Nutrition Causal Analysis (Link NCA) in Kule and Pugnido 1 camps Gambella region

Presentation of results
Addis Ababa, Ethiopia
Objectives of the presentation

1. Overview of Link NCA methodology

2. Presentation of Link NCA findings

3. Group work on solutions
A structured, participatory and comprehensive study based on the UNICEF causal framework, to build a case for nutrition causality in a local context.

Source: UNICEF
Multi-sectoral analysis of the causes of undernutrition – LINK NCA

The Method – Key steps

1. Identification of causal hypothesis
2. Quantitative survey
3. Qualitative survey
4. Prioritization and participatory validation of causal hypotheses
5. Communicating results and planning for a response

- Results of the qualitative survey presented and discussed in the villages of the qualitative survey
- Results presented, discussed and voted in a final workshop

Causal Hypotheses

Secondary Data
Qualitative study
Communities rating
Experts rating

Major
Important
Minor
Non tested
## Prevalence of Acute malnutrition for children 6-59 months 95% C.I 2017

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>TIERKIDI</th>
<th>KULE</th>
<th>PUGNIDO 1</th>
<th>NGUNYIEL</th>
<th>PUGNIDO 2</th>
<th>JEWI</th>
<th>OKUGO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Acute Malnutrition (GAM) (W/H &lt; -2 z-score and/or oedema)</td>
<td>23.0 % (19.4 – 27.2)</td>
<td><strong>23.9%</strong> (16.6 -33.2)</td>
<td><strong>16.8%</strong> (13.2 -21.0)</td>
<td>29.7% (26.0 – 33.7)</td>
<td><strong>16.0%</strong> (12.6 - 20.0)</td>
<td>24.6% (21.0 -28.7)</td>
<td>22.8 % (15.6 - 32.0)</td>
</tr>
<tr>
<td>Severe Acute Malnutrition (SAM) (W/H &lt; -3z scores and/or oedema)</td>
<td>6.9 % (4.9-9.7  )</td>
<td><strong>6.1%</strong> (2.2-16.1)</td>
<td><strong>3.4%</strong> (1.9 -5.8)</td>
<td>8.0 % (6-10.7%)</td>
<td>2.9% (1.6-5.2)</td>
<td>6.1% (4.2-8.6)</td>
<td>5.3% (2.6-10.5)</td>
</tr>
<tr>
<td>Total Stunted</td>
<td>12.8% (10.0 – 6.2)</td>
<td><strong>10.3%</strong> (6.8 –15.2)</td>
<td><strong>9.1%</strong> (6.5 –12.6)</td>
<td><strong>11.9 %</strong> (9.4 -15.0 )</td>
<td>2.4 % (1.3- 4.4)</td>
<td>15.0 % (12.0 -18.6)</td>
<td>14.5 % (6.5 -29.2)</td>
</tr>
<tr>
<td>Severely stunted</td>
<td>1.8 % (0.9 – 3.6)</td>
<td><strong>1.2 %</strong> (0.2 –1.4)</td>
<td><strong>1.4 %</strong> (0.6 –2.5)</td>
<td>1.2 % (0.5 –2.5)</td>
<td>0.3 % (0.0 -1.5)</td>
<td>2.0 % (1.0 -3.7)</td>
<td>3.9 % (1.2 -12.6)</td>
</tr>
</tbody>
</table>
Major causal risk factors and pathways to under-nutrition
Poor opportunities for livelihoods

Low possibility of increasing the diversity of households’ incomes
- Limited access to agricultural land outside the camps
- No means to buy animals
- Theft of animals due to Murle attacks
- Animal diseases causing death
- Competition for grazing land/ limited access
- Inadequate water during the dry season

Copying strategies
- Collect and sell firewood, grass and leaves (conflict with host communities, insecurity)
- Produce charcoal and sell it, produce artisanal alcohol (1L=20 ETB) and sell it
- Daily agricultural worker in investor farms,
- solidarity network: borrow, equip system, Relatives help from Gambella and diaspora
- Sell GFD ration commodities (oil, beans, sorghum) to buy other food items and NFIs
Inadequate food availability at household level due to the sale of part of the food rations

<table>
<thead>
<tr>
<th>Sale of food items in Kule and Pugnido 1 (Agnuak side) camps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sugar</td>
</tr>
<tr>
<td>Oil</td>
</tr>
<tr>
<td>Beans</td>
</tr>
<tr>
<td>cereals (Sorghum, maize)</td>
</tr>
<tr>
<td>Household does not sell food</td>
</tr>
<tr>
<td>Percentage of HoH in Kule</td>
</tr>
<tr>
<td>Percentage of HoH in Pugnido</td>
</tr>
<tr>
<td>Percentage of HoH in Pugnido</td>
</tr>
<tr>
<td>Percentage of HoH in Pugnido</td>
</tr>
</tbody>
</table>

Reasons for sale of food resulting in food lasting 7-20 days

- payment of borrowed food/money
- payment for grain milling, transport of food from distribution site to the house, pharmacy bills, cloths or even rent of rooms in Pugnido town for some displaced people after the Murle attack
- Purchase of food that the miss eating that is not part of GFD (fresh fish, meat, sugar, vegetables)
- buy missing items in GFD (sugar, salt)
- Buy some non food items e.g soap
Access:

Household Food Source by group of food in Pugnido 1 (Agnuak site) camp

- **Condiments**
- **Oil**
- **Sugar products**
- **Milk products**
- **Meat, Fish eggs**
- **Fruits**
- **Vegetables, leaves**
- **Beans, lentils**
- **Cereals**

Access:

- **Market**
- **General Food Distribution**
- **Humanitarian aid/food assistance from NGO partners**
- **Loan**
- **Sharing/gift/social network**
- **Own production**
- **Not eaten**
Limited household food diversity

**Food Consumption score**

<table>
<thead>
<tr>
<th></th>
<th>% of HoH in Pugnido 1</th>
<th>% of HoH in Kule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptable</td>
<td>34.44</td>
<td>21.21</td>
</tr>
<tr>
<td>Bordeline</td>
<td>52.32</td>
<td>42</td>
</tr>
<tr>
<td>Poor</td>
<td>13.25</td>
<td>36.8</td>
</tr>
</tbody>
</table>

**Diet diversity score**

10% of households in Pugnido eat 3 groups of food or less
45% of households in Kule eat 3 groups of food or less
Poor maternal care practices

First to eat in the household

<table>
<thead>
<tr>
<th></th>
<th>Percentage in Pugnido</th>
<th>Percentage in Kule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>98.68</td>
<td>97.4</td>
</tr>
<tr>
<td>Father/men</td>
<td>1.33</td>
<td>2.6</td>
</tr>
</tbody>
</table>

Second to eat in the household

<table>
<thead>
<tr>
<th></th>
<th>Percentage in Pugnido</th>
<th>Percentage in Kule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>83.44</td>
<td>91.78</td>
</tr>
<tr>
<td>Father/men</td>
<td>1.33</td>
<td>2.17</td>
</tr>
<tr>
<td>Mother/women</td>
<td>14.57</td>
<td>6.06</td>
</tr>
<tr>
<td>Both men and women</td>
<td>0.66</td>
<td></td>
</tr>
</tbody>
</table>

Last to eat in the household

<table>
<thead>
<tr>
<th></th>
<th>Percentage in Pugnido</th>
<th>Percentage in Kule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father/men</td>
<td>87.42</td>
<td>94</td>
</tr>
<tr>
<td>Mother/women</td>
<td>11.92</td>
<td>6</td>
</tr>
</tbody>
</table>
Person seen by the mother for antenatal care for her last pregnancy

<table>
<thead>
<tr>
<th>Person seen</th>
<th>% of women in Kule</th>
<th>% of women in Pugnido</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nobody</td>
<td>3.9</td>
<td>87.45</td>
</tr>
<tr>
<td>Relative/friend</td>
<td>0.75</td>
<td></td>
</tr>
<tr>
<td>Traditional birth attendant/healer,</td>
<td>3.3</td>
<td></td>
</tr>
<tr>
<td>Community health worker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health professional (Doctor, nurse, midwife)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of visits with a health professional

<table>
<thead>
<tr>
<th>% of women in Pugnido 1</th>
<th>% of women in Kule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 4 times</td>
<td>84.14</td>
</tr>
<tr>
<td>More than 4 times</td>
<td>15.86</td>
</tr>
<tr>
<td>Less than 4 times</td>
<td>58.71</td>
</tr>
<tr>
<td>More than 4 times</td>
<td>41.29</td>
</tr>
</tbody>
</table>
Early pregnancies

Age when the woman got married

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Pugnido 1</th>
<th>Kule</th>
<th>% of Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>13-15</td>
<td>21.2</td>
<td>6.5</td>
<td></td>
</tr>
<tr>
<td>16-17</td>
<td>23.3</td>
<td>32.5</td>
<td></td>
</tr>
<tr>
<td>18 and more</td>
<td>55.5</td>
<td>61.0</td>
<td></td>
</tr>
</tbody>
</table>

Age of the mother when she first gave birth

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Pugnido 1</th>
<th>Kule</th>
<th>% of Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>13-15</td>
<td>6.2</td>
<td>1.7</td>
<td></td>
</tr>
<tr>
<td>16-17</td>
<td>24.7</td>
<td>15.2</td>
<td></td>
</tr>
<tr>
<td>18-25</td>
<td>67.7</td>
<td>79.6</td>
<td></td>
</tr>
<tr>
<td>25 and more</td>
<td>1.4</td>
<td>3.5</td>
<td></td>
</tr>
</tbody>
</table>

Ideal Age marriage woman

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Pugnido 1</th>
<th>Kule</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>15-19</td>
<td></td>
<td>Often decided by the family</td>
</tr>
</tbody>
</table>

Age 1st baby

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Pugnido 1</th>
<th>Kule</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15 to 20</td>
<td>15-19</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Overload of work for women

- Women work daily from 6am to 10pm
- Routine Household chores, childcare and visiting the market and fetching water
- Special workload; collection of GFD, firewood and working as a labourers for investors

- Consequences
  - Less time for care for children sometimes older siblings under 12 care for the children
  - Physical pains
  - Risk of SGBV during firewood collection
Poor Psychosocial well-being of women

Main caregiver feel supported

<table>
<thead>
<tr>
<th>Level</th>
<th>Pugnido 1 %</th>
<th>Kule %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely</td>
<td>23.2</td>
<td>9.5</td>
</tr>
<tr>
<td>Somewhat</td>
<td>26.5</td>
<td>29.9</td>
</tr>
<tr>
<td>Not very</td>
<td>38.4</td>
<td>16</td>
</tr>
<tr>
<td>Not at all</td>
<td>11.9</td>
<td>44.6</td>
</tr>
</tbody>
</table>

% of caregivers in Pugnido 1 | % of caregivers in Kule

Last pregnancy was wanted then, later or not at all

<table>
<thead>
<tr>
<th>Time</th>
<th>Pugnido 1 %</th>
<th>Kule %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Then</td>
<td>1.4</td>
<td>15.6</td>
</tr>
<tr>
<td>Later</td>
<td>90.4</td>
<td>82.7</td>
</tr>
<tr>
<td>Not at all</td>
<td>8.2</td>
<td>1.7</td>
</tr>
</tbody>
</table>

% of caregivers in Pugnido 1 | % of caregivers in Kule
Most of the women are **sad, anxious, often stress and have sleeping problems** because of:

- Everything is on their shoulder (all the responsibilities, planning and well being of family)
- Many are heads of households (women without men support are very vulnerable)
- Heavy workload and lack of support
- Decrease of GFD ration leads to stress
- GBV: beaten, insulted, etc.
- They don’t feel safe in the camp and their shelter (night, drunkards, risk of house fire)
- Evolution in decision making: No men in household and in many cases they became independent
- Murle attacks in Pugnido (2016: 4 deaths and 5 children kidnaped) and they are scared for next January
- Consequences of displacements due to Murle attack (town/inside the camp): some even change blocks (face challenges to rebuild shelter), firewood collection, insults and tensions with relatives and neighbourhood on water source point
Infants and young child feeding practices

- In Kule, some women believe that colostrum causes diarrhoea to their babies.
- Generally caregivers said that they could not afford to provide age-appropriate food for their children (introduction of solid and semi-solid foods)
Inadequate access to safe water

Main source of water for the household by season in Pugnido 1 (in%)

- **Groundwater**: 4%
- **Surface water**: 35.1%
- **Sealed bottled water**: 0.7%
- **Piped supply**: 59.6%
- **Roof rainwater**: 0.7%
- **Other**: 0.7%

Dry Season: 4, 35.1, 0.7, 59.6, 0.7, 0.7

Main source of water for the household by season in Kule (in%)

- **Surface water**: 38.5%
- **Piped supply**: 39.8%
- **Roof rainwater**: 0.9%
- **Groundwater**: 21.7%

Dry Season: 1.3, 39.8, 0.9, 21.7
Rainy Season: 0.9, 92.2, 39.8, 21.7
Inadequate water storage and collection containers

Sources of contaminants in drinking water:

- Jerrycans are not clean enough, have holes, no covers
- Few jerrycans used to collect water from different sources
Inadequate access to sanitation facility

Utilisation of latrines

<table>
<thead>
<tr>
<th>Reason</th>
<th>% in Kule</th>
<th>% in Pugnido 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Index using latrine</td>
<td>72.85</td>
<td>84.42</td>
</tr>
<tr>
<td>Utilisation of latrine/toilet present in the household</td>
<td>98.21</td>
<td>98.89</td>
</tr>
<tr>
<td>Presence of a latrine/toilet in the household</td>
<td>59.6</td>
<td>72.73</td>
</tr>
</tbody>
</table>

Reasons for not using latrine/toilet

<table>
<thead>
<tr>
<th>Reason</th>
<th>% in Kule</th>
<th>% in Pugnido 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't like latrine or prefer open defecation</td>
<td>2.44</td>
<td></td>
</tr>
<tr>
<td>Lack of maintenance</td>
<td>58.54</td>
<td></td>
</tr>
<tr>
<td>Not enough latrines/toilets</td>
<td>36.11</td>
<td></td>
</tr>
<tr>
<td>Too far</td>
<td>9.76</td>
<td></td>
</tr>
</tbody>
</table>
Poor hygiene practices due to behaviour

- Hand washing practices: key moments known but not enough soap
- Children often don’t use latrine, faeces are buried near compound.
- Animals faeces and urine in compound.
- Dry season (March/may) not enough water: cook, drink, wash and so on refugees hygiene practices
Inadequate malaria prevention

Not all refugees sleep under mosquito nets and a number have holes
Children, PLW or grand mothers have priority to sleep under mosquito nets
Refugees need material to keep their surrounding clean and avoid mosquito propagation: machette, sickle, hoe, ax, spade, rake, wheel, barrow
Displaced refugees after Murle attacks are more vulnerable (hosted by relatives in other blocks they do not sleep under mosquito nets)
Refugees understand and appreciate the importance of mosquito nets
Good treatment is available and free
3. Proposed solutions
WASH-water infrastructure

- Increased water access to 20l/p/d in all the camps
  - Increase pumping hours and back up electromechanical equipment
  - Drill additional 3 boreholes in ITANG
  - Increase water storage capacity at household level - Jerrycans
  - Water harvesting methods for use in the dry season
WASH-latrines and hygiene

- Reduced open defecation
  - Construct HH latrines
  - Strengthen/establish structures for routine maintenance and cleaning
  - Decommission filled latrines regularly

- Improved hygiene practices
  - Provide adequate water
  - Provide standard amount of soap
  - Harmonise messaging on hygiene - WASH, Health and Nutrition COAs
Protection

- Reduce SGBV, GBV and early marriage
  - Conduct baseline assessment on GBV risks and barriers in accessing services
  - Dialogue with community and existing structures
  - Strengthen community GBV working groups

- Increased security inside and outside the camps
  - Peaceful co-existence through events and platforms to discuss conflict resolution mechanisms
  - Strengthen/establish community based conflict resolution structures
Protection

- Improved psychosocial well being of men women and children through reduced alcoholism
  - Engage men and youths
    - Livelihoods and IGA activities
    - Peace clubs
    - Sport
  - Referral for psychosocial support
  - Referral of affected children for routine monitoring
Protection

- Reduced women workload
  - Energy
    - Alternatives to firewood for cooking energy
  - Food distribution
    - Increase efficiency of food distribution
  - Enhanced social protection community structures to feed children
    - Work with Nutrition program to pilot feeding of children under community care groups in place
- Water storage
  - Provide water storage containers
Nutrition

- Improved consumption of nutritious foods
  - Feeding in care groups
  - Promote importance of supercereal plus
  - Promote nutritious foods for U5s where there are food vouchers
- Increased coverage of nutrition programs
  - Strengthen screening at community and center level
- Review and print IEC materials
Health

- Disease management and prevention
  - Routine monitoring of incidences of diarrhea by location and coordination with WASH
  - Engage diarrhoeal patients or care givers on hygiene prevention

- Birth spacing
  - Dialogues with community on barriers to service provision

- Mental health
  - Improved community/ sectoral referrals-training
  - Monitoring of children in HH affected by mental health
Livelihoods and Food security

- Improved veterinary service provision
  - Establish linkages with structures in the host community
- Provide local breeds that are more resistant to disease
- Increase access to agricultural land
  - CRRF (outside the camps)
- Increase utilisation of available land
  - Expand back yard gardening
- Increase provision of vouchers
  - Fresh food vouchers
  - Cash food assistance
THANKS FOR YOUR ATTENTION!

QUESTIONS?