Report on Market Assessment in Gedeo and West Guji Zones

From 24\textsuperscript{th} - 26\textsuperscript{th}, September, 2019

Report by Emergency Teams of Catholic Relief Services (CRS) and Ethiopian Catholic Church – Social and Development Coordinating Offices of Hawassa (ECC-SDCOHa)

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# Table of Contents:

1. Background

2. Objectives and Methodologies

3. Limitations

4. Main Findings
   4.1 Priority Needs
   4.2 Market Functionality and Capacity
   4.3 Delivery Mechanism Options and Financial Service Providers (FSPs)

5. Key recommendations

Annex: List of participants in the assessment
1. Background:

Since April 2018, insecurity and localized conflict between communities in Gedeo Zone (Southern Nations, Nationalities and Peoples’ Region– SNNPR) and West Guji Zone (Oromia Region) led to a rapid displacement of 960,000 people (IOM Displacement Tracker, August 21, 2018). Assets and livelihoods have been lost, education disrupted, protection concerns have arisen and other basic services and infrastructure damaged. Houses were burned, and people were forced to flee quickly. In May 2019, the government in West Guji, in collaboration with the Gedeo zone, relocated the internally displaced peoples (IDPs) from Gedeo to their original place (Kercha). However, the needs are many and require urgent humanitarian assistance that cut across all the sectors. The needs include nutrition, food security, shelter, non-food items (NFI), water, hygiene and sanitary items, health, psychosocial assistance, protection and education support, among others. In Kercha Enshe, the total population are about 7398 (3695 male and 3703 female), and the total figures of IDPs are about 3950 IDPs (1978 male and 1972 female). In Gedeb woreda, the total population is about 229,273 (112,267 male and 117,006 female) and the total number of households (HHs) in Gelcha are 1040 (10,116 individuals-no sex disaggregated data) as reported by the respective kebeles’ authorities. Sometimes few cases of deaths in children under 5 are attributable to undernutrition; undernutrition puts children at greater risk of dying from common infections, increases the frequency and severity of such infections, and delays recovery especially during the Gedeo and West Guji at initial conflict stage in April 2018.

Wide coverage community campaigns delivered routine vaccinations, vitamin A and micronutrient supplementation and deworming to all IDP settlements in the Gedeo and West Guji zones. However, there are no ongoing malnutrition prevention efforts targeting children aged 6-24 months in both IDP and host communities with a special focus on the timely introduction of complementary feeding, safe disposal of children's excreta and diarrhea prevention measures. Additionally, we did not observe any intensive social mobilization campaigns to improve maternal nutrition, child feeding and caring practices through behavior change/communication interventions in these zones.

In West Guji and Gedeo barley plant and harvest begins in March and in June respectively and planting of maize begins at the end of March and harvests in December. Planting and harvesting of wheat is in August and January respectively. Planting of coffee starts at the beginning of April and harvest begins at the end of the long rainy season roughly October or November.
2. Objectives and Methodology:

The objective of the rapid market assessment on nutrition and cash feasibility and in Gedeo-West Guji zones was to:

- Determine some of the factors influencing malnutrition and identify some of the public health services accessible to the population in Kercha Enshe and Gelcha of the West Guji and Gedeo zones;
- Identify factors influencing nutrition status of the children including disease prevalence and access to essential services; and
- Assess market functionality and capacity to respond to increased demand if cash transfers were provided.

A team of CRS and ECC-SDCOHA staff collected information through:

- Interviews with financial service providers (FSPs) in Gedeo-West Guji zones;
- Key informant interviews with implementing partner staff and woreda officials, including Disaster Management and Focus Group Discussions (FGDs) with IDPs.
- Interviews with market actors, vendors and wholesalers selling a range of priority items required by the target group; and
- Price and availability collection of priority items in the Minimum Expenditure Basket (MEB).

Key questions for each category of stakeholder were taken from the questionnaires developed for Deder and modified to Gedeo-West Guji context. The key questions were developed in advance, informed by questions from the rapid market assessment tools shared by the Ethiopia Cash Working Group (ECWG), the ECWG’s Cash Transfer Programme Guidance Manual, the Red Cross’ Rapid Assessment of Markets (RAM) and Cash in Emergencies Toolkit, and existing CRS resources. Nutrition focused questionnaires were also developed based on the real context.

3. Limitations:

The team was unable to talk effectively with FSPs in Bule-Hora because the data collection period was also the FSPs’ busiest financial transaction period, given small scale farmers were depositing cash crops returns. Additionally, one of the suppliers in Kercha woreda said that when we interviewed him, he lost his food and NFI inside his small firm/business during the conflict between Gedeo and West Guji.

CRS has previously conducted feasibility assessments for cash transfer programmes in Ethiopia, including the Oromia region in April 2017, as well as a feasibility assessment in February 2018 for its JEOP programme in the Oromia region. CRS also conducted a rapid market assessment and cash feasibility study in Deder Woreda, East Hararghe, Oromia Region from 11th-13th June, 2018. Although these assessments did not cover all Gedeo and West Guji zones, they provided significant information on general nutrition, feasibility of cash assistance, different delivery options and possible payment providers that could be considered in the assessment of Gedeo and West Guji. In addition, CRS and ACS jointly conducted Market Assessment and Cash Feasibility Study in Gedeo and West Guji zones from 6th -8th December, 2018. However, sometimes there
are no adequate data from key stakeholders, such as the Health Bureau of West Guji and Gedeo, kebele authorities, or woreda officials.

4. Main Findings:

4.1 Priority Needs

The following priority needs were documented by CRS and ECC-SDCOHA during rapid assessments conducted from 24th -26th, September, 2019.

Nutrition:  

When we conducted focus group discussion (FGDs) with 35 female and 4 male (39 total) IDPs regarding desired changes in nutrition habits, all responded that they would like to work on making ‘enset’/false banana and maize a main staple food in the Gedeo-West Guji zones. Currently, they do not have confidence in their ability to boost their nutrition habits. Out of 39 respondents, 37 of them stated that they eat one meal per day, which is not enough for the whole family and most skip lunch and dinner. Only two respondents said they two meals eat per day rarely.

Most respondents said that they often skip their meals. Women said that when they are lactating, they used to feed their babies, especially under 2 years rarely as they don’t have enough nutrition at household level. When we interviewed three women at the FGD, they responded that they did not feed complementary foods (e.g., eggs, vegetables, fruits, oats’ porridge etc.) for their babies from the age of 6 months as they are most vulnerable. Two lactating women said that they breastfeed their babies three times a day when they get at least enough food but if not, they breastfeed twice a day. Mostly, they drink unsweetened tea and especially like ‘kocho’- ‘enset’/false-banana and did not discuss any foods they dislike since they do not have any alternatives.

A Kercha woreda Health Bureau expert said that if NGOs provide IDPs training in livestock rearing, IDPs could improve their nutrition given their preference for meat and eggs. He stated the IDPs are not back to normal conditions as a result of malnutrition. Table 1 shows a summary of malnutrition data from Gelcha and Kercha Health Bureaus.
Table 1. Summary of Gelcha and Kercha Malnutrition Data

<table>
<thead>
<tr>
<th>Woreda</th>
<th>Moderate Acute Malnutrition (MAM)</th>
<th>Severe Acute Malnutrition (SAM)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kercha</td>
<td>2086</td>
<td>1396</td>
<td>6144</td>
</tr>
<tr>
<td>Gelcha</td>
<td>140</td>
<td>205</td>
<td>7</td>
</tr>
<tr>
<td>Grand total</td>
<td>2226</td>
<td>1601</td>
<td>6151</td>
</tr>
</tbody>
</table>

Source: Gelcha and Kercha Health Bureau data

According to a Health Bureau expert, there are 11 children admitted to the Stabilization Centre in Kercha Hospital and a total of 140 children recorded with edema. Local Health Bureau experts explained that the interaction between undernutrition and infection can create a potentially lethal cycle of worsening illness and deteriorating nutritional status of children and women, particularly Pregnant and Lactating Women (PLW). Poor nutrition in a child’s life can also lead to stunted growth, which is associated with impaired cognitive ability and reduced school performance, as well as reduced work performance for PLW in the woredas.

The experts articulated that in response to the widespread, conflict-driven displacement and a slow-onset crisis in food security, malnutrition and outbreaks of communicable diseases, a comprehensive humanitarian support from various partners has been provided. They added that there are efforts by some nutrition-focused partners and government health offices to address the on-going humanitarian crisis and shorten the high prevalence of acute malnutrition.

Dogosodu Nutrition condition:

CRS/ACS conducted a rapid nutrition assessment in April 2019 in Dogosodu in collaboration with kebele authorities given severe malnutrition cases in the kebele. Following the rapid assessment finding, CRS/ACS distributed laundry soaps, vegetable oil (fortified with vitamin A and D), lentils, chickpeas or other pulses to a total of 270 HHs composed of severely malnourished children and pregnant and lactating women (PLW) in Dogosodu in July and May of 2019.

We conducted FGD in Dogosodu on 15th October, 2019 with 22 women. Out of the 22 respondents, 3 are being treated for gastritis, kidney infection, and skin rash respectively. They are somewhat dissatisfied with the physical appearance of their bodies as they lack basic nutrients such as eggs, milk, meat, vegetables and fruits in their day-to-day meals. For example, one of the participants weighed 58 kg five months ago but now weighs 48 kg. All 22 respondents said that they eat breakfast and dinner but skip their lunch. They added that they need support to improve their
nutrition habits because they do not have the confidence to improve their nutrition habits as they are limited with false-banana and produce maize only once a year. Also, they do not know how many meals per day to eat since it is determined by the availability of food. However, breastfeed their children under 2 and feed complementary foods, such as bread and cow milk in addition to breastfeeding, from the age of six months for their babies. In addition, they said that when lactating, they often breastfeed their babies only when they cry. Finally, the respondents said that nutrition and health is their main priority as the health and nutrition status of the children under two and PLW steadily deteriorated and they need nutritious food (as observed in the above cover photos). Currently, CRS/ACS will consider in its plan to support a total of 355 HHs (specifically children and PLW) through multipurpose, unconditional cash assistance.

**Food security:** A zonal DRMC office assessment was conducted in November 2018 in nine woredas of the West Guji zone: Kercha, Hambala Wamana, Birbirsa-Kojowa, Abaya, Gelana, Bule-Hora, Dugda-Dawa, Melkasoda and Surro-Barguda. According to an NDRMC expert from Bule-Hora, the assessment found that about 80-95 percent of crop production was damaged due to the conflict and recently there is a significant reduction of livestock production.

*Photo 3. FGDs Kercha Enshe-West Guji*

We conducted FGDs in Dogosodu kebele with 10 female and 2 male IDPs (12 total) who responded that their main source of food was their own production of staples, such as false-banana/"Enset-Kocho", coffee, maize, or wheat from their own plots of land before their displacement. However, 75 kg of wheat grain and 3 liters of edible oil as food ration for a family size of 10 per month has been provided in-kind by the DRM office in Gedeo and West Guji zones. Woreda officials reported that food rations were inconsistent (e.g., sometimes only grains or oil distributed); not culturally appropriate to the IDP population (usual staples are maize, false-banana, wheat, and barley); and insufficient to cover dietary and nutritional needs. IDPs are reportedly selling up to 50 percent of rations received to access other complementary food items (e.g., vegetables, tomato, onion, pepper, milk, meat, eggs, or false-banana) and NFI (e.g., blankets, mats, cooking ladles, kettles, drinking cups with handle, etc.). The food distribution given by CRS, in partnership with World Vision and government in JEOP, has provided significant access to food for IDPs in Gedio-West Guji zones.

**Cash and NFI:**

In Kercha Enshe and Gelcha in Gedeb woreda, most of the IDPs’ assets such as livestock, household items, and kitchen sets were lost. Because of this, IDPs need NFI, especially cloths and kitchen utensils (e.g., 20 liter jerri-cans, plastic mats, plates, etc.). Cash and NFI assistance was provided by multiple partners, including cash for shelter NFI assistance by NRC in August 2018, NFI assistance by IRC, and nutrition and NFI assistance by Goal Ethiopia.
Save the Children provided 4000.00 ETB in cash and NFI support per HH in Gelcha, reaching 280 HHs (1,120,000.00 ETB provided in total). CRS/ACS also provided 3800.00 ETB per head in cash, reaching 991 HH beneficiaries (497 HHs from West Guji and 494 HHs from Gedeo zone) with a total amount of 3,7658,00.00 ETB in April 2019 through LDs and EHF1 grants. Similarly, CRS/ACS distributed cash for 153 HH shelter beneficiaries in West Guji and Gedeo zones (91 HHs in Heralipitu, 36 HHs in Dogosodu, and 26 HHs in Gelcha) in August 2019 in collaboration with Awash bank Bule-Hora branch. Now CRS and ECC-SDCOHA has pending the construction of shelters for the affected population since the conflict in West Guji and Gedeo zones is being aggravated.

**Water, Sanitation, and Hygiene (WASH):** According to the July 2018 zonal NDRMC Office assessment report of Oromia, West Guji zone, 10-25 percent of the surface water sources (e.g., ponds, streams, and rivers) are dried out during the dry season. The affected population must travel long distances to access water, on average 5–10 km, which includes 1-2 hours of walking on foot roundtrip and waiting in a queue for 1-2 hours. Additionally, water is not treated, is unprotected, and its quality is poor. Most water sources are damaged due to the conflict and there is a shortage of water. To address this gap, in Kercha CRS/ACS is striving to provide the average water use for drinking, cooking, and personal hygiene (at least 15 liters per person per day in any household according to Sphere core humanitarian standards). Luckily, CRS/ACS colorfully inaugurated the gravity-flow water supply in July 2019 with the presence of key stakeholders: Kercha woreda administration head, head of Kercha woreda Water Bureau, other government officials and Aba-Geda (Oromo cultural leaders) through DFID fund. As per the core humanitarian standard, the gravity-flow water supply has served a total of 16,200 beneficiaries since inauguration.

**Shelter:** Shelter is one of the basic needs for IDPs, and CRS/ACS have few shelters to complete shelter using funds from DFID, EHF, and others grants. CRS/ACS constructed a total of 306 shelter and distributed NFI material for 88 HHs through DFID funding. In addition, CRS/ACS constructed a total of 598 shelters in Kercha, Bule Hora, and Gedeb woredas and shelter materials such as plastic sheets, eucalyptus poles and corrugated iron sheets (CGI) were distributed to 102 beneficiaries and their shelter structure were erected. With the consensus of the shelter and NFI cluster, we have started beneficiary-led shelter construction in Kercha woreda of Lemi Kercha kebele for 63 HH shelter beneficiaries granted by EHF1. CRS/ACS is the lead for this innovative approach in Kercha woreda.

**Education:** In Gedeo zones, there are three public schools, namely St. Paul School, Gelcha School, and Edera School. During a community discussion in Gelcha, respondents stated that they preferred cash to address households’ basic needs for learning kits (e.g., exercise books, pencils, pen, eraser, etc.) apart from blankets, sleeping mats, clothing, cooking pots, utensils, stoves, soap, basic cleaning items and sanitary items since in September, children startup their lessons in the schools.
IDPs: In Gedio, Gedeb woreda IDPs often go to the markets to buy basic items twice a week on Tuesday and Friday (busiest market days). Women usually go to the market and they have faced challenges with transportation cost. Elderly and people with disabilities (PWDs) within the IDPs also have faced challenges accessing the market, as explained by IDPs during FGDs, as well as during times when there is a conflict because the market does not operate. Currently, however, the security condition is fine from both sides of West Guji and Gedeo now that peace building efforts are in place.

The food and NFIs that the IDPs need to purchase are available in the markets with sufficient supply, but the cost of the food and NFIs is gradually increasing with increasing demands. The food items such as meat, teff, and false-banana is increasing by 50 percent. For example, in Gedeb woreda, the cost for one parcel of meat (around 0.25 kg) currently costs 40.00 ETB but previously cost 20.00 ETB, and the cost of 1 kg of teff currently costs 35.00 ETB, compared to its prior cost of 20.00 ETB. Bundles of false-banana/‘Kocho’ seedlings with a horseback currently cost 800.00 ETB (previously 500.00 ETB). Transportation costs also increase with the increasing cost of fuel. The cost of one short motor trip has recently doubled from 5.00 ETB to 10.00 ETB. If IDPs were given money to buy essential food and NFIs, the three main risks they have explained include some husbands using the money to purchase alcohol and cigarettes, theft, and misuse of cash transfers on non-essential goods by some recipients. Given the present situation in Gedeo and West Guji, IDPs responded that cash would be the best way to receive assistance since they can purchase food and NFIs as needed easily.

4.2 Market Functionality and Capacity

General Market Situation

Gede town market is the main market for the woreda serving more than 306,572 residents in the town and surrounding rural areas. The market is open daily throughout the week, with market days on Tuesday and Friday being the busiest days.
• Though accurate figures for the number of vendors and wholesalers operating are not available, estimates and observation by the assessment team suggest there is considerable competition and a wide range of actors operating in the market.

There is a diverse range of vendors, retailers and wholesalers in Gedeb town market place. No accurate figures were available on the exact number of vendors operating there (information was not available with the woreda Revenue Office); however, we interviewed four market actors. They suggested the estimated number of vendors (e.g., retailers or wholesalers), including an average of 15 small-sized bread shops, 40 small-sized food commodities shops, roughly 30 small-sized fresh food (vegetables and fruits) shops, 5 small-sized dairy products (milk, cheese, yoghurt) shops, an average of 14 small-sized meat shops, and 7 small-sized basic hygiene and NFIs shops (e.g., jerry cans, stoves, cooking pots, washing basins, drinking cups, plates). Note: these figures are estimated and may increase. Generally, the market operates throughout the year, though rainy season can affect some roads from Dilla to Gedeb (75.5 km away).

Availability:

Vendors stock a wide range of items that would likely be prioritized by the IDPs. This includes clothing items, shoes, mats, blankets, jerry cans, washing basins, metal plates, cups, utensils, kettles, small kerosene stoves, laundry soap, body soap and hand-held torches. Some vendors also provide services such as tailoring of clothes and boutiques.

In terms of food items, there were many small petty traders selling fresh foods produced in the surrounding areas, including potatoes, onion, tomatoes, and pineapples and some were selling meat and dairy products (milk, cheese, yoghurt, butter) especially on Tuesday and Friday. IDPs in the area culturally eat more false-banana/“Enset-Kocho”, pineapple, maize and wheat as a staple. These items were also available with the food retailers consulted, and a number of people confirmed that IDPs had been selling part or all of the grain/maize rations received to buy these items instead.

All vendors consulted had items in stock, and none reported any items being unavailable. Based on demand of their customers they were able to quickly source any items they did not have in stock. Some vendors reported that their stock levels were lower than usual mainly due to lower purchasing power in the area and increases in the purchasing price.

Integration:
Gedeb town market appears integrated, with vendors having a diverse number of suppliers and locations where they source their stock. The main market suppliers use to restock is Dilla (75.5km away). The market in Gedeb town is well connected to other markets, with small shops at the village level restocking from Gedeb, and retailers and wholesalers in Gedeb are able to restock in 1 to 2 days.

**Prices:**

Most vendors reported a general increase in prices over the last 6 months, largely due to devaluation of the ETB against the USD. These general price increases have been consistent across all items. One example from a wholesaler who sells flour, grain, macaroni, oil, laundry soap and other items, was that 100 kg of flour that currently cost 1940.00 ETB (previously 1840 ETB). Another retailer reported that a towel currently costs 320.00 ETB (previously 300.00 ETB) and a mattress with 14 cm thickness currently costs 1810.00 ETB (previously 1700.00 ETB).

The price data for ESNFI items were collected for different vendors in two woredas, namely Gedeb and Kercha. Prices have increased compared with the previous year (2018) and prior to the conflict, but the vendors mention that inflation is not related to the conflict. The traders connect the price changes to a lack of inputs, such as NFI kitchen sets (aluminum plates and others), and increased foreign exchange rate. The main impact of this has been inconsistent profit for some vendors and also some vendors keeping lower stocks than usual due to limited purchasing power in the area. Also, fluctuations in currency mean that prices are generally slightly higher when vendors restock.

Most vendors reported good competition in the market, with similar shops having equivalent prices. All vendors mentioned that an increase in demand would not affect their prices due to the relatively good competition. The only thing that might influence price would be if the supply cost increased of items.

**Capacity:**

Generally, the number of customers has been slightly lower compared to a few months ago due to lower purchasing power and no cash crops with the displacement of the affected population. One of the retailers reported that he can serve an average of 30-40 customers per day, especially on Tuesday and Friday. All vendors consulted had items in stock with capacity to increase this stock (e.g., available storage space) if needed.

All vendors reported consistently that they would be able to meet an increase of 50 percent or 100 percent demand without any challenges. They reported having sufficient stock to sell initially freeing up capital to resupply. However, most suppliers reported a general decrease in demand in the preceding 6 months. A range of reasons were given for this, including conflict, increasing prices of goods (as mentioned above largely due to currency fluctuations), and a decrease in purchasing power among local population. One vendor mentioned this was due to significant reduction for livestock production livestock and poor grazing, which impacted the rural population’s inability to buy other items. Most vendors mentioned that they would prefer to have
notice in advance of any cash transfers, so they could anticipate an increase in demand and have sufficient stocks in place.

All vendors were able to restock within one to two days, with a mix of vendors going to collect stock themselves or have it delivered depending on the items. No vendors reported any significant challenges if cash transfers were provided to the IDP population since they would be benefited.

**Accessibility:**

Vendors consulted during the assessment reported that a small number of IDPs were already accessing the market to buy essential items, but the main barrier was purchasing power – both for IDPs and the host population residing in the town.

**Constraints:**

Although vendors consistently reported facing no challenges in increasing their stocks to meet an increase in demand from potential cash transfer programme, they did report reduced purchasing power among the local population as a general constraints they had been facing recently. Currency devaluation generally had impacted prices for vendors to purchase and also sales prices for customers.

Regarding internal customs, some vendors reported that there were still inspections on their goods when supplying from Dilla. This was part of government efforts to combat smuggling, but it was impacting legitimate vendors as they are incurring costs to unload and load trucks during customs inspections and there is general increase in taxes payable to the government.

**Market Capacity to Support a Cash Programme:**

The above information on the market in West Guji and Gedeo indicates that unrestricted cash transfers are a feasible option to meet the immediate needs of IDPs. The range of items prioritized in the MEB of the Cash Working Group is all available and vendors have capacity to meet any additional demand for other items, as interviewed. During FGD in Kercha Enshe and Gelcha, IDPs said that they need nutritious food for their children, particularly those under two years old. IDPs would like to feed their children plump net, sugar, edible oil, rice, oats porridge, eggs etc. as CRS/ACS will provide them sufficient amount of cash transfer. Providing cash transfers would support local vendors as a multiplier effect for the local economy.

**4.3 Delivery Mechanism Options and Financial Service Providers (FSPs):**

The assessment also explored the available delivery options for cash transfers in the local area. This included meeting with all service providers that had a branch in Bule-Hora or were in the process of opening one. The below table summarizes the delivery options available and their appropriateness for emergency cash transfer delivery:

<table>
<thead>
<tr>
<th>Delivery options</th>
<th>Advantages</th>
<th>Disadvantages</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Direct cash distributions by third party</td>
<td>• Reduced risk for staff as FSP manages cash</td>
<td>• Does not promote access to financial</td>
<td>• Recommended as immediate solution to transfer cash to</td>
</tr>
<tr>
<td>(e.g., bank or financial institution)</td>
<td>movement and distribution</td>
<td>services among beneficiaries.</td>
<td>beneficiaries, particularly for one-off transfers</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>---------------------------</td>
<td>------------------------------</td>
<td>-------------------------------------------------</td>
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<tr>
<td>• Relatively quick to establish and roll out (once agreement is established)</td>
<td>• Manual distributions will require more manual reconciliation and verification process on the part of the implementing agency (takes time and staff).</td>
<td></td>
<td></td>
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<tr>
<td>• Positive past experience using similar mechanism and provider among other humanitarian organizations</td>
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<tr>
<td><strong>B. Direct cash in envelop distribution by implementing agency</strong></td>
<td>• Simplicity of process for beneficiaries</td>
<td>• High risk of fraud</td>
<td>• Not recommended due to security problem. Cash in envelop distribution are more susceptible to fraud</td>
</tr>
<tr>
<td></td>
<td>• Flexibility to decide on distribution location and timing</td>
<td>• Safety and security risk for implementing organization’s staff</td>
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<td></td>
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<tr>
<td><strong>C. Bank account payments</strong></td>
<td>• Increase access to financial services among beneficiaries (though requires considerable trust building and positive experience to ensure continued use)</td>
<td>• Minimum account balances and deposit amounts apply</td>
<td>• Recommended for medium-term response (e.g., for follow-up monthly distributions after initial cash transfer is provided)</td>
</tr>
<tr>
<td></td>
<td>• More dignified as beneficiaries can access cash transfers through established institution</td>
<td>• Would take time to set-up agreement with service provider, open beneficiary accounts and orient/train beneficiaries on available services and how to access cash</td>
<td>• Not recommended for immediate cash transfers due to set-up time and costs and need to negotiate on ID requirements</td>
</tr>
<tr>
<td></td>
<td>• Easier to conduct multiple distributions as transfers are more automated / can be done in bulk and without needing to have physical contact with the beneficiary each time</td>
<td>• Target beneficiaries may not be familiar with banking services therefore making the withdrawal process more complex from beneficiary perspective</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Majority of IDPs do not have access to required ID to open account (would require negotiation with service provider to accept NGO-issued ID)</td>
<td></td>
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</tbody>
</table>
The following table summarizes the available FSPs and the considerations around their capacity and relevance of services provided. Given the urgency of needs, timeliness for setting up the payments, simplicity of process for beneficiaries, and past experience implementing humanitarian cash transfer programmes were prioritized when making recommendations. In addition, only those service providers with a presence in Bule-Hora were considered.

<table>
<thead>
<tr>
<th>Financial service Provider</th>
<th>Description of services</th>
<th>Considerations</th>
<th>Recommendation</th>
</tr>
</thead>
</table>
| **Commercial Bank of Ethiopia (CBE)** | • Payment into beneficiary accounts  
• Mobile money transfer (CBE-birr) | • No previous experience at branch level doing humanitarian cash transfers (but has interest)  
• Good capacity at branch level including separate space to organise account opening and withdrawals  
• Requires beneficiary account opening (which | • Explore possibility of opening beneficiary accounts without government-issued ID for follow on distributions  
• Verify experience of other humanitarian agencies |
| **Awash Bank** | • Payment into beneficiary accounts  
• Direct cash distributions to beneficiaries inside branch or outside at distribution sites | • Has no experience with various NGOs on range of cash distribution and development programming in Bule-Hora yet, but shows willingness  
• Willing to accept NGO-issued ID  
• No fees/costs if distributions conducted in or close to Bule-Hora branch  
• Able to deploy additional staff if required | • Verify experience of other humanitarian agencies. (DRC, NRC, etc.)  
• Explore agreement for first round of cash transfers  
• Awash has been working with CRS/ACS since April 2018 started with 991 HHs cash distribution and now it continues with CRS/ACS. |
| **Cooperative Bank of Oromia (CBO)** | • Payment into beneficiary accounts  
• Mobile money transfer (HelloCash) | • Good capacity at branch level  
• No previous experience at branch level doing humanitarian cash transfers but has at HQ level working with humanitarian organizations.  
• Requires beneficiary account opening (which may take time and require negotiation on acceptable forms of ID) | • Explore possibility of opening beneficiary accounts without government/kebele-issued ID for follow on distributions  
• Verify experience of other humanitarian agencies. |
| **Oromia International Bank (OIB)** | • Payment into beneficiary account | • Has previous experience at branch level doing humanitarian cash transfers coupons with DRC and NRC as explained by Abdi Debeleta, Branch Manager.  
• Requires beneficiary account opening (which may take time and require negotiation on acceptable forms of ID) | • Verify experience of other humanitarian agencies  
• Explore possibility of opening beneficiary accounts without government/kebele-issued ID for follow on distributions |
5. Key recommendations:

- Provide social and behavior change programming to pregnant and lactating women (PLW) on how to feed their babies under five is very important as most IDPs sell their portion of ration in the market, raising their child’s probability of SAM. PLW should also be taught how to better provide nutritious food to children under five, such as plump net, lentils, chickpeas or other pulses and vegetable oil (fortified with vitamin A and D). Even after medication and care for malnourished children, they become SAM as a result of deficiency of nutrition food.
- Cash transfer support, combined with supporting IDPs with agricultural tools and vegetable seeds, will sustain their food security.
- Develop detailed integrated, multi-sectoral micro-plan to address the high levels of acute and chronic malnutrition among children under five.
- Initiate the current nutrition services to reach more children with special emphasis on the community component (e.g., mid-upper arm circumference (MUAC) screening and referral).
- Initiate the MAM supplementary feeding programme to all fixed and outreach health service delivery sites providing management of SAM.
- Support IDP/returnees through nutrition either in the form of partnership with other nutrition and health partners such as Multipurpose Children and Mother Development Organization (MCMDO), Plan International, and government health sectors through capacity building on nutrition sector and alternatively supporting cash for nutrition.

Photo 7. Child being assessed in a health clinic
• Accelerate the integration of appropriate infant and young child feeding (IYCF) counseling into all community-based Managed Acute Malnutrition (CMAM) services delivered by both fixed and mobile clinics.

• Develop awareness campaigns on promotion of IYCF practices (early initiation of breastfeeding, exclusive breast-feeding for first six months of life, timely introduction of complementary food and continued breastfeeding up to two years) and food preparation, dietary diversity, appropriate childcare, and promotion of safe sanitation and hygienic practices including hand washing with soap.

• Increase availability, affordability, and consumption of diverse, safe, nutritious foods and diets aligned with dietary recommendations and environmental sustainability. This would be compatible with provision of agricultural tools and selected crop and vegetable seeds to most vulnerable targeted groups.

• Prioritize the most vulnerable groups of community for malnutrition (children under five and PLW), through cash-based interventions and nutrition sensitive interventions to increase access to diversified food and improve household income.

Targeting

• Provide support to all IDPs in Gedeo and West Guji – targeting in collective sites particularly is not feasible due to high needs and close proximity of households. Any targeting would provoke tensions and potential security risks for staff and beneficiaries.

• Conduct verification/registration exercise of all households identified as IDPs by woreda officials and kebele administrative bodies to collect accurate household information, produce beneficiary ID cards for future verification and to confirm households targeted are IDPs.

Monitoring

• Conduct post distribution monitoring (PDM) to verify receipt of cash transfer and better understand utilization, expenditure patterns and priority needs for follow-up monthly assistance among beneficiaries.

• Conduct market and price monitoring before, during and after cash distributions to check any variations in price and availability of priority items.

• Use suggestion box/beneficiary record book as a complaint response mechanism that brings feedback from beneficiaries/IDPs.

<table>
<thead>
<tr>
<th>Findings</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDPs under 5 as well as PLW suffer from malnutrition given lack of sufficient food,</td>
<td>• Develop and implement an education program, targeting mothers with children under 5 and PLW, on using locally available food and staples to create a</td>
</tr>
</tbody>
</table>
| Lack of access to a variety of nutritious foods, poor quality water, etc. | more nutritious diet as well as hygiene practices, exclusive breastfeeding, and complementary feeding  
- Initiate a MAM supplementary feeding programme to all fixed and outreach health service delivery sites providing management of SAM  
- Form a partnership with other nutrition and health partners such as Multipurpose Children and Mother Development Organization (MCMDO), Plan International, and government health sectors to strengthen local capacity to respond to acute and chronic malnutrition in the Gedeo and West Guji zones |
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>As a result of the conflict, a majority of crops were damage and livestock production has decreased</td>
<td></td>
</tr>
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</table>
- Work with local partners to sell seeds and agricultural tools, targeting the most vulnerable groups such as PLW and mothers with children under 5  
- Provide training and education on homestead gardening to targeted, vulnerable groups  
- Provide training and education on livestock rearing to small scale farmers  
| Food rations provided by DRMO to IDPs were inconsistent, not culturally appropriate to the IDP population, and insufficient to cover dietary and nutritional needs |  
- If additional food distribution is required, coordinate with woreda and kebele authorities to conduct verification/registration exercise to confirm number of IDPs and confirm that the rations are culturally appropriate |
| Given water shortages during the dry season, IDPs must walk long distances to access water and the quality of water is poor |  
- Construct additional gravity flow water supply  
- Provide training and education to IDPs on proper water decontamination methods (e.g., boiling, SODIS, filtration etc.) and water storage |
| Women, elderly, and PWD have trouble accessing the market given increased transportation costs as well as unscheduled closures |  
- Provide cash transfers to the targeted vulnerable population using local FSPs to assist with increased local transportation costs |
| Vendors would be apply to meet increased demand, but would like to be notified before cash transfers are distributed |  
- Communicate to local vendors of tentative cash distribution at least 1-2 weeks in advance |

**Additional Recommendations**

**Targeting:**
- Provide support to all IDPs in Gedeo and West Guji – targeting in collective sites particularly is not feasible due to high needs and close proximity of households. Any targeting would provoke tensions and potential security risks for staff and beneficiaries

**Monitoring:**
- Conduct post distribution monitoring (PDM) to verify receipt of cash transfer and better understand utilization, expenditure patterns and priority needs for follow-up monthly assistance among beneficiaries  
- Conduct market and price monitoring before, during and after cash distributions to check any variations in price and availability of priority items
• Use suggestion box/beneficiary record book as a complaint response mechanism that brings feedback from beneficiaries/IDPs
Annex A. FSPs’ staff list:

<table>
<thead>
<tr>
<th>S/N</th>
<th>Name of bank staff</th>
<th>Name of the bank</th>
<th>Responsibility</th>
<th>Contact address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Mr. Wondimagegn Sintayehu</td>
<td>CBE</td>
<td>Branch Manager</td>
<td>(+251) 922 417004 Office: 046 4430040</td>
</tr>
<tr>
<td>2.</td>
<td>Mr. Gashahun Teketel,</td>
<td>CBE</td>
<td>Deputy Branch Manager</td>
<td>(+251) 916 044887 Office: 0464430778</td>
</tr>
<tr>
<td>3.</td>
<td>Mr. Daniel Misgina</td>
<td>Awash Bank</td>
<td>Branch Manager</td>
<td>(+251) 930383334 Office: 0464430927/0121</td>
</tr>
<tr>
<td>4.</td>
<td>Mr. Solomon Bezu</td>
<td>Awash Bank, Kercha branch</td>
<td>Branch Manager</td>
<td>(+251) 913640440 Office: 0463242008</td>
</tr>
<tr>
<td>6.</td>
<td>Mr. Abdi Debeleta,</td>
<td>Oromia International Bank</td>
<td>Branch Manager</td>
<td>(+251) 464431028/0873 Office: 0464431028/0873</td>
</tr>
<tr>
<td>7.</td>
<td>Mr. Beshana Gudissa</td>
<td>Dashen Bank</td>
<td>Branch Manager</td>
<td>(+251) 913486361 Office: 0464431003/0937</td>
</tr>
</tbody>
</table>

Annex B. List of participants during assessment

<table>
<thead>
<tr>
<th>S/N</th>
<th>Name</th>
<th>Mobile</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>W/ro Rahel Assfaw</td>
<td>(+251) 911 318376</td>
<td>Director for Disaster Response and Rehabilitation Directorate/ Main office behind Denbel City center</td>
</tr>
<tr>
<td>2.</td>
<td>Ato Adane Bidira</td>
<td>(+251) 916 3532125</td>
<td>NDRMC zonal Expert</td>
</tr>
<tr>
<td>3.</td>
<td>Ato Dady Gelchu</td>
<td>(+251) 916173343</td>
<td>NDRMC woreda Head Bule-Hora</td>
</tr>
<tr>
<td>4.</td>
<td>W/ro Worknesh Hamesso</td>
<td>NA</td>
<td>60-year-old</td>
</tr>
<tr>
<td>5.</td>
<td>W/ro Tadelech Gisso,</td>
<td>NA</td>
<td>55-year-old</td>
</tr>
<tr>
<td>6.</td>
<td>W/ro Belaynesh Mengesha,</td>
<td>NA</td>
<td>50-year-old</td>
</tr>
<tr>
<td>7.</td>
<td>Ato Miju Gobena,</td>
<td>NA</td>
<td>37-year-old</td>
</tr>
<tr>
<td>8.</td>
<td>Ato Addisu Gofere,</td>
<td>(+251) 916 520472</td>
<td>Retailor</td>
</tr>
<tr>
<td>9.</td>
<td>Ato Shiferaw Bali,</td>
<td>(+251) 916 520695</td>
<td>Retailor</td>
</tr>
<tr>
<td>10.</td>
<td>Ato Hassen</td>
<td>(+251) 925306353</td>
<td>Retailer Kercha market</td>
</tr>
<tr>
<td>11.</td>
<td>Ato Fikadu Jebo,</td>
<td>(+251) 911 744091</td>
<td>Wholesaler (He has three commodity shops)</td>
</tr>
<tr>
<td>12.</td>
<td>Ato Ermias Hirbe,</td>
<td>(+251) 926 060046</td>
<td>Retailor</td>
</tr>
<tr>
<td>No.</td>
<td>Name</td>
<td>Designation</td>
<td>Role</td>
</tr>
<tr>
<td>-----</td>
<td>---------------------</td>
<td>-------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>13</td>
<td>Ato Abebe Edema</td>
<td>NA</td>
<td>Community leader</td>
</tr>
<tr>
<td>14</td>
<td>Ato Tadesse Sahel</td>
<td>NA</td>
<td>Community</td>
</tr>
</tbody>
</table>