure 4.15).

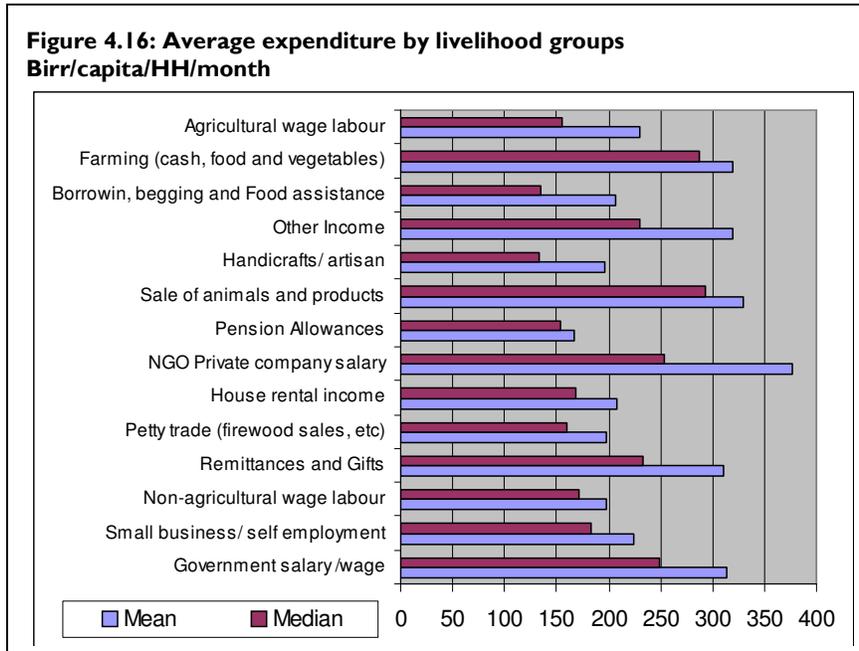
Distribution of expenditures across the towns indicated that about 35% of households in Dire Dawa spent less than Birr 600 per month, followed by Jijiga 28%, Harar 22% and Gode only 3% of their incomes. Most of the households in Gode spent more than Birr 1000 per month and the remaining towns were mainly distributed between expenditures of Birr 600 to Birr 1000 (Table 4.13).

Table 4.13: Expenditure categories

	Expenditure categories			
	< 300 Birr	300 to 600 Birr	600 to 1000 Birr	> 1000 Birr
Jijiga	5.0%	23.1%	36.1%	35.8%
Gode	0.9%	2.1%	8.1%	88.9%
Harar	4.4%	17.1%	31.4%	47.0%
Dire Dawa	9.2%	26.3%	36.7%	27.8%
Total	5.2%	18.3%	29.5%	47.0%

Expenditure by livelihood groups shows that the pension allowances group spend Birr 167/ capita and the handicraft, non-agricultural wage labour and petty trade had the least monthly expenditures from 196 to 198 Birr/capita. The highest expenditure was within the government salary/wage, remittances and gifts, NGOs private salary and farming (more than 300 Birr/capita) groups.

The borrowing, begging and food assistance and the house rental income groups were also among the livelihood groups with low expenditure, and hence income levels (Figure 4.16).



Expenditure by asset holding was such that the asset poor (less than 4 assets) had the least per capita expenditure of Birr191 per month, followed by the asset medium with Birr 273 per month, whilst the asset rich, as expected, had the highest per capita expenditure of Birr 362 per month. This indicates that the better the asset base, the better the living condition of household.

Considering sex of heads of households, female headed households spent less than male headed households, with male headed households spending on average 1391 Birr (Birr 272 per month per capita) compared to Birr 909 (Birr 225 per capita per month) for female headed households. The difference in expenditures between male and female headed households was spread across all the commodity groups, with the greatest difference in expenditure being on entertainment, transport, rent and non-cereals with a difference of more than 70%. This implies that female headed households are generally poorer than male headed households (Table 4.14).

In terms of marital status of heads of households, married households had better expenditure of about Birr 1,383 per month (Birr 266 per capita per month). In terms of income per capita, it was found that the never married were much better-off with per capita expenditures of Birr 403 per month followed by the divorced with Birr 305 per capita. The widowed were worse off with per capita expenditure of Birr 195 per month, followed by the separated (at Birr 255) and cohabiting with per capita expenditure of Birr 297 per month.

On overall, a large proportion of household expenditure was on food items. On average, 72% of the total household income was spent on food across the four towns. Households in Jijiga spent 75% of their monthly expenditure on food, followed by 73% in Dire Dawa, 70% in Harar and 68% in Gode. Of the total food expenditure, cereals took the largest share with 51% for households in Dire Dawa, 45% in Jijiga and Harar and 33% in Gode.

Next to food, the other main share of expenditure was on utilities (electricity, water, telephone and fuel) averaging 11% of the total expenditure (Table 4.15).

Table 4.14: Expenditure Birr/Month Male and female headed HH

	Male	Female	Total
Cereals	539	394	493
Non Cereals food	417	243	362
Utilities	157	94	137
Rent	31	17	26
Transport costs	22	12	19
Non food, soap etc	52	34	47
Entertainment(Alcohol, Chat, tobacco)	61	28	51
Education	28	24	26
Health	23	19	22
Funeral and Burial society	4	7	5
Assets, clothes and inputs	42	21	36
Debt Repayment	12	17	14

Table 4.15: Percentage Expenditure by Category of commodity

Commodity	Jijiga	Gode	Harar	Dire Dawa	Total
Cereals	45	33	45	51	44
Non Cereals food	30	35	25	22	28
Utilities	11	13	9	10	11
Rent	2	1	2	3	2
Transport costs	1	1	1	1	1
Non food, soap etc	4	4	3	4	4
Entertainment(Alcohol, Chat, tobacco)	2	4	5	2	3
Education	2	1	2	3	2
Health	1	2	2	1	1
Funeral and Burial society	0	0	1	0	0
Assets, clothes and inputs	2	4	2	1	2
Debt Repayment	0	1	2	1	1

4.4. Food consumption, food security and nutrition

Current Consumption

Households were asked to recall the type of food items their members consumed over the seven days prior to the survey as well as to indicate the number of days the specific food items were consumed. Using standard WFP VAM /FANTA analytical method, the items consumed were grouped into eight food groups (staples, pulses, vegetables, fruit, meat and fish, sugar, milk, oil). These different food groups were given weights based on nutritional density, animal proteins given the highest weight. A consumption score was calculated combining the information on dietary frequency and dietary diversity. Then, thresholds (cut off points) were used to classify

households as having poor, borderline or acceptable consumption levels. Use of the Food Consumption Score allows for comparisons of dietary quality and diversity between populations.

Based on this analysis, at least 16.1% of households across all the towns had poor consumption or were considered as food insecure. The greatest percentage that was food insecure was in Dire Dawa and Jijiga at 22%, followed by Harar with 12% of the households and the least was in Gode with 5%. Hence Gode had the largest percentage of food secure households estimated at 84%, whilst Dire Dawa had the least number of food secure households estimated at 37% of the households (Table 4.16)

In terms of dietary diversity, households with ‘poor’ consumption managed to eat the equivalent of only cereals and oil six times per week of which 5 days was teff and one or two days was potatoes for Dire Dawa, Jijiga and Harar. The poor had also about 6 and 7 times a week of sugar consumption in Dire Dawa and Jijiga, respectively, whilst they had three times of sugar in Harar. Gode was exceptionally different as most of the poor had serious poor consumption of cereals only three days of other cereals, four days of sugar, about a day of meat and two days of oils and fats. This is considered a bare minimum and is a sign of extreme household food insecurity.

Table 4.17: Days consumed by consumption category

Town	Food Consumption Category	Teff	Other Cereals	Potatoes	Pasta	Sugar	Pulses	Vegetables	Beef	Oil /Fat	Milk
Jijiga	Poor Consumption	5	2			7				6	
	Borderline Consumption	7	3	2		7				7	
	Good Consumption	7	5	2	2	7		1	2	7	2
	Total	7	4	2	1	7			1	7	
Gode	Poor Consumption		3			4			0.5	2	
	Borderline Consumption		5.5			6	2	1		6	2
	Good Consumption		6		2	7	2	3	5	7	5
	Total		6		2	7	2	3	4	7	4
Harar	Poor Consumption	5	1	1		3				5	
	Borderline Consumption	7	2	2	0.5	5	1	1		7	
	Good Consumption	7	4	2	1	7	4	1	1	7	
	Total	7	3	2	1	7	2	1		7	
Dire Dawa	Poor Consumption	5	1	1		6				7	
	Borderline Consumption	7	2	2	1	7		1		7	
	Good Consumption	7	5	2	1	7	1	1		7	
	Total	7	3	2	1	7		1		7	

Households with ‘borderline’ consumption were eating the equivalent of cereals, oil and sugar daily, except for Gode where they ate cereals about six times per week. The borderline also had two days of potatoes, other cereals and a day of vegetables and pulses.

Households classified as having ‘good’ consumption on average consumed: cereals, oil and sugar seven times in a week and in addition had more consumption of other foods, hence their diet was diversified. The additional foods include five days of other cereals, two days of potatoes, five days of pulses, two days of vegetables and one day of meat or fish (Table 4.17).

Table 4.18: Food Security Status by Livelihood Group

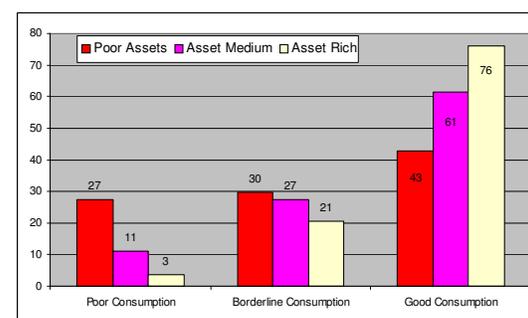
Livelihood Group	Poor Consumption	Borderline Consumption	Good Consumption
Government salary /wage	6.9	19.0	74.2
Small business/ self employment	13.9	32.0	54.1
Non-agricultural wage labour	13.0	30.5	56.5
Remittances and Gifts	5.1	22.8	72.1
Petty trade (firewood sales, etc)	20.4	22.2	57.4
House rental income	17.0	27.7	55.3
NGO Private company salary	2.1	12.8	85.1
Pension Allowances	8.3	36.7	55.0
Sale of animals and products	2.6	10.5	86.8
Handicrafts/ artisan	22.2	22.2	55.6
Other Income	13.8	6.9	79.3
Borrowing, begging and Food assistance	38.0	22.0	40.0
Farming (cash, food and vegetables)	4.7	4.7	90.7
Agricultural wage labour	5.9		94.1
Total	11.4	23.5	65.1

By livelihood groups, the poorest food consumption was in the borrowing, begging and food assistance groups (38% of households), followed by the handicraft group (22%) followed by the petty traders (20%), house rentals (17%), non-agricultural labour, small business and other ‘not specified’ livelihood groups (13% of households). These groups were the most vulnerable (Table 4.18).

By sex of household heads, female headed households were more food insecure (20.1%) compared to male headed households (14.2%). In terms of marital status, the widowed or separated (22 to 24%) tended to be more food insecure. The divorced had 20% of food insecure households. The married and never married households had only 13 to 15% of food insecure households. None of the cohabiting households was found to be food insecure.

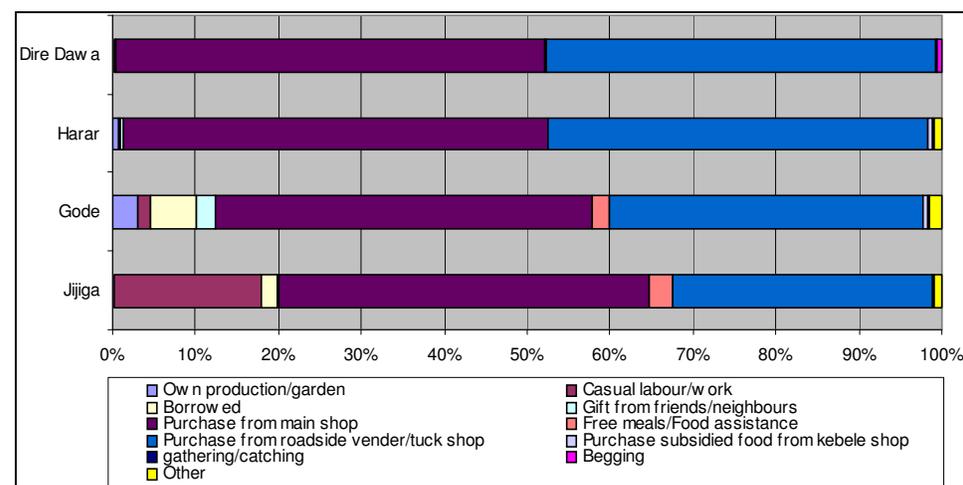
The food security status by asset holding was another indicator of food insecurity. The findings indicate that most of the poor food consumption and the borderline consumption were poor to medium asset holders with at least 27.5% of the poor asset holders having poor food consumption. It shows that the poor asset holders were more food insecure compared to households with good asset holders. The largest percentage with poor consumption who were asset poor were in Harar (78% of households), followed by Dire Dawa (68% of the households) (Figure 4.17).

Figure 4.17: Food Security by Asset Group



In terms of income levels, food consumption improved with improvement in income levels. The finding indicated that households (66%) earning less than 300 Birr per month consumed very poor food diet followed by 32% for those whose expenditure was 300 to 600 Birr/month. Only 18% of households whose income was Birr 600 to 1000 per month had poor consumption whilst only 3% with greater than 1000 Birr/month had poor consumption. Similarly more households (79%) with income/ expenditures of greater than Birr 1000 had good consumption followed by the second income level (Birr 600 to 1000) with 50% having good consumption. The least consumption was with households whose income was less than Birr 300 (10% of households), followed by 26% for the households with expenditure/ income of Birr 300 to 600 Birr.

Figure 4.18: Food Sources across towns



Sources of Food

The main sources of food for the majority (89%) of households were coming from purchases either from major shops (48%) or roadside vendors/ tuck shops (41%). In Harar and Dire Dawa, 97 to 98% of food was purchased. In Jijiga, 17% of households indicated casual labour as the second main source of food after purchase. Other food sources were insignificant with borrowed food contributing 5.5% and production contributing about 3% in Gode. The fact that almost 90%

of food was purchased for most of the households imply that the rise in the prices of food had a great impact on food access for the urban population (Figure 4.18).

Changes in Consumption

Households were asked to remember their consumption levels back in January 2008. Table 4.18 shows that poor consumption increased from 11.5% in December 2007 to 16.1% in October 2008 across all towns. In Harar, the poor consumption households increased from 6.3% to 12.4%; in Dire Dawa it increased from 15.3% to 22%; in Jijiga it increased from 18 to 22% and in Gode, it remained more or less unchanged. The percentage with borderline consumption also increased while good consumption households decreased from 65% in December 2007 to 56.8% in October 2008 (Table 4.18). This analysis shows clear deterioration of household food consumption across the towns as of January 2008.

Table 4.18: Comparison % Population between Dec 2007 and October 2008

Town	Poor Consumption		Borderline Consumption		Good Consumption	
	Dec 07	Oct 08	Dec 07	Oct 08	Dec 07	Oct 08
Jijiga	18.1	21.8	20.9	22.1	61.1	56.1
Gode	4.3	5.1	9.4	11.1	86.4	83.8
Harar	6.3	12.4	20.6	29.2	73.0	58.4
Dire Dawa	15.3	22.0	38.8	41.3	45.9	36.7
Total	11.5	16.1	23.5	27.0	65.0	56.8

The comparison across livelihood groups shows significant increase in percentage of poor consumption between the two periods (December 2007 to October 2008). The non-agricultural wage labour, pension allowances and agricultural wage labour

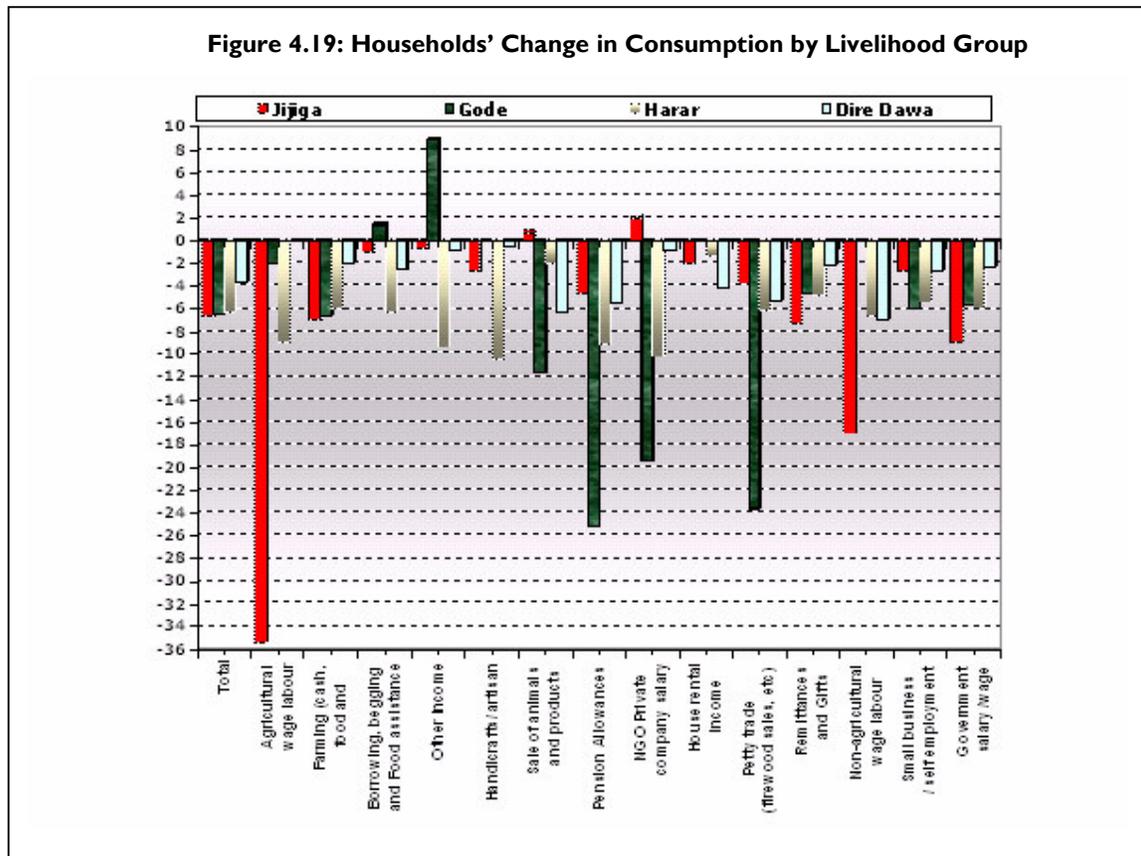
livelihood groups experienced the highest increase in the percentage of the poor consumption households. Households belonging to NGOs/ private company salary and 'non specified' livelihood groups reported some decrease in the percentage of poor food consumption.

Table 3.19: Comparison consumption groups between Dec 2007 and October 2008 by Livelihood Groups

Livelihood group	Poor Consumption		Borderline Consumption		Good Consumption	
	Dec 07	Oct 08	Dec 07	Oct 08	Dec 07	Oct 08
Government salary /wage	6.9	9.3	19.0	24.2	74.2	66.5
Small business/ self employment	13.9	16.8	32.0	37.7	54.1	45.5
Non-agricultural wage labor	13.0	26.0	30.5	31.2	56.5	42.9
Remittances and Gifts	5.1	8.1	22.8	22.1	72.1	69.9
Petty trade (firewood sales, etc)	20.4	24.1	22.2	22.2	57.4	53.7
House rental income	17.0	21.3	27.7	27.7	55.3	51.1
NGO Private company salary	2.1	0.0	12.8	19.1	85.1	80.9
Pension Allowances	8.3	28.3	36.7	41.7	55.0	30.0
Sale of animals and products	2.6	5.3	10.5	15.8	86.8	78.9
Handicrafts/ artisan	22.2	22.2	22.2	33.3	55.6	44.4
Other Income	13.8	10.3	6.9	13.8	79.3	75.9
Borrowing, begging and Food assistance	38.0	42.0	22.0	20.0	40.0	38.0
Farming (cash, food and vegetables)	4.7	4.7	4.7	9.3	90.7	86.0
Agricultural wage labour	5.9	11.8	0.0	11.8	94.1	76.5
Total	11.4	16.0	23.5	27.1	65.1	56.9

For the farming (cash, food and vegetables) and handicraft/ artisan livelihood groups, no change was observed during the specified time in the percentage of poor consumption households. The good consumption groups decreased between the two periods across all the livelihood groups (Table 4.19).

The greatest loss in consumption was recorded in Jijiga for the wage labour livelihood groups with a loss of 35 points and 17 points for non-agricultural wage labour livelihood group in the food consumption score. Some 10 to 25 points loss in the food consumption score was also experienced by households in Gode from pension allowances, NGO/ private company salary and petty trade (firewood sales, etc) livelihood groups. In Harar and Dire Dawa, losses of food consumption scores varied across the livelihoods groups (5 to 10 point). Dire Dawa had the least of losses followed by Harar across the livelihood groups compared to Somali and Gode towns (Figure 4.19)



Households were asked whether amount of cereal consumption was changed or not compared to the situation six months earlier. In most households (61%), cereal consumption was decreased. Some 26% of households indicated that there was no change and 24% had shifted to less expensive commodities. (Table 4.20).

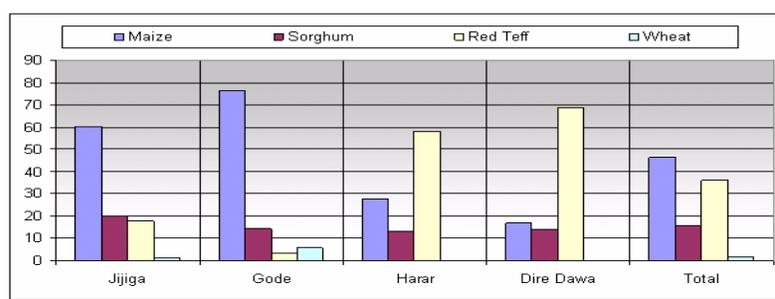
Table 4.20: Perception of Changes in Consumption

	No change	75% to 100% of December	50% to 75% of December	Less than 50% compared to December	Increased	Changed to less expensive commodities
Jijiga	34	10	10	14	28	4
Gode	28	12	25	8	20	9
Harar	20	6	16	16	2	41
Dire Dawa	23	16	13	6	2	39
Total	26	11	15	11	13	24

On average, nearly 50% of households changed their main preferred staple cereal to maize as a substitute. Maize preference in the towns ranged from 60% in Harar to 78% in Gode. In Harar and Dire Dawa, preference for red teff grain accounted for 58 to 70%. Sorghum preference was equally distributed (13% in Harar to 20% in Jijiga) across all the four towns. Less than 5% of households changed their preferred commodities to wheat (Figure 4.20).

About 33% of households indicated insufficient income as the main reason for the changes in preferred cereals. By towns, 40% in Harar and 25% in Gode changed preferred cereals due to insufficient income. On average, 18% of households stated that preferred cereals were too expensive and 2% indicated that preferred meat was not available in the market (Figure 4.21)

Figure 4.20: Change in Commodities

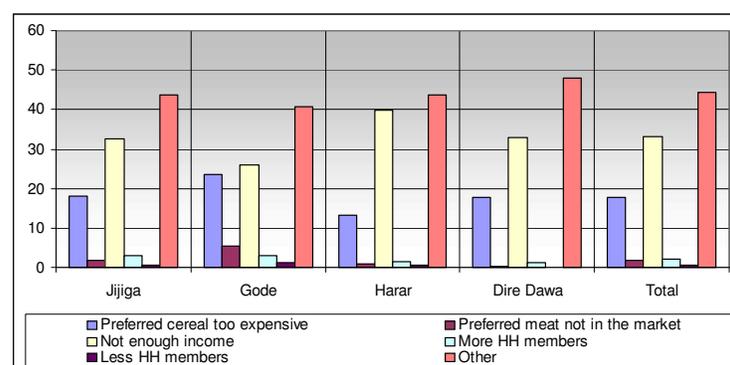


4.5. Markets and food prices

Situation of prices on food commodities

Information from focus group discussions (FGDs) and key informant interviews (KIIs) revealed that prices of most of the food commodities showed significant increase during the last one year, though the majority of respondents felt that price increases started since late 2005 and early 2006. Price of wheat grain remained the same (average of all towns)

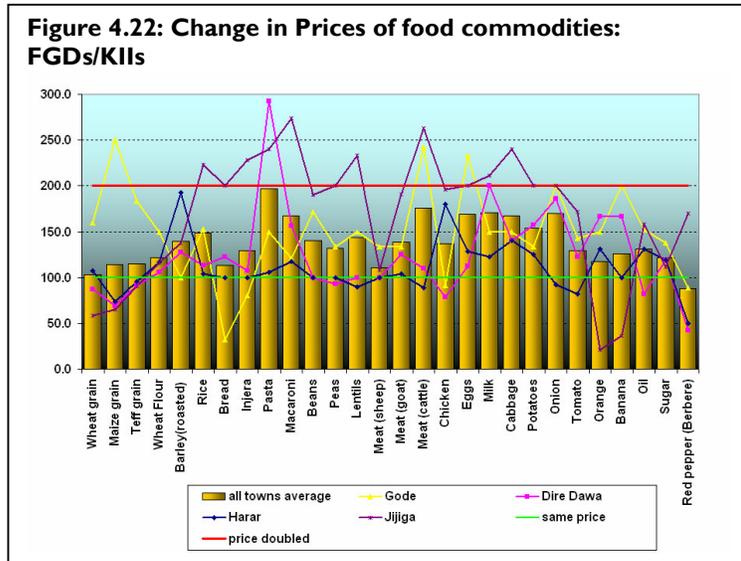
Figure 4.21: Reasons for changing the commodities less expensive commodities by the HHs



while that of red pepper declined slightly. Price of pasta (both locally produced as well as the imported) doubled during last year, while maccaroni, rice, meat, eggs, milk, cabbage and onins showed 50% or more increment during the time of the survey compared to same time last year. Most of the remaining food commodities had prices increased by 20-50% during the reference period- an increase over the prevailing high prices that started growing since early 2006. There were remarkable variations across the towns where Jijiga experienced highest prices followed by Gode and Dire Dawa, while Harar experienced moderate increases in prices for most of the food commodities (Figure 4.1B).

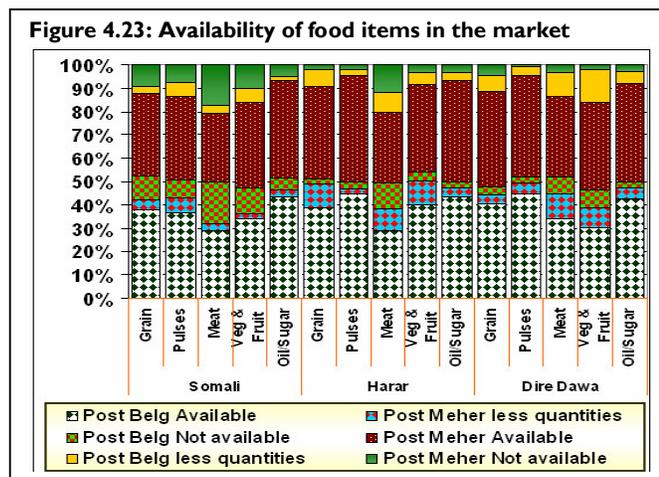
Availability of food commodities

Although most of the food commodities were available in the market, respondents of FGDs and KIIs indicated that some items were not adequately available. Food commodities that were reported as scarce or not available in many markets of the study towns were orange (67%), milk (60%), goat and sheep meat (51%), chicken and eggs (5%), barley (30%), rice (25%) and wheat flour (14%). Sources of food commodities were mainly big shops and roadside markets. Major reasons mentioned by participants of FGDs/KIIs for the poor supply of food commodities were government restriction of cross border trades, high prices of commodities from their sources and depleted capacity of traders due to inflation related problems as well as reduced demand of consumers. Similar patterns were noticed from all of the four study towns.



The survey also collected information on availability of preferred food items from traders during post Belg and post Meher seasons.

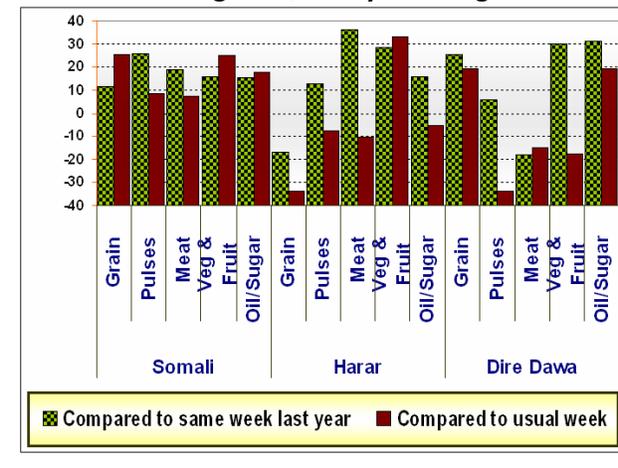
Around 77% of the traders interveewed felt that food commodities were available in the market in both seasons, while 9% felt food items were scarcely available and the remaining 14% reported not available. With regard to avaliability by commodity taking the avarage of the two seasons, around 88% of traders reported that grain was available, for pulse 83% of traders, for vegetable 69% of traders, for meat 69% and for oil 87% of traders reported avaliability in the market. Avaliability of commodities varied from town to town based on avaliability of produce, transport access and types of commodities (figure 4.3). Dispite avaliability of commodities in the market, traders noticed that there was a substantial increase in the prices of almost all commodities.



Volume of trade/sales

There was high variability in traded quantity amongst traders whereby it ranged, on average, from 2mt to 20mt for grains, from 1mt to 1.45mt for pulses, and from 0.1mt to 2.6mt for fruits and vegetables. The quantity sold as proxy for trading activity indicates that compared to last year, sales dropped by 45% for grains, 44% for pulses, 41% for meat and 23% for vegetables, which is indicative of speculative trader behaviour. When outlying values were filtered out, results showed that compared to a usual week the amount of grains sold decreased by about 30%, pulses by 31%, and perishable commodities such as vegetables by around 40% between January and June 2008.

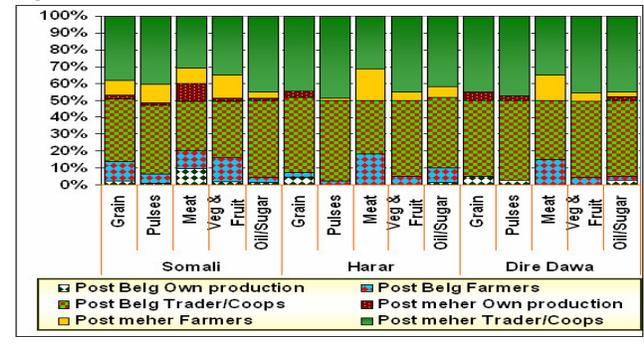
Table 4.24: Change in Quantity of selling



Sources of food items for traders

About 83% of traders reported that the major sources of commodities for re-sale were other traders; very few from farmers (12.6%) and the remaining 4.4% from own sources. By towns, the results showed that 75% of traders in Somali, 82% in Harar, and 87% in Dire-Dawa had other traders as their sources of commodities for re-sale (figure 4.4). These indicate that the direct consumer households obtained staple foods after a chain of many intermediate traders which have an impact on performance of the market. Moreover, the survey result indicated that there was no such significant difference on availability of commodities between two main seasons of the country, Meher (main season) and Belg.

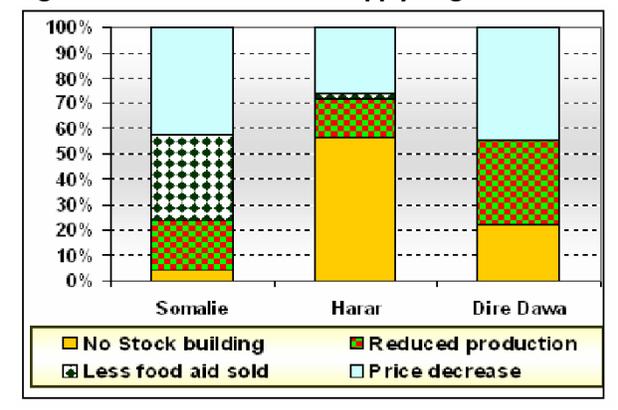
Figure 4.25: Main source of food for traders



Supply of food commodities

Considering quantities supplied as a proxy for trading activity, sales collapsed by between 47% and 60% for all commodities compared to last year. Some 60% of the total traders indicated that the supply of cereal commodities to the market declined and among these 35% of respondents reasoned out decline in prices, 28% less stock holding by traders, 19% reduction in production, and less food aid being sold (figure 4.6). On the other hand, 35% of traders indicated that there was an increase in supply of commodities to the market with the main reasons mentioned being traders from other regions providing produce (27%), price increases (34%) and food aid being sold in the market (mostly wheat traders with some others).

Figure 4.26: Reason for low supply of grain

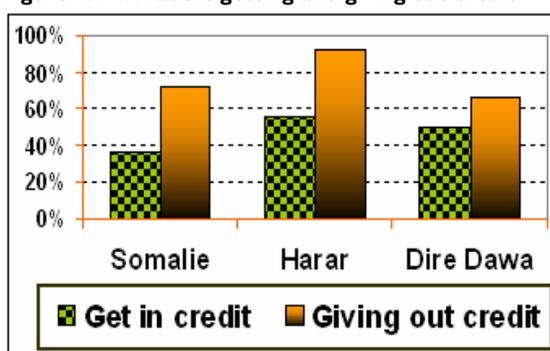


Access to Credit

Access to credit by traders

Access to credit was found the major constraint for most traders in the study towns to run their businesses properly and provide commodities to the market. Traders were asked about credit access to purchase the commodities they sold. Of the total traders, about 36% of traders in Somali, 55% in Harar, and 50% in Dire Dawa had access to credit and more wholesalers had access to credit than retailers. With regard to sources of credit, nearly 77% of traders got credit from other traders, 10.4% from bank/credit associations, and the rest 11.7% from money lenders and NGO programs. About 43.6% of the surveyed traders thought there was no change in access to credit, 32% reported reduced access to loan opportunities particularly for retailers and small traders and the remaining 24% indicated there was an increase in access to credit. The average interest rate was found to be 1% in Harar and Dire Dawa, and 3% for Somali Region and this figure remained the same for 33% of the traders.

Figure 4.27: Traders getting and giving out credit



Demand to credit by consumers

Traders were asked whether households were seeking more credit; 72% of the traders reported that there was an increase in the number of households requesting to buy food on credit basis. For instance, traders reported that about 73% of households in Jijiga and Gode, and 77% in Harar requested to buy food on credit basis. In Dire Dawa the amount of credit being requested showed a slight decrease (17% of responses) (Table 4.21).

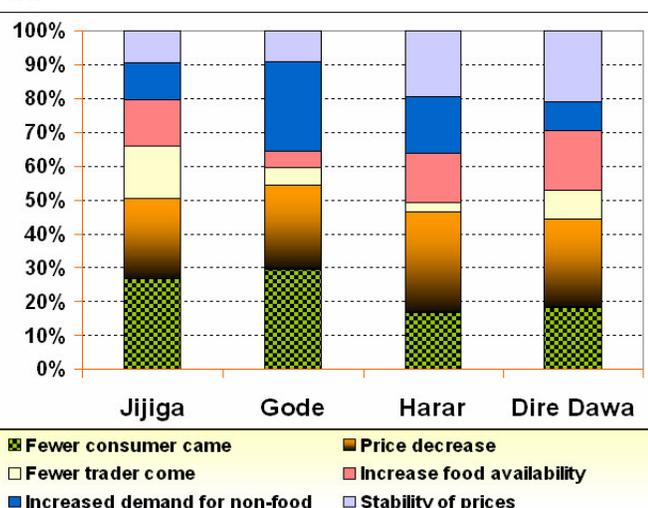
Table 4.21: Percentage of people requesting to buy on credit

	Same	Less	More
Somalie	20	7	73
Harar	9	14	77
Dire Dawa	17	17	66

Difficulties for trading and potential impact of food aid

Traders were interviewed about the main difficulty they faced with trading activity during the survey period. About 25% of the traders indicated cost of commodities to be the major constraint for their trading; 22% decreased or low demand from people to by commodities, and 16% reported difficulty in receiving debts from customers especially in Dire Dawa and Jijiga towns. With regard to the potential impact of food aid distributions on the market, around

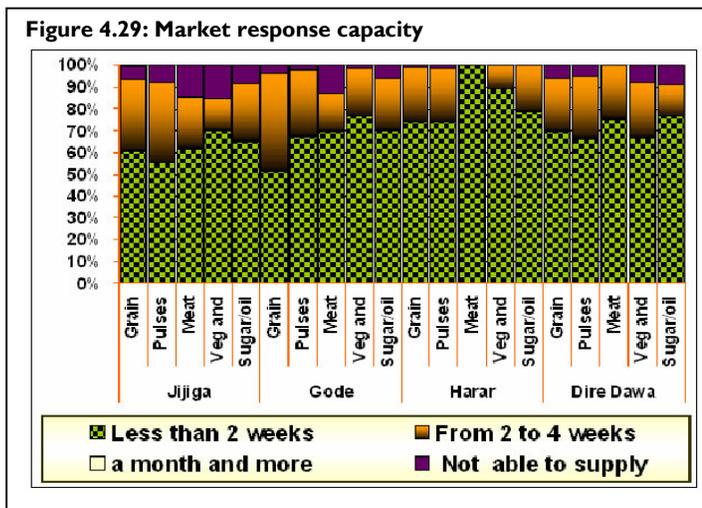
Figure 4.28: Potential Impacts of aid distribution on markets



23% of traders indicated they would not see any impact on the market, whilst 26% indicated price of main staples declined when large volume of food aid was distributed in their area. Some 23% thought there could be an impact because it reduced number of people who came to buy and the rest reported food aid distribution increased availability and it also contributed for price stabilization (figure 4.28). On the other hand, traders were asked about impacts of food aid distribution on trading activities, only 3% of traders indicated they would not see any impact on their trading activities, whilst 28% thought there could be an impact because it reduces their profit margins; 27% indicated that it reduced their sales, and around 26% reported aid distribution had an impact on their trading activity because it reduced the number of their customers.

Market response capacity

With regard to market response capacity, traders were interviewed the time it takes to increase food supplies if demand by households increased. Around 64% of traders reported that perishable foodstuffs such as meat, fruits and vegetables, *Injera* and bread were the items market responded more quickly (less than two weeks); and for grain, pulses, sugar and oil the response could take up to a month according to most of the traders since the supply rate depends on type of commodity traded. Across the towns, Harar and Dire Dawa had quick response capacity than Jijiga and Gode towns (figure 4.29).



4.6. Perceptions on vulnerability, poverty and impacts of rising food prices

The main livelihood sources for the majority of ‘slightly better-off’ and ‘better-off’ households were civil service and business while the poor and the very poor relied on other activities like daily labour, road-side vendor, small businesses, and begging (not working). Regarding income levels, as perceived by respondents, the majority of the poor had monthly incomes of Birr 300-600 while most of the very poor were earning below 300 Birr. A majority of slightly better-off households were earning Birr 600-2000 monthly. The majority of better-off households could earn more than 2000 Birr per month. The information further indicated that very poor people constituted about 40%, the poor about 30%, the slightly better off about 20%, and the remaining 10% were considered as better-off. However, there were some differences between towns with regard to the perceptions on income by wealth groups. In Dire Dawa and Jijiga, people who were perceived as better off could earn more than 5,000 Birr per month, though the percentage of the better off was only about 5% of the sample population.

Impacts of Food Price Increases

Dire Dawa Administration

Nutrition aspects: People became increasingly food insecure since changes in prices of food in the markets. The situation forced people to rely on less expensive and less preferred food. Moreover, they reduced the size and number of meals per day per person. This situation caused

malnutrition. Mothers faced problems to feed their children. Some went on passing a day without any food. Situations went to the extent that left over food from restaurants and better-off households were no more there and even if there was a left over it was no more available to the poor, but to those who could buy. A real shortage of food was seen in many households.

Physical aspects: The poor were so short of food that they became too weak to do physical work as daily laborers. In fact, it was these types of people who were susceptible to diseases and were sick, and preferring to sleep more hours than to go out to find work. Some went a whole day without food, even not accessing left over food from restaurants. People need energy for physical labor, but they had to work without food, making them physically weak.

Economic/ financial aspects: In general, there is high unemployment rate in the country. This is true in Dire Dawa as well. As food prices increased, families failed to provide sufficient food for household consumption. To compensate this, people had to sell their assets despite the dire consequences following asset losses. The relatively better-off households decreased their expenditures for non-food items for fear of food insecurity. Many had no savings at all as their incomes could not go beyond their daily food expenses. In fact, the reality was that households were not able to cover even their household expenses let alone thinking of savings. Some were trying to work more hours for more income, but still could not go beyond their daily food expenses.

Social aspects: Because Dire Dawa is close to Djibouti, able-bodied people had started migrating out to Djibouti looking for work and better life. This was loss of labour for the remaining household members. Theft became common in the town. Insufficient food in families aggravated incidences of diseases and human deaths. Conflicts were seen between family members and especially between spouses in using resources, which made women more vulnerable. Divorce was showing up. The number of beggars increased, while it was a really hard time for them to get enough for their living given that the majorities were in a financially difficult situation. Since it had a chain reaction, less food consumption results in less resistance to diseases. This was observed in Dire Dawa. The number of sick people increased and those people were the ones who could not afford to pay what medication demands.

Harari Region

Nutritional aspects: The availability of required food decreased and therefore consumption decreased. People had to forego meals and households had no balanced diet. Shortage of food was clearly seen. People's consumption behavior was changed from the usual one to the less preferred and cheaper ones. They had become more dependent on unbalanced diets. Malnutrition, as a result, was widely seen.

Physical aspects: People were becoming weak due to shortage of food. The poor were usually exposed to hard physical labor that demanded a lot of energy. On the other hand, people who needed that energy to work physical labor could not eat food for the required energy, getting weaker and failing to work. Their means of living was abandoned, which leads them to in begging by going out to streets. Children were stunted. People were less resistant, some going a day without food.

Economic/ financial aspects: People decreased expenditures on other needs than food. It had become less probable to get access to loans or credit neither from relatives nor from shops. The situation forced everyone to work more hours to get some food, but could not go beyond for saving. Depleting household assets and depleting savings of the good times had become a day to day practice by those households who used to live better lives in earlier times. There was less

attention to other basic needs than food for lack of financial capacity. It had become most challenging to pay house rents as most expense had to be on food for households.

Social aspects: Health was much affected; especially children's and pregnant women's health was affected for lack of food. Vulnerability to diseases increased. Expense for health and education was decreased. Divorce as observed and there was family disintegration growing from time to time. People were more depressed and had feelings of hopelessness because of complicated life pressures. The culture of helping each other faded away. Household peace decreased. Child labor increased affecting their school time. More school dropouts were observed. School performance was decreasing. Households were failing to send their children to school as they had nothing to feed them. Consequently, children were out to the streets exposed for begging. There was labor out-migration. There was no long term plan but thinking on daily basis for food; no focus on the future. Prostitution increased at that time, where HIV/AIDS could easily be contracted.

Somali Region

Nutritional aspects: The rising food prices affected each household's food security. Since the price of food escalated, it caused higher demands for the basic food items. This situation resulted in resorting to less preferred and cheap food which eventually reached to a situation where people were dying due to hunger and severe malnutrition. It was reported that 16 people died in the last three months due to severe malnutrition. Many of the urban dwellers were highly vulnerable, and exposed to starvation. It was a fact to see the food shortage in towns and a commonplace to see people skipping their meals and limiting their portion of meal. The deterioration of food security situation was seen as a day to day phenomenon.

Physical aspects: People, especially the daily laborers and the food insecure looked weak and their face did not show any good life. Looking at the financial/ economic aspects, market instability was widely observed. Prices were varying; increasing daily and one never knew what the price of an item would be just after one day. Consumers got confused of what to buy to the level of their capacity since the essential food stuff prices were soaring high literally everyday. The purchasing power of consumers drastically decreased. Food prices were forcing consumers to spend more than 80% of their incomes on food stuff, which left less than 20% of the consumers' income to other non-food expenses like house rents, health expenses, school expenses etc. This was with regards to those who had constant income sources. One could imagine to what extent life had become challenging when considering those who had no constant income sources or no incomes or with very insufficient income.

Social aspects: The affected people found life very challenging. The expensive life brought everyone down at least by one economic class, meaning, the better-off came down to the level of medium, the medium to poor and the poor to very poor. The skyrocketed food price caused instability of livelihoods, pushing people to migrate to other places for better means of living. It caused life insecurity. The number of poor families was increased. School dropout rates increased.

Identifying the Most Affected

Dire Dawa: Although there was no one not affected, there were most affected groups of people in the society compared to others. The beggars were most affected as mentioned above. Households with little income and without any dependable income were also in the most affected group. The unemployed and the street children were the ones without any income and therefore were most affected. The elders, the poor HIV/AIDS victims, the disabled and children from poor families were no less victims of the food price increase. The poor female headed households, the low paid

pensioners, daily laborers, guards and office cleaners, and the poor and sick were found to be most affected. This list is by no means exhaustive.

Harar: There were different groups of people who had different informal means of living, but they could not be known to the public. These groups of people could be most affected but their vulnerability would not be clearly visible to the public. However, those who were clearly found as victims of the food price increase were the following: orphans, the elderly with no income sources, families who lost their bread winners due to death, low income groups like low paid pensioners, the jobless, the widowers, poor parents, the sick and HIV/AIDS victims, children and their poor lactating mothers, the disabled, the poor pregnant women, the helpless, the daily laborers were among the many mentioned by the interviewees as most affected ones.

Somali: The good majority of people were most affected by the food price increase over the last couple of months. Those who had no income and the unemployed were one of the many who came to the front. The poor who were chronically sick were others affected most. The disabled poor were also in the above group. Children from poor families were very affected. The beggars who were significant in number were obviously affected as people who used to support them became unable to do so. The poor widowers were in the affected group. The homeless, in general, were highly affected. The orphans and street dwellers were very much affected. The poor groups in the towns were coming to be a majority.

Impact of Price Increases on Markets and Traders

Dire Dawa: Whenever there is a price increase, it is natural to focus on the markets and the traders. Dire Dawa used to be a big town known for its contraband trades and the dwellers much oriented into the trade business. As prices sky-rocketed, things became different. Business was very poor. Big traders benefited from the food price increases as they were able to hoard having enough capital. Petty traders were negatively affected since they could not have stocks and they were the ones who missed their customers as a result of the price increases. It was between these traders and their customers that gaps were seen. The big businessmen did not miss most of their customers since their customers were among the better-off who could purchase at higher prices. There was high price fluctuation in the markets.

Harar: The market in Harar became less active as prices increased. There was price instability on food, increasing from time to time. It happened that the food market was monopolized by the big traders, those who had better financial capital. The increasing prices were tempting for illegal trade, smuggling to balance the expensive food market. Brokers in the market were created to bring customers and traders closer for price agreement, which incurs another additional expense to the customers. Traders with good financial capital were benefiting from the market. They could hoard food and sell it whenever they obtained favorable markets. Customers wanted to buy on credit but traders were not selling on credit. Many customers were discouraged by the food market and had resorted to cheaper and less preferred food types.

Somali: The market showed shortage of food supply affecting traders' income very significantly. There was low level of business activities in the market as there was high inflation. Market exchanges and transactions became so low that some traders in the hotel business, butcheries etc. had to close down their businesses. The food shortage in the market caused high inflation, which kept consumers away from the market and this showed market recession and economic failure. The urban dwellers suggested to the government to leave the contraband market free for a while so that traders and consumers could benefit from that moment and start moving their means of living to create resilience for the future.

4.7. Main challenges and priorities of surveyed communities

Main challenges of communities

The main challenges of the communities, according to respondents, include high and increasing food prices (85%), limited income opportunities (98%), price increases for fuel/electricity (76%), and frequent power interruptions and other difficulties (95%). Challenges on other sectors and services such as health facilities, education, transport, etc. were also indicated as major problems for most of the population in the surveyed towns.

Main priorities of communities

According to responses from the participants of FGDs and KIIs, improved access to subsidized food (as reported by more than 90% of them), better employment opportunities (94%) and lifting the cross-border trading ban by the government (99%) were among their top issues of priority. Improved access to other basic services such as improved power supply, education, drinking water and health facilities (over 75%) were also among the communities' priorities.

4.8. Shocks and coping strategies

Households were asked to prioritize shocks or difficulties faced in the past six months and any actions taken to address the shocks or difficulties observed. They were allowed to name as many and then to rank the top three shocks. Overall, the main shocks listed by the households were: unusually high food prices (89%), unusually high fuel/transport prices (26%), reduced income of household member/s (32%), loss or reduced employment of household member/s (13%), and electricity/ gas cuts (15%). Table 4.22 shows the percentage of total respondents by towns.

Table 4.22: Shocks experienced by surveyed households by town

Shocks	Jijiga	Gode	Harar	Dire Dawa	Total
Loss or reduced employment for HH member	30	3	8	11	13
Reduce income of a HH member	40	19	36	31	32
Serious illness or accident of HH member	7	7	13	9	9
Death of head of HH	2	5	3	3	3
Death of working HH member	3	9	2	1	4
Death of other member	2	3	5	3	3
Unusually high food price	93	73	94	95	89
Unusually high fuel/transport price	17	18	32	36	26
Electricity/gas cuts	25	12	8	17	15
Drought/irregular rains, prolonged dry spell	37	73	1	0	28
Unusually high level of crop pests and d	4	5	1	0	3
Theft of productive resource	1	6	1	1	2
Insecurity/violence	0	37	1	1	10
Floods	2	1	0	0	1
Other	1	20	3	8	8
Total	265	290	207	216	245

Figure 4.30 shows differences between reported shocks by asset wealth groups, indicating that wealthier households were more affected by droughts/ irregular rains and prolonged dry spells, and electricity/ gas cuts while poor households were more impacted by unusually high fuel/transport prices, serious illness or accident to household member/s and reduced income of household member/s. Asset poor households experienced multiple shocks; some 43% reported unusually high food prices, 33% reported unusually high fuel and transport prices, 7 to 9% reported reduced income of a household member/s and serious illness or accident to a household member/s. The wealthier groups were more likely to report being affected by droughts/ irregular rains and prolonged dry spells as they had some sort of access to land which made them better-off.

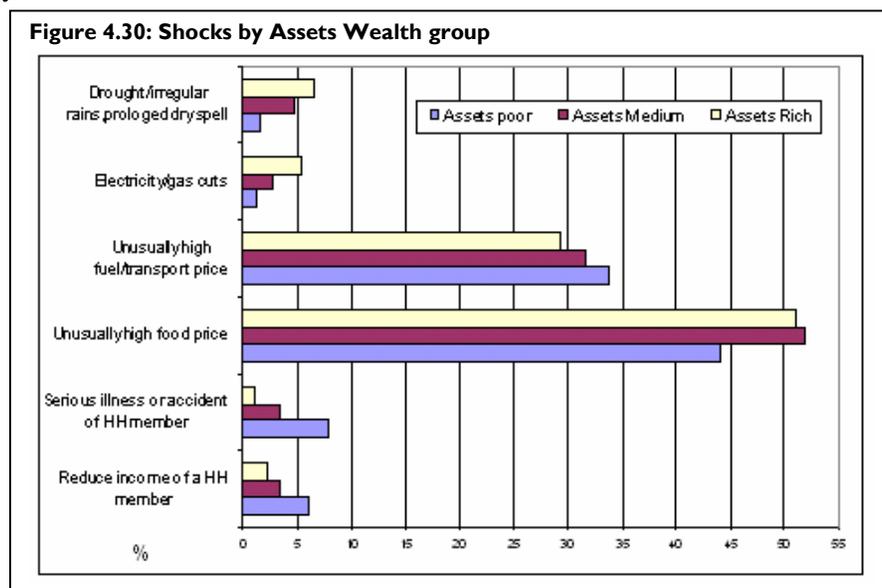


Figure 4.31 shows changes in reported use of the main coping mechanisms during the 30 days before the survey. The most commonly cited coping strategies that were used first by households when dealing with shocks were:

- To eat less preferred or less expensive foods by 70.5% in Gode, 68.7% in Dire Dawa, 65.4% in Harar and 52.6% of the households in Jijiga towns.
- Limiting portion size at meal by 51% in Dire Dawa, 28.4% in Harar and 4% and 8% of the households respectively in Gode and Jijiga towns.
- Reducing the number of meals eaten per day by 39.6% of the households in Jijiga, 28.9% in Dire Dawa, 19.4% in Harar and 18.5% in Gode towns.

Figure 4.31: Comparison of Shocks

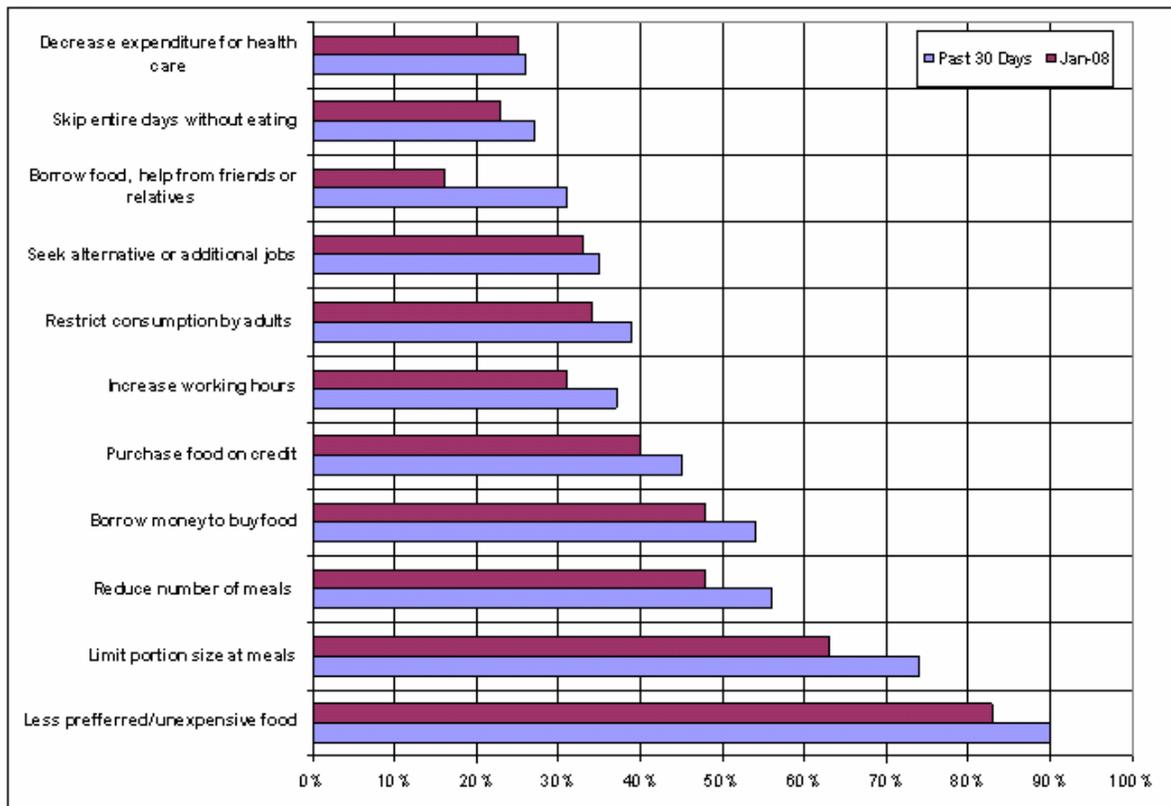


Figure 4.32 shows the relationships between asset wealth and coping strategies for households affected by shocks. All the asset groups were found to use less preferred and less expensive food items during shocks. There was no significant difference between the asset groups in terms of using various coping strategies to reduce the impact of shocks they experienced. One of the reasons for no remarkable difference among the asset groups could be the tradition of sharing and high level of social support systems that are well known for all the towns studied.

Figure 4.32: Coping strategies by wealth asset groups to help reduce shocks

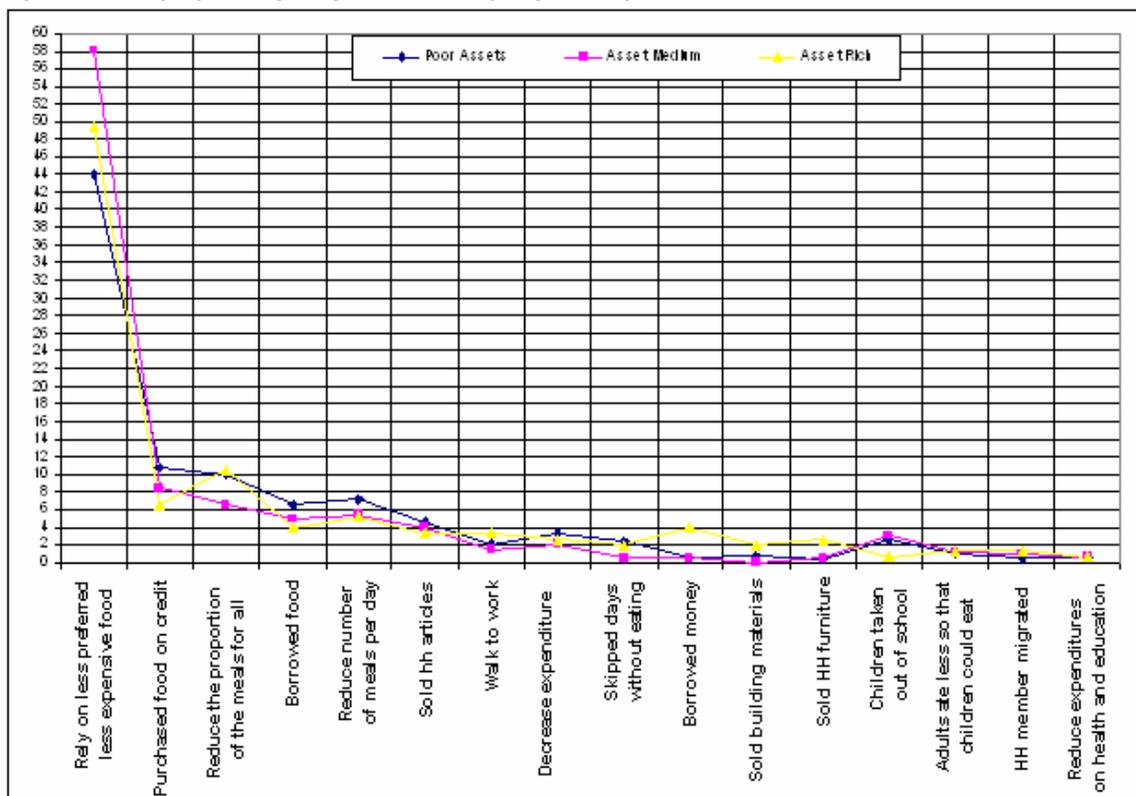
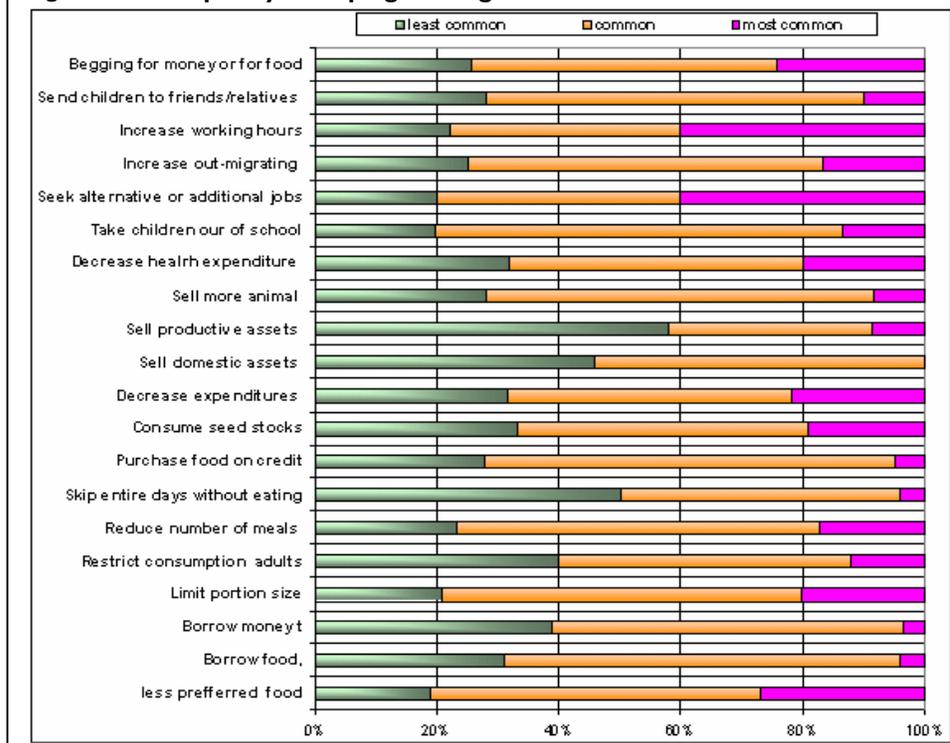


Figure 4.33 compares the frequency of coping strategies used by households in Dire Dawa, Harar, Gode and Jijiga towns.

Increasing working hours, seeking alternative or additional jobs, decreasing expenditures, consuming less preferred foods and begging for food and money were among the most common coping strategies used in terms of frequency by households who experienced shocks.

Figure 4.33: Frequency of Coping Strategies



Those who reported shocks in the past 6 months were asked to explain how they managed the effect of that/those shocks. According to the information collected from the FGDs and KIIs, the most common coping strategies mentioned were:

- Relying on less preferred or less expensive foods;
- Reducing the number of meals per day;
- Reducing the proportion of meals for all the members;
- Decreasing expenditures on cloths and non-food items; and
- Borrowing money.

4.9. Responses by affected people, interventions and impacts as well as future prospects

Impressions Regarding Responses by Affected People and Impacts of All Interventions

Dire Dawa: There were several measures taken by the government to overcome the food price increase the urban dwellers faced. From the imported wheat the government purchased for this purpose, the *Kebeles* were selling to the public, though for only a short time. There was no targeting and as a result traders were able to buy and got, again, the opportunity to hoard and sell at even more favorable prices to them. This could help those who could buy. The government also tried to control the price of commodities on sale by traders. It was also giving microfinance services to those who needed the service. It also established consumers' unions to help those customers to buy with fair prices. However, people were not satisfied with the measures taken by the government. They noted that the subsidized wheat should have been targeted to the real needy and poor people rather than to those who were favored by the *Kebele* officials and to traders who could buy a lot and hoard for the purpose of making high profits. This situation too did not last long; sales stopped sooner than expected. Moreover, the price control did not last long and was not effective. Credit access, also, was only for those who had collaterals and not for the poor without collateral. People wanted the government to intervene to control traders' price of commodities. They believed that it was the government's policy that made the market free to do anything one wants and therefore, they tended to put the blame on the policy. With regard to charity organizations, some churches helped by providing sugar, soap, teff, clothes, exercise books, pens, etc. at subsidized prices. Above all, people supported each other. They shared what they had among themselves. They were resorting to cheaper commodities to cope.

Harar: The affected people tried several means of coping mechanisms, be it good or bad. People started working more hours, less sleeping hours, than they usually did to cope up with the situation. Each family member was also forced to work to generate some income for the family. Every family reduced the portion and frequency of meals and resorted to less expensive and less preferred food stuff. Child labor increased. People decreased non-food expenses. Bread winners of families migrated out to support their families. People tried to diversify their livelihoods. Prostitution was taken as a coping mechanism. Affected people sold out their assets. They decreased much of preparing cultural feasts and celebrating social events to reduce their expenses. The affected were in despair. Left over food in restaurants was on sale to the very poor and street dwellers. Many people felt confused by the mass media news on the national economic growth and the surplus food production of farmers while the reality on the ground was food insecurity among the public. People claimed that the government played no active role to lessen the food stress. However, the government tried to control prices although not found very effective. The government established consumers' associations so that the associations could cater food commodities to the public at marginal profit levels. It supplied subsidized wheat for sale to the

public although not adequate and to only those who could pay and buy. It lifted off taxes from food and stopped exporting food so that the local food market could be improved.

Somali: Households tried to look for jobs for all family members regardless of age so that the family income could increase. This situation forced even children to go out for work, which had become a cause for more school dropouts and more absenteeism from schools. The other means of coping was related to their dining style. One was to limit size of meals. The other was to limit the frequency of meals. To dine three times was reduced to twice, then to once. Thus to forego meals in a day had become commonplace. Some households sent most of their dependents to their relatives living in rural areas since the food situations in the rural areas were better than in the urban areas. The pastoralists out of the towns were better in terms of having food, unlike the previous times, and the government's input to the pastoralists with regard to this was found to be much better than in the towns. People, especially in Jijiga town, consistently noted that it was about 7 to 8 years ago that they remember the government supporting the urban dwellers with regard to food security. They also stated that there were no any NGOs by the time of the food crisis people faced in those towns.

Impressions about the Situation Likely to Evolve in the Following Months

Dire Dawa: Most people stated that the same problem would continue. Some were expecting the future even to go worse. Looting and theft would be common phenomena. Suicide might increase as food commodities would continue to be unaffordable. People were expecting dark futures. Morbidity and mortality would increase among children. The number of street children and adults would significantly increase. Households might sell more of their assets for survival no matter the dire consequences following. The majority of school students would stop going to school. Divorce would increase and the tradition of helping each other might completely stop. However, some responded by saying that prices could decrease and few said it was hard to predict.

Harar: People looked very much pessimistic of the future. They expected that price would continue escalating. Theft, organized robbery and crime would increase. Farmers would hoard more of food grain to get more from the markets. Degree of vulnerability would increase. High out-migration, in land and out of the country, was expected to grow. The gap between the rich and the poor would escalate. The communities' security would be in danger for fear of crime, robbery, theft, etc. and may go out of the government's control. School dropouts rates would increase for more labor. More girls might go in to prostitution to counter their financial problems. Household asset depletion would increase. Epidemics might break out due to lack of food. Malnutrition would increase. Conflict within household members would increase. The death toll could go high. Unstable market and complicated supply and demand would continue. People would be exposed to famine. Few said that with prayers and God's blessings, there could come good harvests to see the market full and prices decreased to within people's capacities.

Somali: People expected some measures from the government that would take them out from the prevailing food crisis. Few expected a similar type of effort from NGOs and charity organizations especially in support of food, clothing, soap, sugar, etc. People in these urban areas expected much from the government to leave them free to trade on contraband goods for some time and they strongly believed that it was the life of the towns. If one of the above was not going to happen, one way or the other, then they thought the future was going to be a threat to their lives. If nothing was to be done by the government, all agreed that things would get worse and worse. They were very pessimistic of their future. They thought famine would prevail and their lives would be threatened. Malnutrition would be widely observed. Death caused by hunger could be a day to day phenomenon. The life of the elders and children would be very highly endangered.

Migration, which was already seen, would be an option taken by all capable people. Lack of stability would be common. One of the manifestations of lack of stability would be looting. High morbidity and mortality rates of children under 5 years of age, pregnant women and lactating mothers would be high. People were scared of the expected increases of deaths caused by hunger.

5. Conclusions and Recommendations

5.1. Conclusions

From the survey findings it can be concluded that:

- Food availability was negatively affected as a result of poor supply of food commodities, malfunctioning of markets, high transport costs, hoarding of grains by traders, and increased exports of food items that contributed to the shortage of commodities in the markets.
- Food accessibility was also seriously impacted due to several factors that include:
 - Poor level of asset base for most of the surveyed households.
 - High poverty conditions of the majority of the households.
 - High level of expenditure on food by the majority of households.
 - Below acceptable level of consumption by the significant proportion of the surveyed households.
 - Increased inflation on food commodities and other services that led households to have deteriorated purchasing power.
- Food utilization was also affected due mainly to the poor basic infrastructure and deterioration of basic services such as safe drinking water, sanitation, housing and health facilities.
- As a result of the deterioration of all the three pillars of food security some of the surveyed households were found to be highly food insecure.
- Significant proportion of the households were also increasingly exposed to several risk factors that include high prices of food and non-food commodities and services, worsening food insecurity, preventable/communicable diseases, family disintegration, and disruption of social support/networks.
- In order to minimize some of the risks households were found to use consumption related destructive coping strategies that include skipping meals, reducing meal sizes, shifting to less expensive and less preferred food items, etc.
- As a result of high exposure to several risk factors and using damaging types of coping mechanisms, many households were found to be vulnerable. The study findings further indicated that the situation would not improve in a near future- rather worsening conditions were anticipated to continue unless appropriate measures would be taken.
- Although the government tried to contain the multi-faceted problems of the population by distributing wheat at subsidized prices and lifting of taxes from food commodities, compared to the magnitude and seriousness of the challenge, the level and type of assistance provided to the most affected households was found to be inadequate.

5.2. Recommendations

- WFP together with relevant government bodies and other partners need to design a food aid program and implement through appropriate intervention modalities that may include free food distributions, market support, school feeding, and food for work/asset in order to reduce problem of food insecurity and related vulnerability conditions of the most affected households.
- UNICEF in collaboration with relevant government bodies and other partners need to act on affected/ deteriorated basic services such as water, sanitation, health facilities, etc.

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- A multi-agency and multi-sectoral regional task force should be established as soon as possible in order to address the multi-dimensional problems of the affected population and design a well coordinated urban food security and market monitoring system.
 - The government together with its development partners should plan and implement long-term and sustainable solutions and design welfare monitoring system for the urban populations in order to reduce the existing high level of poverty of the populations.
 - The government in collaboration with other operational local and international NGOs need to create a common forum that would help to design area specific Income Generation Programs, mainly for unemployed segments of the urban populations.