

# Joint Rapid Assessment of the Northern Governorates of Yemen

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Assessment Capacities Project (ACAPS)  
For  
CARE International in Yemen

In collaboration with:

ADRA Yemen  
CARE International  
Save the Children  
OXFAM  
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## Disclaimer

The authors of this Joint Rapid Assessment Report do not claim that the findings presented represent a comprehensive account of the humanitarian situation in the targeted governorates, nor are they the official position of CARE International or the other partner organizations involved in this assessment. The report should be read in conjunction with governmental reports, other assessment reports, registration figures, and routine security briefings.

*Cover page: Community Group Discussion in Amran Governorate. Photo: © Wolfgang Gressmann/ACAPS*

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## List of Abbreviations

<b>ACAPS</b>	Assessments Capacity Project
<b>ADRA</b>	Adventist Development and Reconstruction Agency
<b>CAP MTR</b>	Consolidated Appeal Process, Mid-Term Review
<b>CPs</b>	Consortium Partners
<b>CSSW</b>	Charitable Social Society Welfare Organisation
<b>DRC</b>	Danish Refugee Council
<b>GAM</b>	Global Acute Malnutrition
<b>GoY</b>	Government of Yemen
<b>HC</b>	Host communities
<b>HCT</b>	Humanitarian Country Team
<b>HHs</b>	Households
<b>IASC</b>	Inter-Agency Steering Committee
<b>IDPs</b>	Internally Displaced Persons
<b>INGO</b>	Non-governmental Organisation
<b>IOM</b>	International Organisation for Migration
<b>IRY</b>	Islamic Relief Yemen
<b>JMP</b>	Joint Meeting Party
<b>JRA</b>	Joint Rapid Assessment
<b>KIs</b>	Key Informants
<b>LNGO</b>	Local Non-governmental Organisation
<b>MoED</b>	Ministry of Education
<b>MoPH</b>	Ministry of Public Health
<b>NFI</b>	Non-food Items
<b>SC</b>	Save the Children (Sweden)
<b>SGBV</b>	Sex and Gender Based Violence
<b>UNDP</b>	UN Development Programme
<b>UNHCR</b>	UN High Commissioner for Refugees
<b>UNICEF</b>	United Nations Children's Fund
<b>UXO</b>	Unexploded Ordnance
<b>WHO</b>	World Health Organisation
<b>YHRP</b>	Yemen Humanitarian Response Plan

## A. Executive Summary

### A.1 Key Findings

Since early 2004 the Al-Houthi have engaged in an armed conflict with the Yemeni military and government-backed tribal fighters in Sa'ada resulting in multiple cycles of displacement, loss of livelihoods and erosion of already stretched coping mechanisms. Women and children account for about 80 per cent of those affected.

The Al-Houthi take-over of Sa'ada city in March 2011 led to the displacement of an additional 15,000 people, adding to the pre-existing caseload of 225,000 IDPs, 97,000 returnees, and 116,830 conflict-affected but non-displaced people attributable to the fighting in the north. Some IDPs are returning while others who were associated with pro-government tribes have fled and taken refuge in Amran, Hajjah and Sana'a governorates. The stabilization of the situation in Sa'ada has temporarily resulted in increased humanitarian access, but access reduced again in September 2011.

Humanitarian needs of conflict-affected populations exacerbate existing vulnerabilities in the northern governorates, including acute poverty, poor basic services and limited resources. The confluence of protracted emergency and underlying development challenges deepened existing vulnerabilities and depleted the coping mechanisms of both IDP and host community households. Government capacities continue to be overwhelmed by service demands and authorities are unable to operate in some locations due to the conflict. The severity of needs and limitations of local capacities has necessitated the response of a variety of international organisations to address complex needs across all sectors.

#### Livelihood:

Rising food prices, increased food insecurity, reduced purchasing power, loss of income and jobs define the sector. Fuel shortages limit irrigation, transportation to market and livelihoods. Lack of electricity has led to skilled workers in urban areas being laid off and civil servants at the community level are at risk of losing their salaries due to the ongoing political crisis.

The communities included under this assessment see their livelihoods as the main crosscutting problem - and solution. Most difficulties in other sectors are related to the lack of access to cash to pay for basic services - including food, water, shelter, health, and education.

Three main challenges and areas for intervention were identified:

- a) Lack of cash for basic services
- b) Lack of employment opportunities
- c) Damages to livelihoods, economic infrastructure, and assets

The lack of income opportunities steadily forces people across all target groups to apply negative coping mechanisms, including child labour and the sale of assets (including livestock) and relief items.

The economic pressure on the families across all target groups is also seen as the main reason for domestic violence. In some areas (Hajjah), cases of trafficking are reported.

#### Food Security:

Food security and nutrition continue to be a serious issue in all five governorates, with no improvement

seen overtime. Lack or delay of sufficient food assistance, incomplete targeting, rising food prices, and reduced purchasing power are increasing food insecurity to an alarming extent. According to key informants consulted across all assessed governorates, about 30-50% of all target groups are facing serious, life-threatening problems to access food - especially women and children. Increasingly negative coping strategies are evident such as reduced size and number of daily meals, fasting, and borrowing or buying food on credit. The more serious the situation is, the higher the need for immediate provision of basic food items, especially in Al Jawf, Amran, and Sa'ada.

#### WASH:

The deterioration of socio-economic conditions continues to affect access to safe water and hygiene supplies. Access to natural water resources is limited in rural areas. Paying for tankered water is the traditional way of getting water in many places, especially in population centres such as Sana'a, Amran or Sa'ada. Lack of fuel, needed to run pumping stations and water trucks has resulted in water prices increasing threefold.

The lack of ability to pay for water is a pressing problem for most target groups, especially for IDPs. Existing water sources commonly require development or rehabilitation, especially open, unprotected sources (which cause serious health problems). The capacities of local water committees are generally underdeveloped. The visited communities across all target groups perceive the

sanitary situation and vector control in their communities as problematic and report a chronic lack of access to NFIs, especially for women and children.

#### Shelter/NFI:

The respondents to this assessment describe the overall shelter situation of all target groups across the northern governorates as problematic. Comparatively limited assistance is provided by the international community in this sector and when compared to other interventions.

Nevertheless, the needs are substantial. According to the key informants interviewed on district level, an average of 30% of all target groups are in critical need for shelter assistance, including basic shelter material, repairs, and NFIs. Vulnerable target groups in mountainous areas (especially Amran) are in urgent need for winterisation assistance.

#### Health/Nutrition:

Disruption to the delivery of essential health services and an increase of vulnerability of populations to the effects of chronic medical conditions and disease outbreaks are defining this sector. The influx of IDPs has overwhelmed the health system. Lack of shelter, poor water quality and poor hygiene, have led to high incidence of diarrhoea, bronchial diseases, and typhus especially amongst displaced children.

Access to basic health services and nutrition support remains a challenge in all assessed governorates, especially for women and children. According to the key informants consulted, about 30-40% of people

have serious, life-threatening problems to access medical care.

Closure of previously opened health centres, lack of cash to pay for transport and drugs, and insufficient health staff represent the main challenges, particularly in rural areas.

Female community groups report the lack of reproductive health care support, female health staff and lack of specialised health support for children. Outbreaks of malaria, reportedly above seasonal level, are affecting most target groups, especially in Hajjah, Al Jawf and Sa'ada.

#### Education:

Access to primary education is an overall problem in all assessed governorates. This applies especially for enrolment of girls. Next to cultural reasons in some areas (mixed education is not tolerated, and no space for separate classes), the absence of sufficient female teachers is one of the main reasons (especially in Al Jawf). Also, girls traditionally work in the Households to fetch water and assist female family members in their daily duties.

In rural areas, lack of cash to pay transport to remote schools is another issue, affecting both girls and boys. Boys are often forced to work as child labourer to support their families, across all target groups, and especially in Hajjah. This is reportedly the main reason for high dropout rates from primary education.

All interviewed communities report lack of access to school materials and uniforms for their children.

Another general complaint is the performance of teachers. Frequently, communities criticize the lack of punctuality or late arrival at school, and general lack of training and motivation (many teachers are reportedly not paid for months). Violence in schools is also reported recurrently (beating of children).

#### Protection:

Protection against various forms of violence is a crosscutting issue in all governorates assessed. This includes the full range of child abuse/discrimination, domestic and gender-based violence, suppression by powerful groups, kidnapping, roadblocks, revenge killings, trafficking, mine/UXO presence and other forms of violence and injustice.

Insecurity, risk of renewed fighting, extensive presence of land mines, the damage to property; the fear of arrest, detention, reprisals and forced recruitment particularly by Al-Houthi are reported as the most common obstacles to return in Sa'ada governorate.

Deterioration of security and weakened governance has led to significant increases in the targeting of children for the purpose of trafficking.

GBV remains a pronounced problem especially among displaced and vulnerable communities.

In the view of the community groups, many of these issues are linked to livelihood issues, and perceived as a common result from their struggle for survival. Others are caused by rigid and traditional norms, and tribal and political conflicts prevailing in this part of the country for generations.

## A.2 Priority Recommendations

### Livelihood:

- Due to the magnitude of the chronic poverty in Yemen in general, and of the target groups in the northern governorates in particular, it is questionable to which extent a “project-driven” approach can yield measurable improvements in the foreseeable future. New innovative forms of providing livelihood support are urgently required.
- Employment generation and income-diversification activities (such as currently included under the IERP) might be an adequate tool to assist especially host communities/returnees, including the provision of livestock/agricultural inputs, vocational training, and skill training especially for women.
- For the vast majority of vulnerable Households amongst IDPs, cash-programming (including cash-for-work and conditional/unconditional cash grants) are considered favourable options, not only to promote small business initiatives, but first and foremost to ensure better access to basic services.
- Most vulnerable target groups need to be identified and further assisted, including female-headed households
- Community-based development of capacities needs to be built in order to better understand local economies, available skill sets and markets.
- From the discussions held, it seems unlikely that larger parts of the IDP population in the northern governorates will be able to return home any time soon. Advocacy is therefore needed to promote access to legal employment opportunities.

### Food Security:

- Expand current targeting to include all vulnerable families, through a) updating the government Safety Net beneficiaries list, and b) exercising increased flexibility.
- Include host communities in food security assistance wherever required (screening), including food for work/cash transfers.
- Augmentation of food availability at the household and community levels in rural areas.
- Cash transfers in areas where food is available but less accessible due to lack of purchasing power.
- Establishment of a food security monitoring system, especially in Al Jawf, Sa’ada.
- Better targeting for most vulnerable families amongst all target groups (large families, single-mother headed Households).
- Reduce inconsistencies in food basket content between different target groups (especially: IDPs inside/outside camps).
- Advocacy on the needs of returnees. Increased food supplies, explore alternative, more sustainable ways of food security (Cash programming).
- Advocacy for inclusion of marginalised groups. Address resentments within INGOs, further assessments are needed.

### WASH:

- Immediate provision of drinking water to most vulnerable communities in Sa’ada, Hajjah and Al Jawf, especially for IDPs residing outside villages/camps.

- Disease vector control in areas where malaria cases are reported (Hajjah, Sa’ada).
- Restoration and expansion of water supply infrastructure especially for host communities and in return/conflict affected areas.
- Cash for Work projects for the construction/ rehabilitation of natural water collection points.
- Cash assistance for IDPs in urban areas, especially Sana’a.
- Capacity building on community level to participate in water management and to identify most appropriate solutions.
- Repair water projects included in previous programmes by international NGOs/ICRC (but which are now dysfunctional), especially in Sa’ada and Amran.
- Sanitation for women, especially in Al Jawf.
- Awareness raising on WASH, especially in Sa’ada and Al Jawf.
- Provision of hygiene items (NFIs), wherever adequate quantities of water are available (alternative: cash programming).

### Shelter:

- As a cross-sectoral issue, immediate registration of new IDPs (especially from Ahab) is required to assess their needs and to allow them to benefit from organised humanitarian assistance, including shelter.
- In Sana’a governorate, this applies also to newly arrived IDPs as well as to newly displaced families from Al-Hasaba district.
- Immediate shelter assistance is needed, especially in terms of winterisation in mountainous areas.

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- Assistance should include both the provision of basic shelter material and/or cash-for-work. This applies especially for returnees and other conflict-affected populations in Sa'ada and Al Jawf.
- It is highly recommended to communicate the planned interventions with communities in order to comply with local cultural conditions. Of particular concern in this regard are any improvements in sanitary installations in the vicinity of shelter. Awareness campaigns are required.
- Advocacy should include an overall inclusion of marginalised groups in any assistance, including shelter. This also requires overcoming resentments within the NGOs community, as well as further in depth assessments.

### Health/Nutrition:

- The limited response in the areas outside the camps needs to be scaled up immediately.
- Increase capacity of mobile clinics and increase variety of medicine available.
- Advocate with government to formalize agreement with medical facilities to provide free health care, not only to IDPs but all vulnerable communities.
- Reduction of acute malnutrition to below emergency levels through therapeutic and supplementary feeding programmes for children.
- Nutrition training for mothers in care and feeding practices, family planning, etc.
- Increase support to sites that lack equipment, medicines, supplies and health care workers, especially female staff.

- Ambulance services which lack resources to keep them functioning 24/7 and female staff to treat injured women and girls.
- Promptly manage outbreaks (currently: malaria), interagency diarrhoeal disease kits and emergency health kits are immediately required.
- Reinstate regular health programmes such as immunization to reduce risk of diarrhoea, cholera, polio and measles and maintenance of the cold chain.
- Provide specialized medical attention for IDPs beyond the primary health care such as psychosocial support, heart complications, blood pressure, renal failure, asthma, special needs and chronic diseases.
- Provision of psychosocial care especially for women and children.

### Education:

- Promotion of education for girls is an urgent requirement, especially in rural areas (through female teachers, transport, and construction of extra classrooms for girls).
- Provision of education material and school supplies.
- Improvement of teachers' performance (punctuality, motivation, behaviour) through training and advocacy for payment through Ministry of Education/responsible local authorities.
- Advocacy for registration of IDPs, especially in Sana'a governorate.
- School feeding practice/allowances, especially in urban areas (Amran, Sana'a) could be a pull-factor to attract more students to come to school.

- Employment of teachers amongst community (number of jobless teachers), especially female teachers.
- Rehabilitation, construction of schools, especially in Al Jawf, Hajjah, Sa'ada.
- Consider mobile schools where appropriate.
- Advocacy, economic assistance to groups that are depending on children for income generation, rewarding of good practice.

### Protection:

- UXO and mine clearance/marketing/fencing and risk education for children and community members in Sa'ada.
- Advocacy for improved humanitarian access better coordination and relationship with local authorities in Sa'ada governorate and Amran (Harf Sufyan).
- Improvements to registration of IDPs to facilitate effective protection monitoring, especially in Sa'ada.
- Effective child protection across all governorates (child labour, violence, trafficking).
- Empower women to strengthen their capacity in resilience and conflict settings.
- Awareness campaigns and counselling in the field of domestic violence/SGBV.
- Construction of play grounds/child-friendly spaces.
- Provision of games, toys and other entertainment, especially for IDPs.
- Provision of additional clothes to children, especially IDPs in Sana'a, Amran.
- Advocacy for inclusion of marginalised groups in humanitarian assistance, conduct further assessments.



## B. Introduction

### B.1 Background

As a result of the ongoing insurgency between Al-Houthi militia and the Government of Yemen (GOY) there have been severe disruptions of basic services, destruction of civil infrastructure, lack of security for local populations, and consecutive displacement of large numbers of Internally Displaced Persons (IDPs).

An estimated number of one million people have been affected by the conflict, while the UNHCR has reported the forced migration of 320,000 IDPs to neighbouring governorates since the conflict's inception. Although an estimated 15% of IDPs have returned to their homes, the vast majority of families remained displaced due to fear of insecurity, damaged homes, and a lack of livelihood opportunities and basic services. Women and children account for about 80% of those affected (Save the Children, 2011). Further, recent political developments at both local and national levels cause further displacement, with reports from some agencies indicating a steady influx of small numbers of newly displaced people from Sa'ada to neighbouring governorates.

The Al-Houthi take-over of Sa'ada centre in March 2011 led to the displacement of an additional 15,000 people, adding to the pre-existing caseload of 225,000 IDPs, 97,000 returnees, and 116,830 war-affected but non-displaced people attributable to the conflict in the north.

Humanitarian needs of conflict-affected populations - IDPs, returnees and host communities – exacerbate existing vulnerabilities of affected communities in northern governorates, including acute poverty, poor basic services and limited resources. The confluence

of protracted emergency and underlying development challenges has deepened existing vulnerability and depleted the coping mechanisms of both IDP and host community households.

Government capacities continue to be overwhelmed by recent service demands and authorities and are unable to operate in some locations due to the conflict. Accessibility remains a key challenge, as low scale fighting, tribal checkpoints and violent criminal conduct can result in service interruptions, limited movement, and harm for agency personnel. Despite ongoing insecurity and difficult operating environments, humanitarian agencies continue to provide emergency assistance to conflict-affected populations.

However, humanitarian actors have made significant gains since launching their current response. This has recently been supported by increased collaboration of UN and INGO agencies under the IASC Cluster System, including access monitoring and security coordination, and continued dialogue between agencies, belligerents and communities. Although accessibility of humanitarian agencies to some areas of Al-Jawf, Amran and Sa'ada remains challenging, operational reach has grown during late 2010 and early 2011, and comprehensive access has been established in Hajjah.

#### Most affected groups:

**Female-headed households:** This group has been identified as extremely vulnerable with only 1-10% of its members being supported by WFP in the July Food Security Monitoring report of Hajjah and Amran (FS Monitoring July 2011).

Governorate	Number IDPs	Source, Date of publication
Al Jawf	25,896	OCHA, 13/09/2011
Amran	42,601	OCHA, 13/09/2011
Hajjah	139,461	OCHA, 13/09/2011
Sa'ada	69,242	OCHA, 13/09/2011
Sana'a	38,923	OCHA, 13/09/2011

Figure 1: Recent update on IDP numbers in the northern governorates

**Children:** Half of the Yemen population are children (SCF, 2011), which continue to be at risk of death or injuries as a result of mines (Seyaj, March 2010). There have been reports of child recruitment in Al-Houthi-controlled areas (IRIN, May 2010). Child labour is also common in many vulnerable IDP households (begging, smuggling, refuse collection) and this number is likely to increase as IDPs' coping strategies are exhausted. Education is hard to access as assets dwindle or as a result of a lack of documentation, overcrowding and the lack of school buildings as schools are used to host IDPs (IDMC August 2011).

**IDP's outside of camps:** Humanitarian agencies have gradually widened their access to provide food and non-food assistance to the vast majority of IDPs outside the camps, but this is still sporadic or limited in scope. As of February 2010, the government was allowing distribution of food and non-food items, but still refusing to allow agencies to provide shelter to IDPs outside camps (HRW, April 2010). IDPs outside of camps are also vulnerable as many have left

behind their documents and ID cards, which has made it difficult to travel through checkpoints.

**Returnees:** Many of those who have returned home have found that their property and possessions have been damaged or destroyed and there is limited assistance available in some area of return. Registration can take significant time and as a result they often do not appear on beneficiary lists (Al-Jawf, IOM June 2011).

**Host communities:** Assessments in various areas mention concerns about vulnerable host families being overstretched by offering assistance to IDP's. The assessment of IDPs in Bab Al-Sabah, in Sana'a (7/6/2011), reports that already vulnerable host communities were being very cooperative in assisting IDPs but that this had increased their own vulnerability.

**Migrants:** In April 2011, INTERSOS assessed the situation of stranded migrants in the transition centre Harradh. African migrants, mainly from Ethiopia, travel to Saudi Arabia through Yemen, in search for jobs and economic opportunities. Once they arrive in Yemen, migrants face incredibly harsh conditions: many of them are met by smugglers at the shore, whilst others find themselves walking onwards to reach Saudi Arabia. In the hands of the smugglers, they are at risk of physical and sexual abuse. In addition, migrants and refugees have high mental health needs. The situation of the migrants in transition centre Harradh is generally extremely critical and their basic needs (water, food and shelter) remain largely unmet (INTEROS, Stranded Migrants in Haradh, Mission Report, April 2011).

#### Operational constraints:

**Lack of access to returnees:** It is difficult to target returnees in their hometowns partly due to problems of access. Spontaneous return is not well captured by current monitoring systems so there is an inability to track/ meet the needs of returnees (Sa'ada Response Plan, Aug 2011, IOM June 2011).

**Lack of adequate humanitarian space:** There have been improvements to access in the north which provides the opportunity to deliver much needed humanitarian assistance through local partners but it has not been possible to conduct comprehensive needs assessments and some areas are still inaccessible and contain threats to the safety and security of humanitarian staff such as mines and UXO operate (Sa'ada Response Plan, August 2011).

**Poor data:** Lack of accurate data about the returnees and IDPs is hindering the ability to plan early recovery projects; no effective mapping and understanding of vulnerability; limited field presence and coordination. (Sa'ada Response Plan, August 2011).

**Relations with the Al Houthis:** There is a need for a common position on Al Houthis' constant requests for payments and incentives; coordination on how to define need and area of operations. Al Houthi has presented their priority needs in Nutrition, education, health and WASH which need to align with individual agency/cluster need and priority; the need to agree on the minimum operational standards concerning engagement with the Houthis.

**IDP Movement:** Fluidity of IDP movement in Al-Jawf due to bombings and movement of the conflict towards the Al-Hazm border makes registration, assessment and delivery very difficult (IOM, June 2011).

#### Humanitarian Response:

The 2009/10 Yemen Humanitarian Response Plan (YHRP) expired in November 2010, at which point it was funded at approximately 63%. On 30<sup>th</sup> November 2010, the UN Humanitarian Country Team (HCT) launched the 2010/11 YHRP and Consolidated Appeal Process (CAP) requesting a total of \$224,874,248, receiving as of April 2011 only 26% of required funding.

In the context of the above needs, a consortium of humanitarian agencies operational in Yemen (ADRA, CARE, Islamic Relief, OXFAM and Save the Children) have come together to assist IDP populations, returnees and host communities in the affected and accessible governorates, with a first phase supported by the Royal Netherlands Embassy and DFID which concluded in March 31<sup>st</sup>, 2011. A continued phase II is funded by DFID.

#### Goal of the IERP 2011-2912:

The goal of the programme is to utilize an integrated and consolidated consortium approach to contribute to the YHRP by:

- a) providing life-saving, time-critical and early recovery assistance targeting 210,040 persons (target excludes indirect beneficiaries) affected by the complex humanitarian crisis in the five northern governorates of Yemen (Al-Jawf, Amran, Hajjah, Sana'a and Sa'ada), and
- b) contributing to the enhancement of local capacities for preparedness and resiliency.

The second phase of the IERP programme started in July 2011 and is coordinated by CARE International in Yemen (CARE).

## B.2 Joint Rapid Assessment

The Joint Needs Assessment has been carried out in the context of the DFID-funded “Integrated Emergency Response Programme for Yemen 2011 – 2012” (IERP)<sup>1</sup>.

The purpose of this assessment was to:

- Analyse humanitarian needs and response in the five northern governorates affected by the Al-Houthi-Government conflict in Sa’ada (Al-Jawf, Amran, Hajjah, Sana’a and Sa’ada).
- Utilize coverage and capacities of the consortium partners and strengthen their capacities in order to carry out the JRA process.
- Identify potential short-term and long-term collaborative response and ensure synergies in targeting, interventions and approach.
- Capture relevant learning from the JRA process that can be used to improve similar processes in future, both in Yemen or other countries.

### Scope and Focus:

There is a risk of increased crisis when targeted communities’ coping capacities and strategies are weakened by various factors. The IERP focuses on the following sectors which impact positively or negatively on vulnerabilities of the affected communities by the complex humanitarian crisis: livelihood, food security, health, education, WASH, protection, and shelter.

Underlying factors that also influence the risk that a community will fall victim to a crisis were identified and assessed, including: the overall governance

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<sup>1</sup> This Joint Rapid Assessment Report needs to be read and understood in conjunction with the IERP programme description.

situation, demographics, economic and socio-cultural contexts. Key beneficiary groups of the assessment include: Consortium Partners, donors, Government decision-makers, and the wider humanitarian and donors’ community. The survey findings are made available to all IASC Clusters and Sub-Clusters to be further analysed through their particular prism of expertise and mandates.

### Methodology:

The methodology for this assessment was agreed between ACAPS and CARE at the onset of the assessment process. The assessment included the review of secondary sources of information and available programme documents, consultations with consortium partners and humanitarian actors in Yemen, and the formation of 14 NGO assessment teams, with each team assigned to a specific district.

The following tools were used for the field assessment:

- a) Qualitative interviews/discussions with Community Groups among the different target groups under the IERP
- b) Structured, quantitative interviews with key informants within the affected areas

Between 15 and 26 September 2011, 46 community group discussions were carried out in 16 districts, covering all four governorates affected by the Al-Houthi conflict. 50 key informants were interviewed, including a broad range of actors.

### Limitations:

It is recognised that, in line with the rapid character of this assessment, and the restrictions in both time and resources available, the findings of this needs assessment are limited in terms of: geographic

coverage; depth of research by sector; and, the extent to which the sampling scope is representative for the overall humanitarian situation in the affected regions. The amount of demographic data that was collected under this assessment is limited to key figures provided by primary sources (UN, local government, INGOs and LNGOs) at the locations assessed.

The Executive Council of Sa’ada Governorate (also controlling the district of Harf Sufyan in Amran governorate) did not authorise the assessment teams to continue community group discussions after an initial 3 discussions were completed.

Other factors in this assessment that may limit or influence the findings include possible bias during the community group discussions. It was explained to the participants that the JRA was not tied to aid or any other benefits. However, assessments often have the effect of raising expectations. Secondly, the pre-existing relationships between some of the Implementing Partners and respondents may have influenced the answers provided.

### Report Structure

The assessment report includes a summary analysis by target group, geographic areas and sectors. Each analysis is suggesting priority areas for further, in-depth assessment and for priority interventions (section C).

Under annex B, information is provided on geographic level (governorate profiles), including priority recommendations. The Secondary Data Review (SDR), methodology, tools etc. are added to the assessment report under the annexes C and D.

### How to read the charts:

Two main types of charts are used to illustrate the findings under this assessment: bar charts and heat maps. The figures in both charts are representing the frequency of issues/recommendations per sector as expressed by the assessed communities (as per cent of total number of issues reported). The percentages are rounded to the superior decimal. The intensity of the colour is a graphical representation of the severity of the problem on a range from 1 (light blue: relatively normal situation, no further action required) to 4 (dark blue: severe situation, immediate intervention required to save lives).

### Example:

Target Group	Subsector	Governorate			
		Al Jawf	Amran	Hajjah	Sa'ada
Host Communities	Water supply/management	22%	28%	16%	
	Sanitation/Excreta disposal	22%	22%	21%	
	WASH NFIs status	11%	11%	16%	
	Water quality	11%	17%	16%	
	Water sources	22%	17%	11%	
	Waterborn diseases			11%	

 Severity Ranking as expressed by population (rank 1 to 4)

In the governorate of Amran, “Sanitation/Excreta disposal” account for 22% of all problems reported in the WASH sector. The severity of the problem is “medium low” (light blue). The colour indicates a situation of concern, and further assessment is required.

In Hajjah governorate, “waterborne diseases” account for 11% of all problems mentioned. The severity of the problem is “high” (dark blue). The colour indicates a severe situation, and immediate intervention is required to save lives.

## C. Sectoral Analysis

### 1. Livelihood

#### 1.1 Target group priorities

**General:** The communities included under this assessment see livelihood as the main crosscutting problem - and solution. Most difficulties in other sectors are related to the lack of access to cash to pay for basic services – including food, water, shelter (including rent), health, education, and protection.

Three main challenges and areas for intervention were identified:

- d) Lack of cash for basic services
- e) Lack of employment opportunities
- f) Damages to livelihoods, economic infrastructure, and assets

Another crosscutting issue is the lack of transport, as the costs increased significantly because of high fuel prices.

The lack of income opportunities steadily forces people across all target groups to apply negative coping mechanisms, including child labour and the sale of assets (including livestock) and relief items.

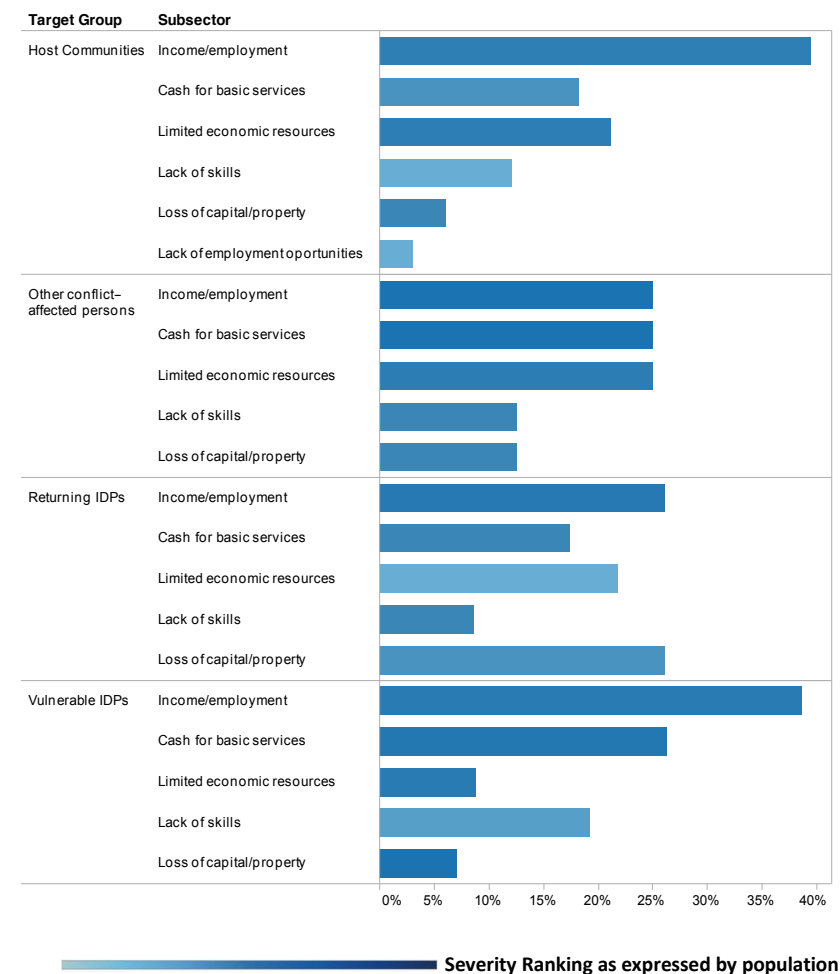
The economic pressure on the families across all target groups is also seen as the main reason for domestic violence. In some areas (Hajjah), cases of trafficking were reported.

**Vulnerable IDPs:** Vulnerable IDPs are generally reported as the group mostly in need for livelihood support. In their areas of displacement, IDPs are often denied access to basic income opportunities. IDPs in urban settlement, such as Amran and Sana'a are mostly renting houses, and suffering from their lack of ability to pay rent, and other living expenses, which are higher than in rural areas.

**Host communities:** According to the interviewed community groups, host communities are often in no better situation when compared to IDPs, or even poorer, as they have limited possibilities to access humanitarian aid to meet their basic survival needs (especially food and water). Competition over limited resources is the cause of conflict in the northern districts of Amran and Hajjah. Longer-term interventions are required to sustain and rehabilitate their livelihoods.

**Other conflicted affected persons and returnees:** Similar to host communities, other conflict-affected people in Al Jawf and Sa'ada generally receive no or limited humanitarian assistance. Conflict-affected and returnee community groups report their loss of capital/property due to the conflict and are generally unable to restore their livelihoods without external assistance.

Figure 2: Livelihood priority needs by target groups



## 1.2 Geographical priorities

**Amran:** In the assessed districts in Amran governorate, host communities and IDPs are generally living closely together, sharing similar economic problems, including low incomes, and dependency on external assistance. As most IDPs are residing in rented houses, rent is a pressing issue, together with increased fuel prices, which inflated the costs of transport to health facilities and schools. Marginalised groups (Muhammasheen) residing in comparatively larger numbers in Amran centre, Kharef, and Raydah) are suffering severe problems to maintain their livelihoods.

**Al Jawf:** Community discussions in Al Jawf indicate that all target groups are receiving less humanitarian attention and assistance, when compared to other governorates. Food security and cash to pay for basic services are reportedly their most pressing needs. Access to markets is more problematic than in neighbouring Amran. IDPs are considered to be the most vulnerable group in the assessed districts. Frequently, women see themselves forced to beg in the streets to gain some income, which is seen by the interviewed communities as a major cause for domestic violence and SGBV.

**Sa'ada:** Due to limited humanitarian access, the livelihood situation of all target groups in Sa'ada is highly affected. Lack of cash hinders most people in the visited western districts to access basic services, especially health, food and water. The loss of capital and property by conflict-affected groups and returnees is a major burden for their ability to restore their livelihoods without increased external aid.

**Hajjah:** The closure of the border to Saudi Arabia has a major impact on the livelihood of the visited communities in Hajjah across all target groups. Traditionally, many families get their income through trading and smuggling of qat to the neighbouring country. Limited alternative sources of income are available, especially for IDPs living outside the camps in Harradh district.

Child labour is very common in all districts and reported as a prominent problem by the visited communities. Competition over economic resources between host communities and IDPs in Harradh are representing another challenge. In the urban part of Harradh, about 7,000 migrants (from Somalia) are residing, with extremely limited access to basic services and employment.

**Sana'a:** IDPs from the northern governorates (mostly Sa'ada) are usually residing in or around the Yemeni capital. High prices for rent, basic services and food represent a major challenge in this urban environment.

Visited IDPs communities report discrimination in access to basic employment opportunities. Female communities report fear of eviction from their houses (for not being able to pay rent) as a common threat. Normal coping mechanisms include selling of relief items (if any, especially hygiene items) and child labour.

Figure 3: Livelihood priority needs by governorates

Target Group	Subsector	Governorate				
		Al Jawf	Amran	Hajjah	Sa'ada	Sana'a
Host Communities	Income/employment	33%	43%	38%		
	Cash for basic services		36%	8%		
	Limited economic resources	33%		38%		
	Lack of skills	17%	21%			
	Loss of capital/property	17%		8%		
	Lack of employment opportunities			8%		
Other conflict-affected persons	Income/employment	25%				
	Cash for basic services	25%				
	Limited economic resources	25%				
	Lack of skills	13%				
	Loss of capital/property	13%				
Returning IDPs	Income/employment				26%	
	Cash for basic services				17%	
	Limited economic resources				22%	
	Lack of skills				9%	
	Loss of capital/property				26%	
Vulnerable IDPs	Income/employment	38%	45%	33%	20%	50%
	Cash for basic services	25%	36%	22%	20%	13%
	Limited economic resources	13%		11%	20%	13%
	Lack of skills	13%	18%	11%	30%	25%
	Loss of capital/property	13%		22%	10%	

Severity Ranking as expressed by population

### 1.3 Recommendations for priority interventions

1. Due to the magnitude of the chronic poverty in Yemen in general, and of the target groups in the northern governorates included under this assessment in particular, it is questionable to which extent a “project-driven” approach can yield measurable improvements in the foreseeable future. New innovative forms of providing livelihood support are urgently required.
2. Employment generation and income-diversification activities (such as currently included under the IERP) might be an adequate tool to assist especially host communities/returnees, including the provision of livestock/agricultural inputs, vocational training, and skill training especially for women.
3. For the vast majority of vulnerable HHs amongst IDPs, cash-programming (including cash-for-work and conditional/unconditional cash grants) are considered favourable options, not only to promote small business initiatives, but first and foremost to ensure better access to basic services.
4. Most vulnerable target groups need to be identified and further assisted, including female-headed households who need to be further considered in future targeting.
5. Community-based development of capacities needs to be built in order to better understand local economies, available skill sets and markets.
6. From the discussions held, it seems unlikely that larger parts of the IDP population in the northern governorates will be able to return home any time soon. Advocacy is therefore needed to promote access to legal employment opportunities.

Figure 4: Livelihood priority recommendations by target groups

Target Group	Recommendation	Governorate				
		Al Jawf	Amran	Hajjah	Sa'ada	Sana'a
Host Communities	Income/Employment generation	33%	36%	38%		
	Rehabilitation of livelihoods	33%		46%		
	Cash programming		36%	8%		
	Vocational training	17%	21%			
	Advocacy	17%	7%	8%		
Other conflict-affected persons	Income/Employment generation	25%				
	Rehabilitation of livelihoods	31%				
	Cash programming	25%				
	Vocational training	13%				
	Advocacy	6%				
Returning IDPs	Income/Employment generation				30%	
	Rehabilitation of livelihoods				26%	
	Cash programming				17%	
	Vocational training				9%	
	Advocacy				17%	
Vulnerable IDPs	Income/Employment generation	25%	38%	44%	30%	50%
	Rehabilitation of livelihoods	25%		33%	20%	
	Cash programming	25%	38%	11%	20%	13%
	Vocational training	13%	19%	11%	30%	25%
	Advocacy	13%	5%			13%

Severity Ranking as expressed by population

## 2. WASH

### 2.1 Target group priorities

**General:** Access to water is one of the major problems in Yemen and the northern governorates are no exception. Access to natural water resources is limited in rural areas. Paying for tankered water is the traditional way of getting water in many places, especially in population centres such as Sana'a, Amran or Sa'ada.

The lack of ability to pay for water is a pressing problem for most target groups, especially for IDPs. Existing water sources commonly require development or rehabilitation, especially open, unprotected sources (which cause serious health problems). The capacity of local water committees needs to be developed. The visited communities across all target groups perceive the sanitary situation and vector control in their communities generally as problematic and report a chronic lack of access to NFIs, especially for women and children.

**Vulnerable IDPs:** With many previously rehabilitated water schemes not being operational (Hajjah, Sa'ada, Amran), IDPs generally depend on water tankering or host community support. The lack of storage capacity represents a major challenge for most IDPs. Negative coping mechanisms include the reduction of water per person below country standards, and reduced hygiene practice.

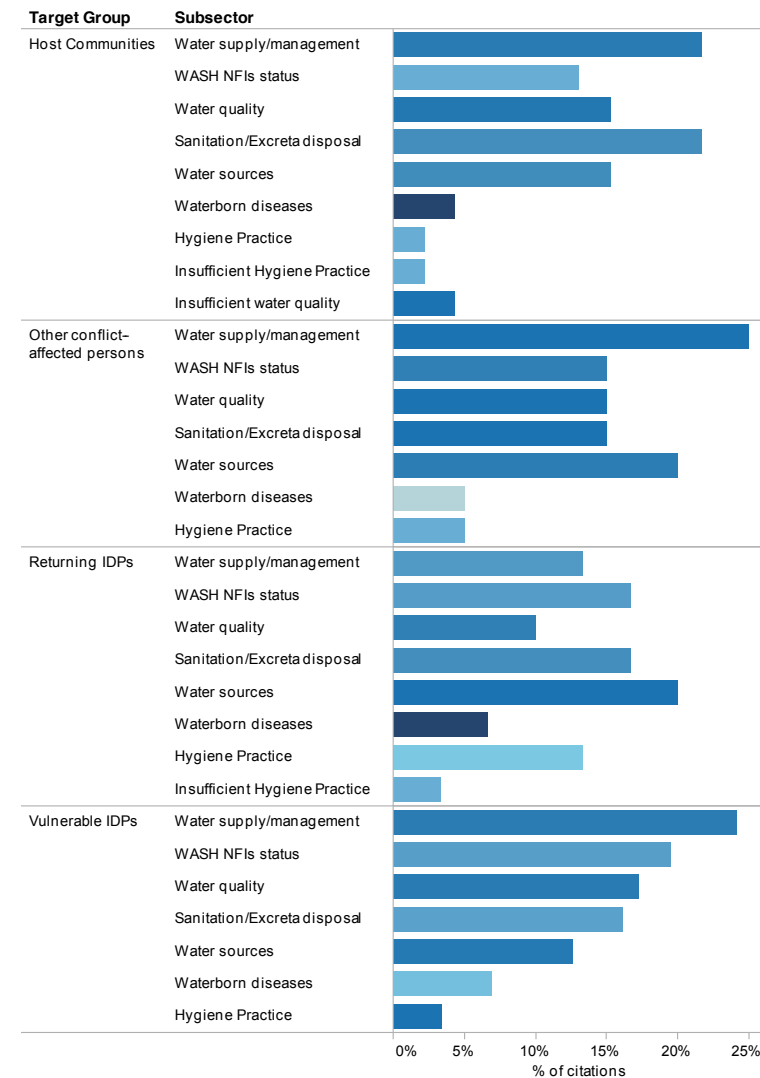
**Host communities:** The visited communities are reporting the need for durable interventions, focusing on the development and rehabilitation of natural water sources – also for the benefit of IDPs.

This would also reduce the conflict potential between IDPs and host communities. High diesel costs (for deep-well pumping) are representing another challenge, and communities are requesting advice and support for alternative energy sources (solar power, etc.).

**Returnees and other conflict affected groups:** Similar to the needs of host communities, discussions with returnees indicate their demand for durable solutions for their water sources. Water schemes repaired earlier by ICRC in Sa'ada are reportedly not functional anymore (Al Malaheet). Prevailing cases of malaria indicate the need for disease vector control.

**Marginalised groups:** Larger groups of marginalised communities (Muhammasheen) in Amran centre and Kharef and Raydah districts have severe problems in accessing sufficient water. Albeit not a target group under this assessment, other+ communities mentioned their high, unmet needs. Somali migrants in Hajjah are in a similar situation, including limited hygiene practice due to absence of water, long distances to collect water, etc.

Figure 5: WASH priority needs by target groups



Severity Ranking as expressed by population



## 2.2 Geographical priorities

**Amran:** Confirming a previous CARE survey, most respondents felt that they did not have sufficient water (a total of 81% of CARE surveyed households indicated that they did not drink clean water). The high cost was considered the biggest reason for insufficient water in the HH, along with the difficulty experienced in transporting water from the source to the house, lack of water storage at household level and the inconsistency of water supply at the source. Open water sources in the northern districts are largely unprotected, water projects in Amran centre often not functioning. Sanitation is another important issue, especially for IDPs in villages/urban areas. They are forced to rent unsuitable accommodation (including shops), with limited or no sanitary facilities.

**Hajjah:** In Haradh and Mustabah districts the main source of water for nearly all IDPs inside the camps are UNICEF tankering services, but only for half of the IDPs outside the camps. For host population the main sources are wells and water trucks. According to a July 2011 UNICEF survey, more than half of IDPs outside camps and more than three quarters of host population do not have access to safe water. Only half of IDPs and host communities have access to indoor toilets, and open defecation is common among the host population.

### Highest severity of needs identified:

- Harradh: Insufficient storage capacity, large distances to next water source
- Mustabah: prevalence of waterborne diseases, cases of malaria above seasonal averages

**Sana'a:** Most HHs in Sana'a have access to drinking water to some degree, although the cost of water has an impact on the amount used, as does an interruption in its supply. This applies especially for IDPs residing outside the urban part of Sana'a. This gap impacts on available water for sanitation for IDP and other rural households. IDPs were found to share bathrooms/toilets with the host community when possible or use open spaces at far distances. During the community group discussions, IDPs reported a lack of hygiene materials. As they are frequently living in crowded, dirty conditions they felt to be in need for increased supply of soap to reduce the risk of disease spreading. Additionally, a shortage of water tanks was reported.

**Sa'ada:** The assessment findings confirm reports from agencies in the Sa'ada Crisis Response Plan, July 2011 on an inability to provide a stable supply of potable water to IDPs inside many of the camps and weak targeting of IDPs outside the camps. This has led to a very limited response in the governorate. Water rehabilitation schemes that were completed in the past are often not functional (ICRC in Al-Malaheet), causing an instant need to water supply.

### Highest severity of needs identified:

- Sa'ada, Al-Malaheet: Urgent need for water supply, disease vector control (malaria reported in Al Malaheet)

**Al Jawf:** Due to lack of security and access, limited interventions were carried out by relief agencies to improve access to water in Al Jawf. Most issues reported for Sa'ada apply also for this governorate, with special needs to control disease vectors for malaria and sanitation for women (long distances).

### Highest severity of needs identified:

- Water supply and management (Al Hizam) and malaria prevention in Matammah

Figure 6: WASH priority needs by governorates

Target Group	Subsector	Governorate				
		Al Jawf	Amran	Hajjah	Sa'ada	Sana'a
Host Communities	Water supply/management	22%	28%	16%		
	Sanitation/Excreta disposal	22%	22%	21%		
	WASH NFIs status	11%	11%	16%		
	Water quality	11%	17%	16%		
	Water sources	22%	17%	11%		
	Waterborn diseases			11%		
	Hygiene Practice	11%				
	Insufficient water quality			11%		
	Insufficient Hygiene Practice		6%			
Other conflict-affected persons	Water supply/management	25%				
	Sanitation/Excreta disposal	15%				
	WASH NFIs status	15%				
	Water quality	15%				
	Water sources	20%				
	Waterborn diseases	5%				
Returning IDPs	Water supply/management				13%	
	Sanitation/Excreta disposal				17%	
	WASH NFIs status				17%	
	Water quality				10%	
	Water sources				20%	
	Waterborn diseases				7%	
	Hygiene Practice				13%	
	Insufficient Hygiene Practice				3%	
Vulnerable IDPs	Water supply/management	10%	30%	24%	17%	33%
	Sanitation/Excreta disposal	20%	13%	24%	11%	17%
	WASH NFIs status	20%	23%	12%	17%	25%
	Water quality	20%	17%	12%	17%	25%
	Water sources	20%	13%	12%	17%	
	Waterborn diseases	10%		12%	17%	
	Hygiene Practice		3%	6%	6%	

Severity Ranking as expressed by population

## 2.3 Recommendations for priority interventions

1. Immediate provision of drinking water to most vulnerable communities in Sa'ada, Hajjah and Al Jawf, especially for IDPs residing outside villages/camps.
2. Disease vector control in areas where malaria cases are reported (Hajjah, Sa'ada).
3. Restoration and expansion of water supply infrastructure especially for host communities and in return/conflict affected areas.
4. Cash for Work projects for the construction/ rehabilitation of natural water collection points.
5. Cash assistance for IDPs in urban areas, especially Sana'a.
6. Capacity building on community level to participate in water management and to identify most appropriate solutions.
7. Repair water projects included in previous programmes by international NGOs/ICRC (but which are now dysfunctional), especially in Sa'ada and Amran.
8. Sanitation for women, especially in Al Jawf.
9. Awareness raising on WASH, especially in Sa'ada and Al Jawf.
10. Provision of hygiene items (NFIs), wherever adequate quantities of water are available (alternative: cash programming).

Figure 7: WASH priority recommendations by target groups

Target Group	Recommendation	Governorate				
		Al Jawf	Amran	Hajjah	Sa'ada	Sana'a
Host Communities	Latrines, waste disposal	22%	22%	21%		
	Provision of water, tanks	22%	22%	5%		
	Provision of Hygiene Items	11%	17%	16%		
	Water treatment (filters)	11%	11%	26%		
	Rehabilitation of sources	22%	17%	16%		
	Disease Vector Control			11%		
	Hygiene Awareness	11%				
	Filters		6%			
	Capacity building, advocacy		6%			
	Reservoirs, rehabilitation of sources			5%		
Other conflict-affected persons	Latrines, waste disposal	15%				
	Provision of water, tanks	20%				
	Provision of Hygiene Items	15%				
	Water treatment (filters)	20%				
	Rehabilitation of sources	20%				
	Disease Vector Control	5%				
	Hygiene Awareness	5%				
Returning IDPs	Latrines, waste disposal				17%	
	Provision of water, tanks				10%	
	Provision of Hygiene Items				17%	
	Water treatment (filters)				10%	
	Rehabilitation of sources				24%	
	Disease Vector Control				7%	
	Hygiene Awareness				10%	
	Hygiene Awareness Training				3%	
Vulnerable IDPs	Latrines, waste disposal	20%	13%	24%	11%	17%
	Provision of water, tanks	10%	20%	18%	17%	33%
	Provision of Hygiene Items	20%	23%	12%	17%	25%
	Water treatment (filters)	20%	17%	12%	17%	17%
	Rehabilitation of sources	20%	10%	12%	17%	
	Disease Vector Control	10%		12%	17%	
	Hygiene Awareness		3%	6%	6%	
	Filters					8%
	Capacity building, advocacy		7%			
	Reservoirs, rehabilitation of sources		7%			
	Water containers			6%		

Severity Ranking as expressed by population

### 3. Shelter/NFIs

#### 3.1 Target group priorities

**General:** the respondents to this assessment describe the overall shelter situation of all target groups across the northern governorates as problematic. Comparatively limited assistance is provided in this sector, when compared to other interventions.

Nevertheless, the needs are substantial. According to the key informants interviewed on district level, and average of 30% of all target groups are in critical need for shelter assistance, including basic shelter material, repairs, and NFIs (especially for winterisation).

**Vulnerable IDPs:** IDPs residing outside camps are reported as having the most severe shelter needs. According to the key informant interviews conducted under this assessment, the need is the highest in Al Jawf (up to 67% reported in critical need) and Hajjah (up to 50%). Vulnerable IDPs in host communities require assistance to pay the rent for their accommodation.

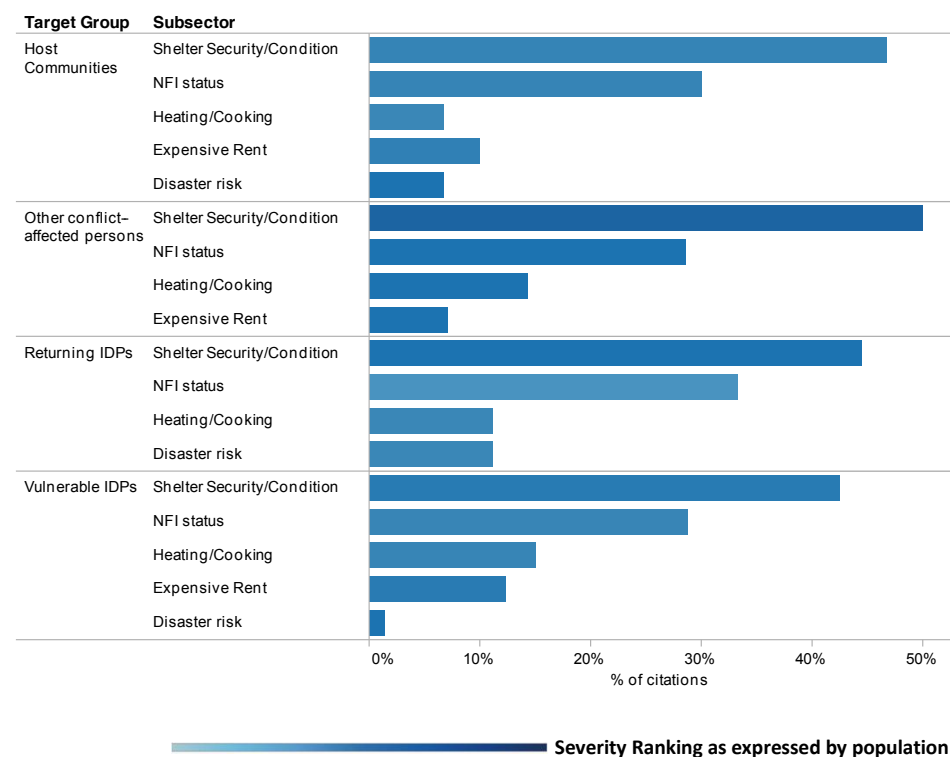
Especially in the mountainous areas, winterisation support is urgently required for most IDPs. Shelter requirements also include the rehabilitation/construction of adequate sanitation facilities in the vicinity of housing, especially for women (Al Jawf is a priority).

**Returnees:** Returning IDPs to Sa'ada (the only returnee group covered by this assessment) see themselves frequently confronted with damaged/destroyed or occupied property, including shelter. Regardless, limited or no assistance is provided. Shelter needs include the provision of NFIs and basic shelter material to prepare their HHs for the upcoming winter.

**Other conflict-affected persons:** Families that remained within the conflict areas and suffered damages to their houses and infrastructure belong to the most vulnerable groups in terms of shelter needs. This target group was covered by this assessment only in the governorate of Al Jawf. In the district of Al-Matammah, conflict-affected communities report the destruction of their houses and the complete lack of construction material or the funds to procure them. Immediate assistance was requested.

**Marginalised groups:** Albeit not covered as a specific target group by this assessment, the shelter requirements my marginalised groups (including Muhammasheen as well as migrants from Somalia) are reported by other communities as in great need for shelter assistance. This includes particularly the need of groups that are settling in unsafe, disaster-prone areas (near to river beds), and groups residing in market areas, often without any access to shelter.

Figure 8: Shelter priority needs by target groups



### 3.2 Geographical priorities

**Amran:** IDPs in Amran are mostly living together with host communities. The majority is renting houses or any form of affordable shelter, including shops. Shelter conditions are generally considered poor, especially in regards to living spaces and available sanitation facilities. Respondents requested shelter material, NFIs, and heating fuel. Amran also hosts a high number of newly arrived IDPs from the district of Ahab (and Sa'ada), mostly residing in the districts of Raydah and Kharef. They have not been registered as IDPs and did not receive any assistance, including shelter assistance. Marginalised groups occupy land very close to wadis, exposing them to high risk of disaster during raining season.

#### Highest severity of needs identified:

- Raydah: Ahab IDPs, shelter material, tents, NFIs

**Hajjah:** The largest number of IDPs from Sa'ada is residing in Hajjah, mostly in camps, generally in poor conditions. Visited IDPs outside the camps report serious problems in accessing shelter assistance, especially in the northwestern part of the governorate. Requirements including basic shelter material (as protection against high temperatures) and NFIs. In Harradh district, IDPs are generally not allowed by host communities to erect better shelter, or to collect firewood. Advocacy and support to host communities is needed. IDPs in the district of Mustabah report fewer issues than host communities, but indicate frequent lack of living space and construction material (winterisation).

**Sana'a:** IDPs from Sa'ada located in or around Sana'a are renting old houses or any other affordable shelter. Respondents generally see living space and conditions as insufficient, in terms of living spaces, access to electricity, and sanitation. Rent for shelter is the biggest problem for the vast majority.

Other urgent requirements include winterisation, i.e. clothes, blankets, bedding/mattresses, and cooking fuel. Not included in the community discussions, but covered by the ACAPS desk research, are affected families in Yahees sub-district of Ahab. They use (communal) caves during the nights, some of which are reportedly unsafe due to sporadic bombing.

**Al Jawf:** Al Jawf offers limited access due to international relief efforts due to security considerations.

Consequently, limited assistance is being provided, including shelter. The assessment communities in Al-Hesam request replacement of worn-out tents and basic shelter material.

#### Highest severity of needs identified:

- Al-Hesam: Shelter materials, NFIs

**Sa'ada:** Due to lack of humanitarian access, limited shelter assistance is provided to the different target groups in Sa'ada. In the western districts covered under this assessment, IDPs and returnees alike report the urgent need for NFI support and shelter material/repairs.

#### Highest severity of needs identified:

- Al-Malaheet: Tajar Alirak: Shelter repair

Figure 9: Shelter priority needs by governorate

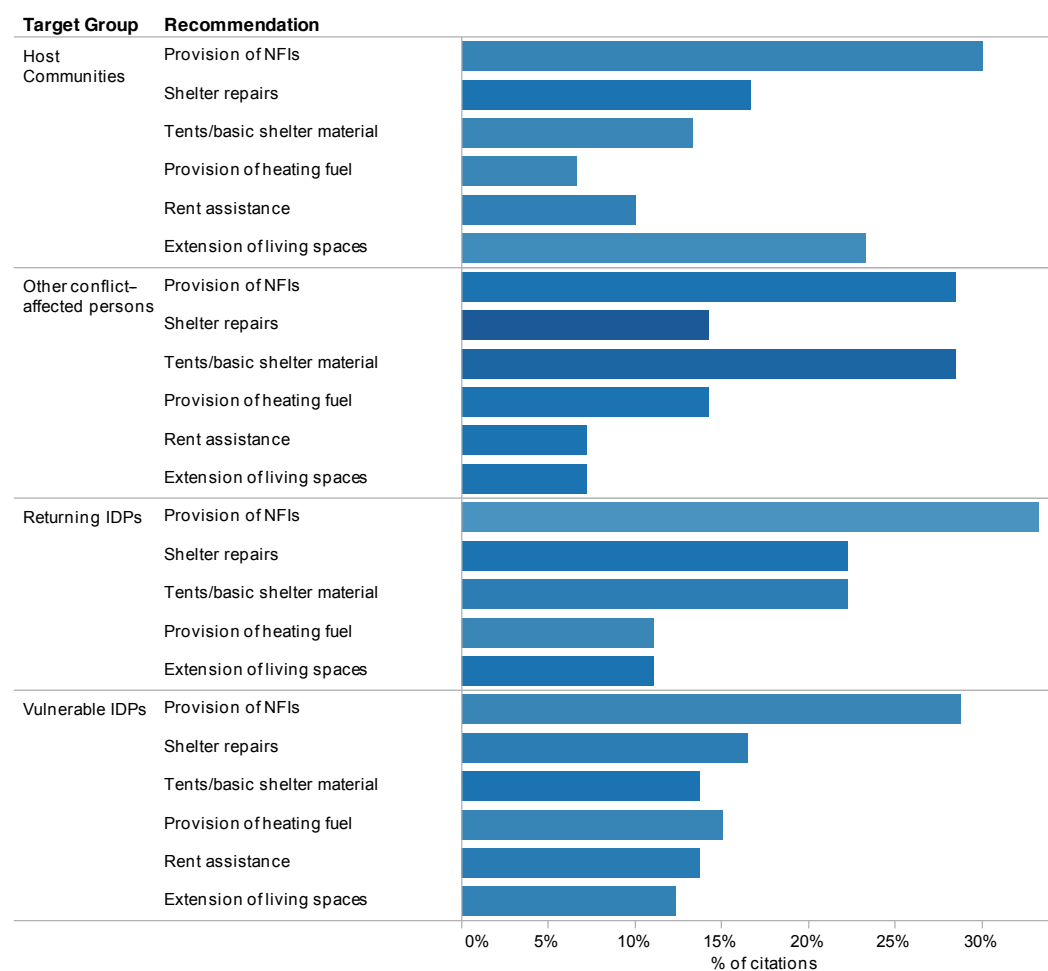
Target Group	Subsector	Governorate				
		Al Jawf	Amran	Hajjah	Sa'ada	Sana'a
Host Communities	Shelter Security/Condition	38%	46%	56%		
	NFI status	25%	23%	44%		
	Heating/Cooking	25%				
	Expensive Rent		23%			
	Disaster risk	13%	8%			
Other conflict-affected persons	Shelter Security/Condition	50%				
	NFI status	29%				
	Heating/Cooking	14%				
	Expensive Rent	7%				
Returning IDPs	Shelter Security/Condition				44%	
	NFI status				33%	
	Heating/Cooking				11%	
	Disaster risk				11%	
Vulnerable IDPs	Shelter Security/Condition	50%	37%	60%	50%	18%
	NFI status	25%	30%	27%	25%	36%
	Heating/Cooking	13%	15%	13%	25%	9%
	Expensive Rent	13%	15%			36%
	Disaster risk		4%			

Severity Ranking as expressed by population

### 3.3 Recommendations for priority interventions

1. As a cross-sectoral issue, immediate registration of new IDPs (especially from Ahab) is required to assess their needs and to allow them to benefit from organised humanitarian assistance, including shelter.
2. In Sana'a governorate, this applies also to newly arrived IDPs as well as to newly displaced families from Al-Hasaba district.
3. Immediate shelter assistance is needed, especially in terms of winterisation in mountainous areas.
4. As winterisation, provision of NFIs is recorded as the main priority for all target groups (see figure 10).
5. Assistance should include both the provision of basic shelter material and/or cash-for-work. This applies especially for returnees and other conflict-affected populations in Sa'ada and Al Jawf.
6. It is highly recommended to communicate the planned interventions with communities in order to comply with local cultural conditions. Of particular concern in this regard are any improvements in sanitary installations in the vicinity of shelter. Awareness campaigns are required.
7. Advocacy should include an overall inclusion of marginalised groups in any assistance, including shelter. This also requires overcoming resentments within the NGOs community, as well as further in depth assessments.

Figure 10: Shelter priority recommendations by target groups



Severity Ranking as expressed by population

## 4. Food Security

### 4.1 Target group priorities

**General:** Food security and nutrition continue to be a serious issue in all assessed governorates, with no improvement seen overtime. Lack or delay of sufficient food assistance, incomplete targeting, rising food prices, and reduced purchasing power are increasing food insecurity in the northern governorates to an alarming extent. According to key informants consulted across all assessed governorates, about 30-50% of all target groups are facing serious, life-threatening problems to access food – especially women and children. Increasingly negative coping strategies are evident such as reduced size and number of daily meals, fasting, avoiding meat/fish and borrowing or buying food on credit. The more serious the situation is, the higher the need for immediate provision of basic food items, especially in Al Jawf, Amran, and Sa’ada.

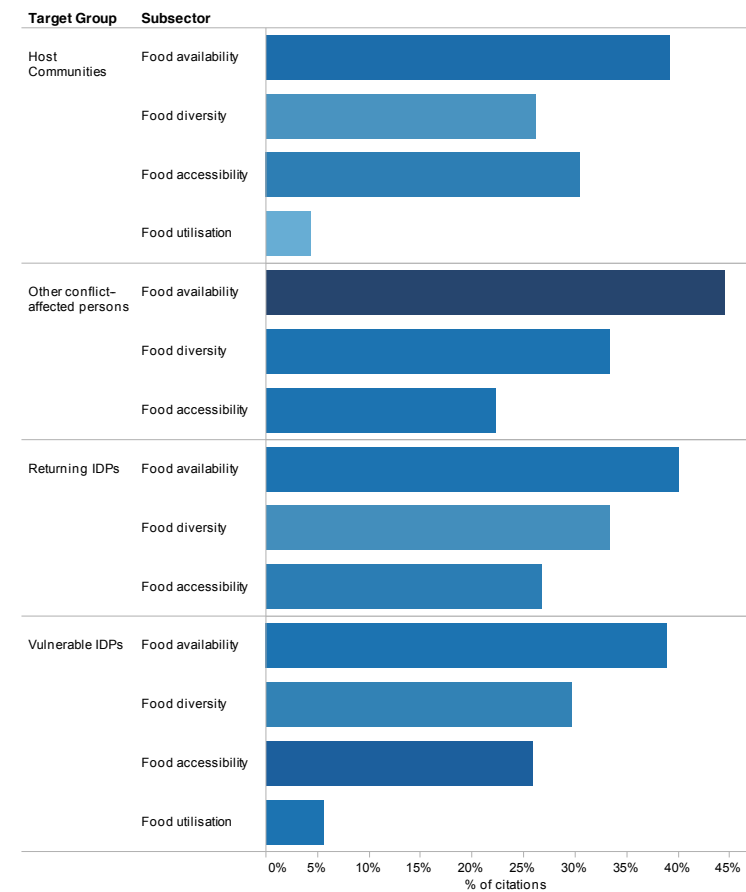
**Vulnerable IDPs:** New IDPs from Ahab and new arrivals from Sa’ada and Al Jawf are reportedly not receiving government assistance and are not on the WFP beneficiary lists. They are reportedly in highest need for immediate food assistance. Respondents in the community group discussions complain about lack of planning security, as food deliveries are frequently delayed, and double standards for assistance to camp/non-camp IDPs. IDPs in Sa’ada report that they have not received food assistance for months, while IDPs in Amran report that they have only received beans during the past distributions. Lack of food diversity represents a serious threat, especially for children and pregnant/lactating mothers.

**Returnees and other conflict-affected persons:** According to the key informant interviews and community discussions, many returnees to Sa’ada and conflict-affected persons in Al Jawf have no access to humanitarian food assistance. Accordingly, they represent one of the most food insecure target groups in the northern governorates. Respondents in Al-Malaheet in Al Jawf report that they have sometimes no food at all for three days. According to WFP, the Government of Yemen has not updated its social safety net beneficiary lists since 2008 (WFP, Food Security Monitoring Exercise, June 2011).

**Host communities:** While host communities have better access to some income opportunities through agriculture and other means, they are generally excluded from humanitarian food assistance. In some areas such as Hajjah, where their purchasing power is rapidly decreasing, they are reportedly in a worse situation than IDPs in their area. This applies particularly to their inability to buy extra food for their children. High levels of malnutrition are the consequence (reportedly up to 70% of the population in some areas in Hajjah).

**Marginalised groups:** Even though this group was not part of the assessment, respondents in community discussions with other target groups acknowledge their high unmet needs to access sufficient food. Being mostly excluded from any kind of food assistance and basic income opportunities, this target group deserves further attention and research on possibilities for assistance.

Figure 11: Food Security priority needs by target groups



Severity Ranking as expressed by population

## 4.2 Geographical priorities

**Amran:** The assessment confirms earlier reports that the situation is worse in rural than urban areas (Social Protection Monitoring August 2011). In Raydah district, IDPs currently hosted by families and relatives report having no source of income and severe food shortages. Food deliveries that do arrive are often delayed. According to key informants, 33% of IDPs have life-threatening difficulties to access food. This applies particularly for newly arrived IDPs from Ahab district, which remain reportedly without any type of assistance.

### Highest severity of needs identified:

- New IDPs from Ahab, (Raydah, Haddabah, Kharef)
- Lack of food and diversity
- Jabal Yazid: Registration of Sa'ada IDPs for food assistance

**Hajjah:** Food security is the highest priority for both IDPs and host communities in Hajjah (40%). Host communities often do not have access to food aid. And IDPs outside camps reportedly receive irregular and insufficient rations. Frequent and severe food shortages result in high levels of negative coping strategies including selling any HHs assets to buy food, borrowing money and decreased expenditure on education/health.

### Highest severity of needs identified:

- Harradh: High malnutrition levels among IDP children outside the camps

**Al Jawf:** In line with findings from other sectors, conflict-affected people and IPDs in Al Jawf are one of the most vulnerable groups in the northern governorates. Food availability and accessibility is lower than in the other four governorates assessed. In Al-Battān and Al-Hesam, IDPs report that they frequently do not eat for three days.

### Highest severity of needs identified:

- Al-Battān: Lack of food supplies, also in Al Hesam (sometimes no food for 3 days)

**Sa'ada:** After extremely limited access to this population for many years, access has been negotiated and food distribution was resumed in June 2011 (using an expanded beneficiary list). Findings under this assessment, albeit limited to western districts, confirm that food security is critical.

### Highest severity of needs identified:

- Al-Saffrah, Al-Malaheet: Critical food assistance for most vulnerable

**Sana'a:** Food accessibility and diversity is the main issue for the assessed target groups in the Yemeni capital. During the community group discussions IDPs report frequent delays in food deliveries, which makes it difficult for them to plan their food rations (less than 1 month's supply). There is a further risk of displacement due to high prices and reduced income.

Figure 12: Food security priority needs by governorate

Target Group	Subsector	Governorate				
		Al Jawf	Amran	Hajjah	Sa'ada	Sana'a
Host Communities	Food availability	25%	40%	44%		
	Food diversity	50%	20%	22%		
	Food accessibility	25%	30%	33%		
	Food utilisation		10%			
Other conflict-affected persons	Food availability	44%				
	Food diversity	33%				
	Food accessibility	22%				
Returning IDPs	Food availability				40%	
	Food diversity				33%	
	Food accessibility				27%	
Vulnerable IDPs	Food availability	50%	40%	44%	25%	44%
	Food diversity	25%	30%	44%	25%	22%
	Food accessibility	25%	30%	11%	33%	22%
	Food utilisation				17%	11%

Severity Ranking as expressed by population

- **PLEASE NOTE: Findings for Sa'ada are only indicative. Further assessments are required.**

### 4.3 Recommendations for priority interventions

1. Expand current targeting to include all vulnerable families, through a) updating the government Safety Net beneficiaries list, and b) exercising increased flexibility.
2. Include host communities in food security assistance wherever required (screening), including food for work/cash transfers.
3. Cash transfers in areas where food is available but less accessible due to lack of purchasing power.
4. Establishment of a food security monitoring system, especially in Al Jawf, Sa'ada.
5. Reduce inconsistencies in food basket content between different target groups (especially: IDPs inside/outside camps).
6. Advocacy on the needs of returnees. Increased food supplies, explore alternative, more sustainable ways of food security (Cash programming).
7. Advocacy for inclusion of marginalised groups. Address resentments within INGOs, further assessments are needed.

Figure 13: Food Security priority recommendations by target groups

Target Group	Recommendation	Governorate				
		Al Jawf	Amran	Hajjah	Sa'ada	Sana'a
Host Communities	Food supply	75%	30%	44%		
	Cash for Food		30%	56%		
	Food supply for most vulnerable	25%	10%			
	Registration, advocacy		20%			
	Awareness		10%			
Other conflict-affected persons	Food supply	67%				
	Food supply for most vulnerable	33%				
Returning IDPs	Food supply				47%	
	Cash for Food				33%	
	Food supply for most vulnerable				13%	
	Registration, advocacy				7%	
Vulnerable IDPs	Food supply	75%	45%	78%	50%	22%
	Cash for Food		30%	22%	17%	33%
	Food supply for most vulnerable	25%			25%	22%
	Registration, advocacy		25%		8%	22%

Severity Ranking as expressed by population



## 5. Health and Nutrition

### 5.1 Target group priorities

**General:** Access to basic health services and nutrition support remains a challenge in all assessed governorates, especially for women and children. According to the key informants consulted, about 30-40% of people have serious problems to access medical care.

Closure of previously opened health centres, lack of cash to pay for transport and drugs, and insufficient health staff (represent the main challenges, particularly in rural areas.

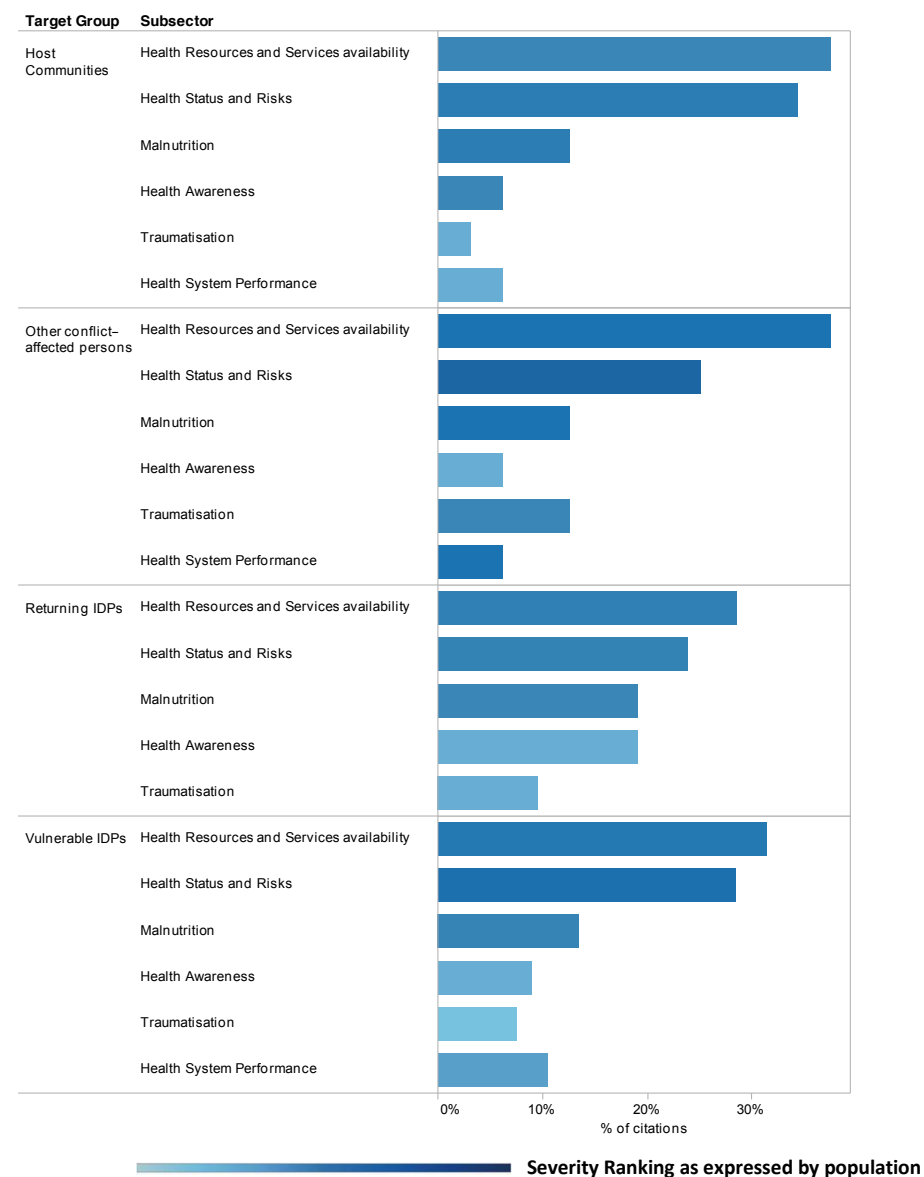
Female community groups report the lack of reproductive health care support, female health staff and lack of specialised health support for children. Outbreaks of malaria, reportedly above seasonal level, are affecting most target groups, especially in Hajjah and Sa'ada.

**Host communities:** This target group is reportedly not in a much different situation from IDPs. In Al Jawf and Hajjah, host communities assessed their access to health as even more problematic, when compared to other target groups, due to reduced access to humanitarian assistance.

**Vulnerable IDPs:** Protracted displacement aggravated by high food prices, increasing fuel costs and shortages and poor water and sanitation have led to significant deterioration of the nutritional situation especially for IDPs in rural areas. Access to free/affordable drugs and nutrition support rank amongst their highest priorities in this sector. Lack of water is one of the main causes of diseases linked to lack of hygiene, especially diarrhoea and skin diseases.

**Returnees and other conflicted affected persons:** The findings from this assessment regarding returnees are only indicative, as the community discussions were stopped after intervention through local authorities in Sa'ada. Limited access to health resources and services are the priority issue for both groups. The severity of malnutrition is reportedly higher than for the other target groups.

Figure 14: Health priority needs by governorate



## 5.2 Geographical priorities

**Amran:** Community groups in Amran report frequent cases of tuberculosis, diarrhoea of children (more than once a month), often linked in the discussions to the lack of cash to pay for transport and drugs. The situation is described as particularly severe in the rural districts of Raydah and Kharef. In Amran centre, IDP respondents report the lack of access to emergency health services. Different cases were reported where victims of traffic accidents died because they could not reach a medical facility in time.

**Al Jawf:** Medical services are available but insufficient to meet the needs of the different target groups. Frequent lack of access to free/affordable drugs, high transport costs, and high levels of malnutrition define this sector in Al Jawf. A repeated recommendation from community groups was to consider cultural issues: Female health workers and doctors are urgently required; otherwise women do not report in health facilities. This applies for all target groups.

### Highest severity of needs identified:

- Al Hizam: Malnutrition amongst children, lack of transport, malaria (Matammah)

**Sana'a:** The visited IDPs reported access to health facilities/pharmacies, but were concerned about disease spreading due to lack of soap, dirty living conditions, and overcrowding. Children in urban areas are affected by diarrhoea twice more than in rural areas, despite reported increase in water availability. In rural areas, lack of access to cash for transport and drugs is reported as the biggest health challenge for IDPs in Sana'a.

**Hajjah:** Health facilities are available, especially for IDPs residing in camps. But communities across all target groups report that access has been reduced due to the closure of health centres (Mustabah) and unaffordable transport costs. Like in the other covered areas, insufficient hygiene practice is causing diseases, especially diarrhoea. Regarding malnutrition, the desk research under this assessment reveals that recent survey of under-fives indicate that Global Acute Malnutrition prevalence exceeds the emergency threshold despite existing interventions since December 2009.

### Highest severity of needs identified:

- Mustabah: Malaria, waterborne diseases

**Sa'ada:** Findings under this assessment are indicative only as most interviews were cancelled after an intervention from local authorities. The visited communities in the western districts report the need for rehabilitation of health centres and chronic lack of basic health services, female doctors and access to free/affordable drugs. According to the desk research, a most recent nutrition assessment (July 2010) indicating the prevalence of acute malnutrition of 45%, especially in the western part of Sa'ada. These very high levels were mainly due to the long-lasting insecurity, extremely high levels of poverty, geographical remoteness, lack of food assistance and lack of health and nutrition services over the last six years.

### Highest severity of needs identified:

- Al Malaheet: malaria, lack of basic health services and drugs

Figure 15: Health/Nutrition priority needs by governorate

Target Group	Subsector	Governorate				
		Al Jawf	Amran	Hajjah	Sa'ada	Sana'a
Host Communities	Health Resources and Services availability	43%	20%	47%		
	Health Status and Risks	43%	40%	27%		
	Malnutrition	14%		20%		
	Health Awareness		10%	7%		
	Health System Performance		20%			
	Traumatisation		10%			
Other conflict-affected persons	Health Resources and Services availability	38%				
	Health Status and Risks	25%				
	Malnutrition	13%				
	Health Awareness	6%				
	Health System Performance	6%				
	Traumatisation	13%				
Returning IDPs	Health Resources and Services availability				29%	
	Health Status and Risks				24%	
	Malnutrition				19%	
	Health Awareness				19%	
	Traumatisation				10%	
Vulnerable IDPs	Health Resources and Services availability	40%	24%	40%	25%	33%
	Health Status and Risks	20%	38%	20%	17%	44%
	Malnutrition	20%	5%	20%	25%	
	Health Awareness		10%	13%	17%	
	Health System Performance	10%	14%	7%	8%	11%
	Traumatisation	10%	10%		8%	11%

Severity Ranking as expressed by population

### 5.3 Recommendations for priority interventions

- The limited response in the areas outside the camps needs to be scaled up immediately.
- Increase capacity of mobile clinics and increase variety of medicine available.
- Advocate with government to formalize agreement with medical facilities to provide free health care, not only to IDPs but all vulnerable communities.
- Reduction of acute malnutrition to below emergency levels through therapeutic and supplementary feeding programmes for children.
- Nutrition training for mothers in care and feeding practices, family planning, etc.
- Increase support to sites that lack equipment, medicines, supplies and health care workers, especially female staff.
- Ambulance services which lack resources to keep them functioning 24/7 and female staff to treat injured women and girls.
- Promptly manage outbreaks (currently: malaria), interagency diarrhoeal disease kits and emergency health kits are immediately required.
- Reinstate regular health programmes such as immunization to reduce risk of diarrhoea, cholera, polio and measles and maintenance of the cold chain.
- Provide specialized medical attention for IDPs beyond the primary health care such as psychosocial support, heart complications, blood pressure, renal failure, asthma, special needs and chronic diseases.
- Provision of psychosocial care especially for women and children.

Figure 16: Health priority recommendations by governorates and target groups

Target Group	Recommendation	Governorate				
		Al Jawf	Amran	Hajjah	Sa'ada	Sana'a
Host Communities	Basic Health services/Access to drugs	29%	50%	27%		
	Transport assistance, mobile clinics	14%		27%		
	Additional food for children	14%		20%		
	Rehabilitation/construction of health centres	14%	10%	13%		
	Psycho-social assistance	14%	10%			
	Awareness raising		10%	7%		
	Health workers/mifwives	14%				
	Rehabilitation of health centres		20%			
	Female health workers/mifwives			7%		
Other conflict-affected persons	Basic Health services/Access to drugs	25%				
	Transport assistance, mobile clinics	13%				
	Additional food for children	13%				
	Rehabilitation/construction of health centres	13%				
	Psycho-social assistance	13%				
	Awareness raising	6%				
	Health workers/mifwives	13%				
	Advocacy, capacity building	6%				
Returning IDPs	Basic Health services/Access to drugs				24%	
	Transport assistance, mobile clinics				10%	
	Additional food for children				19%	
	Rehabilitation/construction of health centres				14%	
	Psycho-social assistance				10%	
	Awareness raising				19%	
Vulnerable IDPs	Basic Health services/Access to drugs	20%	38%	20%	25%	44%
	Transport assistance, mobile clinics	20%	10%	20%	25%	33%
	Additional food for children	20%	5%	20%	25%	
	Rehabilitation/construction of health centres	20%	19%	7%		
	Psycho-social assistance	10%	10%		8%	11%
	Awareness raising		10%	13%	17%	
	Health workers/mifwives		5%	13%		
	Advocacy, capacity building	10%	5%	7%		11%

Severity Ranking as expressed by population

## 6. Education:

### 6.1 Target group priorities

**General:** Access to primary education is an overall problem in all assessed governorates. This applies especially for enrolment of girls. Next to cultural reasons in some areas (mixed education is not tolerated, and no space for separate classes), the absence of sufficient female teachers is one of the main reasons (especially in Al Jawf). Also, girls traditionally work in the HHs to fetch water and assist female family members in their daily duties.

In rural areas, lack of cash to pay transport to remote schools is another issue, affecting both girls and boys. Boys, in turn, are often forced to work as child labourer to support their families, across all target groups, and especially in Hajjah. This is reportedly the main reason for high dropout rates from primary education.

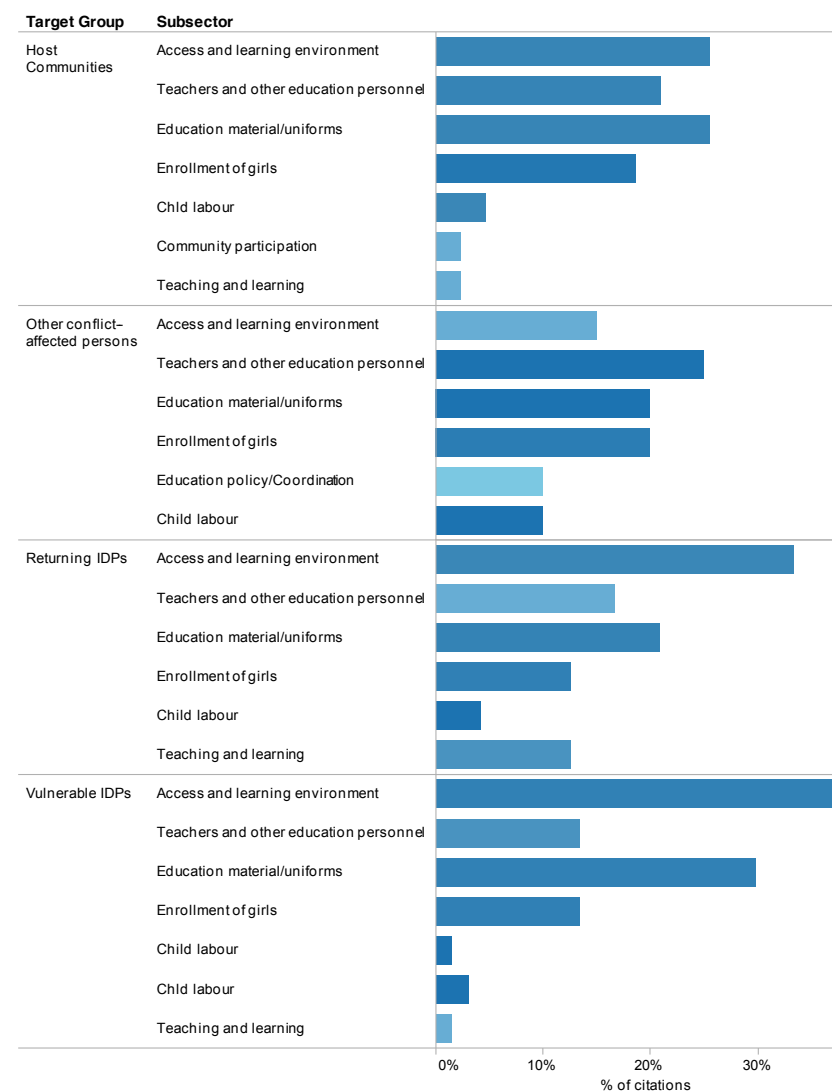
All communities interviewed report lack of access to school materials and uniforms for their children. Another general complaint is the performance of teachers. Frequently, communities criticized the lack of punctuality or late arrival at school, and general lack of training and motivation (many teachers are reportedly not paid for months). Violence in schools is also reported frequently (beating of children).

**Vulnerable IDPs:** Community group discussions indicate above average problems for IDP children to access primary education in all governorates. Prominent reasons are the distance to the next school, lack of educational materials and school uniforms (required, but not affordable), and lack of female teachers.

In Amran and Sana'a, IDPs are reporting that their children cannot be admitted to school because they lack relevant registration documents, or simply because their parents cannot afford the admission fees they are required to pay.

**Host communities, returnees, other conflicted-affected people:** Grouped together in this sector, as their problems and needs are more or less similar, with differences by governorates. Child labour amongst host communities is a significant issue for a number of communities interviewed, especially in Hajjah (qat smuggling to Saudi Arabia). Damages or large distances to schools are an issue especially in Sa'ada and Al Jawf.

Figure 17: Education priority needs by target groups



Severity Ranking as expressed by population

## 6.2 Geographical priorities

**Amran:** Long distances to the next primary schools, lack of teachers (especially female), and lack of registration documents (for IDPs) are the main reasons for children amongst the target groups not to go to school. Especially in Amran, complaints about the punctuality of teachers and their commitment in general were made. Employment/ replacement of teachers or targeted training is advised. Frequent violence against children in school is also observed.

**Al Jawf:** According to the community discussions conducted in Al Jawf, long distances and bad quality of existing schools were mentioned as main reasons why children do not attend school. This applies in Al Jawf more than in the other governorates especially to girl education. Cultural barriers in sending girls to school are another issue, which requires awareness raising.

### Highest severity of needs identified:

- Matoon: Girls education, destruction of schools

**Sana'a:** Sana'a, IDPs are reporting that their children cannot be admitted to school because they lack relevant registration documents, or admission fees they are required to pay. Better advocacy with the Ministry of Education is recommended. IDP children are reportedly discriminated by other children in school (clothes, dialects).

**Hajjah:** While access to education is generally acceptable in the camps, IDPs in the open are often not able to send their kids to school. Especially in the north-western part of Hajjah, where the landscape is harsh, the weather hot and the distances large, many children are required to walk to school for many kilometres. This is unacceptable for many communities, especially for girls. Community groups report about frequent cases of child labour, especially for boys, who are often forced to work as qat smugglers across the Saudi Arabian border. Better income opportunities in Hajjah are therefore repeatedly suggested as a way to ensure better access to primary education.

### Highest severity of needs identified:

- Harradh: unacceptable distance to schools, child labour

**Sa'ada:** Limited information is available under this assessment on education in Sa'ada. Lack of access and inadequate learning environment are the main issues identified by the community group discussions conducted in the western districts. Reconstruction of damaged schools was also requested. Due to cultural problems, girl education represents a particular problem in Sa'ada, calling for enhanced advocacy with local authorities.

Figure 18: Education priority needs by governorate and target groups

Target Group	Subsector	Governorate				
		Al Jawf	Amran	Hajjah	Sa'ada	Sana'a
Host Communities	Access and learning environ..	25%	22%	29%		
	Education material/uniforms	25%	22%	29%		
	Teachers and other educatio..	25%	28%	12%		
	Enrollment of girls	25%	6%	29%		
	Teaching and learning		6%			
	Child labour		11%			
	Community participation		6%			
Other conflict-affected persons	Access and learning environ..	15%				
	Education material/uniforms	20%				
	Teachers and other educatio..	25%				
	Enrollment of girls	20%				
	Child labour	10%				
	Education policy/Coordination	10%				
Returning IDPs	Access and learning environ..				33%	
	Education material/uniforms				21%	
	Teachers and other educatio..				17%	
	Enrollment of girls				13%	
	Teaching and learning				13%	
	Child labour				4%	
Vulnerable IDPs	Access and learning environ..	50%	36%	36%	20%	58%
	Education material/uniforms	25%	28%	36%	27%	33%
	Teachers and other educatio..	25%	20%	9%	13%	
	Enrollment of girls		12%	18%	27%	
	Teaching and learning				7%	
	Child labour		4%			8%
	Child labour				7%	
	Child labour					

Severity Ranking as expressed by population

### 6.3 Recommendations for priority interventions

1. Promotion of girls' education especially in rural areas through female teachers, transport, construction of extra classrooms for girls.
2. Provision of education material and school supplies.
3. Improve teachers' performance (punctuality, motivation, behaviour) through training and advocacy for payment through Ministry of Education/responsible local authorities.
4. Advocate for registration of IDPs, especially in Sana'a governorate.
5. School feeding practice/allowances, especially in urban areas (Amran, Sana'a).
6. Employment of teachers amongst community (number of jobless teachers), especially female teachers.
7. Rehabilitation, construction of schools, especially in Al Jawf, Hajjah, Sa'ada.
8. Consider mobile schools where appropriate.
9. Advocacy, economic assistance to groups that are depending on children for income generation, rewarding of good practice.

Figure 19: Education priority recommendations by governorates and target groups

Target Group	Recommendation	Governorate				
		Al Jawf	Amran	Hajjah	Sa'ada	Sana'a
Host Communities	Provision of materials/uniforms	25%	22%	29%		
	Transport assistance, mobile schools	25%	6%	12%		
	Rehabilitation/construction of schools	13%	11%	29%		
	Facilitation/Advocacy	13%		6%		
	Female teachers		6%	24%		
	Income opportunities for families	13%	11%			
	Training of teachers		22%			
	Employment/replacement of teachers	13%	11%			
	Awareness raising		11%			
Other conflict-affected persons	Provision of materials/uniforms	20%				
	Transport assistance, mobile schools	10%				
	Rehabilitation/construction of schools	15%				
	Facilitation/Advocacy	15%				
	Income opportunities for families	20%				
	Training of teachers	10%				
	Employment/replacement of teachers	10%				
Returning IDPs	Provision of materials/uniforms				21%	
	Transport assistance, mobile schools				8%	
	Rehabilitation/construction of schools				25%	
	Female teachers				8%	
	Income opportunities for families				8%	
	Training of teachers				8%	
	Employment/replacement of teachers				8%	
	Awareness raising				8%	
	Employment of teachers (from community)				4%	
Vulnerable IDPs	Provision of materials/uniforms	25%	28%	36%	20%	33%
	Transport assistance, mobile schools	25%	16%	9%	13%	33%
	Rehabilitation/construction of schools		12%	27%	20%	
	Facilitation/Advocacy	50%	8%		13%	25%
	Female teachers		4%	18%	20%	
	Income opportunities for families		4%		13%	8%
	Training of teachers		8%	9%		
	Employment/replacement of teachers		12%			
	Awareness raising		8%			

Severity Ranking as expressed by population

## 7. Protection:

### 7.1 Target group priorities

**General:** Protection against various forms of violence is a crosscutting issue in all governorates assessed. This includes the full range of child abuse/discrimination, domestic and gender-based violence, suppression by powerful groups, kidnapping, roadblocks, revenge killings, trafficking, mine/UXO presence and other forms of violence and injustice.

In the view of the community groups, many of these issues are linked to livelihood issues, and perceived as a common result from their struggle for survival. Others are caused by rigid and traditional norms, and tribal and political conflicts prevailing in this part of the country for generations.

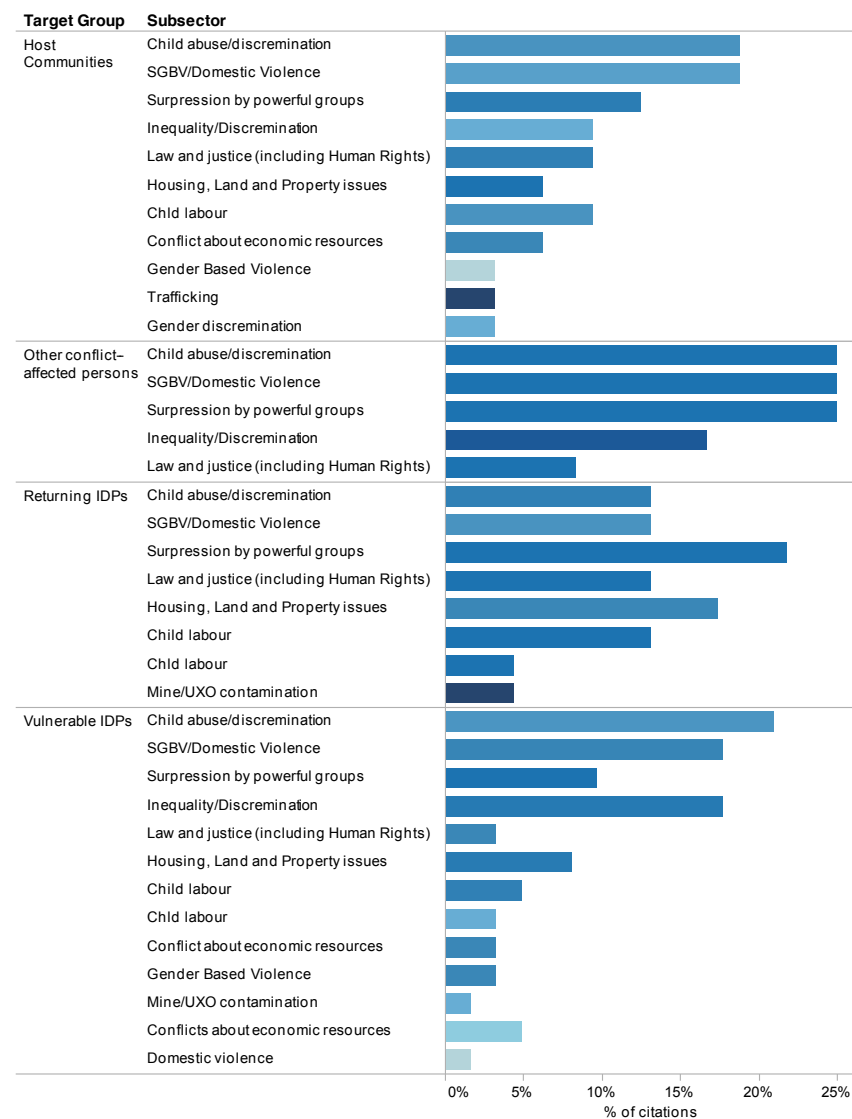
**Vulnerable IDPs:** Child abuse and domestic/gender based violence are reported by community groups as the most frequent form of violence amongst IDPs. In urban centres, such as Amran and Sana'a, IDPs feel discriminated because of their origin, economic status or dialects, and especially children suffer from that. Suppression by powerful groups is frequently reported in the northern districts of Amran, in Al Jawf and Sa'ada, where the population is frequently exposed to conflict and the presences of armed forces. Most interviewed IDPs are too afraid to return, including their fear of retaliation, and the destruction and mine contamination of their homes.

**Host communities:** The protection concerns of host communities are similar to those of IDPs. Also host communities complain about inequality/discrimination – as they are often denied access to humanitarian assistance. The most severe protection concerns were raised in Hajjah and Sa'ada, including life-threatening risks of trafficking (Hajjah) and mine/UXO contamination as well as suppression by powerful groups.

**Returnees:** Under this assessment, only returnee communities in the western districts of Sa'ada were interviewed. Their main protection concerns are mine contamination and suppression of powerful groups, including housing, land and property issues that require legal advice and support. More in-depth assessments are required, as soon as the situation allows.

**Other conflict-affected persons:** This target group was only covered under this assessment in Al-Jawf. Their protection concerns are similar to host communities and returnees. Their sense of inequality / discrimination relates to the lack of equal access to humanitarian assistance. Commonness of domestic / SGBV and child abuse / discrimination indicates similar or more problems in maintaining their economic survival, when compared to other target groups.

Figure 20: Protection priority needs by target groups



Severity Ranking as expressed by population

## 7.2 Geographical priorities

**Amran:** Community groups in Amran report serious protection issues in the northern districts (Raydah and Kharef). The comparably strong tribal conflicts in this area result in frequent checkpoints on the road, cases of revenge killings, and kidnapping. Respondents also report conflicts over water and other resources, especially between host communities and IDPs. In Raydah district, newly arrived IDP families from Ahab are accommodated relatives or host families. Most of these new arrivals are not registered as IDPs and receive limited if any assistance. According to earlier surveys, Ahab IDPs risk arrest/detention at checkpoints leading to Sana'a.

### Highest severity of needs identified:

- Raydah: hijacking, suppression by powerful groups

**Al Jawf:** Visited host communities and other conflict-affected people in Al Jawf are reporting domestic and gender-based violence as a major protection concern in their areas. Cases are reported when women, begging on the streets for buy food for their families, are beaten by their husbands. Host communities are reporting restricted access to land for shelter and other property issues that require legal advice and support.

**Hajjah:** According to this assessment, child labour is a frequent problem in Hajjah governorate. Especially boys are forced to smuggle qat across the Saudi border (it is generally perceived that the risk of prosecution is lesser for under-age persons in Saudi Arabia). In one community group discussion in Mustabah, respondents confirmed also cases of trafficking of children to Saudi Arabia. IDPs in the northwestern districts are often forced to reside in inadequate shelter locations, as host communities do not permit them to build more durable shelter, or to find better locations.

### Highest severity of needs identified:

- Mustabah/Harradh: qat smuggling, child labour, trafficking

**Sana'a:** IDPs in Sana'a are facing various protection issues. Visited IDP communities perceive discrimination and unequal access to employment and basic services as the main problem in this sector. The second, most frequently mentioned problem is child abuse and discrimination. Female IDP community groups report that their children are discriminated by host communities for their lack of adequate clothes, prejudice about their area of origin, and dialects.

**Sa'ada:** Presence of land mines, insecurity, risk of renewed fighting, the fear of reprisals and forced recruitment by local authorities are reported by the visited communities in the western districts as the most common protection problems in Sa'ada. In Al-Malaheet, respondents report that children are not allowed to go to school.

### Highest severity of needs identified:

- Mustabah/Harradh: qat smuggling, child labour, Harradh: trafficking

Figure 21: Protection priority needs by governorates

Target Group	Subsector	Governorate				
		Al Jawf	Amran	Hajjah	Sa'ada	Sana'a
Host Communities	Child abuse/discrimination	20%	20%	17%		
	SGBV/Domestic Violence	40%	13%	17%		
	Inequality/Discremination	20%	13%			
	Suppression by powerful groups			7%	25%	
	Housing, Land and Property issues	20%	7%			
	Law and justice (including Human Rights)		20%			
	Child labour		7%	17%		
	Conflict about economic resources		13%			
	Gender Based Violence				8%	
	Trafficking				8%	
Other conflict-affected persons	Child abuse/discrimination	25%				
	SGBV/Domestic Violence	25%				
	Inequality/Discremination	17%				
	Suppression by powerful groups	25%				
	Law and justice (including Human Rights)	8%				
Returning IDPs	Child abuse/discrimination				13%	
	SGBV/Domestic Violence				13%	
	Suppression by powerful groups				22%	
	Housing, Land and Property issues				17%	
	Law and justice (including Human Rights)				13%	
	Child labour				13%	
	Mine/UXO contamination				4%	
Vulnerable IDPs	Child abuse/discrimination	33%	20%	33%	8%	22%
	SGBV/Domestic Violence	17%	16%	44%	15%	
	Inequality/Discremination	33%	16%			56%
	Suppression by powerful groups		12%		23%	
	Housing, Land and Property issues	17%			23%	11%
	Law and justice (including Human Rights)		4%		8%	
	Child labour			22%	8%	
	Child labour		8%			
	Conflict about economic resources		4%		8%	
	Conflicts about economic resources		8%			11%
	Gender Based Violence		8%			
	Mine/UXO contamination				8%	
	Domestic violence		4%			

Severity Ranking as expressed by population



### 7.3 Recommendations for priority interventions

1. UXO and mine clearance/marketing/fencing and risk education for children and community members in Sa'ada.
2. Advocate for improved humanitarian access better coordination and relationship with local authorities in Sa'ada governorate and Amran (Harf Sufyan).
3. Improvements to registration of IDPs to facilitate effective protection monitoring, especially in Sa'ada.
4. Effective child protection across all governorates (child labour, violence, trafficking).
5. Empower women to strengthen their capacity in resilience and conflict settings.
6. Awareness campaigns and counselling in the field of domestic violence/SGBV.
7. Construction of play grounds/child-friendly spaces.
8. Provision of games, toys and other entertainment, especially for IDPs.
9. Provision of additional clothes to children, especially IDPs in Sana'a, Amran.
10. Advocacy for inclusion of marginalised groups in humanitarian assistance, conduct further assessments.

Figure 22: Priority recommendations by governorates and target groups

Target Group	Recommendation	Governorate				
		Al Jawf	Amran	Hajah	Sa'ada	Sana'a
Host Communities	Advocacy			42%		
	Cash/Income support (basic services)	60%				
	Awareness campaigns	20%	21%	8%		
	Child Protection		21%	25%		
	Counselling, Awareness raising		43%	8%		
Legal advice, counselling	20%	14%	17%			
Other conflict-affected persons	Advocacy	36%				
	Cash/Income support (basic services)	18%				
	Awareness campaigns	27%				
	Child Protection	9%				
	Legal advice, counselling	9%				
Returning IDPs	Advocacy				30%	
	Cash/Income support (basic services)				22%	
	Awareness campaigns				17%	
	Child Protection				9%	
	Legal advice, counselling				22%	
Vulnerable IDPs	Advocacy	17%	17%		62%	33%
	Cash/Income support (basic services)	33%		44%	23%	22%
	Awareness campaigns	33%	25%			33%
	Child Protection	17%	25%	33%	15%	
	Counselling, Awareness raising		21%	22%		11%
	Legal advice, counselling		13%			

Severity Ranking as expressed by population

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## Annex B: Governorate Profiles

Sector Coverage	Amran		Hajjah		Al Jawf		Sa'ada		Sana'a	
Livelihood	UNHCR	Rent assistance	UNHCR	Livelihood support	NA	NA	IRY	Income generation	ADRA	Rent, loans, cash support
	UNICEF	Material assistance	CSSW	Income generation					IRY & CSSW UNHCR	Small grants Rent assistance
WASH	CARE UNHCR OXFAM CSSW&DRC	Tanks, rehabilitation, water supply	Local Water Authority	Water supply networks	ADRA & Rural Water Projects CSSW & DRC	Pumps, distribution networks, tanks, collection points	Local Water Authority	Water supply, tankers	CARE UNICEF	Tanks, sanitation
	UNICEF & IRY	Hygiene promotion	UNICEF, OXFAM	Water supply, rehabilitation (Mustabah)	IOM	Water distribution Hygiene promotion	OXFAM Local Administration	Hygiene, water scheme (Maslahakat) Hygiene, solid waste	ADRA	Hygiene promotion
Shelter	UNHCR UNHCR, DRC	Rent assistance NFIs	UNHCR, IRY	Camps, shelter tents	IOM	Tents	NA		UNHCR	Tents, NFIs, rent assistance
Food Security	WFP	Food Supply	WFP	Food Supply	NA	NA	WFP	Food Supply	WFP	Food Supply
Health	SC	Basic health, laboratory	NA	NA	ADRA, MoPH	Staff and drugs	Al Salam Hospital, S. Arabia Fund	Basic Health	ADRA	Basic health, drugs
	IRY, local hospital	Drugs, vaccinations, basic health							WHO, MoPH	Basic health, first aid, drugs
Education	SC	Materials, awareness	NA	NA	MoED	NA	UNICEF, SC	Materials	UNICEF, MoED	Materials
	SC, UNICEF	Rehabilitation, materials								
Protection	UNICE, SC	Treatment, awareness	NA	NA	IRY	Psychosocial support, legal support, counselling	IRY	Psychosocial support, legal support, counselling	ADRA	Counselling, training for children
	IRY MoSA UNHCR	Psychosocial support, training							UNHCR, UNICEF	Child protection

Figure 23: Matrix Summary – Available assistance by Governorate and sector

## B.1 Al Jawf Governorate

### B.1.1 General

Under the JRA 2011, ADRA assessed four districts in Al Jawf (Al-Hizam, Al-Matoun, Al-Maslob, and Al-Matammah). ADRA contacted eleven key informants on district level<sup>2</sup> and carried out 8 community group discussions. According to the key informants, a total of 111,500 persons are living in these four districts, including 12,000 IDPs (11% of the total population). The number of IDPs is not increasing in all four districts at the moment. A total number of 2,500 other conflict-affected persons, and 1,500 marginalised group members (Muhammasheen) are recorded. No returnees were stated during the key informant interviews.

Districts assessed	# Total population	# Vulnerable IDPs	# Host community	# Returnees	# Conflict affected	# Marginalised
Al-Hizam	30,815	590	29,662	NA	343	330
Al-Matoun	30,388	1,680	28,480	NA	1,140	750
Al-Maslob	11,167	667	10,500	NA	350	120
Al-Matammah	39,123	9,000	30,100	NA	717	303
<b>Total</b>	<b>111,493</b>	<b>11,936</b>	<b>98,742</b>	<b>NA</b>	<b>2,550</b>	<b>1,503</b>

Figure 24: Sample Area of JRA 2011 – Al Jawf Governorate

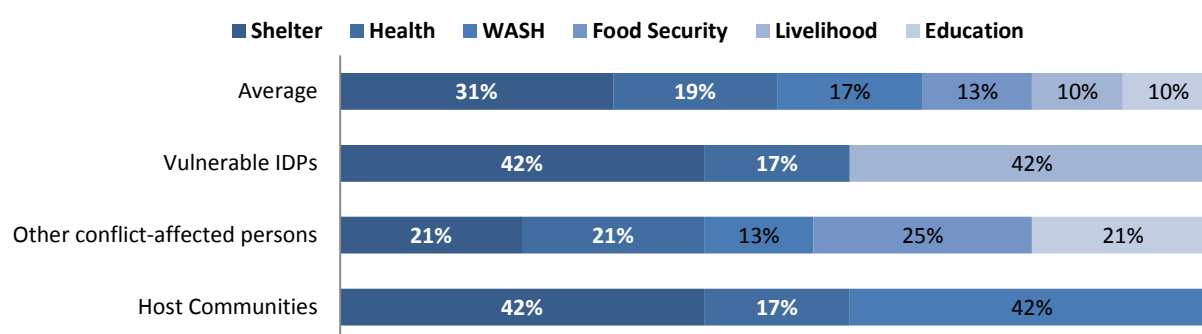


Figure 25: Al Jawf Governorate: Priority recommendations across sectors and target groups

### B.1.2 Priority Recommendations

1. The key priority for the communities covered under this assessment is shelter support, especially for vulnerable IDPs and host population. This includes the provision of NFIs (especially mattresses, blankets and children clothing) as well as basic shelter material and tents.
2. The second priority for the communities is the provision of better health/nutrition services. Host communities and IDPs should have priority in getting access to basic health services and free/affordable drugs and supplementary food supply for malnourished children. Malaria cases in Al-Matammah need to be monitored and treated. There is a great need for more female health workers in Al Jawf.
3. The third priority is WASH support through the provision of water/tanks and rehabilitation of water sources. Special needs include the control of disease vectors for malaria and sanitation for women (long distances).

### B.1.3 Livelihood

According to the key informants consulted on district level, between 22% (Al-Maslob) and 42% (Al-Hizam) of IDPs have serious problems in maintaining their livelihoods. The livelihood of host communities is equally affected, and ranges between 13% in Al-Matoun and 50% in Al-Maslob. Other conflict-affected communities are also experiencing serious livelihood problems, with the highest number in the assessed districts recorded in Al-Matammah (50%). In the view of the KI, host communities in the covered districts of Al Jawf should have same priority in getting economic support as IDPs, followed by other conflict-affected groups and marginalised groups.

Community discussions in Al Jawf indicate that all target groups are receiving less humanitarian attention and assistance, when compared to other governorates. Food security and cash to pay for basic services are reportedly their

<sup>2</sup> Including Local NGOs, Education Department, Health Department, and other local government offices.



most pressing needs. Access to markets is more problematic than in neighbouring Amran. IDPs are considered to be the most vulnerable group in the assessed districts. Frequently, women see themselves forced to beg in the streets to gain some income, which is seen by the interviewed communities as a major cause for domestic violence and SGBV.

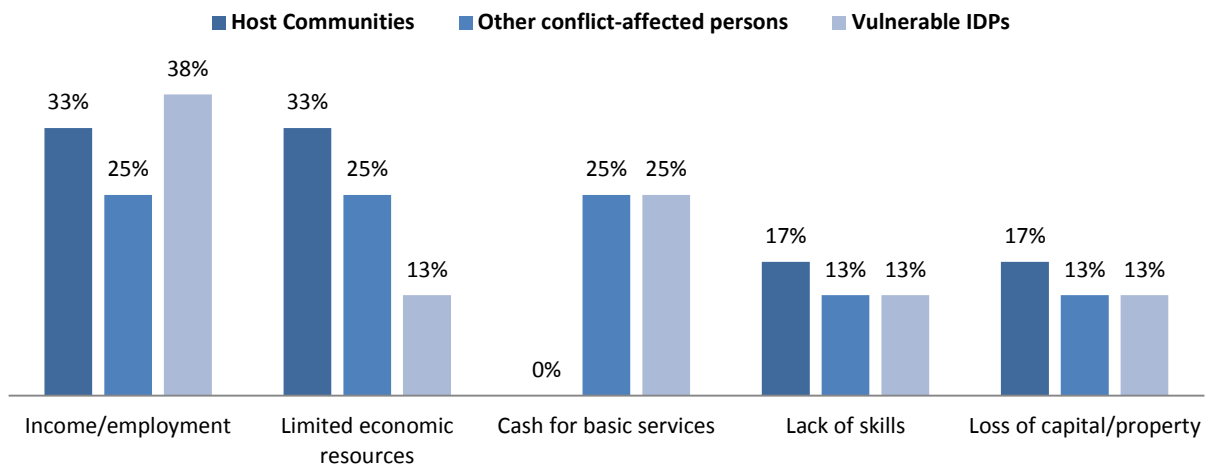


Figure 26: Livelihood Sector – Al Jawf Governorate: Key challenges

According to the key informants consulted, no livelihood services in Al Jawf governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Al-Hizam	NO	NA	NA
Al-Matoun	NO		
Al-Maslob	NO		
Al-Matammah	NO		

Figure 27: Key Actors Livelihood Sector – Al Jawf Governorate

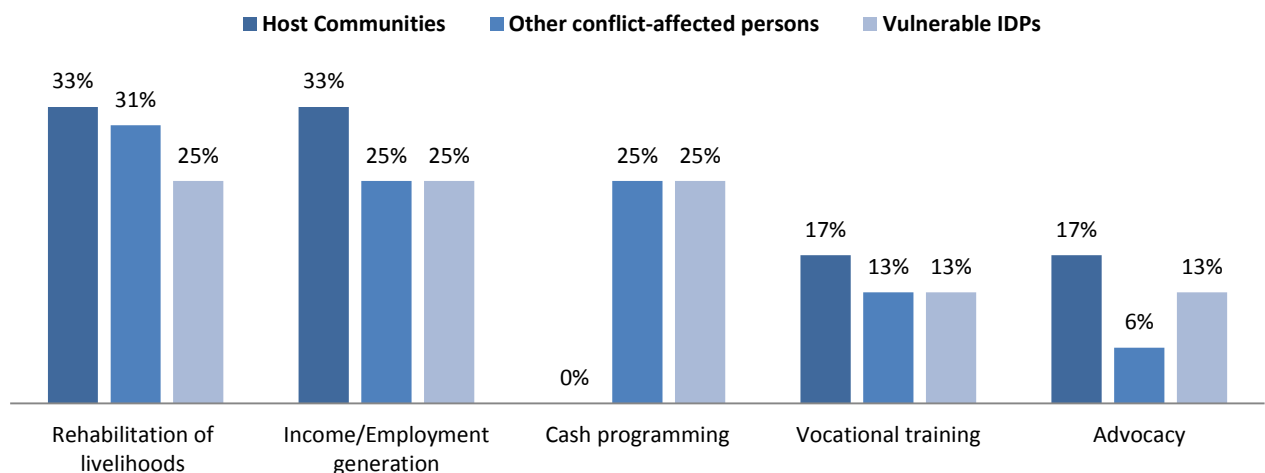


Figure 28: Livelihood Sector – Al Jawf Governorate: Priority recommendations

### B.1.4 WASH

The key informants reported that between 20% (Al-Maslob) and 38% (Al-Matoun) of IDPs in the assessed districts of Al Jawf have serious, life-threatening problems in getting sufficient quality and quantity of water. According to the key informants, host communities in Al-Hizam (45%) and Al-Maslob district (60%) have even more problems to access water, when compared to IDPs in the same districts. Other conflict-affected communities are also experiencing serious problems to access water, with the highest number in the assessed districts recorded in Al-Matoun (40%).

In the view of the KI, IDPs in the assessed districts should have priority in getting improved access to water, when compared to host communities, followed by other conflict-affected and marginalised groups.

Due to lack of security and access, limited interventions were carried out by relief agencies to improve access to water in Al Jawf. Most issues reported for Sa'ada apply also for this governorate, with special needs to control disease vectors for malaria and sanitation for women (long distances).

#### Highest severity of needs identified:

- Water supply and management (Al Hizam) and malaria prevention in Al-Matammah

According to the key informants consulted, the following WASH services in Al Jawf governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Al-Hizam	YES	ADRA & Rural Water Projects	Pumps, distribution networks, tanks, collection points
Al-Matoun	YES		Water distribution
Al-Maslob	YES	IOM	Hygiene promotion
Al-Matammah	YES		

Figure 29: Key Actors WASH Sector – Al Jawf Governorate

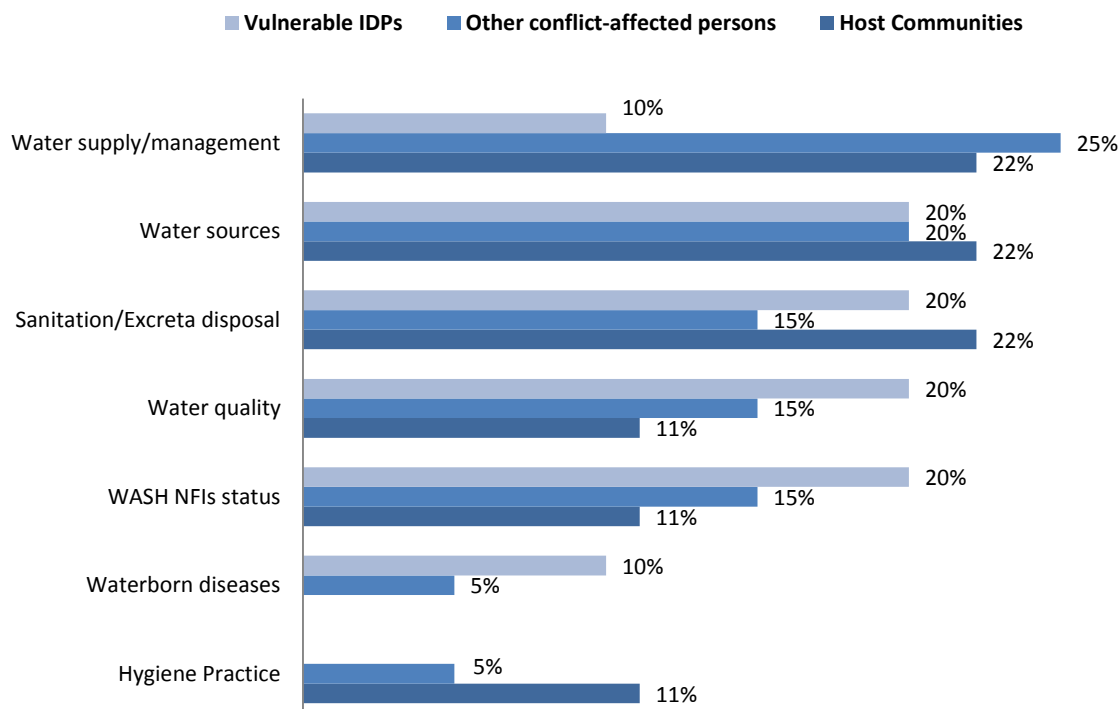


Figure 30: WASH Sector – Al Jawf Governorate: Key challenges

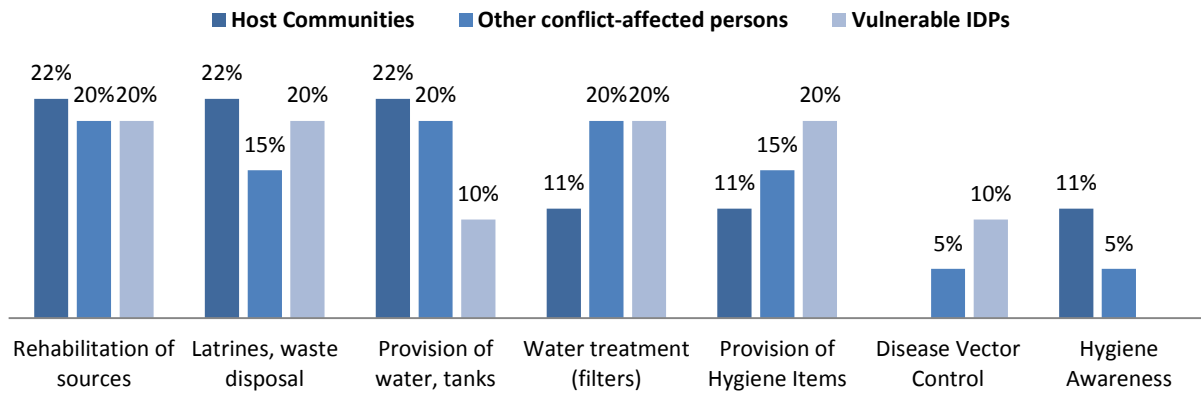


Figure 31: WASH Sector – Al Jawf Governorate: Priority recommendations

### B.1.5 Shelter

According to the key informants consulted on district level, between 30% (Al-Matammah) and 67% (Al-Hizam) of IDPs have serious problems in accessing adequate shelter and NFIs. The shelter situation of host communities is slightly better: Between 13% (Al-Maslob) and 45% (Al-Matoun) have reportedly insufficient access to shelter. Other conflict-affected communities are also experiencing serious problems to access save and durable shelter (30% average). In the view of the KI, a) IDPs in the covered districts of Al Jawf should have first priority in getting shelter support, followed by b) Host communities and c) other conflict-affected and marginalised groups.

Al Jawf offers limited access due to international relief efforts due to security considerations. Consequently, limited assistance is being provided, including shelter. The assessment communities in Al-Hesam request replacement of worn-out tents and basic shelter material.

#### Highest severity of needs identified:

- Al-Hesam: Shelter materials, NFIs

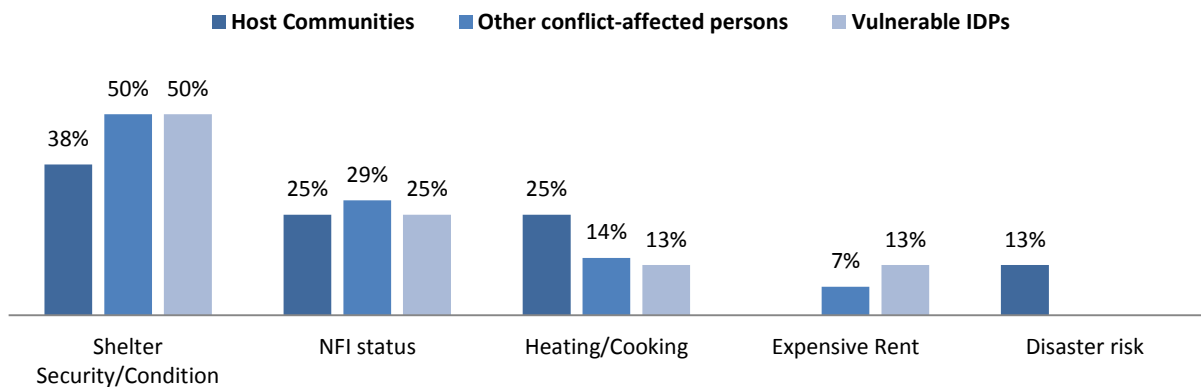


Figure 32: WASH Sector – Al Jawf Governorate: Key challenges

According to the key informants consulted, the following shelter services in Al Jawf governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Al-Hizam	YES	IOM	Tents
Al-Matoun	NO		
Al-Maslob	YES		
Al-Matammah	NO		

Figure 33: Key Actors Shelter Sector – Al Jawf Governorate

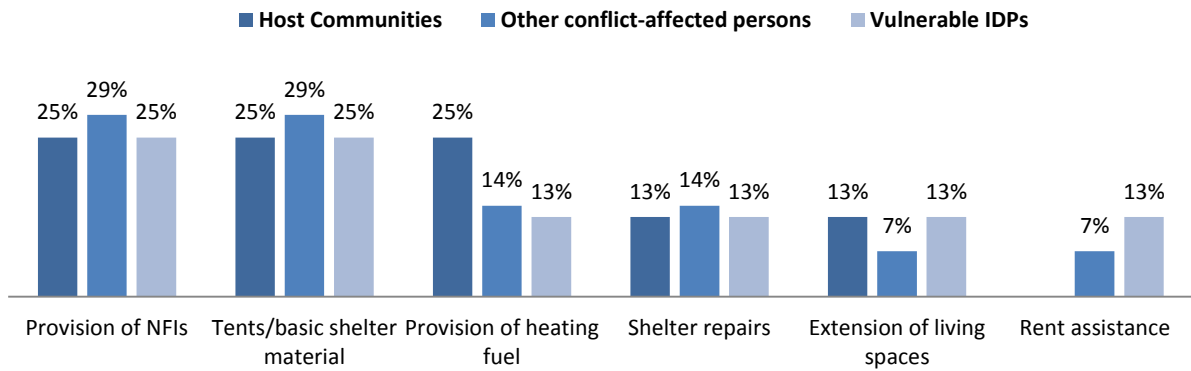


Figure 34: WASH Sector – Al Jawf Governorate: Priority recommendations

### B.1.6 Food Security

According to the key informants consulted on district level, between 37% (Al-Maslob) and 50-53% (in the three other assessed districts) of IDPs in AL Jawf have serious problems in accessing sufficient food. In the view of the key informants, the food security of host communities is slightly better, and ranges between 18% (Al-Matoun) and 28% (in Al-Maslob and Al-Matammah), when compared to IDPs. Other conflict-affected and marginalised communities are also experiencing serious problems to access sufficient food (20-30%). In the view of the KI, a) IDPs in the covered districts of Al Jawf should have first priority in getting food support, followed by b) Host communities and c) other conflict-affected and marginalised groups.

In line with findings from other sectors, conflict-affected people and IPDs in Al Jawf are one of the most vulnerable groups in the northern governorates. Food availability and accessibility is lower than in the other four governorates assessed. In Al-Battan and Al-Hesam, IDPs report that they frequently do not eat for three days.

**Highest severity of needs identified:**

- Al-Battan: Lack of food supplies, also in Al Hesam (sometimes respondents have no food for 3 days)

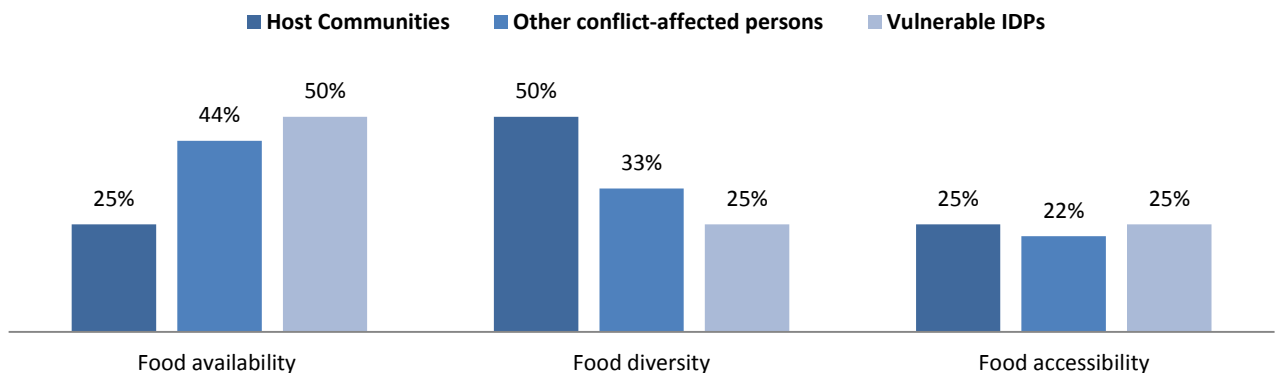


Figure 35: Food Security Sector – Al Jawf Governorate: Key challenges

According to the key informants consulted, no food security services in Al Jawf governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Al-Hizam	NO	NA	NA
Al-Matoun	NO		
Al-Maslob	NO		
Al-Matammah	NO		

Figure 36: Key Actors Food Security Sector – Al Jawf Governorate

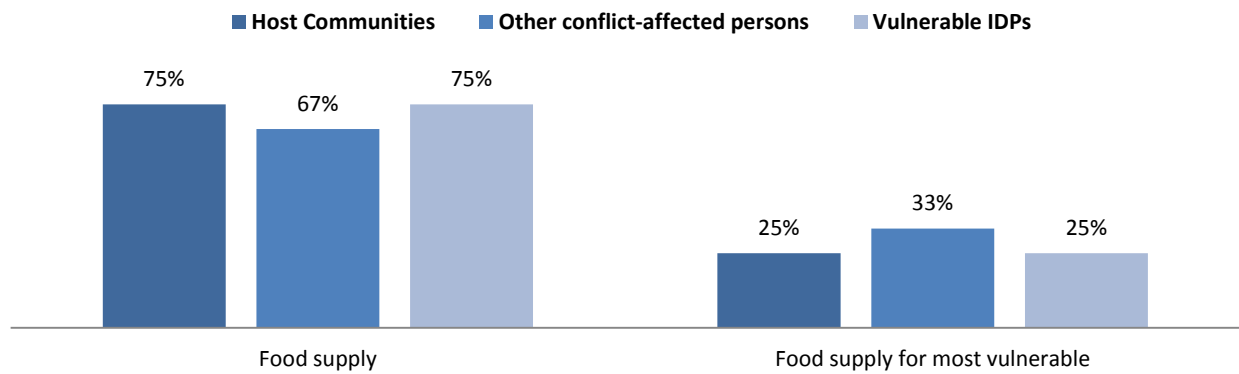


Figure 37: Food Security Sector – Al Jawf Governorate: Priority recommendations

### B.1.7 Health

According to the key informants consulted on district level, between 22% (Al-Maslob) and 40-42% (Al-Hizam and Al-Matoun) of IDPs have serious problems in accessing basic health services. The health situation of host communities is considered worse, and ranges between 35% (Al-Matammah) and 62% (Al-Matoun). Other conflict-affected and marginalised communities are also experiencing serious problems to access basic health services (10-20%). In the view of the KI, a) host communities in the covered districts of Al Jawf should have first priority in getting better access to basic health services, followed by b) IDPs and c) other conflict-affected and marginalised groups.

Medical services are available but insufficient to meet the needs of the different target groups. Frequent lack of access to free/affordable drugs, high transport costs, and high levels of malnutrition define this sector in Al Jawf. A repeated recommendation from community groups was to consider cultural issues: Female health workers and doctors are urgently required; otherwise women do not report in health facilities. This applies for all target groups.

#### Highest severity of needs identified:

- Al Hizam: Malnutrition amongst children, lack of transport, malaria (Al-Matammah)

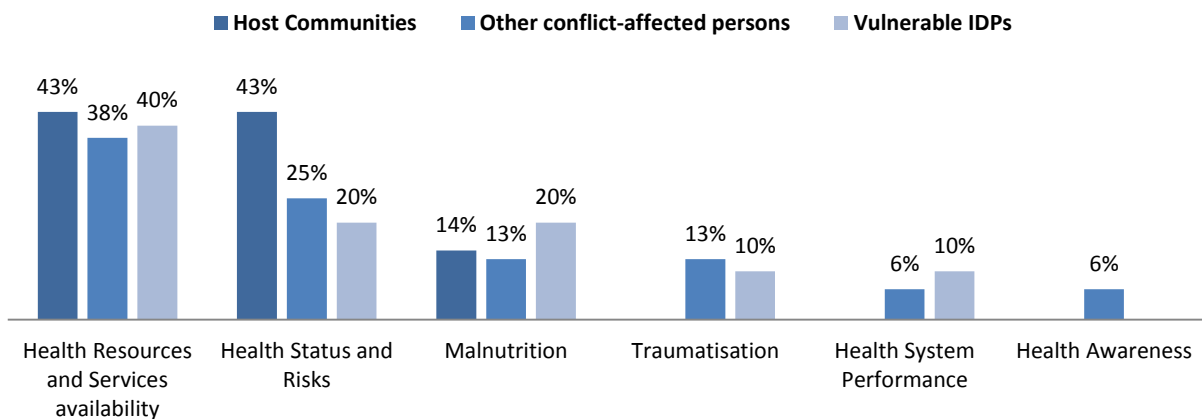


Figure 38: Health Sector – Al Jawf Governorate: Key challenges

According to the key informants consulted, the following health services in Al Jawf governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Al-Hizam	YES	ADRA, MoPH	Staff and drugs
Al-Matoun	YES		
Al-Maslob	YES		
Al-Matammah	YES		

Figure 39: Key Actors Health Sector – Al Jawf Governorate

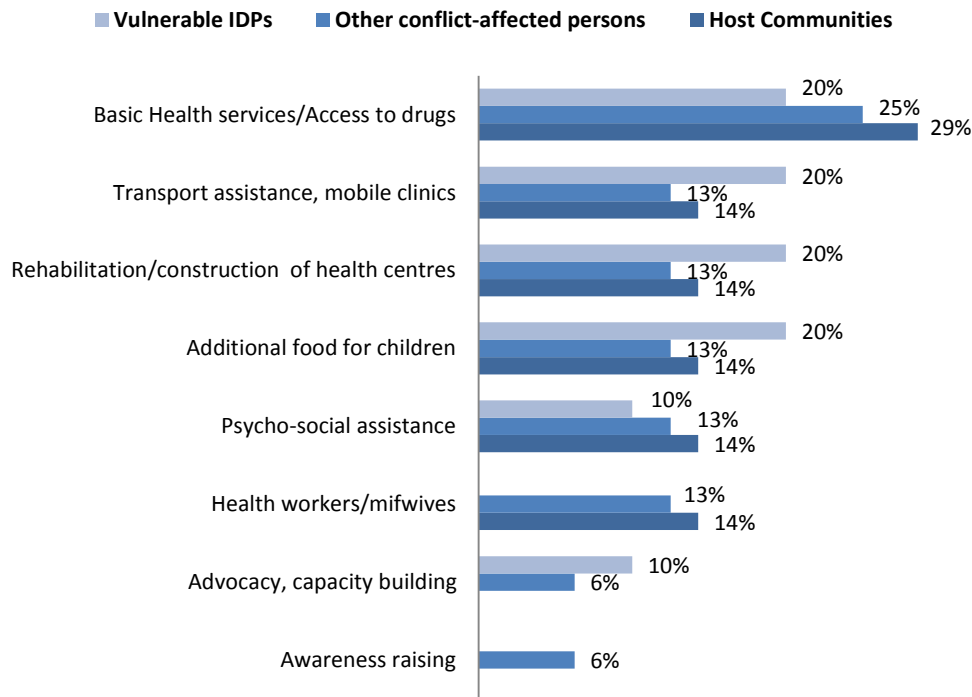


Figure 40: Health Sector – Al Jawf Governorate: Priority recommendations

### B.1.8 Education

According to the key informants consulted on district level, between 13% (Al-Maslob) and 43% (Al-Matammah) of IDPs' children have serious problems in accessing primary education. The educational situation of host communities is considered worse, and ranges between 43% (Al-Matammah and Al-Maslob) and 47% (Al-Hizam and Al-Matoun). Other conflict-affected and marginalised communities are also experiencing serious problems to access primary education (15-40%). In the view of the KI, a) host communities in the covered districts of Al Jawf should have first priority in getting better access to basic health services, followed by b) IDPs and c) other conflict-affected and marginalised groups.

According to the community discussions conducted in Al Jawf, long distances and bad quality of existing schools were mentioned as main reasons why children do not attend school. This applies in Al Jawf more than in the other governorates especially to girl education. Cultural barriers in sending girls to school are another issue, which requires awareness raising.

**Highest severity of needs identified:**

- Al-Matoun: Girls education, destruction of schools

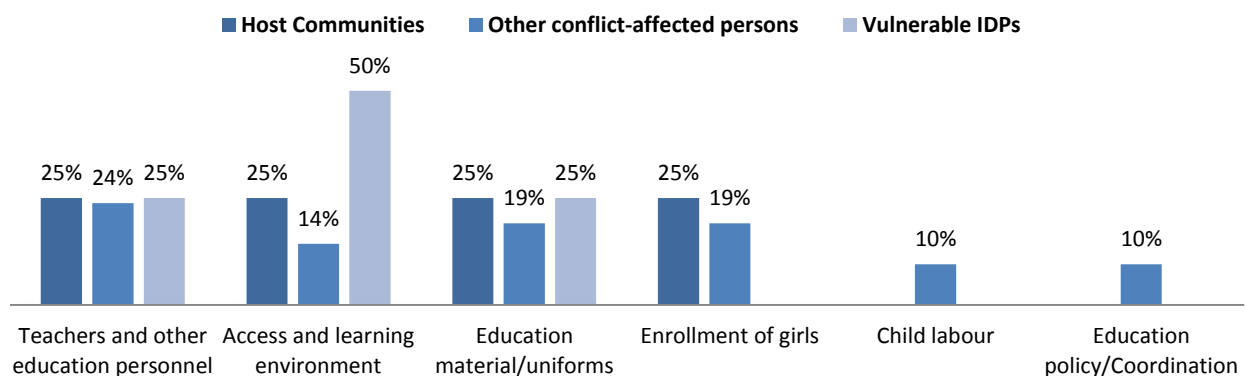


Figure 41: Education Sector – Al Jawf Governorate: Key challenges

According to the key informants consulted, the following education services in Al Jawf governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Al-Hizam	YES	Ministry of Education	NA
Al-Matoun	YES		
Al-Maslob	YES		
Al-Matammah	YES		

Figure 42: Key Actors Education Sector – Al Jawf Governorate

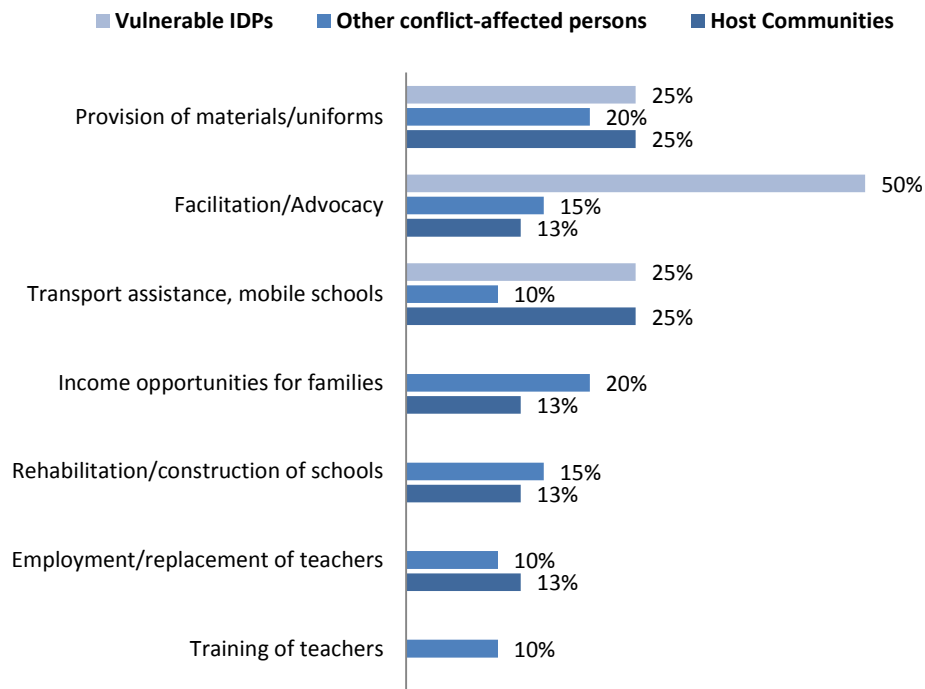


Figure 43: Education Sector – Al Jawf Governorate: Priority recommendations

### B.1.9 Protection

According to the key informants consulted on district level, key protection needs are recorded for IDPs in Al-Maslob (30%) and Al-Matammah (40%). The protection situation of host communities is considered poorer, especially in Al-Hizam (67%) and Al-Matoun (70%).

Visited host communities and other conflict-affected people in Al Jawf are reporting domestic and gender-based violence as a major protection concern in their areas. Cases are reported when women, begging on the streets for buy food for their families, are beaten by their husbands. Host communities are reporting restricted access to land for shelter and other property issues that require legal advice and support. Other conflict-affected and marginalised communities are also experiencing serious problems to access protection services (20-30%). In the view of the KI, a) host communities in the covered districts of Al Jawf should have first priority in getting better access to basic health services, followed by b) IDPs and c) other conflict-affected and marginalised groups.

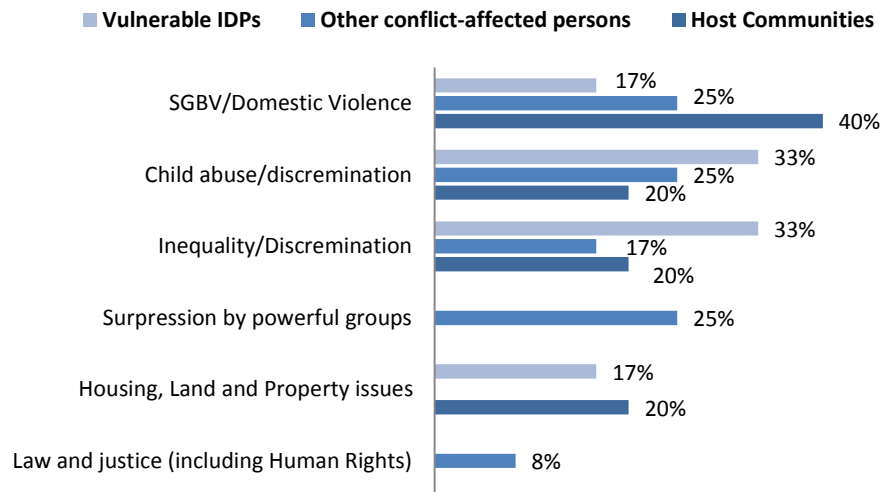


Figure 44: Protection Sector – Al Jawf Governorate: Key challenges

According to the key informants consulted, the following protection services in Al Jawf governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Al-Hizam	NO	IRY	Psychosocial support, legal support, counselling
Al-Matoun	NO		
Al-Maslob	NO		
Al-Matammah	NO		

Figure 45: Key Actors Protection Sector – Al Jawf Governorate

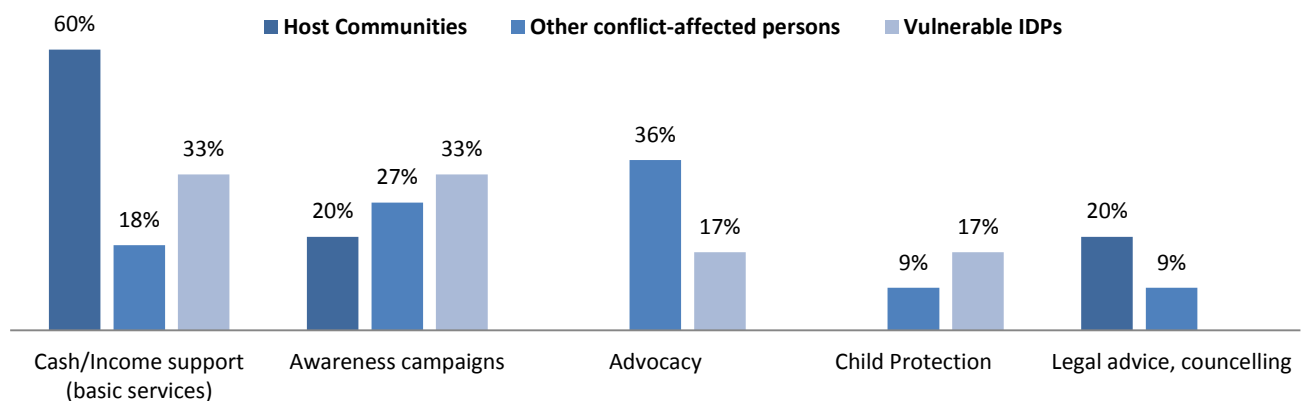


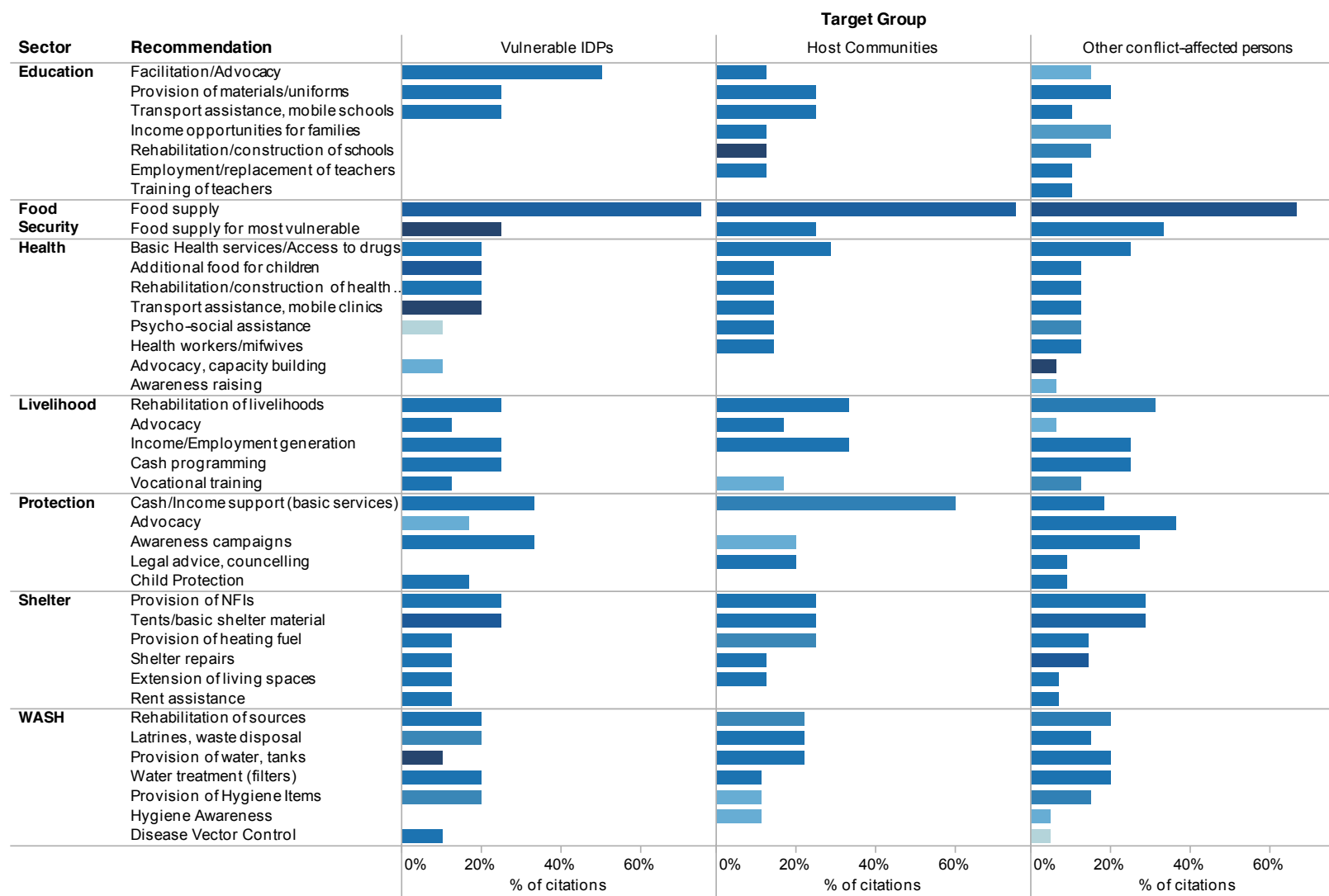
Figure 46: Protection Sector – Al Jawf Governorate: Priority recommendations

### B.1.10 Security and Humanitarian Access

The security situation in Al-Jawf is stable in most districts. The tribes, local councils and the Joint Meeting Party (JMP) now control the governorate including Al-Hazm, the governorate capital. A series of unofficial checkpoints are located on the main roads to and from Al-Hazm, which are mainly controlled by tribes, JMP partisans and, in some specific areas, by Al-Houthis. Recently, violent clashes have occurred between the JMP and Al-Houthis but these remain confined to Al-Hazm district. Killings and injuries have been reported among the partisans of each party but without further impact on the local population.

Humanitarian access, however, has not been restricted to any area within the governorate and agency staff has not encountered any problems going to and from the health facilities and IDP locations in the targeted districts.





Severity Ranking as expressed by population

Figure 47: Al Jawf Governorate: Priority recommendations across sectors and target groups

## B.2 Amran Governorate

### B.2.1 General

Under the JRA 2011, CARE assessed four districts in Amran (Amran Centre, Raydah, Jabal Yazid, and Kharef). CARE contacted twelve key informants on district level<sup>3</sup> and carried out 13 community group discussions.

According to the key informants, a total of 290,000 persons are living in these four districts, including 31,000 IDPs (11% of the total population). The number of IDPs is increasing by 20 persons/months in Raydah and by about 140 persons/month in Jabal Yazid and Kharef districts.

Information on the number of marginalised groups (Muhammasheen) was only provided for the district of Raydah (1,413). No returnees or other conflict-affected persons were recorded during the key informant interviews.

Districts assessed	# Total population	# Vulnerable IDPs	# Host community	# Returnees	# Conflict affected	# Marginalised
Amran	111,473	22,284	89,213	NA	NA	NA
Raydah	51,667	3,986	49,333	NA	NA	1,413
Jabal Yazid	80,000	2,333	77,367	NA	NA	NA
Kharef	49,133	2,400	46,667	NA	NA	NA
<b>Total</b>	<b>292,273</b>	<b>31,003</b>	<b>262,580</b>	<b>NA</b>	<b>NA</b>	<b>1,413</b>

Figure 48: Sample Area of JRA 2011 – Amran Governorate

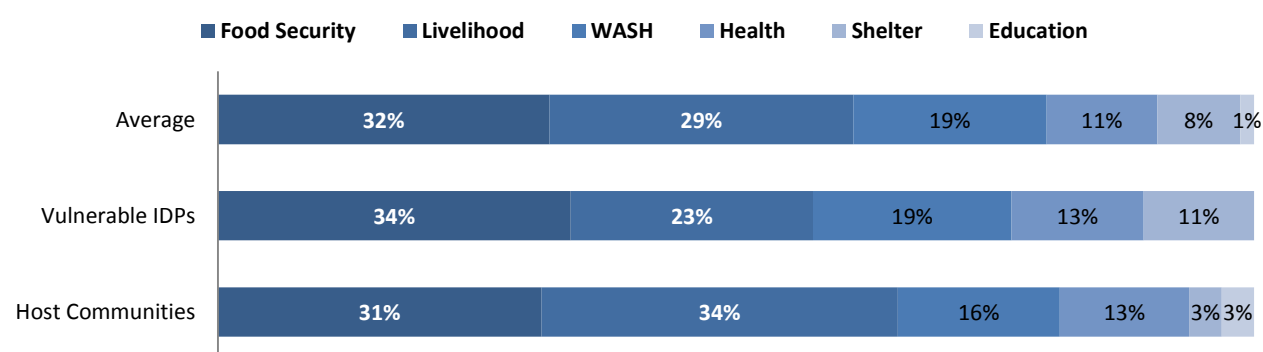


Figure 49: Amran Governorate: Priority recommendations across sectors and target groups

### B.2.2 Priority Recommendations

1. Geographical priority should be given to assistance of the different target groups in Raydah and Kharef. In all sectors except health, the need of all groups – IDPs, host communities, and marginalised groups, is higher than in the other two assessed districts.
2. Target group priority should be given to IDPs, especially new arrivals from Ahab (Raydah, Haddabah, Kharef) and marginalised groups (Amran centre, Kharef).
3. Food security is the main need expressed by the visited communities across all target groups. Requested assistance includes provision of basic food supplies, especially for new IDPs (advocacy for registration is required), as well as new, innovative forms of food security support (cash transfers, cash for work), especially in urban areas.
4. Livelihood support is the second priority for both IDPs and host communities. The key priority for both host communities and IDPs is cash programming and other income generating activities.
5. The third priority across target groups in Amran governorate is WASH assistance. This includes provision of water/tanks, vector control and the rehabilitation of water sources. In combination with cash programming, new, innovative forms of assistance could be envisaged, including the construction of rainwater harvesting infrastructure and rehabilitation of existing water sources.

<sup>3</sup> Including UNHCR, WFP, Islamic Relief, Executive Board, IDP Network, Education Department, Health Department, and other local government offices.

### B.2.3 Livelihood

According to the key informants consulted on district level, between 17% (Kharef) and 72% (Jabal Yazid) of IDPs have serious problems in maintaining their livelihoods. The livelihood of host communities is slightly less affected, and ranges between 23% (Amran Centre) and 57% (Jabal Yazid). For Raydah, the key informants are estimating that about 40% of Muhammasheen have life-threatening livelihood problems. In the view of the KI, IDPs in the covered districts of Amran should have first priority in getting economic support Amran governorate, followed by Host communities and marginalised groups.

In the assessed districts in Amran governorate, host communities and IDPs are generally living closely together, sharing similar economic problems, including low incomes, and dependency on external assistance. As most IDPs are residing in rented houses, rent is a pressing issue, together with increased fuel prices, which inflated the costs of transport to health facilities and schools. Marginalised groups (Muhammasheen) residing in comparatively larger numbers in Amran centre, Kharef, and Raydah) are suffering several problems to maintain their livelihoods.

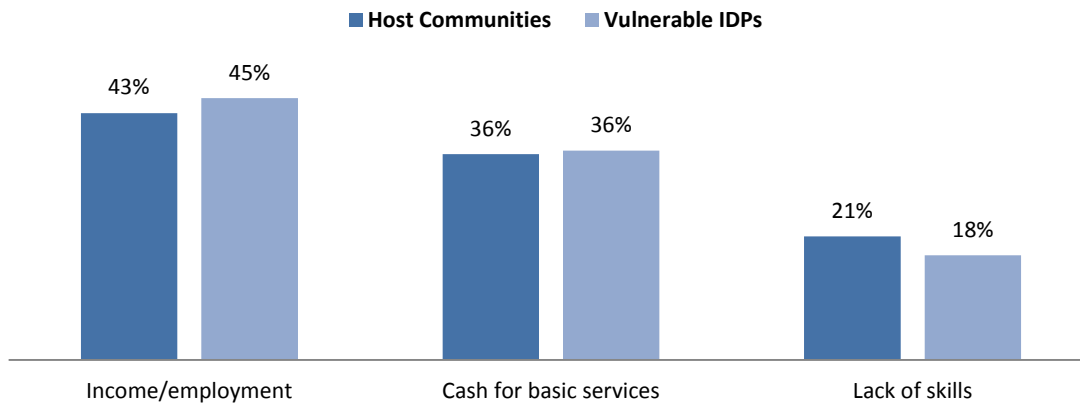


Figure 50: Livelihood Sector – Amran Governorate: Key challenges

According to the key informants consulted, the following livelihood services in Amran governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Amran	YES	UNHCR	Rent assistance
Raydah	YES		
Jabal Yazid	NO	UNICEF	Material assistance
Kharef	NO		

Figure 51: Key Actors Livelihood Sector - Amran Governorate

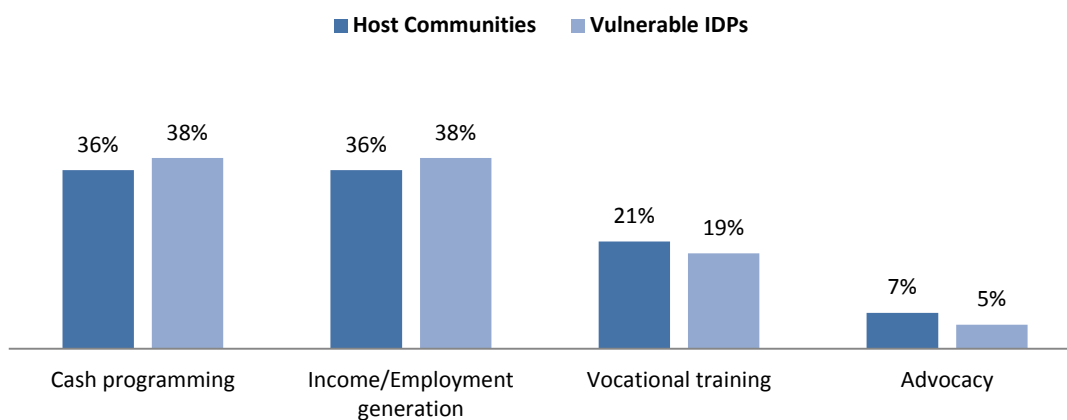


Figure 52: Livelihood Sector – Amran Governorate: Priority recommendations

## B.2.4 WASH

The key informants reported that between 10% (Kharef) and 40% (Jabal Yazid) of IDPs in the assessed districts of Amran have serious, life-threatening problems in getting sufficient quality and quantity of water. According to the key informants, host communities in Amran centre (62%) and Jabal Yazid district (53%) have even more problems to access water, when compared to IDPs in the same districts. For Raydah, the key informants are estimating that about 30% of Muhammasheen have serious, life-threatening problems to access water. In the view of the KI, Host communities in the assessed districts should have priority in getting improved access to water, when compared to IDPs, followed by marginalised groups.

Confirming a previous CARE survey, most respondents felt that they did not have sufficient water (a total of 81% of CARE surveyed households indicated that they did not drink clean water). The high cost was considered the biggest reason for insufficient water in the HH, along with the difficulty experienced in transporting water from the source to the house, lack of water storage at household level and the inconsistency of water supply at the source. Open water sources in the northern districts are largely unprotected, water projects in Amran centre often not functioning. Sanitation is another important issue, especially for IDPs in villages/urban areas. They are forced to rent unsuitable accommodation (including shops), with limited or no sanitary facilities.

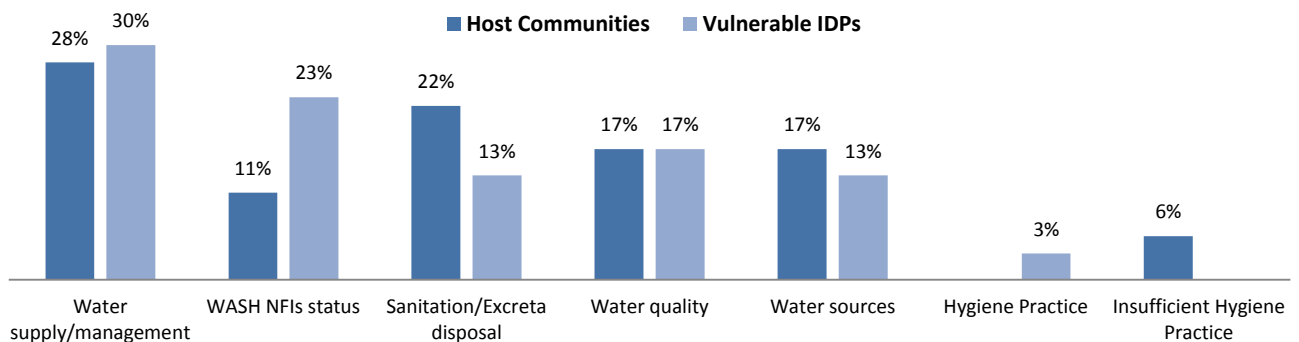


Figure 53: WASH Sector – Amran Governorate: Key challenges

According to the key informants consulted, the following WASH services in Amran governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Amran	YES	CARE UNHCR OXFAM CSSW&DRC	Tanks, rehabilitation, water supply
Raydah	YES		
Jabal Yazid	YES	UNICEF & IRY	Hygiene promotion
Kharef	YES		

Figure 54: Key Actors WASH Sector - Amran Governorate

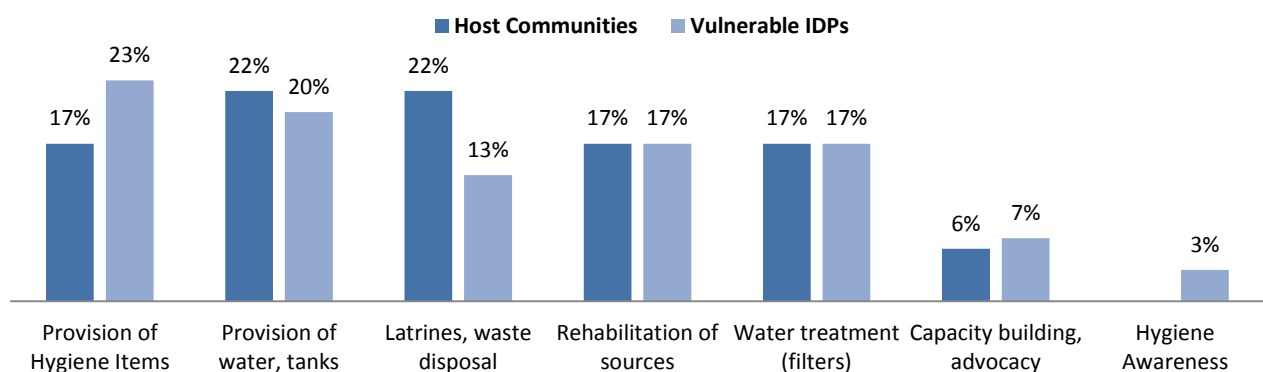


Figure 55: WASH Sector – Amran Governorate: Priority recommendations

### B.2.5 Shelter

According to the key informants consulted on district level, between 3% (Kharef) and 33% (Raydah) of IDPs have serious problems in accessing adequate shelter and NFIs. The shelter situation of host communities is similar, and ranges between 12% (Amran Centre) and 33% (Raydah). In Raydah, key informants estimate that about 30% of Muhammasheen have serious shelter problems.

In the view of the KI, IDPs in the covered districts of Amran should have first priority in getting shelter support, followed by Host communities and marginalised groups.

IDPs in Amran are mostly living together with host communities. The majority is renting houses or any form of affordable shelter, including shops. Shelter conditions are generally considered poor, especially in regards to living spaces and available sanitation facilities. Respondents requested shelter material, NFIs, and heating fuel. Amran also hosts a high number of newly arrived IDPs from the district of Ahab (and Sa'ada), mostly residing in the districts of Raydah and Kharef. They have not been registered as IDPs and did not receive any assistance, including shelter assistance. Marginalised groups occupy land very close to wadis, exposing them to high risk of disaster during raining season.

**Highest severity of needs identified:**

- Raydah: Ahab IDPs, shelter material, tents, NFIs

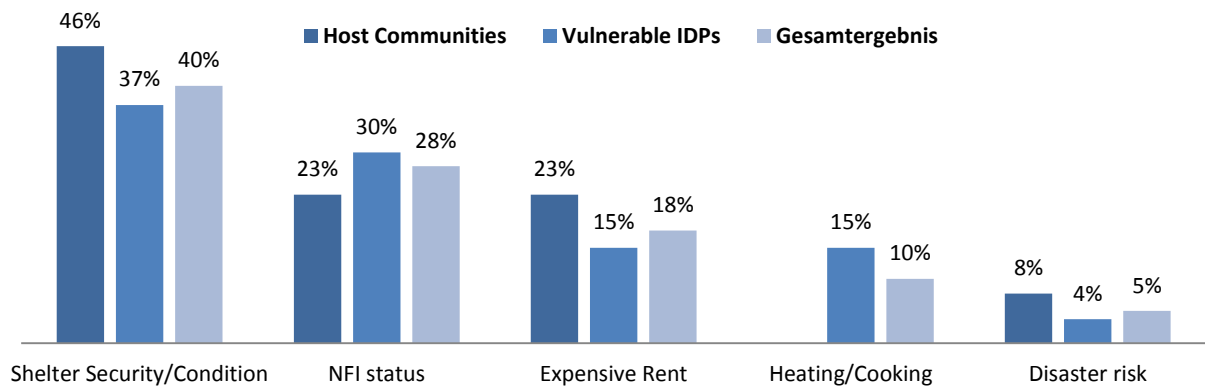


Figure 56: Shelter Sector – Amran Governorate: Key challenges

According to the key informants consulted, the following shelter services in Amran governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Amran	YES	UNHCR	Rent assistance
Raydah	YES	UNHCR, DRC	NFIs
Jabal Yazid	NO	UNHCR	Rent assistance
Kharef	YES		

Figure 57: Key Actors Shelter Sector - Amran Governorate

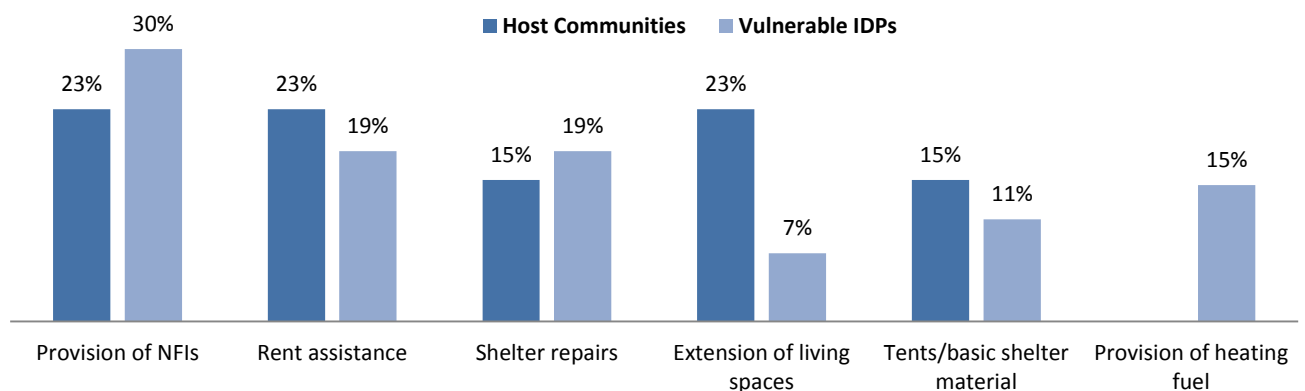


Figure 58: Shelter Sector – Amran Governorate: Priority recommendations

## B.2.6 Food Security

According to the key informants consulted on district level, between 8% (Amran Centre) and 32-33% (Raydah and Kharef) of IDPs have serious problems in accessing sufficient food. In the view of the key informants, the food security of host communities in Raydah (35%) and Kharef (42%) is even more affected, when compared to IDPs. In Raydah, the key informants are estimating that about 30% of Muhammashen have serious problems in the food security sector. Overall, the KI are estimating that host communities in the covered districts of Amran (except in Jabal Yazid) should have first priority in getting food assistance, followed by IDPs.

The assessment confirms earlier reports that the situation is worse in rural than urban areas (Social Protection Monitoring August 2011). In Raydah district, IDPs currently hosted by families and relatives report having no source of income and severe food shortages. Food deliveries that do arrive are often delayed. According to key informants, 33% of IDPs have life-threatening difficulties to access food. This applies particularly for newly arrived IDPs from Ahab district, which remain reportedly without any type of assistance.

### Highest severity of needs identified:

- New IDPs from Ahab, (Raydah, Haddabah, Kharef)
- Lack of food and diversity

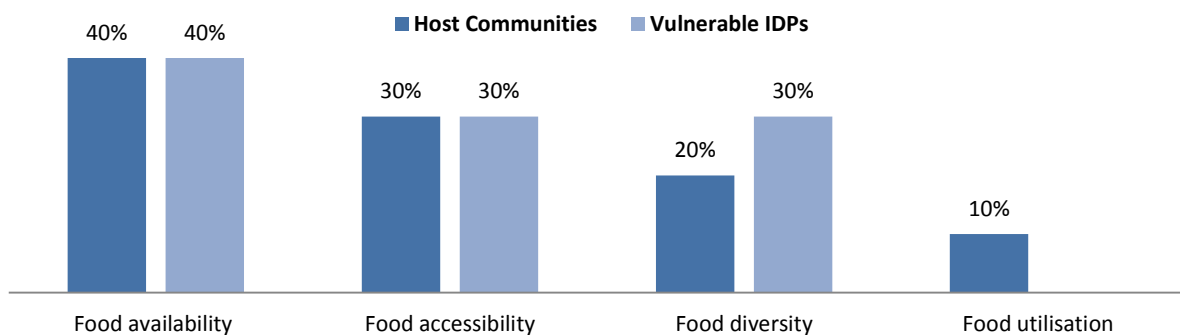


Figure 59: Food Security Sector – Amran Governorate: Key challenges

According to the key informants consulted, the following food security services in Amran governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Amran	YES	WFP	Food Supply
Raydah			
Jabal Yazid			
Kharef			

Figure 60: Key Actors Food Security Sector - Amran Governorate

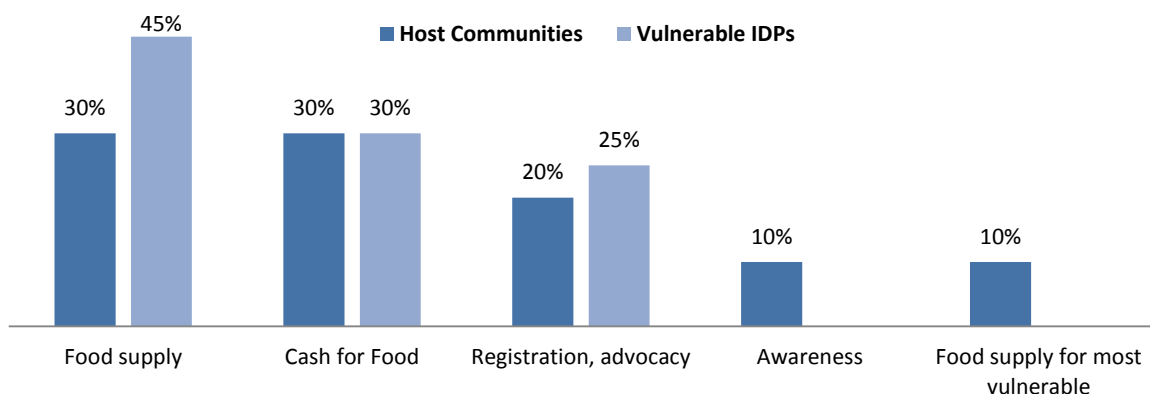


Figure 61: Food Security Sector – Amran Governorate: Priority recommendations

## B.2.7 Health

According to the key informants consulted on district level, between 11% (Kharef) and 47-48% (Amran and Jabal Yazid) of IDPs have serious problems in accessing basic health services. The health situation of host communities is considered slightly better, and ranges between 20% (Amran Centre) and 30% (Kharef). In Raydah, key informants estimate that about 33% of Muhammasheen have serious problems in accessing basic health services. In the view of the KI, IDPs in the covered districts of Amran should have first priority in getting health support, followed by Host communities and marginalised groups.

Community groups in Amran report frequent cases of tuberculosis, diarrhoea of children (more than once a month), often linked in the discussions to the lack of cash to pay for transport and drugs. The situation is described as particularly severe in the rural districts of Raydah and Kharef. In Amran centre, IDPs report the lack of access to emergency health services. Different cases were reported where victims of traffic accidents died because they could not reach a medical facility in time.

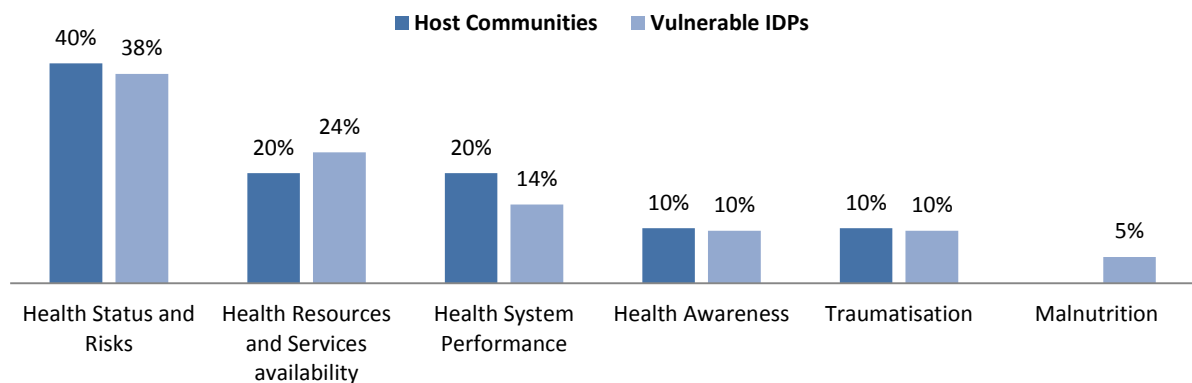


Figure 62: Health Sector – Amran Governorate: Key challenges

According to the key informants consulted, the following health services in Amran governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Amran	YES	SC	Basic health, laboratory
Raydah	NO	IRY, local hospital	Drugs, vaccinations, basic health
Jabal Yazid	NO	SC	Basic health, laboratory
Kharef	YES		

Figure 63: Key Actors Health Sector - Amran Governorate

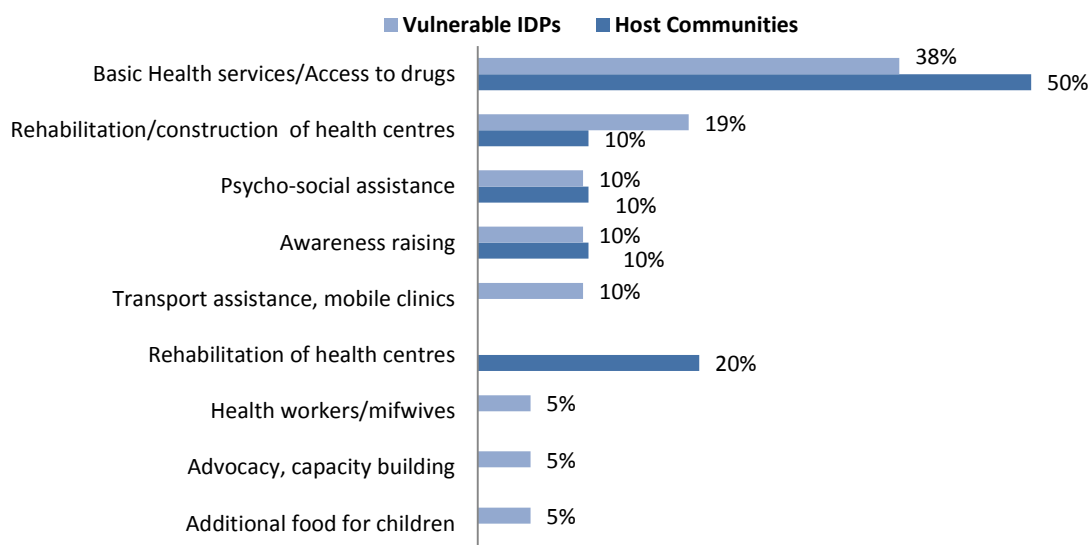


Figure 64: Health Sector – Amran Governorate: Priority recommendations

## B.2.8 Education

According to the key informants consulted on district level, between 5% (Kharef) and 43% (Raydah) of IDPs' children have serious problems in accessing primary education. The educational situation of host communities is equally poor, and ranges between 7% (Kharef) and 30% (Raydah). In Raydah, key informants estimate that about 32% of Muhammasheen have serious shelter problems.

In the view of the KI, IDPs in the covered districts of Amran should have first priority in getting educational support, followed by Host communities and marginalised groups

Long distances to the next primary schools, lack of teachers (especially female), and lack of registration documents (for IDPs) are the main reasons for children amongst the target groups not to go to school. Especially in Amran, complaints about the punctuality of teachers and their commitment in general were made. Employment/ replacement of teachers or targeted training is advised. Frequent violence against children in school is also observed.

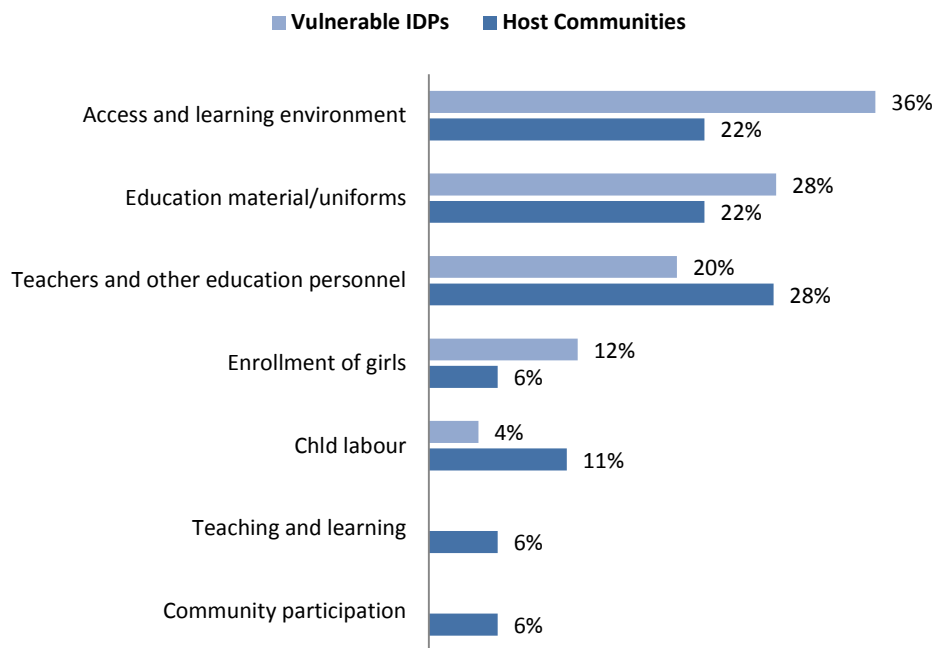


Figure 65: Education Sector – Amran Governorate: Key challenges

According to the key informants consulted, the following education services in Amran governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Amran	YES	SC	Materials, awareness
Raydah	NO	SC, UNICEF	Rehabilitation, materials
Jabal Yazid	NO	SC	Materials, awareness
Kharef	NO		

Figure 66: Key Actors Education Sector - Amran Governorate



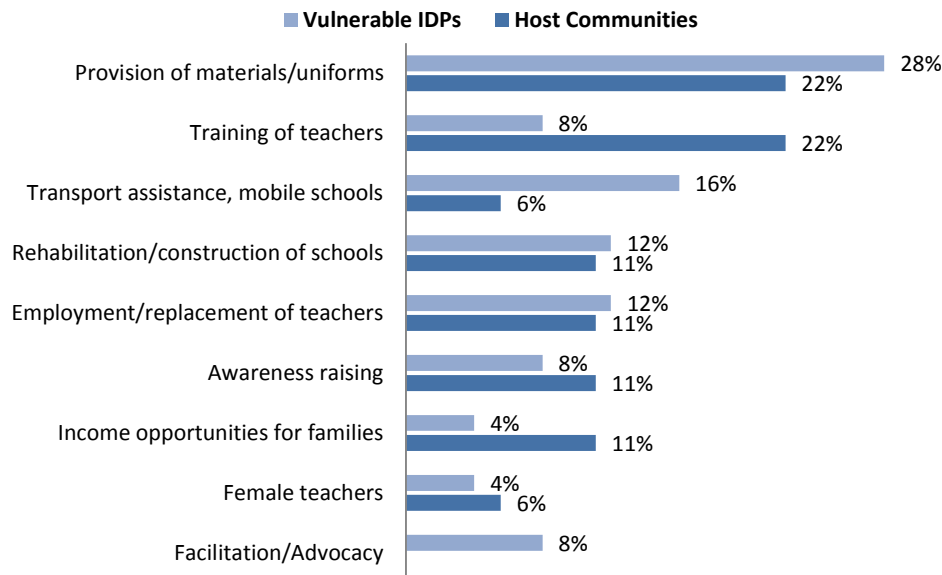


Figure 67: Education Sector – Amran Governorate: Priority recommendations

### B.2.9 Protection

According to the key informants consulted on district level, between 5% (Kharef) and 38% (Amran centre) of IDPs have serious problems to be protected against violence. The protection situation of host communities is considered equally, and ranges between 17% (Kharef) and 30% (Raydah, same percentage for marginalised groups). In the view of the KI, host communities in the covered districts of Amran should have first priority in getting protection assistance, followed by IDPs and marginalised groups.

Community groups in Amran report serious protection issues in the northern districts (Raydah and Kharef). The comparably strong tribal conflicts in this area result in frequent checkpoints on the road, cases of revenge killings, and kidnapping. Respondents also report conflicts over water and other resources, especially between host communities and IDPs. In Raydah district, newly arrived IDP families from Ahab are accommodated relatives or host families. Most of these new arrivals are not registered as IDPs and receive limited if any assistance. According to earlier surveys, Ahab IDPs risk arrest/ detention at checkpoints leading to Sana'a.

#### Highest severity of needs identified:

- Raydah: hijacking, suppression by powerful groups

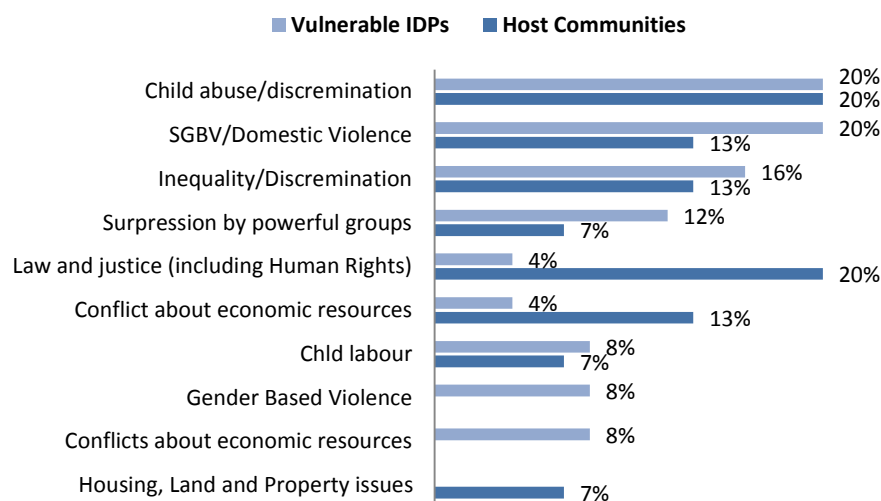


Figure 68: Protection Sector – Amran Governorate: Key challenges

According to the key informants consulted, the following protection services in Amran governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Amran	YES	UNICEF, SC	Treatment, awareness
Raydah	YES		
Jabal Yazid	YES	IRY, MoSA, UNHCR	Psychosocial support, training
Kharef	YES		

Figure 69: Key Actors Protection Sector - Amran Governorate

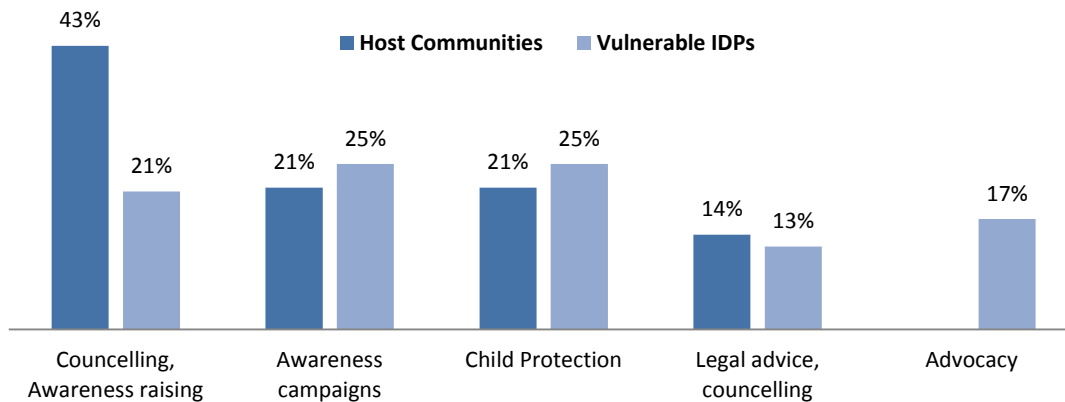


Figure 70: Protection Sector – Amran Governorate: Priority recommendations

### B.2.10 Security and Humanitarian Access

Most districts in the south of Amran governorate, such as Amran City, Raydah and Jabal Yazid, are accessible; however, security is a factor in gaining access to some northern districts. Additionally, access to remote districts hosting IDPs such as Shahrah, continues to be problematic. For example, localized conflict and sporadic fighting is a risk in districts such as Harf Sufyan and Houth, in which few agencies are operational.

While in other districts such as Bani Suram and Khamer the current conflict between Al-Ahmar forces and government forces, as well as tribal dynamics and the potential for future violence must be a consideration. Tribal checkpoints have recently increased and control travel between villages must be monitored for internal travel, and there are cases of carjacking reported by WFP and NGOs. However, there is little evidence that NGOs are specifically targeted and most cases are believed to be related to local disputes. Recent escalation in local tensions may impact access in the short term. Nevertheless, most districts currently accessed can continue to be served while others can be targeted using necessary security management and community engagement.

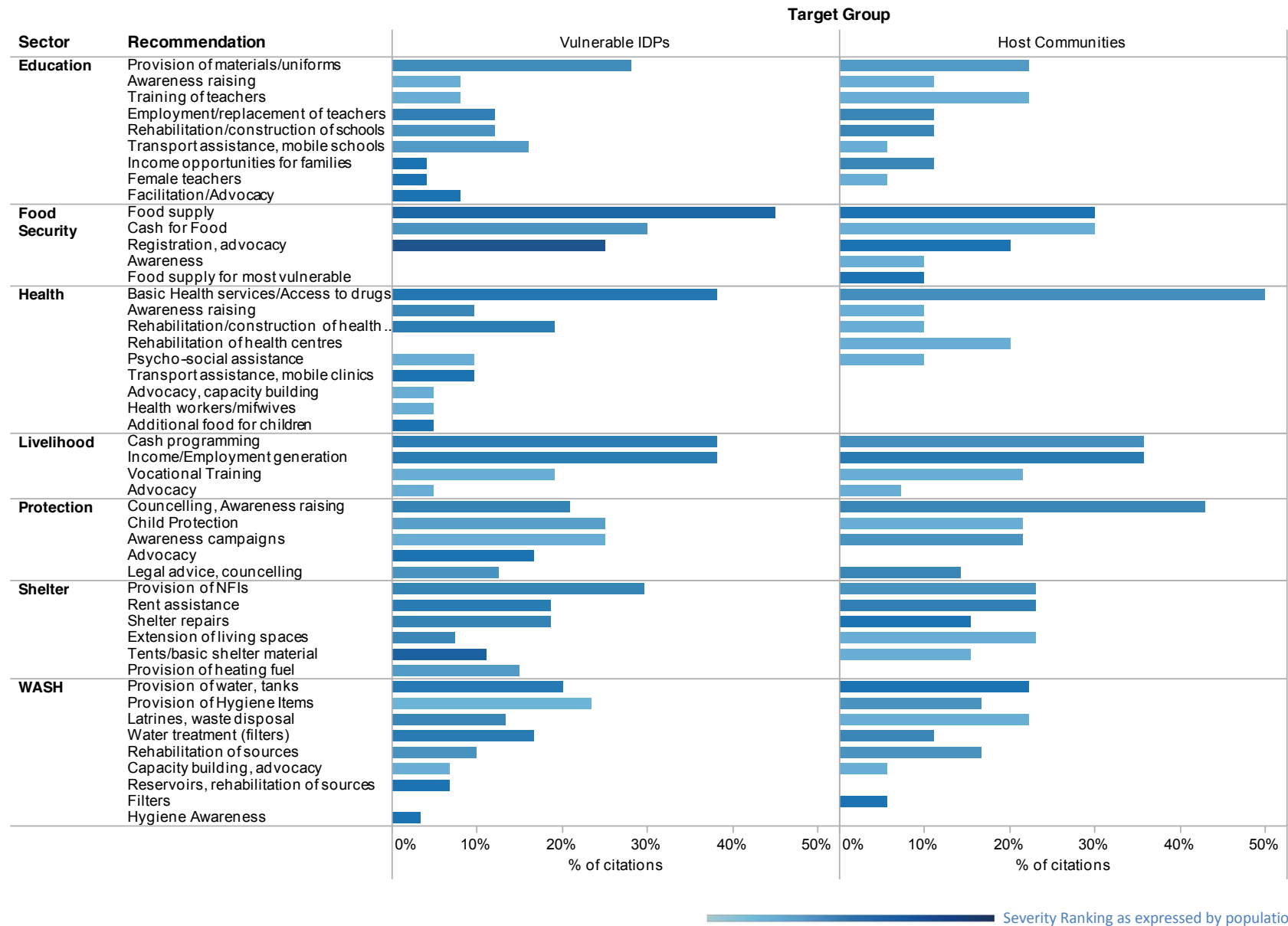


Figure 71: Amran Governorate: Priority recommendations across sectors and target groups

## B.3 Hajjah Governorate

### B.3.1 General

**OXFAM reports that the current political difficulties in Yemen did not allow the agency to collect all required information during the key informant interviews. The information presented here is therefore indicative only. Further research is required.**

Under the JRA 2011, OXFAM assessed two districts in Hajjah (Harradh and Mustaba). OXFAM contacted ten key informants on district level<sup>4</sup> and carried out 9 community group discussions.

According to the key informants, a total of 135,000 persons are living in these four districts, including 89,000 IDPs (66% of the total population). The number of IDPs is only decreasing by 70 persons/months in Harradh (information not available for Mustaba).

Information on the number of marginalised groups (mostly immigrants from Somalia) was only provided for the district of Harradh (7,000). 2,066 returnees were recorded in Harradh during the key informant interviews.

Districts assessed	# Total population	# Vulnerable IDPs	# Host community	# Returnees	# Conflict affected	# Immigrants
Harradh	130,807	87,887	40,000	2,066	NA	7,000
Mustaba	4,536	1,050	5,586	NA	NA	NA
<b>Total</b>	<b>135,343</b>	<b>88,937</b>	<b>45,586</b>	<b>2,066</b>	<b>NA</b>	<b>7,000</b>

Figure 72: Sample Area of JRA 2011 – Amran Governorate

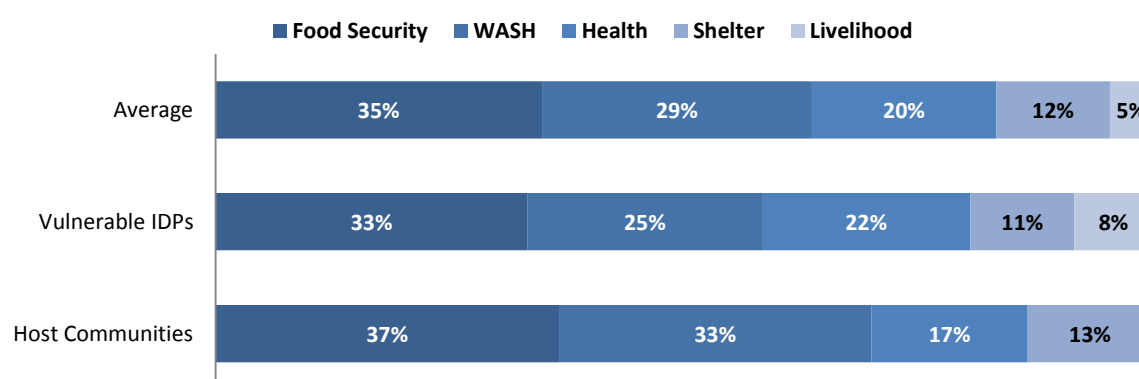


Figure 73: Hajjah Governorate: Priority recommendations across sectors and target groups

### D.3.2 Priority Recommendations

1. In general, it is recommended to scale up the limited response in the areas outside the camps.
2. A lack of in-depth assessments and information is leading to incoherent responses.
3. In the view of the consulted communities, better food security is the main requirement in Hajjah governorate. IDPs residing outside camps in Harradh should have first priority in getting food assistance, when compared to host communities and other target groups (high malnutrition amongst children).
4. Secondly, restoration and expansion of water supply infrastructure and WASH in schools and outside camps should be a priority, including the provision of tankered water (for IDPs outside camps), water filters and sanitation.
5. The third priority for all target groups covered under this assessment is better access to health services, including transport assistance/mobile clinics and access to free/affordable drugs. The malaria outbreak in Mustabah requires further monitoring.

<sup>4</sup> Including UNHCR, WFP, WHO, CSSW, Executive Board, Agricultural Department, Water Authority, Save the Children, and other local government offices.

### B.3.3 Livelihood

According to the key informants consulted on district level, around 30-35% of IDPs in the two districts have serious problems in maintaining their livelihoods. The livelihood of host communities is equally or worse affected, and ranges between 23% (Harradh) and 40% (Mustaba). In the view of the KI, a) IDPs in the covered districts of Hajjah should have first priority in getting economic support, followed by b) Host communities and marginalised groups. The closure of the border to Saudi Arabia has a major impact on the livelihood of the visited communities in Hajjah across all target groups. Traditionally, many families get their income through trading and smuggling of qat to the neighbouring country. Limited alternative sources of income are available, especially for IDPs living outside the camps in Harradh district.

Child labour is very common in all districts and reported as a prominent problem by the visited communities. Competition over economic resources between host communities and IDPs in Harradh are representing another challenge. In the urban part of Harradh, about 7,000 migrants (from Ethiopia and Somalia) are residing, with extremely limited access to basic services and employment.

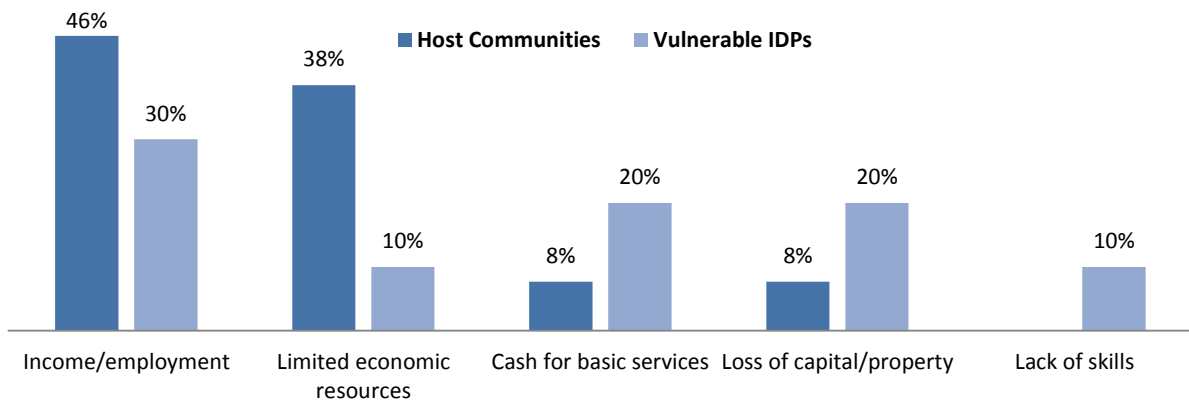


Figure 74: Livelihood Sector – Hajjah Governorate: Key challenges

According to the key informants consulted, the following livelihood services in Hajjah governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Harradh	YES	UNHCR	Livelihood support
Mustaba	NA	CSSW	Income generation

Figure 75: Key Actors Livelihood Sector – Hajjah Governorate

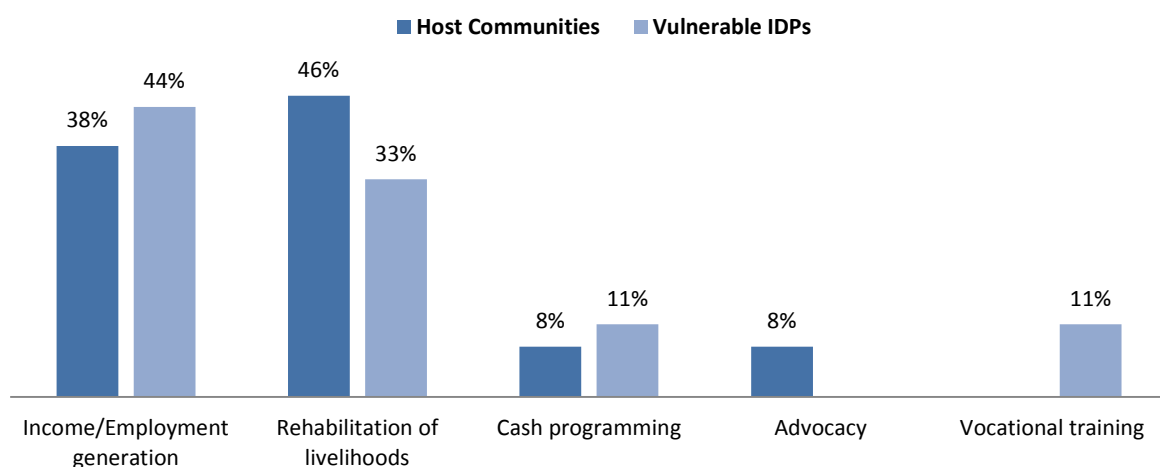


Figure 76: Livelihood Sector – Hajjah Governorate: Priority recommendations

### B.3.4 WASH

The key informants reported that 50% of IDPs in Harradh have serious, life-threatening problems in getting sufficient quality and quantity of water. No information was available for the Mustaba district. According to the key informants, 63% of host communities in Harradh have even more problems to access water, when compared to IDPs in the same district. The key informants are estimating that about 80% of immigrants have serious, life-threatening problems to access water. In the view of the KI, Host communities in Hajjah should have priority in getting improved access to water, when compared to IDPs, followed by immigrants. No comparable information was made available by OXFAM for Mustaba.

In Haradh and Mustabah districts the main source of water for nearly all IDPs inside the camps are UNICEF tankering services, but only for half of the IDPs outside the camps. For host population the main sources are wells and water trucks. According to a July 2011 UNICEF survey, more than half of IDPs outside camps and more than three quarters of host population do not have access to safe water. Only half of IDPs and host communities have access to indoor toilets, and open defecation common among host population.

#### Highest severity of needs identified:

- Harradh: Insufficient storage capacity, large distances to next water source
- Mustabah: prevalence of waterborne diseases, cases of malaria above seasonal averages

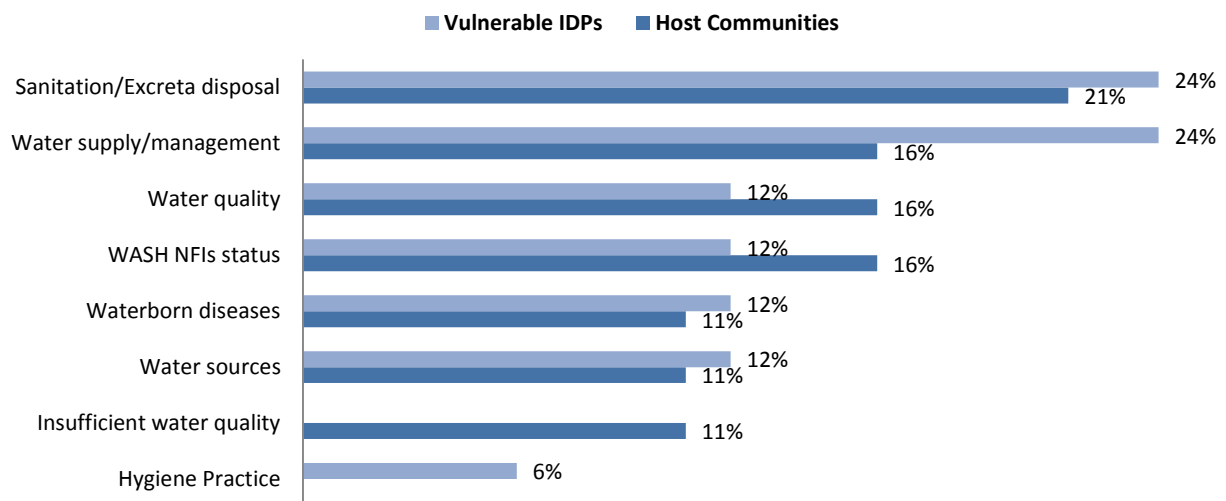


Figure 77: WASH Sector – Hajjah Governorate: Key challenges

According to the key informants consulted, the following WASH services in Hajjah governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Harradh	YES	Local Water Authority,	Water supply networks
Mustaba	YES	OXFAM, UNICEF	Water supply, rehabilitation (Mustabah)

Figure 78: Key Actors WASH Sector – Hajjah Governorate

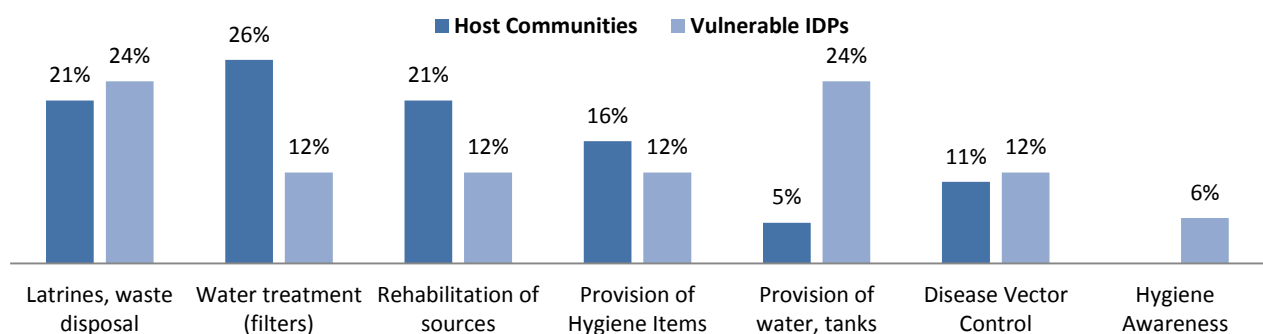


Figure 79: WASH Sector – Hajjah Governorate: Priority recommendations

### B.3.5 Shelter

According to the key informants consulted on district level, between 30% (Harradh) and 50% (Mustaba) of IDPs have serious problems in accessing adequate shelter and NFIs. No KI information was provided by OXFAM on the shelter situation of host communities or other target groups. In the view of the KI, IDPs in the districts of Harradh and Mustaba should have first priority in getting shelter support, when compared to host communities and other groups.

The largest number of IDPs from Sa'ada is residing in Hajjah, mostly in camps, generally in poor conditions. Visited IDPs outside the camps report serious problems in accessing shelter assistance, especially in the northwestern part of the governorate. Requirements include basic shelter material (as protection against high temperatures) and NFIs. In Harradh district, IDPs are generally not allowed by host communities to construct better shelter, or to collect firewood. Advocacy and support to host communities is needed. IDP respondents in the district of Mustabah report are having fewer issues with the host communities, but report frequent lack of living space and need for better construction material (winterisation).

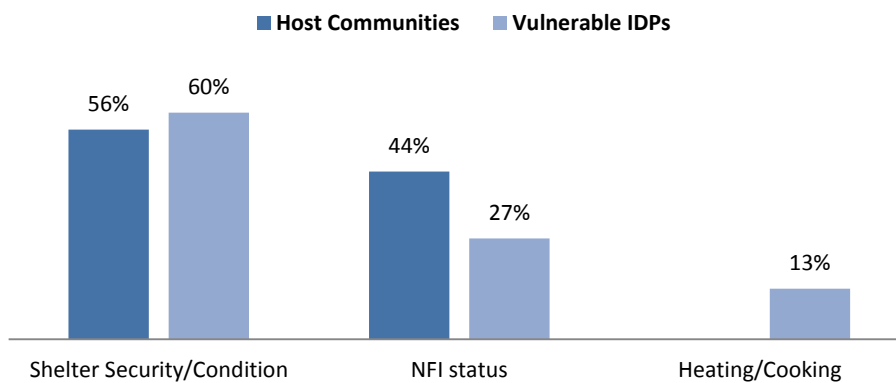


Figure 80: Shelter Sector – Hajjah Governorate: Key challenges

According to the key informants consulted, the following livelihood services in Hajjah governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Harradh	YES	UNHCR, IRY	Camps, shelter tents
Mustaba	YES		

Figure 81: Key Actors Shelter Sector – Hajjah Governorate

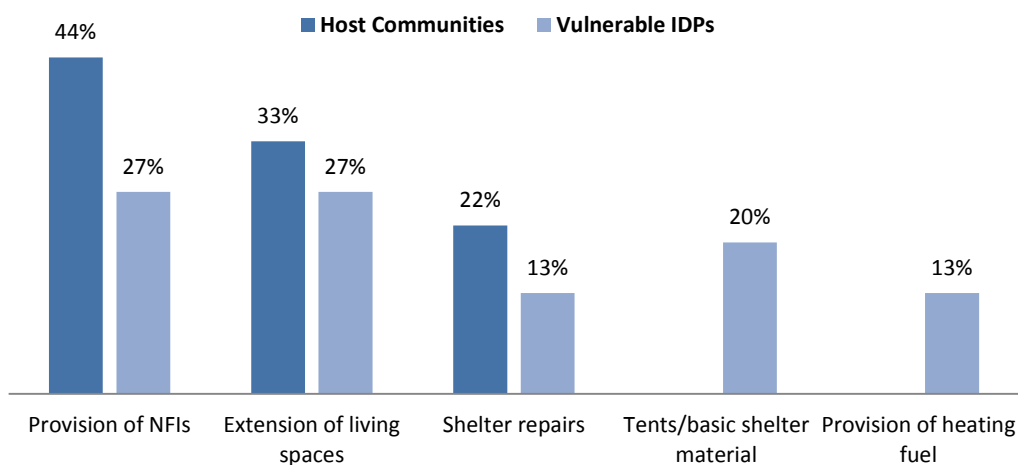


Figure 82: Shelter Sector – Hajjah Governorate: Priority recommendations

### B.3.6 Food Security

According to the key informants consulted on district level, between 12% (Mustaba) and 15% (Harradh) of IDPs have serious problems in accessing sufficient food. In the view of the key informants, the food security of host communities in Harradh is slightly better (10%), when compared to IDPs in the same district. No KI information was made available by OXFAM for Mustaba district or the other target groups in both districts. Overall, the KI are estimating that IDPs in Harradh should have first priority in getting food assistance, when compared to host communities and other target groups.

Food security is the highest priority for both IDPs and host communities in Hajjah (40%). Host communities often do not have access to food aid. And IDPs outside camps reportedly receive irregular and insufficient rations. Frequent and severe food shortages result in high levels of negative coping strategies including: selling any HHs assets to buy food, borrowing money and decreased expenditure on education/health.

**Highest severity of needs identified:**

- Harradh: High malnutrition levels among IDP children outside the camps

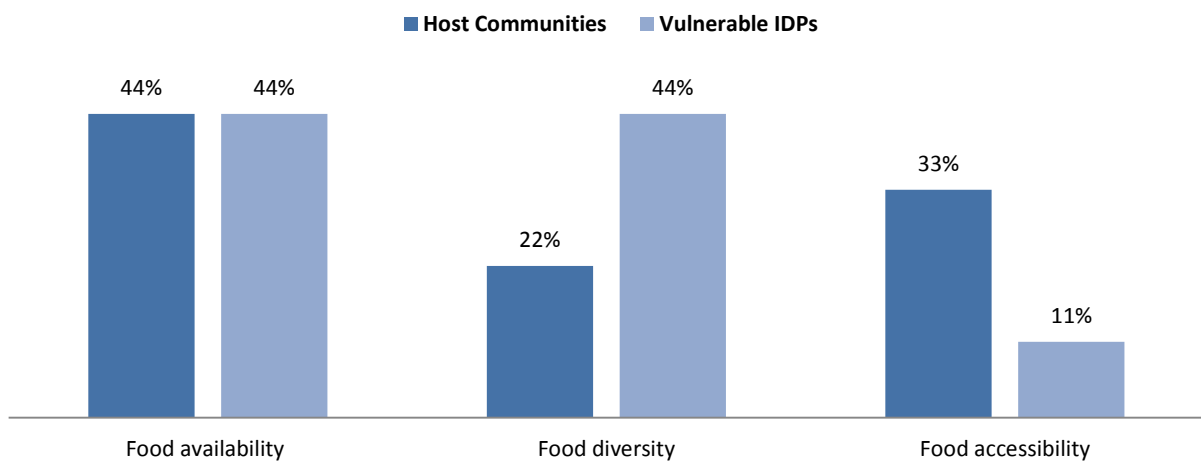


Figure 83: Food Security Sector – Hajjah Governorate: Key challenges

According to the key informants consulted, the following food security services in Hajjah governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Harradh	YES	Food Supply	WFP
Mustaba	YES		

Figure 84: Key Actors Food Security Sector – Hajjah Governorate

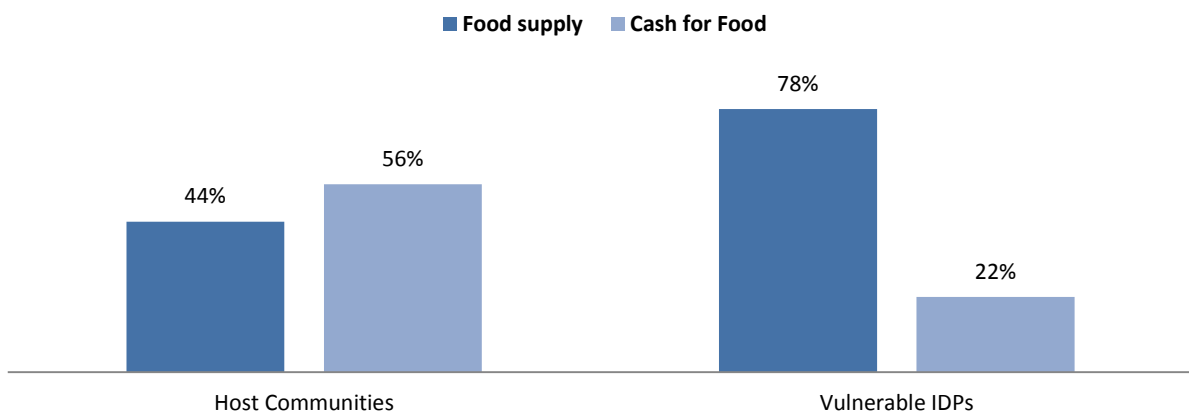


Figure 85: Food Security Sector – Hajjah Governorate: Priority recommendations



### B.3.7 Health

According to the key informants consulted on district level, 90% of IDPs in Mustaba district have serious problems to access basic health services. No other key informant information was made available to OXFAM for Harradh district or other target groups.

Health facilities are available, especially for IDPs residing in camps. But communities across all target groups report that access has been reduced due to the closure of health centres (Mustabah) and unaffordable transport costs. Like in the other covered areas, insufficient hygiene practice is causing diseases, especially diarrhoea. Regarding malnutrition, the desk research under this assessment reveals that recent survey of under-fives indicate that Global Acute Malnutrition prevalence exceeds the emergency threshold despite existing interventions since December 2009.

**Highest severity of needs identified:**

- Mustabah: Malaria, waterborne diseases

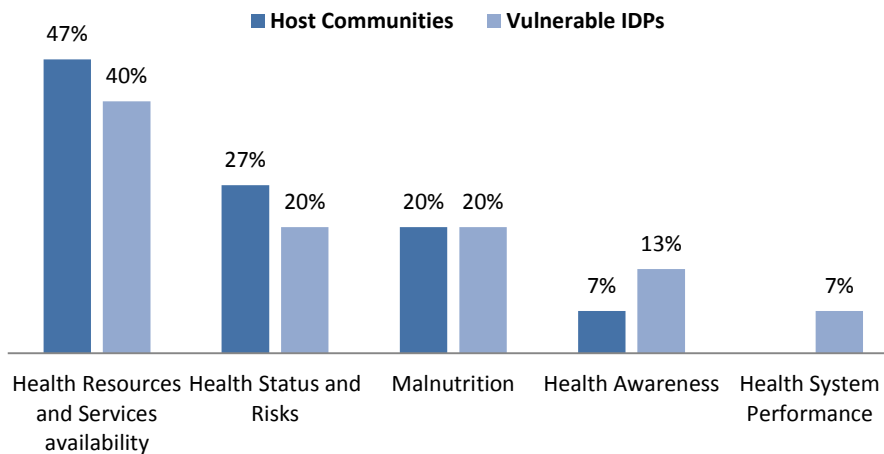


Figure 86: Health Sector – Hajjah Governorate: Key challenges

According to the key informants consulted, no specific health services in Hajjah governorate are recorded (no interviews with health authorities conducted).

Districts assessed	Services available	Agencies	Assistance
Harradh	YES	NA	NA
Mustaba	YES		

Figure 87: Key Actors Health Sector – Hajjah Governorate

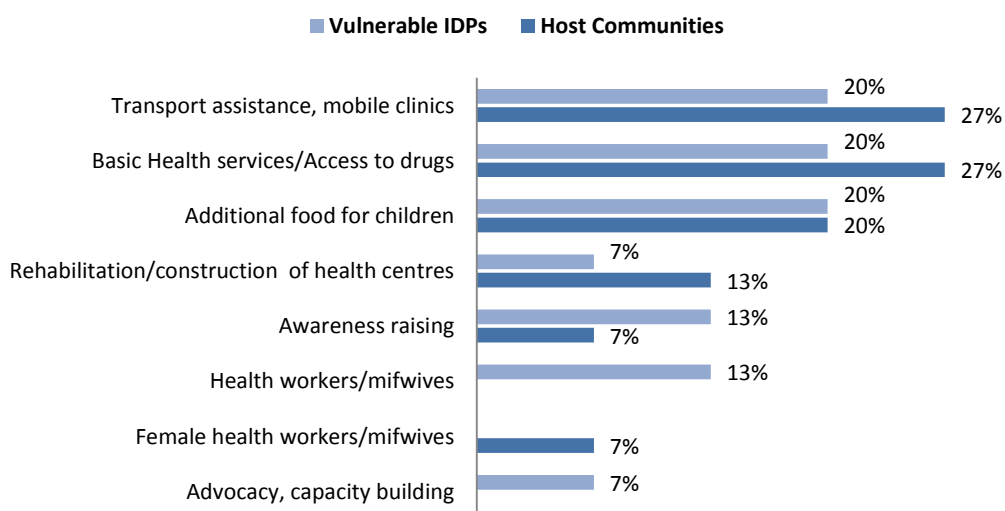


Figure 88: Health Sector – Hajjah Governorate: Priority recommendations

### B.3.8 Education

No key informant information was made available to OXFAM for the education sector in Harradh and Mustaba districts. While access to education is generally acceptable in the camps, IDPs in the open are often not able to send their kids to school. Especially in the north-western part of Hajjah, where the landscape is harsh, the weather hot and the distances large, many children are required to walk to school for many kilometres. This is unacceptable for many communities, especially for girls. Community groups report about frequent cases of child labour (mainly boys, see also section B.3.9 below). Better income opportunities in Hajjah are therefore repeatedly suggested as a way to ensure better access to primary education.

**Highest severity of needs identified:**

- Harradh: unacceptable distance to schools, child labour

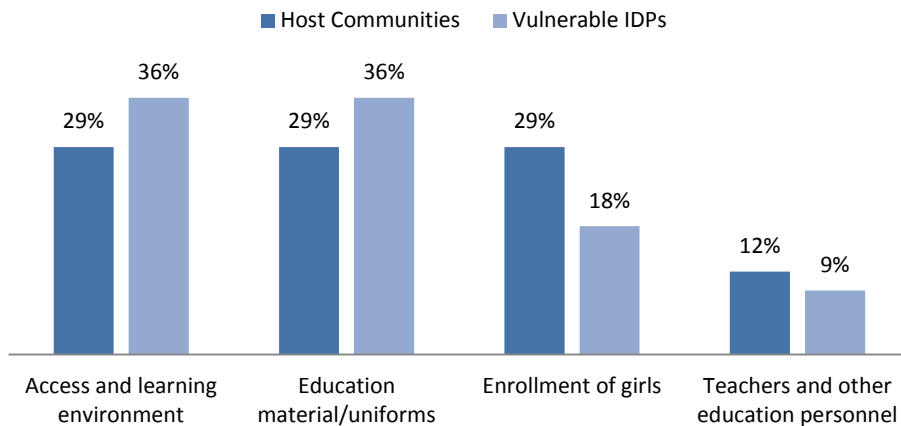


Figure 89: Education Sector – Hajjah Governorate: Key challenges

According to the key informants consulted, no specific education services in Hajjah governorate are recorded (no interviews with education authorities conducted).

Districts assessed	Services available	Agencies	Assistance
Harradh	NA	NA	NA
Mustaba	NA		

Figure 90: Key Actors Education Sector – Hajjah Governorate

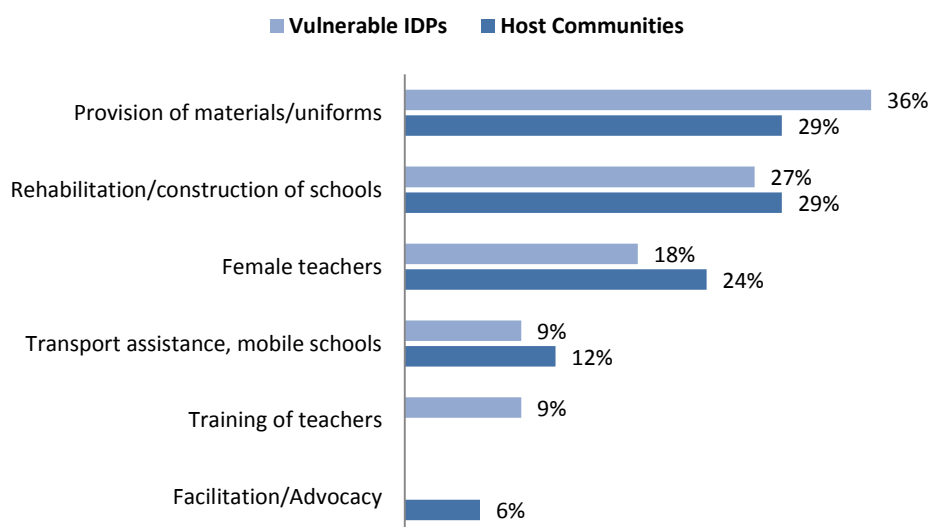


Figure 91: Education Sector – Hajjah Governorate: Priority recommendations

### B.3.9 Protection

According to the key informants consulted on district level, 15% of IDPs in Harradh district have serious problems to be protected against violence. No key informant information was made available by OXFAM for Mustaba district or other target groups.

According to this assessment, child labour is a frequent problem in Hajjah governorate. Especially boys are forced to smuggle qat across the Saudi border (it is generally perceived that the risk of prosecution is lesser for under-age persons in Saudi Arabia). In one community group discussion in Mustabah, respondents confirmed also cases of trafficking of children to Saudi Arabia. IDPs in the northwestern districts are often forced to reside in inadequate shelter locations, as host communities do not permit them to build more durable shelter, or to find better locations.

#### Highest severity of needs identified:

- Mustabah/Harradh: qat smuggling, child labour, trafficking

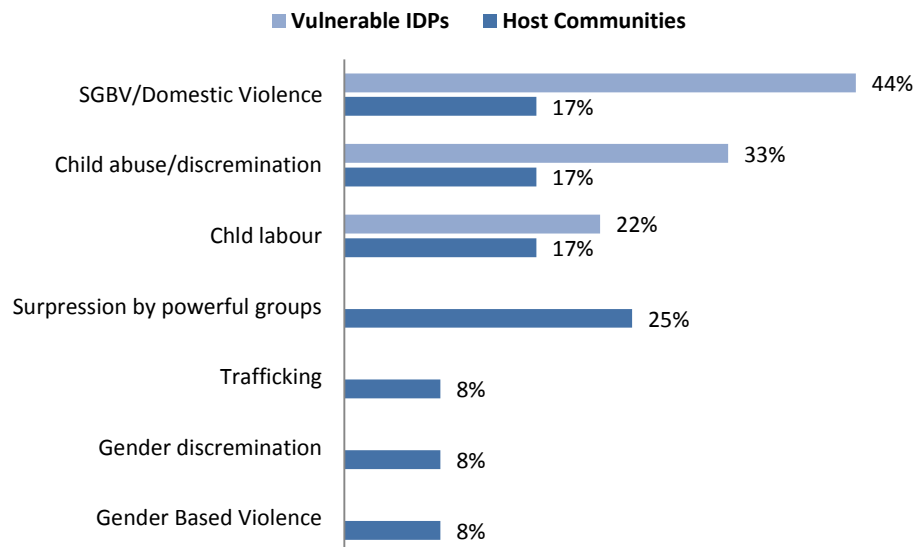


Figure 92: Protection Sector – Hajjah Governorate: Key challenges

According to the key informants consulted, no specific protection services in Hajjah governorate are recorded (no interviews with protection authorities conducted).

Districts assessed	Services available	Agencies	Assistance
Harradh	YES	NA	NA
Mustaba	NA		

Figure 93: Key Actors Protection Sector – Hajjah Governorate

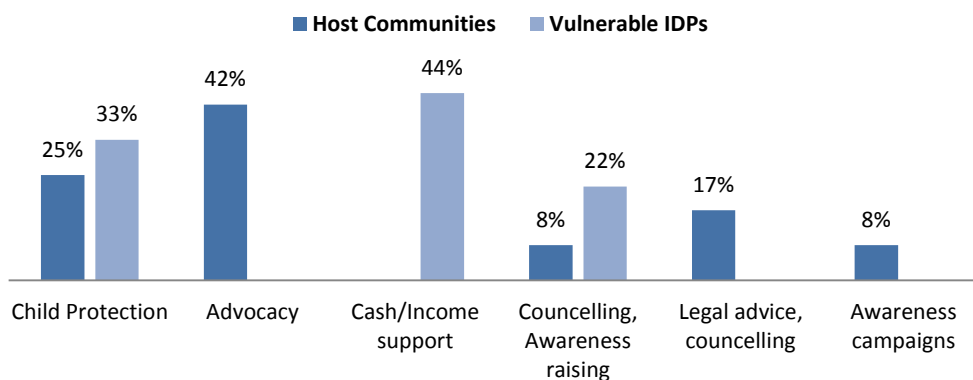


Figure 94: Protection Sector – Hajjah Governorate: Priority recommendations

### B.3.10 Security and Humanitarian Access

Hajjah can be considered safe with high acceptability of IDPs by host population, high access levels, a functional market economy, and minimal risk of mines/UXO. There is a high number of diverse agencies that meet specialised needs of IDPs especially in camp set-ups. Additionally, Hajjah has fairly well established coordination mechanisms in the Harradh IDP camps, to varying degrees of strength and capacity such as the cluster coordination process as well as the coordination through the local authority executive unit. There is more room for collaboration around creating synergy in implementation around common targets. However, it should also be noted that there are evolving dynamics in the area, which have the potential to negatively impact the safety and security of IDPs and host communities in the area.

Whereas IDPs in camp set-ups have their needs largely met, huge gaps remain for those in informal settlements. Contributing factors range from lack of registration, poor records, IDPs in isolated and scattered settlement patterns that are very expensive to cater to. This is compounded by structural poverty among host communities which makes targeting a significant challenge without risking creating an imbalance and harm to the hospitality currently in place. Specific gaps in the informal settlements are water, hygiene, basic services and livelihood options.

Opportunities exist in accessing parts of Sa'ada out of Harradh. One such area that has been accessed is Manzala. Though government controlled, it is only 4 kilometres from the rebel held areas. Interventions for common access resources have a trickle effect across the divide while winning the confidence and trust of the Al-Houthi and thus opening access opportunities. Besides, the context largely remains vague (almost a no-war-no-peace scenario) and poses a challenge for strategic planning and interventions to address the serious access issues. The access opportunity across political divide is sporadic and politically driven. There are lots of partisan considerations by respective political actors with constant danger of compromise to humanitarian principles. Many agencies are perceived by Al-Houthi as already boxed in the government side.

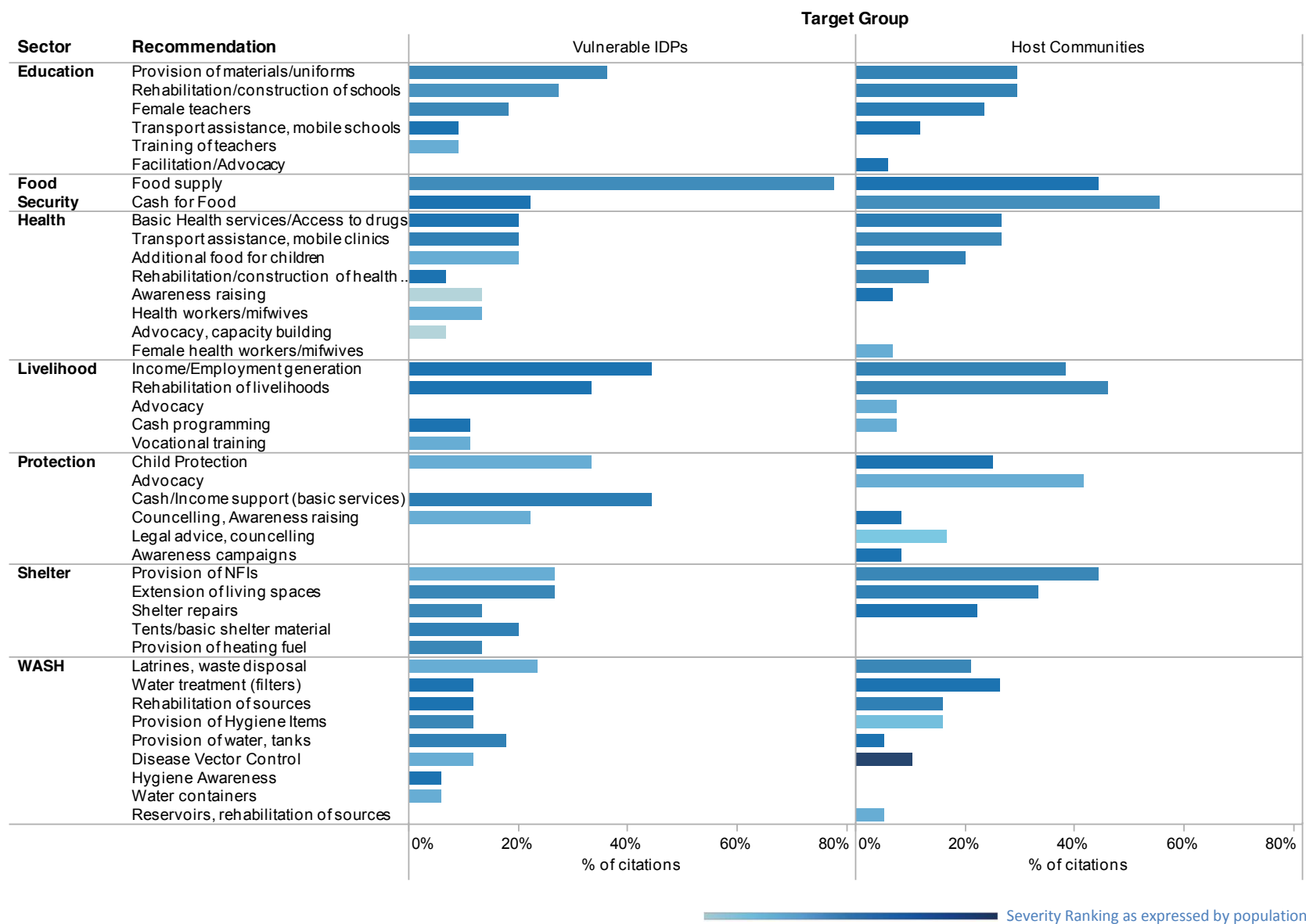


Figure 95: Hajjah Governorate: Priority recommendations across sectors and target groups

## B.4 Sa'ada Governorate

### B.4.1 General

**On 19 September 2011, the Executive Council of the Al-Houthi revoked the initial permission to carry out the assessment, and the fieldwork was terminated. The information presented here is therefore indicative only. Further research is required as soon as the cooperation with the Executive Council improves.**

Under the JRA 2011, SC, IRY and OXFAM started to assess four districts in Sa'ada governorate (Al-Bakalat, Al-Mosalhagat, Sa'ada Centre, and Sahar). The agencies contacted nine key informants on district level<sup>5</sup> and carried out nine community group discussions.

According to the information gathered to date by key informants, a total of 137,000 persons are living in three of the four districts (no figures available for Sa'ada centre). 68,000 IDPs are recorded (37% of the total population outside Sa'ada centre). The number of IDPs is increasing by 70 persons/months in Al-Bakalat and by 10 persons/month in Al-Mosalhagat district. In Sa'ada centre and Sahar district, the number of IDPs is decreasing by about 57 and 20 persons/month, respectively.

The number of returnees is changing: In Al-Bakalat and Sahar, the number of returnees increases by 35 and 25 persons/month, while 57 returnees are leaving Sa'ada centre on monthly basis.

Districts assessed	# Total population	# Vulnerable IDPs	# Host community	# Returnees	# Conflict affected	# Marginalised
Al Bakalat	4,433	550	3,467	2,867	150	NA
Al-Mosalhagat	2,800	600	2,000	400	200	0
Sa'ada	NA	16,650	45,700	10,900	7,950	3,750
Sahar	130,000	49,854	50,000	15,146	15,000	NA
<b>Total</b>	<b>137,233</b>	<b>67,654</b>	<b>101,167</b>	<b>29,313</b>	<b>23,300</b>	<b>3,750</b>

Figure 96: Sample Area of JRA 2011 – Sa'ada Governorate

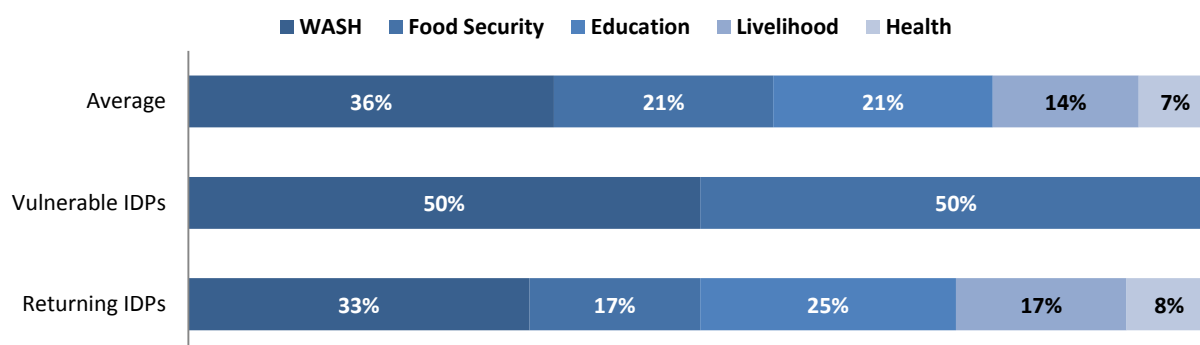


Figure 97: Sa'ada Governorate: Priority recommendations across sectors and target groups

### B.4.2 Priority Recommendations

1. In general, there is a need to address inaccuracies in the registration process, which limits abilities in targeting returnees and conflict-affected people in their area of origin.
2. The health sector needs to address the gap in resources compared to actual needs and address accusations of corruption against the Ministry of Health office in Sa'ada. Timely delivery of essential medicines and supplies and an increased presence of technical staff on the ground is needed.
3. The priority requirement for assistance across both target groups covered by this assessment in Sa'ada is WASH, especially IDPs and returnees in the covered districts. This includes the need for rehabilitation of existing water sources (especially earlier interventions, which are now dysfunctional), NFIs and latrines, as well as provision of water/tanks (for IDPs).

<sup>5</sup> Including WFP, Islamic Relief, OXFAM, Executive Board, Education Department, Health Department, and other local government offices.

4. The secondary priority for the interviewed communities is Food Security, especially for IDPs. Their food security can be considered as critical in general. Food supply and cash programming need to be based on appropriate targeting, including returnees, host communities and other conflict-affected people.
5. The third priority of the assessed communities is education (findings limited to returnees in the western districts). Lack of access and inadequate learning environment are the main issues. Reconstruction of damaged schools was also requested. Due to cultural problems, girl education represents a particular problem in Sa'ada, calling for enhanced advocacy with local authorities.

### B.4.3 Livelihood

No adequate key informant information on the severity of needs in the livelihood sector was made available to the three consortium partners. In the view of the KIs, IDPs in the covered districts of Sa'ada should have first priority in getting economic support, followed by Host communities and returnees/other conflict affected groups. Due to limited humanitarian access, the livelihood situation of all target groups in Sa'ada is highly affected. Lack of cash hinders most people in the visited western districts to access basic services, especially health, food and water. The loss of capital and property by conflict-affected groups and returnees is a major burden for their ability to restore their livelihoods without increased external aid.

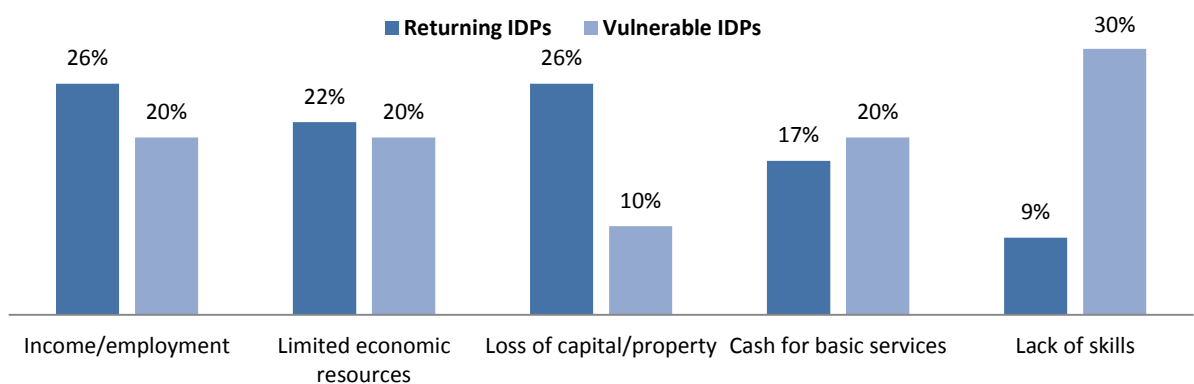


Figure 98: Livelihood Sector – Sa'ada Governorate: Key challenges

According to the key informants consulted, the following livelihood services in Sa'ada governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Al Bakalat	YES	IRY	Income generation
Al-Mosalhagat	YES		
Sa'ada	YES		
Sahar	NO		

Figure 99: Key Actors Livelihood Sector – Sa'ada Governorate

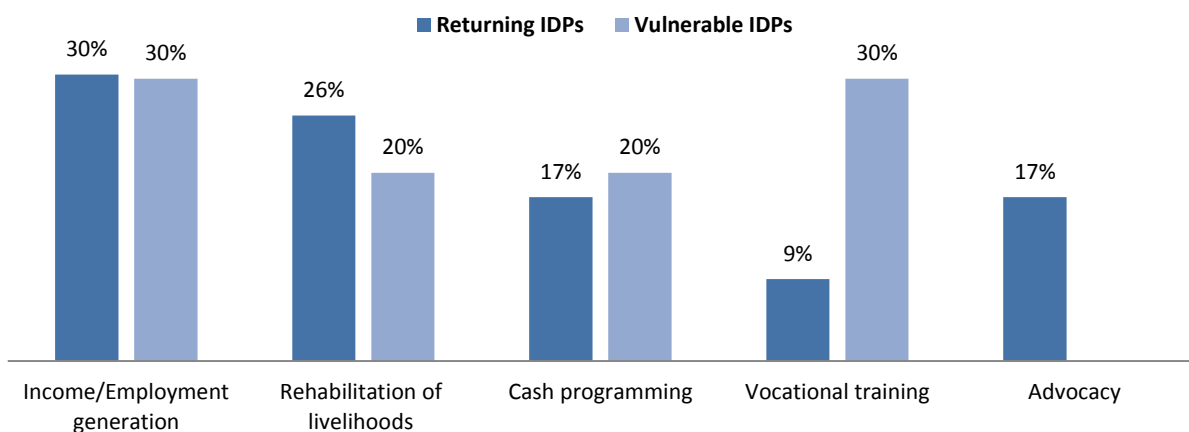


Figure 100: Livelihood Sector – Sa'ada Governorate: Priority recommendations

#### B.4.4 WASH

No adequate key informant information on the severity of needs in the WASH sector was made available to the three consortium partners. In the view of the KIs, IDPs and returnees in the covered districts of Sa'ada should have first priority in getting WASH support, followed by host communities and other conflict affected groups. The assessment findings confirm reports from agencies in the Sa'ada Crisis Response Plan, July 2011 on an inability to provide a stable supply of potable water to IDPs inside many of the camps and weak targeting of IDPs outside the camps. This has led to a very low response in the governorate. Water rehabilitation schemes that were completed in the past are often not functional (ICRC in Al-Malaheet), causing an instant need to water supply.

##### Highest severity of needs identified:

- Sa'ada, Al-Malaheet: Urgent need for water supply, disease vector control (malaria reported in Al Malaheet)

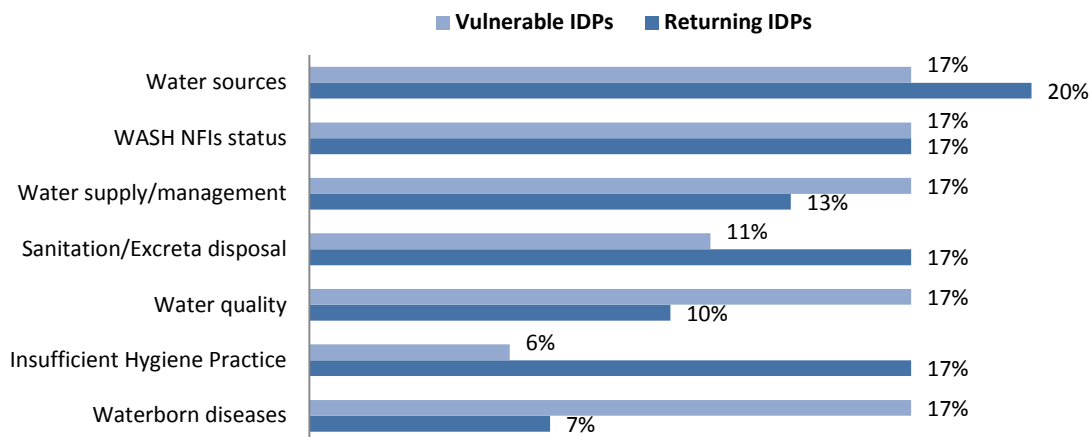


Figure 101: WASH Sector – Sa'ada Governorate: Key challenges

According to the key informants consulted, the following WASH services in Sa'ada governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Al Bakalat	YES	Local Water Authority	Water supply, tankers
Al-Mosalhagat	YES	OXFAM	Hygiene, water scheme (Maslahakat)
Sa'ada	YES	Local Administration	Hygiene, solid waste
Sahar	NO		

Figure 102: Key Actors WASH Sector – Sa'ada Governorate

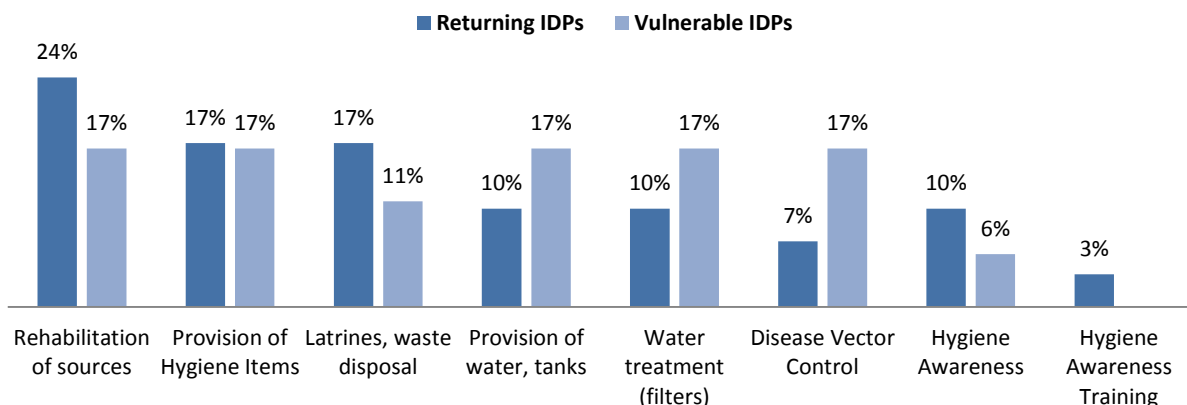


Figure 103: WASH Sector – Sa'ada Governorate: Priority recommendations



### B.4.5 Shelter

No adequate key informant information on the severity of needs in the shelter sector was made available to the three consortium partners. In the view of the KIs, IDPs in the covered districts of Sa'ada should have first priority in getting shelter support, followed by Host communities and returnees/other conflict affected groups.

Due to lack of humanitarian access, limited shelter assistance is provided to the different target groups in Sa'ada. In the western districts covered under this assessment, IDPs and returnees alike report the urgent need for NFI support and shelter material/repairs.

#### Highest severity of needs identified:

- Al-Malaheet: Tajar Alirak: Shelter repair

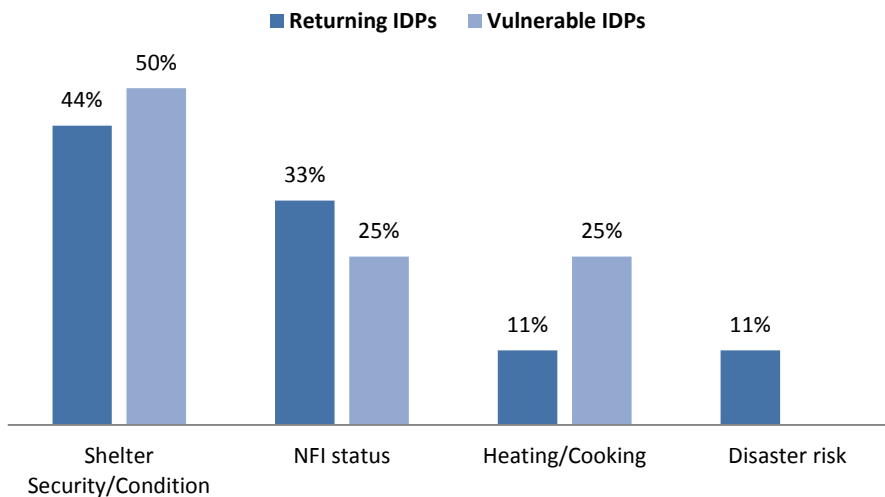


Figure 104: Shelter Sector – Sa'ada Governorate: Key challenges

According to the key informants consulted, the following shelter services in Sa'ada governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Al Bakalat	NO	NA	NA
Al-Mosalhagat	NO		
Sa'ada	NA		
Sahar	NO		

Figure 105: Key Actors Shelter Sector – Sa'ada Governorate

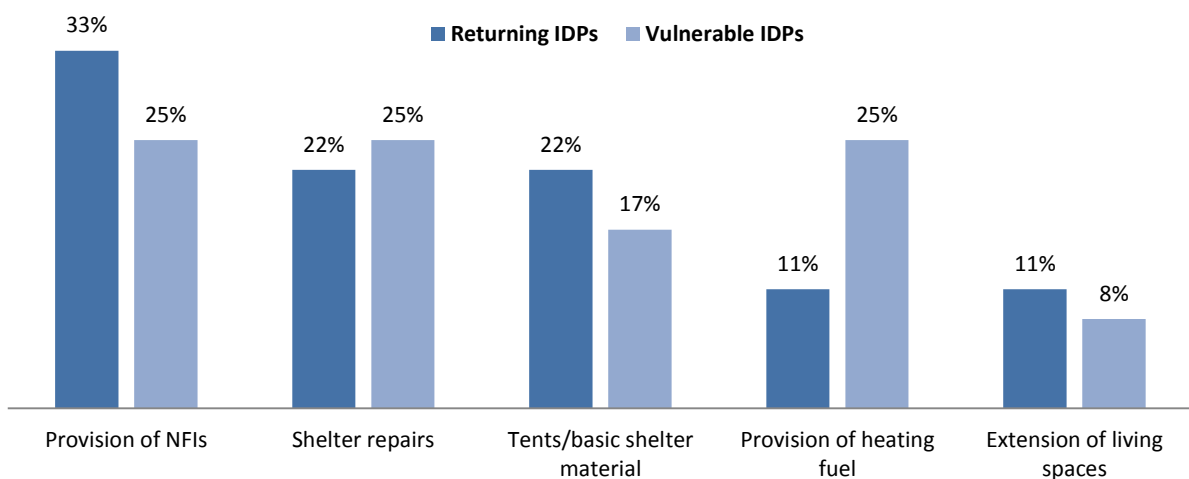


Figure 106: Shelter Sector – Sa'ada Governorate: Priority recommendations

## D.4.6 Food Security

No adequate key informant information on the severity of food security needs was made available to the three consortium partners. In the view of the KIs, other conflict affected groups in the covered districts of Sa'ada should have first priority in getting food support, followed by IDPs, Host communities and returnees.

After extremely limited access to this population for many years, access has been negotiated and food distribution was resumed in June 2011 (using an expanded beneficiary list). Findings under this assessment, albeit limited to western districts, confirm that food security is critical.

### Highest severity of needs identified:

- Al-Saffrah, Al-Malaheet: Critical food assistance for most vulnerable

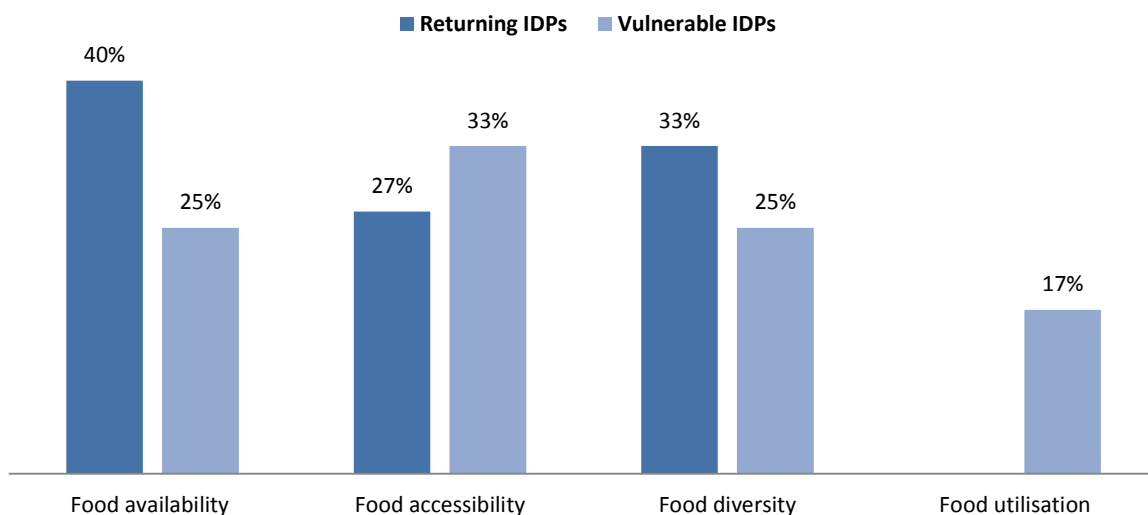


Figure 107: Food Security Sector – Sa'ada Governorate: Key challenges

According to the key informants consulted, the following food security services in Sa'ada governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Al Bakalat	NO	WFP	Food Supply
Al-Mosalhagat	NO		
Sa'ada	NO		
Sahar	NO		

Figure 108: Key Actors Food Security Sector – Sa'ada Governorate

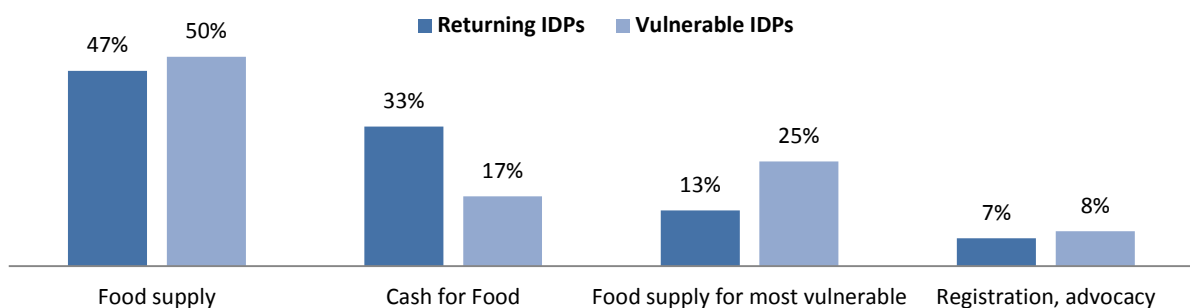


Figure 109: Food Security Sector – Sa'ada Governorate: Priority recommendations

### B.4.7 Health

No adequate key informant information on the severity of needs in the health sector was made available to the three consortium partners. In the view of the KIs, other conflict affected groups in the covered districts of Sa'ada should have first priority in getting food support, followed by IDPs, returnees and host communities.

Findings under this assessment are indicative only as most interviews were cancelled after an intervention from local authorities. The visited communities in the western districts report the need for rehabilitation of health centres and chronic lack of basic health services, female doctors and access to free/affordable drugs. According to the desk research, a most recent nutrition assessment (July 2010) indicates the prevalence of acute malnutrition of 45%, especially in the western part of Sa'ada. These very high levels were mainly due to the long-lasting insecurity, extremely high levels of poverty, geographical remoteness, lack of food assistance and lack of health and nutrition services over the last six years.

#### Highest severity of needs identified:

- Al Malaheet: malaria, lack of basic health services and drugs

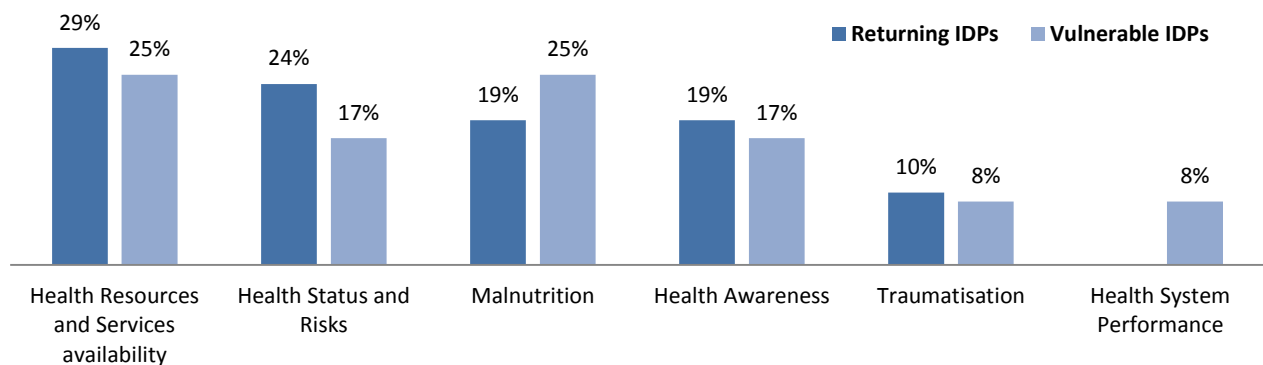


Figure 110: Health Sector – Sa'ada Governorate: Key challenges

According to the key informants consulted, the following health services in Sa'ada governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Al Bakalat	YES	Al Salam Hospital, S. Arabia Fund	Basic Health
Al-Mosalhagat	YES		
Sa'ada	NA		
Sahar	YES		

Figure 111: Key Actors Health Sector – Sa'ada Governorate

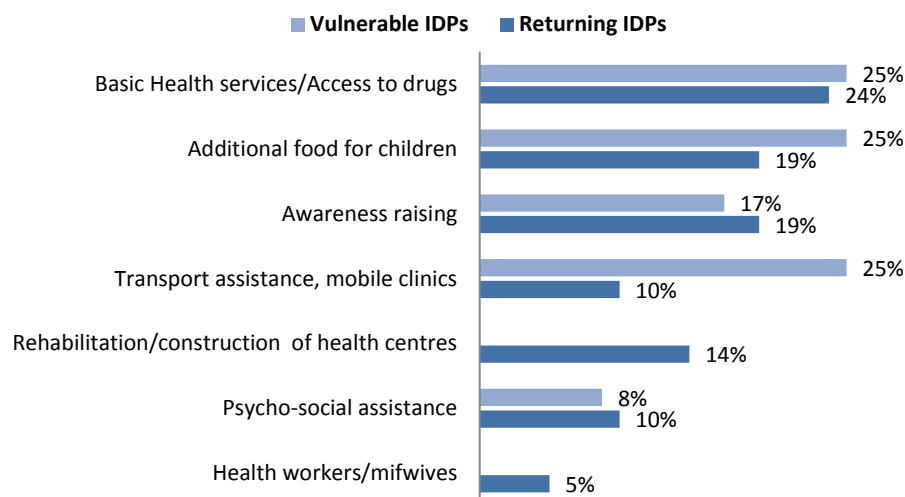


Figure 112: Health Sector – Sa'ada Governorate: Priority recommendations

### B.4.8 Education

Limited information is available under this assessment on education in Sa'ada. No adequate key informant information on the severity of needs in the education sector was made available to the three consortium partners. In the view of the KIs, IDPs in the covered districts of Sa'ada should have first priority in getting educational support, followed by host communities, other conflict affected groups and returnees. Lack of access and inadequate learning environment are the main issues identified by the community group discussions conducted in the western districts. Reconstruction of damaged schools was also requested. Due to cultural problems, girl education represents a particular problem in Sa'ada, calling for enhanced advocacy with local authorities.

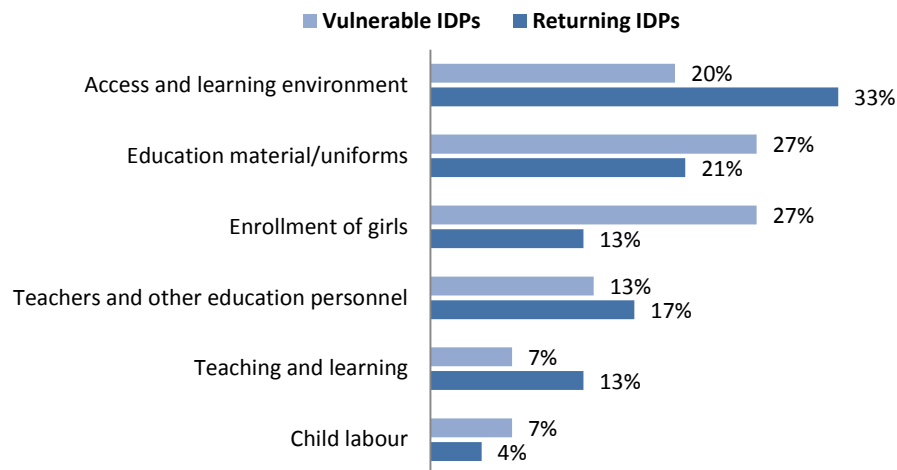


Figure 113: Education Sector – Sa'ada Governorate: Key challenges

According to the key informants consulted, the following educational services in Sa'ada governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Al Bakalat	<b>NO</b>	UNICEF, SC	Materials
Al-Mosalhagat	<b>NO</b>		
Sa'ada	<b>NA</b>		
Sahar	<b>YES</b>		

Figure 114: Key Actors Education Sector – Sa'ada Governorate

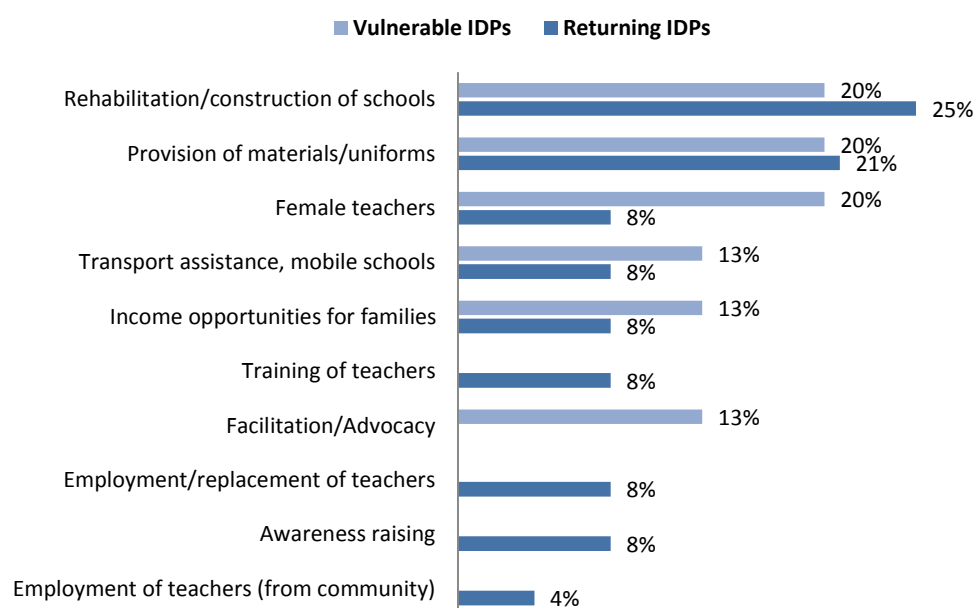


Figure 115: Education Sector – Sa'ada Governorate: Priority recommendations

### B.4.9 Protection

Limited key informant information on the severity of protection needs was made available to the three consortium partners. KIs recorded that between 50-63% of IDPs in Sa’ada centre and Sahar have serious protection needs. The protection needs of host communities and returnees are estimated lower, at between 20-30%. In the view of the KIs, IDPs in the covered districts of Sa’ada should have first priority in getting protection support, followed by host communities, other conflict affected groups and returnees.

Presence of land mines, insecurity, risk of renewed fighting, the fear of reprisals and forced recruitment by local authorities are reported by the visited communities in the western districts as the most common protection problems in Sa’ada. In Al-Malaheet, respondents report that children are not allowed to go to school.

**Highest severity of needs identified:**

- Mustabah/Harradh: qat smuggling, child labour, Harradh: trafficking

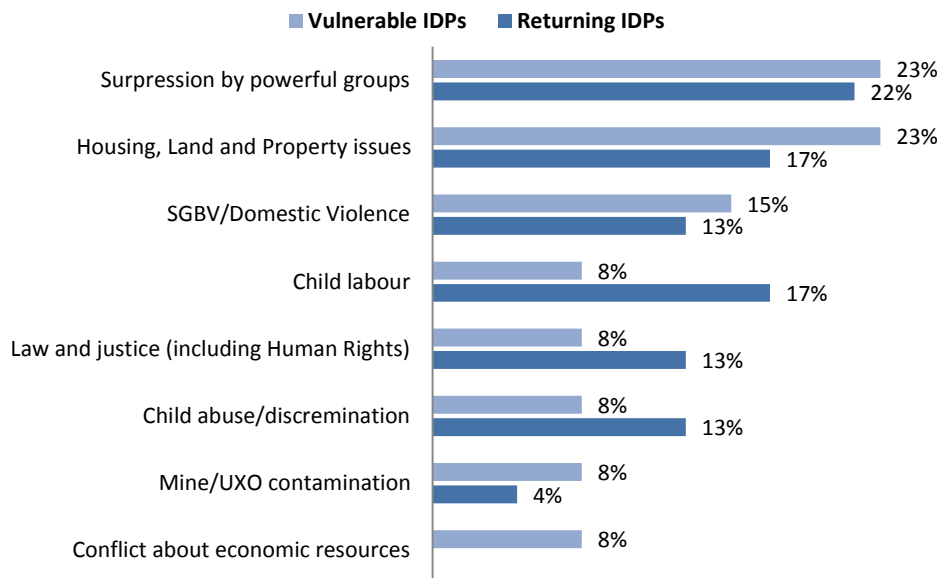


Figure 116: Protection Sector – Sa’ada Governorate: Key challenges

According to the key informants consulted, the following protection services in Sa’ada governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Al Bakalat	YES	IRY	Psychosocial support, legal support, counselling
Al-Mosalhagat	YES		
Sa’ada	NA		
Sahar	NO		

Figure 117: Key Actors Protection Sector – Sa’ada Governorate

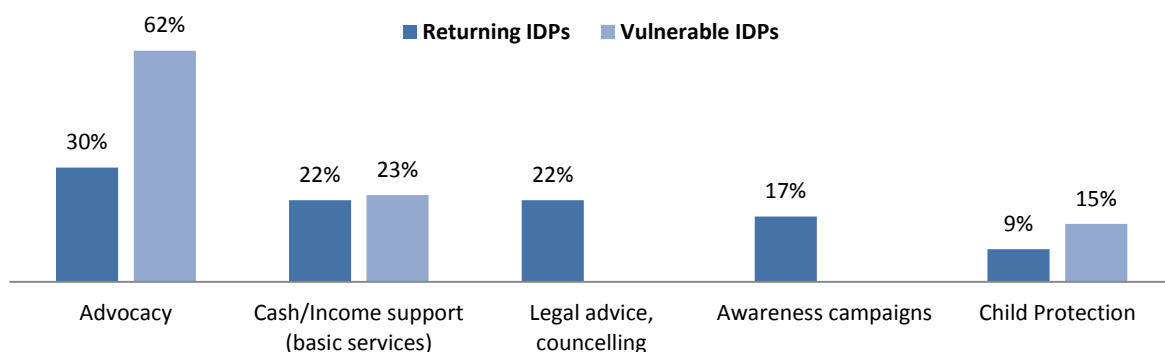


Figure 118: Protection Sector – Sa’ada Governorate: Priority recommendations

#### **B.4.10 Security and Humanitarian Access**

As a result of the continuation and increase of conflict in Sa'ada, including sporadic clashes between various groups, Sa'ada Governorate was taken over by the Al-Houthis the last week of March 2011, which has created a very complex situation. Despite the appointment of a new Governor, the Al-Houthi military leaders still have broad authority, and in general there is no clear vision on decision making at the Governorate level.

Initially, the new Sa'ada authorities had appealed to INGOs to resume activities, ensuring that all Governorate districts are accessible. This improved operational access of humanitarian agencies to districts outside of the city only temporarily. The situation changed in September 2011, when the Executive Council banned activities from international NGOs except for the delivery of food items. The situation remains volatile, and further escalations in violence will likely limit humanitarian access.



## B.5 Sana'a Governorate

### B.5.1 General

**ADRA reports that the current conflict in Sana'a did not allow the agency to collect all required information during the key informant interviews, as many offices remain closed. The information presented here are therefore indicative only. Further research is required.**

Under the JRA 2011, ADRA assessed Sana'a governorate in general, including various districts where IDPs from the northern governorates are located. ADRA contacted five key informants on central level<sup>6</sup> and carried out two male and two female community group discussions.

According to the key informants, a total of 1,750,000 persons are living in Sana'a governorate, including 39,000 IDPs (2% of the total population). The number of IDPs is increasing by 3,000 persons/month.

Districts assessed	# Total population	# Vulnerable IDPs	# Host community	# Returnees	# Conflict affected	# Marginalised
Sana'a Governorate (various districts)	1,747,834	38,923	17,470	9,735	45,817	NA
<b>Total</b>	<b>1,747,834</b>	<b>38,923</b>	<b>17,470</b>	<b>9,735</b>	<b>45,817</b>	<b>NA</b>

Figure 120: Sample Area of JRA 2011 – Sana'a Governorate

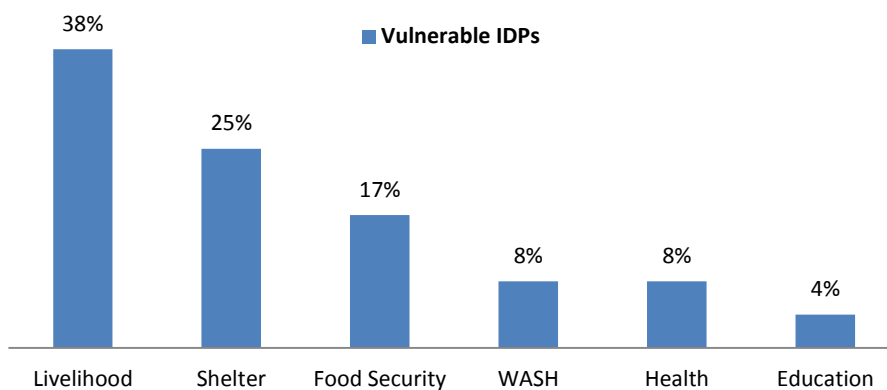


Figure 121: Sana'a Governorate: Priority recommendations across sectors and target groups

### B.5.2 Priority Recommendations

1. In general, a food security assessment is recommended for Sana'a governorate, which should focus on IDPs in inaccessible areas (Ahab district) as well as newly displaced/returned population in Al-Hasaba district.
2. Livelihood assistance is a crosscutting priority for the majority (38%) of all interviewed IDP communities. They are requesting improved income/employment opportunities in order to be able to pay for basic services, including accommodation, food, health, education, and water.
3. Shelter support is the second priority for the assessed communities. The high prices for rent represent a major challenge for most IDPs from the northern governorates residing in this urban environment. Required shelter support also includes the provision of basic household items (NFIs) and clothes for children.
4. Food security is recorded as the third priority of the interviewed IDP communities. IDPs report frequent delays in food deliveries, which makes it difficult for them to plan their food rations (less than 1 month's supply). There is a further risk of displacement due to high prices and reduced income.

<sup>6</sup> Including IOM, Executive Board, ADRA, and UNHCR.



### B.5.3 Livelihood

According to the key informants consulted on district level, 65% of IDPs in Sana'a face serious problems in maintaining their livelihoods. The livelihood of Host communities is slightly less affected, estimated at 38% by the key informants, while 53% of the other conflict-affected groups and 45% of returnees are in serious need of livelihood support. In the view of the KI, IDPs in the Sana'a should have first priority in getting economic support, followed by host communities, other conflict-affected groups and returnees. No information was made available on marginalised communities.

IDPs from the northern governorates (mostly Sa'ada) are usually residing in or around the Yemeni capital. High prices for rent, basic services and food represent a major challenge in this urban environment.

Visited IDP communities report discrimination in access to basic employment opportunities. Female communities report fear of eviction from their houses (for not being able to pay rent) as a common threat. Normal coping mechanisms include selling of relief items (if any, especially hygiene items) and child labour.

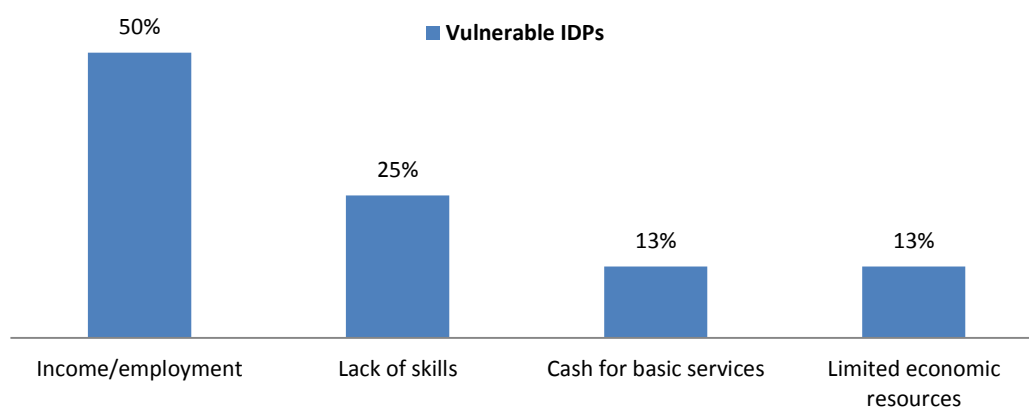


Figure 122: Livelihood Sector – Sana'a Governorate: Key challenges

According to the key informants consulted, the following livelihood services in Sana'a governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Sana'a Governorate (various districts)	NO	ADRA	Rent, loans, cash support
		IRY & CSSW	Small grants
		UNHCR	Rent assistance

Figure 123: Key Actors Livelihood Sector – Sana'a Governorate

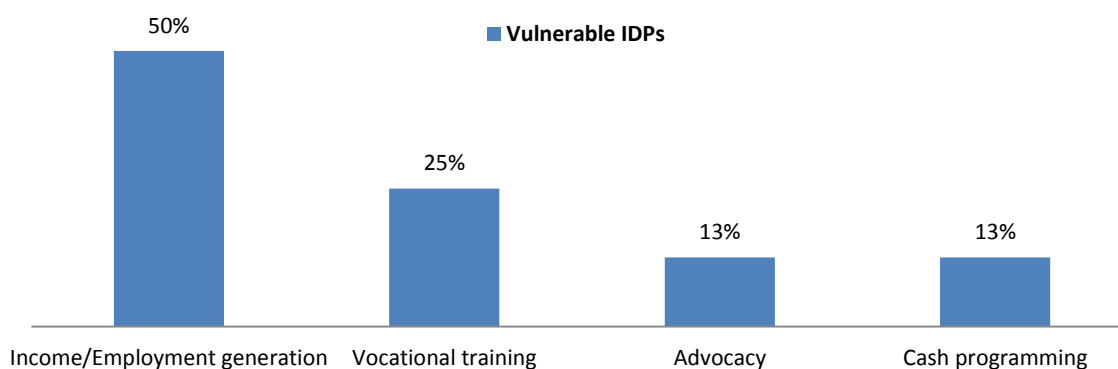


Figure 124: Livelihood Sector – Sana'a Governorate: Priority recommendations

### B.5.4 WASH

According to the key informants consulted on district level, 73% of IDPs in Sana'a face serious problems in accessing sufficient quantity and quality of water. The WASH situation of Host communities is equally affected, estimated at 67% by the key informants, while 38% of the other conflict-affected groups and 30% of returnees are in serious need of WASH support. In the view of the KI, IDPs in the Sana'a should have first priority in getting economic support, followed by Host communities, other conflict-affected groups and returnees. No information was made available on marginalised communities.

Most HHs in Sana'a have access to drinking water to some degree, although the cost of water has an impact on the amount used, as does an interruption in its supply. This applies especially for IDPs residing outside the urban part of Sana'a. This gap impacts on available water for sanitation for IDP and other rural households. IDPs were found to share bathrooms/toilets with the host community when possible, or use open spaces at far distances. During the community group discussions, IDPs reported a lack of hygiene materials. As they are frequently living in crowded, dirty conditions they felt to be in need for increased supply of soap to reduce the risk of disease spreading. Additionally, a shortage of water tanks was reported.

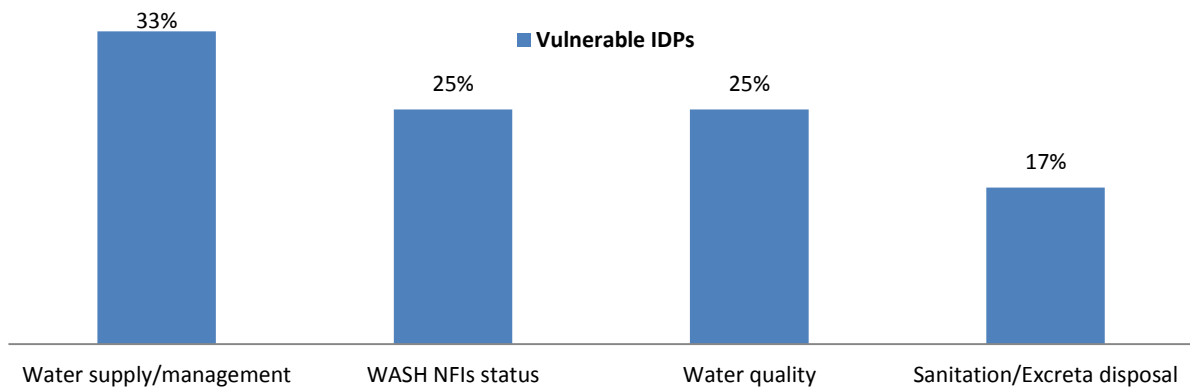


Figure 125: WASH Sector – Sana'a Governorate: Key challenges

According to the key informants consulted, the following WASH services in Sana'a governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Sana'a Governorate (various districts)	YES	CARE UNICEF	Tanks, sanitation
		ADRA	Hygiene promotion

Figure 126: Key Actors WASH Sector – Sana'a Governorate

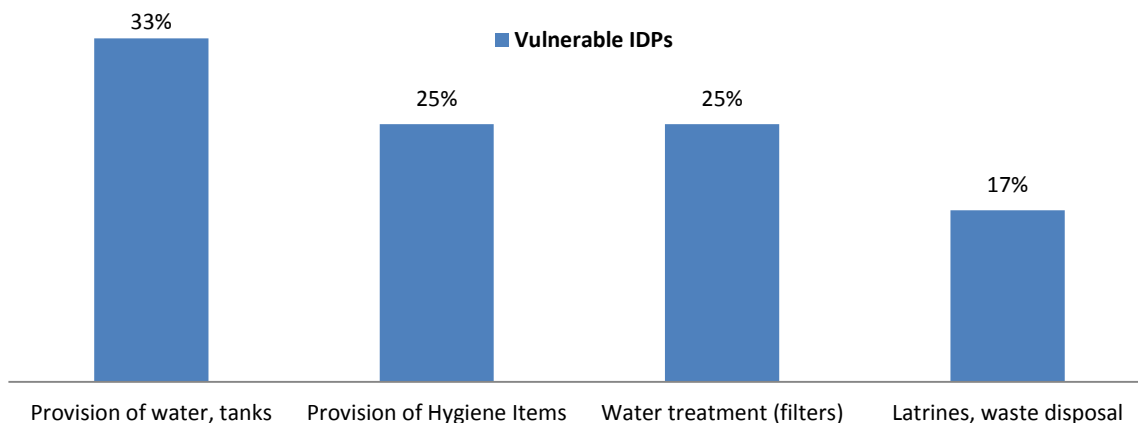


Figure 127: WASH Sector – Sana'a Governorate: Priority recommendations

### B.5.5 Shelter

According to the key informants consulted on district level, 45% of IDPs in Sana'a face serious problems in accessing sufficient quantity and quality of water. The shelter needs of host communities are slightly lower, estimated at 20% by the key informants, while 17% of the other conflict-affected groups and 40% of returnees are in serious need of shelter support. 40% of marginalised communities share the difficulty of accessing adequate shelter in Sana'a. In the view of the KI, IDPs in Sana'a should have first priority in getting shelter assistance, followed by other conflict-affected groups, Host communities, and returnees.

IDPs from Sa'ada located in or around Sana'a are renting old houses or any other affordable shelter. Respondents generally see living space and conditions as insufficient, in terms of living spaces, access to electricity, and sanitation. Rent for shelter is the largest problem for the vast majority.

Other urgent requirements include winterisation, i.e. clothes, blankets, bedding/mattresses, and cooking fuel. Not included in the community discussions, but covered by the ACAPS desk research, are affected families in Yahees sub-district of Ahab. They reside in (communal) caves during the nights, some of which are reportedly unsafe due to sporadic bombing.

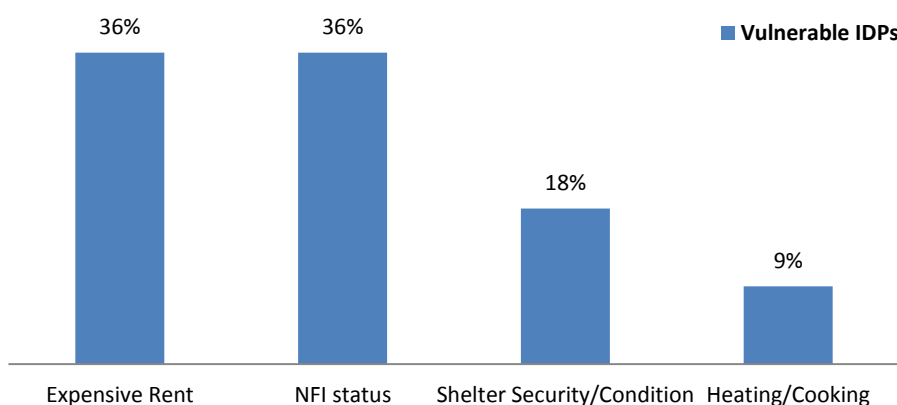


Figure 128: Shelter Sector – Sana'a Governorate: Key challenges

According to the key informants consulted, the following shelter services in Sana'a governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Sana'a Governorate (various districts)	YES	UNHCR	Tents, NFIs, rent assistance

Figure 129: Key Actors Shelter Sector – Sana'a Governorate

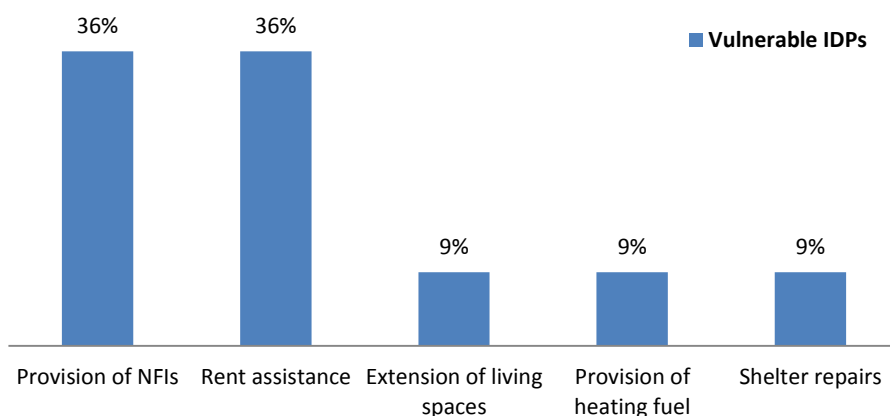


Figure 130: Shelter Sector – Sana'a Governorate: Priority recommendations

### B.5.6 Food Security

According to the key informants consulted on district level, 48% of IDPs in Sana'a face serious food security problems. The food security of host communities is equally affected, estimated at 43% by the key informants, while 21% of the other conflict-affected groups and 45% of returnees are in serious need of food support. 40% of marginalised communities share the difficulty of accessing sufficient food in Sana'a. In the view of the KI, IDPs in Sana'a should have first priority in getting economic support, followed by Host communities, other conflict-affected groups, and returnees.

Food accessibility and diversity is the main issue for the assessed target groups in the Yemeni capital. During the community group discussions IDPs report frequent delays in food deliveries, which makes it difficult for them to plan their food rations (less than 1 month's supply). There is a further risk of displacement due to high prices and reduced income.

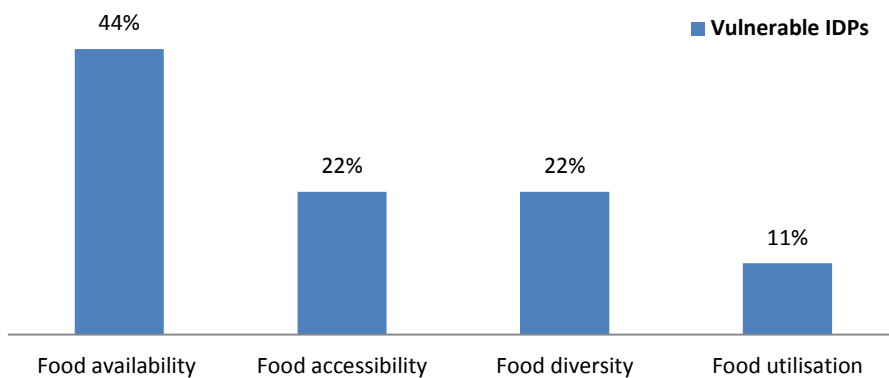


Figure 131: Food Security Sector – Sana'a Governorate: Key challenges

According to the key informants consulted, the following food security services in Sana'a governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Sana'a Governorate (various districts)	YES	WFP	Food Supply

Figure 132: Key Actors Food Security Sector – Sana'a Governorate

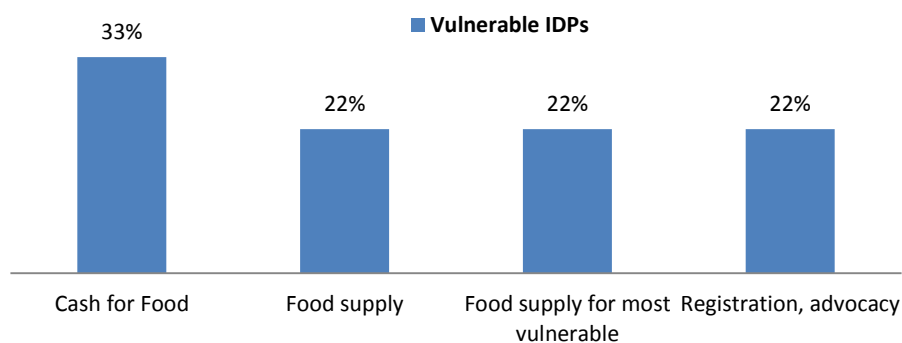


Figure 133: Food Security Sector – Sana'a Governorate: Priority recommendations

### B.5.7 Health

According to the key informants consulted on district level, 50% of IDPs in Sana'a face serious problems to access basic health services. Host communities are equally affected, estimated at 60% by the key informants, while 26% of the other conflict-affected groups and 45% of returnees need better access to basic health services. In the view of the KI, IDPs in the Sana'a should have first priority in getting health support, followed by host communities, other conflict-affected groups, and returnees.

The visited IDPs reported access to health facilities/pharmacies, but were concerned about disease spreading due to lack of soap, dirty living conditions, and overcrowding. Children in urban areas are affected by diarrhoea twice more than in rural areas, despite reported increase in water availability. In rural areas, lack of access to cash for transport and drugs is reported as the largest health challenge for IDPs in Sana'a.

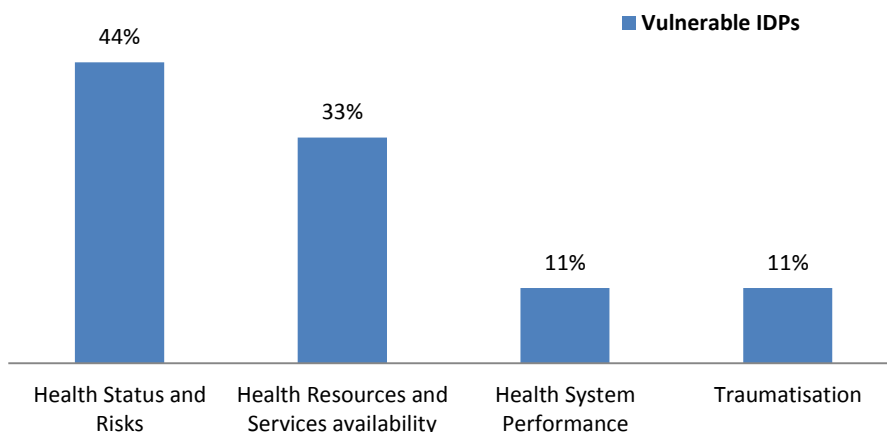


Figure 134: Health Sector – Sana'a Governorate: Key challenges

According to the key informants consulted, the following health services in Sana'a governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Sana'a Governorate (various districts)	YES	ADRA	Basic health, drugs
		WHO, MoPH	Basic health, first aid, drugs

Figure 135: Key Actors Health Sector – Sana'a Governorate

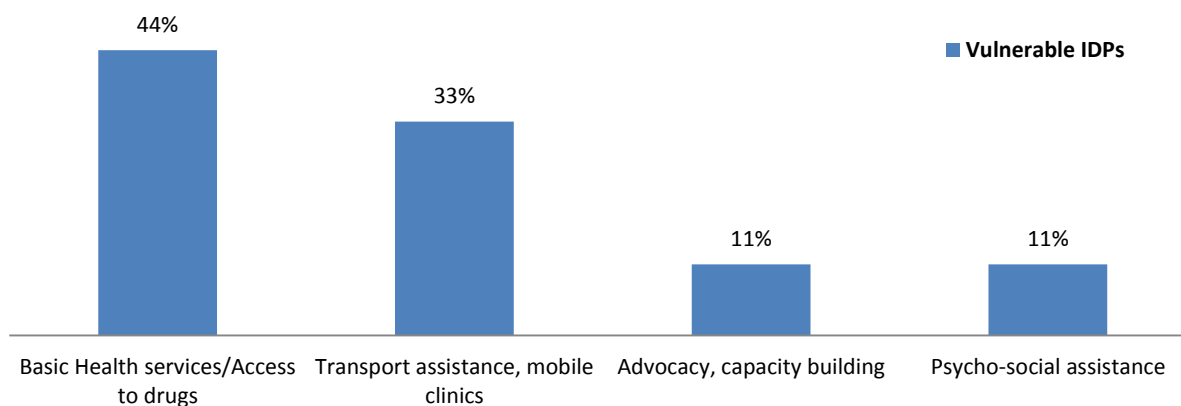


Figure 136: Health Sector – Sana'a Governorate: Priority recommendations

### B.5.8 Education

According to the key informants consulted on district level, 68% of IDPs in Sana'a face serious problems to access primary education. Host communities are less affected, estimated at 30% by the key informants, while 20% of the other conflict-affected groups and 45% of returnees are in serious need of educational support. In the view of the KI, IDPs in Sana'a should have first priority in getting educational support, followed by host communities, other conflict-affected groups, and returnees.

Sana'a, IDPs are reporting that their children cannot be admitted to school because they lack relevant registration documents, or can't pay for the admission fees. Better advocacy with the Ministry of Education is recommended. IDP children are reportedly discriminated by other children in school (clothes, dialects).

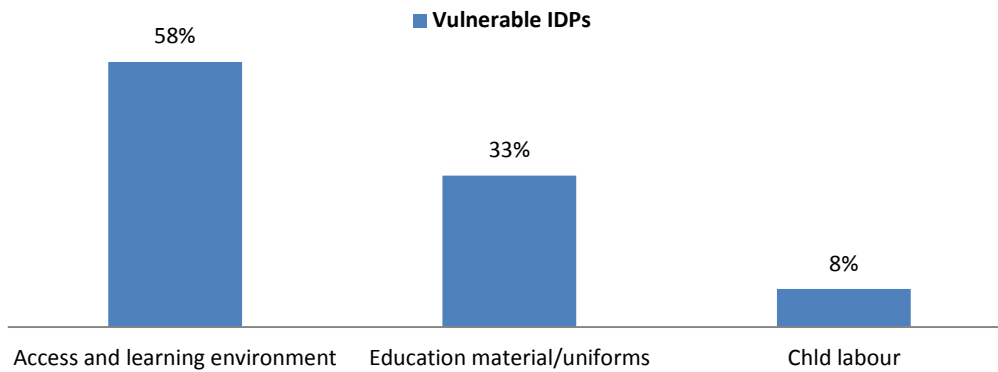


Figure 137: Education Sector – Sana'a Governorate: Key challenges

According to the key informants consulted, the following educational services in Sana'a governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Sana'a Governorate (various districts)	YES	UNICEF, MoED	Educational materials

Figure 138: Key Actors Education Sector – Sana'a Governorate

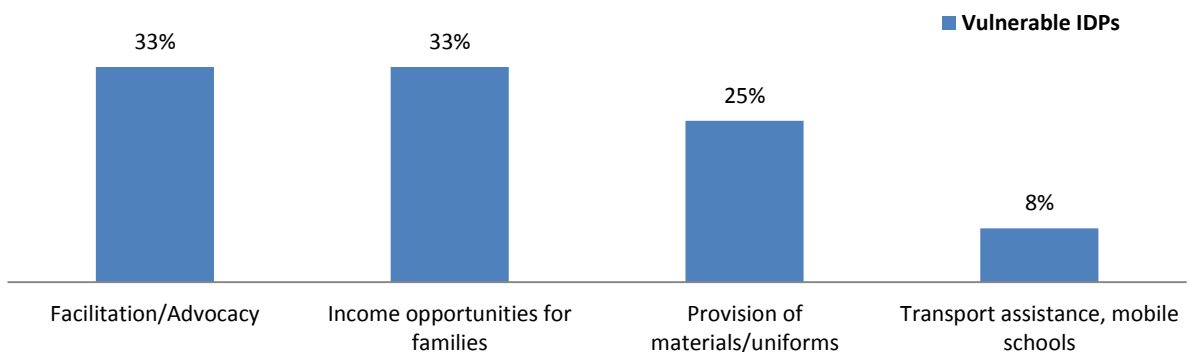


Figure 139: Education Sector – Sana'a Governorate: Priority recommendations

### B.5.9 Protection

According to the key informants consulted on district level, 50% of IDPs in Sana'a face serious protection problems. Host communities are less affected, estimated at 40% by the key informants, while 22% of the other conflict-affected groups and 40% of returnees are in serious need of protection support. In the view of the KI, IDPs in the Sana'a should have first priority in getting educational support, followed by host communities, other conflict-affected groups, and returnees.

IDPs in Sana'a are facing various protection issues. Visited IDP communities perceive discrimination and unequal access to employment and basic services as the main problem in this sector. The second, most frequently mentioned problem is child abuse and discrimination. Female IDP community groups report that their children are discriminated by host communities for their lack of adequate clothes, prejudice about their area of origin, and dialects.

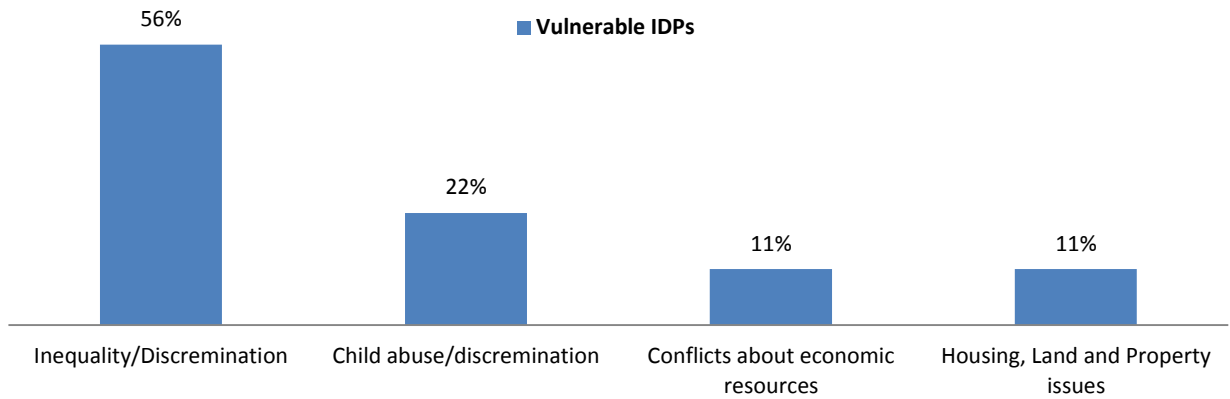


Figure 140: Protection Sector – Sana'a Governorate: Key challenges

According to the key informants consulted, the following protection services in Sana'a governorate are recorded:

Districts assessed	Services available	Agencies	Assistance
Sana'a Governorate (various districts)	YES	ADRA	Counselling, training for children
		UNHCR, UNICEF	Child protection

Figure 141: Key Actors Protection Sector – Sana'a Governorate

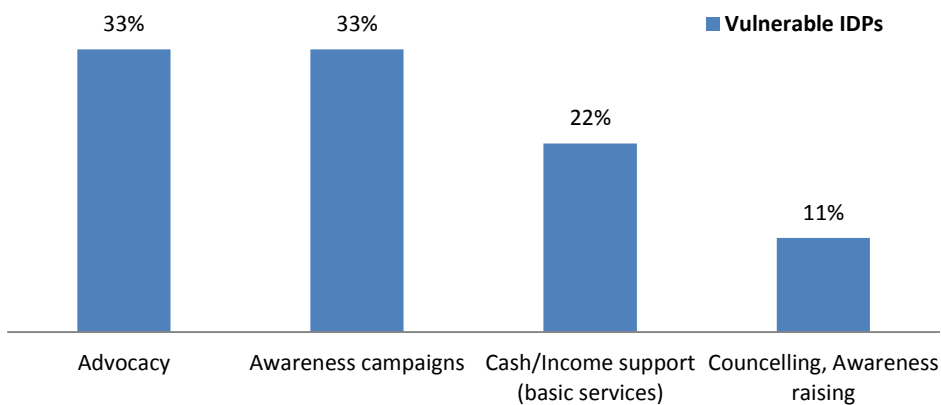


Figure 142: Protection Sector – Sana'a Governorate: Priority recommendations

### B.5.10 Security and Humanitarian Access

IDPs in Sana'a, unlike those in some other governorates receive very little in terms of assistance, with only limited food distribution occurring and minimal provision of NFIs and health care. For IDPs in Sana'a, their main concerns relate to income generation and the affordability of health care. The on-going demonstrations and protracted protests have impacted access by IDPs to the IDP Community Centre, partner health facilities and local organisations, as the traffic in Sana'a is restricted in some areas and at certain times. The recent conflicts in Sana'a have resulted in 4,000 urban refugees (OCHA) now seeking protection and relocation. Refugee committees in Sana'a are vocalising their fears regarding the rapidly deteriorating situation through protests and advocating through their Community Leaders.

Conflict is ongoing in areas such as Ahab, Sana'a governorate. The ceasefire between the Al Houthis and Al-Islah supporters is currently holding. Access remains a challenge and organisations continue to collaborate to find solutions in obtaining increased access.



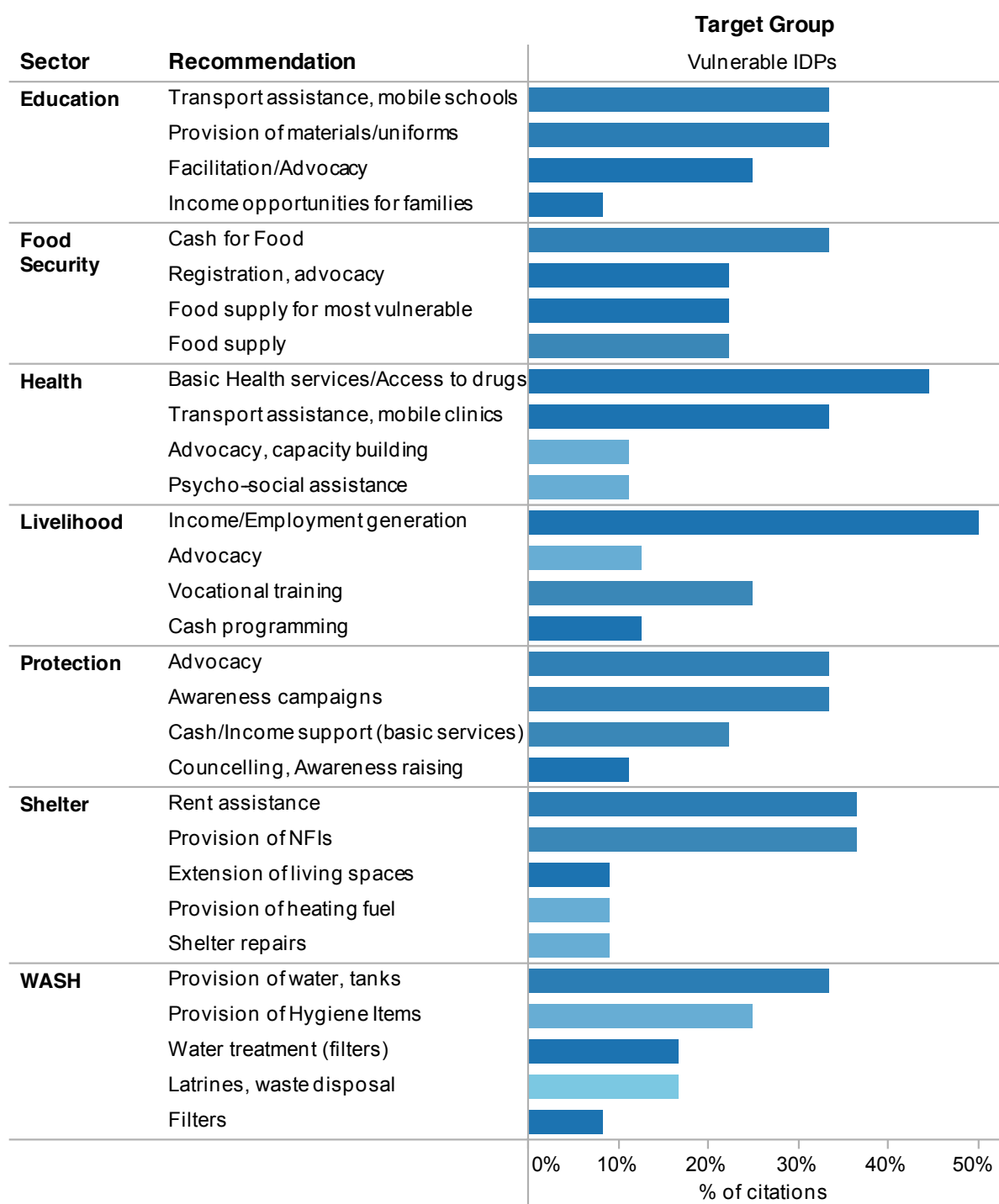


Figure 143: Sana'a Governorate: Priority recommendations across sectors and target groups

## Annex C: Methodology

### C.1. Background

The assessment has been carried out in the context of the “Integrated Emergency Response Programme for Yemen 2011 – 2012” (IERP)<sup>7</sup>. The programme is funded by DFID and implemented by a consortium of humanitarian agencies operational in Yemen (ADRA, CARE, Islamic Relief, OXFAM and Save the Children). The goal of the programme is to utilize an integrated and consolidated consortium approach to contribute to the Yemen Humanitarian Response Plan (YHRP) by:

- c) providing life-saving, time-critical and early recovery assistance targeting 210,040 persons (target excludes indirect beneficiaries) affected by the complex humanitarian crisis in the five northern governorates of Yemen (Al-Jawf, Amran, Hajjah, Sana’a and Sa’ada), and
- d) contributing to the enhancement of local capacities for preparedness and resiliency.

The second phase of the IERP programme started in July 2011 and is coordinated by CARE International in Yemen. In July 2011, CARE approached the Assessment Capacity Project (ACAPS) to assist the Consortium Partners (CPs) to conduct a Joint Rapid Assessment (JRA).

### C.2. Purpose

The purpose of this assessment was to:

- Analyse humanitarian needs and response in the five northern governorates affected by the Al-Houthi-Government conflict in Sa’ada (Al-Jawf, Amran, Hajjah, Sana’a and Sa’ada) through a desk review of secondary sources including assessments and reports.
- Utilize coverage and capacities of the consortium partners and strengthen their capacities in order to carry out the JRA process.
- Identify potential short-term and long-term collaborative response and ensure synergies in targeting, interventions and approach.
- Capture relevant learning from the JRA process that can be used to improve similar processes in future, both in Yemen or other countries.

### C.3. Scope and Focus

There is a risk of increased crisis when targeted communities’ coping capacities and strategies are weakened by various factors. The IERP programme focuses on the following sectors which impact positively or negatively on vulnerabilities of the affected communities by the complex humanitarian crisis in the five northern governorates of Yemen: health, education, WASH, protection, and early recovery.

ACAPS undertook an assessment of these elements, guided by the programme’s logical framework and internally accepted indicators (SPHERE, and Cluster/Sector specific indicators) used elsewhere in humanitarian emergencies.

Underlying factors that also influence the risk that a community will fall victim to a crisis were also identified and assessed, including: the overall governance situation (general situation, coordination, security situation etc.), demographics, economic context, socio cultural context, environmental context, and others. Activities centre on an integrated approach of primary-source surveys, in-depth stakeholder consultation, and community group discussions with the affected population and joint analysis by the CPs.

Key beneficiary groups of the assessment included: IERP Consortium Partners, donors, Government decision-makers, the UN Humanitarian Country Team, and the wider humanitarian and donors’ community. The assessment findings are made available to all IASC Clusters and Sub-Clusters to be analysed through their particular prism of expertise and mandates.

<sup>7</sup> This Joint Rapid Assessment Methodology needs to be read and understood in conjunction with the IERP programme description.

## C.4. Process and methods

The methodology, including a detailed assessment proposal, plan, and sampling procedures has been agreed between ACAPS and CARE Yemen at the onset of the assessment process.

The methodology is both qualitative and quantitative and a rapid pre-test of all data collection tools has been conducted prior to full roll out. Data will be verified through triangulations.

The following ten key stages were included in the assessment process:

1. Review secondary sources of information and available programme documents in order to situate the consortium project within the broader environment.
2. Conduct consultations with key CARE Yemen staff and consortium partners and humanitarian actors in Yemen and agree on methodology.
3. Design and test tools for data collection.
4. Train consortium partners in the tools and JRA methodology.
5. Form NGO assessment teams, with each team assigned to a specific district/area.
6. Conduct and coordinate implementation of the field assessment, including:
  - Semi-structured, qualitative interviews/discussions with Community Groups among the different target groups under the IERP programme.
  - Structured, quantitative interviews with key informants, including community leaders, religious leaders, government representatives, military/police forces, and agencies operational within the affected areas.
7. Aggregate governorate profiles by sector and target groups and summary analyses.
8. Prepare draft summary report for dissemination and feedback from CPs.
9. Prepare the final report incorporating feedback from CARE Yemen and CPs.
10. Present final JRA findings to consortium partners and DFID.

## C.5. Responsibilities

The basic needs assessment has been carried out by the following agencies:

- Lead Agency (CARE)
- Assessment Coordination (ACAPS)
- Field Work (Consortium Members, incl. CARE)

### C.5.1 Lead Agency (CARE)

As the lead agency for the consortium programme and the assessment, CARE was responsible for the following tasks:

- Budget support and logistical support for arranging meetings the consultant's travels/permits
- Assign a dedicated focal point for the assessment
- Timely input on the deliverables submitted by the assessment team/approval of templates
- Conduct beta testing of questionnaires, supported by the assessment coordinator
- Assist the Assessment Coordinator (see C.5.2 below) in obtaining required feedback from the consortium/assessment partners as required
- Approve the proposed composition of the assessment teams
- Monitor and ensure compliance with CARE CO safety and security protocols
- Liaison with DFID (donor), Humanitarian Country Team (HCT), government, etc. as required

### C.5.2 Assessment Coordination (ACAPS)

As the assessment coordinator, ACAPS was responsible for the following tasks:

- Provide a proposal, work plan for the assessment, and a proposed budget
- Design methodology, tools, training materials
- Review existing data and information on the situation in five governorates

- Coordinate the work of the assessment teams in order to timely and effectively produce the required outputs
- Provide regular briefings on progress to the CARE focal point
- Report to the assessment focal point/ Assistant Country Director – Programs
- Respect and comply with CARE CO safety and security protocols
- Consult with key staff from CARE and consortium partners and agree on the JRA methodology
- Finalize methodology, tools and training on rapid assessment with staff, partners and any local consultants
- Monitor and coordinate the field work
- Supervise the data entry process, conduct random verification
- Conduct data analysis
- Share interim findings with CPs and incorporate feedback and additional analysis into the final assessment report
- Presentation of timely quality deliverables

### C.5.3 Field Work (Consortium Partners)

The Consortium Partners (ADRA, CARE, Islamic Relief, OXFAM and Save the Children) were responsible for the following tasks:

- Appoint dedicated focal points for each agency for the assessment
- Gathering of baseline data, sharing assessment reports and previous methodologies, questionnaires, agency/sector specific information requirements
- Utilize the information management tools provided by the assessment coordination
- Participate in the completion of methodology and questionnaires
- Second dedicated assessment teams/team leaders as required by the methodology
- Provide training to the assessment teams through the team leaders
- Provide logistical/safety and security support to the assessment teams
- Carry out the field work through the assessment teams
- Provide daily feedback to the assessment coordinator through the assessment team leaders
- Complete one report (utilizing the agreed report structure, annexed to this methodology) for each interview held, translated as possible
- Supervise/Approve the assessment reports and submit electronically to the assessment coordinator
- Hand over original notes together with complete contact details to the assessment coordinator
- Provide input at various stages of the process including the fine-tuning of the methodology and during the presentation of the draft report
- Provide additional analysis to the final report as required

## C.6. Limitations of findings

It is recognised that, in line with the rapid character of this assessment, and the restrictions in both time and resources available, the findings of this needs assessment are limited in terms of: geographic coverage; depth of research by sector; and, the extent to which the sampling scope is representative for the overall humanitarian situation in the affected regions.

Secondly, the amount of *baseline data* that could be collected under the quantitative component of this assessment was limited to key figures provided by primary sources at the locations assessed.

## C.7. Sampling Frame

### C.7.1 Sampling objectives

The requirements of the sample for the survey were as follows: Analysis of the data/interviews should be capable of producing information/data that are representative in terms of:

- Specificity to the environment in the northern governorate
- Validity of information obtained
  - o Geographical coverage - interviews should cover all accessible districts affected by the crisis and covered under the IERP programme.

- Topical coverage – including issues of concern to those cluster groups participating in this exercise.
- Coverage of all target groups selected under the IERP programme design
- Reliability (repeatability)
- Comparability (between governorates, sectors, and target groups)

These objectives were met by:

- Selecting the sufficient, **purposive sample** in all accessible locations in the conflict-affected areas
- Using two inter-related standard templates for each assessment team; including a) a semi-structured, qualitative questionnaire for the Community Group Discussions, and b) a structured, quantitative questionnaire for key informants
- Recording indicators on the reliability of Community Groups/key informants interviewed
- Triangulation of findings

### C.7.2 Overall sample structure

The overall sample structure was based on the baseline data available at the time of drafting this methodology, experience gained from other assessments, and the IERP programme design. The focus was on the four northern governorates in Yemen, affected by the IDP crisis (the capital Sana'a was only included insofar as displaced persons from the northern governorate are located there).

On 10 August, OCHA released an update on the displacement figures in the four northern governorates, including a new caseload in Al Jawf and Sana'a:

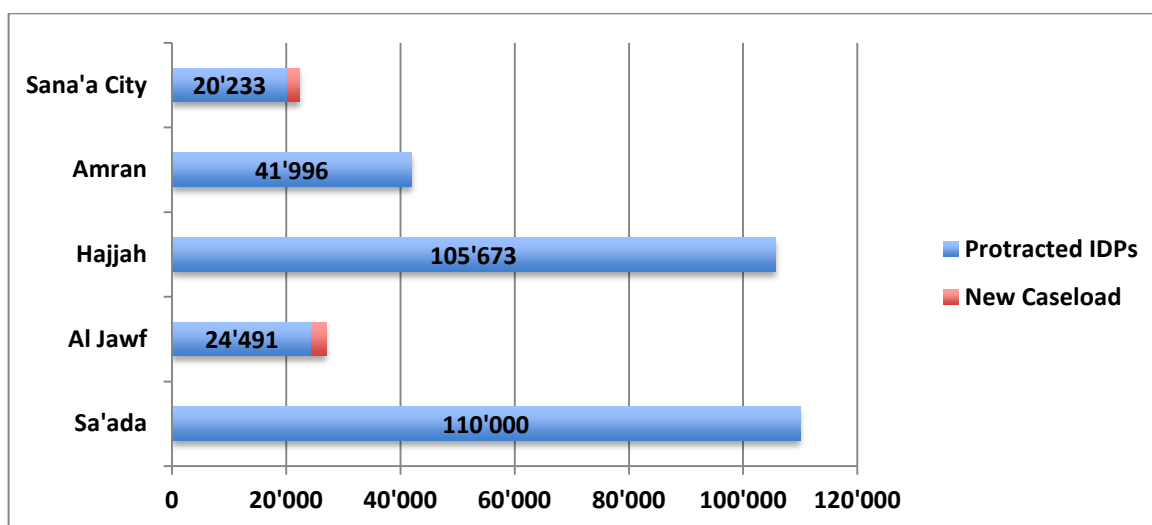


Figure 144: Displacement Figures Status August 2011 (OCHA, Hum. Snapshot, 10/08/2011)

According to UN-OCHA, there are about 330,000 persons recorded as affected by the crisis in the four northern governorates, including IDPs in the capital Sana'a.

Governorate	Number of IDPs	Sources
Sa'ada	110,000	UNHCR (31/05/2011)
Hajjah	105,673	UNHCR (31/05/2011)
Amran	41,996	UNHCR (31/05/2011)
Al Jawf	24,491	UNHCR (31/05/2011)
<b>Total</b>	<b>282,160</b>	

**New Displacement Figures since 15 July (unverified):**

Al Jawf	1,500 - 3,000	UN-OCHA (Jul-11)
Ahab/Amran	9,500	UN-OCHA (31/07/11)
Sana'a	34,233	UN – OCHA (Jul-11)

**Other Displaced Population of Concern**

97,000 returnees in Northern Yemen

116,830 war affected persons in Sa'ada

**Total number of vulnerable persons in northern Yemen: 328,893 persons***(Source: UN-OCHA Situation Report No.7, 16 August 2011)*

Figure 145: Indicative figures - Food distribution to IDPs in Hajjah and Amran Governorates

Governorate	Total Active Population	Families	Males	Females	Assisted by UNHCR/Ips
Sana'a	35,492	3,910	18,638	16,854	21,223
Amran	40,336	5,887	19,630	20,706	39,876
Hajjah	105,673	14,408	54,148	51,527	101,102
Al Jawf	24,491	3,971	12,213	12,278	14,290
Sa'ada	110,000	15,714	55,000	55,000	-
<b>TOTAL registered and verified</b>	<b>315,992</b>	<b>43,890</b>	<b>159,629</b>	<b>156,365</b>	<b>176,491</b>

Figure 146: UNHCR – Government of Yemen IDP statistics (status July 2011)

Target group description:

The target group of the IERP included not only IDPs, but different categories of “conflict-affected people”, including:

a) *Vulnerable IDPs*

**Definition:** IDPs are persons that are currently dislocated from their place of origin as a direct consequence of the ongoing conflict in the northern governorates. They can be registered or not registered by UNHCR/GoY. “Before” and “after” refers to the time prior to their displacement.

The CPs further differentiated between:

- IDPs that have a protection concern and cannot go back because of fear of retaliation (key target group for support)
- IDPs that stay displaced for other reasons (such as better access to services), and
- IDPs that may have found alternative livelihoods and do not consider return as their preferred option

Place of Origin		Hajjah		Amran		TOTAL	
Governorate	District	Families	Individuals	Families	Individuals	Families	Individuals
Sa'ada	Al-Dahaher	662	4,490	-	-	662	4,490
	Al-Hashwah	-	-	1	5	1	5
	As Safra	5	42	95	585	100	627
	Baqim	-	-	10	65	10	65
	Ghamr	84	723	-	-	84	723
	Hamdan	-	-	-	-	-	-
	Haydan	1,679	11,992	9	65	1,688	12,057
	Kitaf wa Aal	-	-	2	11	2	11
	<i>Majz</i>	3	11	53	386	56	397
	Maran	-	-	-	-	-	-
	<i>Razih</i>	101	719	56	352	157	1,071
	<i>Sahar</i>	11	87	370	2,467	381	2,554
	Shada'a	81	560	-	-	81	560
	<i>Saqyan</i>	390	3,013	5	42	395	3,055
	<i>Sa'adah</i>	6	44	115	755	121	799
	Qatabir	-	-	1	10	1	10
Monabbih	89	611	1	7	90	618	
Amran	<i>Harf Sufyan</i>	9	15	4	35	13	50
Al Jawf	Al-Humaydat	-	-	-	-	-	-
<b>TOTAL</b>		<b>3,120</b>	<b>22,307</b>	<b>722</b>	<b>4,785</b>	<b>3,842</b>	<b>27,092</b>
<b>Outside Camps</b>		<b>1,680</b>	<b>8,401</b>	<b>722</b>	<b>4,785</b>	<b>2,402</b>	<b>13,286</b>
<b>Inside Camps</b>		<b>2,397</b>	<b>16,385</b>	<b>-</b>	<b>-</b>	<b>2,397</b>	<b>16,385</b>

(status July 2011) – Figures in italic: target districts under IERP

Figure 147: UNHCR – Government of Yemen IDP statistics – Returnees through IDP Centres

#### b) Returning IDPs

**Definition:** Returning IDPs are IDPs that either returned already or plan to return to their places of origin, bases on their registration with IDP Centres. “Before” and “after” refers to the time prior to their return.

#### c) Other Conflict-affected population

**Definition:** Other conflict-affected persons are persons currently residing in their places of origin, who are directly affected as a direct consequence by the ongoing conflict in the northern governorates, including destruction, lack of access to public services, exposure to security risks (UXO/mine contamination, fighting, etc.). “Before” and “after” refers to the time prior to these direct affects by the conflict.

#### d) Host communities

**Definition:** Host communities are households that are located in communities that are currently hosting a number of IDPs in non-permanent and permanent housing arrangements. “Before” and “after” refers to the time prior to the arrival of these IDPs.

### C.7.3 Selection of sample area

In coordination with the governorates of Sa'ada, Hajjah, Amran and Al Jawf, it was agreed by the Consortium Partners prior to commencement of the IERP programme to focus on those districts (*muderiah*) where the largest numbers of IDPs are located, especially outside the camps. All districts included in the overview are hosting IDPs or families directly affected by the crisis. These districts are accessible to the Consortium Partners (to different extend) and are included in the IERP programme. The JRA intends to cover all districts included under the programme (subject to security and accessibility during the time of field work).

Priority districts for programming (by number of sectors/interventions), and thus important for the assessment, are marked in *italic*:

Governorate	District	Agency	Sector
<b>Al-Jawf</b>	Al-Hizam	ADRA	Health
	Al-Matoun	ADRA	Health
	Al-Matammah	ADRA	Health
	Al-Maslob	ADRA	Health
<b>Amran</b>	Amran City	SCY, OXFAM, CARE	Education, Early Recovery, WASH, Protection
	Raydah	CARE	WASH, Protection
	Kharef	CARE	WASH, Protection
	Jabal Yazid	CARE	WASH, Protection
	Harf Sufyan	SCY	Education
<b>Hajjah</b>	Haradh	ADRA, OXFAM	Health, Early Recovery
	Mustaba	OXFAM	WASH
<b>Sa'ada</b>	Saguine	SCY, IRY	Education, Protection, Health, Early Recovery
	Safra	SCY, IRY	Education, Protection, Health, Early Recovery
	Razeh	SCY	Education
	Sa'ada	IRY	Protection, Health, Early Recovery
	Sahar	IRY, OXFAM	Protection, Health, Early Recovery, WASH
	Magaz	IRY	Protection, Health, Early Recovery
	Al-Bogalat	OXFAM	WASH
	Al-Malaheet	OXFAM	WASH
	Al-Mosalhagat	OXFAM	WASH
	<b>Sana'a</b>	Sana'a	ADRA

Figure 148: Districts of four northern governorates included under the IERP

In each district, Community Group discussions (separate for women and men) were conducted on village/camp level, as appropriate. The assessment teams targeted those villages with the highest number of target groups as per the IERP programme design. Another important indicator for the selection of the target area (purpose sampling) was the concentration of key target groups in the respective districts. Based on the displacement figures above, the following clustering has been identified:

Governorate	District	Category A: Vulnerable IDPs	Category B: Host Communities	Category C: Other conflict-affected people	Category D: Returning IDPs
<b>Al-Jawf</b>	Al-Hizam	☐			
	Al-Matoun	☐	☐		
	Al-Matammah			☐	
	Al-Maslob			☐	
<b>Amran</b>	Amran City	☐	☐		
	Raydah	☐	☐		
	Kharef	☐	☐		
	Jabal Yazid	☐	☐		
	Harf Sufyan	☐	☐	☐	
<b>Hajjah</b>	Haradh	☐	☐		
	Mustaba	☐			
<b>Sa'ada</b>	Al Malaheet			☐	☐
	Saguine			☐	☐
	Safra				☐
	Razeh			☐	☐
	Sa'ada	☐	☐	☐	☐
	Sahar				☐
	Magaz				☐
	Al-Bogalat				☐
	Al-Mosalhagat			☐	
	<b>Sana'a</b>	Sana'a	☐		

Figure 149: Clustered Presence of IERP key target groups in the districts of four northern governorates included under the IERP



#### C.7.4 Site selection

Based on the sample selection criteria above, the assessment teams were tasked to identify sites that are meeting these criteria.

**Definition:** A “site” is defined as a settlement/camp/community, where a cluster of households is residing at the time of visit that are meeting one of the defined target group descriptions.

While the number of target group representatives at the site can vary, it was of utmost importance that a sufficient number of persons of that group is available and willing to speak to the assessment teams on behalf of the other members of this target group and the selected gender at that site.

Prior to conducting the fieldwork, the assessment team shared selection criteria of the proposed assessment sites with their supervisor, in order to assure the most appropriate selection and efficient fieldwork.

#### C.7.5 Sampling size

A total sampling size of 46 community interviews/Community Group discussions (50% male, 50% female) are considered adequate to cover the key areas and districts where the four different target groups are located (exception: Sa’ada – where the number of community group discussions could not be met after the field work was not allowed by local authorities). This included interviews with about 500 persons in 40 locations (villages or camps) in 15 districts. Together with a minimum of 50 key informant interviews, about 550 direct sources/respondents will be covered by the assessment. Fieldwork has been carried out by 14 assessment teams (including multi-agency teams) as per the coverage area under the IERP.

In accordance with the recent statistics obtained through desk research and in line with the priority given to certain districts under the IERP programme (as per above), the following, weighted distribution of the assessment sample has been established (see next page):

TARGET AREAS		AGENCIES		FOCUS GROUP DISCUSSIONS						KEY INFORMANT INTERVIEWS					
Governorate	District	Lead Agency	Support Agencies	Category A: Vulnerable IDPs	Category B: Host Communities	Category C: Other conflict-affected	Category D: Returning IDPs	male	female	# of FGD TOTAL	# of FGD persons interviewed	# of stakeholder interviews (min)	# Interviews TOTAL	# Field Teams	
				43%	24%	7%	13%	50%	50%	100%					
<b>TOTAL</b>				<b>20</b>	<b>11</b>	<b>3</b>	<b>6</b>	<b>23</b>	<b>23</b>	<b>46</b>	<b>460</b>	<b>50</b>	<b>96</b>	<b>10</b>	
<b>Al-Jawf</b>	<b>TOTAL</b>			<b>2</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>4</b>	<b>4</b>	<b>8</b>	<b>80</b>	<b>12</b>	<b>20</b>	<b>1</b>	
	Al-Hizam	ADRA		2				1	1	2	20	3	5	1	
	Al-Matoun				2				1	1	2	20	3		5
	Al-Matammah					2			1	1	2	20	3		5
	Al-Maslob					2			1	1	2	20	3		5
<b>Amran</b>	<b>TOTAL</b>			<b>7</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>5</b>	<b>12</b>	<b>120</b>	<b>3</b>	<b>15</b>	<b>2</b>	
	Amran City	CARE	SC	1	2			2	1	3	30	3	6	2	
	Raydah				2	1			1	2	3	30	3		6
	Kharef				2	1			2	1	3	30	3		6
	Jabal Yazid				2	1			2	1	3	30	3		6
	Harf Sufyan	SCY		NA		NA		NA	NA	NA	NA	NA	NA	NA	
<b>Hajjah</b>	<b>TOTAL</b>			<b>8</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>6</b>	<b>12</b>	<b>120</b>	<b>10</b>	<b>22</b>	<b>2</b>	
	Haradh	OXFAM		4	4			4	4	8	80	6	14	1	
	Mustaba				4				2	2	4	40	4	8	1
<b>Sa'ada</b>	<b>TOTAL</b>			<b>3</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>4</b>	<b>6</b>	<b>10</b>	<b>100</b>	<b>21</b>	<b>31</b>	<b>4</b>	
	Saguine	SCY				NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Sa'ada		IRY				2	1	1	1	2	20	3	5	NA
	Safra	IRY		1					1	1	10	NA	1	1	
	Sahar						2	1	1	2	20	5	7		
	Magaz						NA	NA	NA	NA	NA	NA	4		
	Al Malaheet	OXFAM		2				2	2	4	40	NA	4	1	
	Razeh					NA	NA	NA	NA	NA	NA	NA	3	NA	1
	Al-Bogalat						NA	NA	NA	NA	NA	NA	5	5	1
	Al-Mosalhagat						NA	NA	1	NA	NA	5	5		
<b>Sana'a</b>	<b>TOTAL</b>			<b>1</b>			<b>2</b>	<b>2</b>	<b>4</b>	<b>40</b>		<b>4</b>	<b>8</b>	<b>1</b>	
	Sana'a	ADRA		4				2	2	4	40	4	8	1	

\*between 08 and 10 persons per FGD; NA: Cancelled (initial plan for Sa'ada and Amran (Harf Sufyan) could not be achieved after intervention by local authorities)

Figure 150: Sample design table plus field capacity requirements

## C.8. Method of interviewing

A face-to-face interview method was utilized for the Community Group discussions and the stakeholder interviews. Interviewers read aloud the questions from the questionnaire. In the case of open-ended questions, only the question was read. The interviewers held the questionnaire throughout the interview and entered the respondent answers.

### C.8.1 Community Group Discussions

Wherever possible, structured or Community Group discussion were held with either women or men as defined by the purposive sample.

Groups of seven to twelve persons were invited to discuss specific topics (see questionnaire B) in detail. The Community Group included younger and older people, and minority groups - as appropriate. The composition of the group was recorded on the cover page of the questionnaire.

As required, the assessment teams formed spontaneous Community Groups in the villages/settlements. The groups were isolated in a quiet place, where the group was not overheard or interrupted (house, yard, tent, etc.). The group tried to sit in a circle and members were made to feel comfortable.

The assessment team leader led the discussion, drew out people who were not talking, and stopped others from talking too much. One assessment team member (not the discussion leader) took written notes.

### C.8.2 Key Informant Interviews

In order to ensure the highest level of accuracy and representativity possible, it was of utmost importance that only senior key informants contacted on district level were approached in their official capacities and in accordance with their relevance to the respective subject the interview question is referring to.

Data was collected from relevant government sectors, including health, education, local government, relief cells, NGOs, etc. at district level only.

The primary sources included, amongst other higher officials, all Heads of Governmental Departments, Directors and Deputy Directors of Health and Educational Facilities, and Project Managers of leading I/NGOs actively involved in relief and recovery operations.

The assessment team attempted to contact as many different sources as needed for the completion of the questionnaire.

In order to enable the assessment teams to validate the quality of the given statements, the level of reliability was indicated on the questionnaire after the interview. If less than two sources were considered as reliable, the assessment coordinator rejected the questionnaire.

## C.9. Assessment Coordination

### C.9.1 Assessment Team composition

The assessment teams selected by the Consortium Partners were each composed of 2-3 interviewers and one dedicated team leader with prior experience in survey work. The team leader was familiar with the target area and capable of transcribing the findings into assessment reports.

A dedicated team comprised of senior ACAPS and CARE staff supervised the assessment teams. This supervisory team determined the research design of the assessment, selected the assessment sample, developed the questionnaire for interviews and received and incorporated feedback on the questionnaires from the participating Consortium Partners.

Interviewers and team leaders were recruited for the field assessment as per the table below:

Assessment Team #	Governorate	Male/female	District	Team Leader Agency	# Team Leaders	# Team Members
Team 01	Al-Jawf	Mixed	Al-Hizam Al-Matoun	ADRA	1	3
Team 02	Amran	Male	Amran City Raydah Kharef Jabal Yazid	CARE	1	2
Team 03	Amran	Female	Amran City Raydah Kharef Jabal Yazid	CARE	1	2
Team 04	Amran	Male	Harf Sufyan	SCY	1	2
Team 05	Amran	Female	Harf Sufyan	SCY	1	1
Team 06	Hajjah	Mixed	Haradh	OXFAM	1	3
Team 07	Hajjah	Mixed	Mustaba	OXFAM	1	3
Team 08	Sa'ada	Mixed	Saguine	SCY	1	2
Team 09	Sa'ada	Mixed	Sa'ada	SCY	1	2
Team 10	Sa'ada	Mixed	Safra Sahar Magaz	IRY	1	3
Team 11	Sa'ada	Mixed	Al Malaheet	OXFAM	1	3
Team 12	Sa'ada	Mixed	Razeh	OXFAM	1	3
Team 13	Sa'ada	Mixed	Al-Bogalat Al-Mosalhagat	OXFAM	1	3
Team 14	Sana'a	Mixed	Sana'a	ADRA	1	3
<b>Team Leaders</b>					<b>14</b>	
<b>Team Members</b>						<b>35</b>
<b># Staff required</b>						<b>49</b>

Figure 151: Assessment Team composition and field capacity requirements

Interviewers reported to their team leaders; and the team leaders to the ACAPS assessment coordinator on a daily basis via telephone. Information contained: a) Number and location of Community Group discussions and b) difficulties encountered and solutions found.

The ACAPS assessment coordinator advised the assessment teams on possible corrective measures as required.

The assessment teams were instructed that the first community group discussion and key informant interview records must be sent immediately to the assessment coordinator for approval, prior to continuing the fieldwork. This measure was important in order to avoid error, increase the quality of the assessment and to safeguard that the methodology has been fully understood and applied during the fieldwork.

## C.9.2 Security and access

The security situation throughout northern governorates remains volatile. Risk for the aid community remains high, due to both, hostile activities and UXO/Landmines. The ongoing hostilities and consequent restrictions on the movement of humanitarian personnel continue to hamper access to people in need and impact the timely delivery of assistance. In particular, the Governorates of Sa'ada and Al-Jawf currently have severe access restrictions, especially for international staff.

Despite the difficult operating environment partners have adopted associated security and access strategies allowing respective project teams to establish security management mechanisms that allowed them to maintain maximum accessibility.

For the assessment, the consortium partners regularly coordinated their security management. CPs ensured that the assessment teams were fully equipped with communication equipment to facilitate immediate reporting of security incidents and execution of management decisions. All staff were trained in tailor-made safety and security courses specific to context, and supported by respective tiers of management.

Additionally, all CPs could build on the knowledge of their local staff members and solid networks of local contacts to regularly assess the security situation.

### C.9.3 Training

ACAPS supported by CARE, carried out the training of the 14 assessment team leaders prior to the commencement of the assessment.

Each team leader underwent a **two-day training session** organized by ACAPS and CARE. The training discussed the aim, objectives and methodology that the assessment follows. The questionnaires were discussed in detail and question by question in order to ensure that all team leaders were at the same and correct level of understanding.

Each team leader carried out the same training with their respective assessment teams.

Interviewers were instructed about the need to:

- introduce themselves and the scope of the assessment;
- be polite;
- never give the questionnaires to respondents;
- describe everything well in the questionnaires;
- Provide informants with ACAPS telephone number for additional questions.

All briefings were carried out face-to-face and conducted by the ACAPS assessment coordinator with a member of CARE executive staff present throughout.

### C.9.4 Ethical considerations and requirements

The assessment team were instructed to make every effort through the whole process to respect the dignity and culture of all participants, including:

- All interviewed persons must give their agreement to participate.
- A person's refusal to participate must always be respected, even after the interview has started. Interviewers should make sure that all community group participants know they can stop or withdraw from the interview at any time.
- The assessment team must provide community group participants with information about the activity in a manner appropriate to their culture and education.
- Interview procedures should reflect the need to protect the participants' best interests.
- Interviewers must be sensitive and should have experience working with communities in the same geographical area.
- All possible consequences for the participants should be anticipated prior to the assessment and appropriate responses of potentially harmful consequences must be provided.

### C.9.5 Data entry and storage

A dedicated supervisor from the lead agency for their specific assessment teams checked the data entered manually or electronically into the questionnaires by the assessment teams. Only after this supervisor approved the questionnaire as complete and accurate, the documents were forwarded via e-mail or as appropriate to ACAPS for centralized data entry in order to ensure quality and oversight. ACAPS staff entered and cleaned the data on central level, supported by one CARE staff. After data entry and cleaning was completed, ACAPS provided two purpose specific databases for the questionnaires A and B.

### C.9.6 Information Management

ACAPS created a website dedicated for the information management of this assessment.

- Link to the assessment website: <https://sites.google.com/site/ierpjna11/home>

The site is open for all persons that have the link above. The purpose of the site is to have a reference point for external stakeholders/HQs/donor(s), etc.

### C.9.7 Personal Data Protection

The assessment, in accordance with ESOMAR and AAPOR rules and regulations was obliged to protect the anonymity of respondents. CARE and ACAPS kept all data and information secret that became known to its personnel in the course of the assessment. CARE and ACAPS did not disclose such data and information, in writing, orally or otherwise, to any persons not employed at CARE or ACAPS.

### C.9.8 Ownership of Data

Ownership of data remains solely to CARE Yemen on behalf of the consortium members. Any publishing of the data or their use for another purpose will be done with the prior consent of CARE Yemen. It falls under the responsibility of CARE to share the data with the other consortium partners as appropriate.

## C.10. Questionnaires/Check-List

Based on contributions and feedback received, the final draft of both questionnaires was provided on 10 September 2011 by ACAPS, working in cooperation with CARE and the other Consortium Partners. It was thereafter distributed to all participating agencies/clusters for their internal coordination and review. The final draft of the questionnaires is provided as Annex A and B to this methodology.

### C.10.1 Questionnaires structure, length and content

Changes and recommendations during the consultation process with consortium partners, key stakeholders were incorporated in the questionnaires. The draft questionnaires were beta-tested, and further modifications made, before the actual assessment was carried out.

Questionnaire A was composed of quantitative questions for the main topics/clusters.

The main objectives of this questionnaire was to collect:

- Demographic Information (especially missing baseline)
- Priority needs (per target group and sector)
- Priority target groups (per sector)
- Mapping of Actors

The questionnaire included structured questions in 10 categories:

1. General (location, assessment team, etc.)
2. Key informants (contact details)
3. Demographic information
4. Livelihood
5. WASH
6. Shelter/NFIs
7. Food Security
8. Health
9. Education
10. Protection

Additional questions included:

- Open question
- Note on reliability of key informants
- Other observations by the assessment teams
- Approval of questionnaire

One interview record sheet was completed per target district. For completion, at least three key informants were consulted.

Only senior key informants contacted on district level were approached in their official capacities and in accordance with their relevance to the respective subject the interview question is referring to.

The completed questionnaire was approved by the team leader and supervisor (signature on last page).

When the respondent was unsure about figures, the assessment team reminded him/her that the figures collected are estimates only. The assessment did not attempt to record only verified data. The sources for the estimated figures indicated were always recorded in the questionnaire.

Questionnaire B included semi-structured questions/check lists in eight categories:

1. Livelihood
2. WASH
3. Shelter/NFI
4. Food Security
5. Health
6. Education
7. Protection

Each question was subdivided in *check-list questions*. The Assessment Teams (ATs) were instructed to cover all questions during the Community Group discussions.

Checklist notes on Sphere standards were listed under Health, Food Security, WASH, and Shelter/NFI. The assessment teams were instructed to use these standards in follow-up questions as required to record the situation.

All answers were transcribed in handwriting on separate sheets. No full transcript of the discussion was required. The Assessment Team noted down the information after the interview has been completed in bullet point format only. However, and while doing this, the assessment team were advised to make sure that the information is sufficiently described in order to allow further analysis. At the end of every sector discussion, the assessment team note down the Ranking Severity of Need as a summary. This allowed immediate ranking and comparison of needs by the different target groups and sectors in the districts covered.

<b>Low</b>	<b>Relatively normal situation</b> (or good data) or local population able to cope with crisis; no further action required
<b>Medium low</b>	<b>Situation of concern</b> , lack of data/unreliable data: further assessment and/or surveillance required
<b>Medium high</b>	<b>Situation of concern, serious risk</b> and lack of data/unreliable data: further assessment and/or surveillance required
<b>High</b>	<b>Severe Situation:</b> Immediate intervention required <b><i>to save lives</i></b>

Additional questions included:

- Most Urgent Needs (summary of Community Group discussion as well as comments by the assessment team). In this section, the AT listed the top three (3) supplies or assistance urgently needed as a result of their own pre-analysis of the answers received.
- Additional Comments: Here, the AT noted down – as appropriate - the perceived conditions and constraints of the Community Group discussions, and added comments as deemed appropriate by the AT for the better understanding of the assessment.

## C.11. Analysis

A first and important analytical step was taken by each assessment team in summarizing the findings under the sections 'Ranking Severity of Needs' and 'Most Urgent Needs', including interim recommendations on immediate response, early recovery or rehabilitation requirements. Upon receipt of the final set of completed questionnaires/form sheets, ACAPS compiled a first summary draft analysis in matrix format, including interim recommendations on immediate response, early recovery or rehabilitation (covering all programme sectors: health, WASH, protection, education and early recovery). These interim findings were shared and discussed with the Consortium Partners during a workshop organised by ACAPS and CARE. As required, the Consortium Partners

were invited to add sector/agency specific analysis and provide feedback to ACAPS for inclusion in the final report. ACAPS followed a “Rubik Cube” data management and analysis model that has been tested in previous emergencies (Bolivia). The model is based on UN-OCHA’s Integrated Rapid Assessment (IRA) severity ranking.

## C.12. Work plan/Timelines

This Joint Rapid Assessment took place between 19 August and 10 of October 2011:

#	Task	Completion date	Tasked
1	Drafting of web site	19/08/11	ACAPS
2	Drafting of JRA methodology, sharing with CARE for review	30/08/11	ACAPS
3	Drafting of questionnaires, data bases and analytical tools	30/08/11	ACAPS
4	Obtaining agency/sector specific information requirements	05/09/11	CPs
6	Review existing literature of the situation in five governorates	15/09/11	ACAPS
7	Translation of questionnaires and key steps	07/09/11	CARE
8	Consultations with PMU, agreement on final methodology and questionnaires, sharing methodology with clusters	09/09/11	ACAPS/CARE/CPs
9	Beta-testing and adjustment of HH questionnaire, data entry	07/09/11	ACAPS/CARE
10	Training on JRA with CARE, CPs, and any local consultants	13/09/11	ACAPS
11	Training of Assessment Teams (through Team Leaders)	14/09/11	CPs
12	Deployment of Assessment Teams	15/09/11	CPs
14	Field Work (21 districts, 14 assessment teams) completed	25/09/11	CPs
15	Data Entry and Validation (daily, completed)	28/09/11	ACAPS/CARE
16	Monitoring and Evaluation	29/09/11	CARE
17	Analysis and draft report	30/09/11	ACAPS
18	Workshop	03/09/11	ACAPS/CARE
19	Provide feedback and analysis (as required)	07/10/11	CPs
20	Finalize final assessment report	10/10/11	ACAPS

Figure 152: Work Plan Joint Rapid Assessment



## **Annex D: ACAPS Secondary Data Review**

## Revised Secondary Data Review: Yemen July-August 2011

Date of publication: 15/09/2011  
Prepared by: ACAPS, Geneva



**Disclaimer:** Information provided is provisional as it has not all been independently verified. As this report covers dynamic subject and considering the current situation in Yemen, the accuracy of the information may decrease with time.

The revised SDR has been also submitted for OCHA Yemen for revision. This version should be considered as a draft until validation from the field

### Introduction

This Secondary Data Review is a desk study in which estimates of scale, severity and likely impact of a natural or man-induced disaster are determined. The revised SDR focus on the following affected areas:

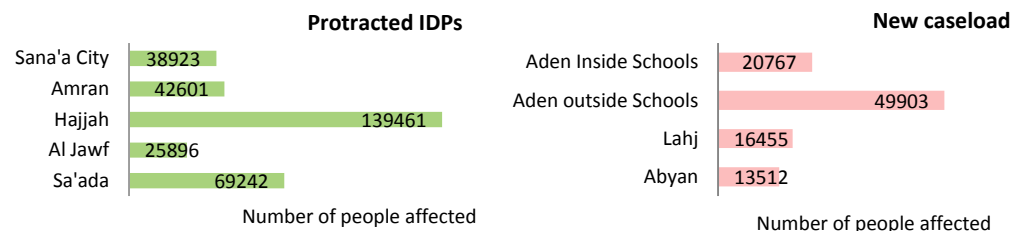
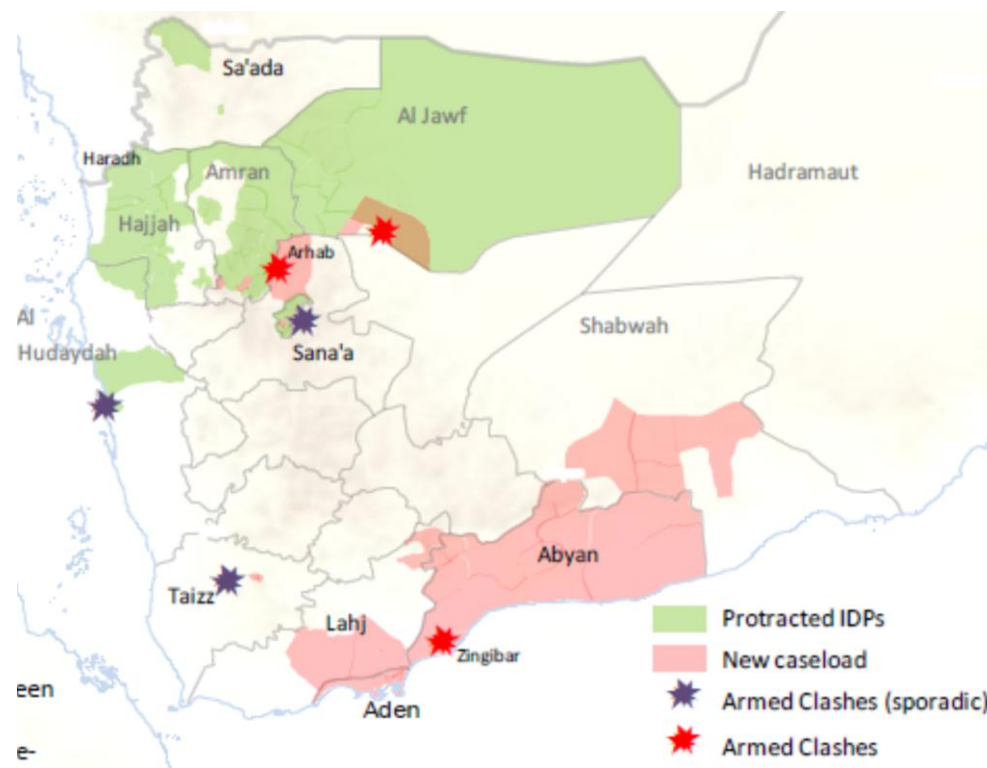
- Northern governorates: Sada'a, Hajjah, Amran, Sanaa, Al Jawf, Marib.
- Southern governorates: Aden, Lahj, Abyan, Shawah, Taiz, Al Dhale'e, Al Bayda.
- Central & West governorates: Al Hudaydah, Al Mahwit, Raymah, Dhamar, Ibb, Hadramaut, Al Maharah

This revised SDR mainly comprises data from June 2011. Background information and data prior to June is available in the Initial SDR from June 2011.

### Methodology and Constraints

- The SDR has been compiled from 29 agency assessments, situation reports and relevant secondary data available from a variety of sources on the web.
- Due to the paucity of data, information has been disaggregated to governorate level (with most affected districts indicated where data exists).
- Many of the assessments had a very limited sample size which impacts on the veracity of the data. There are large gaps at a governorate and district level for which no data exists and hence there is a risk the content of the SDR is skewed towards places where assessments have been conducted.
- Gender analysis or disaggregation of information by vulnerable group is limited in the majority of assessments.

### Context map (Source OCHA 13 Sept 2011)



## Disaster Overview

**Political:** Violence has continued across the country since early June the Yemeni capital of Sana'a witnessed a marked expansion of hostilities. Recent fighting in Zinjibar City of Abyan governorate resulted in influx of IDPs to Aden city and Lahj governorate (WFP FS Update July 2011). A 'National Transitional Council' was declared by opposition on 17 August 2011. The Prime Minister, Dr. Ali Mujawar, who was injured during the attack on the Presidential Palace on June 3th and evacuated to Saudi Arabia for medical treatment, has returned back to Sanaa (WHO sitrep, 28 Aug 2011) and on 12 September agreed to negotiations to negotiate a power transfer to put an end to the political crisis (AFP, 12 Sep 2011).

**Socio-economic:** The situation has deteriorated considerably over the last 3 months exacerbated by the current political stalemate, general governmental malaise, rising food prices and a critical energy shortage. Fuel process alone increased 567% between March and July (WFP Food Price Monitoring Report, July 2011). The Government is facing an acute fiscal crisis; Weak economic growth, high international trade deficits and a vulnerable national currency on top of the current instability and rising living costs (CAP MTR 31st July). The worsening situation will most likely force millions of Yemenis into deeper poverty and hunger. Given the above, the number of food insecure households is likely to increase nationwide. The period from May through October is the 'hunger season' in Yemen, during which many households face difficulties in accessing food - according to the 2010 Comprehensive Food Security Survey (WFP, Food Security Monitoring Exercise, June 2011).

**Fiscal:** The Yemeni Riyal has become more unstable as it is currently valued at 225 to the US dollar (4th Sept), prior to the civil unrest the Riyal was valued at 213. The Yemeni Central Bank reports it has injected some \$850 million (15% of its reserves) into the market during 2010 to help stabilise the currency (OCHA Humanitarian Update 10, 4 September 2011). There are concerns that food importers are facing problems accessing hard currencies (US Dollar and Euro) to cover import bills. This is mainly due to decreased availability of currency in banks and local markets because of wide-spread uncertainty. There is a risk that this situation may lead to an inability to import food as normal. Yemen is particularly vulnerable to disruptions in markets because it imports approximately 96 percent of its food needs each year (FEWS Remote Monitoring Report, 22 July 2011).

**Conflict:** Conflict is ongoing in areas such as Arhab, Sana'a governorate and in Abyan governorate. In Abyan, two districts, Jaar and Zinjibar, are under the influence of alleged jihadist militants. It has been reported that in a third district, Shaqra, there is new confrontation between the government and alleged jihadist militants. A truce was agreed upon between the security forces and armed tribesmen in Hasaba area in Sana'a. The situation reported to be calm in the area. In the north, the ceasefire between the Al Houthies and ALIslah supporters is holding. Access remains a challenge and organisations continue to collaborate to find solutions in obtaining increased access.

**Natural Disasters:** Flooding is currently affecting Hodeida and Al Jawf Governorates, displacing 700 families and 5,600 people respectively. The semi-nomadic population has been affected most. A monthly food distributions plan is being implemented to target 2,000 families (14,000 individuals) (OCHA Humanitarian Update 10, 4 September 2011).

### Underlying causes of the crisis:

The key drivers of instability in Yemen agreed with the HCT are as follows (CAP MTR, July 2011):

- Continuing civil unrest and political insecurity leading to increased displacement nationwide, as well as trapped mixed migrants in northern Yemen;
- Ongoing conflict in northern and southern Yemen;
- The continuing and increasing presence of refugees, migrants and TCNs;
- Increases in the cost of living-fuel, food, commodity, fodder (national and international);
- A crisis in provision of basic services.

## Humanitarian Profile

### IDPs

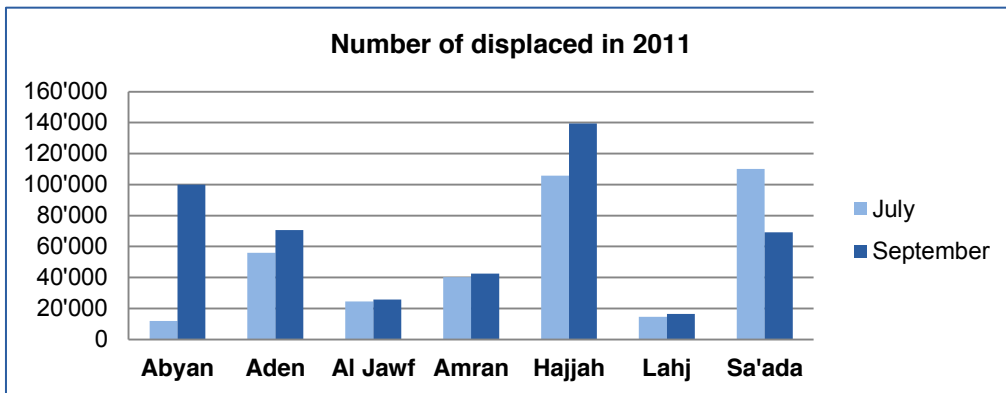
*Numbers in blue are the most recent numbers available*

*Please note: numbers are estimates and need to be verified*

Governorate	Number IDPs	Source, Date of publication
Abyan	100,000*	IWPR, 09/09/2011
	11,968	UNHCR, 07/2011
Aden	70,670	OCHA, 13/09/2011
	55,958	OCHA, 07/2011
Al Jawf	25,896	OCHA, 13/09/2011
	24,491	OCHA, 07/2011
Amran	42,601	OCHA, 13/09/2011
	40,336	OCHA, 07/2011
Hajjah	139,461	OCHA, 13/09/2011

	105,673	OCHA, 07/2011
Lahj	16,455	OCHA, 13/09/2011
	14,576	OCHA, 07/2011
Sa'ada	69,242	OCHA, 13/09/2011
	110,000	OCHA, 07/2011
Sana'a City	38,923	OCHA, 13/09/2011
Shabwah	1,090	USAID, 15/08/2011
	770	OCHA, 07/2011

*\*It is estimated that a large part of these IDPs fled to Aden Governorate (AFP 14/09). It is unclear whether these IDPs are included in the abovementioned numbers for Aden.*



**Other Displaced populations of concern are as follow (OCHA 29/08/2011)**

- ~ 97,000 returnees in Northern Yemen
- ~116,830 war affected persons in Sa'adah
- ~198,163 refugees/asylum seekers
- ~ Currently 4,300 registered migrants

**Key priorities**

**Most affected areas**

**Northern Governorates**

Since early 2004 Al Houthi have engaged in an armed conflict with the Yemeni military and government-backed tribal fighters in Sa'ada, resulting in multiple cycles of displacement, loss of livelihoods and erosion of already stretched coping mechanisms. Women and children account for about 80 per cent of those affected (*Save the Children, 2011*). Al Houthi take-over of Sa'ada city in March 2011 led to the displacement of an additional 15,000 people, adding to the pre-existing caseload of 225,000 IDPs, 97,000 returnees, and 116,830 war-affected but non-displaced people attributable to the conflict in the

north. The recent Houthi take-over of Sa'ada governorate has resulted in some IDPs returning while others who were associated with pro-government tribes have fled and taken refuge in Amran and Sana'a governorates. The current stabilization of the situation in Sa'ada has resulted in increased humanitarian access. In 2009, Hajjah was one of the four most food insecure governorates in Yemen, with 48% of the households food insecure (WFP, CFSS 2010). Outbreaks of diarrhea were recently reported in the governorate as a result of shortages of soap, dirty living conditions and overcrowding.

**Southern Governorates**

The regionally inspired popular protest movement calling for President Saleh's resignation has mobilized large demonstrations across the nation, particularly in Sana'a, Abyan, and Taiz. Factions within the military, government, tribes and separatist movements have supported the protests resulting in civil unrest in major urban areas around the country and violence and at times full-scale armed conflict between government forces and armed groups. The situation in the South worsened dramatically at the beginning of June, when there was ferocious fighting erupted between government forces and alleged Jihadist groups in Abyan. The use of heavy artillery during the fighting resulted in massive casualties, with thousands fleeing Abyan to the neighbouring governorates of Aden and Lahj (Unicef/MOPHP, June 2011).

In 2009, Al Dhale'e was one of the four most food insecure governorates in Yemen, with 46% of the households food insecure (WFP, CFSS 2010). In addition, there are recent reports of AWD in Al Dhale'e. The outbreak is likely to spread to Radma district (Ibb governorate) and Taiz governorate (WHO sitrep, 28 August 2011). There has been a cholera outbreak in Abyan since mid-April and access to health services and clean water has been hampered due to insecurity.

**West & Central Governorates**

Outside of the conflict areas, large parts of Yemen are experiencing severe food shortages. While information for the impact of this on many west and central governorates is scant, in July 2011 the Oxfam EFSL Rapid Assessment highlighted the considerable affect these were having on Al-Hudaydah governorate, considered to be the breadbasket of Yemen. In 2009, Ibb and Rayma were identified as two of the four most food insecure areas of Yemen, with respectively 45% and 54% of households food insecure.

### Most affected groups

- **Female-headed households:** This group has been identified as extremely vulnerable with only 1-10% of its members being supported by WFP in the July FS Monitoring report of Hajja, Ibb, Amran. Families whose livelihood are not based on Qat production living in these governorates and destitute families not targeted by the government safety net programme (Source: FS Monitoring July 2011).
- **Children:** Half the Yemen population are children (SCF, 2011) and this group continue to be at risk of death or injured as a result of mines (Seyaj, March 2010). There have been reports of child soldier recruitment in Al-Houthi-controlled areas (IRIN, May 2010). Child labour is also common in many vulnerable IDP households (begging, smuggling, refuse collection) and this number is likely to increase as IDPs' coping strategies are exhausted. Education is hard to access as assets dwindle or as a result of a lack of documentation, overcrowding and the lack of school buildings for schools used to host IDPs (IDMC August 2011). Young people in Aden complain of an increase in violence since their displacement and report an increase in trauma from witnessing the conflict (Aden Assessment, July 2011).
- **Infants:** The low rate of breast feeding (10% in some areas) coupled with the limited availability of formula milk reported in assessments and lack of clean water make infants particularly vulnerable. The lack of health care facilities with emergency services means that adequate medical facilities are not always available. More than half of all children in Yemen are chronically malnourished; the rate of stunting is 56%, which is the second highest in the world, and the proportion of underweight children (46%) is the third highest (OCHA, Yemen Humanitarian Response Plan 2011)
- **IDP's outside of camps:** Humanitarian agencies have gradually widened their access to provide food and non-food assistance to the vast majority of IDPs who reside outside the camps in Yemeni communities, but this remains limited in scope and coverage. As of February 2010, the government was allowing distribution of food and non-food items to IDPs living outside of camps, but still refusing to allow agencies to provide shelter assistance (HRW, April 2010). IDPs outside of camps are also vulnerable as many have left behind their documents and ID cards which have made it difficult to travel through checkpoints.
- **Returnees:** Many of those who have returned home to Sada'a following the end of the 6<sup>th</sup> war have found that their property and possessions have been damaged or destroyed. Return assistance has been initiated by some agencies but this has not been systematically rolled out. Registration can

take significant time and as a result many IDPs do not appear on beneficiary lists (Al-Jawf, IOM June 2011).

- **Host Communities:** Recent assessments raise concern over the 'overstretching of host communities limited resources (WFP, May 2010; OCHA, June and July 2010; ICRC, May 2010; IDMC Aug 2011). The assessment of IDPs in Bab Al-Sabah, in Sana'a (7/6/2011), reports that already vulnerable host communities were being very cooperative in assisting IDPs but that this had increased their own vulnerability.
- **Migrants:** In April 2011, INTERSOS assessed the situation of stranded migrants in transition centre Harad. African migrants, mainly from Ethiopia, travel to Saudi Arabia through Yemen, in search for jobs and economic stability. Once they arrive in Yemen, migrants face incredibly harsh conditions: many of them are met by smugglers at the shore, whilst others find themselves walking onwards to reach Saudi Arabian. In the hands of the smugglers, they are at risk of physical and sexual abuse. In addition, migrants and refugees have high psychological health needs. The situation of the migrants in transition centre Harad is generally extremely critical and their basic needs (water, food and shelter) remain largely unmet (INTEROS, Stranded Migrants in Harad, Mission Report, April 2011).
- **Refugees:** Refugees are present across the country, with higher concentrations in the urban centres of Sana'a and Basateen, and at the Kharaz camp. The most recent WFP Comprehensive Food Security Survey from April 2009 recorded between 19-22% stunting and 7-11% acute malnutrition amongst refugees. Stunting levels are at around 20% in all sites and have remained as such for a long time. The under 5 death rates recorded during the nutrition survey are high, and are a cause for concern, especially in Kharaz Villages and in Sana'a where they are over the WHO defined alert level of 2 deaths/10 000/day. Refugees do not have the right to own land or property for business and incomes of refugees in urban centres of Sana'a and Basateen are derived from casual labour (mostly cleaning jobs). Negative coping strategies such as begging and prostitution have been reported (WFP, UNHCR, UNICEF Yemen, Joint Assessment Mission, 25 May – 7 June 2009). Refugees have sought assistance and protection from UNHRC in Sana'a. The increase in their numbers has meant that many are unable to afford their rent and are unable to find accommodation. Finding a safe haven for urban refugees in the current context has been a difficult task. It is important to note that UNHCR has already implemented a series of solutions that constantly evolve in light of the evolving situation in Sana'a (CAP MTR, July 2011).

## Operational Constraints

### Northern Governorates

- Lack of access to returnees and other vulnerable groups: It is difficult to target returnees in their home towns partly due to challenges to identify, verify and in some cases access those in need. Spontaneous return is not well-captured by current monitoring systems so there is an inability to track/ meet the needs of returnees (Sa'ada Response Plan, Aug 2011, IOM June 2011).
- Lack of adequate humanitarian space: There have been improvements to access in the north which provides the opportunity to deliver much needed humanitarian assistance through local partners but it has not been possible to conduct comprehensive needs assessments and some areas are still inaccessible and contain threats to the safety and security of humanitarian staff such as mines and UXO operate (Sa'ada Response Plan, August 2011). Challenges working with the de facto authorities in recent months have also obstructed access to populations in need of assistance (Sa'ada IDMC Aug 2011).
- Limited logistics capacity: Conversely, increased humanitarian access and an operational expansion in northern Yemen has resulted in an increase in the number of actors working in Sa'ada, and an increase in the number and scope of programmes. This is increasing demand for common services such as humanitarian air charter services, warehousing capacity and suitable and secure office space (CAP MTR, July 2011)
- Out of date baseline data and lack of systematic new assessments: Lack of accurate data about the returnees and IDPs is hindering the ability to plan early recovery projects; no effective mapping and understanding of vulnerability; limited field presence and coordination. (Sa'ada Response Plan, August 2011)
- Relations with Al Houthi: There is a need to further develop and agree upon a common position to work with Al Houthis' and manage their expectations, particularly with regard to payments and incentives and beneficiary selection. This should be done through the current revision exercise for the Sada'a Response Plan for 2011 and 2012;
- IDP Movement: Fluidity of IDP movement in Al-Jawf due to bombings and movement of the conflict towards the Al-Hazm border makes registration, assessment and delivery very difficult (IOM, June 2011).

### Southern Governorates

- Lack of access: Limited access continues to prevent humanitarian actors on the ground from gathering sufficient data on the specific needs of the conflict affected populations. In Arhab/Sana Governorate assessment are difficulties due to inaccessibility in ongoing conflict areas. IDPs are scattered over 3 districts therefore assessment time consuming, and movement is ongoing. Hence Analysis is based on limited sample size.
- Logistics and costs: Increased costs of operations, fuel, electricity constrains programming, along with lack of national partners (CAP MTR, July 2011).
- Coordination: Clusters are still in infancy in the South hence, the need for orientation on the cluster approach, strengthening of information management and ensuring a more strategic focus of the inter-cluster forum (Draft HCT Response Plan for the South, August 2011)
- Obtaining timely and accurate information to better inform emergency response is hampered due to security and access issues in some areas. This is compounded by the fact that most clusters do not have dedicated information management capacity to support their information collection, management and dissemination. Conflict-induced displacement nationwide necessitates humanitarian assistance in new areas of intervention, which calls for stronger coordination mechanisms in some of these areas that OCHA does not currently have a presence (CAP MTR, July 2011).
- Early Recovery: Planning for early recovery in the South is hindered by an inter-related set of factors which include a lack of access to IDP areas of origin; limited understanding on the skill sets of IDPs for possible livelihood interventions; uncertainty about the settlement options to effectively plan interventions; No effective mapping and understanding of vulnerability; Limited understanding of the host community capacity and the available infrastructure to facilitate emergency livelihoods (Draft HCT Response Plan for the South, August 2011).
- Gender Analysis: There is limited baseline, sex and age disaggregated data as an entry point for meaningful gender analysis to provide a better understanding of gender dimensions to the crisis. Hence, needs assessment and response mechanisms do not highlight the differential impact of the conflict on women, girls, boys and men (Draft HCT Response Plan for the

South August 2011). The cultural complexities of interviewing women have led to more men being included in assessments and the under-representation of women (Child Protection assessment may 2010).

- **IDP Registration:** Registration and verification of IDPs to facilitate effective protection monitoring has been problematic due to lack of standardised data sets and duplication as a result of frequent and irregular movement of IDPs in between schools (Draft HCT Response Plan for the south, August 2011).
- **Targeting:** There has been very limited individual assessment/vulnerability profiling to allow for better targeting of beneficiaries for food and non-food assistance; limited mechanisms are in place to inform protection monitoring and identification of persons with special needs and vulnerable cases in order to complement their needs (Draft HCT Response Plan for the south, August 2011).
- **Coordination with government and local partners:** Local government actors have limited experience of managing displacement crises particularly for registration. Government resources are also very limited concerning the provision of assistance. Coordination with civil society groups, private sector organizations and key local NGOs in the delivery of assistance has been limited; further it has not been possible thus far to capture and coordinate with the bilateral in kind support provided by GCC governments. Clusters are still in their infancy in the South hence, the need for further support to roll out the cluster approach including information management (Crisis Response Plan, August 2011).

**West & Central Governorates:** No information

### Information gaps and needs











- **Baseline data:** The last nationwide comprehensive state survey was the Family Health Survey in 2003. Since then the situation has changed dramatically as the population has increased by an estimated five million people (with over 50% of these under 15) and there has been massive displacement (Addressing Malnutrition, September 2010). The Household-based survey (HBS) has been postponed due to the political and security conditions. The WFP CFSS is due to be repeated in Oct/Nov 2011 but will not produce results until Feb 2012. Household poverty survey was last undertaken by UNDP in 2005.
- **Information Management and analysis:** Critical need for enhanced information management, and needs analysis, and to strengthen coordination and advocacy.






New coordination and information management needs fall into five broad areas: (i) geographic information system (GIS) mapping and data management for clusters and inter-cluster needs analysis and coordination (ii) baseline vulnerability monitoring at household and community level (iii) common rapid assessment methodology and response capacity for new and emerging crises in discrete locations (iv) improved and evidence based advocacy on humanitarian access and other priority inter-cluster themes (v) outreach and communication to beneficiaries of humanitarian assistance (Draft OCHA IM strategy for Yemen June 2011)

- **Funding:** The Yemen Humanitarian Response Plan is 56.9% funded (OCHA FTS 14 September 2011), the shortfall from which has contributed to a substantial gaps in assistance. Late and limited funding has resulted in food rations being cut to half since May for IDPs and returnees across all assisted governorates in order to avoid a complete break in assistance. A rapid increase in malnutrition rates has been reported as families have decreased food consumption and there has been a far greater reliance on negative coping mechanisms (OCHA Humanitarian Update 10, 4 September 2011).

### Assessment Gaps

- **Northern Governorates:** The evidence provided by assessments conducted between June and September 2011 provides a very fractured picture of needs, highlighting micro-level gaps but failing to identify needs across the broader IDP and resident populations. It is now urgent that assessment data is triangulated with information held within the clusters to ensure a detailed picture of needs can be developed.
- **Southern Governorates:** There is a knowledge gap about the needs of IDPs living with host families and the situation of the host families themselves. Reports have indicated a movement of IDPs away from private dwellings as resources have become exhausted yet the fact that no durable shelter solutions have been found suggests the importance of strengthening knowledge and supporting host families
- **West and Central Governorates:** There is a lack of updated and reliable information on the food security situation of the poor population of Yemen. A mechanism should be established for collecting, analysing and managing information related to food insecurity. A common Rapid Assessment Tool should be agreed between agencies and used by all humanitarian partners (Oxfam, July 2011). Outside of Al Huduydah there is a dearth of assessment data on the food security situation.

<b>MOST LIKELY SCENARIOS FOR 2012</b> <i>Scenario development is based on lessons learnt from past crisis, stakeholder and context analysis, existing contingency planning and discussion with key informants.</i>	<b>Probability level</b>		<b>Impact Level</b>	
		Highly unlikely		No impact
		Unlikely		Impact does not exceed local capacities
		Likely		Impact is likely to exceed local capacities
		Very likely		Humanitarian intervention needed
		Almost certain		Large scale humanitarian intervention needed

<b>Most likely Scenario Northern Governorates (Sa'ada, Haradh, Amran, Sanaa, Al Jawf, Marib. )</b>						
<b>Continued political instability and insecurity</b>		<i>Probability Level</i>		<i>Impact level</i>		
<b>Assumptions</b>	<ul style="list-style-type: none"> <li>Limited confrontations in Al Jwaf, Amran and Hajah.</li> <li>Increased inflow of stranded migrants and third country nationals from the Horn of Africa; if Secondary displacements from other parts of Northern Yemen into Haradh maximum of 200 HH;</li> <li>Displacements of 5,000-8,000 people from Al-Jawf and other neighbouring governorates until end of 2011;</li> <li>Tensions between host communities and displaced population over scarce resources and competition for humanitarian assistance;</li> <li>Increase of human rights abuses and lack of monitoring;</li> </ul>					
<b>Context</b>	<ul style="list-style-type: none"> <li>Continuation of weak political, governmental institutions and insecurity;</li> <li>Consolidation of Al-Houthis power over Sa'ada;</li> </ul>					
<b>Operational constraints</b>	<ul style="list-style-type: none"> <li>Limited humanitarian access due to insecurity in some locations;</li> <li>Fuel shortages increase the running cost of humanitarian programmes;</li> </ul>					
<b>Priority needs</b>	<ul style="list-style-type: none"> <li>438,830 IDPs, returnees and war affected populations in Haradh and Sa'adah, as well as 12,000 migrants from the horn of Africa 1200 migrants from the Horn of Africa who are still in-need for basic services and repatriation</li> </ul> <p><b>Recovery interventions</b></p> <ul style="list-style-type: none"> <li><b>Protection:</b> specifically <b>child protection</b> as children continue to be recruited by armed groups and to be subjected to extreme violence; continued increase in killing and injuries of children in Al Jwaf;</li> <li>Chronic problems of accurate IDP registration in Sa'ada and Haradh;</li> <li>Lack of monitoring for protection issues in Sa'ada and Al Jawf;</li> <li><b>Primary health care</b> for affected population and secondary surgical care for injured; increased demand of health assistance as governmental services deteriorate.</li> <li><b>Shelter</b> needs will increase as result of the winter season. Improved access to areas of return and need for more shelter interventions.</li> <li><b>Food:</b> Continued food distribution to IDPs, returnees and conflict-affected population will be needed;</li> </ul>					



Most likely Scenario Southern Governorates (Aden, Lahj, Abyan, Shawah, Taiz, Al Dhale'e, Al Bayda) Continued Violence in Abyan						
		<i>Probability Level</i>		<i>Impact level</i>		
					X	
					X	
<b>Assumptions</b>	<ul style="list-style-type: none"> <li>Armed clashes with the anti-government Islamist forces in Abyan.</li> <li>Internal displacement from Abyan to Lahj and Aden due to clashes and casualties, IDPs sheltered in the immediate vicinity (host families); Up to 50% of Aden's population (37,500) may leave the city and return to home areas (either to the North of Yemen or to villages in nearby governorates) for a limited time of 3-months</li> <li>High levels of food insecurity among poverty affected and food insecure populations who have lost their livelihoods (only 10% of IDPs are able to meet their basic food needs)</li> <li>Human rights abuses increase due to lack of monitoring mechanisms building a situation of impunity among perpetrators.</li> </ul>					
<b>Context</b>	<ul style="list-style-type: none"> <li>Sustained level of violent clashes between government and anti-government and jihadist forces</li> <li>Government's authority in some areas of the South is severely challenged;</li> </ul>					
<b>Operational constraints</b>	<ul style="list-style-type: none"> <li>Limited humanitarian access due to insecurity and targeted violence against humanitarian staff</li> <li>Pockets of spontaneous access</li> <li>Reduced staff presence</li> <li>Lack of partners to implement joint community programmes</li> <li>Limited local partner implementing capacity</li> </ul>					
<b>Priority needs</b>	<ul style="list-style-type: none"> <li><b>Shelter:</b> 25% of IDP population in need of emergency shelter and NFIs. 35% of IDP households primary need is clothes, 20% needs NFIs, specifically in the face of the approaching cold season</li> <li><b>WASH:</b> Deteriorating hygiene conditions in schools hosting IDPs and other public temporary shelters leads to further outbreak of communicable water-borne disease like cholera; water shortages in Abyan, Lahj and other affected urban areas, particularly in the communities that are not connected by water systems and therefore reliant on water trucking. Possible targeting of traditional water sources such as wells.</li> <li><b>Food:</b> Increasing levels of food insecure population require food assistance</li> <li><b>Health and Nutrition:</b> Rising levels of food insecurity together with collapsed public services providing health and nutrition interventions; lack of partners to implement community approaches and ultimately delivery of therapeutic supplies lead to deteriorating nutrition situation which affects over 20% of children under 5 years and pregnant and lactating women who would slide from their current state of at risk of malnutrition to acutely malnourished.</li> <li><b>Health:</b> Limited access to health services, increased demand and limited functionality of health services, especially in most affected areas of Abyan which will ultimately lead to increase in mortality. Increase in morbidity to over 500 cases per week. Increased risk of communicable disease such as cholera (especially due to inadequate supply of safe drinking water, environmental hygiene/waste disposal problems), morbidity estimated at over 3,000 cases per week. Protesters unwilling to access MoH-run hospitals, private hospitals under strain and in need of support. Reproductive health specific needs and problems with delivery conditions. Ambulances are targeted.</li> <li><b>Protection:</b> Likely increase of GBV violence among communities;</li> <li>Increased caseload of people with Traumata.</li> <li>Sharp increase in killing and injuries and number of children drafted into armed conflict and violations against children as a result of conflict, violence, mines, UXO causing injury and death</li> </ul>					

## Sectoral pages – Livelihood and Food Security

### **Background**

- WFP 2010 Comprehensive Food Security Survey found that 32% of Yemenis suffer from food insecurity (12% are severely food insecure); Yemen is the 11th most food insecure country in the world; more than 50% of all Yemeni children are chronically malnourished (RC Presentation, July 2011).
- In Yemen there are significances in food security both regionally and between rural areas vs urban areas, with rural areas being more affected and having double the share of food-insecure people than those living in urban areas (WFP CFSS 2010).
- The 4 most food insecure governorates of Raymah, Hajja, Ibb, Amran, have an average prevalence of food insecurity of 46.5%, compared to 31.5% nationally (in 2009) and food prices have increased on average 40% (Jan-May 2011) and remain high. The highest increase was rice 67%, vegetable oil 33%, wheat flour 38% and sugar 22%. The price of bread has risen 50% in the past few months, significant as it accounts for up to 30 -35% of daily expenditure. Rayma and Hajja source commodities from Hodeidah and Amran and Ibb from Sana'a and Aden, thus food prices in rural areas are higher due to the distance from the cities and number of traders involved (Source: FS Monitoring July 2011).
- Yemen imports 100% of its Rice and 90% of its wheat flour, 96% of Yemens are net buyers and all communities rely heavily on imported food (WFP July 2011). Subsistence crops that are grown are fully consumed and cover 10% of the country's needs, local foods are not seen on community markets, only local markets (FS monitoring July 2011).

WFP COMPREHENSIVE FOOD SECURITY SURVEY, MARCH 2010				
Governorates		Poor food consumption (%)	Borderline food consumption (%)	Food insecure (%)
NORTH	Al Jawf	-	-	-
	Amran	21.1	21.7	42.8
	Sada'a	-	-	-
	Hajjah	17.1	29.1	46.3
	Sana'a	3.1	12.6	15.6
	Sana'a City	1.4	7.2	8.5
SOUTH	Aden	1.5	10.6	12.1
	Lahj	12.9	22.5	34.5
	Abyan	8.4	25.3	33.7
	Shabwa	9.8	16.9	26.7
OTHER	Ad Daleh	19.7	24.3	44.0
	Al Hodeida	10.1	23.1	33.2
	Idd	20.1	24.0	44.0
	Rayma	24.3	28.4	52.8

*The orange boxes indicate the five governorates which have the highest % within the specific category.*

### **Current Crisis Impact**

- Rising food prices, increased food security, reduced purchasing power, loss of income and jobs define the sector. Fuel shortages limit irrigation, transportation to market and livelihoods. Day labour is affected by land owners' reduction in cultivation due to high fuel prices; fishermen have stopped fishing due to lack of fuel. Lack of electricity has led to skilled workers in urban areas being laid off and civil servants at the community level are at risk of losing their salaries due to the ongoing political crisis (Oxfam, July 2011).
- Increasingly negative coping strategies are evident such as reduced size and number of daily meals, fasting, avoiding meat/fish and borrowing or buying food on credit (WFP, Food Security Monitoring Exercise, June 2011) (Food & Ag cluster meeting, 19 July 2011). Lack of income through agriculture has led farmers to sell parts of their livestock holdings to cover their most immediate needs (FEWS Remote Monitoring Statement, 29 August 2011). Despite the good harvests of the 2010 season (e.g. wheat production was 21% higher compared to 2009) this hunger situation in Yemen is reported as alarming (FAO, April 2011).
- Prices of wheat flour have increased by 50 % compared to August 2010 (and up 73% from August 2008) levels. Prices of main food commodities have increased by 43% on average since January 2011 (WFP Food Price Monitoring-cluster meeting July 19 2011).

- The gradual onset of seasonal rainfall has begun, with Taiz and Sana'a affected by below normal levels, while Sa'daah and Al Hodeidah normal to above-normal. The impact of rainfall deficits over the key agricultural areas bordering the west coast of Yemen is being seen in low vegetative conditions (FEWS Remote Monitoring Statement, 29 August 2011).
- Multiple crises have affected the livelihoods of poor households and their ability to meet daily food needs. Whilst many are currently coping they are at risk of falling into a severely food insecure situation if external assistance is not given. (Oxfam, July 2011).

### ***Northern Governorates***

- Sa'ada Governorate: After extremely limited access to this population for many years, access has finally been negotiated and food distribution was resumed in June (using an expanded beneficiary list). There is minimal information available to determine the exact food security situation but recent nutrition surveys have shown that the situation is critical (CAP MTR, July 2011).
- Sana'a, Amran, and Hodeida governorates: Assessment from a small sample size (120HH) over the period from June – August 2011 suggests food security and nutrition continue to be a serious issue in all 3 Governorates, with no improvement seen overtime. In the August assessment, at least one member of family going to bed hungry due to lack of food was 25% in Sana'a, 30% in Amran and 5% in Hodeida. The % of children under 5 reduced number of meals per day was 12.5% Sana's, 14.5% in Amram and 31% in Hodeida. Its is suggested that the situation is worse in rural than urban areas (Social Protection Monitoring, Sana'a, Amran & Hodeida 11-14 August).
- Sana'a Governorate: Yahees District: there is a further risk of displacement due to high prices, reduced income and agricultural production (Gat). Food shortages are reported and less than 1 month's supply (Rapid Needs assessment Arhab Aug 2011) (Joint RNA June 2011).
- Amran Governorate: In Raydah district, IDPs currently hosted by families and relatives report having no source of income and food shortages. In both Sumain and Oyal Surayah District, IDPs report a lack of funds to buy food and only being able to eat meat twice a week (IDP Rapid Needs Assessment, 03 August 2011).
- Hajjah Governorate: Harad, Bakeel, Al Meer, Mustaba Districts: Shows food shortages and resultant high levels of negative coping strategies including: using assets to buy food (43.3%), borrowing money (68.3%), bought food in debit (77%) and decreased expenditure on education/health (47.4%) (U5 malnutrition Household Survey July 2011).

### ***Southern Governorates***

- Aden Governorate: IDPs report a lack of food as their main concern as the majority of them receive some food assistance although no general ration. All of those interviewed had no income activities since displacement (Unicef/Oxfam, June 2011). 90% of IDPs depend on food provided by the local host community (WFP, June 2011).
- Abyan governorate: volatile security severely limits humanitarian access, food shortages are reported and distribution of food rations has taken place (FEWS Remote Monitoring Statement, 22 July 2011).

### ***West & Central Governorates***

- The livelihood zones are the most important production zones in Yemen because cereals, vegetables and fruits are supplied to local markets and/or exported. There are food shortages and prices of food have risen in the main western agricultural region of Yemen's Western Coastal Plain (Sorghum, Millet, and Livestock Zone) and the Western and Central Wadi (Sorghum, Millet, Vegetable, Fruit and Livestock Zone). For example the price of one kilo of tomatoes in Sana'a market increased from YR 80 to YR 400 at the end of August 2011 due to these shortages. Furthermore the lean season is predicted to start earlier than normal (Sept) in western coastal agricultural areas. Consequently, Yemen will be forced to increase imports of grains, vegetables and fruits (FEWS Remote Monitoring Statement, 29 August 2011).
- Al Hodeidah Governorate: Food prices have significantly increased (almost doubling) from early in the year to July 2011, in both rural and urban areas. For example, wheat increased from 76 to 116 in urban areas and

from 96 to 130 in rural areas (Oxfam July 2011). Sorghum and millet have been affected by low yields and total failure, impacted by diesel and water shortage, and lack of transportation to market (FEWS Aug 2011). Food stocks have been reduced to less than 2 weeks. Visits to local markets have been reduced due to high transport costs. To cope, households have prioritised buying food and reduced expenses for other items such non-food items, ceremonies, social activities, education and health. Interviews report 64% of households skipped meals and 29% have borrowed money, 13% have sold non-essential assets and used savings; whilst 15% have engaged family members in daily waged labour. 13% report selling of productive assets.

- Of those interviewed by Oxfam 72% of Households were day labourers, (51% of which are involved in the agricultural sector), 14% of those interviewed were reliant on local government for employment and expressed concerns about late disbursement of salaries. In total 11% rely on agriculture (as tenant farmers and share-croppers). Late rainfall is currently delaying planting (till Sept) hence there is a risk of further low production and a longer hunger gap (Oxfam, July 2011).
- Taiz Governorate: high prices of food, combined with unemployment and actual shortages of items such as wheat (flour/bread) have led people to skip meals. When interviewed households stated no one in the family had enough to eat. People in Al Sheesha and Al Sowayda have been most affected. Families say they are not eating enough wheat, flour, sugar, oil and fish. Although available vegetables are expensive due to fuel prices. Prices of key household items have increased from Jan to July 2011 (Red flour by 84%, Tea 40%, sugar 52%, beans 67%, running water 322-350% and local transport 67% (Dia Assessment July 2011).

### **Most Affected/Vulnerable Groups**

- Rural Children: Disaggregated data reveal that animal protein intake is especially low among children in rural HHs (2.5%) compared with urban HH (16.3%); and by governorate, children in Sana'a (12.5%) and Amran (2.5%) had the lowest intake (Social Protection Monitoring, Sana'a, Amran & Hodeida 11-14 August). There is a shortage of paediatric milk for infants (WFP, June 2011).
- Returnees: Some newly destitute or returnees are not receiving government assistance or are not on the WFP beneficiary lists. The Government of Yemen has not updated its social safety net beneficiary lists since 2008 (WFP, Food Security Monitoring Exercise, June 2011).
- Food insecure Household: Geographically there is a significant risk of household food insecurity in Hajjah, Amran, Ibb, Rayma, Taiz, Hodeidah, Abyan, Aden, and Al-Jawf governorates (FEWS Remote Monitoring Statement, 29 August 2011).
- Female-Headed Households: This group has been identified as the most vulnerable with only 1-10% of this groups being supported by WFP (WFP, Food Security Monitoring Exercise, June 2011).
- Other Groups: Households whose livelihoods are not based upon qat production are considered 'less fortunate and generally more vulnerable to increased fuel and food prices. They are seen to be resorting to negative coping mechanisms. Whilst the cost of living increases their wages remain the same, amongst them female HH amongst are the most vulnerable and often receive very little support from neighbours. (Source: FS Monitoring, July 2011).

### **Operational Constraints**

- The challenge of distributions: Distributions are hampered by credibility of registration figures, logistical challenges of multiple distribution centers and limited security of staff and supplies (Crisis Response Plan, August 2011). Continued negotiations over distribution lists with De facto authorities in Sa'adah have delayed distribution (August cycle). Resources shortages mean assistance has only been targeted in 4/14 governorates (OCHA Sitrep 8, 29 August 2011).

### **Recommendations for Intervention**

- Female-headed household need to be further considered in future targeting (WFP, Food Security Monitoring Exercise, June 2011).
- Common analysis, coordinated monitoring and a methodological approach are needed to better identify causes and links between food and nutritional security. Possibly through the proposed FAO *Integrated Food*

*Security Phase Classification (IPC), or a Common Rapid Assessment Tool (FAO IPC Sept 2011) (Oxfam, July 2011).*

- Expanding of current targeting to include all vulnerable families, through updating of the government Safety Net beneficiaries list, increased flexibility of WFP (WFP June 2011) (Oxfam discussion Paper 050711).
- Food safety net activities need to address food shortages during the hungry season (May to October) for 2011 and 2012 (FS monitoring July 2011).
- The use of private sector companies as distributors to increase coverage and reach.
- Cash transfers in areas where food is available but less accessible due to lack of purchasing power (Oxfam discussion Paper 050711).
- Ensuring supply of fuel to Aden, through advocacy and lobbying (UN and aid agencies encouraged to use informal markets to buy fuel rather than just government supplies). Fuel aid should be considered (Oxfam discussion Paper 050711).

### **Northern Governorates**

- Arhab Governorate: A food security assessment is recommended and should focus on IDPs in inaccessible areas (IDP RNA 3<sup>rd</sup> Aug).
- Sa'ada Governorate: There is a need to address inaccuracies in the registration process which limits abilities in targeting IDP's in their home towns; need for WFP to find an authority to serve Sa'ada city or home districts.

### **Southern Governorates**

- Aden Governorate: Urgent need for food distribution (Unicef/Oxfam, 2011), 40% of IDPs said their primary need was for food rations (WFP, June 2011).

### **West & Central Governorates**

- Al Hodeida Governorate: food is widely available on the markets so there is an opportunity to explore Cash transfer programming. An injection of cash will be vital to reduce the risk of severe food insecurity during the hunger gap (Aug – October 2011). Mid- and long-term needs of the population need to be addressed; water resource management schemes, DRR-related activities, and diversification of livelihoods (Oxfam, July 2011).



## Sectoral pages – Health & Nutrition

### **Background**

- Disruption to the delivery of essential health services and an increase of vulnerability of populations to the effects of chronic medical conditions and disease outbreaks (diarrhoea, cholera, polio, measles). Acute shortages of fuel and electricity threaten the cold chain (WHO 9/06). Influxes of IDPs have overwhelmed the health system. Consequently lack of shelter, poor water quality and poor hygiene, have led to high incidence of diarrhoea, bronchial diseases, and typhus especially amongst displaced children (IDMC 2010).

### **Current Crisis Impact**

#### ***Northern Governorates***

- Assessment data is limited but indicates concern around frequency of Diarrhoea, and spread of disease as a result of shortages of soap, dirty living conditions and overcrowding.
- Hajjah Governorate: IDPs report concerns over D incidence, 52.4% report Diarrhoea in the last 2 week (lower for IDPs living in camps 50.7%) (U5 malnutrition Household Survey July 2011).
- Amran Governorate: households indicate concerns about D -37% indicated their children had diarrhoea more than once a month (Care International, Sa'ada Emergency: Integrated Water, Sanitation and Hygiene Response Baseline Survey. February 2011).
- Sana'a Governorate: IDPs reported access to health facilities/pharmacy, but were concerned about disease spreading due to lack of soap, dirty living conditions and overcrowding (IASC IRA June 2011).
- Sana'a, Amran, and Hodeida Governorates: 33% of children under 5 in Sana'a with diarrhoea in Sana'a is 33%, Amran 13% and in Hodeida 33%. Children in urban areas are affected twice more than rural areas, despite reported increases in water availability (Social Protection Monitoring Aug 2011).

#### ***Southern Governorates***

- Al-Dhale Governorate: reported an outbreak of acute watery diarrhea, from 27<sup>th</sup> July – 24<sup>th</sup> August, 739 cases were reported in the hospitals, and 31 deaths. The outbreak is likely to spread to Radma district (lbb governorate) and Taiz governorate (WHO sitrep, 28 August 2011).
- Abyan Governorate: most public services such as health, cold chain systems, water networks and schools are no longer functioning. Only two hospitals in Abyan are partially functional, they are unable to cope with the high number of medical and surgical cases. High insecurity affects efforts to chlorinate wells despite a cholera outbreak in Abyan since mid-April. Hence the outbreak could potentially spread to neighbouring governorates (WHO from CAP MTR). As of 22 August the diarrheal outbreak is continuing amongst the IDPs with a reported 10,422 cases (6,056 in Abyan from 15<sup>th</sup> May to 22<sup>nd</sup> August, 662 in Lahj from 19<sup>th</sup> June to 22<sup>nd</sup> August and 3,704 in Aden from 19<sup>th</sup> June to 22<sup>nd</sup> August). The diarrheal cases among local hosting communities in Aden and Lahj governorates remained within the threshold (WHO sitrep, 28 August 2011).
- Aden Governorate: 39% of interviewed families had no access to health facilities, some due to lack of money for transport (Unicef/Oxfam, June 2011).
- Al-Dhale' Governorate: An outbreak of acute watery diarrhea (AWD) was reported, from 27<sup>th</sup> July – 24<sup>th</sup> August, 739 cases were reported in the hospitals, and 31 deaths. Epidemiological data reveals that 40% of affected individuals were less than 10 years old. The outbreak is likely to spread to Radma district (lbb governorate) and Taiz governorate (WHO sitrep, 28 August 2011).

#### ***West & Central Governorates***

- Taiz city: the main health concerns are malnutrition and spread of disease by mosquito. There is a lack of access to health facilities in areas where tribes and army confront (ZAM, SAG, ALM). There has been an increase in diarrhoea, malaria, typhoid and skin disease, with the most affected areas being Dhouah Mosque and Kalaba Al Jasar.

**Most Affected/Vulnerable Groups**

- Children and pregnant women have been most affected by the breakdown of primary health services, such as immunization and reproductive health services. As have the population living outside the camps, especially in remote areas. The elder may have been adversely affected by lack of mental health and treatment for chronic health problems (CAP MTR, July 2011). The outbreak of D has affected under 10's most. Epidemiological data reveals that 40% of affected individuals were less than 10 years old (WHO sitrep, 28 August 2011). Women are affected by a shortage of female staff across the sector (CAP MTR, July 2011).

**Operational Constraints**

- Governorates continue to report a figure of 20% of non-operational vaccination facilities due to lack of transportation/gas/electricity/cold chain services (OCHA Sitrep 8, 29 August 2011).
- Insecurity prevents health workers reporting to work. Many government employees, health and social welfare facilities have stopped operating (OCHA sitrep, 06/06).

**Recommendations for Intervention**

- WHO recommend immediate support to the following: to medical posts at demonstration sites that lack equipment, medicines, supplies and health care workers, especially females. Ambulance services which lack resources to keep them functioning 24/7 and female staff to treat injured women and girls. Hospital emergency department with limited resources, insufficient beds, shortages of life-saving medicines and equipment. Improvement and updating of skills of National health care workers to manage mass casualties. To promptly manage outbreaks, two interagency diarrhoeal disease kits and two interagency emergency health kits are immediately required. Reinstatement of regular health programmes such as immunization to reduce risk of diarrhoea, cholera, polio and measles and maintenance of the cold chain (CAP MTR, July 2011).
- Strengthening the Health Cluster Coordination Working Group and the inter-sectoral linkages and coordination mechanism; Establishing Health information management system (NIMS) to collect and compile disaggregated data and capture key health indicators including diseases' surveillance – linked to the cluster (Crisis Response plan, August 2011).
- Sustaining the existing health system, reviving and expanding health services. Need for specialized medical attention for IDPs beyond the primary health care such as psychosocial support, heart complications, blood pressure, renal failure, asthma, special needs and chronic diseases (Crisis Response plan, August 2011).

***Northern Governorates***

- Saada Governorate: The health sector needs to address the gap in resources compared to actual needs and address accusations of corruption against the Ministry of Health office in Sa'ada. Timely delivery of essential medicines and supplies and an increased presence of technical staff on the ground is needed (Sa'ada HCT). Crisis affected people in Sana'a Bab Al-Sabah require registration (CAP MTR, July 2011).
- Resources are required to respond to the newly emerging outbreak of Diarrhoea in Dhale Governorate (WHO sitrep, 28 August 2011)

***Southern Governorates***

- Abyan, Aden, Lahj Governorates: there is a need in general to prioritise areas affected by civil unrest and violence which have seen significant new displacement.
- Aden Governorate: Reduce user fees for IDPs in government health facilities, mapping of service providers, urgent need to increase awareness on disease prevention, waste management campaign, distribution of hygiene items (Unicef/Oxfam, June 2011).
- Abyan: Continuation of preventative measures to control cholera as well as the provision of PHC services to IDPs in the southern governorates (WHO sitrep, 28 August 2011).

***West & Central Governorates***

- No information



## Nutrition Sector

### Current Crisis Impact

#### ***Northern Governorates***

- **Hajjah Governorate:** Harad, Bakeel, Al Meer, Mustaba Districts: Recent survey of under-fives shows that Global Acute Malnutrition (GAM) prevalence exceeds the emergency threshold despite existing interventions since December 2009. GAM amongst children under five is reported to be 39% (using weight/height Z score) of which 8.5% are severe cases. Confidence intervals and plausibility information were not provided (FEWS Remote Monitoring Statement 29 August 2011). The number of U5 who were forced to sleep hungry due to lack of food were as follows; IDPs in Camps - 37.5%; IDPs outside of camps - 30.7%; host families - 37.1%; with an average of 35.7%. In spite of high prevalence of malnutrition only 5.4% are receiving supplementary and/or therapeutic feeding. Even among SAM cases only 24.1% are receiving supplementary and/or therapeutic feeding. Key findings of the U5 survey were as follows:
  - Wasting is highly prevalent amongst IDPs and much higher than the national figures. Wasting is higher among IDPs than the host community, also higher among IDPs inside camps than IDPs outside camps. Wasting is more highly prevalent among males than females. Children during weaning are more prone to wasting.
  - Stunting is high but still lower than the national figures. IDPs inside camps have a higher prevalence than host and IDPs outside camp. Stunting is slightly higher among males and the proportion increases after the first year.
  - The numbers of underweight U5s is slightly higher than national figures. IDPs inside camps have moderately higher figures than outside camp IDPs and host populations. It's also more prevalent in males than females and starts to increase after the first 6 months.
  - Wasting by MUAC by age is high especially among those IDPs inside camps' and also higher among males than females (U5 malnutrition Household Survey July 2011).
  
- **Sa'ada Governorate:** the most recent nutrition assessment is from July 2010. Of the 26,246 children who were screened using MUAC the prevalence of global acute malnutrition (GAM) was 45%, indicating very high levels of acute malnutrition in the western part of Sa'ada governorate. The prevalence of severe acute malnutrition was found to be 17%. Moderate acute malnutrition was present in 28% of the screened children. These very high levels were mainly due to the long-lasting insecurity, extremely high levels of poverty, geographical remoteness, lack of food assistance and lack of health and nutrition services over the last six years (UNICEF, July 2010).

#### ***Southern Governorates***

- **Aden & Lahj Governorate:** From the total U5 children screened (2030 total), the global malnutrition level based on MUAC is 4%, with 8% SAM and 3.2 MAM. Though the findings indicate that the overall malnutrition prevalence rate among children is not alarming. Secondary data from the household baseline survey indicates that global acute malnutrition prevalence rate among U5 is 12% (anthropometric Weight/Height Z score) and 33.7% of the population is considered food insecure – (CFSS, WFP 2009, Unicef/MOPHP, June 2011).

#### ***West & Central Governorates***

- No information

### Most Affected/Vulnerable Groups

- **Children:** The GAM rate between children 12-24 months is very high indicating poor breastfeeding practices and inadequate/inappropriate introduction of complementary feeding practices and household care practices (Unicef/MOPHP, June 2011).
  
- **Infants:** Only 10.3% of mothers exclusively breast fed their babies for the first six months in Al-Hodeida. The norm has become a diet of tea, biscuits, oil, flour, water and a replacement of breast milk by formula milk in the first six months (Republic of Yemen, Food Security Baseline Survey Al Hodeida March 2010). In Hajjah governorate, the proportion of women who had breast fed at some time in their child's life were as follows; 92.4% amongst IDPs in the camps. 86.9% IDPs outside the camps, 88.7% in the host communities: averaging 89% but still around 10% of children had never been breast fed (U5 malnutrition Household Survey July 2011).

**Operational Constraints**

- The Cluster is limited in its scope to address the imminent malnutrition problems countrywide by limited governmental capacity. There are a limited number of implementing partners which impacts on the ability of the cluster to meet the increasing needs. The security situation caused the delivery of nutritional supplies to be reduced in some governorates (OCHA Sitrep 8, 29 August 2011).

**Recommendations for Intervention**

- Protracted displacement aggravated by high food prices, increasing fuel costs and shortages and poor water and sanitation have led to significant deterioration of the nutritional situation which is likely to be exacerbated without multi-sectoral interventions (Unicef/MOPHP, June 2011).
- It is important that analysis of qualitative and quantitative data is undertaken to understand the underlying causes of U5 malnutrition. The usual interventions haven't managed to reduce the prevalence even in camps. It will be necessary to focus on inter-cluster coordination to understand the most likely factors contributing to high prevalence of malnutrition.
- A Country-wide nutrition survey is critical (U5 malnutrition Household Survey July 2011).
- It will be important to advocate and coordinate with social protection networks for social protection issues and the rights of children to have access to a quality diet and adequate primary health care (CAP MTR, July 2011).
- There is a need to increase the number of partnerships with implementing partners and explore the possibilities of opening new outlets other than health facilities to deliver services. This is especially critical in the newly accessible districts and in the remaining central and southern governorates in order to mitigate limitations in MoPHP capacity (CAP MTR, July 2011).
- There is a need to support women with breast feeding and in the provision of formula milk.

***Northern Governorates***

- **Hajjah Governorate:** The limited response in the areas outside the camps needs to be scaled up. Lack of in-depth assessment and information is leading to incoherent responses. It is recommended that limited routine disaggregated baseline data/key indicators for both Haradh and Sa'ada is carried out. There is a lack of coordination capacity at the field level.

***Southern Governorates***

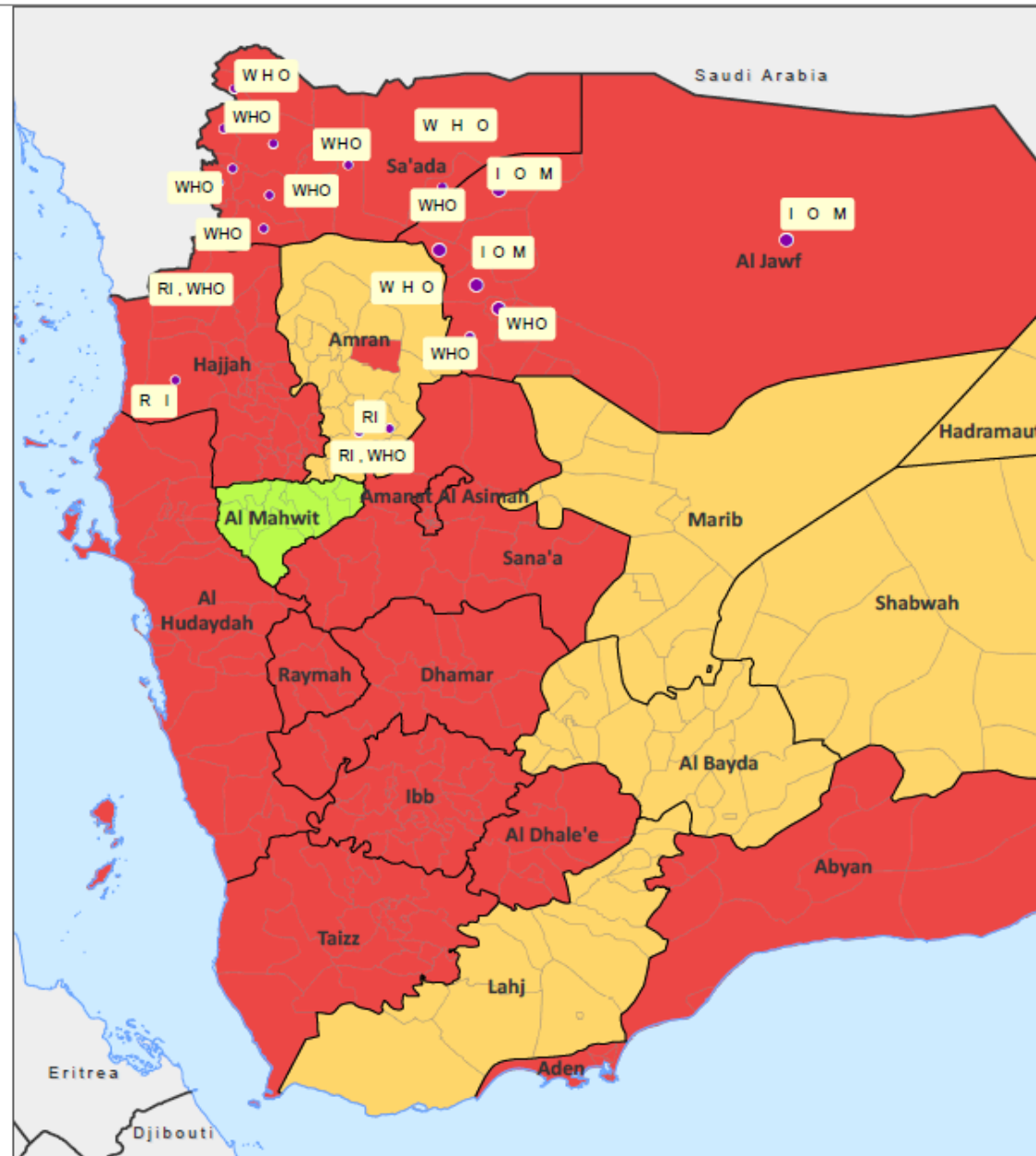
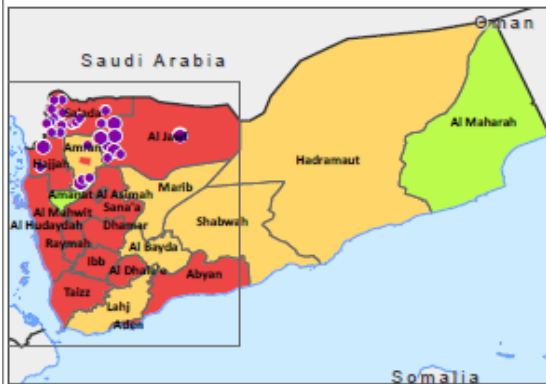
- **Aden & Lahj Governorate:** There is a need to continue monitoring, consider holistic multi-sectoral approach to strengthen preventive nutrition and health interventions; to improve the quality of existing therapeutic nutrition interventions and improve accessibility; to start targeted supplementary feeding programmes; and to ensure accessibility to micronutrient supplementation and proper vitamin A coverage for U5 (Unicef, MOPHP, June 2011).
- A multi-sectoral and holistic approach is required to address under-nutrition. There is a need to address (i) the information gap due to the lack of timely reporting and inadequate flow of nutrition data from nutrition facilities (inadequate nutrition information system and lack of nutrition surveillance system), as well as due to the lack of access; (ii) the shortage of drugs needed for malnourished children; (iii) the Inadequate local capacity among implementing partners to strengthen and handle the community component of preventive and curative nutrition interventions; (iv) the Lack of access to certain areas from where IDPs flee and where services are completely collapsed. It will be important to ensure the availability of free nutritional and therapeutic supplies (Crisis Response Plan, August 2011).

***West & Central Governorates***

- No information

# Health Cluster: Analysis of geographic prioritization and No. of interventions

YHRP - June 2011



**Legend**

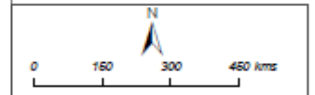
- Coastline
- International Boundary
- Governorate Boundary

**3W No. of interventions**

- 1
- 2
- 3

**Risk Analysis**

- Low Priority
- Medium Priority
- High Priority



Map Doc Name: A3\_Health\_Template

Creation Date: 21st June 2011

Projection/Datum: WGS84

Web Resources: <http://ochaonline.un.org/yemen>

Nominal Scale at A3 paper size: 1:10,611,069

Map data source(s): Health Cluster

Health indicators is No. of Public Health Care facilities

**Disclaimers:**  
The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.



Number of primary beneficiaries by district and organization

Governorate	District	IOM	RI	WHO
Al Jawf	Al Humaydat	32500	*	*
Al Jawf	Al Matammah	*	*	*
Al Jawf	Al Maton	*	*	*
Al Jawf	Az Zahir	32500	*	*
Al Jawf	Bart Al Anan	32500	*	*
Al Jawf	Khabb Wa Ash Shaaf	32500	*	*
Al Jawf	Kharab Al Marashi	32500	*	*
Al Jawf	Rajuzah	32500	*	*
Amran	Amran	*	20000	*
Amran	Harf Sufyan	*	*	*
Amran	Jabal Iyal Yazid	*	20000	*
Amran	Raydah	*	20000	*
Hajjah	Abs	*	20000	*
Hajjah	Haradh	*	26000	*
Saada	Al Dhaher	*	*	*
Saada	Al Hashwah	*	*	*
Saada	As Safra	*	*	*
Saada	Baqim	*	*	*
Saada	Ghamr	*	*	*
Saada	Haydan	*	*	*
Saada	Kitaf Wa Al Boqee	*	*	*
Saada	Majz	*	*	*
Saada	Monabbih	*	*	*
Saada	Qatabir	*	*	*
Saada	Razih	*	*	*
Saada	Saadah	*	*	*
Saada	Sahar	*	*	*
Saada	Saqayn	*	*	*
Saada	Shada'a	*	*	*

\* - Data was not provided



## Sectoral pages – WASH

**Current Crisis Impact**

- **Socio-economic Factors:** The deterioration of socio-economic conditions continues to affect access to safe water and hygiene materials. Lack of fuel, especially diesel, needed to run pumping stations and truck water has resulted in water prices increasing three fold (CAP MTR, July 2011). The 2010 MDG Report showed that 52% of Yemeni population do not have access to potable drinking water (OCHA, June 2011).
- **Water Trucking:** Many IDPs rely on trucking as their main source of water. Although some assessed families reported that they had sufficient water, the cost of water trucks places a great burden on families (estimated at up to 20% of total daily expenses) (UNHRC/ADRA, June 2011). 70% of Sana'a's residents depend on water trucking and 48% of the population do not have access to adequate sanitation (OCHA, June 2011).
- **Impact of Natural Disasters:** The increasing incidence of floods and drought due to global climate change and weak management of natural resources is another factor which affects long term water scarcity and food security across the country. Many families are forced to collect water from wadis, rainwater puddles, open wells, shallow polluted wells and springs, and other unsafe sources. Combined with poor hygiene practices and lack of awareness, the prevalence rates of water-borne diseases are expected to increase (CAP MTR, July 2011)

**Northern Governorates**

- **Amran Governorate:** Random sampling of 459 households showed that 71% of respondents felt that they did not have sufficient water. The high cost was considered the biggest reason for insufficient water in the household (78.5% of respondents), along with the difficulty experienced in transporting water from the source to the house, lack of water storage at household level and the inconsistency of water supply at the source. A total of 82% of the respondents stated that they always paid for water. A total of 81% of surveyed households indicated that they did not drink clean water (19% stated they treated their drinking water). 99% of the respondents reported that washing hands before eating is important (Care International, Sa'ada Emergency: Integrated Water, Sanitation and Hygiene Response Baseline Survey, February 2011).
- **Hajjah Governorate:** In Harad, Bakeel, Al Meer and Mustaba Districts the main source of water for nearly all IDPs inside the camps was found to be UNICEF tanks (98%); this was the case for about half of those outside of the camps (51%). For host population the main source is the wells (24.6%), the second is water trucks (21.9%) and the third is UNICEF tanks (17.7%). More than half of IDPs living outside camp and more than three quarters of host population do not have access to safe water (U5 malnutrition Household Survey, July 2011). Access to toilets is limited: 51.6% of IDPs inside camps reported access to an inside toilet, 44.6% IDP outside and 45.3% for host families (an average of 47%). A similar number reported access to an outside toilet (an average of 40.9%). 12% do not have toilets; open defecation is more common among host population (15.2%) and IDPs living outside camps (11.8%) (U5 malnutrition Household Survey, July 2011).
- **Sa'ada Governorate:** Agencies report an inability to provide a stable supply of potable water to the IDPs inside many of the camps and admitted there was weak targeting of the IDPs outside the camps. This has led to a very minor response in the governorate (Sa'ada Crisis Response Plan, July 2011).
- **Sana'a, Amran, and Hodeida Governorate:** In a study of a small sample of households, 24.2% reported decreased water consumption (40% in Amran). An estimated 30l/person/day of water is used on average. 87.5% of households did have enough drinking water (100% for Amran and Hodeida) although the cost of water has an impact on the amount used, as does an interruption in its supply. In the survey fewer households reported a decrease in water consumption and the estimated quantity of water consumption is increasing, due largely to the return of electric power and public water supply. There is still a huge gap between the level of service in rural and urban households. The estimated amount of water consumption in rural households is only 17.0 litres/person/day compared with 73 litre/person/day in urban households. This gap has impacted on available water for sanitation for rural households where only 42.5% have enough water (Social Protection Monitoring in Sana'a, Amran, and Hodeida governorate, August, 2011).
- **Sana'a Governorate:** IDPs reported a lack of hygiene materials, complained of an increase in water-trucking prices. IDPs were found to share bathrooms/toilets with the host community when possible or use open spaces at far distances. 100% of IDPs use latrines (21-50 users per toilet/day); water quantity per day was found to be between 26-50l from the piped water supply system. Despite this, water supply and more toilets

were still listed as a key need. As IDPs were living in crowded, dirty conditions there was felt to be a need for increased supply of soap to reduce the risk of disease spreading. (Joint RNA, June 2011). There is a shortage of water tanks (UNHCR/ADRA, June 2011).

- **Sana'a Governorate:** In Arhab district the main issue identified is the increased distance to wells, the high cost of fuel needed to reach them and a general shortage of water sources. No latrines were observed in the area, and open defecation was practiced (Rapid Needs Assessment, August 2011).

#### ***Southern Governorates***

- **Aden Governorate:** 58% of IDPs living in schools practice hand washing; soap is available in 66% families; 86% of interviewed get water from a tap stand (average waiting time is 5 – 30-minutes); there is generally considered to be good access to latrines but 91% of the facilities were considered to be in bad condition (Unicef/Oxfam, June 2011). 50% of those surveyed said schools/centres lack proper sanitation services (WFP, June 2011).

#### ***West & Central Governorates***

- **Al Hodeida:** The latest WASH assessment in Al Hodeida is from March 2010, and showed that over 14% of households have no access to safe drinking water sources, and 37.5% are without a proper sanitation system (Republic of Yemen, Food Security Baseline Survey Al Hodeida March, 2010).

#### **Most Affected/Vulnerable Groups**

- **Host Families:** IDPs living with host families in northern governorates carry the greatest financial burden for water trucking and also have the poorest access to sanitation.
- **IDPs:** IDPs living in schools in southern governorates had the greatest need for improvements in the sanitation facilities in temporary accommodation centres.

#### **Operational Constraints**

- **Fuel:** Fuel shortages means water trucking is expensive, water supply is interrupted.

#### **Recommendations for Intervention**

##### ***Northern Governorates***

- **Hajjah governorate:** Restoration and expansion of water supply infrastructure and WASH in schools and camps should be priorities (CAP MTR, July 2011).
- **Target Areas:** Priority areas for WASH interventions are considered to be IDP camps, temporary settlements, and in host communities in Amran, Hajjah, Sa'ada, and Al-Jawf, governorates (CAP MTR, July 2011).

##### ***Southern Governorates***

- **Aiden Governorate:** Distribution of water containers, repair to taps and replacement of parts, water quality testing are all considered priority responses. Rehabilitation of existing school latrines and cleaning campaigns are urgently required (Unicef/Oxfam, June 2011).
- **Information Management:** There is a need to improve weak reporting mechanisms and address conflicting information on communicable diseases due to the water quality and sanitation conditions in the schools occupied by the IDPs (Crisis Response Plan, August 2011). The cluster is new and faces logistical challenges in conducting water quality surveillance and control in the 46 schools currently occupied by the IDPs. There is a risk of further disease outbreak.

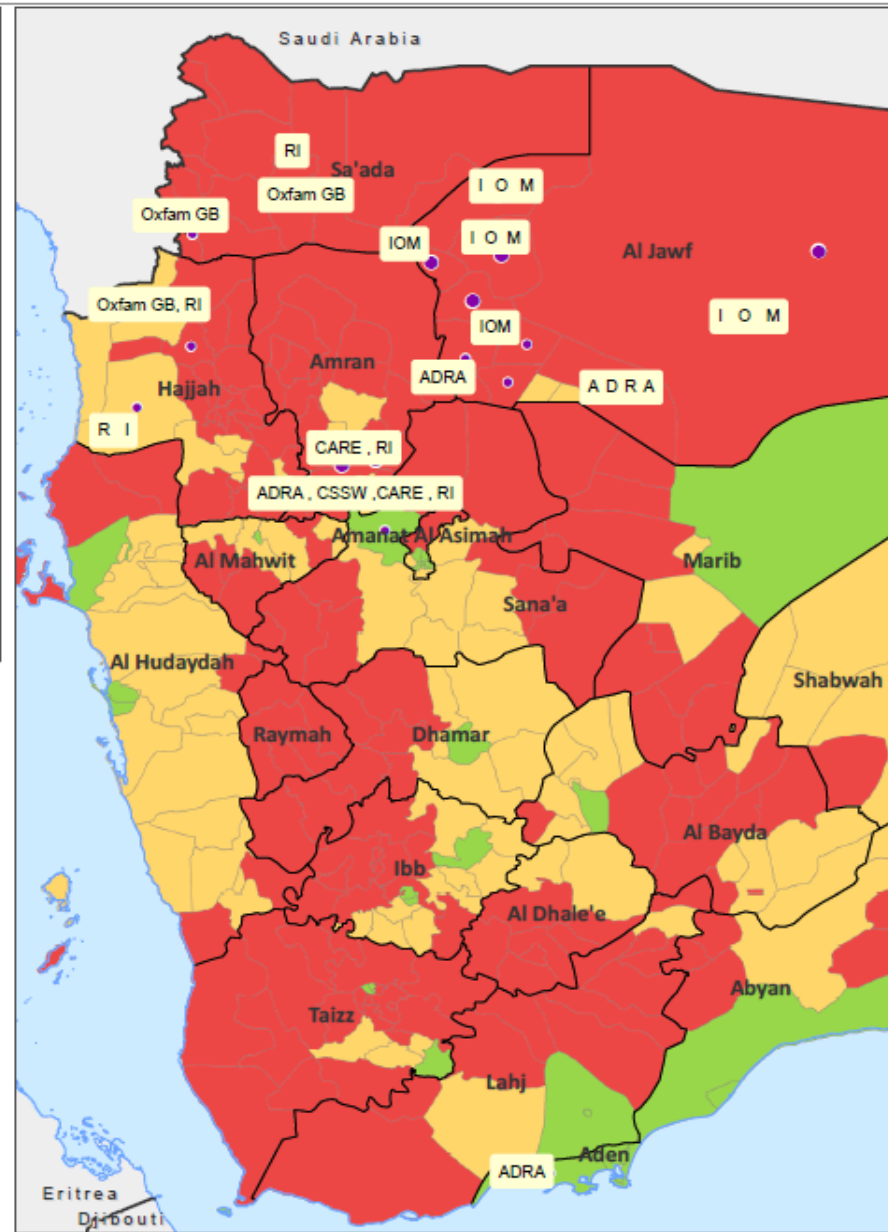
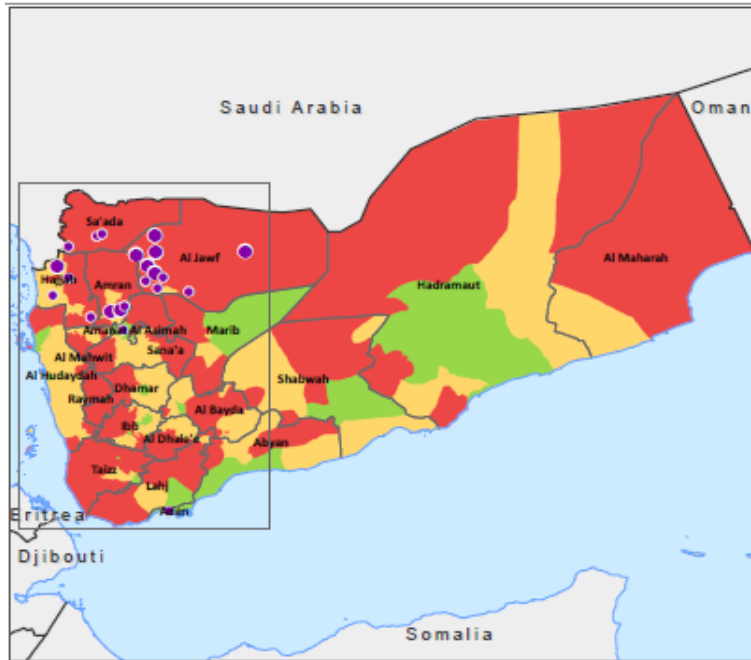
##### ***West & Central Governorates***

- No information



# WASH Cluster: Analysis of geographic prioritization and No. of interventions

YHRP - June 2011



### Legend

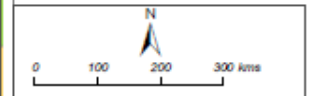
- Costline
- International Boundary
- Governorate Boundary

### 3W No. of interventions

- 1
- 2
- 3

### Risk Analysis

- Low Priority
- Medium Priority
- High Priority



Map Doc Name: A3\_WASH\_Template  
 Creation Date: 21st June 2011  
 Projection/Datum: WGS84  
 Web Resources: <http://ochaonline.un.org/yemen>  
 Nominal Scale at A3 paper size: 1:7,584,561

Map data source(s): WASH Cluster  
 WASH indicators are the Percentage of households drink water from unsafe sources and the percentage of households that have sewer inappropriate.

Disclaimers: The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.



Number of primary beneficiaries by district and organization

Governorate	District	ADRA	CSSW	CARE	IOM	Oxfam-GB	RI
Aden	Al Buralqeh	29000	*	*	*	*	*
Al Jawf	Al Hazm	*	*	*	*	*	*
Al Jawf	Al Humaydat	*	*	*	20700	*	*
Al Jawf	Al Maslub	*	*	*	*	*	*
Al Jawf	Al Matammah	*	*	*	*	*	*
Al Jawf	Al Maton	*	*	*	*	*	*
Al Jawf	Az Zahir	*	*	*	20700	*	*
Al Jawf	Bart Al Anan	*	*	*	20700	*	*
Al Jawf	Khabb Wa Ash Shaaf	*	*	*	20700	*	*
Al Jawf	Kharab Al Marashi	*	*	*	20700	*	*
Al Jawf	Rajuzah	*	*	*	20700	*	*
Amran	Amran	29000	2231	129700	*	*	10000
Amran	Jabal Iyal Yazid	*	*	52600	*	*	10000
Amran	Kharif	*	*	52600	*	*	*
Amran	Raydah	*	*	52600	*	*	10000
Hajjah	Abs	*	*	*	*	*	20000
Hajjah	Hajjah City	29000	*	*	*	*	*
Hajjah	Haradh	*	*	*	*	13122	20000
Hajjah	Mustaba	*	*	*	*	13122	*
Saada	Al Dhaher	*	*	*	*	3000	*
Saada	Saadah	*	*	*	*	3000	*
Saada	Sahar	*	*	*	*	*	6000
Sana'a	Hamdan	29000	*	*	*	*	*

\* - Data was not provided

## Sectoral pages – Protection

### **Current Crisis Impact**

- **Incidence of Violence:** The total number of cases of violence reported peaked in April at 7,140, reducing to 6,099 in May, and then 480 in June 2011. Estimated Statistics of GBV related to civil unrest across 4 Governorates show Sana'a to be the highest with 12,982 cases, Taiz with 2,791, Aden with 601, and Hodiedah with 1,429 during February (UNFPA & Sisters Arab Forum for Human Rights [SAF], June 2011).

#### ***Northern Governorates***

- **Sana'a Governorate:** Insecurity, risk of renewed fighting, extensive presence of land mines, the damage to property; the fear of arrest, detention, reprisals and forced recruitment particularly by Al-Houthi are reported as the most common obstacles to return in Sa'ada governorate (IDMC 03 August, 2011). In Yahees sub-district there some ongoing bombing leading to limited damage, and a risk of further displacement due to safety and security concerns. In Arhab, the following areas are currently empty of all civilians; Al-Qasabah, Bait Al-Othari Al-A'ala, Al-Abwah, Ozlat Sheb and Soloman. In some areas men are not allowed to enter to their lands and farms in order to work. Some IDPs have legal documents (IDs) and no restrictions on movement and hence are able to go to their houses during the day and come back to the school at sunset but many others (particularly in Arhab) risk detention if they are stopped at checkpoints (Arhab rapid Needs assessment, August 2011).
- **Amran Governorate:** In Raydah District IDP families are hosted with family relatives and friends who own houses in Raydah. Visited families had legal documents and could access their villages in Arhab but risked arrest/detention if approached a checkpoint leading to Sana'a (Arhab rapid Needs assessment 3<sup>rd</sup> Aug).
- **Sana'a, Amran and Hodeida Governorate:** Findings from a recent assessment (albeit with a small sample size) suggest a general improvement in sense of security; only 1% of children demonstrated behavioural problems compared to 12% in the first round of assessments. Children in Sana'a governorate had been most affected by the reduced sense of security. The numbers of children that were frightened to play outside in Sana's were 15%, for Amran they were 2.5% compared with 0% in Hodeida (Social Protection Monitoring 14 August, 2011).
- **Child Soldiers:** The situation of child soldiers continues to cause concern in Northern Yemen whereby children are being recruited by Al-Houthis to engage in conflict with opposing groups such as Al-Islah militants (OCHA sitrep 6, 02 August 2011).

#### ***Southern Governorates***

- **Aden:** IDPs living in schools report the key protection issues for both boys and girls were increased levels of violence due to pressures on food and shared living/cooking conditions, trauma from fighting and lack of freedom of movement. Girls suffered from lack of privacy and harassment from men when living in shared accommodation (Protection Assessment July 2011).

#### ***West & Central Governorates***

- No information

### **Most Affected/Vulnerable Groups**

- **Children:** Deterioration security and weakened governance has led to significant increases in the targeting of children for the purpose of trafficking, including unaccompanied children originating from the Horn of Africa. The presence of these children has increased two-fold since the start of the civil unrest. Reports indicate that at anti-government demonstration camps, 200-300 children (of ages 13-17) are participating in security, providing protection to protestors, and working with security committees at entrance gates (CAP MTR, July 2011).
- **Women:** GBV remains an especially pronounced problem among displaced and vulnerable communities. Despite this, in the governorates of Taiz, Aden, Abyan and Amran, the Yemen Women's Union (YWU) has registered a decrease in the number of GBV cases, although this is felt to be largely due to the difficulties women have experienced in travelling. Such cases are often underreported (CAP MTR, July 2011).



- **Migrants:** An estimated 40,000 Ethiopian migrants live in Yemen, including an estimated 29,000 irregular migrants who have no access to protection or basic services. In Haradh, the majority of migrants are young men between the ages of 13-30 years old, 5% are women and 20% are children. Based on IOM's protection survey, at least 50% of the stranded migrants have been physically abused by smugglers and/or Saudi Arabian border guards (CAP MTR, July 2011).

### **Operational Constraints**

- **Limited capacity for Identifying Cases:** Profiling and identification of Extremely Vulnerable Individuals (EVIs) and Persons with Special Needs (PSNs) among the IDP population are not well established (Sa'ada Crisis Response Plan, August 2011).
- Lack of meaningful participation of IDPs, both in schools and host families in matters that affect them; limited cultural and gender sensitive response to the needs of women and girls such as ensuring privacy for those living in schools; poor information sharing and communication exchange from the partners to the IDPs to better understand partner's response and IDP capacities and responsibilities in the humanitarian response are all considered constraints (Crisis Response Plan, August 2011).
- **Child Protection in Southern Governorates:** there is a weak mechanism for monitoring and reporting violations against children and very limited information on Abyan governorate and other areas of the South; there are also weak mechanisms and structures for the identification of separated children (Crisis Response Plan, August 2011).
- **SGBV:** There is limited awareness and cultural sensitivity on SGBV; a lack of capacity of health workers on clinical management of SGBV survivors, psychosocial support and identifications of SGBV cases. No mechanism exists for the reporting and referral of SGBV cases and there is weak coordination among the stakeholders (Crisis Response Plan, August 2011).
- **Access to Assistance:** Provision of and access to services and assistance is impeded by the reduced capacity of national institutions, limited humanitarian space and the lack of awareness by IDPs/Migrants concerning their rights regarding local integration (CAP MTR, July 2011).

### **Recommendations for Intervention**

- **Migrant Children:** The need to provide more focused and systematic support to provide protection and interim care for migrant children and support of their return to the countries of origin (CAP MTR, July 2011).

#### ***Northern Governorates***

- **Sa'ada Governorate:** Improvements are required to registration of IDPs to facilitate effective protection monitoring and the need to address the weak coordination and reporting in Sa'ada governorate (Sa'ada Crisis Response Plan, August 2011).

#### ***Southern Governorates***

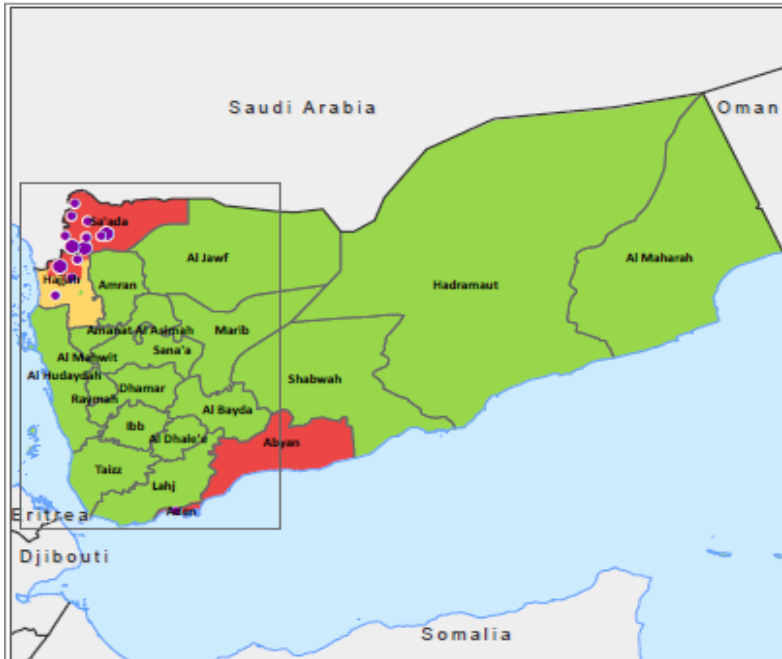
- **Participatory Assessment:** There is a need for a follow up Participatory Assessment in order to gain a better understanding of the needs and concerns of IDPs; Profiling and identification of Extremely Vulnerable Individuals (EVIs) and Persons with Special needs (PSNs) among the IDP population yet to take place.
- **Female-Headed Households:** It is necessary to Identify specific vulnerable categories such as female heads of households who should be prioritized for urgent assistance.
- **Psychosocial support:** A greater focus should be placed on psychosocial support for IDPs to enable them better deal with the traumatic experiences of the flight from their areas of origin.

#### ***West & Central Governorates***

No information

# Protection Cluster: Analysis of geographic prioritization and No. of interventions

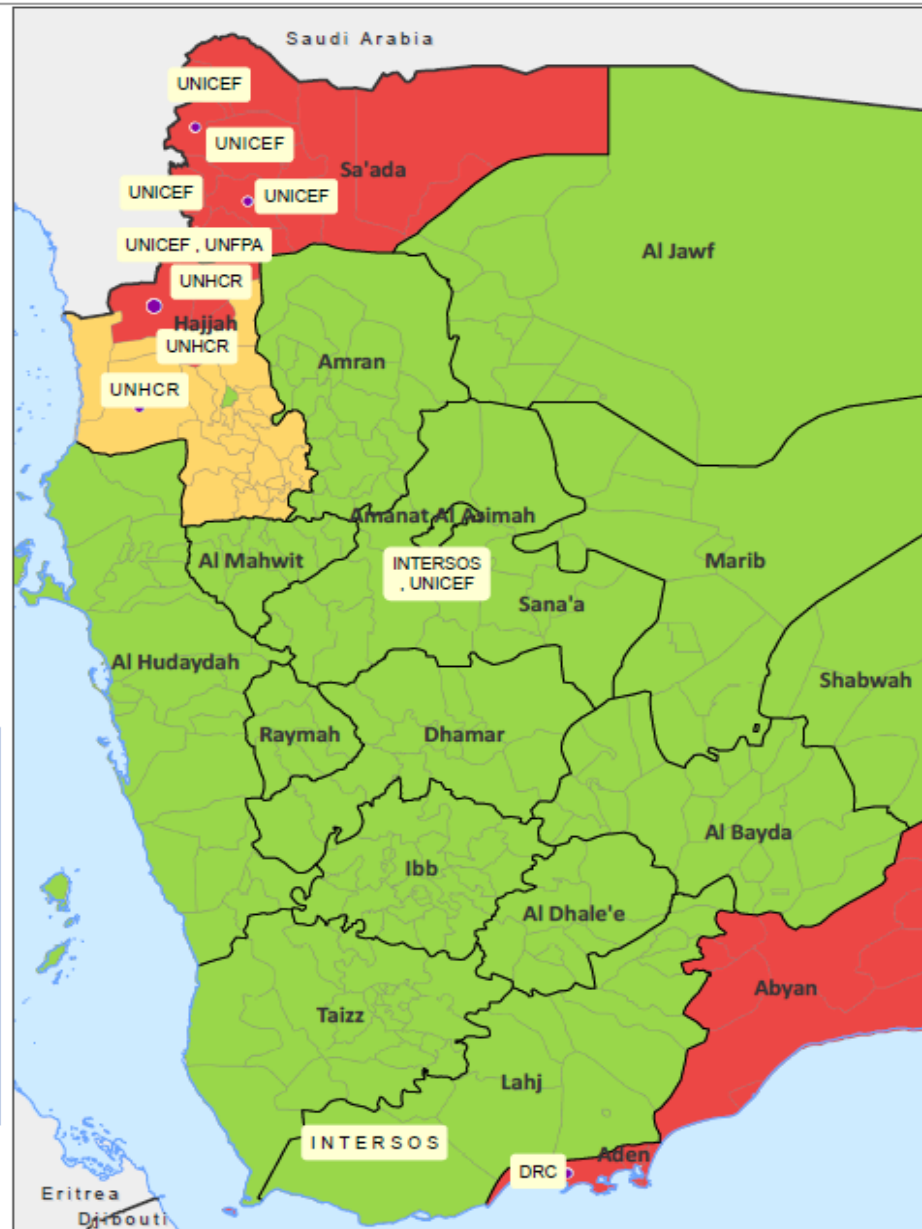
YHRP - June 2011



Number of primary beneficiaries by district and organization

Governorate	District	DRC	INTERSOS	UNICEF	UNHCR	UNFPA
Aden	Al Bura'iqeh	*	*	*	*	*
Aden	Dar Sad	*	*	*	*	*
Amanat Al Asimah	As Sabain	*	*	30000	*	*
Hajjah	Abs	*	*	*	*	*
Hajjah	Bakil Al Mir	*	*	*	*	*
Hajjah	Haradh	*	*	*	*	20
Hajjah	Mustaba	*	*	*	*	*
Lahj	Al Madaribah Wa Al Arah	*	*	*	*	*
Saada	Al Dhaher	*	*	*	*	20
Saada	Haydan	*	*	*	*	20
Saada	Majz	*	*	*	*	*
Saada	Monabbih	*	*	*	*	*
Saada	Qatabir	*	*	*	*	*
Saada	Saadah	*	*	*	*	20
Saada	Sahar	*	*	*	*	*
Saada	Saqayn	*	*	*	*	*
Saada	Shada'a	*	*	*	*	*
Shabwah	Mayfa'a	*	*	*	*	*

\* - Data was not provided



**Legend**

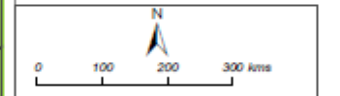
- Coastline
- International Boundary
- Governorate Boundary

**3W No. of interventions**

- 1
- 2
- 3

**Risk Analysis**

- Low Priority
- Medium Priority
- High Priority



Map Doc Name: A3\_Protection\_Template

Creation Date: 21st June 2011

Projection/Datum: WGS84

Web Resources: <http://ochaonline.un.org/yemen>

Nominal Scale at A3 paper size: 1:7,564,561

Map data source(s): Protection Cluster

Protection indicators are Number of beneficiaries of awareness campaign and Number of survivors who are assisted

**Disclaimers:**  
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## Sectoral pages – Shelter &amp; NFI

**Current Crisis Impact*****Northern Governorates***

- **Sa'ada Governorate:** Following improved access in Sa'ada the Response Plan developed by the humanitarian community will ensure protection and assistance during the initial recovery period pending handover to developmental actors given the limited capacity of the government and de facto authorities.
- **Sana'a's Governorate:** In the Yahees sub-district all affected families use (communal) caves during the nights, some of which are reportedly unsafe due to sporadic bombing, and visit their farms/houses during the day. They report having access to NFIs (Rapid Assessment, August 2011). In Bab Al-Sabah district IDPs are staying in collective centres (permanent structures) with poor protection from the elements, limited privacy and security. Rooms were small and overcrowded (up to 8 people per room). Less than a quarter of the families interviewed were considered to have sufficient NFI's including clothes, blankets, bedding/mattresses, cooking utensils, soap, mosquito nets, plastic sheeting or cooking fuel (IASC, June 2011).

***Southern Governorates***

- **Aden Governorate:** A significant proportion of those living in schools only stay there during the day. 21% (203 out of 976) of those surveyed said they had accommodation elsewhere but stay in schools by day to receive assistance. When asked, the majority rejected a move to a camp. The favoured option was a move to public or private accommodation. The schools are scheduled to reopen at the beginning of September (Intersos, August 2011). Families hosted with local community (relatives and friends) started to move back to the displacement centres due to the depletion of the limited available resources of the host high-sized households (WFP, June 2011). Half of the Households surveyed by WFP in June said they'd fled their houses without taking their assets (clothes etc). 35% of households confirmed that their primary needs are clothes, 40% food rations including paediatric milk and cold potable water, 20% said NFIs (WFP, June 2011).
- **Lahj Governorate:** The situation is different in Lahj as the men tend to sleep in schools (258 families) and women and children stay with host families where there is greater privacy (Intersos, August 2011).

***West & Central Governorates:***

- No information

**Most Affected/Vulnerable Groups**

- **Vulnerable Groups:** Women, children, people with disabilities and older people are the most vulnerable amongst the affected population especially those without any family or community support. Single female heads of household face high risks due to the high cost of living as they have limited skills and were dependent on the men due to cultural norms. Women and girls also complained about the lack of privacy due to inadequate shelter and inadequate access to healthcare.
- **Deported Migrants:** The situation for deported migrants has deteriorated to a life-threatening level as they are stranded in Haradh due to heightened insecurity, conflict in the north, and the de-facto closure of the Yemen-Saudi border. The situation in Haradh has worsened due to the increased proportion of destitute migrants relying on local hospitality and underfunded services leading to some exasperation and growing misperceptions among the host Yemeni population that migrants are somehow contributing to the current instability (CAP MTR, July 2011).

**Operational Constraints**

- **Sa'ada Governorate:** The response to needs is hampered by limited coordination and reporting; there is limited support for returnees, IDPs outside the camps and host communities (Sa'ada HCT Response Plan, July 2011).

**Recommendations for Intervention*****Northern Governorates***

- **Sana'a Governorate:** There is a reported need for sanitary napkins and children's items. A joint assessment is recommended to confirm IDP numbers and locations (Rapid Assessment, August 2011).

- **Sana'a Governorate:** In Al-Hasaba district an assessment is needed and possibly NFIs to newly returned IDPs as well as to newly displaced. There is a further need to register and assess newly arrived IDPs and those returning to Al-Hasaba (IOM assessment, June 2011).

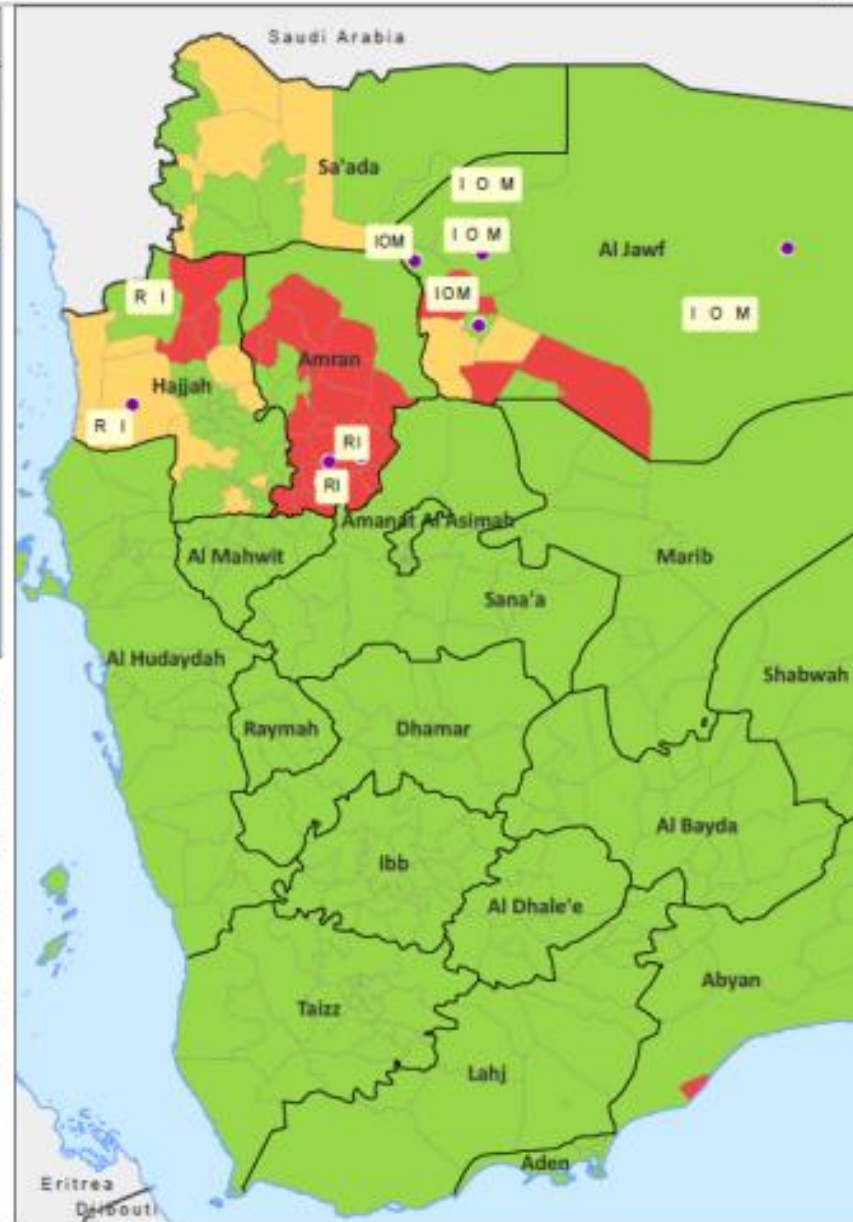
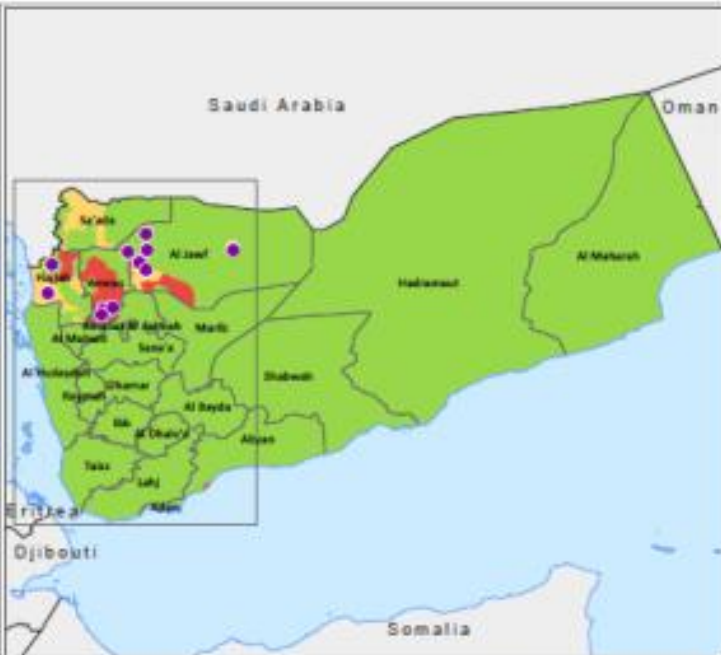
**Southern Governorates**

- **Aden Governorate:** The Inter-cluster forum in Aden indicates that the key priority for immediate humanitarian assistance is IDPs hosted in families. While, IDPs living in schools have received significant levels of assistance, their situation demands urgent attention and action because of their current locations. Relocation of IDPs from schools is a high priority in order to provide durable shelter solutions for the IDPs and to provide learning space for children to return to school in September 2011 (Crisis Response Plan, August 2011). Cash assistance for shelter (such as a subsidy for rental of accommodation) should be considered as a priority. The implementation of an appropriate and immediate settlement option to remove IDPs from schools may prove to be a challenge if funds are not available; Identification and support to host family assistance is human resource intensive; No effective vulnerability profiling to ensure the most vulnerable categories of IDPs receives the necessary NFI support and other assistance; No uniform hygiene kits and NFI packages being distributed by agencies currently (Crisis Response Plan, August 2011).

**West & Central Governorates:**

- No information

**CCCM / Shelter / NFI Cluster: Analysis of geographic prioritization and No. of interventions**  
YHRP - June 2011



**Legend**

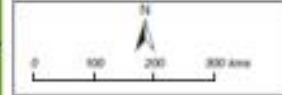
- Coastline
- International Boundary
- Governorate Boundary

**3W No. of interventions**

- 1

**Risk Analysis**

- Low Priority (Green)
- Medium Priority (Orange)
- High Priority (Red)



Map Doc Name: AI\_CCCM\_Shelter\_Yemen  
 Creation Date: 21st June 2011  
 Projection/Datum: WGS84  
 Web Resources: <http://ochaonline.org>  
 Numerical Scale at A3 paper size: 1:7,575,802

Map data sources:  
 CCCM / Shelter / NFI Cluster

CCCM / Shelter / NFI indicates the No. of Camps or settlement covered by the Cluster.

**Disclaimer:**  
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Number of primary beneficiaries by district and organization

Governorate	District	IOM	RI
Al Jawf	Al Humaydat	2500	*
Al Jawf	Az Zahir	2500	*
Al Jawf	Bart Al Anan	2500	*
Al Jawf	Khabb Wa Ash Shaaf	2500	*
Al Jawf	Kharab Al Marashi	2500	*
Al Jawf	Rajuzah	2500	*
Amran	Amran	*	*
Amran	Jabal Iyal Yazid	*	*
Amran	Raydah	*	*
Hajjah	Abs	*	21000
Hajjah	Haradh	*	21000

\* - Data was not provided

## Annex 2 – list of assessments received and assessments not received but know to have been undertaken (ACAPS)

### Key background resources

The list of main assessment reports that were used for this secondary data review can be found in annex to this document.

- ACAPS Secondary Data Review, June 2011, <http://www.acaps.org/en/news/secondary-data-review-on-yemen/4>
- CAP. Yemen Humanitarian Response Plan, Mid-term Review, July 2011. <http://ochaonline.un.org/humanitarianappeal/webpage.asp?Page=1930>
- IDMC, Yemen: A profile of internal displacement situation. 3 August 2010. International Displacement Monitoring Centre. [http://www.internal-displacement.org/8025708F004BE3B1/\(httpInfoFiles\)/1980A066F8D79669C1257774004CA8BA/\\$file/Yemen+-+August+2010.pdf](http://www.internal-displacement.org/8025708F004BE3B1/(httpInfoFiles)/1980A066F8D79669C1257774004CA8BA/$file/Yemen+-+August+2010.pdf)
- Human Rights Watch. Days of bloodshed in Aden. 9<sup>th</sup> of March, 2011. <http://www.hrw.org/en/reports/2011/03/09/days-bloodshed-aden-0>.
- WFP, Comprehensive Food Security Survey, Yemen, 2010, <http://home.wfp.org/stellent/groups/public/documents/ena/wfp219039.pdf>
- Amnesty International. Moment of truth for Yemen. 12<sup>th</sup> of March, 2011. <http://www.amnesty.org/en/library/asset/MDE31/007/2011/en/5fa56895-8601-49c5-a7d0-a2fdecdfab5b/mde310072011en.pdf>
- Internal Displacement Centre (2011) IDPs Facing Neglect, 3<sup>rd</sup> August 2011. Available from <http://www.internal-displacement.org/countries/yemen>
- Oxfam Discussion Paper, Food Security in Yemen, July 2011
- FEWS Remote Monitoring Statements Yemen, Current Statement, August 2011. Available from <http://reliefweb.int/node/443781>
- IRIN Timeline of Key Events from 28 July 2011, Available from <http://reliefweb.int/node/445293>
- OCHA sitreps, Yemen. Available from <http://unocha.romenaca.org/Default.aspx?tabid=113>
- Republic of Yemen, March 2010. Food security baseline study - Governorate of Al Hodeidah. [http://fsis-yemen.org/userimages/books/fsis/fsisba\\_final.pdf](http://fsis-yemen.org/userimages/books/fsis/fsisba_final.pdf)
- WFP/UNHCR/ UNICEF Yemen, Joint Assessment Mission, 25<sup>th</sup> of May – 7 June 2009 [http://reliefweb.int/sites/reliefweb.int/files/resources/110B5A08A61D73C48525767300789E83-Full\\_Report.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/110B5A08A61D73C48525767300789E83-Full_Report.pdf)
- Care International, February 2011, Sa'ada Emergency: Integrated Water, Sanitation and Hygiene Response Baseline Survey.
- Education Cluster Yemen, August to October 2010. Interagency Joint Education Assessment in Sa'ada, Amran and Hajjah Governorates.

**Note: The maps annexed to this document only show the assessment reports received by country offices and/or publically available reports that were consider relevant and useful for the purpose of the needs analysis. It does not represent an exhaustive list of all assessment undertaken between 2010 and 2011.**

## **Annex E. Summary of Assessments**

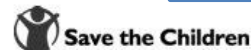
Assessment or monitoring	Year of assessment	Month of assessment	Older than 3 months?	Author	Sector Assessed	Objective	Governorate	District/location	Group assessed	Title Report
Assessment	2010	August to October 2010	Yes	Education Cluster in Yemen	Education	Document the status of IDP children in host communities	Sa'ada, Amran and Hajjah		IDPs	Interagency Joint Education Assessment in Sa'ada, Amran and Hajjah Governorates
Monitoring system	2011	September	No	WHO	Health	Monitor cases	Hajjah, Al Dhale, Aden, Lahj, Abyan		All groups	The Weekly Reported Diseases by the Medical Mobile Teams
Assessment	2004	December 2003 - January	Yes	USAID	Livelihoods and Food Security	Comprehensive assessment of strengths and weaknesses of the agricultural sector, Examination of gender roles, constraints, needs and opportunities. Evaluation of the programs of the IFI and other donor institutions and the Yemeni commitment to them., recommendations to USAID about possible opportunities for increasing assistance to the agricultural sector.	Sa'ada, Amran, Al-Jawf, Marib and Shabwa		All groups	Assessment of the development of Agricultural Initiatives for USAID/Yemen
Assessment	2011	June	No	WFP	Livelihoods and Food Security	1. To assess the food security situation in areas targeted by the Emergency Safety Net (ESN) intervention 2. To assess the impact of the current fuel and food price increases on households within ESN-targeted areas 3. To identify the coping mechanisms employed by households within ESN-targeted areas	Raymah, Hajja, Ibb and Amran		All groups	Report on the Food Security Monitoring Exercise Concluded in Areas Supported by the Emergency Safety Net Intervention
Monitoring system	2011	August	No	FEWSNET	Livelihoods and Food Security		Nationwide		All groups	Remote monitoring - Yemen
Assessment	2010	June/July	Yes	WFP	Livelihoods and Food Security	Improving the understanding of linkages between markets, food security and peoples' livelihoods in the context of Yemen, building on the findings of CFSS household and community survey; Assessing whether there is sufficient availability of food on the markets to support the increased demand that is typically created by a cash/voucher programme and on that basis judge whether a cash/voucher intervention is likely to create inflationary effects; Identifying other risks and potential negative impacts of response options on beneficiaries due to a misunderstanding of market forces; Fine tuning geographic targeting criteria identified during the household survey and providing recommendations for the implementation process taking risks factors into account	Nationwide		All groups	Yemen Market Survey
Assessment	2010	September - October	Yes	WFP	Livelihoods and Food Security	Assess impact ration Cuts	Sa'ada, Amran, Haradh		IDPs	Ration Cut Assessment
Assessment	2010	March	Yes	WFP	Livelihoods and Food Security	Identify the food insecure and vulnerable households, Estimate how many people are currently food insecure at the national and sub national levels, determine where the food insecure and vulnerable people live, Identify the underlying causes and risk factors of food insecurity and malnutrition, Identify the most appropriate response options to address food insecurity and targeting criteria, Inform Yemen's national food security strategy and feed into the five year development plan.	Nationwide	Not Sa'ada and Aljowef	All groups	Comprehensive Food Security Survey



Assessment or monitoring	Year of assessment	Month of assessment	Older than 3 months?	Author	Sector Assessed	Objective	Governorate	District/location	Group assessed	Title Report
Assessment	2010	March	Yes	Republic of Yemen	Livelihoods and Food Security	To establish a food security reference (baseline) for the governorate, to identify factors contributing to food insecurity in the governorate, to plan follow up surveys to monitor trends and to inform policy makers, planners and programmers of the governorate's latest food security situation in particular and in Yemen generally.	Al Hodeidah		All groups	Food security baseline study - Governorate of Al Hodeidah
Assessment	2011	April	Yes	INTEROS	Multi-sector	Stranded Migrants	Hajjah	Harad	Migrants	Stranded Migrants in Harad - Mission Report
Assessment	2011	July	No	UNHCR, WFP, CSSW	Multi-sector	To gather information on the displaced and affected population from the conflict including gaps, needs and protection concerns	Sana'a	Arhab	IDPs, Affected population	Arhab IDPs Rapid Needs Assessment
Assessment	2011	June	No	UNHCR, ADRA	Multi-sector		Sana'a	Al-Hasabah	IDPs	Al-Hasabah Displacement - Assistance Needs and Delivery
Assessment	2011	June	No	Protection Cluster	Multi-sector	Get a better understanding/snapshot of the needs and concerns of IDPs who where recently displaced from Abyan to Aden	Aden		IDPs	Participatory Assessment: IDPs from Abyan governorate in Aden schools
Assessment	2011	Unknown	Unknown	CARE International	Multi-sector	To identify the specific needs of IDPS	Sana'a	Al-Hasabah	IDPs	Assessment findings Sana'a
Monitoring system	2011	June	No	UNICEF Yemen	Multi-sector	Establish routine access to disaggregated household data for monitoring trends over time on how vulnerable populations are coping with the current crisis in Yemen	Sana'a, Hodeidah, and Amran		Households that receive Social Welfare Fund support	Summary Report on the First Round of Social Protection Monitoring in Sana'a, Hodeida, and Amran
Assessment	2011	June	No	WFP	Multi-sector	a) Identify IDPs locations & understand their situation/conditions in these respective locations. b) Getting access to the number of IDPs based on lists of names of HoHs & size of family members. c) Getting aware of assistance provided to the IDPs.	Aden		IDPs	Rapid assessment report on Abyan's IDPs in Aden
Assessment	2011	June	No	UNICEF, Oxfam GB Yemen	Multi-sector	determine need for intervention , assess the humanitarian situation and identify gaps.	Aden		All groups	Joint Needs Assessment Aden
Assessment	2011	August	No	UNHCR, ADRA	Multi-sector		North		IDPS	New Displacements- Assistance needs and Delivery
Assessment	2009	May-June	Yes	UNHCR, WFP, UNICEF	Multi-sector		Adan, Sana'a City	Kharaz Refugee Camp	Refugees and host communities	Joint Assessment Mission
Assessment	Unknown	Unknown	Unknown	MSF	Nutrition	assess in more detail the general health and nutritional status of the civil population in Al Hosen and surrounding villages.	Hadramaut	Khanfar region	All groups	Nutritional Assessment In Al Hosen-Khanfar region
Assessment	2011	July	No	Nutrition Cluster	Nutrition	Estimate the prevalence of malnutrition among 6-59 month old children, as well as pregnant and lactating women, among IDPs in Aden and Lahj and the surrounding host population using MUAC. Collect evidence to better inform targeting and decision making for response actions	Lahj and Aden		IDPs	Nutrition assessment of U5 boys and girls, pregnant and lactating women among IDPs in schools and with host families in Aden and Lahj.

Assessment or monitoring	Year of assessment	Month of assessment	Older than 3 months?	Author	Sector Assessed	Objective	Governorate	District/location	Group assessed	Title Report
Assessment	2011	July	No	Nutrition partners	Nutrition	To measure the prevalence of underweight, wasting and stunting among children under-five years of age in IDP camps and host communities  To measure the prevalence of acute malnutrition among pregnant and lactating women as well as women of child-bearing age by measuring MUAC  To measure the prevalence of anaemia among pregnant and lactating women as well as women of child-bearing age using HemoCue technique  To identify underlying causes affecting health and nutrition status of IDPs and host communities (using quantitative and qualitative methods) .	Hajjah	Harad, Bakeel Al-Meer and Mustaba	IDPs, Host communities	Malnutrition among U5 children in Yemen
Assessment	2010	July	Yes	UNICEF, MOPH&P Sa'adaHealth Office	Nutrition	Assess nutrition status children	Sa'ada Governorate		Children aged 6-59 months	Nutrition status assessment of children aged 6-59 months
Monitoring system	2011	February - June	No	UNFPA, SAF	Protection	Obtain GBV Statistics	Sana'a, Aden, Taiz, Hodiedah		All groups	An estimated statistics of GBV related to the current civil unrest
Assessment	2010	September	Yes	Child Protection Sub Cluster	Protection	Assess child protection situation	Hajja, Amran, Sa'ada, Al-Jawf and Sana'a		IDPs, Affected population	Interagency comprehensive child protection assessment
Assessment	2011	June	No	UNHCR, CARE, ADRA, IOM	Protection	Identify the locations of displacement, main needs, gather information on the vulnerable persons/groups	Sana'a		IDPs	Rapid Need Assessment for Al-Hasaba IDPs
Monitoring system	2011	July - August	No	INTERSOS	Shelter and protection		Aden		IDPs	School assessment on shelter alternative
Assessment	2011	February	Yes	CARE International	WASH	<ul style="list-style-type: none"> <li>Assessment of the current water and sanitation situation in target districts to assist in directing program activities.</li> <li>Design survey methodology such that monitoring (quantitative and qualitative) is enabled.</li> <li>Methodology that can be easily replicated for future monitoring and evaluations, so that genuine comparison in change can be made over time and impact measured.</li> <li>Baseline data is achieved from which to measure change/impact in relation to project indicators</li> </ul>	Amran		All groups	Sa'ada Emergency: Integrated Water, Sanitation and Hygiene Response Baseline Survey

## **Annex F. Questionnaires**

ID #: 

## Questionnaire A:

### IERP 2011 – KEY INFORMANT INTERVIEW RECORD SHEET (ver 1-5)

- a) One interview record sheet will be completed per target district.  
 b) For completion, at least three key informants will be consulted. The interview method is a face-to-face interview.  
 c) Only senior key informants contacted on district level are approached in their official capacities and in accordance with their relevance to the respective subject the interview question is referring to.  
 d) Before starting fieldwork, the assessment team should decide on a strategy for data collection, including who will collect data to fill in which sections of the form, and how data will be collected and recorded.  
 e) The completed questionnaire must be approved by the team leader and supervisor (signature on last page).  
 f) **NO** Blanks are accepted. Any Interview Record Sheet that contains blanks will be rejected by the assessment coordinator.

#### A. General

<b>2. Date:</b>		<b>3. Team ID:</b>	
<b>4. Governorate:</b>		<b>5. District:</b>	
<b>6. Name (Interviewer)</b>	<b>7. Organisation</b>	<b>8. Title/Position</b>	<b>9. Contact Number</b>

#### B. Key Informants:

10. Name	11. Organisation	12. Position	13. Contact Number
1.			
2.			
3.			
4.			
5.			

#### C. Demographic Information (Persons, NOT households) ONE RELIABLE SOURCE IS SUFFICIENT!

14. Estimated # of current Population in this district	KI	15. Male	16. Female	17. Total	18. Source*
Total # of Population (including below groups)	1				
	2				
	3				
Total # of IDPs	1				
	2				
	3				
Total # Host Community members	1				
	2				
	3				
Total # of OTHER conflict affected people	1				
	2				
	3				
Total # of returnees	1				
	2				
	3				
Other _____					

\*Source Codes: 1 = Estimate by local authorities; 2= Estimate by affected population; 3= Estimate from # of HHs and people per HH; 4= Census/name list (specify date); 5= Other (specify)

<b>19. If IDPs are currently residing in this district. Is their population increasing, decreasing, or staying the same?</b>	<b>20. If changing, by how much (note time period, e.g. # per month)</b>
1. Increasing    2. Decreasing    3. About the same	_____ per _____

<b>21. If <u>Returnees</u> are currently residing in this district. Is their population increasing, decreasing, or staying the same?</b>	<b>22. If changing, by how much (note time period, e.g. # per month)</b>
1. Increasing 2. Decreasing 3. About the same	_____ per _____

**C. Livelihood**

**Proxy Indicator 1:** In your view, what percentage of the following groups in this district has serious, life-threatening problems in maintaining their economic survival?

Target groups (enter "NA" if not present in district. See definitions in methodology)	23. Estimated percentage of people with serious problems to maintain their economic survival			24. Source (Name of Agency)		
<b>A. IDPs</b>	1. %	2. %	3. %	1.	2.	3.
<b>B. Host communities</b>	1. %	2. %	3. %	1.	2.	3.
<b>C. Other conflict-affected people</b>	1. %	2. %	3. %	1.	2.	3.
<b>D. Returnees</b>	1. %	2. %	3. %	1.	2.	3.
<b>E. Other (specify)</b>	1. %	2. %	3. %	1.	2.	3.

**In your view, who should have priority in getting economic support in this district?**  
 Enter Rank 1 (highest need) to Rank 4 (lowest need) per source (interview)!

25. Target groups (enter "NA" if not present in district. See definitions in methodology)	26. Source 1	Agency	27. Source 2	Agency	28. Source 3	Agency
<b>A. IDPs</b>						
<b>B. Host communities</b>						
<b>C. Other conflict-affected people</b>						
<b>D. Returnees</b>						
<b>E. Other (_____)</b>						

**Existing economic support (livelihood) capacities at this very moment:**

	29. Organisation or person(s) responsible	30. Since when?	31. Normal / current support	32. Limitations to capacity or performance (lack of staff, materials and equipment, funds, access etc.)
<b>Livelihood Support</b>				

**D. WASH**

**Proxy Indicator 2:** In your view, what percentage of the following groups in this district has serious, life-threatening problems in getting sufficient quality and quantity of water?

Target groups (enter "NA" if not present in district. See definitions in methodology)	23. Estimated percentage of people with serious problems <u>to get sufficient water</u>			24. Source (Name of Agency)		
<b>A. IDPs</b>	1. %	2. %	3. %	1.	2.	3.
<b>B. Host communities</b>	1. %	2. %	3. %	1.	2.	3.
<b>C. Other conflict-affected people</b>	1. %	2. %	3. %	1.	2.	3.
<b>D. Returnees</b>	1. %	2. %	3. %	1.	2.	3.
<b>E. Other (specify)</b>	1. %	2. %	3. %	1.	2.	3.

**In your view, who should have priority in getting water and sanitation assistance in this district?**  
 Enter Rank 1 (highest need) to Rank 4 (lowest need) per source (interview)!

25. Target groups (enter "NA" if not present in district. See definitions in methodology)	35. Source 1	Agency	36. Source 2	Agency	37. Source 3	Agency
<b>A. IDPs</b>						
<b>B. Host communities</b>						
<b>C. Other conflict-affected people</b>						

D. Returnees						
E. Other ( _____ )						

**Existing WASH capacities at this very moment:**

	38. Organisation or person(s) responsible	39. Since when?	40. Normal / current support	41. Limitations to capacity or performance (lack of staff, materials and equipment, funds, access etc.)
A. Water supply				
B. Sanitation				
C. Hygiene				

**E. Shelter/NFIs**

**Proxy Indicator 3:** In your view, what percentage of the following groups in this district has serious problems in getting acceptable and durable shelter?

Target groups (enter "NA" if not present in district. See definitions in methodology)	23. Estimated percentage of people with serious problems to maintain their economic survival			24. Source (Name of Agency)		
A. IDPs	1. %	2. %	3. %	1.	2.	3.
B. Host communities	1. %	2. %	3. %	1.	2.	3.
C. Other conflict-affected people	1. %	2. %	3. %	1.	2.	3.
D. Returnees	1. %	2. %	3. %	1.	2.	3.
E. Other (specify) _____	1. %	2. %	3. %	1.	2.	3.

**In your view, who should have priority in getting shelter assistance in this district?**

*Enter Rank 1 (highest need) to Rank 4 (lowest need) per source (interview)!*

Target groups (enter "NA" if not present in district. See definitions in methodology)	44. Source 1	Agency	45. Source 2	Agency	46. Source 3	Agency
A. IDPs						
B. Host communities						
C. Other conflict-affected people						
D. Returnees						
E. Other ( _____ )						

**Existing Shelter/NFIs capacities at this very moment:**

	47. Organisation or person(s) responsible	48. Since when?	49. Normal / current support	50. Limitations to capacity or performance (lack of staff, materials and equipment, funds, access etc.)
A. Camps				
B. Shelter				

C. NFIs				

**F. Food Security**

**Proxy Indicator 4:** In your view, what percentage of the following groups in this district is facing serious, life-threatening lack of food?

Target groups (enter "NA" if not present in district. See definitions in methodology)	23. Estimated percentage of people with serious problems to maintain their economic survival			24. Source (Name of Agency)		
A. IDPs	1. %	2. %	3. %	1.	2.	3.
B. Host communities	1. %	2. %	3. %	1.	2.	3.
C. Other conflict-affected people	1. %	2. %	3. %	1.	2.	3.
D. Returnees	1. %	2. %	3. %	1.	2.	3.
E. Other (specify)	1. %	2. %	3. %	1.	2.	3.

**In your view, who should have priority in getting food security support in this district?**

*Enter Rank 1 (highest need) to Rank 4 (lowest need) per source (interview)!*

Target groups (enter "NA" if not present in district. See definitions in methodology)	53. Source 1	Agency	54. Source 2	Agency	55. Source 3	Agency
A. IDPs						
B. Host communities						
C. Other conflict-affected people						
D. Returnees						
E. Other ( )						

**Existing Food Security capacities at this very moment:**

	56. Organisation or person(s) responsible	57. Since when?	58. Normal / current support	59. Limitations to capacity or performance (lack of staff, materials and equipment, funds, access etc.)
A. Food distribution				
B. Nutrition				
C. Cash				

**G. Health**

**Proxy Indicator 5:** In your view, what percentage of the following target groups in this district is currently having serious, life-threatening problems to get health assistance?

Target groups (enter "NA" if not present in district. See definitions in methodology)	23. Estimated percentage of people with serious problems to maintain their economic survival			24. Source (Name of Agency)		
A. IDPs	1. %	2. %	3. %	1.	2.	3.
B. Host communities	1. %	2. %	3. %	1.	2.	3.
C. Other conflict-affected people	1. %	2. %	3. %	1.	2.	3.
D. Returnees	1. %	2. %	3. %	1.	2.	3.
E. Other (specify)	1. %	2. %	3. %	1.	2.	3.

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**In your view, who should have priority in getting health support in this district?**

*Enter Rank 1 (highest need) to Rank 4 (lowest need) per source (interview)!*

Target groups (enter "NA" if not present in district. See definitions in methodology)	62. Source 1	Agency	63. Source 2	Agency	64. Source 3	Agency
A. IDPs						
B. Host communities						
C. Other conflict-affected people						
D. Returnees						
E. Other (_____)						

**Existing Health capacities at this very moment:**

	65. Organisation or person(s) responsible	66. Since when?	67. Normal / current support	68. Limitations to capacity or performance (lack of staff, materials and equipment, funds, access etc.)
A. General health services				

**H. Education**

**Proxy Indicator 6: In your view, what percentage of the following groups in this district has serious problems to access school education in this district?**

Target groups (enter "NA" if not present in district. See definitions in methodology)	23. Estimated percentage of people with serious problems to maintain their economic survival			24. Source (Name of Agency)		
A. IDPs	1. %	2. %	3. %	1.	2.	3.
B. Host communities	1. %	2. %	3. %	1.	2.	3.
C. Other conflict-affected people	1. %	2. %	3. %	1.	2.	3.
D. Returnees	1. %	2. %	3. %	1.	2.	3.
E. Other (specify) _____	1. %	2. %	3. %	1.	2.	3.

**In your view, who should have priority in getting Child Education support in this district?**

*Enter Rank 1 (highest need) to Rank 4 (lowest need) per source (interview)!*

Target groups (enter "NA" if not present in district. See definitions in methodology)	71. Source 1	Agency	72. Source 2	Agency	73. Source 3	Agency
A. IDPs						
B. Host communities						
C. Other conflict-affected people						
D. Returnees						
E. Other (_____)						

**Existing Primary Education capacities at this very moment:**

	74. Organisation or person(s) responsible	75. Since when?	76. Normal / current support	77. Limitations to capacity or performance (lack of staff, materials and equipment, funds, access etc.)
A. Primary education				



services				
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**I. Protection**

**Proxy Indicator 7: In your view, what percentage of the following groups in this district has serious problems to be protected against violence in this district?**

Target groups (enter "NA" if not present in district. See definitions in methodology)	23. Estimated percentage of people with serious problems to maintain their economic survival			24. Source (Name of Agency)		
A. IDPs	1. %	2. %	3. %	1.	2.	3.
B. Host communities	1. %	2. %	3. %	1.	2.	3.
C. Other conflict-affected people	1. %	2. %	3. %	1.	2.	3.
D. Returnees	1. %	2. %	3. %	1.	2.	3.
E. Other (specify)	1. %	2. %	3. %	1.	2.	3.

**In your view, who should have priority in getting protection assistance in this district?**

*Enter Rank "1" (highest need) to Rank "4" (lowest need) per source (interview)!*

Target groups (enter "NA" if not present in district. See definitions in methodology)	80. Source 1	Agency	81. Source 2	Agency	82. Source 3	Agency
A. IDPs						
B. Host communities						
C. Other conflict-affected people						
D. Returnees						
E. Other ( )						

**Existing Protection capacities at this very moment:**

	83. Organisation or person(s) responsible	84. Since when?	85. Normal / current support	86. Limitations to capacity or performance (lack of staff, materials and equipment, funds, access etc.)
A. Protection Services				

**J. Open question**

87. Is there any question we forgot to ask? Anything important you like to share?	

**TO BE COMPLETED BY THE ASSESSMENT TEAM AFTER THE INTERVIEW:**

**K. Note on Reliability of Key Informants: (tick boxes as appropriate)**

Number (from list on page 1)	88. Usually reliable	89. Fairly reliable	90. Unreliable	91. Reliability cannot be judged
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**92. Other Observations by the Assessment Team:**

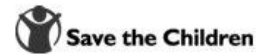
**Approval:** *(after completion of questionnaire)*

This questionnaire has been checked for *a) completeness, b) readability and c) accuracy:*

**93. Team Leader:**

**94. Supervisor:**

Name:	Name:
Signature:	Signature:
Date:	Date:



## Questionnaire B: (version 1.5)

### IERP 2011 - COMMUNITY GROUP DISCUSSION RECORD SHEET

- a) **At the end of the assessment visit, one form should be filled out per site**
- b) **The summary sections F to H should be filled in LAST by the field assessment team**, highlighting the main problems identified and recommendations for action, based on the data collected using the tool.
- c) **The "site" is defined here as the place where an affected population is located at the time of the assessment visit** (for example a village, a camp of displaced people, a group of people whose homes have been destroyed etc.). Often there will be several sites in an affected area.
- d) **Before starting fieldwork, the assessment team should decide on a strategy for data collection**, including who will collect data to fill in which sections of the form, and how data will be collected and recorded.
- e) **The completed questionnaire must be approved by the team leader and supervisor (signature on page 1)**

1. Date of Assessment:		2. Time of visit:		3. Team ID:	
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#### A. Assessment Team:

Name (Team Leader First)	Organisation	Title/Position	Contact Number

#### B. Target Group Category (only one target group category per focus group discussion!)

4. Vulnerable IDPs		5. Host communities	
6. Returning IDPs		7. Other Conflict-affected population	

#### C. Site description:

8. Governorate:		9. District:	
10. Site Name:		11. Type of Site:	Village/part of town
			Community in the open
			Camp
			Other (describe)
12. Total number of <u>persons</u> residing at this site:		13. Total number of <u>IDPs</u> at this site (if any):	
14. Urban/rural:	Urban	Rural	

#### D. FGD Attendees:

15. Main Contact Name:					
16. Phone Number:					
17. # Participants:					
18. Age range:	Youngest participant:		Oldest participant:		Average (estimate)
19. Gender:	Female		Male		Mixed

**Approval:** (after completion of questionnaire)

This questionnaire has been checked for *a) completeness, b) readability and c) accuracy:*

#### Team Leader:

#### Supervisor:

Name:		Name:	
Signature:		Signature:	
Date:		Date:	

**E. Check-List Questions (ask as many questions as possible/relevant. Take key notes only (no full transcript of the discussion))**

**20. Livelihood:**

20.a. What are the main types of economic activity <u>at this moment</u> in your community? (livestock, agriculture, trading, etc.)	Impact of varying livelihood opportunities throughout the year, frequency of income, etc.
20.b. How did the ongoing conflict affect your economic activities?	Damages to economic infrastructure, damages to capital such as livestock, land, manpower, Reduced livelihood opportunities, etc.
20.d. Which group in your community has the biggest problems to cope with these difficulties?	
20.c. How can these groups be best assisted to better cope with their problems?	

**Livelihood Sector Ranking Severity of Need: (tick rank and complete table in bullet points!)**

Key Problems Identified (max 5)	LOW	MEDIUM LOW	MEDIUM HIGH	HIGH	Recommendations:
1.					1.
2.					2.
3.					3.
4.					4.
5.					5.
Synthesis:					

**21. WASH:**

<p>21.a. What are the general conditions of primary water systems in your community? (type of sources, quality, quantity, access) <b>PLEASE CHECK SPHERE STANDARDS IN RED</b></p>	<p>Minimum 7.5 – 15 lts/per/day (drinking 2.5-3 lts). Max. 250 users per tap, 400 per open well. Distance to water source: 500m from housing, at least two 10-20 lts water collecting containers per HHs.</p>
<p>21.b. What are the main reasons for lack of sufficient/good quality water?</p>	
<p>21.c. Which group in your community has the biggest problems to access water?</p>	
<p>21.d. What are the main potential sources for safe drinking water to those people who lack access at present?</p>	
<p>21.e. What are the current sanitation/toilet facilities in your community? Separate toilets for women? <b>PLEASE CHECK SPHERE STANDARDS IN RED</b></p>	<p>Minimum 1 toilet/20 persons, distance max 50m, min 6m from housing, 30m from closest water point, use of toilets arranged by HHs or gender, refuse disposal: one community pit/500 people.</p>
<p>21.e. Are there any other, most urgent hygiene requirements? (hygiene items, soap, etc.)?</p>	

**WASH Sector Ranking Severity of Need: (tick rank and complete table in bullet points!)**

Key Problems Identified (max 5)	LOW	MEDIUM LOW	MEDIUM HIGH	HIGH	Recommendations:
1.					1.
2.					2.
3.					3.
4.					4.
5.					5.
Synthesis:					

## 22. Shelter /NFI:

<p>22.a. What are the conditions of shelter/accommodation for your community? (protection from weather, adequate sleeping space, space for livelihoods, etc.) <b>PLEASE CHECK SPHERE STANDARDS IN RED</b></p>	<p><b>Socially acceptable, durable, disaster safe and upgradeable HH design/materials, optimal thermal comfort and ventilation, access to WASH facilities/vector control integrated, locally sourced materials/labour, local standard of workmanship, limited environmental impact of settlements</b></p>
<p>22.b. What are the main reasons why you cannot improve the conditions of your shelter?</p>	
<p>24.c. Who are the people in your community with the biggest needs for better shelter? (do women have separate sleeping spaces?)</p>	
<p>22.d. What resources are needed to meet their shelter requirements and where can they be found? (Describe labour, materials and equipment, legal support)</p>	
<p>22.e. Are there any other, most urgent requirements? (blankets, clothing, heating, cooking utensils)? <b>PLEASE CHECK SPHERE STANDARDS IN RED</b></p>	<p><b>Clothing, bedding and sleeping mats, cooking and eating utensils, stoves, fuel (15kg firewood/HH/day) &amp; lighting materials</b></p>

### Shelter/NFI Sector Ranking Severity of Need: (tick rank and complete table in bullet points!)

Key Problems Identified (max 5)	LOW	MEDIUM LOW	MEDIUM HIGH	HIGH	Recommendations:
1.					1.
2.					2.
3.					3.
4.					4.
5.					5.
Synthesis:					

**23. Food Security:**

<p>23.a. How many households in your community face food shortages today? (describe portion of total number of households) <b>PLEASE CHECK SPHERE STANDARDS IN RED</b></p>	<p>Total needs 2,100 Kcal/day (350-400g person/day of staple cereal, 20-40g/person/day of energy rich food (oil/fat), 50g/person/day of protein rich food (vegetables)</p>
<p>23.b. How does this situation compare to your access to food before the conflict?</p>	
<p>23.c. Who are the most food insecure people in your community?</p>	
<p>23.d. How do these people cope with their food shortages?</p>	
<p>23.e. Which items and quantities are required for these people in the next three months?</p>	

**Food Security Sector Ranking Severity of Need: (tick rank and complete table in bullet points!)**

Key Problems Identified (max 5)	LOW	MEDIUM LOW	MEDIUM HIGH	HIGH	Recommendations:
1.					1.
2.					2.
3.					3.
4.					4.
5.					5.
Synthesis:					

**24. Health:**

<p>24.a. What are the most common diseases in your community reported in the past three months? Any outbreaks of communicable diseases? <b>PLEASE CHECK SPHERE STANDARDS IN RED</b></p>	<p>Crude death rate: more than 1/10,000 people/day, under 5 years death rate: more than 2/10,000 per day.</p>
<p>24.b. In your view, what are the main reasons why people are suffering from these diseases?</p>	
<p>24.c. Which groups in your community are having the most health problems? (children, women, elderly, etc.) Please elaborate.</p>	
<p>24.e. What are the most important health needs of your community at this time? (mother and child services, etc.)</p>	

**Health Sector Ranking Severity of Need:** *(tick rank and complete table in bullet points!)*

Key Problems Identified (max 5)	LOW	MEDIUM LOW	MEDIUM HIGH	HIGH	Recommendations:
1.					1.
2.					2.
3.					3.
4.					4.
5.					5.
Synthesis:					



**25. Education:**

<p>25.a. How satisfied are you with the <u>possibilities</u> for your school-aged boys and girls to go to school? What are the problems?</p>	
<p>25.b. How are the <u>conditions</u> for your boys and girls at school? Space, access to educational material, school uniforms, etc.)</p>	
<p>25.c. What are the main reasons why not more children can attend school? (especially girls)</p>	
<p>25.d. Which measures need to be taken to allow all children to attend school lessons?</p>	

**Education Sector Ranking Severity of Need: (tick rank and complete table in bullet points!)**

Key Problems Identified (max 5)	LOW	MEDIUM LOW	MEDIUM HIGH	HIGH	Recommendations:
1.					1.
2.					2.
3.					3.
4.					4.
5.					5.
Synthesis:					

**26. ONLY FOR IDP communities:**

26.b. How would you describe in general the intention of people from your community to return home?	
26.b. What are the main reasons why people from your community cannot return home? (protection concerns, fear of retaliation, etc.)	
26.d. Under which conditions you think more people from your community can permanently return home?	

**IDP Sector Ranking Severity of Need: (tick rank and complete table in bullet points!)**

Key Problems Identified (max 5)	LOW	MEDIUM LOW	MEDIUM HIGH	HIGH	Recommendations:
1.					1.
2.					2.
3.					3.
4.					4.
5.					5.
Synthesis:					

**28. Protection:**

28.a. Do you have cases of violence faced by children/women/men in your community, and what are they?	
28.b. What are the main reasons people feeling unsecure within your community?	
28.c. Who are the most vulnerable groups in your community? ( <i>children, women, elderly, etc.</i> )	
28.d. How can these groups be better protected? ( <i>counselling, legal advice, etc.</i> )	

**Protection Sector Ranking Severity of Need: (tick rank and complete table in bullet points!)**

Key Problems Identified (max 5)	LOW	MEDIUM LOW	MEDIUM HIGH	HIGH	Recommendations:
1. Water supply					1.
2. Hygiene					2.
3. Sanitation					3.
4. Water Management					4.
5....					5.
Synthesis:					

**29. Open question**

29.a. Is there any question we forgot to ask? Anything important you like to share?	
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**G. Most Urgent Needs**

List supplies or assistance urgently needed according to the FGD/assessment team. Please specify needs by sector of assistance **IN PRIORITY ORDER!**

		By Focus Group:		Analysis by Assessment Team (if no difference to FGD, enter "NA")	
Priority:	Sector:	Supplies/Assistance needed <i>(quantify if possible):</i>	Comments/Explanations:	Supplies/Assistance needed <i>(quantify if possible):</i>	Comments/Explanations:
1 <sup>st</sup>					
2 <sup>nd</sup>					
3 <sup>rd</sup>					

## H. Other Observations by the Assessment Team:

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### Legend:

Low	Relatively normal situation (or good data) or local population able to cope with crisis; no further action required
Medium low	Situation of concern, lack of data/unreliable data: further assessment and/or surveillance required
Medium high	Situation of concern, serious risk and lack of data/unreliable data: further assessment and/or surveillance required
High	Severe Situation: Immediate intervention required <b><i>to save lives</i></b>