

Research Terms of Reference

Public Health Settlement-Based Assessments

YEM2203a

Yemen

January 2024

V1

REACH Informing
more effective
humanitarian action

1. Executive Summary

Country of intervention	Yemen				
Type of Emergency	<input checked="" type="checkbox"/>	Natural disaster	<input checked="" type="checkbox"/>	Conflict	<input type="checkbox"/> Other (<i>specify</i>)
Type of Crisis		Sudden onset		Slow onset	<input checked="" type="checkbox"/> Protracted
Mandating Body/ Agency	BHA				
IMPACT Project Code	15 AZI				
Overall Research Timeframe (<i>from research design to final outputs / M&E</i>)	01/12/2024 to 31/05/2024				
Research Timeframe	1. Pilot/ training: 29/01/2024		6. Preliminary presentation: 01/04/2023		
	2. Start of data collection: 04/02/2024		7. Outputs sent for validation: 30/04/2024		
	3. Data collected: 07/03/2024		8. Outputs published: 20/05/2024		
	4. Data analysed: 30/03/2024		9. Final presentation: 31/05/2024		
	5. Data sent for validation: 30/03/2024				
Number of assessments	<input checked="" type="checkbox"/>	Single assessment (one cycle)			
	<input type="checkbox"/>	Multi-assessment (more than one cycle)			
Humanitarian milestones	Milestone			Deadline	
	<input checked="" type="checkbox"/>	Programming partner plan/strategy			
Audience Type & Dissemination	Audience type			Dissemination	
	<input type="checkbox"/> Strategic <input checked="" type="checkbox"/> Programmatic <input type="checkbox"/> Operational			<input checked="" type="checkbox"/> General Product Mailing (e.g. mail to partners, IMAWG members) <input checked="" type="checkbox"/> Cluster Mailing (WASH, Nutrition, Health, FSAC, IFRR), if possible <input checked="" type="checkbox"/> Presentation of findings (partners, Cluster & IMAWG meetings)	

			x Website Dissemination (Relief Web & REACH Resource Centre) x Integrated Food Security Phase Classification (IPC)
Detailed dissemination plan required	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No
Stakeholder mapping	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
General Objective	<p>To inform and contribute to the planning and prioritisation of Public Health interventions and strategy focusing on Food Security and Livelihoods (FSL), Water, Sanitation, and Hygiene (WASH), Nutrition, and Health in Khanfar district, Abyan governorate, and Al Makha district, Taiz governorate, in Yemen. This will be achieved by providing detailed information on communities, demographics, and displacement dynamics through primary and secondary data, including socio-economic status of households, household and community public health needs, provision of public health services, who the main stakeholders are in the territorial unit and the main challenges faced by these actors in provision of public health services. The assessment aims to build an understanding of factors impacting public health needs and to inform intervention prioritisation in the districts through a mixed-method approach and intersectoral analysis.</p>		
Specific Objective(s)	<ol style="list-style-type: none"> 1. Understand core demographic components and displacement dynamics of the assessed territorial unit. 2. Understand community composition and the role of the community in the territorial unit's public health domain. 3. Understand local dynamics of public health service provision through identifying the main stakeholders engaged in service provision related to public health and understanding the satisfaction among the population of these services. 4. Understand the severity of public health needs (including food security and livelihoods, WASH, health, and nutrition), the main drivers behind the needs, including social and cultural factors, and how households cope with needs. 5. Understand the main shocks impacting public health needs and services in the territorial unit, resilience among communities and stakeholders and how shocks impact public health stakeholder and household needs. 6. Analyse the interconnections and interdependencies between various components of public health such as WASH, Nutrition, Food Security, Livelihoods, and Health. This involves examining how deficiencies or improvements in one area might impact or be impacted by others. 		
Research Questions	<ol style="list-style-type: none"> 1. What are the territorial unit's core demographic characteristics and key displacement dynamics? <ol style="list-style-type: none"> 1.1 What are the key characteristics of populations in the assessed area? 		

	<p>1.2 What is the socio-economic status of households in the territorial unit?</p> <p>1.3 What are the displacement and migrations dynamics, if any, in the territorial unit?</p> <p>2. What are the territorial unit's main community boundaries and livelihood zone boundaries, and what public health services and infrastructure is present?</p> <p>2.1 What are the main factors constituting communities in the territorial unit?</p> <p>2.2 What public health infrastructure and services are available in the area, and what is the perceived accessibility of these among the population?</p> <p>3. Who are the key stakeholders and actors engaged in public health service provision?</p> <p>3.1 Who are the main stakeholders in public health service provision, and management of public health infrastructure in the territorial unit?</p> <p>3.2 What are the main challenges faced by service providers in the territorial unit?</p> <p>3.3 How are communities engaged in public health service provision?</p> <p>3.4 What is the perception and satisfaction of public health services and service provision among households in the territorial unit?</p> <p>4. What are the levels of public health needs in the assessed territorial units?</p> <p>4.1 What are the main drivers of public health needs, including social and cultural factors, in the territorial unit?</p> <p>4.2 What are the public health needs of the assessed population?</p> <p>4.3 What are the self-perceived needs of the population?</p> <p>4.4 What coping strategies are used by the assessed populations in times of need or lack of access to services?</p> <p>5. What are the main shocks impacting the assessed population and service providers in the territorial unit, and what is the perceived resilience to shocks?</p> <p>5.1 What shocks¹ usually impact the availability and accessibility of health services, food, WASH, and livelihoods in the territorial unit?</p> <p>5.2 How is shock resilience in the public health sectors perceived among the population?</p> <p>6. How can the public health needs in the territorial unit be understood through the connections and interdependencies of WASH, nutrition, health, FSL, and specific shocks?</p>
Geographic Coverage	<p>This public health SBA will be conducted in two territorial units::</p> <ul style="list-style-type: none"> - Khanfar district, Abyan governorate - Al Makha district, Taiz governorate

¹ A shock represents an external event that the HH experienced which may have resulted in a loss or disruption of income, livelihoods, food, and/or other essential needs.

Secondary data sources	Various secondary data sources have been reviewed to inform the understanding of the context, develop the questionnaire design and sampling framework as well as triangulate findings. Main secondary data sources include the below: Intersectoral <ul style="list-style-type: none">- UN OCHA (2022) Yemen Humanitarian Needs Overview 2023- Integrated Famine Risk Reduction (IFRR) cluster (2023) IFRR Dashboard Food security, livelihoods and nutrition <ul style="list-style-type: none">- IPC (2023) IPC Acute Food Insecurity and Acute Malnutrition Analysis, January – December 2023, partial analysis- IPC (2022) Acute Food Insecurity Projection Update, October – December 2022- Yemen Nutrition cluster (2023) HNO, HRP Performance Monitoring Dashboard Health <ul style="list-style-type: none">- Yemen Health Cluster data- Yemen Ministry of Public Health and Population (2023) HeRAMS Yemen – Baseline Report 2023 WASH <ul style="list-style-type: none">- REACH WASH Needs Tracking System (WANTS) data- REACH (2023) CCCM Cluster Site Monitoring Tool, round 6 data- REACH (2023) CCCM Cluster Site Reporting Tool Cash and markets <ul style="list-style-type: none">- REACH Joint Market Monitoring Initiative dashboard- Yemen Food Security Cluster Dashboard More detailed information can be found under Point 2.3 Secondary Data Review in the Methodology section.					
Population(s)	x	IDPs in sites		x	Muhammasheen	
	x	IDPs in host communities		x	Refugees in host communities (if relevant)	
	x	Migrants in host communities (if relevant)		x	Host communities	
Stratification	x	Geographical: 2 territorial units Population size per strata is known? x Yes <input type="checkbox"/> No	<input type="checkbox"/>	Group #: IDP Population size per strata is known? x Yes <input type="checkbox"/> No	<input type="checkbox"/>	<i>[Other Specify] #:</i> _ _ Population size per strata is known? <input type="checkbox"/> Yes <input type="checkbox"/> No

Data collection tool(s)	x	Structured (Quantitative)	X	Semi-structured (Qualitative)	
	Sampling method		Data collection method		
Structured data collection tool # 1 Household level survey	X Probability / stratified Simple random sampling with allocation		District level: - Khanfar: 204 (95% CL, 7% MoE, 5% Buffer) - IDP in sites in Khanfar: Site 1: Baer Alsheikh # 53 interviews Site 2: Al Noabah # 12 interviews District level: x Al Makha: 204 (95% CL, 7% MoE, 5% Buffer) interviews - IDP, site level in Al Makha: Site 1: Al Shaheed # 76 interviews Site 2: Al Shatheli # 42 interviews		
Semi-Structured data collection tool (s) # 2 Mapping Focus Group Discussion	x Purposive		Per district: 4-6 sessions, Gender separated (if possible) Participants (sectoral experts, community experts, community leaders): ~15-24 total per district		
Semi-Structured data collection tool (s) # 3 Household level survey	x Purposive		Interview: x Interviews per district: 50-60 HHs including purposive sampling on female-headed HHs, IDPs, Muhammasheen		
The target level of precision of probability sampling	- Confidence level 95%, Margin of Error 5/7%				
Disaggregation by gender and age	Gender		Age		
	x Yes		x Yes		
	□ No		□ No		
Data management platform(s)	x	IMPACT	x ReliefWeb	x HDX	
Expected output type(s)	□	Situation overview #:	x	Report #: 2 - 1: Khanfar - 1: Al Makha	□ Factsheet:

	<input checked="" type="checkbox"/>	Presentation (Preliminary findings) #: 2	<input checked="" type="checkbox"/>	Presentation (Final) #: 2	<input type="checkbox"/>	Area profile:
	<input type="checkbox"/>	Interactive dashboard #:_	<input type="checkbox"/>	Webmap #: _ _	<input checked="" type="checkbox"/>	Map #4-12:
Access	<input checked="" type="checkbox"/>	Public (available on REACH resource center and other humanitarian platforms)				
	<input type="checkbox"/>	Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms)				
Visibility	REACH					
	Donor: USAID BHA					
	Partners: CARE, ACAPS, Abs Development Organisation for Women and Children, Abyan Youth Foundation, YFCA					
	Coordination Framework: None					

2. Rationale

2.1 Background

In 2023, Yemen entered its ninth year of conflict; a continued deteriorating situation characterized by civilian casualties, hunger, lack of water, mass displacement, and one of the world's worst humanitarian crises. Food insecurity has been in the public's eye for many years, with humanitarian actors stating a famine-near situation.^{2 3} With continued conflict and political disruptions, the Yemeni people face increased levels of poverty, driven by the devaluation of the Yemeni Rial (YER) as well as large-scale and recurring displacement.⁴ According to the 2023 Yemen Humanitarian Needs Overview, 21.6 million people are deemed in need, 51% are children, and 24% women. It is estimated that 20.3 million people are in need of health assistance, 17.3 million need food assistance, 11.9 million need nutrition assistance, and 15.3 million people are estimated to be in need of assistance to meet basic WASH needs.⁵ While sectoral needs are high, funding for the Yemen crisis is decreasing yearly across the humanitarian response.⁶ Furthermore, around 96 districts have been identified for integrated famine risk reduction initiatives between the WASH, food security and agriculture (FSAC), Nutrition, and health clusters.⁷

This humanitarian crisis has been compounded by war tactics on both sides. Civilians, civilian infrastructure, and food and WASH aid have been repeatedly targeted, which has resulted in a surge in sectoral needs impacting public health outcomes for the population.^{8 9} Both human-made and natural shocks have been exacerbating needs and insecurities nationwide. Yemen's dire economic situation with currency depreciation and price increases across vital services and goods drive food, health, nutrition, and WASH needs in the country. The reliance on imported food hindered by blockades on ports and airspace has negatively impacted the availability of food since the start of the conflict.¹⁰ Health impacts such as cholera and acute watery diarrhea (AWD) have been prevalent during the years of war,

² FAO, UNICEF, WFP (2017) [Yemen needs urgent assistance to prevent famine](#)

³ UN NEWS (2022) [Yemen facing 'outright catastrophe' over rising hunger, warn UN humanitarian](#)

⁴ OCHA (2022) Yemen 2023 Humanitarian Needs Overview

⁵ OCHA (2022) Yemen 2023 Humanitarian Needs Overview

⁶ OCHA (2023) [Financial Tracking Service, Yemen 2023](#)

⁷ IFRR cluster (2023) [Integrated Famine Risk Reduction: Partners' Presence in IFRR 96 Priority Districts \(May 2023\)](#)

⁸ Mwatana for Human Rights & Global Rights Compliance (2021), [Starvation Makers: The use of starvation by warring parties in Yemen](#)

⁹ Douglas, C. (2016) [A storm without rain: Yemen, Water, Climate Change, and Conflict](#). The center for Climate and Security

¹⁰ Thomas, E. (2022) [Food security in Yemen: the private sector and imported food](#)

exacerbating malnutrition and food insecurity levels nationwide.¹¹ During the fourth quarter of 2023, there has reportedly been a cholera outbreak in Yemen, indicating a continuously challenging humanitarian situation across the country.¹² Furthermore, Yemen is sensitive to climatic shocks as unpredictable rainfall resulting in droughts and prolonged dry spells followed by floods are recurring issues in the country.^{13 14} The lack of rainfall during prolonged periods is an issue for in-need households since Yemen is already one of the most water-scarce countries in the world, and the country has, in past decades, seen a depletion of vital water sources due to unsustainable farming techniques.¹⁵ [The Settlement-Based Assessment \(SBA\)](#) carried out in Radfan district by REACH, CARE, and Field Medical Foundation (FMF) showed the need of a public health SBA as access to health services and medicine was specifically identified as connected to household purchasing power, thus impacting other vital household needs. Extending the scope of public health, to incorporate health and nutrition in the assessment, will contribute to a more in depth understanding of public health needs in the territorial unit, which will in turn support local prioritisation and programming for a variety of stakeholders.¹⁶ Identifying new districts for the public health SBAs was aided by the Integrated Famine Risk Reduction (IFRR) list of prioritised districts for emergency, famine prevention response. 96 of Yemen's 333 districts were included in the list, based on HNO calculations from the 2023 Yemen HNO and the clusters of food security and agriculture, WASH, nutrition, and health. The list assisted in narrowing down the list of potential districts that would benefit from the conducting of an SBA.

Two districts have been identified for this assessment, Khanfar and Al Makha. In Khanfar district, Abyan governorate, REACH will work together with CARE and Abyan Youth Foundation (AYF), building on the collaboration from the pilot SBA in Radfan that were conducted with CARE. The second district that will be targeted is Al Makha district, Taiz governorate. In this district, REACH will partner with Abs Development Organisation for Women and Children (ADO).

Khanfar district, Abyan governorate

Khanfar district is situated in Abyan governorate. The district's selection was based on multisectoral needs, the IPC classification (4) and the access of the partners. CARE has a longstanding presence in the district and will directly benefit from the data collected. The district is situated in the territory of the Internationally Recognised Government (IRG) of Yemen and with a coastline to the Indian Ocean. The district has four livelihood zones, the Western and Central Wadi zone, with reported sorghum, millet, vegetable, and fruit agriculture and livestock activities central, the Greater Yemen Coastal and Island Fishing zone, the Central and Eastern Plateau Agro-Pastoral zone, and the Western Coastal Plain with a focus on sorghum, millet and livestock activities.¹⁷ Fishery and agriculture are common livelihood activities in Khanfar as many workers seek daily jobs within these sectors.¹⁸ Between January 2022, when the Ansar Allah government in Sana'a (AA) banned newly printed YER bills in their territory, and September 2023, Khanfar has seen the currency depreciate by 53% against the USD as the price of the Minimum Expenditure Basket has increased by 129% in the same period.¹⁹ Thus, the purchasing power of households has been impacted by the current situation. According to REACH and CCCM Site Monitoring Tool data, there were 13 managed IDP sites in Khanfar as of August 2023 with an estimated IDP population of 25,946 people. The total estimated population of Khanfar is 183,740.²⁰ Improved water sources were the most reported water source for drinking purposes in Khanfar, according to Key

¹¹ UNICEF (2019) [Yemen: Deaths from cholera and acute watery diarrhea increasing again](#)

¹² WHO (2023) Acute watery diarrhoea/cholera updates (15 October 2023)

¹³ FAO (2021) [Agricultural livelihood and food security in the context of Covid-19](#)

¹⁴ FAO (2022) [Quarterly Food Security Report: Global Events, Inflation, Erosion of Livelihoods Driving Food Insecurity in Yemen](#).

¹⁵ Suter, M. (2018) [An update on Yemen's water crisis and the weaponization of water](#), Atlantic Council

¹⁶ REACH Initiative (2023) [Settlement-Based Assessment Pilot, Food Security and Livelihoods & WASH, Radfan district](#)

¹⁷ FEWSNET [Livelihood zone map](#)

¹⁸ Conversation with FSAC

¹⁹ REACH-CMWG, [Joint Market Monitoring Initiative \(JMMI\)](#), 2023

²⁰ REACH (2023) CCCM Cluster Site Monitoring Tool, round 6

Informant (KI) data from REACH and Yemen WASH cluster WASH Needs Tracking System (WANTS). 46% (n=6/13) of KIs reported that protected well is the main source of water and 31% (n=4/13) of KIs reported piped water into dwelling as the most common source for drinking water. Other sources mentioned were unimproved source borehole or tubewell (n=1/13). In terms of access to handwashing facilities the situation is varying. 31% of KIs reported that everyone had access to handwashing facilities, 31% reported that nobody had access, and 38% of KIs reported that some people in the communities (from 25% to 75% of the population) had access to such facilities. 69% of KIs in the WANTS reported flush latrines, either to pit or sewage network, was the main type of sanitation solution in the district. 15% (n=2/13) of KIs reported that households had no access to sanitation facilities and resorted to open defecation.²¹ According to Health cluster data, there are 40 health facilities across the district, providing a variety of services such as immunisation, treatment of communicable, and non-communicable diseases, and child delivery.²² The 2023 Integrated Food Phase Classification (IPC) classified Khanfar district as a phase 3 between January and May 2023, with projected worsening food security outcomes for the period June-December 2023 as 15% of the population were estimated to be in phase 4 at the time of analysis.²³ The analysis and projection of acute malnutrition followed the same trajectory, as the district was classified as a phase 3, with projected worsening outcomes the second half of 2023.²⁴

Al Makha district, Taiz governorate

Al Makha district is part of Taiz governorate in the south-western part of Yemen, part of IRG territory. The district has been selected based on information needs, both for the humanitarian system and for the partners, ADO. The district is part of the IFRR 96 prioritised districts for famine risk reduction, which was also considered when selecting the district. There are around 15,380 people in 8,140 HHs living in Al Makha, across 4 sub-districts. The district covers three separate livelihood zones, with a variety of crops grown, such as sorghum, millet, vegetables, and fruit, livestock activities, and fishery activities along the Red Sea coast.²⁵ The 2023 IPC classified Al Makha district as Phase 3 between January and May 2023, with the food security situation being similar in the projection period June-December 2023.²⁶ According to Humanitarian Needs Overview calculations, Al Makha nutrition severity score was 5 out of 5, with 4 out of 5 severity reported in health.²⁷ Health cluster data show there are 45 health facilities across the district, with national and international humanitarian actors supporting each facility.²⁸ REACH and CCCM cluster SMT data report of 14 IDP sites across Al Makha, all reportedly unmanaged, totalling in the excess of 5,200 people.²⁹ There is a reported lack of updated data in the Al Shaheed camp targeted for this assessment with the aim of filling important information gaps. IOM Area Assessment data report that non-food items, health services, or financial support are the priority needs among IDPs in the district, also reporting that markets are usually accessible but not necessarily well stocked.³⁰ Furthermore, REACH WANTS KI data report of challenges for the population to access improved WASH services, as well as accessing hygiene items. Despite this, there is a reported lack of access to WASH assistance for large parts of the population.³¹ The economic crisis in Yemen have also had a severe impact on Al Makha. Between January 2020 and November 2023, the YER have depreciated by 43% against the USD. Since first recorded in June 2022, the price of the MFB have increased by 72% as of November 2023.³²

²¹ REACH (2023) WASH Needs Tracking System (WANTS)

²² Yemen Health Cluster (2023) HeRAMZ data

²³ IPC (2023) [IPC Acute Food Insecurity and Acute Malnutrition Analysis, January-December 2023 \(published June 7, 2023\)](#)

²⁴ Ibid.

²⁵ FEWSNET [Livelihood zone map](#)

²⁶ IPC (2023) [IPC Acute Food Insecurity and Acute Malnutrition Analysis, January-December 2023 \(published June 7, 2023\)](#)

²⁷ IFRR Combined Severity data (2023)

²⁸ Health cluster data (2023)

²⁹ REACH (2023) CCCM Cluster Site Monitoring Tool, round 6

³⁰ IOM (2022) [DTM: Area Assessment data](#)

³¹ REACH (2023) WASH Needs Tracking System (WANTS)

³² REACH-CMWG, [Joint Market Monitoring Initiative \(JMMI\)](#), 2023

Despite the above-mentioned data collection efforts, there is still a general lack of information and data focusing on the local public health needs in Yemen. There is a general lack of publicly available household level data across all sectors of this assessment and there is a lack of in-depth understanding of key drivers related to public health needs. Available information in both Al Makha and Khanfar is often sectoral, rather than intersectoral. This assessment will aim to fill that gap, providing humanitarian stakeholders and partners with data on household needs and attitudes, service and infrastructure availability and accessibility, while targeting relevant stakeholders both during data collection and with output sharing while aiming to impact local decision makers on new initiatives to decrease the public health needs in the areas. Through the sampling of this assessment, REACH and partners aim to contribute to nationwide classification analyses such as the HNO and the IPC.

2.2 INTENDED IMPACT

This assessment will aim to fill the gap of limited, localised information by holistically assessing public health needs, including FSL, WASH, health, and nutrition needs, available relevant infrastructure and services in the two territorial units and the perceived availability and accessibility of services. REACH and partners also propose using a semi-structured interview tool to better understand cultural and social dynamics of public health service access. Furthermore, REACH proposes to implement a stakeholder mapping tool at the beginning of the research to identify relevant stakeholders in the territorial units. These stakeholders could both serve as respondents in the research but also be relevant targets for the dissemination of research findings. Through all proposed data collection activities the aim is to contribute to an improved understanding of local dynamics of public health and the related sectors and build a wider understanding of how local needs and local capacities of households and stakeholders impact humanitarian needs. As such, this assessment aims to improve the understanding of the current situation in the selected territorial units to inform the programmatic planning of local and international actors as well as contribute with information to clusters and nationwide district classifications.

3. Methodology

3.1 METHODOLOGY OVERVIEW

This SBA will use a **mixed-method approach**, employing both qualitative and quantitative tools. This assessment will be conducted in two districts:

- Khanfar
- Al Makha

This assessment will consist of three data collection tools, preceded by a stakeholder mapping. **The tools to be adapted to the identified information needs in each unit**, as described below:

- a. **Stakeholder mapping:** This preliminary activity will contribute to a deeper understanding of the main stakeholders across sectors relevant to these assessments. Partners will act as both respondents to the survey as well as researchers, meaning that REACH will be able to collect data through interviews with the partners to gain their knowledge through the tool, and that the partners themselves will carry out interviews with relevant stakeholders in the TU. Through the stakeholder mapping, REACH and partners will be able to identify public and private actors engaged in public health activities in the territorial unit. The stakeholders will be potential participants in the assessment activities as well as recipients of the final outputs for prioritisation.
- b. **Household (HH) level structured interviews:** HH surveys will be conducted to understand HHs' public health needs, both from a technical perspective using standard

indicators to measure needs, and the HHs self-perceived levels of need. The tool also includes important sections on HH coping strategies. HH surveys will employ sectoral standard indicators across all relevant sectors. Demographic and displacement data, residence status and area of origin (inside and outside of Yemen) will be collected.

- c. **Semi-structured Mapping Focus Group Discussions (MFGD):** Building on pre-identified administrative boundaries and information regarding health facilities, schools, and markets, the MFGD will map out community boundaries in the territorial unit, map out roads and their accessibility, identify the main water source in each community, and understand whether the community practice agriculture. Through this mapping exercise, the pre-identified information will be complemented with schools and markets if relevant. The approach will aim to understand the communities in each territorial unit with less perceived access to public health services, and to understand why, who the main service providers are, and what the participants perceive to be the main challenges of these actors to provide the services. Furthermore, the tool also includes sections on understanding the main agricultural activities practiced in the agricultural communities, including fishery for Khanfar district. Finally, the aim is to also map out areas perceived to have been impacted by droughts and floods in the past years as well as the perceived resilience of the public health sectors discussed if/when impacted by shocks.
- d. **HH level semi-structured interviews:** Semi-structured interviews will be conducted with HHs in the territorial unit. Both HHs that have answered the structured tool and HHs that were not part of that survey will be surveyed. For the assessment in **Khanfar**, the survey will be part of the coping strategy assessment data collection that REACH carry out together with ACAPS. REACH's semi-structured survey will be incorporated into the ACAPS questionnaire, ensuring to avoid duplication of questions or topics between the different surveys. For the assessment in **Al Makha**, the semi-structured questionnaire will be utilised on its own through the data collection partners. The tool will be short, and concise, and will not take more than 45 minutes to answer.

The plan is to utilise all the above tools in each territorial unit. Depending on local authority approvals there might be differences in which tools are used, and how they can be used.

3.2 KEY DEFINITIONS

Territorial unit: A territorial unit is a geographical area that is based on community and shared identity, services, or economy, it can also be based on natural boundaries. The territorial unit can be, do not have to be, aligned with administrative boundaries. It is selected to be the most impactful scale for localized humanitarian or humanitarian development interventions and the findings of an assessment using a territorial unit need to be representative on this level. A territorial unit can be both an urban and rural setting, depending on the context of the assessment.

Settlement: The place where people live as a socially defined and spatially bound unit, which reflects the interaction of dynamic social, cultural, economic, political, and environmental features in space and time.³³

Community: a group of people with common characteristics, shared identity (cultural/social), and/or shared resources (natural, economic) that unite in a larger society.

³³ The Settlements Approach Guidance Note, Urban Settlement Working Group of the Global Shelter Cluster, 2020
<https://www.sheltercluster.org/sites/default/files/docs/guidance-settlements-hd.pdf>

Internally Displaced Persons (IDPs): persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or to avoid the effects of armed conflict, situations of generalised violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border.³⁴

Host-community: Urban refugees, migrants, refugees or IDPs live within and together with host communities, with or without legal status and recognition by the host community. In the context of IDP sites, the host community may encompass the site, or may simply neighbour the site but have interaction with, or otherwise be impacted by, the IDPs residing in the IDP site camp.³⁵ For this assessment, host-community refers to the population in a territorial unit that hosts IDPs, refugees, or migrants in a locality, i.e. the population present in a territorial unit before, during, and after IDPs have arrived in a territorial unit.

Returnee: HHs who had previously been displaced from their community of origin (the assessed location) for more than one month, regardless of the length of time since their return. Non-displaced residents may include those who were displaced for short periods (less than 1 month) and are not considered returnees under the above definition.

Agricultural zone: a zone in which agriculture is practiced – relating to livestock grazing, growing of food and cash crops, fruits, etc.

Migrant: a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons.³⁶

Refugee: A refugee is someone who has been forced to flee his or her country because of persecution, war or violence. A refugee has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group. Most likely, they cannot return home or are afraid to do so.³⁷

WASH definitions

Water Governance and Management: Water governance refers to the political, social, economic, and administrative systems in place that can influence water use and management. It determines the equity and efficiency in water resource and services allocation and distribution and balanced water use between socio-economic activities and ecosystems.

Water services and infrastructure: Water services and infrastructure relates to available services to make water accessible for the territorial unit population. This includes services for water supply such as water stations and water trucking initiatives, water treatment services, and water resource management. The term also includes water-based transportation systems such as canals, pipelines, etc. for irrigation.

Sanitation infrastructure: for this assessment, sanitation infrastructure is related to public latrines used by the community for defecation purposes.

Water Network: Water networks are a system of pipes and trenches providing the appropriate quality and quantity of water to a community.

Water point: The water point in this assessment refers to all waters of the state where people access water for agricultural, recreational, commercial, public, domestic, and consumption purposes. These could be surface water, in natural or artificial channels, lakes, reservoirs, rivers, public and private wells, public and private taps, public and private handpumps, and public boreholes.

³⁴ OHCHR, Training manual on Human rights monitoring, Chapter XI: Monitoring and Protecting the Human Rights of Returnees and Internally Displaced Persons. <https://www.ohchr.org/sites/default/files/training7part1112en.pdf>

³⁵ UNHCR (2011) [UNHCR-NGO Toolkit for Practical Cooperation on Resettlement. Community Outreach - Outreach to Host Communities: Definitions and FAQs](https://www.unhcr.org/refugees/files/UNHCR-NGO-Toolkit-for-Practical-Cooperation-on-Resettlement-Community-Outreach-Outreach-to-Host-Communities-Definitions-and-FAQs)

³⁶ IOM, Who is a migrant? <https://www.iom.int/who-migrant-0>

³⁷ UNHCR, Who is a refugee? <https://unrefugees.org/refugee-facts/what-is-a-refugee/>

Food security and livelihoods definitions

Agriculture: Agriculture is the activity of humankind to produce food, fibre, fuel, etc. by the optimum use of terrestrial resources, such as land and water. Livestock rearing (including fisheries) may also be included in this definition. According to the FAO constitution, the term «agriculture» and its derivatives include fisheries, marine products, forestry, and primary forestry products.³⁸

Coping strategy index (CSI): A tool to measure behaviour change: the things that people do to compensate for not having access to enough food. There are several fairly regular behavioural responses to food insecurity - or coping strategies - that people use to manage household food shortages.³⁹

Food security: A situation that exists when all people, at all times, have physical, social, and economic access to sufficient, safe, and nutritious food that meets their dietary needs and food preferences for an active and healthy life. Based on this definition, four food security dimensions can be identified: food availability, economic and physical access to food, food utilization, and stability over time.⁴⁰

Food access: Access by individuals to adequate resources (entitlements) for producing or acquiring appropriate foods for a nutritious diet. Entitlements are defined as the set of all commodity bundles over which a person can establish command given the legal, political, economic, and social arrangements of the community in which they live (including traditional rights such as access to common resources).⁴¹

Food availability: The availability of sufficient quantities of food of appropriate quality, supplied through domestic production or imports (including food aid).⁴²

Livelihoods: A combination of the resources used and the activities undertaken to live. The resources might consist of individual skills and abilities (human capital), land, savings, equipment (natural, financial, and physical capital, respectively), and formal support groups or informal networks that assist in the activities being undertaken (social capital).⁴³

Health definitions

Health facility: Health facilities are places that provide healthcare. They include hospitals, clinics, outpatient care centres, and specialised care centres, such as birthing centres and psychiatric care centres.

Non-communicable diseases: Non-communicable diseases (NCDs), such as heart disease, cancer, chronic respiratory disease, and diabetes, are the leading cause of death worldwide and represent an emerging global health threat.⁴⁴

Communicable disease: Communicable diseases are illnesses caused by viruses or bacteria that people spread to one another through contact with contaminated surfaces, bodily fluids, blood products, insect bites, or through the air. [...] Some examples of the communicable disease include HIV, hepatitis A, B and C, measles, salmonella, measles, and blood-borne illnesses. Most common forms of spread include faecal-oral, food, sexual intercourse, insect bites, contact with contaminated fomites, droplets, or skin contact.⁴⁵ Common communicable diseases in Yemen are acute watery diarrhoea and cholera.

Health service: a public or private health facility providing medical care for patients.

Health facility catchment: typically refers to the geographical areas served by specific health facilities, indicating the population or region covered by each facility.

³⁸ Global Food Security Cluster (2017) [Food Security Terminology](#), p. 6

³⁹ Ibid. p.8

⁴⁰ Ibid. p.12

⁴¹ Ibid.p.11

⁴² Ibid.

⁴³ Ibid. p.12

⁴⁴ Centers for Disease Control and Prevention (2021) About Global NCDs

<https://www.cdc.gov/globalhealth/healthprotection/ncd/global-ncd-overview.html>

⁴⁵ Edemekong, P. F., Huang, B. (2022) National Library of Medicine, Epidemiology of Prevention of Communicable Diseases. <https://www.ncbi.nlm.nih.gov/books/NBK470303/>

Community healthcare worker: local healthcare practitioners providing healthcare services to local communities, often in rural areas, filling healthcare need gaps due to the lack of health facilities for communities.

Pharmacy: a store selling medication and legal drugs for disease.

Immunisation: A process by which a person becomes protected against a disease through vaccination. This term is often used interchangeably with vaccination or inoculation.⁴⁶

Nutrition definitions

Lactating woman: a mother who is producing milk to feed her newborn child.

BSFP – Blanket Supplementary Feeding Program: Nutrition programs that target a food supplement to all members of a specified at-risk group, regardless of whether they have moderate acute malnutrition. Blanket supplementary feeding programs are usually implemented in combination with a general food distribution. They primarily aim to prevent deterioration in the nutritional status of at-risk groups.⁴⁷

Vitamin A deficiency (VAD): is a public health problem in many low- and middle-income countries. A lack of vitamin A weakens the immune system, putting a child at greater risk of disease and early death, and is also the leading cause of preventable child blindness.

Vitamin A supplement: is aiming at ensuring that children that cannot access a nutritional diet receive important vitamin A. The supplement is aimed at children between 6 months and age of five with the objective of reducing mortality and morbidity, reduce the incidence of diarrhoea, and of child stunting.⁴⁸

Deworming: soil-transmitted infections caused by worms such as roundworms, whipworms, and hookworms are common infections in humans living in poverty. Such worms can impact nutritional status of humans by causing internal bleeding which can lead to loss of iron and anaemia, intestinal inflammation and obstruction; diarrhoea; and impairment of nutrient intake, digestion and absorption. Preventative treatment, deworming, reduce the burden of worms caused by soil-transmitted helminth infections and is an important part to eliminate morbidity due to worm infections. Annual, or biannual single-dose of albendazole or mebendazole is recommended as a public health intervention for all young children between 1 and 12 years old.⁴⁹

MFGD definitions

This assessment will capture general information on important FSL and WASH infrastructure and services in the territorial units. This general understanding will be gathered through the MFGD sessions in each territorial unit when identifying the water sources and markets. A series of questions will be asked, individual to the sector.

For the **WASH, health, markets, and livelihoods** sections in the tool, there will be a focus on 4 aspects:

- **Access** to service or infrastructure – the aim is to identify the communities perceived to have less access to services, divided between the relevant sectors of the tool.
- **Reasons** for less access to service or infrastructure – understanding *why* certain communities have less access to services.
- **Community coping** if lack of access to service or infrastructure – the aim will be to understand whether the community support each other in times of less access to public health services.

⁴⁶ Centers for Disease Control and Prevention (2021) Immunization: The Basics. <https://www.cdc.gov/vaccines/vac-gen/imz-basics.htm>

⁴⁷ https://www.nutri-facts.org/content/dam/nutrifacts/media/media-books/RTGN_key_definitions.pdf

⁴⁸ Nutrition International, [VITAMIN A SUPPLEMENTATION - Improving child survival rates with twice-yearly vitamin A supplementation](#)

⁴⁹ WHO (2023) [Deworming in children](#)

- **Challenges** for sectoral service providers – the aim will be to identify the main challenges stakeholders and actors face in order to make services available or accessible to the population in the area.

For the **Roads** part of the MFGD, information will be collected on the main roads leading in and out of the territorial unit. To get a better understanding of the roads in the territorial unit, where efforts could be made to connect the district and who can access important district-wide infrastructure, the participants will be asked to identify the main roads of the territorial unit/district and how accessible they are to the population. With high prices of fuel, it is already expensive to travel by car in Yemen, understanding the road accessibility will assist in getting a better understanding of challenges and drivers of needs in Yemen. The accessibility of roads refers to how accessible it is for vehicles on four wheels.

To understand what kind of vehicles can access the road and the accessibility of the road for the population the MFGD participants will be asked to define the mapped-out main roads according to the following criteria:

- **Inaccessible:** The road is not accessible for vehicles, not cars, buses, trucks, tractors, or other types of vehicles on four wheels. – *if inaccessible, why?*
- **Partially accessible:** The road is partially accessible and might for example be used but does not meet the preferred level of accessibility. Cars can carefully access the road but larger vehicles such as trucks, buses, or tractors cannot. – *if partially accessible, why?*
- **Fully accessible:** The road is accessible to all types of vehicles.

For the **agricultural** part of the MFGD, the participants will be asked to identify the main areas of agriculture in or around the territorial unit. This exercise will be to better understand the main livelihood activities related to agricultural activities such as growing crops and livestock herding or farming. What is mapped can relate to both.

- **Livestock herding/grazing:** an area where livestock owners take their livestock/animals for grazing.
- **Crops:** would include fruit, vegetables, grains, pulses .
- **Fishery** –relevant for Khanfar and Al Makha due to substantial parts of the districts is coastline.
- **Coffee** - traditional cash crop in Yemen.
- **Qat** – water intensive cash crop that have been preferred over food crops due to higher yield. Reportedly depletes water levels in areas where it is grown.

3.3 POPULATION OF INTEREST

Geographical territorial unit assessed: This round of the SBAs will cover two territorial units (TU). Al Makha in Taiz governorate and Khanfar in Abyan governorate. As mentioned above, the territorial units have been selected based on partner access, information needs, and high sectoral, and intersectoral humanitarian needs. A variety of stakeholders have been involved in the selection of districts with the ultimate decision being made by REACH and the partners in each of the districts. This phase of the SBA will target both areas in the areas controlled by the Ansar Allah (AA) movement, and in the areas controlled by the Internationally Recognized Government (IRG). The partners in each district will be responsible for getting authority approvals for the data collection activities to be undertaken. Secondary data have been collected through the clusters as well as the partners to get a better understanding of the data landscape. REACH will not be able to disseminate some of the secondary data further, but it has been used as a baseline to understand the context. The main information needs have been identified through conversations with relevant clusters and the partners,

in order to collect relevant information to inform public health related strategic planning, prioritisation, and programming.

Population assessed: The population of interest will be the whole population within each territorial unit, including the following population groups 1) Host communities, 2) IDPs in sites and outside of sites (if identified) 3) Returnees and when/if relevant, 4) Migrants 5) Refugees. For the structured household survey, the sampling will only be representative for non-IDP households, and IDP households in sites. While this is the sampling, other households might be interviewed through the randomisation of household selection. The aim of the semi-structured interviews will be to involve and interview households of different backgrounds.

This SBA includes a focus on the service provision related to public health in each territorial unit, and to actors with responsibilities relating to important infrastructure, thus, related stakeholders will be mapped out using a semi-structured stakeholder mapping tool. Through this tool, potential key informants and mapping activity participants will be identified, as well as stakeholders to target with the final outputs.

3.4 DESK REVIEW

As part of this assessment, a variety of secondary sources have been reviewed to understand national, governorate, and district needs and drivers of such needs, including topics such as Yemen's import reliance, agriculture, food security, WASH needs, and vulnerability, livelihoods, effects of war on needs.

3.4.1 Secondary Desk Review

Below follows some of the national- to governorate-wide SDR sources that have important in the research design for this assessment, the list is not exhaustive:

Source	Relevance	Usage
Al-Ammar, Dr. F., Patchet, J.m Shamsan, Shams (2019) A Gendered Crisis: Understanding the Experiences of Yemen's War , Sana'a Center for strategic studies	Information on how gendered dimensions impact groups differently in the Yemen crisis.	Tool design and contextual understanding.
Almas, A. A. M., Scholz, M. (2008), Agriculture and Water Resources Crisis in Yemen: Need for Sustainable Agriculture . <i>Journal of Sustainable Agriculture</i>	Contributes to understanding the connection between agriculture and water resources in Yemen.	Inform research design and aid contextual understanding.
REACH Joint Market Monitoring Initiative	District level data on prices of important commodities for WASH and FSL.	Inform research design and aid contextual understanding.
OCHA Population Estimates 2023	Population numbers in the district.	Tool design

UN OCHA (2024) Yemen 2024 Humanitarian Needs Overview	Multisectoral needs overview and main issues per relevant sector	Inform research design and aid contextual understanding of Yemen
FEWSNET (2010) Livelihoods zoning “plus” activity in Yemen	Information on livelihood zones, including main livelihood activities and common crops is grown.	Tool design for livelihoods and agriculture, to be complemented with scoping interviews.
IPC (2023) Acute Food Insecurity and Acute Malnutrition Analysis, January-December 2023	Acute food and malnutrition analysis covering Khanfar district.	General contextual understanding of food insecurity and malnutrition needs in Khanfar.
REACH WASH Needs Tracking System (WANTS) data	WASH data for Khanfar district to better understand the WASH situation in the district	Aid understanding of the context and aid understanding of key definitions for WASH
Yemen Ministry of Public Health and Population (2023) HeRAMS Yemen – Baseline Report 2023	Operational status of health facilities and services on governorate level for Yemen.	Aid understanding of the health context and available health facilities for the Yemeni population.
UNICEF (2023) Multiple Indicator Cluster Survey (MICS) 2022-2023	Multisectoral assessment displaying data on the governorate level, including information on health, WASH, and nutritional status of HHs, children, and women in Yemen.	Aid contextual understanding and governorate level data for triangulation.
Thomas, E. (2022) Food security in Yemen: the private sector and imported food.	Information on the Yemen supply system and the role of private sectoral actors in the food supply. Insight into how Yemen has become a highly import-dependent country.	Aid Contextual understanding.

Once the districts were decided, a brief SDR as well as in-depth conversations with the partners were conducted to better understand the data and information landscape in the districts.

Sources identified with information on the district level in Khanfar include:

- REACH WANTS data

- REACH Yemen and CMWG, [Joint Market Monitoring Initiative](#), January 2020 – September 2023
- REACH Initiative & Yemen CCCM Cluster, Site Monitoring Tool data, Round 6 2023
- IOM (2022) [DTM: Area Assessment data](#)

Sources identified with information on the district level in Al Makha include:

- REACH Initiative & Yemen CCCM Cluster, Site Report Tool data, 2023
- REACH Yemen and CMWG, [Joint Market Monitoring Initiative](#), January 2020 – September 2023
- REACH WANTS data
- IOM (2022) [DTM: Area Assessment data](#)

3.4.2 Data and information gap identification

Data collection for this assessment will be conducted in Khanfar district, Abyan governorate, and in Al Makha district, Taiz governorate, during January and February 2024. The districts have been selected based on the public health and information needs, in close coordination with partners CARE and Abs Development Organisation for Women and Children (ADO) as well as other stakeholders such as the Yemen Food Security and Agriculture cluster (FSAC) and FEWSNET. REACH will work together with CARE, YFCA, and Abyan Youth Foundation (AYF) (Shabab Abyan) in Khanfar district where both organisations have a longstanding presence and are in need of multisectoral information for current and future programming. In Al Makha, REACH will work together with Yemeni partners ADO. Both with a longstanding presence in the district, with local contacts and on-the-ground staff. The sampling to be utilised for the structured HH tool will be on the district level for both TUs. The decision to gather representative data on the district level has been spurred by discussions with the Food Security and Agriculture Cluster (FSAC) and for the HH level data to be relevant for the Yemen IPC process.

3.5 PRIMARY DATA COLLECTION

3.5.1 Method

Data collection for this assessment will be conducted in Khanfar district, Abyan governorate, and in Al Makha district, Taiz governorate, during January and February 2024. The districts have been selected based on the public health and information needs, in close coordination with partners CARE and Abs Development Organisation for Women and Children (ADO) as well as other stakeholders such as the Yemen Food Security and Agriculture cluster (FSAC) and FEWSNET. REACH will work together with CARE and Abyan Youth Foundation (AYF) in Khanfar district where both organisations have a longstanding presence and are in need of multisectoral information for current and future programming. In Al Makha, REACH will work together with Yemeni partners ADO. Both with a longstanding presence in the district, with local contacts and on-the-ground staff. The sampling to be utilised for the structured HH tool will be on the district level for both TUs. The decision to gather representative data on the district level has been spurred by discussions with the Food Security and Agriculture Cluster (FSAC) and for the HH level data to be relevant for the Yemen IPC process.

Three data collection methods will be utilized, including MFGDs, structured and semi-structured HH surveys (see below description). The partners will be responsible for data collection activities and the organisation of these. REACH and partners will sample on relevant population group level such as

non-IDP, IDPs, and female-headed HHs (if possible), based on population figures provided by clusters, partners, and other stakeholders. The aim of gathering representative information on the district level with the structured HH survey for at least IDPs in sites and non-IDPs provides a possibility to compare access to services and humanitarian needs between the groups in any location.

3.5.2 Sampling

Stakeholder mapping

As a first step, REACH and the partners will roll out a stakeholder mapping tool that will be based on a snowballing approach and local knowledge of the partners. The aim is to interview people with good understanding of the different sectors relevant to this study and to identify potential participants for the research we conduct and as recipients of final outputs and presentations. The sampling approach aligns with the IPC standards, meeting the requirements to feed into IPC classifications.

Mapping Focus Group Discussions

For the MFGDs, REACH and the partners will identify potential participants for the MFGD sessions through the stakeholder mapping tool rolled out earlier in the research cycle. Ideally, both sectoral experts and community leaders would take part in the sessions. As the aim is to carry out multiple sessions to better understand access issues and community needs among groups, a variety of community leaders, experts and community members will be targeted as participants of these sessions, with attention paid to gender of participants. The approach differs slightly as the administrative levels differ between the districts. Together with the CARE, REACH divided Khanfar into four zones based on population density, geography, livelihood activities, and pre-identified community boundaries. 1-2 sessions will be carried out in each zone. In Al Makha, 1-2 sessions will be carried out per sub-district. Due to the geographical size of each district, it is not possible to carry out MFGD sessions to cover the whole district at once while trying to capture detailed information. REACH and partners also aim to include both men and women in the sessions to capture gender disaggregated information. If needed, partners will carry out gender segregated sessions with the possibility to do mixed sessions with questions directly aimed at women participating and with the possibility to ask these questions without men in the room of the sessions.

Structured household survey

The sampling approach used for the needs survey will be a stratified simple random sampling with allocation on sub-district level with a 95% confidence interval and a 7% margin of error for each territorial unit, sampling IDPs in sites and population outside of sites, which could include any population group in the area. In Khanfar and Al Makha, 2 IDP sites will be selected together with the partners, with sampling in the IDP sites following the same sampling strategy as the overall district, ensuring representative data on the IDP site level. Due to differences on Admin 3-level, the strategy will differ slightly between the districts. In Khanfar, the strategy will be to proportionally distribute the interviews based on 14 villages and the population figures in each village. The number of households in each location differ between 11,800 HHs as the largest, and 450 HHs as the location with fewest HHs present. This strategy will be implemented due to lack of official sub-districts in Khanfar. In Al Makha, all four sub-districts will be used in the sampling. The population figures for both districts have been received by the Yemen FSAC. Note that population figures in Yemen are currently reviewed with expectations of updates in 2024, thus population figures for this assessment could be outdated. This should not have a significant impact on the sample size or the representativeness of the data. To each sample, an additional 5% will be included in the target sample size to account for non-response rates and potential deletion of entries during the data cleaning process.

To select the respondents for the HH survey, systematic sampling with random selection will be applied. Before heading to the field, the partners will be provided with GPS points of households

within the territorial unit where the interviews are to be carried out. The partners are responsible to provide enumerators with information on what households to interview. The GPS locations have been randomly selected by REACH Yemen, using GIS and satellite imagery of the settlements to be assessed. The GPS points selected represent the number of interviews that need to be carried out in the territorial unit and to make the findings representative of the territorial unit. REACH will compare the 'sampled' GPS points with the 'actual' GPS points (where the HH interview was conducted in the end) to see whether the 'actual' GPS points are generally falling within the right sample frame and whether the interviews are admissible. If an enumerator collected information in the wrong location (due to an inadmissible reason), this interview will have to be retaken.

Semi-structured household survey

Different approaches to the semi-structured household survey will be adopted in the different territorial units.

Khanfar

For Khanfar, the questions as part of the semi-structured household survey will be incorporated into a ACAPS designed questionnaire, previously used as a follow-up study for the SBA pilot in Radfan district. This has been agreed on in order to make the processes of authority approvals and data collection more time effective for the partners. Through this, the aim is to conduct 50-60 HH surveys in total with a variety of household profiles. 50-60 HHs have been the selected aim in collaboration with ACAPS as they conducted this many interviews for their follow-up assessment to the SBA Radfan carried out by REACH in 2023 [focusing on HH coping strategies](#). The same number of interviews will be carried out in Khanfar to ensure consistency across these assessments. The aim is to purposively select households that agreed on being asked more questions in the structured household survey but also to purposively select households through referral and snowballing, as well as using the local knowledge of partners.

Al Makha

In Al Makha, the tool will be utilised separately, targeting around five interviews per sub-district, totalling circa 20 HHs for the district. HHs will be selected through referral and snowballing as well as through utilising local knowledge of partners. The aim will be to include Muhammasheen, host-community, IDP, female-, male-, and elderly-headed HHs and HHs from different socio-economic backgrounds.

1.5.3 Tools

Three different tools will be utilised during data collection for both territorial units. The plan is to start with the MFGD tool, to identify communities with specific public health needs and access to services. After this, REACH and partners will collect the structured HH data followed by the semi-structured interviews. In first rolling out the MFGD and finishing with the semi-structured tool, REACH and partners will be able to purposively identify communities with perceived higher public health needs to then go back to for the semi-structured tool to deepen the understanding of community composition and needs, and attitudes towards services and actors involved in public health in their sub-district.

Mapping Focus Group Discussion:

The exercise aims to better understand the community composition, main agricultural zones, and challenges for communities to access public health services or infrastructure, and for stakeholders and actors in making public health service provision. In preparation for the MFGD sessions, the REACH GIS team will produce maps that include health facilities (based on GPS coordinates from the Yemen Health cluster), schools, and markets. If required, this information will be complemented with further mapping or infrastructure or services. Moreover, the maps will also include important points for

participants to familiarise themselves with the maps. These points or characteristics include landmarks such as mosques and roads, as well as geographical characteristics like rivers or lakes visible through satellite imagery. The maps will be on different scales and levels. The sessions will cover the same sectors, all related to public health.

The MFGD sessions will use three maps to cover all sections of the exercise:

Map 1 will cover:

- Map familiarization to help participants read the map.
- Territorial unit delineation, identifying the boundaries of the communities.
- Main roads and understand how accessible these roads are

Map 2 will cover:

- WASH in schools as the participants will provide relevant information at the school level
- Markets – as the participants have the chance to complement pre-identified markets from satellite imagery
- Agricultural zones in the area and what types of agricultural activities are practiced within the zone.

Map 3 will cover:

- Climatic shocks – identifying whether the territorial unit has been impacted by droughts or floods, and if so where in the territorial unit this has had an impact.

Map 4 will be a reserve map for the enumerators to use as they see fit or if something happens to any of the other maps.

The MFGD sessions will contribute to a better understanding of communities and their role in service provision, the main service providers and main challenges faced by them, and which communities might be in need of public health interventions. The tool sections on healthcare, water, and markets are structured in the following way:

- Which communities in the sub-district/area have less access to the service?
- What are the reasons for less access?
- How do communities cope?
- Who are the main service providers? (only water and healthcare, not markets)
- What are the main challenges for service providers within each sector?

The participants' perceptions of ownership and responsibility for maintenance or management will be important aspects of this activity as well as perceived challenges in agriculture and to the lands for cultivation. For each of the sectors that will be covered, the enumerators can note down any disagreements or if consensus cannot be met on any topic.

As both Khanfar and Al Makha are relatively large districts geographically, the aim is to, in close collaboration with the partners, divide the districts into zones of appropriate size, based on characteristics such as population density, geography, livelihood activities, or tribal affiliations. Ideally, the sessions will be carried out with both female and male participants, gender separated, with female specific questions asked in those sessions to understand any differences in responses and perception to their area. Participants will be identified using the stakeholder mapping and the partners own connections in the areas.

The Interviewer will use the questioning route as prepared by the REACH Yemen team, with one or two note-taker(s) using the matrix sheets prepared for each phase of the MFGD session. Having two note-takers will enable more detail in the note-taking, with one note-taker focusing on the more quantitative side of the exercise, and one on the qualitative. After each session, the enumerator and note-takers will be asked to complete the debrief form for the purpose of refining the questioning

route and tool. The debrief form will focus on whether the participants understood the questions, flagging any missed points and general group dynamics within the gender-separated sessions.

The data will be collected using maps and Matrix sheets for each category.

Structured household survey:

The household survey will cover the needs part of the assessment, focusing on all sectors relevant to get a holistic understanding of the public health situation in the territorial unit. The sectors included are displacement, food security, markets, livelihoods, WASH, health, nutrition, and AAP. Within the scope of the assessment, standard sectoral and REACH indicators will be used. Through this survey, the aim is to understand the needs related to public health, the general socio-economic status and dynamics through common types of livelihoods and income, and the access to, availability to, and satisfaction with relevant services and infrastructure. Furthermore, the survey also includes the Hesper Scale indicator to capture households self-perceived needs to further the understanding of how needs can be perceived in the Yemeni context. Indicators and questions have throughout been adapted to the Yemen context and to Yemeni culture.

As one of the aims of the assessment is to feed into the IPC classifications of the districts, specific food security and livelihoods indicators have been selected. The Food Consumption Score (FCS) captures what types of food the household have consumed during the past seven days before data collection with the aim at understanding the dietary diversity of households in the territorial unit. The HHS aims to capture the perceived hunger levels of households in the territorial unit, with a recall period of four weeks, asking questions on hunger and how often in this period anyone in the household have experienced hunger. The LCS identifies what, if any, coping strategies the household have been engaged in over the 30 days before data collection when there has not been sufficient food, or money to buy food with for the household.

Data will be collected using the Kobo platform, and the enumerators will be trained prior to data collection in the use of the KoBo platform, as well as interview techniques. REACH will provide the partners with instructions for targeting relevant households for the interviews. The partners will be receive GPS coordinates across the territorial units relating to the sample size for each territorial unit. The partners will then be responsible to provide enumerators with the locations of the interviews.

Semi-structured household interviews

This tool will be used in interviews with households across the territorial units to gain a deeper understanding of household attitudes and perceptions towards vital public health services. The main focus of this data collection will be on health, with questions also relating to the other sectors as part of this assessment. Through this, REACH and partners will gain more contextual understanding of the area, and will provide stakeholders with direct information on important perceptions related to public health.

Responding households will be selected based on several different criteria. Through the structured HH survey, there will be a question on whether HHs agree on being contacted again for a second interview. If agreed, based on the answers provided in the previous survey, they might be selected again. For the semi-structured HH survey there will also be 'new' households selected for interviews based on their residential status (if they are IDP, female-headed, refugees, etc.), the community in which they live, and the location of the households, as examples of factors to be considered.

The data will be collected using either Kobo or forms for enumerators to fill. If the enumerators fill out paper forms during the interviews, they are expected to transfer all notes to Kobo after the interview. In order to capture the different aspects through this qualitative approach, there will be two

enumerators covering each household, one asking questions and taking notes, and one enumerator only taking notes. REACH have decided to transfer the data to Kobo in discussions with ACAPS and based on their previous experiences with semi-structured interviews in Yemen.

For semi-structured tools, audio recording and/or field notes will be used to produce comprehensive transcript packages for each data collection exercise (every interview/discussion). After each interviews, enumerator debriefs will be conducted with the enumerator as soon as possible to capture any non-verbal element or any discrepancy noted during the interview. To ensure that enumerators remember any such elements, they are asked to take notes of these things during the interviews.

3.5.4 Briefing/debriefing of Enumerators/Training

Due to REACH's lack of access to Yemen, the training on the tools will be held online from Amman. The REACH Yemen team will conduct a Training of Trainers in English with partner staff members for the HH needs survey. The partners will be responsible for the training of enumerators in Yemen and Arabic. The same process will be applied in Al Makha and with ADO. ACAPS and REACH will jointly do the training of enumerators for the semi-structured tool in Arabic and English for the Khanfar assessment. The training of the MFGD will be held in Arabic by REACH staff to the enumerators that will carry out these data collection activities directly. The sessions will be recorded for the partners to later be able to refresh the sessions if needed.

REACH Yemen will hold three different pieces of training with partner staff members on the tools, one for each tool.

- For the **HH** surveys REACH will train partner enumerators on the use of the KOBO, interviewing techniques, and issues of protection of vulnerable populations.
- For the **MFGD**, REACH Yemen will train partner staff members in the questioning route, the matrix to be filled per sector, interviewing techniques, and how to keep good order in the MFGD sessions.
- The tools will be tested before the data collection will begin to make sure the KOBO forms and matrixes are working correctly, that the indicators can capture the desired information, and incorporate any final adjustments necessary, based on enumerators feedback.

Enumerators will be asked to adhere to strict health and hygiene protocols to reduce the likelihood of disease transmission such as COVID-19, between staff members traveling to the field and to survey respondents. This information from REACH will be shared with partner staff members during training.

In line with IMPACT Data Cleaning Guidelines, submitted structured data will be checked regularly for inconsistencies and outliers by an Assessment Officer using R to ensure data quality and to send follow-ups to enumerators where needed. The partners will support the data cleaning process, by ensuring their field staff can support with answering questions around data quality. The dataset will then be cleaned using an R script which will also log deleted entries and value changes. Once all data is cleaned, the raw and cleaned dataset and the change log will be stored according to the Data Management Plan.

Table 1: Description of tools and sampling used for data collection

Label	Method	Objective	Structure	# of surveys	Population of interest	Sampling
Mapping Focus	Mapping Focus	Understand community composition,	Semi-structured participatory	District divided into relevant	Community members with good local	Purposive

Group Discussion	Group Discussion	identify communities with less access to public health services, and better understand service providers resilience to shocks.	mapping and GD tool	number of zones. 1-2 sessions per area. Gender separated sessions when/if possible.	knowledge of the area and public health infrastructure/services. Preferably from different livelihood backgrounds and population groups, as well as both men and women.	
Household survey	Semi-Structured interview	Focus to further contextualise households perceptions and attitudes towards public health services and service providers.	Semi-structured	50-60 interviews per district	Households (purposive sampling on population group level including IDP, female-headed households, Muhammasheen)	Purposive
Household survey	Structured interview	Assess and understand household needs relating to public health.	Structured	Al Makha: 322 interviews (118 IDPs in sites, 204 population outside of site) Khanfar: 291 (87 IDPs in sites, 204 population outside of sites)	Households	Probability, simple random stratified

3.6 Data Processing & Analysis

3.6.1 Data entry and cleaning process

Mapping Focus Group Discussions

All the data from the maps used in this exercise will be digitized into a database. Partner enumerators will photograph the maps produced during the respective sessions and send the photos to the REACH Yemen team, for the GIS officer to upload the data into GIS software. In the case of REACH, the GIS officer is not satisfied with the quality of the photos, partner enumerators are expected to save the maps until confirmed by REACH. The GIS officer will compile the results from all MFGDs, looking for overlapping boundaries. In the case of good saturation of data, the GIS officer will proceed with mapping out the territorial unit in GIS software. In the case of no data saturation, internal discussions with partner staff will be held to further triangulate available data.

Once the MFGD session is concluded, the enumerators from partners are responsible to make sure that the data collected through the matrix sheets are not missing any inputs from the participants. With most information collected both through maps and the sectoral matrix sheets, the partners enumerators will be responsible for cross-checking that the matrix inputs match what has been noted on the map and make sure that all information from the sheets is summarized per MFGD. It is important to make sure that the synchronization between the matrix sheets and maps is concluded when the digitalization of the maps begins. This will result in more detailed GIS products for the project needs of humanitarian and local communities to inform and improve operational planning processes.

The qualitative information collected through the MFGD will be added to a data saturation and analysis grid

Household surveys

Data from both household interviews will be collected through mobile data collection tools by partner enumerators. Data cleaning will be conducted by REACH's data analysis team which will check for consistency, outliers, and logic in the responses provided and will provide feedback to team leaders and enumerators for additional clarification. Data will be stored on IMPACT Kobo accounts and will be shared with the partners after the removal of personally identifiable information. The REACH Yemen data unit will share anonymized raw and cleaned data along with the value cleaning log with IMPACT HQ for validation. Clean data and data analysis will be conducted by REACH.

During primary data collection, the REACH Assessment Officer and Data Officer, with support from the partners will review data continuously to ensure collection methodology is being followed by enumerators and investigate any extreme outliers or other problematic data, including ensuring the sampling methodology is being carried out by the sampling plan. The Data Officer will share detailed data collection statistics, including the number and percentage of collected interviews for each geography and strata, with the Field and Assessment teams weekly. The Assessment Officer and Data Officer will keep a log of any changes, including cleaning of data. Data from household interviews and KII will be analysed in R. Data checking and cleaning will take place daily during the period of data collection, and will include the identification of outliers, correct categorization of "other" responses, and the removal and/or replacement of incomplete or inaccurate records. Hence, the data cleaning checks will be done in alignment with [the IMPACT Data Cleaning Minimum Standards Checklist](#). Data cleaning and checking will also entail the deletion of surveys that contain discrepancies that cannot be corrected. All changes to the dataset will be documented in a data cleaning log maintained in Excel and published alongside the final clean dataset. Data checking will be systematized through a script produced in R.

For the semi-structured household surveys, REACH will add the data to a data saturation and analysis grid (DSAG). This will ensure transparency in analysis, and allow for REACH and partners to use the grid to identify the main themes during coding of the material collected. Through the DSAG, REACH will be able to summarise findings, identify discussion topics and points, and to code emerging themes in the interviews. As far as possible, REACH and partners will aim to fill the DSAG on a daily basis in order to monitor the topics and answers provided by respondents through adding in new rows using an inductive and iterative method. While the aim is to conduct around 20 interviews, the final number will be determined through the DSAG and if REACH's team notice no new topics are mentioned or identified as new data is submitted.

3.6.2 Data analysis process

With the analysis, REACH aims to identify the main services and infrastructures in the territorial unit, the capacities, and potential coping strategies by service providers, including local businesses, sectoral

committees, or local authorities on the territorial unit level. Combining these findings to understand public health and sectoral household-level needs in the territorial units will create a holistic understanding of both potential drivers of need and needs. The findings will be disaggregated by demographic criteria such as age, gender, and different types of vulnerabilities. Using three different tools will allow the analysis to highlight different aspects of the same topics; community and service provider needs and their capacities and vulnerabilities as well as the perceived availability and accessibility to services relating to public health in the territorial unit. While REACH will be responsible for the cleaning and analysis of the data, with consultations to be held with the partners on findings and review of the reports.

The MFGD data will be analysed by the REACH Yemen GIS team and the Assessment officer, cross-checking the maps with available satellite imagery, and making sure that the data as submitted through the MFGD matrix sheets align with the maps submitted by the partner enumerators. The analysis will aim to understand the level of accessibility and functionality or operability, and the main territorial unit of usage of the services and infrastructure. The map will be used to triangulate and contextualise the findings from the HH surveys.

In the structured HH survey, there will be some questions granting the option of open response through answering 'Other' in order to capture any potential answer options not included in the survey. These answers will be analysed when REACH conducts data checks. The overall aim with the structured tool will be to analyse and understand levels of needs, and the potential drivers behind the needs.

The semi-structured HH survey has a majority of open ended questions, with the aim of capturing attitudes and perceptions of the respondents to public health services in the TU as well as the satisfaction with humanitarian actors and aid. REACH will use software Atlas TI to ensure an effective theme coding process, identifying potential sub-themes, and analysis. Simultaneously, REACH will fill out the DSAG. As data is processed through the DSAG, this will be used together with the process in Atlas TI for the analysis of data. REACH will utilise a content analysis to identify themes, patterns, and relationships across the transcripts to better understand how information can inform the research questions. This will be explained in the Method Report attached to the DSAG.

3.7 Limitations

The limitations identified for this assessment mostly refer to sampling, HH identification for interviews, and access to the assessment locations. Due to the lack of updated, and reliable population figures below the district level REACH relies on population figures from a variety of actors including the Yemen FSAC, the CCCM cluster, and the partners of the assessment. During the sampling process, REACH identified that population figures for IDPs in sites did not correspond between the CCCM cluster data and local partner information. In these instances, REACH opted to use partner population figures as they were deemed more updated.

Due to sensitivities and access constraints, REACH and partners have also identified challenges with the process of selecting HHs for the structured HH survey. Partners need to clearly state to local authorities, community leaders, and various community committees where they intend to collect data, and due to the ongoing conflict, the use of GPS coordinates is considered sensitive. Due to this, partners have stated that they will be able to go to pre-identified locations, but will not be able to collect GPS points of interview locations. In general, these limitations ought not to have a significant impact on the findings of the assessment. REACH's partners are used to collecting data in Yemen and have expressed that while they are used to using other sampling strategies, they see no major obstacles in using REACH's preferred methods.

Due to the ongoing conflict in Yemen, the division of Yemen between different governing bodies, and the increase in hostilities in the Red Sea, partners have raised access issues to certain locations in both

districts of the assessment. In Khanfar, there is a reported presence of Al Qaida in the Arabian Peninsula (AQAP) and ISIS in the eastern parts of the district. This could limit the possibilities of collecting data in certain locations according to the partners. Al Makha is located on Yemen's Red Sea coast, and due to the increase in hostilities in the Red Sea between Ansar Allah (AA) and the U.S. and U.K.-led coalition, partners report an increase in military presence in Al Makha district that also have an impact on the movement of operative organisations in the district. All partners have clearly stated the potential limitations to their movements in specific locations in both districts as these limitations have been accounted for in the planning of data collection activities.

Furthermore, a limitation to this assessment is that REACH is currently unable to provide the partner organisations with any funds for their support in data collection activities. This limits the assessment as partners are unable to conduct data collection over a longer period, thus impacting the possibilities of analysing data from one tool, before beginning data collection through another tool, limiting the possibilities of identifying new possible questions in the HH tools that could be based on early findings.

4. Key ethical considerations and related risks

The proposed research design meets/does not meet the following criteria:

<i>The proposed research design...</i>	<i>Yes/ No</i>	<i>Details of no (including mitigation)</i>
... Has been coordinated with relevant stakeholders to avoid unnecessary duplication of data collection efforts?	Yes	
... Respects respondents, their rights, and dignity (<i>specifically by: seeking informed consent, designing length of survey/ discussion while being considerate of participants' time, and ensuring accurate reporting of information provided</i>)?	Yes	
... Does not expose data collectors to any risks as a direct result of participation in data collection?	Yes	
... Does not expose respondents / their communities to any risks as a direct result of participation in data collection?	Yes	
... Does not involve collecting information on specific topics which may be stressful and/ or re-traumatizing for research participants (both respondents and data collectors)?	Yes	
... Does not involve data collection with minors i.e. anyone less than 18 years old?	Yes	

... Does not involve data collection with other vulnerable groups e.g. persons with disabilities, victims/ survivors of protection incidents, etc.?	No	While we do not specifically target vulnerable groups (beyond IDPs) as part of this assessment, they might be randomly or purposively (IDPs only) sampled as part of the MFGD, HH interviews. Enumerators will be trained to treat participants respectfully and with dignity no matter their group.
... Follows IMPACT SOPs for management of personally identifiable information ?	Yes	

5. Roles and responsibilities

Table 3: Description of roles and responsibilities

Task Description	Responsible	Accountable	Consulted	Informed
<i>Research design</i>	Assessment Officer	PH RM	REACH Yemen sectoral teams, IMPACT HQ, Partners, FSA, Nutrition, WASH, and Health clusters	Yemen IMAWG, IFRR
<i>Supervising data collection</i>	Partner Field officers, Assessment Officer	PH RM, Partners	Impact HQ Research Department, Partners	REACH Yemen SMT
<i>Data processing (checking, cleaning)</i>	Assessment officer, Partner Field Officers, Data officer,	PH RM, Partners	Impact HQ Research Department, Impact HQ Public Health Unit, Impact HQ ABA unit	REACH Yemen SMT
<i>Data analysis</i>	Assessment officer, Data officer	PH RM	REACH WASH/CCCM/C&M teams, partner internal experts	REACH Yemen SMT, Yemen FSA, WASH, Nutrition, and Health clusters, national and sub-national
<i>Output production</i>	Assessment officer	PH Team Lead, Partners	REACH SMT, Impact HQ Research Department, Impact HQ Public Health Unit, Impact HQ ABA unit	

<i>Dissemination</i>	Assessment officer, Partners	PH RM, Partners	REACH SMT, Impact HQ Research Department, Impact HQ Public Health Unit, Impact HQ ABA unit	Yemen FSA, WASH, Nutrition, and Health clusters, national and sub- national, IMAWG, IFRR cluster
<i>Monitoring & Evaluation</i>	Assessment officer	PH RM	REACH SMT, Impact HQ Research Department, Impact HQ Public Health Unit, Impact HQ ABA unit	
<i>Lessons learned</i>	Assessment officer, Partners	PH RM, Partners	REACH SMT, Impact HQ Research Department, Impact HQ Public Health Unit, Impact HQ ABA unit	Yemen FSA, WASH, Nutrition, and Health clusters, national and sub- national.

Responsible: the person(s) who executes the task

Accountable: the person who validates the completion of the task and is accountable for the final output or milestone

Consulted: the person(s) who must be consulted when the task is implemented

Informed: the person(s) who need to be informed when the task is completed

6. Data Analysis Plan

https://repository.impact-initiatives.org/document/reach/c58f65f7/REACH_YEM_DAP_PH-SBA_January-2024.xlsx

7. Data Management Plan

Data management plan available upon request.