Multi-Sector Household Assessment Key Findings

May, 2023
Bale Zone, Oromia Region, Ethiopia

KEY MESSAGES

- The impact of drought in Bale Zone has severely affected livelihoods leading to the loss of livelihood assets, reduced incomes, high indebtedness and loss of employment.

- These livelihood difficulties and other shocks such as high food prices have led to the erosion of food and livelihood coping capacity within several households with many reporting the use of emergency coping strategies. Additionally, this appears to have had an impact on the quality and quantity of food available especially in Harena Buluk, Berbere and Delo Mena woredas.

- Further highlighting the drought effect, more than half of all households reportedly have problems accessing water. This coupled with poor sanitary practices and limited health access is concerning given the prevalence of cholera in the region.

- Despite these concerning conditions in Bale zone, 82% of households had reportedly not received any humanitarian aid in the year prior to data collection. Further declines in living conditions without humanitarian support may deepen the lack of service access and increase use of corrosive and negative strategies.

CONTEXT & RATIONALE

In Ethiopia, the current impact of drought following four consecutive failed rainy seasons since late 2020 is thought to have affected 8 million people and killed more than 170,000 livestock across the affected regions of Somali, Oromia, Southwest and Southern Nations, Nationalities, and Peoples (SNNP) by April 2022. Information gaps remain relative to the multisectoral needs of people across Bale, East Bale, Borana, Guji, West Guji, East Hararghe, West Hararghe, and East Showa in Oromia. This assessment aims to improve the understanding of the current situation of multi-sectoral needs to inform humanitarian interventions by WASH, Health, Nutrition, Protection clusters, and OCHA.

Map 1: % of households reporting poor food consumption score per woreda.

% of HHs with poor food consumption score
- 0 - 20%
- 21 - 40%
- 41 - 60%
- 61 - 80%
- Woredas not assessed
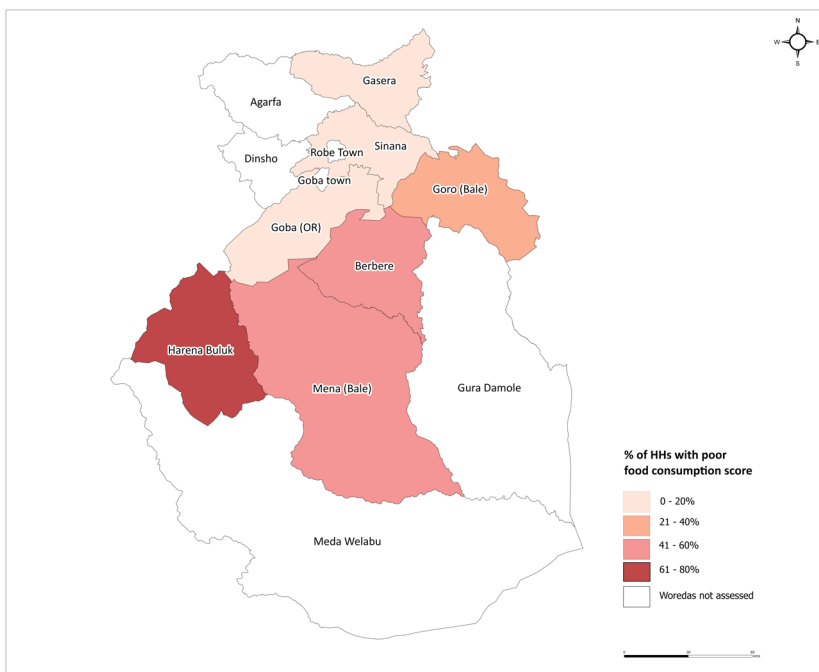
ASSESSMENT COVERAGE

Households: 1403

Woredas[1]: 7 out of 13

Household demographics

Female	Age	Male
1%	66+	2%
39%	18-65	34%
32%	7-17	34%
28%	0-6	30%

Female-headed households: 52%

Average household size: 6.49

FOOD SECURITY

FOOD CONSUMPTION

28%

of households were found to have a Poor Food Consumption Score (FCS)[2].

60% of households in Harena Buluk woreda were found to have a Poor Food Consumption Score (FCS) indicating potentially concerning consumption patterns and access issues.

Proportion of households per FCS category

	Acceptable	Borderline	Poor
Berbere	18%	41%	41%
Delo Mena	30%	28%	42%
Gasera	56%	38%	6%
Goba	69%	29%	2%
Goro	18%	51%	31%
Harena Buluk	11%	29%	60%
Sinana	76%	21%	4%

Most commonly reported main sources of food:

Own production	**55%**	
Purchased (exl. CVA) with cash	**30%**	
Purchased with credit	**10%**	

HOUSEHOLD HUNGER SCALE (HHS)[3]

7.4%

of households in **Goro woreda** that were found to be facing severe or very severe hunger .

Proportion of households per Household Hunger scale (HHS) score category.
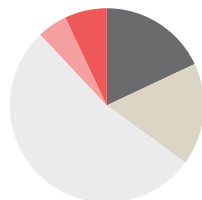
■ None (0)	76.1%
■ Slight (1)	8.7%
■ Moderate (2-3)	12.7%
■ Severe (4)	1.3%
■ Very severe (5-6)	1.3%

COPING STRATEGY INDEX

21%

of households were found to have a reduced Coping Strategy Index (rCSI)[4] higher than 19 indicating extensive use of negative strategies and increased food insecurity.

Food security phase classification using FEWSNET Matrix.

Phase Classification	1	2	3	4	5
Bale Zone	39%	37%	22%	2%	1%

Findings indicate only 3% of households face severe (phase 4) and very severe (phase 5) food insecurity.

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CASH, MARKETS & LIVELIHOOD

ABILITY TO MEET HOUSEHOLD BASIC NEEDS

44%

of households reported being able to meet **less than a quarter (<25%) of their basic needs** in the month prior to data collection.

USE OF LIVELIHOOD COPING STRATEGIES (LCSI)

Livelihood coping	None	Stress	Crisis	Emergency
Bale Zone	45%	10%	11%	34.3%

ACCESS TO MARKETS

Top reported physical and social barriers to accessing markets[5]:

Marketplace is too far away to access regularly	**26%**	
Transportation to marketplace is too expensive	**25%**	
Damage to roads leading to marketplace	**7%**	

HOUSEHOLD INCOME AND DEBT

61%

of households reported having a lower income compared to the period before the ongoing drought

The average household in Bale zone reportedly has an estimated income from all sources of **5,200.76 Ethiopian Birr (ETB) per month.** A female headed household had an estimated average income of **5,102.4 ETB** while a male headed household had an estimated average income of **5,333.5 ETB** per month.

Most commonly reported sources of income[5]:

Own production	**54%**	
Casual or daily labour	**16%**	
Own business or regular trade	**12%**	
Salaried work	**9%**	

31%

of households that currently have debt

The average household in Bale zone reportedly has an estimated **6,029.25 Ethiopian Birr of debt**

25%

of household have at least one member of the household who has lost a job or a major source of income in the year prior to data collection

Most commonly reported reasons for lower income compared to period before ongoing drought[5]:

Crop failure due to drought	**59%**	
Reduced employment opportunities	**51%**	
Death of livestock/poultry due to drought	**40%**	
Illness of family member	**17%**	

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WASH

ACCESS TO WATER

51%

of households reported having problems related to accessing water

Most commonly reported issues accessing water[5]:

Waterpoints are too far	**55%**
Safety concerns at main water points	**50%**
Insufficient number of water points or longer waiting time at water points	**30%**
Water points are not functioning	**15%**

Map 2: Proportion of households reportedly having problems related to accessing water per woreda
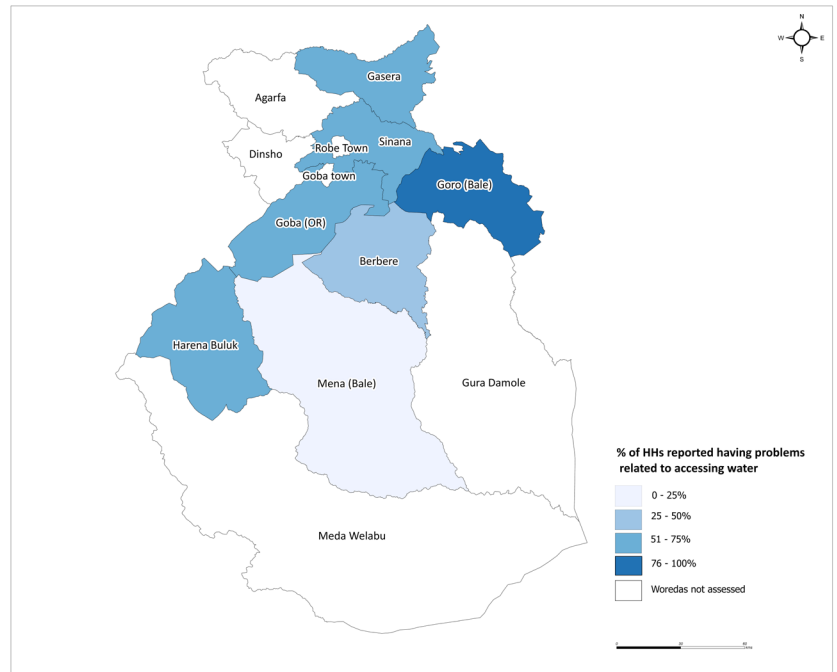
MAIN WATER SOURCES

31%

of households reportedly used unimproved sources of water as their main drinking source

Most commonly reported main sources of water:

Surface water	**24%**
Public tap/standpipe	**23%**
Piped into compound, yard or plot	**19%**
Piped into dwelling	**10%**
Piped to neighbour	**7%**
Unprotected well	**5%**
Borehole or tubewell	**4%**

COPING MECHANISMS

Most commonly reported ways households adapted to a lack of water[5]:

Rely on less preferred water sources for drinking water	**39%**
Rely on surface water for drinking water	**34%**
Fetch water at a source further than the usual one	**20%**
Rely on less preferred water sources	**19%**
Send children to fetch water	**11%**

The average time it takes to get to a water point, get water and come back in minutes:

Gasera	38.4
Sinana	52.5
Goba	29.2
Harena Buluk	43.7
Delo Mena	26.8
Berbere	34.3
Goro	24.4

Frequency with which households faced a lack of sufficient drinking water in the month prior to data collection:

Rarely (1 – 2 times)	**32%**
Never (0 times)	**30%**
Sometimes (3 – 10 times)	**22%**
Often (11 - 20 times)	**12%**
Always (more than 20 times)	**4%**

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SANITATION

30%

of households that rely on unimproved sanitation facilities

**Most commonly reported types of sanitation facilities used:**

Flush to pit latrine	**50%**
Pit latrine without slab / open pit	**16%**
Pit latrine with slab	**10%**
Hanging toilet/hanging latrine	**6%**

HYGIENE

64%

of households do not have a specific handwashing device in dwelling/yard/ plot, meaning either that they have no device at all or only have a pouring device/simple basin/bucket with no taps

Do you have any soap or detergent in your household for washing hands?
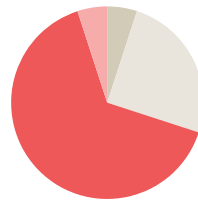
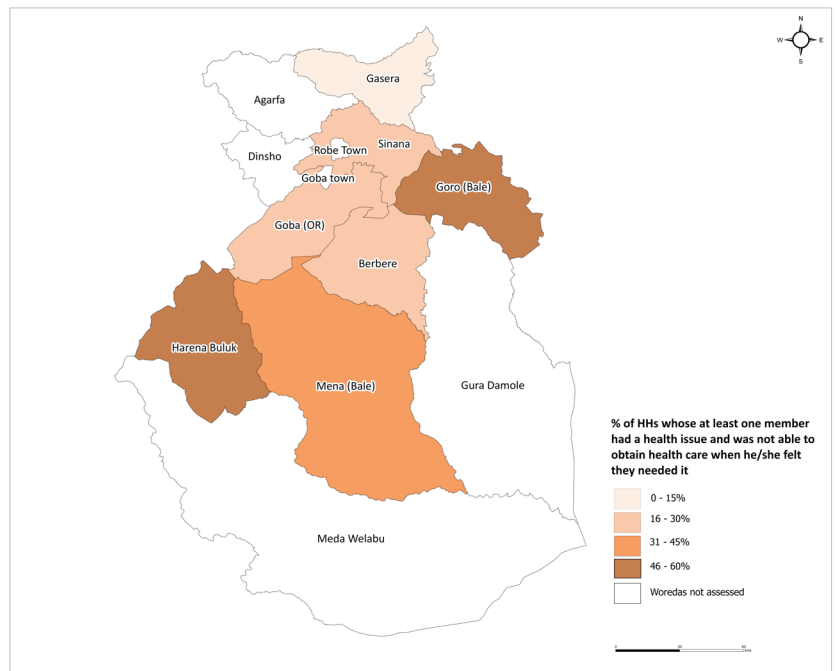|		
■	Yes, soap is shown	5%
■	Yes, soap is not shown	25%
■	No	65%
■	Do not know	5%

HEALTH

ACCESS TO HEALTHCARE

41.5%

of households had at least one member having a health problem who needed to access health care during the last 3 months prior to data collection.

34%

of households where at least one member had a health issue reported the household member was not able to obtain health care when he/she felt they needed it.

The average time it takes a household member to get to the nearest, functional health facility by their normal mode of transportation in **Bale zone was 43.3 minutes**. This rises to an average of **70.8 minutes in Harena Buluk and 57.2 minutes in Berbere.**

Map 3: Proportion of households where at least one member had a health issue and was not able to obtain health care when they felt they needed it per woreda

% of HHs whose at least one member had a health issue and was not able to obtain health care when he/she felt they needed it

- 0 - 15%
- 16 - 30%
- 31 - 45%
- 46 - 60%
- Woredas not assessed

PROTECTION

SAFETY AND SECURITY CONCERNS

Most commonly reported security concerns

Gender	Concerns		
Boys	Being threatened with violence 18%	Being sent abroad to work 14%	Being robbed 13%
Girls	Being threatened with violence 12%	Being forcibly married 11%	Female genital mutilation (FGM) 11%
Men	Being threatened with violence 15%	Being robbed 12%	Suffering from verbal harassment 7%
Women	Being threatened with violence 13%	Suffering from verbal harassment 11%	Being forcibly married 10%

SHOCKS AND VULNERABILITY

Most commonly reported shocks in the three months prior to data collection:

Unusually high food prices **26%**

Drought/irregular rains, prolonged dry spell **19%**

Reduced income of any household member **19%**

Of those household who reported experiencing shocks as a result of drought/irregular rains, prolonged dry spell (19%), **77% reported their access to food was affected and 62% reported access to their main livelihood activity was affected.**
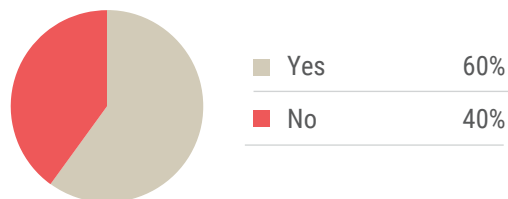
ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

ASSISTANCE

82%

of households reportedly did not receive aid in the past 12 months.

43%

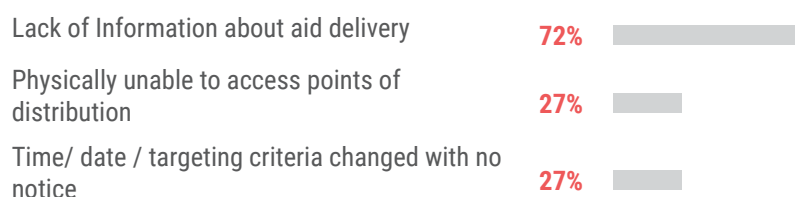of households reported not being satisfied with the way aid workers generally behave in their area.

22%

of households reported facing barriers in accessing humanitarian aid in the past 30 days.

If you received humanitarian aid in the last 30 days, was your household satisfied with the aid you received?

	Yes	60%
	No	40%

Top three reported priority household needs[5]:

Food **79%**

Healthcare **71%**

Drinking water **43%**

Most commonly reported barriers to accessing aid[5]:

Lack of Information about aid delivery **72%**

Physically unable to access points of distribution **27%**

Time/ date / targeting criteria changed with no notice **27%**

EDUCATION

ENROLLMENT

27%

of households reported at least one school-aged child that was not enrolled in formal education for the 2022-2023 school year.

51%

of school-aged children enrolled in formal education were not able to learn in acceptable conditions (the learning environment did not meet the basic educational needs of learners).

Most commonly reported reasons why school-aged children were not enrolled in formal education[5]:

Cannot afford education-related costs (e.g. tuition, supplies, transportation)	**39%**
Child helping at home/farm	**18%**
Not able to register or enrol child in the school	**5%**

Most commonly reported barriers to learning for school-aged children in acceptable conditions[5]:

Lack of teaching and learning material	**64%**
The school is overcrowded (too many students per classroom)	**37%**
Poor water, sanitation and hygiene conditions in schools	**36%**
Lack of teachers	**20%**
Lack of qualified teaching staff	**18%**

SHELTER AND NFI

SHELTER TYPE

Most commonly reported shelter types:

Mud and stick wall and CGI roof shelter	**46%**
CGI sheet wall and CGI roof shelter	**27%**
Stick wall and thatch roof shelter	**12%**
Makeshift shelter made with wooden stick and plastic sheet	**11%**

Reported occupancy arrangement

■	Ownership	80%
■	Rented	15%
■	Hosted for free	5%

SHELTER ISSUES

Most commonly reported damage/noticeable issues with shelter[5]:

Minor damage to roof (cracks, openings)	**22%**
Damage to floors	**19%**
Damage to windows and/or doors	**18%**
Damage to walls	**16%**
Major damage to roof with risk of collapse	**15%**
Leaks during rain	**15%**
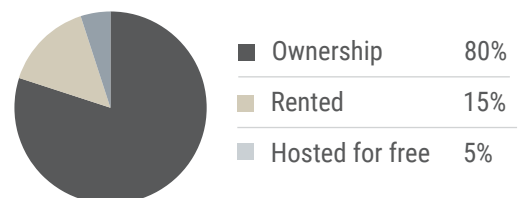
73% of households reported insufficient space and insufficient core NFI (bedding, mattresses/mats), respectively as the reason they could not sleep or faced issues sleeping. 25% of households reported that this was due to living in unsafe spaces.

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METHODOLOGY OVERVIEW

The assessment used a quantitative method, where the sample was calculated through a two-stage cluster sampling approach, with each Woreda being stratum and having representative results at the Woreda level for the Bale zone population. Data was collected in 7 accessible woredas (Berbere, Delo Mena, Gasera, Goba, Goro, Harena Buluk, and Sinana). During the first stage, a random selection of Kebeles (primary sampling units [PSU]) was determined based on the probability proportional to size (PPS) approach, which means that those Kebeles with a greater number of households were more likely to be included than ones with fewer households. In the second stage, householdswere randomly sampled (SRS) from the listing (target) Kebele depending on PPS. Due to some difficulties in the field during data collection, some of the surveys had issues which were resolved and deleted during cleaning. However, these may have led to some woredas not reaching the representative thresholds for a few indicators. It is advised to therefore triangulate these findings with other data sources where possible especially for food and nutrition indicators.

The sample was calculated at the Woreda level with a 92% CI and a 7% margin of error, and included a 5% buffer to account for any non-responses and potential surveys that might be deleted during data cleaning activities. A household (HH) level questionnaire was developed by REACH with inputs on indicators from several clusters. The HH data collection was administered by enumerators who were trained before data collection. Data collection was conducted between 19th and 27th May and a total of 1403 households were interviewed.

ASSESSMENT COVERAGE
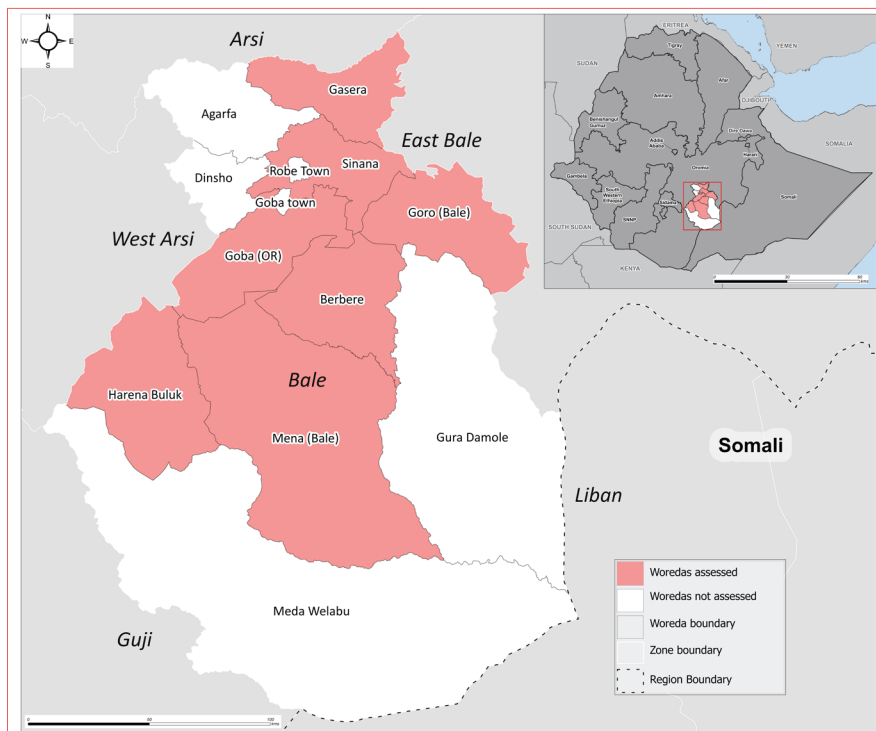
ENDNOTES

[1] Woreda is an admin 3 administrative level
[2] **Food consumption score (FCS)** is a composite indicator that measures dietary diversity, food frequency and the relative nutritional importance of food groups based on a seven day recall of food consumed at household level.
[3] **The household hunger scale (HHS)** is an indicator to measure household hunger. HHS is collected by asking three questions on potentially experienced food deprivation at household level over the past 4 weeks/30 days.
[4] The reduced coping strategy index (rCSI) is an experience-based indicator measuring the behaviour of households over the past seven days when they did not have enough food or money to purchase food
[5] Respondents could select multiple responses.

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).