Settlement-Based Assessment Pilot, Food Security and Livelihoods & WASH

2023, Al Habelien & Al Jiblah, Radfan District, Lahj Governorate, Yemen

care FMF

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Cover Image: "Rs55965 Img 0558", "A woman carries water, on a rugged road next to goats" by CARE. Photo collected through [CARE Yemen Photo Gallery](#).

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

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CARE has been active in Yemen since 1992, addressing poverty, promoting social justice, and enhancing people's ability to cope with crises through humanitarian response and development projects. CARE is operational in 14 governorates across Yemen, delivering programs through direct implementation or in partnership with local and international organizations. CARE contributes to strengthening Yemeni communities' resilience, helping them to recover from the effect of one of the world's largest humanitarian crisis.

For more information, please visit our website: www.careyemen.org.You can contact us directly at: Yem.info@care.org

About FMF

Field Medical Foundation (FMF) is an NGO with a vision to empower communities for a better life and sustainable development. FMFs mission is to contribute to alleviating the suffering of vulnerable people in society and enabling them to access comprehensive health, education, and developmental services through building effective partnerships, mobilizing and investing resources and volunteer efforts, and directing them toward implementing sustainable development and initiatives programs by evidence-based, best practices and policies of humanitarian action.

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SUMMARY

The conflict in Yemen entered its ninth year in 2023. A first UN-brokered truce was agreed upon between the warring parties in April 2022 and lasted until October of the same year. The truce resulted in decreased levels of fighting across the country, while needs remained high nationwide. According to the 2023 Humanitarian Needs Overview, 17.3 million people are estimated to be experiencing high levels of acute food insecurity and 15.3 million people need water, sanitation, and hygiene (WASH) assistance in Yemen. The main drivers for food and WASH insecurities are protracted conflict, climatic hazards, and lack of economic opportunities.[1]

There have been reportedly high food and WASH needs in Yemen since the start of the conflict. The main reports to inform food security and livelihoods (FSL) and WASH programming in Yemen are the Integrated Food Security Phase Classification (IPC), the Standardised Monitoring and Assessment of Relief and Transitions (SMART) nutrition survey, the HNO, and the Multi-Cluster Location Assessment (MCLA). Most of this data is presented on the national-, governorate-, or district level, with limited data presented at the local level. While these assessments provide a good overview on the district level, more localized information is necessary to inform localised program design. In the scoping phase of this assessment it was identified that while there are needs-level data for both WASH and FSL in Yemen, there has been a general lack of assessments covering needs, drivers of needs, service provision, and infrastructures in the country and how these are linked. The lack of assessments on the local level makes it difficult to comprehend the situation for local populations, their needs levels, the outcomes of the lack of services or reliable infrastructure, and whether national-, governorate-, or district-level information is reliable at the local level. Furthermore, as agencies across Yemen are increasingly invested in working with the Durable Solutions/Early Recovery agenda work in Yemen this assessment feeds into finding ways of effectively informing these other major changes in the humanitarian field in Yemen.

Based on the mentioned lack of localised information and data, REACH partnered with CARE and Field Medical Foundation Yemen (FMF) to understand whether this pilot settlement-based assessment (SBA) can be a useful type of assessment for the Yemen context of how the methodology used can be further implemented in the future. This pilot SBA has been carried out in Al Habelien and Al Jiblah, Radfan district in Lahj governorate is FSL and WASH. Cash and markets and accountability to affected populations (AAP) are secondary sectors to inform the understanding of FSL and WASH in the territorial units, along with climate and gender dimensions throughout. This assessment aims to inform programmatic planning of localized FSL and WASH interventions in Al Habelien and Al Jiblah, by providing detailed information on demographics and displacement, critical FSL and WASH needs, the socio-economic situation of the area's population, provision of and access to basic services, the capacity of key local stakeholders involved in service provision and infrastructural management and maintenance related to FSL and WASH as well as what shocks that impact the areas and the capabilities of local stakeholders to recover from these shocks. The SBA will provide solid evidence for REACH's partners of this assessment, CARE, and FMF to tailor their programs in Radfan district. Ensuring that the assessment would be able to inform future programmatic planning of the partners, the collaborative process has been key. REACH led the process of research design, indicator and tools, data cleaning, and analysis while CARE led the data collection in both areas with support from FMF. CARE and FMF's deep understanding of the district have been central to the design of the assessment and to ensuring that relevant indicators were selected to inform the programmatic planning of CARE and FMF.

Radfan is part of the Internationally Recognized Government (IRG) territory and part of the Western Central Highland livelihood zone where coffee and qat are commonly grown and people are engaged in livestock activities. Data were collected utilizing three data collection methods, one household (HH)

[1] UN OCHA (2022) Yemen 2023 Humanitarian Needs Overview

survey, quantitative Key Informant (KI) interviews, and one Mapping Group Discussion (MGD). All data were collected between the 15-21 of March 2023, before the start of Ramadan. The time of data collection is normally a time of peak water prices and land preparation for those engaged in agriculture in Yemen with March usually marking the first month of the rainy season and the time of first cropping. In total, 12 Key Informant interviews (KII), 365 HH surveys, and 3 MGD sessions were carried out across both territorial units. No population data below the city level in Al Habelien were available during sampling, so all findings are representative of the city level. Al Jiblah is a sub-district consisting of 17 villages, thus sampling was representative at the sub-district level, with surveys distributed proportionally according to the number of HHs in each village. There was no purposeful sampling done on specific population groups, so all findings on IDPs, female-headed HHs, or returnees are indicative.

Key Findings

Al Jiblah and Al Habelien have been impacted by a reported lack of sufficient rainfall during the rainy seasons for the past three years. The lack of rainfall has had an impact on water availability for drinking purposes as the majority of HHs in Al Jiblah rely on rainwater collection for multiple purposes, and HH expenditure patterns in Al Habelien are due to widespread reliance on water trucking initiatives. It has also led to the cancellation of agricultural activities such as crops grown and HHs selling their livestock, impacting livelihoods and income-generating opportunities.

The lack of income among HHs, reportedly due to low and irregular salaries, has led to the widespread use of negative livelihood coping strategies in both Al Habelien and Al Jiblah. The most reportedly used coping strategies in both areas were to purchase food on credit from the markets as 93% of HHs in Al Habelien and 96% of HHs in Al Jiblah reported either using or having exhausted to access food.

The widespread use of negative coping strategies is a result of the increased irregularity of rainfall, limited livelihood and economic opportunities, and increased prices of food. Food is reportedly generally available at markets in both areas but there are indications that HHs regularly mostly access the main staple foods in the area, rice and bread. The access to staple foods has likely contributed to limited experience of hunger of households in both areas, while poor dietary diversity indicate towards medium to severe food consumption gaps.

CONTENTS

List of Acronyms and Key Terms

AFI	Acute Food Insecurity
FC	Food Consumption
FCS	Food Consumption Score
FMF	Field Medical Foundation Yemen
FSAC	Food Security and Agriculture Cluster
FSL	Food Security and Livelihoods
HH	Household
HHS	Household Hunger Scale
INGO	International Non-Governmental Organization
IPC	Integrated Food Security Phase Classification
IDP	Internally Displaced Person
JMMI	Joint Market Monitoring Initiative
KI	Key Informant
KII	Key Informant Interview
LCS	Livelihood Coping Strategy
LCSI	Livelihood Coping Strategy Index
MGD	Mapping Group Discussion
NGO	Non-Governmental Organization
NNGO	National Non-Governmental Organization Geographical Classifications
SBA	Settlement-Based Assessment
SME	Subject Matter Expert
TU	Territorial Unit
WASH	Water, Sanitation, and Hygiene
YER	Yemeni Rial (Yemen's currency)
YWC	Yemen WASH Cluster

- **Governorate:** The highest form of governance below the national level in Yemen.
- **District**: A collection of districts comprising a governorate, the second-highest form of governance below the national level in Yemen.
- **Sub-district**: A collection of sub-districts comprising a district, the third highest form of governance below the national level in Yemen.
- **Community**: A group of people commonly with a shared identity (cultural/social) and/or shared resources (natural, economic) that unite in a larger society.
- **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 but does not have to be, aligned with administrative boundaries. It is selected to be the most impactful scale for localized humanitarian or 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.
- **Host community:** Urban refugees, migrants, refugees, or internally displaced persons (IDP) may 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 neighbor the site but have interaction with, or otherwise be impacted by, the IDPs residing in the IDP site camp.[2] For this assessment, host-community refers to the population in a territorial unit that hosts IDPs, refugees, or migrants in a territorial unit, i.e. the population present in a territorial unit before, during, and after IDPs have arrived in a territorial unit.

[2] UNHCR (2011) UNHCR-NGO Toolkit for Practical Cooperation on Resettlement. Community Outreach - Outreach to Host Communities: Definitions and FAQs

- **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 generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border.[3]
- **Returnee:** For this assessment this term refers to HHs who had previously been displaced from their community of origin (the assessed territorial unit) for more than one month, regardless of the length of time since their return. Non-displaced residents may include those who were displaced for a short time (less than 1 month, for example, to visit family members in another part of the country, etc.) and are not considered returnees under the above definition.[4]
- **Agricultural zone**: A zone in which agriculture is practiced – relating to either livestock herding and grazing; or growing crops, such as cash crops coffee or qat, vegetables, fruits, etc.

List of Figures, Tables, and Maps

[3] 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
[4] OHCHR (2001) Chapter XI: Monitoring and Protecting the Human Rights of Returnees and Internally Displaced Persons

INTRODUCTION

Over the more than eight years of conflict, the humanitarian situation in Yemen has steadily deteriorated. The cruel war fought in Yemen has resulted in what has been mentioned as one of the world's worst humanitarian crises characterized by civilian casualties, mass displacement, widespread hunger, acute lack of water, and disease outbreaks contributing to reports of famine-like conditions in different parts of the country over the time of the conflict.[5] [6] The conflict has also led to disruptions in the everyday life of Yemenis who face increased levels of poverty driven by the devaluation of the currency, the Yemeni Rial (YER).[7] The mentioned conflict outcomes have been driving up FSL and WASH needs across the country coupled with recurring climatic shocks such as floods and drought-like conditions. A disruption of livelihoods and increasing prices have led to a decreased purchasing power of Yemeni HHs, and while the UN-brokered truce from 2022 has indicated improved conditions the population remains vulnerable and in need. According to the IPC, approximately 17 of the 30.4 million people in Yemen need food assistance as of October 2022.[8] The Yemen WASH Cluster (YWC) estimates that 17 million people need assistance from humanitarian actors to meet basic WASH needs.[9]

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 food insecurity and higher WASH needs.[10] [11] 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 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.[12] Health impacts such as cholera and acute watery diarrhea (AWD) have been prevalent during the years of war, exacerbating malnutrition and food insecurity levels nationwide.[13] 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.[14] [15] 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 the past decades, seen a depletion of vital water sources due to unsustainable farming techniques.[16]

This settlement-based assessment (SBA) in Radfan district, Lahj governorate, focused on food security and livelihoods (FSL) and WASH. The analysis is supported by cash and market and accountability to affected populations (AAP) indicators with climate and gender dimensions present throughout. This assessment aims to inform programmatic planning of localised food security and livelihoods (FSL) and WASH interventions in Radfan district by providing detailed information on demographics and displacement, critical FSL and WASH needs, the socio-economic situation of Al Habelien's population, provision of and access to basic services, and capacity of key local stakeholders involved in service provision and infrastructural management and maintenance related to FSL and WASH as well as stakeholders and the population abilities to cope with and recover from, common shocks impacting

[5] FAO, UNICEF, WFP (2017) Yemen needs urgent assistance to prevent famine
[6] UN NEWS (2022) Yemen facing 'outright catastrophe' over rising hunger, warn UN humanitarians
[7] UN OCHA (2022) Yemen 2023 Humanitarian Needs Overview
[8] IPC (2022) Yemen: IPC Acute Food Insecurity Snapshot | October - December 2022
[9] UN OCHA (2022) Yemen 2023 Humanitarian Needs Overview
[10] Mwatana for Human Rights & Global Rights Compliance (2021), Starvation Makers: The use of starvation by warring parties in Yemen
[11] Douglas, C. (2016) A storm without rain: Yemen, Water, Climate Change, and Conflict. The center for Climate and Security
[12] Thomas, E. (2022) Food security in Yemen: the private sector and imported food
[13] UNICEF (2019) Yemen: Deaths from cholera and acute watery diarrhea increasing again
[14] FAO (2021) Agricultural livelihood and food security in the context of Covid-19
[15] FAO (2022) Quarterly Food Security Report: Global Events, Inflation, Erosion of Livelihoods Driving Food Insecurity in Yemen.
[16] Suter, M. (2018) An update on Yemen's water crisis and the weaponization of water, Atlantic Council

the areas. The SBA will provide solid evidence for REACH's partners of this assessment, CARE, and FMF to tailor their programs in Al Jiblah. Indicators were chosen based on the partner's FSL and WASH information needs. Data were collected utilizing three data collection tools: HH survey, quantitative KIIs, and MGDs. All data were collected between the 15-21 of March 2023, before the start of Ramadan. Radfan is part of the Internationally Recognized Government (IRG) territory and part of the Western Central Highland livelihood zone where coffee and qat are commonly grown and people are engaged in livestock activities. The time of data collection is normally a time of peak water prices and land preparation for those engaged in agriculture in Yemen with March usually marking the first month of the rainy season and the time of first cropping.[17]

This report provides a detailed description of the methodology and tools used for this assessment, and then outlines the key assessment findings, organised into the following sections:

- 1) Demographics and Displacement,
- 2) Water and Sanitation,
- 3) Livelihoods
- 4) Cash & Markets
- 5) Food Security
- 6) Accountability to the Affected Population

The final part of the report is a conclusion of the assessment and potential ways of moving forward. At the end of the document are the annexes, including the maps produced for this assessment and other relevant information collected for this assessment.

METHODOLOGY

Data for this assessment were collected in two territorial units in Radfan district: Al Habelien, the district capital, and the sub-district Al Jiblah, using three data collection tools. CARE and FMF teams carried out HH survey interviews and KIIs as well as MGD sessions in both areas. The tools were designed by REACH with review from CARE, FMF, and the Yemen Food Security and Agriculture Cluster (FSAC) sub-national cluster coordinator (SNCC) for the Aden hub. All data were collected by CARE and FMF between 15-21 March, the week before the month of Ramadan.

Table 1: Number of MGD sessions, KI interviews, and HH interviews conducted, per territorial unit

Data collection method	Territorial unit	Date of collection	Number of interviews/sessions
MGD	Al Jiblah	20 March	2 sessions
MGD	Al Habelien	19 March	1 session
HH survey	Al Jiblah	15-21 March	164 HH interviews*
HH survey	Al Habelien	15-21 March	201 HH interviews
KI Interviews	Al Jiblah	19-21 March	6 KI interviews
KI Interviews	Al Habelien	19-21 March	6 KI interviews

Geographical scope

REACH and CARE jointly selected Radfan as the district for the assessment based on CARE's availability and need for updated data in the area. After deciding on the district, REACH collected feedback from

[17] FEWSNET Seasonal Calendar

* **Note**: numbers of interviews per village, see Annex 4.

CARE and FMF with input from the FSAC on which areas in Radfan that would be most relevant for an FSL and WASH-focused localised assessment. After this process, Al Habelien and Al Jiblah were selected as the two territorial units (TU) for this pilot SBA. Al Habelien is the capital city of Radfan district and Al Jiblah is a rural sub-district consisting of 17 villages. For both TUs, CARE, FMF and the FSAC SNCC for the Aden hub, all stated high FSL and WASH needs as well as high information needs in the area selection process. Selecting two TUs in the same district, with one TU being more urban and the other more rural, allow for a comparative analysis of needs, access to services, and available infrastructure, and to understand how shocks might impact actors in the TUs. During the scoping process ahead of the assessment, it was indicated that both territorial units house host-community and IDPs and that many IDPs in Radfan are also part of Yemen's Muhammasheen population.[18]

Sampling strategy

REACH, CARE, and FMF implemented a random sampling for the HH survey and purposeful sampling for the KI and MGD. The HH survey aimed for a 95% confidence level (CL) and a 7% margin of error (MoE), resulting in the aim of conducting 199 interviews in Al Habelien and 164 interviews in Al Jiblah (a total of 363). In the end, 201 interviews were carried out in Al Habelien, and 164 interviews in Al Jiblah (a total of 365). The sample is representative at the territorial unit level in Al Habelien and Al Jiblah. The number of interviews in Al Jiblah was proportionally divided based on the number of HHs at the village level. In Al Habelien, 74% of those surveyed were male, and 26% were female. For Al Jiblah, 20% of respondents were female, and 80% were male. Ahead of sampling, REACH, FMF, and CARE were unable to acquire official population statistics for Radfan district. Thus, the sampling was based on the population figures the FSAC uses in targeting beneficiaries in the areas. These figures stated that around 4,995 HHs were living in Al Habelien and around 752 HHs in Al Jiblah at the time of the assessment. No specific sampling on the population group level was implemented, meaning that any HH findings for IDPs, returnees, or female-headed households are only to be seen as indicative. The KIs were selected by CARE and FMF based on both area and sectoral expert knowledge. In total, 12 KI interviews were carried out, 6 in each location, thus one interview per sector (please see Data collection tools) and TU.

To select respondents for the HH survey, REACH applied a random GIS sampling based on population figures and village names provided by the FSAC, and GPS coordinates for the Al Jiblah villages provided by FMF. For data collection, REACH provided the partners with a list of GPS coordinates for the HHs to interview that were divided between enumerators in the field. The GPS points selected represent the number of interviews to be carried out in the territorial unit to make findings representative of the territorial unit level. Due to the sensitivity of the context and conflict, all parties of the assessment decided that no GPS points would be collected during the HH survey data collection. If respondents did not consent to the interview, enumerators were expected to go to the second closest house to the GPS point provided. This means that there is not a 100% certainty of the location of data collection. However, CARE and FMF did not report any difficulties in accessing HHs selected using the GIS sampling method.

For the KI Interviews and MGD sessions, a purposive sampling method was implemented. CARE and FMF used their knowledge of the area and existing networks to identify relevant experts in the area and selected sectors. The profiles of the KIs and MGD participants included community representatives, local sheikhs, farmers, market traders, authority officials, and water project representatives. A limitation of the sessions and data collected was the lack of female and IDP representation. For the KIIs, one KI per sector was interviewed by CARE and FMF field staff, with a total

[18] Al-Muhamasheen ('the marginalized ones') is the term that was adopted by members of the community itself to escape the derogatory term of 'Akhdam' ('servants') by which they are often referred. There are controversies about the ethnic origins of the group. Some believe they are descended from African slaves or Ethiopian soldiers from as far back as the sixth century. Others nevertheless think they are of Yemeni origin. **Source**: https://minorityrights.org/minorities/muhamasheen/

of 12 KIIs being conducted. Some of the KIs also participated in the MGD sessions in both TUs. In total across both TUs, 23 participants took part in the MGD sessions. For the Al Habelien session seven people participated, 9 people took part in the north Al Jiblah session, and seven people participated in the south Al Jiblah MGD session.

Data collection tools

This section will describe the methodology used for this assessment. The tools used were one MGD tool, one HH survey tool, and one KII tool. All tools were quantitative, with parts in the MGD and KI tools with space for open answers. All tools were designed by REACH and reviewed by CARE, FMF, and the FSAC SNCC for Aden. REACH has cleaned, analysed, and developed the various outputs, with reviews from CARE and FMF.

Mapping Group Discussion

A Mapping Group Discussion is a tool that uses local understanding and knowledge of a TU to identify general characteristics such as the main and sub-boundaries of the TU, infrastructures, and services. It differs from a focus group discussion as it does not have any open questions but rather uses a quantitative approach, meaning that the questioning route utilised by CARE and FMF field staff consisted of set answer options to the questions, with possibilities for comments and potential disagreements. In all sessions, participants were able to identify community boundaries, key points, and infrastructure directly on the maps. CARE and FMF teams conducted 3 MGDs in total in March 2023, with 2 in Al Jiblah, where the sub-district was divided into North and South, and 1 session covering Al Habelien. Both sessions followed a similar structure but with minor differences. In Al Jiblah, the aim was to identify the sub-district boundaries, the boundaries of the villages, and community boundaries. The Al Habelien mapping focused on city boundaries and community boundaries. Thus, for the identification of TU boundaries, the Al Jiblah mapping consisted of one extra step. In all sessions, participants were asked to provide information on what factors united the community and what population groups reside in the community. As part of the service and infrastructure mapping, the participants identified roads and the area of usage and road accessibility, agricultural zones, water points, sanitation facilities, and markets and the availability of these services or infrastructure. Furthermore, the participants identified the main areas commonly impacted by floods and droughts. This information was overlayed with the information on key services and infrastructure (see Map 2, Map 3, Map 5, & Map 6Map 2: Al Habelien WASH and Climate map).

Household Survey

The primary sectors of the HH survey tool were food security and livelihoods (FSL) and WASH. To support the understanding of FSL and WASH needs in the TUs, cash, and markets were a secondary sector included in the survey as well as cross-cutting issues of accountability to affected populations (AAP), gender, and climate. The HH survey collected information on area demographics, displacement status and history, socio-economic conditions, employment* and income, food security, livelihoods, and access to services such as markets, water services, preference and satisfaction of humanitarian assistance, and coping strategies used when HHs lack water, food, and/or income generating opportunities.

Key Informant Interviews with Sectoral Experts

The Key Informant interview tool was divided into 6 sectors, covering Displacement and Demographics, WASH, Livestock, Agriculture, Livelihoods, and Markets. The interviews gathered basic information on service provision in the area, sectoral knowledge/skills gaps, ability to cope with shocks, and main challenges within the specific sector. This information complemented the mapping of services and infrastructure and needs in both TUs. Open-ended questions were provided in each tool

* **Note:** Employment most commonly corresponds to government or civil service employment and salaries.

to better understand the ability to cope and recover from shocks or stresses for the specific sector, both for the community and for potential service providers or authorities. Through the KI interviews, the aim was to also get a better understanding of knowledge or skills gaps, what support might be needed to enhance the quality of products relevant to each sector, and who the primary actors within service provision are, if any.

Analysis

During the analysis, the data were aggregated on the TU level for both TUs, and on the village level for Al Jiblah. As the data were representative on the TU level it has been used to compare between Al Habelien and Al Jiblah. While not representative, data were further aggregated on the gender and population group levels. Cross-indicator analysis was also conducted to understand connections between a lack of access or availability to services, WASH, food, or cash.

Three standard FSL indicators were included in the analysis; the food consumption score (FCS)[19], the household hunger scale (HHS)[20], and the livelihood coping strategy index (LCSI)[21]. These indicators were analysed on the TU and village level to identify potential geographical differences. The thresholds used for the FCS and HHS are standards used in Yemen and were provided by the FSAC ahead of analysis to ensure comparability over time and between locations.

Throughout the analysis, findings from primary data collection tools have been compared with secondary data to better situate the findings. For this, REACH and Yemen CCCM cluster Site Monitoring Tool (SMT) and Site Report Tool (SRT), REACH and YWC WASH Needs Tracking System (WANTS) data for Radfan district collected in November 2022, REACH Joint Market Monitoring Initiative (JMMI) data, IOM Area Assessment (AA) IDP data, and IPC Acute Food Insecurity (AFI) classification data have all been used. Some of this data is not on the same administrative level as the primary data but ought to be seen as valuable contextual information about the areas. All of these sources except for the IPC AFI data is KI data, and the IPC data is collected using district-level sampling in the Radfan district.

Livelihood Coping Strategy Index

For the LCSI, HHs were categorised based on the most severe type of coping strategy currently used by the HH or already exhausted. For example, if a HH used two stress LCS, one crisis LCS, and one emergency LCS, the HH would be categorised as an emergency. Data were collected on 16 coping strategies. Based on the data collected and initial analysis to identify the most relevant strategies, ten coping strategies were selected for analysis and HH categorisation (for a list of coping strategies selected for analysis, see Annex 3: Livelihood Coping Strategies).

Food Consumption Score

The FCS was calculated using international weight standards per food group and score thresholds used in Yemen, on the food consumed in the seven days before data collection. The following thresholds were used in calculating the FCS:

- **Acceptable** food consumption: >42.5
- **Borderline** food consumption: 28.5-42
- **Poor** food consumption: 0-28

[19] INDDEX Project (2018) Data4Diets: Building Blocks for Diet-related Food Security Analysis. Tufts University, Boston, MA. https://inddex.nutrition.tufts.edu/data4diets
[20] INDDEX Project (2018) Data4Diets: Building Blocks for Diet-related Food Security Analysis. Tufts University, Boston, MA. https://inddex.nutrition.tufts.edu/data4diets
[21] WFP (2021) VAM Resource Centre: Livelihood Coping Strategies – Food Security

Household Hunger Scale

In calculating the HHS, REACH used international standards to set a score per HH and used thresholds applied in Yemen for the indicator. The following thresholds were used in calculating the HHS:

- **No to little** household hunger: 0-1
- **Moderate** household hunger: 2-3
- **Severe** household hunger: 4-6

Challenges and Limitations

As part of this assessment, REACH, CARE, and FMF identified the below limitations:

The sampling strategy used for the assessment resulted in representative sampling on the TU level. As the data were not representative on the district level, or on the population group level for such as IDPs, female- and male-headed HHs, or Muhammasheen these findings or comparisons ought to be seen as indicative. Representative sampling beyond the TU level could not be achieved due to limitations in capacity. Thus, KI and HH findings on population groups could not be compared or validated through data triangulation.

Further limitations to the assessment are that the vast majority of HH survey respondents, KIs, and MGD participants were male. The assessment has aimed at capturing gendered dimensions across all sectors in both TUs but generally lacks the lived experiences of access and availability to services and infrastructure of women. KIs provided insight into general service access issues to certain population groups, where women were commonly mentioned in both TUs, but without female perspectives, it is a limitation to understanding the mentioned issues.

During MGD data collection, CARE and FMF reported challenges faced by the partners in terms of the length of the MGD tool. As the sessions took longer than expected it resulted in certain fatigue among some of the participants.

While utilizing a GIS sampling method, no GPS coordinates were captured during HH data collection. Due to the sensitivity around the collection of GPS coordinates of HHs, this could not be done. The sampling on the village level was reportedly met, but without the GPS coordinates there cannot be a 100% certainty as to where the data were collected by enumerators in the field.

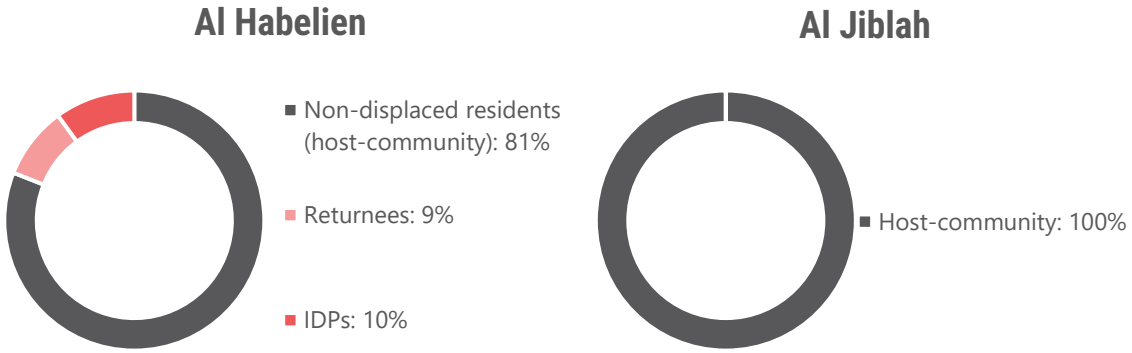
FINDINGS

Population and Demographics

The population in Radfan district is reportedly stable as there are no reports of any major influx of IDPs in the past years. In Al Habelien, a subject matter expert (SME) KI and MGD participants reported that approximately 8,700 HHs reside in the area across 24 communities (see Map 1), the average number of HH members in Al Habelien is 7.1, 13% of HHs are female-headed, 19% elderly-headed, and 3% are estimated to be headed by a child (see Table 2).[*] In Al Jiblah, the SME KI and MGD data report that approximately 600 HHs reside in the sub-district across five communities and 17 villages (see Map 4).[*] The most agreed upon uniting factors among MGD participants relating to communities in both Al Habelien and Al Jiblah are shared agricultural and livestock grazing zones and water sources. In both TUs, MGD participants also mentioned that communities are commonly united by general services such as schools and shared markets, these factors ought to be seen as secondary.

[*] **Note:** child in this case refers to a person below the age of 18.
[*] **Note**: The information from the KIs in both Al Habelien and Al Jiblah differs from the population figures used for the sampling.

Figure 1: Estimated proportion of HHs by residence status, per territorial unit*



IDP HHs live in both Al Habelien and the Al Jiblah sub-district according to primary MGD, KI, and HH data as well as to secondary KI data from IOM AA and REACH and Yemen Camp Coordination and Camp Management (CCCM) Cluster Site Monitoring Tool (SMT), Site Reporting Tool (SRT) and the IDP Hosting Site Master List data (see Figure 1). While IDPs in Al Jiblah are reported to be integrated into the host communities, which might be a reason to explain why the SME KI for Al Jiblah did not report any IDPs residing in the area, the situation is different for IDP HHs in Al Habelien. During the MGD session in Al Habelien three managed IDP sites were identified within the city boundaries, Upper Al Mawha Camp, Lower Al Mawha Camp, and Al Kahraba Camp with approximately 280 IDP HHs living in these camps combined, all reported to be overcrowded in REACH and CCCM cluster SMT data.[22] The IDP sites were later triangulated using REACH and CCCM SMT data, confirming that these three camps are managed by the Danish Refugee Council (DRC). Furthermore, using REACH and CCCM cluster Site Reporting Tool (SRT) and IDP Sites Master List data, a fourth IDP site was identified just outside of the city boundaries, this site is unmanaged (for IDP site locations, see Map 1). MGD and secondary KI IOM AA data report that many IDPs living in the Al Habelien sites are part of Yemen's Muhammasheen population.[23] According to REACH and CCCM cluster SMT and SRT data, approximately 133 HHs are living in the Upper Al Mawha camp, 108 HHs in the Lower Al Mawha camp, 39 HHs in the Al Kahraba camp, and 10 HHs living in the Thumair Wa Al Malha camp, in total around 1,500 IDPs are reportedly living in Al Habelien.[24] [25] All IDP sites have been populated since before the conflict according to SRT data. Thumair Wa Al Malha camp and Lower Al Mawha camp have reportedly been populated since 1986, Upper Al Mawha camp since 1996, and Al Kahraba camp has been populated since 2002, aligning with primary KI data collected for this assessment.[26]

* **Note:** These figures are based on KI estimates of the data. As stated in the report, IDPs are present in Al Jiblah but they have reportedly been integrated into the host communities and are no longer deemed IDPs by the SME KI in Al Jiblah.

[22] REACH Initiative & Yemen CCCM cluster (2023) IDP Sites Master List, May 2023

[23] IOM (2022) Displacement Tracking Matrix: Area Assessment Public Dataset

[24] REACH Initiative & Yemen CCCM cluster (2023) Site Monitoring Tool Data, Round 2 (February 2023)

[25] REACH Initiative & Yemen CCCM cluster (2023) IDP Sites Master List, May 2023

[26] Ibid.

Table 2: % of type of head of HH, per territorial unit

Territorial unit	KI estimated % of female-headed HHs:	KI estimated % of HHs headed by older persons:	KI estimated % of child-headed HHs:
Al Habelien	13%	19%	3%
Al Jiblah	5%	10%	1%

IDPs have a longstanding presence in Al Habelien and Al Jiblah, but the situation for IDPs in each TU is reportedly different. According to MGD data, Upper Al Mawha camp and Lower Al Mawha camp are situated within host communities, as KI and partners reported that the locations of the sites are well known among the population (see Map 1). The SME KI in Al Habelien reported that there are tensions between the IDP population and host communities in the area due to land ownership issues. The KI stated that the groups are unable to agree on solutions to ease tensions and that IDPs might have to leave their site of residence. It is unclear if this relates to all IDP sites or a specific site. Tensions between IDP and host communities could be the reason for migration, however, the SME KI reported that it would be returnees or members from host communities that would most likely migrate to other governorates in the months after data collection. There was expected movement across both TUs due to a lack of livelihood opportunities, the impact of the lack of rainfall, and the lack of basic services. A change in opportunities to access services and to find livelihood opportunities to generate income has reportedly changed in Al Jiblah since the start of the conflict and has since turned into push factors. The SME KI for Al Habelien indicated that factors previously mentioned as pull factors for IDPs has over the course of the conflict become push factors for people to migrate from the areas. A reason for the decrease in livelihood activities mentioned across all data collection tools has been the impact of drought and lack of rainfall over the past three years, as rainy seasons have not resulted in sufficient rainfall for the communities of this assessment. This has resulted in cancelled agricultural activities and a decrease in livelihood and labour opportunities.

Stable populations and long-time IDP presence in Al Jiblah and Al Habelien indicate that HHs generally can cope with current living conditions. Indications of future movements signal that living conditions have worsened over the past three years due to insufficient rainfall from the rainy seasons over this period. The lack of rain and the subsequent drought-like conditions have thus been reported as a challenge for HHs in both areas, impacting HH water availability to use for all purposes, including drinking, domestic, and agriculture.

WASH

Water

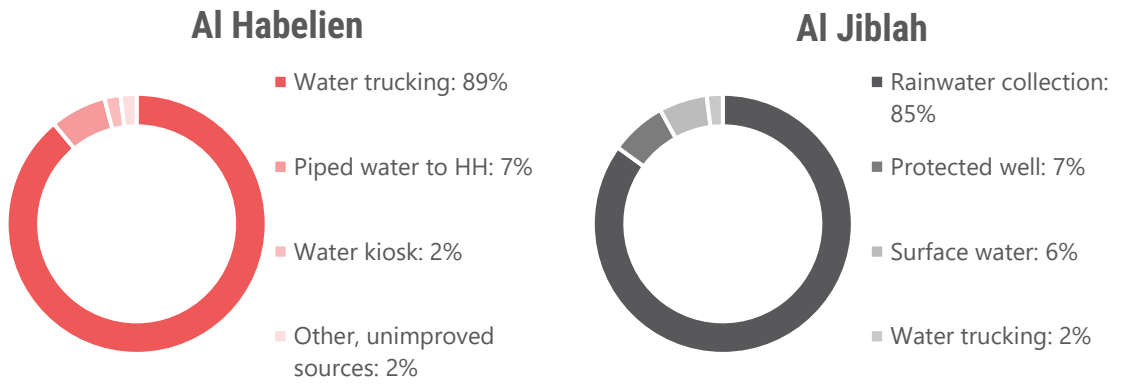
There are major differences in the primary water source HHs are relying on for drinking, domestic and agricultural purposes between Al Habelien and Al Jiblah, and between Al Jiblah's villages. Most HHs in Al Habelien reported relying on an improved water source through paid water trucking initiatives for both drinking water and domestic purposes. 89% of HHs responded that they rely on water trucking initiatives for drinking, 7% rely on piped water into dwelling, and 4% on other water sources, such as purchasing water from a store or kiosk, rainwater collection, or surface water (see Figure 2). This data aligns with SMT data for managed IDP sites in Al Habelien and REACH and YWC WANTS KI data from November 2021 that report that water trucking is the most common source of water in Al Habelien.[27] [28] 92% of HHs in Al Jiblah reported relying on unimproved water sources, either through rainwater collection (85% of HHs) or surface water (6% of HHs), with the other 9% reported relying on improved water sources either through protected wells (7% of HHs) or water trucking initiatives (2% of HHs) (see

[27] REACH Initiative & Yemen CCCM cluster (2023) Site Monitoring Tool Data, Round 2 (February 2023)
[28] REACH Initiative (2022) Yemen WASH Needs Tracking System (WANTS), Radfan District, Lahj Governorate, November 2021

Figure 2). MGD data report that it is common for HHs in Al Jiblah to build small rainwater collection dams in front of their houses because of water scarcity at the community collection locations. It is common across both TUs that the primary water source for drinking water is the same for domestic use, such as cleaning and washing.

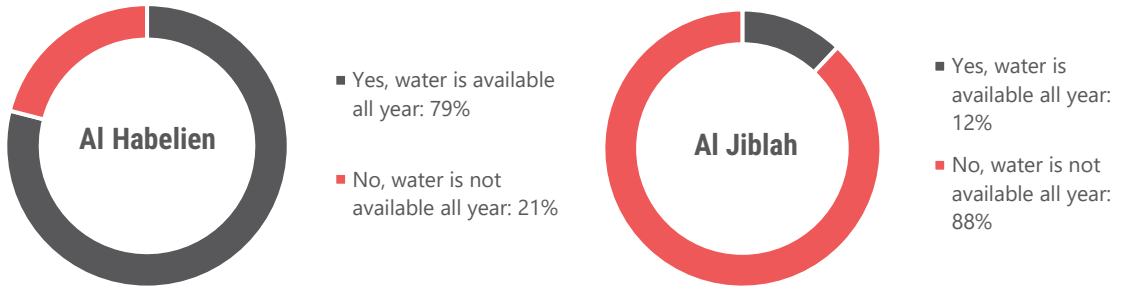
The difference in water source type reliance between the TUs also means different needs and HHs being impacted differently when climatic shocks impact the area. MGD data from both locations indicate large areas impacted by drought, as KI and HH data report a general lack of rainfall in both TUs. In Al Habelien, 72% of HHs reported sufficient water availability all year while only 12% in Al Jiblah reported this. There has been a reported lack of rainfall over the past 3 years in both TUs according to KIs. In 15 of 17 villages in Al Jiblah, 80% or more of the population report that water source is not available all year. Thus, while the Al Habelien population can rely on water trucking alternatives, which presumably collect water at sources with sufficient water, Al Jiblah HHs rely on insufficient and unpredictable rainfall, increasing WASH needs in the area.

Figure 2: Primary source for drinking water by % of HHs, per territorial unit



There are reports from MGD data of several protected wells used for a variety of purposes across both TUs. (see Map 2 & Map 5) These wells are, however, rarely mentioned in HH data as utilised for drinking or domestic purposes. 7% of HHs in the whole of Al Jiblah reported reliance on wells for drinking and domestic purposes and these HHs are all concentrated to certain communities. In Sam'an village, 100% of HHs responded that they rely on improved water sources through protected wells for both drinking and domestic purposes, representing 7% of all interviewed HHs in Al Jiblah. (see Map 5). MGD data report that five wells in Al Habelien are used for drinking, domestic, and agricultural purposes, all operated and managed by both local authorities and a private company (see Map 2). It is notable that for the wells used for drinking in Al Habelien, MGD data state that private actors are responsible to treat the water. In Al Habelien, three wells are used only for domestic purposes with the common denominators of all being managed by local authorities alone and that the wells lack functioning pumps. The Al Sala well was reported to be close to wastewater and the Hilya well is reported as recently established. Both of these wells were deemed as partially available to use due to a lack of support at the time of data collection (see Map 2). While the responsibility for water sources in Al Habelien is shared between public and private actors, the situation was different in Al Jiblah. MGD participants covering both North and South of Al Jiblah reported both public and private wells in the sub-district, but for the public wells, there are reportedly no actors responsible for the maintenance or management of the source. One public well in Sam'an (see Map 5) was stated to be partially available due to a failure to maintain and complete the well-digging project. Other wells or water sources than the ones in Sam'an are rarely reported as sources of drinking water or water for domestic use in HH data as the SME KIs for both Al Habelien and Al Jiblah indicated a need for support across the WASH sector in both TUs.

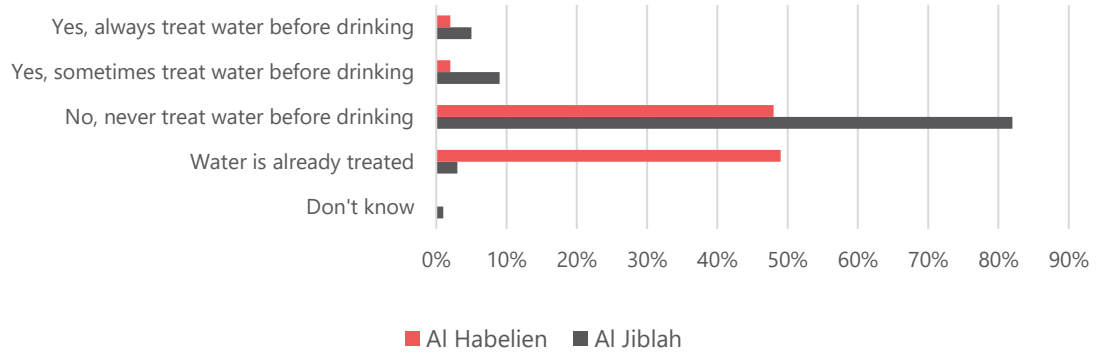
Figure 3: % of HHs that reported water availability all year, per territorial unit



Overall, the practice of treating water in HHs was rare in both TUs, with indications of different reasons. While water trucking is in general deemed an improved water source in Yemen, there are uncertainties regarding the quality of water delivered by water truckers in Al Habelien and Al Jiblah. For HHs that reported water trucking as the primary source of drinking water in Al Habelien, 51% of these HHs reported that water is treated when delivered, 45% reported to never treat the water, and 4% reported to either sometimes, or always treat the water to make it safe to drink. Of the HHs in Al Habelien that treat water, 71% (n=5 HHs) have access to disinfection products, as the other 29% of HHs (n=2 HHs) filter the water. In Al Jiblah treating water is very rare as 82% of HHs reported never treating water before drinking (see Figure 4). Local social norms or customs are often the reason for the consumption of non-treated water, as reported by CARE and FMF. 14% of Al Jiblah HHs reported to sometimes or always treat the water to make it safe to drink. 65% of HHs that reported treating the water in Al Jiblah reported to filter the water, and 35% to let the water stand and settle.

The difference in primary water source for HHs in the TUs also manifests in different challenges to access water. As HHs in Al Habelien have to primarily rely on cost-ineffective water trucking initiatives, 97% of HHs report that water is too expensive. Al Jiblah HHs meanwhile are dependent on irregular rainfall and the ability to collect and store water for usage all year, something that reportedly is an issue for both agricultural practitioners and HHs to meet needs. KI and HH data from both locations report that there is, or has been a piped water network. In Al Habelien, 7% of HHs reported that piped water to the HH premise was their primary source of drinking water. The SME KI for Al Habelien reported that between 1-20% of HHs are connected to the piped water network that reportedly operates 1-2 days per week and that requires rehabilitating. The piped water network in Al Habelien is mentioned as a source used among the population during times when water is unavailable, indicating that this source is currently less preferred than the primary source. While deemed an improved water source in general, the piped water network is reportedly currently not a preferred water source for HHs. Overall, HHs in both locations reported that it is most common to rely on less preferred water sources as a way of coping with water unavailability. Al Jiblah SME KI also reported that piped water network was previously used in the sub-district but is no longer, data on the locations of this network is missing.

Figure 4: % of HHs that treated water before drinking, per territorial unit



There is a need for reparation, rehabilitation, and management of existing WASH infrastructure in the area as a functioning water network and more sustainable water sources would limit the WASH needs among both TUs populations, and diminish the reliance on unsustainable sources such as water trucking initiatives. However, it is important to map out surface and groundwater levels in the area to better understand the possibilities of sustainable water alternatives in both TUs. Many livelihoods are reported to be impacted by the water insecurities experienced by HHs in both Al Habelien and Al Jiblah as the agricultural and livestock sectors indicate there is not enough water to sustain or generate sufficient income through these activities for engaged HHs. Supporting local public and private water service actors in the provisioning of drinking water for HHs is important and could contribute to more sustainable water practices in the TUs.

Sanitation

As reported, both TUs are generally lacking reliable and functioning water infrastructure and services. According to MGD data, there are no public sanitation facilities in Al Jiblah. IOM AA KI data report that the main type of latrine for IDPs covered in Al Jiblah is a permanent latrine (flush or pit).[29] As IDPs are commonly seen as integrated into host communities in Al Jiblah and due to the lack of public sanitation services, this is assumingly the primary type of sanitation facility among HHs in the sub-district.

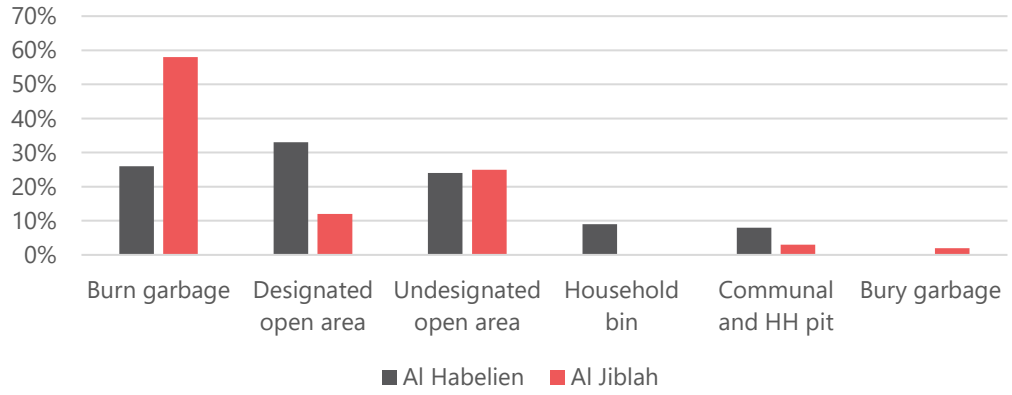
For Al Habelien, REACH and YWC WANTS KI data* reported in November 2021 that the main type of sanitation facilities in Al Habelien are pit latrines without a slab, which are considered an unimproved sanitation facility. Half of the population reportedly had access to a functional latrine at the time of WANTS data collection in the TU.[30] MGD data show that there are five public sanitation facilities in the area, three of which are connected to the managed IDP sites of the Upper and Lower Al Mahwa camps and the Al Kahraba camp. One of the sanitation facilities is close to one of the markets in the area and one is situated in the Nadi Radfan community (see Map 3). None of the five sanitation facilities are stated to be situated close to any of the water points. KI and MGD data also state that it is common practice among IDPs in Al Habelien to use places for open defecation due to a lack of improved, or unimproved, sanitation facilities in the area. 1 of the 5 facilities is available for women and men, with the other ones reportedly partially available due to either being women only facilities, or that it is lacking a sewage network connected to it. Furthermore, MGD participants reported that the sanitation facilities connected to the IDP sites have been constructed for women to use, hence being labelled as partially available in the data. However, REACH and CCCM cluster SMT KI data state that there are no gender-separated latrines in the managed IDP sites while 100% of HHs in these sites are reportedly

[29] IOM (2022) Displacement Tracking Matrix: Area Assessment Public Dataset
* **Note**: Findings from this source is based on three KI interviews in Al Habelien.
[30] REACH Initiative (2022) Yemen WASH Needs Tracking System (WANTS), Radfan District, Lahj Governorate, November 2021

able to access latrines with functional locks. SMT data further report that there are no showers in the managed IDP sites in Al Habelien.[31]

The SME KIs and MGD data stated that both Al Habelien and Al Jiblah lack functioning sewage systems. Of the present sanitation facilities in Al Habelien, service was organized through a private actor or community members (see Map 3) and KI data indicate there is no gap in available tools or skills for management or maintenance of WASH infrastructure.
There is reportedly a garbage handling service provided to the population of Al Habelien, organized by local authorities. HHs in Al Habelien most commonly reported using a designated area for garbage disposal as 33% reported this. In Al Jiblah, 72% reported burning garbage as the primary way of disposing of garbage as there are no reports across the different primary data collection tools of any public or private waste handling service in the area (see Figure 5).

Figure 5: Most reported ways of disposing of garbage among HHs, per territorial unit



Livelihoods

Most HHs across Al Habelien and Al Jiblah are reportedly engaged in income-generating livelihood activities. The most stable period of income across both TUs is April-July as reported by the SME KI, this coincides with FEWSNET information that states this as the rainy season, the time for land preparation, first cropping, and the first harvest of cereals in Yemen.[32] Employment is the most common type of livelihood activity reported, as 65% of HHs in Al Habelien reported either employment or self-employment, and 67% reported this in Al Jiblah. Part-time employment is the most common employment type across both TUs. In Al Habelien, the SME KI reported that there are some organised efforts and services to help the population to find jobs and generate income, while the SME KI in Al Jiblah reported no such efforts. Livelihood service providers in Al Habelien are reportedly industrial owners and community groups and the KI reported that there are some industries present in Al Habelien.

Casual/daily labour is the second most reported livelihood activity, as 38% of HHs in Al Habelien and 25% of HHs in Al Jiblah reported this. The main employment sector for both Al Jiblah and Al Habelien is the military, as 29% of Al Habelien HHs reported this and 60% in Al Jiblah. The second most common employment sector differs between the TUs, as education (14%) is the second most reported in Al Habelien, and construction (13%) in Al Jiblah. In Al Jiblah, of HHs that reported military employment, 23% reported other livelihood activities such as agriculture or government/civil services and 62% reported a lack of work opportunities. Similarly, 54% of HHs in Al Jiblah that reported military employment also reported a lack of work opportunities. While HH data mostly cover host communities for Al Habelien and Al Jiblah, REACH and CCCM cluster SMT KI data from Al Habelien report that there

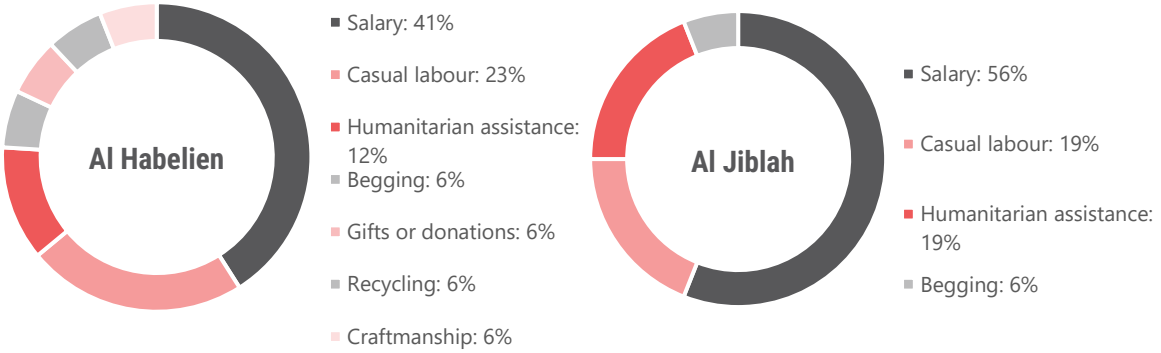
[31] REACH Initiative & Yemen CCCM cluster (2023) Site Monitoring Tool Data, Round 2 (February 2023)
[32] FEWSNET Seasonal Calendar

is a general lack of work opportunities for IDPs in Al Habelien, as the primary KI data reported exclusion of parts of the population groups in both areas.[33]

Gendered Dimensions of Livelihoods

Across both TUs, there are indications of gender-related discrimination or marginalisation of population groups in the labour markets. Gender stereotypes that inform accepted types of labour are further informed by other power structures and social norms in both areas. Applying an intersectional lens, for example, SME KIs for both Al Habelien and Al Jiblah reported that certain types of employment are either considered men's or host community jobs. Thus, all men are not able to access work, nor are the whole population of host communities, as IDPs and women's participation in livelihood activities are reportedly marginalised. Gender structures and stereotypes informing local customs and traditions are reported as the main reasons for excluding women from the labour market in both TUs. SME KIs for both Al Habelien and Al Jiblah reported gender stereotypes such as women and girls' gendered roles to take care of the HH, family duties, and obligations, including such as child and elderly care. The SME KI in Al Habelien reported that unpaid domestic labour is the main livelihood activity among women in the area as an estimated 6-20% of women are engaged in income-generating activities. The second and third most common livelihood sector for women in Al Habelien was reportedly education and health care. For Al Jiblah, the SME KI estimated that 41-60% of women in the area are engaged in income-generating activities, as domestic labour related to agriculture and livestock, and fetching for the HH were the most reported type of activities for women and girls in the area. It is important to note that KI, HH, and MGD data from Al Jiblah point to very limited agricultural activities in the area, thus questions remain over how much work there is within this sector for women in Al Jiblah.

Figure 6: % of female-headed HHs by primary source of income, per territorial unit



Furthermore, youth access (age 15-24) to the labour market is limited in both areas, presumably for both boys and girls. Male and female IDPs in both areas reported limited access to labour market participation. Secondary data from REACH and CCCM cluster SMT KI data report that IDPs in Al Habelien's managed sites generally struggle to find livelihood opportunities and the Al Habelien SME KI reported that many available jobs in Al Habelien are considered host community jobs, thus marginalising this population group from the labour market.[34] The SME KI for Al Habelien reported that casual/daily labour or porter work are the main types of income-generating activities among IDPs. Youth in Al Habelien face similar issues, as the KI in Al Habelien reported that available jobs are considered men's jobs with indications that the youth either lack the necessary skills or that some work is not safe for younger people. SME KIs for both TUs reported the military as one of the main livelihood sectors for youth, presumably for male youth. The Al Habelien SME KI reported that to cope with the lack of work opportunities in the area, youth (assumingly male) in Al Habelien join the army or go to the conflict fronts to generate income. HHs across both TUs are struggling to find work, and

[33] REACH Initiative & Yemen CCCM cluster (2023) Site Monitoring Tool Data, Round 2 (February 2023)
[34] REACH Initiative & Yemen CCCM cluster (2023) Site Monitoring Tool Data, Round 2 (February 2023)

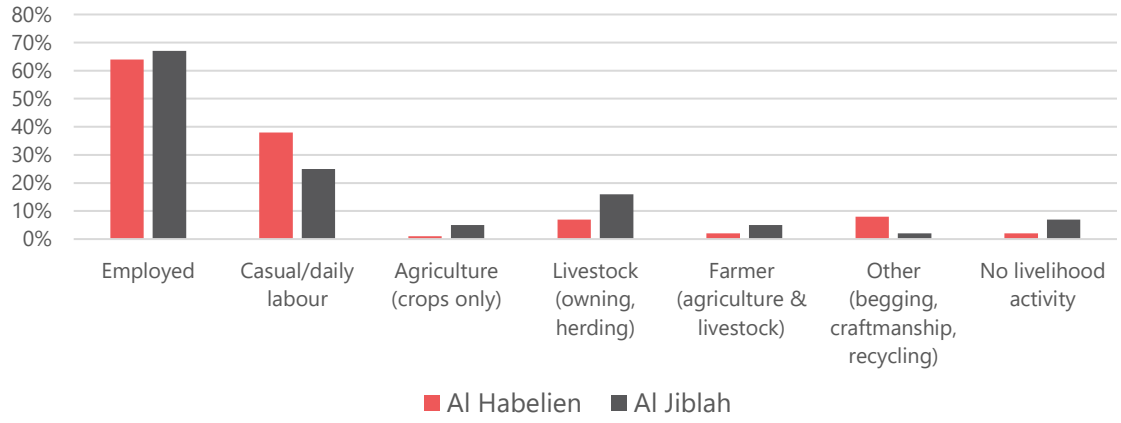
access to income-generating activities is further exacerbated by gendered barriers, age as well as structural marginalisation related to the IDP community concerning livelihoods.

Agriculture and Livestock

MGD data state that communities in Al Habelien are deemed 'urban', 'semi-urban', or 'rural' with several agricultural zones connected to the TU. Al Jiblah communities are most commonly either deemed 'semi-urban' or 'rural'. FEWSNET livelihood zone data from 2010 report that Radfan district is part of the Western Central Highland livelihood zone where coffee, qat, and sorghum are reportedly grown and where livestock activities are common practice.[35] There are a combined 28 livelihood zones in Al Habelien (12) and Al Jiblah (16). Crops grown for human food consumption are rarely reported in HH data across both TUs and it was reported that agricultural activities have had to be cancelled due to the lack of rainfall and available water for irrigation across all tools. Overall, 3% of HHs in Al Habelien reported being engaged in crop-growing activities and 5% of HHs reported this in Al Jiblah. Of the surveyed HHs engaged in agriculture, 88% of these HHs grow crops used for animal fodder, specifically millet and corn were the most commonly reported type of crops grown among HHs. 100% of HHs in both TUs that reported growing animal fodder crops are engaged in livestock activities such as owning or herding, as according to the SME KIs, there are financial barriers to accessing animal fodder due to high prices.

There are reports in KI data that qat and coffee was previously grown in Al Jiblah, and the reported lack of regular rainfall and drought in the area are probably the causes for this potential change, as both qat and coffee are water-intensive crops. MGD data from Al Habelien report that fruit, vegetables, and grains/cereals are grown in the agricultural zones. The SME KI further stated that the main crops grown in the area are vegetables such as okra and tomatoes and that watermelon, potato, and white sweet potato were previously harvested in the area but stopped, presumably due to the lack of reliable water access for agriculture. MGD data from Al Jiblah report of no crops grown in any of the 16 agricultural zones in the area and the SME KI reported that no agriculture is currently practiced in Al Jiblah due to the lack of rainfall and access to water. The SME KI reported that no crops are grown in the area but that cash crops, coffee and qat, were previously grown but have had to be cancelled due to the lack of rain and access to water for irrigation. The SME KI reported that this has resulted in a change of income sources for these HHs, with increased reliance on other income sources.

Figure 7: % of HHs by type of livelihood activity reported as the only, or one of several activities in HH, per territorial unit



20% of HHs in Al Jiblah reported either owning livestock or working as livestock herders. 69% of the HHs reported to own livestock own more than one type of livestock; 72% reported owning goats, 63%

[35] FEWSNET (2010) Livelihood zone map

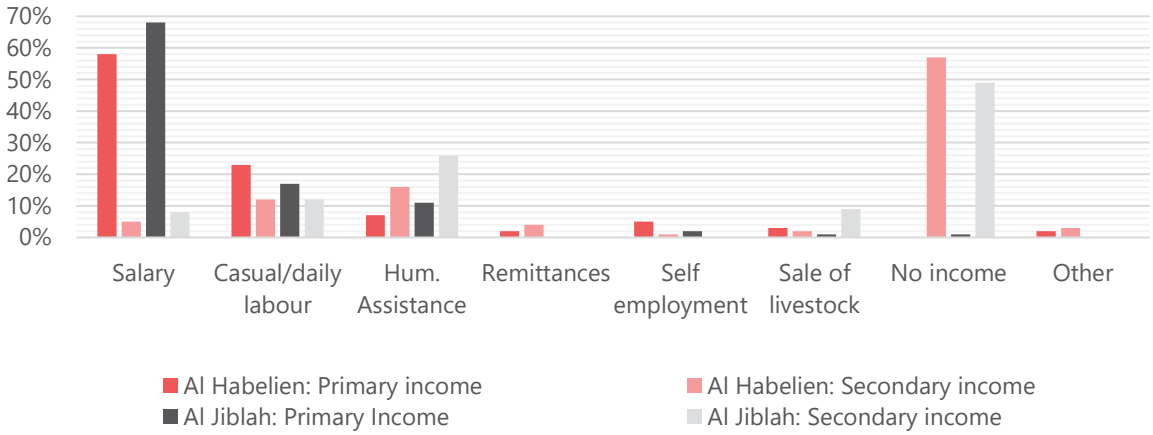
reported owning sheep, and 25% reported owning chickens. Both the SME KIs for agriculture and livestock stated shocks impacting these livelihood activities; drought and lack of water, high prices of animal fodder, lack of livestock services, and either lack of or high prices of fertilizers and pesticides were the main shocks reported across agriculture and livelihood sectors. As actors are mostly unable to adapt to, or recover from shocks, the SME KIs for livestock and agriculture called for more support for agricultural activities in both TUs.

Amid reports of HHs opting for growing animal fodder crops instead of crops for human consumption, KIs for agriculture and markets in Al Habelien called for more local food production to make the areas better equipped to deal with local food insecurity. To increase this production, there is a reported need for more support for local agriculture practitioners. The SME KI in Al Jiblah reported that there is no support for local farmers to help them cope with shocks experienced, as drought were particularly mentioned for having a very detrimental effect on agriculture (see Map 6). Reportedlcy, during times of shocks, there is no support for local farmers in Al Jiblah and the Al Habelien KI stated that there have been - what is perceived as - minor interventions, consisting of solar energy systems for irrigation and a reparation of the Saba dam that supports nearby agricultural lands (see Map 3). Apart from the widely reported effects of drought and lack of rainfall, Al Habelien communities are also reported to be impacted by floods. In different seasons, floods destroy seeded land, and droughts kill the plants that might have survived potential floods. While the solar energy systems that have been introduced were indicated to have a positive effect on the sector, there are further needs among agricultural practitioners; such as drought and disease-resistant seeds I, with potato seeds being specifically mentioned. Al Habelien SME KI stated that there is a local knowledge gap in how potatoes could mitigate hunger levels while increasing HH income among practitioners and that advocating for farmers to grow food for humans rather than growing animal fodder crops ought to have a positive impact on food security and income levels in Al Habelien.

Income

Challenges across different types of livelihood sectors are reported to result in a lack of sufficient income across both areas in this assessment. 88% of HHs in Al Habelien and 89% of HHs in Al Jiblah reported challenges to obtain enough money to meet HH needs over the 30 days before data collection. Low or irregularly paid salaries were the most commonly reported challenges to meeting HH needs, as 82% of Al Jiblah HHs and 65% of Al Habelien HHs reported this as the only or one of several challenges. As has been stated, most HHs reported employment, often part-time, or casual/daily labour to generate income. The most reported type of primary source of income aligns with this, as 68% of HHs in Al Jiblah and 58% in Al Habelien reported earning a salary. In both TUs, salary and casual/daily labour are the two most commonly reported income sources for HHs. In Al Jiblah, a higher share of HHs reported to rely on humanitarian assistance as their primary source of income compared to Al Habelien. 11% of HHs in Al Jiblah reported relying on humanitarian assistance as their primary source of income, while 26% reported relying on this as a secondary source of income; compared to 7% and 16% respectively in Al Habelien. In general, there is a tendency among HHs to rely on humanitarian assistance for a secondary income. 57% of HHs in Al Habelien and 49% in Al Jiblah reported not having a secondary income(see Figure 8).

Figure 8: Most reported primary and secondary sources of income on the HH level by territorial unit

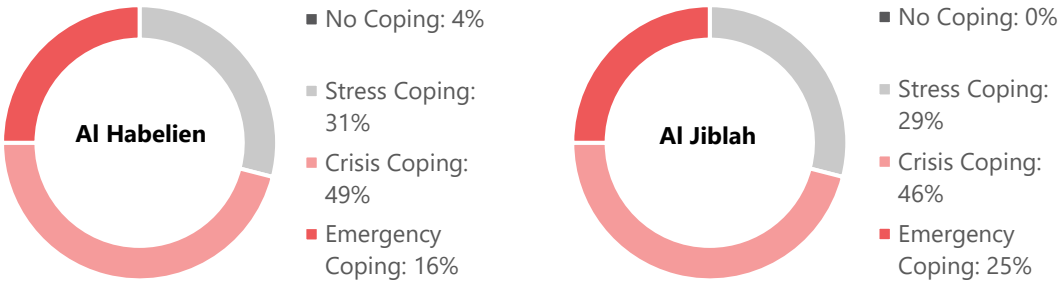


Livelihood Coping Strategy Index (LCSI)

Due to the challenges to generate income to cover HH needs through livelihood activities, widespread use of negative coping strategies (LCS) were reported in both Al Habelien and Al Jiblah (see Figure 9). The LCSI results were worse for Al Jiblah, where 25% of HHs reported either using or having exhausted emergency LCS over the 30 days before data collection. In Al Habelien, the share was 16% (see Figure 9). HHs in both TUs stated that salaries are insufficient or too irregularly paid out to meet HH needs across both FSL and WASH, thus increasing the need to rely on negative LCS. To cope with shocks, HHs across both TUs reported to rely on similar negative coping strategies; purchasing food on credit, borrowing money or food, and reducing essential non-food expenditures on such as health and education (including medication) were the most commonly reported LCS in both TUs (see Table 3). However, assumingly due to the different socio-economic profiles of the TUs, the most used emergency LCS differ. In the more rural Al Jiblah where a higher percentage of HHs reported owning livestock, selling the last female animal was the most commonly reported emergency coping strategy (21%). The SME KI in Al Jiblah called for more knowledge-enhancing initiatives, targeting communities with livestock owners where there is a lack of understanding of sustainable animal practices, on the importance of keeping female livestock for future income generation. The drought, high prices and hard to come-by animal fodder or veterinary services, and lack of knowledge of best animal keeping practices might all be reasons to explain the relatively high number of HHs using or exhausting this coping strategy. Among the 16% of HHs that reported emergency coping strategies in Al Habelien, the most reported emergency coping strategy was to sell house or land, as 12% of HHs reported this. At the time of data collection, a minority of HHs reported having exhausted any of the most common coping strategies across both TUs, indicating a situation where there is still room to use these negative coping strategies (see Annex 3: Livelihood Coping Strategies). As has been mentioned, Radfan was categorised in the IPC AFI Phase 3 (crisis) in the 2023 analysis.[36] The LCSI results from Al Habelien are indicative of the IPC Phase 3 classification, as at least 20% of surveyed HHs reported crisis LCS. In Al Jiblah, at least 20% of HHs reported using emergency level coping strategies thus indicative of IPC AFI Phase 4 (emergency). Without relief and improved living conditions and access to sufficient income to purchase food and other goods, the area might see an increased share of HHs exhausting widely used coping strategies in both Al Habelien and Al Jiblah.

[36] IPC (2023) IPC ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION ANALYSIS, January-December 2023

Figure 9: % of HHs by Livelihood Coping Strategy (LCS) category in the 30 days prior to data collection, per territorial unit



Just as for the general population, salary through employment was the most common primary source of income among HHs that reported using or having exhausted emergency livelihood coping strategies in Al Habelien. The share of HHs that reported casual/daily labour was slightly higher among emergency reporting HHs (44%), compared to all surveyed HHs in the area (38%). In Al Jiblah, there was a slightly higher percentage of emergency-reporting HHs that also reported salary as their primary source of income (70%), compared to the general (68%). This would indicate that government or civil service salaries are insufficient in the area, forcing HHs to resort to emergency coping strategies. Of the HHs that reported using or having exhausted emergency coping strategies, 100% of HHs across both TUs reported financial barriers to accessing food at the markets, and 92% reported financial barriers to WASH items. There were six HHs in total that reported no financial barriers to WASH items, five of which live in Al Habelien and one in Al Jiblah. HHs that reported emergency coping strategies reported below average HH expenditures on food across both TUs, but above average spending on such as healthcare. In Al Habelien, the average percentage of HH income spent on healthcare was 3.5% and in Al Jiblah the average was 7.5%. For the HHs that reported using or having exhausted emergency coping strategies, the percentage of HH income spent on healthcare was 5.2% in Al Habelien and 9.6% in Al Jiblah. Furthermore, the HHs in Al Jiblah that reported emergency LCS also reported above-average spending on water as the average spent among these HHs was 4.9%, compared with 2.8% among the average Al Jiblah HHs.

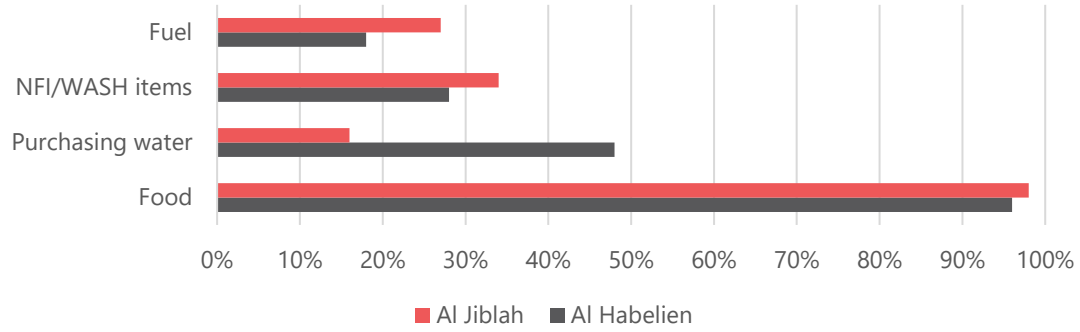
Table 3: Main used and exhausted LCS by % of HHs, per territorial unit

Al Habelien		Al Jiblah	
Purchased food on credit (**stress**)	**93%**	Purchased food on credit (**stress**)	**96%**
Borrowed money (**stress**)	**82%**	Borrowed money (**stress**)	**91%**
Reduced essential non-food expenditures such as education and health (including medication) (**crisis**)	**55%**	Reduced essential non-food expenditures such as education and health (including medication) (**crisis**)	**62%**
Sold household assets/goods (radio, furniture, refrigerator, television, jewellery, clothes, etc) (**stress**)	**33%**	Sold last female animal (**emergency**)	**21%**
Spent savings (cash savings) (**stress**)	**33%**	Sold household assets/goods (radio, furniture, refrigerator, television, jewellery, clothes, etc) (**stress**)	**21%**

Cash & Markets

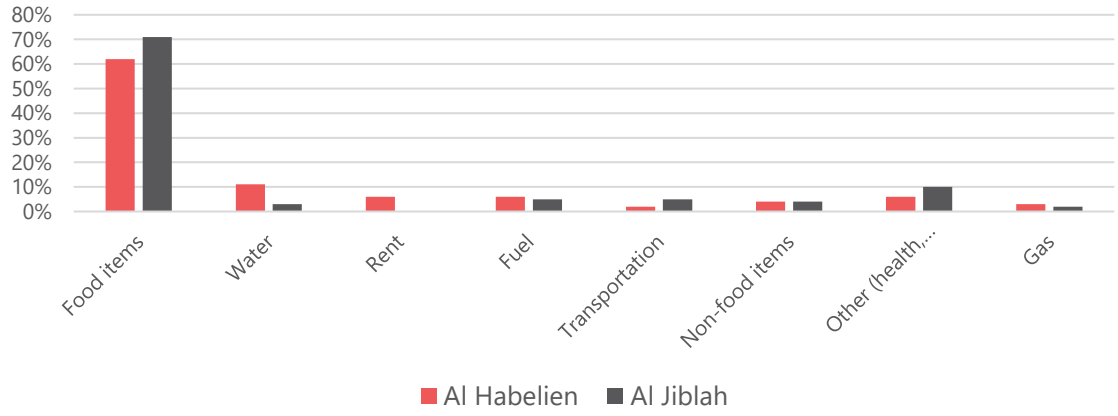
The lack of reliable income sources to cover HH needs reportedly has a major impact on the ability to meet HH needs in both Al Habelien and Al Jiblah. As shown, HHs across both TUs rely on the ability to use negative coping strategies such as borrowing and purchasing important goods on credit. While food purchase is the most reported reason for debt by large margins across both TUs, the need to use negative coping strategies differs among other HH expenditures (see Figure 10).

Figure 10: Most reported reasons for debt, per territorial unit



Markets are the primary source of food for the vast majority of HHs in both Al Habelien and Al Jiblah. While Al Jiblah only has one market in the area (see Map 6), there are reportedly six markets in Al Habelien (see Map 3). SMT and AA data report well-stocked markets in Al Habelien, and the SME KIs stated that most goods at the markets in both locations are imported to Yemen.[37] [38] Two of Al Habelien's markets are single commodity markets, selling qat and live animals, which also operate in other places in the governorate during the weeks as well. Both markets usually operate 1-3 days per week. The other markets are deemed general markets, where the population can purchase vegetables, non-fresh produce (rice, grains, pulses, etc.), fruit, meat, poultry, dairy, soap, and drinkable water. One market also sells fuel (M6) and one sells fish (M3) (see Map 3). The market in Al Jiblah is also a general market where the population usually would be able to access the mentioned food and non-food items. The general markets in both locations are reportedly operational each day of the week.

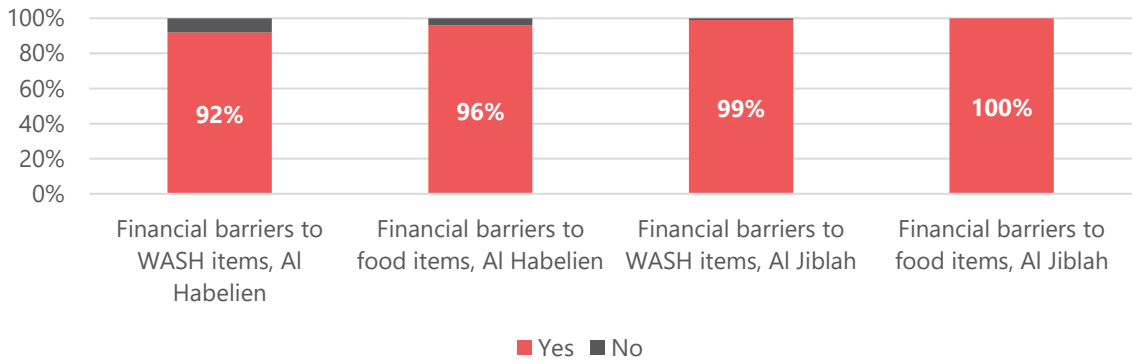
Figure 11: Average proportion of HH expenditure by type of item, per territorial unit



According to reports from IOM AA and primary HH, KI, and MGD data, food is generally available at the markets in both locations, but some foodstuff in demand is not always supplied by actors. In Al Habelien, the SME KI indicated that millet, potato, and milk are in-demand goods but not always supplied, while the KI for Al Jiblah reported that these are beef and goat meat, honey, cashew nuts, and sorghum. It is reported in the MGD data that products at markets might be available, but sometimes in small quantities and low quality. The SME KI in Al Jiblah reported that market actors have liquidity issues as a result of allowing food purchases on credit as a result of the irregular and low salaries of the population. This has led to market actors purchasing less favourable food, and in smaller quantities, impacting both the quantity and quality of food available in Al Jiblah.

[37] REACH Initiative & Yemen CCCM cluster (2023) Site Monitoring Tool Data, Round 2 (February 2023)
[38] IOM (2022) Displacement Tracking Matrix: Area Assessment Public Dataset

Figure 12: % of HHs facing financial barriers to WASH and food items at the market, per territorial unit



As reports state that food is available at markets in Al Habelien and Al Jiblah, there are indications of issues related to food and WASH item accessibility for HHs in the areas. Market access, and by extension access to food and WASH, is a reported issue in both areas as HHs reported physical, social, and financial barriers. 99% of Al Jiblah HHs reported financial barriers to the market for food and WASH items and 96% reported this in Al Habelien. At the time of data collection in March 2023, REACH JMMI data collected in Lahj governorate stated that the median price of rice was YER 1300 per kilogram (kg), and the price of wheat flour for bread baking was YER 1000. Between January 2020* and March 2023, the price of rice increased by 39%, and the price of wheat flour for bread baking increased by 210% in the governorate.[39] Increased prices of food in the governorate indicate that HHs would have experienced increased financial barriers in accessing these staples during this period. In terms of physical and social access to the market, 60% of HHs in Al Jiblah reported barriers, and 25% of HHs in Al Habelien. It was reported by SME KIs in both TUs that women and girls have restricted access to the markets due to local customs and gender structures. Al Jiblah HHs reported access to markets depends on HH income, impacting their ability to access food. All HHs in Al Jiblah reported that the marketplace is either too far away or that transportation is too expensive for HHs to access the market regularly, a clear difference compared to Al Habelien HHs. MGD data report that the majority of roads in Al Habelien are accessible for vehicles to deliver food and water and for human transportation. While accessible for vehicles, SME KIs reported that the roads are not necessarily accessible by foot for the elderly or people with physical or cognitive disabilities, excluding these groups from the markets. The situation is different in Al Jiblah as many roads are deemed partially accessible and are in need of maintenance, and the HHs in Al Jiblah generally have a longer distance to markets than Al Habelien HHs (see Map 3 & Map 6). These factors increase fuel and transportation expenditure needs, impacting the available HH funds for food as these HHs on average have to pay more for such costs in Al Jiblah compared to the average Al Habelien HH HHs in Al Jiblah also reported spending more on healthcare costs, compared to the average Al Habelien HH while spending 0% of their income on water, while Al Habelien HHs on average spend 11% of their income on water (see Figure 11).

* **Note:** January 2020 is selected as a month of comparison because of the Sana'a Based Authority decision to ban newly printed YER bills in their territories around this time, impacting inflation and prices in areas controlled by the IRG.

[39] REACH Initiative (2023) Joint Market Monitoring Initiative

Food Security

Food Availability

Both primary and secondary data used in this assessment point to a general availability of food at the markets in Al Habelien and Al Jiblah.[40] [41] 96% of HHs in Al Habelien reported a market as either the only or one of several sources of food. 60% of HHs in the area reported the market as the only source of food. In Al Jiblah, 93% reported the market as the only, or one of several sources of food, and 57% of HHs reported a market as the only source of food. This points to general food availability at the markets as the majority of HHs reportedly rely on markets to meet at least some of HH needs. However, as 40% in Al Habelien, and 43% in Al Jiblah rely on more than one source of food to meet HH needs, there is a need for more food sources. For some HHs, food becomes available through borrowing, presumably from relatives or other social connections in the areas. Humanitarian assistance was also mentioned as either the only or one of many sources across both TUs. In Al Jiblah, 25% of HHs reported this, compared to 14% in Al Habelien. The share of HHs on the World Food Programme beneficiary list is also higher in Al Jiblah (68%) than in Al Habelien (35%).[42]

Food at the markets in both Al Habelien and Al Jiblah was reportedly most often imported to Yemen. The main staple food consumed by HHs in both TUs was reportedly rice and bread. The SME KI in Al Jiblah stated 'other types of cereals' as a third staple food, and the SME KI for Al Habelien reported vegetables as a staple food, in line with HH FCS data collected (see Figure 14). While food was reportedly generally available to HHs in both areas through the market or other sources, there are issues related to the affordability, thus, accessibility to food.

Access to Food

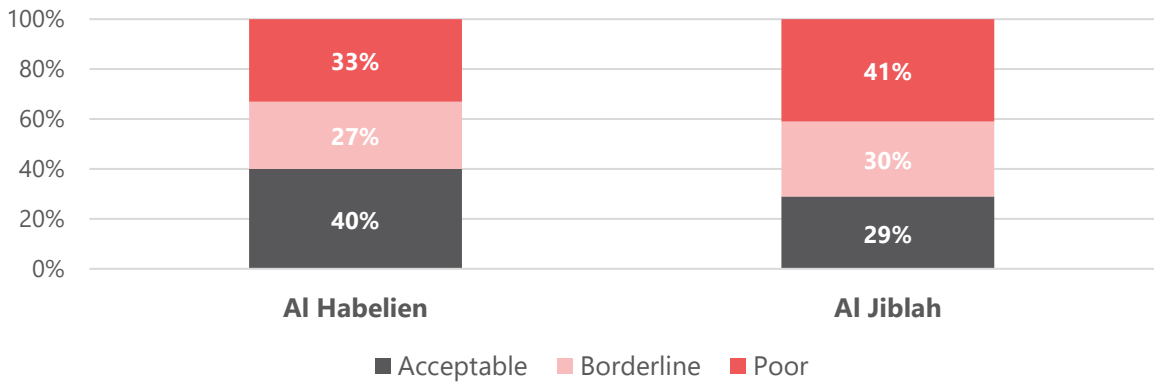
As the prices of important staple foods in Lahj Governorate have increased between January 2020 and March 2023, this has led to food being less financially accessible for HHs. Furthermore, the exchange rate of the YER in Lahj governorate increased by around 50% during this period, leading to currency devaluation. Furthermore, this period has also seen a price increase of fuel by approximately 35% in Lahj. The combination of the devaluation of the currency and increased prices of staple foods and fuel has led to a decrease in HH purchasing power in the area. This has limited HH possibilities to purchase food on already insufficient or irregular incomes, and has also forced HHs to rely on negative coping strategies to access food (see Table 3). As HH purchasing power decreases and staple foods become more expensive there ought to be fewer resources to spend on other types of food for HHs to ensure a diverse diet among HHs.

While data is not available on debt levels for Al Habelien or Al Jiblah, HH data suggest that the vast majority of HHs are in debt. Food was stated as the most reported reason for debt across both TUs, but due to access to water supply and the geographical differences between the TUs (see Map 2 & Map 5), other debt reasons differ between the populations. 49% of indebted HHs in Al Habelien reported water purchases as a reason for debt, while only 18% of HHs with debts in Al Jiblah reported this. Transportation costs and costs for fuel for cooking and vehicles are mentioned as one of several reasons for debt among 61% of HHs in Al Jiblah however, while no HHs in Al Habelien reported transportation costs and 34% reported fuel for cooking and vehicles as a reason for debt in the area. Thus, while there are clear similarities in the proportion of HHs in debt between both areas, there are differences as to why HHs are indebted. The availability of roads, elevation differences, and services or infrastructure in proximity to HHs ought to be some of the factors behind these differences. Thus, the physical and financial barriers are linked together, as the distance to services for HHs increase expenditure while presumably also leading to further limited funds to spend on food.

[40] REACH Initiative & Yemen CCCM cluster (2023) Site Monitoring Tool Data, Round 2 (February 2023)
[41] IOM (2022) Displacement Tracking Matrix: Area Assessment Public Dataset
[42] Yemen Food Security and Agriculture Cluster (2023) Interactive response Dashboard

While distance to the market is one type of physical barrier to food identified through HH and MGD data, SME KIs reported that the elderly or people with physical or cognitive disabilities also face barriers in accessing markets. In both areas roads leading to market places are reportedly hard to access in case of limited mobility of the population. There are also indications from SME KIs that women in have less access to markets. This is reportedly due to local customs, traditions, and gender structures, where women are reportedly mostly responsible for domestic chores. This indicates social barriers for women in general, and female-headed HHs in particular, as they ought to have less access to food through the markets in both areas. Women among other groups are also stated among SME KIs in both TUs to have less access to income-generating livelihood opportunities, as previously mentioned.

Figure 13: Food Consumption Score results, per territorial unit



Food Consumption Outcomes

As mentioned, the IPC AFI 2023 analysis classified Radfan district as Phase 3 (Crisis). The data for the 2023 IPC analysis were collected in November-December 2022, post-harvest. The IPC AFI analysis stated that 25% of households meet 25-50% of caloric needs through assistance. [43] Similarly, FEWSNET classifies the district as *Crisis!*.* [44]

The results of the food security outcome indicators, FCS and HHS, collected for this assessment are indicative of Phase 3. It is important to note again that the data for this assessment were collected in March 2023, ahead of Ramadan and during a time of general water scarcity before the usual start of the rainy period around April, while it was reported that there has been insufficient rainfall in the area over the past three years, approximately.[45] This lack of rain has reportedly had a significant impact on livelihoods and the ability to generate HH income across both TUs.

The FCS results in Al Habelien stated that 40% of HHs achieved acceptable food consumption (FC) over the 7 days before data collection, 27% reported borderline FC, and 33% had poor FC. These results are indicative of IPC Phase 4 (Emergency), as over 20% of HHs reported poor FC. In Al Jiblah, the share of HHs that reported borderline or poor FC was slightly higher; in total, 29% of HHs achieved acceptable

[43] IPC (2023) YEMEN: IPC Acute Food Insecurity and Malnutrition Snapshot. Acute Food Insecurity: January-December 2023; Acute Malnutrition: October 2022-September 2023

* **Note**: The FEWSNET classification of *Crisis!* follows the general IPC guidelines, but add a ! (exclamation mark) to signal that the district would be at least one phase worse off without humanitarian assistance.

[44] FEWSNET (2023) Food Security Outlook Update, Yemen: Flooding displaces thousands as agricultural season starts in highlands

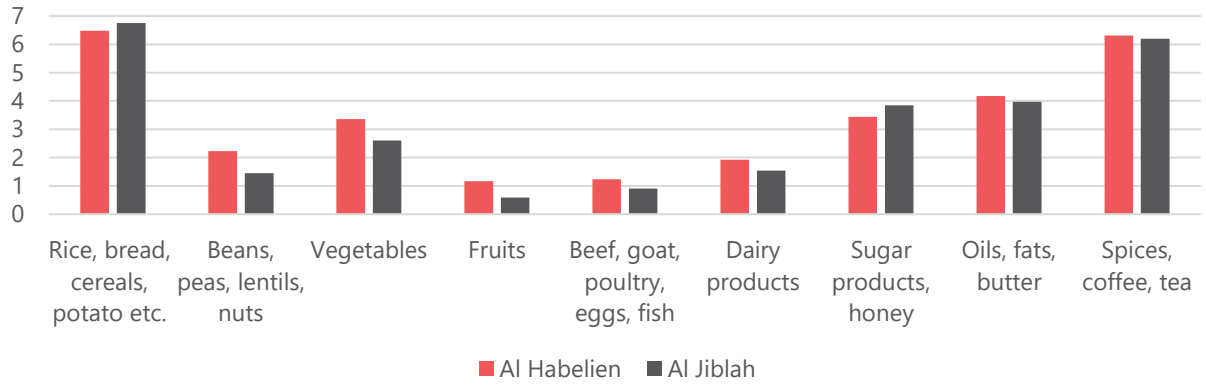
[45] FEWSNET Seasonal Calendar

FC, 30% reported borderline, and 41% reported poor FC (see Figure 13). Thus, the FCS data collected in Al Jiblah were also indicative of IPC AFI Phase 4 (Emergency).

Among female-headed HHs in Al Habelien, 41% (n=7/17 HHs) of HHs reported poor FC, deviating slightly from the average TU score. This group of HHs also saw a difference in results in Al Jiblah where 13% (2/16) reported poor FC, a lower share compared to the combined FCS score in Al Jiblah. Furthermore, IDPs are another group stated to have less access to income-generating livelihood opportunities, thus also assumingly less access to food through the market. In terms of FC, 75% (n=9/12 HHs) of IDP or Muhammasheen HHs in Al Habelien reported poor FC. No data for Muhammasheen or IDP were collected through the HH survey in Al Jiblah.

On average, HHs in Al Habelien consume rice or bread 6.5 days per week, and HHs in Al Jiblah consumed these types of food on average 6.8 days per week over the seven days before data collection. The least consumed food groups according to FCS data are dairy products, fruit, and meat. In Al Habelien, HHs consume dairy products on average 1.9 days per week, and meat and fruits 1.2 days per week each. In Al Jiblah, HHs on average consume dairy 1.5 days per week, meat 0.9 days per week, and fruit 0.6 days per week (for overall average per food group, see Figure 14). The data point to a situation where HHs, in general, could access and eat foods from the food group that includes rice, bread, potato, or other cereals, while other types of food were less commonly consumed.

Figure 14: Average days of HH consumption of food groups, per territorial unit



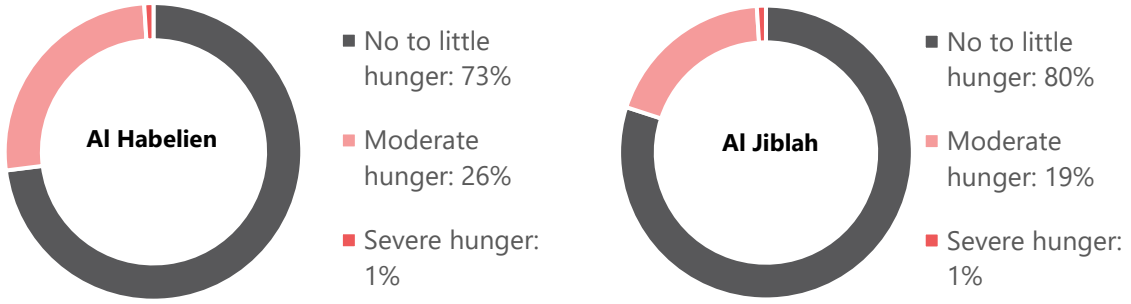
While FCS results in Al Jiblah showed worse dietary diversity and higher food consumptiong gaps compared to Al Habelien, according to HHS results, HHs in in Al Jiblah showed reported experiencing less hunger than households in Al Habelien. HHS data collected in Al Habelien are indicative of IPC AFI Phase 3, as over 26% of HHs reported experiencing moderate HH hunger levels, 1% (n=1 HH) reported severe HH hunger, and 73% reported no to little hunger over the four weeks prior to data collection. In Al Jiblah, 80% reported no to little HH hunger, 19% reported moderate HH hunger, and 1% (n=1 HH) reported severe HH hunger, thus indicative of IPC AFI Phase 3 as over 20% reported no to little hunger (see Figure 15). Of the 27% of HHs in Al Habelien that reported either moderate or severe HH hunger, 13% of these HHs identified as IDP or were identified as Muhammasheen by the enumerators. Of the HHs that reported experiencing moderate to severe HH hunger across both TUs, 100% reported that food items are too expensive and 98% reported having debt (100% of HHs in Al Jiblah, 96% of HHs in Al Habelien). 100% of debt-reporting HHs with moderate to severe HH hunger levels reported that food is either the only or one of several reasons for debt and 51% reported that a loss or reduced HH income is a major shock affecting the HH.

As the majority of HHs reportedly struggle with HH dietary diversity in both TUs, humanitarian assistance plays an important role in reaching HHs facing the most severe food insecurity. Of the HHs that reported poor FC in Al Jiblah, 70% received aid in the 30 days before data collection, and 49% of the HHs reporting poor FC in Al Habelien. Of the HHs that reported poor FC, 30% in Al Jiblah, and 43%

in Al Habelien have not received aid over the 12 months before data collection. The HHs that reported poor FC in Al Jiblah, reported experiencing slightly severe hunger levels compared to the general results: 73% of HHs in Al Jiblah with poor FC experienced no to little HH hunger, 25% experienced moderate, and 2% experienced severe hunger levels. In Al Habelien, among HHs that reported poor FC 40% experienced no to little HH hunger, 58% reported moderate, and 2% experienced severe HH hunger (for both TUs HHS results, see Figure 15). Again, HHS results in Al Habelien indicate that HHs in general experience more severe HH hunger levels, compared to Al Jiblah. However, while there are reported widespread poor FC in both areas, there are indications that HHs are still able to access the main staple foods regularly (see Figure 14). This could be explained thrugh the reported frequent use of negative LCS, which might contribute to keep hinger levels relatively low, while impacting the dietary diversity of HHs.

Of the HHs that reported poor FC in Al Jiblah, 22% used LCSI, 64% reported using or having exhausted crisis LCSI, and 13% reported using or having exhausted emergency LCS. This differs from Al Habelien where the general population did not reach the 20% emergency threshold but 22% of the HHs with poor FC reported to use or have exhausted emergency LCS. As has been reported, there was a widespread use of negative coping strategies across both TUs and among HHs with poor FC, 100% in Al Jiblah and 99% in Al Habelien reported having debt, with food being reported as the only or one of several reasons for debt among 100% of poor FC, indebted HHs in both TUs.

Figure 15: Household Hunger Scale results, per territorial unit



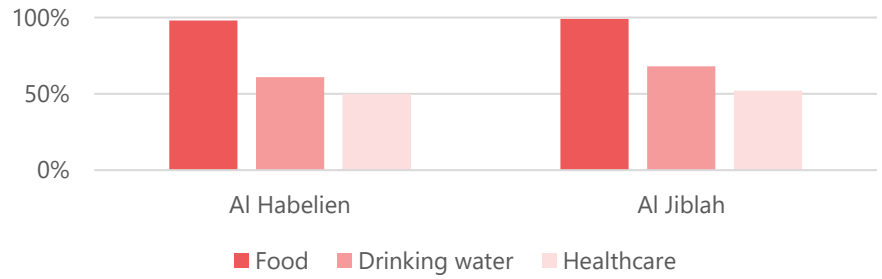
There are differences in FC among the Al Jiblah villages, as three villages, are all part of the same community (see Map 4). 100% of HHs in Al Alio (n=4 HHs), Al Masql (n=5 HHs), and Al Greshfah (n=9 HHs) reported poor FC. In Al Alio, 50% of HHs reported little to no and moderate HH hunger respectively (for full Al Jiblah village FCS results, see Annex 3: Food Consumption Score, per village in Al Jiblah). 100% of Al Masql HHs reported no to little hunger. 55% of HHs in Al Greshfah stated to experience no to little hunger and 45% experienced moderate HH hunger. Compared to the average Al Jiblah HH, Al Masql and Al Ghreshfah HHs reported above-average spending on fuel and transportation, both villages are situated around 20 km from Al Habelien but also in the same community as the only market in Al Jiblah.

Despite primary data pointing to a situation where food is generally available in both Tus and where people can access some food groups regularly, there are indications that suggest the need of HHs touse their social connections to borrow food or money to buy food or to purchase food on credit at markets, in order to access the food they consume. As LCS are currently not widely exhausted in the area, the widespread use of coping mechanisms, coupled with market actors reportedly struggling to supply food of sufficient quality and quantity,there are possibilities of exhausting the LCS in the mid- to long-term. This risks worsening the food security situation in both Al Habelien and Al Jiblah as large parts of the population already experience both moderate HH hunger levels and poor FC. Further climatic shocks and continued economic decline have already contributed to the cancellation of livelihoods and making food less accessible;without sustainable solutions, there is a risk of food security outcomes worsening in the areas.

Accountability to Affected Populations (AAP)

Surveyed HHs across both Al Habelien and Al Jiblah reportedly struggle to meet basic HH needs. Across both TUs, the most commonly mentioned priority need of HHs is food, as 99% of HHs in Al Jiblah and 98% of HHs in Al Habelien reported food as one of the three main HH priorities. The most reported combination of the top three priority needs in both TUs was food, drinking water, and healthcare, 32% of HHs in Al Jiblah, and 21% of HHs in Al Habelien responded this (see Figure 16). In Al Jiblah, there were some reported differences in the most prioritized needs among villages. In Saman and Al Thelah villages, one commonly reported need among HHs was road repair, a need not reported elsewhere in Al Jiblah.

Figure 16: Top three priority HH needs, per territorial unit

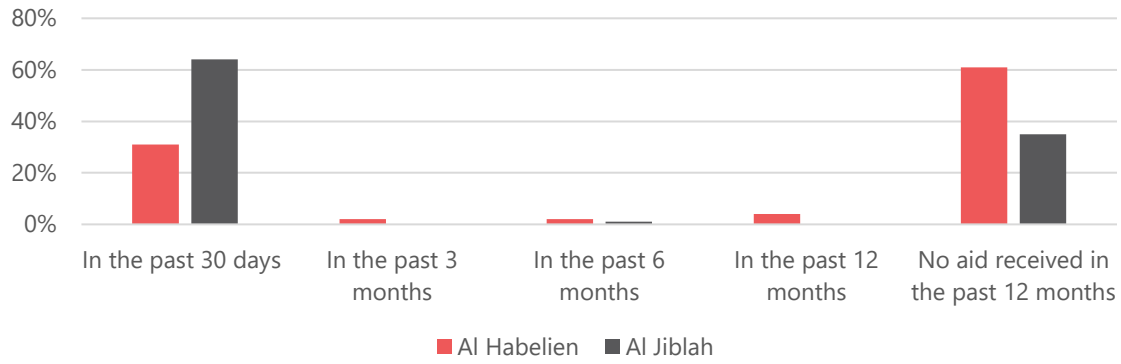


According to secondary IOM AA KI data and REACH and CCCM cluster SMT data, IDPs in both areas are in need of multi-sectoral humanitarian assistance. SMT data state that 86-100% of IDP HHs in Al Kahraba IDP camp in Al Habelien are in need of food distribution while between 16-40% of IDPs in Lower and Upper Al Mahwa camps need food distribution aid. The vast majority of HHs in all three managed IDP sites are in need of WASH service assistance and waste disposal services.[46] IOM AA KI data state that financial support through cash assistance is the main priority need among IDPs in the Al Habelien IDP sites and the IDPs in the Al Jiblah locations of this assessment.[47]

Although the need for humanitarian assistance is high across all these sectors, access to aid around the time of data collection differs according to secondary data. SMT data reported that 0-15% of IDP HHs in Lower Al Mahwa camp received food assistance while data from Upper Al Mahwa and Al Kahraba camps indicated that 86-100% of IDP HHs received aid. Despite WASH needs are high across all IDP sites, it was reported that 0-15% of IDP HHs in the Lower Al Mahwa and Al Kahraba camps received WASH assistance in February 2023. Furthermore, SMT data reported that there are high needs across all three IDP sites for both livelihood and cash assistance, as it is indicated that 0-15% of HHs in these sites received this type of assistance in this period.[48]

[46] REACH Initiative & Yemen CCCM cluster (2023) Site Monitoring Tool Data, Round 2 (February 2023)
[47] IOM (2022) Displacement Tracking Matrix: Area Assessment Public Dataset
[48] REACH Initiative & Yemen CCCM cluster (2023) Site Monitoring Tool Data, Round 2 (February 2023)

Figure 17: % of HHs that received aid any time during the past 12 months before data collection, per territorial unit



In total and according to HH data, 64% of HHs in Al Jiblah and 21% of HHs in Al Habelien reported having received aid in the past 30 days before data collection (see Figure 17). Of the 65% of HHs in Al Jiblah that reported having received aid in the past 12 months, 73% were not consulted ahead of receiving aid. Of those being consulted, 100% received what they asked for, and 93% of these HHs asked for financial resources through cash assistance. 78% were satisfied with the aid received, and of the 22% of HHs not satisfied with the aid received, the most common complaint was that the quantity of aid was inadequate for HH needs. 100% of HHs in Al Thelah (n=6 HHs), 73% of HHs in Khla Lali (n=15 HHs), and 64% of HHs in Kinad (n=11 HHs) villages responded not having received any aid in the past 12 months. Of the HHs in Al Habelien that had received aid in the past 12 months, 81% were not consulted ahead of receiving aid and of those being consulted, 8 out of 9 HHs received what they asked for with the majority of these HHs receiving aid through financial resources. 76% were satisfied with the aid received and of the 24% that were dissatisfied, the majority claimed that aid was either delayed or that the quantity of aid was not good enough, or inadequate to HH needs.

CONCLUSION

These Pilot SBAs in Al Jiblah and Al Habelien, Radfan district, have focused on WASH and FSL, as cash and markets and AAP indicators as well as climate and gender dimensions supported the analysis. Data were collected during a time of year when water prices often peak in Yemen and during the first cropping and land preparation within agriculture. The objective of the assessment was to better understand the demographic profile and displacement trends in both TUs, critical FSL and WASH needs, the socio-economic situation, the provision of and access to basic services, the capacity of key local stakeholders involved in service provision, and infrastructural management and maintenance related to FSL and WASH as well as what shocks impact the areas and the capabilities of local stakeholders to recover from these shocks.

Both Al Habelien and Al Jiblah have stable populations. Al Jiblah has a low number of IDPs, reportedly integrated into the host community while there are 4 IDP sites in Al Habelien, three managed and one unmanaged. Furthermore, the IDPs in Al Habelien are reportedly part of Yemen's Muhammasheen population and there were reports of returnee HHs present in Al Habelien at the time of data collection. However, the vast majority of HHs in both TUs are non-displaced host communities. While currently stable, there are indications of future movement among the population. Indications of movement among host- and returnee communities reportedly stem from struggles to cope with shocks and the lack of possibilities to generate sufficient income to meet HH needs.

WASH and FSL needs are high across both Al Habelien and Al Jiblah. Both TUs struggled with sustainable water supplies, where Al Habelien's population largely relied on water trucking initiatives, impacting other HH expenditures and Al Jiblah relied on rainwater collection as rainfall has been reportedly scarce during rainy periods for the past three years. Furthermore, FSL outcome indicators results were primarily indicative of IPC Phase 3 (crisis) similarly to IPC AFI classification of Radfan district under phase 3. Both Al Habelien and Al Jiblah FCS results are indicative of IPC AFI Phase 4,while LCSI results differed as Al Jiblah's results were indicative of Phase 4 while Al Habelien's results indicated Phase 3 outcomes. HHS results in both areas also indicated alignment with the IPC AFI analysis, indicative of phase 3. Analysis has shown that food is available to HHs, but not necessarily accessible enough for HHs to sustain a diverse diet. Income and access to sufficient funds to purchase food thus impact food security outcomes. Both WASH and FSL needs are also indicated to be compounded by the lack of reliable rainfall during the rainy seasons.

The current economic situation in Yemen poses major challenges for both HHs and service providers. The inability to generate sufficient income to meet HH needs has created a situation where the vast majority of HHs need to purchase food on credit to meet HH needs. HHs in both Al Habelien and Al Jiblah reported high levels of HH debt due to food and WASH item purchases, with evidence that primary and secondary HH income sources combined are not sufficient to pay for food and WASH items.

Insufficient income levels, depreciation of the YER, and increasing prices of basic commodities force HHs to resort to the widespread use of negative coping strategies. The use of emergency coping strategies reportedly being higher in Al Jiblah than in Al Habelien. Furthermore, as HHs rely on the community through borrowing, and service providers through credit purchases, this also impacts the overall ability to have these options available to use. Allowing credit purchases is reported to be putting market actors under pressure and limits their possibilities to supply the community with goods of both sufficient quantity and quality. Without the possibility of being able to use the community for borrowing, or the market actors for credit purchases, there is a high risk that both Al Habelien and Al Jiblah will see an increase in HHs with poor FC and more HHs experiencing moderate to severe HH hunger levels. The low HH income levels, physical and social barriers to accessing a market, and high prices of vital goods, combined with the exclusion of some HH members (women, youth) from engaging in income-generating activities leave HHs more vulnerable to price shocks.

Livelihoods across the TUs are vulnerable to further climatic shocks and lack of rainfall. Data across all tools points to a situation where livelihood activities have been cancelled or severely impacted by the drought or insufficient rainfall that has impacted the area for the past three years. This in turn has contributed to the deteriorating economic situation compounded by the crisis of the YER in IRG areas. Furthermore, the insufficient volumes of rain seem to currently be enough for HHs for drinking purposes in Al Jiblah where most HHs rely on this as the primary water source, but have meant a cancellation of livelihood activities and income generating activities across all sectors of this assessment. Without sustainable, sufficient, WASH and FSL services, infrastructure, and local sectoral support, communities will continue to struggle with possible worse outcomes as a result.

An increase in sustainable water practices and management of existing sources has the potential to increase livelihood activities within agriculture, supporting local food production, and HH participation to generate income, which could increase HH purchasing power. Limiting the impact of likely shocks, both climatic and financial, ought to move HHs away from negative coping strategies and towards more sustainable and resistant livelihoods. MGD participants reported of water projects that have stopped or cancelled, leading to water sources being developed but not used, KIs reported of a lack of knowledge and understanding of sustainable animal practices and to a lack of drought-resistant seeds. This along with the compounding effects of both economic shocks, as communities are unable to sustain themselves economically through agriculture, and climatic shocks which have led to cancellation of both culturally and economically important cash crop production, has forced communities to adjust livelihoods and sources for income.

This assessment has shown the need for more localised information to better understand the high WASH and FSL needs in Yemen. As the top three priority needs across both TUs were food, WASH, and healthcare REACH would aim to widen the scope by including health and nutrition as primary sectors. This would also be important to better understand the effects of the correlation of rainwater collection reliance on health. It would be relevant to include nutrition indicators to widen the understanding that limited dietary diversity has on HHs and how limits in service provision or infrastructure management impact multis-sectoral needs across these sectors. Furthermore, to better understand the usage of negative coping strategies more research into the coping strategies of service providers, such as market actors is needed in Yemen to better understand the outcomes of the economic situation and how needs among different stakeholders impact each other. Additionally, to better understand local debt dynamics, HH data on income, either monthly or quarterly due to the reported irregular salary payments and qualitative data on market actors' attitudes and coping with allowing credit payment could provide more understanding of HHs and market actors debt cycles. Without understanding the effect that negative coping among HHs has on services it is hard to fully understand how close HHs are to exhausting widely used coping mechanisms, with potential results of worsening food security and WASH outcomes in districts and communities.

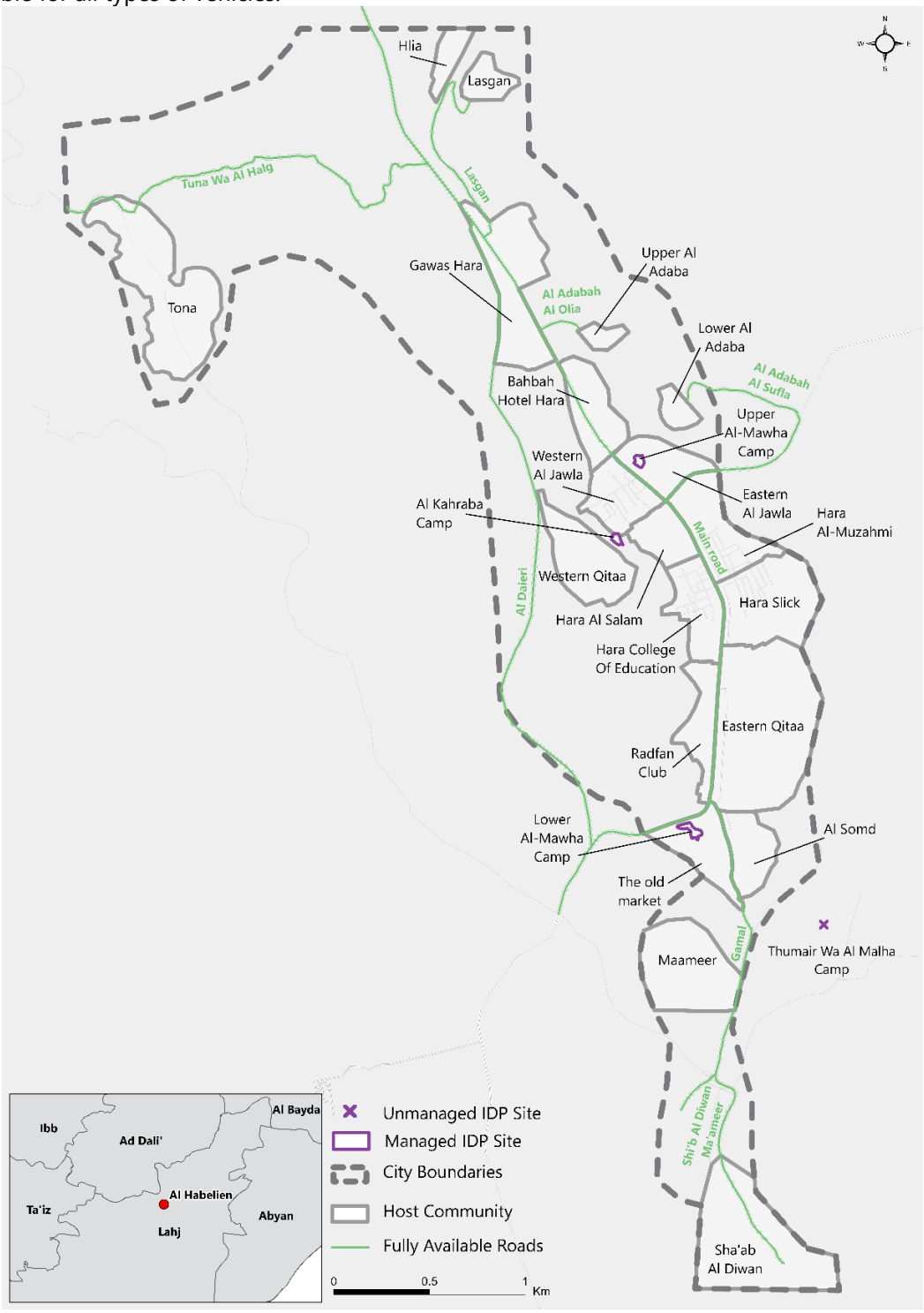
This pilot SBA has been a good opportunity to trial this approach in Yemen. For future SBAs, it would be recommended to split up data collection over a longer period so that the tools could be tailored after initial findings. Preferably, MGD data collection would come first to frame the areas of the assessment and to identify communities of interest for the assessment, their main characteristics and broad needs. Through this, KI and HH data collection could be more specific to, and build from initial findings from the MGD. This would be specifically relevant to be able to develop a deeper understanding of service provision in the area where the MGD would serve as a baseline of which actors are responsible for service provision and infrastructure management and the KI tool could target these service providers to understand their needs and abilities both generally and about common shocks impacting the area. REACH will aim to work in a similar setup for future SBAs, with data collection partners being both an NNGO and an INGO, combining the knowledge of both types of organisations for effective assessment implementation.

ANNEXES

Annex 1: Maps of Al Habelien

Map 1: Al Habelien city and community boundaries, roads

This map shows the boundaries of Al Habelien, the boundaries of the communities according to the MGD participants, the borders and locations of the areas IDP sites, and the main roads in the area. There are 4 IDP sites and 24 communities mapped out. The green roads indicate all roads are fully accessible for all types of vehicles.

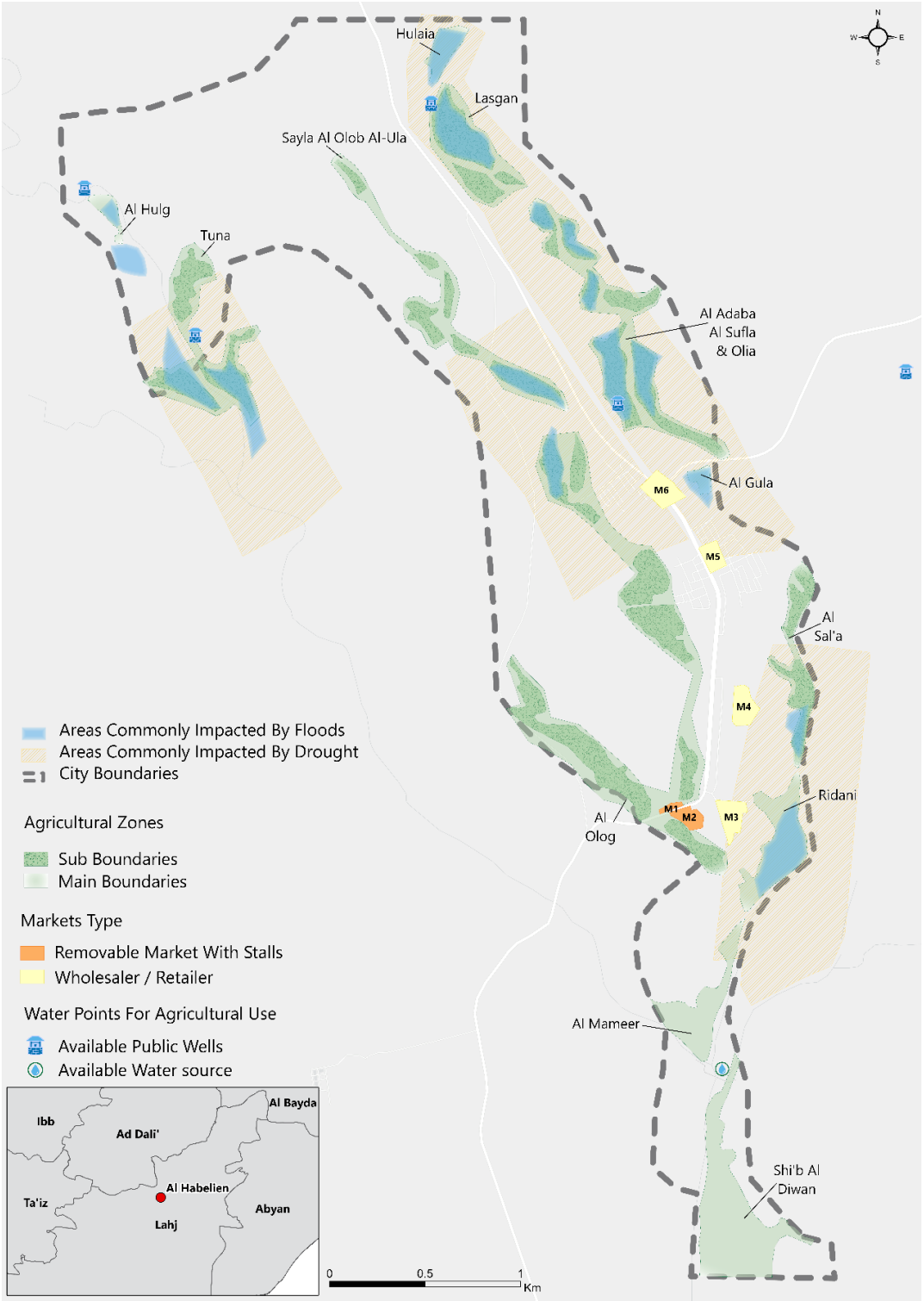


Map 2: Al Habelien WASH and Climate map

This map shows where the water points or sources are situated in Al Habelien and where the public sanitation facilities are situated. The map also shows what areas have been most impacted by floods and droughts over the 12 months prior to data collection in March 2023.

Map 3: Al Habelien markets, agricultural zones, and climate map

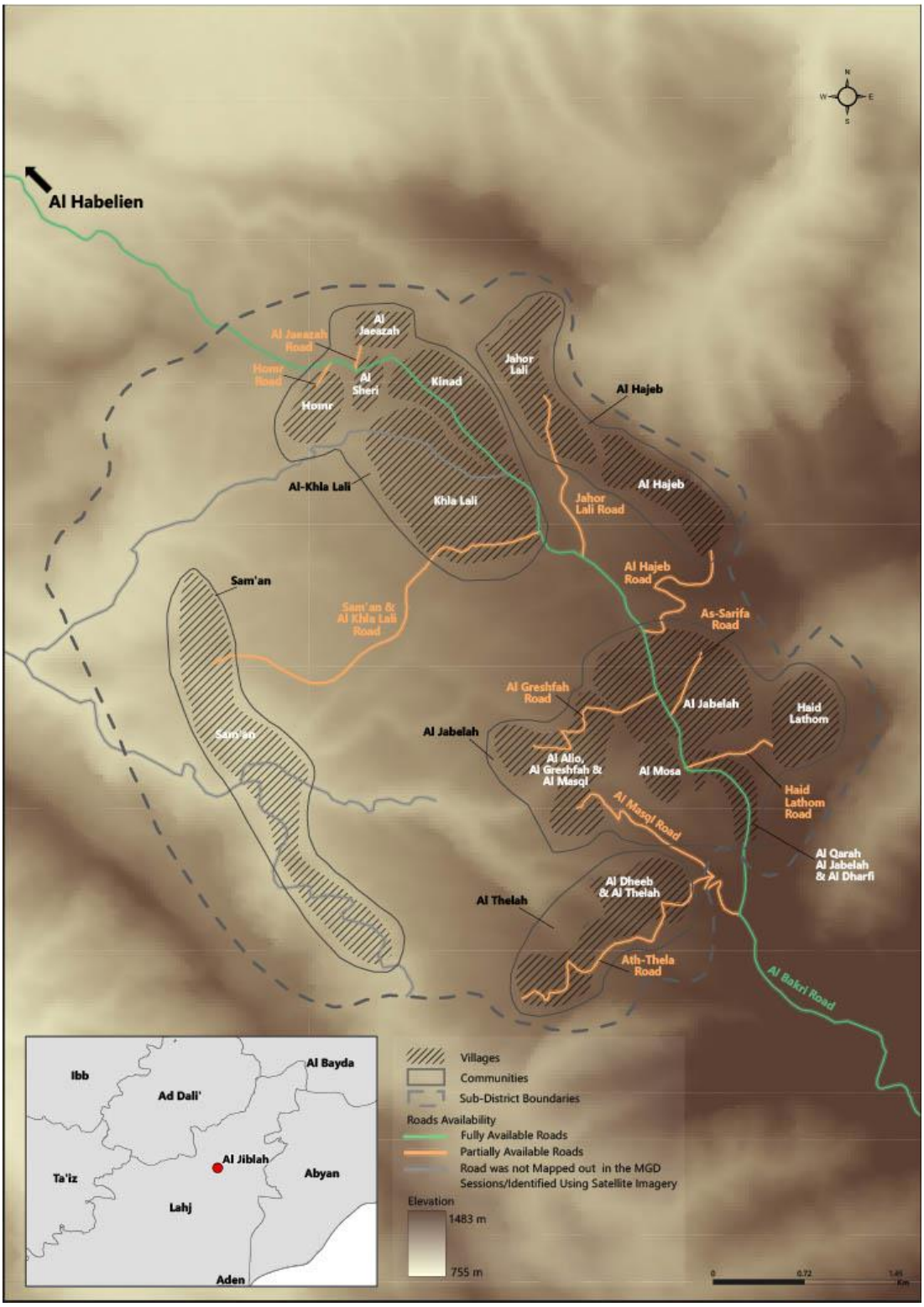
This map shows the location of the markets in Al Habelien, the agricultural zones connected to the area, and what areas have been impacted by floods and droughts over the 12 months prior to data collection in March 2023.



Annex 2: Maps of Al Jiblah

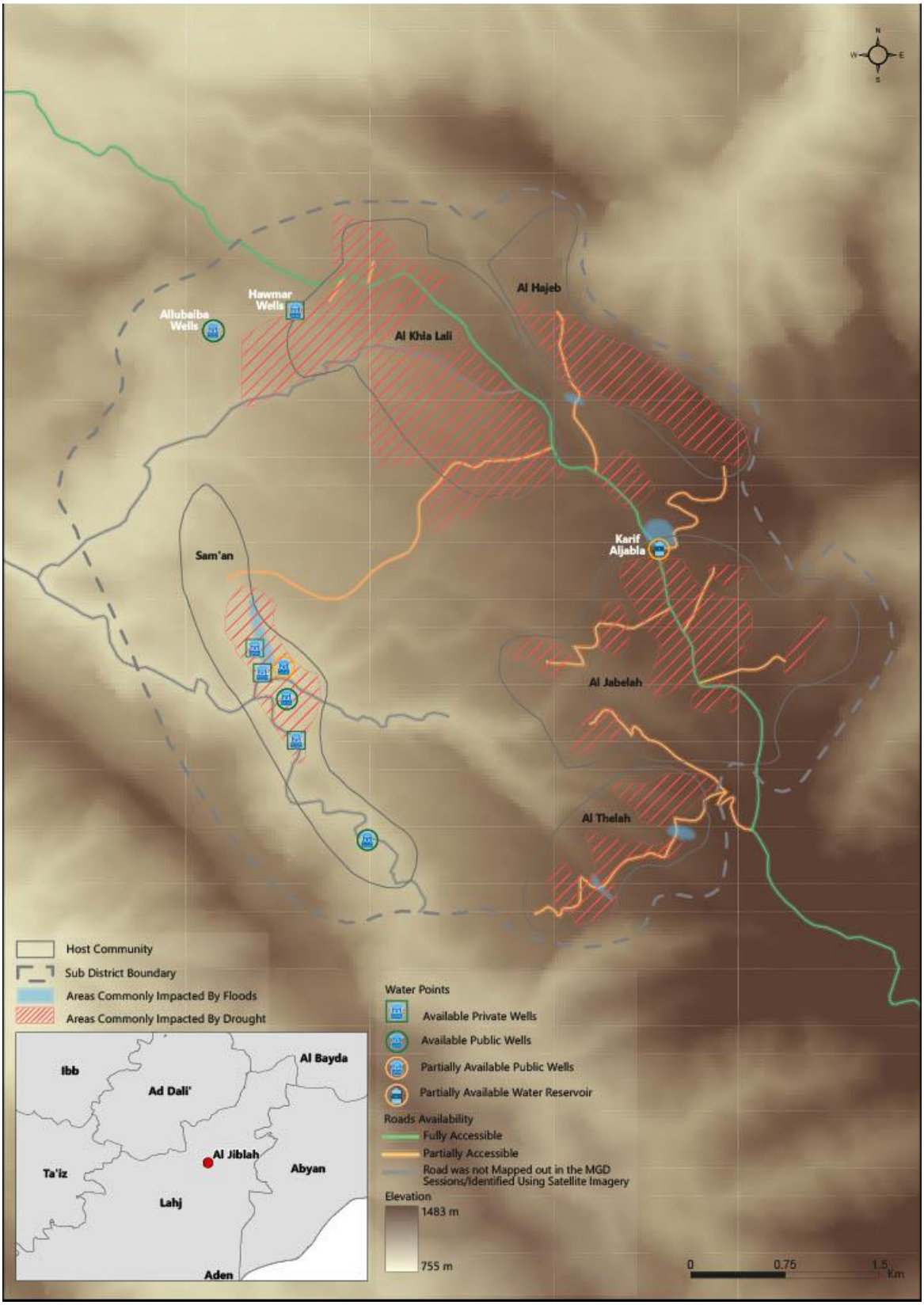
Map 4: Al Jiblah area and community boundaries, roads

This map shows the sub-district boundaries of Al Jiblah, the boundaries of the villages, and community boundaries as mapped out by the MGD participants. The map also shows the main roads, both as mapped out in the MGD sessions, and identified through satellite imagery. It also includes an analysis of areas' elevation differences.



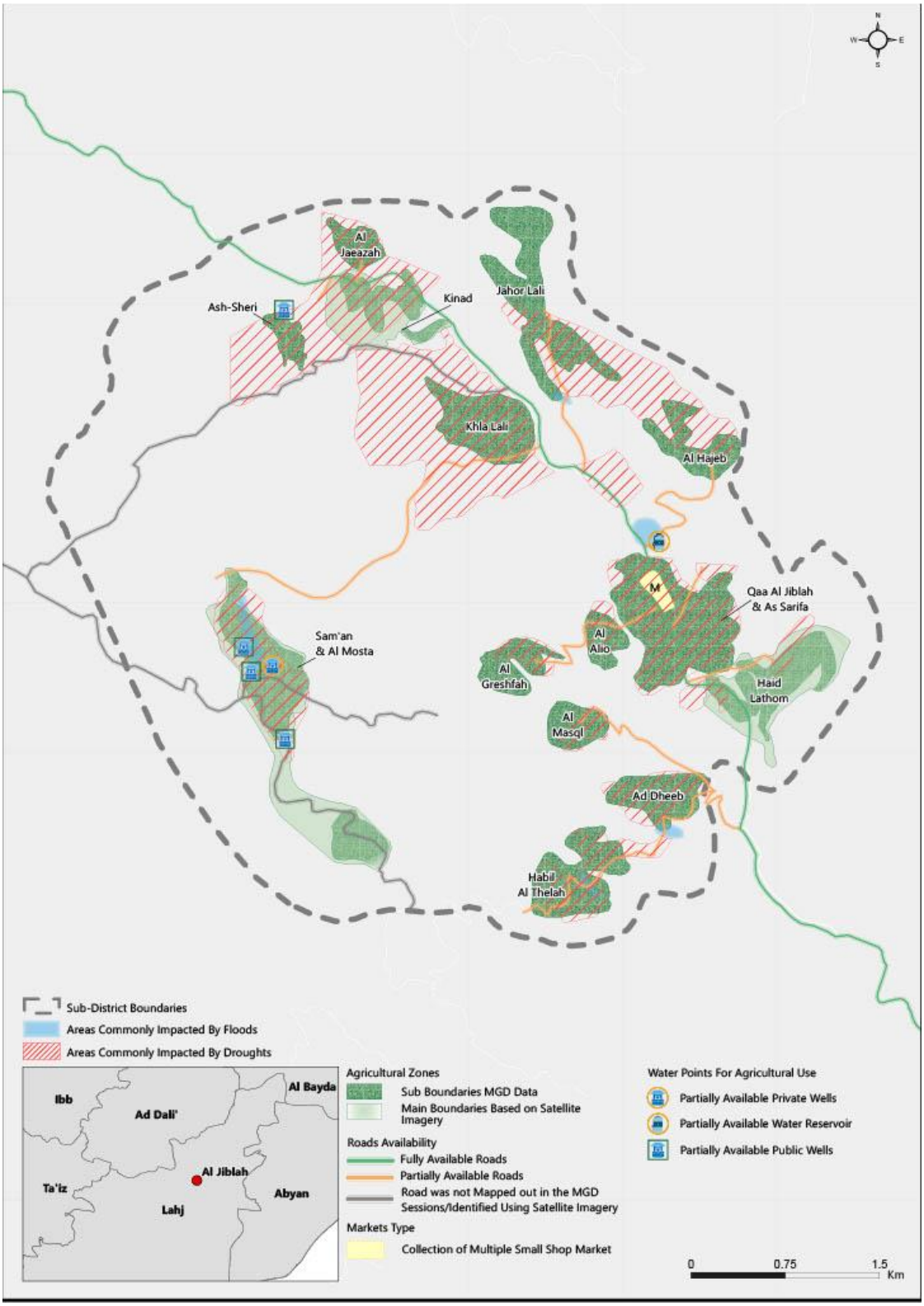
Map 5: Al Jiblah WASH and Climate map

This map shows where the water points or sources are situated across the Al Jiblah sub-district and what areas have been most impacted by floods and droughts over the 12 months prior to data collection in March 2023.



Map 6: Al Jiblah markets, agricultural zones, and climate map

This map shows the location of the market in Al Jiblah, the agricultural zones connected to the area, and what areas have been impacted by floods and droughts over the 12 months prior to data collection in March 2023.



Annex 3: Livelihood Coping Strategies

Livelihood coping strategies, by % of usage among HHs in Al Habelien

Livelihood coping strategy	Category	% of the population using LCS	% of the population that has exhausted LCS	Total % of using of exhausted LCS
Sold household assets/goods (radio, furniture, refrigerator, television, jewelry, clothes, etc)	Stress	20%	13%	**33%**
Purchased food on credit	Stress	91%	2%	**93%**
Spent savings (cash savings)	Stress	21%	12%	**33%**
Borrowed money	Stress	74%	8%	**82%**
Sold productive assets or means of transport (sewing machine, wheelbarrow, motorcycle, car, etc)	Crisis	8%	9%	**18%**
Reduced essential non-food expenditure such as education and health (including medication)	Crisis	50%	5%	**55%**
Withdraw children from school because of lack of money	Crisis	5%	4%	**9%**
Sold house or land	Emergency	4%	8%	**12%**
Sold last female animal	Emergency	2%	2%	**4%**
Early marriage (female child under age of 15)	Emergency	1%	1%	**2%**

Livelihood coping strategies, by % of usage among HHs in Al Jiblah

Livelihood coping strategy	Category	% of the population using LCS	% of the population that have exhausted LCS	Total % of using of exhausted LCS
Sold household assets/goods (radio, furniture, refrigerator, television, jewellery, clothes, etc)	Stress	8%	13%	**21%**
Purchased food on credit	Stress	94%	2%	**96%**
Spent savings (cash savings)	Stress	4%	14%	**18%**

Livelihood coping strategy	Category	% of the population using LCS	% of the population that have exhausted LCS	Total % of using of exhausted LCS
Borrowed money	Stress	81%	10%	**91%**
Sold productive assets or means of transport (sewing machine, wheelbarrow, motorcycle, car, etc)	Crisis	4%	9%	**13%**
Reduced essential non-food expenditure such as education and health (including medication)	Crisis	55%	7%	**62%**
Withdray children from school because of lack of money	Crisis	5%	1%	**7%**
Sold house or land	Emergency	0%	8%	**8%**
Sold last female animal	Emergency	14%	7%	**21%**
Early marriage (female child under age of 15)	Emergency	2%	0%	**2%**

Annex 3: Food Consumption Score, per village in Al Jiblah

Village	Acceptable	Borderline	Poor
Al Dheeb (n=3 HHs)	34%	33%	33%
Al Alio (n=4 HHs)	0%	0%	100%
Al Greshfah (n=9 HHs)	0%	0%	100%
Al Hajeb (n=18 HHs)	6%	6%	88%
Al Jabelah (n=25 HHs)	44%	48%	8%
Al Jaeazah (n=6 HHs)	100%	0%	0%
Al Masql (n=5 HHs)	0%	0%	100%
Al Mosa (n=5 HHs)	0%	40%	60%
Al Qarah Al Jabelah & Al Dharfi (n=5 HHs)	40%	20%	40%
Al Sheri (n=5 HHs)	0%	80%	20%
Al Thelah (n=9 HHs)	33%	0%	67%

Haid Lathom (13 HHs)	46%	46%	8%
Homr (n=8 HHs)	0%	12%	88%
Jahor Lali (n=10 HHs)	50%	30%	20%
Khla Lali (n=15 HHs)	40%	47%	13%
Kinad (n=12 HHs)	50%	50%	0%
Sam'an (n=12 HHs)	0%	50%	50%

Annex 4, interviews and estimated # of HHs per village in Al Jiblah

Village	# of HH interviews	Estimated # of HHs
Al Dheeb (n=3 HHs)	**3**	30
Al Alio (n=4 HHs)	**4**	18
Al Greshfah (n=9 HHs)	**9**	37
Al Hajeb (n=18 HHs)	**18**	87
Al Jabelah (n=25 HHs)	**25**	107
Al Jaeazah (n=6 HHs)	**6**	25
Al Masql (n=5 HHs)	**6**	22
Al Mosa (n=5 HHs)	**5**	37
Al Qarah Al Jabelah & Al Dharfi (n=5 HHs)	**5**	32
Al Sheri (n=5 HHs)	**5**	28
Al Thelah (n=9 HHs)	**9**	29
Haid Lathom (13 HHs)	**13**	45
Homr (n=8 HHs)	**8**	31
Jahor Lali (n=10 HHs)	**10**	44
Khla Lali (n=15 HHs)	**15**	70
Kinad (n=12 HHs)	**12**	49
Sam'an (n=12 HHs)	**12**	61