Rapid Multi-Cluster Need Assessment

for Humanitarian Interventions in: (WASH, Food Security, Health and Nutrition, Protection and Education)

Implemented by: NFDHR - Projects quality department

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1. Executive summary

This Multi-Cluster Rapid Assessment is designed to identify strategic humanitarian priorities for NFDHR intervention. It was conducted during the period from 25th April - 3rd May, 2017 to cover all the programs including WASH, Food security and livelihood, Health, nutrition, education, Peace building and protection sectors. The main benefit of this assessment is the elaboration, from the onset of current situation in Yemen, of a concerted operational picture based on the best information available from primary and secondary sources. To have the objective of this assessment accomplished, this rapid assessment was carried out by a team of assessment and sectoral specialists to ensure that all required knowledge is included in the findings of this assessment; therefore, a professional training on data collection and analysis was conducted for NFDHR data collection team. Moreover, Intensive coordination was planned with local authorities, actors of NGOs, and community leaders to ensure the successful performance of NFDHR need assessment in the targeted areas for 2017 YHPF.

Based on the strategic paper for the OCHA’s call for proposal and the latest updated list of priority districts, the assessment was conducted to cover the two envelopes of the highest and high priorities areas of the proposal. In this assessment targeted districts of the high priority areas to address the immediate integrated Response for the most vulnerable IDP, Returnees families and host communities by ensuring access to a minimum package which include Shelter, NFI, CCCM, Food Security, wash, health, nutrition and protection services.

As of 01 February 2017, the TFPM has identified, 1,991, 340 internally displaced persons (IDPs) (331,890 house-holds) who have been displaced due to conflict since March 2015, dispersed across 21 governorates. For the same period, the TFPM has identified 1,048,896 returnees (174,816 households), across 19 governorates. As a result, 11.3% of the total population of Yemen has experienced the shock of displacement due to conflict in the last 23 months.

NFDHR has implanted need assessment in four districts/governorates ( Bani Matar-Sana’a gov; Kharif –Amran gov; Almaton –Aljouf gov; and AsSayyani-Ibb gov). The overall objective was to assess the needs of the populations in the four Governorates to determine appropriate interventions for the most vulnerable households.

Key Findings

Humanitarian priorities: The survey found that several aid agencies had helped households in the targeted areas. Despite that assistance, 92% of households reported needed additional support. In all districts, household priorities were almost the same: food, health care and WASH. Drinking water was highly prioritized in Al-matton district. Likewise, households in Kharif and Bani matar locations prioritized the same items for their children: food/milk, health care and education. Household priorities were the same for male- and female-headed household.
IDPs:
There are between 100,000-200,000 IDPs in Ibb governorate; Aljouf 20,000-50,000; Amran 100,00-200,00; and Sanaa also between 100,000-200,000 IDPs. For our four targeted districts,
There are (1450) IDPs in Almatun district; (1450) IDPs and 300 returnees in Kharif and AsSayyani (??)

Health:
Half (52.4%) the surveyed households reporting that they have members who require regular visits to health centre and/or regular medical treatment. The cost of health care for those families was costly, which take a large proportion of household income especially now.
The most common illnesses reported among household members during the assessment were cough 65% and fever 62% (kharif/Almaton respectfully); diarrhea 76% and malnutrition 62% in Almaton. Also Bani matar with 32% in malnutrition. Almaton district is in the front of conflict and that results in destruction of many houses, and governmental structures whether by airstrikes or by direct clash between two parties. Agriculture activities is significantly affected by the conflict and labour in this sector was victims of losing their daily income. Unpaid salaries deteriorate of health services and immunization for children.
Two health units (kharshan and alqawasemah units). Volunteers are managing mobile teams for children nutrition activities. In bani Matar, there are 12 health centers, six centers are out of service due to lack of medical tools and support. In Kharif, NFDHR proposed the following intervention:
- Provide incentives for 68 health staff and volunteers in the district
- Provide medicine and medical tools
- Provide immunization services by supplying gas for 14 refrigerators (4 gas cylinders/month or each refrigerator) with total of 42 gas cylinder
- Provide qualified health staff including women staff
- Provide diesel fuel for generators in the health centers
- Furniture of kharif health center
- Rehabilitation of kharif health center
- Maintenance and replacement of some medical tools
- Provide incinerator to get rid of health center medical waste
- Support of laboratory department with means and needed reagents.
- Provide awareness campaign for nutrition and food security

WASH:
28% of people in Almaton are in need of WASH interventions, the Bani matar (23%). In Amaton district, people are suffering of water quality (saline water) which is used for hygiene activities while drinking water is brought from long distance Autheban well through water trucking. Some people have been enforced to drink saline water due to lack cost of fresh water trucking.
33% of Bani Matar is in need of hygiene and awareness campaign for water sanitation. However, 34% of Bani Matar also is need of drainage system. Overall, most of households in Bani Matar reported drinking from open water source, which can cause various health issues. Almaton district came second after Bani Matar for WASH and Hygiene interventions. This is consistent with households in Kharif requesting drinking water as a humanitarian need above. A about 50% of households reported that water drinking is not clean and need treatment. In Kharif, three water projects are in need of NFDHR interventions; support water project in khamis harsh area (pump, network, water tanks; support of water project in khamis abu thabah through (rehabilitation of the project, new water pump, maintenance and operation; Dhabr alradaei water project complete rehabilitation. For Bani Matar, NFDHR team proposed the following interventions:

- Water reservoirs/tanks is significant solution for water scarcity in the area.
- Rehabilitation of water project (rural water supply institution) by maintenance and operation of the pump in Matna area.
- Provide water network from gail bait alghalisi (jabal alnabi shuaib).
- Provide NFI (winterization kits) during the winter season.
- Encourage farmers to use greenhouses (to conserve water and increase vegetables productivities.
- Provide hygiene kits an awareness sessions.
- Train women on local handicrafts (sewing, embroidery to increase their incomes).
- WFP is providing food baskets but the amount is not sufficient to cover more beneficiaries.

Food security:
On an average, the surveyed households in Almaton had lowest Food Consumption Score (FCS) of (30), Bani Matar (32); Kharif (33); AsSayyani (44). Almaton had lower scores (FCS=38) with many more households classified as “borderline” or “poor”. The Coping Strategy Index showed that households respectfully (Bani Matar (20) which is more food secure than the rest, Kharif (15), AsSayyani (12) Almaton (11) as less food secure.

The Coping Strategies Index shows that households in Almaton are worse off (less food secure) than households in Kharif and Bani mator and AsSayyani. 63% Households in Bani mator reported reduced their number of meals per day consuming three meals per day, in Bani mator, 83% households reported borrow their food on money for food, then 75% search for work to get food. Also 85% of people in Kharif of borrow food/money. Al Maton 74% also borrow food/money to secure the food. However, 45% of people in Bani Matar have immigrated reporting leaving their home to secure their food.

Last two years of conflict has resulted in several changes to the household’s livelihood status. This includes having to sell assets; lost work opportunities particularly in Kharif and AsSayyani., and taking on additional debt. Almost 22% of households reporting sending their children to look for work and left school.
Limiting portions at meal times, and restricting adult consumption so that children can eat. This means the meals are smaller or at least smaller for adults. Overall, the findings indicate that households in Almaton are less food secure than households in the other districts; although most households in all governorates are experiencing food access stress and would benefit from external support.

In Kharif, WFP is providing 1800 food baskets through school nutrition program, which is not sufficient. Islamic relief is providing 300 food baskets in Bani matar.

**Livelihoods:**

Although livelihood opportunities have reduced, households showed quite different livelihood based on their location. On average, 40% of Bani Matar monthly income is (20,000 YR) while in the past was 49,500 YR, which was the highest income compared with other districts. Also, 38% of targeted households in Almaton have monthly income is 13,900 YR now while in the past was 36,900 YR. Kharif district was the lowest monthly income with 7,400 YR now while in the past was 52,000YR.

**Challenges:**

On average, 95% of households in all districts are reporting that the main reason of not getting sufficient food due to lack of money and income, while 83% referred to security and conflict, which have resulted in less accessibility and availability of food items. 80% of households referred the third reason of not getting food is to price inflation of food commodities.
2. Introduction

An estimated 18.8 million people in Yemen need some kind of humanitarian or protection assistance, including 10.3 million who are in acute need. Escalating conflict since March 2015 has created a vast protection crisis in which millions face risks to their safety and basic rights, and are struggling to survive.

The first Envelope of this Allocation aims to prevent the increase of food insecurity and malnutrition levels through an integrated approach with life-saving assistance of food and livelihoods, nutrition, health and water, sanitation and hygiene given priority. Envelope Two aims to Integrated Response for the most vulnerable IDP, Returnees families and host communities by ensuring access to a minimum package which include adequate Shelter, NFI, CCCM, Food, wash, health, Nutrition and protection services.

NFDHR has implemented rapid multi-sectorial need assessment for 20 districts in 10 governorates, will be defined later upon consensus of program coordinators) to identify the most needed interventions in the NFDHR program areas. The needs assessment was conducted through focus group discussions with men and women in the affected communities, to support dialogue with male and female community’s leaders regularly in order to understand their prospective on the needs and priorities, and to collect information on the prevailing conflict effect on their humanitarians needs in food, WASH, health, nutrition and

The assessment was used to identify the most vulnerable sites across Governorates based on the specific clusters’ need assessments’ findings and field offices recommendations. Additional humanitarian needs assessments shall be used for the integrated response to the basic needs of newly IDPs.

There will be three types of information gathering (Questionnaire, Key Informant Interviews “KII”s and Focus Group Discussion FGDs). NFDHE team with Local authority will identify key informants (KIs) based on their capacity, availability, and ability to serve implementing humanitarian interventions by NFDHR. FGDs were local actors in the community such as school principals, Masjid’s imam, tribal leaders, well-educated figures etc. and questionnaire for individual households to highlight their need under the existing condition of districts and governorate.

NFDHR teams were formed from program staff to be trained on the attached rapid assessment tools so that they become familiar with People’s Respond and Concern. The trainees were divided into seven teams; each team will target certain governorate/districts. As soon as the information are gathered, the accumulated results from all areas were directed to the statistician for analysis, and then finally to the MEAL Advisor who led the task of drafting and finalizing the final report.
Rapid Multi-Cluster Need Assessment

3. Methodology and approach

This assessment uses both qualitative and quantitative research techniques, culminating in a mixed methodology approach to data collection, analysis and synthesis. Every appropriate measure will be taken to ensure the objective accuracy, transparency, quality, validity and credibility of information collected. The study was designed to develop a set of comprehensive need assessment for engaging communities in humanitarian interventions.

The assessment will also consider analysis of WASH, food security, health and nutrition; existing water resources, including what programs are already being implemented on the ground, what existing mechanisms deal with conflict and how these are changing in the targeted community. The methodology for the study should include review of available documents (project proposals, logical frameworks, and reports), participatory workshops, focus group discussions, self-administered questionnaires and key informants interviews. Quantitative and qualitative data will collected then statistically analyzed in order to present the findings of the study for Oxfam and implementing partners.

3.1 Review of Existing Literature

Comprehensive investigation and analysis, during the phases of the project for available electronic and published source has been a primary means of obtaining baseline and complementary information. Some potential reference material may include peer-reviewed articles, journals or texts, government documents, research papers, conclusions and summaries produced from other organizations, strategy papers and other material. Documents and reports have been collected and reviewed for an overview and preliminary situation assessment in the targeted areas on water resources and accessibility, education, food security and protection/safety situations, community perception/awareness toward local participatory governance. Other useful previous studies such as Food Security Baseline Survey 2010 in Hodeida (Ministry Of Planning and International Cooperation), Assessing Food Security in Yemen 2010 (IFPRI), Yemen Comprehensive Food Security Survey 2010 (WFP), are included. Relevant news and reports on the water resources, structure of civil societies in Tihama region.

3.2 Focus Group Discussions

Focus group with community members, together with conceptual events, provides a significant portion of primary source information on the current effectiveness of local group participation and rule. Equally, these discussions are used to identify the issues that local people see as the most serious harms to natural resources, community participation and protection. Focus groups will be conducted for approximately 90 minutes to help illicit and facilitate both objective and subjective responses, with groups of informants of between 5-10 persons. The selection of participants will be designed to ensure that most vulnerable people are targeted and diversity within the selected communities is adequately captured (including gender and marginalized groups). FGDs will include district local council members and
community structures. The FGDs will primarily aim at exploring the direct and indirect impact of WASH, food security, health and nutrition interventions.

3.3 Key Informant Interviews

Key Informant Interviews will continue to be utilized during this need assessment. It will include representatives of community leaders, non-governmental organization workers, religious leaders, health workers, agricultural extension agents, teachers, elders, local traders, women leaders and farmerspartner organizations, government officials, technical advisors and academics. The interviews estimate to take 40 minutes each and are done in a flexible manner so that they are used to learn about the views of individual participants from the various sub-groups and to probe why participants held the views they express. They are facilitated by guiding questions on local understandings of priorities of intervention, the effect of conflict on their livelihood and income and relevant associated actors and perceptions. Each interview will continue to be conducted by field team leader.

3.4 Household Questionnaire

A questionnaire has been developed for household to identify their need and perception on the priority of interventions that NFDHR can contribute for future projects. Experts from all programs (WASH, Food security, Health and nutrition, education and peace building have participated in workshop training to produce this questionnaire based on their consensus. See the forms of all documents in the appendixes.

<table>
<thead>
<tr>
<th>#</th>
<th>Governorates</th>
<th>Districts</th>
<th>Villages</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Sana’a’a</td>
<td>Bani Matar</td>
<td>.................</td>
</tr>
<tr>
<td>5</td>
<td>Al Jawf</td>
<td>Al Maton</td>
<td>.................</td>
</tr>
<tr>
<td>7</td>
<td>Amran</td>
<td>Kharif</td>
<td>.................</td>
</tr>
<tr>
<td>8</td>
<td>Ibb</td>
<td>As Sayyani2</td>
<td>.................</td>
</tr>
</tbody>
</table>
Rapid Multi-Cluster Need Assessment

No. of Households

- As Sayani: 39
- Almaton: 50
- kharif: 60
- Bani Matar: 40

No. of selected Uzlaz

- As Sayani: 3
- Almaton: 2
- kharif: 5
- Bani Matar: 8

Breakdown by Gender:

- Girls: 28%
- Boys: 28%
- Women: 30%
- Men: 30%

- Bani Matar: 26%
- kharif: 25%
- Almaton: 21%
- As Sayani: 23%

- Men: 19%
- Women: 21%

Geographical Area:

- Steppe
- Al-hamra
- Mugda
- Almarb
- Sayoon
- Sha'ab
- Al-lahj
- Al-bayda
- Al-marb
- Al-lahj
- Al-mugda
- Al-hamra
- Steppe
As Sayani
Almaton
kharif
Bani Matar

4-Resident
3- Host Community
2-Returnee
1- IDP

77% 28%
38% 13%
62% 58%
200% 200%
180% 180%
160% 160%
140% 140%
120% 120%
100% 100%
80% 80%
60% 60%
40% 40%
20% 20%
0% 0%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% 110% 120% 130% 140% 150% 160% 170% 180% 190% 200%
4. Results and Discussion

4.1 Bani matter district (Sana’a governorate)

Bani matter district is located in western and southern part of Sana’a governorate with
distance of 30 km. Its border from north hamadn, sanhan and belad alrous from east,
Anes from south and Alhaymatten from west. The population is 100,012 based on 2004
census. It consisted of main 7 areas (mekhlaf bani ghis, alhadab, althulth and Baruieh,
Jabal alnabi shuaib, Ayash wa Aasd, Shehab ala’la and shehab alasfal, dayan. The number
Uzlas and villages are of 360. Matnah is the center of the district.

WASH:

People are suffering of water shortage in Bani matter district. In Matnah village, the
women are lining up for hours to get their water although household have to pay for
getting the water. Water and sanitation is the first priority of the community's needs.
Food security comes in the second priority while education in the third need.

NFDHR team is managing Key informant interviews and focus group discussion in Bani matter district

Women and children are lining up to get drinking water

Water lakes for domestic use in bani Matar district
The field team has recommended the following issues:

- Water reservoirs/tanks is significant solution for water scarcity in the area.
- Rehabilitation of water project (rural water supply institution) by maintenance and operation of the pump in Matna area.
- Provide water network from gail bait alghalisi (jabal alnabi shuaib)
- Provide NFI (winterization kits) during the winter season
- Encourage farmers to use greenhouses (to conserve water and increase vegetables productivities)
- Provide hygiene kits an awareness sessions
- Train women on local handicrafts (sewing, embroidery to increase their incomes)
- WFP is providing food baskets but the amount is not sufficient to cover more beneficiaries.
Household questionnaire:

Priority Community Needs Based on Sector:

<table>
<thead>
<tr>
<th>Sector</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peace Building</td>
<td>13</td>
</tr>
<tr>
<td>Education</td>
<td>7.5</td>
</tr>
<tr>
<td>Health and Nutrition</td>
<td>10.57</td>
</tr>
<tr>
<td>Food security</td>
<td>14.59</td>
</tr>
<tr>
<td>WASH</td>
<td>11.64</td>
</tr>
</tbody>
</table>

Selected Respondents for HH Questionnaire:

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-Resident</td>
<td>63%</td>
</tr>
<tr>
<td>3-Host Community</td>
<td>9%</td>
</tr>
<tr>
<td>2-Returnee</td>
<td>3%</td>
</tr>
<tr>
<td>1-IDP</td>
<td>41%</td>
</tr>
</tbody>
</table>

Benificaries aggregated by Sex:

<table>
<thead>
<tr>
<th>Season</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burri</td>
<td>22</td>
<td>28</td>
</tr>
<tr>
<td>Samyn</td>
<td>26</td>
<td>34</td>
</tr>
<tr>
<td>As Sawarni</td>
<td>39</td>
<td>1</td>
</tr>
<tr>
<td>Almaton</td>
<td>34</td>
<td>28</td>
</tr>
<tr>
<td>Kharif</td>
<td>1</td>
<td>28</td>
</tr>
<tr>
<td>Bani Marar</td>
<td>1</td>
<td>28</td>
</tr>
</tbody>
</table>

Average monthly income of the family:

<table>
<thead>
<tr>
<th>Category</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>HH under poverty line</td>
<td>63%</td>
</tr>
<tr>
<td>Poor household</td>
<td>28%</td>
</tr>
<tr>
<td>Medium Household</td>
<td>10%</td>
</tr>
</tbody>
</table>
1. Yes
2. No
3. Not fully

Do women have the freedom to make decisions regarding their affairs?

- 60% Yes
- 20% No
- 20% Not fully

What is the reason for women not having power?

- 63% The habits and traditions
- 15% The Millennium
- 10% Her weak personality
- 3% Take control of the man
- 2% Other

Have you received humanitarian aid before?

- 63% Yes
- 38% No

Are there civil society organizations operating in the region?

- 25% Yes
- 75% No
**No. of Reported Disease Cases**

- Intestinal disease: 15%
- Weakness: 30%
- Inflammation of blood: 30%
- Problem in the ear: 23%
- Fever: 15%
- Diarrhea: 38%
- Cough: 60%

**is there a bathroom for the family?**

- Yes: 95%
- No: 5%

**What type of drainage for the family?**

- 1 - a covered drainage: 45%
- 2 - open drainage: 53%
- 3 - sewer network: 3%

**How do you filter water at home?**

- Boiling Water: 73%
- Cholera ting: 8%
- Filtration, distillation: 13%
- No filter: 5%
What is the main source of drinking water for

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Dam</td>
<td>5%</td>
</tr>
<tr>
<td>2-Vally</td>
<td>13%</td>
</tr>
<tr>
<td>3-Artisan Well Trucks</td>
<td>10%</td>
</tr>
<tr>
<td>4-Water Trucks</td>
<td>50%</td>
</tr>
<tr>
<td>5-Vector</td>
<td>13%</td>
</tr>
<tr>
<td>6-Dam</td>
<td>28%</td>
</tr>
<tr>
<td>7-Manual Well</td>
<td>15%</td>
</tr>
</tbody>
</table>

Coping Strategy Index

- High Coping Strategy: 58%
- Medium Coping Strategies: 28%
- Low Coping Strategy: 15%
- Insufficient Data: 13%
4.2 Kharif district (Amran governorate)

Kharif district is located in northeastern part of Amran governorate. Its border from north theben and khamer district, arahab district from south and east, Raida and jabal ayal yazid from west. The district consisted of 62 villages represent of 12 counties (Uzala).

Kharif area is 264 km². The population is 45,977 (2004 census), with estimated 56,948 in 2015 (27,929 female and 29,019 male).

Table 2: Showed Uzlas in Kharif district and population dis-aggregated by gender (2004, 2017) with the number of IDPs

<table>
<thead>
<tr>
<th>IDPs</th>
<th>عدد السكان الذكور</th>
<th>إجمالي</th>
<th>عدد السكان إناث</th>
<th>إجمالي</th>
<th>العزلة</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ذكور</td>
<td>إجمالي</td>
<td>إناث</td>
<td>إجمالي</td>
<td></td>
</tr>
<tr>
<td>1450 based on TFPM report</td>
<td>17910</td>
<td>8775</td>
<td>9135</td>
<td>1533</td>
<td>1416</td>
</tr>
<tr>
<td></td>
<td>11214</td>
<td>5495</td>
<td>5719</td>
<td>976</td>
<td>968</td>
</tr>
<tr>
<td></td>
<td>7077</td>
<td>3467</td>
<td>3610</td>
<td>569</td>
<td>565</td>
</tr>
<tr>
<td></td>
<td>3872</td>
<td>1896</td>
<td>1976</td>
<td>388</td>
<td>470</td>
</tr>
<tr>
<td></td>
<td>3866</td>
<td>1911</td>
<td>1955</td>
<td>472</td>
<td>356</td>
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<td>5642</td>
<td>2778</td>
<td>2864</td>
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<td>4700</td>
<td>2302</td>
<td>2398</td>
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<td>2667</td>
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<td>244</td>
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<td></td>
<td>56948</td>
<td>27929</td>
<td>29019</td>
<td>5161</td>
<td>4917</td>
</tr>
</tbody>
</table>

WASH interventions

Three water projects are in need of NFDR interventions:
- Support water project in khamis harash area (pump, network, water tanks, ..)
- Support of water project in khamis abu thaibah through (rehabilitation of the project, new water pump, maintenance and operation
- Dhabr alradaei water project (complete rehabilitation)

Food security

WFP is providing 1800 food baskets through school nutrition program, which is not sufficient.

Health and Nutrition

- Provide incentives for 68 health staff and volunteers in the district.
- Provide medicine and medical tools.
- Provide immunization services by supplying gas for 14 refrigerators (4 gas cylinders/month or each refrigerator) with total of 42 gas cylinder.
- Provide qualified health staff including women staff.
- Provide diesel fuel for generators in the health centers.
- Furniture of kharif health center.
- Rehabilitation of kharif health center.
- Maintenance and replacement of some medical tools.
- Provide incinerator to get rid of health center medical waste.
- Support of laboratory department with means and needed reagents.
- Provide awareness campaign for nutrition and food security.

Exist organizations in Kharif district:
- WFP
- YFCA, through mobile clinic in one health center (3 days a week) only during April and May 2017.
Data analysis and results

Selected Respondents for HH Questionnaire

Respondents aggregated by sex

What is the main source of drinking water for

What is the state of the main drinking water source?
Is the water of this source clean (drinkable)?

- Yes: 78%
- No: 22%

How much does the family consume water per day per liter?

- Family: 196 liters
- Person: 22 liters

What type of drainage for the family?

- 1 - a covered drainage: 62%
- 2 - open drainage: 37%
- 3 - sewer network: 2%

How do you filter water at home?

- Boiling Water: 78%
- Cholera ting: 0%
- Filtration, distillation: 3%
- We Don’t no filter: 15%
(Consumption Score) % of households with food security status

- Food secure households: 78%
- Medium food security: 13%
- Food insecure households: 8%

What cause of not getting sufficient food

- Big number of children: 37%
- Lack of money and low income: 40%
- Scarcity of rain and lack of agriculture: 28%
- Loss of land, or agricultural assets: 35%
- Crisis and siege security situation: 33%
- Difficulty accessing the market: 27%
- Distance from the market: 22%
- Lack of fuel, utensils for cooking: 68%
- Increased commodity prices: 68%
- Lack of quality goods: 28%
- Increased commodity prices: 68%
- Lack of goods in the market: 15%

Average monthly income of the family now

- HH under poverty line: 92%
- Poor household: 7%
- Medium household: 2%

Coping Strategy Index

- Low coping strategy: 37%
- Medium coping strategies: 28%
- High coping strategies: 35%
Have you received humanitarian aid before?

- Yes: 47%
- No: 53%

Is there a health center in your area?

- Yes: 93%
- No: 7%

Access to the primary health care center in your area is

- Very difficult: 2%
- Somewhat difficult: 12%
- Fairly easy: 37%
- Very easy: 50%

Do your children receive immunization services at health facilities?

- Yes: 92%
- No: 8%
Are there civil society organizations operating in the region?

- Yes: 68%
- No: 32%

No. of Reported Disease Cases
- Intestinal disease: 13%
- Weakness: 25%
- Inflammation of blood: 13%
- Problem in the ear: 20%
- Fever: 25%
- Diarrhea: 65%
- Cough: 57%

What are the most difficult obstacles to peace in your area?
- 1. And revenge: 20%
- 2. Lack of police stations: 57%
- 3. After police stations: 18%
- 4. War of War: 5%

Priority Community Needs Based On Sector
- Education: 6.57
- Health and Nutrition: 9.13
- Food security: 13.87
- WASH: 12.35
4.3 Al-matun District (Aljouf Governorate)

Almutun district is located in the southern part of Aljouf governorate. Its border from north by Khāb and Ash'af districts, Almutammah and Almasloub from south, Al Hazm from east and Alzaher/Almutammah from west. Its distance from the governorate center with 25 km and 235 from Sana'a's capital. Almutun I centered and connected most of the Aljouf governorate. The district area is 418 km$^2$ and its population is 40,452 (23,664 male 58.5%, 16,788 female 41.5%) (2004 census). The number of households is 5208 hh. The average size of family is 6 person.

<table>
<thead>
<tr>
<th>Average population growth</th>
<th>No. households</th>
<th>No. affected employees</th>
<th>Host households</th>
<th>Returnees</th>
<th>IDPs</th>
<th>Population</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.6</td>
<td>5208</td>
<td>530</td>
<td>1050</td>
<td>300</td>
<td>1450</td>
<td>40452</td>
<td>418 km</td>
</tr>
</tbody>
</table>

The population consists of 5% bedwen nomadic, 15% marginalized. The jobless is 80% because of war effect on farming activities. The population consists of 4 gathering areas; area 1 (38%); area 2 (11%); area 3 (27%); area 4 (24%). The population density is 97 km$^2$.

- **The status in the district:**
  
  **Health sector**

  The district is in the front of conflict and that results in destruction of many houses, and governmental structures whether by airstrikes or by tanks and handguns. Agriculture activities is significantly affected by the conflict and labour in this sector was victims of losing their daily income. Unpaid salaries deteriorate of health services and immunization for children. Two health units (*kharshan* and *alqawasemah* units). Volunteers are managing mobile teams for children nutrition activities.

  **Water Sector:**

  People are suffering of water quality (saline water) which is used for hygiene activities while drinking water is brought from long distance *Autheban* well through water
trucking. Some people have been enforced to drink saline water due to lack cost of fresh water trucking. Marginalized people are vulnerable group who are
Selected Respondents for HH Questionnaire

- 4-Resident: 63%
- 3-Host Community: 9%
- 2-Returnee: 3%
- 1-IDP: 41%

What is the main source of drinking water for

- 1-Water Network: 0%
- 2-Manual Well: 0%
- 3-Artisan Well: 68%
- 4-Water Trucks: 32%
- 5-Valley: 0%
- 6-Dam: 0%

What is the state of the main drinking water source?

- 1-Protective and covered: 92%
- 2-Unprotected and not covered: 6%
- 3-Not protected and covered: 2%

How much does the family consume water per day per liter?

- 196 liters

- Family: 22 liters
- Person: 196 liters
Is the water of this source clean (drinkable)?

1. Yes: 56%
2. No: 44%

What type of drainage for the family?

1. A covered drainage: 62%
2. Open drainage: 36%
3. Sewer network: 2%

Is there a bathroom for the family?

1. Yes: 64%
2. No: 36%

How do you filter water at home?

1. Boiling water: 96%
2. Cholera ting: 4%
3. Filtration, distillation: 0%
4. We don't filter: 0%
**Average monthly income of the family now**

- Medium Household: 0%
- Poor household: 12%
- HH under poverty line: 88%

**Have you received humanitarian aid before?**

- Yes: 30%
- No: 70%

**Is there a health center in your area?**

- Yes: 64%
- No: 36%
4.4 As Sayyani district (Ibb governorate)
What is the main source of drinking water for

- 6-Dam: 18%
- 5-Vally: 0%
- 4-Water Trucks: 18%
- 3-Artisan Well: 5%
- 2-Manual Well: 21%
- 1-Water Network: 0%

What is the state of the main drinking water source?

- 100%: Protective and covered
- 0%: Not protected and covered
- 0%: Unprotected and not covered

What is the main source of drinking water for the family?

- 1-Water Network: 21%
- Dam: 0%
- Water Trucks: 18%
- Manual Well: 5%
- Artisan Well: 21%
- Vally: 0%
- Dam: 0%

How much does the family consume water per day per person?

- Family: 196 liters
- Person: 21 liters

Is the water of this source clean (drinkable)?

- 100%: No
- 0%: Yes
**Is there a bathroom for the family?**

- 1. Yes (87%)
- 2. No (13%)

**How do you filter water at home?**

- 1. Boiling Water
- 2. Choleraing
- 3. Filtration, distillation
- 4. We Don’t filter

- 90% No filter
- 5% 4 - We Don’t
- 3% 3 - Filtration, distillation
- 23% 2 - Choleraing
- 8% 1 - Boiling Water

**What type of drainage for the family?**

- 1 - a covered drainage (23%)
- 2 - open drainage (36%)
- 3 - sewer network (41%)
Rapid Multi-Cluster Need Assessment

- Oil
- Dates
- Honey
- Sugar
- Milk/Cheese
- Eggs
- Meat/Fish
- Fruits
- Vegetables
- Beans
- Potato/Carrots
- Rice/Pasta
- Wheat Flour

**what cause of not getting sufficient food**

- Big number of children: 97%
- Lack of money and low income: 95%
- Scarcity of rain and lack of agriculture: 51%
- Loss of land, or agricultural assets: 31%
- Crisis and siege security situation: 26%
- Difficulty accessing the market: 31%
- Distance from the market: 26%
- Lack of fuel, utensils for cooking: 51%
- Lack of quality goods: 18%
- Increased commodity prices: 10%
- Lack of goods in the market: 0%

**Bar charts showing:**

- Immigration: 85%
- Reduced agricultural...: 79%
- Selling of house accommodations: 38%
- Take the kids out of school: 79%
- Reducing the number of...: 79%
- Loans: 90%
- Sale of property: 90%
Rapid Multi-Cluster Need Assessment

- Immigration: 0%
- Reducing of agricultural production expenditure: 23%
- Search for work alternatives: 85%
- Selling of accommodation: 18%
- Begging: 3%
- Take the kids out of school: 21%
- Reducing the number of meals for the whole family: 23%
- Reducing the number of adult meals vs children: 26%
- Loans: 79%
- Sale of property: 38%

Coping Strategy Index

- Low Coping strategy: 51%
- Medium Coping strategies: 18%
- High coping strategy: 31%
### Average monthly income of the family now

- **Medium Household**: 26%
- **Poor household**: 23%
- **HH under poverty line**: 51%

### % of households who are secure and insecure food

- **Food secure Households**: 18%
- **Medium food security**: 31%
- **Food In secured Household**: 51%

### Have you received humanitarian aid before?

- **Yes**: 54%
- **No**: 46%
Is the health center working now?

- Yes: 38%
- No: 62%

Is there a health center in your area?

- Yes: 31%
- No: 69%

Access to the primary health care center in your area is

- Very difficult: 0%
- Somewhat difficult: 21%
- Fairly easy: 28%
- Very easy: 49%
Do your children receive immunization services at health facilities?

- Yes: 72%
- No: 27%

Do family planning means are used in the health care center?

- Yes: 82%
- No: 18%

Are there civil society organizations operating in the region?

- Yes: 72%
- No: 28%

No of reported disease cases

- Cough: 59%
- Diarrhea: 54%
- Fever: 44%
- Problem in the ear: 21%
- Intestinal disease: 15%
- Inflammation of blood: 11%
- Weakness: 6%
What are the most difficult obstacles to peace in your area?

- 1. And revenge: 15%
- 2. Lack of police stations: 8%
- 3. After police stations: 62%
- 4. War of War: 0%

Do women have the freedom to make decisions regarding their affairs?

- 1. Yes: 69%
- 2. No: 26%
- 3. Not fully: 5%

What security problems threaten women's peace and stability?

- 1. Divorce: 18%
- 2. Family Violence: 28%
- 3. The Millennium: 26%
- 4. Early marriage: 18%
- 5. Sexual harassment: 10%

Do women hold leadership positions in your area?

- 1. Yes: 44%
- 2. No: 54%
Do you encourage educating girls?  
- Yes: 97%  
- No: 3%

Is there a school in your area?  
- Yes: 97%  
- No: 3%

Do you feel safe at school?  
- Yes: 67%  
- No: 33%

What can be done to help children in this area go to school and continue their education?  
1. Awareness for parents: 51%  
2. Building a school: 13%  
3. Provide teachers: 5%  
4. Provide school supplies for children (bags, notebooks, pens): 21%  
5. Support poor families: 10%
## 5. Appendixes

### List of NFDHR Governorate Teams

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<tr>
<th>#</th>
<th>Name of participant</th>
<th>Governorate</th>
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<td>Amarn Governorate</td>
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<tr>
<td></td>
<td>Bakeel Abdullah Murait</td>
<td>Team leader</td>
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<td></td>
<td>Fahmi Ahmed Mohammed</td>
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<td>Fatima Ahmed Alyousefi</td>
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<td></td>
<td>Mohammed Abdullah Mohsen</td>
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<tr>
<td>4</td>
<td>Issam Thaif Allah Dawood</td>
<td>Coordinator Assistant</td>
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<tr>
<td></td>
<td>Mohammed Abdullah Nawi</td>
<td>Field coordinator</td>
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<tr>
<td></td>
<td>Nada Abduljabbar alawani</td>
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<td>5</td>
<td>Waleed Hassan Al-Hajjaji</td>
<td>Field Coordinator</td>
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<tr>
<td></td>
<td>Bilal Abu bakr almua’alemi</td>
<td></td>
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<tr>
<td></td>
<td>Yusra abdo Yahya</td>
<td>Female</td>
</tr>
<tr>
<td>8</td>
<td>Majed Mohammed Al-Salahi</td>
<td>Field Coordinator</td>
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<td>9</td>
<td>Turkey Saeed alahfal</td>
<td>Field Coordinator</td>
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<tr>
<td></td>
<td>Faten abdo Huliman</td>
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<td>15</td>
<td>Dr. Ahmed Al-wadaey</td>
<td>Program Quality consultant</td>
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<td>14</td>
<td>Faisal Abdullah Sharwan</td>
<td>Data analysis and Management</td>
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<td>16</td>
<td>Askar Hameed Salah</td>
<td>IDP Application Coordinator</td>
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<td>17</td>
<td>Afrah Alattas</td>
<td>MEAL officer</td>
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<td>18</td>
<td>Adel Othman</td>
<td>Media officer</td>
</tr>
<tr>
<td>21</td>
<td>Bushra Al-Shalaly</td>
<td>MEAL Assistant/communication</td>
</tr>
</tbody>
</table>
Topics have been discussed in training workshop

1. **Type of field survey**
   1. Baseline
   2. End line
   3. Rapid assessment

4. **Tools of Collecting Data**
   5. Questionnaire
   6. Individual Interviews with Key Persons
   7. Focus Group Discussion
   8. Observation
   9. **Coordination with the local Authority**

**OutComes:**

10. Having full Understanding of the Survey Types
11. Knowing the techniques needed in each tool of data collection.
12. Going through all the needed coordination procedures with local authority in order to make that survey can be done smoothly
13. Teams divided into groups so they implement the assessment in the targeted governorates.

**Conclusion:**

The staff had a clear image on how to implement their work properly and they were given the support needed to go ahead and start their survey, and were informed to provide NFDHR with any kind of feedback in terms of difficulties and challenges so team here in Sana’a’a Office can be of a good help for them. Later on the data will be gathered and entered here in Sana’a’a office, and report will be done so data can be represented properly.
استبيان تقييم الاحتياج السريع لعدة قطاعات

للتدخلات الإنسانية المخططة لها في

)بناء السلام، التعليم، المياه والإصلاح البيئي، الأمن الغذائي، الصحة والغذاء( )

NFDHR

April 2017

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<th>عدد افراد الأسرة</th>
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حالة مصادر الماء للشرب الرئيسي للأسرة:
1. عاض بجر
2. ماض خارج
3. ماء مغطى
4. ماء مفتوح
5. ماء على الأريس
6. ماء مبتكر
7. ماء غير مفتوح
8. ماء غير مفتوح

ما حالة مصادر مياه الشرب الرئيسي:
1. مياه من الأريس
2. ماء مفتوح
3. ماء مغطى
4. ماء بجر

هل تتوفر المياه في هذا المصدر طوال العام؟
1. نعم
2. لا

اختر رقم الإجابة المناسبة ووضعها في عمو الإجابة المقابلة للسؤال
 هل يوجد حمام للأسرة؟ 

 هل تقومون بغسل اليدي بالماء والصابون للأطفال؟ 

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3. سبل العيش

هل هناك مشكلة خطيرة في مجتمعك بسبب ان الناس ليس لديهم ما يكفي من المال أو الإمدادات للعيش؟

... لا .. نعم 2

3.1

كيف تؤثر هذه المشكلة على يومك حاليا في ظل الظروف الراهنة؟

... لا .. نعم 2

3.2

هل فكرت بالتخلص عن بعض السلع الغذائية من السوق وانتاجها محليا؟

... لا .. نعم 2

3.3

هل كانت محتويات السلة كافية للأسرة؟

... لا .. نعم 2

3.4

هل يوجد متطوع صحّي في منطقتك؟

... لا .. نعم 2

3.5

4. الصحة والرعاية

هل يوجد مركز صحي في منطقتك؟

... لا .. نعم 2

4.1

هل يعمل المركز الصحي حاليا؟

... لا .. نعم 2

4.2

هل كانت الإجابة بـ (لا) سابقاً؟

... لا .. نعم 2

4.3

أجب بـ (لا) موجود  (لا) موجود

هل  قبّلة  امدادات صحّة اغاثة؟

... لا .. نعم 2

4.4

هل يوجد بالمركز طبي؟

... لا .. نعم 2

4.5

هل يوجد برنامج تسهيل البحث عن وسائل الطب البديل؟

... لا .. نعم 2

4.6

هل يوجد مراكز كفالة التغذية وطرق التغذية؟

... لا .. نعم 2

4.7

هل يوجد مراكز التدريب على خدمات الطبيب؟

... لا .. نعم 2

4.8

هل يوجد مراكز التدريب على خدمات الطبيب في المنطقة؟

... لا .. نعم 2

4.9

هل يوجد مراكز للتدريب على خدمات الطبيب؟

... لا .. نعم 2

4.10

هل يوجد مراكز للتدريب على خدمات الطبيب؟

... لا .. نعم 2

4.11

هل يوجد مركز للتدريب على خدمات الطبيب؟

... لا .. نعم 2

4.12
4.14 هل تم اتخاذ السلم؟ 1. نعم 2. لا
4.15 هل حصل الطفل المريض على علاج؟ 1. نعم 2. لا
4.16 ما نوع الأطعمة التي تسخّب طفلك تحت سن 6 أشهر فاكثر؟ 1. حل بقر 2. حليب الأم 3. حليب صناعي قط 4. أخرى (أغذية الأطفال سرعة التحضير فقط)
4.17 هل تتوفر الخدمات الطبية الخاصة بالأطفال المصابين بسوء التغذية في المرفق الصحي؟ 1. نعم 2. لا
4.18 هل يوجد منظمات مجتمع مدنية تعمل في منطقتك؟ 1. نعم 2. لا
4.19 هل توجد منظمات مجتمع مدنية تعمل في منطقتك؟ 1. نعم 2. لا (إذا كانت الإجابة "نعم" للسؤال السابق، ما الخدمات التي تقدمها؟ (أجب...

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6.2 هل يذهب أولادك إلى المدرسة؟ □ نعم □ لا

6.3 كيف يذهب الطلاب إلى المدرسة؟

□ سيرا على الأقدام □ حافلة □ سيارة خاصة □ أخرى (التفصيل)

6.4 هل انت تشجع على تعليم الفئة؟ □ نعم □ لا

6.5 ذكر اهم 3 أسباب من وجهة نظرك التي تجعل الطلاب بنطاقك لا يكملون دراستهم؟ □ لا تعطي المستفيد الخيارات

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<td>□ بعد المدرسة □ الزواج المبكر □ الاحباط</td>
<td>□ عدم قدرة الأسرة توفر المستلزمات الدراسية □ طرق غير آمنة</td>
<td>□ عدم توفر معلم في المدرسة □ خطر التفشي □ عدم توفر مدرسة في المنطقة</td>
</tr>
</tbody>
</table>

6.6 اكتب رقم السبب من القائمة السابقة

6.7 ما الذي يمكن عمله لمساعدة الأطفال في هذه المنطقة ليذهبوا إلى المدرسة ويستمتعوا تعليمهم؟ □ توقيع الآباء والأمهات □ بناء مدرسة □ توفير مدرس على الأقل □ دعم الأسر المتقدمة □ أخرى (التفصيل)

6.8 هل الطريق إلى المدرسة آمن؟ □ نعم □ لا

6.9 هل تشعر بالأمن داخل المدرسة؟ □ نعم □ لا

(إذا كانت الإجابة لا لسؤال السابق) ما السبب؟ □ العنف المدرسي □ الصراعات العرقية □ الآخرين (التفصيل)

تم بحمد الله