



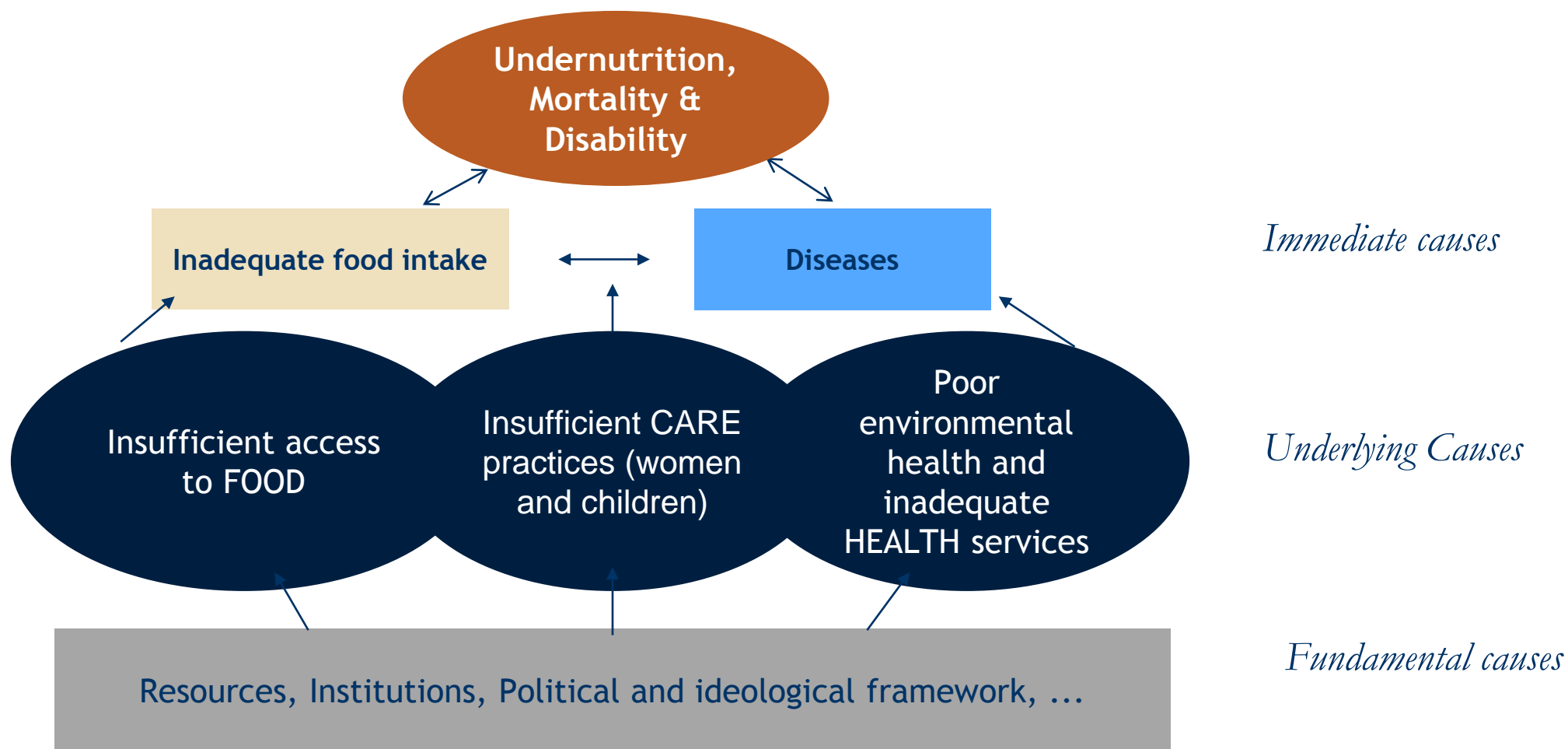
**NUTRITION CAUSAL ANALYSIS (Link NCA)
IN KULE AND PUGNIDO 1 CAMPS
GAMBELLA REGION**

**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



Multi-sectoral analysis of the causes of undernutrition – LINK NCA

The Method – Key steps

1. Identification of causal hypothesis

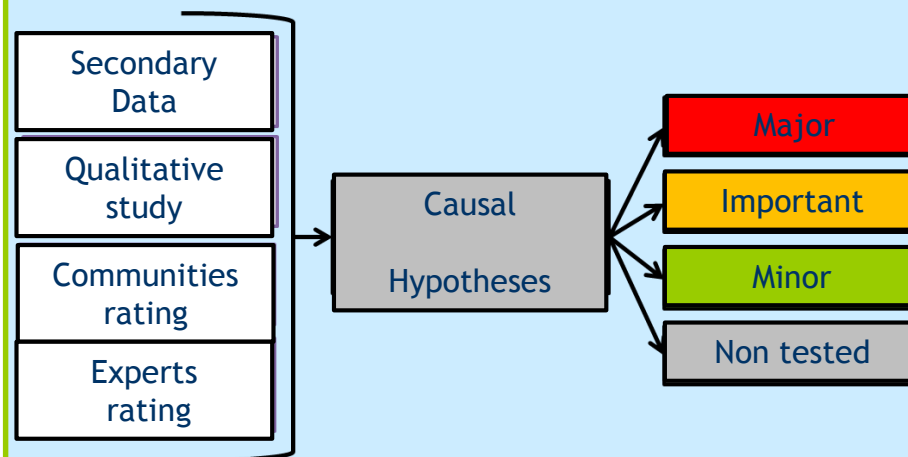
2. Quantitative survey

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



WHY A LINK NCA IN GAMBELLA?

Prevalence of Acute malnutrition for children 6-59 months 95% C.I 2017

INDICATORS	TIERKIDI	KULE	PUGNIDO 1	NGUNYIEL	PUGNIDO 2	JEWI	OKUGO
Global Acute Malnutrition (GAM) (W/H <-2 z-score and/or oedema)	23.0 % (19.4 – 27.2)	23.9% (16.6 -33.2)	16.8% (13.2 -21.0)	29.7% 26.0 – 33.7)	16.0% (12.6 - 20.0)	24.6% (21.0 -28.7)	22.8 % (15.6 - 32.0)
Severe Acute Malnutrition (SAM) (W/H <-3z scores and/or oedema)	6.9 % (4.9-9.7)	6.1% (2.2-16.1)	3.4% (1.9 -5.8)	8.0 % (6-10.7%)	2.9% (1.6-5.2)	6.1% (4.2-8.6)	5.3% (2.6-10.5)
Total Stunted	12.8% (10.0 – 6.2)	10.3% (6.8 – 15.2)	9.1% (6.5 – 12.6)	11.9 % (9.4 -15.0)	2.4 % (1.3- 4.4)	15.0 % (12.0 - 18.6)	14.5 % (6.5 - 29.2)
Severely stunted	1.8 % (0.9 – 3.6)	1.2 % (0.2 – 8.1)	1.4 % (0.6 – 1.4)	1.2 % (0.5 – 2.5)	0.3 % (0.0 -1.5)	2.0 % (1.0 - 3.7)	3.9 % (1.2 - 12.6)

Major causal risk factors and pathways to under-nutrition

Poor opportunities for livelihoods

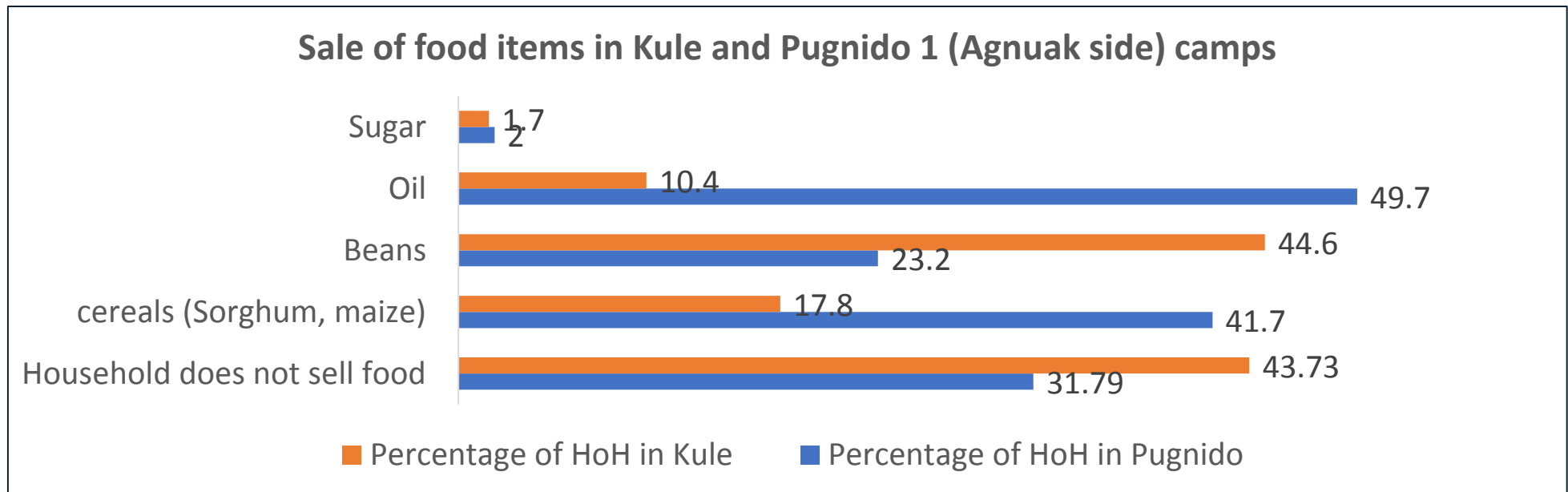
Low possibility of increasing the diversity of households' incomes

- 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

Coping 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

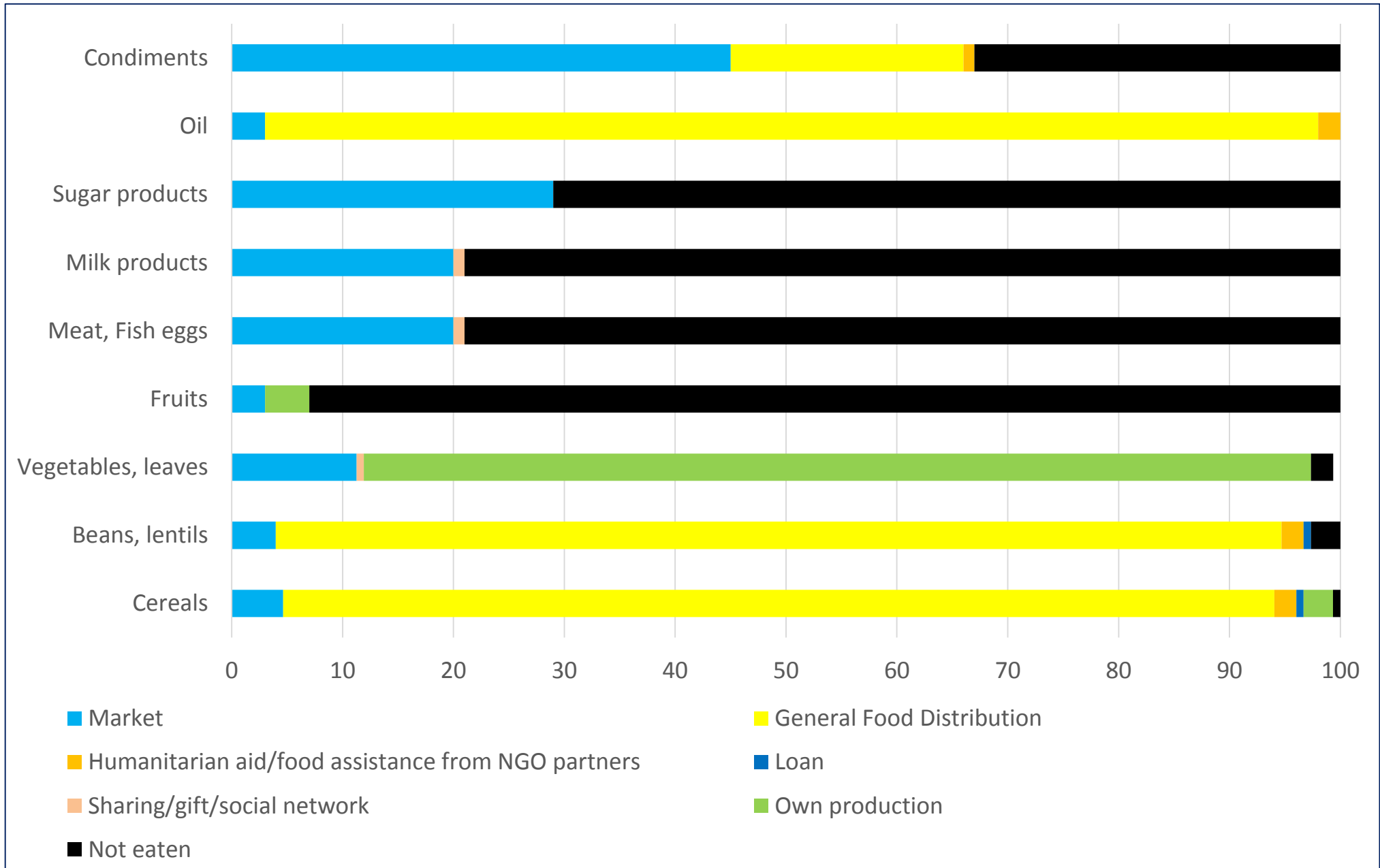


Reasons for sale of food resulting in food lasting 7-20 days

- 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

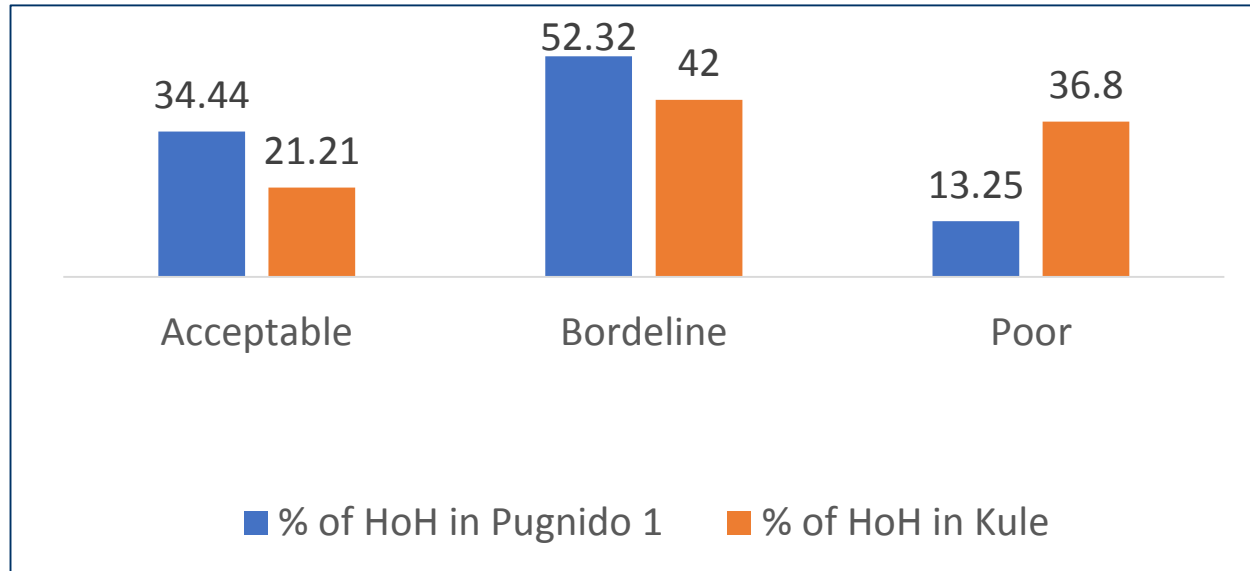
Access:

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



Limited household food diversity

Food Consumption score

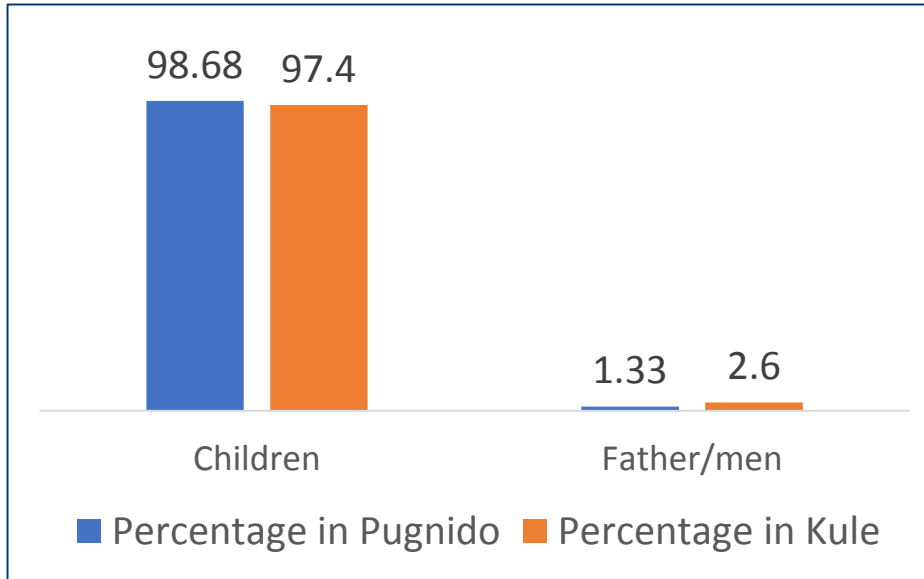


Diet diversity score

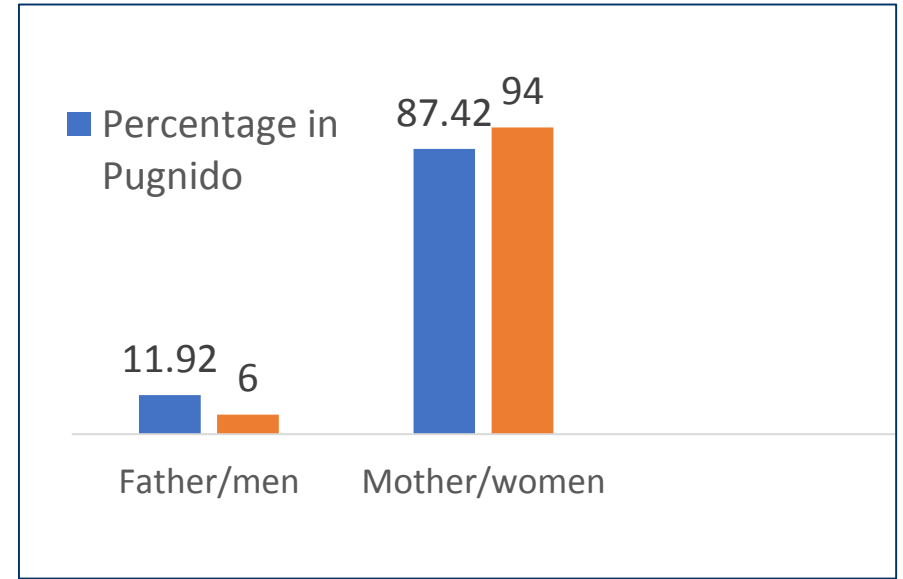
10% of households in Pugnido eat 3 groups of food or less
45% of households in Kule eat 3 groups of food or less

Poor maternal care practices

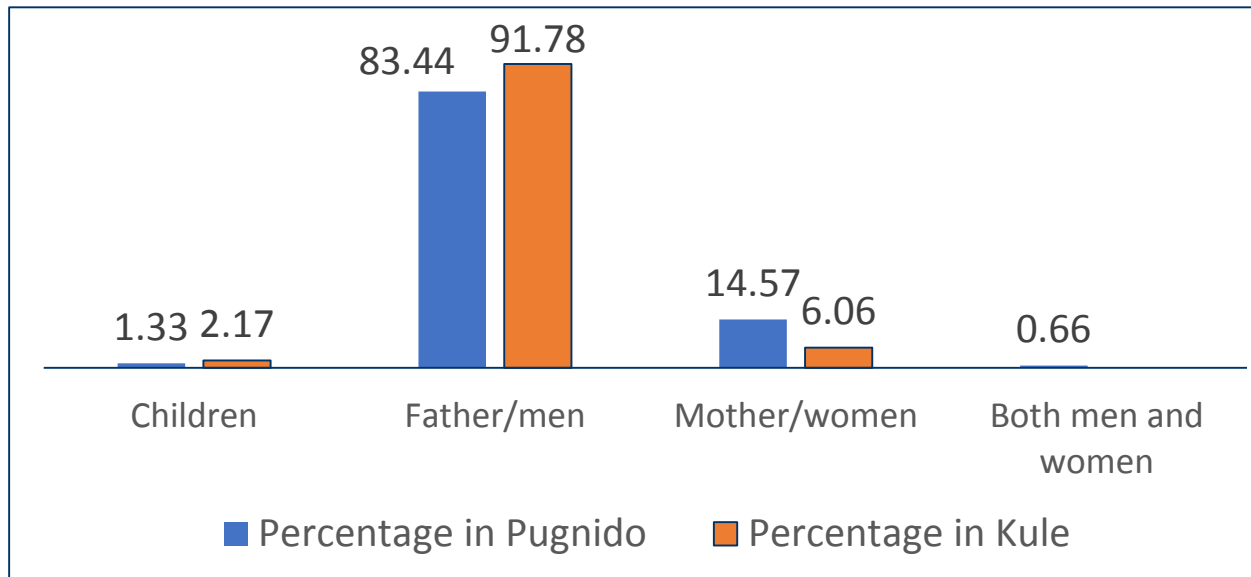
First to eat in the household



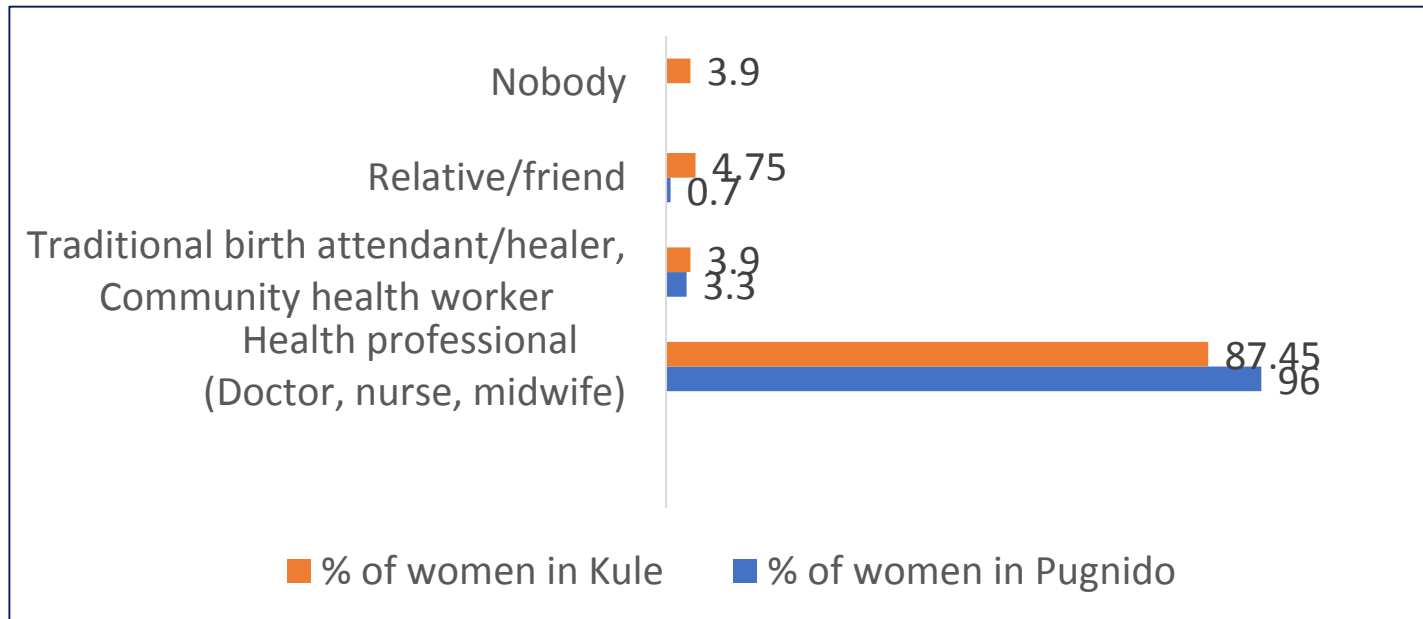
Last to eat in the household



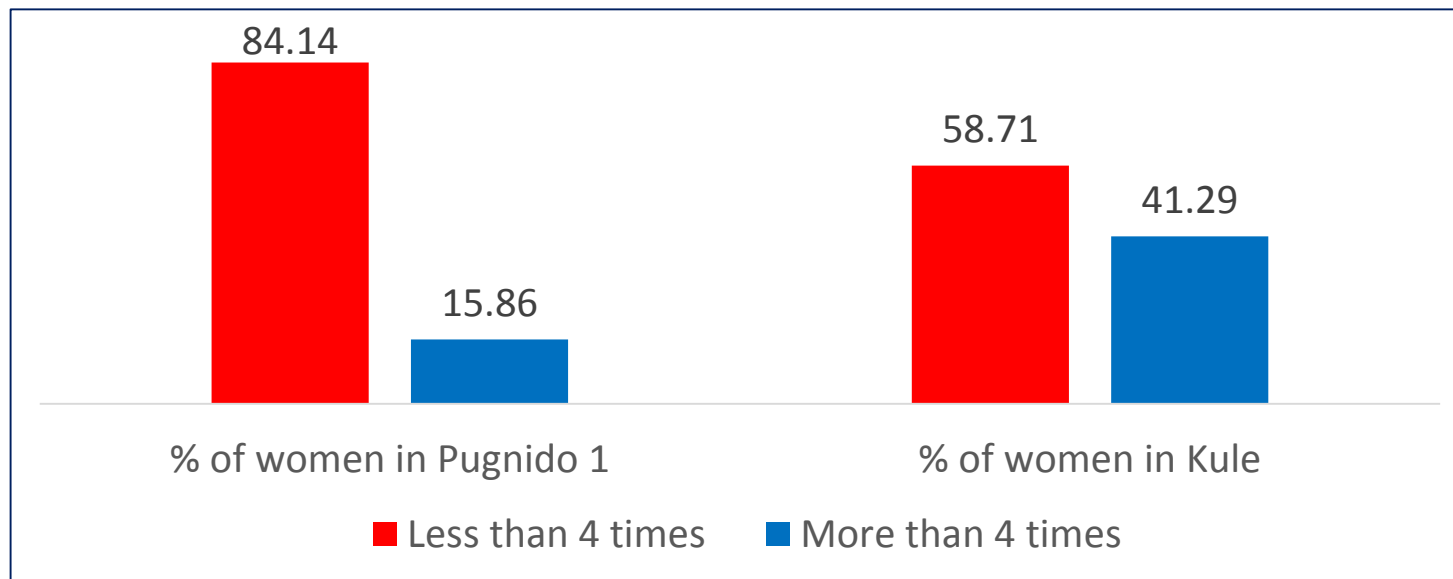
Second to eat in the household



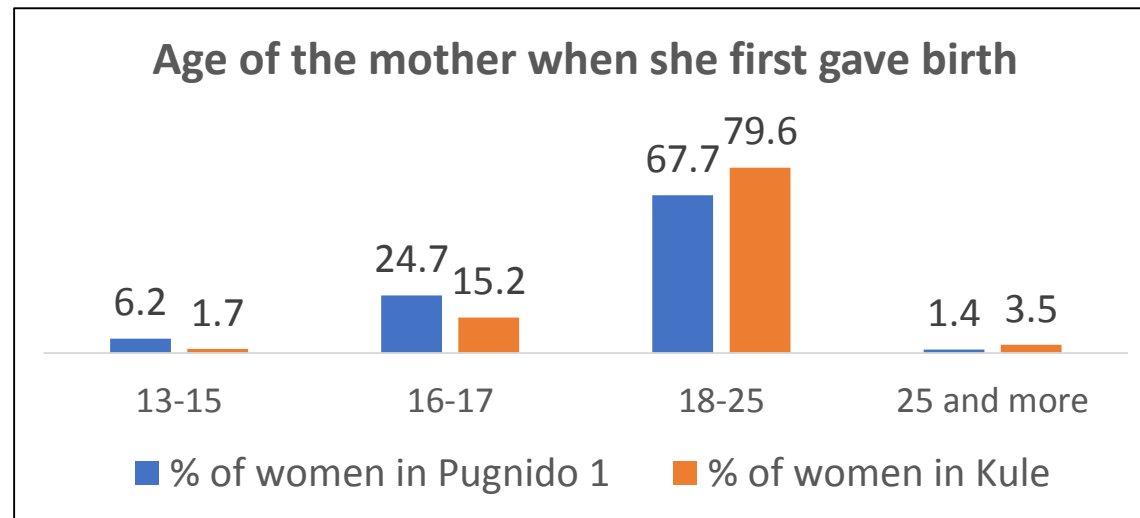
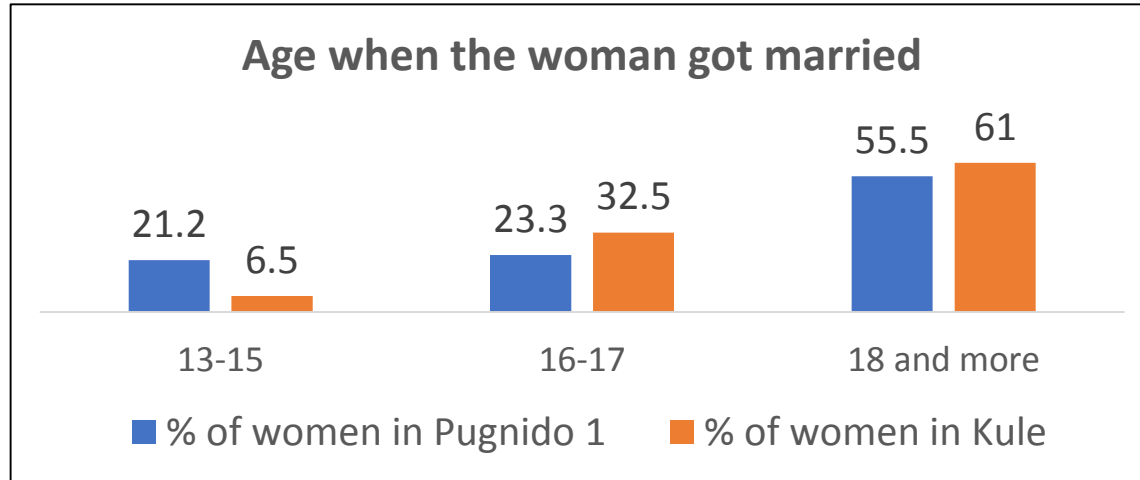
Person seen by the mother for antenatal care for her last pregnancy



Number of visits with a health professional



Early pregnancies

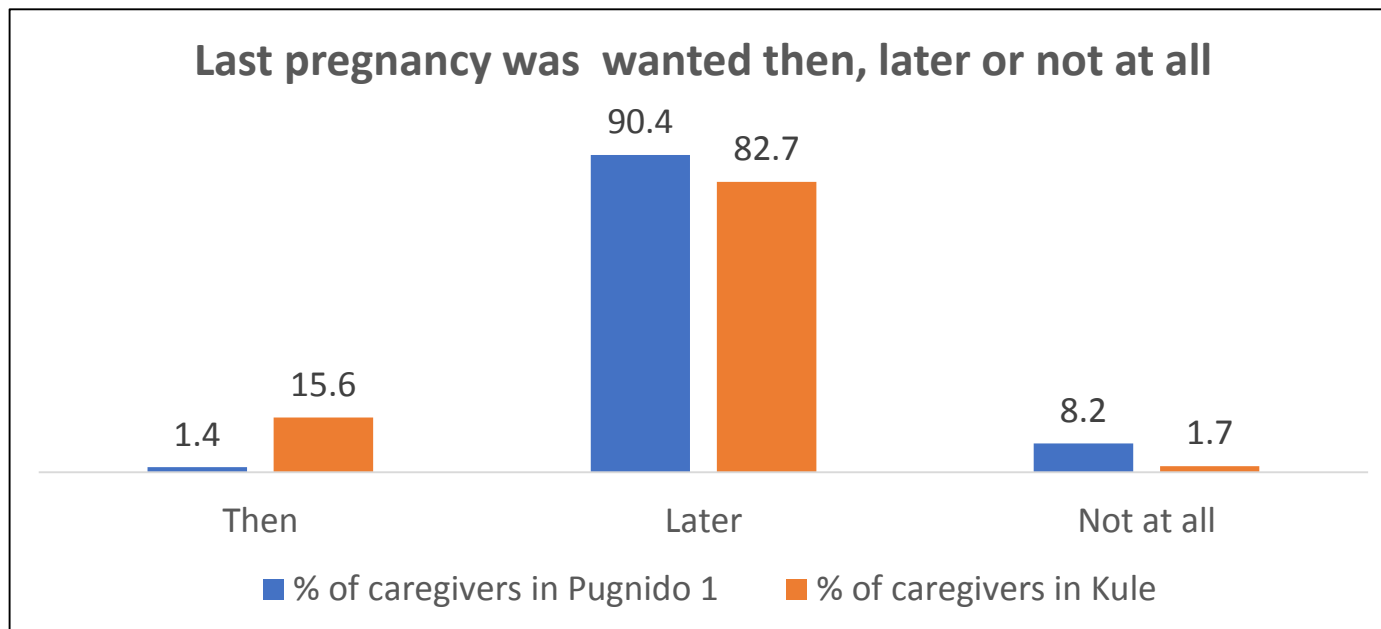
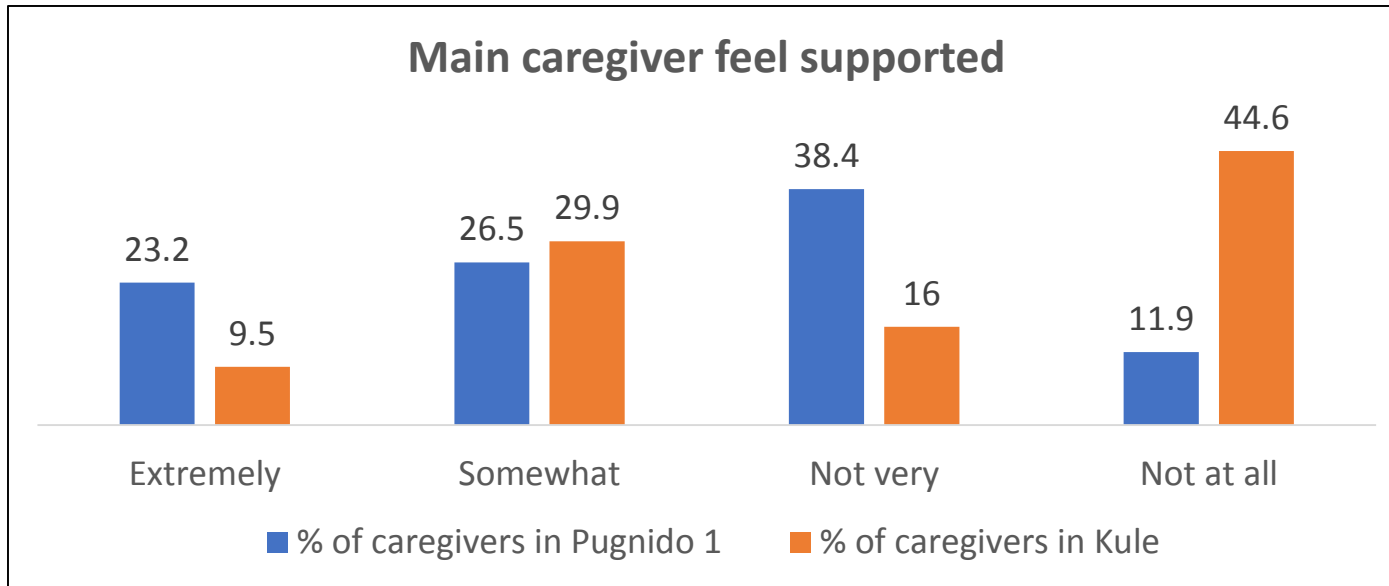


	Pugnido 1	Kule	Comment
Ideal Age marriage woman	15-19	15-19	Often decided by the family
Age 1st baby	15 to 20	16-17	

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

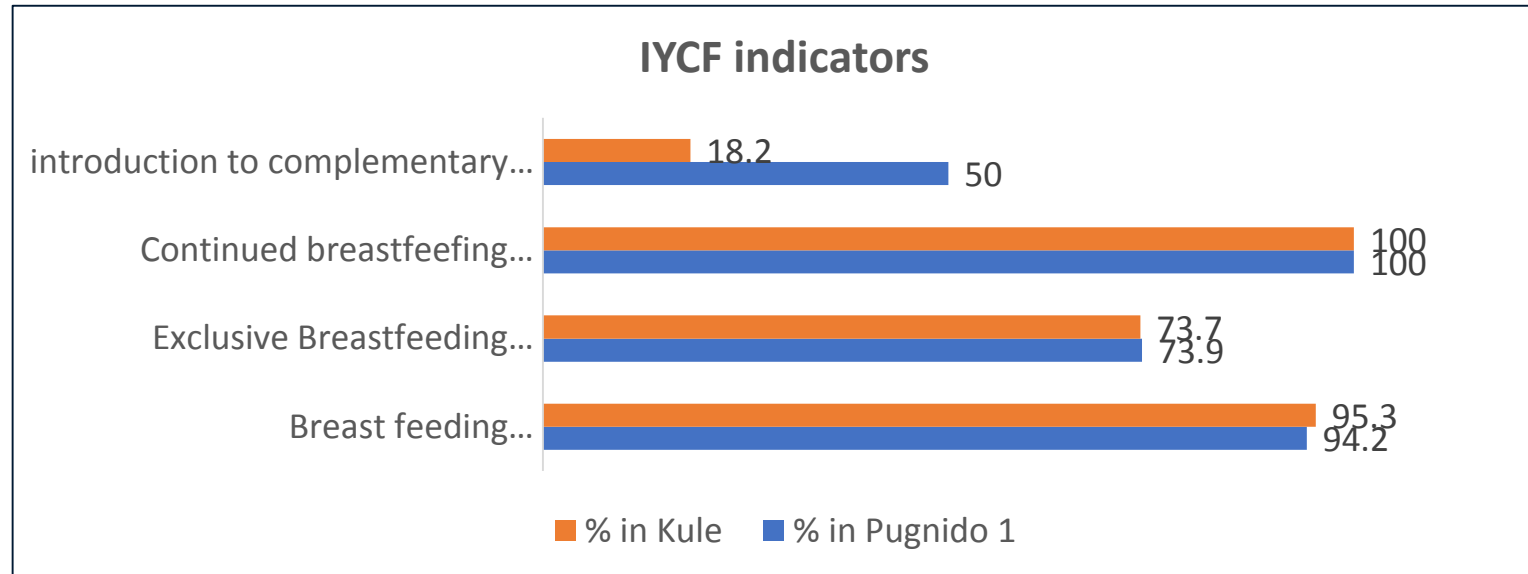
Poor Psychosocial well-being of women



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

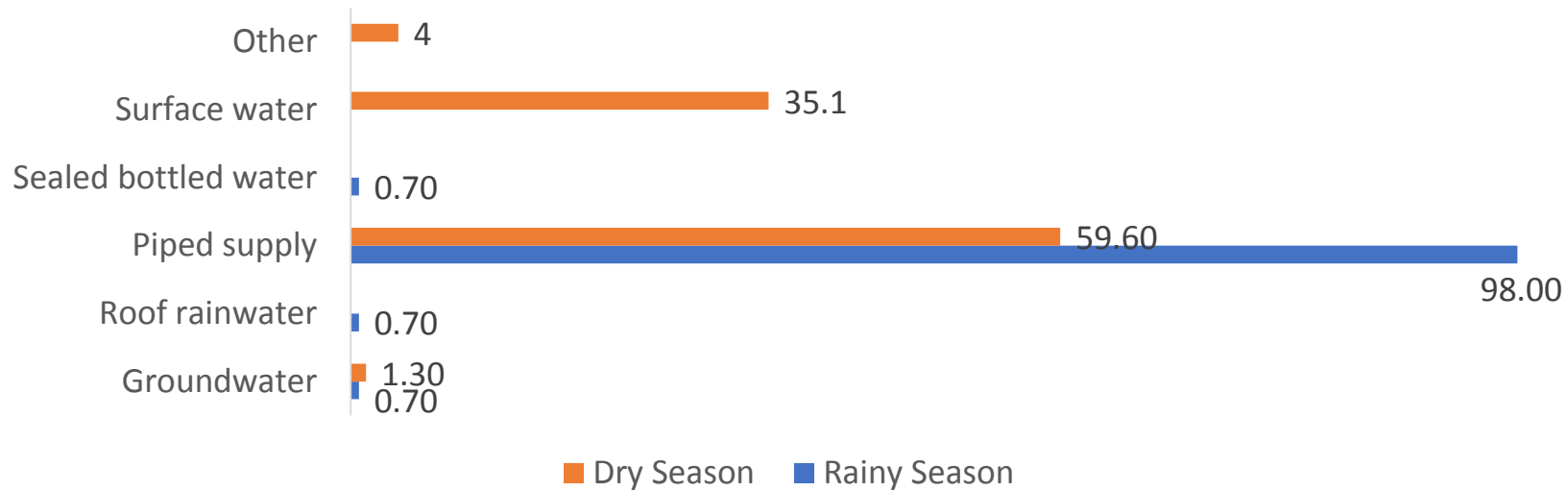
Infants and young child feeding practices



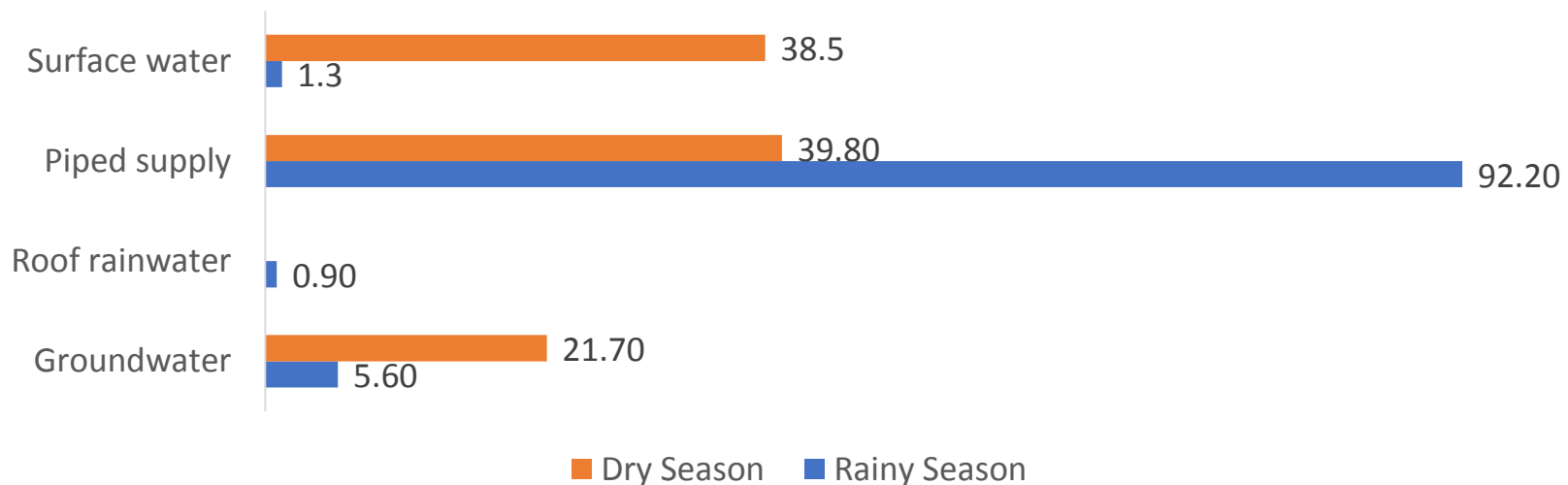
- In Kule, some women believe that colostrum causes diarrhoea to their babies.
- Generally caregivers said that they could not afford to provide age-appropriate food for their children (introduction of solid and semi-solid foods)

Inadequate access to safe water

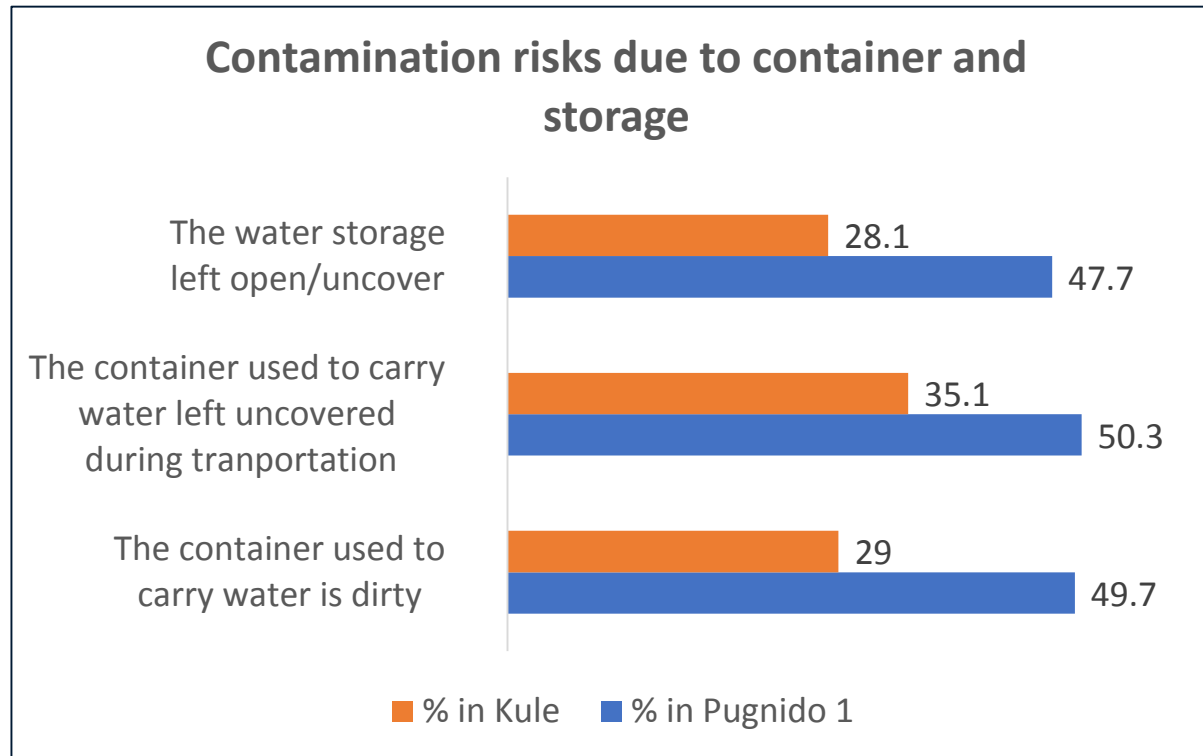
Main source of water for the household by season in Pugnido 1 (%)



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



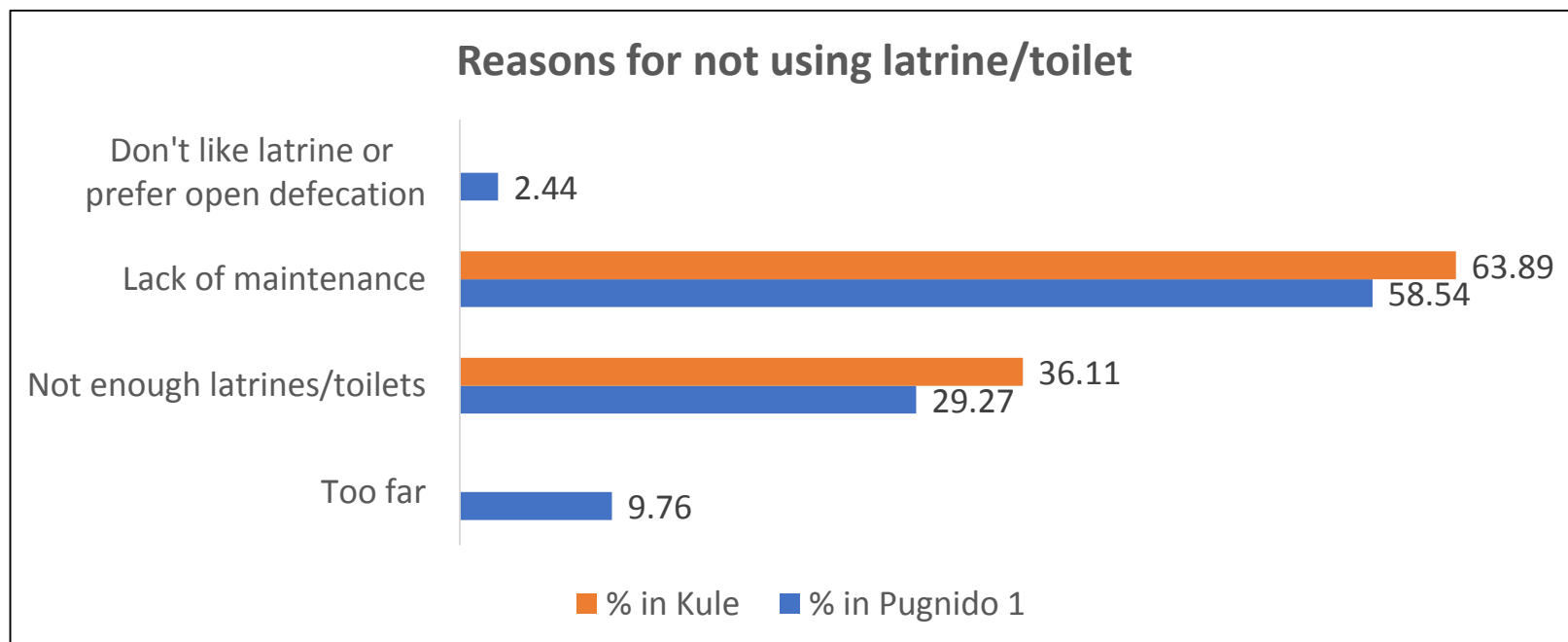
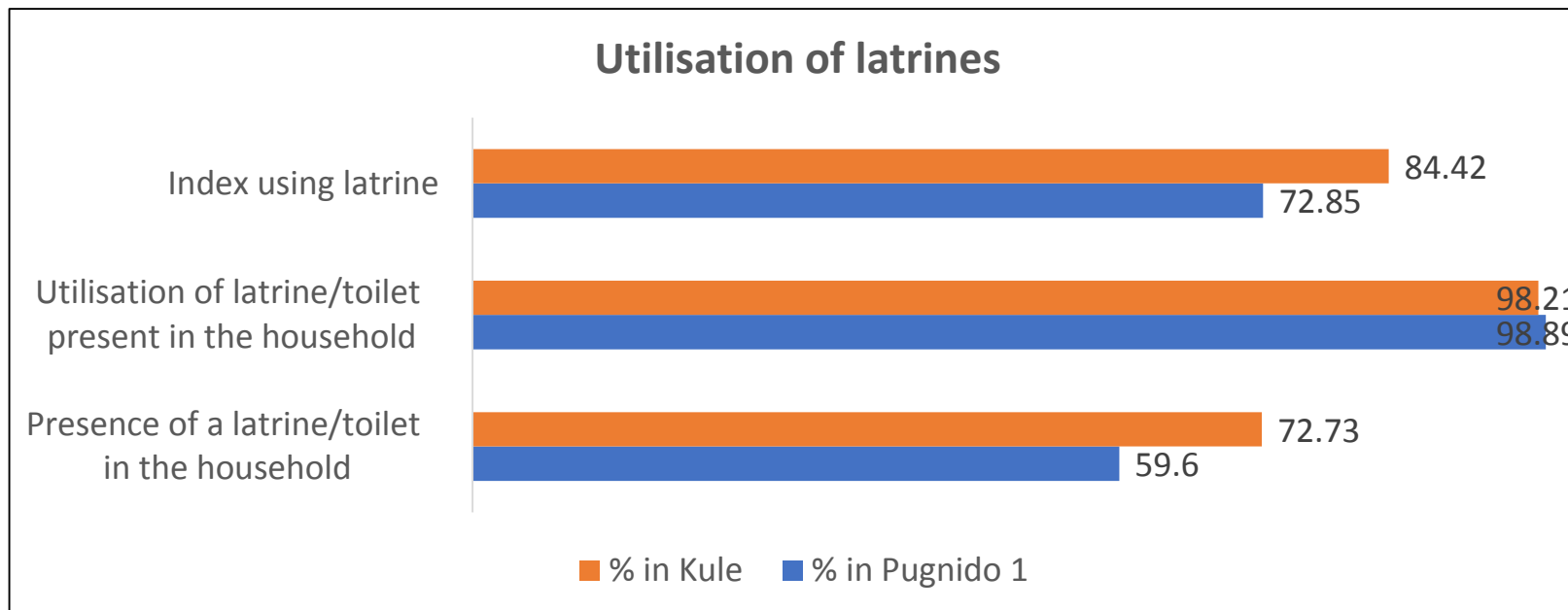
Inadequate water storage and collection containers



Sources of contaminants in drinking water;

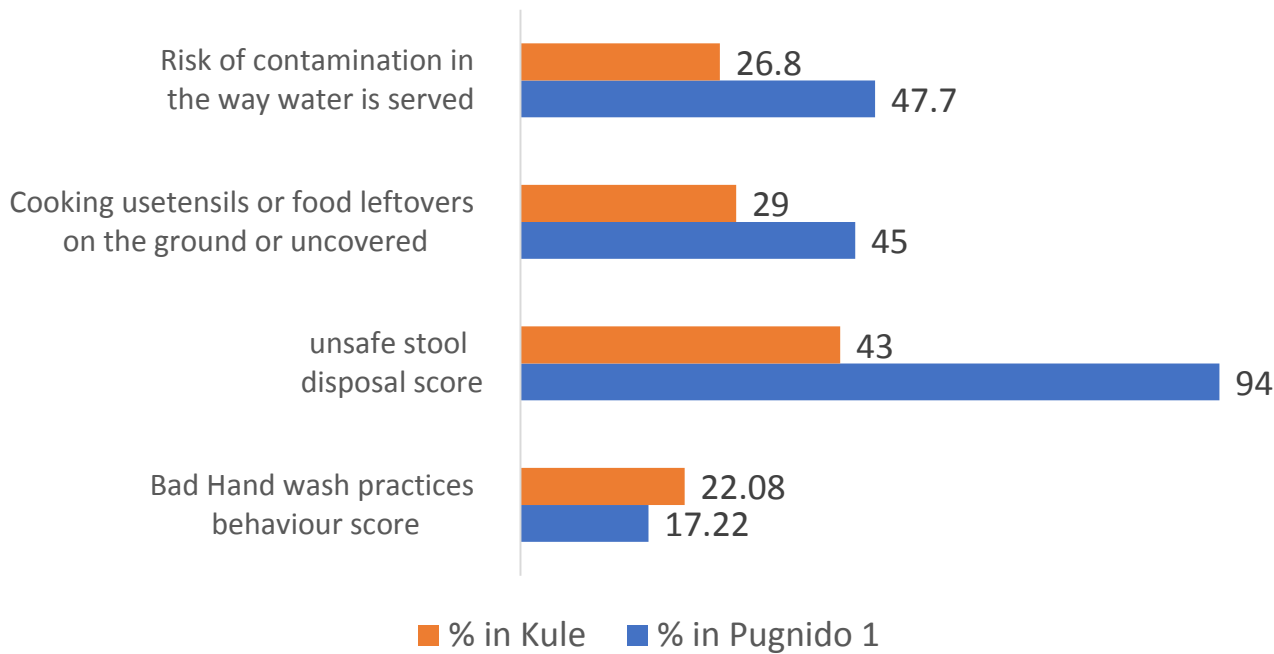
- Jerrycans are not clean enough, have holes, no covers
- Few jerrycans used to collect water from different sources

Inadequate access to sanitation facility

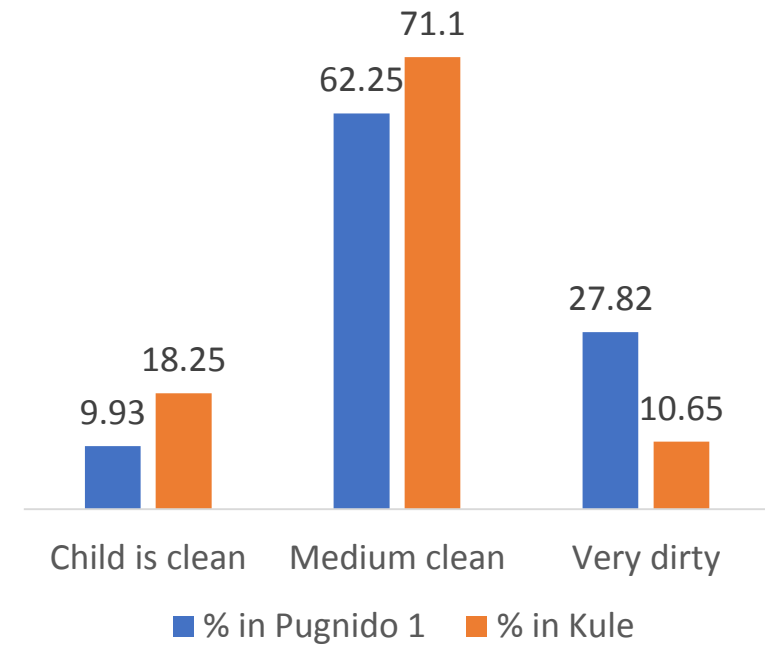


Poor hygiene practices due to behaviour

Poor hygiene practices due to behaviour

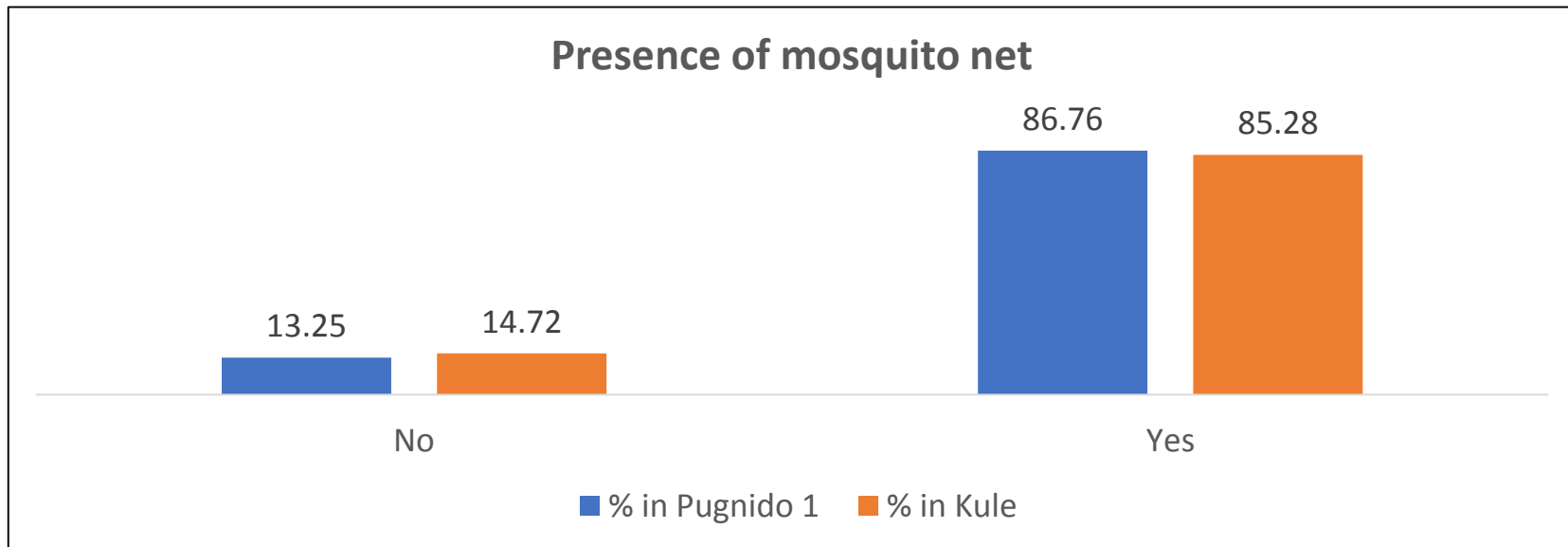


Observation child cleanliness



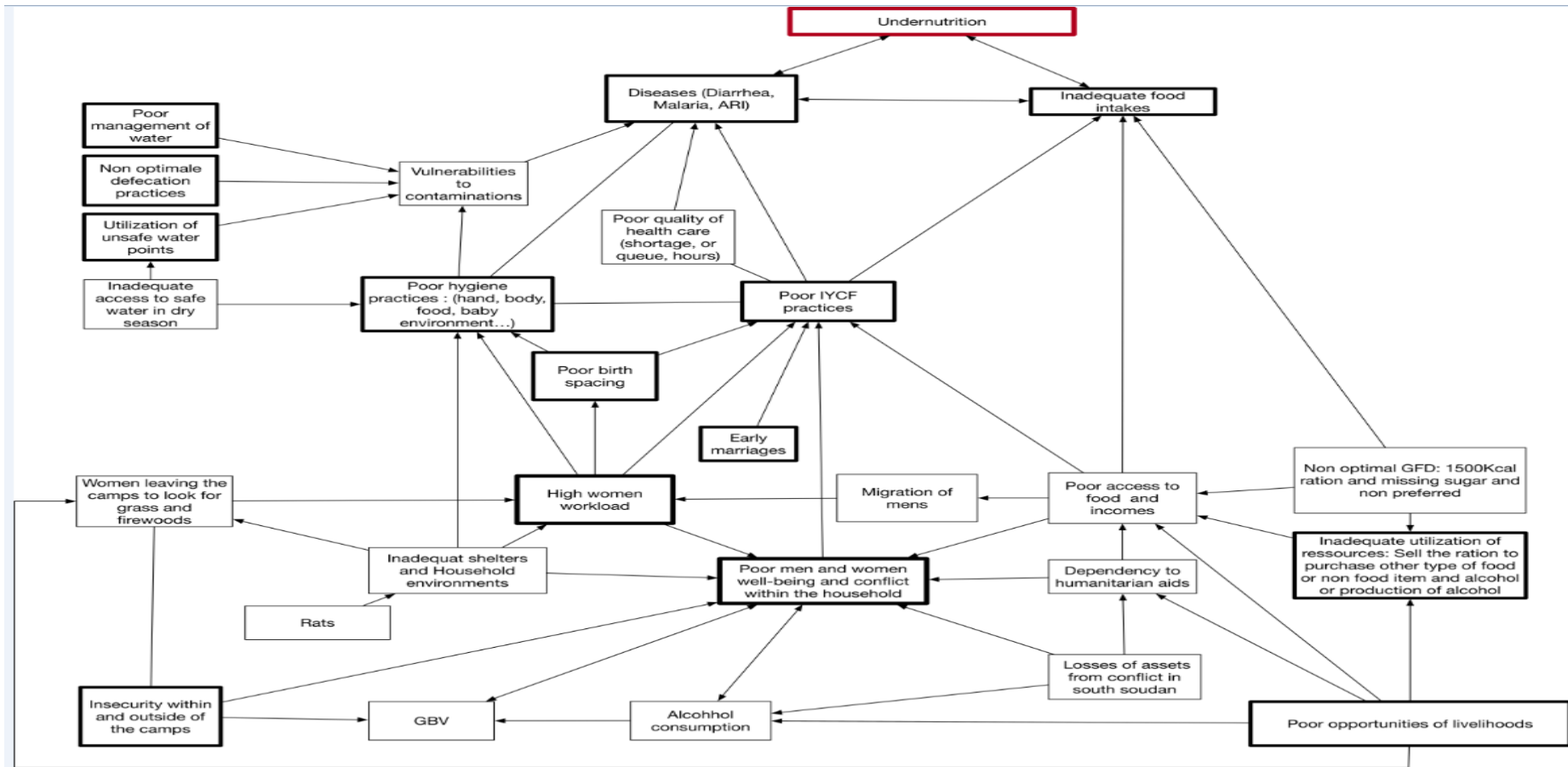
- Hand washing practices: key moments known but not enough soap
- Children often don't use latrine, faeces are buried near compound.
- Animals faeces and urine in compound
- Dry season (March/may) not enough water: cook, drink, wash and so on refugees hygiene practices

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

Gambella Nutrition Causal pathway



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?