
FOOD SECURITY AND VULNERABILITY IN ADDIS ABABA, ETHIOPIA

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

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Executive Summary

The impact of inflation has been one key element that has 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 resulted in the Government’s initiation of an urban grain market stabilization program in 2007, initially in Addis Ababa, and then expanding the program to cover 12 urban centers. Since April 2007, the Government has distributed almost 120,000 MT of wheat to urban consumers with subsidized prices. The Government continued with the program in 2008, reaching out to a total of over 800,000 urban households.

The Government also took some fiscal and monetary measures in 2008 by lifting certain taxes from food commodities (especially oil), as well as measures to curb the excess supply of money. With further increases in prices of cereals, pulses and oil expected as a result of the general global price rises and reduced production from climate change imminent, it is becoming ever more important to understand and monitor people’s vulnerability to these changing circumstances. Understanding the 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 famine, and in extreme cases urban areas become prone to social unrest, as highlighted by food riots and unrest in some countries. In order to effectively support the efforts and initiatives being made by the government, WFP and partners embarked on this study aiming at collecting useful information on the effect of the soaring market prices on urban population and identify potential areas for interventions.

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
- To do an in-depth analysis of the major factors to food and livelihoods insecurity in Addis Ababa in order to inform policy and program design as well as intervention.
- To establish baseline data on urban vulnerability and lay foundations for developing a practical monitoring system that provides an early indication of food insecurity and livelihoods vulnerability.

Key Findings

Based on a sample of poor and middle income areas of Addis Ababa, about 40% of the households were ‘asset poor’, 47% were ‘asset medium’ and 13% were ‘asset rich’. The most common types of assets owned were basic household possessions such as beds (87%), table and chairs (61%) and sofa sets (39%). Radios were owned by 65% of households, 57% owned a television and 56% owned a wrist watch. Hardly any owned transport assets such as bicycles, motorcycles or cars. The main livelihood activities include (% of households): small business (23%), NGO/private company employment (21%), government employment (18%), non-agricultural wage labour (17%), pensions (14%), remittances (13%), and house rental income (12%). Comparing the groups by asset poverty, 86% of the begging livelihood group are asset poor (0-4 different types of assets), followed by 74% of the gift/assistance/non-agricultural wage labour group, 73% of the handicrafts/artisan and 58% of the non-agricultural wage labour livelihood groups.

The average per capita monthly income was *Birr* 243. For the asset poor households, it was 170 *Birr*/ month and 243 *Birr*/month for asset medium households. For asset rich households, the average per capita income was 472 *Birr*/month. Based on the national poverty line estimated at 288 *Birr*/person in October 2008, 77% of the sample was below the line. In total, 44% reported a decrease in income while 49% experienced no changes and only 7% reported that income had increased in the past 6 months. The average monthly per capita expenditure was *Birr* 211 for the whole sample, with a minimum of *Birr* 74.5 per capita and a maximum of *Birr* 536.2 per capita. About 70% of the surveyed households had a per capita expenditure of less than *Birr* 288 which is equivalent to US\$1 per day. Share of expenditure on food varied by poverty levels with the poor allocating 67.5% of their monthly expenditure for food compared to 60.4% for the non poor; rent takes the second largest share with 7% for both the poor and non poor, followed by fuel and then transport, which is much higher for the non poor (5%).

Food supply to the market was supposed to have increased with improved harvest in the last five years. However, during the time of this survey, availability of food commodities ranged from as low as 40% and as high as 90% depending on the types of food items. The food commodities most impacted by supply problems in the months preceding the assessment included wheat (flour and grain), maize, teff, rice, pulses and meat, with availability ranging from 40 to 75%. According to the traders surveyed, the supply of cereals to the market had decreased and cited reduced harvest as one of the major reasons for reduced supply– around 40% of all types of traders (wheat, sorghum, maize and teff). About three-quarters of traders indicated that demand for the commodities had decreased, the main reasons being the steep rise in the prices; that buyers go for smaller quantities (94% of traders); buyers go for cheaper foodstuffs (72% of traders); and buyers do not buy in the same bulk as was usual (95% of traders).

Most of the respondents started noticing the sudden food price increases from mid 2005; hence they felt the reference period of January to June 2008 used for this survey would not reflect the cumulative impact of price increases over a three-year period. According to respondents, the price of 100 kg teff was as low as 200 *Birr* or less before mid 2005 and in mid 2008 it averaged around 1,000 *Birr* – a five fold increase. However, for the survey's reference period, food prices had increased as much as 214% from January to June 2008.

According to focus group discussions and key informant interviews, the main reasons for the severe price increases since January 2008 include:

- Opportunistic traders, brokers and farmers took advantage of favourable conditions and made food commodities scarce by hoarding and created irregularities in the food markets resulting in poor supply, high demand and higher prices.
- Shortage of foreign currencies affected the importation of food items.
- Fuel price increases on a continuous basis was also mentioned as a major cause for increasing/expensive transport costs that had complicated the food price increases.
- Nearly 90% of traders indicated the major reason for the increase in price was the increase in prices from the source of commodities.

Based on dietary diversity and food frequency, only 5% of sample households had poor food consumption, 22% had borderline consumption, 33% had acceptable consumption and 40% had good food consumption. About 20% of households indicated that they shifted to less expensive food items and 20% decreased quantity consumed due to expensive price of their preferred cereals and did not have enough money. In general, in the six months previous to the assessment households had faced rising food prices which resulted in changes to their eating habits. About 10% of households had a member that had been ill for 3 or more months (and thus is defined as chronically ill). Chronic illness starts to increase around the 55-59 years age group and was found in nearly 20% of the people 75 years or older. Regarding access to health facilities, about 49%

said that access to the services deteriorated that year while the remaining 51% had seen access to health services either the same or improved. Of those reporting that access to health services had deteriorated, 30% claimed that it was due to unaffordable services, 28% due to poor services, 29% as a result of 'expensive life', and 13% due to more money being spent on food. Those who did not have access to health services constituted more than 15% of the surveyed households.

The unusual food prices affected the entire population of the city. The impacts of food price increases on households differ from place to place and in accordance to the social position and actual life conditions of respondents. The overall summary shows that those with no/less income and assets as well as unemployed groups of the population were the most affected followed by disabled/ill people, children, and elderly-headed households. Female (widowed/divorced) headed families were also amongst the vulnerable groups.

The most common coping strategies were related to changes in eating habits, such as to eat less preferred or less expensive foods, limiting portion size at meal times or reducing the number of meals eaten per day. The asset rich were much less likely to change their eating habits or to seek alternative employment than the asset medium and asset poor, while the asset poor were much more likely to increase working hours, borrow food and decrease expenditure on health care than the asset medium or asset rich.

The Government's Urban Grain Stabilisation Program was found to be good but quite late. Some of the problems observed were limited coverage, unfair distribution of ration coupons, strict criteria, and lengthy queues. However, in most cases the intervention had little impact compared with the huge and complicated nature of the problem (not adequate). Due to absence of systematic targeting criteria at the *Kebele* level to select the most affected population, ration cards did not reach the poorest of the poor.

Responses on how the existing situation would likely evolve in the following months showed that most of the respondents (88%) anticipated worsening conditions. As a result, different consequences were anticipated that include an increased rate of crime (18%), protest against the government (14%), and increased family/marriage breakdown (8%).

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, and hoarding of grains by traders that contributed to the shortage of commodities in markets.
- Food accessibility was also seriously impacted by several factors that include:
 - Poor level of asset base for more than half of the surveyed households.
 - High poverty conditions of the majority of the population; more than 70% of households sampled were below the national absolute poverty line.
 - High level of expenditure on food by the majority of households (more than 60% of their income).
 - Below-acceptable level of consumption by about one-third of the surveyed population.
 - Increased inflation regarding 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 deterioration of all the three pillars of food security some portion of the surveyed population was found to be highly food insecure.

- A significant proportion of 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.
- As a result of high exposure to several risk factors and using maladaptive 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– in stead worsening conditions was 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.

Recommendations

- WFP, the relevant Government organizations and other partners need to open a dialogue on the possible appropriate interventions that could include programs such as strengthening the government-led market support, cash/vouchers if appropriate, support the on-going street feeding centres, consider school feeding, and food for work/asset in order to reduce problems of food insecurity in the most affected poor households.
- UNICEF support ought to scale up on the existing urban cash-based social protection programs to ensure the building up of assets for the asset poor, increase nutritional intake and also stabilize school attendance for children among the poorest households.
- The Government and partners should strengthen support to reduce health related problems such as diarrhoea through public health education campaigns and child health programmes
- The relevant United Nations agencies in collaboration with Government organizations and other partners should strengthen support to improve the supply of basic services such as water, sanitation, and health facilities.
- The Government market stabilization program should be reviewed so that it can effectively contribute to food security of the urban poor as access to food remains a problem and also stabilize the ever increasing cereal prices.
- An urban monitoring system should be established so as to capture any deteriorating food insecurity conditions.

1. Introduction

1.1. Background and Rationales

Ethiopia, a country with an area of ~1.14 million km² is located in the region that is known as the Horn of Africa. Three major agro-ecological areas are distinct, the lowlands, mainly home to the pastoralists and the middle lands, mainly home to people engaged agro-pastoralism and the highlands, forming the major cropping areas (sedentary agriculture) of the country. The main type of sedentary agriculture practiced is mixed farming that involves the production of grains and livestock mainly for subsistence. Parts of the south western, southern and eastern highlands, in addition to producing grains, specialize in the production of coffee, which is the leading export crop of the country. Most of the urban centres of the country are located in the highland areas.

Ethiopia is the second most populous country in Africa with a total population estimated at 77 million and a growth rate of 2.6 percent. An estimated 83.5% of the population resides in rural areas (CSA, July 2006); hence only around 16.5% of the population lives in urban areas. 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 2006/07¹. 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%. 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 climatically normal years. Despite the encouraging growth, a general increase in inflation in recent years has been observed, which grew on average by 11.1%, between December 2002 and December 2006² and further increased to 33.6% in August 2008. Unless actions are taken to reduce the impact of soaring prices, the economic gains for the last four years are under a threat.

Food insecurity in Ethiopia is persistently caused by a combination of factors that include recurrent drought which has increased in frequency of every 3 to 5 years; the flooding that has become more frequent in flood prone areas along the main river basins. Small land holdings with an average of 0.5 to 2 hectares per household associated with population growth has resulted in land degradation as one of the most critical problems especially in the north eastern, south central and eastern highlands. Other risks and shocks are as reported in the CSA Welfare Monitoring Survey Report of 2004, including illness such as malaria: 40% of the population is at risk, with about 24% of the population living in areas where malaria risk exceeds epidemic levels. Other threats are acute watery diarrhoea and HIV/AIDS. In addition, factors such as death, job loss, crop damage and animal deaths increase household vulnerability in different regions. Other vulnerability comes from clan conflicts over resources in regions such as Gambella, Somali and Afar regions resulting in displacement of populations. The most recent risk phenomenon is the price risk especially of grains which constitute the major diet in Ethiopia. These hazards and shocks increase the vulnerability of both most rural and some of the urban households. Added to this is the economic shock of increasing food prices, internal and external conflicts, including the recent war with Eritrea. Rural-urban migration is a common phenomenon, further encouraged by land shortages in rural areas and the perception that food, health services and jobs are more easily available in urban centres. These major shocks have important implications for the welfare of both urban and rural households.

¹ Ministry of Finance and Economic Development; National Bank of Ethiopia

² World Bank, 2006; Rashid et al., 2005

Ethiopia's current urban population is about 13 million (16.5% of the country's total population). 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 2050³. Addis Ababa is the capital city with a population of over 3 million, which is 25% of the country's urban population and is 10 times larger than Dire Dawa, the second largest city in the country. Addis Ababa and Dire Dawa have been established as chartered cities, accountable directly to the Federal Government, making them of equivalent status to Regional States. Within regions, cities and towns are classified either as urban administrations (accountable directly to the regional government) or fall under *Woreda* administrations (accountable to *Woreda* council). There are a total of 925 urban settlements in Ethiopia, 84 of which have been granted status as urban administrations (as of February 2007). These generally have populations of over 20,000. The vast majority (819 out of 925) of centres classified as urban have a population of less than 20,000 (507 of which have a population of less than 5,000), and these constitute 34% of the total urban population. The focus of this study is on the larger (greater than 20,000 population) cities, which are representative of the majority (66%) of the urban population and which have an autonomous mandate to raise revenues and deliver services. This phase of the study assesses the city of Addis Ababa, with other cities to be sampled in the next round of the study.

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 the impact of rising 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 distributed to urban consumers over 120,000 MT of wheat between April 2007 and mid August 2008 at *Birr* 1.8/kg based on coupon system provided by the lowest administration level (the *kebele*) to the poor households. The program started initially in Addis Ababa, and then expanded to cover 12 urban centers namely: Bahar Dar, Gondar, Dessie, Kombolcha, Mekele, Adigrat, Dire Dawa, Harar, Awassa, Nazareth and Jimma, reaching out to a total of over 800,000 households who bought wheat grain at subsidized prices. 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 has also taken some measures in 2008 by lifting certain taxes from food commodities (especially oil), as well as measures to curb the excess supply of money. These fiscal and monetary measures might take time to reduce prices and lead to improved food security of the urban poor. 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.

With further increases in cereal, pulses and oil prices expected as a result of the general global price increases and likely reduced production due to adverse weather in high production areas, it is becoming ever more important to understand and monitor people's vulnerability to these changing circumstances. Understanding the 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 food riots and unrest in some countries such as Egypt, Ivory Coast, Indonesia, and Sierra Leone.

³ CSA 1994 Census population figures and projections. The new national census, conducted in May 2007, will revise the urban population figures and growth rates.

1.2. Objectives and Methodology

1.2.1. Objectives

The purpose of this assessment study 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 livelihood problems, constraints, strategies and coping mechanisms among different social and economic groups,
- To define predisposing factors to food and livelihoods insecurity in order to inform policy and program design,
- To outline household food expenditure and food access patterns among different socioeconomic groups,
- To establish baseline data on vulnerability and lay foundations for developing a practical monitoring system that provides an early indication of food insecurity and livelihoods vulnerability,
- Examine linkages between food security, education, nutrition and health,
- Understand impacts of soaring food prices on food security and livelihoods, and
- Identify appropriate food and non-food interventions and policy implications.

1.2.2.. Methodology

Sampling and coverage of the household survey

A total of 60 enumeration areas (EAs) were selected from the 10 sub cities of Addis Ababa with 1,800 households sampled (30 households per EA) (figure 1). Of these, 1,350 were low income households and 450 were middle income households. However, data from 1,792 household interviews were analyzed in the end. The sample includes mostly 'poor' and 'very poor' areas of the city (75%) and middle class areas (25%). Findings presented in this report are not weighted and results have to be interpreted within the limitation of the data. A stratified two-stage cluster design was used for selection of ultimate sampling units (households), with EAs 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 the traders' survey

A total of 595 questionnaires were analyzed of which 96% were retailers. The sample was drawn from all traders within an enumeration area (EA). A listing form was used to list all traders in the EAs and a sample of 10 traders randomly drawn from each of the EAs, but where less than 10 traders existed in an EA, all traders were surveyed.

Sampling and coverage of the Focus Group Discussions and Key Informant Interviews

From each EA, participants for two focus group discussions (FGDs) and four key informant interviews (KIIs) were selected using convenient and purposive sampling methods (non-probability), respectively. In total, 120 FGDs (30 from middle income and 90 from poor income EAs) and 240 KIIs (60 from middle income and 180 from poor income EAs) were conducted within the 60 randomly selected EAs from 44 *Kebeles* chosen from all the 10 sub cities. The FGD and KII participants were, as much as possible, drawn from both poor and middle classes of the population taken proportionally to their sizes. The focus groups had 6-10 participants with almost equal number of men and women groups and were mostly homogeneous (with similar characteristics and social backgrounds/ status) and included street kids, beggars, vendors, traders, *Kebele* leaders, and other key demographic groups.

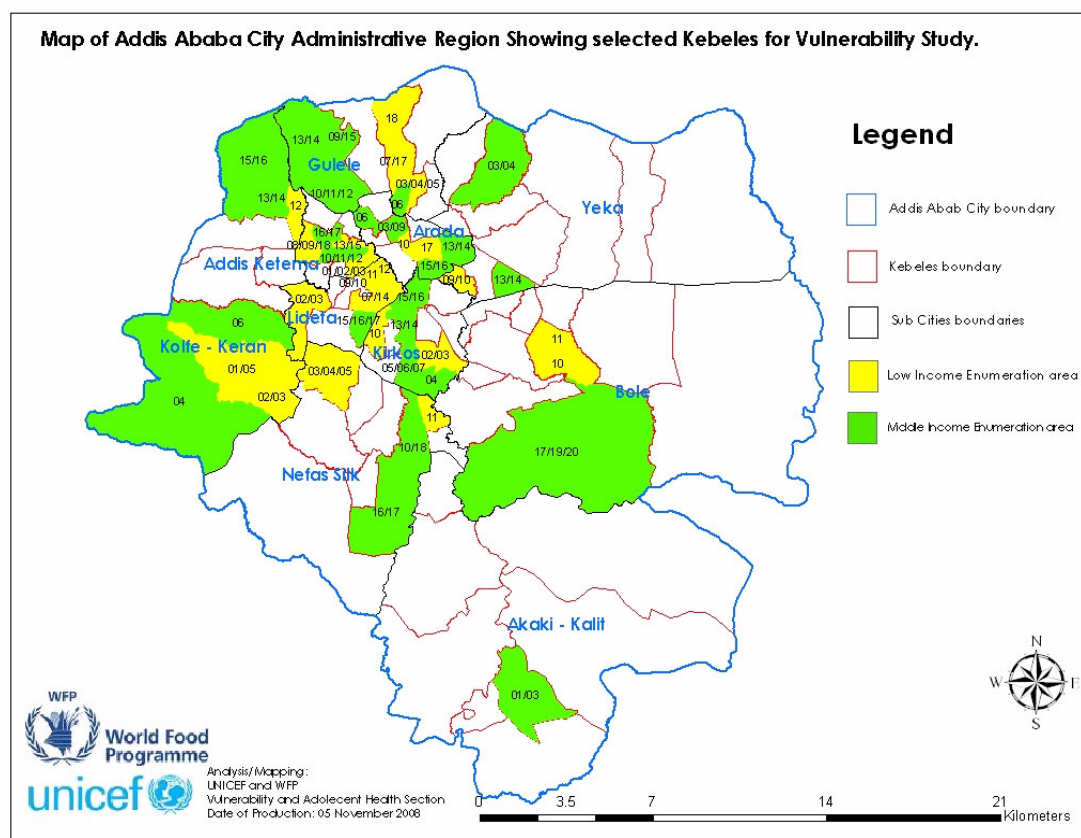


Figure 1. Addis Ababa and the sub-cities

1.3. Methods of Data Analysis

All quantitative data from households, traders, key informants and FGD participants were entered into computer using CSpro application software. The quantitative data were exported from CSpro to SPSS for processing and analysis. Analysis of quantitative data was then done using SPSS, whilst all qualitative information was 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 figures and tables as appropriate. Table 1.1 presents key indicators used for the study.

Table 1.1. Key indicators used for the study

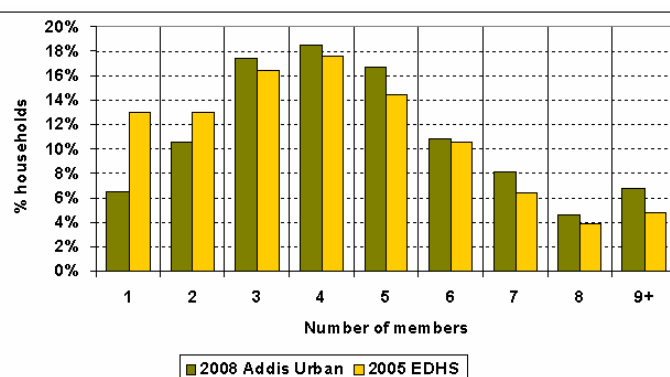
Area of Analysis	Specific Indicators
Household demographics	Age pyramids, sex, education of members, headship, orphans
HH Food Security	Analysis of dietary diversity and food frequency (7 days recall) to calculate a food consumption score.
Asset wealth	Number of different types of assets owned by a household
Expenditure and Income	Monthly (reported) per capita income and Expenditure patterns
Coping	Number and type of different coping strategies used by the household
Access to services	Access to health, education, water and sanitation
Markets	Prices changes and impact
Programme and safety	Food sources and the urban grain stabilization programme
Nets	
Health	Health and MUAC for 513 children < 5 years; MUAC for 69 pregnant and lactating women;

2. General information about the study population

2.1. Household size

Although the sample was drawn similarly to other recent national surveys such as the Ethiopian Demographic and Health survey (EDHS), it still only represents the poorer population of Addis Ababa. For this sample, the average household size was 4.6 persons which are slightly higher than the 4.2 persons from the 2005 EDHS yet still comparable. Figure 2.1 compares the 2008 Addis Urban findings with the 2005 EDHS in terms of number of usual members and it is clear that this sample has fewer single-person households and a greater percentage of larger (9+ persons) households.

Figure 2.1: Household Size Compared to EDHS

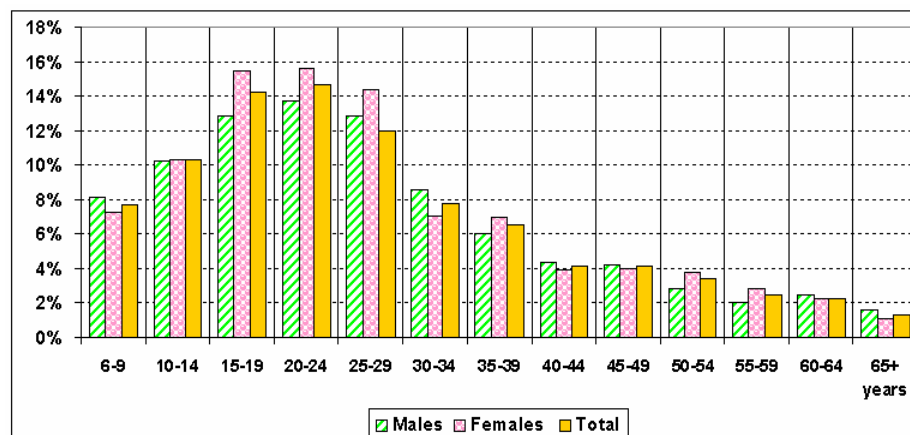


Again, this could be due to the specific characteristics of the Addis sample where individuals migrate to the city to earn money but live with family members or amongst groups of other individual adult migrants.

2.2. Household composition by age and sex

As indicated in Figure 2.2, most of household members were between the ages of 10 and 29 years, making up more than 50% of the sample which is comparable to the 50% found in the 2005 EDHS sample for urban areas. The male to female distribution was skewed towards males in the 30-34 years age groups and towards females in the 15-29 years groups. This indicates again the likelihood of individual male migrants in the city to earn income. In this sample children less than 15 years of age made

Figure 2.2: Household Population by Age groups



up only 24.1% of the population which is much less than 32.5% found for urban areas in the 2005 EDHS. This could be due to the fact that this sample represents mostly poor and some medium neighbourhoods in Addis Ababa which are more likely to be migrants from rural areas rather than original urban dwellers with typical household demographics (i.e. married couple with children and some elderly).

2.3. Living arrangements and orphanhood among children

Table 2.1 below is modelled after the 2005 EDHS report on children's living arrangements and orphanhood. As it can be seen, 56.2% of children were living with both parents. This compares to 48.5% from the EDHS. A further 20% lived only with their mother, 4% only with their father and 20% with neither parent.

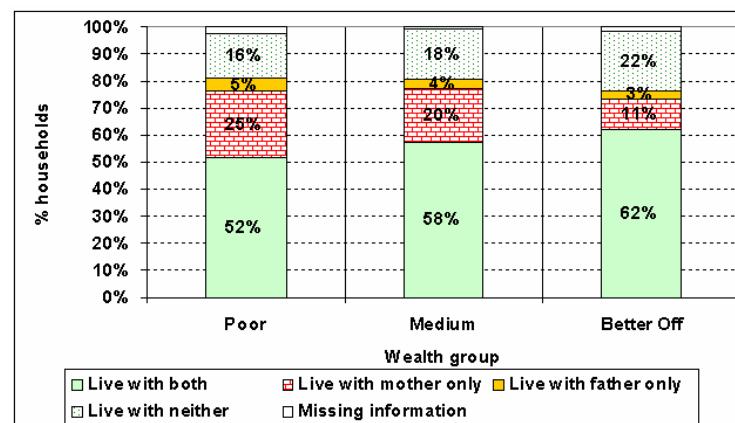
Table 2.1. Status of Orphan Children Surveyed

		< 2 years	2-4 years	5-9 years	10-14 years	15-17 years	All children
Living with both parents		81.0%	72.6%	59.2%	50.8%	45.1%	54.5%
Live with mother only	Father alive	11.5%	12.0%	12.5%	6.9%	7.2%	8.9%
	Father dead	1.7%	4.3%	10.4%	14.6%	11.7%	11.3%
Live with father only	Mother alive	0	4.0%	1.7%	2.2%	2.6%	2.2%
	Mother dead	0	0.9%	1.4%	2.1%	2.4%	1.8%
Live with neither parent	Both alive	4.0%	4.0%	8.4%	12.9%	17.8%	12.0%
	Father only	0	0.3%	0.9%	1.2%	2.7%	1.5%
	Mother only	1.1%	0.9%	2.1%	3.1%	3.5%	2.7%
	Both dead	0	0	2.1%	3.9%	4.8%	3.1%
Missing information		0.6%	0.9%	1.3%	2.3%	2.2%	1.9%
One or both parents dead		2.9%	5.8%	16.9%	24.8%	25.1%	16.2%

The percentage of children living with neither parent increases with age of children. It was found that 2.9% of children are double orphans (both parents dead) while 16.2% have lost one of their parents (single orphans). Orphanhood increases with age– the highest figures are between the 2-4 years and 5-9 years age groups and again between the 5-9 years and 10-14 years age groups. By

sex, there were some differences in living arrangements. Only 51% of girls were living with both parents as compared to 64% of boys which is statistically significant ($p < 0.001$). In addition, 16% of girls were living with neither parent although both were alive, which is much higher than the 6% for boys in that category which is difficult to explain from this survey alone. By wealth group, the

Figure 2.3: Wealth Status of Household and Orphanhood



highest percentage of those below the poverty line (< 288 Birr per month) were those living with their mother when the father is dead (93.5%) (Figure 2.3), which could be a result of loss of earnings from the father and impoverishment resulting from the loss.

2.4. Focus group discussion participants and key informant interviewees characteristics

The selection of focus group and key informant participants sought a balance between males and females, thus 51% were males and 49% were females. With regard to age groups, with a few exceptions, almost all participants were between 18 and 60 years of age. The information on the age breakdown of participants is given in Table 2.2. Female participants tended to be younger than the males while the overall distribution by sex was quite even.

Table 2.2: Age-Sex Composition of FG and KI participants

Sex	Age-Group (years)			
	18-35 years	36-45 years	Over 45 years	All Ages
Male	20%	18%	13%	51%
Female	25%	15%	9%	49%
Total	45%	33%	22%	100%

The economic profiles of group interview participants included civil servants, shop owners, roadside vendors, and pensioners. Together these constituted about 55% of the entire group of respondents.

Table 2.3: Participants' occupations

Major Occupation Categories	KIs	FGs	Both
Civil Servant	22%	21%	22%
Shop / Grocery Owner and Self Employed	23%	12%	17%
House wife	17%	16%	17%
Road Side Petty Trader/Vendor	14%	13%	13%
Others	10%	11%	11%
Street Child /Beggars	4%	13%	9%
Not Working due to various reasons	7%	11%	9%
Pensioner	4%	3%	3%
Total	100%	100%	100%

About 35% were classified as house wives, beggars (including street children), and not working due to various reasons (Table 2.3). Of the respondents who are labelled as 'others' about 10% were daily labourers, those serving in religious institutions, shoe shiners, lottery and newspaper distributors, etc. The proportion of shop owners that participated in key informant interviews was about twice that compared to those in FGDs, while street children and people with no job were larger in FGDs than in KIIs. In

general, the study has covered diverse occupational groups of the population.

2.5. General information on the traders

The traders sampled were from small/ tuck shops (43%), large shops (15%), fruit and vegetable vendors (10%), and 3% of them were big grain traders (Table 2.4).

Table 2.4: Type of Shops Surveyed

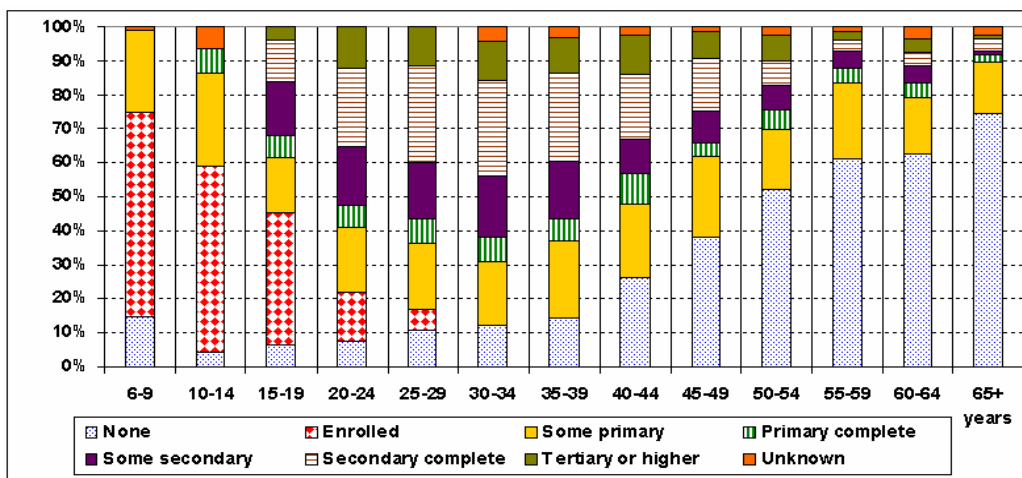
	Percent	Number
small shop/tuck shop	43%	257
main/large shop	15%	88
vegetable/fruit seller	10%	61
Miller	9%	54
Butchery	8%	49
Other	8%	46
roadside vendor	4%	23
big grain market	3%	16
trader association	< 1%	1
Total		595

3. Major findings of the survey

3.1. Education of the surveyed population and children dropouts

Figure 3.1 shows that about 85% of children aged 6-9 were enrolled or have attended at least some primary school. From the 10-14 years, only about 4-5% of children have never attended any school. By gender, there are few differences among the younger children. However, the percentage of women aged 40-44 years who had no education is 42%, while it is only 19.5% for women aged 35-39 years, suggesting the period in the 1970s when girl's access to education improved. When comparing current enrolment status for children 6-17 years, boys are significantly more likely to be enrolled than girls ($p < 0.01$).

Figure 3.1: Level of Education Completed by Age Group



From the household survey, 93% of eligible children were enrolled and attending, 3% were not attending, around 3% of the children have never been enrolled in school and only 1% had dropped out of school in the year 2000 E.C. The main reasons for the 68 children dropping out were to work for food or money or to help with household work. More than 13% had been absent for more than 4 days in a month, mainly due to illness (52%), to help with household work (21%) or to work (11%). Qualitative interviews found that 42% felt that school dropouts had increased in the previous year while another 42% perceived that it was as usual/ same and 16% felt dropouts had decreased during the survey year. Children dropping out of school may be an indicator of the level of poverty of the population. From the quantitative household level data, the rate of dropouts was quite low (1%) during the year 2000 E.C.

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

Housing conditions

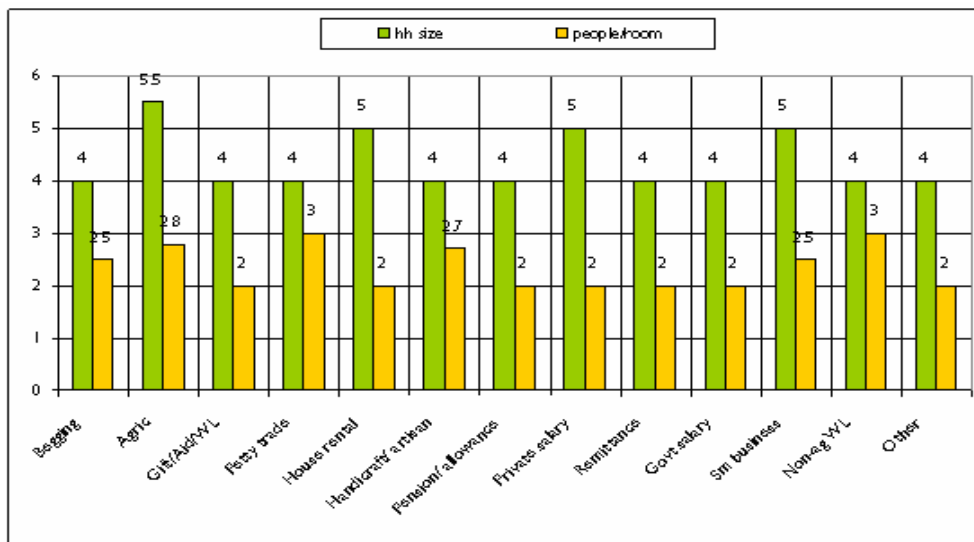
Most of the households (90%) have been living in the current accommodation for more than a year, 4% six months to a year, and 4% for less than six months. Those households that have lived for less than six months in their current accommodation mostly moved because it was cheaper than their previous accommodation (43%). A few others moved to better quality housing (16%), were evicted (15%) or moved out to towns/changed jobs (13%). Tenure refers to the arrangements under which the households occupy their living quarters. Tenancy status of households

demonstrates the economic welfare of households. In the survey, tenancy status is categorized as owner/purchaser, tenant-written agreement, lodger with no written agreement, staying in family owned house, tied/employment related accommodation and free hold.

In terms of tenure, 29% of the houses were owned by the residents or their families while 35% were tenants with a formal written agreement. However, 23% of the residents were lodgers with no formal agreement for tenure and thus could be considered vulnerable to eviction. Overall, 70% of households paid cash to live in their dwellings and payments were more common amongst urban dwellers living in semi-detached brick houses (79%), backyard pole and mud houses with iron/tile roof (73%) or plastic roof (69%). For those paying to live in their dwellings, 17% indicated they were in debt for rental payments.

The average household size was 4.6 persons, with a median of 4 persons, while the average number of rooms per dwelling unit was 2.1 with a median of 2 rooms per dwelling unit. There were on average 2 persons per room in most houses. By livelihood group, agricultural households had the largest average household size (5.5), followed by house rental, private salary and small business categories (5 persons). Crowding was worst among the petty trade, agriculture and handicraft/artisan households (Figure 3.2).

Figure 3.2: Household Size and People per room



About 57% of households were living in houses made of mud and poles with an iron or tile roof. The next most common types of dwelling units of households were semi-detached brick houses with iron or tile roof (12%) and private houses/huts made of mostly non-durable materials (11%). Only 9% lived in detached brick houses with iron or tile roofs. Overall, only 24% of households lived in houses made of permanent materials. Some 9% of households did not have kitchen cooking facilities, around half (52%) shared kitchens and cooking facilities while the rest (38%) owned their own kitchen.

From focus group discussions, it was found that in the enumerated areas the majority of houses are owned either by private landlord or *Kebele* rented. It can be witnessed that most of them are dilapidated and made of non-permanent building materials and lack toiletry and bathing facilities, and many more lack appropriate kitchen facilities as also found in the household survey. The poorest housing conditions are very crowded- for instance one enumerator in Addis Ketema of

Ehiel Berenda observed that a household with 9 members lived in a house area of 12 square meters. The majority of households are spending a large proportion of their income on house rent which may impact their food consumption.

Water and sanitation

Access to safe drinking water is still a major problem for most of the population in Ethiopia. Almost all households (99.6%) accessed their drinking water from piped water; i.e. 17% from piped water inside houses, 48% piped water outside houses, 35% from communal taps */bono*⁴ and the rest (0.4%) from unprotected sources of water. However, about 78% of the surveyed communities reported that access to safe drinking water further deteriorated during the survey year. This had become an additional challenge for the population and making them more vulnerable to various water borne diseases given already deteriorated access to health facilities. Major reasons for deteriorated access to safe drinking water included frequent pipe water interruption (70%) and poor services (23%). Low levels of reservoirs due to poor rains during previous seasons as well as high water demand by building constructions were among the causes for scarcity of water in the city.

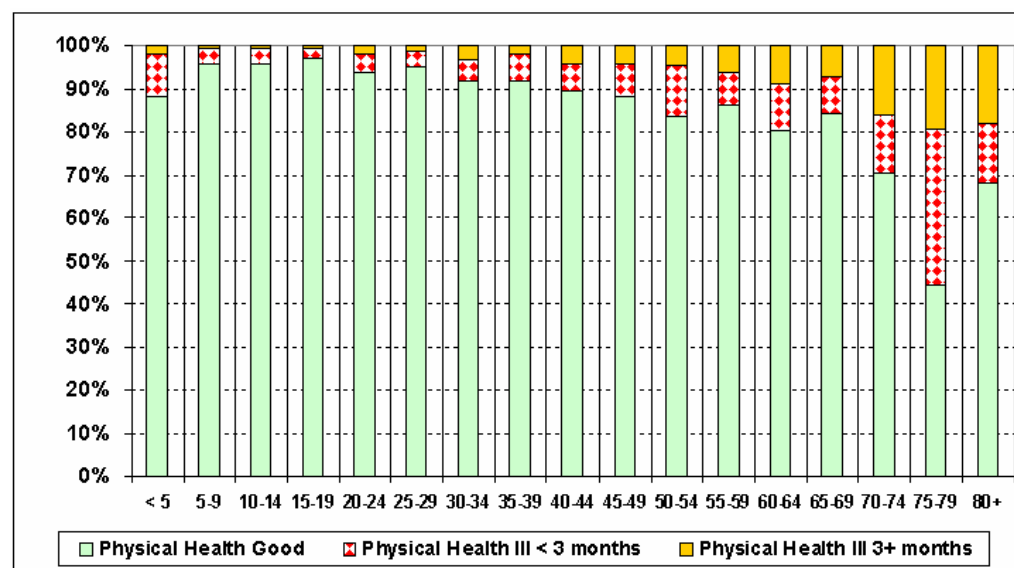
According to about three-quarters of the qualitative interviews, hygiene and sanitation conditions deteriorated since in a previous year. This was not surprising, as other services, particularly water, was also considered as seriously deteriorated. Major reasons for the deterioration of hygiene and sanitation include poor water supply (48%), unaffordable soap prices (23%), and poor drainage systems (20%). Various food poisoning incidents reported during the year were among the few consequences of the deteriorated hygiene and sanitation conditions. More than half of the total households (53%) use communal pit latrines, followed by 17% using private pit latrines. Access to improved and modern latrines is very minimal which constitutes for less than a quarter of households. Very few households were using improved systems of waste disposal with only 4% using private flush toilets, 6% communal flush toilets, 2% with private ventilated improved pit (VIP) latrines, and 13% with communal VIP latrines. Only around 6% did not use any type of latrine, relying on the bush or public areas.

Health status

The survey also investigated the health and well-being of individual household members by collecting and analysing information on disabilities, physical status, recent illness and treatments. In all, only 11% of households had a member who was reported as physically or mentally disabled. Very few members were mentally disabled and those with physical disabilities tended to be older, ranging from 5% of people in the 45-49 years of age range, and up to about 15% of people with ages of 75 years or older (Figure 3.3). By asset wealth group, asset-poor households were significantly ($p < 0.05$) more likely to have a disabled member (13%) than asset rich households (7%) which could indicate a financial burden of caring for disabled members.

⁴ Equivalent of communal tap water

Figure 3.3: Health Status by Age group



In addition, about 10% of households had a member that had been ill for 3 or more months (and thus is defined as chronically ill). Short term illness was common in young children but then are found more frequently again after 50 years of age (Figure 3.3). Chronic illness starts to increase around the 55-59 years age group and is found in nearly 20% of the people of 75 years and older. Asset poor households are also significantly ($p < 0.05$) more likely to have a chronically ill member (11%) when compared to asset-rich households (5%). For those recently ill, Table 3.1 summarizes the different self reported illnesses by age group. Younger children tended to be ill more often with fever and diarrhoea while older individuals reported fairly common age-related illnesses such as hypertension, eye problems and backache. It must be noted that the HIV/AIDS cases are only based on self-reports, so comparison with published rates is not reliable.

Table 3.1: Self reported major illnesses affecting household members

	< 5 years	5-17 years	18-59 years	60+ years
Diarrhoea	27%	8%	5%	3%
Fever/malaria	22%	26%	17%	11%
Other	20%	39%	40%	33%
Headache	16%	9%	4%	5%
Pneumonia/lung infection	7%	3%	5%	8%
Eye problems	2%	7%	4%	13%
TB	0%	3%	7%	3%
Hypertension	0%	0%	5%	11%
Backache	0%	0%	6%	9%
HIV/AIDS	0%	2%	3%	0%

Child health

Additional health information was collected on 480 children < 5 years of age. In all, over 20% had been ill in the 2 weeks prior to the survey and most of them were the younger children aged 0-18 months. For those who were ill, the main illnesses reported were simple diarrhoea (26%) and

fever (17%). Further analysis shows that children with recent illness had a significantly ($p < 0.01$) lower middle-upper arm circumference (MUAC) than those who were not ill (14.1 cm vs. 14.6 cm). About three-quarters of the children received treatment for their illnesses— 42% in a private clinic, 38% in a public clinic and 10% in a hospital. Only 4% were treated by a traditional healer. In general, treatment at private clinics was reported to cost twice as much as public clinics. As for types of treatments, the respondents were not really sure— only 30% reported antibiotics and 20% remembered ORS but the rest named ‘other’ or ‘don’t know’ when asked.

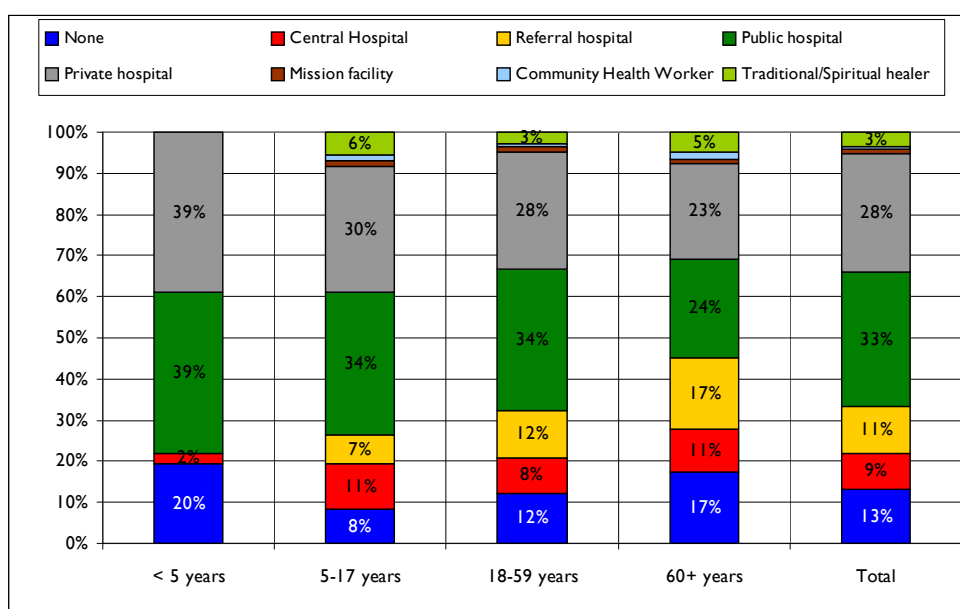
A total of 21% of the children had received a de-worming treatment in the past 6 months with little difference between age groups. More than half received the treatment from the Government or an NGO while 25% purchased from the shop or pharmacy and 21% purchased from a private clinic. The payment was on average 27 *Birr* at private clinics but only 9 *Birr* at shop/pharmacy and only 3 *Birr* for Government/ NGO sources. Nearly 80% of the children had received a vitamin A capsule in the 6 months prior to the survey— nearly 90% of children in the 6-18 months age range. The use of immunisation cards for verification was low with only 35% of the cases verified from the cards. Measles immunisation coverage was also good with about 85-90% of the children 9-59 months being immunised. However, again the use of the immunisation cards for verification was low, especially in the children aged 3-4 years. The average MUAC for the children was 14.5 cm and increased from 13.3 cm in children <1 year of age to around 15.0 cm for children 48-59 months. Only 3 children (0.7%) had a MUAC of less than 11 cm and 2.3% had one between 11.0 and 12.0 cm.

Health facilities

Regarding access to health facilities during the survey year, about 49% said that access to the services deteriorated the same year while the remaining 51% saw access to health services either the same or improved. From a total of 177 cases that reported that their access to health services as having deteriorated, 30% claimed this was due to unaffordable services, 28% due to poor services, 29% as a result of ‘expensive life’, and 13% due to more money being spent on food. The major disease affecting children under 5 years were diarrhoea, followed by fever and malaria. In all of the age groups, other diseases have also a significant share in affecting the health conditions

of the population. Most households accessed their health services from private, public and referral hospitals. Those who do not have access to health services constitute more than about 15% of the

Figure 3.4: Access to Health Facilities



population. The source of treatment also varied by age, which is likely, a result of the age-related nature of the health problems experienced by individuals (Figure 3.4). For example, older individuals were more likely to seek treatment from referral hospitals than any other group. Young children were more likely to be treated in private hospitals or not at all, as the caretakers normally can manage treatment of simple diarrhoea and fevers.

Cooking and lighting

Nearly all households reported that electricity was their main source of lighting. Some 92% of focus group discussions indicated that electricity services immensely deteriorated during the survey year. The situation was described as the worst ever. The major problems with electricity services were frequent power interruption (80%) and poor services (17%). While the frequent power interruption was a country-wide phenomenon, poor services were more localized. Causes for the frequent power interruptions and power supply on a shift basis were, according to information from the service provider (Ethiopian Electric Light and Power Authority - EELPA), low levels of water in various dams due to poor *belg* rains, high/growing electricity demand, as well as technical failures. Only a few households used wood, candle, and gas/kerosene (paraffin) as their source of lighting. For cooking, households mostly used wood (29%), kerosene (27%), and charcoal (23%). The remaining households used gas/butane (12%), electricity (8%) and other sources (2%).

3.3. Assets, livelihoods, income sources and expenditure patterns

Assets

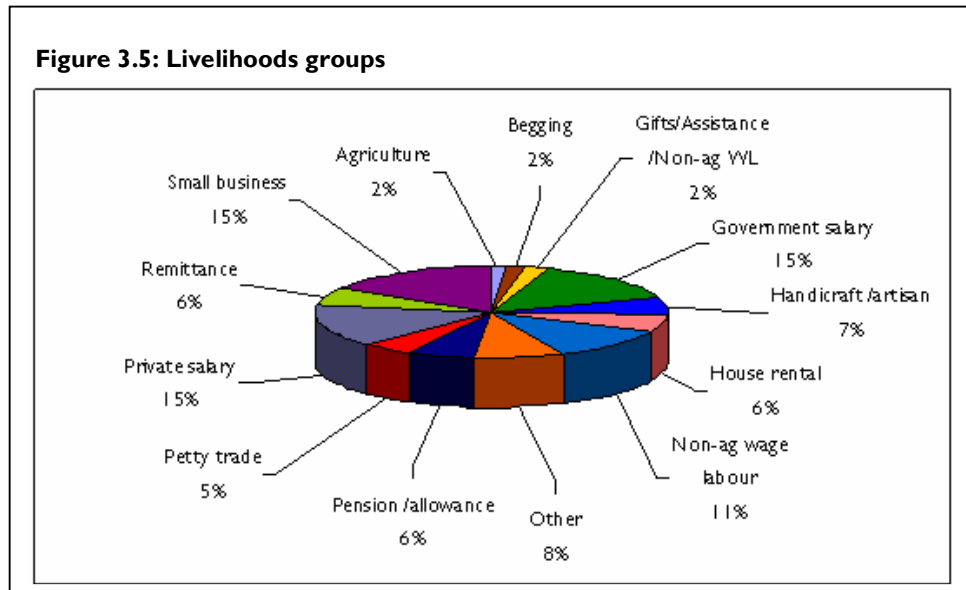
Asset wealth was determined by counting the number of different types of assets households owned and then creating categories of asset poor (0-4 different types), asset medium (5-9 different types) and asset rich (10 or more different types) households. In all, 40% of households were 'asset poor', 47% were 'asset medium' and 13% were 'asset rich'. The most common types of assets owned were basic household possessions such as beds (87%), table and chairs (61%) and sofa sets (39%). Radios were owned by 65% of households, television sets by 57% and, 56% owned wrist watch. No household owned transport assets such as bicycle, motorcycle or car. Another 45% owned cell phones, although this varied greatly by household wealth status (only 7% of asset poor, compared to 64% of asset medium and 94% of asset rich households). Only 4% of households had sold assets in the previous 6 months. However, asset poor households were significantly ($p < 0.05$) more likely to have sold assets (5%) than asset rich households (2%). Livestock ownership was very low with only 2.2% of all households owning any livestock: 1% had cattle, 0.5% owned sheep/goats and 1% owned chickens. Asset rich households were slightly more likely to own any livestock or cattle while asset poor were the only households owning sheep or goats. Chickens ownership was the same by asset wealth groups.

Livelihood Groups

Households were asked to name up to three of their most important livelihood activities and then to estimate relative contribution of each activity to overall income. The main activities include (% of households):

- Small business (23%)
- NGO/private company employment (21%)
- Government employment (18%)
- Non-agricultural wage labour (17%)
- Pensions (14%)
- Remittances (13%)
- House rental income (12%)

From this information and using multivariate analysis to cluster households with similar levels of reliance on particular sources, 13 distinct livelihood groups were identified. The most common groups were small business, private employment and government employment groups each with 15% of households. The smallest groups were those relying on begging or gifts/assistance/non-agricultural wage labour, each with only 2% of the total households. The types and their percentages are shown in Figure 3.5.



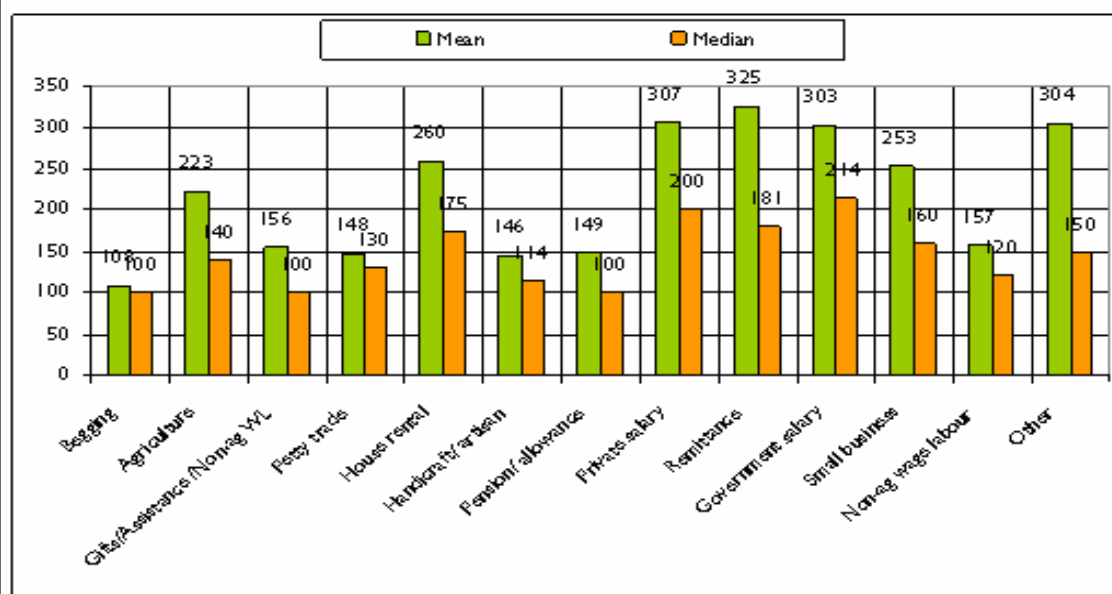
When comparing the groups by asset poverty, 86% of the begging livelihood group asset, followed by 74% of the gift/assistance/non-agricultural wage labour group, 73% of the handicrafts/artisan, and 58% of the non-agricultural wage labour livelihood group. The livelihood groups with the least number of asset-poor households included the government employed (22%), house rental (25%), private employed (26%) and remittance (27%) groups.

Income

Households were asked to estimate their income in a previous month. From this information a rough per capita monthly income was calculated for each household, by dividing the reported monthly income by the number of household members, not adjusting for age. The average per capita monthly income was 243 *Birr*. For the asset poor households, it was 170 *Birr*/month and 243 *Birr*/month for asset medium households. For asset rich households, the average per capita income was 472 *Birr*/month. Based on the national poverty line of 288 *Birr*/person, 77% of the households were below the line.

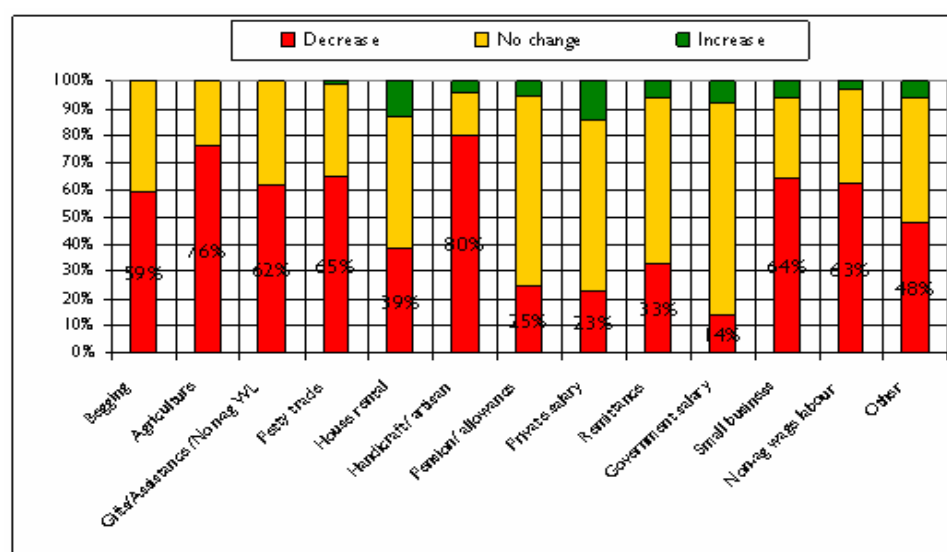
Figure 3.6 shows the mean and median reported monthly per capita incomes for the different livelihood groups. The remittance group had the highest average per capita monthly income, followed by the private employment group, other and government employment households. However, the government employment group had the highest median per capita monthly income followed by the private employment group. Thus households in the private and government employment groups are earning comparable amounts. However, households in the remittance group are earning very different amounts. The begging households had the lowest mean and median per capita monthly income. Other low level earning households were handicraft/artisan and pension/allowance groups.

Figure 3.6: Mean and Median per capita income



Households were also asked to report if their income had changed in the past 6 months. In total, 44% reported a decrease in income while 49% had experienced no changes and only 7% reported increases. By livelihood group, there were many differences in reported changes in income which are illustrated in Figure 3.7.

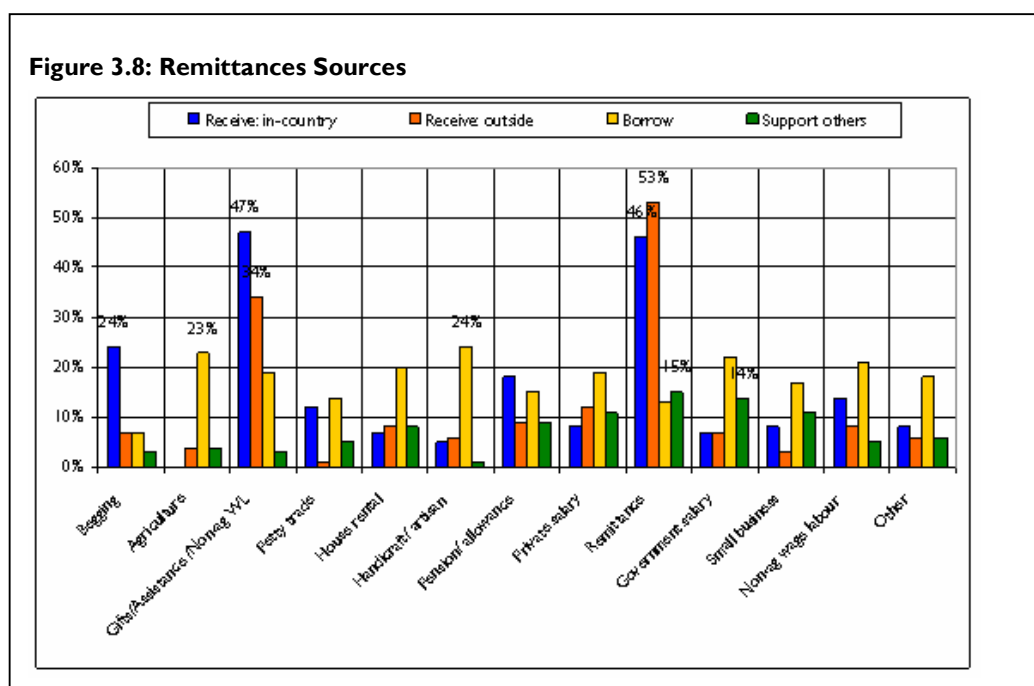
Figure 3.7: Changes in Income sources compared to January 2008



Some 80% of the handicraft/artisan households reported a decrease in income over the 6 months, followed by 76% of the agriculture, 65% of petty trade, 64% of small business, 63% of non-agriculture wage labour and 62% of the gifts/assistance/non-agricultural wage labour households. The group with the highest percentage of households reporting an increase in income over the same period was the private salary group (14%) followed by the house rental group (13%). A

shortage of and greatly increased price of cement and other construction materials has resulted in an increased number of unemployed wage labourers as construction has slowed down.

Another set of questions assessed extents of kinship support and borrowing for households. In all, 12% of households indicated that they received cash or food support from relatives/friends based in Ethiopia and some 10% received support from relatives/friends living outside the country. Figure 3.8 shows that, by livelihood group, remittance households were the most likely to be receiving external support, as expected. In addition, a large percentage of households in the gifts/assistance/non-agricultural wage labour group were receiving some form of external assistance. About one-quarter of the begging households was receiving support from relatives/friends living in the country. There is no comparative information as this is one of the first surveys of its kind in the city.



Only 18% of the households indicated that they had borrowed money in the past 6 months. Households in the *handicraft/artisan* and *agriculture* groups were the most likely to have borrowed money while those in the *begging* group were the least likely. At the time of the survey, about 9% of the households were providing support to friends or relatives with food or cash. This support was more common amongst households in the *remittance* and *government salary* livelihood groups and least likely in the *handicraft/artisan* households.

Expenditure

The average monthly per capita expenditure was *Birr* 211 for the entire sample of households, with a minimum of *Birr* 74.5 per capita and a maximum of *Birr* 536.2 per capita. Based on expenditure, 70% of households had per capita expenditure of less than *Birr* 288 which is equivalent to US\$1 per day⁵. Share of expenditure on food varied by poverty levels with the poor allocating about 67.5% of their monthly expenditure for food compared to 60.4% for the non-poor. Rent takes the second largest share with 7% for both the poor and non-poor, followed by fuel and then transport, which is much higher for the non-poor (5%). Of food expenditure, cereals take the largest share with 57% for the poor and 53% for the non-poor; followed by oil at 11% for the poor and 14% for the non-poor. The share of food expenditure is highest in the third deciles of

⁵ Note: This will change with the application of weights to the analysis

income (70.5%) and lowest in the better-off households (58.3%). Expenditure for meat, oil and dairy products (butter, milk and milk products) is higher for the wealthiest deciles households (3.8%), while for the five lower deciles there is no expenditure for these items.

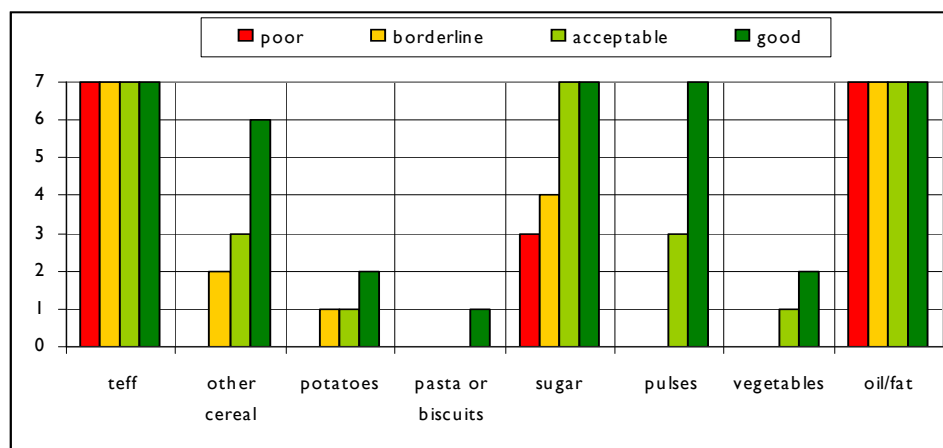
Next to food the other main expenditure categories were electricity and fuel (8%) and house rental (7%). The expenditure for house rent, fuel and power and water increases in terms of actual *Birr* value from the lowest income group (deciles 1) to the better-off (deciles 10), but when it is measured in terms of proportion to total consumption of the respective deciles it follows an opposite direction which tells that poor households are paying less in real terms for these items. Expenditure for transport, communication, education (school fees), clothes and medical expense increases positively in actual *Birr* value (real terms) and also in percentage share across deciles from the lowest income to the better-off households who are the main users of these goods and services.

3.4. Food consumption, food security and nutrition

Current consumption

At household level, research has shown that dietary diversity and frequency⁶ are good proxies of food security. Using a 7-day recall period, information was collected on variety and frequency of different foods and food groups to calculate a weighted⁷ food consumption score. Weights were based on the nutritional density of the foods. Cut-off points or thresholds were established to enable analysis of trends and to provide a benchmark for success. Households were then classified as having either ‘poor’, ‘borderline’, ‘acceptable’ or ‘good’ consumption based on the analysis of the data. Use of the Food Consumption Score also allows for comparisons of dietary quality and diversity between populations.

Figure 3.9: Days consumed by consumption category



In theory, households with ‘poor’ consumption manage to eat the equivalent of only cereals and vegetables on a daily basis. This is considered a bare minimum and is a sign of extreme household food insecurity. Households with ‘borderline’ consumption are eating the equivalent of cereals and vegetables on a daily basis plus pulses and oils about 4 times a week. Households classified

⁶ The number of different foods or food groups consumed by the household over a given period of time.

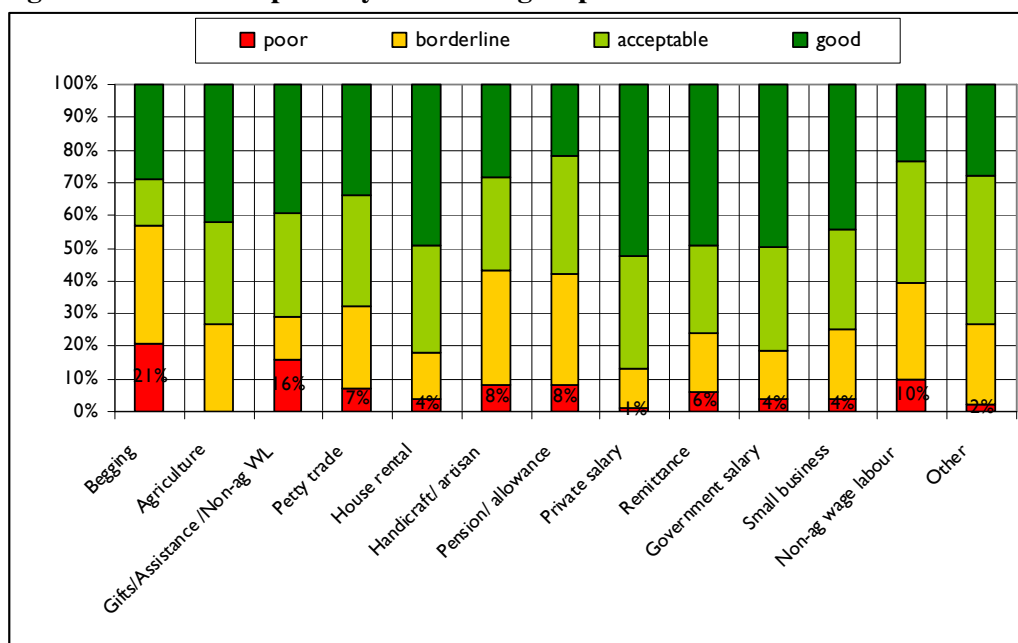
⁷ Animal proteins = 4; pulses = 3; cereals/roots/tubers = 2; fruits and vegetables = 1; oil and sugar = 0.5

as having ‘good’ consumption on average consume cereals, beans, vegetables, sugar and oil each day. Those with ‘acceptable’ consumption eat a similar diet but some items less frequently.

From the survey, households with poor consumption were eating teff and oils/fats 7 days a week and sugar only 3 days per week (Figure 3.9). Households with borderline consumption were eating teff and oils/fats 7 days per week, sugar 4 days per week as well as other cereals (2 days) and potatoes (1 day) a week. Households with good consumption were eating teff, sugar, pulses and oils/fats every day during the week and also consumed other cereals (6 days), potatoes (2 days), vegetables (2 days) and pasta/biscuits (1 day) a week. Based on this analysis, only 5% of households had poor food consumption in terms of dietary diversity and food frequency, 22% had borderline consumption, 33% had acceptable consumption and 40% had good food consumption levels.

The distribution by livelihood group is shown in Figure 3.10. More than 20% of the begging group had poor food consumption, followed by 16% of the gifts/assistance/non-agricultural wage labour households and 10% of the non-agricultural wage labour households. None of the agriculture households had poor consumption and only 1% of the private salary group had poor consumption. The private salary group had the highest percentage of households with good food consumption, followed by remittance, government salary and house rental households which compares well with other indicators such as income and expenditure.

Figure 3.10: Consumption by livelihood group



Change in consumption

Figure 3.11 shows change in consumption between January 2008 and June 2008 as measured by the food consumption score. The analysis shows that in January, 64% of households had good consumption. This dropped to 40% by June 2008. The percentage of households with acceptable consumption increased from 24 to 33% while those with borderline consumption increased from 9 to 22%. However, there was little increase in the percentage of households with poor consumption, indicating perhaps that the impact of higher food prices was not felt the most at the lowest levels but more at the middle consumption levels.

Figure 3.11: Changes in Consumption patterns (January-June 2008)

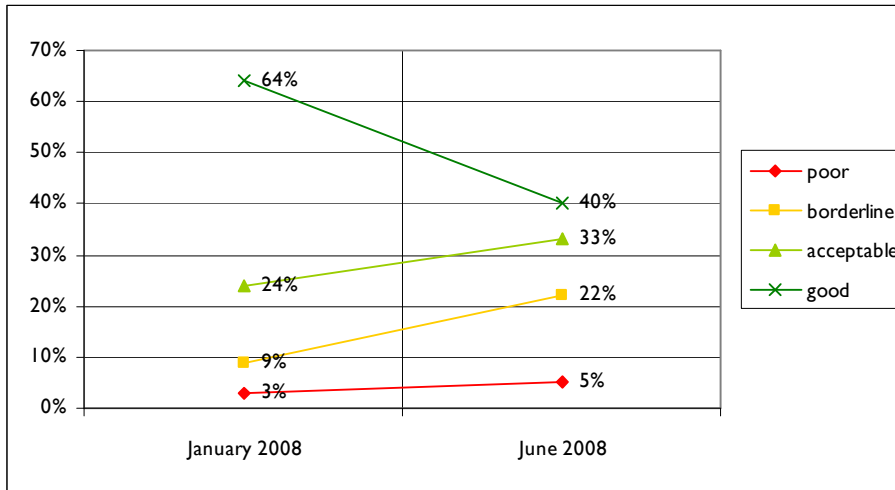
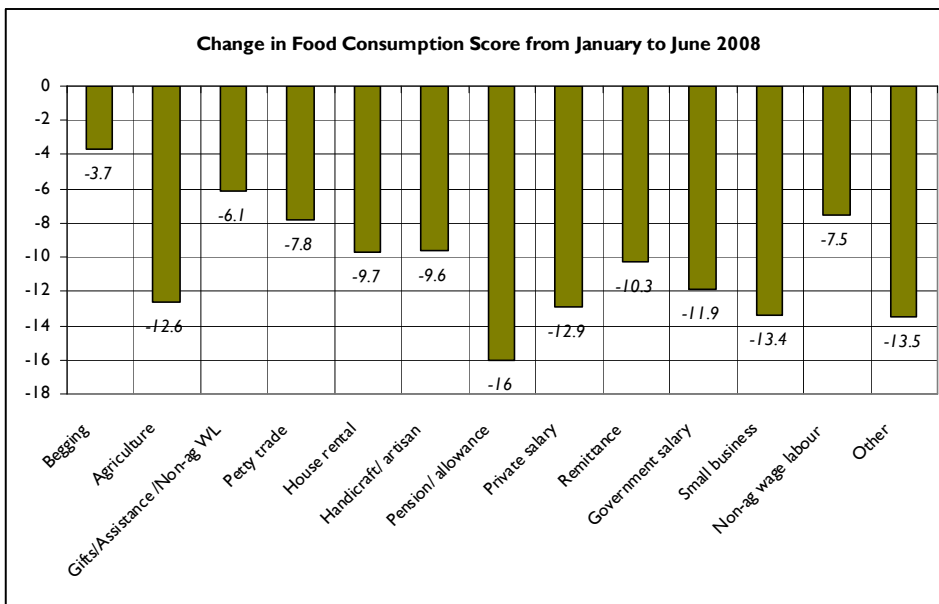


Figure 3.12 illustrates the impact of the high food prices by showing the average change in food consumption score from January to June 2008 by livelihood group. It is clear that dietary diversity and food frequency decreased from January to June 2008 for all groups but this change varied greatly. The group with the smallest change is the begging group but these households have the highest percentage with pre-existing poor food consumption.

Figure 3.12: Consumption score changes between January and June 2008



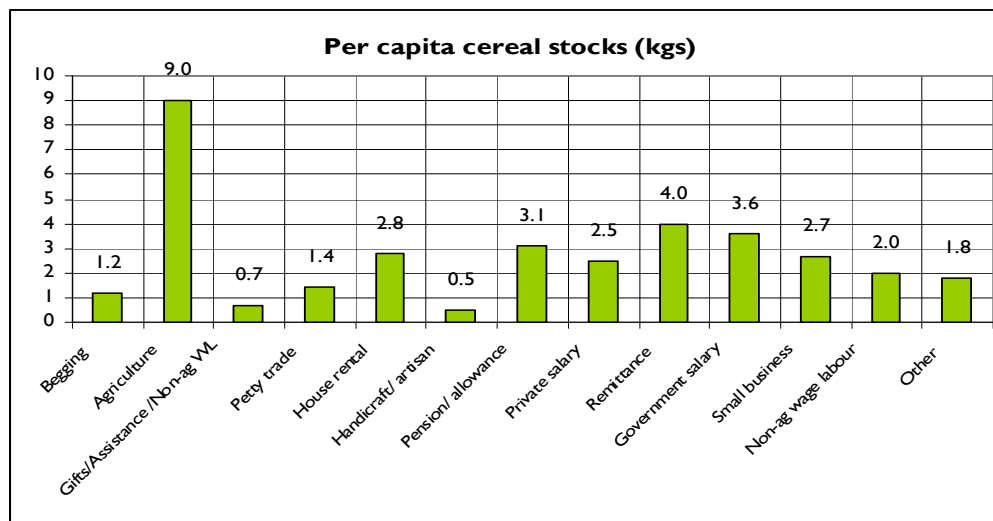
The pension/allowance households had the biggest decrease in food consumption score of all groups, followed by the other, small business, private salary and agriculture groups. This indicator appears to really be sensitive to the impacts of higher prices as most of these groups are either the wealthier or middle class groups that are experiencing the greatest changes in food consumption.

Households were asked to estimate the amount of cereal (teff, maize and wheat) they had in stock during the time of the survey. The total amount of cereals was then divided by the number of persons in the household to determine the stocks in kilograms per person. As expected the average stock per capita was not very high due to the fact that most urbanites purchase food on a very

regular basis unlike rural farming households. For the sample, the average per capita stocks was about 2.6 kilograms. Households with good food consumption had significantly ($p < 0.01$) higher food stocks than the other consumption groups. In addition, asset rich households had significantly ($p < 0.01$) higher food stocks (4.5 kg/capita) than asset medium (3.0 kg/capita) or asset poor (1.4 kg/capita). Figure 3.13 shows the level of stocks per capita by livelihood group. As may be expected, per capita stocks for agricultural households was much higher than any other group while the lowest per capita stocks was found in the handicraft/artisan and gift/assistance/non-agricultural wage labour households.

3.4.3. Stocks at household level

Figure 3.13: Per capita stock holding



Households were asked whether their amount of cereal, meat and oils consumption was changed or not compared to six months earlier. Cereal consumption decreased by more than half for 42% of households. About 20% of households indicated that they shifted to less expensive food items and 20% decreased quantity consumed and only 0.6% indicated an increase in quantity consumed. Nearly all households indicated that the reason why they reduced quantity consumed was because their preferred cereal was too expensive. Some 58% of households indicated that they shifted to red teff (which is cheaper), followed by 15% shifting to wheat, 14% to sorghum, and 13% to maize.

For households that decreased consumption levels, the main reasons were that preferred cereals were too expensive (51%) and their income was not enough to buy the commodity they preferred (47%). In general, over the six months, households faced rising food prices which resulted in changes to their eating habits. In most areas enumerators witnessed that food security situation was much deteriorated due to rising price of food coupled with decreased real income. Households were coping despite a decreasing number of meals per day. For instance, some households stated that they consumed one meal per day. In most households they consumed two meals per day; breakfast and part-lunch together at 11:00 AM and part-lunch and dinner at 5:00 PM which they call the '11/5 strategy'. There was a reduction in amount of meals they consumed at a time and giving the same kind of food for children. They also were taking on additional jobs in order to generate more income.

3.5. Markets and food prices

Market conditions: supply/availability of food commodities

According to information gathered through focus group discussions and key informant interviews, the food supply has been deteriorating since late 2005 – just after the national elections. The food supply situation has worsened in subsequent years with the worst being 2008. During the time of this survey, the availability of food commodities ranged from as low as 40% and as high as 90% depending on the type of food items. The food commodities most impacted by supply problems in the recent months prior to the survey included wheat (flour and grain), maize, teff, rice, pulses and meat with availability ranging from 40 to 75%. Around three-quarters of the groups interviewed felt that food commodities were available in markets while the remaining groups felt food items were scarcely available. However, most of the groups felt that traders were selling all the basic available food items.

Since most of respondents started noticing the sudden food price increases a few months after the 2005 national election, they felt that the reference period of January to June 2008 could lead to incorrect conclusions about the cumulative impact of price increases over a three year period. According to respondents, the price of 100 kg teff was as low as 200 *Birr* or less before the election and by the time of the survey it averages around 1,000 *Birr*– a five fold increase. However, for the survey's reference period, food prices had increased as much as 214% from January to June 2008, depending on the type of commodity.

According to focus group discussions and key informant interviews, the main reasons for the excessive price increases since 2005 are as follows:

- The Government's strategy regarding rural micro-financing for farmers in which they were given better access to credit and favourable arrangements on in-kind repayment with a relaxed period of repayment and better prices than before has resulted in better/increased production of food commodities and improved the confidence of farmers and helped them not to rush to over-supply the market and sell their products during harvest time at lower prices. As a result, food availability was negatively affected which led to increasing food prices.
- Opportunistic traders, brokers and farmers took advantage of favourable conditions and made the food commodities scarce by hoarding and creating irregularities in the food markets resulting in poor supply, high demand and higher prices.
- The telecommunication technology had started to penetrate into the rural areas and hence farmers benefited from the services and begun to enjoy better market information communications with various market actors (wholesalers, retailers, brokers, factories, exporters, etc.) that resulted in price competition and eventually leading to continuous price hikes.
- Exporting of basic food items that have been cultivated during the past three years.
- Shortage of foreign currencies has affected the importation of food items.
- The growing horticulture industry as an additional factor- which the respondents- had taken up potential agricultural lands.
- Fuel price increases on a continuous basis was also mentioned as a major cause for increasing/expensive transport costs that had complicated the food price increases.

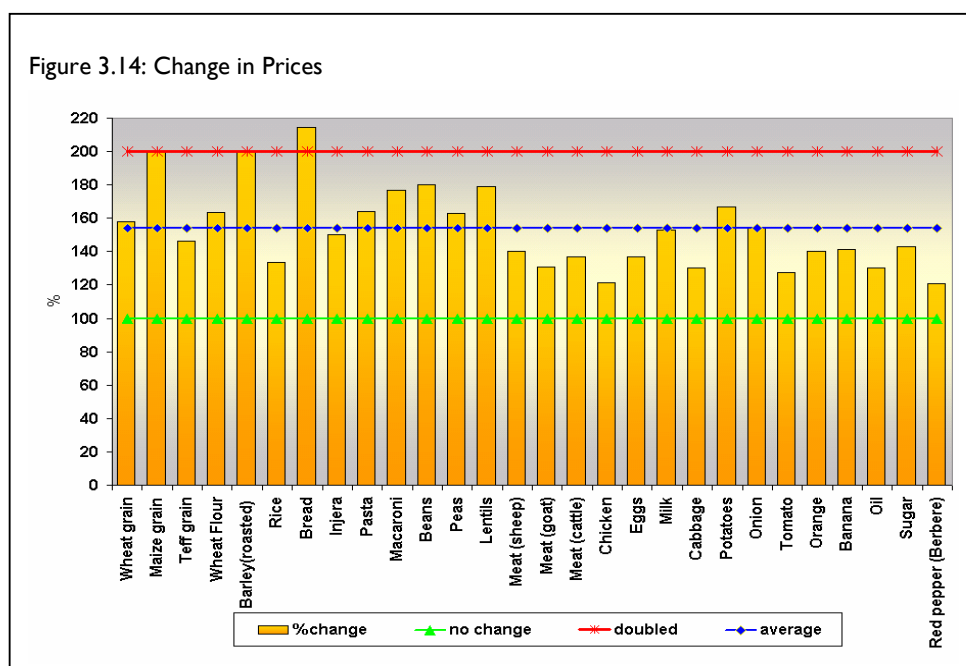
About two-thirds of the traders interviewed had indicated that the supply of cereal commodities to the market had decreased and cited reduced harvest as one of the major reasons for reduced supply– around 40% of all types of traders (wheat, sorghum, maize and teff). For the small percentage of traders (6 to 12%), that indicated an increase in supply, most mentioned price increases as the reason. For the percentage that indicated an increased supply into the market,

food aid being sold in the market was cited as one of the reasons (mostly wheat traders with some others).

Availability of stocks depended on the trader size and commodities sold, with larger shops and traders having more than smaller ones. For grains, approximately 35% of traders had stocks. Wheat is kept longer (more than four weeks for 40% of the surveyed traders) than teff and maize which are held only up to two weeks for approximately 40% of traders. For pulses, oil and sugar, only one-quarter of the traders had stocks. Pulse stocks usually last for 4 weeks or more for approximately 45% of the traders. The duration of oil and sugar stocks also depends on the size of the shop. Whilst for the perishable commodities, approximately 25% of traders had stocks and the shelf life barely exceeds one week for about 90% of the traders. When using quantities sold as a proxy for trading activity, sales have collapsed between 40 and 50% for all commodities compared to a previous year which is indicative of speculative trader behaviour. About three-quarters of traders indicated that demand for commodities had decreased with the main reasons being the steep rise in the prices; that buyers go for smaller quantities (94% of traders); buyers go for cheaper foodstuffs (72% of traders); and buyers do not buy in bulk as was usual (95% of traders).

Situation of prices on food commodities

Nearly 90% of traders indicated the major reason for the increase in price was the increase in prices from the sources of commodities and only 7% indicated increase in transport costs as the main reason. The traders indicated that compared to a previous year, the price of wheat, teff and rice increased by about 100%; maize by about 180%; meat by about 50%; vegetables by about 60%; oil by about 60%; and sugar by about 40%. At least 88% of traders indicated the major reason for the increase in prices was due to the increase in prices from sources of commodities and only 7% indicated increase in transport costs as the main reason.



Volume of trades/sales

The sales during the survey year remained relatively stable with an average sale for grain ranging from 30 kg per week for rice and flour to an average of 1,200 kg. However, quantity sold as a

proxy for trading activity indicates that compared to the previous year sales dropped by about 40-50% for all commodities, indicative of speculative trader behaviour. When outlying values are filtered out, results show that compared to a usual week, the amount of grain sold decreased by about 15%; meat by less than 10%; and perishable commodities such as vegetables by around 5% between January and June 2008. A majority of traders (96%) indicated a change in buyer behaviour. For example, 66 to 87% of grain traders indicated that demand for the commodities had decreased and the main reasons given were: the steep rise in the prices; that buyers go for smaller quantities; buyers go for cheaper foodstuffs; and that buyers do not buy in bulk as usual. For maize, food aid distribution was cited as one of the reasons for a reduced demand for commodities by about one-third of the traders.

Access to credit

Approximately 20% of the traders had access to credit, of which 80% of them obtained credit from other traders. Approximately half of the traders extended credit to consumers and the percentage varies with the type of shop. In terms of changing access to credit, 46% of the surveyed traders thought that there was no change in access, while 38% reported reduced access to loan opportunities (particularly for smaller merchants, e.g. roadside vendors). Compared to 2007, more households were seeking credit; two-thirds of the traders indicated an increase in the number of households seeking credit, but only a 39% of traders indicated that there was an increase in the amount of credit being requested, whilst 39% indicated a decrease in amount requested.

Difficulties for trading and potential impact of food aid including subsidy

The main difficulties for trading appear to be cost of commodities to purchase for resale (38%), followed by lower demand for goods (15%), as well as the cost of fuel (11%) and increase in rentals (9%). On the potential impact of food aid distributions to trading activities, about 82% of traders indicated they would not see any impact on their trading activities, whilst 23% thought there was an impact, should food aid be distributed in their area. Retailers and roadside traders were going out of businesses because of lack of capital to purchase from wholesalers and their inability to cope with increasing prices.

Market response capacity

The velocity of increasing food supplies depends on the commodities traded. For perishable foodstuffs (meat, fruits and vegetables, *injera*, bread) the market can respond quickly (less than two weeks for about 85% of the traders), whilst for grains, pulses, sugar and oil the response can take up to a month according to most of the traders.

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

Impacts of food price increases

The surveyed households used different response mechanisms to impacts of the food price increases. According to information from qualitative discussions, 44% registered for the subsidized wheat purchase from *Kebeles*, 16% established purchasers' associations, and 12% changed their consumption behaviour. Some 15% of respondents said that affected people did not have any choice except purchasing with high prices until their capacity was diminished while 12% indicated that there was no response that the affected people could do as the whole thing appeared to be God's punishment for their sins. From all these results it can be concluded that there are limited options for those affected— showing increasing vulnerability of the population.

The unusual food prices have affected the entire population of the city. The impacts of food price increases on households differ from place to place and in accordance to the social position and

actual life conditions of respondents. The responses to the food price rise among unemployed and daily labourers were observed to have mixed results. These disadvantaged groups have been so vulnerable during normal times, and now they have become destitute as the unusual food price increase aggravated their precarious life condition. Confusion and psychological disturbances among the breadwinners of almost all middle and low-income groups were reported. Since the month of January was known as a period of celebrating different cultural ceremonies, respondents said that many households were forced to have passed those holidays. For instance, focus group participants in Yeka sub-city reported a declining rate of wedding ceremonies, which is extraordinary as compared to previous years. Furthermore, preparations of food during condolences were cancelled by *Iddirs* because *Iddir* members were unable to settle their monthly contributions on a regular basis. Begging and roadside petty trading was also reported to have increased more than what was usual.

From the responses gathered, the most affected people differ from sub-city to sub-city mainly because responses given by the participants depend on their social position and personal view. However, the overall summary shows that those with no/less income and assets as well as unemployed groups of the population were the most affected followed by disabled/ill people, children, and elderly headed households. The low paid factory workers and the civil servants who do not have their own house (rented) were also reported to have been affected as a result of the food price hike. Although street children and beggars were not mentioned as the most affected, the responses provided by these groups revealed that people were less enthusiastic to give them leftover foods because of the scarcity at household level. Street children also reported that their access to food was limited to collection of leftover foods coming to the solid waste disposal sites and big hotels in Addis Ababa. Both of these groups also mentioned that they do not know the price situation as well as the impact of the wheat cereal from the *Kebele* because they are neither purchasing nor recipients of the subsidized wheat because of lack of a *Kebele* identification card.

Female (widowed/divorced) headed families were also amongst the vulnerable groups. The problem was also intense among those with large number of dependants. According to focus group participants, stories were told of children belonging to the above households being forced to drop out of school and join street life. Very few people mentioned that people affected by HIV/AIDS were vulnerable and this may be due to the fact that they are recipients of special aid or due to the lower level of awareness of many dwellers or lack of knowledge about the existence of these people.

Impact of price increases on markets

Most respondents reported that markets were functioning reasonably well and everything was available until early 2008, in general. However, some felt that by the end of June 2008, markets started to behave abnormally– poor supply of some food commodities into the market. While this was not due to shortage on in-coming cereals from the rural areas, traders were accustomed to hoarding it in view of getting more profit through artificially created scarcity which is a different perception from the trader's surveys. Also some of the participants indicated that unusually huge price increases for the scarce food commodities led into decreased purchasers. It was also reported that traders were taking advantage of frequent power cuts and reportedly increasing the price of a candle from *Birr* 0.60 to about *Birr* 3.00 or higher. It was also reported that in order to offset the need for these essential non-food items, subsidized wheat beneficiaries were reported to sell part of the grain that they purchased from the *Kebeles*.

Impacts of price increases on traders

According to two-thirds of focus group discussion participants and key informants, traders (both wholesalers and retailers) were said to have completely neglected the life situation of their customers in order to maximize their own profits. Some respondents felt that small traders would

be out of business because of their decreased profit and inability to settle the government tax. Although some retailers were reported to have been negatively affected by increased food prices, they were not as disadvantaged as consumers who were forced to pay more for their food. In general there was distrust of the traders by these groups.

3.7. Main challenges and priorities of surveyed communities

Main challenges for communities

The main challenges for the communities, according to respondents, included high and increasing food prices, frequent power interruptions, limited income opportunities, price increases for fuel/electricity, high house rental costs, and lack of water for drinking and other uses. 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 city.

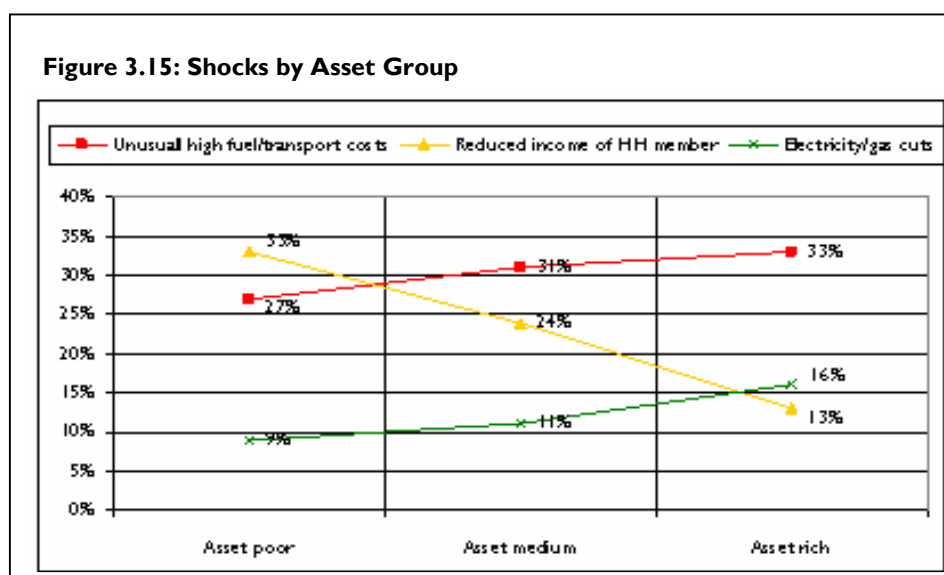
Main priorities of communities

As a follow up after discussing the existing situation of the communities and their prevailing challenges, respondents were asked to list their priorities towards addressing these issues. Accordingly, more than 90% of them reported that improved access to subsidized food, improved access to electricity and better employment opportunities as their issues of priority. Improved access to other basic services such as education, drinking water and health facilities were also among the communities' priorities but not really related to the issue high food prices.

3.8. Shocks and coping strategies

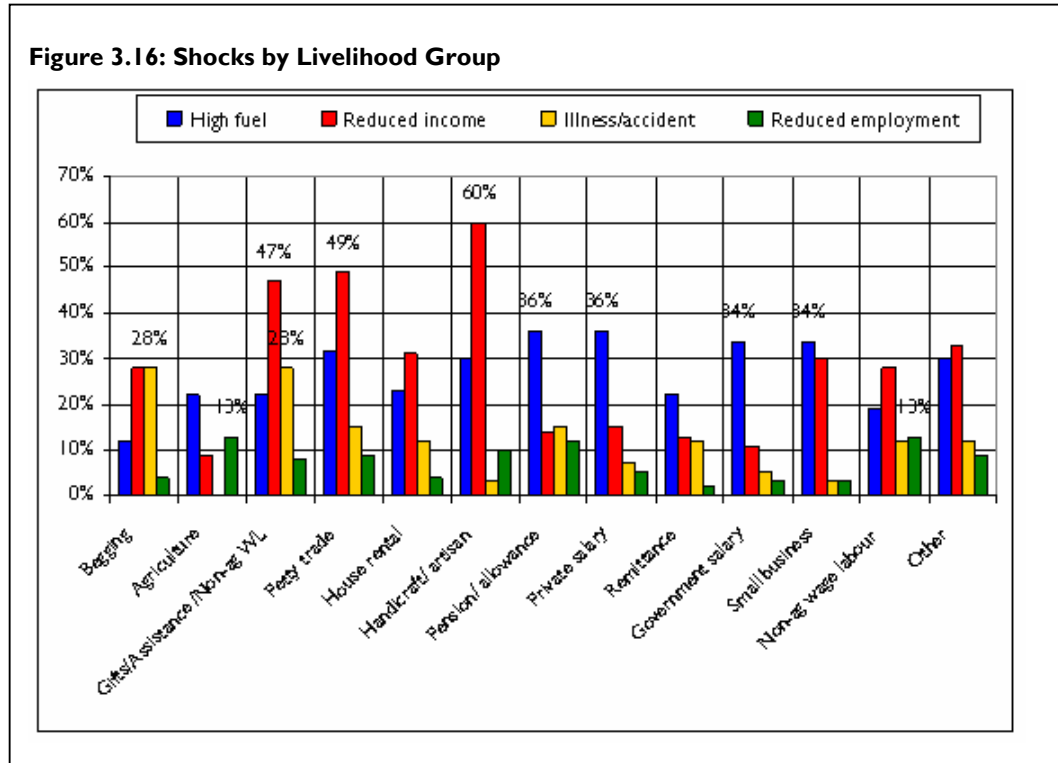
During the interviews, the households were asked if they had experienced any difficulties or shocks during a past 6-months period. They were allowed to name as many as they like and then to rank the top three shocks. Overall, the main shocks listed by the households were: unusually high food prices (96%); unusually high fuel/transport prices (30%), reduced income of a household member/s (26%), electricity/gas cuts (11%), serious illness or accident of a household member/s (9%), and loss or reduced employment of a household member/s (6%). Figure 3.15 shows the differences between reported shocks by asset wealth groups, indicating that wealthier households

are more affected by transport cost increases and electricity/gas cuts while poor households are more impacted by reduced income of household members. The percentage of households



reporting high food prices as a shock was similar across wealth groups.

In summary, these findings show that the handicraft/artisan households experienced an unusual set of reported shocks in that 82% reported unusually high food prices. The wealthier groups were more likely to report being affected by high prices (food, fuel/transport), while the poorer groups appear to be more affected by reduced incomes or illness/injury of a household member. Conversely, when asked about a shock during a one-month period, when the household did not have enough money to buy food or cover essential expenditures, the lowest levels were found among the handicraft/artisan households (66%) and the highest amongst begging (97%) and 'other' (94%) households. By livelihood group, the main shocks are presented in Figure 3.16, excluding unusually high food prices.



For those experiencing a shock in a past month, the most common coping strategies were related to changes in eating habits such as:

- to eat less preferred or less expensive foods
- limiting portion size at meal times or
- reducing the number of meals eaten per day

These were followed by strategies to increase purchasing power or access to food such as:

- borrowing to buy food,
- buying food on credit,
- increasing working hours,
- seeking alternative employment,
- borrowing food, or
- decreasing expenditures on healthcare

Figure 3.17 shows changes in reported use of the main coping mechanisms between January 2008 and the 30 days prior to the survey. For all, there had been an increase in the use of the strategies, with the greatest absolute increases found in the more commonly used strategies while the greatest percentage increases were related to income and expenditure. The use of 'decrease in

health care expenditure' increased 250% from 2% to 7% during that time period. In addition, the percentage of households with increases in working hours and seeking alternative employment increased by almost 75% over the same period.

Figure 3.17: Coping strategies comparison June and January 2008

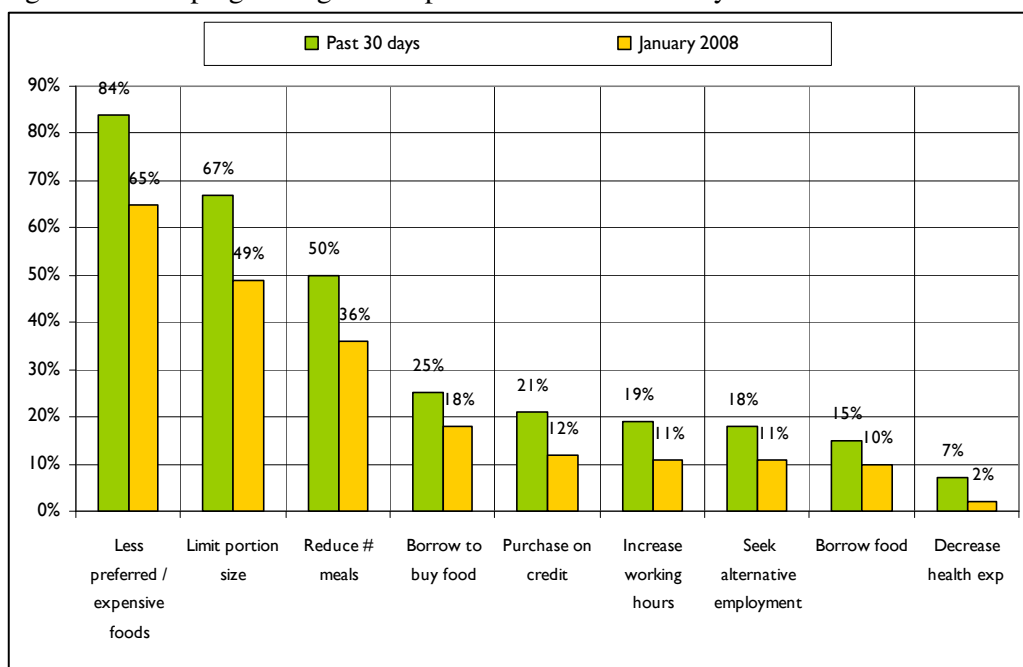
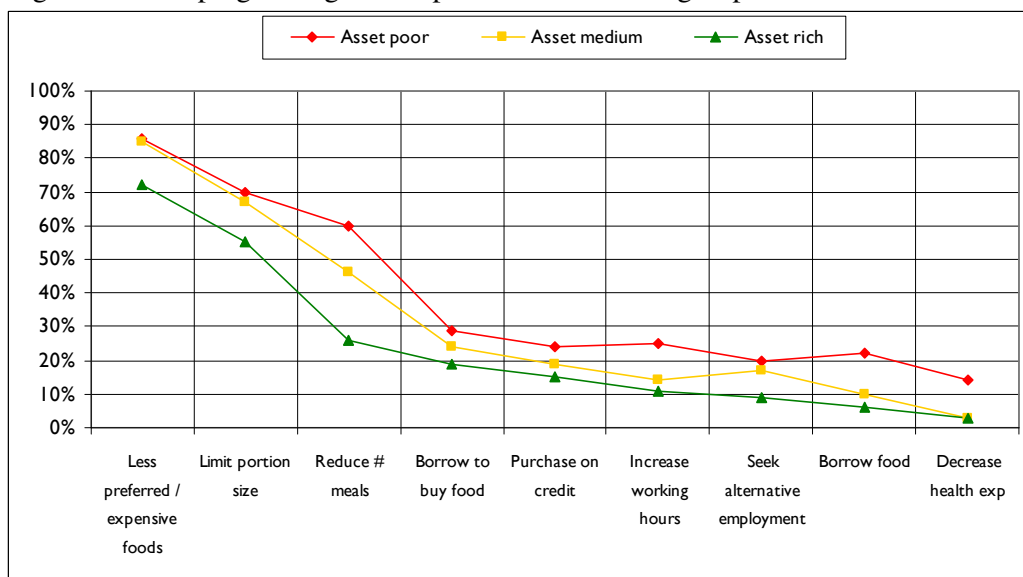


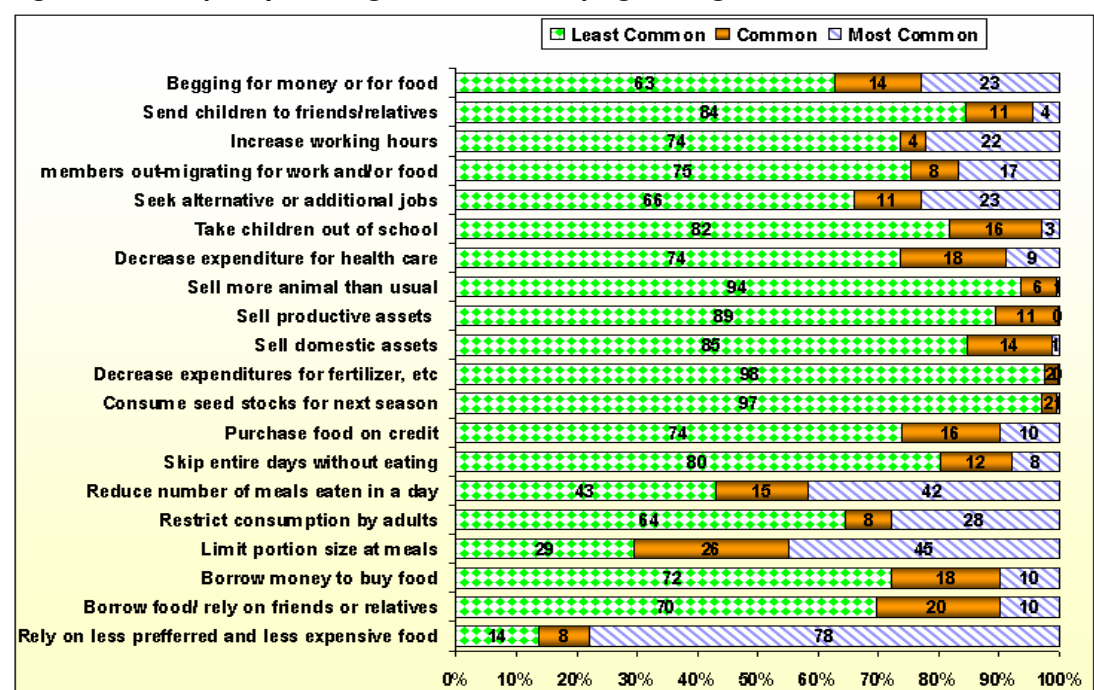
Figure 3.18 shows the relationship between asset wealth and coping strategies for households affected by a shock. The asset rich were much less likely to change their eating habits or to seek alternative employment than the asset medium and asset poor while the asset poor were much more likely to increase working hours, borrow food and decrease expenditure on health care than the asset medium or asset rich. Similar differences were found when exploring the various coping strategies by food consumption groups.

Figure 3.18: Coping strategies comparison across asset groups



On the other hand, findings from focus group discussions and key informant interviews showed that relying on less preferred/expensive food (96%), reducing meal size (93%) and reducing number of meals (90%) as well as restricted consumption by adults in favour of children (74%) were the major types of coping strategies used by the surveyed populations (Figure 3.19).

Figure 3.19: Frequency of Using the Different Coping Strategies



3.9. Current assistance and impacts

Focus group and key informant perspectives on ration cards

Respondents' impression with the government's Urban Grain Stabilisation Program was that it was good but too late. Prior to the provision of cereals to the *Kebeles*, the Government had advised each *Kebele* to establish a Price Control Task Force and check the traders. These task forces were reported to be 'nominal' that did not progress except admonishing the traders to post prices of items in their shops. Surprisingly enough, the traders fixed the listed prices but the situation did not improve. Later on, the government started provision of wheat rations at subsidized prices through the *Kebeles* and supported/encouraged establishment of purchasers' associations to safeguard the population from illegal hoarding and high prices. The government also lifted taxes from food items in order to stabilize the market. Some of the problems highlighted by the groups were:

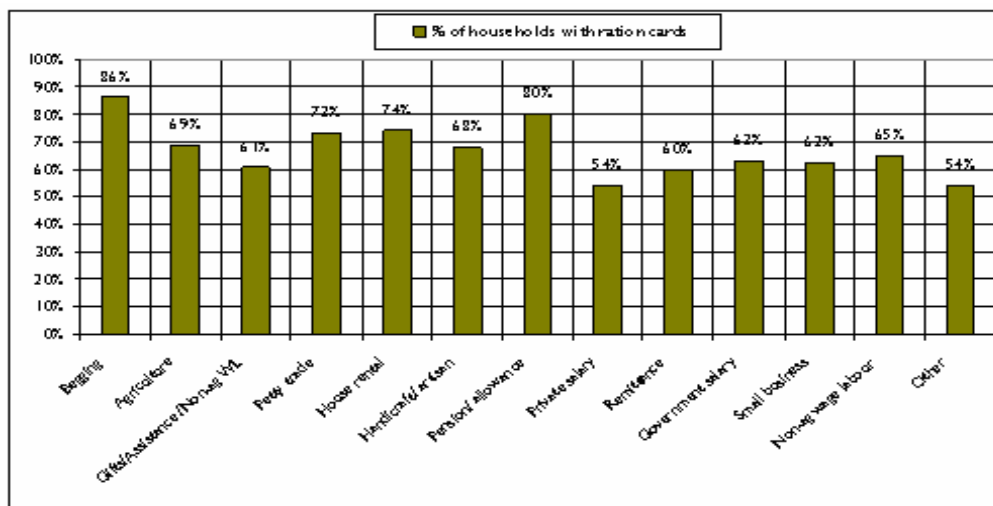
- **Limited coverage:** Urban stabilization program was not addressing the most poor and vulnerable group of the society. As a program the subsidized food was distributed for all income groups.
- **Unfair distribution of ration coupons:** Ration coupons were distributed for beneficiaries on individual basis. This limits the number of beneficiary households as the allocation of resources concentrated on some individuals which had a higher number of family members.

- **Strict criteria:** to get coupons a member in the *Kebele* must own a *Kebele* ID, whilst most poor households are either not a member in that specific *Kebele* or are house renters in that *Kebele*.
- **Lengthy Queues:** beneficiaries had to wait 6-12 hrs to obtain 50 kg of wheat from *Kebele* food distribution centres. In this regard female headed and elderly headed households were seriously affected.

Ownership of ration cards at household level

Of the total sample of households, 63% reported that they had a ration card from their *Kebele*. The most common reason for people not having the card was that they were absent during registration (38%), followed by 25% of households not being registered in the *Kebele* where they lived. Another 14% said they were eligible for the card but biased against by officials while 11% indicated they were not eligible. Lastly, about 7% said they were not interested in the ration card (but did not indicate why) and 5% did not know anything about the program.

Figure 3.20: Access to ration cards by Livelihood Group



By asset wealth group, 61% of poor households had a ration card, followed by 70% of the asset medium and 45% of the asset rich households. The main reasons asset poor households did not have ration cards were that they were absent during registration (41%) or not registered in the *Kebele* (28%). Some 12% said they did not qualify and 5% were not interested. The begging households were the most likely to have a ration card (86%), followed by the pension/allowance households (80%). The least likely were the private salary and 'other' (54% each) categories. Of concern is the fact that only 61% of the gift/allowance/non-agricultural wage labour households had ration cards while they were one of the poorer groups. Those without ration cards indicated that they were either absent during registration or did not know about the program. Remittance households were also less likely to have ration cards and those without were either not registered in the *Kebele* or absent during registration.

Impressions on the interventions by NGOs

Nearly half of respondents had negative impressions with regard to the role of NGOs (49%). However, some NGOs including local NGOs like W/ro Abebech Gobena and Hope Enterprise were reportedly involved in the feeding of disadvantaged children, the helpless elders and HIV/AIDS patients in their operational areas (23%). However, the majority of respondents felt that NGOs could have played a greater role in ameliorating the high food price situation. The

roles of community-based organizations (CBOs) and traditional/cultural institutions were also limited partly due to their own financial problems. In this regard, participants cited that *Iddirs* and *Senbetes* capacity was eroded due to the increased death of members from HIV/AIDS. This was reflected in the decreased frequency of preparation of food during condolences in many localities. In general, respondents thought that NGOs should have done more.

Impressions regarding impacts of all interventions

Nearly 40% of respondents noted that the subsidized wheat distribution and limited interventions of NGOs had significantly contributed in saving the life of poor households, mainly children. Around 10% of respondents reported having seen the impact of the government's subsidy program in terms of stabilizing the market and creating opportunity for additional income by selling their subsidized ration. However, one-third of respondents indicated that all of the interventions had little impact compared with the huge and complicated nature of the problem. Due to absence of systematic targeting criteria at the *Kebele* level to select the most affected population, most agreed that ration cards did not reach the poorest of the poor. Contrary to this, the ration cards were said to be given to those better-off households.

Impressions regarding Purchasers' Associations

Membership to Purchasers' Associations required identification cards from *Kebeles*, thus poor households living in private rented houses were not allowed to get membership. Even where those people asked owners of houses they rented in to facilitate for their registration to get identification cards, respondents stated that there was always suspicion among the owners and hence were reluctant to permit such privileges to renters. In addition to that membership required contribution as an initial deposit to the Association of about *Birr* 160 to 180 per person. This contribution itself was a burden and unaffordable to many households. The role of these CBOs was also to screen beneficiaries of the Purchasers' Associations and that depended again on capacities among the beneficiaries to contribute to their initial capital.

Moreover, as there was no other subsidized food additives like edible oil and pulses, respondents reported that with such inadequate/insufficient food baskets impacts of the intervention was very little. In order to purchase food additives (which were already very expensive), households were forced to sell parts of their rations. Although there is a government owned trading organization called "Wholesale Trading Enterprise" responsible to supply edible oil and other food and non-food commodities at fair prices, respondents stated that there were a lot of ups and downs to get the services. Furthermore, the Enterprise does not sell on a retail basis (often it sells edible oil in 10-20 litres plastic jerry cans) and that it was not affordable for the poor households.

Impressions about the situation likely to evolve in the following months

Responding to a question on how the prevailing situation would likely evolve in the following months, most respondents anticipated worsening conditions— about 88% of respondents had such pessimistic opinion. About 10% said that only God knows about what happens during the months to follow. Of those with pessimistic views, about 17% stated that prices would not decrease. As a result of worsening situations, respondents argued, different consequences were mentioned by the respondents that included increased rate of crime (18%), protests against the government (14%), and increased family/marriage breakdown (8%).

4. Conclusions and Recommendations

4.1. 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 markets.
- Food accessibility was also seriously impacted due to several factors that include:
 - Poor level of asset base for more than half of the surveyed households.
 - High poverty conditions of the majority of the population; more than 70% of households were below the national absolute poverty line.
 - High level of expenditure on food by the majority of households (more than 60% of their income spent on food).
 - Below-acceptable level of consumption by about one-third of the surveyed population.
 - Increased inflation of prices of food commodities and other services that led households to have deteriorated purchasing power.
- Food utilization was also affected by 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 most of the surveyed households were found to be highly food insecure.
- A significant proportion of 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 maladaptive 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 maladaptive coping mechanisms, many households were found to be in a severe vulnerability situation. The findings further indicated that the situation would not improve in a near future– in stead 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.

4.2. Recommendations

- WFP, relevant Government organizations and other partners need to open a dialogue on possible appropriate interventions that would include programs such as strengthening the government-led market stabilization program, cash/vouchers as appropriate, supporting street feeding centres, considering school feeding, and food for work/ asset in order to reduce problems of food insecurity among the most affected poor households.
- UNICEF support ought to scale up on existing urban cash-based social protection programs to ensure building up of assets for the asset poor, increase nutritional intake and also stabilize school attendance for children of the poorest households.

- The Government and partners should strengthen support to reduce health related problems such as diarrhoea through public health education campaigns and child health programs.
- The relevant United Nations agencies in collaboration with Government organizations and other partners should strengthen support to improve the supply of basic services such as water, sanitation, and health facilities.
- The Government market stabilization program ought to be reviewed so that it could effectively contribute to food security of the urban poor.